



2017 SHOP Standard Plan Designs
Access Health CT
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Agenda

1. Approach to Proposed Plan Design Changes
2. Notes and Caveats
3. Proposed Plan Designs

Approach to Proposed Plan Design Changes

- Comply with CID Bulletin HC-109 specified maximum benefit copays

Service Category Existing	Maximum Copay	New/Existing Maximum
Durable Medical Equipment	\$25	New
Home Health Care	\$25	New
Ambulance	\$225	New
Laboratory	\$10	New
Routine Radiology Services	\$40	New
PCP Office Visit	\$40	Existing
Specialist Office Visit	\$50	Existing
Urgent Care	\$75	Existing
Emergency Room	\$200	Existing
Inpatient Admission	\$500/day up to \$2,000	Existing
Outpatient Surgery/Services	\$500	Existing
Generic Drug	\$5	Existing
Brand Drug	\$60	Existing
Physical Therapy*	\$30	Existing

- Comply with Metal Tier
- Minimize changes to consumers
- Increase Deductible and Maximum Out of Pocket (MOOP) before impacting other services

* Added after 2/17/2016, Sec. 38a-511a limits physical therapy copays to \$30.

Notes and Caveats

- The 2017 Federal Actuarial Value Calculator (AVC) has been finalized, but the 2017 regulations are still in draft format. Any changes in the final version of the regulations could impact the plan designs.
 - The draft regulations have an annual limitation on cost sharing of \$7,150. Should this change in the final version, the silver and bronze non-HSA plan options may need to be adjusted.
- Federal HDHP minimum deductible and MOOP limits are not yet released for 2017. The 2016 minimum single deductible and MOOP are \$1,300 and \$6,550, respectively. The deductible typically increases \$50 every two to three years and the MOOP increases around \$100 a year on average.
 - We are assuming there will be no change to the minimum single deductible and that the MOOP limit will be at least \$6,600. Should the final regulations be different, the combined medical/Rx MOOP for the HSA plans may need to be adjusted.
- For the recommended and alternative plan designs, any changes from the 2016 plan designs are shown in red font and are in boxes.
- Federal AV Calculator values are presented without any adjustments.

Summary of AV Changes

Small Group Market	Platinum	Gold	Silver	Silver HSA*	Bronze	Bronze HSA*
Permissible AV Range	88.0%-92.0%	78.0%-82.0%	68.0%-72.0%	68.0%-72.0%	58.0%-62.0%	58.0%-62.0%
2016 AV	89.2%	79.2%	70.1%	70.9%	61.2%	61.5%
2017 AV	89.9%	80.3%	71.5%	72.0%	62.8%	62.8%
Current Medical Deductible/MOOP Xray/Lab Copay	\$100/\$2000 \$45/\$20	\$1000/\$3500 \$45/\$30	\$3400/\$6850 \$50/\$40	\$3,000 (Combined Med & Rx)/\$4000	\$5500/\$6850 \$45/\$35	\$5300/\$6500
Medical Deductible/MOOP Change to Achieve Metal AV	\$100/\$2000 \$40/\$10	\$1000/\$3500 \$40/\$10	\$4200/\$7150 \$40/\$10		\$6000/\$7150 \$40/\$10	\$5650/\$6600
Revised 2017 AV	90.5%	81.8%	72.0%		62.0%	62.0%

- Only the Silver HSA plan meets the metal tier requirements and complies with CID Maximum Copay constraints.

SHOP – Platinum – 90% AV

	2016 Platinum	2017 Platinum Option 1	2017 Platinum Option 2
Combined Medical & Rx Deductible	\$100	\$100	\$250
Coinsurance	20%	20%	20%
Out-of-pocket Maximum	\$2,000	\$2,000	\$2,300
Primary Care	\$15	\$15	\$15
Specialist Care	\$35	\$35	\$35
Urgent Care	\$50	\$50	\$50
Emergency Room	\$100	\$100	\$100
Inpatient Hospital	\$300 per day (after ded., \$600 max. per admission)	\$300 per day (after ded., \$600 max. per admission)	\$300 per day (after ded., \$600 max. per admission)
Outpatient Hospital	\$300 (after ded.)	\$300 (after ded.)	\$300 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology* (X-ray, Diagnostic)	\$45	\$40	\$40
Laboratory Services*	\$20	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$15	\$15	\$15
Chiropractic Care 20 visit calendar maximum	\$30 \$35**	\$30 \$35**	\$30 \$35**
All Other Medical	20%	20%	20%
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$25 / \$40 / 20% (\$100 max per spec. script)	\$5 / \$25 / \$40 / 20% (\$100 max per spec. script)	\$5 / \$25 / \$40 / 20% (\$100 max per spec. script)
2016 AVC Results	89.2%	N/A	N/A
2017 AVC Results	89.9%	90.5%	89.2%

