



February 5, 2021

Recommendation of the Standard Plans Advisory Working Group to the District of Columbia Health Benefit Exchange Authority

This report is submitted by the Standard Plans Advisory Working Group, chaired by Dania Palanker. The working group's charge was to modify the standard benefit plan for all metal level tiers, if necessary, to comply with the federal Actuarial Value Calculator (AVC) for Plan Year (PY) 2022.

Background

The working group had previously recommended standard benefit plans for all metal level tiers for PY 2021. Those recommendations were adopted by the Executive Board of the Health Benefit Exchange Authority (HBX) and are in effect for PY 2021.

No changes to the federal AVC were proposed in the 2022 draft AVC. Therefore, the actuarial value (AV) of the 2021 standard plans remains the same for standard plans 2022.

There was one issue on the table for discussion by the working group for PY 2022:

1. Preferred Brand Insulin and Diabetes Supplies – CareFirst BlueCross BlueShield (CareFirst) had decided to provide, in all its 2021 plans on DC Health Link, preferred brand insulin and diabetes supplies at \$0 cost-sharing. The issue for discussion was whether HBX should conform its standard plans for 2022 to the new CareFirst policy.

All of the working group's documents over two meetings, including meeting notes, can be viewed on its HBX [webpage](#).

Discussion

1. Diabetes Supplies and Preferred Brand Insulin

The working group discussed CareFirst's new policy, and the members agreed that the policy furthered desirable public good by making diabetes supplies and preferred brand insulin available to its customers at \$0 cost-sharing. This change deviates from the current standard plan requirement that preferred brand drugs have the required cost-share. There also exists the potential that any change could impact AV.

The \$0 cost-share for glucometers and preferred brand insulin has already been adopted as a 2022 Certification standard for the Gold and Silver Value Plans by the Maryland Health Benefit Exchange (MHBE), and as a participating issuer in MHBE, Kaiser Foundation Health Plan of Mid-Atlantic States, Inc. (Kaiser) will be implementing this benefit cost share for the 2022 plan year. According to the carriers, this change is de minimus, so this change does not change the AV or result in other changes to the plan.

The working group discussed that the CareFirst policy also includes supplies, not just insulin. Maryland has a requirement for the coverage of diabetes supplies. The Maryland Health Benefit Exchange requirement is limited to preferred insulin and glucometers at \$0 cost-sharing and in Maryland, the law already requires testing strips to be \$0 cost sharing unless the plan is a high-deductible health plan.

In order for standard plans to reflect the new CareFirst policy and MHBE's new Certification standard for Gold and Silver Value Plans, we would include preferred brand insulin and diabetes supplies at \$0 cost sharing.

Kaiser is prepared to implement this policy in a way that mirrors the Maryland requirement. CareFirst cautioned about getting to more granularity that is usually discussed in standard plans. The standard plans grid is higher level than what is included in the contract. CareFirst thought the working group should leave some room for interpretation on the carrier side.

The language being used in the grid was chosen because CareFirst and Kaiser use different definitions for supplies, so carriers wanted some wiggle room to use existing definitions. The primary concern is interpretation of IRS preventive services. The issue implicates IRS guidance for HSA plan rules. The guidance is not terribly specific, and carriers have interpreted it differently. Carriers prefer flexibility so they can work out coverage to ensure compliance with HSA plan rules. There are always differences in definitions and details; that is just beyond the scope of standardized cost-sharing.

A consumer representative wondered if there were other prevalent conditions where we should think about doing something similar, using hypertension as an example.

HBX staff prompted that a broader discussion on that topic would be of great interest. HBX staff then asked the working group, and the carriers in particular, to think about other types of benefits to consider for pre-deductible coverage that could address health disparity/equity issues.

Kaiser wanted to confirm that when we are talking about additional benefits, we are thinking about it for later years. HBX staff confirmed yes. Kaiser said generally it needs to know by September to make changes to plans for the following year. It would be hard time to implement additional new benefits for 2022 given the time constraints. Kaiser thought that this was something to think about for next year. Kaiser also noted that HBX has another working group that has just started that is looking at Social Justice and Health Disparities and maybe this is a topic they should consider as well.

With regard to insulin, the working group agreed that there is consensus to mirror what is happening in Maryland, and to provide diabetes supplies, as defined by the carrier, and preferred brand insulin, at \$0 cost-sharing.

