



COVERED
CALIFORNIA

COVERED CALIFORNIA POLICY ITEMS

December 15, 2014

PROPOSED QUALIFIED HEALTH PLAN RECERTIFICATION AND NEW ENTRANT POLICIES

Anne Price, Director of Plan Management

2016 QHP INDIVIDUAL APPLICATION CRITERIA PROPOSAL

Background

- Covered California's policy agreed to by the board in the Fall of 2012 was to not allow new entrants for 2015 and 2016 with the exception of Medi-Cal managed care plans
 - Eligible bidders would likely be limited to QHPs selected in 2014.
 - Service area expansions may be allowed for QHPs selected for offer in 2014.
- For the 2015 plan year, Covered California updated the policy to allow for new entrant consideration limited to Medi-Cal managed care plans and newly licensed plans since August 2012

Proposal

- For 2016, Covered California would consider for inclusion in the Covered California marketplace new carrier entrants that had previously been in the individual market in specified regions in which any part of that region has less than 3 carriers as an option for consumers
- Covered California will actively encourage existing contracted carriers to expand their service areas to cover areas that do not have at least three carriers

2016 QHP INDIVIDUAL APPLICATION CRITERIA PROPOSAL

Proposal *(continued from previous slide)*

- As an active purchaser, Covered California will make final decisions for participation of Medi-Cal carriers, newly licensed carriers, “new entrant” carriers, and current contracted carriers seeking to expand into new regions based on the following:
 - For newly licensed and new entrant carriers, preference will be given to carriers who are proposing to provide coverage in those portions of identified regions in which there is less than three plans
 - With review of applications, Covered California will give first consideration to 2015 contracted QHPs who propose to expand coverage to the same counties/regions where there are less than three carriers before accepting new entrants
- Covered California will consider in its selection of any plans (new or expanding) the increase in consumer choice related to provider network, product offered, enrollment projections, the plan’s administrative capacity and price
- Alternatively, Covered California could have a policy consistent with 2015 where there is no new carrier entry allowed unless the new entrant is a Medi-Cal managed care plan or newly licensed plan since August 2012

AREAS WHERE SOME CONSUMERS HAVE FEWER THAN THREE PLAN OPTIONS

Seven regions which currently reflect about 23% of Covered California's total enrollment have portions of the region (zip codes or counties) where 10% of Covered California consumers have only one or two carriers to choose from

Region	Name	Plan Count	# Counties 1 Plan*	# Counties 2 Plans*	Counties	Members (Nov -14)	% of Total Members	# Members in 1-2 Plan Zips	% of Total in 1 - 2 Plan Zips
1	N. Cal	3	22	21	many	42,492	4%	42,492	4%
3	El Dorado Placer Yolo, Sac	5		2	El Dorado, Placer	57,110	5%	3,202	0%
6	Alameda	3		1	Alameda	52,330	5%	14,039	1%
9	Monterey San Benito Santa Cruz	3	2	2	Monterey, San Benito, Santa Cruz	27,726	2%	15,075	1%
11	Madera Kings Fresno	3		3	Fresno, Kings, Madera	22,249	2%	2,324	0%
12	SLO Santa Barbara Ventura	3		3	SLO, Santa Barbara, Ventura	50,374	4%	26,445	2%
13	Imperial Inyo Mono	3		3	Imperial, Inyo, Mono	5,107	0%	5,107	0%
Total for Regions 1,3,6,9,11,12,13						257,388	23%	108,684	10%
Total for Regions 1-19						1,123,857			

*partial counties (certain zip codes)

ADDITIONAL PROPOSED POLICIES FOR 2016 CERTIFICATION AND RECERTIFICATION - INDIVIDUAL

New Entrant Applications

- Applicants who qualify based on final approved criteria would complete new 2015 application

Recertification Applications

- QHPS certified for 2015 would complete abridged recertification application

Benefit Designs

- 2016 benefit designs would apply to all participating plans (building on and reaffirming the value of standard benefit designs for consumers)
- Carriers would not be permitted to offer “alternate benefit designs”

Product Changes (e.g., from PPO to HMO)

- Product changes for existing carriers would be considered with Covered California applying the factors it considers for new plan selection when allowing such changes

Network Changes

- Expansion of networks would be considered and expressly encouraged in some regions

