

2018 Proposed Plan Designs

Benefit	Platinum Coins		Platinum Cop		Gold Coins		Gold Copay		Silver		Silver 73		Silver 87		Silver 94		CCSB Silver Coin		CCSB Silver Cop		Silver HDHP		Bronze		Bronze HDHP			
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount		
Deductible																												
Medical Deductible										\$2,500		\$2,200		\$650		\$75		\$2,000		\$2,000					\$6,300			
Drug Deductible										\$100		\$100		\$50		\$0		\$100		\$100					\$500			
Coinsurance (Member)		10%		10%		20%		20%		20%		20%		15%		10%		20%		20%		20%		20%		100%		40%
MOOP		\$3,350		\$3,350		\$6,000		\$6,000		\$7,000		\$5,850		\$2,450		\$1,000		\$6,800		\$6,800		\$6,550		\$7,000		\$6,550		
ED Facility Fee		\$150		\$150		\$325		\$325		\$350		\$350		\$100		\$50		\$350		\$350	X	20%	X	100%	X	40%		
Inpatient Facility Fee		10%		\$250		20%		\$600	X	20%	X	20%	X	15%	X	10%	X	20%	X	20%	X	20%	X	100%	X	40%		
Inpatient Physician Fee		10%		---		20%		---	X	20%	X	20%	X	15%	X	10%	X	20%	X	20%	X	20%	X	100%	X	40%		
Primary Care Visit		\$15		\$15		\$25		\$25		\$35		\$30		\$10		\$5		\$45		\$45	X	20%	X	\$75	X	40%		
Specialist Visit		\$30		\$30		\$55		\$55		\$70		\$65		\$25		\$8		\$75		\$75	X	20%	X	\$105	X	40%		
MH/SU Outpatient Services		\$15		\$15		\$25		\$25		\$35		\$30		\$10		\$5		\$45		\$45	X	20%	X	\$75	X	40%		
Imaging (CT/PET Scans, MRIs)		10%		\$75		20%		\$275		\$300		\$300		\$100		\$50		20%		20%	X	20%	X	100%	X	40%		
Speech Therapy		\$15		\$15		\$25		\$25		\$35		\$30		\$10		\$5		\$45		\$45	X	20%		\$75	X	40%		
Occupational and Physical Therapy		\$15		\$15		\$25		\$25		\$35		\$30		\$10		\$5		\$45		\$45	X	20%		\$75	X	40%		
Laboratory Services		\$15		\$15		\$35		\$35		\$35		\$35		\$15		\$8		\$40		\$40	X	20%		\$40	X	40%		
X-rays and Diagnostic Imaging		\$30		\$30		\$55		\$55		\$70		\$70		\$25		\$8		\$70		\$70	X	20%	X	100%	X	40%		
Skilled Nursing Facility		10%		\$150		20%		\$300	X	20%	X	20%	X	15%	X	10%	X	20%	X	20%	X	20%	X	100%	X	40%		
Outpatient Facility Fee		10%		\$100		20%		\$300		20%		20%		15%		10%		20%		20%	X	20%	X	100%	X	40%		
Outpatient Physician Fee		10%		\$25		20%		\$40		20%		20%		15%		10%		20%		20%	X	20%	X	100%	X	40%		
Tier 1 (Generics)		\$5		\$5		\$15		\$15	X	\$15	X	\$15		\$5		\$3	X	\$15	X	\$15	X	20%	X	100%	X	40%		
Tier 2 (Preferred Brand)		\$15		\$15		\$55		\$55	X	\$55	X	\$50	X	\$20		\$10	X	\$55	X	\$55	X	20%	X	100%	X	40%		
Tier 3 (Nonpreferred Brand)		\$25		\$25		\$75		\$75	X	\$80	X	\$75	X	\$35		\$15	X	\$85	X	\$85	X	20%	X	100%	X	40%		
Tier 4 (Specialty)		10%		10%		20%		20%	X	20%	X	20%	X	15%		10%	X	20%	X	20%	X	20%	X	100%	X	40%		
Tier 4 Maximum Coinsurance		\$250		\$250		\$250		\$250		\$250		\$250		\$150		\$150		\$250		\$250		\$250*		\$500*		\$500		
Maximum Days for charging IP copay				5				5																				
Begin PCP deductible after # of copays																								3 visits				
Actuarial Value (2018 AVC)		91.23		88.11		81.85		78.40		71.87		73.92		87.88		93.94		71.81		71.38		71.66		60.75		61.38		
Baseline AV (2018 AVC)		90.16		85.51		81.02		76.75		73.21		75.65		88.06		90.68		72.89		72.45		71.66		61.19		61.38		
Actuarial Value (2017)		89.72		90.28		80.86		81.23		71.53		73.67		87.48		94.12		71.56		71.25		71.31		61.93		61.96		

KEY:	X	Subject to deductible
	*	Drug cap applies to all drug tiers
		Increase member cost
		Decrease member cost
		Does not meet AV
		Within .5 of de minimis
	Securely within AV	