

## ATTACHMENT B: PLAN REVIEW SAMPLE

**To:** Tribal Leadership, [ ] Tribe  
**From:** Doneg McDonough, Health System Analytics  
**Subject:** Analysis of 2017 Health Insurance Marketplace Plans for [ ] Tribe  
**Date:** November 16, 2016

### **BACKGROUND**

The [ ] Tribe is considering establishing a Sponsorship program in 2017 to enroll uninsured Tribal members in health plans offered through the Health Insurance Marketplace. This memo reviews the plans available through the Marketplace in [ ] County, Minnesota, comparing the plans on cost and coverage factors<sup>1</sup> and taking into account enrollment limits imposed by some of the plans,<sup>2</sup> and makes recommendations on the bronze and silver plans most suitable for Sponsorship program enrollees.

Tribal members meeting the definition of Indian under the Affordable Care Act (ACA) qualify for one of two types of comprehensive Indian-specific cost-sharing protections. As such, Tribal members will have no cost-sharing for either in-network or out-of-network providers in “open network” plans,<sup>3</sup> although they could incur “balance billing” charges from some out-of-network providers.<sup>4</sup> It is recommended that Tribal members enroll in bronze-level plans, where the premiums are the lowest and the federal government picks up the greatest share of health care costs. Others who are sponsored (such as descendants of enrolled Tribal members) might be enrolled in silver-level coverage in order to gain access to the general cost-sharing protections available to individuals enrolled through a Marketplace.

### **RECOMMENDATIONS**

This memo recommends the following plans for Sponsorship program enrollees:

- For bronze coverage, the BlueConnect HSA Bronze 6550 Plan 457 plan is the recommended option; and
- For silver coverage, the BlueConnect HSA Bronze 6550 Plan 457 plan is the recommended option.

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<sup>1</sup> The Tribe also might want to consider other factors in deciding on the preferred plans, such as the reimbursement rate negotiated with the plan and Indian health care providers.

<sup>2</sup> It is important to note that all Marketplace issuers except Blue Plus will limit their total enrollment for 2017, meaning consumers who wait until later in the open enrollment period (which runs from November 1 to January 31) might have fewer options from which to choose.

<sup>3</sup> Under “closed network” plans, the health plan makes no payment for services provided by out-of-network providers. The Indian-specific cost-sharing protections do not apply to providers to which the plan makes no payments.

<sup>4</sup> “Balance billing” charges might occur if an out-of-network provider does not accept the combined plan payment and patient cost-sharing as payment in full and charges an additional amount to the patient. Before seeking services at an out-of-network provider, patients are encouraged to ask the provider if they impose extra/balance billing charges. If so, an in-network provider or another out-of-network provider might be preferred.

## ATTACHMENT B: PLAN REVIEW SAMPLE

One issuer/plan is identified for each metal level.<sup>5</sup> The Tribes might wish to enroll sponsored individuals in just these plans (or other plans offered on the Marketplace).

### **SELECTION OF PREFERRED BRONZE PLANS**

For 2017, the following health insurance issuers offer a combined 3 bronze plans through the Marketplace:

- Medica; and
- Blue Plus.

Medica offers 2 bronze plans, and Blue Plus offers 1 bronze plan. Among bronze plans offered by the same issuer, most plan elements are the same or similar, including tobacco rating, network, prior authorization requirements, and covered services. Plans offered by the same issuer differ primarily on premiums and the design of the cost-sharing requirements.

Across issuers, plans differ on a number of cost factors but, to a large degree, cover or exclude the same general services. They also differ to some extent on networks.

Table 1 below provides a comparison across bronze plans on several key issues.

In selecting the preferred bronze plan for the Sponsorship program, the primary differences between the 3 plans offered are:

- Premiums (ranging from \$4,671 to \$5,009 annually for a 40 year-old enrollee, a difference of 7%);
- Tobacco ratings (ranging from a surcharge of 0% to 9%); and
- Networks.

