



2020 PRODUCT CHANGES AND UPDATES

2020

SEPTEMBER 23, 2019

Proprietary and Confidential

AGENDA

1. 2020 Small Group Product Strategy
2. 2020 Actuarial Value Calculator
3. 2020 Resulting Portfolio
4. 2020 Product Changes
5. 2020 Mental Health Parity Results
6. New Benefits Covered
7. 2020 New Plans
8. 2020 Product Exits/Mapping Strategy

Maintain current position as market leader by offering a competitive portfolio that will achieve the small group medical enrollment goals.

- Continue to maintain areas of strength and improve areas of weakness within the portfolio.
- Respond to market demand to add coinsurance options to remain competitive.
- Create a new low cost Bronze plan.
- Exiting plans:
 - Low enrollment
 - Require major benefit changes due to falling significantly out of AV.
 - Map members in exited plans into plans on the same metal level with the same network and with minimal differences in premiums and deductibles
- Goals: Minimize group and member disruption from AV changes
 - Where possible, keep deductibles the same
 - Modifying out-of-pocket max, Rx deductible and copays, and medical deductible to bring plans back into AV.

2020 Actuarial Value Calculator—Off-SHOP



A total of 34 plans fell out of AV for 2020 in all jurisdictions:

- 2 out of 5 Bronze
- 14 of 25 Silver
- 13 of 19 Gold
- 5 of 10 Platinum

Exiting 12 products—10 HealthyBlue and 2 HMO Referral Hybrid (Gold 80 and Silver 70) products in each jurisdiction:

- The only HB plans that remain are Platinum Plus and Advantage 500.

Key:

Plan exits

Benefit Changes

Plan Name—Platinum	2020 Status
BlueChoice HMO Referral Platinum 0	Benefit changes due to AV
BlueChoice HMO Platinum 0	Benefit changes due to AV
BlueChoice Advantage Platinum 0	Benefit changes due to AV
BlueChoice Plus Opt-Out Platinum 0	Benefit changes due to AV
BluePreferred PPO Platinum 0	Benefit changes due to AV
BluePreferred PPO Platinum 500	In-Range—no changes
HealthyBlue HMO Platinum 500	Low Enrollment (Exit)
HealthyBlue Advantage Platinum 500	In-Range—no changes
HealthyBlue PPO Platinum 500	Low Enrollment (Exit)
HealthyBlue Plus Platinum 500	In-Range—no changes

Plan Name—Gold	2020 Status
BlueChoice HMO Referral Gold 0	Benefit changes due to AV
BlueChoice HMO Referral Gold 80	Low Enrollment (Exit)
BlueChoice HMO Referral Gold 500	Benefit changes due to AV
BlueChoice HMO Gold 500	Benefit changes due to AV
BlueChoice Advantage Gold 500	Benefit changes due to AV
BlueChoice Plus Gold 500	Benefit changes due to AV
BluePreferred PPO Gold 500	Benefit changes due to AV
BlueChoice Advantage Gold 1000	Benefit changes due to AV
BlueChoice Plus Gold 1000	Benefit changes due to AV
BluePreferred PPO Gold 1000	Benefit changes due to AV
BlueChoice HMO Gold 1500	Benefit changes due to AV
BluePreferred PPO Gold 1500	Benefit changes due to AV
HealthyBlue HMO Gold 1500	Out-of-Range (Exit)
HealthyBlue Advantage Gold 1500	Out-of-Range (Exit)
HealthyBlue Plus Gold 1500	Out-of-Range (Exit)
HealthyBlue PPO Gold 1500	Out-of-Range (Exit)
BlueChoice HMO HSA/HRA Gold 1500	In-Range—no changes
BlueChoice Advantage HSA/HRA Gold 1500	In-Range—no changes
BlueChoice HMO Gold 3000	In-Range—no changes

Plan Name—Silver	2020 Status
BlueChoice HMO Referral Silver 70	Low Enrollment (Exit)
BlueChoice HMO Silver 1000	Benefit changes due to AV
BluePreferred PPO Silver 1000	Benefit changes due to AV
BlueChoice HMO HSA/HRA Silver 1500	Benefit changes due to AV
BlueChoice Advantage HSA/HRA Silver 1500	Benefit changes due to AV
BlueChoice Plus HSA/HRA Silver 1500	Benefit changes due to AV
BluePreferred PPO HSA/HRA Silver 1500	Benefit changes due to AV
BlueChoice Advantage Silver 1500 BlueFund HSA	Benefit changes due to AV
BluePreferred PPO Silver 1500 BlueFund HSA	Benefit changes due to AV
BlueChoice HMO HSA/HRA Silver 2000	Benefit changes due to AV
BluePreferred PPO HSA/HRA Silver 2000	Benefit changes due to AV
HealthyBlue HMO HSA/HRA Silver 2000	Out-of-Range (Exit)
HealthyBlue Advantage HSA/HRA Silver 2000	Out-of-Range (Exit)
HealthyBlue Plus HSA/HRA Silver 2000	Out-of-Range (Exit)
HealthyBlue PPO HSA/HRA Silver 2000	Out-of-Range (Exit)
BlueChoice HMO HSA/HRA Silver 2500	In-Range—no changes
BlueChoice Advantage HSA/HRA Silver 2500	In-Range—no changes
BlueChoice Plus HSA/HRA Silver 2500	In-Range—no changes
BlueChoice HMO HSA/HRA Silver 3000	In-Range—no changes
BlueChoice Advantage HSA/HRA Silver 3000	In-Range—no changes
BlueChoice Plus HSA/HRA Silver 3000	In-Range—no changes
BlueChoice HMO Referral Silver 4000	Benefit changes due to AV
BlueChoice Advantage Silver 4000	Benefit changes due to AV
BlueChoice HMO Silver 5000	Benefit changes due to AV
BlueChoice Advantage Silver 5000	Benefit changes due to AV

Plan Name—Bronze	2020 Status
BlueChoice HMO Referral Bronze 5750	Benefit changes due to AV
BlueChoice Advantage Bronze 5750	Benefit changes due to AV
BlueChoice HMO HSA/HRA Bronze 6000	In-Range—no changes
BlueChoice Advantage HSA/HRA Bronze 6000	In-Range—no changes
BlueChoice Plus HSA/HRA Bronze 6000	In-Range—no changes

Resulting 2020 Small Group Portfolio—On and Off-SHOP



	Platinum	Gold	Gold HSA/HRA	Silver	Silver HSA/HRA	Bronze	Bronze HSA/HRA
Deductible Levels by Metal Level	\$0 (non-integrated)	\$0 (non-integrated)	\$1500 (Integrated)	\$1000→\$1500 (non-integrated)	\$1500 (Integrated)	\$5750→\$6500 (non-integrated)	\$5500 (MD only) (Integrated)
	\$500 (non-integrated)	\$500 (non-integrated)		\$4000 (non-integrated)	\$2000 (new!) (Integrated)	\$8150 (new!) (Integrated)	\$6000 (Integrated)
		\$1000 (non-integrated)		\$5000 (non-integrated)	\$2250→\$2300 (Integrated) (MD and VA only)		
		\$1000 (SHOP) (integrated) (MD and VA only)			\$2500 (Integrated)		
		\$1500 (non-integrated)			\$3000 (Integrated)		
		\$3000 (non-integrated)					
	Total	2	5	1	3	5	2

