



Washington Health Benefit Exchange

Standard Plans Project – Draft 1 Alternate Plans

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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. Please refer to the first report that is dated August 8, 2019 for background. The August 8, 2019, report describes two initial proposed plans at each metal level as well as the methodology and additional analysis used in developing the initial plans.

This report builds on the work of the first report. Based on discussions with stakeholders and further feedback provided after release of the first report, Wakely has designed two additional plans as alternates to each of the initial plan designs. These plans have taken into consideration the feedback received and are presented as further drafts for discussion.

This report also provides possible Cost Sharing Reduction (CSR) variations for the initial silver proposed plans and one alternate for each plan. These variations depict potential plan designs for the variations. WAHBE will be looking for additional feedback on all alternate plan designs and plan design variations presented in this report. We have not reviewed the pricing impact of the proposed plans.

We designed two alternate plans for each of the two initial standard plans proposed in the gold, silver, and bronze metal tiers. Similar to the first report, 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 64% 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.

Model Standard Plan Designs

The following tables show alternate plans designs to the initial standard draft plans that Wakely provided in the August 8, 2019 Standard Plans Project report. There are two alternate plans for each of the initial standard plans. The changes made for the alternate plans were in response to

various feedback that we heard during the August 20 Stakeholder meetings and submitted to WAHBE subsequent to the meetings.

In making the changes to the plan designs, we targeted a similar AV for each plan as the original draft standard plans. The footnotes indicate anything unique about the cost sharing that cannot be easily indicated in the table. Shaded values in the tables indicate cost sharing that is not subject to the deductible.

There are also some potential plan designs that create unique plan design situations in the Federal AV model as the structure of the plan design does not fit in the simplified structure of the Federal AV calculator. For example, adding limited visits before the deductible is applied is an option for office visits beyond PCP. The Federal AV model does not have the functionality to address this. If added, we would need to determine whether 1) the impact is immaterial, in which case there would be no need to change the federal AVC analysis, or 2) the impact is material, in which case carriers will need to define as a unique plan design and use one of allowed methods to show compliance with AV requirements. We have left some margin between the current AVs and the boundaries of the de minimis range for the allowed AVs by metal. This should provide enough room in the AV to allow for some adjustment if unique plan design is deemed appropriate. Similarly, including separate cost sharing for Inpatient Maternity and/or Inpatient MH/SU, or separate facility and professional cost sharing for inpatient are not nuances that the Federal AVC can accommodate. Changing these would have pricing implications, and may be considered as unique plan designs for the Federal AV as well.

The focus of this iteration is on the plan designs and ensuring that the plans meet the metal tier AV requirements. We have not developed pricing AVs for the alternative plans.

We believe there is value in looking at the Washington essential health benefits (EHB), including mandates, and list of benefits included in the Plan Benefit Templates. These may highlight additional services that would be valuable to call out separately in the standard plan designs, both for ease of administration by carriers, and for consumer value.

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.

The Appendix includes comparisons of initial proposed standard plans and the alternates included in this report alongside all current plans in the Washington market.

Gold 1 Plan and Alternates

Benefits	Gold 1 (77% AV)	Gold 1 (77% AV) Alternate 1	Gold 1 (77% AV) Alternate 2
Integrated	Yes	Yes	Yes
Deductible (\$)	\$2,000	\$1,700	\$1,250
Coinsurance	30%	30%	30%
MOOP (\$)	\$6,500	\$6,800	\$7,150
Emergency Room Services	30%	30%	30%
Urgent Care	\$65	\$65	\$70
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	30%	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$25	\$30
Specialist Visit	\$65	\$65	\$70
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$25	\$30
Imaging (CT/PET Scans, MRIs)	30%	30%	30%
Speech Therapy	\$45	\$45	30%
Occupational and Physical Therapy	\$45	\$45	30%
Preventive Care/Screening/Immunization	\$0	0%	0%
Laboratory Outpatient and Professional Services	30%	\$25	\$30
X-rays and Diagnostic Imaging	\$45	\$45	\$45
Skilled Nursing Facility	30%	30%	30%
Outpatient Facility Fee (e.g., ASC)	30%	30%	30%
Outpatient Surgery Physician/Surgical Services	30%	30%	30%
Generics	\$10	\$10	\$15
Preferred Brand Drugs	\$50	\$45	\$50
Non-Preferred Brand Drugs	\$75	30%	\$100
Specialty Drugs (i.e. high-cost)	50%	30%	\$100
Ambulance	30%	30%	30%
All Other Benefits	30%	30%	30%
Federal AV	77.13%	77.49%	77.63%
Pricing Model AV	78.03%		

Note that Alternate 1 includes a \$250 cap on the cost sharing for specialty drugs.

The plan design changes were intended to address feedback including offering lab before deductible, improving the cost sharing relationship for non-preferred brand and specialty drug, and reduce the overall deductible.

Gold 2 Plan and Alternates

Benefits	Gold 2 (81% AV)	Gold 2 (81% AV) Alternate 1	Gold 2 (81% AV) Alternate 2
Integrated	Yes	Yes	Yes
Deductible (\$)	\$0	\$500	\$250
Coinsurance	20%	20%	20%
MOOP (\$)	\$5,000	\$6,000	\$6,500
Emergency Room Services	\$375	\$400	\$375
Urgent Care	\$65	\$35	\$40
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$600	\$1,000	\$500
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$15	\$25
Specialist Visit	\$50	\$35	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$15	\$25
Imaging (CT/PET Scans, MRIs)	\$275	\$300	\$250
Speech Therapy	\$45	\$15	\$25
Occupational and Physical Therapy	\$45	\$15	\$25
Preventive Care/Screening/Immunization	\$0	0%	0%
Laboratory Outpatient and Professional Services	\$55	\$15	\$30
X-rays and Diagnostic Imaging	\$55	\$15	\$30
Skilled Nursing Facility	\$300	\$300	\$250
Outpatient Facility Fee (e.g., ASC)	\$300	\$300	\$250
Outpatient Surgery Physician/Surgical Services	\$55	\$50	\$50
Generics	\$15	\$10	\$5
Preferred Brand Drugs	\$55	\$55	\$55
Non-Preferred Brand Drugs	\$75	\$90	\$100
Specialty Drugs (i.e. high-cost)	\$250	\$90	\$100
Ambulance	\$375	\$375	\$375
All Other Benefits	20%	20%	20%
Federal AV	80.91%	81.33%	81.24%
Pricing Model AV	83.07%		

Note that Alternate 1 includes a per admission copay for Inpatient hospital services. Alternate 2 includes a per day copay for Inpatient, with a limit of 5 copays for a given hospital stay.

The plan design changes were intended to address feedback including offering lab before deductible, improving the cost sharing relationship for non-preferred brand and specialty drug, and including a small deductible to reduce potential for over utilization.

