

Senkewicz, MaryBeth E. (DCHBX)

From: Tomczyk, Tammy <Tammy.Tomczyk@oliverwyman.com>
Sent: Wednesday, January 20, 2016 3:41 PM
To: Senkewicz, MaryBeth E. (DCHBX)
Cc: Brown, Corryn
Subject: Results of Actuarial Analysis of DC Standard Plans
Attachments: DC Standard Plans - 2017 DRAFT AVC Screen Shots.xlsx

MaryBeth,

We have run the 2016 Standard Plans through the 2017 Draft AV Calculator. Attached are copies of the AV Calculator screen shots, using the 2017 Draft AV Calculator.

We have also made the necessary adjustments using our actuarial pricing model and the methodology outlined in 45 CFR 156.135(b) to account for benefits that are not accommodated by the AV Calculator. Our analysis shows the Platinum, Gold and Silver plans all fall within the *de minimus* range while the Bronze plan does not. We ran some scenarios with minor changes to the Bronze plan to give you an idea of what level of benefit changes would be needed to bring the Metal AV into the required range. Please see our summary below. The current changes are all based on out of pocket max and deductible adjustments, if preferred we could provide some scenarios with copay or coinsurance changes.

Plan (Metal)	2016 AV	2017 AVC	Final Metal AV	Target Metal AV
Platinum	0.894	0.909	0.897	0.88 - 0.92
Gold	0.787	0.814	0.809	0.78 - 0.82
Silver	0.692	0.717	0.719	0.68 - 0.72
Bronze	0.613	0.628	0.631	0.58 - 0.62
Bronze 1	Combined Deductible (\$5,000)		0.618	0.58 - 0.62
Bronze 2	OOPM \$7,150, Combined Ded (\$4,750)		0.616	0.58 - 0.62

Please let us know if you have any questions or would like to have a discussion.

Thanks
Tammy

Tammy Tomczyk, FSA, FCA, MAAA
Senior Principal and Consulting Actuary
Oliver Wyman Consulting Actuaries | 411 East Wisconsin Avenue, Suite 1300, Milwaukee, WI 53202
Phone +1 414 223 7988 | Fax +1 414 223 3112 | Cell +1 414 333 0796 | tammy.tomczyk@oliverwyman.com
Assistant: Denise Barker | +1 414 223 7983 | denise.barker@oliverwyman.com
www.oliverwyman.com | Oliver Wyman Consulting Actuaries

Please connect with me on LinkedIn: [Tammy Tomczyk](#)

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User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:			
1st Tier Utilization:		2nd Tier Utilization:	

Desired Metal Tier: **Bronze**

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$4,500.00	\$250.00	\$0.00
80.00%	50.00%	90.00%
OOP Maximum (\$)		\$2,000.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1		Tier 2		Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Subject to Deductible?	Subject to Coinsurance?	Copay, if separate	Copay, if separate
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MISA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$500.00	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Generics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$25.00	
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Name:	[Input Plan Name]
Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>	Plan HIOS ID:	[Input Plan HIOS ID]
Set a Maximum Number of Days for Changing an IP Copay?	<input type="checkbox"/>	Issuer HIOS ID:	[Input issuer HIOS ID]
# Days [1-10]:			
Begin Primary Care Cost Sharing After a Set Number of Visits?	<input type="checkbox"/>		
# Visits [1-10]:			
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>		
# Copays [1-10]:			

Calculate

Status/Error Messages:

Actual Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.
62.77%

Senkewicz, MaryBeth E. (DCHBX)

From: Rose, Brendan (DCHBX)
Sent: Thursday, January 21, 2016 1:58 PM
To: Breen, Patrick F
Cc: Tavakoli, Louisa; Rahman, Nabila; Senkewicz, MaryBeth E. (DCHBX)
Subject: RE: DC Standard Plans - IVL

Thanks for this update Patrick.

I've added MaryBeth Senkewicz from our legal team to this e-mail as she has led our Standardized Plan working group and can provide any updates and speak directly to your proposed changes.

