



Washington Health Benefit Exchange

Standard Plans Project

August 8, 2019

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Executive Summary

The Washington Health Benefit Exchange (WAHBE) retained Wakely Consulting Group, LLC (Wakely) to develop standardized plan designs for plan year 2021 and to estimate the impact of introducing standardized plans on market premiums. Wakely's work involved evaluating current (benefit year 2019) 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 is needed in order to finalize the strategy and implementation.

We designed two plans for each of the gold, silver, and bronze metal tiers. The gold plans reflect materially different plan design cost sharing features that have actuarial values (AVs) of approximately 77% and 81% as measured using the 2020 Federal Actuarial Value Calculator. The two silver plans have 70 and 71% AVs that will allow issuers room to develop additional non-standard plans. The bronze plans include one plan near 65% AV and an HSA eligible plan at 62% AV. Standard plans with these AV levels would allow subsidy eligible consumers to enjoy potentially higher subsidies (and therefore lower net premiums) because of 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. In our analyses, we assumed that all non-standard plans would have higher premiums than the standard plans

Wakely used an internal ACA pricing model for measuring the expected relative price difference between the current and model standard plans. The standard model allows a consistent basis to facilitate comparisons. We assumed that the lower standard silver plan would be the second lowest cost silver plan. We calibrated the Wakely ACA Pricing Model to utilization and service costs for the overall Washington individual ACA market. Through this process, we estimated that enrollees in the current gold plans would see price changes ranging from a decrease of 9.7% to an increase of 4.8% by moving to the model plans from the existing plans. Those in silver plans would see lower magnitude mixed results, with price changes ranging from a decrease of 2.2% to an increase of 1.6%. Those in bronze plans would also see mixed results in switching, with estimated price changes ranging from a decrease of 3.0% to an increase of 5.2%. These rating impacts would directly affect 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 are expected to result in pricing impacts different from what is shown in this report.

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

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 discuss with stakeholders. We expect to refine the plan designs based on the feedback from stakeholders and WAHBE. Initial plans were developed to offer a variety of plans at each metal level, which can appeal to a wide variety of consumers. For all plans, there is a goal of having some higher value services be not subject to deductible. The following charts present the model standard plan designs for the model gold, silver (non-CSR), and bronze plans.

The model standard plan designs will likely need to be modified to be applicable for the 2021 benefit year and beyond in order to remain within the actuarial value requirements as defined by Federal AVC models in effect for the appropriate benefit year.

Shaded values in the tables indicate cost sharing that is not subject to the deductible. A comparison of all current plans to the proposed standard plans is included in the appendix.

Gold Plans

Benefits	Gold 1 (77% AV)	Gold 2 (81% AV)
Integrated	Yes	Yes
Deductible (\$)	\$2,000	\$0
Coinsurance	30%	20%
MOOP (\$)	\$6,500	\$5,000
Emergency Room Services	30%	\$375
Urgent Care	\$65	\$65
All Inpatient Hospital Services (incl. MH/SUD, Maternity)	30%	\$600 **
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$30
Specialist Visit	\$65	\$50
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$30
Imaging (CT/PET Scans, MRIs)	30%	\$275
Speech Therapy	\$45	\$45
Occupational and Physical Therapy	\$45	\$45
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$55
X-rays and Diagnostic Imaging	\$45	\$55
Skilled Nursing Facility	30%	\$300
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	\$300
Outpatient Surgery Physician/Surgical Services	30%	\$55
Generics	\$10	\$15
Preferred Brand Drugs	\$50	\$55
Non-Preferred Brand Drugs	\$75	\$75
Specialty Drugs (i.e. high-cost)	50% *	\$250
Ambulance	30%	\$375
All Other Benefits	30%	20%
Federal AV	77.13%	80.91%
Pricing Model AV	78.03%	83.07%

* Specialty RX Max: \$250

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

*** Blue Highlight Indicates Benefit Not Subject to Deductible

Silver Plans

Benefits	Silver 1 (70% AV)	Silver 2 (71% AV)
Integrated	Yes	Yes
Deductible (\$)	\$4,500	\$5,000
Coinsurance	30%	20%
MOOP (\$)	\$7,500	\$7,500
Emergency Room Services	30%	20%
Urgent Care	\$75	\$60
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	\$650*
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40	\$30
Specialist Visit	\$75	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$40	\$30
Imaging (CT/PET Scans, MRIs)	30%	20%
Speech Therapy	\$60	\$30
Occupational and Physical Therapy	\$60	\$30
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$65
X-rays and Diagnostic Imaging	30%	\$65
Skilled Nursing Facility	30%	\$650
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	\$250
Outpatient Surgery Physician/Surgical Services	30%	20%
Generics	\$20	\$20
Preferred Brand Drugs	\$65	\$60
Non-Preferred Brand Drugs	30%	\$80
Specialty Drugs (i.e. high-cost)	40%	50%
Ambulance	30%	20%
All Other Benefits	30%	20%
Federal AV	70.33%	71.39%
Pricing Model AV	72.42%	72.70%

* Maximum Number of Days for Charging IP Copay: 5

** Blue Highlight Indicates Benefit Not Subject to Deductible

Bronze Plans

Benefits	Bronze 1 HSA (62% AV)	Bronze 2 (64% AV)
Integrated	Yes	No
Deductible (\$)	\$6,350	Med = \$7000 RX = \$500
Coinsurance	40%	Med = 40% RX = 50%
MOOP (\$)	\$6,900	\$8,150
Emergency Room Services	40%	40%
Urgent Care	\$100	\$90
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$75	\$70
Specialist Visit	\$100	\$90
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$75	\$70
Imaging (CT/PET Scans, MRIs)	40%	40%
Speech Therapy	\$75	40%
Occupational and Physical Therapy	\$75	40%
Preventive Care/Screening/Immunization	\$0	\$0
Laboratory Outpatient and Professional Services	40%	40%
X-rays and Diagnostic Imaging	40%	40%
Skilled Nursing Facility	40%	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%
Outpatient Surgery Physician/Surgical Services	40%	40%
Generics	\$25	\$45
Preferred Brand Drugs	40%	\$85
Non-Preferred Brand Drugs	40%	50%
Specialty Drugs (i.e. high-cost)	40%	50%
Ambulance	40%	40%
All Other Benefits	40%	Med = 40% RX = 50%
Federal AV	62.25%	64.89%
Pricing Model AV	66.68%	70.42%

* Blue Highlight Indicates Benefit Not Subject to Deductible

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 only measure whether a plan meets the requirements for the metal levels, we did not use the resulting actuarial values to estimate pricing impact. To estimate the impact on premiums and federal subsidies, Wakely utilized our internal ACA individual pricing model. The model was calibrated to estimate utilization and service costs in the Washington individual market and to develop the pricing AVs for each of the model plans and comparison current 2019 plans. This allowed us to do a comparison of relative differences between pricing AVs of the plans. Finally, we 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 this initial draft report, we concentrated on Rating Area 1.

To calibrate the Wakely ACA Pricing Model, we used utilization and service information from Washington issuers' 2019 URRT submissions. We first grouped the service lines in our model into the URRT categories. Using the URRT data, considering any differences in unit definitions, we developed adjustments for both utilization rates and service cost levels. We then further adjusted the model to match the aggregate 2020 PMPM amounts by category.

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 calibrated pricing model. Because we calibrated our model to approximate the entire network and not each specific issuer, the pricing models of specific issuers may result in varying pricing AVs.

The following table shows the AVs for the two model gold plans and some of the current gold plans based on the AVC and Wakely's pricing model. We included plans that are popular overall, or within issuer offerings. 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 1 (77% AV)	Gold 1 (77% AV)	77.13%	78.03%	0.90%
Gold 2 (81% AV)	Gold 2 (81% AV)	80.91%	83.07%	2.16%
80473WA1000002	Kaiser Flex Gold – 19	79.12%	80.05%	0.93%
38498WA0320001	LifeWise Essential Gold EPO 1000	77.10%	78.32%	1.22%
61836WA0100001	Coordinated Care Ambetter Secure Care 1 (2019) with 3 Free PCP Visits	80.35%	86.98%	6.63%
84481WA0060001	Molina Choice Gold	78.91%	87.71%	8.81%
23371WA1760001	Kaiser Northwest KP WA Gold 1000/20	80.75%	80.23%	-0.52%
49831WA1920001	Premera Blue Cross PersonalCare Gold	77.30%	78.99%	1.68%

The following table shows the AVs for the two 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 counties. The pricing AV for silver plans was consistently higher than the AV from the AVC by 1% to 4.3%.

