



Washington Health Benefit Exchange

Standard Plans Project

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Executive Summary

The Washington Health Benefit Exchange (WAHBE) retained Wakely Consulting Group, LLC (Wakely) to analyze the potential effects of introducing standard plan designs and assist in the determination of the structure standard plans could take. Our work involved evaluating current (benefit year 2018) individual plan offerings, measuring prevalence of benefit parameters, developing model standard plan designs for gold, silver and bronze plans, and estimating the premium impact of offering those model plan designs. This report presents the combined results of this analysis. Additional work would be needed to finalize the strategy and implementation.

Wakely's review has indicated that it is feasible to design standard plans for the Washington individual market that would meet the goals of maximizing federal premium subsidies, shifting cost-sharing toward copayments that would be charged prior to the deductible, and simplifying enrollment choice, without contributing to a significant increase in premiums.

We designed two gold plans, three silver plans, and two bronze plans that would meet the articulated goals. The gold plans reflect plan designs that have actuarial values (AVs) around 76%. Two silver plans reflect 72% AVs and the third silver plan is around 70% AV. The bronze plans include one plan at 65% AV and one plan at 61% AV. Standard plans with these AV levels would allow consumers to enjoy potentially higher subsidies driven by the higher AVs in the silver plans. It would also offer choice to enrollees to opt for a higher AV bronze plan that would potentially be similar to lower AV silver plans that many enrollees currently have. Subsidized enrollees would be able to use the higher subsidy to make gold plans more affordable.

Wakely used an internal ACA pricing model as a consistent basis for measuring the expected relative price difference between the current and model standard plans. We focused this analysis on Rating Area 2, and assumed that each standard silver plan would be the only plan offered at the silver metal level. Through this process, we estimated that enrollees in the most prevalent gold plans would see price decreases of -1% to -6.5% by moving to the model plans. Those in silver plans would see mixed results, with price changes ranging from a decrease of -5% to an increase of 2.5%. Those in bronze plans would also see mixed results in switching, with estimated price changes ranging from a decrease of -1.5% to an increase of 3.5%. These rating impacts would directly impact unsubsidized enrollees. Subsidized enrollees would likely have their rate change offset by the change in the benchmark plan rate. These estimates reflect the estimated impact under the key assumptions outlined in this report. Different structures to standard plans would be expected to result in pricing impacts different than what is shown in this report.

Next steps in this analysis could include more updated and refined pricing and more granular analysis of plan design. Additional analysis could also broaden the geographic analysis to understand implications in other rating areas and in counties that have fewer plan options today.

Each section of the report provides more detail on the analysis performed by Wakely for the prevalence of current plan designs, development of the model standard plans, and analysis of the pricing impact.

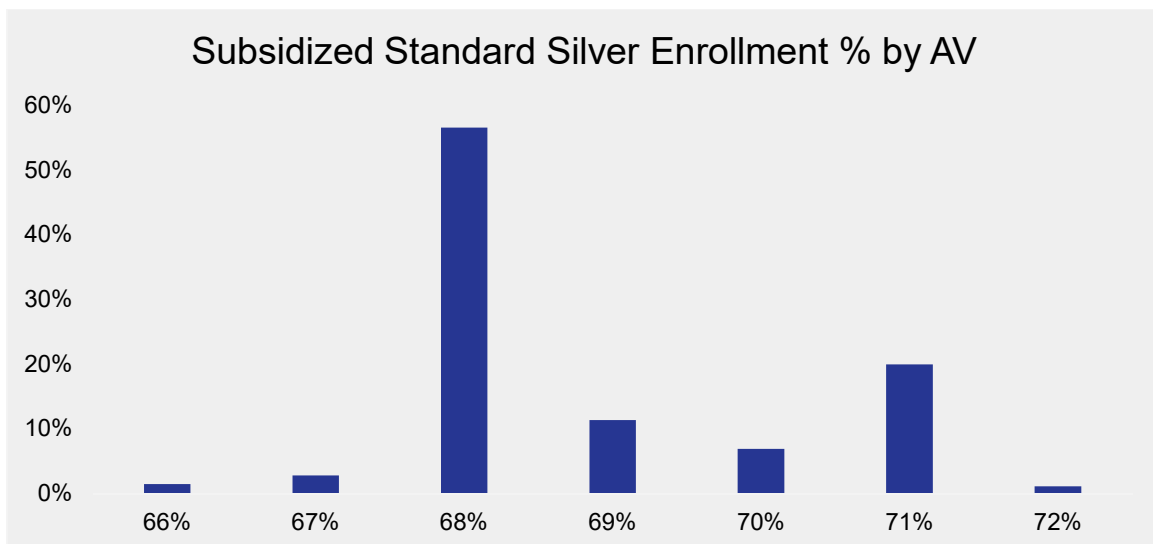
WAHBE 2018 Qualified Health Plan Prevalence Analysis

The first part of our standard plans work for WAHBE was to analyze the 2018 ACA individual plan design offerings by metal level to determine the most prevalent AVs within each metal level and also to understand the types of cost-sharing (deductibles, copayments and coinsurance) offered by the plans in each metal level. We used this information to inform development of model standard plan designs, which were then used to estimate premium impacts of model standard plan designs for the Washington individual market. We focused only on enrollment and plans on the exchange. We did not take into account the regional differences in plan offerings and availability of plans at a county level.

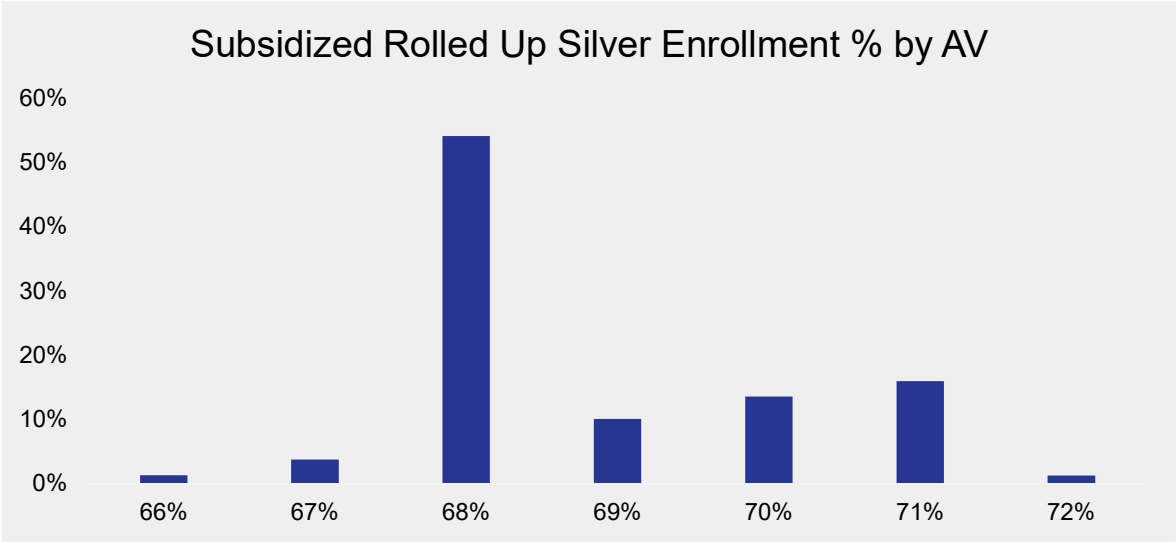
AV Prevalence

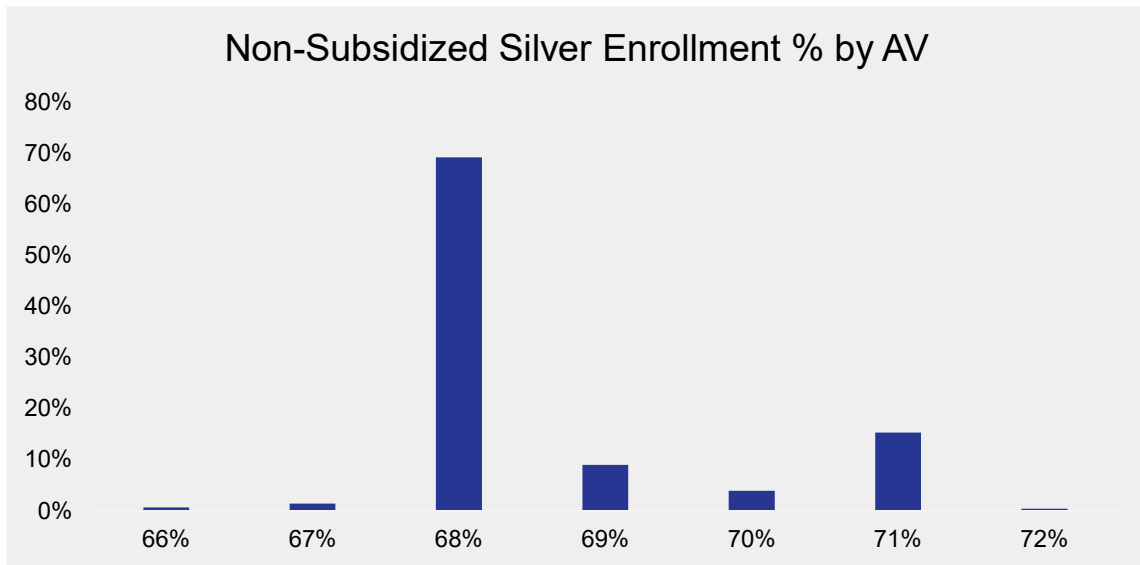
One of WAHBE’s stated objectives was to increase affordable options for enrollees by maximizing available federal tax credits and providing a wider range of options at the bronze and gold levels.