Thanks again and talk soon,

Brendan

Brendan Rose
Assistant Director (Plan Management and Enrollment)
District of Columbia Health Benefit Exchange Authority
202-481-3552

UPDATED! [2016 DCHBX Carrier Reference Manual](#)

From: Breen, Patrick F [<mailto:Patrick.Breen@carefirst.com>]
Sent: Thursday, January 21, 2016 1:44 PM
To: Rose, Brendan (DCHBX)
Cc: Tavakoli, Louisa; Rahman, Nabila
Subject: DC Standard Plans - IVL

Hi Brendan,

Based on the current Draft 2017 AV Calculator, we ran the current Standard Plans through that Calculator and found that the \$500 Gold (HMO and PPO) and \$4,500 Bronze (HMO and PPO) plans fall out of the AV range (+/- 2%) for the metal level. Since, according to the draft calculator, changes are required, we came up with the following suggested edits to move these plans back into compliance. We greatly appreciate your consideration of these proposed changes.

BlueChoice HMO Standard Gold \$500 and BluePreferred PPO Standard Gold \$500

- Add \$150 prescription drug deductible for all brand and specialty drugs (Tiers 2-4)

BlueChoice HMO Standard Bronze \$4,500 and BluePreferred PPO Standard Bronze \$4,500

- Increase medical deductible from \$4,500 to \$5,000
- Increase drug deductible from \$250 to \$300
- Increase out-of-pocket maximum from \$6,850 to \$7,150

Please let us know if you have any questions or would like to discuss further.

Thank you,

Senkewicz, MaryBeth E. (DCHBX)

From: Tavakoli, Louisa <LOUISA.TAVAKOLI@carefirst.com>
Sent: Wednesday, January 27, 2016 1:06 PM
To: Senkewicz, MaryBeth E. (DCHBX)
Cc: Rose, Brendan (DCHBX); Breen, Patrick F; Rahman, Nabila
Subject: Re: DC Standard Plans - IVL

We will as soon as we get it back from the actuaries.

Louisa Tavakoli
Vice President, Mandates Strategy, Delivery & Oversight
CareFirst BlueCross BlueShield
[840 First Street, NE](#)
[Washington DC 20065](#)
Mailstop: OM3-815

[202-680-5922](#) (Office)
[202-744-9459](#) (Cell)

On Jan 27, 2016, at 12:15 PM, Senkewicz, MaryBeth E. (DCHBX) <marybeth.senkewicz@dc.gov> wrote:

Can you please send a screenshot of your gold and bronze A/V calculator results page? According to our consultant, only bronze is out of range. Thanks, MB

From: Senkewicz, MaryBeth E. (DCHBX)
Sent: Thursday, January 21, 2016 2:04 PM
To: Rose, Brendan (DCHBX); Breen, Patrick F
Cc: Tavakoli, Louisa; Rahman, Nabila; Senkewicz, MaryBeth E. (DCHBX)
Subject: RE: DC Standard Plans - IVL

Thanks Patrick. We are running the A/V calculator as well and will reconvene the Working Group shortly. We appreciate your suggestions. Thanks, MB

From: Rose, Brendan (DCHBX)
Sent: Thursday, January 21, 2016 1:58 PM
To: Breen, Patrick F
Cc: Tavakoli, Louisa; Rahman, Nabila; Senkewicz, MaryBeth E. (DCHBX)
Subject: RE: DC Standard Plans - IVL

Thanks for this update Patrick.

I've added MaryBeth Senkewicz from our legal team to this e-mail as she has led our Standardized Plan working group and can provide any updates and speak directly to your proposed changes.

Thanks again and talk soon,

Brendan

Brendan Rose
Assistant Director (Plan Management and Enrollment)

Cc: "Rose, Brendan (DCHBX)" <Brendan.Rose@dc.gov>, "Rahman, Nabila" <Nabila.Rahman@carefirst.com>
Subject: RE: DC Standard Plans - IVL

Hi Mary Beth,

Attached are the screenshots of our gold and bronze plans.