Silver 1 Plan and Alternates

Benefits	Silver 1 (70% AV)	Silver 1 (70% AV) Alternate 1	Silver 1 (70% AV) Alternate 2
Integrated	Yes	Yes	Yes
Deductible (\$)	\$4,500	\$2,500	\$3,750
Coinsurance	30%	30%	30%
MOOP (\$)	\$7,500	\$7,500	\$7,500
Emergency Room Services	30%	30%	30%
Urgent Care	\$75	\$90	\$75
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	30%	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40	\$30	\$40
Specialist Visit	\$75	\$80	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$40	\$30	\$40
Imaging (CT/PET Scans, MRIs)	30%	30%	30%
Speech Therapy	\$60	\$40	\$40
Occupational and Physical Therapy	\$60	\$40	\$40
Preventive Care/Screening/Immunization	\$0	0%	0%
Laboratory Outpatient and Professional Services	30%	\$30	\$40
X-rays and Diagnostic Imaging	30%	30%	\$40
Skilled Nursing Facility	30%	30%	30%
Outpatient Facility Fee (e.g., ASC)	30%	30%	30%
Outpatient Surgery Physician/Surgical Services	30%	30%	30%
Generics	\$20	\$20	\$25
Preferred Brand Drugs	\$65	\$65	\$65
Non-Preferred Brand Drugs	30%	50%	50%
Specialty Drugs (i.e. high-cost)	40%	50%	40%
Ambulance	30%	30%	30%
All Other Benefits	30%	30%	30%
Federal AV	70.33%	70.57%	70.91%
Pricing Model AV	72.42%		

Note that Alternate plans include \$250 cap on cost sharing for specialty drug.

The plan design changes were intended to address feedback, which included reducing the deductible, offering lab before deductible, reducing PCP and mental health copays, and improving the cost sharing relationship for non-preferred brand and specialty drug.

Potential to include limited number of visits before deductible in following categories: Specialist visits, Speech, Occupational, and Physical Therapy, or X-rays

Silver 2 Plan and Alternates

Benefits	Silver 2 (71% AV)	Silver 2 (71% AV) Alternate 1	Silver 2 (71% AV) Alternate 2
Integrated	Yes	Yes	Yes
Deductible (\$)	\$5,000	\$2,000	\$2,500
Coinsurance	20%	30%	30%
MOOP (\$)	\$7,500	\$7,900	\$7,500
Emergency Room Services	20%	\$650	30%
Urgent Care	\$60	\$60	\$65
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$650	\$750	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$25	\$30
Specialist Visit	\$60	\$60	\$65
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$25	\$35
Imaging (CT/PET Scans, MRIs)	20%	30%	30%
Speech Therapy	\$30	\$30	\$35
Occupational and Physical Therapy	\$30	\$30	\$35
Preventive Care/Screening/Immunization	\$0	0%	0%
Laboratory Outpatient and Professional Services	\$65	\$30	\$65
X-rays and Diagnostic Imaging	\$65	\$60	\$65
Skilled Nursing Facility	\$650	\$750	30%
Outpatient Facility Fee (e.g., ASC)	\$250	\$500	\$500
Outpatient Surgery Physician/Surgical Services	20%	\$50	\$65
Generics	\$20	\$20	\$20
Preferred Brand Drugs	\$60	\$60	\$60
Non-Preferred Brand Drugs	\$80	\$150	30%
Specialty Drugs (i.e. high-cost)	50%	\$150	30%
Ambulance	20%	\$375	30%
All Other Benefits	20%	30%	30%
Federal AV	71.39%	71.88%	71.68%
Pricing Model AV	72.70%		

Note that Alternate 1 includes a per day copay for Inpatient, with a limit of 5 copays for a given hospital stay.

The plan design changes were intended to address feedback, which included reducing the deductible, reducing PCP and mental health copays, and improving the cost sharing relationship for non-preferred brand and specialty drug.

Potential to include limited number of visits before deductible in X-rays.

Bronze 1 Plan and Alternates

Benefits	Bronze 1 HSA (62% AV)	Bronze 1 HSA (62% AV) Alternate 1	Bronze 1 HSA (62% AV) Alternate 2
Integrated	Yes	Yes	Yes
Deductible (\$)	\$6,350	\$6,000	\$6,250
Coinsurance	40%	40%	40%
MOOP (\$)	\$6,900	\$6,900	\$6,900
Emergency Room Services	40%	40%	40%
Urgent Care	\$100	40%	40%
*All Inpatient Hospital Services (inc. MH/SUD,Maternity)	40%	40%	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$75	\$50	40%
Specialist Visit	\$100	40%	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$75	\$50	40%
Imaging (CT/PET Scans, MRIs)	40%	40%	40%
Speech Therapy	\$75	\$50	40%
Occupational and Physical Therapy	\$75	\$50	40%
Preventive Care/Screening/Immunization	\$0	0%	0%
Laboratory Outpatient and Professional Services	40%	40%	40%
X-rays and Diagnostic Imaging	40%	40%	40%
Skilled Nursing Facility	40%	40%	40%
Outpatient Facility Fee (e.g., ASC)	40%	40%	40%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%
Generics	\$25	\$25	40%
Preferred Brand Drugs	40%	40%	40%
Non-Preferred Brand Drugs	40%	40%	40%
Specialty Drugs (i.e. high-cost)	40%	40%	40%
Ambulance	40%	40%	40%
All Other Benefits	40%	40%	40%
Federal AV	62.25%	62.38%	62.29%
Pricing Model AV	66.68%		

The plan design changes were intended to address feedback, which included reducing the deductible, and including fewer copays.

Bronze 2 Plan and Alternates

Benefits	Bronze 2 (64% AV)	Bronze 2 (64% AV) Alternate 1	Bronze 2 (64% AV) Alternate 2
Integrated	No	Yes	No
Deductible (\$)	Med = \$7000 RX = \$500	\$6,000	Med = \$6,000 Rx = \$1000
Coinsurance	Med = 40% RX = 50%	40%	Med = 40% Rx = 50%
MOOP (\$)	\$8,150	\$8,150	\$8,150
Emergency Room Services	40%	40%	40%
Urgent Care	\$90	\$100	40%
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$70	\$30	\$50
Specialist Visit	\$90	\$100	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$70	\$30	\$50
Imaging (CT/PET Scans, MRIs)	40%	40%	40%
Speech Therapy	40%	\$30	40%
Occupational and Physical Therapy	40%	\$30	40%
Preventive Care/Screening/Immunization	\$0	0%	0%
Laboratory Outpatient and Professional Services	40%	\$30	40%
X-rays and Diagnostic Imaging	40%	40%	40%
Skilled Nursing Facility	40%	40%	40%
Outpatient Facility Fee (e.g., ASC)	40%	40%	40%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%
Generics	\$45	\$25	\$25
Preferred Brand Drugs	\$85	40%	50%
Non-Preferred Brand Drugs	50%	40%	50%
Specialty Drugs (i.e. high-cost)	50%	40%	50%
Ambulance	40%	40%	40%
All Other Benefits	Med = 40% RX = 50%	40%	40%
Federal AV	64.89%	64.74%	64.29%
Pricing Model AV	70.42%		

Note that Alternate plans include \$300 cap on cost sharing for specialty drug.