We evaluated the range of AVs and related enrollment in current silver plans. The AV in this context was measured by the 2018 federal AV Calculator (AVC) and was reported on the issuers’ plan design templates. The following charts show the enrollment percentage for silver plans by AV for the subsidized and unsubsidized 2018 enrollment. In each chart, the bar represents the percent of enrollees in a plan with that rounded AV. For example, AVs of 66.500%-67.499% are included in the bar labeled 67%.



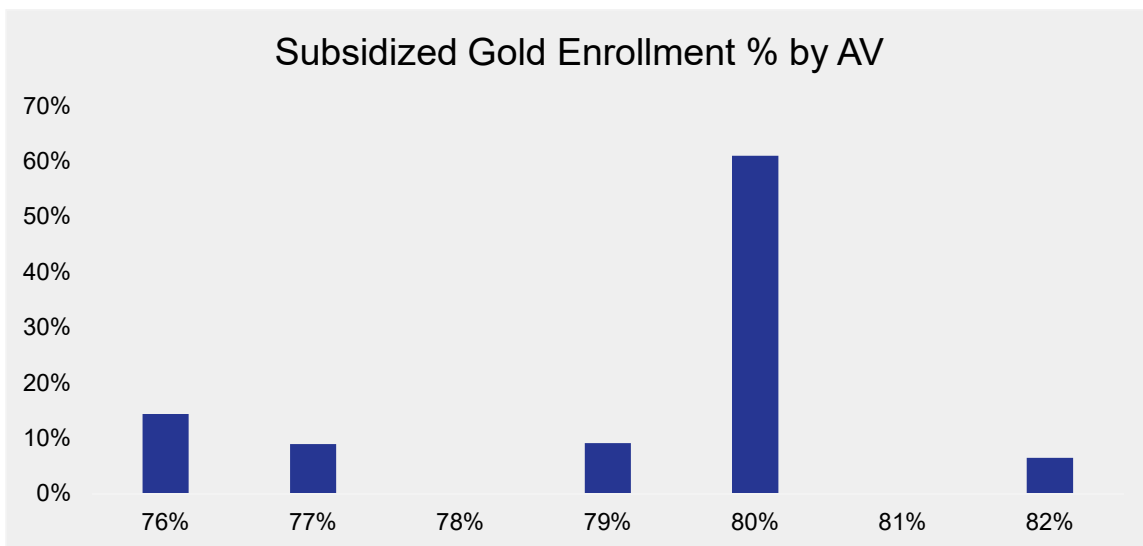
Subsidized standard silver enrollment does not include 2018 enrollees in cost-sharing reduction (CSR) variants of silver plans. To get a complete picture of the silver plan enrollees, we “rolled up” the CSR variant plan enrollment by including the enrollment in each CSR variant with the corresponding base silver plan based on plan ID.

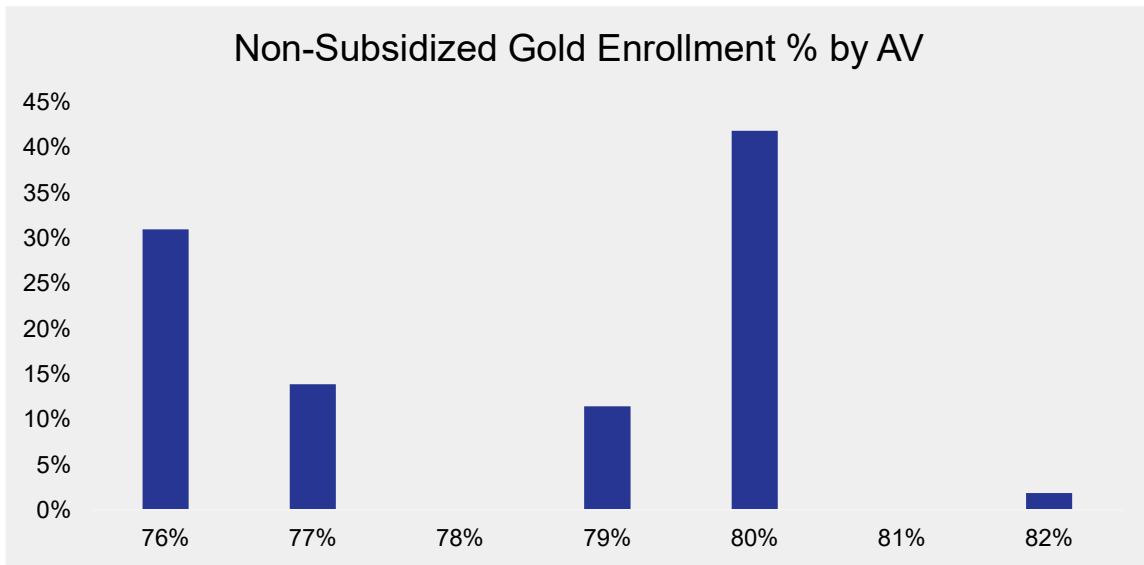




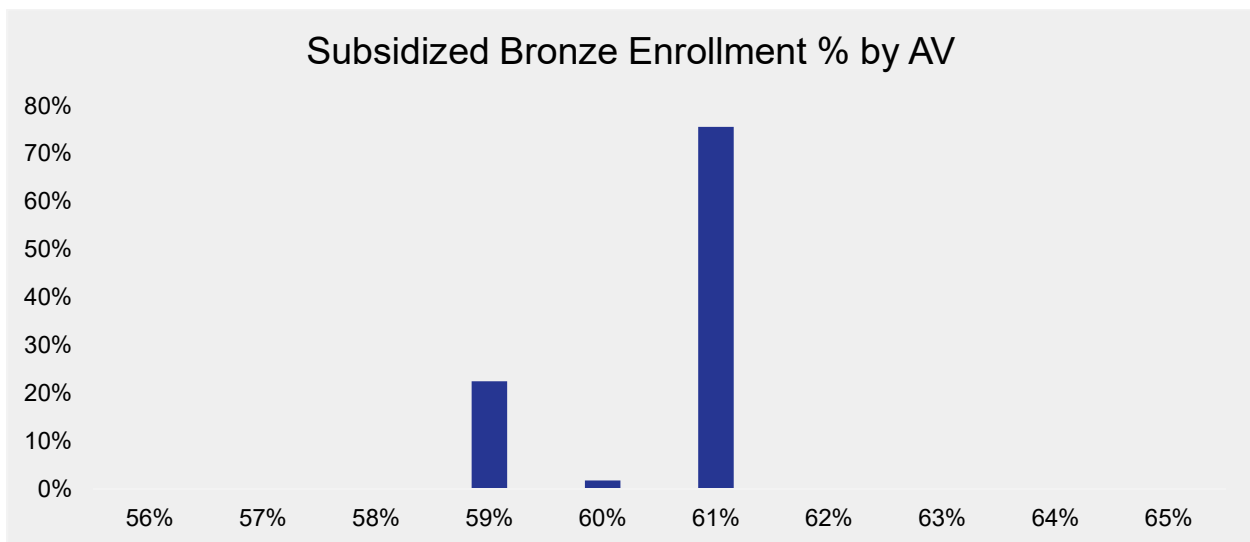
For all silver populations, the majority of enrollment is in plans with AVs at the lower end of the range, generally around 68%. All other things being equal, silver plans with AVs above 69% could provide reduced cost-sharing, but higher premiums, than currently experienced by the majority of silver plan enrollees. Any higher premiums would be offset by higher APTCs for the subsidized enrollees if the second lowest silver premiums increase similarly.

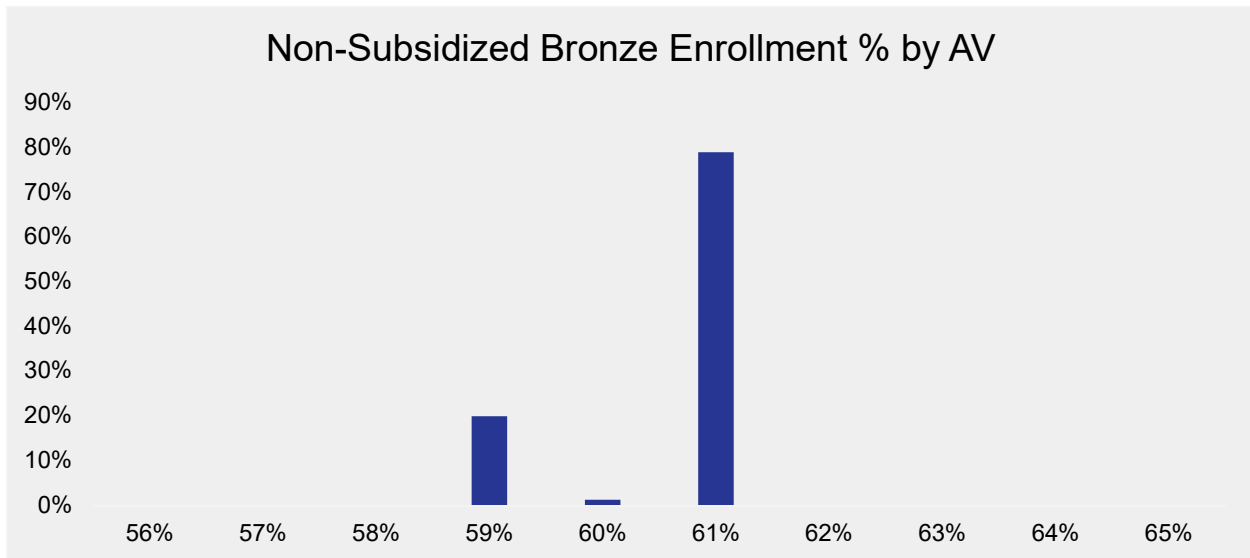
We evaluated the enrollment distribution for 2018 gold and bronze plans. The following charts present these distributions.