Specifically –

- Page 1 – Filed and approved 2016 gold plan in the 2016 AV Calculator (81.64% AV)
- Page 2 – Exact same inputs from 2016 run through the 2017 AV Calculator which results in an 82.63% AV.
- Page 3 – Our proposed alternative for the 2017 plan results in an 81.86% AV
- Page 4 – Filed and approved 2016 bronze plan in the 2016 AV Calculator (61.36% AV)
- Page 5 - Exact same inputs from 2016 run through the 2017 AV Calculator which results in an 62.77% AV.
- Page 6 - Our proposed alternative for the 2017 plan results in an 61.96% AV

All three of these runs required actuarial judgement on the Outpatient Facility/Outpatient physician rows of the AV calculator, as the calculator only permits coinsurances to be entered for these two service categories, despite the benefit design including a copay. The combined \$600 copay for facility/physician required us to apply the whole copay to the facility fee. To handle this in the AV calculator, we entered 100% in the Outpatient Surgery physician row and accounted for the whole copay in the 88% we've entered in the Outpatient Facility Fee row.

The 88% was derived by taking the \$600 OP facility fee for surgery and blending it together with our \$75 non-surgical facility copay to compute the average copay paid at OP Facility. We then took that average copay and divided it by our average cost/case for OP Facility to arrive at the 12% actuarially equivalent member-coinsurance.

Thank you for your consideration of these changes and please let us know if you would like to discuss further.

Patrick Breen, Project Manager
Mandates Strategy, Delivery and Oversight
Phone: 410-998-7213
CareFirst BlueCross BlueShield

Learn the basics of life-saving hands only CPR in 20 minutes. Visit the DC FEMS Hands on Hearts campaign at <http://handsonhearts.dc.gov> to sign up for existing classes or email hands.onhearts@dc.gov to schedule a class for your office or organization.

From: Senkewicz, MaryBeth E. (DCHBX) [<mailto:marybeth.senkewicz@dc.gov>]
Sent: Wednesday, January 27, 2016 1:16 PM
To: Tavakoli, Louisa
Cc: Rose, Brendan (DCHBX); Breen, Patrick F; Rahman, Nabila
Subject: RE: DC Standard Plans - IVL

Thanks. I forgot to add, I also need to know if they made any adjustments as mandated by the regulation (such as for copays as the calculator does not work with them. Thanks, MB

From: Tavakoli, Louisa [<mailto:LOUISA.TAVAKOLI@carefirst.com>]
Sent: Wednesday, January 27, 2016 1:06 PM
To: Senkewicz, MaryBeth E. (DCHBX)
Cc: Rose, Brendan (DCHBX); Breen, Patrick F; Rahman, Nabila
Subject: Re: DC Standard Plans - IVL

We will as soon as we get it back from the actuaries.

BlueChoice HMO Standard Gold \$500 - 2016 Calculator - Compliant

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
 - Apply Inpatient Copay per Day?
 - Apply Skilled Nursing Facility Copay per Day?
 - Use Separate OOP Maximum for Medical and Drug Spending?
 - Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: **Gold**

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization: 80%	
		2nd Tier Utilization: 20%	

Tier 1 Plan Benefit Design		Tier 2 Plan Benefit Design	
	Combined	Medical	Drug
Deductible (\$)	\$500.00		
Coinsurance (% , Insurer's Cost Share)	100.00%		
OOP Maximum (\$)	\$3,500.00		
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1		Tier 2		Tier 1	Tier 2
	Subject to Deductible?	Coinsurance?	Subject to Deductible?	Coinsurance?	Copay, if separate	Copay, if separate
Medical	<input type="checkbox"/> AI		<input type="checkbox"/> AI		<input type="checkbox"/> AI	<input type="checkbox"/> AI
Emergency Room Services	<input type="checkbox"/>		<input type="checkbox"/>		\$250.00	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSAs)	<input checked="" type="checkbox"/>		<input type="checkbox"/>		\$600.00	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>		<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>		<input type="checkbox"/>		\$30.00	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>		<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>		<input type="checkbox"/>		\$250.00	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>		<input type="checkbox"/>		\$300.00	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>		<input type="checkbox"/>		\$30.00	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>		<input type="checkbox"/>		\$30.00	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>		<input type="checkbox"/>		\$30.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>		<input type="checkbox"/>		\$50.00	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>		<input type="checkbox"/>		\$300.00	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>		<input type="checkbox"/>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	88%	<input type="checkbox"/>			
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	100%	<input type="checkbox"/>			
Drugs	<input type="checkbox"/> AI		<input type="checkbox"/> AI			
Generics	<input type="checkbox"/>		<input type="checkbox"/>		\$15.00	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>		<input type="checkbox"/>		\$50.00	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>		<input type="checkbox"/>		\$70.00	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>		<input type="checkbox"/>			

