

Appendix B-1: Detailed Information on Benefit Design

What are the benefits?

Benefits consist of three main components:

- Covered services
 - What services are paid for in whole or in part?
- Cost-sharing
 - How much does an individual pay out of pocket when they get services?
 - Do individuals pay out of pocket through co-pays, deductibles, or co-insurance?
- Network of health care providers
 - Are there restrictions on the specific providers an individual can use?

In creating benefit plan designs, we worked with consultants, including actuaries at Wakely Consulting Group, and reviewed the following information:

- health economic studies on impacts of cost-sharing,
- the current plans offered through Vermont Health Connect,
- the state employee plans,
- the plans offered to education employees through VEHI,
- anecdotal information from members of the public who were dissatisfied with the VHC plan choices, and
- public input provided in the benefits listening sessions conducted in 2012.¹

In addition, we consulted with the Governor's Consumer Advisory Group on an on-going basis as plan designs were being developed. We also provided periodic updates to and sought input from the Governor's Business Advisory Group.

We used the following principles to focus our efforts throughout the benefit design process:

- Federal and state requirements for benefits
- Equity
- Administrative cost & complexity
- Options fit together, easy to explain
- Individual out of pocket cost (average & max)
- Medical cost & utilization
- Change from current/expected
- Federal & state tax implications

After applying the above principles to the research and various benefit designs, we concluded that GMC should provide Vermonters with coverage of the essential health

¹ A summary of the public input is available here: http://hcr.vermont.gov/public_engagement/benefits

benefits under the ACA at a 94 percent actuarial value (AV), a cost-sharing level similar to the Vermont state employee plan. The following discussion will break down each component of benefit design and explain how we made our determination of offering coverage of the essential health benefits at a 94 percent AV.

Overview of Legal Requirements for All Benefit Components

Federal law through the Affordable Care Act (ACA) and state law through Act 48 place certain legal parameters on the GMC benefit design. Under the ACA, the GMC benefit design's coverage must be as comprehensive and affordable or more comprehensive and affordable as the plans currently offered through Vermont Health Connect.²

Under Act 48, the GMC benefit design's coverage must be as comprehensive as Vermont's Catamount Health plan and at least as affordable as an 80 percent AV, which is the same as a gold plan on Vermont Health Connect.³ Act 48 also requires that individuals with low incomes and children with family income under three times poverty will receive the covered services currently provided by Dr. Dynasaur⁴ and Medicaid as of January 1, 2014.⁵ This ensures that low and middle-income Vermonters will not be worse off under GMC than they are today. This means that GMC as one health care program would actually encompass two different plans: a plan for Vermonters who are eligible for Medicaid funding with the enhanced benefits that are offered today and the GMC plan for those that are not eligible for Medicaid funding. Because the Medicaid benefit was already determined as the same benefit offered as of January 1, 2014 through Act 48, we focused on the GMC benefit plan that would be offered to Vermonters who are not eligible for Medicaid funding.

Covered Services: Background

In order to get a waiver from the federal government under the ACA, GMC must cover all of the essential health benefits required by the ACA. The ACA requires the following 10 benefits to be covered:

- Ambulatory patient services (outpatient care without being admitted to a hospital)
- Emergency services
- Hospitalization (such as surgery)
- Pregnancy, maternity, and newborn care (care before and after a baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drugs

² ACA § 1332.

³ 33 V.S.A. § 1822 & 1825.

⁴ Includes early periodic screening, diagnosis and treatment (EPSDT).

⁵ 33 VSA 1825(b)

- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric dental and vision services

Currently, individuals and small businesses purchasing a Vermont Health Connect plan have an essential health benefit package, which was based on a benchmark plan. The benchmark plan was chosen from the most commonly purchased plans in 2012, so it includes Vermont’s legally required insurance benefits. In Vermont, the Green Mountain Care Board (GMCB) chose a benchmark plan offered by Blue Cross Blue Shield of Vermont. This plan was then supplemented to ensure that the plan met the 10 required benefits described above.⁶

Table B-1.1., below, shows the differences between the covered services provided by plans in Vermont Health Connect to the individual and small group market versus covered services in plans for state employees and education employees. The fact that the figure shows only a few services with variations in coverage illustrates how similar covered services are across plans today.

Table B-1.1

	Essential Health Benefit	State Employee and Retirees		VEHI Education Employees and Retirees	
		SelectCare	Total Choice	300 Ded	VHP
Chiropractic	Limit 12 visits then prior approval required	Limit 60 visits per year (total visits for PT, OT, ST, Chiro)	Limit 60 visits per year (total visits for PT, OT, ST, Chiro)	Prior approval required after 12 th visit	Prior approval required after 12 th visit
Infertility	Not covered	Up to \$50,000 lifetime max	Up to \$50,000 lifetime max	Not covered	Not covered
Fertility Drugs	Covered	Covered	Covered	Covered	Covered
Bariatric Surgery	Covered	Covered, medical necessity	Covered, medical necessity	With prior approval	With prior approval

⁶ The details of this plan are provided in Appendix B-3.

	Essential Health Benefit	State Employee and Retirees		VEHI Education Employees and Retirees	
Routine Eye Exams	1/year for children	\$100/2 years	\$100/2 years	Not covered	1/year

Expansion of Covered Services

As required by Act 48, we determined cost estimates for additional covered services, specifically, adult dental, adult vision, hearing, and long-term care.

Adult Dental

Three scenarios were considered for adult dental coverage. In the first option, GMC only covers dental tiers I and II (preventive and restorative services) at 100% and 80% coverage respectively. In the second option, GMC covers dental tiers I, II, and III (preventive, restorative and major services) at 100%, 80% and 50% coverage respectively. Scenarios 1 and 2 reflect typical private dental insurance. The last scenario is the Vermont state employee plan.⁷ Medicaid covers dental up to a \$510 benefit maximum with \$3.00 co-pay per visit. Only the *additional* costs of expanding the benefit are included here. Any GMC wrap of Medicaid assumes the co-insurance would not apply to Medicaid-eligible individuals but that the annual maximum, where applicable, would apply. For example, under the Vermont state employee plan scenario, Medicaid’s \$510 benefit maximum would be increased to \$1,000 benefit maximum, providing increased coverage. Due to the unique nature of this coverage, our actuaries used a conservative estimate of administrative expenses at 7 percent.

The following tables show the total annual cost by scenario. Each table shows the additional PMPM and cost of dental coverage for all adults in GMC, except for non-resident Vermont employees, federal employees, and employees who have employer-sponsored coverage.⁸

⁷ Additional benefits details for the Vermont state employee plan can be found at: <http://humanresources.vermont.gov/salary/benefits/dental>

⁸ These cost analyses were developed prior to the Governor’s final decisions and announcement not to pursue financing for GMC. These scenarios have not been updated to reflect the preferred population assumptions in the financing plan due to the cost of actuarial services. Including the additional populations would further increase the costs of providing these services.

Table B-1.2: Additional Cost of Alternative Adult Dental Scenarios (\$ Millions)⁹

Dental Benefit Applies to Adults Only ¹⁰	Scenario 1	Scenario 2	Vermont state employee plan
Coverage Levels			
Tier I - Preventive	100%	100%	100%
Tier II - Basic Restorative	80%	80%	80%
Tier III - Major Restorative	Not Covered	50%	50%
Deductible	Not Applicable	Not Applicable	\$25 Deductible All Tiers
Annual Benefit Maximums	Not Applicable	Not Applicable	\$1,000 Annual Max
Estimated Cost Impact (includes Administrative Costs)			
Commercial			
"Premium" PMPM	\$34.85	\$41.40	\$29.86
Estimated GMC Adults	259,150	259,150	259,150
Total Cost	\$108,400,000	\$128,700,000	\$92,900,000
Medicaid			
"Premium" PMPM	\$8.81	\$11.80	\$7.77
Estimated GMC Adults	81,822	81,822	81,822
Total Cost	\$8,600,000	\$11,600,000	\$7,600,000
Total 2017 Cost	\$117,000,000	\$140,300,000	\$100,500,000

We also researched whether the health benefits from coverage of adult dental would mitigate increased costs, but the results were inconclusive. Studies have found periodontal disease bacteria associated with the following conditions:

- brain abscesses (Silva, 2004)

⁹ This Table excludes non-resident Vermont employees, federal employees, and employees who have employer-sponsored coverage. See footnote above.

¹⁰ These numbers are based on high level estimates of the utilization and unit cost of covered services. National and Vermont specific data was used where possible. There are limitations to the data including some unknown corresponding benefits, implicit selection in the data, and missing data due to annual maximums (claims often not submitted once benefit maximums are met). If we chose to include coverage, we would further refine these estimates. For example, a PMPM variance of plus or minus 15% would not be unreasonable given the quality of the data provided to our actuaries.

- pulmonary disease (Suzuki and Delisle, 1984)
- cardiovascular disease (Haraszthy et al., 2000)
- adverse pregnancy outcomes (Offenbacher et al., 2006; Scannapieco et al., 2003b; Tarannum and Faizuddin, 2007; Vergnes and Sixou, 2007)
- respiratory disease (Scannapieco and Ho, 2001)
- cardiovascular disease (Blaizot et al., 2009; Janket et al., 2003; Paraskevas, 2008; Scannapieco et al., 2003a; Slavkin and Baum, 2000)
- coronary heart disease (Bahekar et al., 2007)
- diabetes (Chávarry et al., 2009; Löe, 1993; Taylor, 2001; Teeuw et al., 2010)

Despite these findings, it has been noted that “...the relationship between periodontal disease and these systemic diseases is not well understood, and there is conflicting evidence about whether periodontal treatment affects outcomes for these systemic conditions.”¹¹

A recent study has found positive outcomes associated with dental care for individuals who have cerebral vascular disease (stroke), coronary artery disease (heart disease), Type II Diabetes, or who are pregnant; however, the study “did not prove that the dental treatment has a beneficial effect beyond the mouth.”¹² Due to these findings and its added costs, we decided to focus our efforts on reducing out of pocket costs for major medical for the first phase of GMC and to revisit the issue of covering adult dental at a later phase.

Adult vision

Adding coverage for adult vision is also an option for GMC. This benefit would cover exams and hardware once a year, which is consistent with the federal employee benefits. Due to the unique nature of this coverage, our actuaries used a conservative estimate of administrative expenses at 7 percent.

The following tables show the total annual cost by scenario. Each table shows the additional PMPM and cost of vision coverage for all adults in GMC, except for non-resident Vermont employees, federal employees, and employees who have employer-sponsored coverage.¹³

¹¹ "2 Oral Health and Overall Health and Well-Being." Advancing Oral Health in America. Institute of Medicine Washington, DC: The National Academies Press, 2011, pg. 33, citing (Beck et al., 2008; Fogacci et al., 2011; Jeffcoat et al., 2003; Lopez et al., 2002, 2005; Macones et al., 2010; Michalowicz et al., 2006; Newnham et al., 2009; Offenbacher et al., 2006, 2009; Paraskevas et al., 2008; Polyzos et al., 2009, 2010; Sadatmansouri et al., 2006; Simpson et al., 2010; Tarannum and Faizuddin, 2007; Teeuw et al., 2010; Uppal et al., 2010).

¹² "Impact of Periodontal Therapy on General Health," Jeffcoat, Marjorie K. et al., American Journal of Preventive Medicine, Volume 47, Issue 2, 166 – 174, 2014.

¹³ These cost analyses were developed prior to the Governor’s final decisions and announcement not to pursue financing for GMC. These scenarios have not been updated to reflect the preferred population

Table B-1.3: Additional Cost of Adult Vision (\$ Millions)¹⁴

Vision Benefit Applies to Adults Only	FEDVIP - BlueVision High Plan
Diagnostic	
Eye Exam	limit 1 / yr
Eyewear	
Lenses	limit 1 pair / yr
Frames	limit 1 pair / yr \$150 allowance
Contact Lenses	limit 1 / yr \$150 allowance in lieu of eyeglasses (\$600 for medically necessary)
Estimated Cost Impact (includes Administrative Costs)	
Commercial	
"Premium" PMPM	\$7.80
Estimated GMC Adults	259,150
Total Cost	\$24,300,000
Medicaid (hardware only)	
"Premium" PMPM	\$4.73
Estimated GMC Adults	81,822
Total Cost	\$4,600,000
Total 2017 Cost	\$28,900,000

Similar to dental, we decided to focus our efforts on reducing out of pocket costs for major medical for the first phase of GMC and, therefore, would not recommend adult vision coverage at this time. As noted above, a large portion of the pediatric population would have vision coverage under the recommended coverage.

Hearing benefits

assumptions in the financing plan due to the cost of actuarial services. Including the additional populations would further increase the costs of providing these services.

¹⁴ This Table excludes non-resident Vermont employees, federal employees, and employees who have employer-sponsored coverage. See footnote above.

We also looked into covering hearing benefits. This benefit was modeled off of other public and commercial hearing coverage. It includes a \$20 co-pay for hearing exams and covers one hearing aid every three years with no out of pocket costs. Since Medicaid already covers hearing exams and hearing aids, there is no additional Medicaid cost under GMC. Administrative expenses of 7 percent were assumed. Since this benefit would be administered with the medical benefit, this is likely a reasonable assumption. The following tables show the total annual cost by scenario. Each table shows the additional PMPM and cost of hearing coverage for all individuals in GMC, except for non-resident Vermont employees, federal employees, and employees who have employer-sponsored coverage.¹⁵

Table B-1.4 :Additional Cost of Hearing Coverage (\$ Millions)¹⁶

Hearing Benefit Applies to Adults and Children	
<i>Diagnostic</i>	
Hearing Exam	limit 1 per year; \$20 co-pay
<i>DME</i>	
Hearing Aids (includes fittings)	limit 1 per ear every 3 years; no cost to member
<i>Estimated Cost Impact (includes Administrative Costs)</i>	
Commercial	
"Premium" PMPM	\$0.52
Estimated GMC Enrollees	307,414
Total Cost	\$1,900,000
Medicaid	
"Premium" PMPM	\$0.00
Estimated GMC Enrollees	-
Total Cost	\$0
Total 2017 Cost	\$1,900,000

¹⁵ These cost analyses were developed prior to the Governor's final decisions and announcement not to pursue financing for GMC. These scenarios have not been updated to reflect the preferred population assumptions in the financing plan due to the cost of actuarial services. Including the additional populations would further increase the costs of providing these services.

¹⁶ This Table excludes non-resident Vermont employees, federal employees, and employees who have employer-sponsored coverage. See footnote above.

As with dental and vision, we decided to focus our efforts on reducing out of pocket costs for major medical for the first phase of GMC and would not recommend hearing coverage at this time.

Long Term Care

Currently, Long Term Care (LTC), or nursing home level of care is provided to the Vermont Medicaid population and Medicare covers limited facility and home care services following a hospital stay. A cost estimate was developed assuming full LTC coverage would be extended to the entire Vermont population in 2017.

The cost estimate was based on the 2012 Vermont Health Care Expenditure data. The 2012 non-Medicaid and non-Medicare costs associated with home health and nursing home care were used as a starting point for the projection. It was assumed that the Medicare and Medicaid programs would continue to cover the LTC services in 2017 as they currently do. There is also an additional small amount of home health and nursing home costs that are covered by other Federal coverage in 2012. We assumed these services would also continue to be covered under their respective programs, and the costs were excluded from the projection. We also assumed that any Vermont resident that currently purchases private LTC coverage would drop this coverage and those costs would be transferred to the state.

Costs were trended from 2012 to 2017 using actual LTC trend from the VT expenditure analysis for the 2009 to 2012 time period.

Based on several LTC studies, a significant amount of LTC is either provided by unpaid caregivers or the need goes unmet. Cost estimates for the unpaid cost range between two and three times the current amounts paid for LTC. We applied an induced utilization factor to account for these costs. The studies we reviewed included the following:

- A November 2010 study produced by UMass Medical School's Center for Health Law and Economics and Office of Long-Term Support Studies on behalf of the Massachusetts Long-Term Care Financing Advisory Committee. This study indicated that \$8.6 billion was paid for LTC costs in Massachusetts and that an additional \$9.6 billion in cost was either unpaid or came from needs that went unmet. Applying this additional cost to the relative non-Medicaid and non-Medicare costs results in an induced utilization factor of about 5.0.¹⁷
- An AARP study titled "Valuing the Invaluable: 2011 Update" estimated that in 2009, \$203 billion was paid for LTC costs nationally and an additional \$405 billion was provided by unpaid care givers. Applying this additional cost to the relative non-Medicaid and non-Medicare costs results in an induced utilization factor of about 8.0.¹⁸

¹⁷ <http://www.mass.gov/eohhs/docs/eohhs/ltc/ma-ltcf-full.pdf>

¹⁸ <http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf>

- An additional AARP study from September 2011 indicated that in 2004, 72% of older people living in the community received assistance exclusively from unpaid caregivers. This study further supports the above indication that the cost of unpaid care-giving is about two to three times the amount of total paid caregiving.¹⁹

Using the cost expenditure data, the trend assumption discussed above, and an induced utilization factor of 6.5, we developed a mid-level estimate of total 2017 Vermont LTC cost of \$879 million. Given the uncertainty involved with estimating the cost of unpaid care, we also considered a lower induced utilization factor of 5.0 and a higher factor of 8.0. This range of induced utilization factors was based on the LTC studies referenced above. These factors produce low and high cost estimates of \$660 million and \$1,108 million. In addition, implementing a waiting period of 30 to 90 days could reduce the total cost estimate by 10% to 20%. The cost development is shown in the table below.

Table B-1.5: Long Term Services and Supports Cost Projection for Vermont under GMC 2017²⁰

	Low	Mid	High
2012 Expenditure Analysis (Millions)	\$109	\$109	\$109
PMPM Cost Trend	0.5%	1.0%	1.5%
Growth in Population that will use LTC	3.5%	3.5%	3.5%
Total Annual Trend	4.0%	4.5%	5.0%
Total Trend to 2017	1.217	1.246	1.276
2017 Trended Cost (Millions)	\$132	\$135	\$139
Induced Utilization	5	6.5	8
Projected 2017 Cost (Millions)	\$660	\$879	\$1,108

Again, we decided to focus our efforts on reducing out of pocket costs for major medical for the first phase of GMC and would not recommend that long term care coverage be included in Green Mountain Care.

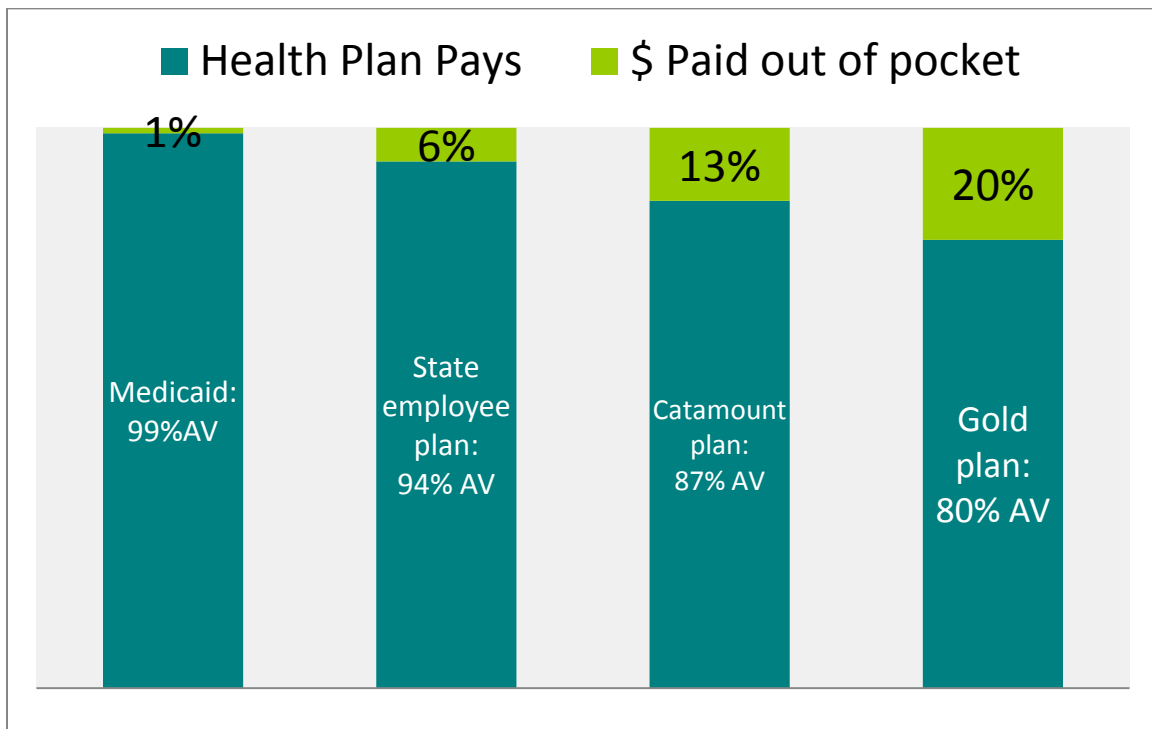
Cost-Sharing: Background

¹⁹ http://www.longtermscorecard.org/~media/Microsite/Files/Reinhard_raising_expectations_LTSS_scorecard_REPORT_WEB_v5.pdf

²⁰ This Table excludes non-resident Vermont employees, federal employees, and employees who have employer-sponsored coverage.

Cost-sharing is typically measured through actuarial value (AV). Actuarial value is the average amount as a percentage of total health care costs that a health plan would pay. The higher the AV, the less an individual would pay out of pocket in co-pays, deductibles, and co-insurance and the more paid for through public financing. For example, if GMC has an 80% AV, then on average 80% of the total cost is paid through public financing and the remaining 20% is paid through cost-sharing at the point of receiving a health service. Actual out of pocket costs for any individual or family will vary depending on their health care needs and utilization in any given year. The chart below shows examples of well-known plans and illustrates the difference between what the plan pays for and what the individual pays for health care services.

Figure B-1A. Examples of percentage of out of pocket spending with specific Vermont plan designs.