ADDITIONAL PROPOSED POLICIES FOR 2016 CERTIFICATION AND RECERTIFICATION - SHOP

New Entrant Applications

- New applicants will be considered (revised 2015 application)

Recertification Applications

- QHPs certified for 2015 would complete abridged recertification application

Benefit Designs

- 2016 benefit designs would apply to all participating plans (building on and reaffirming the value of standard benefit designs for consumers)
- Alternate benefit designs would be considered

Product Changes (e.g., from PPO to HMO)

- Product changes would be considered with Covered California similarly applying the factors it considers for new plan selection when allowing such changes

Network Changes

- Expansion of networks would be considered

ADDITIONAL PROPOSED POLICIES FOR 2016 CERTIFICATION AND RECERTIFICATION - DENTAL

New Entrant Applications

- No new applicants for entry

Recertification Applications

- QDPs certified for 2015 would complete abridged recertification application

Benefit Designs

- Standard benefit changes unlikely

Product Changes (e.g., from PPO to HMO)

- Product changes would be considered

Network Changes

- Expansion of networks would be considered

2016 STANDARD BENEFIT DESIGN

Anne Price, Director of Plan Management

SCOPE AND GOALS

Organizational Goal:

Covered California should have benefit designs that are standardized, promote access to care, and are easy for consumers to understand



Work Group Goal:

Provide input to Covered California staff as we develop recommendations for benefit re-design that includes consideration for a multi year strategy

Covered California Principles

1. Maintain philosophy of having standardized benefit designs to enable informed consumer choice between products, metal tiers and carriers
2. Multi year progressive strategy with consideration to market dynamics: Changes in benefits should be considered annually based on consumers' experience related to access and cost
3. Data driven approach to inform recommendations
4. Any changes to benefit designs should promote improvement for consumers' understanding of their benefits and their ability to obtain care at the right place, right cost and right time
5. Simplify training for all enrollment channels

KEY CONSIDERATIONS IN DESIGNS OFFERED

The plan designs on the following pages represent an aggregation of workgroup, plan, and committee input. Central considerations to the recommendations are:

- Design meets Target AV as computed with 2016 Proposed AV Calculator
 - Ideally, be at middle or below AV range for each metal tier to allow for future year flexibility
- Generally increases transparency in cost and allows for easier comparison by benefit line across all metal tiers
- Lessen barriers to general care needs in Bronze plan
- Maintains aligned incentives (between members, provider, plans) on quality and costs for benefits that generally have a wide range of costs
- Are operationally feasible for both Covered California and QHPs to implement
- As medical treatments, services, and cost/quality tools evolve over the coming years, we have the ability to further refine benefit offerings

CONTEXT AND SUMMARY OF RECOMMENDED DESIGN CHANGES FOR 2016

Updated AV calculator for 2016 had a significant impact on the bronze plan, with lessor impact to other metal tiers

- Comment period on the regulations ends December 8th with final rule expected late January

Bronze:

- Benefit sets both Deductible and Max Out of Pocket (MOOP) at \$6,500
 - Implication: With exception of next two bullets, all other services are paid by enrollee until MOOP is hit (no coinsurance or copays will apply)
 - Added Specialist Visit to services where cumulative first three visits do not apply to the deductible (in addition to PCP, Mental Health Outpatient, and Urgent Care)
 - Removed deductible application to Lab and OP Rehab/Speech/OP Occ

Standard Silver and Cost Share Reduction (CSR) Silver plans:

- Combined the Copay and Coinsurance plan designs into a single Silver offering (similar to Bronze)
 - Prior to this change, there are only five benefit categories with different cost sharing between the coinsurance and copay Silver plan
 - Reduces CSR Silver plans from six to three
- Moderate increases in Deductible, Max Out of Pocket, PCP, Specialists, and other fields as needed to meet AV calculations
- Inpatient and Maternity Services: Facility and Physician/Surgeon fees are now each Deductible + Coinsurance
- Imaging: Utilizing \$250 copay in place of coinsurance for CT, MRI, and PET Scans

CONTEXT AND SUMMARY OF RECOMMENDED DESIGN CHANGES FOR 2016

Gold

- Reduction in Max Out of Pocket from \$6,250 to \$6,150
- All other cost sharing stays the same as the 2015 benefit design

