



**WAKELY**  
CONSULTING GROUP

CONSULTING ACTUARIES *&* HEALTHCARE SPECIALISTS

**State of Vermont  
Standardized Plan Designs  
Proposed Changes  
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# Agenda

- Background
- Proposed Plan Designs
  - Platinum
  - Gold
  - Silver Deductible
  - Silver HDHP
  - Bronze Deductible
  - Bronze HDHP
- Appendix: Cost Sharing Reduction Plans

# Background

- Six standardized plan designs were previously approved by the GMCB based on the various Actuarial Value (AV) metal levels
  - One platinum, one gold, two silver and two bronze
- Final Federal Actuarial Value Calculator (AVC) was released and most plans needed minor revisions to comply with AV requirements. Some significant revisions were needed for select plans.
- Three plans have features not supported by the AVC and adjustments were needed to determine the final AV.
  - Adjustments made for family deductible for HDHP plans and for the \$1250 prescription drug regulated plan design feature. No explicit adjustment was made for the HDHP deductible being waived for wellness drugs.
- The following highlights for each standardized plan design the proposed changes, the resulting AV, and where GMCB needs to approve the changes.

# Background

- The following table highlights which plan designs are supported in the AVC
- There are still some issues with the AVC but it is final
- The user may get different AVs depending on how the plan design is input

Deductible/OOP Max	AVC Input
Type of Plan	
Medical Ded	Yes
Rx Ded	Yes
Integrated Ded	Yes
Medical OOPM	Yes
Rx OOPM	Yes
Integrated OOPM	Yes
Family Deductible / OOP	No
Medical Deductible waived for:	Yes
Drug Deductible waived for:	Yes
Service Category	
Inpatient <sup>1</sup>	Yes (SNF)
Outpatient <sup>2</sup>	Yes
ER <sup>3</sup>	Yes
Radiology (MRI, CT, PET)	Yes (Lab/X-Ray)
Preventive	Yes
PCP Office Visit	Yes
MH/SA Office Visit	Yes
Specialist Office Visit <sup>4</sup>	Yes (PT/ST/OT)
Urgent Care	No
Ambulance	No
Rx Generic	Yes
Rx Preferred Brand	Yes
Rx Non-Preferred Brand	Yes (Specialty)

1 Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA.

2 Outpatient includes ASCs.

3 ER copay is waived if admitted.

4 Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.



# Platinum

- Changes only to Deductible
- Change does not require GMCB approval

<b>Deductible/OOP Max</b>	<b>Platinum</b>	
	<b>Original</b>	<b>Revised</b>
Type of Plan	Deductible	Deductible
Medical Ded	\$250	\$150
Rx Ded	\$0	\$0
Integrated Ded	No	No
Medical OOPM	\$1,250	\$1,250
Rx OOPM	\$1,250	\$1,250
Integrated OOPM	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb, ER
Drug Deductible waived for:	N/A	N/A
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient <sup>1</sup>	10%	10%
Outpatient <sup>2</sup>	10%	10%
ER <sup>3</sup>	\$100	\$100
Radiology (MRI, CT, PET)	10%	10%
Preventive	\$0	\$0
PCP Office Visit	\$10	\$10
MH/SA Office Visit	\$10	\$10
Specialist Office Visit <sup>4</sup>	\$20	\$20
Urgent Care	\$40	\$40
Ambulance	\$50	\$50
Rx Generic	\$5	\$5
Rx Preferred Brand	\$40	\$40
Rx Non-Preferred Brand	50%	50%
<b>Actuarial Value</b>		
Final AV	87.5%	88.1%

# Gold

- No changes

	Gold
Deductible/OOP Max	Original
Type of Plan	Deductible
Medical Ded	\$750
Rx Ded	\$50
Integrated Ded	No
Medical OOPM	\$4,250
Rx OOPM	\$1,250
Integrated OOPM	No
Family Deductible / OOP	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER
Drug Deductible waived for:	Generic scripts
Service Category	Copay / Coinsurance
Inpatient <sup>1</sup>	20%
Outpatient <sup>2</sup>	20%
ER <sup>3</sup>	\$150
Radiology (MRI, CT, PET)	20%
Preventive	\$0
PCP Office Visit	\$15
MH/SA Office Visit	\$15
Specialist Office Visit <sup>4</sup>	\$25
Urgent Care	\$45
Ambulance	\$50
Rx Generic	\$5
Rx Preferred Brand	\$40
Rx Non-Preferred Brand	50%
Actuarial Value	
Final AV	80.2%