Under Act 48 of 2011, the legislature required that Green Mountain Care have at least an 80 percent actuarial value (AV) level, but also stated a preference for an 87 percent AV.²¹ Act 48 also requires that we provide information to the Green Mountain Care Board about the cost of having no cost-sharing²² and some plan designs which waive cost-sharing for certain types of services where there is evidence that greater utilization of these services would be beneficial to the health of the population. We also reviewed

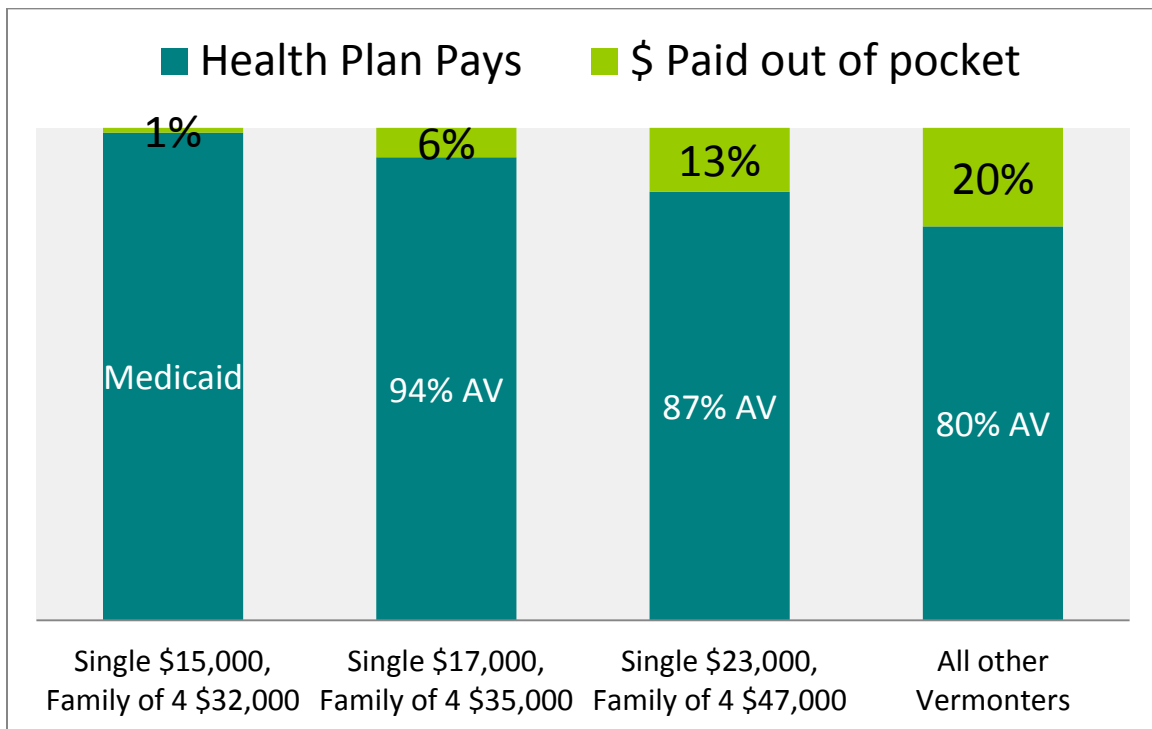
²¹ 33 VSA 1822 and 1825.

²² Relative cost of 100% AV plan is \$201 million more than a 94% AV plan.

several health economic studies to determine what is currently known about the impacts of cost-sharing on the use of health services and international comparisons.²³

Under federal law, GMC must also maintain more generous coverage of out of pocket costs for individuals who would currently receive cost-sharing reduction subsidies on a sliding scale or individuals who are on Medicaid.²⁴ The ACA’s sliding scale of out of pocket costs is: Medicaid for individuals under 138% FPL; a 94 percent AV plan for individuals from 138% to 150% FPL; and an 87 percent AV plan for individuals from 150% to 200% FPL. The sliding scale affordability for out of pocket costs is illustrated in the figure below using 2014 income levels.

Figure B-1B. Examples of percentage of out of pocket spending using the ACA affordability sliding scale for out of pocket spending.²⁵



Another important consideration in plan design is how to distribute cost-sharing within the actuarial value level. For example, after the Affordable Care Act, most plans include a limitation on out of pocket costs (called the maximum out of pocket or MOOP). This represents the absolute total amount that any individual or family would pay in cost-sharing. The amount, however, must be viewed in relationship to health status, because young or healthy individuals use fewer health services and thus will never reach the type of spending capped by the MOOP due to their usage. The figure below illustrates

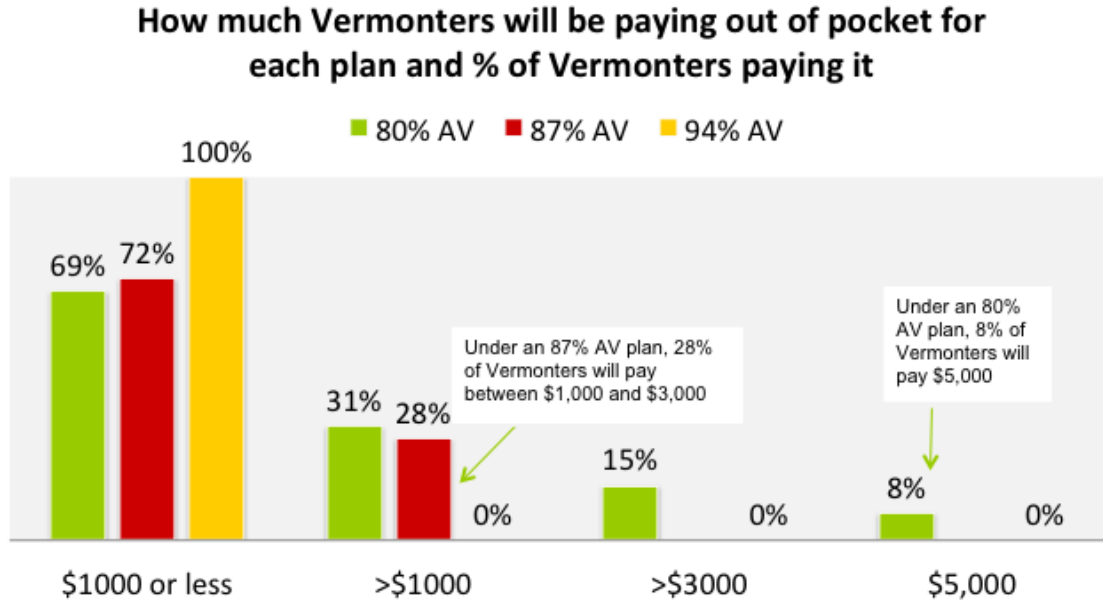
²³ See Appendices B-6 & B-7.

²⁴ ACA § 1332.

²⁵ Figure uses 2014 FPL income levels.

what Vermonters would pay in out of pocket costs for a deductible plan at different AV levels.

Figure B-1C. Distribution of Out Of Pocket Costs in Vermont Population




Taking into consideration the maximum out of pocket and the Act 48 and ACA legal parameters, we looked at a variety of plans ranging in AV from 80% AV up to Medicaid and employing different structures, such as co-pay only plans, deductible plans, and high deductible health plans. We started with almost thirty plans²⁶ and narrowed those plans down to the following seven plans within a range of AV levels and payment mechanisms, illustrated in the matrix, below:

Table B-1.6. Plan design matrix using ACA affordability sliding scale and Act 48 parameters

	80% AV	87% AV	94% AV	Medicaid AV
Option 1: Co-pay plan	Out of pocket costs look too expensive	✓	State employee plan No deductible No MOOP	
Option 2: Deductible Plan	✓	Catamount equivalent	✓	
Option 3: HDHP	✓ ✓	Does not meet HDHP requirements	Does not meet HDHP requirements	

²⁶ See appendix B-4



From here, we narrowed the plan designs down even further to four plan designs: a deductible and co-pay plan at 94 percent AV level, a deductible plan at the 87 percent AV level; and an innovative HDHP plan at the 80 percent AV level.²⁷ The co-pay plan at the 94 percent AV level is the SelectCare state employee plan modified to comply with federal requirements, the deductible plan at the 87 percent AV level is a modified design of Catamount Health, and the HDHP plan is an innovative plan design based on the economic research available.

It is important to note that in all 4 plan design options, preventive services are provided without any cost-sharing and mental health primary care services are provided with the same co-payments as for primary care health services.

The 94% AV co-pay/state employee plan is designed to only have co-payments. We have added a maximum out of pocket, which the state employee plan does not have, in order to comply with federal requirements and to ensure that Vermonters who use a lot of health services have financial protections.

The 94% AV deductible plan has a low deductible and maximum out of pocket. This plan was designed as a comparison point to the 94% AV co-pay/state employee plan to help determine which plan would provide the most comprehensive coverage to the Vermonters who need it most.

With the 87% AV plan we used a deductible plan similar to what was used under Catamount Health. The deductible plan looks like a typical insurance plan and reflects the kind of coverage with which many Vermonters are already familiar.

Under the 80% AV plan, the design is compliant with current Internal Revenue Service regulations for high-deductible health plans and may be paired with a health savings account (HSA). Health savings accounts are a tax-preferred vehicle that allows an individual to save money toward health care expenses without paying federal and state tax on that amount. This plan design has three main elements to it. The first is a high deductible health plan (HDHP). The second is an HSA for individuals who are not eligible for subsidies or a notional account for individuals who are eligible for cost-sharing subsidies, which can be applied against the annual deductible and copayments. The notional account could be funded by the state to achieve the reduced cost-sharing required by the ACA. The third element is a maximum out of pocket limit (MOOP), which serves to limit subscribers' financial exposure by capping total household cost-sharing per year. The following picture illustrates how cost-sharing is spread across these elements.

²⁷ See Appendix B-2.



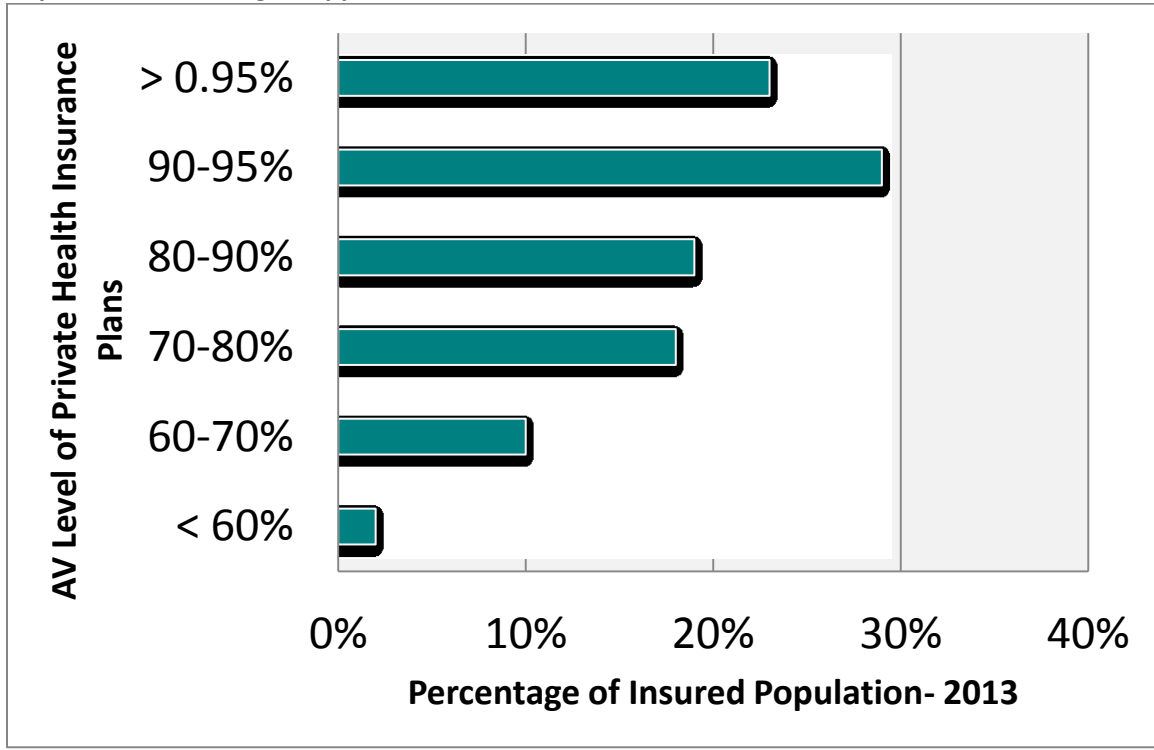
Cost-Sharing: Recommendation

Once the plans were narrowed down, we examined the ACA and Act 48 legal parameters in conjunction with operational and administrative simplicity, looked at the current market to determine where most Vermonters are today, and weighed issues of equity. As a result, we determined that the best level of coverage for Vermonters would be at the 94 percent AV level.

The fact that the ACA requires a sliding scale of affordability for out of pocket costs means that Vermont would either have to: have different plan designs to meet all the applicable AV levels; have one plan design and supplement that plan design through accounts or some other mechanism to meet the applicable AV levels; or bring all Vermonters not eligible for Medicaid up to the highest AV level, ensuring one plan design and administrative simplification. When faced with these options, we chose the 94 percent AV level to ensure operational and administrative simplicity while meeting all legal requirements.

We also chose the 94 percent AV level because when we looked at covered Vermonters who were not in Medicaid or Medicare, over 50% of Vermonters had a plan above 90 percent AV.

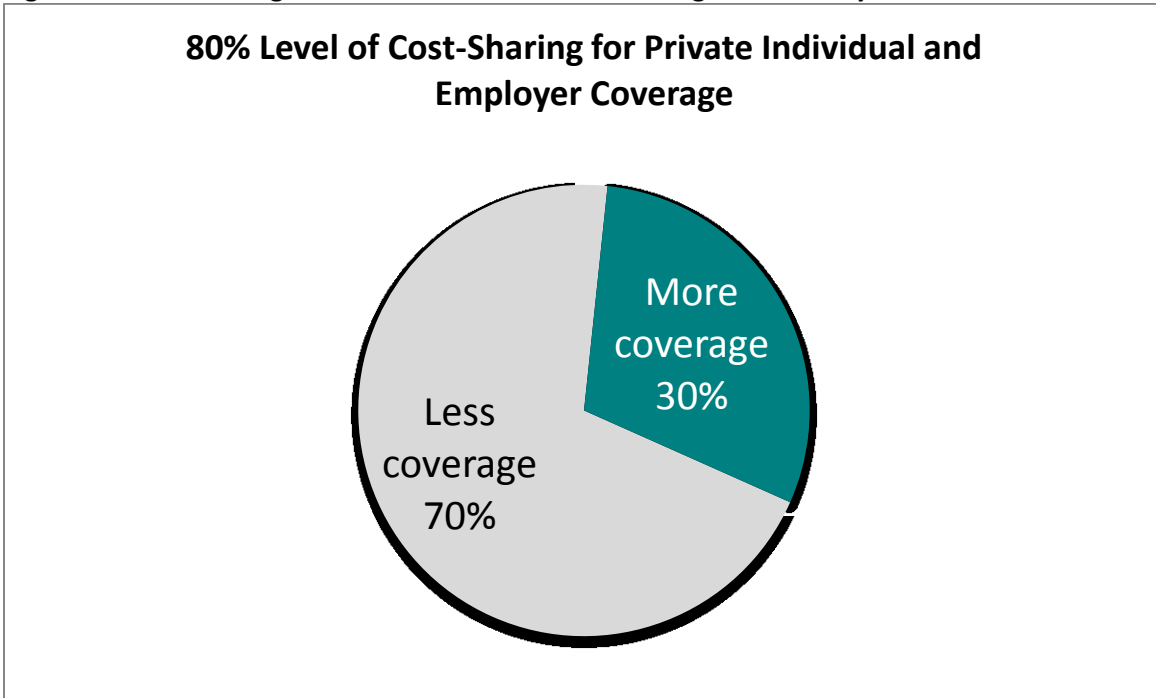
Figure B-1D. Vermont Private Health Insurance Coverage in 2013 and Percentage of Population According to Approximate AV Levels.



If we had recommended a plan that was less than 94 percent AV, many Vermonters would have less coverage of out of pocket costs than they do today.

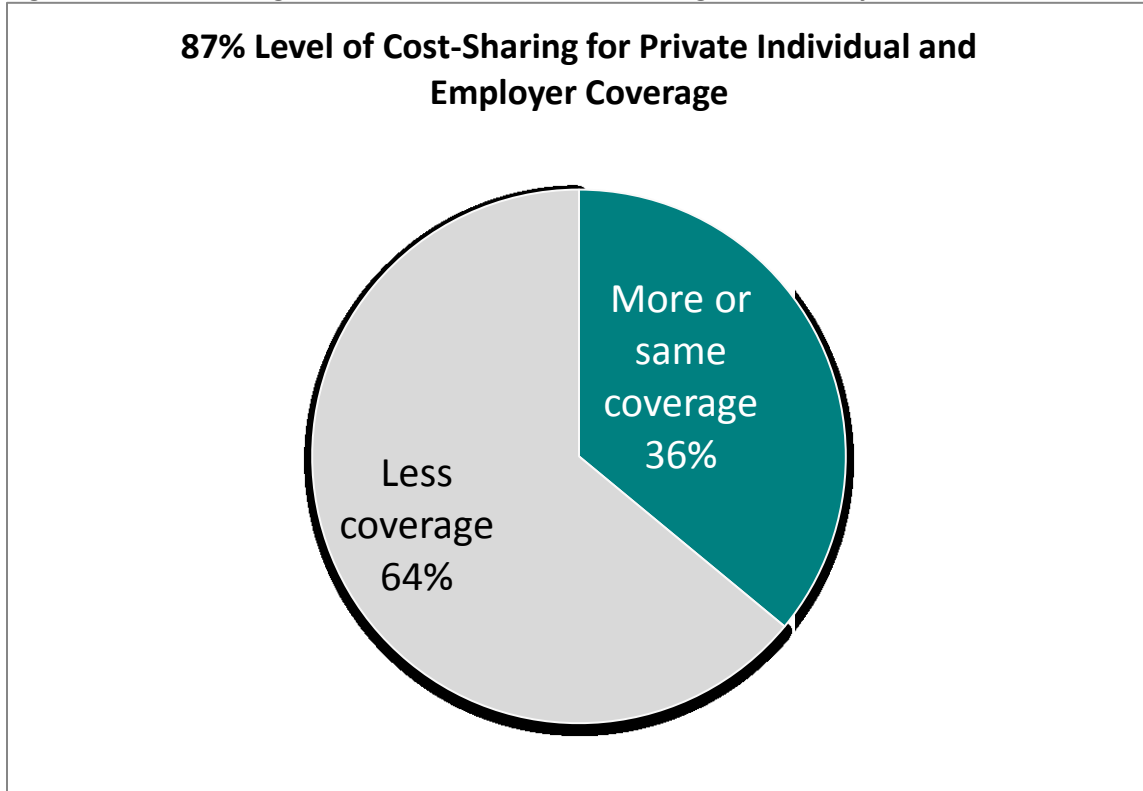
The following Figures illustrate the percentage of Vermonters who would be worse off at lower AV levels. The first Figure illustrates that 70% of Vermonters with employer sponsored insurance or who purchase through VHC today would be worse off if GMC had an AV of 80%. Only 30% would be better off with GMC at an 80% AV than today.

Figure B-1E. Percentage of Vermonters with Less Coverage Than Today with GMC at 80% AV



The second Figure illustrates that 64% of Vermonters with employer sponsored insurance or who purchase through VHC today would be worse off if GMC had an AV of 87%.

Figure B-1F. Percentage of Vermonters with Less Coverage Than Today with GMC at 87% AV



Finally, we also considered issues of equity. Act 48 requires consideration of the costs for Vermonters who need chronic care. At a low AV level, everyone would pay less in taxes, but people needing medical care would pay more in out of pocket costs than healthier people. A 94 percent AV level helps alleviate this disparity between the sick and the healthy and ensures that more of the costs are paid through the income-sensitive public premium.

Green Mountain Care - Secondary Coverage

Act 48 anticipates that Green Mountain Care will provide secondary coverage to Vermonters who have another source of primary health coverage, such as seniors who have Medicare. Until primary benefits and cost-sharing is finalized under Green Mountain Care, it is difficult to finalize secondary coverage. Secondary coverage typically wraps around the primary coverage plan for covered services and for cost-sharing. Additional analysis is needed after the primary benefits are determined in order to design secondary coverage for those on Medicare and covered by military insurance.

Because of this we recommend that secondary coverage be a later phase of GMC, but talk about some of the considerations below.

Medicare and Green Mountain Care

We examined a number of approaches for providing supplemental coverage for Vermonters to have Medicare as their primary coverage. Three options for expanding coverage were presented in the 2013 Green Mountain Care report authored by the University of Massachusetts and Wakely Consulting.²⁸ It is important to note that none of these options reduce Medicare benefits or otherwise harm Medicare coverage.

All of our models of GMC to date have continued the role of Medicare as the primary payer for the elderly and disabled and assumed that Medicare Supplemental insurance (“Medigap” policies) will continue to be available as required by federal law.

Maintaining a supplemental insurance market creates complexity in the system for health care providers and increases the overall administrative costs needed for the system to function. While the state may not eliminate this market, we have looked at how GMC might be attractive to seniors in lieu of supplemental policies.

It is important to keep in mind three important aspects of Medicare:

- 1) Seniors will always be enrolled in Medicare for primary coverage, just like today. Also, seniors will always have the choice of supplemental policies, Medicare Advantage, and Medicare Part D policies.
- 2) The fundamental flaw with Medicare cost-sharing has been the underinsurance for prescription drugs and uncapped Part B (hospital) liability facing seniors. When combined with the large amount of spending needed under Medicare Part D to hit the catastrophic coverage, this is a huge out of pocket risk for the elderly. The limitations of Part D were the impetus for Vermont to maintain its prescription drug coverage for seniors when Part D was implemented. An additional benefit of the ACA is the closing of the Part D “donut hole” in 2019. Out of pocket spending for Part B will remain as the major flaw in Medicare and necessitate many seniors purchasing supplemental coverage.
- 3) Other than drug coverage and the out of pocket maximum, Medicare supplemental coverage induces utilization that likely has relatively little value in improving health, and the supplemental market is relatively inefficient because of high administrative costs of administering these policies.²⁹

We modeled one additional potential policy option for supplementing Medicare coverage through GMC, which was to provide a sliding-scale maximum out of pocket limit. Medicare does not currently have a limit on out of pocket costs and providing this

²⁸ This report is available here: http://hcr.vermont.gov/public_engagement/benefits. Medicare is discussed in detail in Appendices 6 and 7.

²⁹ This is illustrated by the Medical Loss Ratio for these plans.

limit through GMC would ensure that those on Medicare will have the same limits as all other Vermonters. A spreadsheet detailing this analysis and the costs is attached as Appendix B-10.

GMC Will Integrate Existing Coverage

The state currently provides wrap-around coverage for Medicare through three programs:

- Medicaid provides additional benefits and reduced cost-sharing for seniors whose income is at the poverty level, also commonly referred to as “Dual Eligibles”
- Medicaid provides additional coverage through Medicare “buy-in” programs, also called Service Limited Medicare Beneficiary (SLMB), Qualified Medicare Beneficiary (QMB), and Qualified Individual (QI1) programs. These programs help low-income Medicare beneficiaries who are not eligible for Medicaid pay all or some of their Medicare cost, including premiums, co-payments, and deductibles. The current income limit for these programs are
 - 0-100% FPL for QMB, which pays for Medicare premiums and out of pocket costs
 - 100-120% FPL for SLMB, which covers Medicare Part B premiums
 - 120-135% FPL for QI1, which covers Medicare Part B premiums
- Medicaid provides a pharmacy program, which wrap around Medicare Part D, called VPharm

The existing programs would be integrated into GMC in the following ways:

- Seniors who are eligible for both Medicare and Medicaid (“Dual Eligibles”) would continue to have coverage consistent with current coverage and their coverage would continue to be funded with Medicaid-funds. These seniors will see no change over time.
- Seniors currently eligible for SLMB, QMB will, and QI also see no change.
- Seniors with VPharm coverage will see no change, except that VPharm premiums are eliminated to reduce administrative expenses from having both a tax and a premium system just for VPharm.