For the purposes of this analysis, cost-sharing (*i.e.*, deductible, copayment, and co-insurance amounts, as well as out-of-pocket (OOP) maximum) was considered comparable across all of the bronze plans, as Tribal members meeting the definition of ACA will have no cost-sharing.

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<sup>5</sup> Again, this memo recommends that Tribal members meeting the definition of Indian under ACA enroll in bronze-level coverage, where the premiums are lowest and cost-sharing protections remain comprehensive. Enrollees not meeting the definition of Indian under ACA who have household income at or below 250% of the federal poverty level (FPL) should enroll in silver-level coverage to access the general (partial) cost-sharing protections for moderate-income households.

ATTACHMENT B: PLAN REVIEW SAMPLE

Table 1. MINNESOTA MARKETPLACE PLANS (2017) - [XX] County; 40-Year-Old, Non-Smoker <sup>1</sup>								
Available Bronze Plans								
Issuer	Plan	Plan Type	Monthly Premium	Smoker Premium	Annual Premium	Deductible <sup>2</sup>	In-Network OOP Maximum <sup>2</sup>	Out-of-Network Providers <sup>2,3</sup>
Medica	Medica Applause Bronze HSA	PPO	\$389	\$424	\$4,671	\$6,400	\$6,400	Yes
Medica	Medica Applause Bronze Copay	PPO	\$405	\$442	\$4,862	\$6,850	\$7,150	Yes
Blue Plus	BlueConnect HSA Bronze 6550 Plan 457	PPO	\$417	\$417	\$5,009	\$6,550	\$6,550	Yes

Notes:

<sup>1</sup> All of the Minnesota Marketplace (MNSure) issuers except Blue Plus will limit their total enrollment for 2017, meaning consumers who wait until later in the open enrollment period (which runs from November 1 to January 31) might have fewer options from which to choose.

<sup>2</sup> For enrollees meeting definition of Indian under ACA, comprehensive Indian-specific cost-sharing protections apply.

<sup>3</sup> For most services; "Open" is indicated for network type if the plan Summary of Benefits and Coverage indicates some form of payment owed in the "Your Cost If You Use a Non-Participating Provider" column.

Premiums

In regard to premiums, the Medica Applause Bronze HSA,<sup>6</sup> offered by Medica, has the lowest premiums at \$4,671 annually, compared with \$5,009 annually for BlueConnect HSA Bronze 6550 Plan 457, the only bronze plan offered by Blue Plus. As such, on an annual basis, Medica Applause Bronze HSA has a \$338, or 6.7%, lower premium than BlueConnect HSA Bronze 6550 Plan 457.

Tobacco Ratings

The tobacco rating is the amount of the surcharge applied to the health plan premium for individuals identified as tobacco smokers. Medica has a tobacco rating of 1.09, while Blue Plus does not impose any surcharge on smokers (meaning the Medica base premium would be increased by 9% for smokers). As such, smokers enrolling in the BlueConnect HSA Bronze 6550 Plan 457 plan would have about a 2% lower premium than those enrolling in the Medica Applause Bronze HSA plan.

Networks

Based on a search of the provider directories provided by each of the two issuers, the networks used by the bronze plans offered by Medica and Blue Plus generally include the same hospitals but a different mix of physicians, practitioners, and specialists in a 20-mile radius around the Tribe’s main offices, as *in-network providers*. They also both include Indian health care providers (IHCs) as in-network providers.<sup>7</sup>

Medica Applause, the network used by the two bronze plans offered by Medica, includes 86 PCPs, 2 hospitals, and 1 IHCP—the [ ] Health Center, an Indian Health Service (IHS) facility—as in-network providers within 20 miles of the Tribe’s main offices. The bronze plan offered by Blue Plus uses the BlueConnect network. This network includes 32 PCPs, 2 hospitals, and the same 1 IHCP as in-network providers within 20 miles of the Tribe’s main offices.

Additional information on the networks of the two issuers appears in Attachment 1 below.