Actuarial Value Comparison for Model and Current Silver Plans

Plan ID	Plan Name	AVC	Pricing AV	Diff
Silver 1 (70% AV)	Silver 1 (70% AV)	70.33%	72.42%	2.09%
Silver 2 (71% AV)	Silver 2 (71% AV)	71.36%	72.70%	1.33%
61836WA0050007	Coordinated Care Ambetter Balanced Care 4 (2019)	69.43%	72.92%	3.49%
23371WA1760002	Kaiser Northwest KP WA Silver 2500/30	71.91%	74.64%	2.73%
23371WA1780001	Kaiser Northwest KP WA Silver 3500/30	70.39%	73.20%	2.80%
49831WA1940004	Premera Blue Cross Preferred Silver EPO 4500	68.82%	72.75%	3.93%
53732WA0790002	BridgeSpan Silver HDHP 3000 Exchange EPO RealValue	67.93%	72.06%	4.13%
61836WA0050003	Coordinated Care Ambetter Balanced Care 2 (2019)	70.48%	74.01%	3.53%
61836WA0090003	Coordinated Care Ambetter Balanced Care 2 (2019) + Vision	70.48%	74.04%	3.57%

Plan ID	Plan Name	AVC	Pricing AV	Diff
80473WA1000001	Kaiser Flex Silver - 19	71.36%	73.24%	1.88%
80473WA1000003	Kaiser VisitsPlus Silver HD - 19	69.49%	72.12%	2.62%
84481WA0060002	Molina Choice Silver 250	68.35%	72.66%	4.30%
38498WA0320002	LifeWise Essential Silver EPO 4000	67.61%	71.16%	3.55%

The pricing model for the most popular bronze plans resulted in AVs that are about 4% to 7% 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 1 HSA (62% AV)	Bronze 1 HSA (62% AV)	62.25%	66.68%	4.43%
Bronze 2 (64% AV)	Bronze 2 (64% AV)	64.89%	70.42%	5.53%
80473WA0990001	Kaiser Flex Bronze - 19	63.10%	69.71%	6.61%
38498WA0320003	LifeWise Essential Bronze EPO 6350	61.93%	66.30%	4.37%
23371WA1780004	Kaiser Northwest KP WA Bronze 5700/30% H.S.A.	62.05%	68.03%	5.97%
53732WA0790003	BridgeSpan Bronze HDHP 6000 Exchange EPO RealValue	61.43%	67.63%	6.20%
49831WA1940003	Premera Blue Cross Preferred Bronze EPO 6350	61.93%	66.30%	4.37%

Many factors can explain the difference between the AVC AVs and those used in pricing. As noted above, the AVC is not intended for pricing, as it incorporates national data for both individual and small group experience. Additionally, each issuer may have different pricing AVs for the same plan design, 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 anticipated relative difference in the premium.

Enrollees that do not have 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 1, comparing current rates for plans with the most current enrollees to the two model standard gold plans. Compared to Gold Plan 1, the four plans reviewed would be expected to see decreases between 1% and 10%. Compared to Gold Plan 2, we expect between a 5% decrease and just over 4% increase.

Gold Plan Pricing Impact for Unsubsidized Enrollees: Rating Area 1

Plan Name	Premium for Age 40, Rating Area 1	Gold 1 (77% AV)		Gold 2 (81% AV)	
		\$ Difference	% Diff	\$ Difference	% Diff
Kaiser Flex Gold – 19	\$474.43	(\$9.58)	-2.0%	\$14.32	3.0%
Coordinated Care Ambetter Secure Care 1 (2019) with 3 Free PCP Visits	\$435.92	(\$39.00)	-8.9%	(\$17.03)	-3.9%
Molina Choice Gold	\$510.52	(\$49.42)	-9.7%	(\$23.70)	-4.6%
Premera Blue Cross Personal Care Gold	\$612.21	(\$5.85)	-1.0%	\$25.00	4.1%

The silver plans are estimated to reflect a little less impact. 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 2%. Changing to either of the two model silver plans had pricing impacts ranging from 1.6% decrease to a 0.6% increase.

Silver Plan Pricing Impact for Unsubsidized Enrollees: Rating Area 1

Plan Name	Premium for Age 40, Rating Area 1	Silver 1 (70% AV)		Silver 2 (71% AV)	
		\$ Difference	% Diff	\$ Difference	% Diff
Coordinated Care Ambetter Balanced Care 4 (2019)	\$368.18	(\$1.84)	-0.5%	(\$0.81)	-0.2%
Coordinated Care Ambetter Balanced Care 2 (2019)	\$379.59	(\$6.03)	-1.6%	(\$4.97)	-1.3%
Coordinated Care Ambetter Balanced Care 2 (2019) + Vision	\$384.52	(\$6.25)	-1.6%	(\$5.18)	-1.3%
Kaiser Flex Silver - 19	\$438.97	(\$3.63)	-0.8%	(\$2.41)	-0.5%
Kaiser VisitsPlus Silver HD - 19	\$449.73	\$1.34	0.3%	\$2.60	0.6%
Molina Choice Silver 250	\$411.89	(\$0.99)	-0.2%	\$0.16	0.0%

The current bronze plans that we reviewed are expected to have a premium increase of 0.7% to 4.0% if the standard bronze plan is Bronze Plan 2, and premium changes would be between a 3.0% decrease and a 0.3% increase if the standard bronze plan were Bronze Plan 1.

Bronze Plan Pricing Impact for Unsubsidized Enrollees: Rating Area 1

Plan Name	Premium for Age 40, Rating Area 1	Bronze 1 HSA (62% AV)		Bronze 2 (64% AV)	
		\$ Difference	% Diff	\$ Difference	% Diff
Kaiser Flex Bronze - 19	\$320.01	(\$9.67)	-3.0%	\$2.27	0.7%
Kaiser Core Bronze HSA - 19	\$318.76	(\$7.91)	-2.5%	\$3.99	1.3%
Premera Blue Cross PersonalCare Bronze	\$418.31	\$1.06	0.3%	\$16.67	4.0%

APTC amounts are influenced by the second lowest cost silver plan available in a specific area. 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, all things equal. For this analysis, we are assuming that the individual is in one of the counties in Rating Area 1 for which the current plan 61836WA0090003 (Ambetter Balanced Care 2 (2019) + Vision) is the second lowest silver plan. This plan is currently the second lowest silver plan in 15 of the counties, statewide. The tables reflect the impact of each model standard plan being the second lowest cost silver plan and, therefore, the benchmark for determining APTC. The estimated change in premium shown for the plan changing to the Silver Plan 1 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 increase after considering the change in the benchmark plan since the benchmark plan is estimated to be priced lower than the current second lowest silver.

Silver Plan Pricing Impact for Subsidized Enrollees: Rating Area 1

Plan Name	Silver Plan 1		Silver Plan 2	
	\$ Difference	% Diff	\$ Difference	% Diff
Coordinated Care Ambetter Balanced Care 4 (2019)	\$4.15	1.1%	\$5.17	1.4%
Coordinated Care Ambetter Balanced Care 2 (2019)	\$0.14	0.0%	\$1.20	0.3%
Coordinated Care Ambetter Balanced Care 2 (2019) + Vision	\$0.00	0.0%	\$1.07	0.3%
Kaiser Flex Silver - 19	\$3.51	0.8%	\$4.73	1.1%
Kaiser VisitsPlus Silver HD - 19	\$8.66	1.9%	\$9.91	2.2%
Molina Choice Silver 250	\$5.71	1.4%	\$6.85	1.7%

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 and be priced lower than the standard plan, other plans could become the benchmark plan for purposes of calculating APTC, which would change the pricing impact for subsidized enrollees.