Green Mountain Care and the Supplemental Market

While working on plan designs, we also considered the effects the plan design might have on a supplemental market. Supplemental health insurance policies are typically designed to add on more comprehensive health coverage. They “wrap around” and complement basic health insurance either through covering more services or covering out of pocket costs.³⁰ An example of supplemental coverage of services currently available is adult dental and vision care. An example of supplemental health insurance

³⁰ Insurance Basics. Supplemental Policies. www.healthcare.gov

covering out of pocket costs is a Medicare supplemental policy known as “Medigap” for persons with Medicare. A Medigap policy is health insurance sold by private insurance companies to fill the “gaps” in Medicare coverage and helps pay some of the health care costs that Medicare does not cover.³¹

While supplemental policies can fill in gaps in coverage, they can also lead some consumers to pay for more protection than is necessary. Some consumers are “over-insured” and are paying for coverage they are unlikely to use. Supplemental insurance offerings should be tailored to complement comprehensive health coverage and to offer coverage for services that are beyond the scope of the comprehensive plan, but are not duplicative or unnecessary.

The level of supplemental insurance should correspond with the degree of coverage provided by GMC. If GMC coverage is basic, there is a stronger likelihood that there will be a larger supplemental insurance market presence. Because the covered services for GMC are set at a level commonly found in today’s private insurance markets, it is likely that there will be a supplemental market limited to dental, vision, and long-term care. These markets exist today and we would expect them to continue.

Of greater concern would be a new market of supplemental insurance for cost-sharing, similar to the Medicare “Medigap” insurance products currently available. As discussed earlier, this type of market adds administrative complexity and would have the potential to shift unnecessary costs to the state. We took this into consideration when choosing the 94% AV plan design. It was determined that a plan design with a high AV would help avoid the need for a supplemental cost-sharing insurance market, which would only add complexity and cost to the system.


Conclusion

Under Green Mountain Care, many components of the benefits would stay the same:

- Preventive care is 100% covered without any cost,
- The same medical services are covered for the majority of Vermonters,
- Vermonters can still see their doctor,
- Vermonters can still receive care out of state when traveling or if their primary coverage is currently in a border state,
- Medicare benefits remain the same, because Medicare remains the primary coverage,
- Medicaid benefits remain the same.

The biggest potential change for some Vermonters is what they pay when they seek care. To ensure that Vermonters have access to comprehensive and affordable care, we

³¹ Your Medicare Coverage Choices. <http://www.medicare.gov/navigation/medicare-basics/coverage-choices.aspx>



would recommend a 94 percent AV plan covering all of the essential health benefits under the ACA.

Appendix B-2. Recommended GMC Cost-Sharing Designs

Appendix B-2

VT Plan Options

Current Proposed Plan Designs - High Level Comparison File

December 16, 2014

Plan Type	State Plan - Original	State Plan - Revised	Catamount - Original	Catamount - Revised	Catamount - Subsidy Plan	HDHP- Recommended 80% Base (83%-94% subsidies)
Actuarial Value		93.5%		87.0%	93.5%	
Deductible	\$0 - Med; \$25 - Rx unlimited - Med;	\$0 - Med, \$75 - Rx (non-generics)	\$500 - Med; \$0 - Rx	\$500 - Med; \$0 - Rx	\$100 - Med; \$0 - Rx	\$1,300 - IP \$1,300 - Non-IP
MOOP	\$775 - Rx (non-preferred brand excluded)	\$5,000 - Med; \$1,300 - Rx	\$1,050 - Med; \$1,250 - Rx	\$1,600 - Med; \$1,250 - Rx	\$650 - Med; \$200 - Rx	\$2,100
Account Funding	N/A	N/A	N/A	N/A	N/A	80% - \$0 83% - \$200 87% - \$500 94% - \$1,200
Member Cost Sharing						
Inpatient Admission (non-MH/SA)	\$250	\$300	20%	20%	20%	\$250
Inpatient Admissions MH/SA	\$0	\$0	20%	20%	20%	\$250
Outpatient MH/SA	\$0	\$0	20%	20%	20%	\$50
Outpatient Surgery	\$0	\$150	20%	20%	20%	\$75
ER Visit	\$50	\$75	20%	20%	20%	\$75
Ambulance	\$0	\$0	20%	20%	20%	\$15
DME	\$0	\$0	20%	20%	20%	\$15
Lab/X-Rays	\$0	\$0	20%	20%	20%	\$15
PCP Visit	\$20	\$25	\$10	\$10	\$10	\$5
SPC Visit	\$20	\$35	\$10	\$20	\$20	\$15
Generic	10%	\$10	\$10	\$10	\$5	\$5
Brand	20%	20%	\$35	\$35	\$15	\$15
Non-Brand	40%	40%	\$35	\$55	\$30	\$40

DEDUCTIBLE APPLIES TO SHADED CELLS

Red is a change from the original plan (state and Catamount only)

Notes:

- 1 Plan Designs are based on current estimates of allowed costs under the "base" scenario for GMC for the various plans.
- 2 To the extent the scenarios change, the plan designs will also need to be updated. Plan designs should be further refined closer to the implementation of GMC to ensure the cost sharing is as close as possible to the targeted actuarial value.
- 3 The HDHP Scenario 1 is a high level estimate. Neither the federal AVC or Wakely's model can accommodate the double deductible. If this plan is selected further analysis should be completed to more accurately determine the appropriate cost sharing for the plan.
- 4 Actual actuarial values depend on the members who are covered under GMC and the services these members receive. The resulting actuarial value could vary from the target, possibly significantly.

Vermont 2017 Plan Design Options
 DRAFT - For illustrative and discussion purposes only

Wakely AV
Federal AV (2016 Draft)

Deductible

Individual
 Family

MOOP

Individual
 Family

Medical/Rx Deductibles Combined?
 Medical/Rx MOOPs Combined?

Inpatient Hospital

Medical
 Surgical
 Maternity
 Mental Health
 Chemical Dependency
 Skilled Nursing Facility

Outpatient Hospital

Emergency Room
 Ambulatory Surgery
 Radiology
 Laboratory
 Maternity Visits
 Mental Health
 Chemical Dependency
 Other

Inpatient Physician

Medical/Surgical
 Mental Health
 Chemical Dependency
 Maternity

Outpatient Physician

Physician Office Visits
 Specialist Office Visits
 Mental Health
 Chemical Dependency
 Other

Preventive Care

Physical Exams. Etc.
 Immunizations
 Screenings
 Well Childcare

Outpatient Miscellaneous

Allergy
 Ambulance
 Chemotherapy
 Chiropractor
 Dialysis
 DME
 Hearing
 Hearing Aids
 Home Health Care
 Laboratory
 Physical Therapy
 Podiatry Services
 Radiology/X-Ray
 Speech

Rx Inputs

Annual Deductibles

Annual MOOP

Deductible/MOOP Applies?

Generic
 Brand Formulary
 Brand Non Formulary
 Specialty

Member Coinsurance

Generic
 Brand Formulary
 Brand Non Formulary
 Specialty

Member Copay

Generic
 Brand Formulary
 Brand Non Formulary
 Specialty

State Plan - Original Copay 94%			State Plan - Revised Copay 94%		
92.6%			93.5%		
N/A			92.4%		
In-Network	Out-of-Network	Out-of-Area	In-Network	Out-of-Network	Out-of-Area
\$0	N/A	N/A	\$0	N/A	N/A
\$0	N/A	N/A	\$0	N/A	N/A
In-Network	Out-of-Network	Out-of-Area	In-Network	Out-of-Network	Out-of-Area
N/A	N/A	N/A	\$5,000	N/A	N/A
N/A	N/A	N/A	\$10,000	N/A	N/A
No			No		
No			No		
Plan Coinsurance	Deductible Copayments	Deductible Applies?	Plan Coinsurance	Deductible Copayments	Deductible Applies?
Medical	\$ 250.00	N		\$ 300.00	N
Surgical	\$ 250.00	N		\$ 300.00	N
Maternity	\$ 250.00	N		\$ 300.00	N
Mental Health	100%	N	100%		N
Chemical Dependency	100%	N	100%		N
Skilled Nursing Facility	100%	N	100%		N
Emergency Room	\$ 50.00	N		\$ 75.00	N
Ambulatory Surgery		N		\$ 150.00	N
Radiology		N	100%		N
Laboratory		N	100%		N
Maternity Visits		N	100%		N
Mental Health		N	100%		N
Chemical Dependency		N	100%		N
Other		N	100%		N
Medical/Surgical		N	100%		N
Mental Health		N	100%		N
Chemical Dependency		N	100%		N
Maternity		N	100%		N
Physician Office Visits	\$ 20.00	N		\$ 25.00	N
Specialist Office Visits	\$ 20.00	N		\$ 35.00	N
Mental Health	\$ 20.00	N		\$ 25.00	N
Chemical Dependency	\$ 20.00	N		\$ 25.00	N
Other	\$ 20.00	N		\$ 25.00	N
Physical Exams. Etc.		N	100%		N
Immunizations		N	100%		N
Screenings		N	100%		N
Well Childcare		N	100%		N
Allergy	\$ 20.00	N		\$ 25.00	N
Ambulance		N	100%		N
Chemotherapy		N	100%		N
Chiropractor	\$ 20.00	N		\$ 25.00	N
Dialysis		N	100%		N
DME		N	100%		N
Hearing		N	100%		N
Hearing Aids		N	100%		N
Home Health Care		N	100%		N
Laboratory		N	100%		N
Physical Therapy	\$ 20.00	N		\$ 25.00	N
Podiatry Services		N	100%		N
Radiology/X-Ray		N	100%		N
Speech	\$ 20.00	N		\$ 25.00	N
Retail		Mail Order	Retail		Mail Order
Annual Deductibles		\$25	Annual Deductibles		\$75
Annual MOOP		\$775	Annual MOOP		\$1,300
Generic		Y/Y	Generic		N/Y
Brand Formulary		Y/Y	Brand Formulary		Y/Y
Brand Non Formulary		Y/N	Brand Non Formulary		Y/Y
Specialty		Y/N	Specialty		Y/Y
Retail		Mail Order	Retail		Mail Order
Generic		10%	Generic		
Brand Formulary		20%	Brand Formulary		20%
Brand Non Formulary		40%	Brand Non Formulary		40%
Specialty		40%	Specialty		40%
Retail		Mail Order	Retail		Mail Order
Generic			Generic		\$ 10.00 \$ 25.00
Brand Formulary			Brand Formulary		
Brand Non Formulary			Brand Non Formulary		
Specialty			Specialty		

Vermont 2017 Plan Design Options
 DRAFT - For illustrative and discussion purposes only

	Catamount Plan - Original Deductible 87%			Catamount Plan - Revised Deductible 87%			Catamount Plan - Revised Deductible 94% Subsidy		
Wakely AV	88.5%			87.0%			93.5%		
Federal AV (2016 Draft)	89.4%			87.5%			94.1%		
Deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Individual	\$500	N/A	N/A	\$500	N/A	N/A	\$0	N/A	N/A
Family	\$1,000	N/A	N/A	\$1,000	N/A	N/A	\$0	N/A	N/A
MOOP	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Individual	\$1,050	N/A	N/A	\$1,600	N/A	N/A	\$650	N/A	N/A
Family	\$2,100	N/A	N/A	\$3,200	N/A	N/A	\$1,300	N/A	N/A
<i>Medical/Rx Deductibles Combined?</i>	No			No			No		
<i>Medical/Rx MOOPs Combined?</i>	No			No			No		
Inpatient Hospital	<u>Plan Coinsurance</u>	<u>Copayments</u>	<u>Deductible Applies?</u>	<u>Plan Coinsurance</u>	<u>Copayments</u>	<u>Deductible Applies?</u>	<u>Plan Coinsurance</u>	<u>Copayments</u>	<u>Deductible Applies?</u>
Medical	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Surgical	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Maternity	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Mental Health	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Chemical Dependency	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Skilled Nursing Facility	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Outpatient Hospital									
Emergency Room	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Ambulatory Surgery	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Radiology	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Laboratory	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Maternity Visits	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Mental Health	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Chemical Dependency	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Inpatient Physician									
Medical/Surgical	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Mental Health	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Chemical Dependency	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Maternity	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Outpatient Physician									
Physician Office Visits	0%	\$ 10.00	N	0%	\$ 10.00	N	0%	\$ 10.00	N
Specialist Office Visits	0%	\$ 10.00	N	0%	\$ 20.00	N	0%	\$ 20.00	N
Mental Health	0%	\$ 10.00	N	0%	\$ 10.00	N	0%	\$ 10.00	N
Chemical Dependency	0%	\$ 10.00	N	0%	\$ 10.00	N	0%	\$ 10.00	N
Preventive Care									
Physical Exams. Etc.	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Outpatient Miscellaneous									
Ambulance	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Dialysis	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
DME	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Physical Therapy	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Radiology/X-Ray	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Rx Inputs									
	<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>	
Annual Deductibles	\$0	\$0		\$0	\$0		\$0	\$0	
Annual MOOP	\$1,250			\$1,250			\$200		
Deductible/MOOP Applies?									
Generic	N/Y			N/Y			N/Y		
Brand Formulary	N/Y			N/Y			N/Y		
Brand Non Formulary	N/Y			N/Y			N/Y		
Specialty	N/Y			N/Y			N/Y		
Member Coinsurance	<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>	
Generic	0%	0%		0%	0%		0%	0%	
Brand Formulary	0%	0%		0%	0%		0%	0%	
Brand Non Formulary	0%	0%		0%	0%		0%	0%	
Specialty	0%	0%		0%	0%		0%	0%	
Member Copay	<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>	
Generic	\$ 10.00	\$ 20.00		\$ 10.00	\$ 25.00		\$ 5.00	\$ 12.50	
Brand Formulary	\$ 35.00	\$ 70.00		\$ 35.00	\$ 87.50		\$ 15.00	\$ 37.50	
Brand Non Formulary	\$ 55.00	\$ 110.00		\$ 55.00	\$ 137.50		\$ 30.00	\$ 75.00	
Specialty	\$ 55.00	\$ 110.00		\$ 55.00	\$ 137.50		\$ 30.00	\$ 75.00	

Vermont 2017 Plan Design Options
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80% Recommended HDHP 80%			
Wakely AV			
79.9%			
Federal AV (2016 Draft)			
79.7%			
Deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Individual	\$1300 IP/\$1300 Non-IP	N/A	N/A
Family	\$2600 IP/\$2600 Non-IP	N/A	N/A
MOOP			
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Individual	\$2,100	N/A	N/A
Family	\$4,200	N/A	N/A
<i>Medical/Rx Deductibles Combined?</i>	Yes		
<i>Medical/Rx MOOPs Combined?</i>	Yes		
Inpatient Hospital	Plan Coinsurance	Copayments	Deductible Applies?
Medical		\$ 250.00	Y
Surgical		\$ 250.00	Y
Maternity		\$ 250.00	Y
Mental Health		\$ 250.00	Y
Chemical Dependency		\$ 250.00	Y
Skilled Nursing Facility		\$ 75.00	Y
Outpatient Hospital			
Emergency Room		\$ 75.00	Y
Ambulatory Surgery		\$ 75.00	Y
Radiology		\$ 50.00	Y
Laboratory		\$ 50.00	Y
Maternity Visits		\$ 50.00	Y
Mental Health		\$ 50.00	Y
Chemical Dependency		\$ 50.00	Y
Other		\$ 50.00	N
Inpatient Physician			
Medical/Surgical	100%		Y
Mental Health	100%		Y
Chemical Dependency	100%		Y
Maternity	100%		Y
Outpatient Physician			
Physician Office Visits		\$ 5.00	N
Specialist Office Visits		\$ 15.00	N
Mental Health		\$ 5.00	N
Chemical Dependency		\$ 5.00	N
Other		\$ 15.00	N
Preventive Care			
Physical Exams. Etc.	100%	\$ -	N
Immunizations	100%	\$ -	N
Screenings	100%	\$ -	N
Well Childcare	100%	\$ -	N
Outpatient Miscellaneous			
Ambulance		\$ 15.00	Y
Dialysis		\$ 15.00	Y
DME		\$ 15.00	Y
Physical Therapy		\$ 15.00	Y
Rx Inputs			
	Retail	Mail Order	
Annual Deductibles	\$0	\$0	
	Retail	Mail Order	
Member Coinsurance			
Generic	0%	0%	
Brand Formulary	0%	0%	
Brand Non Formulary	0%	0%	
Specialty	0%	0%	
	Retail	Mail Order	
Member Copay			
Generic	\$ 5.00	\$ 15.00	
Brand Formulary	\$ 15.00	\$ 45.00	
Brand Non Formulary	\$ 40.00	\$ 120.00	
Specialty	\$ 40.00	\$ 120.00	

Appendix B-3. Vermont Essential Health Benefits Detail

VERMONT EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Health Maintenance Organization
Issuer Name	The Vermont Health Plan, LLC
Product Name	CDHP-HMO
Plan Name	BlueCare, The Vermont Health Plan, LLC, CDHP
Supplemented Categories (Supplementary Plan Type)	<ul style="list-style-type: none">• Pediatric Oral (State CHIP)• Pediatric Vision (FEDVIP)
Habilitative Services Included Benchmark (Yes/No)	No
Habilitative Services Defined by State (Yes/No)	No

BENEFITS AND LIMITS

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation: (Optional) Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
1	Primary Care Visit to Treat an Injury or Illness	Covered	Primary Care Visit to Treat an Injury or Illness	No							No
2	Specialist Visit	Covered	Specialist Visit	No							No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Other Practitioner Office Visit (Nurse, Physician Assistant)	No							No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No							No
5	Outpatient Surgery Physician/Surgical Services	Covered	Outpatient Surgery Physician/Surgical Services	No							Yes
6	Hospice Services	Covered	Hospice Services	No						Must meet hospice requirements for benefit eligibility.	Yes
7	Non-Emergency Care When Traveling Outside the U.S.	Covered	Non-Emergency Care When Traveling Outside the U.S.	No					Excluded UNLESS member qualifies for coverage due to sabbatical or attending college in a foreign country.		No
8	Routine Dental Services (Adult)	Not Covered									
9	Infertility Treatment	Not Covered								Refer to Infertility Drug limitation in Generic, Preferred and Non-Preferred Prescription Drug categories.	
10	Long-Term/Custodial Nursing Home Care	Not Covered									
11	Private-Duty Nursing	Covered	Private-Duty Nursing	Yes	2000	Other	Covered up to \$2,000 per plan year			Requires prior approval and recertification of treatment plan every 60 days.	No

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation: (Optional) Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
12	Routine Eye Exam (Adult)	Covered	Routine Eye Exam (Adult)	Yes	1	Other	1 routine eye exam per calendar year		Does not cover the evaluation and fitting of contact lenses or other supplemental tests, routine eye care, eye exercises or visual training.		No
13	Urgent Care Centers or Facilities	Covered	Urgent Care Centers or Facilities	No							No
14	Home Health Care Services	Covered	Home Health Care Services	No							No
15	Emergency Room Services	Covered	Emergency Room Services	No					Excludes benefits for an emergency room services that does not meet definition of Emergency Service.		Yes
16	Emergency Transportation/ Ambulance	Covered	Emergency Transportation/ Ambulance	No					Insured's condition must meet the criteria for an emergency medical condition. Insured must get approval within 48 hours after emergency air or water transport.		No
17	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Inpatient Hospital Services (e.g., Hospital Stay)	Yes	1	Other	Coverage for either day of admission OR day of discharge but not both.				No
18	Inpatient Physician and Surgical Services	Covered	Inpatient Physician and Surgical Services	Yes	1	Other	May limit the number of visits covered by one Provider in a given day.				Yes
19	Bariatric Surgery	Covered	Bariatric Surgery	Yes	1	Other	Covered up to \$10,000 per lifetime.				No
20	Cosmetic Surgery	Covered	Cosmetic Surgery	No					Cosmetic Surgery is an excluded benefit except for prior approval for reconstruction as detailed in certificate of coverage.		No

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation: (Optional) Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
21	Skilled Nursing Facility	Covered	Skilled Nursing Facility	No						Covered by participating facility only for Acute Care. Includes room, board, general nursing care, medication and drugs given by SNF during a covered stay and medical services included in the rates of a SNF.	No
22	Prenatal and Postnatal Care	Covered	Prenatal and Postnatal Care	No						See Maternity Office Visits and Inpatient Hospital Services for additional benefit information.	Yes
23	Delivery and All Inpatient Services for Maternity Care	Covered	Delivery and All Inpatient Services for Maternity Care	No						Covered as an Inpatient Hospital Stay.	No
24	Mental/Behavioral Health Outpatient Services	Covered	Mental/Behavioral Health Outpatient Services	No						Includes individual and group psychotherapy, family and couples therapy, intensive programs, partial hospital day treatment, psychological testing when integral to treatment, psychotherapy programs to improve compliance with prescribed medical treatment regimens for diabetes, hypertension, ischemic heart disease and emphysema.	Yes
25	Mental/Behavioral Health Inpatient Services	Covered	Mental/Behavioral Health Inpatient Services	No					Excludes services provided by non-participating providers or facilities, treatment without concurrent review, non-traditional or alternative therapies, services that focus on education or socialization or delinquency, custodial care that is not medically necessary and biofeedback, pain management, stress reduction classes or pastoral counseling.	Includes hospitalization, residential treatment programs.	No

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation: (Optional) Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
26	Substance Abuse Disorder Outpatient Services	Covered	Substance Abuse Disorder Outpatient Services	No						Includes detoxification in outpatient rehab facility (including services for the patient's family when necessary).	Yes
27	Substance Abuse Disorder Inpatient Services	Covered	Substance Abuse Disorder Inpatient Services	No					Excludes services provided by non-participating providers or facilities, treatment without concurrent review, non-traditional or alternative therapies, services that focus on education or socialization or delinquency, custodial care that is not medically necessary and biofeedback, pain management, stress reduction classes or pastoral counseling.	Includes detoxification in an inpatient rehabilitation facility.	No
28	Generic Drugs	Covered	Generic Drugs	Yes	90	Other	Limited to a 90-day supply for retail and home delivery (mail order) per fill.				Yes
29	Preferred Brand Drugs	Covered	Preferred Brand Drugs	Yes	90	Other	Limited to a 90-day supply for retail and home delivery (mail order) per fill.			The limit quantity applies per script on retail and home delivery.	Yes
30	Non-Preferred Brand Drugs	Covered	Non-Preferred Brand Drugs	Yes	90	Other	Limited to a 90-day supply for retail and home delivery (mail order) per fill.			The limit quantity applies per script on retail and home delivery.	Yes
31	Specialty Drugs	Covered	Specialty Drugs	Yes	30	Other	Limited to a 30-day supply.		ONLY Participating Specialty pharmacies may be utilized for Specialty drugs.		Yes