The gold enrollment for 2018 is heavily concentrated in plans with an 80% AV, with significant non-subsidized enrollment in the 76% gold plan as well. Gold plans at the lower end of the permissible AV range may provide higher cost-sharing, but lower premiums, than currently experienced by the majority of gold plan enrollees. Such plans may also provide an additional attractive option for current silver enrollees.





Current enrollees are enrolled in bronze plans with AVs in the middle range of those permitted. Bronze plans with AVs at the high end of the allowable range (65% AV) could offer a meaningfully richer plan, but higher premiums, than currently experienced by a majority of bronze plan enrollees. Bronze plans at the high end of the AV range are also within three AV percentage points from the AV experienced by the majority of unsubsidized silver plan enrollees, and may offer slightly higher cost sharing but lower premiums than currently experienced by the majority of unsubsidized silver plan enrollees. A potential increase in the second lowest cost silver plan premium would allow for less of an impact to subsidized enrollees, as any change to their premiums would largely be offset by the increased advanced premium tax credit (APTC).

Cost-Sharing Prevalence

Another of WAHBE’s stated objectives was to ease enrollees’ cost-sharing burden as much as possible by having standard plans include coverage for services outside the deductible (generally through copayments outside the deductible) to the extent possible while still meeting AV metal requirements. In order to inform model standard plan designs, it was important to understand the prevalence of such plan design elements for current enrollees, as well as the levels of deductibles and coinsurance that enrollees currently experience.

Deductibles and Coinsurance

The following tables show the enrollment distribution by deductible and coinsurance levels for each of the metal levels. We show the CSR variant silver plans separate from the base silver plans, as their deductibles are generally lower than the deductibles in the base silver plans. Where only one deductible is noted, it represents the integrated medical and drug deductible. Where two are shown, it reflects the separate medical and drug deductibles, respectively. It is important to

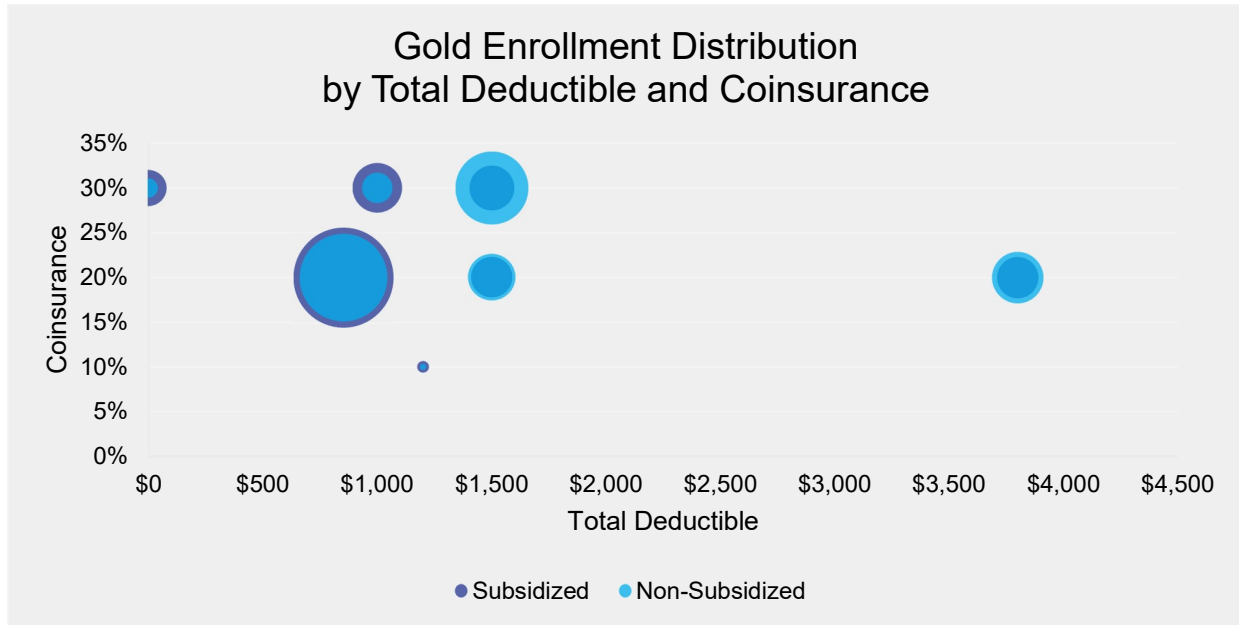
note that the plan design elements of deductible and coinsurance are major drivers of AV and, thus, the range of these parameters within a given metal level is limited. This analysis does not include a full review of plan choices. Enrollees in some counties may not have as many plan choices as those in other counties.

Enrollment in gold plans tended to be in plans with lower deductibles and 20% coinsurance. Over half of the subsidized enrollees were in a plan with \$850 integrated deductible and 20% coinsurance. Non-subsidized enrollees showed more willingness to enroll in higher deductible plans. This was expected since the higher deductible plans likely have a lower premium of which non-subsidized enrollees are paying the full amount.

Subsidized Enrollment Distribution in Gold Plans			
Deductible	Coinsurance		
	10%	20%	30%
\$0			6%
\$850		52%	
\$1,000			13%
\$1,000/\$500		9%	
\$1,200	1%		
\$1,500			11%
\$3,800/\$0		9%	

Non-Subsidized Enrollment Distribution in Gold Plans			
Deductible	Coinsurance		
	10%	20%	30%
\$0			2%
\$850		40%	
\$1,000			5%
\$1,000/\$500		11%	
\$1,200			
\$1,500			28%
\$3,800/\$0		14%	

The following graph shows the information from the prior two tables.

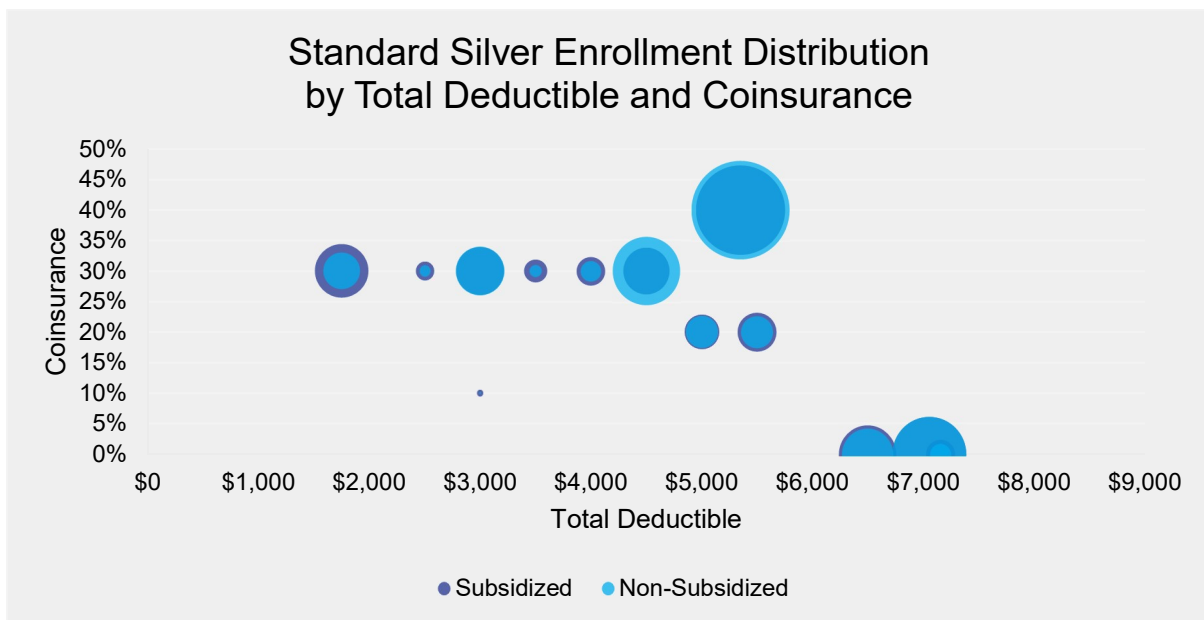


Enrollees in standard (non-CSR variant) silver plans, both subsidized and non-subsidized, were enrolled roughly one-third in high deductible (\$6,500 or over) plans with no coinsurance, and about one-third in lower deductible (\$1,750-\$4,500) plans with 30% coinsurance. Over a quarter of enrollees were currently enrolled in a plan with separate medical and drug deductibles.

Subsidized Enrollment Distribution in Standard Silver Plans				
Deductible	Coinsurance			
	0%	20%	30%	40%
\$1,750			10%	
\$2,500			1%	
\$3,000			8%	
\$3,500			2%	
\$4,000			3%	
\$4,500			7%	
\$4950/\$400				27%
\$5,000		4%		
\$5,500		5%		
\$6,500	11%			
\$7,050	19%			
\$7,150	3%			

Non-Subsidized Enrollment Distribution in Silver Plans				
Deductible	Coinsurance			
	0%	20%	30%	40%
\$1,750			5%	
\$2,500				
\$3,000			8%	
\$3,500				
\$4,000			1%	
\$4,500			16%	
\$4,950/\$400				33%
\$5,000		3%		
\$5,500		3%		
\$6,500	9%			
\$7,050	19%			
\$7,150	2%			

The following graph shows the information from the prior two tables.