<sup>6</sup> This plan (and others listed with the “HSA” designation) is compatible with a health savings account (HSA), which allows enrollees to set aside funds on a pre-tax basis to pay for qualified medical expenses, such as deductibles and copayments.

<sup>7</sup> A comparison of payment rates to the IHCPs under each plan should be conducted to determine if there are substantial differences and, therefore, whether this should be added as a factor in selecting preferred plans.

## ATTACHMENT B: PLAN REVIEW SAMPLE

*In considering availability of providers, it is important to consider both “in-network” providers and “out-of-network” providers. To a certain degree, providers shown as “in-network” under one plan likely are accessible as “out-of-network” providers through another plan. An important factor, though, when considering out-of-network providers, is whether “balance billing” charges will be imposed by a non-network provider. This can be determined by contacting the out-of-network provider and asking if the plan payment (plus any allowed cost-sharing) is accepted as payment-in-full.<sup>8</sup>*

### Out-of-State Coverage

The bronze plans offered by Medica and Blue Plus allow enrollees to have some access to “in-network” providers outside of Minnesota.<sup>9, 10</sup> AI/ANs who enroll in a bronze plan and obtain services from an out-of-state provider, regardless of whether the provider is an in-network or out-of-network provider, will not have any cost-sharing, with the exception of “balance billing” charges from some out-of-network providers.<sup>11</sup> For non-AI/ANs enrolling in bronze plans and seeking care out of state, it is important to obtain services from only in-network providers, as significantly larger cost-sharing charges will apply if obtaining services from out-of-network providers.

### Cost-Sharing

As discussed above, cost-sharing was considered comparable among all of the available bronze plans. A brief summary of the cost-sharing (deductibles, co-insurance, and copayments) associated with all of the plans, as well as the OOP limits for the plans, appears in Table 1 above.

### Prior Authorization

None of the available bronze plans requires a referral from a PCP or prior authorization from the plan to see a specialist. However, all of the plans require enrollees to obtain prior authorization from the plan for certain services.

*It is important to note that, while cost-sharing charges do not apply to individuals with the comprehensive Indian-specific cost-sharing protections, all Sponsorship program enrollees are required to secure any required prior authorizations for a service to be covered by the health plan.*

### Benefits Package

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<sup>8</sup> “Balance billing” charges might occur if an out-of-network provider does not accept the combined plan payment and patient cost-sharing as payment in full and charges an additional amount to the patient. Before seeking services at an out-of-network provider, patients are encouraged to ask the provider if they impose extra/balance billing charges. If so, an in-network provider or another out-of-network provider might be preferred.

<sup>9</sup> The Medica Applause network includes in-network providers in Minnesota, North Dakota, South Dakota, and western Wisconsin. The BlueConnect network includes in-network providers in Minnesota, with providers available to enrollees who seek covered services in other states through the national BlueCard PPO network.

<sup>10</sup> None of the Medica or Blue Plus plans includes coverage for non-emergency services provided outside of the United States.

<sup>11</sup> See footnote 8 above regarding potential balance billing charges.

## ATTACHMENT B: PLAN REVIEW SAMPLE

The benefits packages are substantially the same across all of the available bronze plans, although there might be important differences on the drug formularies, as well as for specific services. Coverage or exclusion of a sample of services is noted below.

### Dental Coverage

None of the available bronze plans include dental coverage, for either adults or children. If dental coverage is desired, enrollees would have to enroll in a separate stand-alone dental plan (SADP). More information on available SADPs appears in Attachment 2.

### Pregnancy-Related Services Coverage

In regard to pregnancy-related services, all of the available bronze plans include coverage for prenatal and postnatal care, as well as delivery and all inpatient services. The Medica bronze plans do not include coverage of voluntary abortion services; abortion services are covered only “as medically necessary to protect the life of the mother.” The Blue Plus bronze plan also does not include coverage of voluntary abortion services and limits coverage of abortion to “where a pregnancy is the result of rape or incest, or for a pregnancy which, as certified by a physician, places the woman in danger of death unless an abortion is performed.”