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation: (Optional) Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
32	Outpatient Rehabilitation Services	Covered	Outpatient Rehabilitation Services	Yes	30	Other	Up to 30 outpatient sessions combined per plan year.			Cardiac Rehabilitation is covered up to 36 visits per cardiac event. Typically include physical, occupational and speech therapy but may also include radiation therapy, chemotherapy, dialysis, infusion therapy.	Yes
33	Habilitation Services	Covered	Habilitation Services	No						Autism Coverage per Vermont State Mandate for ages zero to six years.	No
34	Chiropractic Care	Covered	Chiropractic Care	Yes	12	Other	Prior Approval is required after the 12th visit.			Prior approval required after 12 visits; includes treatment for neuromusculoskeletal conditions by a network provider working within the scope of their license.	No
35	Durable Medical Equipment	Covered	Durable Medical Equipment	No						Some durable medical equipment and supplies require prior approval. Includes supplies and equipment necessary for administration, orthotics (if approved), prosthetics, and devices. Threshold applies.	Yes
36	Hearing Aids	Not Covered									
37	Diagnostic Test (X-Ray and Lab Work)	Covered	Diagnostic Test (X-Ray and Lab Work)	No							No
38	Imaging (CT/PET Scans, MRIs)	Covered	Imaging (CT/PET Scans, MRIs)	No							No
39	Preventive Care/ Screening/ Immunization	Covered	Preventive Care/Screening/ Immunization	No							No
40	Routine Foot Care	Covered	Routine Foot Care	No					Covered for Diabetics ONLY; excluded for all other members.		No
41	Acupuncture	Not Covered									
42	Weight Loss Programs	Not Covered									

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43	Routine Eye Exam for Children	Covered	Routine Eye Exam for Children	Yes	1	Other	1 routine eye exam per member per calendar year.		Does not cover the evaluation and fitting of contact lenses or other supplemental tests.		No
44	Eye Glasses for Children	Covered	Eye Glasses for Children	No						Refer to "Eye Glasses or Contact Lenses to replace the lens of an eye when the lens was not replaced at the time of surgery" on Other tab for more information.	No
45	Dental Check-Up for Children	Covered	Dental Check-Up for Children	Yes	2	Treatments per year					No

OTHER BENEFITS

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation: (Optional) Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
1	Other	Covered	Nutritional Counseling	Yes	3	Visits per year	3 visits per plan year		Visits for treatment of diabetes do not count toward this visit limit.		No
2	Outpatient Surgery Physician/ Surgical Services	Covered	Neuropsychological Testing	Yes	8	Hours per year					No
3	Hospice Services	Covered	Home Health Aide	Yes	100	Hours per month				For personal care services only.	No
4	Outpatient Rehabilitation Services	Covered	Outpatient physical, speech and occupational therapy	Yes	30	Visits per year	Up to 30 outpatient sessions combined per plan year.			Covered up to 30 visits combined per plan year.	No
5	Other	Covered	Preventive Care	No						Includes routine physical examinations, immunizations, well-child care, screening mammogram, screening colonoscopy, preventive GYN.	No
6	Other	Covered	Dental Services (not Routine)	No						Includes treatment for or in connection with an accidental injury to jaws, sound natural teeth, mouth or face, provided a continuous course of dental treatment is started with six months of the accident; also includes surgery to correct gross deformity from major disease or surgery with service occurring within six months of the onset of disease or within six months of surgery.	No
7	Inpatient Physician and Surgical Services	Covered	Sterilization Reversal	Yes	1	Other	Procedures per lifetime			Covers only one attempt at reversal of sterilization.	No

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8	Durable Medical Equipment	Covered	Eye Glasses or Contact Lenses to replace the lens of an eye when the lens was not replaced at the time of surgery.	Yes	1	Other	1 set of accompanying eyeglasses or contact lenses for the original prescription and one set for each new prescription.				Yes
9	Durable Medical Equipment	Covered	Dental prosthetics	No					Repair or replacement of dental appliances or dental prosthetics.	With prior approval and only of required to treat an accidental injury (except injury as a result of chewing or biting); or to correct gross deformity resulting from major disease or Surgery; to treat obstructive sleep apnea; or to treat craniofacial disorders, including temporomandibular joint syndrome.	No
10	Generic Drugs	Covered	Infertility medications	Yes	4	Months per year	Cover up to four months of fertility medication per plan year when attempt to conceive through natural means.				No
11	Preferred Brand Drugs	Covered	Infertility medications	Yes	4	Months per year	Cover up to four months of fertility medication per plan year when attempt to conceive through natural means.				No
12	Non-Preferred Brand Drugs	Covered	Infertility medications	Yes	4	Months per year	Cover up to four months of fertility medication per plan year when attempt to conceive through natural means.				No
13	Other	Covered	Nutritional Formulae or supplements	Yes	2500	Other	Up to \$2,500 per year for medical foods prescribed for the medically necessary treatment of an inherited metabolic disease or formulae and supplements administered through a feeding tube.				No
14	Prenatal and Postnatal Care	Covered	Maternity Office Visits	No						Includes coverage by a Physician or other Professional during a woman's pregnancy for pre-natal visits and other care and post-natal visits.	No
15	Other	Covered	Transplant Services - deceased donor	Yes	35000	Other	For transplants using a deceased donor, benefits are limited to \$35,000 per solid organ transplant for search, removal, storage, and transportation of the organ.				No

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16	Emergency Room Services	Covered	Emergency room physician services	No					Insured's condition must meet the criteria for an emergency medical condition.		No
17	Emergency Room Services	Covered	Emergency mental health and substance use physician and facility services	No					Insured's condition must meet the criteria for an emergency medical condition.		No
18	Mental/Behavioral Health Outpatient Services	Covered	Mental/Behavioral health office visits	No							No
19	Substance Abuse Disorder Outpatient Services	Covered	Substance use disorder office visits	No							No
20	Outpatient Rehabilitation Services	Covered	Cardiac rehabilitation services	Yes	36	Other	36 visits per cardiac event; three supervised exercise sessions per week up to total of 36 sessions for cardiac and pulmonary rehab programs.				No
21	Hospice Services	Covered	Hospice Services Homemaker Services	Yes	100	Hours per month					No
22	Hospice Services	Covered	Hospice Continuous Care Services in Home	Yes	5	Days per admission	OR 120 hours of continuous care.			For in home care.	No
23	Hospice Services	Covered	Hospice Respite Care	Yes	72	Hours per month					No
24	Hospice Services	Covered	Hospice Social Services Visits	Yes	6	Visits per lifetime					No
25	Hospice Services	Covered	Hospice Bereavement visits	Yes	2	Visits per lifetime				Two bereavement visits following death.	No

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26	Generic Drugs	Covered	Antibiotics and Narcotic Day Supply Limitation	Yes	30	Other	Antibiotics and Narcotics are limited to a 30-day supply both at retail and home delivery (mail order).				No
27	Preferred Brand Drugs	Covered	Antibiotics and Narcotic Day Supply Limitation	Yes	30	Other	Antibiotics and Narcotics are limited to a 30-day supply both at retail and home delivery (mail order).				No
28	Non-Preferred Brand Drugs	Covered	Antibiotics and Narcotic Day Supply Limitation	Yes	30	Other	Antibiotics and Narcotics are limited to a 30-day supply both at retail and home delivery (mail order).				No
29	Specialty Drugs	Covered	Antibiotics and Narcotic Day Supply Limitation	Yes	30	Other	Antibiotics and Narcotics are limited to a 30-day supply both at retail and home delivery (mail order).				No
30	Other	Covered	Transplant Services - Live donor	Yes	65000	Other	For transplants using a live donor, benefits are limited to \$65,000 for the live donor's surgical expenses and storage and transportation of the organ for each covered organ transplant procedure completed. Costs for a donor must be incurred within 120 days from the date of the donor's surgery.				No
31	Other	Covered	Transplant Recipient - Benefit Coverage Time Period	Yes	1	Other	From 30 days before the transplant to 365 days after the transplant for bone marrow transplants OR From five days before the transplant to 365 days after the transplant.				No
32	Durable Medical Equipment	Covered	Pre-fabricated knee braces	No					Custom-fabricated or custom-molded knee braces.		No

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING	11
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	11
ANESTHETICS	LOCAL ANESTHETICS	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	ALCOHOL DETERRENTS/ANTI-CRAVING	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID ANTAGONISTS	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	SMOKING CESSATION AGENTS	3
ANTI-INFLAMMATORY AGENTS	GLUCOCORTICOIDS	1
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANTIBACTERIALS	AMINOGLYCOSIDES	9
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	20
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	18
ANTIBACTERIALS	BETA-LACTAM, OTHER	5
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	12
ANTIBACTERIALS	MACROLIDES	5
ANTIBACTERIALS	QUINOLONES	8
ANTIBACTERIALS	SULFONAMIDES	4
ANTIBACTERIALS	TETRACYCLINES	4
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	2
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	4
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	5
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	3
ANTICONVULSANTS	SODIUM CHANNEL AGENTS	7
ANTIDEMENTIA AGENTS	ANTIDEMENTIA AGENTS, OTHER	1
ANTIDEMENTIA AGENTS	CHOLINESTERASE INHIBITORS	3
ANTIDEMENTIA AGENTS	N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	1
ANTIDEPRESSANTS	ANTIDEPRESSANTS, OTHER	8
ANTIDEPRESSANTS	MONOAMINE OXIDASE INHIBITORS	4
ANTIDEPRESSANTS	SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	9
ANTIDEPRESSANTS	TRICYCLICS	9
ANTIEMETICS	ANTIEMETICS, OTHER	10
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	8
ANTIFUNGALS	NO USP CLASS	26
ANTIGOUT AGENTS	NO USP CLASS	5
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	2
ANTIMIGRAINE AGENTS	PROPHYLACTIC	4

CATEGORY	CLASS	SUBMISSION COUNT
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	7
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	3
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	2
ANTIMYCOBACTERIALS	ANTITUBERCULARS	10
ANTINEOPLASTICS	ALKYLATING AGENTS	8
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	2
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	3
ANTINEOPLASTICS	ANTIMETABOLITES	3
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	6
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	3
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	12
ANTINEOPLASTICS	MONOCLONAL ANTIBODIES	3
ANTINEOPLASTICS	RETINOIDS	3
ANTIPARASITICS	ANTHELMINTICS	4
ANTIPARASITICS	ANTIPROTOZOALS	12
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	6
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	3
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	3
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	4
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS	2
ANTIPARKINSON AGENTS	MONOAMINE OXIDASE B (MAO-B) INHIBITORS	2
ANTIPSYCHOTICS	1ST GENERATION/TYPICAL	10
ANTIPSYCHOTICS	2ND GENERATION/ATYPICAL	9
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	NO USP CLASS	5
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	4
ANTIVIRALS	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	5
ANTIVIRALS	ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	11
ANTIVIRALS	ANTI-HIV AGENTS, OTHER	3
ANTIVIRALS	ANTI-HIV AGENTS, PROTEASE INHIBITORS	9
ANTIVIRALS	ANTI-INFLUENZA AGENTS	4
ANTIVIRALS	ANTIHEPATITIS AGENTS	12
ANTIVIRALS	ANTIHERPETIC AGENTS	6
ANXIOLYTICS	ANXIOLYTICS, OTHER	4
ANXIOLYTICS	SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)	5

CATEGORY	CLASS	SUBMISSION COUNT
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	6
BIPOLAR AGENTS	MOOD STABILIZERS	5
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	21
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	2
BLOOD GLUCOSE REGULATORS	INSULINS	10
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	7
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	8
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	1
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	8
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	6
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	4
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	8
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	10
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	10
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	13
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	9
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	4
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	4
CARDIOVASCULAR AGENTS	DIURETICS, POTASSIUM-SPARING	4
CARDIOVASCULAR AGENTS	DIURETICS, THIAZIDE	6
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	2
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	7
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, OTHER	6
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL	3
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	3
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	4
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	4
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	4
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	3
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	7
DENTAL AND ORAL AGENTS	NO USP CLASS	8
DERMATOLOGICAL AGENTS	NO USP CLASS	35
ENZYME REPLACEMENT/MODIFIERS	NO USP CLASS	17
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	6
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	6
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	4
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	2

CATEGORY	CLASS	SUBMISSION COUNT
GASTROINTESTINAL AGENTS	LAXATIVES	3
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	6
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	7
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	9
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	3
GENITOURINARY AGENTS	PHOSPHATE BINDERS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	23
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	NO USP CLASS	4
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	NO USP CLASS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANABOLIC STEROIDS	2
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANDROGENS	4
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ESTROGENS	6
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	PROGESTINS	5
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	NO USP CLASS	3
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	NO USP CLASS	1
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	NO USP CLASS	1
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	NO USP CLASS	9
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	5
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	24
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	4
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	10
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	3
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	5
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	NO USP CLASS	15
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	3
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	4
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	10
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	11

CATEGORY	CLASS	SUBMISSION COUNT
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	14
OTIC AGENTS	NO USP CLASS	6
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	6
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	11
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	3
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	3
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	10
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	6
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	5
SKELETAL MUSCLE RELAXANTS	NO USP CLASS	6
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	3
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	5
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL MODIFIERS	6
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	4

Appendix B-4. GMC Plan Designs Considered

Appendix B-4

General Notes

1. Deductibles do not apply to pharmacy benefits except for the HDHPs.
2. In accordance with the ACA, all copays and coinsurance apply to the MOOP.
3. For copay plans, it is assumed that there would be no additional physician copay for inpatient and outpatient services.
4. Mail Order copays are assumed to be 2.5 Retail for Generic and Brand Formulary drugs and 3 times Retail for Brand Non-Formulary and Specialty.
5. All copay plans have no individual or family deductible.
6. Allowed amount is normalized to \$492 in the Wakely model for purposes of estimating the AV. This is based on the prior GMC analysis and will be updated as the 2017 cost projections are refined.
7. For the HSA contributions, the impact to the AV is determined looking at the one year of contribution in isolation. That is, any carryover from prior years is not considered.
8. Plan designs are only for discussion purposes. Actual plan designs could vary, potentially materially, once all assumptions and input is incorporated.

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	Copay 80%								
	Option 1			Option 2			Option 3		
	81.5%			80.8%			80.6%		
Wakely AV	72.2%			70.7%			70.4%		
Federal AV (2015 AVC)	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Deductible									
Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MOOP	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Individual	\$6,600	\$0	\$0	\$6,000	\$0	\$0	\$5,600	\$0	\$0
Family	\$13,200	\$0	\$0	\$12,000	\$0	\$0	\$11,200	\$0	\$0
<i>Medical/Rx Deductibles Combined?</i>	No			No			No		
<i>Medical/Rx MOOPs Combined?</i>	Yes			Yes			Yes		
Inpatient Hospital	<u>Plan</u>	<u>Deductible</u>	<u>Plan</u>	<u>Deductible</u>	<u>Plan</u>	<u>Deductible</u>	<u>Plan</u>	<u>Deductible</u>	<u>Plan</u>
	<u>Coinsurance</u>	<u>Copayments</u>	<u>Coinsurance</u>	<u>Copayments</u>	<u>Coinsurance</u>	<u>Copayments</u>	<u>Coinsurance</u>	<u>Copayments</u>	<u>Copayments</u>
		<u>Applies?</u>		<u>Applies?</u>		<u>Applies?</u>		<u>Applies?</u>	
Medical	0%	\$ 3,500.00	N	0%	\$ 3,750.00	N	0%	\$ 4,000.00	N
Surgical	0%	\$ 3,500.00	N	0%	\$ 3,750.00	N	0%	\$ 4,000.00	N
Maternity	0%	\$ 3,500.00	N	0%	\$ 3,750.00	N	0%	\$ 4,000.00	N
Mental Health	0%	\$ 3,500.00	N	0%	\$ 3,750.00	N	0%	\$ 4,000.00	N
Chemical Dependency	0%	\$ 3,500.00	N	0%	\$ 3,750.00	N	0%	\$ 4,000.00	N
Skilled Nursing Facility	0%	\$ 3,500.00	N	0%	\$ 3,750.00	N	0%	\$ 4,000.00	N
Outpatient Hospital									
Emergency Room	0%	\$ 1,200.00	N	0%	\$ 1,400.00	N	0%	\$ 1,600.00	N
Ambulatory Surgery	0%	\$ 850.00	N	0%	\$ 1,000.00	N	0%	\$ 1,250.00	N
Radiology	0%	\$ 375.00	N	0%	\$ 425.00	N	0%	\$ 500.00	N
Laboratory	0%	\$ 275.00	N	0%	\$ 300.00	N	0%	\$ 350.00	N
Maternity Visits	0%	\$ 250.00	N	0%	\$ 275.00	N	0%	\$ 350.00	N
Mental Health	0%	\$ 55.00	N	0%	\$ 70.00	N	0%	\$ 70.00	N
Chemical Dependency	0%	\$ 55.00	N	0%	\$ 70.00	N	0%	\$ 70.00	N
Inpatient Physician									
Medical/Surgical	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Mental Health	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Chemical Dependency	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Maternity	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Outpatient Physician									
Physician Office Visits	0%	\$ 55.00	N	0%	\$ 70.00	N	0%	\$ 70.00	N
Specialist Office Visits	0%	\$ 65.00	N	0%	\$ 80.00	N	0%	\$ 80.00	N
Mental Health	0%	\$ 55.00	N	0%	\$ 70.00	N	0%	\$ 70.00	N
Chemical Dependency	0%	\$ 55.00	N	0%	\$ 70.00	N	0%	\$ 70.00	N
Preventive Care									
Physical Exams. Etc.	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Outpatient Miscellaneous									
Ambulance	0%	\$ 600.00	N	0%	\$ 650.00	N	0%	\$ 700.00	N
Dialysis	0%	\$ 70.00	N	0%	\$ 80.00	N	0%	\$ 90.00	N
DME	0%	\$ 70.00	N	0%	\$ 80.00	N	0%	\$ 90.00	N
Physical Therapy	0%	\$ 65.00	N	0%	\$ 70.00	N	0%	\$ 80.00	N
Radiology/X-Ray	0%	\$ 70.00	N	0%	\$ 80.00	N	0%	\$ 90.00	N
Rx Inputs									
Member Coinsurance	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>
Generic	0%	0%	0%	0%	0%	0%	0%	0%	0%
Brand Formulary	0%	0%	0%	0%	0%	0%	0%	0%	0%
Brand Non Formulary	0%	0%	0%	0%	0%	0%	0%	0%	0%
Specialty	0%	0%	0%	0%	0%	0%	0%	0%	0%
Member Copay	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>	<u>Mail Order</u>	<u>Retail</u>
Generic	\$ 20.00	\$ 50.00	\$ 25.00	\$ 62.50	\$ 25.00	\$ 62.50	\$ 25.00	\$ 62.50	\$ 25.00
Brand Formulary	\$ 40.00	\$ 100.00	\$ 50.00	\$ 125.00	\$ 60.00	\$ 150.00	\$ 60.00	\$ 150.00	\$ 60.00
Brand Non Formulary	\$ 75.00	\$ 225.00	\$ 85.00	\$ 255.00	\$ 95.00	\$ 285.00	\$ 95.00	\$ 285.00	\$ 95.00
Specialty	\$ 100.00	\$ 300.00	\$ 110.00	\$ 330.00	\$ 120.00	\$ 360.00	\$ 120.00	\$ 360.00	\$ 120.00

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		Copay 87%									
		Option 1			Option 2			Option 3			
		88.2%			88.1%			87.6%			
		79.3%			78.3%			77.2%			
		In-Network	Out-of-Network	Out-of-Area	In-Network	Out-of-Network	Out-of-Area	In-Network	Out-of-Network	Out-of-Area	
Wakely AV											
Federal AV (2015 AVC)											
Deductible											
Individual		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Family		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
MOOP											
Individual		\$6,600	\$0	\$0	\$5,200	\$0	\$0	\$4,500	\$0	\$0	
Family		\$13,200	\$0	\$0	\$10,400	\$0	\$0	\$9,000	\$0	\$0	
Medical/Rx Deductibles Combined?		No			No			No			
Medical/Rx MOOPs Combined?		Yes			Yes			Yes			
		Plan	Deductible	Plan	Deductible	Plan	Deductible	Plan	Deductible	Plan	
		Coinsurance	Copayments	Coinsurance	Copayments	Coinsurance	Copayments	Coinsurance	Copayments	Coinsurance	
			Applies?		Applies?		Applies?		Applies?		
Inpatient Hospital											
Medical		0%	\$ 750.00	N	0%	\$ 750.00	N	0%	\$ 1,000.00	Y	
Surgical		0%	\$ 750.00	N	0%	\$ 750.00	N	0%	\$ 1,000.00	Y	
Maternity		0%	\$ 750.00	N	0%	\$ 750.00	N	0%	\$ 1,000.00	Y	
Mental Health		0%	\$ 750.00	N	0%	\$ 750.00	N	0%	\$ 1,000.00	Y	
Chemical Dependency		0%	\$ 750.00	N	0%	\$ 750.00	N	0%	\$ 1,000.00	Y	
Skilled Nursing Facility		0%	\$ 750.00	N	0%	\$ 750.00	N	0%	\$ 1,000.00	Y	
Outpatient Hospital											
Emergency Room		0%	\$ 300.00	N	0%	\$ 300.00	N	0%	\$ 400.00	Y	
Ambulatory Surgery		0%	\$ 200.00	N	0%	\$ 225.00	N	0%	\$ 250.00	Y	
Radiology		0%	\$ 200.00	N	0%	\$ 200.00	N	0%	\$ 225.00	Y	
Laboratory		0%	\$ 175.00	N	0%	\$ 150.00	N	0%	\$ 175.00	Y	
Maternity Visits		0%	\$ 175.00	N	0%	\$ 150.00	N	0%	\$ 175.00	Y	
Mental Health		0%	\$ 40.00	N	0%	\$ 65.00	N	0%	\$ 75.00	Y	
Chemical Dependency		0%	\$ 40.00	N	0%	\$ 65.00	N	0%	\$ 75.00	Y	
Inpatient Physician											
Medical/Surgical		100%	\$ -	N	100%	\$ -	N	100%	\$ -	Y	
Mental Health		100%	\$ -	N	100%	\$ -	N	100%	\$ -	Y	
Chemical Dependency		100%	\$ -	N	100%	\$ -	N	100%	\$ -	Y	
Maternity		100%	\$ -	N	100%	\$ -	N	100%	\$ -	Y	
Outpatient Physician											
Physician Office Visits		0%	\$ 40.00	N	0%	\$ 65.00	N	0%	\$ 75.00	N	
Specialist Office Visits		0%	\$ 50.00	N	0%	\$ 75.00	N	0%	\$ 85.00	N	
Mental Health		0%	\$ 40.00	N	0%	\$ 65.00	N	0%	\$ 75.00	N	
Chemical Dependency		0%	\$ 40.00	N	0%	\$ 65.00	N	0%	\$ 75.00	N	
Preventive Care											
Physical Exams. Etc.		100%	\$ -	N	100%	\$ -	N	100%	\$ -	N	
Outpatient Miscellaneous											
Ambulance		0%	\$ 300.00	N	0%	\$ 300.00	N	0%	\$ 350.00	N	
Dialysis		0%	\$ 60.00	N	0%	\$ 85.00	N	0%	\$ 95.00	N	
DME		0%	\$ 60.00	N	0%	\$ 85.00	N	0%	\$ 95.00	N	
Physical Therapy		0%	\$ 50.00	N	0%	\$ 75.00	N	0%	\$ 85.00	N	
Radiology/X-Ray		0%	\$ 60.00	N	0%	\$ 85.00	N	0%	\$ 95.00	N	
Rx Inputs											
Member Coinsurance		Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	
Generic		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Brand Formulary		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Brand Non Formulary		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Specialty		0%	0%	0%	0%	0%	0%	0%	0%	0%	
Member Copay		Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	Mail Order	Retail	
Generic		\$ 10.00	\$ 25.00	\$ 12.00	\$ 30.00	\$ 15.00	\$ 37.50	\$ 10.00	\$ 25.00	\$ 12.00	\$ 30.00
Brand Formulary		\$ 20.00	\$ 50.00	\$ 25.00	\$ 62.50	\$ 30.00	\$ 75.00	\$ 20.00	\$ 50.00	\$ 25.00	\$ 62.50
Brand Non Formulary		\$ 60.00	\$ 180.00	\$ 75.00	\$ 225.00	\$ 80.00	\$ 240.00	\$ 60.00	\$ 180.00	\$ 75.00	\$ 225.00
Specialty		\$ 75.00	\$ 225.00	\$ 100.00	\$ 300.00	\$ 110.00	\$ 330.00	\$ 75.00	\$ 225.00	\$ 100.00	\$ 300.00