The plan design changes were intended to address feedback, which included reducing the deductible, offering lab before deductible, reducing PCP, mental health, and generic drug copays.

Potential to include limited number of visits before deductible in following categories: Speech, Occupational, and Physical Therapy, Lab, or X-rays

CSR Plans

Wakely has developed potential Cost Sharing Reduction (CSR) plan variations for some of the draft Silver plans. Three CSR plans are required for each silver plan on the exchange. The AVs for each variation are targeted to be 73%, 87%, and 94% compared to a target of 70% for the standard silver. Although there are limits on the Maximum Out of Pocket for each CSR variation, there is significant leeway in which cost sharing items to reduce for each variation.

The variations are presented to illustrate various options for plan designs for the silver draft plans. WAHBE will be requesting feedback on the draft plan designs for CSR.

The following tables show the base silver plan with the three CSR variations so that readers can see the stepping down of various cost sharing components.

The final tables also show the CSR variations at each AV level together so that differences between plans at each level can be more easily reviewed.

For perspective, we provide the following example enrollees and incomes that would qualify for the different levels of CSR plans.

73% AV Variant (201%-250% FPL)

- Single individual, 234% FPL
- Annual income: \$29,280
- Monthly income: \$2,440

87% AV Variant (151%-200% FPL)

- Single individual, 192% FPL
- Annual income: \$23,931
- Monthly income: \$1,994

94% AV Variant (up to 150% FPL)

- Single individual, 106% FPL (ineligible for WA Apple Health due to immigration status)
- Annual income: \$13,295
- Monthly income: \$1,108

Silver 1 Plan with CSR Variations

Benefits	Silver 1 (70% AV)	Silver 1 (73% AV, 200%-250% FPL)	Silver 1 (87% AV, 150%-200% FPL)	Silver 1 (94% AV, up to 150% FPL)
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$4,500	\$3,700	\$750	\$200
Coinsurance	30%	30%	20%	15%
MOOP (\$)	\$7,500	\$6,300	\$2,250	\$750
Emergency Room Services	30%	30%	20%	15%
Urgent Care	\$75	\$65	\$35	\$15
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	30%	20%	15%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40	\$35	\$20	\$5
Specialist Visit	\$75	\$65	\$35	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$40	\$35	\$20	\$5
Imaging (CT/PET Scans, MRIs)	30%	30%	20%	15%
Speech Therapy	\$60	\$60	\$30	\$5
Occupational and Physical Therapy	\$60	\$60	\$30	\$5
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	30%	30%	20%	15%
X-rays and Diagnostic Imaging	30%	30%	20%	15%
Skilled Nursing Facility	30%	30%	20%	15%
Outpatient Facility Fee (e.g., ASC)	30%	30%	20%	15%
Outpatient Surgery Physician/Surgical Services	30%	30%	20%	15%
Generics	\$20	\$20	\$10	\$5
Preferred Brand Drugs	\$65	\$65	\$45	\$15
Non-Preferred Brand Drugs	30%	30%	20%	15%
Specialty Drugs (i.e. high-cost)	40%	40%	30%	15%
Ambulance	30%	30%	20%	15%
All Other Benefits	30%	30%	20%	15%
Federal AV	70.33%	72.90%	87.35%	94.99%
Pricing Model AV	72.42%			

Silver 1 Alternate 1 Plan with CSR Variations

Benefits	Silver 1 (70% AV) Alternate 1	Silver 1 (73% AV, 200%-250% FPL) Alternate 1	Silver 1 (87% AV, 150%-200% FPL) Alternate 1	Silver 1 (94% AV, up to 150% FPL) Alternate 1
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$2,500	\$2,250	\$900	\$150
Coinsurance	30%	30%	20%	15%
MOOP (\$)	\$7,500	\$6,300	\$2,250	\$850
Emergency Room Services	30%	30%	20%	15%
Urgent Care	\$90	\$70	\$40	\$15
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	30%	20%	15%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$25	\$15	\$5
Specialist Visit	\$80	\$70	\$40	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$25	\$15	\$5
Imaging (CT/PET Scans, MRIs)	30%	30%	20%	15%
Speech Therapy	\$40	\$40	\$20	\$5
Occupational and Physical Therapy	\$40	\$40	\$20	\$5
Preventive Care/Screening/Immunization	0%	0%	0%	0%
Laboratory Outpatient and Professional Services	\$30	\$30	\$15	\$5
X-rays and Diagnostic Imaging	30%	30%	20%	15%
Skilled Nursing Facility	30%	30%	20%	15%
Outpatient Facility Fee (e.g., ASC)	30%	30%	20%	15%
Outpatient Surgery Physician/Surgical Services	30%	30%	20%	15%
Generics	\$20	\$20	\$10	\$5
Preferred Brand Drugs	\$65	\$65	\$30	\$15
Non-Preferred Brand Drugs	50%	50%	20%	15%
Specialty Drugs (i.e. high-cost)	50%	50%	50%	15%
Ambulance	30%	30%	20%	15%
All Other Benefits	30%	30%	20%	15%
Federal AV	70.57%	72.69%	86.33%	94.78%

Note that Alternate plans include \$250 cap on cost sharing for specialty drug for the base silver plan, and decreasing to \$200, \$100, and \$50 for the CSR variations, respectively.

Silver 2 Plan with CSR Variations

Benefits	Silver 2 (71% AV)	Silver 2 (73% AV, 200%-250% FPL)	Silver 2 (87% AV, 150%-200% FPL)	Silver 2 (94% AV, up to 150% FPL)
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$5,000	\$4,250	\$1,000	\$300
Coinsurance	20%	20%	20%	20%
MOOP (\$)	\$7,500	\$6,300	\$2,250	\$750
Emergency Room Services	20%	20%	20%	20%
Urgent Care	\$60	\$50	\$30	\$10
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$650	\$500	\$250	\$100
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$25	\$15	\$5
Specialist Visit	\$60	\$50	\$30	\$10
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$25	\$15	\$5
Imaging (CT/PET Scans, MRIs)	20%	20%	20%	20%
Speech Therapy	\$30	\$25	\$15	\$5
Occupational and Physical Therapy	\$30	\$25	\$15	\$5
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$65	\$55	\$30	\$10
X-rays and Diagnostic Imaging	\$65	\$55	\$30	\$10
Skilled Nursing Facility	\$650	\$500	\$250	\$100
Outpatient Facility Fee (e.g., ASC)	\$250	\$200	\$125	\$100
Outpatient Surgery Physician/Surgical Services	20%	20%	20%	20%
Generics	\$20	\$20	\$15	\$5
Preferred Brand Drugs	\$60	\$60	\$40	\$10
Non-Preferred Brand Drugs	\$80	\$80	\$60	\$20
Specialty Drugs (i.e. high-cost)	50%	50%	40%	20%
Ambulance	20%	20%	20%	20%
All Other Benefits	20%	20%	20%	20%
Federal AV	71.39%	73.95%	86.52%	94.62%
Pricing Model AV	72.70%			

Note that base and CSR plans include a per day copay for Inpatient, with a limit of 5 copays for a given hospital stay.