Platinum

- No benefit changes recommended from 2015 benefit design

Changes in AV are outlined below:

	Bronze	Silver 70 Copay	Silver 70 Coinsurance	Gold Copay	Gold Coinsurance	Platinum Copay ²	Platinum Coinsurance ²
Target +/- 2.0%	60.0	70.0	70.0	80.0	80.0	90.0	90.0
Current 2015 AV	60.6	69.9	70.3	78.6	78.8	88.0	88.1
2016 AV	63.7	71.0	71.3	81.4	81.2	88.9	88.6
With Recommended Benefit Changes	61.2	Combined Silver ¹ 70.5		81.6	81.5	88.9	88.6

Notes:

1. Recommendation is to combine Silver plans into one Silver plan in 2016
2. No Change is being recommended for the two Platinum plans

CRITICAL AREAS NEEDING CONTINUED WORK FOR 2016 AND BEYOND

Specialty Drugs

- Alternative proposal is to apply known cap amount to set a ceiling to coinsurance (*for example: coinsurance paid up to a maximum cap of \$500*)
- Additional discussions with regulators being scheduled to determine discrimination rules and compliance
- Plan Management's intention is to make Specialty Drugs a topic of focus in 2016 better define this category of drugs in future benefit design changes

Standard Benefit Display

- There are benefit lines needed within the standard benefit display that results in variability among plans' cost sharing for underlying benefits. We are looking to add this clarity at the request of both regulators
- To comply with mental health parity law, Covered CA will continue to work with both regulators on changes needed now and in the future to the Standard Benefit Design

APPENDIX

COVERED CALIFORNIA BENEFIT DESIGN WORKGROUP

Name

Representation

Work group Members

Beth Capell

Betsy Imholz

Marge Ginsburg

Jerry Fleming

Athena Chapman

Don Hufford, MD

Ted Von Glahn

Health Access California

Consumers Union

Center for Healthcare Decisions

Kaiser

CAHP

Medical Director,
Western Health Advantage

Consultant

Covered California Staff

David Greene *

John Bertko

Anne Price *

Allison Mangiaracino

Taylor Priestley

** co-facilitators*

Additional Resources

Andrea Rosen

Jeff Rideout, MD

Covered California

Covered California

Covered California

Covered California

Covered California

Covered California

Covered California

PROPOSED 2016 PORTFOLIO: BRONZE/SILVER/CSRS SIDE-BY-SIDE

	Benefit	Bronze 60	Silver 70	Silver 73	Silver 87	Silver 94
	Coinsurance (what Enrollee pays)	30%	20%	20%	15%	10%
	Deductible	\$6,500 (Integrated Med+Drugs)	\$2,250	\$1,900	\$550	\$75
	Brand Drug Deductible	N/A	\$250	\$250	\$50	\$0
	Max Out of Pocket (MOOP)	\$6,500	\$6,250	\$5,450	\$2,250	\$2,250
Not Subject to Deductible unless noted otherwise.	Primary Care Visit	\$70 Ded waived for 1 st 3 visits *	\$45	\$40	\$15	\$5
	Specialist Visit	\$90 Ded waived for 1 st 3 visits *	\$70	\$55	\$25	\$8
	Imaging (CT/PET Scans, MRIs)	\$0 after Ded	\$250	\$250	\$100	\$50
	Laboratory Tests	\$40 (DNA)	\$35	\$35	\$15	\$8
	MH: Outpatient	\$70 Ded waived for 1 st 3 visits *	\$45	\$40	\$15	\$5
	Home Health Care	\$0 after Ded	\$45	\$40	\$15	\$3
	OP Rehab/Speech and OP Occ	\$70 (DNA)	\$45	\$40	\$15	\$5
	Outpatient and OP Professional Services	\$0 after Ded	Coinsurance	Coinsurance	Coinsurance	Coinsurance
	Durable Medical Equipment	\$0 after Ded	Coinsurance	Coinsurance	Coinsurance	Coinsurance
	Urgent Care	\$120 Ded waived for 1 st 3 visits *	\$90	\$80	\$30	\$6
	X-rays and Diagnostic Imaging	\$0 after Ded	\$65	\$50	\$25	\$8
	Generics	\$0 after Ded	\$15	\$15	\$5	\$3
Subject to Deductible unless noted otherwise.	ER Services	\$0 after Ded	Ded + \$250	Ded + \$250	Ded + \$75	Ded + \$30
	Inpatient Services: Facility	\$0 after Ded	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
	Inpatient Services: Physician/Surgeon	\$0 after Ded	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
	MH: Inpatient	\$0 after Ded	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
	Skilled Nursing Facility	\$0 after Ded	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
	Preferred Brand Drugs	\$0 after Ded	Ded + \$50	Ded + \$45	Ded + \$20	Ded + \$10
	Non-preferred Brand Drugs	\$0 after Ded	Ded + \$70	Ded + \$70	Ded + \$35	Ded + \$15
	Specialty Drugs	\$0 after Ded	Ded + Coins	Ded + Coins	Ded + Coins	Ded + Coins
	2016 Actuarial Value	61.19	70.53	72.91	86.89	93.93

