

## 2022 Clear Choice Cost Sharing Designs

This document applies to the Clear Choice standard plan cost sharing designs at all metal levels unless otherwise designated.

1. The proposed plan structure is for individual and small group plans.
2. All Clear Choice plans for individual will be on/off exchange except for one Silver off exchange only due to Silver loading. The additional 3 plans allowed to differ from Clear Choice may be offered either both on and off exchange or only off exchange. There will not be 3 alternatives on/off exchange and an additional 3 off exchange allowed.
3. Small Group will not be required to have SHOP plans. They will be the same basic structure of individual Clear Choice plans but may maintain the differences in network and formulary. Under the merged market carriers do not have to offer identical choices of health plans to individuals and to small employers
4. With the exception of the HSA plan, services before the deductible in addition to preventive and the first three visits for PCP/Behavioral office visits are PCP/Behavioral with copay and generic prescriptions with copay for all metal levels. Silver, Gold and Platinum also cover preferred brand drugs before the deductible.
5. Plans only approved for the beginning of each year. No mid-year new plans unless the market does not merge.
6. 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 like emergency services.
7. Continue to allow carriers to customize their site of service incentive programs.
8. There is one HSA plan in compliance with IRS requirements.
9. Mandated benefits and providers are all required to be covered by Clear Choice and will not be specifically stated in the structure/rule.
10. Plans follow EHB. Additional benefits may be offered.
11. Except as required by law, PCP and Behavioral visits are before deductible at a set copay. Tier 1 and Tier 2 prescriptions are all before deductible and at a set copay.
12. All family deductible and MOOP are twice the individual amount similar to current plans.
13. Clear Choice does not address geographic rating.
14. There may be a Clear Choice plan for HMO, PPO, and POS.
15. PCP office visit does not include the related labs from the visit.
16. Pediatric dental will not be required for Clear Choice. A carrier may add it.
17. Tiered plans may be offered as the alternative 3 plans.
18. Platinum does not have to be offered.
19. Unless otherwise noted carriers are permitted to assign any service to any benefit category if permissible under state and federal law.
20. Cost-sharing for services subject to the federal Mental Health Parity and Addiction Equity Act (MHPAEA) may be different but not more than those listed in the standard plan design, if necessary, for compliance with MHPAEA.
21. 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.
22. Alternate on-exchange Silver plans must have an AV of at least 70%.