Silver 2 Alternate 1 Plan with CSR Variations

Benefits	Silver 2 (71% AV) Alternate 1	Silver 2 (73% AV, 200%-250% FPL) Alternate 1	Silver 2 (87% AV, 150%-200% FPL) Alternate 1	Silver 2 (94% AV, up to 150% FPL) Alternate 1
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$2,000	\$1,800	\$700	\$100
Coinsurance	30%	30%	20%	15%
MOOP (\$)	\$7,900	\$6,300	\$2,500	\$750
Emergency Room Services	\$650	\$650	\$350	\$100
Urgent Care	\$60	\$60	\$40	\$15
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$750	\$750	\$400	\$125
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$25	\$25	\$20	\$5
Specialist Visit	\$60	\$60	\$40	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$25	\$25	\$20	\$5
Imaging (CT/PET Scans, MRIs)	30%	30%	20%	15%
Speech Therapy	\$30	\$30	\$20	\$5
Occupational and Physical Therapy	\$30	\$30	\$20	\$5
Preventive Care/Screening/Immunization	0%	0%	0%	0%
Laboratory Outpatient and Professional Services	\$30	\$30	\$20	\$10
X-rays and Diagnostic Imaging	\$60	\$60	\$30	\$15
Skilled Nursing Facility	\$750	\$750	\$400	\$125
Outpatient Facility Fee (e.g., ASC)	\$500	\$500	\$250	\$75
Outpatient Surgery Physician/Surgical Services	\$50	\$50	\$25	\$50
Generics	\$20	\$20	\$10	\$5
Preferred Brand Drugs	\$60	\$60	\$30	\$15
Non-Preferred Brand Drugs	\$150	\$150	\$75	\$35
Specialty Drugs (i.e. high-cost)	\$150	\$150	\$100	\$50
Ambulance	\$375	\$300	\$150	\$50
All Other Benefits	30%	30%	20%	15%
Federal AV	71.88%	73.96%	87.69%	94.93%

Note that base and CSR plans include a per day copay for Inpatient, with a limit of 5 copays for a given hospital stay.

The following table shows the four 73AV CSR plans together. Reminder of the type of consumer that may qualify for this plan.

73% AV Variant (201%-250% FPL)

- Single individual, 234% FPL
- Annual income: \$29,280
- Monthly income: \$2,440

73AV CSR plans

Benefits	Silver 1 (73% AV, 200%-250% FPL)	Silver 1 (73% AV, 200%-250% FPL) Alternate 1	Silver 2 (73% AV, 200%- 250% FPL)	Silver 2 (73% AV, 200%-250% FPL) Alternate 1
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$3,700	\$2,250	\$4,250	\$1,800
Coinsurance	30%	30%	20%	30%
MOOP (\$)	\$6,300	\$6,300	\$6,300	\$6,300
Emergency Room Services	30%	30%	20%	\$650
Urgent Care	\$65	\$70	\$50	\$60
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	30%	\$500	\$750
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$35	\$25	\$25	\$25
Specialist Visit	\$65	\$70	\$50	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$35	\$25	\$25	\$25
Imaging (CT/PET Scans, MRIs)	30%	30%	20%	30%
Speech Therapy	\$60	\$40	\$25	\$30
Occupational and Physical Therapy	\$60	\$40	\$25	\$30
Preventive Care/Screening/Immunization	\$0	0%	\$0	0%
Laboratory Outpatient and Professional Services	30%	\$30	\$55	\$30
X-rays and Diagnostic Imaging	30%	30%	\$55	\$60
Skilled Nursing Facility	30%	30%	\$500	\$750
Outpatient Facility Fee (e.g., ASC)	30%	30%	\$200	\$500
Outpatient Surgery Physician/Surgical Services	30%	30%	20%	\$50
Generics	\$20	\$20	\$20	\$20
Preferred Brand Drugs	\$65	\$65	\$60	\$60
Non-Preferred Brand Drugs	30%	50%	\$80	\$150
Specialty Drugs (i.e. high-cost)	40%	50%	50%	\$150
Ambulance	30%	30%	20%	\$300
All Other Benefits	30%	30%	20%	30%
Federal AV	72.90%	72.69%	73.95%	73.96%

Reminder of the type of consumer that may qualify for this plan.

87% AV Variant (151%-200% FPL)

- Single individual, 192% FPL
- Annual income: \$23,931
- Monthly income: \$1,994

87AV CSR plans

Benefits	Silver 1 (87% AV, 150%-200% FPL)	Silver 1 (87% AV, 150%-200% FPL) Alternate 1	Silver 2 (87% AV, 150%- 200% FPL)	Silver 2 (87% AV, 150%-200% FPL) Alternate 1
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$750	\$900	\$1,000	\$700
Coinsurance	20%	20%	20%	20%
MOOP (\$)	\$2,250	\$2,250	\$2,250	\$2,500
Emergency Room Services	20%	20%	20%	\$350
Urgent Care	\$35	\$40	\$30	\$40
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	20%	20%	\$250	\$400
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$20	\$15	\$15	\$20
Specialist Visit	\$35	\$40	\$30	\$40
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$20	\$15	\$15	\$20
Imaging (CT/PET Scans, MRIs)	20%	20%	20%	20%
Speech Therapy	\$30	\$20	\$15	\$20
Occupational and Physical Therapy	\$30	\$20	\$15	\$20
Preventive Care/Screening/Immunization	\$0	0%	\$0	0%
Laboratory Outpatient and Professional Services	20%	\$15	\$30	\$20
X-rays and Diagnostic Imaging	20%	20%	\$30	\$30
Skilled Nursing Facility	20%	20%	\$250	\$400
Outpatient Facility Fee (e.g., ASC)	20%	20%	\$125	\$250
Outpatient Surgery Physician/Surgical Services	20%	20%	20%	\$25
Generics	\$10	\$10	\$15	\$10
Preferred Brand Drugs	\$45	\$30	\$40	\$30
Non-Preferred Brand Drugs	20%	20%	\$60	\$75
Specialty Drugs (i.e. high-cost)	30%	50%	40%	\$100
Ambulance	20%	20%	20%	\$150
All Other Benefits	20%	20%	20%	20%
Federal AV	87.35%	86.33%	86.52%	87.69%

Reminder of the type of consumer that may qualify for this plan.