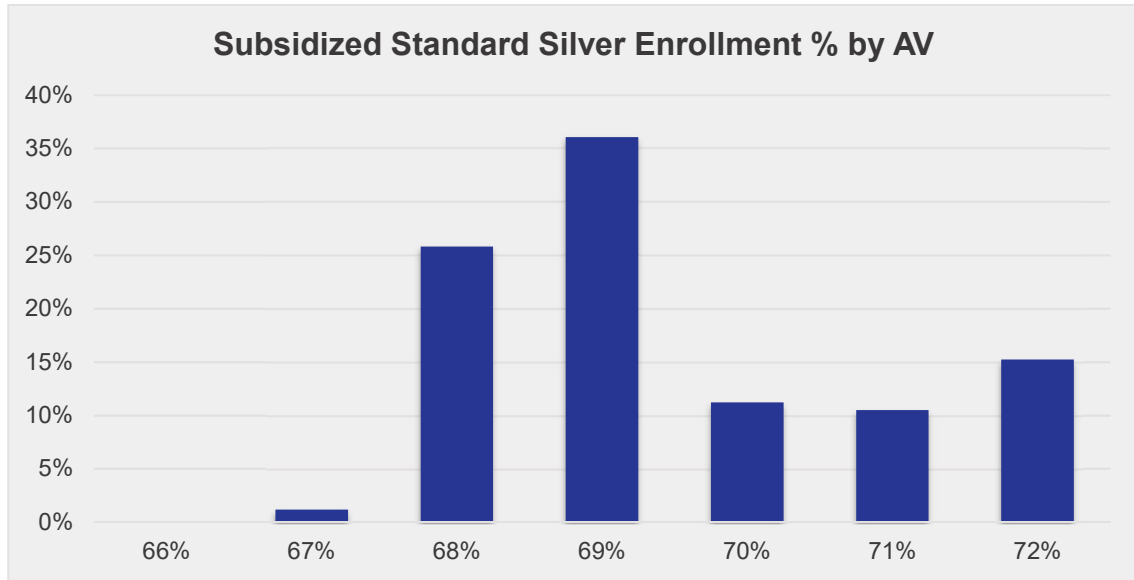
WAHBE 2019 Qualified Health Plan Prevalence Analysis

Wakely analyzed the 2019 ACA individual plan design offerings by metal level to determine the most prevalent AVs within each metal level and 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 and to estimate premium impacts of model standard plan designs for Washington’s 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

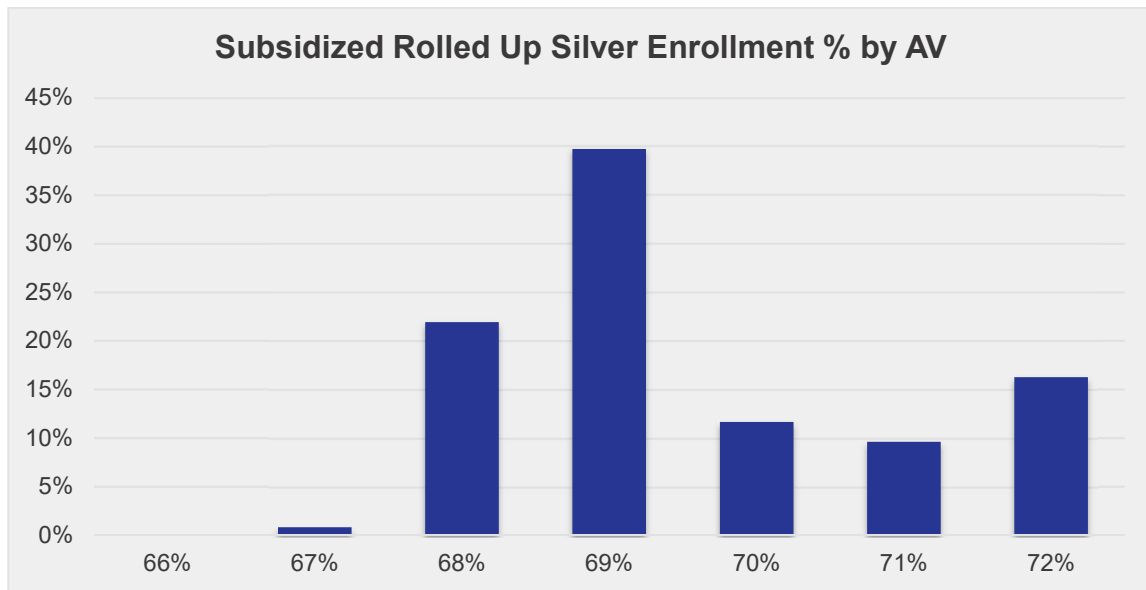
One of WAHBE’s stated objectives is to increase affordable options for enrollees by maximizing available federal tax credits and providing a wider range of options at the bronze and gold levels.

We evaluated the range of AVs and related enrollment in current silver plans. The AV in this context was measured by the 2019 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 2019 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%.

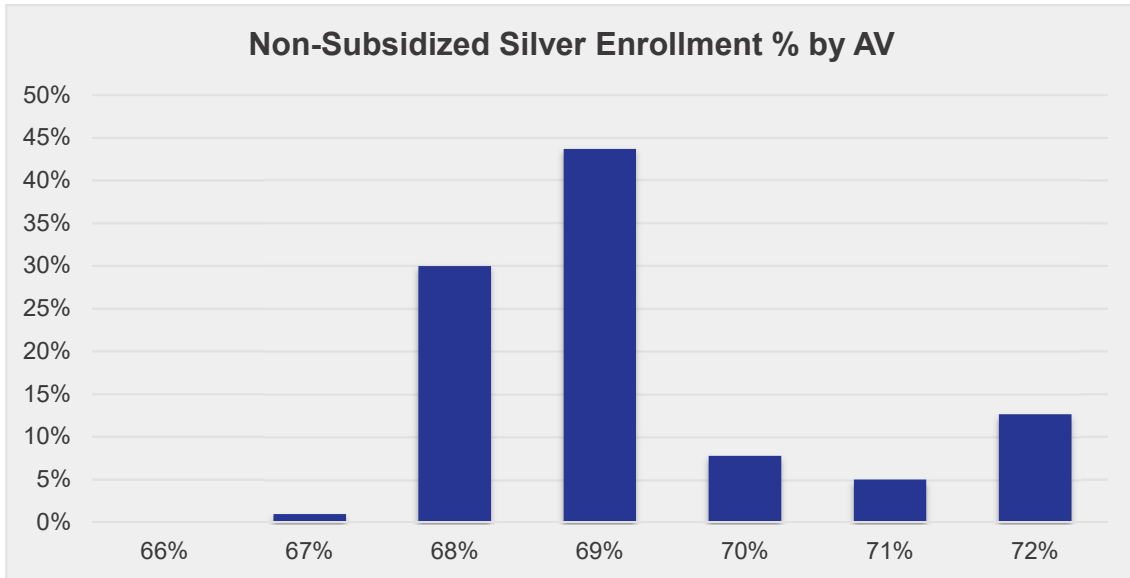


Compared to the prevalence analysis performed in the initial standard plan analysis, there is a shift of enrollment to plans with slightly higher AVs from 2018. The majority of the enrollees continue to be in plans with 68-69% AVs.

Subsidized standard silver enrollment does not include 2019 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.