Small Group Product Counts

	MD	DC	N. VA	Total
Platinum	8	8	14	30
Gold	19	18	21	58
Silver	26	27	28	81
Bronze	9	7	7	23
Total	62	60	70	192

2020 Portfolio Results:

- 21 distinct deductible levels in 2020
- 10 new plans in each jurisdiction
 - 8 HSA/HRA coinsurance options
 - 1 low-cost 8150 bronze
 - 1 HSA/HRA Advantage Silver 2000
- 12 plans exited per jurisdiction (10 HealthyBlue, 2 HMO Referral) based on the following:
 - Low enrollment in Renewal and New Sales
 - Significant AV changes causing major member disruptions

Bronze 5750 (HMO Referral and Advantage)—Non-integrated

2020 Plan Name: Bronze 6500



In-Network High-Level Benefit Changes

2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services			Preferred Rx Copay (30 day/90 day)
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp	
Bronze 5750	\$5,750	\$250	\$7,900	\$40	D, \$80	\$100	D, \$300	D, \$450	D, \$500	D, \$500	\$75/\$150

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services			Preferred Rx Copay (30 day/90 day)
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp	
Bronze 6500	\$6,500	\$500	\$8,150	\$40	D, \$80	\$100	D, \$300	D, \$450	D, \$500	D, \$500	\$80/\$160

- **Deductible:** Increased from \$5,750 to \$6,500 (\$750 difference).
- **MOOP:** Increased from \$7,900 to \$8,150 (\$250 difference).
- **Rx Ded:** Increased from \$250 to \$500 (\$250 difference).
- **Preferred Rx Copay (Tier 2):** Increased from \$75/\$150 to \$80/\$160 (\$5/\$10 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

Advantage (OON):

- **OON Individual Deductible:** Increased from \$11,500 to \$13,000 (\$1,500 difference)
- **OON Individual MOOP:** Increased from \$15,800 to \$16,300 (\$500 difference)

Silver 1000 (HMO and PPO)—Non-Integrated

2020 Plan Name: Silver 1500



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Silver 1000	\$1,000	\$250	\$7,700	\$40	\$100	\$100	\$300	D, \$500	D, \$400	D, \$500

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Silver 1500	\$1,500	\$250	\$8,150	\$40	\$100	\$100	\$300	D, \$500	D, \$400	D, \$500

- **Deductible:** Increased from \$1,000 to \$1,500 (\$500 difference).
- **MOOP:** Increased from \$7,700 to \$8,150 (\$450 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP, Convenience Care, Urgent Care, and Generics Drugs.

PPO (OON):

- **OON Individual Deductible:** Increased from \$2,000 to \$3,000 (\$1,000 difference)
- **OON Individual MOOP:** Increased from \$15,400 to \$16,300 (\$900 difference)

HSA/HRA Silver 1500 (HMO, Plus, Advantage, PPO)— Integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Silver 1500	\$1,500	Integrated	\$5,900	D, \$25	D, \$50	D, \$100	D, \$300	D, \$500	D, \$250	D, \$500

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Silver 1500	\$1,500	Integrated	\$6,750	D, \$25	D, \$50	D, \$100	D, \$300	D, \$500	D, \$250	D, \$500

- **MOOP:** Increased from \$5,900 to \$6,750 (\$850 difference).

- *The HSA/HRA Silver 1500 product family is mirrored in DC for BlueFund HSA enrollment purposes.
- The DC BlueFund product has a \$200 lower OOP max and is proposed to be set at \$6,550 in 2020.

BlueFund HSA/HRA Silver 1500 (Advantage and PPO)— Integrated **DC Only**



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding			Hospital Services			
				PCP	Spec	Urgent Care	OP Surg	ER	IP Hosp	
BlueFund CDH Silver 1500 (DC Only)	\$1,500	Integrated	\$5,700	D, \$25	D, \$50	D, \$100	D, \$300	D, \$500	D, \$250	D, \$500

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding			Hospital Services			
				PCP	Spec	Urgent Care	OP Surg	ER	IP Hosp	
BlueFund CDH Silver 1500 (DC Only)	\$1,500	Integrated	\$6,550	D, \$25	D, \$50	D, \$100	D, \$300	D, \$500	D, \$250	D, \$500

- **MOOP:** Increased from \$5,700 to \$6,550 (\$850 difference).

- *The HSA/HRA Silver 1500 product family is mirrored in DC for BlueFund HSA enrollment purposes.
- The DC BlueFund product has a \$200 lower OOP max and is proposed to be set at \$6,550 in 2020.

HSA/HRA Silver 2000 (HMO and PPO)—Integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Silver 2000	\$2,000	Integrated	\$5,500	D, \$25	D, \$50	D, \$100	D, \$300	D, \$400	D, \$250	D, \$500

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
CDH Silver 2000	\$2,000	Integrated	\$5,550	D, \$25	D, \$50	D, \$100	D, \$300	D, \$400	D, \$250	D, \$500

- **MOOP:** Increased from \$5,500 to \$5,550 (\$50 difference).

- PPO Silver 2000—Out of Network Mental Health Parity changes were also made from cost-share to no copay for several MHP benefits. Please reference slide 22 for details.

Silver 4000 (HMO Referral and Advantage)—Non-integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			Generic Rx Copay (30 day/90 day)	
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER		IP Hosp
Silver 4000	\$4,000	\$250	\$7,150	\$25	\$50	\$100	\$300	D, \$400	D, \$250	D, \$500	\$10/\$20

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			Generic Rx Copay (30 day/90 day)	
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER		IP Hosp
Silver 4000	\$4,000	\$400	\$8,150	\$25	\$50	\$100	\$300	D, \$400	D, \$250	D, \$500	\$15/\$30

- **Rx Deductible:** Increased from \$250 to \$400 (\$150 difference).
- **MOOP:** Increased from \$7,150 to \$8,150 (\$1000 difference).
- **Generic Rx Copay:** Increased from \$10/\$20 to \$15/\$30 (\$5/\$10 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

Advantage (OON):

- **OON Individual MOOP:** Increased from \$14,300 to \$16,300 (\$2,000 difference)

Silver 5000 (HMO and Advantage)—Non-integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Silver 5000	\$5,000	\$250	\$7,500	No charge	\$50	\$50	\$300	D, \$400	D, \$250	D, \$500

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Silver 5000	\$5,000	\$450	\$8,150	No charge	\$50	\$50	\$300	D, \$400	D, \$250	D, \$500

- **Rx Deductible:** Increased from \$250 to \$450 (\$200 difference).
- **MOOP:** Increased from \$7,500 to \$8,150 (\$650 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

Advantage (OON):

- **OON Individual MOOP:** Increased from \$15,000 to \$16,300 (\$1,300 difference)

Gold 0 (HMO Referral)—Non-integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 0	\$0	\$0	\$5,000	\$30	\$40	\$50	\$200	\$300	\$250	\$500

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 0	\$0	\$0	\$5,350	\$30	\$40	\$50	\$200	\$300	\$250	\$500

- MOOP:** Increased from \$5,000 to \$5,350 (\$350 difference).

