

## APPENDIX B Minimum Value (MV) Checklists

A Plan does not provide MV if it excludes substantial coverage for in-patient hospitalization services or physician services (or both). This includes Plans referred to as “skinny plans” that fail to meet the essential benefits definition in the ACA, and includes tax advantaged account Plans such as HRAs or health FSAs, whether considered an excepted benefit or not. Certain safe harbor Plan designs that satisfy MV will be specified in additional federal guidance under Sections 36B or 4980H. It is anticipated that the guidance will provide that the safe harbors are examples of Plan designs that would satisfy the 60% threshold if measured using the MV Calculator. The safe harbors are intended to provide an easy way (without having to use the MV Calculator) for Plan Sponsors of typical employer-sponsored group health plans to determine whether a Plan meets the MV threshold.

During the interim, Plan designs that meet the following specifications are proposed as safe harbors for determining MV, if the Plans cover all of the benefits listed below:

- 1) A Plan with a \$3,500 integrated medical and drug deductible, 80% Plan cost-sharing, and a \$6,000 maximum out-of-pocket limit for employee cost-sharing;
- 2) A Plan with a \$4,500 integrated medical and drug deductible, 70% Plan cost-sharing, a \$6,400 maximum out-of-pocket limit, and a \$500 employer contribution to an HSA; and
- 3) A Plan with a \$3,500 medical deductible, \$0 drug deductible, 60% Plan medical expense cost-sharing, 75% Plan drug cost-sharing, a \$6,400 maximum out-of-pocket limit, and drug co-pays of \$10/\$20/\$50 for the first, second and third prescription drug tiers, with 75% coinsurance for specialty drugs.

The following benefits must be included:

- All Inpatient Hospital Services (including mental health and substance abuse)
- Emergency Room Services
- Imaging (CT/PET Scans, MRIs)
- Laboratory Outpatient and Professional Services
- Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services
- Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
- Outpatient Surgery Physician/Surgical Services
- Prescription Drugs, generic, preferred brand, non-preferred brand and specialty high cost drugs
- Preventive Care/Screening/Immunization
- Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)
- Rehabilitative Occupational and Rehabilitative Physical Therapy
- Rehabilitative Speech Therapy
- Skilled Nursing Facility
- Specialist Visit, and
- X-rays and Diagnostic Imaging