Consensus: Recommend that starting in Plan Year 2022, preferred brand insulin, and diabetes supplies, as defined by the carrier, be provided at \$0 cost-sharing in all standard plans as allowed by law.

Recommendation

Over the course of the meetings, the working group reached consensus to recommend amendments to the 2021 standard plans as noted above and reflected in the attached displays for PY 2022. (Attachment)

Working Group Members

The Standard Plans Advisory Working Group is comprised of representatives from qualified health plans, consumer groups and trade associations. Two meetings were held, on January 25 and February 4, 2021 by conference call/Webex. The consensus recommendation was reached over the course of the meetings.

Dania Palanker, Chair	Georgetown
Dave Chandrasekaran	DC Health Link Consumer
Kris Hathaway	America’s Health Insurance Plans
Cheryl Fish-Parcham	Families USA
Robert Metz, Jennifer Storm	CareFirst
Allison Mangiaracino, Denise Barton, Theresa Young	Kaiser Permanente
Staff Advisors & Support	
Mary Beth Senkewicz, Jennifer Libster	HBX
Howard Liebers	DISB
Tammy Tomczyk, Corryn Brown	Oliver Wyman

**Standard Plans Advisory Working Group
Platinum Plan ~~2021~~2022**

Attachment

Actuarial Value		88.99%	
Individual Overall Deductible		\$0	
Other individual deductibles for specific services			
Medical		\$0	
Prescription Drugs		\$0	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$2,000	
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	\$20	
	Specialist visit	\$40	
	Preventive care/screening/immunization	\$0	
Tests	Laboratory tests	\$20	
	X-rays and diagnostic imaging	\$40	
	Imaging (CT/PET scans, MRIs)	\$150	
Drugs to treat Illness or Condition*	Generic	\$5	
	Preferred brand	\$15	
	Non-preferred Brand	\$25	
	Specialty	\$100	
Outpatient Surgery	Facility fee (e.g. hospital room)	\$250	
	Physician/Surgeon fee		
Outpatient Non-surgical Clinic Visit**	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75	
Need Immediate Attention	Emergency room services (waived if admitted)	\$150	
	Emergency medical transportation	\$150	
	Urgent Care	\$40	
Hospital Stay	Facility fee (e.g. hospital room)	\$250 per day up to 5 days	
	Physician/surgeon fee		
Mental/Behavioral Health	M/B office visits	\$20	
	M/B outpatient services	\$20	
	M/B inpatient services	\$250 per day up to 5 days	
Health, Substance Abuse needs	Substance abuse disorder office visits	\$20	
	Substance abuse disorder outpatient services	\$20	
	Substance abuse disorder inpatient services	\$250 per day up to 5 days	
Pregnancy	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	Hospital	\$250 per day up to 5 days
Professional			

*Diabetes supplies, as defined by the carrier, and preferred brand insulin are provided with no cost-sharing.

**Copay may not apply in a staff model HMO setting

Help recovering or other special health needs	Home health care	\$20	
	Outpatient rehabilitation services	\$20	
	Outpatient habilitation services	\$20	
	Skilled nursing care	\$150 per day up to 5 days	
	Durable medical equipment	10%	
	Hospice services	\$0	
Child eye care	Eye exam	\$0	
	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	
	Space Maintainers – Fixed	\$0	
Child Dental Basic Services	Amalgam Fill – 1 surface	\$25	
Child Dental Major Services	Root canal – molar	\$300	
	Gingivectomy per Quad	\$150	
	Extraction – single tooth exposed root or	\$65	
	Extraction – complete bony	\$160	
	Porcelain with Metal Crown	\$300	
Child Orthodontics	Medically necessary orthodontics	\$1,000	