# Silver Deductible

- Changes
  - Maximum out of Pocket (MOOP) increased
  - The deductible is no longer waived for ER (still waived if admitted)
  - Specialist and Urgent Care copays increased
  - Generic Drug copay increased
- MOOP and ER changes require GMCB approval

Deductible/OOP Max	Silver - Deductible	
	Original	Revised
Type of Plan	Deductible	Deductible
Medical Ded	\$1,900	\$1,900
Rx Ded	\$100	\$100
Integrated Ded	No	No
Medical OOPM	\$5,000	\$5,150
Rx OOPM	\$1,250	\$1,250
Integrated OOPM	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb, ER	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient <sup>1</sup>	40%	40%
Outpatient <sup>2</sup>	40%	40%
ER <sup>3</sup>	\$250	\$250
Radiology (MRI, CT, PET)	40%	40%
Preventive	\$0	\$0
PCP Office Visit	\$20	\$20
MH/SA Office Visit	\$20	\$20
Specialist Office Visit <sup>4</sup>	\$30	\$40
Urgent Care	\$50	\$60
Ambulance	\$100	\$100
Rx Generic	\$10	\$12
Rx Preferred Brand	\$50	\$50
Rx Non-Preferred Brand	50%	50%
Actuarial Value		
Final AV	73.7%	71.8%

# Silver - HDHP

- Changes
  - Deductible decreased
  - MOOP decreased
  - PCP and MH/SA office visit coinsurance decreased
  - Preferred Drug copay decreased
- MOOP, PCP and MH/SA changes require GMCB approval

Deductible/OOP Max	Silver - HDHP	
	Original	Revised
Type of Plan	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$1,750	\$1,550
Rx Ded	\$1,250	\$1,250
Integrated Ded	Yes	Yes
Medical OOPM	\$6,250	\$5,750
Rx OOPM	\$1,250	\$1,250
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient <sup>1</sup>	20%	20%
Outpatient <sup>2</sup>	20%	20%
ER <sup>3</sup>	20%	20%
Radiology (MRI, CT, PET)	20%	20%
Preventive	0%	0%
PCP Office Visit	20%	10%
MH/SA Office Visit	20%	10%
Specialist Office Visit <sup>4</sup>	20%	20%
Urgent Care	20%	20%
Ambulance	20%	20%
Rx Generic	\$10	\$10
Rx Preferred Brand	\$50	\$40
Rx Non-Preferred Brand	50%	50%
Actuarial Value		
Final AV	67.8%	68.7%



# Bronze Deductible

- Changes
  - Medical and Drug deductibles increased
  - Maximum out of Pocket (MOOP) increased
  - ER moved to coinsurance
  - All office visit, urgent care, ambulance and generic drug copays increased
  - Brand drug moved to \$80 copay
- All changes require GMCB approval

Deductible/OOP Max	Bronze - Deductible	
	Original	Revised
Type of Plan	Deductible	Deductible
Medical Ded	\$1,900	\$3,500
Rx Ded	\$100	\$200
Integrated Ded	No	No
Medical OOPM	\$6,250	\$6,400
Rx OOPM	\$1,250	\$1,250
Integrated OOPM	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Preventive	Preventive
Drug Deductible waived for:	Applies to all scripts	Applies to all scripts
Service Category	Copay / Coinsurance	Copay / Coinsurance
Inpatient <sup>1</sup>	50%	50%
Outpatient <sup>2</sup>	50%	50%
ER <sup>3</sup>	\$350	50%
Radiology (MRI, CT, PET)	50%	50%
Preventive	\$0	\$0
PCP Office Visit	\$35	\$60
MH/SA Office Visit	\$35	\$60
Specialist Office Visit <sup>4</sup>	\$80	\$100
Urgent Care	\$100	\$120
Ambulance	\$100	\$125
Rx Generic	\$12	\$20
Rx Preferred Brand	40%	\$80
Rx Non-Preferred Brand	60%	60%
Actuarial Value		
Final AV	65.9%	61.5%