Advisory Committee chose Option 1 as their recommendation

Changes from the 2016 plan design are shown in red font and boxes.

*Cost sharing at maximum copay allowable as specified by Insurance Department Bulletin HC-109.

**Correction of typographical error.

SHOP- Gold – 80% AV

	2016 Gold	2017 Gold Option 1	2017 Gold Option 2	2017 Gold Option 3
Medical Deductible	\$1,000	\$1,000	\$1,600	\$1,200
Rx Deductible	\$50	\$50	\$50	\$50
Coinsurance	30%	30%	30%	30%
Out-of-pocket Maximum	\$3,500	\$3,500	\$4,500	\$4,000
Primary Care	\$25	\$25	\$25	\$25
Specialist Care	\$45	\$45	\$45	\$45
Urgent Care*	\$75	\$75	\$75	\$75
Emergency Room	\$150	\$150	\$200	\$200
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$1,500 max. per admission)
Outpatient Hospital*	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75	\$75
Non-Advanced Radiology* (X-ray, Diagnostic)	\$45	\$40	\$40	\$40
Laboratory Services*	\$30	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy* (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$30	\$30	\$30	\$30
Chiropractic Care 20 visit calendar maximum	\$45	\$45	\$45	\$45
All Other Medical	30%	30%	30%	30%
Generic* / Preferred Brand / Non- Preferred Brand / Specialty Rx	\$5 / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)	\$5 / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)	\$5 / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)	\$5 / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)
2016 AVC Results	79.2%	N/A	N/A	N/A
2017 AVC Results	80.3%	81.8%	79.2%	80.8%

Advisory
Committee
chose Option
3 as their
recommend-
ation

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*Cost sharing at maximum copay allowable as specified by Insurance Department Bulletin HC-109.

SHOP – Silver (Non-HSA) – 70% AV

	2016 Silver Non-HSA	2017 Silver Non-HSA Option 1	2017 Silver Non-HSA Option 2	2017 Silver Non-HSA Option 3	2017 Silver Non-HSA Option 3.5
Medical Deductible	\$3,400	\$4,200	\$5,000	\$4,700	\$4,400
Rx Deductible	\$150	\$150	\$150	\$150	\$150
Coinsurance	40%	40%	40%	40%	40%
Out-of-pocket Maximum	\$6,850	\$7,150	\$7,150	\$7,150	\$7,150
Primary Care	\$30	\$30	\$40	\$30	\$30
Specialist Care*	\$50	\$50	\$50	\$50	\$50
Urgent Care*	\$75	\$75	\$75	\$75	\$75
Emergency Room	\$150	\$150	\$200	\$200	\$200
Inpatient Hospital*	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Hospital*	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75	\$75	\$75
Non-Advanced Radiology* (X-ray, Diagnostic)	\$50	\$40	\$40	\$40	\$40
Laboratory Services*	\$40	\$10	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy* (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$30	\$30	\$40-\$30	\$30	\$30
Chiropractic Care 20 visit calendar maximum	\$50	\$50	\$50	\$50	\$50
All Other Medical	40%	40%	40%	40%	40%
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$55 / 20% (spec. after ded., \$200 max per spec. script)	\$5 / \$35 / \$55 / 20% (spec. after ded., \$200 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$150 \$200 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$150 \$200 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$200 max per spec. script)
2016 AVC Results	70.1%	N/A	N/A	N/A	N/A
2017 AVC Results	71.5%	72.0%	70.1% 70.4%	71.0%	71.4%

Advisory Committee chose Option 3.5 as their recommendation

Changes from the 2016 plan design are shown in red font and boxes.