**D.C. Health Benefit Exchange
Standard Plans Advisory Working Group
Gold Plan ~~2021~~2022**

Actuarial Value		81.95%	
Individual Overall Deductible		\$0	
Other individual deductibles for specific services			
Medical		\$500	
Prescription Drugs		\$0	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$4,950	
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	\$25	
	Specialist visit	\$50	
	Preventive care/screening/immunization	\$0	
Tests	Laboratory tests	\$30	
	X-rays and diagnostic imaging	\$50	
	Imaging (CT/PET scans, MRIs)	\$250	
Drugs to treat Illness or Condition*	Generic	\$15	
	Preferred brand	\$50	
	Non-preferred Brand	\$70	
	Specialty	\$150	
Outpatient Surgery	Facility fee (e.g. hospital room)	\$600	
	Physician/Surgeon fee		
Outpatient Non-Surgical Clinic Visit**	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75	
Need Immediate Attention	Emergency room services (waived if admitted)	\$300	
	Emergency medical transportation	\$300	
	Urgent Care	\$60	
Hospital Stay	Facility fee (e.g. hospital room)	\$600 per day up to 5 days	X
	Physician/surgeon fee		X
Mental/Behavioral Health	M/B office visits	\$25	
	M/B outpatient services	\$25	
	M/B inpatient services	\$600 per day up to 5 days	X
Substance Abuse needs	Substance abuse disorder office visits	\$25	
	Substance abuse disorder outpatient services	\$25	
	Substance abuse disorder inpatient services	\$600 per day up to 5 days	X
Pregnancy	Prenatal care and preconception services		\$0
	Delivery and all inpatient services	Hospital	\$600 per day up to 5 days
		Professional	

*Diabetes supplies, as defined by the carrier, and preferred brand insulin are provided with no cost-sharing.

**Copay may not apply in staff model HMO setting.

Help recovering or other special health needs	Home health care	\$30	
	Outpatient rehabilitation services	\$30	
	Outpatient habilitation services	\$30	
	Skilled nursing care	\$300 per day up to 5 days	
	Durable medical equipment	20%	
	Hospice services	\$0	
Child eye care	Eye exam	\$0	
	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	
	Space Maintainers – Fixed	\$0	
Child Dental Basic Services	Amalgam Fill – 1 surface	\$25	
Child Dental Major Services	Root canal – molar	\$300	
	Gingivectomy per Quad	\$150	
	Extraction – single tooth exposed root or	\$65	
	Extraction – complete bony	\$160	
	Porcelain with Metal Crown	\$300	
Child Orthodontics	Medically necessary orthodontics	\$1,000	

Standard Plans Advisory Working Group
Silver Plan ~~2021~~2022

Actuarial Value		71.96%		
Individual Overall Deductible		\$4,250		
Other individual deductibles for specific services				
Medical		\$4,000		
Prescription Drugs		\$250		
Dental		\$0		
Individual Out-of-Pocket Maximum		\$8,250		
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	\$40		
	Specialist visit	\$80		
	Preventive care/screening/immunization	\$0		
Tests	Laboratory tests	\$60		
	X-rays and diagnostic imaging	\$80		
	Imaging (CT/PET scans, MRIs)	\$300		
Drugs to treat Illness or Condition*	Generic	\$15		
	Preferred brand	\$50	X	
	Non-preferred Brand	\$70	X	
	Specialty	\$150	X	
Outpatient Surgery	Facility fee (e.g. hospital room)	20%	X	
	Physician/Surgeon fee	20%	X	
Outpatient Non-surgical Clinic Visit**	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	20%	X	
Need Immediate Attention	Emergency room services (waived if admitted)	\$350	X	
	Emergency medical transportation	\$350	X	
	Urgent Care	\$90		
Hospital Stay	Facility fee (e.g. hospital room)	20%	X	
	Physician/surgeon fee		X	
Mental/Behavioral Health	M/B office visits	\$40		
	M/B outpatient services	\$0		
	M/B inpatient services	20%	X	
Health, Substance Abuse needs	Substance abuse disorder office visits	\$40		
	Substance abuse disorder outpatient services	\$0		
	Substance abuse disorder inpatient services	20%	X	
Pregnancy	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	20%	X
		Professional		X

*Diabetes supplies, as defined by the carrier, and preferred brand insulin are provided with no cost-sharing.