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	Copay 94%								
	Option 1			Option 2			Option 3		
	94.4%			94.6%			94.9%		
	86.3%			84.9%			84.9%		
	In-Network	Out-of-Network	Out-of-Area	In-Network	Out-of-Network	Out-of-Area	In-Network	Out-of-Network	Out-of-Area
Wakely AV									
Federal AV (2015 AVC)									
Deductible									
Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MOOP									
Individual	\$6,000	\$0	\$0	\$3,500	\$0	\$0	\$2,000	\$0	\$0
Family	\$12,000	\$0	\$0	\$7,000	\$0	\$0	\$4,000	\$0	\$0
Medical/Rx Deductibles Combined?	No			No			No		
Medical/Rx MOOPs Combined?	Yes			Yes			Yes		
	Plan	Deductible		Plan	Deductible		Plan	Deductible	
	Coinsurance	Copayments	Applies?	Coinsurance	Copayments	Applies?	Coinsurance	Copayments	Applies?
Inpatient Hospital									
Medical	0%	\$ 200.00	N	0%	\$ 300.00	N	0%	\$ 400.00	Y
Surgical	0%	\$ 200.00	N	0%	\$ 300.00	N	0%	\$ 400.00	Y
Maternity	0%	\$ 200.00	N	0%	\$ 300.00	N	0%	\$ 400.00	Y
Mental Health	0%	\$ 200.00	N	0%	\$ 300.00	N	0%	\$ 400.00	Y
Chemical Dependency	0%	\$ 200.00	N	0%	\$ 300.00	N	0%	\$ 400.00	Y
Skilled Nursing Facility	0%	\$ 200.00	N	0%	\$ 300.00	N	0%	\$ 400.00	Y
Outpatient Hospital									
Emergency Room	0%	\$ 100.00	N	0%	\$ 150.00	N	0%	\$ 200.00	Y
Ambulatory Surgery	0%	\$ 40.00	N	0%	\$ 60.00	N	0%	\$ 70.00	Y
Radiology	0%	\$ 50.00	N	0%	\$ 60.00	N	0%	\$ 80.00	Y
Laboratory	0%	\$ 35.00	N	0%	\$ 60.00	N	0%	\$ 70.00	Y
Maternity Visits	0%	\$ 35.00	N	0%	\$ 60.00	N	0%	\$ 70.00	Y
Mental Health	0%	\$ 15.00	N	0%	\$ 20.00	N	0%	\$ 30.00	Y
Chemical Dependency	0%	\$ 15.00	N	0%	\$ 20.00	N	0%	\$ 30.00	Y
Inpatient Physician									
Medical/Surgical	100%	\$ -	N	100%	\$ -	N	100%	\$ -	Y
Mental Health	100%	\$ -	N	100%	\$ -	N	100%	\$ -	Y
Chemical Dependency	100%	\$ -	N	100%	\$ -	N	100%	\$ -	Y
Maternity	100%	\$ -	N	100%	\$ -	N	100%	\$ -	Y
Outpatient Physician									
Physician Office Visits	0%	\$ 15.00	N	0%	\$ 20.00	N	0%	\$ 30.00	N
Specialist Office Visits	0%	\$ 25.00	N	0%	\$ 30.00	N	0%	\$ 40.00	N
Mental Health	0%	\$ 15.00	N	0%	\$ 20.00	N	0%	\$ 30.00	N
Chemical Dependency	0%	\$ 15.00	N	0%	\$ 20.00	N	0%	\$ 30.00	N
Preventive Care									
Physical Exams. Etc.	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Outpatient Miscellaneous									
Ambulance	0%	\$ 65.00	N	0%	\$ 80.00	N	0%	\$ 125.00	N
Dialysis	0%	\$ 30.00	N	0%	\$ 35.00	N	0%	\$ 50.00	N
DME	0%	\$ 30.00	N	0%	\$ 35.00	N	0%	\$ 50.00	N
Physical Therapy	0%	\$ 25.00	N	0%	\$ 30.00	N	0%	\$ 45.00	N
Radiology/X-Ray	0%	\$ 30.00	N	0%	\$ 35.00	N	0%	\$ 50.00	N
Rx Inputs									
Member Coinsurance	Retail	Mail Order		Retail	Mail Order		Retail	Mail Order	
Generic	0%	0%		0%	0%		0%	0%	
Brand Formulary	0%	0%		0%	0%		0%	0%	
Brand Non Formulary	0%	0%		0%	0%		0%	0%	
Specialty	0%	0%		0%	0%		0%	0%	
Member Copay	Retail	Mail Order		Retail	Mail Order		Retail	Mail Order	
Generic	\$ 8.00	\$ 20.00		\$ 12.00	\$ 30.00		\$ 25.00	\$ 62.50	
Brand Formulary	\$ 20.00	\$ 50.00		\$ 30.00	\$ 75.00		\$ 50.00	\$ 125.00	
Brand Non Formulary	\$ 50.00	\$ 150.00		\$ 80.00	\$ 240.00		\$ 100.00	\$ 300.00	
Specialty	\$ 75.00	\$ 225.00		\$ 110.00	\$ 330.00		\$ 125.00	\$ 375.00	

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Deductible 80%												
Option 1			Option 2			Option 3			Option 4			
80.8%			79.9%			79.7%			79.6%			
75.2%			74.8%			77.0%			77.3%			
In-Network	Out-of-Netwo	Out-of-Area	In-Network	Out-of-Netwo	Out-of-Area	In-Network	Out-of-Netwo	Out-of-Area	In-Network	Out-of-Netwo	Out-of-Area	
Wakely AV												
Federal AV (2015 AVC)												
Deductible												
Individual	\$1,000	\$0	\$0	\$1,750	\$0	\$0	\$2,500	\$0	\$0	\$2,000	\$0	\$0
Family	\$2,000	\$0	\$0	\$3,500	\$0	\$0	\$5,000	\$0	\$0	\$4,000	\$0	\$0
MOOP												
Individual	\$6,500	\$0	\$0	\$5,000	\$0	\$0	\$3,500	\$0	\$0	\$5,000	\$0	\$0
Family	\$13,000	\$0	\$0	\$10,000	\$0	\$0	\$7,000	\$0	\$0	\$10,000	\$0	\$0
Medical/Rx Deductibles Combined?												
No			No			No			No			
Medical/Rx MOOPs Combined?												
Yes			Yes			Yes			Yes			
Inpatient Hospital												
Plan	Deductible	Plan	Deductible	Plan	Deductible	Plan	Deductible	Plan	Deductible	Plan	Deductible	
Coinsurance	Copayments	Coinsurance	Copayments	Coinsurance	Copayments	Coinsurance	Copayments	Coinsurance	Copayments	Coinsurance	Copayments	
Applies?	Applies?	Applies?	Applies?	Applies?	Applies?	Applies?	Applies?	Applies?	Applies?	Applies?	Applies?	
Medical	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Surgical	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Maternity	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Mental Health	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Chemical Dependency	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Skilled Nursing Facility	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Outpatient Hospital												
Emergency Room	0%	\$ 150.00	Y	0%	\$ 100.00	Y	0%	\$ 75.00	Y	0%	\$ 100.00	Y
Ambulatory Surgery	0%	\$ 200.00	Y	0%	\$ 125.00	Y	0%	\$ 100.00	Y	0%	\$ 125.00	Y
Radiology	0%	\$ 70.00	Y	0%	\$ 50.00	Y	0%	\$ 30.00	Y	0%	\$ 50.00	Y
Laboratory	0%	\$ 65.00	Y	0%	\$ 45.00	Y	0%	\$ 25.00	Y	0%	\$ 45.00	Y
Maternity Visits	0%	\$ 50.00	Y	0%	\$ 35.00	Y	0%	\$ 30.00	Y	0%	\$ 35.00	Y
Mental Health	0%	\$ 45.00	N	0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 25.00	N
Chemical Dependency	0%	\$ 45.00	N	0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 25.00	N
Inpatient Physician												
Medical/Surgical	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Mental Health	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Chemical Dependency	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Maternity	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Outpatient Physician												
Physician Office Visits	0%	\$ 45.00	N	0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 25.00	N
Specialist Office Visits	0%	\$ 45.00	N	0%	\$ 35.00	N	0%	\$ 30.00	N	0%	\$ 35.00	N
Mental Health	0%	\$ 45.00	N	0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 25.00	N
Chemical Dependency	0%	\$ 45.00	N	0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 25.00	N
Preventive Care												
Physical Exams. Etc.	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Outpatient Miscellaneous												
Ambulance	0%	\$ 65.00	Y	0%	\$ 55.00	Y	0%	\$ 55.00	Y	80%	\$ -	Y
Dialysis	0%	\$ 40.00	Y	0%	\$ 40.00	Y	0%	\$ 35.00	Y	80%	\$ -	Y
DME	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y	80%	\$ -	Y
Physical Therapy	0%	\$ 40.00	N	0%	\$ 40.00	N	0%	\$ 35.00	N	80%	\$ -	Y
Radiology/X-Ray	0%	\$ 40.00	Y	0%	\$ 40.00	Y	0%	\$ 35.00	Y	80%	\$ -	Y
Rx Inputs												
Member Coinsurance												
	Retail	Mail Order		Retail	Mail Order		Retail	Mail Order		Retail	Mail Order	
Generic	0%	0%		0%	0%		0%	0%		20%	20%	
Brand Formulary	0%	0%		0%	0%		0%	0%		20%	20%	
Brand Non Formulary	0%	0%		0%	0%		0%	0%		20%	20%	
Specialty	0%	0%		0%	0%		0%	0%		20%	20%	
Member Copay												
	Retail	Mail Order		Retail	Mail Order		Retail	Mail Order		Retail	Mail Order	
Generic	\$ 12.00	\$ 30.00		\$ 15.00	\$ 37.50		\$ 18.00	\$ 45.00		\$ -	\$ -	
Brand Formulary	\$ 25.00	\$ 62.50		\$ 30.00	\$ 75.00		\$ 35.00	\$ 87.50		\$ -	\$ -	
Brand Non Formulary	\$ 50.00	\$ 150.00		\$ 60.00	\$ 180.00		\$ 70.00	\$ 210.00		\$ -	\$ -	
Specialty	\$ 75.00	\$ 225.00		\$ 90.00	\$ 270.00		\$ 100.00	\$ 300.00		\$ -	\$ -	

Vermont 2017 Plan Design Options
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		Deductible 87%											
		Option 1			Option 2			Option 3			Option 4		
		87.0%			87.0%			87.2%			87.1%		
		80.1%			82.1%			84.3%			86.4%		
		In-Network	Out-of-Netwo	Out-of-Area	In-Network	Out-of-Netwo	Out-of-Area	In-Network	Out-of-Netwo	Out-of-Area	In-Network	Out-of-Netwo	Out-of-Area
Wakely AV													
Federal AV (2015 AVC)													
Deductible													
Individual		\$500	\$0	\$0	\$750	\$0	\$0	\$1,000	\$0	\$0	\$1,000	\$0	\$0
Family		\$1,000	\$0	\$0	\$1,500	\$0	\$0	\$2,000	\$0	\$0	\$2,000	\$0	\$0
MOOP													
Individual		\$4,500	\$0	\$0	\$3,000	\$0	\$0	\$2,200	\$0	\$0	\$2,500	\$0	\$0
Family		\$9,000	\$0	\$0	\$6,000	\$0	\$0	\$4,400	\$0	\$0	\$5,000	\$0	\$0
Medical/Rx Deductibles Combined?		No			No			No			No		
Medical/Rx MOOPs Combined?		Yes			Yes			Yes			Yes		
Inpatient Hospital													
Medical		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Surgical		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Maternity		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Mental Health		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Chemical Dependency		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Skilled Nursing Facility		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Outpatient Hospital													
Emergency Room		0%	\$ 150.00	Y	0%	\$ 125.00	Y	0%	\$ 80.00	Y	0%	\$ 100.00	Y
Ambulatory Surgery		0%	\$ 175.00	Y	0%	\$ 150.00	Y	0%	\$ 100.00	Y	0%	\$ 125.00	Y
Radiology		0%	\$ 70.00	Y	0%	\$ 50.00	Y	0%	\$ 30.00	Y	0%	\$ 50.00	Y
Laboratory		0%	\$ 65.00	Y	0%	\$ 45.00	Y	0%	\$ 25.00	Y	0%	\$ 45.00	Y
Maternity Visits		0%	\$ 50.00	Y	0%	\$ 35.00	Y	0%	\$ 30.00	Y	0%	\$ 35.00	Y
Mental Health		0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 20.00	N
Chemical Dependency		0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 20.00	N
Inpatient Physician													
Medical/Surgical		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Mental Health		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Chemical Dependency		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Maternity		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Outpatient Physician													
Physician Office Visits		0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 20.00	N
Specialist Office Visits		0%	\$ 35.00	N	0%	\$ 30.00	N	0%	\$ 20.00	N	0%	\$ 30.00	N
Mental Health		0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 20.00	N
Chemical Dependency		0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 20.00	N
Preventive Care													
Physical Exams. Etc.		100%	\$ -	N	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Outpatient Miscellaneous													
Ambulance		0%	\$ 65.00	Y	0%	\$ 55.00	Y	0%	\$ 55.00	Y	85%	\$ -	Y
Dialysis		0%	\$ 40.00	Y	0%	\$ 40.00	Y	0%	\$ 35.00	Y	85%	\$ -	Y
DME		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	85%	\$ -	Y
Physical Therapy		0%	\$ 40.00	N	0%	\$ 40.00	N	0%	\$ 35.00	N	85%	\$ -	Y
Radiology/X-Ray		0%	\$ 40.00	Y	0%	\$ 40.00	Y	0%	\$ 35.00	Y	85%	\$ -	Y
Rx Inputs													
Member Coinsurance													
Generic		0%	0%	0%	0%	0%	0%	0%	0%	15%	15%	15%	15%
Brand Formulary		0%	0%	0%	0%	0%	0%	0%	0%	15%	15%	15%	15%
Brand Non Formulary		0%	0%	0%	0%	0%	0%	0%	0%	15%	15%	15%	15%
Specialty		0%	0%	0%	0%	0%	0%	0%	0%	15%	15%	15%	15%
Member Copay													
Generic		\$ 8.00	\$ 20.00	\$ 12.00	\$ 30.00	\$ 15.00	\$ 37.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Brand Formulary		\$ 20.00	\$ 50.00	\$ 25.00	\$ 62.50	\$ 30.00	\$ 75.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Brand Non Formulary		\$ 35.00	\$ 105.00	\$ 50.00	\$ 150.00	\$ 60.00	\$ 180.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Specialty		\$ 60.00	\$ 180.00	\$ 70.00	\$ 210.00	\$ 90.00	\$ 270.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Vermont 2017 Plan Design Options
 DRAFT - For illustrative and discussion purpose

		Deductible 94%											
		Option 1			Option 2			Option 3			Option 4		
		93.9%			94.1%			93.9%			94.1%		
		87.2%			90.9%			92.9%			91.4%		
		In-Network	Out-of-Netwo	Out-of-Area	In-Network	Out-of-Netwo	Out-of-Area	In-Network	Out-of-Netwo	Out-of-Area	In-Network	Out-of-Netwo	Out-of-Area
Wakely AV													
Federal AV (2015 AVC)													
Deductible													
Individual		\$100	\$0	\$0	\$250	\$0	\$0	\$400	\$0	\$0	\$250	\$0	\$0
Family		\$200	\$0	\$0	\$500	\$0	\$0	\$800	\$0	\$0	\$500	\$0	\$0
MOOP													
Individual		\$2,000	\$0	\$0	\$1,000	\$0	\$0	\$600	\$0	\$0	\$1,500	\$0	\$0
Family		\$4,000	\$0	\$0	\$2,000	\$0	\$0	\$1,200	\$0	\$0	\$3,000	\$0	\$0
Medical/Rx Deductibles Combined?		No			No			No			No		
Medical/Rx MOOPs Combined?		Yes			Yes			Yes			Yes		
Inpatient Hospital													
Medical		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Surgical		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Maternity		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Mental Health		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Chemical Dependency		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Skilled Nursing Facility		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Outpatient Hospital													
Emergency Room		0%	\$ 125.00	Y	0%	\$ 100.00	Y	0%	\$ 75.00	Y	0%	\$ 100.00	Y
Ambulatory Surgery		0%	\$ 175.00	Y	0%	\$ 150.00	Y	0%	\$ 100.00	Y	0%	\$ 125.00	Y
Radiology		0%	\$ 70.00	Y	0%	\$ 50.00	Y	0%	\$ 30.00	Y	0%	\$ 50.00	Y
Laboratory		0%	\$ 65.00	Y	0%	\$ 45.00	Y	0%	\$ 25.00	Y	0%	\$ 45.00	Y
Maternity Visits		0%	\$ 50.00	Y	0%	\$ 35.00	Y	0%	\$ 25.00	Y	0%	\$ 35.00	Y
Mental Health		0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 10.00	N	0%	\$ 15.00	N
Chemical Dependency		0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 10.00	N	0%	\$ 15.00	N
Inpatient Physician													
Medical/Surgical		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Mental Health		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Chemical Dependency		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Maternity		90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y	90%	\$ -	Y
Outpatient Physician													
Physician Office Visits		0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 10.00	N	0%	\$ 15.00	N
Specialist Office Visits		0%	\$ 25.00	N	0%	\$ 25.00	N	0%	\$ 20.00	N	0%	\$ 25.00	N
Mental Health		0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 10.00	N	0%	\$ 15.00	N
Chemical Dependency		0%	\$ 20.00	N	0%	\$ 15.00	N	0%	\$ 10.00	N	0%	\$ 15.00	N
Preventive Care													
Physical Exams. Etc.		100%	\$ -	N	100%	\$ -	N	100%	\$ -	N	100%	\$ -	N
Outpatient Miscellaneous													
Ambulance		0%	\$ 65.00	Y	0%	\$ 55.00	Y	0%	\$ 55.00	Y	90%	\$ -	Y
Dialysis		0%	\$ 40.00	Y	0%	\$ 40.00	Y	0%	\$ 30.00	Y	90%	\$ -	Y
DME		100%	\$ -	Y	100%	\$ -	Y	100%	\$ -	Y	90%	\$ -	Y
Physical Therapy		0%	\$ 40.00	N	0%	\$ 40.00	N	0%	\$ 30.00	N	90%	\$ -	Y
Radiology/X-Ray		0%	\$ 40.00	Y	0%	\$ 40.00	Y	0%	\$ 25.00	Y	90%	\$ -	Y
Rx Inputs													
Member Coinsurance													
Generic		0%	0%	0%	0%	0%	0%	0%	0%	10%	10%	10%	10%
Brand Formulary		0%	0%	0%	0%	0%	0%	0%	0%	10%	10%	10%	10%
Brand Non Formulary		0%	0%	0%	0%	0%	0%	0%	0%	10%	10%	10%	10%
Specialty		0%	0%	0%	0%	0%	0%	0%	0%	10%	10%	10%	10%
Member Copay													
Generic		\$ 8.00	\$ 20.00	\$ 10.00	\$ 25.00	\$ 12.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Brand Formulary		\$ 15.00	\$ 37.50	\$ 20.00	\$ 50.00	\$ 25.00	\$ 62.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Brand Non Formulary		\$ 35.00	\$ 105.00	\$ 50.00	\$ 150.00	\$ 55.00	\$ 165.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Specialty		\$ 60.00	\$ 180.00	\$ 70.00	\$ 210.00	\$ 80.00	\$ 240.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Vermont 2017 Plan Design Options
DRAFT - For illustrative and discussion purposes only

	HDHP 80%			HDHP 80%			HDHP 87%			HDHP 94%		
Annual HSA Contribution	\$0.00			\$120.00			\$840.00			\$1,800.00		
Wakely AV	78.5%			79.9%			86.7%			93.9%		
Federal AV (2015 AVC)	71.1%			73.0%			81.1%			88.6%		
Deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Individual	\$2,000	\$0	\$0	\$2,000	\$0	\$0	\$2,000	\$0	\$0	\$2,000	\$0	\$0
Family	\$4,000	\$0	\$0	\$4,000	\$0	\$0	\$4,000	\$0	\$0	\$4,000	\$0	\$0
<i>Medical/Rx Deductibles Combined?</i>	Yes			Yes			Yes			Yes		
<i>Medical/Rx MOOPs Combined?</i>	Yes			Yes			Yes			Yes		
MOOP	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Individual	\$4,250	\$0	\$0	\$4,250	\$0	\$0	\$4,250	\$0	\$0	\$4,250	\$0	\$0
Family	\$8,500	\$0	\$0	\$8,500	\$0	\$0	\$8,500	\$0	\$0	\$8,500	\$0	\$0
Inpatient Hospital	<u>Plan</u>	<u>Deductible</u>	<u>Applies?</u>	<u>Plan</u>	<u>Deductible</u>	<u>Applies?</u>	<u>Plan</u>	<u>Deductible</u>	<u>Applies?</u>	<u>Plan</u>	<u>Deductible</u>	<u>Applies?</u>
	<u>Coinsurance</u>	<u>Copayments</u>		<u>Coinsurance</u>	<u>Copayments</u>		<u>Coinsurance</u>	<u>Copayments</u>		<u>Coinsurance</u>	<u>Copayments</u>	
Medical	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Surgical	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Maternity	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Mental Health	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Chemical Dependency	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Skilled Nursing Facility	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Outpatient Hospital												
Emergency Room		\$ 65.00	Y		\$ 65.00	Y		\$ 65.00	Y		\$ 65.00	Y
Ambulatory Surgery	85%		Y	85%		Y	85%		Y	85%		Y
Radiology	85%		Y	85%		Y	85%		Y	85%		Y
Laboratory	85%		Y	85%		Y	85%		Y	85%		Y
Maternity Visits	85%		Y	85%		Y	85%		Y	85%		Y
Mental Health		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y
Chemical Dependency		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y
Inpatient Physician												
Medical/Surgical	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Mental Health	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Chemical Dependency	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Maternity	85%		Y	85%		Y	85%	\$ -	Y	85%		Y
Outpatient Physician												
Physician Office Visits		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y
Specialist Office Visits		\$ 30.00	Y		\$ 30.00	Y		\$ 30.00	Y		\$ 30.00	Y
Mental Health		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y
Chemical Dependency		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y		\$ 20.00	Y
Preventive Care												
Physical Exams, Etc.	100%		N	100%		N	100%	\$ -	N	100%		N
Outpatient Miscellaneous												
Ambulance	85%		Y	85%		Y	85%		Y	85%		Y
Dialysis	85%		Y	85%		Y	85%		Y	85%		Y
DME	85%		Y	85%		Y	85%		Y	85%		Y
Physical Therapy		\$ 30.00	Y		\$ 30.00	Y		\$ 30.00	Y		\$ 30.00	Y
Radiology/X-Ray	85%		Y	85%		Y	85%		Y	85%		Y
Rx Inputs												
Plan Coinsurance	<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>	
Generic												
Brand Formulary												
Brand Non Formulary												
Specialty												
Member Copay	<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>	
Generic	\$ 10.00	\$ 25.00		\$ 10.00	\$ 25.00		\$ 10.00	\$ 25.00		\$ 10.00	\$ 25.00	
Brand Formulary	\$ 20.00	\$ 50.00		\$ 20.00	\$ 50.00		\$ 20.00	\$ 50.00		\$ 20.00	\$ 50.00	
Brand Non Formulary	\$ 50.00	\$ 150.00		\$ 50.00	\$ 150.00		\$ 50.00	\$ 150.00		\$ 50.00	\$ 150.00	
Specialty	\$ 75.00	\$ 225.00		\$ 75.00	\$ 225.00		\$ 75.00	\$ 225.00		\$ 75.00	\$ 225.00	