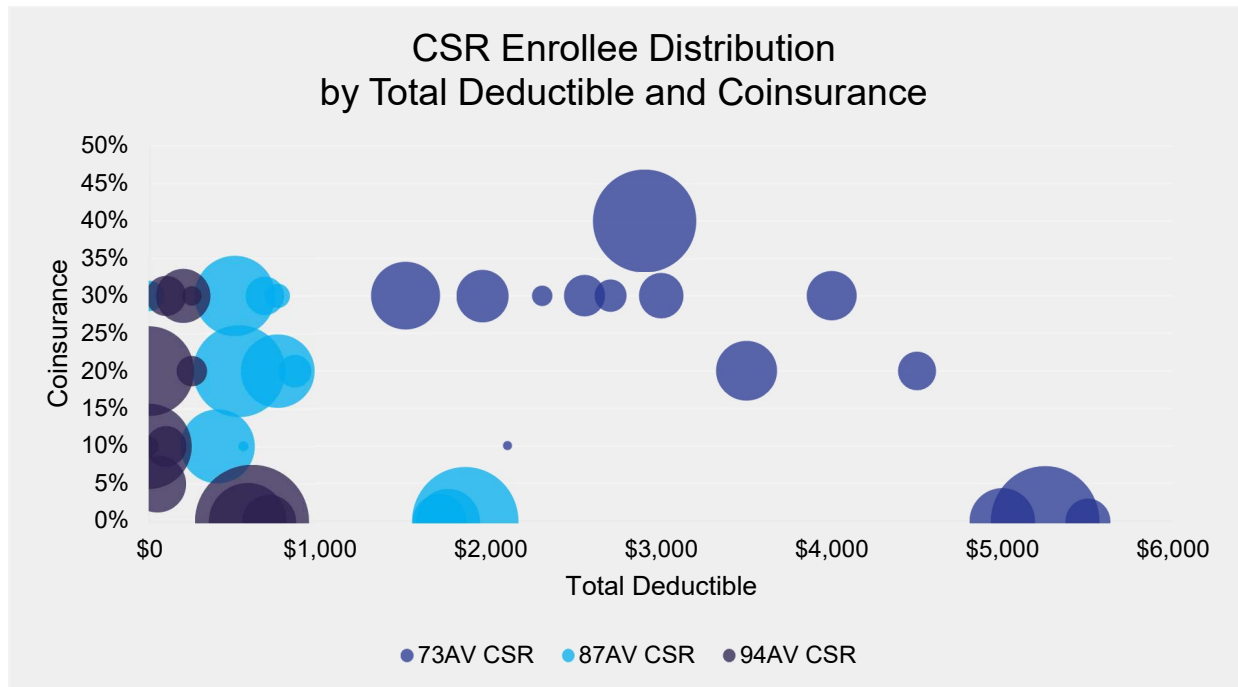
CSR variant silver plan enrollees were in a variety of plans. Over a third in each variant level enrolled in relatively higher deductible plans with no coinsurance.

Subsidized Enrollment Distribution in 73 AV CSR Silver Plans				
Deductible	Coinsurance			
	0%	20%	30%	40%
\$1,500			9%	
\$1,950			6%	
\$2,100				
\$2,300			1%	
\$2,500/\$400				22%
\$2,550			3%	
\$2,700			2%	
\$3,000			4%	
\$3,500		7%		
\$4,000			5%	
\$4,500		3%		
\$5,000	9%			
\$5,250	24%			
\$5,500	4%			

Subsidized Enrollment Distribution in 87 AV CSR Silver Plans				
Deductible	Coinsurance			
	0%	10%	20%	30%
\$0				2%
\$400		11%		
\$500				13%
\$525/\$0			18%	
\$550				
\$675				3%
\$750			11%	1%
\$850			2%	
\$1,700	6%			
\$1,750	8%			
\$1,850	23%			

Subsidized Enrollment Distribution in 94 AV CSR Silver Plans					
Deductible	Coinsurance				
	0%	5%	10%	20%	30%
\$0			1%	17%	
\$0/\$0			15%		
\$50		7%			
\$100			3%		3%
\$200					6%
\$250				2%	1%
\$575	12%				
\$600	27%				
\$700	6%				

The following graph shows the information from the prior three tables.

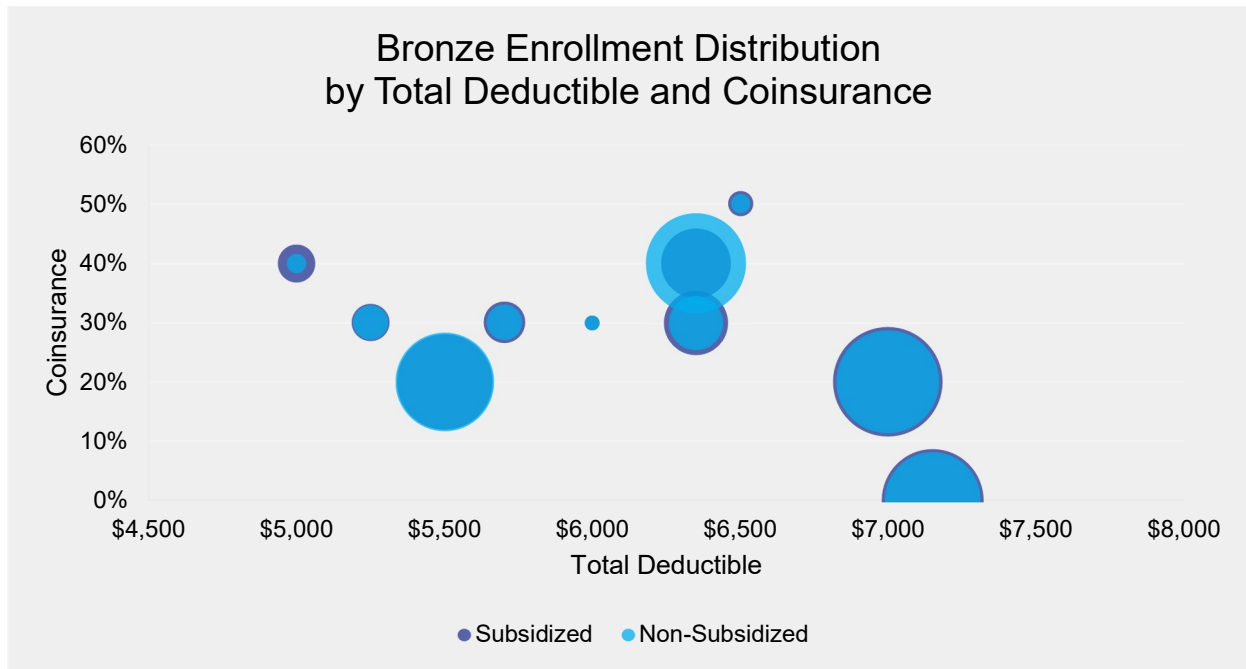


Almost half of bronze enrollment, both subsidized and non-subsidized, were in plans with \$7,000 or higher deductibles.

Subsidized Enrollment Distribution in Bronze Plans					
Coinsurance					
Deductible	0%	20%	30%	40%	50%
\$5,000				3%	
\$5,250			3%		
\$5,500		20%			
\$5,700			4%		
\$6,000					
\$6,350			9%	11%	
\$6,500					1%
\$7,000		26%			
\$7,150	23%				

Non-Subsidized Enrollment Distribution in Bronze Plans					
Coinsurance					
Deductible	0%	20%	30%	40%	50%
\$5,000				1%	
\$5,250			3%		
\$5,500		21%			
\$5,700			3%		
\$6,000					
\$6,350			6%	22%	
\$6,500					1%
\$7,000		23%			
\$7,150	20%				

The following graph shows the information from the prior two tables.



Services with Coverage Before/Outside the Deductible

The following tables present the prevalence – in terms of both 2018 enrollment and plans – of the benefits offered before/outside of the deductible. All ACA plans are required to provide preventive services with no cost-sharing, as is reflected in the tables. The plan counts in the subsidized enrollment table include each CSR variation as a plan in the count.

Percent of Subsidized Enrollment with Services before Deductible		
Service Category	% Enrollment	Plan Count
Preventive services	100%	98
Generic drugs	83%	76
Primary Care visit	74%	78
Preferred brand drugs	69%	69
Specialist visit	68%	74
Mental/behavioral outpatient	69%	74
Substance use disorder	69%	74
Non-preferred brand drugs	28%	15
Specialty drugs	28%	15
Emergency Room	35%	22
Urgent Care	74%	78
Outpatient Surgery	32%	19
PT/OT/ST	49%	34

Percent of Non-Subsidized Enrollment with Services before Deductible		
Service Category	% Enrollment	Plan Count
Preventive services	100%	49
Generic drugs	71%	36
Primary Care visit	64%	37
Preferred brand drugs	57%	32
Specialist visit	50%	34
Mental/behavioral outpatient	50%	33
Substance use disorder	50%	33
Non-preferred brand drugs	20%	8
Specialty drugs	20%	8
Emergency Room	24%	14
Urgent Care	64%	37
Outpatient Surgery	21%	12
PT/OT/ST	35%	20

Model Standard Plan Designs

After reviewing the prevalence of current plans and cost-sharing structures, Wakely worked with WAHBE to identify a sample of model standard plan designs to use to analyze potential premium impacts. The following charts present model standard plan designs for the model gold, silver (non-CSR), and bronze plans.

The model standard plan designs would likely need to be modified to be applicable for the 2020 benefit year and beyond in order to remain within the actuarial value requirements as defined by federal AVC models in effect for future policy years. To provide some context, the following table shows actuarial values under both the 2018 and 2019 AVC models for each model design. In general, AVs in the AVC increase each year if cost-sharing does not increase to keep pace with the expected medical costs.