### Bariatric Surgery Coverage

None of the available bronze plans include coverage for bariatric surgery.

### Analysis

In evaluating the lowest-cost bronze plans offered by Medica and Blue Plus, the primary differences identified between the plan offerings are: (a) one plan has a \$28 lower monthly premium (Medica Applause Bronze HSA) and (b) the other plan has no tobacco surcharge (BlueConnect HSA Bronze 6550 Plan 457).

Based on the above factors, **the following bronze plan is recommended for Sponsorship program enrollees:**

- **BlueConnect HSA Bronze 6550 Plan 457 is the recommended option as it is the only option that does not limit overall enrollment in the plan.<sup>12</sup> In addition, BlueConnect HSA Bronze 6550 Plan 457 imposes no surcharge on smokers—making it a slightly lower-cost option for this population, with an annual premium of \$5,009 for a 40-year-old smoker (vs. \$5,092 for Medica Applause Bronze HSA).** To the extent that the Tribe does not want to rely upon a single insurer, Medica Applause Bronze HSA, which has the lowest annual premium for a 40-year-old non-smoker at \$4,671, might be a viable alternative option if plan enrollment does not close.
- In deciding whether to offer one or two plans, some considerations might include:
  - Limiting Sponsorship program enrollment to one plan simplifies administration of the program.

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<sup>12</sup> See footnote 2 above.

ATTACHMENT B: PLAN REVIEW SAMPLE

- Enrolling in two plans enables the Tribe to direct enrollees to a particular plan that has the lowest premium, depending on whether the enrollee is or is not subject to a tobacco surcharge.
- Enrolling in two plans prevents the Sponsorship program from becoming dependent on one issuer and enables the Tribe to determine if one plan is more workable in establishing Sponsorship functions.
- Enrolling in two plans minimizes concentrating adverse selection, if any, in one issuer.
- Enrolling in two plans might prove necessary (if Medica is the primary choice), as Medica will limit total enrollment in its plans for 2017.<sup>13</sup>

**SELECTION OF RECOMMENDED SILVER PLANS**

For 2017, Medica and Blue Plus offer a combined 3 silver plans through the Marketplace. Medica offers 2 silver plans, and Blue Plus offers 1 silver plan.

As with the bronze plans, among silver plans offered by the same issuer, most plan elements are the same or similar, including tobacco rating, network, prior authorization requirements, and covered services. Plans offered by the same issuer differ primarily on premiums and the design of the cost-sharing requirements.

Across issuers, plans differ on a number of cost factors but, to a large degree, cover or exclude the same general services. They also differ to some extent on networks.

Table 2 below provides a comparison across silver plans on several key issues.

With regard to selecting the preferred silver plan for the Sponsorship program, there are 3 silver plan options. The cost-sharing design differences across these plans have greater importance because Sponsorship enrollees who will enroll in silver plans likely are individuals who do not qualify for the comprehensive Indian-specific cost-sharing protections, although each of the plans are reported to have an average of 30% of total health expenditures covered by patient OOP costs.<sup>14</sup>

Available Silver Plans										
Issuer	Plan	Plan Type	Monthly Premium	Smoker Premium	Annual Premium	In-Network Deductible	In-Network OOP Maximum	Out-of-Network <sup>2</sup>	Out-of-Network Deductible	Out-of-Network OOP Max
Medica	Medica Applause Silver HSA	PPO	\$452	\$493	\$5,428	\$1,300	\$5,500	Yes	\$10,000	No Limit
Medica	Medica Applause Silver Copay	PPO	\$465	\$507	\$5,583	\$2,600	\$5,750	Yes	\$10,000	No Limit
Blue Plus	BlueConnect Silver 2400 Plan 450	PPO	\$488	\$488	\$5,850	\$2,400	\$7,150	Yes	\$10,000	No Limit

Notes:

<sup>1</sup> All of the Minnesota Marketplace (MNSure) issuers except Blue Plus will limit their total enrollment for 2017, meaning consumers who wait until later in the open enrollment period (which runs from November 1 to January 31) might have fewer options from which to choose.