Vermont 2017 Plan Design Options
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	HDHP BCBSVT 80%			HDHP BCBSVT 80%			HDHP BCBSVT 87%			HDHP BCBSVT 94%		
Annual HSA Contribution	\$0.00			\$100.00			\$720.00			\$1,680.00		
Wakely AV	79.5%			80.7%			86.7%			94.3%		
Federal AV (2015 AVC)	75.2%			76.7%			84.6%			93.8%		
Deductible	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Individual	\$2,500	\$0	\$0	\$2,500	\$0	\$0	\$2,500	\$0	\$0	\$2,500	\$0	\$0
Family	\$5,000	\$0	\$0	\$5,000	\$0	\$0	\$5,000	\$0	\$0	\$5,000	\$0	\$0
<i>Medical/Rx Deductibles Combined?</i>	Yes			Yes			Yes			Yes		
<i>Medical/Rx MOOPs Combined?</i>	Yes			Yes			Yes			Yes		
MOOP	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>Out-of-Area</i>
Individual	\$2,500	\$0	\$0	\$2,500	\$0	\$0	\$2,500	\$0	\$0	\$2,500	\$0	\$0
Family	\$5,000	\$0	\$0	\$5,000	\$0	\$0	\$5,000	\$0	\$0	\$5,000	\$0	\$0
Inpatient Hospital	<u>Plan Coinsurance</u>	<u>Copayments</u>	<u>Deductible Applies?</u>	<u>Plan Coinsurance</u>	<u>Copayments</u>	<u>Deductible Applies?</u>	<u>Plan Coinsurance</u>	<u>Copayments</u>	<u>Deductible Applies?</u>	<u>Plan Coinsurance</u>	<u>Copayments</u>	<u>Deductible Applies?</u>
Medical	100%		Y	100%		Y	100%		Y	100%		Y
Surgical	100%		Y	100%		Y	100%		Y	100%		Y
Maternity	100%		Y	100%		Y	100%		Y	100%		Y
Mental Health	100%		Y	100%		Y	100%		Y	100%		Y
Chemical Dependency	100%		Y	100%		Y	100%		Y	100%		Y
Skilled Nursing Facility	100%		Y	100%		Y	100%		Y	100%		Y
Outpatient Hospital												
Emergency Room	100%		Y	100%		Y	100%		Y	100%		Y
Ambulatory Surgery	100%		Y	100%		Y	100%		Y	100%		Y
Radiology	100%		Y	100%		Y	100%		Y	100%		Y
Laboratory	100%		Y	100%		Y	100%		Y	100%		Y
Maternity Visits	100%		Y	100%		Y	100%		Y	100%		Y
Mental Health	100%		Y	100%		Y	100%		Y	100%		Y
Chemical Dependency	100%		Y	100%		Y	100%		Y	100%		Y
Inpatient Physician												
Medical/Surgical	100%		Y	100%		Y	100%		Y	100%		Y
Mental Health	100%		Y	100%		Y	100%		Y	100%		Y
Chemical Dependency	100%		Y	100%		Y	100%		Y	100%		Y
Maternity	100%		Y	100%		Y	100%		Y	100%		Y
Outpatient Physician												
Physician Office Visits	100%		Y	100%		Y	100%		Y	100%		Y
Specialist Office Visits	100%		Y	100%		Y	100%		Y	100%		Y
Mental Health	100%		Y	100%		Y	100%		Y	100%		Y
Chemical Dependency	100%		Y	100%		Y	100%		Y	100%		Y
Preventive Care												
Physical Exams, Etc.	100%		N	100%		N	100%		N	100%		N
Outpatient Miscellaneous												
Ambulance	100%		Y	100%		Y	100%		Y	100%		Y
Dialysis	100%		Y	100%		Y	100%		Y	100%		Y
DME	100%		Y	100%		Y	100%		Y	100%		Y
Physical Therapy	100%		Y	100%		Y	100%		Y	100%		Y
Radiology/X-Ray	100%		Y	100%		Y	100%		Y	100%		Y
Rx Inputs												
Plan Coinsurance	<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>	
Generic	100%	100%		100%	100%		100%	100%		100%	100%	
Brand Formulary	100%	100%		100%	100%		100%	100%		100%	100%	
Brand Non Formulary	100%	100%		100%	100%		100%	100%		100%	100%	
Specialty	100%	100%		100%	100%		100%	100%		100%	100%	
Member Copay	<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>		<u>Retail</u>	<u>Mail Order</u>	
Generic	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
Brand Formulary	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
Brand Non Formulary	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	
Specialty	\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	

Appendix B-5. Presentation to the Green Mountain Care Board
December 4, 2014

Green Mountain Care: Benefits Background Information

Robin J. Lunge, J.D., MHCDS
Director of Health Care Reform, AOA

Devon J. Green, J.D.
Special Counsel on HCR, AOA

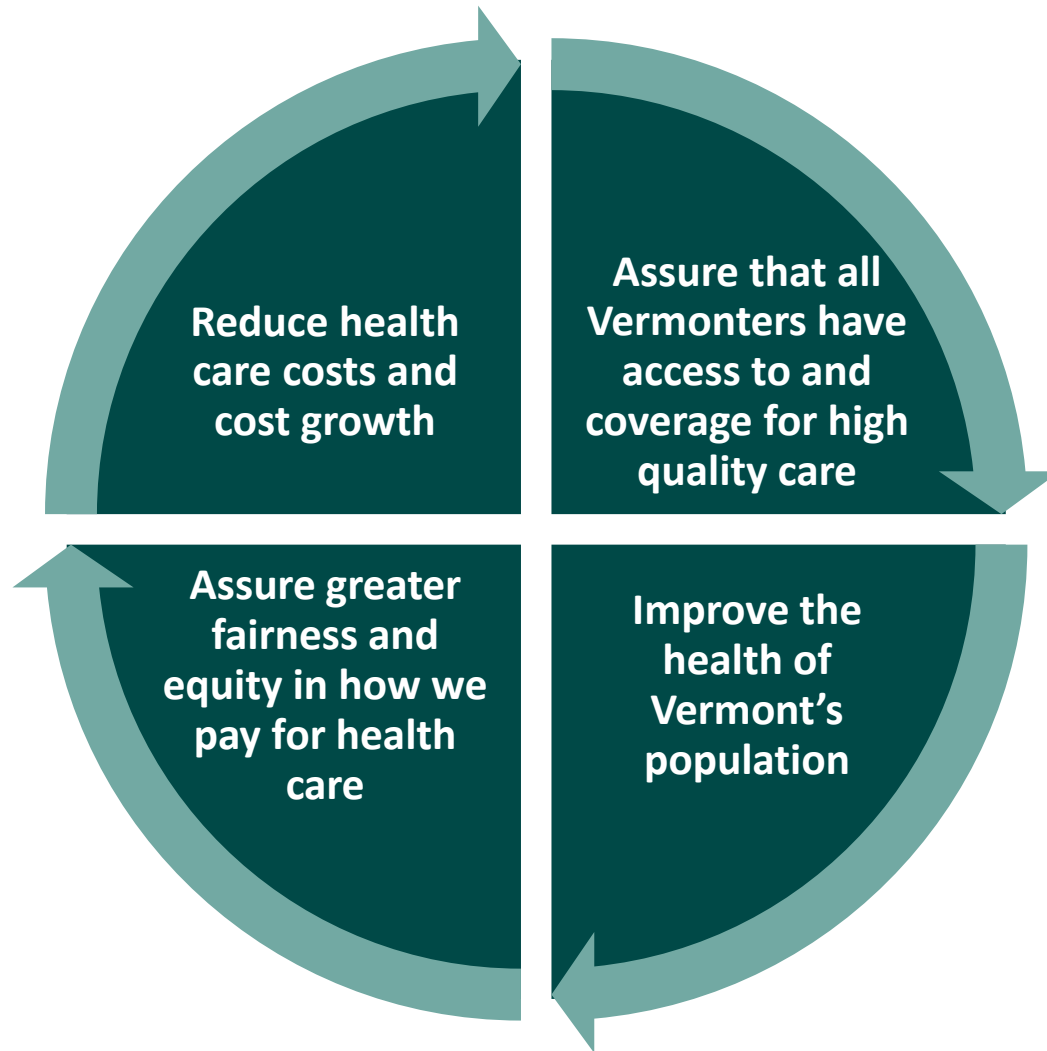
December 4, 2014

Discussion for Today

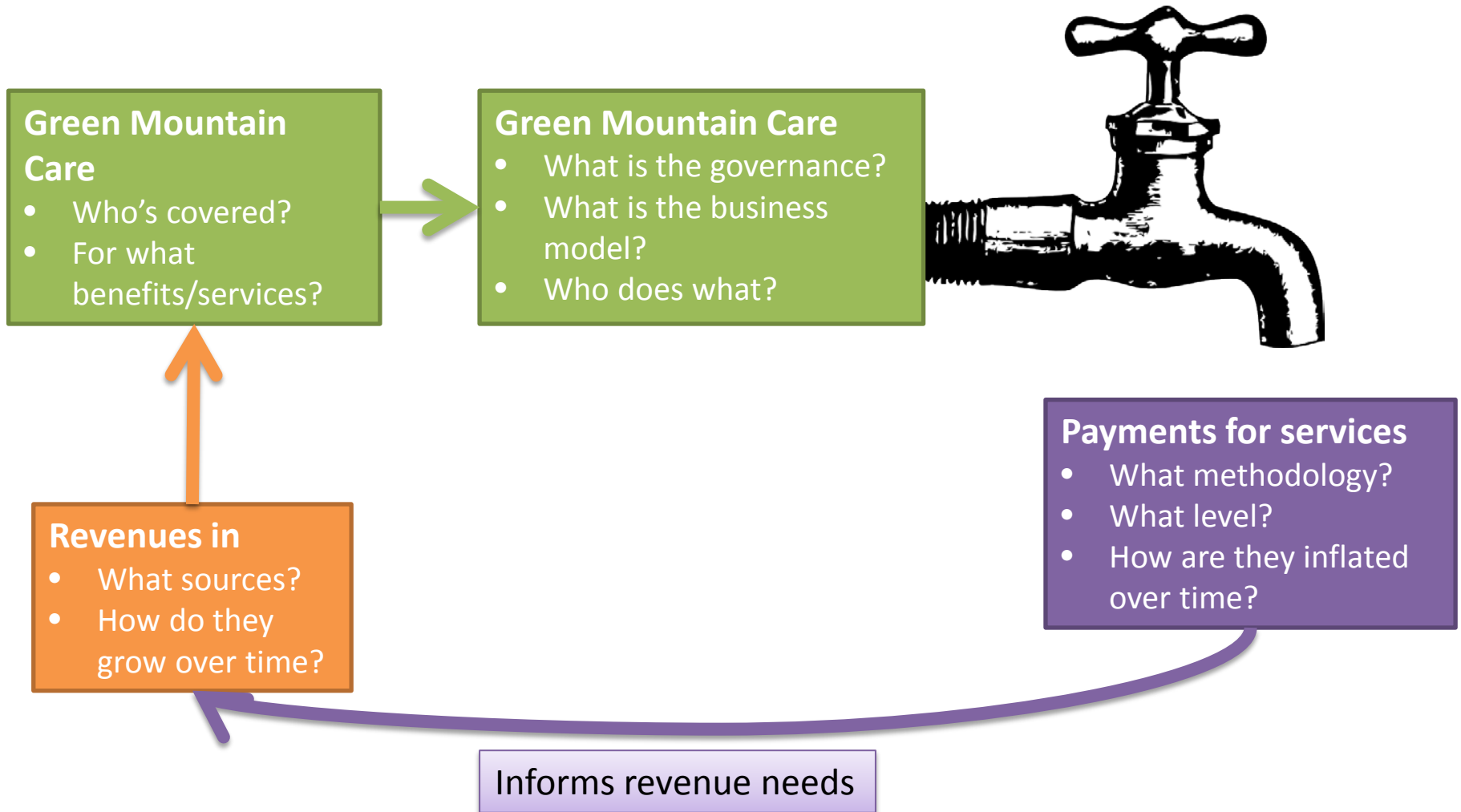
- Background on Green Mountain Care
- GMC's legal parameters for the benefit plan
- Background on benefits

BACKGROUND ON GREEN MOUNTAIN CARE

Health Care Reform Goals: Why Reform?



Four Design & Implementation Zones

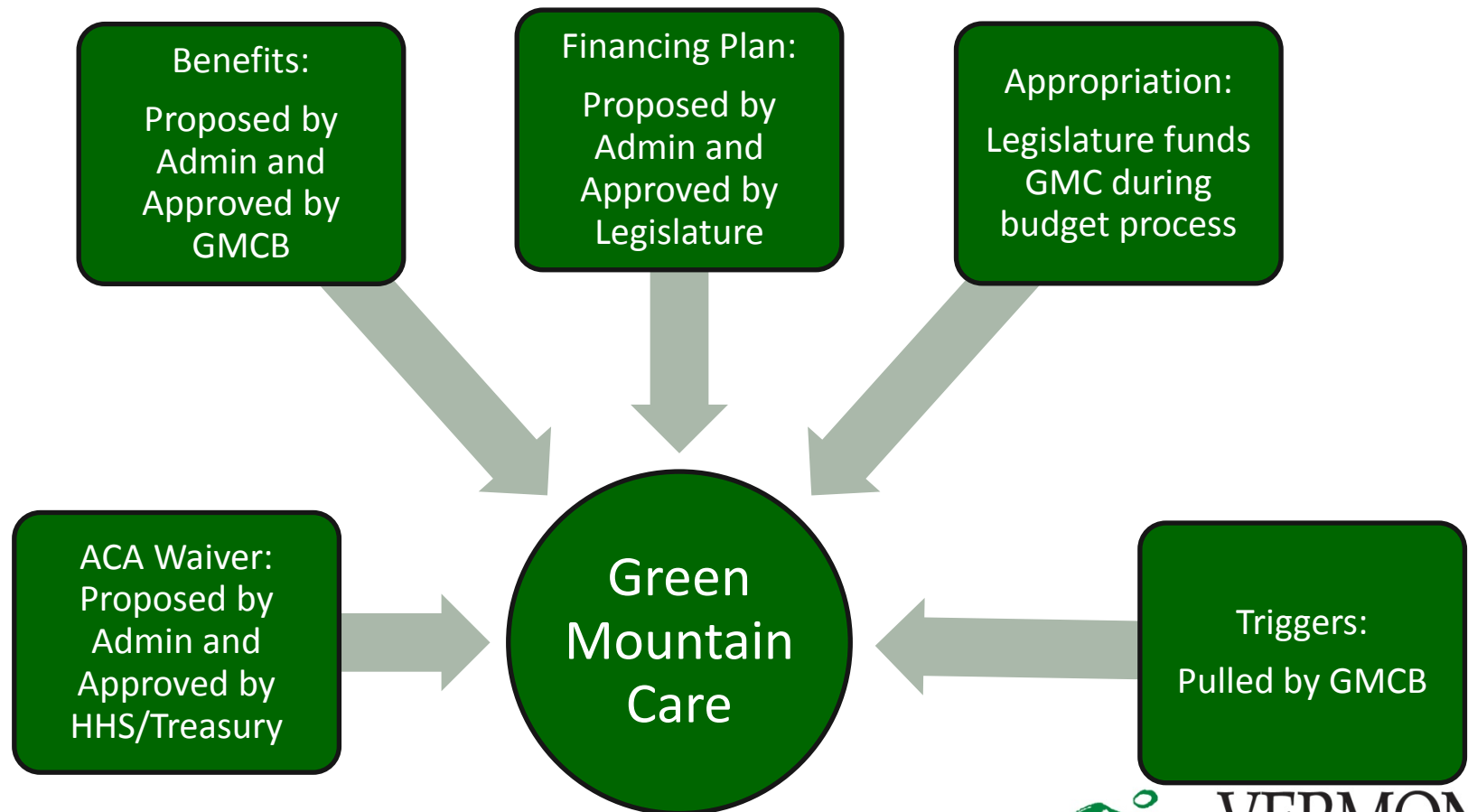


GMC: Who is covered?

- All Vermonters by virtue of residency
 - Primary for most
 - Secondary for those with other coverage
- Secondary coverage examples:
 - Medicare – Seniors are still covered by Medicare as they are now.
 - Some employees who chose employer-sponsored coverage
- Primary benefits determine extent and cost of the secondary coverage

The Process: What Needs to Happen?

Principles Embedded in Act 48

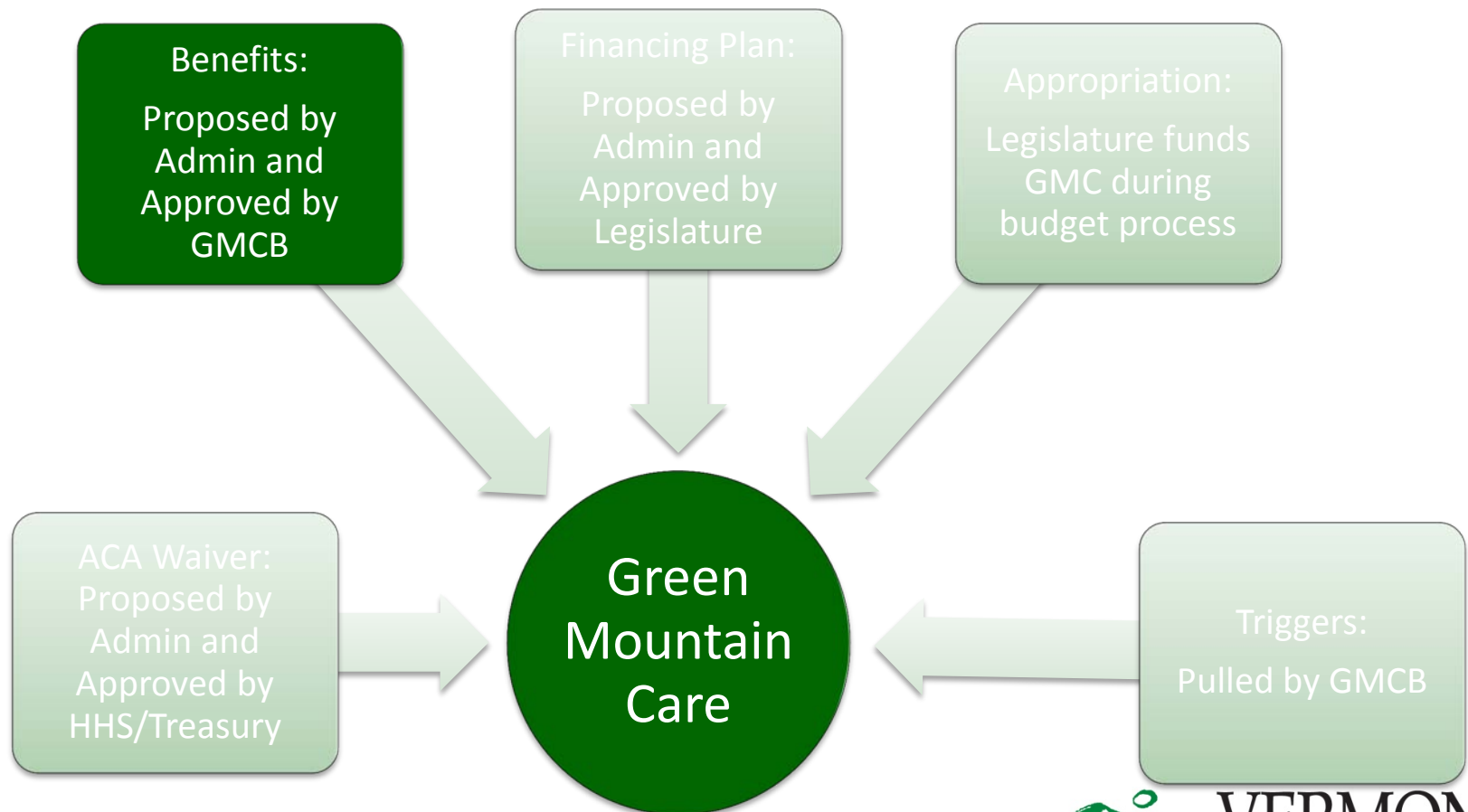


GMCB Role by Statute

- Defines Green Mountain Care benefits
- Evaluates GMC planning based on the “triggers”
- Proposes annual GMC budget after implementation

The Process: What Needs to Happen?