94% AV Variant (up to 150% FPL)

- Single individual, 106% FPL (ineligible for WA Apple Health due to immigration status)
- Annual income: \$13,295
- Monthly income: \$1,108

94AV CSR plans

Benefits	Silver 1 (94% AV, up to 150% FPL)	Silver 1 (94% AV, up to 150% FPL) Alternate 1	Silver 2 (94% AV, up to 150% FPL)	Silver 2 (94% AV, up to 150% FPL) Alternate 1
Integrated	Yes	Yes	Yes	Yes
Deductible (\$)	\$200	\$150	\$300	\$100
Coinsurance	15%	15%	20%	15%
MOOP (\$)	\$750	\$850	\$750	\$750
Emergency Room Services	15%	15%	20%	\$100
Urgent Care	\$15	\$15	\$10	\$15
*All Inpatient Hospital Services (inc. MH/SUD, Maternity)	15%	15%	\$100	\$125
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$5	\$5	\$5	\$5
Specialist Visit	\$15	\$15	\$10	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$5	\$5	\$5	\$5
Imaging (CT/PET Scans, MRIs)	15%	15%	20%	15%
Speech Therapy	\$5	\$5	\$5	\$5
Occupational and Physical Therapy	\$5	\$5	\$5	\$5
Preventive Care/Screening/Immunization	\$0	0%	\$0	0%
Laboratory Outpatient and Professional Services	15%	\$5	\$10	\$10
X-rays and Diagnostic Imaging	15%	15%	\$10	\$15
Skilled Nursing Facility	15%	15%	\$100	\$125
Outpatient Facility Fee (e.g., ASC)	15%	15%	\$100	\$75
Outpatient Surgery Physician/Surgical Services	15%	15%	20%	\$50
Generics	\$5	\$5	\$5	\$5
Preferred Brand Drugs	\$15	\$15	\$10	\$15
Non-Preferred Brand Drugs	15%	15%	\$20	\$35
Specialty Drugs (i.e. high-cost)	15%	15%	20%	\$50
Ambulance	15%	15%	20%	\$50
All Other Benefits	15%	15%	20%	15%
Federal AV	94.99%	94.78%	94.62%	94.93%

Assumptions

- 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.
- 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. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. 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 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 1 (77% AV) Alternate 1	Gold 1 (77% AV) Alternate 2	Gold 2 (81% AV)	Gold 2 (81% AV) Alternate 1	Gold 2 (81% AV) Alternate 2	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
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$2,000	\$1,700	\$1,250	\$0	\$500	\$250	\$1,000	\$0	\$1,000	\$1,500	\$1,500
Coinsurance	30%	30%	30%	20%	20%	20%	30%	30%	30%	30%	30%
MOOP (\$)	\$6,500	\$6,800	\$7,150	\$5,000	\$6,000	\$6,500	\$7,000	\$7,250	\$6,000	\$6,800	\$6,800
Emergency Room Services	30%	30%	30%	\$375	\$400	\$375	30%	\$300	\$250	30%	\$250
Urgent Care	\$65	\$65	\$70	\$65	\$35	\$40	\$40	\$40	\$60	\$45	\$45
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	30%	30%	\$600	\$1,000	\$500	30%	30%	30%	30%	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$25	\$30	\$30	\$15	\$25	\$20	\$20	\$30	\$15	\$15
Specialist Visit	\$65	\$65	\$70	\$50	\$35	\$40	\$40	\$40	\$60	\$45	\$45
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$25	\$30	\$30	\$15	\$25	\$20	\$20	\$60	\$45	\$45
Imaging (CT/PET Scans, MRIs)	30%	30%	30%	\$275	\$300	\$250	30%	\$300	30%	30%	30%
Speech Therapy	\$45	\$45	30%	\$45	\$15	\$25	\$20	\$20	30%	30%	30%
Occupational and Physical Therapy	\$45	\$45	30%	\$45	\$15	\$25	\$20	\$20	30%	30%	30%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$25	\$30	\$55	\$15	\$30	30%	\$40	30%	30%	30%
X-rays and Diagnostic Imaging	\$45	\$45	\$45	\$55	\$15	\$30	30%	\$40	30%	30%	30%
Skilled Nursing Facility	30%	30%	30%	\$300	\$300	\$250	30%	\$300	30%	30%	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	30%	30%	\$300	\$300	\$250	30%	30%	30%	30%	30%
Outpatient Surgery Physician/Surgical Services	30%	30%	30%	\$55	\$50	\$50	30%	30%	30%	30%	30%
Generics	\$10	\$10	\$15	\$15	\$10	\$5	\$10	\$10	30%	\$10	\$10
Preferred Brand Drugs	\$50	\$45	\$50	\$55	\$55	\$55	\$30	\$30	30%	\$45	\$45
Non-Preferred Brand Drugs	\$75	30%	\$100	\$75	\$90	\$100	50%	50%	30%	50%	50%
Specialty Drugs (i.e. high-cost)	50%	30%	\$100	\$250	\$90	\$100	50%	50%	50%	50%	50%
Ambulance	30%	30%	30%	\$375	\$375	\$375	30%	30%	30%	30%	30%
All Other Benefits	30%	30%	30%	20%	20%	20%					
Federal AV	77.13%	77.49%	77.63%	80.91%	81.33%	81.24%	80.75%	81.97%	77.10%	77.30%	77.30%
Pricing Model AV	78.03%			83.07%			80.23%	80.45%	78.32%	78.99%	78.76%

