Standard Plans WG Call on February 14, 2020

Bronze Copay

At the last meeting it was discussed that CF and Kaiser both have Value plans in MD that have specialist visits after the deductible and this has allowed better benefits in other categories. The group decided it was worth looking at. The Value plans were alternatives in the charts prepared by OliverWyman.

Dania discussed that the Value plans embodied a shift to an integrated deductible. Was it more important to have a lower Rx deductible, with so many services after the deductible? Cheryl asked about the costs of specialists, and whether ob/gyn was a specialty that is not pre-deductible in the Value plans, and asked about the actual cost versus cost-sharing. Dania thought it would vary based on specialist/service/location. Dave noted that the copay can never exceed the actual amount. Dania noted that many specialists in DC are associated with hospitals and therefore are more expensive.

The working group also discussed the cost of generic drugs and CF noted that most were under \$20. If you make them subject to the deductible, members will pay more. The levers in the AVC make generics play a large piece in the AV calculation. It lowers the AV such that you can have lower copays.

Dania's big issue was with a major policy shift if the group went with a Value plan because of the move to an integrated deductible and specialist visits after the deductible.

CF expressed no preference for Alts 3 and 4. Kaiser agreed, noting that they have many fewer changes for the current membership. Dania favored 3 over 4, and Dave agreed and Cheryl Thought all the choices were terrible.

The group reached consensus on Alt 3.

Cheryl asked if for next year, HBX could do some consumer surveys and research to see what our customers prefer. Kaiser noted that it has done research on the preferences on which people shop, at what point is a copay less attractive than coinsurance.

Bronze HDHP

The preliminary consensus on Alt 1 was confirmed by the group.