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MaryBeth/Andre,

We have performed the requested analysis to determine some alternatives to bring the proposed Bronze Copay plan, with the change to covering the proposed cardiovascular services and drugs at \$0 member cost sharing, within the 65% de minimis range of the AV Calculator. A few options are summarized below:

- Current Plan
  - The starting plan was the 2024 Bronze Copay plan with \$0 member cost sharing for the proposed cardiovascular services and drugs, which includes all four add-on scenarios from Whitman Walker
  - Metal AV = 65.35%
- Option 1
  - Increases the maximum out-of-pocket from \$9,150 to \$9,400 (+\$250)
  - Metal AV = 64.93%
- Option 2
  - Increases the generic drug copay from \$25 to \$30 (+\$5)
  - Metal AV = 64.75%
- Option 3
  - Increases the copay for the following service categories
    - PCP: \$45 to \$55 (+\$10)
    - Specialist: \$105 to \$125 (+\$20)
    - Office Visit Mental Health/Substance Abuse: \$45 to \$55 (+\$10)
  - Metal AV = 64.92%

The least disruption to members and to premiums is likely to come from Option 2 as it's only a \$5 increase to generic drugs. As we previously discussed, there are likely a fair amount of generic drugs with a lower cost than the current \$25 copay that would not be impacted by this proposed change (i.e., the member will pay the full cost regardless of a \$25 or \$30 copay for drugs which cost \$25 or less). If there are any questions or items you want to discuss further, please let us know.

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A business of Marsh McLennan

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