

## Consumer-Centered Plans FAQs

### What are consumer-centered plans?

Consumer-centered plans are a type of qualified health plan that allow Washingtonians to reduce their overall cost, better budget for their healthcare needs and get more value from their insurance coverage.

These plans would be offered by all Exchange insurers and have a standard cost-sharing design, meaning they have the same deductible, co-pays, and co-insurance for medical services, and offer the same services before the deductible, no matter which carrier is offering it. Consumers can more easily and accurately compare plans based on premium price, provider networks, customer service, and quality.

### How do consumer-centered plans help Washingtonians?

These plans benefit consumers by:

- Lowering deductibles
- Improving access to pre-deductible, evidenced-based services across insurers
- Providing transparent, predictable cost-sharing
- Increasing the value of the federal premium subsidies

We've heard from Exchange customers that rising premiums and deductibles, coupled with changing plan designs and terms like coinsurance (e.g., 20% of what price?) make them question the value of having insurance. Customer-centered plans offer access to a uniform set of clearly defined essential services.

### How do consumer-centered plans impact premiums?

An actuarial analysis conducted by Wakely Consulting for the Exchange found that implementing consumer-centered plans would curb the rising trend in premiums. The report found that premiums wouldn't increase more 3.5% increase (full report findings available [here](#)).

### Why aren't insurers offering these plans already?

A single carrier doesn't want to be the only one offering a more affordable cost-sharing plan. Otherwise, it attracts the people who have more health needs. Requiring these plans across all insurers, as eight other states have already done, alleviates this concern and levels the carrier playing field.

### When could consumer-centered plans be bought on *Washington Healthplanfinder*?

Patient-centered plans could be available for plan year 2021 (offered during open enrollment starting Nov. 1, 2020).

### How much does implementing consumer-centered plans cost?

The state costs are minimal: a potential one-time cost for Washington Healthplanfinder to explain these new products to consumers and ongoing support for an independent actuarial review to ensure consumers are receiving the best value from these plans.

### Sample Consumer-Centered Plan Comparison Chart

Below is an example of how one model silver plan, compares to popular current Exchange silver plans. This would ensure that consumers have a plan option that offers a lower deductible and more services covered before the deductible, relative to most current offerings.

Benefits	Sample Model Plan (Silver Plan 1)	Coordinated Care Ambetter Balanced Care 4 (2018)	Kaiser Northwest KP WA Silver 3500/30	LifeWise Essential Silver EPO 4000	Molina Marketplace Choice Silver 250
Integrated	Yes	Yes	Yes	Yes	No
Deductible (\$)	\$2500	\$7050	\$3500	\$4000	\$4950; \$400
Coinsurance (%; Insurer's Cost Share)	30%	0%	30%	30%	40%
MOOP (\$)	\$7350	\$7050	\$7350	\$7350	\$7350
Emergency Room Services	30%	0%	30%	30%	\$400
Urgent Care *	\$75	\$100	\$50	\$60	\$75
All Inpatient Hospital Services (inc. MH/SUD)	30%	0%	30%	30%	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$35	\$30	\$30	\$30	\$30
Specialist Visit	\$75	\$60	\$50	\$60	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$35	\$30	\$30	\$60	\$30
Imaging (CT/PET Scans, MRIs)	30%	0%	30%	30%	40%
Speech Therapy	\$60	0%	\$30	30%	\$75
Occupational and Physical Therapy	\$60	0%	\$30	30%	\$75
Preventive Care/Screening/Immunization	0%	0%	0%	0%	0%
Laboratory Outpatient and Professional Services	30%	0%	30%	30%	\$40
X-rays and Diagnostic Imaging	30%	0%	30%	30%	\$75
Skilled Nursing Facility	30%	0%	30%	30%	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	0%	30%	30%	40%
Outpatient Surgery Physician/Surgical Services	30%	0%	30%	30%	40%
Generics	\$15	\$15	\$15	30%	\$20
Preferred Brand Drugs	\$55	\$50	\$65	30%	\$60
Non-Preferred Brand Drugs	\$80	0%	50%	30%	50%
Specialty Drugs (i.e. high-cost)	40%	0%	50%	50%	50%
IP MH/BH	30%	0%	30%	30%	40%
Ambulance	30%	0%	30%	30%	40%
IP Maternity	30%	0%	30%	30%	40%

\*Gray highlighting indicates benefit is not subject to deductible