



OEBB — RFP Considerations

Plan Design Alternatives

A presentation to the OEBB Board

Exhibit B

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OEGB goals for medical/pharmacy/vision RFP

- **Maintain large/stable OEGB risk pool**
 - Original OEGB goal = large pool will provide better value and outcomes than each entity could negotiate separately
- **Choice**
 - Offer a meaningful array of plan choices to meet entity and member needs
- **Organized Systems of Care**
 - OEGB plans should have features that promote delivery of the right care at the right time in an efficient manner utilizing CCMs where appropriate
- **Sustainability**
 - Maintain sustainable plan options and program costs

Key considerations

- Introduction of CCM offerings raises potential issues that the Board may want to consider prior to finalization of the RFP
 - What does “choice” mean? Plan design? Providers?
 - What’s the right number and type of plan options ?
 - Too many options may lead to confusion
 - Too much vendor segmentation could lead to increased costs

What does choice mean?

- Today OEGB offers 27 medical plan options
 - 3 Kaiser HMO plans
 - 8 Moda Statewide PPO plans
 - 8 Moda Summit Network plans
 - 8 Moda Synergy Network plans
- The addition of new vendors could dramatically increase the number of plans if they each were required to offer all 8 plan designs
- Larger number of plan offerings require more communication with employees, more administrative expense for the vendors, entities and OEGB; and increase the potential for risk segmentation and anti-selection
- The RFP provides the opportunity to restructure the plan designs and re-define choice by de-emphasizing the number of plan designs and instead emphasizing the choice of health care providers and health systems

Possible plan designs and vendor configurations

Traditional statewide PPO plan

- Provides continued access to a number of statewide PPO options with more meaningful differences in plans

PPO Plan Provisions	PPO – 300		PPO – 600		PPO – 1000		PPO – 1500 HSA/HRA/No Account	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (single/family)	\$300/\$900		\$600/\$1,800		\$1,000/\$3,000		\$1,500/\$3,000	
OOP Max (single/family)	\$2,950/\$8,850	\$5,900/\$17,700	\$3,800/\$11,400	\$7,600/\$22,800	\$4,250/\$12,700	\$8,500/\$25,400	\$5,000/\$10,000	
Max Cost Share* (single/family)	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	-----	
MMH Incentive Care	\$10	50%	\$15	50%	\$15	50%	20%	50%
MMH Primary Care	\$20	50%	\$30	50%	\$30	50%	20%	50%
Non-MMH Incentive	20% (ded waived)	50%	20% (ded waived)	50%	20% (ded waived)	50%	20%	50%
Non-MMH Primary Care	20%	50%	20%	50%	20%	50%	20%	50%
Specialist	20%	50%	20%	50%	20%	50%	20%	50%
Lab	20%	50%	20%	50%	20%	50%	20%	50%
Urgent Care	\$50		\$50		\$50		20%	
Emergency	\$100 + 20%		\$100 + 20%		\$100 + 20%		20%	
Other Services	20%	50%	20%	50%	20%	50%	20%	50%
Pharmacy	Same as current		Same as current		Same as current		Same as current	

*Maximum Cost Share includes Pharmacy

Possible plan designs and vendor configurations

HMO and CCM Plans

- Introduces managed care attributes of low fixed copayments for primary care and specialist office visits and labs
- Creates alignment with the OHA's initiatives
- Provides meaningful differences in plan designs and allows OEGB to offer plans through multiple health systems

CCM Plan Provisions	CCM – 300		CCM – 600		CCM – 1000		\$1500 HRA Only	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (single/family)	\$300/\$900		\$600/\$1,800		\$1,000/\$3,000		\$1,500/\$4,500	
OOP Max (single/family)	\$2,950/\$8,850	\$5,900/\$17,700	\$3,800/\$11,400	\$7,600/\$22,800	\$4,250/\$12,700	\$8,500/\$25,400	\$6,350/\$12,700	\$12,700/\$25,400
Max Cost Share* (single/family)	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400
MMH Incentive/Primary Care	\$10	50%	\$10	50%	\$10	50%	\$10	50%
Specialist	\$20	50%	\$20	50%	\$20	50%	\$20	50%
Lab	\$10	50%	\$10	50%	\$10	50%	\$10	50%
Urgent Care	\$50		\$50		\$50		\$50	
Emergency	\$100 + 20%		\$100 + 20%		\$100 + 20%		\$100 + 20%	
Other Services	20%	50%	20%	50%	20%	50%	20%	50%
Pharmacy	Same as current		Same as current		Same as current		Same as current	

*Maximum Cost Share includes Pharmacy

Possible plan designs and vendor configurations

HMO and CCM Plans

- Maintains the current HMO design currently based on Kaiser Plan 1

HMO Plan Provisions	HMO
OOP Max (single/family)	\$1,500/\$3,000
MMH Incentive/Primary Care	\$20
Specialist	\$30
Lab	\$20
Urgent Care	\$35
Emergency	\$100
Pharmacy	Same as current