# Bronze - HDHP

- No changes

<b>Bronze - HDHP</b>	
<b>Deductible/OOP Max</b>	<b>Original</b>
Type of Plan	HSA Q/HDHP
Medical Ded	\$2,000
Rx Ded	\$1,250
Integrated Ded	Yes
Medical OOPM	\$6,250
Rx OOPM	\$1,250
Integrated OOPM	Rx -No, Medical - Yes
Family Deductible / OOP	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive
Drug Deductible waived for:	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>
Inpatient <sup>1</sup>	50%
Outpatient <sup>2</sup>	50%
ER <sup>3</sup>	50%
Radiology (MRI, CT, PET)	50%
Preventive	0%
PCP Office Visit	50%
MH/SA Office Visit	50%
Specialist Office Visit <sup>4</sup>	50%
Urgent Care	50%
Ambulance	50%
Rx Generic	\$12
Rx Preferred Brand	40%
Rx Non-Preferred Brand	60%
<b>Actuarial Value</b>	
Final AV	60.9%



# Summary of Plan Designs

Deductible/OOP Max	Deductible Plans				HDHPs	
	Platinum	Gold	Silver	Bronze	Silver	Bronze
	Revised	Original	Revised	Revised	Revised	Original
Type of Plan	Deductible	Deductible	Deductible	Deductible	HSA Q/HDHP	HSA Q/HDHP
Medical Ded	\$150	\$750	\$1,900	\$3,500	\$1,550	\$2,000
Rx Ded	\$0	\$50	\$100	\$200	\$1,250	\$1,250
Integrated Ded	No	No	No	No	Yes	Yes
Medical OOPM	\$1,250	\$4,250	\$5,150	\$6,400	\$5,750	\$6,250
Rx OOPM	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
Integrated OOPM	No	No	No	Rx -No, Medical - Yes	Rx -No, Medical - Yes	Rx -No, Medical - Yes
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Prev. OV, UC, Amb, ER	Prev. OV, UC, Amb, ER	Prev. OV, UC, Amb	Preventive	Preventive	Preventive
Drug Deductible waived for:	N/A	Generic scripts	Generic scripts	Applies to all scripts	Wellness scripts	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient <sup>1</sup>	10%	20%	40%	50%	20%	50%
Outpatient <sup>2</sup>	10%	20%	40%	50%	20%	50%
ER <sup>3</sup>	\$100	\$150	\$250	50%	20%	50%
Radiology (MRI, CT, PET)	10%	20%	40%	50%	20%	50%
Preventive	\$0	\$0	\$0	\$0	0%	0%
PCP Office Visit	\$10	\$15	\$20	\$60	10%	50%
MH/SA Office Visit	\$10	\$15	\$20	\$60	10%	50%
Specialist Office Visit <sup>4</sup>	\$20	\$25	\$40	\$100	20%	50%
Urgent Care	\$40	\$45	\$60	\$120	20%	50%
Ambulance	\$50	\$50	\$100	\$125	20%	50%
Rx Generic	\$5	\$5	\$12	\$20	\$10	\$12
Rx Preferred Brand	\$40	\$40	\$50	\$80	\$40	40%
Rx Non-Preferred Brand	50%	50%	50%	60%	50%	60%
<b>Actuarial Value</b>						
Federal AVC, Adjusted if Necessary	88.1%	80.2%	71.8%	61.5%	68.7%	60.9%

<sup>1</sup> Inpatient includes surgery, ICU/NICU, maternity, SNF and MH/SA. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>2</sup> Outpatient includes ASCs. This cost sharing will also include physician and anesthesia costs, as appropriate.

<sup>3</sup> ER copay is waived if admitted.

<sup>4</sup> Specialist copay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.