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum: _____

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10): **5**

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10): _____

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10): _____

Output

Calculate

Status/Error Messages:

Actual Value: 81.64%

Metal Tier: Gold

Calculation Successful.

81.64%

Gold

BlueChoice HMO Standard Gold \$500 - 2017 Calculator - Non-Compliant

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

Desired Metal Tier

Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Blended Network/POS Plan?	<input type="checkbox"/>
Annual Contribution Amount:			
1st Tier Utilization:		2nd Tier Utilization:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$500.00	\$0.00	
100.00%	100.00%	
OOP Maximum if Separate (\$)		
\$3,500.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1			Tier 2			Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Copay, if separate
Medical	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (excl. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	88%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Plan Description:

Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: _____
Set a Maximum Number of Days for Changing an IP Copay? <input checked="" type="checkbox"/>
Days (1-10): 5
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): _____
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): _____

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Error: Result is outside of +/- 2 percent de minimis variation.
 82.63%

DRAFT 2017 AV Calculator

BlueChoice HMO Standard Gold \$500 - 2017 Calculator - Compliant

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>	
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$500.00	\$150.00	
100.00%	100.00%	
OOP Maximum if Separate (\$) \$3,500.00		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

Click Here for Important Instructions

Type of Benefit	Tier 1			Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Copay, if separate
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	\$600.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>	\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>	\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	<input checked="" type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>	\$30.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	\$300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	80%	
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	100%	
Drugs	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>	\$70.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>	Plan Description:
Set a Maximum on Specialty Rx Coinsurance Maximum:	<input type="checkbox"/>	Name:
Set a Maximum Number of Days for Charging an IP Copay? <input checked="" type="checkbox"/>	5	Plan HIOS ID: [Input Plan HIOS ID]
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>		Issuer HIOS ID: [Input Issuer HIOS ID]
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>		
# Copays (1-10):		

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.68%
 Metal Tier: Gold

DRAFT 2017 AV Calculator

BlueChoice HMO Standard Bronze \$4,500 - 2016 Calculator - Compliant

- User Inputs for Plan Parameters
- Use Integrated Medical and Drug Deductible?
 - Apply Inpatient Copay per Day?
 - Apply Skilled Nursing Facility Copay per Day?
 - Use Separate OOP Maximum for Medical and Drug Spending?
 - Indicate if Plan Meets CSR Standard?
- Desired Metal Tier: Bronze

HSA/HRA Options	Narrow Network Options
HSA/HRA Employer Contribution? <input type="checkbox"/>	Blended Network/POS Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 80%
	2nd Tier Utilization: 20%

Tier 1 Plan Benefit Design		Tier 2 Plan Benefit Design	
Medical	Drug	Medical	Drug

Deductible (\$)	\$4,500.00	Combined
Coinsurance (% Insurer's Cost Share)	80.00%	50.00%
OOP Maximum (\$)	\$6,850.00	

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Type of Benefit	Tier 1		Tier 2		Tier 1 Copay applies only after deductible?	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Subject to Deductible?	Subject to Coinsurance?		
Medical	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI	<input type="checkbox"/> AI
Generics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e., high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options for Additional Benefit Design Limits:	Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/> Specialty Rx Coinsurance Maximum: _____ Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/> # Days (1-10): _____ Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/> # Visits (1-10): _____ Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/> # Copays (1-10): _____					

Output	Calculate
Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.36%
Metal Tier:	Bronze