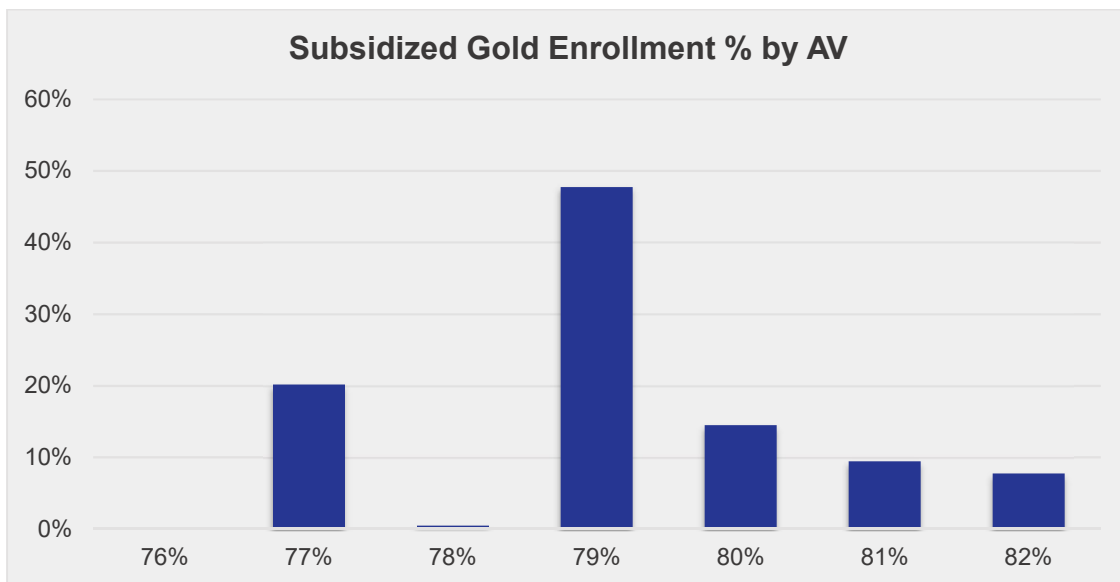


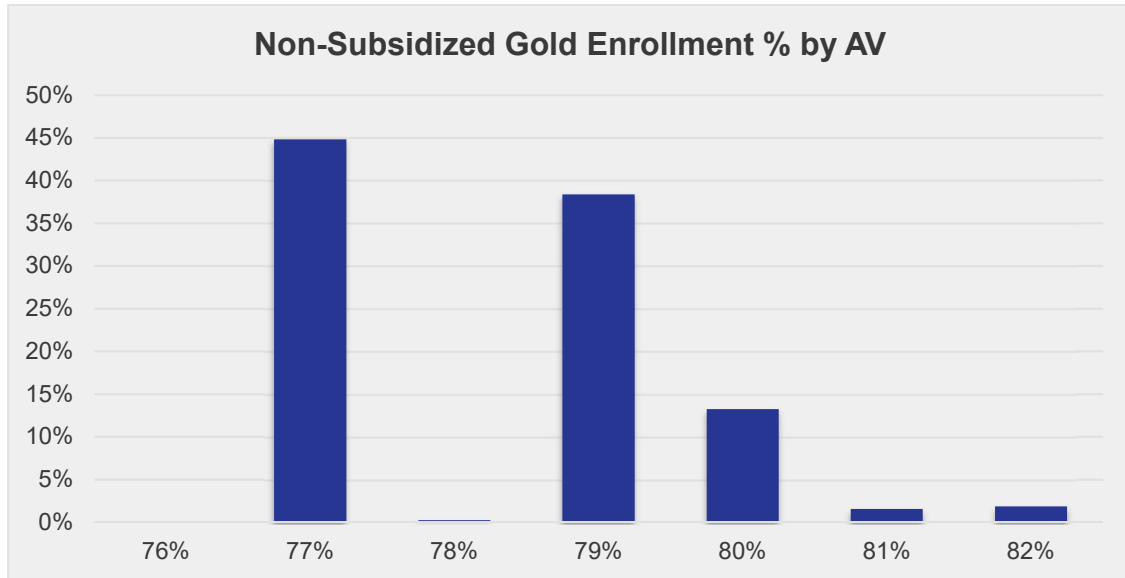
Non-subsidized silver enrollees exhibit similar patterns.



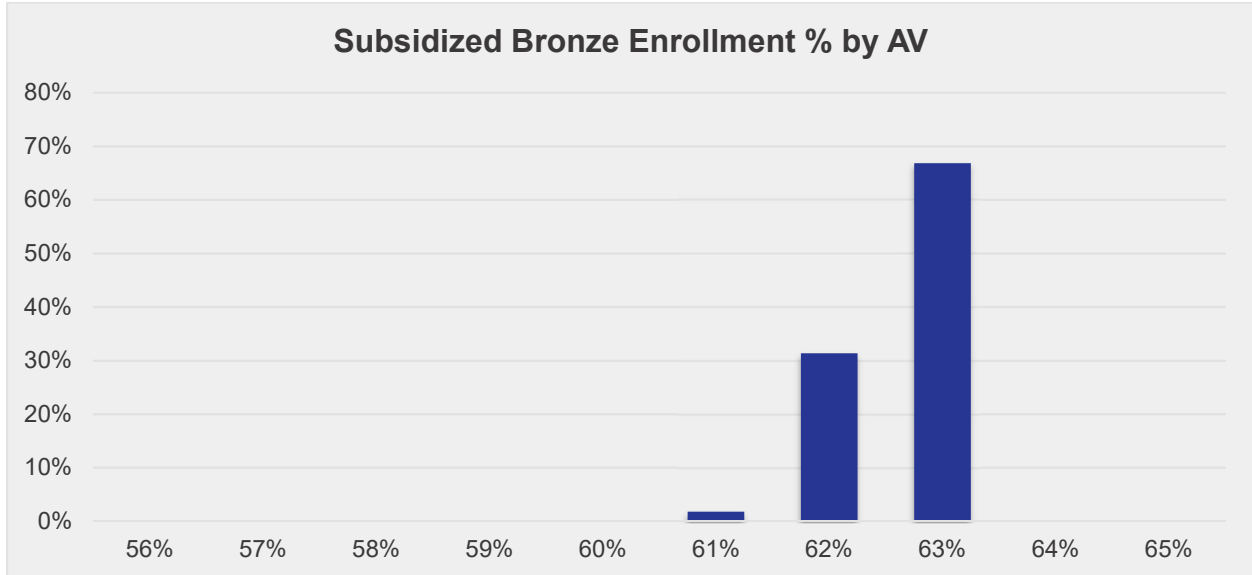
For all silver populations, while the AVs have increased somewhat, the majority of enrollment continues to be in plans with AVs at the lower end of the range, generally around 69%. All other things being equal, silver plans with higher AVs could provide reduced cost-sharing, but higher premiums, than 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 premium increases similarly.

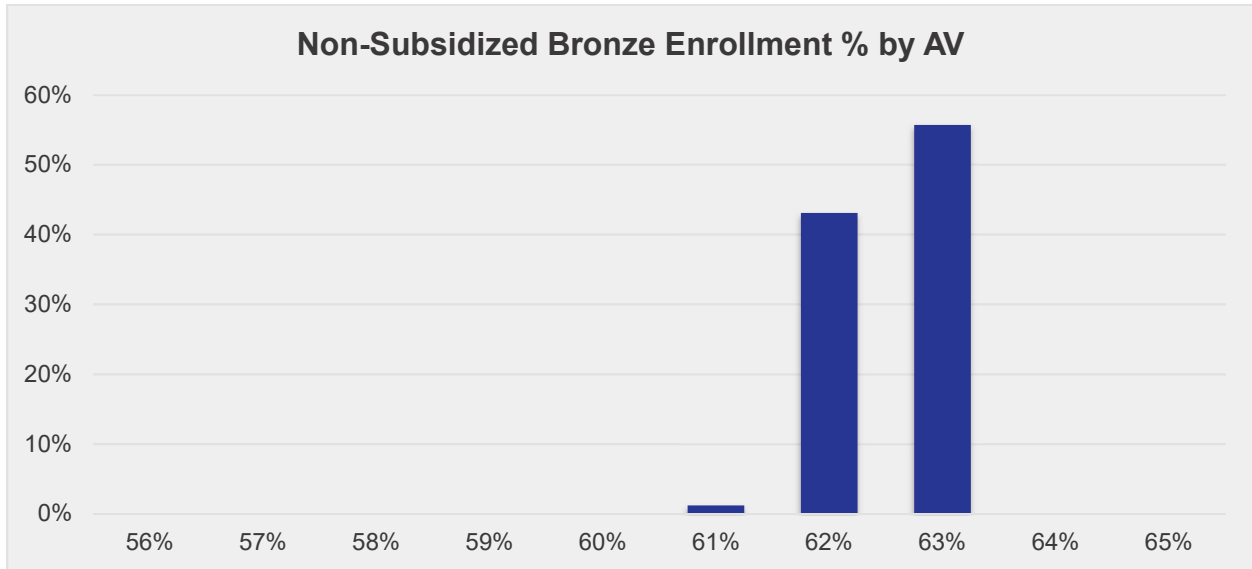
We evaluated the enrollment distribution for 2019 gold and bronze plans. The following charts present these distributions.