DNA = Deductible does not apply

* Total of three visits cumulative for primary, specialist, mental health and urgent care with deductible waived for initial visits

PROPOSED 2016 PORTFOLIO: ALL STANDARD PLANS SIDE-BY-SIDE

	Benefit	Bronze 60	Silver 70	Gold Copay	Gold Coinsurance	Platinum Copay	Platinum Coinsurance
	Coinsurance (what Enrollee pays)	30%	20%	20%	20%	10%	10%
	Deductible	\$6,500 (Integrated)	\$2,250	0	0	\$0	\$0
	Brand Drug Deductible	N/A	\$250	0	0	\$0	\$0
	Max Out of Pocket (MOOP)	\$6,500	\$6,250	\$6,150	\$6,150	\$4,000	\$4,000
Not Subject to Deductible unless noted otherwise.	Primary Care Visit	\$70 Ded waived for 1 st 3 visits *	\$45	\$30	\$30	\$20	\$20
	Specialist Visit	\$90 Ded waived for 1 st 3 visits *	\$70	\$50	\$50	\$40	\$40
	Imaging (CT/PET Scans, MRIs)	\$0 after Ded	\$250	\$250	Coinsurance	\$150	Coinsurance
	Laboratory Tests	\$40 (DNA)	\$35	\$30	\$30	\$20	\$20
	MH: Outpatient	\$70 Ded waived for 1 st 3 visits *	\$45	\$30	\$30	\$20	\$20
	Home Health Care	\$0 after Ded	\$45	\$30	Coinsurance	\$20	Coinsurance
	OP Rehab/Speech and OP Occ	\$70 (DNA)	\$45	\$30	\$30	\$20	\$20
	Outpatient and OP Professional Services	\$0 after Ded	Coinsurance	\$600	Coinsurance	\$250	Coinsurance
	Durable Medical Equipment	\$0 after Ded	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
	Urgent Care	\$120 Ded waived for 1 st 3 visits *	\$90	\$60	\$60	\$40	\$40
	X-rays and Diagnostic Imaging	\$0 after Ded	\$65	\$50	\$50	\$40	\$40
Subject to Deductible unless noted otherwise.	Generics	\$0 after Ded	\$15	\$15	\$15	\$5	\$5
	ER Services	\$0 after Ded	Ded + \$250	\$250	\$250	\$150	\$150
	Inpatient Services: Facility	\$0 after Ded	Ded + Coins	\$600/day up to 5 days	Coinsurance	\$250/day up to 5 days	Coinsurance
	Inpatient Services: Physician/Surgeon	\$0 after Ded	Ded + Coins		Coinsurance		Coinsurance
	MH: Inpatient	\$0 after Ded	Ded + Coins	\$600/day up to 5 days	Coinsurance	\$250/day up to 5 days	Coinsurance
	Skilled Nursing Facility	\$0 after Ded	Ded + Coins	\$300/day up to 5 days	Coinsurance	\$150/day up to 5 days	Coinsurance
	Preferred Brand Drugs	\$0 after Ded	Ded + \$50	\$50	\$50	\$15	\$15
	Non-preferred Brand Drugs	\$0 after Ded	Ded + \$70	\$70	\$70	\$25	\$25
	Specialty Drugs	\$0 after Ded	Ded + Coins	Coinsurance	Coinsurance	Coinsurance	Coinsurance
	2016 Actuarial Value	61.19	70.53	81.57	81.46	88.85	88.59



DNA = Deductible does not apply.

