

WAHBE 2022 Standard Plan Designs

Results per 2022 DRAFT Federal AV Calculator

Individual Market Gold, Silver, and Bronze Plans

Benefits	Standard Gold	Standard Silver	Standard Bronze
Medical/Pharmacy Integrated Deductible	No	Yes	Yes
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes
Medical (or Integrated, if Applicable) Deductible (\$)	\$500	\$2,000	\$6,000
Pharmacy Deductible (\$)	\$0	N/A	N/A
Medical/Pharmacy Integrated MOOP (\$)	\$5,250	\$7,800	\$8,550
Emergency Care Services	\$450	\$800	40%
Urgent Care	\$35	\$60	\$100
All Inpatient Hospital Services (inc. MH/SUD,Maternity)	\$525*	\$800*	40%
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$15	\$25	\$50
Specialist Visit	\$40	\$60	\$100
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office Visits	\$15	\$25	\$50
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$15	\$25	40%
Advanced Imaging (CT/PET Scans, MRIs)	\$300	30%	40%
Speech Therapy	\$25	\$35	40%
Occupational and Physical Therapy	\$25	\$35	40%
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$20	\$35	40%
X-rays and Diagnostic Imaging	\$30	\$60	40%
Skilled Nursing Facility	\$350 **	\$800 **	40%
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$350	\$600	40%
Outpatient Surgery Physician/Surgical Services	\$75	\$200	40%
Generics	\$10	\$20	\$32
Preferred Brand Drugs	\$60	\$70	40%
Non-Preferred Brand Drugs	\$100	\$250	40%
Specialty Drugs (i.e. high-cost)	\$100	\$250	40%
Ambulance	\$375	\$375	40%
Routine Eye Exam for Children	\$0	\$0	\$0
All Other Benefits	20%	30%	40%
Federal AV from AVC	82.60%	72.06%	64.46%
Adjustment Factor	0.9914	0.9882	0.9973
Adjusted AV ***	81.89%	71.21%	64.29%

Shaded items are not subject to deductible.

* Per day copay, limit of 5 copays per stay; ** Per day copay; *** Adjusted AV reflects unique plan design in which copays do not accumulate to deductible. For the Standard Bronze plan, it also includes the different MH/SUD outpatient services cost sharing for office visits and other services.

Individual Market Silver Plan and CSR Variations

Benefits	Standard Silver	Standard Silver 73% AV	Standard Silver 87% AV	Standard Silver 94% AV
Medical/Pharmacy Integrated Deductible	Yes	Yes	No	No
Medical/Pharmacy Integrated MOOP	Yes	Yes	Yes	Yes
Medical (or Integrated, if Applicable) Deductible (\$)	\$2,000	\$2,000	\$750	\$150
Pharmacy Deductible (\$)	N/A	N/A	\$0	\$0
Medical/Pharmacy Integrated MOOP (\$)	\$7,800	\$6,500	\$2,250	\$800
Emergency Care Services	\$800	\$750	\$425	\$150
Urgent Care	\$60	\$60	\$30	\$15
All Inpatient Hospital Services (inc. MH/SUD, Maternity)	\$800*	\$750*	\$425*	\$100*
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$25	\$20	\$10	\$3
Specialist Visit	\$60	\$60	\$30	\$15
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office Visits	\$25	\$20	\$10	\$3
Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other	\$25	\$20	\$10	\$3
Advanced Imaging (CT/PET Scans, MRIs)	30%	30%	20%	15%
Speech Therapy	\$35	\$35	\$20	\$5
Occupational and Physical Therapy	\$35	\$35	\$20	\$5
Preventive Care/Screening/Immunization	\$0	\$0	\$0	\$0
Laboratory Outpatient and Professional Services	\$35	\$35	\$20	\$5
X-rays and Diagnostic Imaging	\$60	\$60	\$40	\$15
Skilled Nursing Facility	\$800 **	\$750 **	\$425 **	\$100 **
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$600	\$600	\$325	\$100
Outpatient Surgery Physician/Surgical Services	\$200	\$175	\$120	\$25
Generics	\$20	\$18	\$12	\$3
Preferred Brand Drugs	\$70	\$70	\$35	\$12
Non-Preferred Brand Drugs	\$250	\$200	\$160	\$35
Specialty Drugs (i.e. high-cost)	\$250	\$200	\$160	\$35
Ambulance	\$375	\$325	\$175	\$75
Routine Eye Exam for Children	\$0	\$0	\$0	\$0
All Other Benefits	30%	30%	20%	15%
Federal AV from AVC	72.06%	74.17%	88.21%	94.70%
Adjustment Factor	0.9882	0.9888	0.9931	0.9970
Adjusted AV ***	71.21%	73.34%	87.60%	94.42%

Shaded items are not subject to deductible.