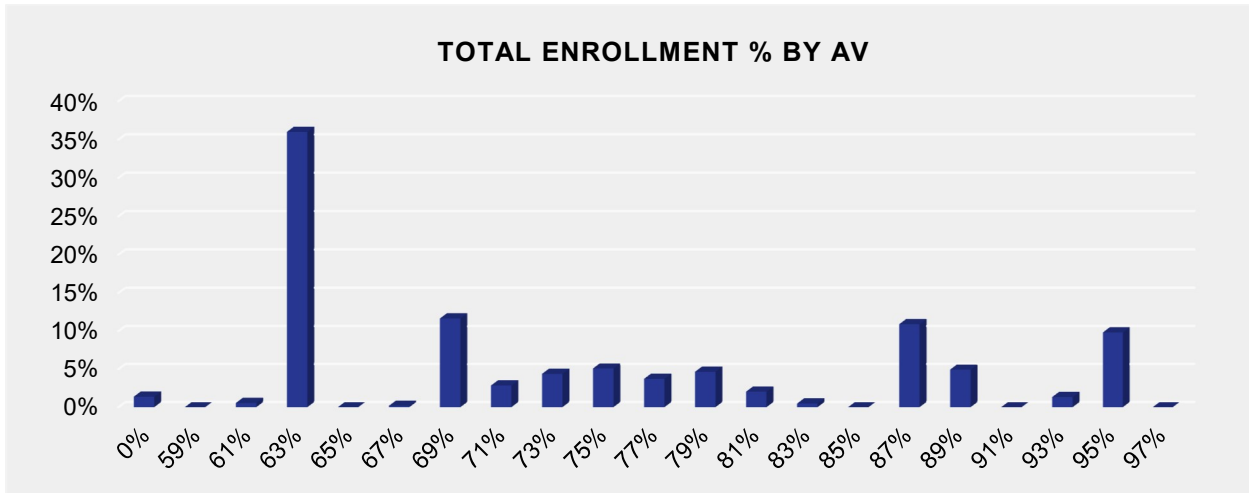
Similar to 2018 enrollment, the gold enrollment for 2019 is heavily concentrated in plans with 79-80% AV, with significant non-subsidized enrollment in the 77% gold plan as well. Gold plans at the lower end of the permissible AV range may provide higher cost-sharing, but lower premiums, than currently 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 toward the higher range of those permitted. This reflects a shift from 2018 enrollment, which showed enrollment in more middle range plans. 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 highest 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).

In order to provide perspective on the total market enrollment, the following chart shows the percentage of total enrollment by AV. About a third of the individual market is enrolled in bronze plans around 63% AV. The small amount of enrollees showing up as 0% AV are those that are enrolled in Catastrophic plans and do not have an AV indicated in the data.



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.

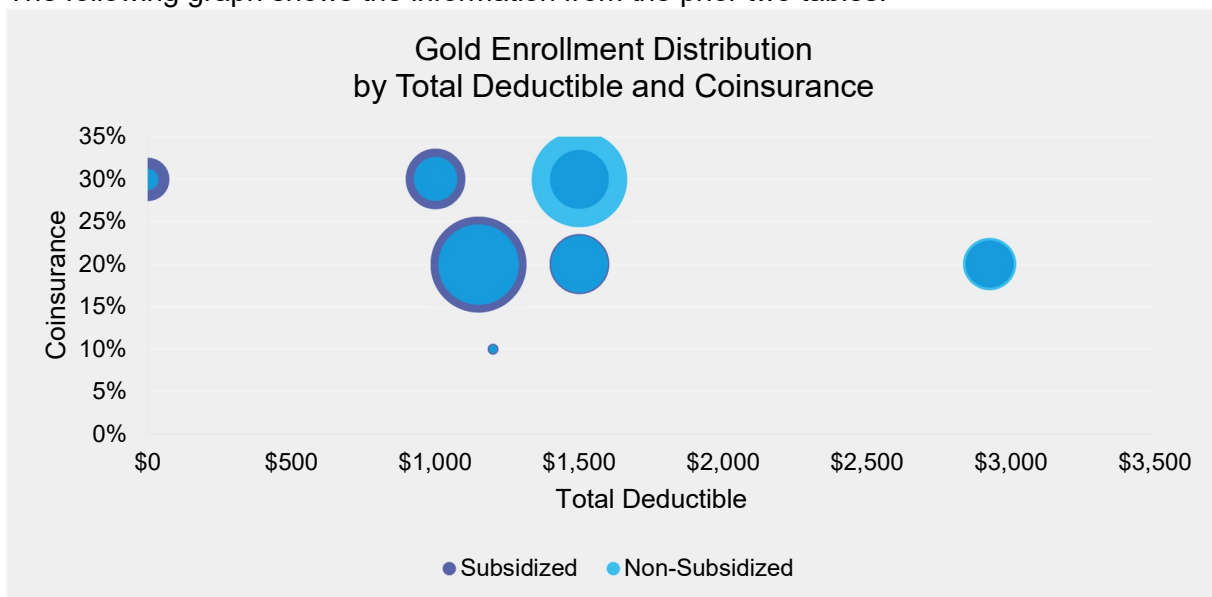
Enrollment in gold plans tended to be in plans with lower deductibles and 20% coinsurance. Over half of the subsidized enrollees were in a plan with either \$1000/\$500 separate deductible or \$1150 integrated deductible and 20% coinsurance. This is a shift to slightly higher deductibles from 2018 enrollment. Non-subsidized enrollees showed a greater willingness to enroll in higher deductible plans, with more enrollees opting for \$1500 deductible and 30% coinsurance plans.

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			8%
\$1,000			15%
\$1,000/\$500		14%	
\$1,150		38%	
\$1,500			15%
\$2,925/\$0		9%	

Non-Subsidized Enrollment Distribution in Gold Plans			
Deductible	Coinsurance		
	10%	20%	30%
\$0			2%
\$1,000			8%
\$1,000/\$500		13%	
\$1,150		27%	
\$1,500			38%
\$3,800/\$0		11%	

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

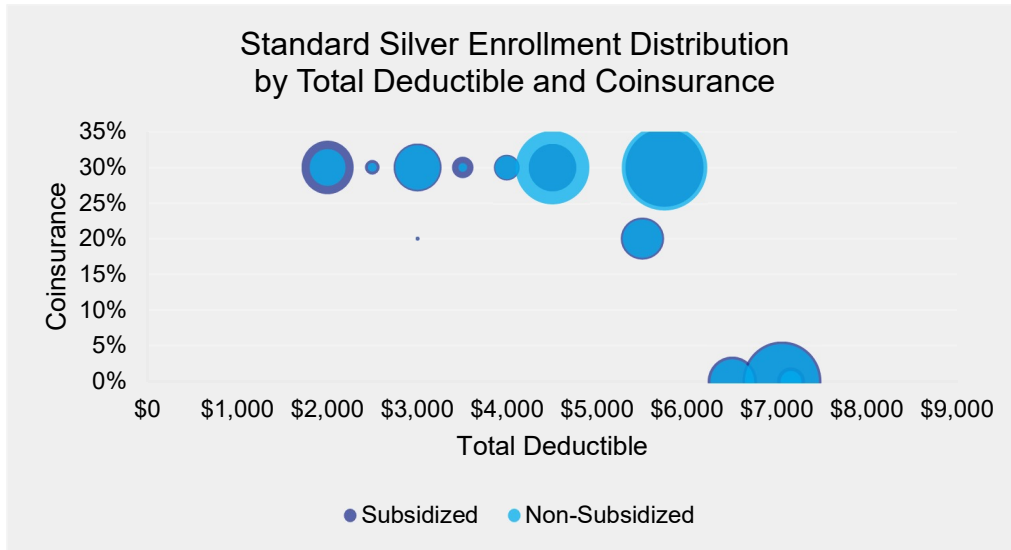


Enrollees in standard (non-CSR variant) silver plans, both subsidized and non-subsidized, were enrolled roughly one-third in high deductible (\$6,500 or over) plans with no coinsurance, and about one-third in lower deductible (\$2,000-\$4,500) plans with 30% coinsurance. About a quarter of silver enrollees are enrolled in a plan with separate medical and drug deductibles.