Gold 500 (HMO, HMO Referral, Plus, Advantage, PPO)— Non-integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 500	\$500	\$250	\$5,000	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 500	\$500	\$250	\$5,750	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

- MOOP:**
 Increased from \$5,000 to \$5,750 (\$750 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

- Plus/Advantage/PPO (OON):**
 - OON Individual MOOP:**
 Increased from \$10,000 to \$11,500 (\$1,500 difference)

Gold 1000 (Plus, Advantage, PPO)—Non-integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 1000	\$1,000	\$250	\$4,000	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 1000	\$1,000	\$250	\$4,400	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

- MOOP:**
 Increased from \$4,000 to \$4,400 (\$400 difference).

Plus/Advantage/PPO (OON):

- OON Individual MOOP:**
 Increased from \$8,000 to \$8,800 (\$800 difference)

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

Gold 1500 (HMO and PPO)—Non-integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 1500	\$1,500	\$250	\$3,500	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Gold 1500	\$1,500	\$250	\$3,900	\$15	\$30	\$50	\$200	D, \$300	D, \$250	D, \$400

- MOOP:**
 Increased from \$3,500 to \$3,900 (\$400 difference).

REMINDER: This is a non-integrated high deductible health plan with the following services not subject to the deductible: PCP, Convenience Care, Urgent Care, Generics Drugs, and Freestanding Lab/X-ray services.

- PPO (OON):**
 - OON Individual MOOP:**
 Increased from \$7,000 to \$7,800 (\$800 difference)

Platinum 0 (HMO, HMO Referral, Advantage, Plus Opt-Out, PPO)—Non-integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Platinum 0	\$0	\$0	\$1,500	\$10	\$20	\$50	\$50	\$150	\$100	\$200

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
Platinum 0	\$0	\$0	\$1,550	\$10	\$20	\$50	\$50	\$150	\$100	\$200

- MOOP:**
 Increased from \$1,500 to \$1,550 (\$50 difference).

Advantage/Plus Opt-Out/PPO (OON):

- OON Individual MOOP:**
 Increased from \$3,000 to \$3,100 (\$100 difference)

SHOP and SE-CDH 2250 (MD and VA Only)—Integrated

2020 Plan Name: CDH 2300



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
MD and VA only: CDH 2250 and PPO CDH 2250 80%/60% (Silver)	\$2,250	Integrated	\$6,550	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
MD and VA only: CDH 2300 and PPO CDH 2300 80%/60% (Silver)	\$2,300	Integrated	\$6,750	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%

- **Deductible:** Increased from \$2,250 to \$2,300 (\$50 difference).
- **MOOP:** Increased from \$6,550 to \$6,750 (\$200 difference).

PPO (OON):

- **OON Individual Deductible:** Increased from \$4,500 to \$4,600 (\$100 difference)
- **OON Individual MOOP:** Increased from \$13,100 to \$13,500 (\$400 difference)

SHOP and SE– HMO 1000 (MD and VA Only)—Integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
MD and VA only: HMO 1000 (Gold)	\$1,000	Integrated	\$3,000	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding					Hospital Services		
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
MD and VA only: HMO 1000 (Gold)	\$1,000	Integrated	\$3,300	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%	D, 20%

- MOOP:**
 Increased from \$3,000 to \$3,300 (\$300 difference).

SHOP and SE– ADV 90%/70% (VA Only)—Integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
VA only: Adv 90%/70% (Platinum)	\$0	\$0	\$2,500	10%	10%	10%	10%	10%	10%	10%

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Individual OOP Max	Freestanding				Hospital Services		
				PCP	Spec	Urgent Care	OP Surg	OP Surg	ER	IP Hosp
VA only: Adv 90%/70% (Platinum)	\$0	\$0	\$2,700	10%	10%	10%	10%	10%	10%	10%

- MOOP:**
 Increased \$2,500 to \$2,700 (\$200 difference).

- Advantage (OON):**
 - OON Individual MOOP:**
 Increased from \$5,000 to \$5,400 (\$400 difference)

SHOP and SE– PPO 100%/80% (VA Only)—Integrated



In-Network High-Level Benefit Changes 2019 Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	ER	IP Hosp	
VA only: PPO 100%/80% (Platinum)	\$0	\$0	\$2,600	\$20	\$30	\$50	No charge	No charge	\$200	\$250

2020 Approved Product

Product	Individual Deductible	Rx Deductible Per Member	Freestanding				Hospital Services			
			Individual OOP Max	PCP	Spec	Urgent Care	OP Surg	ER	IP Hosp	
VA only: PPO 100%/80% (Platinum)	\$0	\$0	\$3,300	\$20	\$30	\$50	No charge	No charge	\$200	\$250

- MOOP:**
 Increased \$2,600 to \$3,300 (\$700 difference).

- PPO (OON):**
 - OON Individual MOOP:**
 Increased from \$5,200 to \$6,600 (\$1,400 difference)

Mental Health Parity Testing Results



Mental Health Parity Law mandates accessible coverage for mental health and substance use disorder treatment. Changes to cost share are determined through MHP testing every year to maintain compliance.

- **Out-of-Network benefit changes to 1 existing plan in the 2020 portfolio:**
 - PPO HSA Silver 2000
 - From a \$70 copay to **no copay**.

- **Impacted (4) benefits:**
 - OP Hospital Facility Services
 - OP Professional Services at an OP Hospital Facility
 - Partial Hospitalization
 - Professional Services at Partial Hospitalization

BluePreferred PPO HSA/HRA Silver 2000 (2020 plan)	Subject to Deductible?	In-Network	Out-of-Network
Mental Health Office Visits	Yes	\$25 copay	\$70 copay
Outpatient Hospital Facility Services	Yes	\$50 copay	No copay
Outpatient Professional Services Provided at an Outpatient Hospital Facility	Yes		No copay
Outpatient Psychological and neuro-psychological testing for diagnostic purposes	Yes	\$25 copay	\$70 copay
Methadone Maintenance	Yes		\$70 copay
Partial Hospitalization	Yes	\$50 copay	No copay
Professional Services at Partial Hospitalization	Yes		No copay

* Although it seems less expensive to go OON, MHP benefits are subject to the deductible which is higher (\$4,000/\$8,000) OON.

New Benefits Covered (Effective New and Upon Renewal in 2020)



- **Medication Assisted Treatment Drugs:**
 - Drugs used to treat substance abuse disorders.
 - \$0 cost-share across all jurisdictions.
 - For HSA plans—subject to deductible, then \$0.
 - Follows oral chemotherapy and diabetic supply cost-shares.
 - Limited to a 30-day supply per prescription/refill.
- **Medically-Necessary Acupuncture (New to DC and VA):**
 - Covered in DC: No visit limits.
 - Covered in VA: Limited to 30 visits per benefit period.
 - MD: No visit limits.
 - Follows PT/OT/ST copays.

2020 Small Group New Plans

Close portfolio gaps with products to compete with competitors' portfolios.

Introducing 10 new plans in each jurisdiction:

- Eight new HSA/HRA plans that include coinsurance or coinsurance/copay hybrid.
 - 2 Gold
 - 5 Silver
 - 1 Bronze
- One new BlueChoice Advantage HSA/HRA Silver 2000 plan for mapping purposes.
- One new 8150 low cost Bronze plan.

