

Washington Health Benefit Exchange

Cascade Care – Standard Plan Designs

Exchange Board Meeting

December 5, 2019

Today's Discussion

- Summary of standard plan development process and feedback received
- Walk through 2021 standard plan designs
- Lessons learned for going forward
- Board vote to approve standard plan designs and next steps



Exchange Goals for Cascade Care

- Offer more affordable health plan options for consumers
- Grow new enrollment including those remaining uninsured and those purchasing plans in the outside market
- Retaining current enrollment, including unsubsidized enrollees
- Strengthen the individual market and its competitiveness, through carrier participation, more valuable product offerings, and overall enrollment



Guiding Principles for Standard Plans

- Lower deductibles and access to more services before the deductible
- Prioritize copays where possible to provide predictability for consumers when seeking services
- Limit premium impacts
 - Particularly at bronze, where consumers may be most premium sensitive and coverage is limited
- Maximize tax credits with silver plan design



Standard Plan Development Process

- Exchange continues to work closely with HCA and OIC on Cascade Care implementation
- Exchange convened a workgroup including carriers, consumer advocates, providers, and business and labor representatives to help guide us through the plan design process
- Exchange consulted with carrier workgroup to solicit technical feedback on plan designs
- Public comment period on standard plan designs held from October 18 –November 18
- Once adopted, Exchange will hand off 2021 standard plan designs to HCA to include in public option procurement



Feedback Received

- Major themes of public comment
 - Majority of comments indicated general support of the plan designs, especially co-pay structure in gold and silver plans
 - General concern over affordability of premiums in the Exchange
 - Plan designs not different enough from current offerings
 - Desire for plans that provide access to services before the deductible
- Themes of Standard Plan Workgroup/Carrier feedback
 - General support of publishing one standard plan per metal level
 - Majority of members favored higher value plans at each metal level
 - Carriers emphasized need to be able to offer non-standard silver plans (at or above the standard silver plan AV, per legislation)
 - Majority of members urged Exchange not to design bronze standard plan as HSA-compatible
 - Carriers provided helpful detailed feedback



Challenges with Bronze Plan

- Bronze plans attract two key groups of consumers: those wanting higher-value coverage closer to a silver and those looking for the lowest premium
- Non-subsidized population seeks out bronze plans looking for lower premiums
- For year one, focused on lowering deductible and minimizing premium impacts while offering most essential services before deductible
- Goal is to publish a bronze plan that provides best foundation possible for bronze public option plan



Review Plan Designs (see handouts)



Success of Current Designs

- Result of open and transparent process; taken helpful feedback from many groups
- Have managed to lower deductibles, particularly in gold and silver plans
- Providing services before deductible, particularly high value services
- Bronze option provides essential services before deductible and potential for low premium
- Strong foundation for public option plans



Lessons Learned for Going Forward

- Flexibility to require two standard plans at each metal level would help more consumers
- Removing non-standard plans would allow for more targeted approach on value and less confusion for consumers
 - Consumers would have true apples-to-apples comparison
 - All standard plans would ensure products with proven value
- Current requirement that standard silver plan sets floor of AV of all silver plans is an important consumer protection and maximizes tax credits
- Affordability should remain an area of focus
 - Shorter Term: subsidies for enrollees



• Longer Term: curb the rising cost of health care

Next Steps

- Asking the Board to approve 2021 standard plan designs today
- Standard plans will need to be adjusted slightly to comply with AV calculator changes, which are included in annual HHS regulations
- HCA will use standard plan designs in their public option procurement, which will be released in February 2020
- More discussions with the Board on the public option procurement



Appendix

Recommended Standard Plan Designs



- Three plans are recommended to the Board for approval: one gold, one silver, and one bronze plan
 - 81% AV gold plan
 - 71% AV silver plan
 - 63% AV bronze plan



Estimated Premium Impacts of Recommended Standard Plans

Plan	Average Weighted Change*	Range of Potential Premium Impacts
Standard Bronze	-0.9%	-2.2% to 1.4%
Standard Silver	0.87%	-0.2% to 5.0%
Standard Gold	4.63%	-3.4% to 8.1%



* Estimated premium impacts calculated using Wakely Consulting's pricing model with results weighted for 2019 enrollment using 2020 rates.

AVs of Standard Plans in Other States

	Actuarial Values of 2020 Standard Plans		
State	Gold (76%-82% AV)	Silver (66%-72% AV)	Bronze (56%-65% AV)
California Only standard plans permitted	Carrier chooses 81.8% AV co-insurance or 78.3% AV co-pay design	71.8% AV	61.4% AV
Connecticut Non-standard plans allowed at gold and bronze Two carriers in market	81.91% AV	71.93% AV	64.98% AV 64% AV HSA
D.C. Non-standard plans allowed	81.94% AV	71.95% AV	64.96% AV 63% AV HSA
Massachusetts Non-standard plans allowed for consumers >300% FPL	81.3% AV 76.04% AV	71.95% AV	64.95% AV 65% AV HSA optional
Vermont Nonstandard plans allowed with 71% AV floor in silver Two carriers in market	81.9% AV	71.8% AV 71% AV HSA	64% AV ¹ 61.9% AV ² 61.5% AV HSA



1. Integrated deductible

2. Separate medical and Rx deductible