

Revised Options July 28, 2009

| Comparison Table Option | Subsidy Application | Regulatory Issues | Membership (up to) | Estimated Actuarial Value | Savings |
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| <p>Status Quo</p> | <p>No change</p> | <p>NA</p> | <p>11,000</p> | <p>.74</p> | <p>Premium: NA Eligibility: 13%</p> |
| <p>Deductible Subsidy Plan with HSA Option</p> <p>Deductible schedule would be</p> <p>Single / Family B: \$1,000 / \$2,000 C: \$1,500 / \$3,000 D: \$2,500 / \$5,000 E: \$3,000 / \$6,000 F: \$5,800 / \$11,600</p> <p>(for comparison to current levels, see attachment B)</p> <p>Deductibles represent OOP under this plan.</p> <p>The Agency would pay claims between member deductible and \$5,800. Carrier would pay claims above \$5,800.</p> | <p>Fixed costs (i.e., monthly premium) would be comparable to current plan.</p> <p>Based on overall premium reduction, the Agency's subsidy percentage would decline while member fixed costs would stay consistent. The Agency would shift these available subsidy resources to pay for variable costs (between the member deductible and \$5,800).</p> <p>This plan would replace a set of variable costs (deductible, co-insurance, and oop) with a single oop maximum. Members would pay 100% to their oop limit, and then the carrier or the Agency would pay for all claims beyond that limit.</p> | <p>NA</p> | <p>11,000 (+)</p> | <p>.86 (B) - .58 (F) .80 (B) - .51 (F)</p> | <p>Premium: 29% Eligibility: 13%</p> <p>Premium savings directed to subsidization of variable costs.</p> |
| <p>Maximum Benefit Plan</p> <ul style="list-style-type: none"> Maximum benefit set at \$100,000 annually per member <p>Scenario 1</p> <ul style="list-style-type: none"> \$2,000 deductible 30% coinsurance and \$5,000 maximum out-of-pocket (oop) for all members Rx and preventative services applied to the deductible <p>Scenario 2</p> <ul style="list-style-type: none"> \$1,000 deductible/oop for B, \$2,000 deductible / \$5,000 oop for all others keep Rx subject to co-pay and preventative services at 100% | <p>Fixed costs (i.e., monthly premium) would be comparable to current plan.</p> <p>Based on overall premium reduction, the Agency's subsidy percentage would decline while member fixed costs would stay consistent.</p> <p>Based on overall premium reduction, the Agency's subsidy percentage would decline while member fixed costs would stay consistent.</p> | <p>Seeking guidance from BOI regarding current standards in law and implications.</p> | <p>22,000 15,000</p> | <p>.50 .71</p> | <p>Premium: 36% Eligibility: 13%</p> <p>Premium: 10% Eligibility: 13%</p> |

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| <p>Reinsurance</p> <p>Benefits would be comparable to current DirigoChoice program.</p> <p>The Agency would pay 90% of claims between \$5,000 and \$75,000. This would result in a 39% reduction in premium.</p> <p>Would limit to previously uninsured in addition to 300% of FPL (in small businesses at least 30% of employees must be below 300% FPL)</p> | <p>No premium subsidy.</p> | <p>Review of Dirigo statute and applicability of subsidy to those enrollees over 300% FPL (members of qualifying small groups).</p> <p>Seeking guidance from BOI regarding current standards in law and implications.</p> | <p>20,000</p> | <p>.74</p> | <p>Premium: 39% Eligibility: 6.6%</p> |
| <p>Reinsurance – Adjusted</p> <p>The Agency would pay 90% of claims between \$10,000 and \$50,000. This would result in a 23% reduction in premium.</p> | <p>Fixed costs (i.e., monthly premium) would be comparable to current plan.</p> | | <p>11,500</p> | <p>.74</p> | <p>Premium 23% Eligibility: 13%</p> |
| <p>Maximum Benefit – \$150,000</p> <p>Agency would keep \$2,000,000 in reserve for members who had claims exceeding the maximum benefit.</p> <ul style="list-style-type: none"> • \$2,000 deductible 30% coinsurance and \$5,000 maximum out-of-pocket (oop) for all members • Rx and preventative services applied to the deductible | <p>Fixed costs (i.e., monthly premium) would be comparable to current plan.</p> <p>Based on overall premium reduction, the Agency's subsidy percentage would decline while member fixed costs would stay consistent.</p> | | <p>15,000</p> | <p>.52</p> | <p>Premium 34% Eligibility: 13%</p> |
| <p>Maximum Benefit - \$200,000</p> <p>Agency would keep \$1,000,000 in reserve for members who had claims exceeding the maximum benefit.</p> <ul style="list-style-type: none"> • \$2,000 deductible 30% coinsurance and \$5,000 maximum out-of-pocket (oop) for all members • Rx and preventative services applied to the deductible | <p>Fixed costs (i.e., monthly premium) would be comparable to current plan.</p> <p>Based on overall premium reduction, the Agency's subsidy percentage would decline while member fixed costs would stay consistent.</p> | | <p>15,000</p> | <p>.53</p> | <p>Premium 33% Eligibility: 13%</p> |

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| <p>Maximum Benefit – No Max</p> <ul style="list-style-type: none"> • \$2,000 deductible 30% coinsurance and \$5,000 maximum out-of-pocket (oop) for all members • Two Plans: <p>1) Preventative services at 100%, Rx at co-pay, some other services at co-pay*, other services subject to deductible.</p> <p>2) Preventative services at 100% and Rx at co-pay, all other services subject to deductible.</p> <p>3) All services subject to deductible with HSA option.</p> <p>* Services at copay</p> <ul style="list-style-type: none"> • First three office visits (PCP \$25, Specialist \$40) • ER \$100 • Routine eye exams included in office visits <p>See attached benefit summary.</p> | <p>Fixed costs (i.e., monthly premium) would be comparable to current plan.</p> <p>Based on overall premium reduction, the Agency's subsidy percentage would decline while member fixed costs would stay consistent.</p> | | <p>13,000</p> <p>14,000</p> <p>16,000</p> | <p>.69</p> <p>.64</p> <p>.54</p> | <p>Premium 13% Eligibility: 13%</p> <p>Premium 18% Eligibility: 13%</p> <p>Premium 28% Eligibility: 13%</p> |
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