



Oregon

Kate Brown, Governor

Department of Consumer and Business Services

Division of Financial Regulation

350 Winter St. NE, Room 410

P.O. Box 14480

Salem, OR 97309-0405

March 8, 2016

Adoption of 2017 Base Benchmark Health Benefit Plan and Essential Health Benefits

Comment Period Extended

The last day for written comments is now March 28, 2016.

In order to allow additional time for the public to submit written testimony, the department has extended the comment period through and including March 28, 2016 (formerly February 3, 2016).

[Please review the attached documents](#) for more information about proposed changes and possible fiscal impacts.

Send written comments to:

ins.rules@state.or.us (OAR chapter 836)

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The closing date for written comments is March 28, 2016.

How can I get copies of the proposed rules?

On the Division of Financial Regulation website:

www.oregon.gov/DCBS/insurance/legal/laws/Pages/rulemaking.aspx

Or email Karen Winkel at: ins.rules@oregon.gov

As you may recall from the discussions during the selection of the 2017 benchmark plan, we had to wait to finalize the 2017 standard plans until after the 2017 Actuarial Value (AV) Calculator was available. Now that we have that tool, we have found that the Bronze Plan as selected by the EHB Advisory Committee had to be modified to meet the required AV.

[Attached is a spreadsheet](#) designed by Division of Financial Regulation actuaries that sets out the Bronze Plan selected by the advisory committee in June, 2015 (which does not meet the 2017 AV threshold, which is 58 to 62 percent) and four options for a bronze plan that would meet the AV threshold as determined by the 2017 AV Calculator. As demonstrated by the spreadsheet, benefit adjustments impact the AV differently and limit options available to adjust the AV. Using information discussed during the rulemaking advisory meetings the division recommends Option 1 as the preferred option. The division selected Option 1 as the preferred option after weighing the trade offs between increased costs in deductible, MOOP costs, primary care visit costs, specialty visits and costs of generic drugs, and how various changes would have the least impact overall on consumers. The information for the selected option will become part of the cost-sharing matrix for the bronze plan that is referred to in the new rule, OAR 836-053-0013 (10).

The changes required to design a compliant standard bronze plan are significant and the Division feels that members of the Rulemaking advisory committee and public should have an opportunity to review the changes. We have extended the public comment period for the permanent EHB rulemaking until March 28, 2016 to allow comments about this recommendation.

Please review the spreadsheet and submit any comments as indicated on the attached Notice of Extension before March 28, 2016. After the extended comment period closes, the division will proceed with adoption of the permanent rules.

Thank you very much for your input into this important aspect of the 2017 EHB and Benchmark Plan selection process.

Bronze Plan Options (Final 3-10-16).xlsx

Benefit	Proposed 2017 Standard (As of June 2015)	Option #1 Preferred (Revised Proposed 2017 Standard)	Option #2	Option #3	Option #4
2017 Federal AV	63.51%	61.97%	61.96%	62.00%	61.28%
Deductible	Combined Medical and Drug \$6,850	Combined Medical and Drug \$7,150	Combined Medical and Drug \$6,850	Combined Medical and Drug \$7,150	Combined Medical and Drug \$6,850
Maximum OOP	Combined Medical and Drug \$6,850	Combined Medical and Drug \$7,150	Combined Medical and Drug \$6,850	Combined Medical and Drug \$7,150	Combined Medical and Drug \$6,850
Family multiplier	2x Individual; Embedded Approach	2x Individual; Embedded Approach	2x Individual; Embedded Approach	2x Individual; Embedded Approach	2x Individual; Embedded Approach
Primary Care Visit to Treat an Injury or Illness	\$60	\$70	\$90	\$70	0% After Deductible
Specialist Visit	\$100	\$115	\$160	\$140	\$100
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Outpatient Surgery Physician/Surgical Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Emergency Room Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Inpatient Hospital Services (e.g., Hospital Stay)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Inpatient Physician and Surgical Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Generic Drugs	\$30	\$35	\$35	\$30	\$30
Preferred Brand Drugs	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Non-Preferred Brand Drugs	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Specialty Drugs	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Outpatient Rehabilitation Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Imaging (CT/PET Scans, MRIs)	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
Laboratory Outpatient and Professional Services	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible
X-rays and Diagnostic Imaging	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible	0% After Deductible