BlueChoice HMO Standard Bronze \$4,500 - 2017 Calculator - Non-Compliant

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution? <input type="checkbox"/>		Blended Network/POS Plan? <input type="checkbox"/>	
Annual Contribution Amount:			
1st Tier Utilization:		2nd Tier Utilization:	

Desired Metal Tier

Bronze

Tier 1 Plan Benefit Design	
Medical	Drug Combined
\$4,500.00	\$250.00
80.00%	50.00%
OOP Maximum if Separate (\$)	
\$6,850.00	

Tier 2 Plan Benefit Design	
Medical	Drug Combined

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Type of Benefit	Tier 1			Tier 2		
	Subject to Deductible?	Subject to Coinsurance?	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Copay, if separate
Medical	<input type="checkbox"/> All <input type="checkbox"/> AB	<input type="checkbox"/> All <input type="checkbox"/> AB		<input checked="" type="checkbox"/> All <input type="checkbox"/> AB	<input checked="" type="checkbox"/> All <input type="checkbox"/> AB	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Drugs*	<input type="checkbox"/> All <input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> All <input type="checkbox"/>	<input checked="" type="checkbox"/>	
Generics	<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: _____
Set a Maximum Number of Days for Changing an IP Copay? <input type="checkbox"/>
Days (1-10): _____
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): _____
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): _____

Output

Calculate

Status/Error Messages:
 Actuarial Value: _____
 Metal Tier: _____

Error: Result is outside of +/- 2 percent de minimis variation.
 62.77%

DRAFT 2017 AV Calculator

BlueChoice HMO Standard Bronze \$4,500 - 2017 Calculator - Compliant

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?

Desired Metal Tier: Bronze

<input type="checkbox"/> HSA/HRA Options	<input type="checkbox"/> Narrow Network Options
<input type="checkbox"/> HSA/HRA Employer Contribution?	<input type="checkbox"/> Blended Network/PDS Plan?
Annual Contribution Amount:	
1st Tier Utilization: 2nd Tier Utilization:	

Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
Medical	Drug	Combined	Medical	Drug	Combined
\$5,000.00	\$300.00	\$1,200.00			
80.00%	50.00%	100.00%			
\$7,150.00		\$5,700.00			

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Type of Benefit	Tier 1			Tier 2			Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?
Emergency Room Services	<input checked="" type="checkbox"/> AI	<input type="checkbox"/> AI		<input checked="" type="checkbox"/> AI	<input type="checkbox"/> AI			<input type="checkbox"/> AI
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Mental/Behavioral Health and Substance Abuse Disorder	<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Drugs*	<input checked="" type="checkbox"/> AI	<input type="checkbox"/> AI		<input checked="" type="checkbox"/> AI	<input type="checkbox"/> AI			<input type="checkbox"/> AI
Genetics	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Plan Description:
 Name: [Input Plan Name]
 Plan HIOS ID: [Input Plan HIOS ID]
 Issuer HIOS ID: [Input Issuer HIOS ID]

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-30): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="text"/>

Output

Status/Error Messages:
 Actual Value:
 Metal Tier:
 Calculation Successful.
 61.96%
 Bronze

DRAFT 2017 AV Calculator

Senkewicz, MaryBeth E. (DCHBX)

From: Tomczyk, Tammy <Tammy.Tomczyk@oliverwyman.com>
Sent: Monday, February 01, 2016 5:35 PM
To: Senkewicz, MaryBeth E. (DCHBX)
Subject: RE: DC Standard Plans - IVL

MaryBeth,

For the Bronze plan we are inputting values into the AVC and coming up with the same starting AV as CareFirst.

For the Gold plan, we are inputting 80% coinsurance whereas CareFirst is inputting 100% coinsurance. We chose 80% because those services under the Gold plan that are subject to coinsurance (e.g., DME, specialty drugs) have 80% coinsurance. Therefore, we have a different starting base AV, prior to any actuarial adjustments. In both our approach and CareFirst's approach the Gold plan requires additional actuarial adjustments due to the OP surgery copay as the AVC cannot accommodate an OP surgery copay, it can only accommodate deductible/coinsurance for OP Surgery. CareFirst chose to adjust the inputs to the AVC by inputting an actuarially equivalent coinsurance for OP surgery. We chose to run OP Surgery in the AVC as deductible/coinsurance (which the model can accommodate) and then use our commercial pricing model to calculate the impact of changing the OP Surgery benefit from deductible/coinsurance to a \$600 copay. Both of these methods are allowed by regulation. However, we note that in the email below CareFirst indicates that they calculate the actuarial equivalent coinsurance by "taking the \$600 OP facility fee for surgery and blending it together with our \$75 non-surgical facility copay to compute the average copay paid at OP Facility." We are not sure where the \$75 non-surgical facility copay is coming from as the benefit grid we have does not show such a copay.

