# PROPOSED 2020 PATIENT-CENTERED BENEFIT PLAN DESIGNS

| Benefit | Platinum Coins | | Platinum Cop | | Individual-only Gold Coinsurance | | Individual-only Gold Copay | | CCSB-only Gold Coins Plan | | CCSB-only Gold Copay Plan | | Individual-only Silver | | Silver 73 | | Silver 87 | | Silver 94 | | CCSB-only Silver Coinsurance | | CCSB-only Silver Copay | | CCSB-only 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 | Ded | Amount | Ded | Amount |
| Deductible | | | | | | | | | | | | | | | | | | | | | | | | | | $2,500 | | | | $6,950 |
| Medical Deductible | | | | | | | | | | $250 | | $250 | | $4,000 | | $3,700 | | $1,400 | | $75 | | $2,250 | | $2,250 | | | | $6,300 | | |
| Drug Deductible | | | | | | | | | | $0 | | $0 | | $300 | | $275 | | $100 | | $0 | | $300 | | $300 | | | | $500 | | |
| Coinsurance (Member) | | 10% | | 10% | | 20% | | 20% | | 20% | | 20% | | 20% | | 20% | | 15% | | 10% | | 20% | | 20% | | 20% | | 40% | | 100% |
| MOOP | | $4,500 | | $4,500 | | $7,850 | | $7,850 | | $7,850 | | $7,850 | | $7,850 | | $6,550 | | $2,700 | | $1,000 | | $7,850 | | $7,850 | | $6,850 | | $7,850 | | $6,950 |
| ED Facility Fee | | $150 | | $150 | | $350 | | $350 | X | $250 | X | $250 | | $400 | | $400 | | $150 | | $50 | X | $400 | X | $400 | X | 20% | X | 40% | X | 100% |
| Inpatient Facility Fee | | 10% | | $250 | | 20% | | $600 | X | 20% | X | $600 | X | 20% | X | 20% | X | 15% | X | 10% | X | 20% | X | 20% | X | 20% | X | 40% | X | 100% |
| Inpatient Physician Fee | | 10% | | --- | | 20% | | --- | X | 20% | | -- | | 20% | | 20% | | 15% | | 10% | X | 20% | | 20% | X | 20% | X | 40% | X | 100% |
| Primary Care Visit | | $15 | | $15 | | $30 | | $30 | | $25 | | $25 | | $40 | | $35 | | $15 | | $5 | | $50 | | $50 | X | 20% | X | $65 | X | 100% |
| Specialist Visit | | $30 | | $30 | | $60 | | $60 | | $50 | | $50 | | $80 | | $75 | | $25 | | $8 | | $85 | | $85 | X | 20% | X | $95 | X | 100% |
| MH/SU Outpatient Services | | $15 | | $15 | | $30 | | $30 | | $25 | | $25 | | $40 | | $35 | | $15 | | $5 | | $50 | | $50 | X | 20% | X | $65 | X | 100% |
| Imaging (CT/PET Scans, MRIs) | | 10% | | $75 | | 20% | | $275 | | 20% | | $275 | | $325 | | $325 | | $100 | | $50 | | 20% | | $300 | X | 20% | X | 40% | X | 100% |
| Speech Therapy | | $15 | | $15 | | $30 | | $30 | | $25 | | $25 | | $40 | | $35 | | $15 | | $5 | | $50 | | $50 | X | 20% | | $65 | X | 100% |
| Occupational and Physical Therapy | | $15 | | $15 | | $30 | | $30 | | $25 | | $25 | | $40 | | $35 | | $15 | | $5 | | $50 | | $50 | X | 20% | | $65 | X | 100% |
| Laboratory Services | | $15 | | $15 | | $40 | | $40 | | $25 | | $25 | | $40 | | $40 | | $20 | | $8 | | $40 | | $40 | X | 20% | | $40 | X | 100% |
| X-rays and Diagnostic Imaging | | $30 | | $30 | | $75 | | $75 | | $65 | | $65 | | $85 | | $85 | | $40 | | $8 | | $85 | | $85 | X | 20% | X | 40% | X | 100% |
| Skilled Nursing Facility | | 10% | | $150 | | 20% | | $300 | X | 20% | X | $300 | X | 20% | X | 20% | X | 15% | X | 10% | X | 20% | X | 20% | X | 20% | X | 40% | X | 100% |
| Outpatient Facility Fee | | 10% | | $100 | | 20% | | $300 | | 20% | | $300 | | 20% | | 20% | | 15% | | 10% | | 20% | | 20% | X | 20% | X | 40% | X | 100% |
| Outpatient Physician Fee | | 10% | | $25 | | 20% | | $40 | | 20% | | $40 | | 20% | | 20% | | 15% | | 10% | | 20% | | 20% | X | 20% | X | 40% | X | 100% |
| Tier 1 (Generics) | | $5 | | $5 | | $15 | | $15 | | $15 | | $15 | X | $16 | X | $16 | | $5 | | $3 | X | $17 | X | $17 | X | 20% | X | $18 | X | 100% |
| Tier 2 (Preferred Brand) | | $15 | | $15 | | $55 | | $55 | | $50 | | $50 | X | $60 | X | $55 | X | $25 | | $10 | X | $65 | X | $65 | X | 20% | X | 40% | X | 100% |
| Tier 3 (Nonpreferred Brand) | | $25 | | $25 | | $80 | | $80 | | $80 | | $80 | X | $90 | X | $85 | X | $45 | | $15 | X | $90 | X | $90 | X | 20% | X | 40% | X | 100% |
| Tier 4 (Specialty) | | 10% | | 10% | | 20% | | 20% | | 20% | | 20% | X | 20% | X | 20% | X | 15% | | 10% | X | 20% | X | 20% | X | 20% | X | 40% | X | 100% |
| Tier 4 Maximum Coinsurance | | $250 | | $250 | | $250 | | $250 | | $250 | | $250 | | $250 | | $250 | | $150 | | $150 | | $250 | | $250 | | $250* | | $500* | | |
| Maximum Days for charging IP copay | | | | 5 | | | | 5 | | | | 5 | | | | | | | | | | | | | | | | | | |
| Begin PCP deductible after # of copays | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 visits | | |
| **Actuarial Value** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2020 AV (DRAFT 2020 AVC)** | | **91.71** | | **89.07** | | **81.90** | | **78.29** | | **78.05** | | **79.65** | | **71.73†** | | **73.82†** | | **87.70†** | | **94.54** | | **70.47†** | | **70.15†** | | **71.34** | | **61.29** | | **61.97** |
| **Actuarial Value (2019)** | | **91.73** | | **88.90** | | **81.80** | | **78.06** | | **N/A** | | **N/A** | | **71.84†** | | **73.90†** | | **87.85†** | | **94.21** | | **71.90†** | | **71.57†** | | **70.47** | | **60.94** | | **61.62** |
| Additive adjustment (†) | | | | | | | | | | | | | | **0.30** | | **0.30** | | **0.10** | | | | **0.30** | | **0.30** | | | | | | |

| KEY: | | |
|---|---|---|
| | X | Subject to deductible |
| | * | Drug cap applies to all drug tiers |
| | † | Additive adjustment (included in AV) |
| | | Increased member cost from 2019 |
| | | Decreased member cost from 2019 |
| | | Does not meet AV |
| | | Within .5 of de minimis |
| | | Securely within AV |