Principles Embedded in Act 48

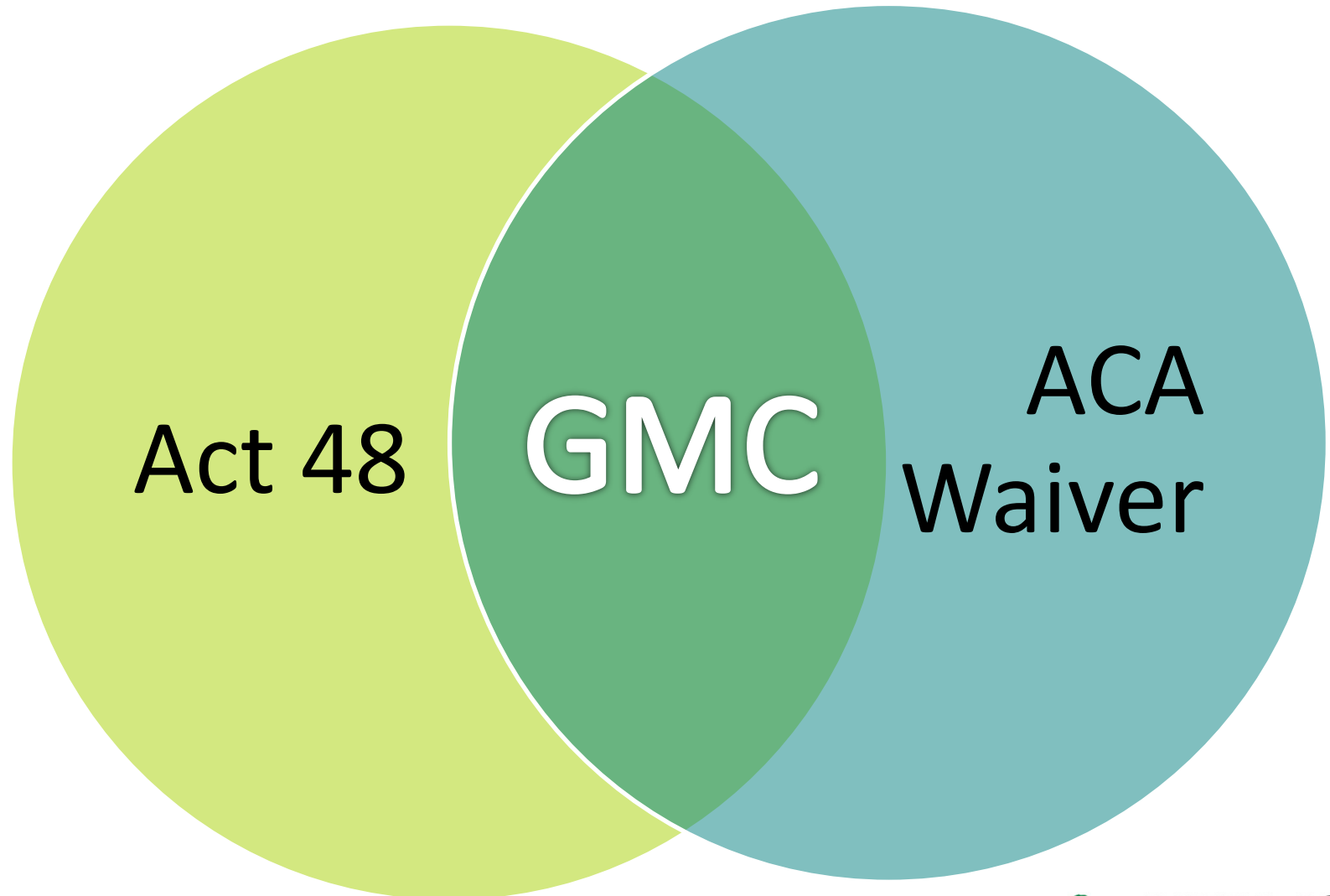


GMCB Role by Statute

- **Defines Green Mountain Care benefits**
 - Today begins this process with background information on what people have today and the legal parameters going forward.
- Evaluates GMC planning based on the “triggers”
- Proposes annual GMC budget after implementation

GMC'S LEGAL PARAMETERS FOR BENEFIT PLAN

GMC's Legal Parameters



GMC's Legal Parameters

2010– ACA

- Federal law requiring states to have Exchanges selling health insurance

2017—ACA Waiver

- To implement GMC, Vermont needs a waiver from the ACA

2011– Act 48

- Vermont law setting out process for a publicly-financed, universal health care system: GMC

Review of Waivers

	Medicaid Waiver (1115)	ACA Waiver (1332)	All-Payer Waiver (1115A)
What is it?	Allows VT to run Medicaid as a managed care organization and to expand Medicaid programs and services	Will allow Vermont to offer publicly-funded universal health care coverage under Green Mountain Care	Will allow Vermont to move away from fee for service and work towards all-payer rate-setting for health care services (like MD)
When do we get it?	VT has had this waiver since 2005. VT renewed it in 2013 and it will be renewed again for 2017	VT cannot be approved for this waiver until 2017	VT is applying for this waiver as soon as possible

The Medicaid and the ACA Waiver will be done at the same time through a coordinated process

GMC's Legal Parameters– ACA Waiver

- Vermont can request a waiver of the following requirements under the ACA
 - Qualified health plans– insurance plans sold on Exchange (Vermont Health Connect)
 - Exchanges (Vermont Health Connect)
 - Premium tax credits and cost sharing subsidies paid to insurers
 - Individual penalty
 - Large employer penalty

GMC's Legal Parameters– ACA Waiver

The ACA Waiver requires the state to:

- Cover the same or more people than under the ACA
- Provide coverage that is as good or better than the ACA
- Provide coverage that is as affordable or more affordable than the ACA
- Not increase the federal deficit

The ACA allows for a coordinated process with Vermont's Medicaid waiver

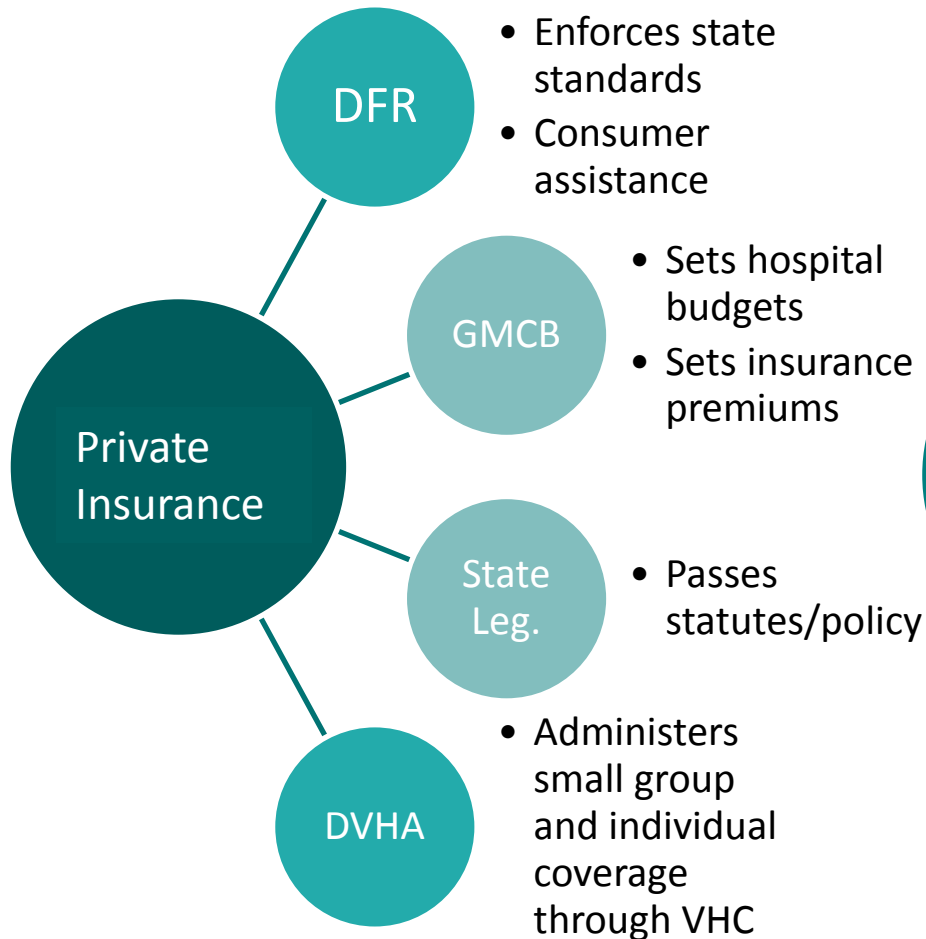
GMC's Legal Parameters– Medicaid

GMC Medicaid Goals

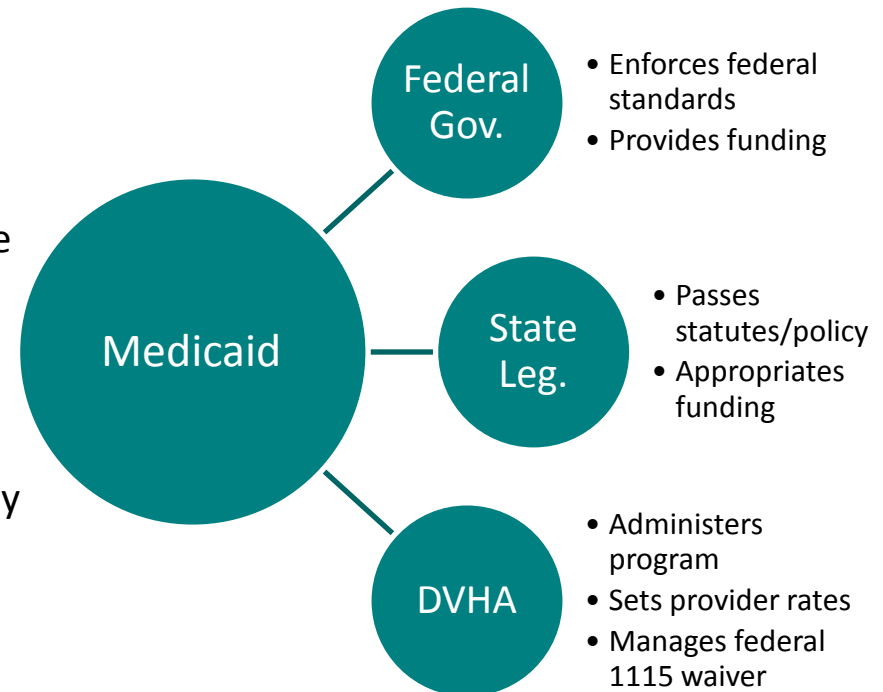
- One program– Green Mountain Care
- Two different covered services packages
- Cost sharing stays the same– is integrated into sliding scale
- Federal protections remain the same
- Medicaid funding stream, then separate payers

Current Medicaid System

Other coverage



Medicaid



GMC Medicaid

Vermonters



GMC

Medicaid covered services and cost sharing



ACA subsidies



Other programs



GMC's Legal Parameters– Medicaid

- Under state law, Medicaid benefits must be the same as the Medicaid benefit package on January 1, 2014 for the first year of Green Mountain Care
 - Same covered services
 - See next slide
 - Same cost-sharing
 - \$1-\$3 for prescriptions
 - \$3 per day for hospital
 - \$3 per visit for dental
- After the first year, the GMCB may modify optional Medicaid benefits, but must maintain federal mandatory Medicaid benefits and meet waiver requirements

GMC's Legal Parameters– Medicaid

Medicaid Mandatory	Medicaid Optional
Inpatient hospital services	Prescription drugs
Outpatient hospital services	Clinic services
EPSDT	Physical therapy
Home health services	Occupational therapy
Physician services	Speech, hearing and language disorder services
Rural Health Clinic services	Respiratory care services
FQHC services	Podiatry services
Laboratory and X-ray services	Optometry services
Family planning services	Dental services
Nurse Midwife services	Dentures
Pediatric and Family Nurse Practitioner Services	Prosthetics
Freestanding Birth Center services	Eyeglasses
Transportation to medical care	Chiropractic services
Tobacco cessation counseling for pregnant women	Personal care
Medical or surgical services by a dentist	Hospice
Nursing facility services for age 21 & older	Case management + more

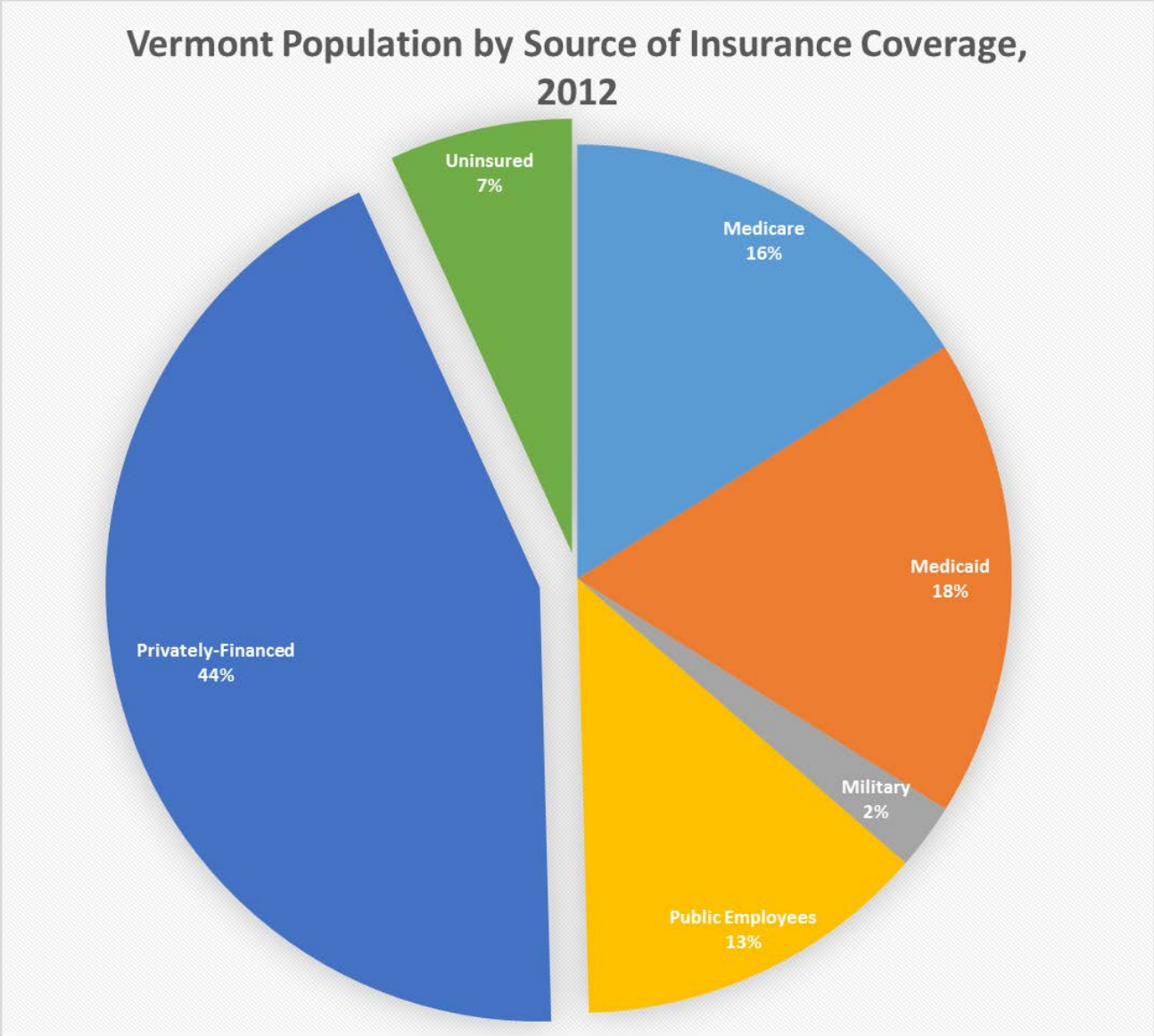
GMCB Role for GMC Benefits

In this process, GMCB:

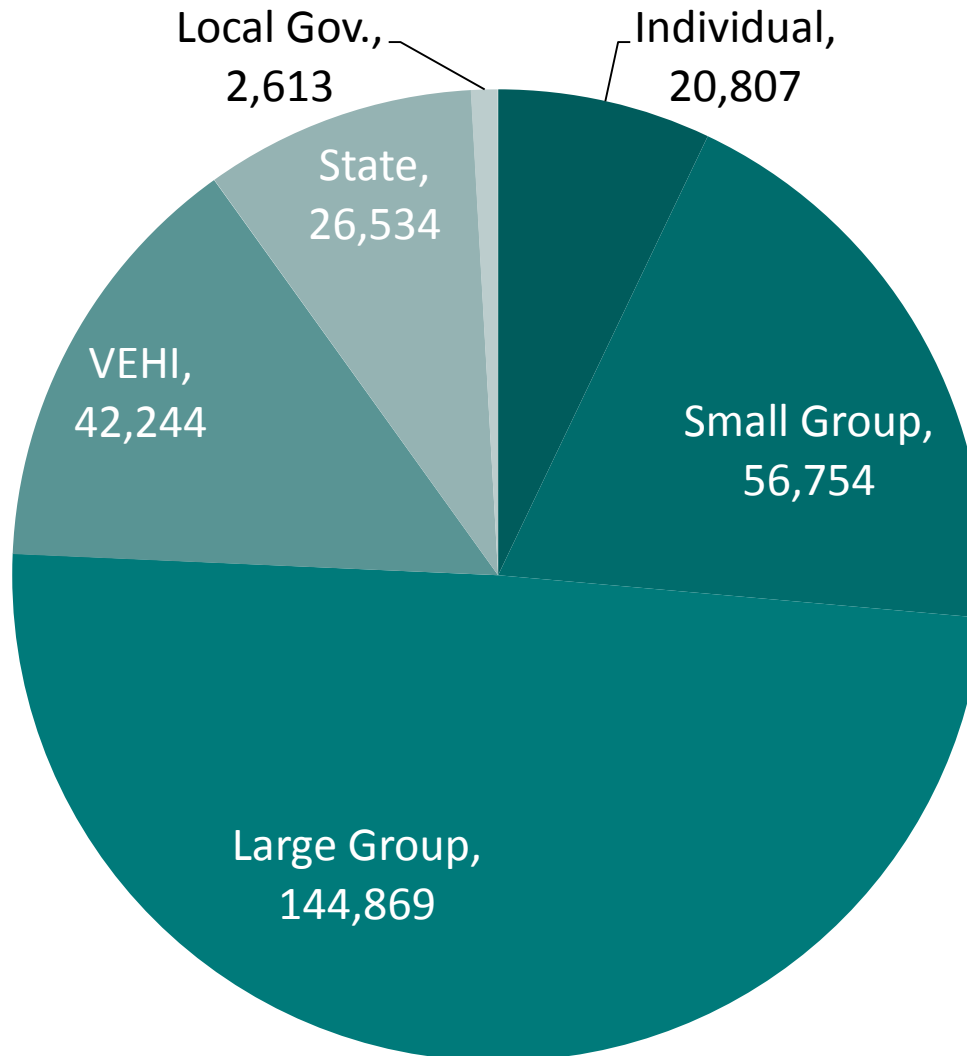
- Defines primary coverage benefits within Act 48 and ACA Waiver parameters
 - Covered services
 - Level of cost sharing
 - Cost sharing
- Keeps Medicaid benefits the same for year one

BACKGROUND ON BENEFITS

Vermont Health Care Coverage Today



Vermont Health Care Coverage Today



Benefits Background



Covered Services

- What services are paid in whole or in part?

Level of Cost Sharing

- How much should you pay when you get services?

Type of Cost Sharing

- Do you pay through co-pays, deductibles, or co-insurance?

Benefits and Covered Services



Covered Services

- What services are paid in whole or in part?

Level of Cost Sharing

- How much should you pay when you get services?

Type of Cost Sharing

- Do you pay through co-pays, deductibles, or co-insurance?

Definition: Covered Services

What are covered services?

- Covered services are services, medication, or medical devices that health care coverage pays for in part or completely
- Current examples of covered services typically included in health insurance:
 - Doctor visits
 - Hospital services
 - Specialist visits

Covered Services Today

	Essential Health Benefit	State Employee and Retirees		VEHI Education Employees and Retirees	
		SelectCare	Total Choice	300 Ded	VHP
Chiropractic	Limit 12 visits then prior approval required	Limit 60 visits per year (total visits for PT, OT, ST, Chiro)	Limit 60 visits per year (total visits for PT, OT, ST, Chiro)	Prior approval required after 12 th visit	Prior approval required after 12 th visit
Infertility	Not covered	Up to \$50,000 lifetime max	Up to \$50,000 lifetime max	Not covered	Not covered
Bariatric Surgery	Covered	Covered, medical necessity	Covered, medical necessity	With prior approval	With prior approval
Fertility Drugs	Covered	Covered	Covered	Covered	Covered
Routine Eye Exams	1/year for children	\$100/2 years	\$100/2 years	Not covered	1/year

GMC Covered Services Parameters

- Federal law requires that GMC cover as many or more services than the ACA
 - Means that GMC must include the ACA's essential health benefits as covered services
- State law requires GMC to have the same covered services as Catamount
 - The ACA's essential health benefits have more covered services than Catamount

GMC Benefits and Affordable Care Act

The Affordable Care Act Waiver requires state to:

- Cover the same or more people than under the ACA
- Provide coverage that is as good or better than the ACA
- Provide coverage that is as affordable or more affordable than the ACA
- Not increase the federal deficit



Covered Services

EHB Covered Services

Essential Benefits include all state mandates and the following services:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services, and chronic disease management
- Laboratory services
- Preventive and wellness services
- Pediatric services, including oral and vision care

Above and beyond
Catamount and other
plans

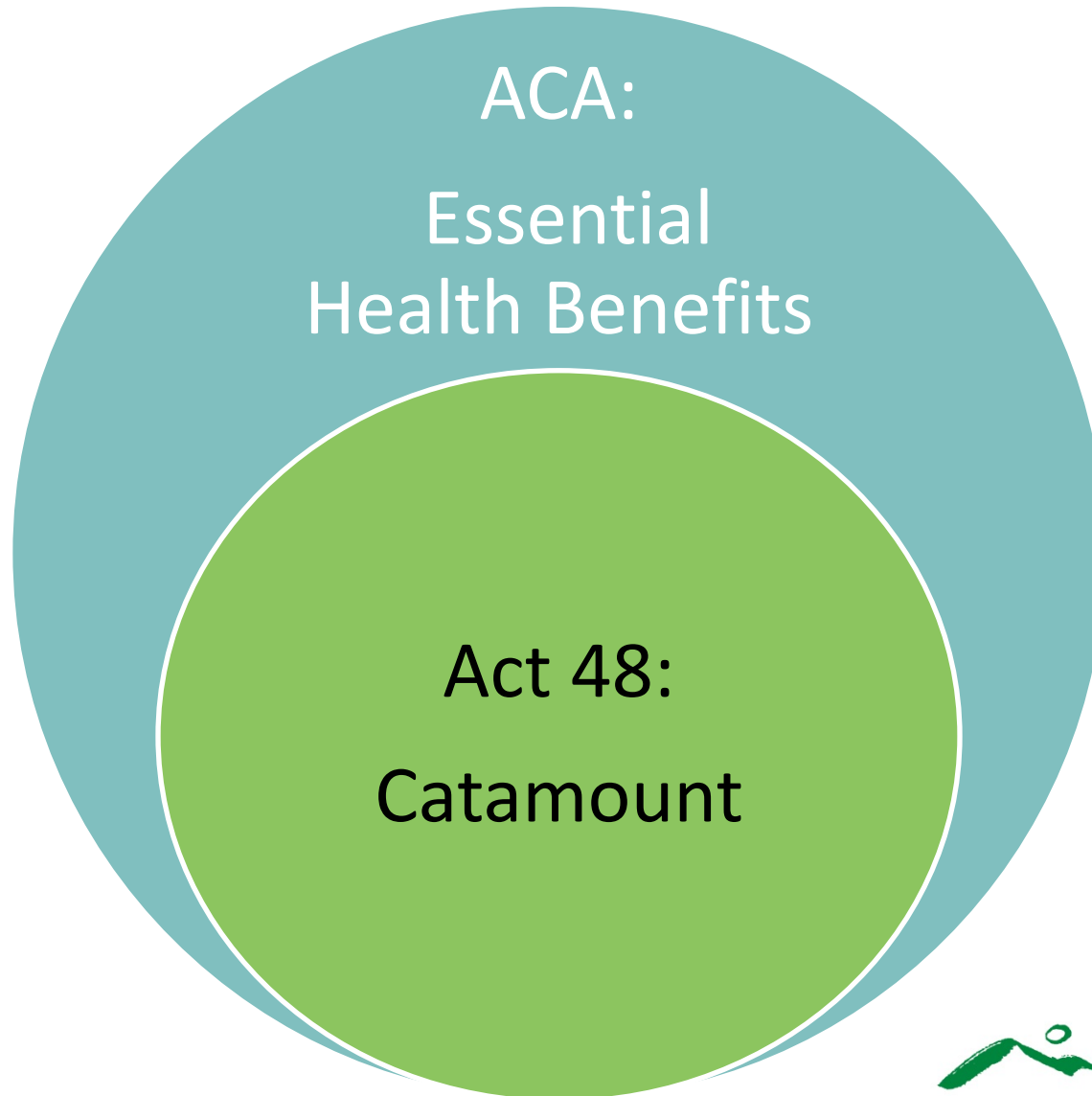


Covered Services – Mental Health

Mental Health Consideration:

- Parity is required by federal law
- VT's laws exceed federal requirements by applying to non-group market, too
- Differences in out-of-network coverage are not limits considered by HHS to carry over to the definition of essential health benefit

GMCB Legal Parameters



GMC Benefits and Covered Services

State law requires GMCB to consider adding the following services:

- Adult dental
- Adult vision
- Hearing
- Long Term Care Services and Supports

Vermont will not receive any extra federal funding to cover these services

Benefits and Level of Cost Sharing



Covered Services

- What services are paid in whole or in part?