Can you confirm that we have the correct plans? We are using these from the link that you forwarded to us at the outset. Are we mis-understanding the standard benefits and overlooking a \$75 non-surgical facility copay on the Gold plan somewhere?

<http://hbx.dc.gov/sites/default/files/dc/sites/hbx/publication/attachments/Standard%20Plans%20final%20approved%202016%20br%20rev%20ded.pdf>

Thanks
Tammy

From: Senkewicz, MaryBeth E. (DCHBX) [mailto:marybeth.senkewicz@dc.gov]
Sent: Monday, February 01, 2016 2:47 PM
To: Tomczyk, Tammy
Subject: Fwd: DC Standard Plans - IVL

Please let me know what you think. Thanks MB

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----

From: "Breen, Patrick F" <Patrick.Breen@carefirst.com>
Date: 02/01/2016 3:24 PM (GMT-05:00)
To: "Senkewicz, MaryBeth E. (DCHBX)" <marybeth.senkewicz@dc.gov>, "Tavakoli, Louisa" <LOUISA.TAVAKOLI@carefirst.com>

Senkewicz, MaryBeth E. (DCHBX)

From: Tomczyk, Tammy <Tammy.Tomczyk@oliverwyman.com>
Sent: Tuesday, February 09, 2016 11:54 AM
To: Senkewicz, MaryBeth E. (DCHBX)
Cc: Brown, Corryn
Subject: Options for Standard Bronze Plan
Attachments: Bronze Options Summary - Send to DCHBX.xlsx

MaryBeth,

Again I am sorry for the delay in getting these to you. As mentioned yesterday we are seeing some counterintuitive results from the 2017 AV Calculator (AVC) at plans with higher deductibles and OOP maximums, due to the lack of granularity in the data underlying the AVC at higher cost levels. For example, we are finding plans where we increase the deductible (which should lower the AV) but are seeing that the value produced by the AVC increases. We have been reviewing/researching how we should be handling these situations as well as adjusting for benefits not compatible with the calculator.

As previously discussed, while CareFirst believes the standard Gold plan fails under the 2017 AVC, we are not sure why they indicate they need to make an adjustment for a "\$75 non-surgical facility copay" as we don't see such a copay in the benefit grid. You confirmed you are also not sure what this is in reference to. Therefore, in our opinion the 2016 Platinum, Gold and Silver plans continue to pass under the 2017 AVC.

In our opinion, the current Bronze plan does not pass under the 2017 AVC. While combining the medical and drug deductibles would help to reduce the AV significantly and reduce or eliminate the need to increase the combined deductible and the OOP maximum, we followed your guidance and maintained separate medical and drug deductibles. When examining higher cost sharing plans, such as Bronze plans, changes in deductibles and OOP maximums need to be more significant in order to reduce the AV. This is because a large portion of the population has claims that fall below these high deductibles, and increasing a deductible only impacts the small portion of individuals with claims at or above such a deductible. This leads to us having to make changes to deductibles and OOP maximums of several hundred dollars in some cases in order to reduce the AV to a level that passes.

The attached Excel file contains detailed benefit outlines for three alternate Bronze plans that, in our opinion, would pass under the 2017 AVC. For each alternate Bronze plan we have highlighted the cells for benefits that would change relative to the current Bronze plan.

