### 3 MAIN COMPONENTS

#### Standard Plans
- Make care more accessible by lowering deductibles, making cost-sharing more transparent, and providing more services before deductible.

#### Public Option Plans
- Make more affordable (lower premium) options available.

#### Subsidy Study
- Develop and submit a plan for implementing premium subsidies through the Exchange for individuals up to 500%.

### STANDARD PLANS IMPROVE VALUE FOR CUSTOMERS

- Lower deductibles.
- More access to services before the deductible - including primary care, mental & behavioral health services, & generic drugs.
- Higher value options for consumers in every county.
- Maximize federal premium tax credits.
- More predictable costs for consumers (more co-pays, less coinsurance).
- Easier to select a plan based on cost, network, customer service, & quality.

### 3 Different Types of Health Plans in the Exchange in 2021

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Non-Standard Plans</th>
<th>Standard Plans</th>
<th>Public Option Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible for federal tax subsidies; must meet federal actuarial value requirements for metal levels; must meet Office of Insurance Commissioner requirements, Qualified Health Plan criteria, and include Essential Health Benefits.</td>
<td>✔️</td>
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<tr>
<td>Allows consumers to easily compare plans based on premium, network, quality, and customer service</td>
<td>✔️</td>
<td>✔️</td>
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</tr>
<tr>
<td>Uses plan design with deductibles, co-pays, and co-insurance amounts for each metal level and some services guaranteed to be available before the deductible</td>
<td>✔️</td>
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<tr>
<td>Carriers required to offer to participate in the Exchange</td>
<td>✔️</td>
<td>✔️</td>
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</tr>
<tr>
<td>Provider reimbursement caps at 160% of Medicare, and subject to a floor on reimbursement for primary care services &amp; rural hospitals</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Required to incorporate Bree Collaborative &amp; Health Technology Assessment program recommendations</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Requires carriers to offer a bronze plan</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
</tr>
</tbody>
</table>
Exchange convened a workgroup including carriers, consumer advocates, providers, and business and labor representatives to inform the plan design process.

Ongoing close collaboration with HCA and OIC - regular Cascade Care implementation meetings.

Exchange consulted with carrier workgroup to solicit technical feedback on plan designs.

Exchange contracted with Wakely Consulting to conduct actuarial analysis of plan designs.

May 2019 - December 2019

October 18, 2019 - November 18, 2019

Public comment period on standard plan designs was held.

December 5, 2019

Standard plan designs unanimously approved by Exchange Board.

Open and transparent process - all materials available at: www.wahbexchange.org/about-the-exchange/cascade-care-2021-implementation