Plan	2018 AVC	2019 AVC
Gold 1	77.35%	78.56%
Gold 2	76.15%	77.26%
Silver 1	71.81%	73.11%
Silver 2	71.24%	72.57%
Silver 3	70.01%	71.42%
Bronze 1	64.93%	66.27%
Bronze 2	61.09%	62.66%

Gold 76% Actuarial Value – Plan 1

Benefits ***	Subject to Deductible/ Coinsurance	Cost Share	Prevalence
Integrated	No		
Deductible (\$)		\$0	0%
Coinsurance		20%	0%
MOOP (\$)		\$6,000	3%
Emergency Room Services	Yes		46%
All Inpatient Hospital Services (inc. MH/SUD)	No	**\$600	0%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	No	\$30	0%
Specialist Visit	No	\$65	0%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	No	\$30	0%
Imaging (CT/PET Scans, MRIs)	Yes		0%
Speech Therapy	No	\$60	0%
Occupational and Physical Therapy	No	\$60	0%
Preventive Care/Screening/Immunization	No	\$0	100%
Laboratory Outpatient and Professional Services	No	\$55	0% (mostly coins)
X-rays and Diagnostic Imaging	No	\$55	0% (mostly coins)
Skilled Nursing Facility	No	\$300	0% (all coins)
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No	\$300	0% (all coins)
Outpatient Surgery Physician/Surgical Services	No	\$55	0% (all coins)
Generics	No	\$15	0%
Preferred Brand Drugs	No	\$55	0%
Non-Preferred Brand Drugs	No	\$75	10% (all from 1 plan)
Specialty Drugs (i.e. high-cost) *	No	40%	50% (all from one plan)
<u>AVC AV</u>	<u>77.35%</u>		

* Specialty RX Max: \$250

** Maximum Number of Days for Charging IP Copay: 5

*** Urgent Care = Specialist Copay

Gold 76% Actuarial Value – Plan 2

Benefits **	Subject to Deductible/ Coinsurance	Cost Share	Prevalence
Integrated	Yes		
Deductible (\$)		\$1,500	20%
Coinsurance		30%	32%
MOOP (\$)		\$6,500	0%
Emergency Room Services	Yes		25%
All Inpatient Hospital Services (inc. MH/SUD)	Yes		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	No	\$30	0%
Specialist Visit	No	\$65	0%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	No	\$30	0%
Imaging (CT/PET Scans, MRIs)	Yes		
Speech Therapy	Yes		
Occupational and Physical Therapy	Yes		
Preventive Care/Screening/Immunization	No	\$0	100%
Laboratory Outpatient and Professional Services	Yes		
X-rays and Diagnostic Imaging	Yes		
Skilled Nursing Facility	Yes		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		
Outpatient Surgery Physician/Surgical Services	Yes		
Generics	No	\$10	97%
Preferred Brand Drugs	No	\$50	12%
Non-Preferred Brand Drugs	No	\$75	10% (all from 1 plan)
Specialty Drugs (i.e. high-cost) *	Yes	50%	32%
<u>AVC AV</u>	<u>76.15%</u>		

* Specialty RX Max: \$250

** Urgent Care = Specialist Copay

Silver 72% Actuarial Value – Plan 1

Benefits *	Subject to Deductible/ Coinsurance	Cost Share	Prevalence
Integrated	Yes		
Deductible (\$)		\$2,500	8%
Coinsurance		30%	30%
MOOP (\$)		\$7,350	43%
Emergency Room Services	Yes		21%
All Inpatient Hospital Services (inc. MH/SUD)	Yes		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	No	\$35	0%
Specialist Visit	No	\$75	29%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	No	\$35	0%
Imaging (CT/PET Scans, MRIs)	Yes		
Speech Therapy	No	\$60	0%
Occupational and Physical Therapy	No	\$60	0%
Preventive Care/Screening/Immunization	No	\$0	100%
Laboratory Outpatient and Professional Services	Yes		
X-rays and Diagnostic Imaging	Yes		
Skilled Nursing Facility	Yes		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		
Outpatient Surgery Physician/Surgical Services	Yes		
Generics	No	\$15	31%
Preferred Brand Drugs	No	\$55	44%
Non-Preferred Brand Drugs	No	\$80	0% (all coins)
Specialty Drugs (i.e. high-cost)	Yes	40%	0%
<u>AV</u>	<u>71.81%</u>		

*Urgent Care = Specialist Copay

Silver 72% Actuarial Value – Plan 2

Benefits *	Subject to Deductible/ Coinsurance	Cost Share	Prevalence
Integrated	Yes		
Deductible (\$)		\$3,750	0%
Coinsurance		20%	8%
MOOP (\$)		\$7,350	46%
Emergency Room Services	Yes		8%
All Inpatient Hospital Services (inc. MH/SUD)	Yes		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	No	\$30	89%
Specialist Visit	No	\$60	54%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	No	\$30	74%
Imaging (CT/PET Scans, MRIs)	Yes		
Speech Therapy	No	\$30	3% (maj. coins) ¹
Occupational and Physical Therapy	No	\$30	3% (maj. coins)
Preventive Care/Screening/Immunization	No	\$0	100%
Laboratory Outpatient and Professional Services	Yes		
X-rays and Diagnostic Imaging	Yes		
Skilled Nursing Facility	Yes		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		
Outpatient Surgery Physician/Surgical Services	Yes		
Generics	No	\$15	31%
Preferred Brand Drugs	No	\$60	42%
Non-Preferred Brand Drugs	No	\$80	0% (all coins)
Specialty Drugs (i.e. high-cost)	Yes	50%	56%
<u>AV</u>	<u>71.24%</u>		

*Urgent Care = Specialist Copay

¹ The majority of existing plans use coinsurance as the basis of cost sharing for speech therapy (and occupational therapy).

Silver 70% Actuarial Value – Plan 3

Benefits *	Subject to Deductible/ Coinsurance	Cost Share	Prevalence
Integrated	Yes		
Deductible (\$)		\$4,000	0%
Coinsurance		20%	8%
MOOP (\$)		\$7,350	46%
Emergency Room Services	Yes		8%
All Inpatient Hospital Services (inc. MH/SUD)	Yes		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	No	\$35	0%
Specialist Visit	No	\$65	29%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	No	\$35	70%
Imaging (CT/PET Scans, MRIs)	Yes		
Speech Therapy	No	\$60	0%
Occupational and Physical Therapy	No	\$60	0%
Preventive Care/Screening/Immunization	No	\$0	100%
Laboratory Outpatient and Professional Services	Yes		
X-rays and Diagnostic Imaging	Yes		
Skilled Nursing Facility	Yes		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		
Outpatient Surgery Physician/Surgical Services	Yes		
Generics	No	\$20	31%
Preferred Brand Drugs	No	\$60	42%
Non-Preferred Brand Drugs	No	\$80	0%
Specialty Drugs (i.e. high-cost)	Yes	50%	56%
AV	70.01%		

*Urgent Care = Specialist Copay

Bronze 65% Actuarial Value – Plan 1

Benefits *	Subject to Deductible/ Coinsurance	Cost Share	Prevalence
Integrated	No		
Deductible (\$)		Med=\$6,150 RX=\$450	0%
Coinsurance		Med=40% RX=50%	0%
MOOP (\$)		\$7,350	46%
Emergency Room Services	Yes		
All Inpatient Hospital Services (inc. MH/SUD)	Yes		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	No	\$50	0%
Specialist Visit	No	\$85	0% (all coins)
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	No	\$50	0%
Imaging (CT/PET Scans, MRIs)	Yes		
Speech Therapy	Yes		
Occupational and Physical Therapy	Yes		
Preventive Care/Screening/Immunization	No	\$0	100%
Laboratory Outpatient and Professional Services	Yes		
X-rays and Diagnostic Imaging	Yes		
Skilled Nursing Facility	Yes		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		
Outpatient Surgery Physician/Surgical Services	Yes		
Generics	No	\$20	0%
Preferred Brand Drugs	No	\$60	0% (all coins)
Non-Preferred Brand Drugs	Yes		
Specialty Drugs (i.e. high-cost)	Yes		
AV	64.93%		

*Urgent Care = Specialist Copay

Bronze 61% Actuarial Value – Plan 2

Benefits *	Subject to Deductible/ Coinsurance	Cost Share	Prevalence
Integrated	Yes		
Deductible (\$)		\$7,000	25%
Coinsurance		30%	14%
MOOP (\$)		\$7,350	46%
Emergency Room Services	Yes		
All Inpatient Hospital Services (inc. MH/SUD)	Yes		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	No	\$75	27%
Specialist Visit	No	\$100	0% (all coins)
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	No	\$75	0% (all coins)
Imaging (CT/PET Scans, MRIs)	Yes		
Speech Therapy	No	\$75	
Occupational and Physical Therapy	No	\$75	
Preventive Care/Screening/Immunization	No	\$0	100%
Laboratory Outpatient and Professional Services	Yes		
X-rays and Diagnostic Imaging	Yes		
Skilled Nursing Facility	Yes		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes		
Outpatient Surgery Physician/Surgical Services	Yes		
Generics	No	\$25	24%
Preferred Brand Drugs	Yes		
Non-Preferred Brand Drugs	Yes		
Specialty Drugs (i.e. high-cost)	Yes	40%	0%
AV	61.09%		

*Urgent Care = Specialist Copay

Pricing Impact

This section presents comparisons of the model standard plan designs for the gold, silver, and bronze plans and the plan designs for the most popular current plans in Washington. For identifying popular silver plans, we reviewed base silver enrollment and enrollment including CSR enrollees, which did not indicate different plan selections. The current silver plans in the tables also include any silver plan that is a benchmark plan in at least one county for purposes of calculating the APTC or premium subsidy. We estimated the impact to premiums and federal subsidies associated with offering these standard plans.