Subsidized Enrollment Distribution in Standard Silver Plans			
Deductible	Coinsurance		
	0%	20%	30%
\$2,000			11%
\$2,500			1%
\$3,000			9%
\$3,500			2%
\$4,000			3%
\$4,500			9%
\$4950/\$400			23%
\$5,500		7%	
\$6,500	9%		
\$7,050	24%		
\$7,150	3%		

Non-Subsidized Enrollment Distribution in Silver Plans			
Deductible	Coinsurance		
	0%	20%	30%
\$2,000			5%
\$2,500			
\$3,000			8%
\$3,500			
\$4,000			2%
\$4,500			21%
\$5,350/\$400			28%
\$5,500		6%	
\$6,500	7%		
\$7,050	21%		
\$7,150	2%		

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



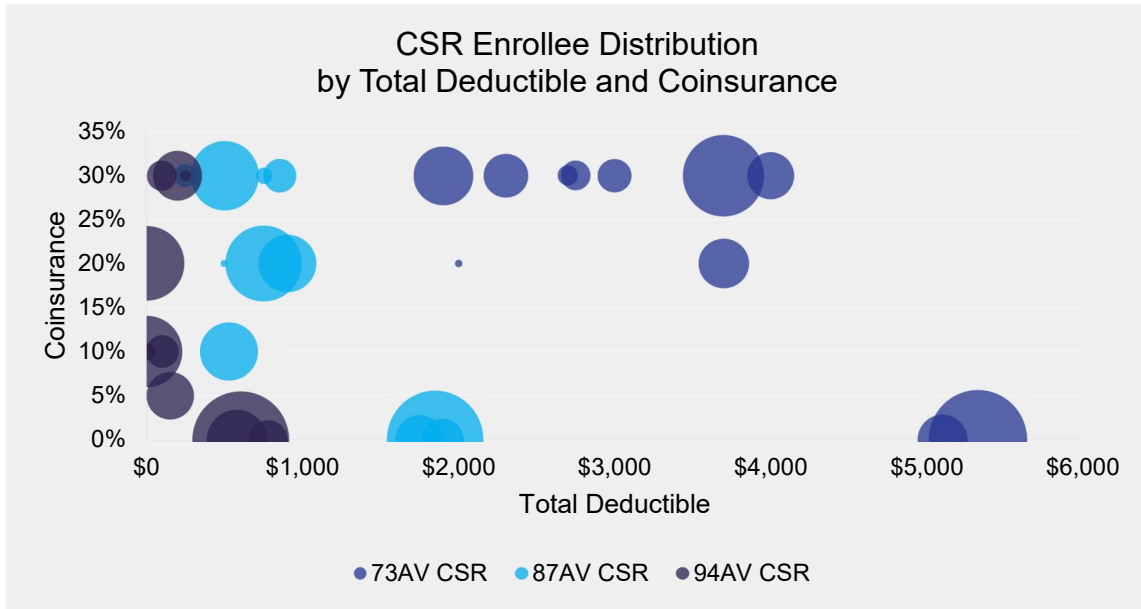
CSR variant silver plan enrollees were in an assortment of plans. Over a third in each variant level enrolled in relatively higher deductible plans with no coinsurance.

Subsidized Enrollment Distribution in 73 AV CSR Silver Plans			
Deductible	Coinsurance		
	0%	20%	30%
\$1,900			11%
\$2,000			
\$2,300			6%
\$2,700			1%
\$2,750			3%
\$3,000			3%
\$3,300/\$400			20%
\$3,700		8%	
\$4,000			7%
\$5,100	8%		
\$5,325	30%		
\$6,250	4%		

Subsidized Enrollment Distribution in 87 AV CSR Silver Plans				
Coinsurance				
Deductible	0%	10%	20%	30%
\$250				2%
\$500				14%
\$525		10%		
\$750/\$0			18%	
\$750				1%
\$850				3%
\$900			10%	
\$1,750	7%			
\$1,850	29%			
\$1,900	5%			

Subsidized Enrollment Distribution in 94 AV CSR Silver Plans					
Coinsurance					
Deductible	0%	5%	10%	20%	30%
\$0			1%	17%	
\$0/\$0			16%		
\$100			3%		3%
\$150		7%			
\$200					7%
\$250					
\$575	11%				
\$600	29%				
\$775	5%				

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

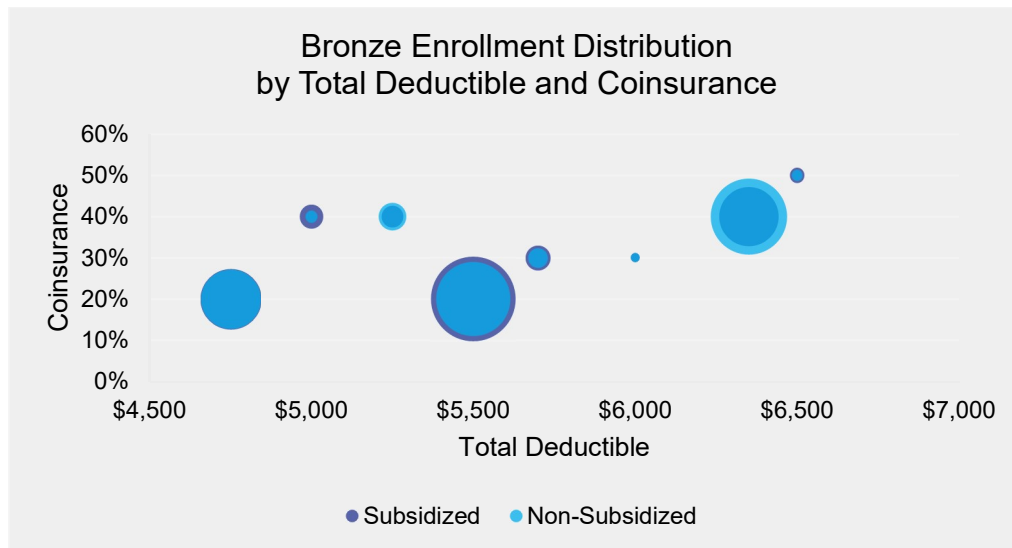


Over half of bronze enrollment, both subsidized and non-subsidized, were in plans with \$5,500 or lower deductibles and 20% coinsurance.