The table below summarizes our analyses:

Plan (Metal)	2016 AV	2017 AVC	Final Metal AV	Target Metal AV
Platinum	0.8940	0.9089	0.8969	0.88 - 0.92
Gold	0.7870	0.8136	0.8079	0.78 - 0.82
Silver	0.6920	0.7172	0.7172	0.68 - 0.72
Bronze	0.6130	0.6277	0.6277	0.58 - 0.62
Bronze A	Med Ded: \$4,750; OOPM: \$7,150		0.6199	0.58 - 0.62
Bronze B	Drug Ded: \$500; OOPM: \$7,150		0.6196	0.58 - 0.62
Bronze C	Med Ded: \$5,000; Drug Ded: \$300; OOPM: \$7,150; imaging Copay \$450		0.6200	0.58 - 0.62

As you look through these alternates, please let us know if you have any questions. We have started on the actuarial certification documentation so once you select a final Bronze plan we should be able to turn that around to you pretty quickly.

Thanks
Tammy

Tammy Tomczyk, FSA, FCA, MAAA

Senior Principal and Consulting Actuary

Oliver Wyman Consulting Actuaries | 411 East Wisconsin Avenue, Suite 1300, Milwaukee, WI 53202

Phone +1 414 223 7988 | Fax +1 414 223 3112 | Cell +1 414 333 0796 | tammy.tomczyk@oliverwyman.com

Assistant: Denise Barker | +1 414 223 7983 | denise.barker@oliverwyman.com

www.oliverwyman.com | Oliver Wyman Consulting Actuaries

Please connect with me on LinkedIn: [Tammy Tomczyk](#)

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Original Bronze Plan		Bronze Option A		Bronze Option B		Bronze Option C		
Actuarial Value	61.30%	61.89%	61.96%	62.00%	62.00%	62.00%	62.00%	
Individual Overall Deductible	\$4,500	\$5,000	\$5,000	\$5,300	\$5,300	\$5,300	\$5,300	
Other Individual Deductibles for specific services								
Individual Out-of-Pocket Maximum	\$6,850	\$7,150	\$7,150	\$7,150	\$7,150	\$7,150	\$7,150	
Common Medical Event	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Health Care Provider's Office or Clinic visit	\$50		\$50		\$50		\$50	
Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$50		\$50		\$50		\$50	
Specialist visit	\$50		\$50		\$50		\$50	
Preventive care/screening/immunization	\$0		\$0		\$0		\$0	
Laboratory tests	\$50	x	\$50	x	\$50	x	\$50	x
X-rays and diagnostic imaging	\$50	x	\$50	x	\$50	x	\$50	x
Imaging (CT/PET scans, MRIs)	\$500	x	\$500	x	\$500	x	\$500	x
Generic	\$25		\$25		\$25		\$25	
Preferred brand	50%	x	50%	x	50%	x	50%	x
Non-preferred brand	50%	x	50%	x	50%	x	50%	x
Specialty	50%	x	50%	x	50%	x	50%	x
Facility fee (e.g. hospital room)	20%	x	20%	x	20%	x	20%	x
Physician/surgeon fee	20%	x	20%	x	20%	x	20%	x
Emergency room services	20%	x	20%	x	20%	x	20%	x
Emergency medical transportation	0		0		0		0	
Urgent Care	\$50		\$50		\$50		\$50	
Facility fee (e.g. hospital room)	20%	x	20%	x	20%	x	20%	x
Physician/surgeon fee	20%	x	20%	x	20%	x	20%	x
M/B outpatient services	\$50		\$50		\$50		\$50	
M/B inpatient services	20%	x	20%	x	20%	x	20%	x
Substance abuse disorder outpatient services	\$50		\$50		\$50		\$50	
Substance abuse disorder inpatient services	20%	x	20%	x	20%	x	20%	x
Prenatal care and preconception services	\$0		\$0		\$0		\$0	
Delivery and all inpatient services	20%	x	20%	x	20%	x	20%	x
Hospital Professional								
Home health care (up to 90 visits for 4 hours per calendar yr)	\$0		\$0		\$0		\$0	
Outpatient rehabilitation services	\$50	x	\$50	x	\$50	x	\$50	x
Outpatient habilitation services	\$50	x	\$50	x	\$50	x	\$50	x
Skilled nursing care	20%	x	20%	x	20%	x	20%	x
Durable medical equipment	20%	x	20%	x	20%	x	20%	x
Hospice services	20%	x	20%	x	20%	x	20%	x
Eye exam (OD)	\$50		\$50		\$50		\$50	
1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0		\$0		\$0		\$0	
Oral Exam	\$0		\$0		\$0		\$0	
Preventive - cleaning	\$0		\$0		\$0		\$0	
Preventive - x-ray	\$0		\$0		\$0		\$0	
Sealants per tooth	\$0		\$0		\$0		\$0	
Topical fluoride application	\$0		\$0		\$0		\$0	
Amalgam Fill - 1 surface	\$41		\$41		\$41		\$41	
Root canal - molar	\$512		\$512		\$512		\$512	
Gingivectomy per Quad	\$279		\$279		\$279		\$279	
Extraction - single tooth exposed root or	\$69		\$69		\$69		\$69	
Extraction - complete bony	\$241		\$241		\$241		\$241	
Porcelain with Metal Crown	\$523		\$523		\$523		\$523	
Medically necessary orthodontics	\$3,422		\$3,422		\$3,422		\$3,422	