Because the federal AVC is intended to be used only to measure whether a plan meets the guidelines for the metal levels, we did not use resulting actuarial values to estimate pricing impact. To estimate the impact on premiums and federal subsidies, Wakely utilized our internal ACA individual pricing model to develop the pricing AVs for each of the model plans and comparison current 2018 plans, that then allows us to do a comparison of relative differences between pricing AVs of the plans. We then applied the relative differences between pricing AVs to existing plans' premiums for Essential Health Benefits (EHBs) and adjusted for plan-specific non-EHBs. We used this approach to develop premium estimates for the model standard plans that would reflect existing issuers' utilizations and costs of care. Our results should be considered estimates, as actual issuer premiums may be different from our modeling.

For gold plans, the pricing AVs for the model plans were similar to the AVs calculated in the federal AVC. This is simply an observation of the relationship reflected by Wakely's pricing model. The pricing models of each carrier may result in varying pricing AVs. The following table shows the AVs for the two model gold plans and two of the current gold plans based on the AVC and Wakely's pricing model. The Kaiser Flex Gold – 18 plan has just under half of the gold enrollees statewide in 2018. We included the Kaiser Northwest KP WA Gold 1000/20 plan, as it was a popular plan in a few counties where the other plan is not offered. A specific issuer's pricing model will likely produce different pricing AVs than those produced by the Wakely model. Our comparisons of AVs for current and model standard plans were developed using one consistent model for all plans to isolate the relative difference in price between plans. Actual premium impacts associated with plan design changes will be determined by an issuer's pricing approach as well as the final standard plan designs required to meet the metal definitions.

Actuarial Value Comparison for Model and Current Gold Plans

Plan ID	Plan Name	AVC	Pricing AV	Diff*
Gold Plan 1	Gold Plan 1	77.4%	77.2%	-0.2%
Gold Plan 2	Gold Plan 2	76.2%	76.5%	0.3%
80473WA1000002	Kaiser Flex Gold – 18	80.1%	82.8%	2.7%
23371WA1760001	KP WA Gold 1000/20 <i>Offered by Kaiser Northwest</i>	79.9%	78.4%	-1.5%

The following table shows the AVs for the three model silver plans. The current silver plans included in the table are those that currently have the most enrollment as well as the current second lowest silver plans for all 39 counties. Enrollment in Coordinated Care Ambetter Balanced Care 4 (2018) and Molina Marketplace Choice Silver 250 made up almost half of all silver enrollees. The pricing AV for three silver plans was consistently higher than the AV from the AVC.

Actuarial Value Comparison for Model and Current Silver Plans

Plan ID	Plan Name	AVC	Pricing AV	Diff
Silver Plan 1	Silver Plan 1	71.8%	72.5%	0.7%
Silver Plan 2	Silver Plan 2	71.2%	71.6%	0.4%
Silver Plan 3	Silver Plan 3	70.0%	70.7%	0.7%
61836WA0050007	Coordinated Care Ambetter Balanced Care 4 (2018)	68.1%	70.3%	2.2%
23371WA1780001	KP WA Silver 3500/30 <i>Offered by Kaiser Northwest</i>	70.4%	71.6%	1.2%
38498WA0320002	LifeWise Essential Silver EPO 4000	66.5%	70.8%	4.3%
61836WA0090003	Coordinated Care Ambetter Balanced Care 2 (2018) + Vision	69.1%	71.4%	2.3%
38498WA0350001	LifeWise Essential Silver EPO HSA 3000	66.0%	71.6%	5.6%
80473WA1000003	Kaiser VisitsPlus Silver HD – 18	68.4%	70.7%	2.3%
84481WA0060002	Molina Marketplace Choice Silver 250	67.8%	69.8%	2.0%
80473WA1000001	Kaiser Flex Silver – 18	70.9%	74.9%	4.0%
23371WA1760002	KP WA Silver 2500/30 <i>Offered by Kaiser Northwest</i>	71.9%	74.0%	2.2%
53732WA0790002	BridgeSpan Silver HDHP 3000 Exchange EPO RealValue	68.5%	73.8%	5.3%
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	67.5%	70.4%	2.9%

Enrollment in the first three current plans in the following table (Kaiser Flex Bronze – 18, Kaiser Bronze – 18, and Kaiser Core Bronze HSA – 18) made up two thirds of statewide bronze enrollment. The pricing model for the bronze plans resulted in AVs that are about 5% to 8% higher than the AVs from the AVC. This indicates that the pricing for the bronze plans may be higher than the lower AVC AVs would imply.

Actuarial Value Comparison for Model and Current Bronze Plans

Plan ID	Plan Name	AVC	Pricing AV	Diff
Bronze Plan 1	Bronze Plan 1	64.9%	69.7%	4.8%
Bronze Plan 2	Bronze Plan 2	61.1%	67.0%	5.9%
80473WA0990001	Kaiser Flex Bronze – 18	60.7%	66.5%	5.8%
80473WA0990002	Kaiser Bronze – 18	59.0%	66.7%	7.7%
80473WA0780001	Kaiser Core Bronze HSA – 18	61.0%	68.4%	7.4%
23371WA1780004	KP WA Bronze 5700/30% H.S.A. <i>Offered by Kaiser Northwest</i>	60.8%	68.2%	7.4%
38498WA0320003	LifeWise Essential Bronze EPO 6350	60.8%	66.4%	5.7%

There are many factors that can explain the difference between the AVC AVs and those used in pricing. As noted above, the AVC is not intended to be used for pricing. Additionally, each issuer may have different pricing AVs for the same plan design as another issuer, to reflect the characteristics of that issuer’s provider network, medical management programs, etc. This introduces some additional variations in the pricing. Our analysis of the pricing impact assumed that the relative difference in pricing AVs from the Wakely model is an indication of the relative difference in the premium anticipated.

Enrollees that do not receive APTCs will see the full impact of any premium change. The following table shows the estimated premium impact for a 40-year-old in Rating Area 2, comparing current rates for plans with the most current enrollees to the two model gold plans. For each model gold plan, the expected premium would decrease by between 1% and 6.5%. Rating Area 2 includes the 16 counties listed in the table at the end of this report.

Gold Plan Pricing Impact for Unsubsidized Enrollees

Plan Name	Premium for Age 40, Rating Area 2	Gold Plan 1		Gold Plan 2	
		\$ Difference	% Diff	\$ Difference	% Diff
Kaiser Flex Gold – 18	\$452.80	-\$24.71	-5.5%	-\$28.05	-6.2%
KP WA Gold 1000/20 <i>Offered by Kaiser Northwest</i>	\$426.60	-\$4.74	-1.1%	-\$7.82	-1.8%

The silver plans would see more varied results. Some plans would expect to see an increase in the premium for unsubsidized enrollees, while other plans may see a decrease. Overall differences are generally below 4%. Using Silver Plan 3 as the standard silver plan was estimated to result in the biggest premium decreases compared to current plan rates. Changing to each of the three model silver plans had pricing impacts ranging from -3% to 2.5%, -4% to 1.5%, and -5% to 1%, respectively.

Silver Plan Pricing Impact for Unsubsidized Enrollees

Plan Name	Premium for Age 40, Rating Area 2	Silver Plan 1		Silver Plan 2		Silver Plan 3	
		\$ Difference	% Diff	\$ Difference	% Diff	\$ Difference	% Diff
Coordinated Care Ambetter Balanced Care 4 (2018)	\$317.67	\$7.09	2.2%	\$4.13	1.3%	\$1.39	0.4%
KP WA Silver 3500/30 <i>Offered by Kaiser Northwest</i>	\$434.95	\$4.08	0.9%	\$0.03	0.0%	-\$3.71	-0.9%
LifeWise Essential Silver EPO 4000	\$450.96	\$7.65	1.7%	\$3.45	0.8%	-\$0.43	-0.1%
Coordinated Care Ambetter Balanced Care 2 (2018) + Vision	\$333.04	\$3.71	1.1%	\$0.65	0.2%	-\$2.17	-0.7%
LifeWise Essential Silver EPO HSA 3000	\$471.02	\$4.44	0.9%	\$0.06	0.0%	-\$3.99	-0.8%
Kaiser VisitsPlus Silver HD – 18	\$453.37	\$8.32	1.8%	\$4.13	0.9%	\$0.26	0.1%
Molina Marketplace Choice Silver 250	\$416.05	\$11.47	2.8%	\$7.60	1.8%	\$4.02	1.0%
Kaiser Flex Silver – 18	\$450.17	-\$10.53	-2.3%	-\$14.69	-3.3%	-\$18.53	-4.1%
KP WA Silver 2500/30 <i>Offered by Kaiser Northwest</i>	\$453.11	-\$6.65	-1.5%	-\$10.75	-2.4%	-\$14.54	-3.2%
*BridgeSpan Silver HDHP 3000 Exchange EPO RealValue	\$492.36	-\$6.04	-1.2%	-\$10.62	-2.2%	-\$14.86	-3.0%
Premera Blue Cross Preferred Silver EPO 4500	\$556.43	\$11.90	2.1%	\$6.71	1.2%	\$1.92	0.3%

*Comparison is for Rating Area 3 as this plan is not offered in Rating Area 2. Rating Area 3 includes Clark, Klickitat, and Skamania counties.