* Total of three visits cumulative for primary, specialist, mental health and urgent care with deductible waived for initial visits

BRONZE PLAN DESIGN

Shaded cells are those changed from 2015 plan design

Key Notes:

1. Remove any perceived barriers to general care by adding specialist as a qualified visit to cumulative 3 visit before deductible applies rule
2. No deductible applied to lab, so consumers will have a known cost for lab and not forego testing due to uncertainty of cost
3. With Ded and MOOP being equal, copays are only applicable where waived or the deductible does not apply (in the case of lab)
4. Note on Catastrophic/Bronze Differentiation: Subsidies can be applied to Bronze plans but cannot to Catastrophic plans

	Benefit	Current Bronze	2016 Proposal Bronze
	Deductible	\$5,000 (integrated)	\$6,500 (Integrated)
	Brand Drug Deductible	N/A	N/A
	Max Out of Pocket (MOOP)	\$6,250	\$6,500
Silver: Not Subject to Deductible	Primary Care Visit (Bronze: Ded waived for 1 st 3 visits)	Ded +\$60	Ded waived for 1 st 3 visits *
	Specialist Visit	Ded + \$70	\$90 Ded waived for 1 st 3 visits *
	Imaging (CT/PET Scans, MRIs)	Ded + Coins	\$0 after Ded
	Laboratory Tests (per visit)	Ded + Coins	\$40 (DNA)
	MH: Outpatient (Bronze: Ded waived for 1 st 3 visits)	\$60	\$70 Ded waived for 1 st 3 visits *
	Home Health Care	Ded + Coins	\$0 after Ded
	OP Rehab/Speech and OP Occ	Ded + \$60	\$70 (DNA)
	Outpatient and OP Professional Services	Ded + Coins	\$0 after Ded
	Durable Medical Equipment	Ded + Coins	\$0 after Ded
	Urgent Care (Bronze: Ded waived for 1 st 3 visits)	\$120	\$120 Ded waived for 1 st 3 visits *
	X-rays and Diagnostic Imaging	Ded + Coins	\$0 after Ded
	Generics	Ded + \$15	\$0 after Ded
	Silver: Subject to Ded.	ER Services	Ded+ \$300
Inpatient Services: Facility		Ded + Coins	\$0 after Ded
Inpatient Services: Physician/Surgeon		Ded + Coins	\$0 after Ded
MH: Inpatient		Ded + Coins	\$0 after Ded
Skilled Nursing Facility		Ded + Coins	\$0 after Ded
Preferred Brand Drugs		Ded+\$50	\$0 after Ded
Non-preferred Brand Drugs		Ded+\$75	\$0 after Ded
Specialty Drugs		Ded + Coins	\$0 after Ded
	2016 AVC: Actuarial Value	63.72	61.19

* Total of three visits cumulative across benefits lines with deductible waived for initial visits
DNA = Deductible does not apply
insurance in 2015 = 30% (enrollee share)

Key Notes:

- 2015 Copay and Coinsurance offerings combined into a single Silver plan for 2016
- Note: If Combined Plan Design approved, would need to consider language to make it clear to enrollee if PCP is required or not dependent on carrier network offering (HMO/PPO/EPO... ACO)

	Benefit	Current Silver 70 Copay	Current Silver 70 Coinsurance	2016 Proposal Silver 70 (Combined)
	Coinsurance (what consumer pays when the word coinsurance is listed)	20%	20%	20%
	Deductible	\$2,000	\$2,000	\$2,250
	Brand Drug Deductible	\$250	\$250	\$250
	Max Out of Pocket (MOOP)	\$6,250	\$6,250	\$6,250
Silver: Not Subject to Deductible	Primary Care Visit	\$45	\$45	\$45
	Specialist Visit	\$65	\$65	\$70
	Imaging (CT/PET Scans, MRIs)	\$250	Coinsurance	\$250
	Laboratory Tests (per visit)	\$45	\$45	\$35
	MH: Outpatient	\$45	\$45	\$45
	Home Health Care	\$45	Coinsurance	\$45
	OP Rehab/Speech and OP Occ	\$45	\$45	\$45
	Outpatient and OP Professional Services	Coinsurance	Coinsurance	Coinsurance
	Durable Medical Equipment	Coinsurance	Coinsurance	Coinsurance
	Urgent Care	\$90	\$90	\$90
	X-rays and Diagnostic Imaging	\$65	\$65	\$65
	Generics	\$15	\$15	\$15
	Silver: Subject to Ded.	ER Services	Ded+\$250	Ded+\$250
Inpatient Services: Hospital Fee		Ded + Coins	Ded + Coins	Ded + Coins
Inpatient Services: Physician/Surgeon Fee			Coins (DNA)	Ded + Coins
MH: Inpatient		Ded + Coins	Ded + Coins	Ded + Coins
Skilled Nursing Facility		Ded + Coins	Ded + Coins	Ded + Coins
Preferred Brand Drugs		Ded+\$50	Ded+\$50	Ded+\$50
Non-preferred Brand Drugs		Ded+\$70	Ded+\$70	Ded+\$70
Specialty Drugs		Ded + Coins	Ded + Coins	Ded + Coins
	2016 Actuarial Value	71.01	71.25	70.53

