

PROPOSED 2018 PATIENT-CENTERED BENEFIT PLAN DESIGNS: CHANGES FROM 2017 TO 2018**

Benefit	Platinum Coins		Platinum Cop		Gold Coins		Gold Copay		Silver		Silver 73		Silver 87		Silver 94		CCSB Silver Coin		CCSB Silver Cop		Silver HDHP		Bronze		Bronze HDHP		
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	
Deductible																											\$4,800
Medical Deductible									\$2,500		\$2,200		\$650		\$75		\$2,000		\$2,000							\$6,300	
Drug Deductible									\$130		\$130		\$50		\$0		\$125		\$125							\$500	
Coinsurance (Member)		10%		10%		20%		20%		20%		20%		15%		10%		20%		20%		20%		100%		40%	
MOOP		\$3,350		\$3,350		\$6,000		\$6,000		\$7,000		\$5,850		\$2,450		\$1,000		\$7,000		\$7,000		\$6,550		\$7,000		\$6,550	
ED Facility Fee		\$150		\$150		\$325		\$325		\$350		\$350		\$100		\$50		\$350		\$350	X	20%	X	100%	X	40%	
Inpatient Facility Fee		10%		\$250		20%		\$600	X	20%	X	20%	X	15%	X	10%	X	20%	X	20%	X	20%	X	100%	X	40%	
Inpatient Physician Fee		10%		---		20%		---	X	20%	X	20%	X	15%	X	10%	X	20%	X	20%	X	20%	X	100%	X	40%	
Primary Care Visit		\$15		\$15		\$25		\$25		\$35		\$30		\$10		\$5		\$45		\$45	X	20%	X	\$75	X	40%	
Specialist Visit		\$30		\$30		\$55		\$55		\$75		\$75		\$25		\$8		\$75		\$75	X	20%	X	\$105	X	40%	
MH/SU Outpatient Services		\$15		\$15		\$25		\$25		\$35		\$30		\$10		\$5		\$45		\$45	X	20%	X	\$75	X	40%	
Imaging (CT/PET Scans, MRIs)		10%		\$75		20%		\$275		\$300		\$300		\$100		\$50		20%		20%	X	20%	X	100%	X	40%	
Speech Therapy		\$15		\$15		\$25		\$25		\$35		\$30		\$10		\$5		\$45		\$45	X	20%		\$75	X	40%	
Occupational and Physical Therapy		\$15		\$15		\$25		\$25		\$35		\$30		\$10		\$5		\$45		\$45	X	20%		\$75	X	40%	
Laboratory Services		\$15		\$15		\$35		\$35		\$35		\$35		\$15		\$8		\$40		\$40	X	20%		\$40	X	40%	
X-rays and Diagnostic Imaging		\$30		\$30		\$55		\$55		\$75		\$75		\$25		\$8		\$70		\$70	X	20%	X	100%	X	40%	
Skilled Nursing Facility		10%		\$150		20%		\$300	X	20%	X	20%	X	15%	X	10%	X	20%	X	20%	X	20%	X	100%	X	40%	
Outpatient Facility Fee		10%		\$100		20%		\$300		20%		20%		15%		10%		20%		20%	X	20%	X	100%	X	40%	
Outpatient Physician Fee		10%		\$25		20%		\$40		20%		20%		15%		10%		20%		20%	X	20%	X	100%	X	40%	
Tier 1 (Generics)		\$5		\$5		\$15		\$15	X	\$15	X	\$15		\$5		\$3	X	\$15	X	\$15	X	20%	X	100%	X	40%	
Tier 2 (Preferred Brand)		\$15		\$15		\$55		\$55	X	\$55	X	\$50	X	\$20		\$10	X	\$55	X	\$55	X	20%	X	100%	X	40%	
Tier 3 (Nonpreferred Brand)		\$25		\$25		\$75		\$75	X	\$80	X	\$75	X	\$35		\$15	X	\$85	X	\$85	X	20%	X	100%	X	40%	
Tier 4 (Specialty)		10%		10%		20%		20%	X	20%	X	20%	X	15%		10%	X	20%	X	20%	X	20%	X	100%	X	40%	
Tier 4 Maximum Coinsurance		\$250		\$250		\$250		\$250		\$250		\$250		\$150		\$150		\$250		\$250		\$250*		\$500*		\$500	
Maximum Days for charging IP copay				5				5																			
Begin PCP deductible after # of copays																								3 visits			
Actuarial Value (2018 AVC)		91.23		88.11		81.85		78.40		71.90		73.88		87.88		93.94		71.85		71.42		71.66		60.75		61.38	
Baseline AV (2018 AVC)		90.16		85.51		81.02		76.75		73.21		75.65		88.06		90.68		72.89		72.45		71.66		61.19		61.38	
Actuarial Value (2017)		89.72		90.28		80.86		81.23		71.53		73.67		87.48		94.12		71.56		71.25		71.31		61.93		61.96	

KEY:	X	Subject to deductible
	*	Drug cap applies to all drug tiers
		Increased member cost from 2017
		Decreased member cost from 2017
		Does not meet AV
		Within .5 of de minimis
	Securely within AV	

**This table presents a side-by-side comparison of the cost-shares for the majority of the benefit service types across metal tiers, with increases or decreases to cost-shares highlighted. Please refer to the files titled "Proposed Covered CA 2018 Patient-Centered Benefit Plan Designs_10.0 EHB_2017 03 14" and "Proposed Covered CA 2018 Patient-Centered Benefit Plan Designs_9.5 EHB_2017 03 14" for the proposed benefit designs for 2018.