



MEMORANDUM

TO: EXECUTIVE BOARD, HBX

FROM: MARY BETH SENKEWICZ, HBX Staff to Standard Plans Advisory Working Group

DATE: JANUARY 28, 2015

RE: REVISED BRONZE STANDARD PLAN

As reported to the Executive Board by Standard Plans Advisory Working Group chair Dr. Leighton Ku, CMS has published a new Actuarial Value (A/V) calculator for use in Plan Year 2016. The new calculator resulted in a change to the A/V of the previously-adopted Bronze standard plan that rendered the plan outside of the acceptable actuarial range. The Standard Plans Advisory Working Group met by telephone conference call on January 20, 2015. The working group recommends changing the standard Bronze plan in two places to decrease the A/V and bring it into the acceptable range: adding a \$250 Rx deductible (however, generic drugs are not subject to the deductible), and increasing the maximum out-of-pocket (MOOP) from \$6,350 to the maximum allowable, \$6,850. The Bronze plan with those changes is attached.

**Standard Plans Advisory Working Group
Draft Bronze Plan 2016 Revised 1-20-2015**

Actuarial Value		60.3 61.3%		
Individual Overall Deductible		4,500		
Other individual deductibles for specific services				
Medical		4,500		
Prescription Drugs		\$0 \$250		
Dental		\$0		
Individual Out-of-Pocket Maximum		\$6,350 \$6,850		
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	
Health Care Provider's Office or Clinic visit	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$50		
	Specialist visit	\$50		
	Preventive care/screening/immunization	\$0		
Tests	Laboratory tests	\$50	x	
	X-rays and diagnostic imaging	\$50	x	
	Imaging (CT/PET scans, MRIs)	\$500	x	
Drugs to treat Illness or Condition	Generic	\$25		
	Preferred brand	50%	x	
	Non-preferred Brand	50%	x	
	Specialty	Applicable cost shares apply 50%	x	
Outpatient Surgery	Facility fee (e.g. hospital room)	20%	x	
	Physician/Surgeon fee	20%	x	
Need Immediate Attention	Emergency room services	20%	x	
	Emergency medical transportation	0		
	Urgent Care	\$50		
Hospital Stay	Facility fee (e.g. hospital room)	20%	x	
	Physician/surgeon fee	20%	x	
Mental/Behavioral Health	M/B outpatient services	\$50		
	M/B inpatient services	20%	x	
Health, Substance Abuse needs	Substance abuse disorder outpatient services	\$50		
	Substance abuse disorder inpatient services	20%	x	
Pregnancy	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	20%	x
		Professional		x
Help recovering or other special health needs	Home health care (up to 90 visits for 4 hours per calendar yr)	\$0	x	
	Outpatient rehabilitation services	\$50	x	
	Outpatient habilitation services	\$50	x	
	Skilled nursing care	20%	x	
	Durable medical equipment	20%	x	

	Hospice services	20%	x
Child eye care	Eye exam (OD)	\$50	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0	
Child Dental Diagnostic and Preventive	Oral Exam	\$0	
	Preventive - cleaning	\$0	
	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
Child Dental Basic Services	Amalgam Fill – 1 surface	\$41	
Child Dental Major Services	Root canal - molar	\$512	
	Gingivectomy per Quad	\$279	
	Extraction – single tooth exposed root or	\$69	
	Extraction – complete bony	\$241	
	Porcelain with Metal Crown	\$523	
Child Orthodontics	Medically necessary orthodontics	\$3,422	