Standard Plans Advisory Working Group
Draft Platinum Plan 2016

Actuarial Value		89.40%	
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		
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 outpatient services	\$20	
	M/B inpatient services	\$250 per day up to 5 days	
Health, Substance Abuse needs	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	
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	

Standard Plans Advisory Working Group
~~Draft~~ Silver Plan 2016

Attachment Three

Actuarial Value		69.2%	
Individual Overall Deductible		N/A	
Other individual deductibles for specific services			
Medical		\$2,000	
Prescription Drugs		\$250	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$6,250	
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	\$25	
	Specialist visit	\$50	
	Preventive care/screening/immunization	\$0	
Tests	Laboratory tests	\$45	
	X-rays and diagnostic imaging	\$65	
	Imaging (CT/PET scans, MRIs)	\$250	
Drugs to treat Illness or Condition	Generic	\$15	
	Preferred brand	\$50	X
	Non-preferred Brand	\$70	X
	Specialty	20%	X
Outpatient Surgery	Facility fee (e.g. hospital room)	20%	X
	Physician/Surgeon fee	20%	X
Need Immediate Attention	Emergency room services (waived if admitted)	\$250	X
	Emergency medical transportation	\$250	X
	Urgent Care	\$90	
Hospital Stay	Facility fee (e.g. hospital room)	20%	X
	Physician/surgeon fee		X
Mental/Behavioral Health	M/B outpatient services	\$25	
	M/B inpatient services	20%	X
Health, Substance Abuse needs	Substance abuse disorder outpatient services	\$25	
	Substance abuse disorder inpatient services	20%	X
Pregnancy	Prenatal care and preconception services		\$0
	Delivery and all inpatient services	Hospital	20%
		Professional	
Help recovering or other special health needs	Home health care	\$45	
	Outpatient rehabilitation services	\$45	
	Outpatient habilitation services	\$45	
	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
~~Plan~~ Bronze Plan 2016

Attachment Four

Actuarial Value		61.3%	
Individual Overall Deductible		\$4,750	
Other individual deductibles for specific services			
Medical		\$4,500	
Prescription Drugs		\$250	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$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	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 Professional	20%
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	

**D.C. Health Benefit Exchange
Standard Plans Advisory Working Group
New Recommendation Draft Gold Plan 2016**

Final

Actuarial Value		78.7%		
Individual Overall Deductible		\$0		
Other individual deductibles for specific services				
Medical		\$500		
Prescription Drugs		\$0		
Dental		\$0		
Individual Out-of-Pocket Maximum		\$3,500		
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	20%		
Outpatient Surgery	Facility fee (e.g. hospital room)	\$600		
	Physician/Surgeon fee			
Need Immediate Attention	Emergency room services (waived if admitted)	\$250		
	Emergency medical transportation	\$250		
	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 outpatient services	\$25		
	M/B inpatient services	\$600 per day up to 5 days	X	
Substance Abuse needs	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	X
		Professional		X
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	