Strategic Product Additions (HMO)—Integrated



Coinsurance/Copays: CDH Bronze 6000 90

- BlueChoice HMO HSA/HRA Bronze 6000 90

Coinsurance/Copays	CareFirst	Competitor
	Bronze 6000 90	Bronze 5
Individual Deductible	\$6,000 (Separate)	\$5,500 (Separate)
Individual OOP Maximum	\$6,550 (Separate)	\$6,700 (Separate)
PCP Office Visit	D, 10% coinsurance	D, 40% coinsurance
Specialist Office Visit	D, 10% coinsurance	D, 40% coinsurance
Urgent Care	D, 10% coinsurance	D, 40% coinsurance
Emergency Room	D, 10% coinsurance	D, 40% coinsurance
OP Facility – Freestanding	D, 10% coinsurance	D, 40% coinsurance
OP Facility- Hospital surgical	D, 10% coinsurance	D, 40% coinsurance
Inpatient Hospital	D, 10% coinsurance	D, 40% coinsurance
Rx Deductible	Integrated	Integrated
Generics/Preferred/Non-Preferred Brand/Specialty	\$10/\$45/\$65/\$100/\$150	\$10/\$40/\$250/\$75/\$500

Benefits subject to copay after deductible^{1,2,3}:

- Sleep studies
- Infusion
- Pharmacy copays

*All other benefits are coinsurance-based.

¹All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

²Please refer to benefit summaries and evidence of coverage for a full list of benefits.

³All services rendered in a hospital setting are subject to the facility fee.

Strategic Product Additions (HMO, Advantage, PPO)— Integrated



Coinsurance: CDH Silver 2000 70

- BlueChoice HMO HSA/HRA Silver 2000 70
- BlueChoice Advantage HSA/HRA Silver 2000 70
- BluePreferred PPO HSA/HRA Silver 2000 70

Coinsurance	CareFirst	Competitor
	Silver 2000 70	Silver 4
Individual Deductible	\$2,000 (Aggregate)	\$2,500 (Aggregate)
Individual OOP Maximum	\$6,750 (Separate)	\$6,700 (Separate)
PCP Office Visit	D, 30% coinsurance	D, 20% coinsurance
Specialist Office Visit	D, 30% coinsurance	D, 20% coinsurance
Urgent Care	D, 30% coinsurance	D, 20% coinsurance
Emergency Room	D, 30% coinsurance	D, 20% coinsurance
OP Facility – Freestanding	D, 30% coinsurance	D, 20% coinsurance
OP Facility- Hospital surgical	D, 30% coinsurance	D, 20% coinsurance
Inpatient Hospital	D, 30% coinsurance	D, 20% coinsurance
Rx Deductible	Integrated	Integrated
Generics/Preferred/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty	\$10/\$45/\$65/\$100/\$150	\$10/\$40/\$250/\$75/\$500

Benefits subject to copay after deductible^{1,2,3}:

- Pharmacy copays

*All other benefits are coinsurance-based.

¹:All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

²:Please refer to benefit summaries and evidence of coverage for a full list of benefits.

³:All services rendered in a hospital setting are subject to the facility fee.

Strategic Product Additions (HMO, Advantage)—Integrated



Coinsurance: CDH Silver 3000 70

- BlueChoice HMO HSA/HRA Silver 3000 70
- BlueChoice Advantage HSA/HRA Silver 3000 70

Coinsurance/Copays	CareFirst	Competitor
	Silver 3000 70	Silver 4
Individual Deductible	\$3,000 (Separate)	\$2,500 (Aggregate)
Individual OOP Maximum	\$6,000 (Separate)	\$6,700 (Separate)
PCP Office Visit	D, \$25	D, 20% coinsurance
Specialist Office Visit	D, \$50	D, 20% coinsurance
Urgent Care	D, 30% coinsurance	D, 20% coinsurance
Emergency Room	D, 30% coinsurance	D, 20% coinsurance
OP Facility – Freestanding	D, 30% coinsurance	D, 20% coinsurance
OP Facility- Hospital surgical	D, 30% coinsurance	D, 20% coinsurance
Inpatient Hospital	D, 30% coinsurance	D, 20% coinsurance
Rx Deductible	Integrated	Integrated
Generics/Preferred/Non-Preferred Brand/Specialty	\$10/\$45/\$65/\$100/\$150	\$10/\$40/\$250/\$75/\$500

Benefits subject to coinsurance after deductible^{1,2,3}:

- Inpatient Facility and Professional Services
- Outpatient Surgical Professional Services Provided at an Outpatient Hospital
- Emergency Room Facility and Professional Services
- Urgent Care
- Surgical Care—freestanding and hospital
- Lab/X-Ray/Diagnostic/Specialty Imaging
- Skilled Nursing
- Durable Medical Equipment
- Private Duty Nursing (VA only)
- Facility Fee

*All other benefits are copay-based.

¹All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

²Please refer to benefit summaries and evidence of coverage for a full list of benefits.

³All services rendered in a hospital setting are subject to the facility fee.

Strategic Product Additions (HMO, Advantage)—Integrated



Coinsurance: CDH Gold 1500 90

- BlueChoice HMO HSA/HRA Gold 1500 90
- BlueChoice Advantage HSA/HRA Gold 1500 90

Coinsurance/Copays	CareFirst	Competitor
	Gold 1500 90	Gold 1
Individual Deductible	\$1,500 (Aggregate)	\$1,400 (Aggregate)
Individual OOP Maximum	\$6,750 (Separate)	\$3,500 (Aggregate)
PCP Office Visit	D, \$10	D, 10% coinsurance
Specialist Office Visit	D, \$20	D, 10% coinsurance
Urgent Care	D, 10% coinsurance	D, 10% coinsurance
Emergency Room	D, 10% coinsurance	D, 10% coinsurance
OP Facility – Freestanding	D, 10% coinsurance	D, 10% coinsurance
OP Facility- Hospital surgical	D, 10% coinsurance	D, 10% coinsurance
Inpatient Hospital	D, 10% coinsurance	D, 10% coinsurance
Rx Deductible	Integrated	Integrated
Generics/Preferred/ Non-Preferred Brand/Specialty	\$10/\$45/\$65/\$100/\$150	\$10/\$40/\$120/\$75/\$150

Benefits subject to coinsurance after deductible^{1,2,3}:

- Inpatient Facility and Professional Services
- Outpatient Surgical Professional Services Provided at an Outpatient Hospital
- Emergency Room Facility and Professional Services
- Urgent Care
- Surgical Care—freestanding and hospital
- Lab/X-Ray/Diagnostic/Specialty Imaging
- Skilled Nursing
- Durable Medical Equipment
- Private Duty Nursing (VA only)
- Facility Fee

*All other benefits are copay-based.

¹:All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

²:Please refer to benefit summaries and evidence of coverage for a full list of benefits.

³:All services rendered in a hospital setting are subject to the facility fee.

Based on age 40 rates:

MD: CareFirst is 1% (HMO) and 7% (Adv) less expensive compared to the competitor's Gold 1 plan.

DC: CareFirst is 0.2% (HMO) and 5% (Adv) more expensive.

VA: CareFirst is 11% (Adv) less expensive. The competitor does not have a match for the CF HMO product.