Standard Plans

Washington Health Benefit Exchange



Gold Plan Comparison

Benefits	Gold 1 (77% AV)	Gold 1 (77% AV) Alternate 1	Gold 1 (77% AV) Alternate 2	Gold 2 (81% AV)	Gold 2 (81% AV) Alternate 1	Gold 2 (81% AV) Alternate 2	Premiera 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	No	Yes	No
Deductible (\$)	\$2,000	\$1,700	\$1,250	\$0	\$500	\$250	\$1,000	\$1,200	\$1,000 Med; \$500 Rx	\$1,150	\$2,925 Med; \$0 Rx
Coinsurance	30%	30%	30%	20%	20%	20%	30%	10%	20%	20%	20%
MOOP (\$)	\$6,500	\$6,800	\$7,150	\$5,000	\$6,000	\$6,500	\$6,000	\$7,900	\$6,350	\$6,500	\$5,000
Emergency Room Services	30%	30%	30%	\$375	\$400	\$375	\$250	10%	\$250	20%	20%
Urgent Care	\$65	\$65	\$70	\$65	\$35	\$40	\$40	\$30	20%	\$15	\$35
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	30%	30%	\$600	\$1,000	\$500	30%	10%	20%	20%	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$25	\$30	\$30	\$15	\$25	\$15	\$30	20%	\$15	\$10
Specialist Visit	\$65	\$65	\$70	\$50	\$35	\$40	\$40	\$30	20%	\$40	\$50
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$30	\$25	\$30	\$30	\$15	\$25	\$40	10%	20%	\$15	\$10
Imaging (CT/PET Scans, MRIs)	30%	30%	30%	\$275	\$300	\$250	30%	10%	20%	20%	20%
Speech Therapy	\$45	\$45	30%	\$45	\$15	\$25	30%	10%	20%	\$40	\$50
Occupational and Physical Therapy	\$45	\$45	30%	\$45	\$15	\$25	30%	10%	20%	\$40	\$50
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$25	\$30	\$55	\$15	\$30	30%	10%	20%	20%	\$15
X-rays and Diagnostic Imaging	\$45	\$45	\$45	\$55	\$15	\$30	30%	10%	20%	20%	\$35
Skilled Nursing Facility	30%	30%	30%	\$300	\$300	\$250	30%	10%	20%	20%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	30%	30%	\$300	\$300	\$250	30%	10%	20%	20%	20%
Outpatient Surgery Physician/Surgical Services	30%	30%	30%	\$55	\$50	\$50	30%	10%	20%	20%	20%
Generics	\$10	\$10	\$15	\$15	\$10	\$5	\$10	\$10	\$10	\$10	\$10
Preferred Brand Drugs	\$50	\$45	\$50	\$55	\$55	\$55	\$40	35%	\$25	\$35	\$50
Non-Preferred Brand Drugs	\$75	30%	\$100	\$75	\$90	\$100	50%	50%	\$75	40%	30%
Specialty Drugs (i.e. high-cost)	50%	30%	\$100	\$250	\$90	\$100	50%	40%	30%	40%	30%
Ambulance	30%	30%	30%	\$375	\$375	\$375	30%	10%	20%	20%	20%
All Other Benefits	30%	30%	30%	20%	20%	20%					
Federal AV	77.13%	77.49%	77.63%	80.91%	81.33%	81.24%	79.76%	78.49%	80.35%	79.12%	78.91%
Pricing Model AV	78.03%			83.07%			80.83%	81.59%	86.98%	80.05%	87.71%



Silver Plan Comparison

Benefits	Silver 1 (70% AV)	Silver 1 (70% AV) Alternate 1	Silver 1 (70% AV) Alternate 2	Silver 2 (71% AV)	Silver 2 (71% AV) Alternate 1	Silver 2 (71% AV) Alternate 2	Kaiser Northwest KP WA Silver 2500/30	Kaiser Northwest KP WA Silver 3500/30	LifeWise Essential Silver EPO 4000	LifeWise Essential Silver EPO HSA 3000	Premera Blue Cross PersonalCare Silver	Premera Blue Cross Preferred Silver EPO 4500
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$4,500	\$2,500	\$3,750	\$5,000	\$2,000	\$2,500	\$2,500	\$3,500	\$4,000	\$3,000	\$4,500	\$4,500
Coinsurance	30%	30%	30%	20%	30%	30%	30%	30%	30%	30%	30%	30%
MOOP (\$)	\$7,500	\$7,500	\$7,500	\$7,500	\$7,900	\$7,500	\$7,750	\$7,750	\$7,350	\$6,600	\$7,350	\$7,350
Emergency Room Services	30%	30%	30%	20%	\$650	30%	30%	30%	\$250	30%	30%	\$250
Urgent Care	\$75	\$90	\$75	\$60	\$60	\$65	\$50	\$50	\$60	30%	\$60	\$60
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	30%	30%	30%	\$650	\$750	30%	30%	30%	30%	30%	30%	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40	\$30	\$40	\$30	\$25	\$30	\$30	\$30	\$30	30%	\$30	\$30
Specialist Visit	\$75	\$80	\$75	\$60	\$60	\$65	\$65	\$65	\$60	30%	\$60	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$40	\$30	\$40	\$30	\$25	\$35	\$30	\$30	\$60	30%	\$60	\$60
Imaging (CT/PET Scans, MRIs)	30%	30%	30%	20%	30%	30%	30%	30%	30%	30%	30%	30%
Speech Therapy	\$60	\$40	\$40	\$30	\$30	\$35	\$30	\$30	30%	30%	30%	30%
Occupational and Physical Therapy	\$60	\$40	\$40	\$30	\$30	\$35	\$30	\$30	30%	30%	30%	30%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$30	\$40	\$65	\$30	\$65	30%	30%	30%	30%	30%	30%
X-rays and Diagnostic Imaging	30%	30%	\$40	\$65	\$60	\$65	30%	30%	30%	30%	30%	30%
Skilled Nursing Facility	30%	30%	30%	\$650	\$750	30%	30%	30%	30%	30%	30%	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	30%	30%	\$250	\$500	\$500	30%	30%	30%	30%	30%	30%
Outpatient Surgery Physician/Surgical Services	30%	30%	30%	20%	\$50	\$65	30%	30%	30%	30%	30%	30%
Generics	\$20	\$20	\$25	\$20	\$20	\$20	\$20	\$20	30%	30%	\$30	\$30
Preferred Brand Drugs	\$65	\$65	\$65	\$60	\$60	\$60	\$65	\$65	30%	30%	\$60	\$60
Non-Preferred Brand Drugs	30%	50%	50%	\$80	\$150	30%	50%	50%	30%	30%	50%	50%
Specialty Drugs (i.e. high-cost)	40%	50%	40%	50%	\$150	30%	50%	50%	50%	50%	50%	50%
Ambulance	30%	30%	30%	20%	\$375	30%	30%	30%	30%	30%	30%	30%
All Other Benefits	30%	30%	30%	20%	30%	30%						
Federal AV	70.33%	70.57%	70.91%	71.39%	71.88%	71.68%	71.91%	70.39%	67.61%	67.13%	68.82%	68.82%
Pricing Model AV	72.42%			72.70%			74.64%	73.20%	71.16%	71.14%	72.98%	72.75%