The current bronze plans that we reviewed are expected to see a premium increase of 1% to 3.5% if the standard bronze plan is Bronze Plan 1, and premium changes would be between a 1.5% decrease and a 0.5% increase if the standard bronze plan were Bronze Plan 2.

Bronze Plan Pricing Impact for Unsubsidized Enrollees

Plan Name	Premium for Age 40, Rating Area 2	Bronze Plan 1		Bronze Plan 2	
		\$ Difference	% Diff	\$ Difference	% Diff
Kaiser Flex Bronze - 18	\$302.65	\$9.79	3.2%	\$1.65	0.5%
Kaiser Bronze – 18	\$294.66	\$8.92	3.0%	\$0.99	0.3%
Kaiser Core Bronze HSA - 18	\$304.25	\$3.92	1.3%	-\$4.27	-1.4%
KP WA Bronze 5700/30% H.S.A. <i>Offered by Kaiser Northwest</i>	\$281.33	\$4.39	1.6%	-\$3.24	-1.2%
LifeWise Essential Bronze EPO 6350	\$347.28	\$8.41	2.4%	-\$1.02	-0.3%

Subsidized enrollees receive APTC that are dependent on the premium for the second lowest cost silver plan available to them. The premium for the second lowest cost silver will also be affected by the selection and pricing of the standard plans. An increase in the second lowest cost silver plan premium will result in higher subsidies available for those eligible for subsidies as well as more individuals being eligible for subsidies. The subsidies could be applied to plans in any metal tier on the exchange. For this analysis, we are assuming that the individual is in one of the counties in Rating Area 2 for which the current plan 80473WA1000003 (Kaiser VisitsPlus Silver HD – 18) is the second lowest silver plan. These counties include Island, Kitsap, San Juan, Skagit, and Whatcom. The tables reflect the impact of each model standard plan being the second lowest cost silver plan and, therefore, the benchmark for determining APTC. Therefore, the estimated change in premium shown for plan 80473WA1000003 (Kaiser VisitsPlus Silver HD – 18) in the Silver Plan Pricing Impact table for unsubsidized enrollees can be used as a proxy for the change in the APTC for eligible enrollees. The estimated change in premium for subsidized enrollees is shown in the following table. The change in the subsidy brings the premium change for each model silver plan much closer together. Most plans would see a modest premium decrease after considering the change in the benchmark plan.

Silver Plan Pricing Impact for Subsidized Enrollees

Plan Name	Silver Plan 1		Silver Plan 2		Silver Plan 3	
	\$ Difference	% Diff	\$ Difference	% Diff	\$ Difference	% Diff
Coordinated Care Ambetter Balanced Care 4 (2018)	-\$1.23	-0.4%	\$0.00	0.0%	\$1.13	0.4%
KP WA Silver 3500/30 <i>Offered by Kaiser Northwest</i>	-\$4.24	-1.0%	-\$4.10	-0.9%	-\$3.97	-0.9%
LifeWise Essential Silver EPO 4000	-\$0.67	-0.1%	-\$0.68	-0.2%	-\$0.69	-0.2%
Coordinated Care Ambetter Balanced Care 2 (2018) + Vision	-\$4.61	-1.4%	-\$3.48	-1.0%	-\$2.43	-0.7%
LifeWise Essential Silver EPO HSA 3000	-\$3.88	-0.8%	-\$4.07	-0.9%	-\$4.26	-0.9%
Kaiser VisitsPlus Silver HD – 18	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%
Molina Marketplace Choice Silver 250	\$3.15	0.8%	\$3.47	0.8%	\$3.76	0.9%
Kaiser Flex Silver – 18	-\$18.85	-4.2%	-\$18.82	-4.2%	-\$18.79	-4.2%
KP WA Silver 2500/30 <i>Offered by Kaiser Northwest</i>	-\$14.97	-3.3%	-\$14.88	-3.3%	-\$14.81	-3.3%
*BridgeSpan Silver HDHP 3000 Exchange EPO RealValue	-\$6.04	-1.2%	-\$10.62	-2.2%	-\$14.86	-3.0%
Premera Blue Cross Preferred Silver EPO 4500	\$3.58	0.6%	\$2.58	0.5%	\$1.66	0.3%

The estimates presented in this report are based on calculations using Wakely’s internal pricing model that reflects experience from the individual ACA market nationwide. Each issuer will have their own pricing models that will likely result in different pricing and premium impacts.

The analysis of silver plan pricing impact on subsidized enrollees was based on the specified model silver plan being the second lowest cost silver plan. Should additional silver plans be offered alongside the model standard silver plan, other plans could become the benchmark plan for purposes of calculating APTC, which would change the pricing impact on subsidized enrollees.

Assumptions

- Trend and PMPM Assumptions used in Pricing Model from Washington Individual Market. We developed trend and PMPM assumptions for our internal ACA pricing model by reviewing rate filings for the state of Washington. This effectively calibrated Wakely's pricing model to reflect costs expected in the Washington individual market.
- This analysis assumes that only the chosen standard silver plan is offered by issuers in the market. No other silver plans would be allowed that would change the second lowest cost silver plan.
- Our analysis uses the 2018 plan designs, current rates, and the 2018 federal AVC. Actual standard plan designs would have to be adjusted to fit the federal AV requirements for metal levels. The pricing impact would also be different than that reflected in this analysis.
- We assumed there is no change in current EHB requirements, or in the amount of non-EHB offered in current plans.
- Relative difference in AV's from Wakely's pricing model are assumed to be representative of the relative change in carriers' pricing models.

Disclosures and Limitations

Responsible Actuary. Al Bingham and Aree Bly, are the actuaries responsible for this communication. We are Members of the American Academy of Actuaries and Fellows of the Society of Actuaries. We meet the Qualification Standards of the American Academy of Actuaries to issue this report.

Intended Users. This information has been prepared for the sole use of WAHBE and cannot be distributed to or relied on by any third party without the prior written permission of Wakely. This information is confidential and proprietary. We do not intend this information to benefit any third party nor create a reliance by any third party on Wakely.

Risks and Uncertainties. This analysis and results in this report do not involve any projections or actuarial assumptions. Rather, this report presents statistical analyses of data provided by WAHBE. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Future enrollment and prevalence results may vary, potentially materially, from our estimates. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

Conflict of Interest. The responsible actuaries are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis. In addition, Wakely is organizationally and financially independent to WAHBE.

Data and Reliance. We have relied on WAHBE for data and assumptions used in this analysis. This data included 2018 rate filings and enrollment information. We have reviewed the data for reasonableness, but have not performed any independent audit or otherwise verified the accuracy of the data/information. If the underlying information is incomplete or inaccurate, our estimates may be impacted, potentially significantly.

Subsequent Events. There are no known relevant events subsequent to the date of information received that would impact the results of this report.

Contents of Actuarial Report. This document constitutes the entirety of the actuarial report and supersedes any previous communications on the project.

Deviations from ASOPS. Wakely completed the analysis using sound actuarial practice. To the best of our knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations.

APPENDIX

Counties in Rating Area 2

Counties		
Clallam	Lewis	Skagit
Cowlitz	Mason	Snohomish
Grays Harbor	Pacific	Thurston
Island	Pierce	Wahkiakum
Jefferson	San Juan	Whatcom
Kitsap		

*Model Standard Plans Compared to current plans on following pages.

Gold Cost-Sharing Comparison

Benefits	Gold Plan 1	Gold Plan 2	Kaiser Flex Gold – 18 ***	Kaiser Northwest KP WA Gold 1000/20
Integrated	No	Yes	Yes	Yes
Deductible (\$)	\$0	\$1,500	\$850	\$1,000
Coinsurance	20%	30%	20%	30%
MOOP (\$)	\$6,000	\$6,500	\$5,000	\$7,000
Emergency Room Services	20%	30%	20%	30%
Urgent Care	\$65	\$65	\$10	\$40
All Inpatient Hospital Services (inc. MH/SUD)	\$600	30%	20%	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$30	\$10	\$20
Specialist Visit	\$65	\$65	\$30	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$30	\$10	\$20
Imaging (CT/PET Scans, MRIs)	20%	30%	20%	30%
Speech Therapy	\$60	30%	\$30	\$20
Occupational and Physical Therapy	\$60	30%	\$30	\$20
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$55	30%	20%	30%
X-rays and Diagnostic Imaging	\$55	30%	20%	30%
Skilled Nursing Facility	\$300	30%	20%	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$300	30%	20%	30%
Outpatient Surgery Physician/Surgical Services	\$55	30%	20%	30%
Generics	\$15	\$10	\$10	\$10
Preferred Brand Drugs	\$55	\$50	\$35	\$30
Non-Preferred Brand Drugs	\$75	\$75	40%	50%
Specialty Drugs (i.e. high-cost)**	40%	50%	40%	50%
IP MH/BH	\$600	30%	20%	30%
Ambulance	\$375	30%	20%	30%
IP Maternity	\$600	30%	20%	30%

*Grey highlighting indicates benefit is not subject to deductible

** Gold Plans 1 and 2 include \$250 max on specialty drug

*** Some services with copays have a limited number of visits without deductible

Silver Cost-Sharing Comparison

Benefits	Silver Plan 1	Silver Plan 2	Silver Plan 3
Integrated	Yes	Yes	Yes
Deductible (\$)	\$2,500	\$3,750	\$4,000
Coinsurance	30%	20%	20%
MOOP (\$)	\$7,350	\$7,350	\$7,350
Emergency Room Services	30%	20%	20%
Urgent Care	\$75	\$60	\$65
All Inpatient Hospital Services (inc. MH/SUD)	30%	20%	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$35	\$30	\$35
Specialist Visit	\$75	\$60	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$35	\$30	\$35
Imaging (CT/PET Scans, MRIs)	30%	20%	20%
Speech Therapy	\$60	\$30	\$60
Occupational and Physical Therapy	\$60	\$30	\$60
Preventive Care/Screening/Immunization	0%	0%	0%
Laboratory Outpatient and Professional Services	30%	20%	20%
X-rays and Diagnostic Imaging	30%	20%	20%
Skilled Nursing Facility	30%	20%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	20%	20%
Outpatient Surgery Physician/Surgical Services	30%	20%	20%
Generics	\$15	\$15	\$20
Preferred Brand Drugs	\$55	\$60	\$60
Non-Preferred Brand Drugs	\$80	\$80	\$80
Specialty Drugs (i.e. high-cost)	40%	50%	50%
IP MH/BH	30%	20%	20%
Ambulance	30%	20%	20%
IP Maternity	30%	20%	20%

* Grey highlighting indicates benefit is not subject to deductible

Silver Cost-Sharing Comparison Cont.