Strategic Product Additions (Advantage)—Integrated



Standard CDH copay-based plan: Advantage HSA/HRA Silver 2000

- BlueChoice Advantage HSA/HRA Silver 2000

Copay	CareFirst	Competitor
	HSA/HRA Silver 2000	Silver 11
Individual Deductible	\$2,000 (Aggregate)	\$2,750 (Aggregate)
Individual OOP Maximum	\$5,550 (Separate)	\$6,700 (Separate)
PCP Office Visit	D, \$25	D, \$25
Specialist Office Visit	D, \$50	D, \$50
Urgent Care	D, \$100	D, \$25
Emergency Room	D, \$250 (waived if admitted)	D, \$250
OP Facility – Freestanding	D, \$300	D, \$0
OP Facility- Hospital surgical	D, \$400	D, \$250
Inpatient Hospital	D, \$500	\$500
Rx Deductible	Integrated	Integrated
Generics/Preferred/Non-Preferred Brand/Specialty	\$10/\$45/\$65/\$100/\$150	\$10/\$40/\$250/\$75/\$500

Benefits subject to coinsurance after deductible^{1,2,3}:

- Durable Medical Equipment

*All other benefits are copay-based.

- Mapping HealthyBlue HSA/HRA Silver 2000 members into this plan.

¹All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

²Please refer to benefit summaries and evidence of coverage for a full list of benefits.

³All services rendered in a hospital setting are subject to the facility fee.

Strategic Product Additions (HMO Referral)—Integrated



Standard HRA plan: Bronze 8150

- BlueChoice HMO Referral 8150

Copay	CareFirst	Competitor
	Bronze 8150	Bronze 4
Individual Deductible	\$8,150 (Separate)	\$6,700 (Aggregate)
Individual OOP Maximum	\$8,150 (Separate)	\$6,700 (Separate)
PCP Office Visit	D, \$0	D, 20% coinsurance
Specialist Office Visit	D, \$0	D, 20% coinsurance
Urgent Care	D, \$0	D, 20% coinsurance
Emergency Room	D, \$0	D, 20% coinsurance
OP Facility – Freestanding	D, \$0	D, 20% coinsurance
OP Facility- Hospital surgical	D, \$0	D, 20% coinsurance
Inpatient Hospital	D, \$0	D, 20% coinsurance
Rx Deductible	Integrated	Integrated
Generics/Preferred/Non-Preferred Brand/Specialty	\$0/\$0/\$0/\$0/\$0	\$10/\$40/\$250/\$75/\$500

- All benefits are subject to the deductible (with the exception to preventive services). Once the deductible or out-of-pocket is met, services are no charge^{1,2,3}.

¹:All preventive services and preventive drugs are not subject to the deductible. All other services are subject to the deductible, and then coinsurance/copay.

²:Please refer to benefit summaries and evidence of coverage for a full list of benefits.

³:All services rendered in a hospital setting are subject to the facility fee.

12 exits per jurisdiction

2020 provides opportunity for portfolio streamlining due to:

- Low Enrollment
- Significant required AV changes/impacts

- 1) BlueChoice HMO Referral Gold 80
- 2) HealthyBlue Advantage Gold 1500
- 3) HealthyBlue HMO Gold 1500
- 4) HealthyBlue Plus Gold 1500
- 5) HealthyBlue PPO Gold 1500
- 6) HealthyBlue HMO Platinum 500
- 7) HealthyBlue PPO Platinum 500
- 8) BlueChoice HMO Referral Silver 70
- 9) HealthyBlue Advantage HSA/HRA Silver 2000
- 10) HealthyBlue HMO HSA/HRA Silver 2000
- 11) HealthyBlue Plus HSA/HRA Silver 2000
- 12) HealthyBlue PPO HSA/HRA Silver 2000

2020 Small Group Product Mapping—Platinum



2020 Platinum Plans for Renewal Mapping (In-Network Benefits)

2019 Plan		2020 Mapped Plan		Pros	Cons
2019 Plan	HealthyBlue PPO Platinum 500	2020 Plan	BluePreferred PPO Platinum 500		
Deductible	\$500/\$1,000 (aggregate)	Deductible	\$500/\$1,000 (separate)	separate deductible	
OOP Max	\$1,500/\$3,000 (aggregate)	OOP Max	\$1,500/\$3,000 (separate)	separate out-of-pocket maximum	
PCP/Spec	\$0/\$30	PCP/Spec	\$10/\$20	Lower specialist copay	Higher PCP copay
IP Hospital	Ded, \$500 per admission	IP Hospital	Ded, \$200 per admission	Lower hospital copay	
2019 Plan	HealthyBlue HMO Platinum 500	2020 Plan	BlueChoice HMO Platinum 0		
Deductible	\$500/\$1,000 (aggregate)	Deductible	\$0/\$0	No deductible	
OOP Max	\$1,500/\$3,000 (aggregate)	OOP Max	\$1,550/\$3,100 (separate)	Separate out-of-pocket maximum	Higher out-of-pocket maximum
PCP/Spec	\$0/\$30	PCP/Spec	\$10/\$20	Lower specialist copay	Higher PCP copay
IP Hospital	Ded, \$500 per admission	IP Hospital	\$200 per admission	Lower hospital copay	

2020 Small Group Product Mapping—Gold



2020 Gold Plans for Renewal Mapping (In-Network Benefits)

2019 Plan		2020 Mapped Plan		Pros	Cons
2019 Plan	HealthyBlue PPO Gold 1500	2020 Plan	BluePreferred PPO Gold 1500		
Deductible	\$1,500/\$3,000 (aggregate)	Deductible	\$1,500/\$3,000 (separate)	Separate deductible	
OOP Max	\$8,150/\$16,300 (separate)	OOP Max	\$3,900/\$7,800 (separate)	Lower out-of-pocket maximum	
PCP/Spec	\$0/\$30	PCP/Spec	\$15/\$30		Higher PCP copay
IP Hospital	Ded, \$750 per admission	IP Hospital	Ded, \$400 per admission	Lower hospital admission copay	
2019 Plan	BlueChoice HMO Referral Gold 80	2020 Plan	BlueChoice HMO Referral Gold 500		
Deductible	\$1,000/\$2,000 (aggregate)	Deductible	\$500/\$1,000 (separate)	Lower deductible, separate deductible	
OOP Max	\$5,800/\$11,600 (separate)	OOP Max	\$5,750/\$11,500 (separate)	Lower out-of-pocket maximum	
PCP/Spec	\$20/\$40	PCP/Spec	\$15/\$30	Lower PCP/Specialist	
IP Hospital	Ded, 20%	IP Hospital	Ded, \$400 per admission	Lower hospital copay	
2019 Plan	HealthyBlue Advantage Gold 1500	2020 Plan	BlueChoice Advantage Gold 1000		
Deductible	\$1,500/\$3,000 (aggregate)	Deductible	\$1,000/\$2,000 (separate)	Lower deductible	
OOP Max	\$8,150/\$16,300 (separate)	OOP Max	\$4,400/\$8,800 (separate)	Lower out-of-pocket maximum	
PCP/Spec	\$0/\$30	PCP/Spec	\$15/\$30		Higher PCP copay
IP Hospital	Ded, \$500 per admission	IP Hospital	Ded, \$400 per admission	Lower hospital admission copay	
2019 Plan	HealthyBlue Plus Gold 1500	2020 Plan	BlueChoice Plus Gold 1000		
Deductible	\$1,500/\$3,000 (aggregate)	Deductible	\$1,000/\$2,000 (separate)	lower deductible	
OOP Max	\$8,150/\$16,300 (separate)	OOP Max	\$4,400/\$8,800 (separate)	Lower out-of-pocket maximum	
PCP/Spec	\$0/\$30	PCP/Spec	\$15/\$30		Higher PCP copay
IP Hospital	Ded, \$500 per admission	IP Hospital	Ded, \$400 per admission	Lower hospital admission copay	
2019 Plan	HealthyBlue HMO Gold 1500	2020 Plan	BlueChoice HMO Gold 1500		
Deductible	\$1,500/\$3,000 (aggregate)	Deductible	\$1,500/\$3,000 (separate)		
OOP Max	\$8,150/\$16,300 (separate)	OOP Max	\$3,900/\$7,800 (separate)	Lower out-of-pocket maximum	
PCP/Spec	\$0/\$30	PCP/Spec	\$15/\$30		Higher PCP copay
IP Hospital	Ded, \$500 per admission	IP Hospital	Ded, \$400 per admission	Lower hospital admission	