Silver Plan Comparison

Benefits	Silver 1 (70% AV)	Silver 1 (70% AV) Alternate 1	Silver 1 (70% AV) Alternate 2	Silver 2 (71% AV)	Silver 2 (71% AV) Alternate 1	Silver 2 (71% AV) Alternate 2	BridgeSpan Silver HDHP 3000 Exchange EPO RealValue	Coordinated Care - Ambetter Balanced Care 1 (2019)	Coordinated Care - Ambetter Balanced Care 2 (2019)	Coordinated Care - Ambetter Balanced Care 3 (2019)	Coordinated Care - Ambetter Balanced Care 4 (2019)	Coordinated Care - Ambetter Balanced Care 1 (2019) + Vision
Integrated	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$4,500	\$2,500	\$3,750	\$5,000	\$2,000	\$2,500	\$3,000	\$5,500	\$6,500	\$3,000	\$7,050	\$5,500
Coinsurance	30%	30%	30%	20%	30%	30%	20%	20%	0%	30%	0%	20%
MOOP (\$)	\$7,500	\$7,500	\$7,500	\$7,500	\$7,900	\$7,500	\$6,750	\$6,500	\$6,500	\$6,750	\$7,050	\$6,500
Emergency Room Services	30%	30%	30%	20%	\$650	30%	20%	20%	\$0	\$600	\$0	20%
Urgent Care	\$75	\$90	\$75	\$60	\$60	\$65	20%	\$100	\$100	\$100	\$100	\$100
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	30%	30%	30%	\$650	\$750	30%	20%	20%	\$0	\$750	\$0	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40	\$30	\$40	\$30	\$25	\$30	20%	\$30	\$30	\$30	\$30	\$30
Specialist Visit	\$75	\$80	\$75	\$60	\$60	\$65	20%	\$60	\$60	\$60	\$60	\$60
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$40	\$30	\$40	\$30	\$25	\$35	20%	\$30	\$30	\$30	\$30	\$30
Imaging (CT/PET Scans, MRIs)	30%	30%	30%	20%	30%	30%	20%	20%	\$0	30%	\$0	20%
Speech Therapy	\$60	\$40	\$40	\$30	\$30	\$35	20%	20%	\$0	30%	\$0	20%
Occupational and Physical Therapy	\$60	\$40	\$40	\$30	\$30	\$35	20%	20%	\$0	30%	\$0	20%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$30	\$40	\$65	\$30	\$65	20%	20%	\$0	30%	\$0	20%
X-rays and Diagnostic Imaging	30%	30%	\$40	\$65	\$60	\$65	20%	20%	\$0	30%	\$0	20%
Skilled Nursing Facility	30%	30%	30%	\$650	\$750	30%	20%	20%	\$0	30%	\$0	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	30%	30%	\$250	\$500	\$500	20%	20%	\$0	30%	\$0	20%
Outpatient Surgery Physician/Surgical Services	30%	30%	30%	20%	\$50	\$65	20%	20%	\$0	30%	\$0	20%
Generics	\$20	\$20	\$25	\$20	\$20	\$20	20%	\$10	\$15	\$25	\$15	\$10
Preferred Brand Drugs	\$65	\$65	\$65	\$60	\$60	\$60	30%	\$50	\$50	\$50	\$50	\$50
Non-Preferred Brand Drugs	30%	50%	50%	\$80	\$150	30%	50%	20%	\$0	30%	\$0	20%
Specialty Drugs (i.e. high-cost)	40%	50%	40%	50%	\$150	30%	40%	20%	\$0	30%	\$0	20%
Ambulance	30%	30%	30%	20%	\$375	30%	20%	20%	\$0	30%	\$0	20%
All Other Benefits	30%	30%	30%	20%	30%	30%						
Federal AV	70.33%	70.57%	70.91%	71.39%	71.88%	71.68%	67.93%	71.55%	70.48%	71.83%	69.43%	71.55%
Pricing Model AV	72.42%			72.70%			72.06%	74.18%	74.01%	74.53%	72.92%	74.22%



Silver Plan Comparison

Benefits	Silver 1 (70% AV)	Silver 1 (70% AV) Alternate 1	Silver 1 (70% AV) Alternate 2	Silver 2 (71% AV)	Silver 2 (71% AV) Alternate 1	Silver 2 (71% AV) Alternate 2	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	Yes	No
Deductible (\$)	\$4,500	\$2,500	\$3,750	\$5,000	\$2,000	\$2,500	\$6,500	\$3,000	\$2,000	\$7,150	\$5,350 Med; \$400 Rx
Coinsurance	30%	30%	30%	20%	30%	30%	0%	30%	30%	0%	30%
MOOP (\$)	\$7,500	\$7,500	\$7,500	\$7,500	\$7,900	\$7,500	\$6,500	\$6,750	\$7,900	\$7,150	\$7,900
Emergency Room Services	30%	30%	30%	20%	\$650	30%	\$0	\$600	30%	\$0	30%
Urgent Care	\$75	\$90	\$75	\$60	\$60	\$65	\$100	\$100	\$20	\$30	\$50
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	30%	30%	30%	\$650	\$750	30%	\$0	\$750	30%	\$0	30%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$40	\$30	\$40	\$30	\$25	\$30	\$30	\$30	\$20	\$30	\$30
Specialist Visit	\$75	\$80	\$75	\$60	\$60	\$65	\$60	\$60	\$45	\$55	\$75
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$40	\$30	\$40	\$30	\$25	\$35	\$30	\$30	\$20	\$30	\$30
Imaging (CT/PET Scans, MRIs)	30%	30%	30%	20%	30%	30%	\$0	30%	30%	\$0	30%
Speech Therapy	\$60	\$40	\$40	\$30	\$30	\$35	\$0	30%	\$45	\$55	\$75
Occupational and Physical Therapy	\$60	\$40	\$40	\$30	\$30	\$35	\$0	30%	\$45	\$55	\$75
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	30%	\$30	\$40	\$65	\$30	\$65	\$0	30%	30%	\$0	\$40
X-rays and Diagnostic Imaging	30%	30%	\$40	\$65	\$60	\$65	\$0	30%	30%	\$0	\$75
Skilled Nursing Facility	30%	30%	30%	\$650	\$750	30%	\$0	30%	30%	\$0	30%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	30%	30%	30%	\$250	\$500	\$500	\$0	30%	30%	\$0	30%
Outpatient Surgery Physician/Surgical Services	30%	30%	30%	20%	\$50	\$65	\$0	30%	30%	\$0	30%
Generics	\$20	\$20	\$25	\$20	\$20	\$20	\$15	\$25	\$10	\$12	\$20
Preferred Brand Drugs	\$65	\$65	\$65	\$60	\$60	\$60	\$50	\$50	40%	\$55	\$60
Non-Preferred Brand Drugs	30%	50%	50%	\$80	\$150	30%	\$0	30%	50%	50%	40%
Specialty Drugs (i.e. high-cost)	40%	50%	40%	50%	\$150	30%	\$0	30%	50%	50%	40%
Ambulance	30%	30%	30%	20%	\$375	30%	\$0	30%	30%	\$0	30%
All Other Benefits	30%	30%	30%	20%	30%	30%					
Federal AV	70.33%	70.57%	70.91%	71.39%	71.88%	71.68%	70.48%	71.83%	71.36%	69.49%	68.35%
Pricing Model AV	72.42%			72.70%			74.04%	74.57%	73.24%	72.12%	72.66%