# Appendix:

## Cost Sharing Reduction Plans - Deductible

Cost Sharing Reduction Plan Designs - Deductible Plans

Deductible/OOP Max	300% FPL + (70% AV)	250-300% FPL + (73% AV)	200-250% FPL + (82% AV)	150-200% FPL + (87% AV)	133-150% FPL + (94% AV)
Type of Plan	Deductible	Deductible	Deductible	Deductible	Deductible
Medical Ded	\$1,900	\$1,900	\$1,000	\$750	\$100
Rx Ded	\$100	\$100	\$100	\$100	\$0
Integrated Ded	No	No	No	No	No
Medical OOPM	\$5,150	\$4,000	\$2,000	\$1,250	\$500
Rx OOPM	\$1,250	\$1,200	\$750	\$400	\$200
Integrated OOPM	No	No	No	No	No
Family Deductible / OOP	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual	Stacked, 2x Individual
Medical Deductible waived for:	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb	Prev, OV, UC, Amb
Drug Deductible waived for:	Generic scripts	Generic scripts	Generic scripts	Generic scripts	N/A
<b>Service Category</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>	<b>Copay / Coinsurance</b>
Inpatient <sup>1</sup>	40%	40%	40%	40%	10%
Outpatient <sup>2</sup>	40%	40%	40%	40%	10%
ER <sup>3</sup>	\$250	\$250	\$250	\$250	\$75
Radiology (MRI, CT, PET)	40%	40%	40%	40%	10%
Preventive	\$0	\$0	\$0	\$0	\$0
PCP Office Visit	\$20	\$20	\$10	\$10	\$5
MH/SA Office Visit	\$20	\$20	\$10	\$10	\$5
Specialist Office Visit <sup>4</sup>	\$40	\$40	\$30	\$30	\$15
Urgent Care	\$60	\$60	\$50	\$50	\$35
Ambulance	\$100	\$100	\$100	\$100	\$50
Rx Generic	\$12	\$12	\$12	\$10	\$5
Rx Preferred Brand	\$50	\$50	\$50	\$50	\$20
Rx Non-Preferred Brand	50%	50%	50%	50%	30%
<b>Actuarial Value</b>					
Federal AVC, Adjusted if Necessary	71.8%	74.0%	81.9%	87.0%	94.0%

# Appendix:

## Cost Sharing Reduction Plans - HDHPs

Cost Sharing Reduction Plan Designs - HDHPs					
Deductible/OOP Max	300% FPL + (70% AV)	250-300% FPL + (73% AV)	200-250% FPL + (82% AV)	150-200% FPL + (87% AV)	133-150% FPL + (94% AV)
Type of Plan	HSA Q/HDHP	HSA Q/HDHP	HSA Q/HDHP	Deductible (NOT HSAQ)	Deductible (NOT HSAQ)
Medical Ded	\$1,550	\$1,400	\$1,100	\$1,000	\$450
Rx Ded	\$1,250	\$1,250	N/A	N/A	N/A
Integrated Ded	Yes	Yes	Yes	Yes	Yes
Medical OOPM	\$5,750	\$3,400	\$1,400	\$1,000	\$450
Rx OOPM	\$1,250	\$1,250	\$1,250	N/A	N/A
Integrated OOPM	Rx -No, Medical - Yes	Yes	Yes	Yes	Yes
Family Deductible / OOP	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual	Aggregate, 2x Individual
Medical Deductible waived for:	Preventive	Preventive	Preventive	Preventive	Preventive
Drug Deductible waived for:	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts	Wellness scripts
<b>Service Category</b>	<b>Copay / Coinsurance</b>				
Inpatient <sup>1</sup>	20%	20%	10%	0%	0%
Outpatient <sup>2</sup>	20%	20%	10%	0%	0%
ER <sup>3</sup>	20%	20%	10%	0%	0%
Radiology (MRI, CT, PET)	20%	20%	10%	0%	0%
Preventive	0%	0%	0%	0%	0%
PCP Office Visit	10%	10%	5%	0%	0%
MH/SA Office Visit	10%	10%	5%	0%	0%
Specialist Office Visit <sup>4</sup>	20%	20%	10%	0%	0%
Urgent Care	20%	20%	10%	0%	0%
Ambulance	20%	20%	10%	0%	0%
Rx Generic	\$10	\$10	\$5	\$0	\$0
Rx Preferred Brand	\$40	\$40	\$30	\$0	\$0
Rx Non-Preferred Brand	50%	50%	40%	0%	0%
<b>Actuarial Value</b>					
Federal AVC, Adjusted if Necessary	68.7%	72.8%	82.1%	87.2%	93.8%