DNA = Deductible does not apply

GUIDELINES FOR COVCA COST SHARING SILVER PLANS

- All must be based on the Silver Plan 70
- All CSRs must have progressively decreasing cost-sharing amounts
 - This requirement is true for ALL cost-sharing features that change. For example, if Standard Silver has a \$2,000 deductible, Silver 73 needs to be less (\$1,600), and so forth for Silver 87 (\$500) and Silver 94 (\$0)
 - Not all benefit levels are required to change. For example, a \$250 ER copay can exist for all CSR levels. However, NO cost-sharing feature could increase, even though others went further down to get to the appropriate AV
- The plan design needs to meet the appropriate AV.
 - Note, the de minimus for CSR plans is 1% compared to 2% for all other metal plans

ENHANCED SILVER 73 (200-250 FPL, SINGLE MAX INCOME OF \$29,175)

Key note:

- 2015 copay and Coinsurance offerings combined into a single offering for 2016

	Benefit	Current Silver 73 Copay	Current Silver 73 Coinsurance	Proposed Silver 73
	Coinsurance (what consumer pays when the word coinsurance is listed)	20%	20%	20%
	Deductible	\$1,600	\$1,600	\$1,900
	Brand Drug Deductible	\$250	\$250	\$250
	Max Out of Pocket (MOOP)	\$5,200	\$5,200	\$5,450
Not Subject to Deductible	Primary Care Visit	\$40	\$40	\$40
	Specialist Visit	\$50	\$50	\$55
	Imaging (CT/PET Scans, MRIs)	\$250	Coinsurance	\$250
	Laboratory Tests (per visit)	\$40	\$40	\$35
	MH: Outpatient	\$40	\$40	\$40
	Home Health Care	\$40	Coinsurance	\$40
	OP Rehab/Speech and OP Occ	\$40	\$40	\$40
	Outpatient and OP Professional Services	Coinsurance	Coinsurance	Coinsurance
	Durable Medical Equipment	Coinsurance	Coinsurance	Coinsurance
	Urgent Care	\$80	\$80	\$80
	X-rays and Diagnostic Imaging	\$50	\$50	\$50
	Generics	\$15	\$15	\$15
	Subject to Deductible unless noted otherwise.	ER Services	Ded + \$250	Ded + \$250
Inpatient Services: Facility		Ded + 20%	Ded + 20%	Ded + Coins
Inpatient Services: Physician/Surgeon			20% (DNA)	Ded + Coins
MH: Inpatient		Ded + Coins	Ded + Coins	Ded + Coins
Skilled Nursing Facility		Ded + Coins	Ded + Coins	Ded + Coins
Preferred Brand Drugs		Ded + \$35	Ded +\$35	Ded + \$45
Non-preferred Brand Drugs		Ded + \$60	Ded + \$60	Ded + \$70
Specialty Drugs		Ded + Coins	Ded + Coins	Ded + Coins
	2016 Actuarial Value	74.38	74.70	72.91

DNA = Deductible does not apply

Enhanced Silver 87 (150-200 FPL, Single income max of \$23,340)

Key Note:

- 2015 copay and Coinsurance offerings combined into a single offering for 2016

	Benefit	Current Silver 87 Copay	Current Silver 87 Coinsurance	Proposal Silver 87	
	Coinsurance (what consumer pays when the word coinsurance is listed)	15%	15%	15%	
	Deductible	\$500	\$500	\$550	
	Brand Drug Deductible	\$50	\$50	\$50	
	Max Out of Pocket (MOOP)	\$2,250	\$2,250	\$2,250	
Not Subject to Deductible	Primary Care Visit	\$15	\$15	\$15	
	Specialist Visit	\$20	\$20	\$25	
	Imaging (CT/PET Scans, MRIs)	\$100	Coinsurance	\$100	
	Laboratory Tests (per visit)	\$15	\$15	\$15	
	MH: Outpatient	\$15	\$15	\$15	
	Home Health Care	\$15	Coinsurance	\$15	
	OP Rehab/Speech and OP Occ	\$15	\$15	\$15	
	Outpatient and OP Professional Services	Coinsurance	Coinsurance	Coinsurance	
	Durable Medical Equipment	Coinsurance	Coinsurance	Coinsurance	
	Urgent Care	\$30	\$30	\$30	
	X-rays and Diagnostic Imaging	\$20	\$20	\$25	
	Generics	\$5	\$5	\$5	
	Subject to Deductible unless noted otherwise.	ER Services	Ded + \$75	Ded + \$75	Ded + \$75
		Inpatient Services: Facility	Ded + Coins	Ded + Coins	Ded + Coins
Inpatient Services: Physician/Surgeon		Coins (DNA)		Ded + Coins	
MH: Inpatient		Ded + Coins	Ded + Coins	Ded + Coins	
Skilled Nursing Facility		Ded + Coins	Ded + Coins	Ded + Coins	
Preferred Brand Drugs		Ded + \$15	Ded + \$15	Ded + \$20	
Non-preferred Brand Drugs		Ded + \$25	Ded + \$25	Ded + \$35	
Specialty Drugs		Ded + Coins	Ded + Coins	Ded + Coins	
	2016 Actuarial Value	87.75	87.76	86.89	

ENHANCED SILVER 94 (138-150 FPL, SINGLE MAX OF \$17,505)

Key Note:

- 2015 copay and Coinsurance offerings combined into a single offering for 2016

	Benefit	Current Silver 94 Copay	Current Silver 94 Coinsurance	Proposal Silver 94	
	Coinsurance (what consumer pays when the word coinsurance is listed)	10%	10%	10%	
	Deductible	\$0	0	\$75	
	Brand Drug Deductible	\$0	0	0	
	Max Out of Pocket (MOOP)	\$2,250	\$2,250	\$2,250	
Not Subject to Deductible	Primary Care Visit	\$3	\$3	\$5	
	Specialist Visit	\$5	\$5	\$8	
	Imaging (CT/PET Scans, MRIs)	\$50	Coinsurance	\$50	
	Laboratory Tests (per visit)	\$3	\$3	\$8	
	MH: Outpatient	\$3	\$3	\$5	
	Home Health Care	\$3	Coinsurance	\$3	
	OP Rehab/Speech and OP Occ	\$3	\$3	\$5	
	Outpatient and OP Professional Serv	Coinsurance	Coinsurance	Coinsurance	
	Durable Medical Equipment	Coinsurance	Coinsurance	Coinsurance	
	Urgent Care	\$6	\$6	\$6	
	X-rays and Diagnostic Imaging	\$3	\$3	\$8	
	Generics	\$3	\$3	\$3	
	Subject to Deductible unless noted otherwise.	ER Services	\$25	\$25	\$30
		Inpatient Services: Facility	Ded + Coins	Ded + Coins	Ded + Coins
Inpatient Services: Physician/Surgeon		Ded + Coins		Ded + Coins	
MH: Inpatient		Ded + Coins	Ded + Coins	Ded + Coins	
Skilled Nursing Facility		Ded + Coins	Ded + Coins	Ded + Coins	
Preferred Brand Drugs		Ded + \$5	Ded + \$5	Ded + \$10	
Non-preferred Brand Drugs		Ded + \$10	Ded + \$10	Ded + \$15	
Specialty Drugs		Ded + Coins	Ded + Coins	Ded + Coins	
2016 Actuarial Value		96.02	96.00	93.93	