2020 Small Group Product Mapping—Silver



2020 Silver Plans for Renewal Mapping (In-Network Benefits)

2019 Plan		2020 Mapped Plan		Pros	Cons
2019 Plan	BlueChoice HMO Referral Silver 70	2020 Plan	BlueChoice HMO Silver 1500		
Deductible	\$2,500/\$5,000 (Aggregate)	Deductible	\$1,500/\$3,000 (Aggregate)	Lower deductible	
OOP Max	\$8,150/\$16,300 (Separate)	OOP Max	\$8,150/\$16,300 (Separate)		
PCP/Spec	\$40/\$80	PCP/Spec	\$40/\$100		Higher Specialist copay
IP Hospital	Ded, 30%	IP Hospital	D, \$500 (5 day max)	Lower hospital copay	5 day hospital max
2019 Plan	HealthyBlue PPO HSA/HRA Silver 2000	2020 Plan	BluePreferred PPO HSA/HRA Silver 2000		
Deductible	\$2,000/\$4,000 (Aggregate)	Deductible	\$2,000/\$4,000 (Aggregate)		
OOP Max	\$6,750/\$13,500 (Separate)	OOP Max	\$5,550/\$11,100 (Separate)	Lower out-of-pocket-maximum	
PCP/Spec	Ded, \$0/Ded,\$45	PCP/Spec	Ded, \$25/Ded, \$50		Higher Copays for PCP/Spec
IP Hospital	Ded, \$750 per admission	IP Hospital	Ded, \$500 per day (3 day max)	Lower hospital copay	5 day hospital max
2019 Plan	HealthyBlue Advantage HSA/HRA Silver 2000	2020 Plan	BlueChoice Advantage HSA/HRA Silver 2000		
Deductible	\$2,000/\$4,000 (Aggregate)	Deductible	\$2,000/\$4,000 (Aggregate)		
OOP Max	\$6,750/\$13,500 (Separate)	OOP Max	\$5,550/\$11,100 (Separate)	Lower out-of-pocket-maximum	
PCP/Spec	Ded, \$0/ Ded, \$45	PCP/Spec	Ded, \$25/Ded, \$50		Higher Copays for PCP/Spec
IP Hospital	Ded, \$750 per admission	IP Hospital	Ded, \$500 per day (3 day max)	Lower hospital copay	Lower hospital benefit at 3 day max
2019 Plan	HealthyBlue HMO HSA/HRA Silver 2000	2020 Plan	BlueChoice HMO HSA/HRA Silver 2000		
Deductible	\$2,000/\$4,000 (Aggregate)	Deductible	\$2,000/\$4,000 (Aggregate)		
OOP Max	\$6,750/\$13,500 (Separate)	OOP Max	\$5,550/\$11,100 (Separate)	Lower out-of-pocket-maximum	
PCP/Spec	Ded, \$0/Ded,\$45	PCP/Spec	Ded, \$25/Ded, \$50		Higher Copays for PCP/Spec
IP Hospital	Ded, \$750 per admission	IP Hospital	Ded, \$500 per day (3 day max)	Lower hospital copay	Lower hospital benefit at 3 day max
2019 Plan	HealthyBlue Plus HSA/HRA Silver 2000	2020 Plan	BlueChoice Plus HSA/HRA Silver 1500		
Deductible	\$2,000/\$4,000 (Aggregate)	Deductible	\$1,500/\$3,000 (Aggregate)	Lower deductible	
OOP Max	\$6,750/\$13,500 (Separate)	OOP Max	\$6,750/\$13,500 (Separate)		
PCP/Spec	Ded, \$0/Ded, \$45	PCP/Spec	Ded, \$25/Ded,\$50		Higher Copays for PCP/Spec
IP Hospital	Ded, \$750 per admission	IP Hospital	Ded, \$500 per admission	Lower hospital copay	

Top Dental & Vision Plans—All Jurisdictions



Top Dental Plans (Employer-Sponsored)	
Plan	Description (Preventive & Diagnostic/Basic/Major Restorative)
BlueDental Plus Plan 5 w/ortho	100/80/50* \$2,000 Annual Max
BlueDental Plus Plan 1	100/80/50* \$1,500 Annual Max
BlueDental Plus Plan 5	100/80/50* \$2,000 Annual Max
BlueDental Plus Plan 1 w/ortho	100/80/50* \$1,500 Annual Max

Top Dental Plans (Voluntary)	
Plan	Description (Preventive & Diagnostic/Basic/Major Restorative)
Voluntary BlueDental Plus Plan 1	100/80/50* \$1,500 Annual Max
Voluntary BlueDental Plus Plan 1 w/ortho	100/80/50* \$1,500 Annual Max

Top Vision Plans (Employer-Sponsored)	
Plan	Description
BlueVision Plus Option 3	\$10 exam copay / 12 month benefit period
BlueVision Plus Option 1	\$0 exam copay / 12 month benefit period
BlueVision Plus Option B	\$10 exam copay / 12/12/24 benefit period

Top Vision Plans (Voluntary)	
Plan	Description
Voluntary BlueVision Plus Option B	\$10 exam copay / 12/12/24 benefit period
Voluntary BlueVision Plus Option D	\$10 exam copay / 12 month benefit period

*CareFirst gives you the flexibility to select Major Surgical Services at either the Basic Services or Major Restorative Services benefit level. Major Surgical Services include surgical periodontics, endodontics, and complex oral surgery. Plans 1, 2, 5, and 6: Major Surgical Services have the same coinsurance as Basic Services. Plans 3, 4, 7, and 8: Major Surgical Services have the same coinsurance as Major Restorative Services.

MD Top Ten Plans



Maryland Top 10 Plans (New Sales)	
Plan	Major Product Changes
BlueChoice HMO HSA/HRA Silver 1500	OOP Max: Increased from \$5,900 to \$6,750
BlueChoice HMO HSA/HRA Silver 2500	
BlueChoice HMO HSA/HRA Silver 3000	
BlueChoice Advantage Gold 500	OOP Max: Increased from \$5,000 to \$5,750
BlueChoice Advantage HSA/HRA Silver 1500	OOP Max: Increased from \$5,900 to \$6,750
BlueChoice HMO Referral Bronze 5750	Deductible: Increased from \$5,750 to \$6,500 OOP Max: Increased from \$7,900 to \$8,150 Rx Ded: Increased from \$250 to \$500 Preferred Rx (Tier 3): Increased from \$75/\$150 to \$80/\$160
BlueChoice Advantage HSA/HRA Silver 2500	
BlueChoice HMO HSA/HRA Bronze 6000	
BlueChoice Advantage Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BlueChoice HMO Silver 5000	OOP Max: Increased from \$7,500 to \$8,150 Generic Rx Copay: Increased from \$10/\$20 to \$15/\$30