Benefits	Coordinated Care Ambetter Balanced Care 4 (2018)	Kaiser Northwest KP WA Silver 3500/30	LifeWise Essential Silver EPO 4000
Integrated	Yes	Yes	Yes
Deductible (\$)	\$7,050	\$3,500	\$4,000
Coinsurance	0%	30%	30%
MOOP (\$)	\$7,050	\$7,350	\$7,350
Emergency Room Services	0%	30%	30%
Urgent Care	\$100	\$50	\$60
All Inpatient Hospital Services (inc. MH/SUD)	0%	30%	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$30	\$30
Specialist Visit	\$60	\$50	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$30	\$60
Imaging (CT/PET Scans, MRIs)	0%	30%	30%
Speech Therapy	0%	\$30	30%
Occupational and Physical Therapy	0%	\$30	30%
Preventive Care/Screening/Immunization	0%	0%	0%
Laboratory Outpatient and Professional Services	0%	30%	30%
X-rays and Diagnostic Imaging	0%	30%	30%
Skilled Nursing Facility	0%	30%	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0%	30%	30%
Outpatient Surgery Physician/Surgical Services	0%	30%	30%
Generics	\$15	\$15	30%
Preferred Brand Drugs	\$50	\$65	30%
Non-Preferred Brand Drugs	0%	50%	30%
Specialty Drugs (i.e. high-cost)	0%	50%	50%
IP MH/BH	0%	30%	30%
Ambulance	0%	30%	30%
IP Maternity	0%	30%	30%

* Grey highlighting indicates benefit is not subject to deductible

Silver Cost-Sharing Comparison Cont.

Benefits	Coordinated Care Ambetter Balanced Care 2 (2018) + Vision	LifeWise Essential Silver EPO HSA 3000	Kaiser VisitsPlus Silver HD - 18	Molina Marketplace Choice Silver 250
Integrated	Yes	Yes	Yes	No
Deductible (\$)	\$6,500	\$3,000	\$7,150	\$4,950; \$400
Coinsurance	0%	30%	0%	40%
MOOP (\$)	\$6,500	\$6,600	\$7,150	\$7,350
Emergency Room Services	0%	30%	0%	\$400
Urgent Care	\$100	30%	\$30	\$75
All Inpatient Hospital Services (inc. MH/SUD)	0%	30%	0%	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	30%	\$30	\$30
Specialist Visit	\$60	30%	\$55	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	30%	\$30	\$30
Imaging (CT/PET Scans, MRIs)	0%	30%	0%	40%
Speech Therapy	0%	30%	\$55	\$75
Occupational and Physical Therapy	0%	30%	\$55	\$75
Preventive Care/Screening/Immunization	0%	0%	0%	0%
Laboratory Outpatient and Professional Services	0%	30%	0%	\$40
X-rays and Diagnostic Imaging	0%	30%	0%	\$75
Skilled Nursing Facility	0%	30%	0%	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0%	30%	0%	40%
Outpatient Surgery Physician/Surgical Services	0%	30%	0%	40%
Generics	\$15	30%	\$12	\$20
Preferred Brand Drugs	\$50	30%	\$55	\$60
Non-Preferred Brand Drugs	0%	30%	50%	50%
Specialty Drugs (i.e. high-cost)	0%	50%	50%	50%
IP MH/BH	0%	30%	0%	40%
Ambulance	0%	30%	0%	40%
IP Maternity	0%	30%	0%	40%

* Grey highlighting indicates benefit is not subject to deductible

Silver Cost-Sharing Comparison Cont.

Benefits	Kaiser Flex Silver – 18 **	Kaiser Northwest KP WA Silver 2500/30	BridgeSpan Silver HDHP 3000 Exchange EPO RealValue	Premera Blue Cross Preferred Silver EPO 4500
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$1,750	\$2,500	\$3,000	\$4,500
Coinsurance	30%	30%	10%	30%
MOOP (\$)	\$6,850	\$7,350	\$6,650	\$7,350
Emergency Room Services	30%	30%	10%	\$250
Urgent Care	\$20	\$50	10%	\$60
All Inpatient Hospital Services (inc. MH/SUD)	30%	30%	10%	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$20	\$30	10%	\$30
Specialist Visit	\$45	\$50	10%	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$20	\$30	10%	\$60
Imaging (CT/PET Scans, MRIs)	30%	30%	10%	30%
Speech Therapy	\$45	\$30	10%	30%
Occupational and Physical Therapy	\$45	\$30	10%	30%
Preventive Care/Screening/Immunization	0%	0%	0%	0%
Laboratory Outpatient and Professional Services	30%	30%	10%	30%
X-rays and Diagnostic Imaging	30%	30%	10%	30%
Skilled Nursing Facility	30%	30%	10%	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	30%	10%	30%
Outpatient Surgery Physician/Surgical Services	30%	30%	10%	30%
Generics	\$10	\$15	10%	\$30
Preferred Brand Drugs	40%	\$65	30%	\$60
Non-Preferred Brand Drugs	50%	50%	50%	50%
Specialty Drugs (i.e. high-cost)	50%	50%	40%	50%
IP MH/BH	30%	30%	10%	30%
Ambulance	30%	30%	10%	30%
IP Maternity	30%	30%	10%	30%

* Grey highlighting indicates benefit is not subject to deductible

** Some services with copays have a limited number of visits without deductible

Bronze Cost-Sharing Comparison

Benefits	Bronze Plan 1	Bronze Plan 2	Kaiser Flex Bronze – 18 **
Integrated	No	Yes	Yes
Deductible (\$)	Med=\$6,150,RX=\$450	\$7,000	\$7,000
Coinsurance	Med=40%, RX=50%	30%	20%
MOOP (\$)	\$7,350	\$7,350	\$7,150
Emergency Room Services	40%	30%	20%
Urgent Care	\$85	\$100	\$40
All Inpatient Hospital Services (inc. MH/SUD)	40%	30%	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$50	\$75	\$40
Specialist Visit	\$85	\$100	20%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$50	\$75	20%
Imaging (CT/PET Scans, MRIs)	40%	30%	20%
Speech Therapy	40%	\$75	20%
Occupational and Physical Therapy	40%	\$75	20%
Preventive Care/Screening/Immunization	0%	0%	0%
Laboratory Outpatient and Professional Services	40%	30%	20%
X-rays and Diagnostic Imaging	40%	30%	20%
Skilled Nursing Facility	40%	30%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	30%	20%
Outpatient Surgery Physician/Surgical Services	40%	30%	20%
Generics	\$20	\$25	\$25
Preferred Brand Drugs	\$60	30%	40%
Non-Preferred Brand Drugs	50%	30%	50%
Specialty Drugs (i.e. high-cost)	50%	40%	50%
IP MH/BH	40%	30%	20%
Ambulance	40%	30%	20%
IP Maternity	40%	30%	20%

* Grey highlighting indicates benefit is not subject to deductible

** Some services with copays have a limited number of visits without deductible

Bronze Cost-Sharing Comparison Cont.

Benefits	Kaiser Bronze - 18	Kaiser Core Bronze HSA - 18	Kaiser Northwest KP WA Bronze 5700/30% H.S.A.	LifeWise Essential Bronze EPO 6350
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$7,150	\$5,500	\$5,700	\$6,350
Coinsurance	0%	20%	30%	30%
MOOP (\$)	\$7,150	\$6,550	\$6,550	\$7,350
Emergency Room Services	0%	20%	30%	30%
Urgent Care	0%	20%	30%	\$60
All Inpatient Hospital Services (inc. MH/SUD)	0%	20%	30%	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	0%	20%	30%	\$50
Specialist Visit	0%	20%	30%	30%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	0%	20%	30%	30%
Imaging (CT/PET Scans, MRIs)	0%	20%	30%	30%
Speech Therapy	0%	20%	30%	30%
Occupational and Physical Therapy	0%	20%	30%	30%
Preventive Care/Screening/Immunization	0%	0%	0%	0%
Laboratory Outpatient and Professional Services	0%	20%	30%	30%
X-rays and Diagnostic Imaging	0%	20%	30%	30%
Skilled Nursing Facility	0%	20%	30%	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0%	20%	30%	30%
Outpatient Surgery Physician/Surgical Services	0%	20%	30%	30%
Generics	0%	20%	\$20	30%
Preferred Brand Drugs	0%	40%	\$50	30%
Non-Preferred Brand Drugs	0%	50%	50%	30%
Specialty Drugs (i.e. high-cost)	0%	50%	50%	50%
IP MH/BH	0%	20%	30%	30%
Ambulance	0%	20%	30%	30%
IP Maternity	0%	20%	30%	30%

* Grey highlighting indicates benefit is not subject to deductible