DNA = Deductible does not apply

GOLD PLAN DESIGNS

Shaded cells are those changed from 2015 plan design

Benefit	Gold Copay		Gold Coinsurance	
	Current	Proposal	Current	Proposal
Coinsurance (what consumer pays when the word coinsurance is listed)	20%	20%	20%	20%
Deductible	\$0	\$0	\$0	\$0
Brand Drug Deductible	\$0	\$0	\$0	\$0
Max Out of Pocket (MOOP)	\$6,250	\$6,150	\$6,250	\$6,150
Primary Care Visit	\$30	\$30	\$30	\$30
Specialist Visit	\$50	\$50	\$50	\$50
Imaging (CT/PET Scans, MRIs)	\$250	\$250	Coinsurance	Coinsurance
Laboratory Tests	\$30	\$30	\$30	\$30
MH: Outpatient	\$30	\$30	\$30	\$30
Home Health Care	\$30	\$30	Coinsurance	Coinsurance
OP Rehab/Speech and OP Occ	\$30	\$30	\$30	\$30
Outpatient and OP Professional Services	\$600	\$600	Coinsurance	Coinsurance
Durable Medical Equipment	Coinsurance	Coinsurance	Coinsurance	Coinsurance
Urgent Care	\$60	\$60	\$60	\$60
X-rays and Diagnostic Imaging	\$50	\$50	\$50	\$50
Generics	\$15	\$15	\$15	\$15
ER Services	\$250	\$250	\$250	\$250
Inpatient Services: Facility	\$600/day up to 5 days	\$600/day up to 5 days	Coinsurance	Coinsurance
Inpatient Services: Physician/Surgeon			Coinsurance	Coinsurance
MH: Inpatient	\$600/day up to 5 days	\$600/day up to 5 days	Coinsurance	Coinsurance
Skilled Nursing Facility	\$300/day up to 5 days	\$300/day up to 5 days	Coinsurance	Coinsurance
Preferred Brand Drugs	\$50	\$50	\$50	\$50
Non-preferred Brand Drugs	\$70	\$70	\$70	\$70
Specialty Drugs	Coinsurance	Coinsurance	Coinsurance	Coinsurance
2016 Actuarial Value	81.35	81.57	81.15	81.46

PLATINUM PLAN DESIGNS

Propose keeping current plan designs

	Current Platinum Copay	Current Platinum Coins
Coinsurance (what consumer pays when the word coinsurance is listed)	10%	10%
Deductible	\$0	\$0
Brand Drug Deductible	\$0	\$0
Max Out of Pocket (MOOP)	\$4,000	\$4,000
Primary Care Visit	\$20	\$20
Specialist Visit	\$40	\$40
Imaging (CT/PET Scans, MRIs)	\$150	Coinsurance
Laboratory Tests	\$20	\$20
MH: Outpatient	\$20	\$20
Home Health Care	\$20	Coinsurance
OP Rehab/Speech and OP Occ	\$20	\$20
Outpatient and OP Professional Serv	\$250	Coinsurance
Durable Medical Equipment	Coinsurance	Coinsurance
Urgent Care	\$40	\$40
X-rays and Diagnostic Imaging	\$40	\$40
Generics	\$5	\$5
ER Services	\$150	\$150
Inpatient Services: Facility	250/day up to 5 days	Coinsurance
Inpatient Services: Physician/Surgeon		Coinsurance
MH: Inpatient	\$250/day up to 5 days	Coinsurance
Skilled Nursing Facility	\$150/day up to 5 days	Coinsurance
Preferred Brand Drugs	\$15	\$15
Non-preferred Brand Drugs	\$25	\$25
Specialty Drugs	Coinsurance	Coinsurance
2016 Actuarial Value	88.85	88.59

NEXT STEPS

Topic	Next Step / Deliverable	Responsible	Delivery Date
Benefit Display	Discussion on making display and understanding of benefits as clear as possible for consumers	Plan Advisory Meeting	January 16th
AV Calculations	Detailed Actuarial Review with Milliman (Concurrent with Board review)	Covered California	January
Regulatory Discussion: Specialty Drugs	Plan design considerations: Make certain specialty drug cost sharing is consistent with change related to possible discrimination	Covered California	January
Regulatory Discussion: Mental Health parity	<ul style="list-style-type: none"> • Meeting MH Parity rules • Potential/Implication of MH/SUB Outpatient sub-classification (Office visits and Other Outpatient) 	Covered California	Final regulatory review is not expected to be complete until Mid/Late Jan