* Per day copay, limit of 5 copays per stay; ** Per day copay; *** Adjusted AV reflects unique plan design in which copays do not accumulate to deductible. For the Standard Bronze plan, it also includes the different MH/SUD outpatient services cost sharing for office visits and other services.

2022 Standard Plans Designs Appendix

This Appendix applies to standard plan designs at all metal levels unless otherwise designated. These requirements apply only for covered services under the plan.

1. The standard plan designs outline the cost-sharing for the consumer for a given benefit category.
2. The standard plan designs do not address cost-sharing amounts for any out-of-network services except for those services required under state or federal law to have the in-network cost-share amount. For example, out of network emergency care services would have an in-network cost-sharing under the Balance Billing Protection Act.
3. For all services with a co-pay that are not subject to the deductible, the co-pay amount does not accumulate toward the deductible, but the full co-pay amount paid for the service will accumulate toward the maximum out-of-pocket amount.
4. For services with a co-pay that are subject to the deductible, the full amount of first-dollar out-of-pocket spending accrues toward the deductible.
5. Per WAC 284-43-5602, designating the essential health benefit base-benchmark plan, the following services must be covered for, at minimum, the identified number of visits:
 - a. Chiropractic: 10 visits
 - b. Acupuncture: 12 visits
 - c. Home Health Care Services: 130 days
 - d. Hospice respite services: 14 days per lifetime
 - e. Outpatient rehabilitation, combined physical, occupational, and speech therapy, services: 25 visits
 - f. Outpatient habilitation services: 25 visits
 - g. Inpatient rehabilitative services: 30 days
 - h. Inpatient habilitative services: 30 days
6. Co-payments charged to a consumer may never exceed the actual cost for the service. For instance, if a co-pay is \$45 and the service is \$30, the cost-share responsibility of the consumer would be \$30.
7. For prescription drugs in any tier, the cost-share defined is for a 30-day supply. Carriers may determine to allow for mail order prescriptions at a reduced per-unit cost (e.g.; a 90-day supply).
8. Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the plan's in-network maximum out-of-pocket.
9. Office visits for the treatment of mental health, behavioral health, or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient - Office Visits, regardless of provider type. Other Practitioner Office Visits (Nurse, Physician Assistant) shall generally be treated as a Primary Care Visit to Treat an Injury or Illness or Preventive Care/Screening Immunization. A carrier

may include in the Other Practitioner category: nurse practitioners, certified nurse midwives, respiratory therapists, clinical psychologists, licensed clinical social worker, marriage and family therapists, applied behavior analysis therapists, acupuncture practitioners, chiropractic practitioners, registered dieticians and other nutrition advisors. A carrier is not precluded from using another comparable benefit category for a service provided by one of these practitioners. Services provided by other practitioners for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Office Visits or Mental/Behavioral Health and Substance Use Disorder Outpatient Services - Other. The copay for Mental/Behavioral Health and Substance Use Disorder Outpatient Office visits may be applied to Mental/Behavioral Health and Substance Use Disorder Outpatient services provided in an urgent care setting.

10. Services with a co-pay should be charged with the following methodology: one co-pay per benefit category per day per provider. For example, a charge for a lab draw and read at a primary care visit by the same provider would result in one lab co-pay and one primary care office visit co-pay for the individual.
11. For outpatient services where a facility fee and physician/surgical services are not billed separately, an issuer may apply the cost-sharing requirements for both the facility fee and the physician/surgical services to the total charge.
12. For outpatient encounters that include multiple services, an issuer may apply the cost-sharing requirements for each service provided. For instance, an outpatient encounter involving a surgeon, radiologist, and anesthesiologist would result in three cost-share payments for the consumer.
13. For instances where there is a co-pay for Skilled Nursing Facility and All Inpatient Hospital Services, it is a per-day co-pay (with a limit of five co-pays for an inpatient stay). For instance, a two-day stay would result in two co-pays for the consumer.
14. The co-pay for All Inpatient Hospital Services covers the facility fee and professional services. For instance, an individual with a one-day stay at a hospital in the Gold standard plan would pay only the \$525 co-pay.
15. The cost share amount for Emergency Care Services covers facility fee and professional services.
16. Unless otherwise noted in this appendix, carriers are permitted to assign any service to any benefit category if permissible under state and federal law.