Maryland Top 10 Plans (New and Renewing)	
Plan	Major Product Changes
BlueChoice HMO HSA/HRA Silver 1500	OOP Max: Increased from \$5,900 to \$6,750
BlueChoice HMO HSA/HRA Silver 2000	OOP Max: Increased from \$5,500 to \$5,550
BlueChoice Advantage HSA/HRA Silver 1500	OOP Max: Increased from \$5,900 to \$6,750
BlueChoice HMO HSA/HRA Silver 3000	
BlueChoice Plus HSA/HRA Silver 1500	OOP Max: Increased from \$5,900 to \$6,750
BlueChoice HMO Referral Gold 0	OOP Max: Increased from \$5,000 to \$5,350
BlueChoice HMO HSA/HRA Bronze 6000	
BlueChoice Plus Opt-Out Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
HealthyBlue Advantage HSA/HRA Silver 2000	
BluePreferred PPO HSA/HRA Silver 2000	OOP Max: Increased from \$5,500 to \$5,550

VA Top Ten Plans



Virginia Top 10 Plans (New Sales)

Plan	Major Product Changes
BlueChoice Advantage Gold 1000	OOP Max: Increased from \$4000 to \$4,400
BlueChoice Advantage HSA/HRA Gold 1500	
BlueChoice HMO Gold 500	OOP Max: Increased from \$5,000 to \$5,750
BlueChoice HMO Referral Gold 0	OOP Max: Increased from \$5,000 to \$5,350
BlueChoice Advantage HSA/HRA Silver 1500	OOP Max: Increased from \$5,900 to \$6,750
BluePreferred PPO 100%/80% SE	OOP Max: Increased from \$2,600 to \$3,300
BluePreferred PPO Gold 1000	OOP Max: Increased from \$4000 to \$4,400
BlueChoice Advantage Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BlueChoice HMO HSA/HRA Silver 3000	
BlueChoice HMO Referral Platinum 0	OOP Max: Increased from \$1,500 to \$1,550

Virginia Top 10 Plans (New and Renewing)

Plan	Major Product Changes
BlueChoice Plus Opt-Out Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BlueChoice Advantage HSA/HRA Silver 1500	OOP Max: Increased from \$5,900 to \$6,750
BluePreferred PPO Platinum 500	
BlueChoice Plus HSA/HRA Silver 1500	OOP Max: Increased from \$5,900 to \$6,750
BlueChoice HMO Referral Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BluePreferred PPO Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
HealthyBlue Advantage Gold 1500	
BlueChoice Advantage Gold 500	OOP Max: Increased from \$5,000 to \$5,750
BlueChoice Advantage Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BlueChoice HMO HSA/HRA Silver 1500	OOP Max: Increased from \$5,900 to \$6,750

DC Top Ten Plans



DC Top 10 Plans (New Sales)	
Plan	Major Product Changes
BluePreferred PPO Gold 500	OOP Max: Increased from \$5,000 to \$5,750
BluePreferred PPO Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BluePreferred PPO Silver 1000	Deductible: Increased from \$1,000 to \$1,500 OOP Max: Increased from \$7,700 to \$8,150
BlueChoice Advantage Gold 500	OOP Max: Increased from \$5,000 to \$5,750
BlueChoice Plus Gold 500	OOP Max: Increased from \$5,000 to \$5,750
BlueChoice Advantage Gold 1000	OOP Max: Increased from \$4000 to \$4,400
BlueChoice Advantage Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BlueChoice Plus Opt-Out Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BluePreferred PPO Gold 1000	OOP Max: Increased from \$4000 to \$4,400
BlueChoice HMO Platinum 0	OOP Max: Increased from \$1,500 to \$1,550

DC Top 10 Plans (New and Renewing)	
Plan	Major Product Changes
BluePreferred PPO Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BlueChoice Plus Opt-Out Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BluePreferred PPO Gold 500	OOP Max: Increased from \$5,000 to \$5,750
BlueChoice Advantage Platinum 0	OOP Max: Increased from \$1,500 to \$1,550
BluePreferred PPO Platinum 500	
BlueChoice Advantage Gold 500	OOP Max: Increased from \$5,000 to \$5,750
BluePreferred PPO Gold 1000	OOP Max: Increased from \$4000 to \$4,400
HealthyBlue Advantage Gold 1500	
BlueChoice Advantage Gold 1000	OOP Max: Increased from \$4000 to \$4,400
BlueChoice HMO Referral Platinum 0	OOP Max: Increased from \$1,500 to \$1,550

APPENDIX

Broker Flash dated

9/19/2019

Broker News



For brokers and producers only

Date: September 19, 2019

Market: 2-50 Group

2020 Small Group Updates

Each year, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) adjust the medical plans offered in the Small Group market to ensure they are federally compliant. Effective January 1, 2020, there will be 10 new plan options per jurisdiction including:

- **Coinsurance plans:**
 - BlueChoice HMO HSA/HRA Gold 1500 90
 - BlueChoice Advantage HSA/HRA Gold 1500 90
 - BlueChoice HMO HSA/HRA Silver 2000 70
 - BlueChoice Advantage HSA/HRA Silver 2000 70
 - BluePreferred PPO HSA/HRA Silver 2000 70
 - BlueChoice HMO HSA/HRA Silver 3000 70
 - BlueChoice Advantage HSA/HRA Silver 3000 70
 - BlueChoice HMO HSA/HRA Bronze 6000 90
- **HSA plan:**
 - BlueChoice Advantage HSA/HRA Silver 2000
- **Standard plan:**
 - BlueChoice HMO Referral 8150

Along with these new plans, there are 12 plan options per jurisdiction that will no longer be offered in the 2020 Small Group ACA product portfolio. Starting this month, we will notify groups of the changes to their plan options prior to their renewal packet release. The [letter](#) lists the 12 impacted plans, along with the closest alternative for each.

Employer groups will be automatically moved into applicable plans. Members will be enrolled in the plan option most closely resembling their current plan (this is noted in the letter). If a group doesn't want the closest plan alternative, **they must actively select a different plan** and get a new renewal quote with an account's required signature to make a change. In their upcoming renewal packets, groups will receive their plan options and will need your assistance selecting a different plan and following the process required to change their plan.

For other plans in the product portfolio, cost-shares and benefits for several plans were changed to comply with the Affordable Care Act (ACA) guidelines. Please review the plans with your broker sales representative to ensure understanding of all the changes from 2019 to 2020.