Subsidized Enrollment Distribution in Bronze Plans					
Deductible	Coinsurance				
	0%	20%	30%	40%	50%
\$4,750		23%			
\$5,000				3%	
\$5,250				3%	
\$5,500		44%			
\$5,700			4%		
\$6,000					
\$6,350				22%	
\$6,500					1%
\$7,150					

Non-Subsidized Enrollment Distribution in Bronze Plans					
Deductible	Coinsurance				
	0%	20%	30%	40%	50%
\$4,750		22%			
\$5,000				1%	
\$5,250				4%	
\$5,500		34%			
\$5,700			2%		
\$6,000					
\$6,350				36%	
\$6,500					1%
\$7,150					

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 2019 enrollment and plans – of the benefits offered before/outside of the deductible. Compared to 2018, more enrollment is in plans with no deductible required for primary care and urgent care visits. All non-grandfathered 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%	106
Generic drugs	81%	76
Primary Care visit	81%	74
Preferred brand drugs	61%	65
Specialist visit	60%	69
Mental/behavioral outpatient	61%	69
Substance use disorder	61%	69
Non-preferred brand drugs	9%	9
Specialty drugs	9%	9
Emergency Room	7%	8
Urgent Care	81%	77
Outpatient Surgery	7%	8
PT/OT/ST	20%	24

Percent of Non-Subsidized Enrollment with Services before Deductible		
Service Category	% Enrollment	Plan Count
Preventive services	100%	39
Generic drugs	65%	25
Primary Care visit	75%	27
Preferred brand drugs	43%	21
Specialist visit	40%	23
Mental/behavioral outpatient	40%	22
Substance use disorder	40%	22
Non-preferred brand drugs	6%	4
Specialty drugs	6%	4
Emergency Room	3%	2
Urgent Care	75%	27
Outpatient Surgery	3%	2
PT/OT/ST	14%	8

Assumptions

- Trend and PMPM Assumptions used in Pricing Model are 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 any non-standard plan offered will have a higher Federal AV than the standard silver plans. No silver plans would change the second lowest cost silver plan.
- Our analysis uses the 2019 plan designs, current rates, and the 2020 Federal AVC. Actual standard plan designs will have to be adjusted to fit the 2021 Federal AV requirements for metal levels. The pricing impact would also be different from what is reflected in this analysis.
- We assumed there is no change in current EHB requirements, or in the amount of non-EHBs offered in current plans.
- Relative difference in AV's from Wakely's pricing model are assumed representative of the relative change in carriers' pricing models.
- We did not make any assumption that the plans will meet Mental Health Parity requirements for a specific carrier. We recommend that all carriers test for parity. Standard plan designs can then be revised to ensure all standard plans meet parity for all carriers.

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. Brad Heywood contributed significantly to the analyses. Michael Cohen contributed to policy considerations for standard plan designs.

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. WAHBE may wish to disguise issue and plan names in this report prior to sharing any results with stakeholders.

Risks and Uncertainties. The analysis and results in this report do not involve any projections or actuarial assumptions, other than those used to calibrate the Wakely ACA Pricing Model. Such are described in the body of this report. This report also presents statistical analyses of data provided by WAHBE to develop prevalence measurements. 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. Additionally, actual issuer premiums for standard plans may vary from the estimates in this report. Although we believe that the estimates are directionally meaningful, as described in this report, our pricing model was calibrated to estimate the utilization and service costs of the entire Washington individual ACA market and not to match any one issuer.

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 2019 and 2020 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

Gold Plan Comparison

Benefits	Gold 1 (77% AV)	Gold 2 (81% AV)	Kaiser Northwest KP WA Gold 1000/20	Kaiser Northwest KP WA Gold 0/20	LifeWise Essential Gold EPO 1000	Premera Blue Cross PersonalCare Gold	Premera Blue Cross Preferred Gold EPO 1500	Premera Blue Cross Preferred Gold EPO 1000	BridgeSpan Gold Essential 1200 Exchange EPO RealValue	Coordinated Care - Ambetter Secure Care 1 (2019) with 3 Free PCP Visits	Kaiser Flex Gold - 19	Molina Choice Gold
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Deductible (\$)	\$2,000	\$0	\$1,000	\$0	\$1,000	\$1,500	\$1,500	\$1,000	\$1,200	\$1,000 Med; \$500 Rx	\$1,150	\$2,925 Med; \$0 Rx
Coinsurance	30%	20%	30%	30%	30%	30%	30%	30%	10%	20%	20%	20%
MOOP (\$)	\$6,500	\$5,000	\$7,000	\$7,250	\$6,000	\$6,800	\$6,800	\$6,000	\$7,900	\$6,350	\$6,500	\$5,000
Emergency Room Services	30%	\$375	30%	\$300	\$250	30%	\$250	\$250	10%	\$250	20%	20%
Urgent Care	\$65	\$65	\$40	\$40	\$60	\$45	\$45	\$40	\$30	20%	\$15	\$35
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	\$600	30%	30%	30%	30%	30%	30%	10%	20%	20%	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$30	\$20	\$20	\$30	\$15	\$15	\$15	\$30	20%	\$15	\$10
Specialist Visit	\$65	\$50	\$40	\$40	\$60	\$45	\$45	\$40	\$30	20%	\$40	\$50
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$30	\$20	\$20	\$60	\$45	\$45	\$40	10%	20%	\$15	\$10
Imaging (CT/PET Scans, MRIs)	30%	\$275	30%	\$300	30%	30%	30%	30%	10%	20%	20%	20%
Speech Therapy	\$45	\$45	\$20	\$20	30%	30%	30%	30%	10%	20%	\$40	\$50
Occupational and Physical Therapy	\$45	\$45	\$20	\$20	30%	30%	30%	30%	10%	20%	\$40	\$50
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$55	30%	\$40	30%	30%	30%	30%	10%	20%	20%	\$15
X-rays and Diagnostic Imaging	\$45	\$55	30%	\$40	30%	30%	30%	30%	10%	20%	20%	\$35
Skilled Nursing Facility	30%	\$300	30%	\$300	30%	30%	30%	30%	10%	20%	20%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	\$300	30%	30%	30%	30%	30%	30%	10%	20%	20%	20%
Outpatient Surgery Physician/Surgical Services	30%	\$55	30%	30%	30%	30%	30%	30%	10%	20%	20%	20%
Generics	\$10	\$15	\$10	\$10	30%	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand Drugs	\$50	\$55	\$30	\$30	30%	\$45	\$45	\$40	35%	\$25	\$35	\$50
Non-Preferred Brand Drugs	\$75	\$75	50%	50%	30%	50%	50%	50%	50%	\$75	40%	30%
Specialty Drugs (i.e. high-cost)	50%	\$250	50%	50%	50%	50%	50%	50%	40%	30%	40%	30%
Ambulance	30%	\$375	30%	30%	30%	30%	30%	30%	10%	20%	20%	20%
All Other Benefits	30%	20%										
Federal AV	77.13%	80.91%	80.75%	81.97%	77.10%	77.30%	77.30%	79.76%	78.49%	80.35%	79.12%	78.91%
Pricing Model AV	78.03%	83.07%	80.23%	80.45%	78.32%	78.99%	78.76%	80.83%	81.59%	86.98%	80.05%	87.71%

* Blue Highlight Indicates Benefit Not Subject to Deductible

Silver Plan Comparison

Benefits	Silver 1 (70% AV)	Silver 2 (71% AV)	Kaiser Northwest KP WA Silver 2500/30	Kaiser Northwest KP WA Silver 3500/30	LifeWise Essential Silver EPO 4000	Premera Blue Cross PersonalCare Silver	Premera Blue Cross Preferred Silver EPO 4500	BridgeSpan Silver HDHP 3000 Exchange EPO RealValue	Coordinated Care - Ambetter Balanced Care 1 (2019)	Coordinated Care - Ambetter Balanced Care 2 (2019)
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$4,500	\$5,000	\$2,500	\$3,500	\$4,000	\$4,500	\$4,500	\$3,000	\$5,500	\$6,500
Coinsurance	30%	20%	30%	30%	30%	30%	30%	20%	20%	0%
MOOP (\$)	\$7,500	\$7,500	\$7,750	\$7,750	\$7,350	\$7,350	\$7,350	\$6,750	\$6,500	\$6,500
Emergency Room Services	30%	20%	30%	30%	\$250	30%	\$250	20%	20%	\$0
Urgent Care	\$75	\$60	\$50	\$50	\$60	\$60	\$60	20%	\$100	\$100
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	\$650	30%	30%	30%	30%	30%	20%	20%	\$0
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40	\$30	\$30	\$30	\$30	\$30	\$30	20%	\$30	\$30
Specialist Visit	\$75	\$60	\$65	\$65	\$60	\$60	\$60	20%	\$60	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$40	\$30	\$30	\$30	\$60	\$60	\$60	20%	\$30	\$30
Imaging (CT/PET Scans, MRIs)	30%	20%	30%	30%	30%	30%	30%	20%	20%	\$0
Speech Therapy	\$60	\$30	\$30	\$30	30%	30%	30%	20%	20%	\$0
Occupational and Physical Therapy	\$60	\$30	\$30	\$30	30%	30%	30%	20%	20%	\$0
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$65	30%	30%	30%	30%	30%	20%	20%	\$0
X-rays and Diagnostic Imaging	30%	\$65	30%	30%	30%	30%	30%	20%	20%	\$0
Skilled Nursing Facility	30%	\$650	30%	30%	30%	30%	30%	20%	20%	\$0
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	\$250	30%	30%	30%	30%	30%	20%	20%	\$0
Outpatient Surgery Physician/Surgical Services	30%	20%	30%	30%	30%	30%	30%	20%	20%	\$0
Generics	\$20	\$20	\$20	\$20	30%	\$30	\$30	20%	\$10	\$15
Preferred Brand Drugs	\$65	\$60	\$65	\$65	30%	\$60	\$60	30%	\$50	\$50
Non-Preferred Brand Drugs	30%	\$80	50%	50%	30%	50%	50%	50%	20%	\$0
Specialty Drugs (i.e. high-cost)	40%	50%	50%	50%	50%	50%	50%	40%	20%	\$0
Ambulance	30%	20%	30%	30%	30%	30%	30%	20%	20%	\$0
All Other Benefits	30%	20%								
Federal AV	70.33%	71.39%	71.91%	70.39%	67.61%	68.82%	68.82%	67.93%	71.55%	70.48%
Pricing Model AV	72.42%	72.70%	74.64%	73.20%	71.16%	72.98%	72.75%	72.06%	74.18%	74.01%