Bronze Plan Comparison

Benefits	Bronze 1 HSA (62% AV)	Bronze 1 HSA (62% AV) Alternate 1	Bronze 1 HSA (62% AV) Alternate 2	Bronze 2 (64% AV)	Bronze 2 (64% AV) Alternate 1	Bronze 2 (64% AV) Alternate 2	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
Integrated	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$6,350	\$6,000	\$6,250	Med = \$7000 RX = \$500	\$6,000	Med = \$6,000 Rx = \$1000	\$5,000	\$6,500	\$5,700	\$6,350	\$6,350	\$5,250
Coinsurance	40%	40%	40%	Med = 40% RX = 50%	40%	Med = 40% Rx = 50%	40%	50%	30%	40%	40%	40%
MOOP (\$)	\$6,900	\$6,900	\$6,900	\$8,150	\$8,150	\$8,150	\$7,750	\$7,750	\$6,550	\$7,850	\$7,850	\$6,700
Emergency Room Services	40%	40%	40%	40%	40%	40%	40%	50%	30%	\$250	40%	40%
Urgent Care	\$100	40%	40%	\$90	\$100	40%	40%	50%	30%	\$60	\$60	40%
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	40%	40%	40%	40%	40%	50%	30%	40%	40%	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$75	\$50	40%	\$70	\$30	\$50	\$50	\$50	30%	\$50	\$50	40%
Specialist Visit	\$100	40%	40%	\$90	\$100	40%	40%	50%	30%	40%	40%	40%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$75	\$50	40%	\$70	\$30	\$50	40%	50%	30%	40%	40%	40%
Imaging (CT/PET Scans, MRIs)	40%	40%	40%	40%	40%	40%	40%	50%	30%	40%	40%	40%
Speech Therapy	\$75	\$50	40%	40%	\$30	40%	40%	50%	30%	40%	40%	40%
Occupational and Physical Therapy	\$75	\$50	40%	40%	\$30	40%	40%	50%	30%	40%	40%	40%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	40%	40%	40%	40%	\$30	40%	40%	50%	30%	40%	40%	40%
X-rays and Diagnostic Imaging	40%	40%	40%	40%	40%	40%	40%	50%	30%	40%	40%	40%
Skilled Nursing Facility	40%	40%	40%	40%	40%	40%	40%	50%	30%	40%	40%	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	40%	40%	40%	40%	40%	50%	30%	40%	40%	40%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%	40%	40%	40%	40%	50%	30%	40%	40%	40%
Generics	\$25	\$25	40%	\$45	\$25	\$25	\$25	50%	\$20	40%	40%	40%
Preferred Brand Drugs	40%	40%	40%	\$85	40%	50%	50%	50%	\$50	40%	40%	40%
Non-Preferred Brand Drugs	40%	40%	40%	50%	40%	50%	50%	50%	50%	40%	40%	40%
Specialty Drugs (i.e. high-cost)	40%	40%	40%	50%	40%	50%	50%	50%	50%	50%	50%	50%
Ambulance	40%	40%	40%	40%	40%	40%	40%	50%	30%	40%	40%	40%
All Other Benefits	40%	40%	40%	Med = 40% RX = 50%	40%	40%						
Federal AV	62.25%	62.38%	62.29%	64.89%	64.74%	64.29%	62.34%	60.75%	62.05%	61.93%	61.93%	61.92%
Pricing Model AV	66.68%			70.42%			65.99%	65.21%	68.03%	66.30%	66.43%	67.98%



Bronze Plan Comparison

Benefits	Bronze 1 HSA (62% AV)	Bronze 1 HSA (62% AV) Alternate 1	Bronze 1 HSA (62% AV) Alternate 2	Bronze 2 (64% AV)	Bronze 2 (64% AV) Alternate 1	Bronze 2 (64% AV) Alternate 2	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	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes
Deductible (\$)	\$6,350	\$6,000	\$6,250	Med = \$7000 RX = \$500	\$6,000	Med = \$6,000 Rx = \$1000	\$5,250	\$6,350	\$6,000	\$4,750	\$5,500
Coinsurance	40%	40%	40%	Med = 40% RX = 50%	40%	Med = 40% Rx = 50%	40%	40%	30%	20%	20%
MOOP (\$)	\$6,900	\$6,900	\$6,900	\$8,150	\$8,150	\$8,150	\$6,700	\$7,850	\$6,750	\$6,550	\$7,150
Emergency Room Services	40%	40%	40%	40%	40%	40%	40%	\$250	30%	20%	20%
Urgent Care	\$100	40%	40%	\$90	\$100	40%	40%	\$60	30%	20%	\$40
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	40%	40%	40%	40%	40%	40%	40%	40%	30%	20%	20%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$75	\$50	40%	\$70	\$30	\$50	40%	\$50	30%	20%	\$40
Specialist Visit	\$100	40%	40%	\$90	\$100	40%	40%	40%	30%	20%	20%
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	\$75	\$50	40%	\$70	\$30	\$50	40%	40%	30%	20%	20%
Imaging (CT/PET Scans, MRIs)	40%	40%	40%	40%	40%	40%	40%	40%	30%	20%	20%
Speech Therapy	\$75	\$50	40%	40%	\$30	40%	40%	40%	30%	20%	20%
Occupational and Physical Therapy	\$75	\$50	40%	40%	\$30	40%	40%	40%	30%	20%	20%
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	40%	40%	40%	40%	\$30	40%	40%	40%	30%	20%	20%
X-rays and Diagnostic Imaging	40%	40%	40%	40%	40%	40%	40%	40%	30%	20%	20%
Skilled Nursing Facility	40%	40%	40%	40%	40%	40%	40%	40%	30%	20%	20%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	40%	40%	40%	40%	40%	40%	40%	40%	30%	20%	20%
Outpatient Surgery Physician/Surgical Services	40%	40%	40%	40%	40%	40%	40%	40%	30%	20%	20%
Generics	\$25	\$25	40%	\$45	\$25	\$25	40%	40%	30%	20%	\$25
Preferred Brand Drugs	40%	40%	40%	\$85	40%	50%	40%	40%	40%	40%	40%
Non-Preferred Brand Drugs	40%	40%	40%	50%	40%	50%	40%	40%	50%	50%	50%
Specialty Drugs (i.e. high-cost)	40%	40%	40%	50%	40%	50%	50%	50%	40%	50%	50%
Ambulance	40%	40%	40%	40%	40%	40%	40%	40%	30%	20%	20%
All Other Benefits	40%	40%	40%	Med = 40% RX = 50%	40%	40%					
Federal AV	62.25%	62.38%	62.29%	64.89%	64.74%	64.29%	61.92%	61.93%	61.43%	63.25%	63.10%
Pricing Model AV	66.68%			70.42%			67.98%	66.30%	67.63%	69.16%	69.71%