Level of Cost Sharing

- How much should you pay when you get services?

Type of Cost Sharing

- Do you pay through co-pays, deductibles, or co-insurance?


Level of Cost Sharing: Definitions

What is cost sharing?


- Cost sharing is the part of the plan that you pay when you receive covered services
- Includes:
 - Deductibles
 - Co-Pays
 - Coinsurance
- Does NOT include
 - Premiums

Level of Cost Sharing

- Plans can have different levels of cost sharing but still cover the same services



I pay a \$20 co-pay when I see my therapist

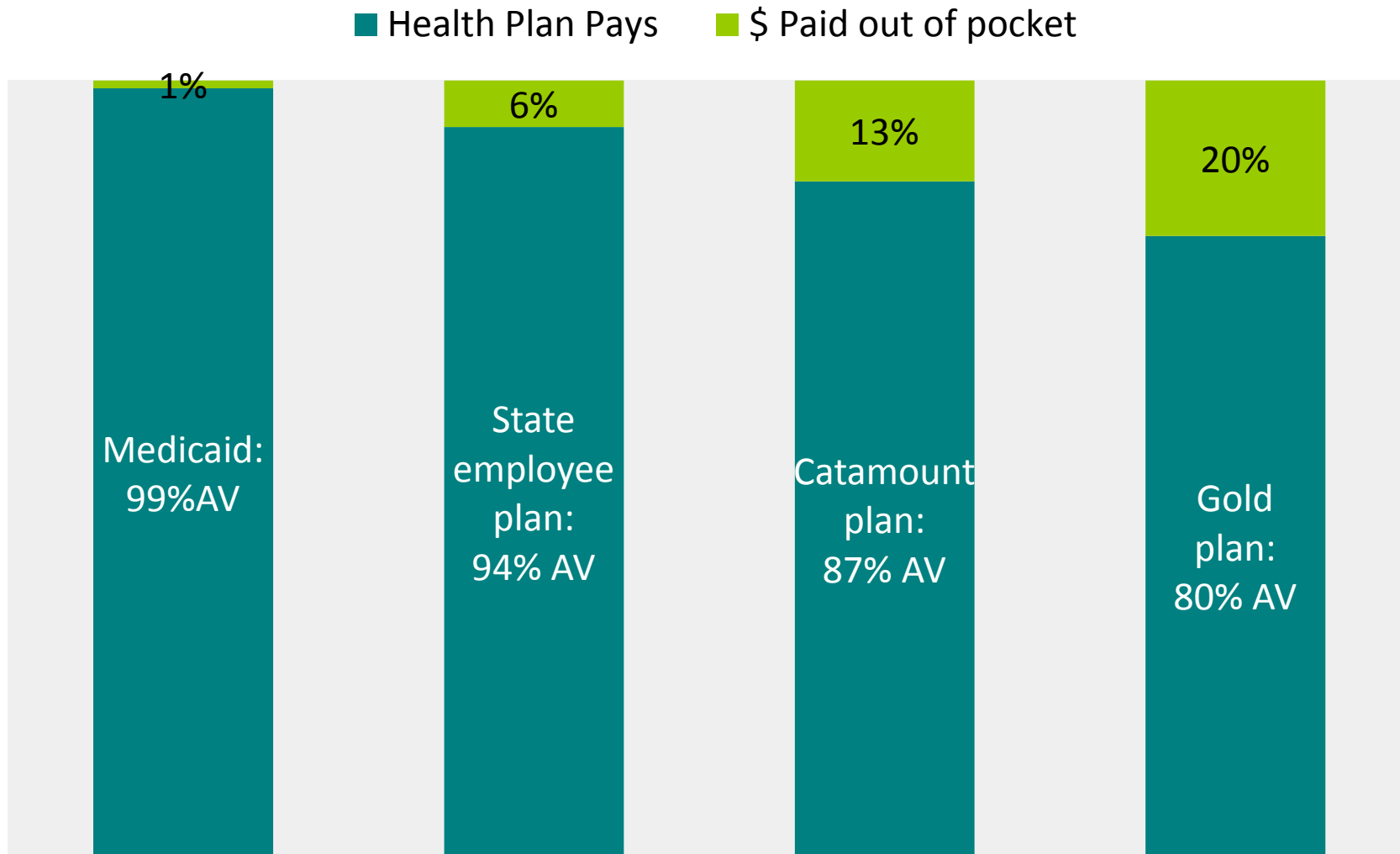


I pay a \$50 co-pay when I see my therapist

Level of Cost Sharing

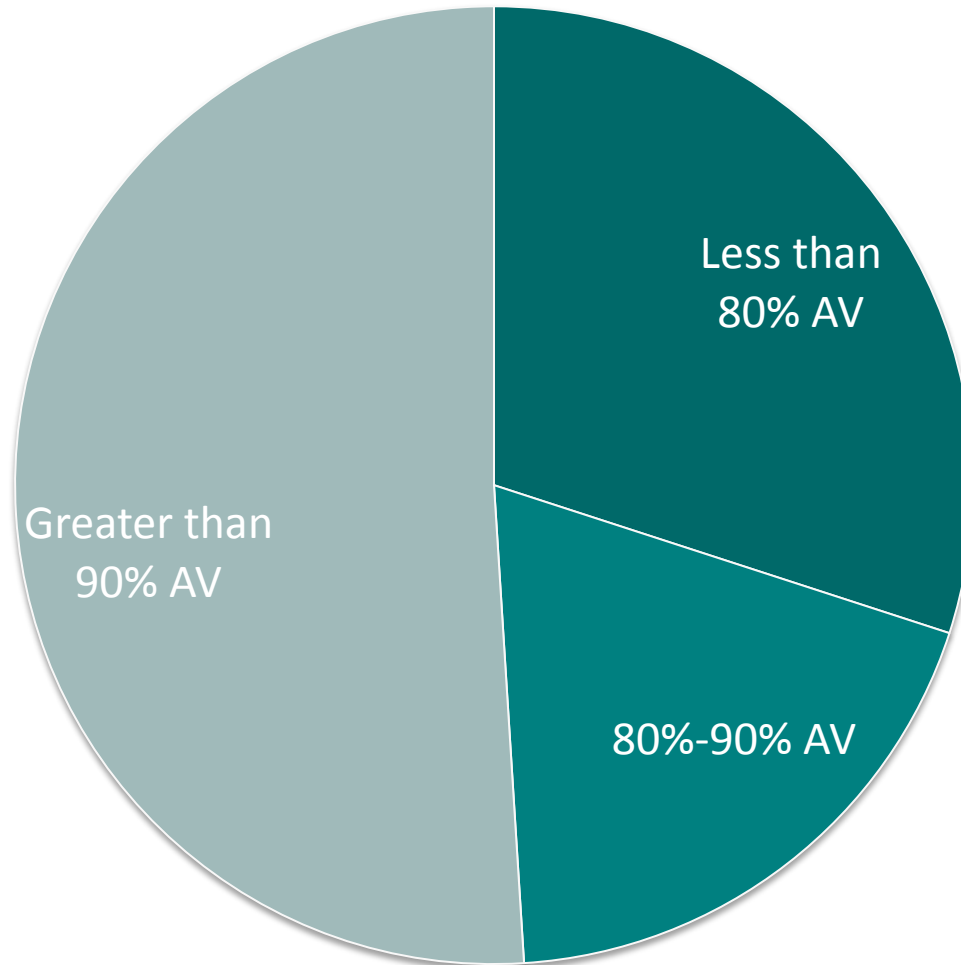
- These different levels of cost sharing are called actuarial value (AV)
- Actuarial value means the total average costs of covered services that your plan will cover
- In a plan with a high AV, you will pay less in co-pays, co-insurance, and deductibles
- A plan with a low AV, you will pay more in co-pays, co-insurance, and deductibles

Level of Cost Sharing—AV Examples



Level of Cost Sharing – 2013

Vermont's Total Insured Population



GMC Benefits and Level of Cost Sharing

The Affordable Care Act Waiver requires state to:

- Cover the same or more people than under the ACA
- Provide coverage that is as good or better than the ACA
- Provide coverage that is as affordable or more affordable than the ACA
- Not increase the federal deficit



Level of Cost sharing

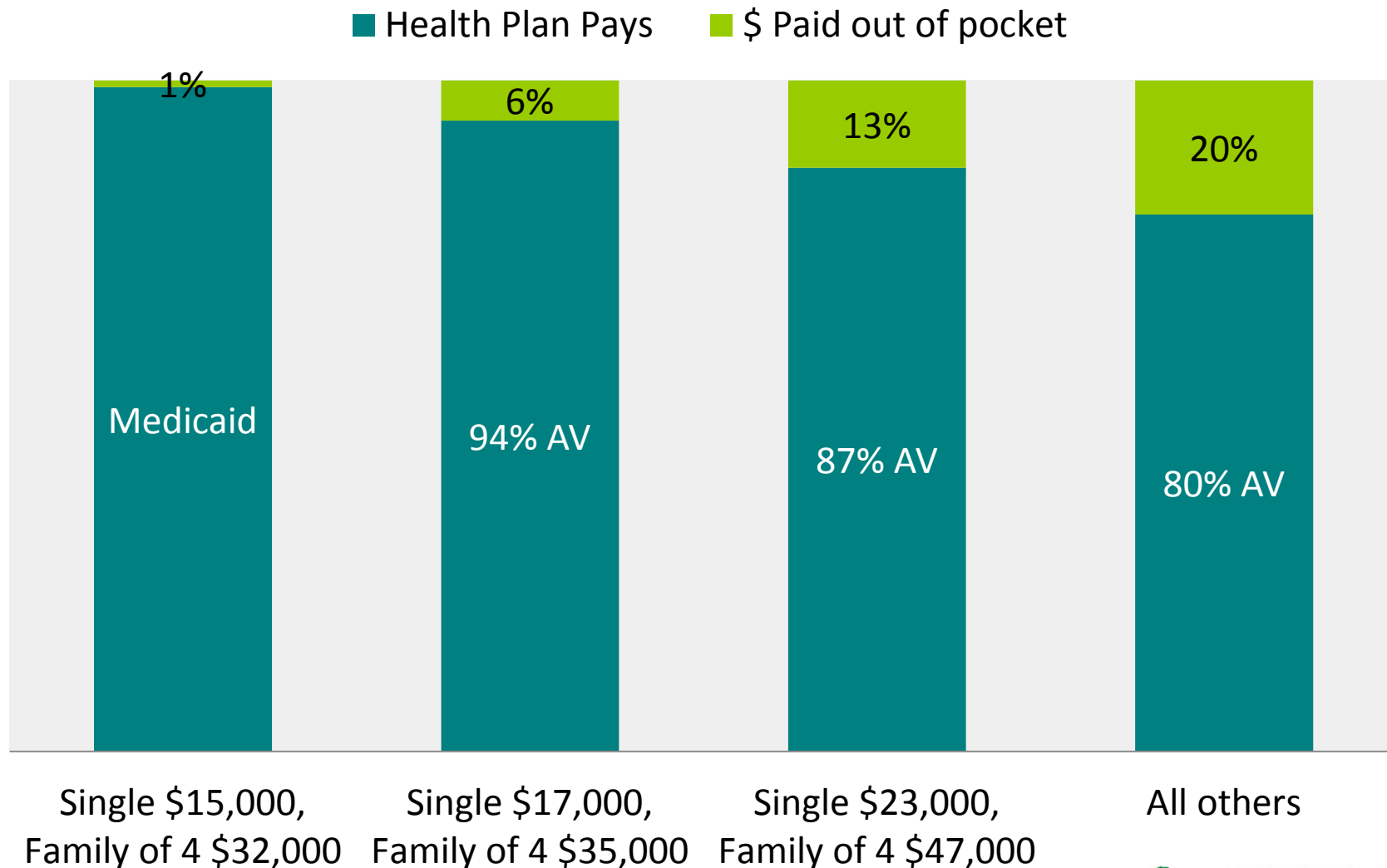
GMC Benefits and Level of Cost Sharing

- Act 48 states that the GMC plan must be have at least an 80% AV
 - This looks like a gold plan in Vermont Health Connect
- Act 48 preferred an 87% AV plan for GMC
 - This is close to a platinum plan in Vermont Health Connect

GMC Benefits and Cost Sharing

- The Affordable Care Act requires us to provide coverage that is as affordable or more affordable than the ACA.
- This means that people who are eligible to pay lower out of pocket costs through cost sharing reductions in Vermont Health Connect will pay lower out of pocket costs under GMC

ACA Cost Sharing Sliding Scale



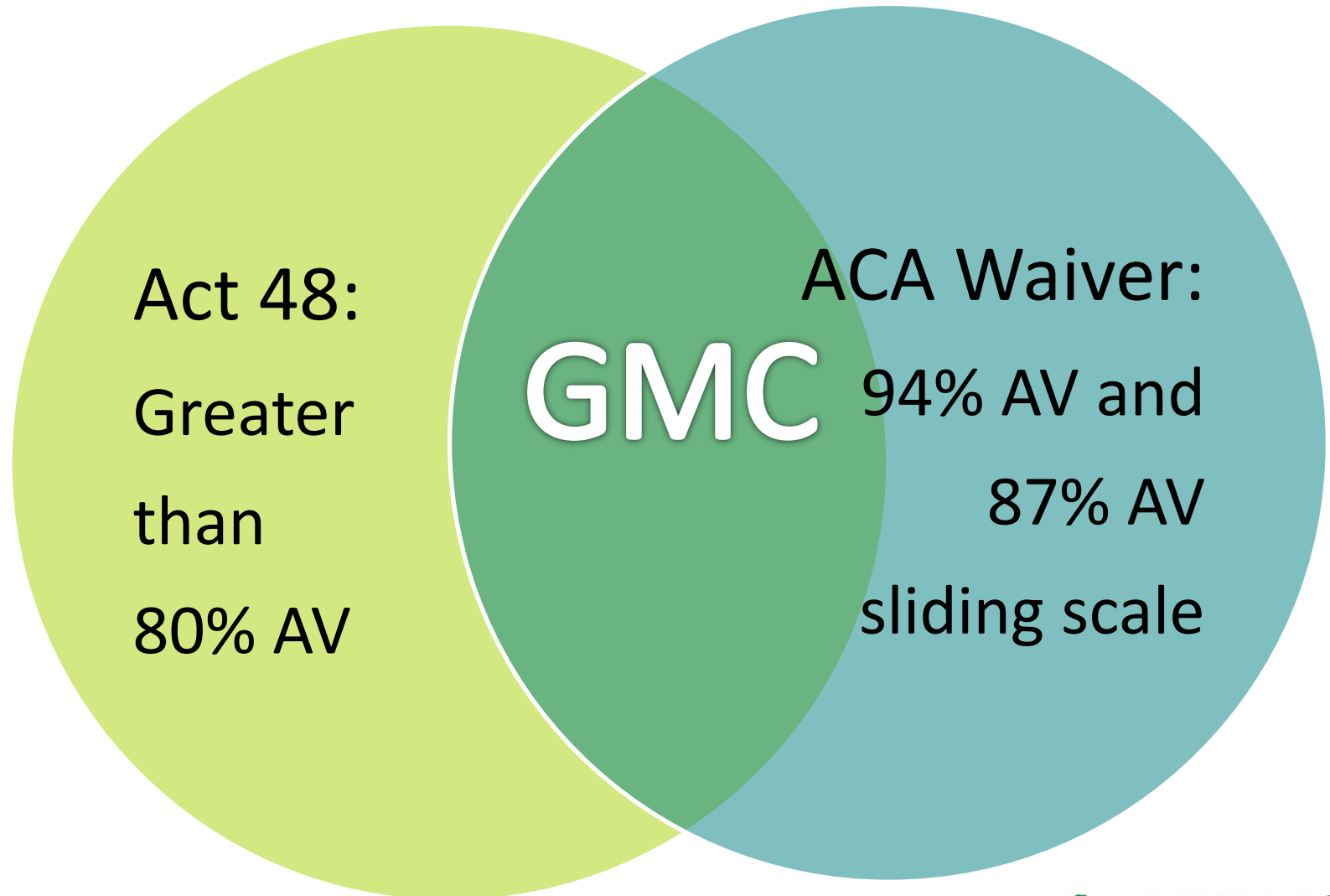
Single \$15,000,
Family of 4 \$32,000

Single \$17,000,
Family of 4 \$35,000

Single \$23,000,
Family of 4 \$47,000

All others

GMCB's Legal Parameters



Benefits and Type of Cost Sharing

Covered Services

- What services are paid in whole or in part?

Level of Cost Sharing

- How much should you pay when you get services?

Type of Cost Sharing

- Do you pay through co-pays, deductibles, or co-insurance?

Type of Cost Sharing: Definitions

What is a deductible?

- The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay.
 - Preventive services are covered 100%
 - Deductible may not apply to all services, like primary care physician's visits

Type of Cost Sharing: Definitions

What is co-insurance?

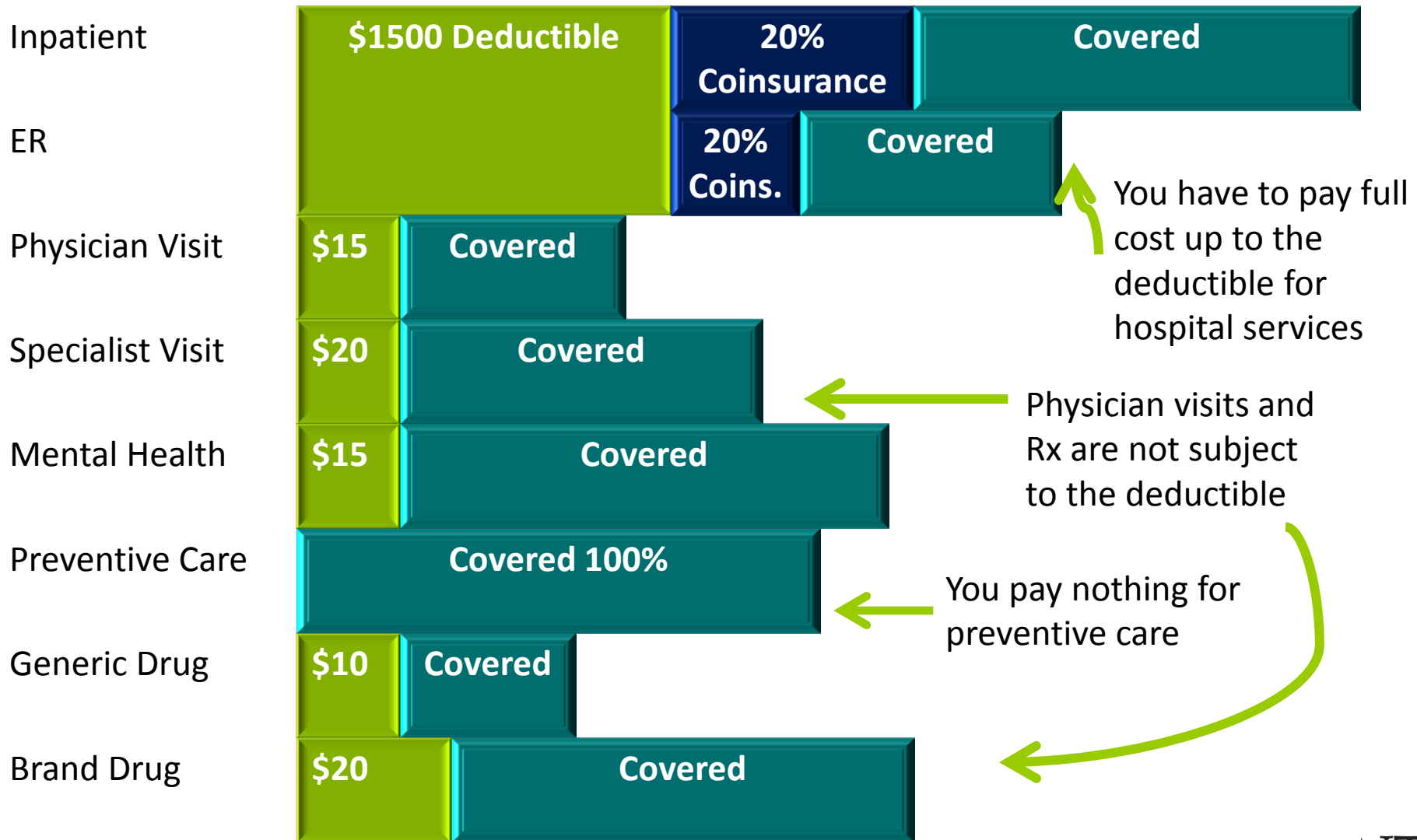
- Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service.
- For example, if the cost of a hospital service under your health plan is \$1,000, your coinsurance payment of 20% would be \$200. The health insurance or plan pays the rest of the allowed amount.

Type of Cost Sharing: Definition

What is a co-pay?

- A fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.

Type of Cost Sharing: Plan Example



Type of Cost Sharing: Plan Example

- Family of four. One child with diabetes. Parent A with cholesterol and high blood pressure meds. Parent B to receive colonoscopy. Other child breaks arm in a ski accident.

	Units	Cost /unit	Allowed Costs	Deductible	Co-pay	Co-ins
PCP Visits	8	\$100	\$800	N/A	\$120	N/A
Diab. meds (generic)	12	\$144	\$1,728	N/A	\$120	N/A
Cholesterol meds	12	\$79	\$948	N/A	\$240	N/A
ER & Hosp. services	1	\$3,000	\$3,000	\$1500	N/A	\$300
Colonoscopy (preventive)	1	\$4,300	\$4,300	\$0	\$0	\$0
Total cost				\$10,776		
Family pays				\$2,280		

Questions?