* Blue Highlight Indicates Benefit Not Subject to Deductible

Silver Plan Comparison

Benefits	Silver 1 (70% AV)	Silver 2 (71% AV)	Coordinated Care - Ambetter Balanced Care 3 (2019)	Coordinated Care - Ambetter Balanced Care 4 (2019)	Coordinated Care - Ambetter Balanced Care 1 (2019) + Vision	Coordinated Care - Ambetter Balanced Care 2 (2019) + Vision	Coordinated Care - Ambetter Balanced Care 3 (2019) + Vision	Kaiser Flex Silver - 19	Kaiser VisitsPlus Silver HD - 19	Molina Choice Silver 250
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Deductible (\$)	\$4,500	\$5,000	\$3,000	\$7,050	\$5,500	\$6,500	\$3,000	\$2,000	\$7,150	\$5,350 Med; \$400 Rx
Coinsurance	30%	20%	30%	0%	20%	0%	30%	30%	0%	30%
MOOP (\$)	\$7,500	\$7,500	\$6,750	\$7,050	\$6,500	\$6,500	\$6,750	\$7,900	\$7,150	\$7,900
Emergency Room Services	30%	20%	\$600	\$0	20%	\$0	\$600	30%	\$0	30%
Urgent Care	\$75	\$60	\$100	\$100	\$100	\$100	\$100	\$20	\$30	\$50
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	\$650	\$750	\$0	20%	\$0	\$750	30%	\$0	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40	\$30	\$30	\$30	\$30	\$30	\$30	\$20	\$30	\$30
Specialist Visit	\$75	\$60	\$60	\$60	\$60	\$60	\$60	\$45	\$55	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$40	\$30	\$30	\$30	\$30	\$30	\$30	\$20	\$30	\$30
Imaging (CT/PET Scans, MRIs)	30%	20%	30%	\$0	20%	\$0	30%	30%	\$0	30%
Speech Therapy	\$60	\$30	30%	\$0	20%	\$0	30%	\$45	\$55	\$75
Occupational and Physical Therapy	\$60	\$30	30%	\$0	20%	\$0	30%	\$45	\$55	\$75
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$65	30%	\$0	20%	\$0	30%	30%	\$0	\$40
X-rays and Diagnostic Imaging	30%	\$65	30%	\$0	20%	\$0	30%	30%	\$0	\$75
Skilled Nursing Facility	30%	\$650	30%	\$0	20%	\$0	30%	30%	\$0	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	\$250	30%	\$0	20%	\$0	30%	30%	\$0	30%
Outpatient Surgery Physician/Surgical Services	30%	20%	30%	\$0	20%	\$0	30%	30%	\$0	30%
Generics	\$20	\$20	\$25	\$15	\$10	\$15	\$25	\$10	\$12	\$20
Preferred Brand Drugs	\$65	\$60	\$50	\$50	\$50	\$50	\$50	40%	\$55	\$60
Non-Preferred Brand Drugs	30%	\$80	30%	\$0	20%	\$0	30%	50%	50%	40%
Specialty Drugs (i.e. high-cost)	40%	50%	30%	\$0	20%	\$0	30%	50%	50%	40%
Ambulance	30%	20%	30%	\$0	20%	\$0	30%	30%	\$0	30%
All Other Benefits	30%	20%								
Federal AV	70.33%	71.39%	71.83%	69.43%	71.55%	70.48%	71.83%	71.36%	69.49%	68.35%
Pricing Model AV	72.42%	72.70%	74.53%	72.92%	74.22%	74.04%	74.57%	73.24%	72.12%	72.66%

* Blue Highlight Indicates Benefit Not Subject to Deductible

Bronze Plan Comparison

Benefits	Bronze 1 HSA (62% AV)	Bronze 2 (64% AV)	Kaiser Northwest KP WA Bronze 5000/50	Kaiser Northwest KP WA Bronze 6500/50	Kaiser Northwest KP WA Bronze 5700/30% H.S.A.	LifeWise Essential Bronze EPO 6350	Premera Blue Cross PersonalCare Bronze	Premera Blue Cross PersonalCare Bronze HSA	Premera Blue Cross Preferred Bronze HSA EPO 5250	Premera Blue Cross Preferred Bronze EPO 6350	BridgeSpan Bronze HDHP 6000 Exchange EPO RealValue	Kaiser Core Bronze HSA - 19	Kaiser Flex Bronze - 19
Integrated	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$6,350	Med = \$7000 RX = \$500	\$5,000	\$6,500	\$5,700	\$6,350	\$6,350	\$5,250	\$5,250	\$6,350	\$6,000	\$4,750	\$5,500
Coinsurance	40%	Med = 40% RX = 50%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
MOOP (\$)	\$6,900	\$8,150	\$7,750	\$7,750	\$6,550	\$7,850	\$7,850	\$6,700	\$6,700	\$7,850	\$6,750	\$6,550	\$7,150
Emergency Room Services	40%	40%	40%	50%	30%	\$250	40%	40%	40%	\$250	30%	20%	20%
Urgent Care	\$100	\$90	40%	50%	30%	\$60	\$60	40%	40%	\$60	30%	20%	\$40
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$75	\$70	\$50	\$50	30%	\$50	\$50	40%	40%	\$50	30%	20%	\$40
Specialist Visit	\$100	\$90	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$75	\$70	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Imaging (CT/PET Scans, MRIs)	40%	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Speech Therapy	\$75	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Occupational and Physical Therapy	\$75	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	40%	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
X-rays and Diagnostic Imaging	40%	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Skilled Nursing Facility	40%	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
Generics	\$25	\$45	\$25	50%	\$20	40%	40%	40%	40%	40%	30%	20%	\$25
Preferred Brand Drugs	40%	\$85	50%	50%	\$50	40%	40%	40%	40%	40%	40%	40%	40%
Non-Preferred Brand Drugs	40%	50%	50%	50%	50%	40%	40%	40%	40%	40%	50%	50%	50%
Specialty Drugs (i.e. high-cost)	40%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%	50%	50%
Ambulance	40%	40%	40%	50%	30%	40%	40%	40%	40%	40%	30%	20%	20%
All Other Benefits	40%	Med = 40% RX = 50%											
Federal AV	62.25%	64.89%	62.34%	60.75%	62.05%	61.93%	61.93%	61.92%	61.92%	61.93%	61.43%	63.25%	63.10%
Pricing Model AV	66.68%	70.42%	65.99%	65.21%	68.03%	66.30%	66.43%	67.98%	67.98%	66.30%	67.63%	69.16%	69.71%

* Blue Highlight Indicates Benefit Not Subject to Deductible