Values that have been crossed out were in original presentation, these have been updated to reflect the Rehab Therapy maximum copay requirement in Sec 38a-511a

. \$150 max specialty copay was a typo. Added Option 3.5 based on feedback during 2/17/2016 Advisory Committee meeting

*Cost sharing at maximum copay allowable as specified by Insurance Department Bulletin HC-109.

SHOP – Silver (HSA) – 70% AV

	2016 Silver HSA	2017 Silver HSA Option 1 (Same as 2016 Plan Design)	2017 Silver HSA Option 2
Medical Deductible	\$3,000 (Combined Med & Rx)	\$3,000 (Combined Med & Rx)	\$3,200 (Combined Med & Rx)
Rx Deductible	N/A	N/A	N/A
Coinsurance	10%	10%	10%
Out-of-pocket Maximum	\$4,000	\$4,000	\$4,200
Primary Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Specialist Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Urgent Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Emergency Room	10% (after ded.)	10% (after ded.)	10% (after ded.)
Inpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Outpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Laboratory Services	10% (after ded.)	10% (after ded.)	10% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	10% (after ded.)	10% (after ded.)	10% (after ded.)
Chiropractic Care 20 visit calendar maximum	10% (after ded.)	10% (after ded.)	10% (after ded.)
All Other Medical	10% (after ded.)	10% (after ded.)	10% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 10% / 10% / 10% (all after ded., \$200 max per spec. script)	10% / 10% / 10% / 10% (all after ded., \$200 max per spec. script)	10% / 10% / 10% / 10% (all after ded., \$200 max per spec. script)
2016 AVC Results	70.9%	N/A	N/A
2017 AVC Results	72.0%	72.0%	70.9%

Advisory Committee chose Option 2 as their recommendation

Changes from the 2016 plan design are shown in red font and boxes.

Individual & SHOP Market – Bronze (Non-HSA) – 60% AV

	2016 Bronze Non-HSA	2017 Bronze Non-HSA Option 1	2017 Bronze Non-HSA Option 2
Combined Medical & Rx Deductible	\$5,500	\$6,000	\$6,400
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$6,850	\$7,150	\$7,150
Primary Care*	\$40	\$40	\$40
Specialist Care*	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
Urgent Care*	\$75	\$75	\$75
Emergency Room*	\$200 (after ded.)	\$200 (after ded.)	\$200 (after ded.)
Inpatient Hospital	\$500 (after ded., \$1,000 max. per admission)	\$500 (after ded., \$1,000 max. per admission)	\$500 (after ded., \$1,000 max. per admission)
Outpatient Hospital*	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology* (X-ray, Diagnostic)	\$45 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services*	\$35 (after ded.)	\$10 (after ded.)	\$10 (after ded.)
Rehabilitative & Habilitative Therapy* (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
Chiropractic Care 20 visit calendar maximum	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)	40% (after ded.)
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 / 50% / 50% / 50% (all after ded., \$500 max per spec. script)
2016 AVC Results	61.2%	N/A	N/A
2017 AVC Results	62.8%	62.0%	61.3%

Advisory
Committee chose
Option 1 as their
recommendation

Changes from the 2016 plan design are shown in red font and boxes.

*Cost sharing at maximum copay allowable as specified by Insurance Department Bulletin HC-109.

Individual & SHOP Market – Bronze (HSA) – 60% AV

	2016 Bronze HSA	2017 Bronze HSA Option 1	2017 Bronze HSA Option 2
Combined Medical & Rx Deductible	\$5,300	\$5,650	\$6,000
Coinsurance	10%	10%	10%
Out-of-pocket Maximum	\$6,500	\$6,600	\$6,600
Primary Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Specialist Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Urgent Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Emergency Room	10% (after ded.)	10% (after ded.)	10% (after ded.)
Inpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Outpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Laboratory Services	10% (after ded.)	10% (after ded.)	10% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	10% (after ded.)	10% (after ded.)	10% (after ded.)
Chiropractic Care 20 visit calendar maximum	10% (after ded.)	10% (after ded.)	10% (after ded.)
All Other Medical	10% (after ded.)	10% (after ded.)	10% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)
2016 AVC Results	61.5%	N/A	N/A
2017 AVC Results	62.8%	62.0%	61.5%

Advisory Committee chose Option 2 as their recommendation

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