Sales support

- 2020 benefit summaries will be posted on the broker portal once we have regulatory approvals in each jurisdiction.
- The 2020 Small Group ACA product portfolios will be available on the broker portal in the coming weeks.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. which are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross® and Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Group Administrator Letter



Date

{Group Name
Address 1
Address 2
City, State Zip}

Dear Group Administrator:

Each year, CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) reviews our product portfolio to ensure each plan complies with Affordable Care Act (ACA) guidelines. As a result of this evaluation, the following 2020 health plans will be modified upon renewal to the corresponding plans below:

2019 Product Name	2019 In-Network Product Features	2020 Modified Product Name	2020 In-Network Product Features
BlueChoice HMO Referral Gold 80	\$1,000 Ded., \$5,300 OOP Max, \$20/\$40 PCP/Spec.	BlueChoice HMO Referral Gold 500	\$500 Ded., \$5,750 OOP Max, \$15/\$30 PCP/Spec.
HealthyBlue Advantage Gold 1500	\$1,500 Ded., \$7,650 OOP Max, \$0/\$30 PCP/Spec.	BlueChoice Advantage Gold 1000	\$1,000 Ded., \$4,400 OOP Max, \$15/\$30 PCP/Spec.
HealthyBlue HMO Gold 1500	\$1,500 Ded., \$7,650 OOP Max, \$0/\$30 PCP/Spec.	BlueChoice HMO Gold 1500	\$1,500 Ded., \$3,900 OOP Max, \$15/\$30 PCP/Spec.
HealthyBlue Plus Gold 1500	\$1,500 Ded., \$7,650 OOP Max, \$0/\$30 PCP/Spec.	BlueChoice Plus Gold 1000	\$1,000 Ded., \$4,400 OOP Max, \$15/\$30 PCP/Spec.
HealthyBlue PPO Gold 1500	\$1,500 Ded., \$7,650 OOP Max, \$0/\$30 PCP/Spec.	BluePreferred PPO Gold 1500	\$1,500 Ded., \$3,900 OOP Max, \$15/\$30 PCP/Spec.
HealthyBlue HMO Platinum 500	\$500 Ded., \$1,500 OOP Max, \$0/\$30 PCP/Spec.	BlueChoice HMO Platinum 0	\$0 Ded., \$1,550 OOP Max, \$10/20 PCP/Spec.
HealthyBlue PPO Platinum 500	\$500 Ded., \$1,500 OOP Max, \$0/\$30 PCP/Spec.	BluePreferred PPO Platinum 500	\$500 Ded., \$1,500 OOP Max, \$10/\$20 PCP/Spec.
BlueChoice HMO Referral Silver 70	\$2,000 Ded., \$7,750 OOP Max, \$40/\$80 PCP/Spec.	BlueChoice HMO Silver 1500	\$1,500 Ded., \$8,150 OOP Max, \$40/\$100 PCP/Spec.
HealthyBlue Advantage HSA/HRA Silver 2000	\$2,000 Ded., \$6,550 OOP Max, \$0/\$45 PCP/Spec.	BlueChoice Advantage HSA/HRA Silver 2000	\$2,000 Ded., \$5,550 OOP Max, \$25/\$50 PCP/Spec.
HealthyBlue HMO HSA/HRA Silver 2000	\$2,000 Ded., \$6,550 OOP Max, \$0/\$45 PCP/Spec.	BlueChoice HMO HSA/HRA Silver 2000	\$2,000 Ded., \$5,550 OOP Max, \$25/\$50 PCP/Spec.
HealthyBlue Plus HSA/HRA Silver 2000	\$2,000 Ded., \$6,550 OOP Max, \$0/\$45 PCP/Spec.	BlueChoice Plus HSA/HRA Silver 1500	\$1,500 Ded., \$6,750 OOP Max, \$25/\$50 PCP/Spec.
HealthyBlue PPO HSA/HRA Silver 2000	\$2,000 Ded., \$6,550 OOP Max, \$0/\$45 PCP/Spec.	BluePreferred PPO HSA/HRA Silver 2000	\$2,000 Ded., \$5,550 OOP Max, \$25/\$50 PCP/Spec.

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Delivering national access and industry leading discounts

- **One of the largest national networks**
 - PPO: Over 5,000 regional and 123,000 national providers (300,000 access points nationwide)¹
 - DHMO: Over 600 regional (regional network only)
- **Higher in-network utilization**
 - Nearly 90% of CareFirst dental members visit in-network providers²
 - This is due to the large number of general dentists, our deepest discounts, and plan designs
 - Industry average for use among in-network general dentists is 70-79%²
- **#1 for effective discounts²**
 - CareFirst's Net Effective discount, along with high in-network utilization, translates to savings
 - Savings range from 30-50% off billed charges when using in-network providers²
- **Robust plan design without all the limitations of our competitors**
 - Preventive and diagnostic services are covered in full when visiting a participating provider
 - No waiting periods – except on voluntary plans without proof of prior coverage
 - No limitations on pre-existing conditions or missing teeth exclusions
 - Coverage for implants & composite fillings
 - Comprehensive coverage for children
- **World-class service**
 - 92% satisfaction among dental members (75% highly satisfied)³
 - Local Dedicated Dental Unit delivers all customer service, claims processing, provider service/recruitment

¹ Unique providers based on all participating providers. The Dental GRID+ is a service of GRID Dental Corporation which is an independent company offering access to dental provider network and services to CareFirst members. NovaNet is an independent company offering access to a dental provider network and services to CareFirst members.

² Ruark Consulting, LLC 2017 Dental PPO Network Study. Based on a provider network's overall value, effective discounts are determined by claims and their associated discounts with no adjustments made for variations in plan designs. Based on plans sold in Maryland, Washington, D.C. and Northern Virginia.

³ CareFirst data.

Group Dental Portfolio

NEW!

	BlueDental Plus	BlueDental Basic	BlueDental EPO	BlueDHMO
Deductible	In-network: \$25/\$75 Out-of-network: \$50/\$150 Applies to Basic & Major services only	In-network: \$25/\$75 Out-of-network: \$50/\$150 Applies to Basic services only	In-network: \$25/\$75 Applies to Basic, Major & Orthodontic services	None
Annual Maximum	\$1,500 or \$2,000 Does not apply to Preventive & Diagnostic services	\$1,000 Does not apply to Preventive & Diagnostic services	\$2,000 Does not apply to Preventive & Diagnostic services	No maximum
Orthodontia	None or Child/Adult	None	None or Child/Adult	Child/Adult
Orthodontic lifetime maximum (if orthodontia is offered)	\$1,500	N/A	\$2,000	No maximum
Out-of-network reimbursement	PPO fee schedule (ES & Vol) or 90 fee schedule (ES)	PPO fee schedule	No benefit	No benefit
In-network coinsurances	100/80/50/50	100/80	Copay schedule	Copay schedule
Out-of-network coinsurances	100/80/50/50 or 80/60/35/35	80/60	No benefit	No benefit
Funding	Employer-sponsored or Voluntary	Employer-sponsored	Employer-sponsored or Voluntary	Employer-sponsored or Voluntary
Benefit waiting periods	None, except for voluntary groups without prior dental coverage*	None	None, except for voluntary groups without prior dental coverage*	None

Network Comparison by Product

Plan Name	Preferred Provider Network	Participating Provider Network	Non-Participating Providers
Preferred	In-network (\$)	Out-of-network benefits (\$\$\$)	Out-of-network benefits (\$\$\$)
BlueDental EPO	In-network (\$)	In-network (\$)	No coverage (\$\$\$\$\$)
BlueDental Basic	In-network (\$)	In-network (\$\$)	Out-of-network benefits (\$\$\$)
BlueDental Plus	In-network (\$)	In-network (\$\$)	Out-of-network benefits (\$\$\$)
Traditional	In-network (\$\$)	In-network (\$\$)	Out-of-network benefits (\$\$\$)

Preferred providers

\$

- Lowest out-of-pocket costs
- In-network coinsurances and deductible
- No balance billing
- No claim forms

Participating providers

\$\$

- Slightly higher out-of-pocket costs due to higher allowed benefit amounts
- In-network coinsurances and deductible
- No balance billing
- No claim forms

Non-participating providers

\$\$\$\$

- Highest out-of-pocket costs
- Out-of-network coinsurances and deductible
- May be balance billed
- May have to file claim forms

QUESTIONS?

THANK YOU