**Coinsurance may not apply in staff model HMO setting.

Help recovering or other special health needs	Home health care	\$50	
	Outpatient rehabilitation services	\$65	
	Outpatient habilitation services	\$65	
	Skilled nursing care	20%	X
	Durable medical equipment	20%	
	Hospice services	\$0	
Child eye care	Eye exam	\$0	
	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	
	Space Maintainers – Fixed	\$0	
Child Dental Basic Services	Amalgam Fill – 1 surface	\$25	
Child Dental Major Services	Root canal – molar	\$300	
	Gingivectomy per Quad	\$150	
	Extraction – single tooth exposed root or	\$65	
	Extraction – complete bony	\$160	
	Porcelain with Metal Crown	\$300	
Child Orthodontics	Medically necessary orthodontics	\$1,000	

Standard Plans Advisory Working Group
Bronze Copay Plan ~~2021~~2022

Actuarial Value		64.96%	
Individual Overall Deductible		\$8,350	
Other individual deductibles for specific services			
Medical		\$7,500	
Prescription Drugs		\$850	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$8,550	
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	\$60	
	Specialist visit	\$125	
	Preventive care/screening/immunization	\$0	
Tests	Laboratory tests	\$55	X
	X-rays and diagnostic imaging	\$80	X
	Imaging (CT/PET scans, MRIs)	\$500	X
Drugs to treat Illness or Condition*	Generic	\$25	
	Preferred brand	\$75	X
	Non-preferred Brand	\$100	X
	Specialty	\$150	X
Outpatient Surgery	Facility fee (e.g. hospital room)	40%	X
	Physician/Surgeon fee	40%	X
Outpatient Non-surgical Clinic Visit**	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	40%	X
Need Immediate Attention	Emergency room services	40%	X
	Emergency medical transportation	40%	X
	Urgent Care	\$100	
Hospital Stay	Facility fee (e.g. hospital room)	40%	X
	Physician/surgeon fee	40%	X
Mental/Behavioral Health	M/B office visits	\$60	
	M/B outpatient services	\$0	
	M/B inpatient services	40%	X
Health, Substance Abuse needs	Substance abuse disorder office visits	\$60	
	Substance abuse disorder outpatient services	\$0	
	Substance abuse disorder inpatient services	40%	X
Pregnancy	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	Hospital Professional	40%% X X

*Diabetes supplies, as defined by the carrier, and preferred brand insulin are provided with no cost-sharing.

**Coinsurance may not apply in a staff model HMO setting.

Help recovering or other special health needs	Home health care (up to 90 visits for 4 hours per calendar yr)	\$50	X
	Outpatient rehabilitation services	\$50	X
	Outpatient habilitation services	\$50	X
	Skilled nursing care	30%	X
	Durable medical equipment	30%	X
	Hospice services	30%	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	

Standard Plans Advisory Working Group
HSA Bronze Plan ~~2021~~2022

Actuarial Value		64.99%	
Individual Overall Deductible		\$6,350	
Other individual deductibles for specific services			
Medical		\$6,350	
Prescription Drugs		Integrated with Medical	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$6,900	
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	20%	X
	Specialist visit	20%	X
	Preventive care/screening/immunization	\$0	
Tests	Laboratory tests	20%	X
	X-rays and diagnostic imaging	20%	X
	Imaging (CT/PET scans, MRIs)	20%	X
Drugs to treat Illness or Condition*	Generic	20%	X
	Preferred brand	20%	X
	Non-preferred Brand	20%	X
	Specialty	20%	X
Outpatient Surgery	Facility fee (e.g. hospital room)	20%	X
	Physician/Surgeon fee	20%	X
Outpatient Non-surgical Clinic Visit**	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	20%	X
Need Immediate Attention	Emergency room services	20%	X
	Emergency medical transportation	20%	X
	Urgent Care	20%	X
Hospital Stay	Facility fee (e.g. hospital room)	20%	X
	Physician/surgeon fee	20%	X
Mental/Behavioral Health	M/B office visits	20%	X
	M/B outpatient services	20%	X
	M/B inpatient services	20%	X
Health, Substance Abuse needs	Substance abuse disorder office visits	20%	X
	Substance abuse disorder outpatient services	20%	X
	Substance abuse disorder inpatient services	20%	X
Pregnancy	Prenatal care and preconception services		\$0
	Delivery and all inpatient services	Hospital	X
		Professional	X

*Diabetes supplies, as defined by the carrier, and preferred brand insulin are provided with no cost-sharing.

**Coinsurance may not apply in a staff model HMO setting.

Help recovering or other special health needs	Home health care (up to 90 visits for 4 hours per calendar yr)	20%	X
	Outpatient rehabilitation services	20%	X
	Outpatient habilitation services	20%	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	