<sup>2</sup> For most services; "Yes" is indicated for out-of-network coverage if the plan Summary of Benefits and Coverage indicates some form of payment owed in the "Your Cost if You Use a Non-Participating Provider" column.

<sup>13</sup> See footnote 2 above.

<sup>14</sup> For enrollees in silver-level plans who have household income of between 138% and 250% FPL, the average out-of-pocket costs are reduced to less than 30%. Depending on household income, the average out-of-pocket costs are reduced to between 6% and 27% of average total health care expenditures.

## ATTACHMENT B: PLAN REVIEW SAMPLE

### Premiums

The Medica Applause Silver HSA plan, offered by Medica, has the lowest premiums, about 7% less than those for the only silver plan offered by Blue Plus (BlueConnect Silver 2400 Plan 450).

### Tobacco Ratings

As with the bronze plans, Medica has a tobacco rating of 1.09, and Blue Plus does not impose a surcharge on smokers. As such, smokers enrolling in the BlueConnect Silver 2400 Plan 450 plan would have about a 1% lower premium than those enrolling in the Medica Applause Silver HSA plan.

### Networks

The networks used by the Medica and Blue Plus silver plans generally include the same hospitals but a different mix of physicians, practitioners, and specialists in a 20-mile radius around the Tribe's main offices. They also both include ICHPs.<sup>15</sup> See more discussion above in the "Networks" section under "Selection of Preferred Bronze Plans."

The distinction between in-network and out-of-network providers is much more important under silver plan enrollment under the Sponsorship program. This is the case because Sponsorship program enrollment in silver plans is solely for individuals who are not eligible for the comprehensive Indian-specific cost-sharing protections. As explained more under "cost-sharing" below, separate deductibles and out-of-pocket maximums—which are often times substantial—apply when accessing out-of-network providers. As such, for silver plan coverage, it is most important to assess the degree to which the list of "in-network" providers is adequate to accessing needed health care services.

### Out-of-State Coverage

The silver plans offered by Medica and Blue Plus allow enrollees to have some access to "in-network" providers outside of Minnesota. AI/ANs who enroll in a silver plan and obtain services from an out-of-state provider, regardless of whether the provider is an in-network or out-of-network provider, will not have any cost-sharing, with the exception of "balance billing" charges from some out-of-network providers. For non-AI/ANs enrolling in silver plans and seeking care out of state, it is important to obtain services from only in-network providers, as significantly larger cost-sharing charges will apply if obtaining services from out-of-network providers. See more discussion above in the "Out-of-State Coverage" section under "Selection of Preferred Bronze Plans."

### Cost-Sharing

As shown in Table 2 above, for in-network providers, the Medica Applause Silver HSA plan has the lowest deductible at \$1,300, while the BlueConnect Silver 2400 Plan 450 plan has the second-lowest

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<sup>15</sup> A comparison of payment rates to the IHCPs under each plan should be conducted to determine if there are substantial differences, and therefore whether this should be added as a factor in selecting preferred plans.

## ATTACHMENT B: PLAN REVIEW SAMPLE

deductible at \$2,400.<sup>16</sup> Medica Applause Silver HSA also has the lowest OOP maximum at \$5,500, compared with \$7,150—the highest OOP maximum—for BlueConnect Silver 2400 Plan 450.<sup>17</sup> In terms of copayments or co-insurance, BlueConnect Silver 2400 Plan 450 has the lowest at 20% coinsurance for most services, compared with 40% for Medica Applause Silver HSA.

For out-of-network providers, both the Medica Applause Silver HSA and BlueConnect Silver 2400 Plan 450 plans have a deductible of \$10,000, no OOP maximum, and 50% coinsurance for most services.

### Benefits Package

The benefits packages are substantially the same across all of the available silver plans, although there might be important differences on the drug formularies, as well as for specific services.

### Dental Coverage

None of the available silver plans include dental coverage, for either adults or children. If dental coverage is desired, enrollees would have to enroll in a separate SADP. More information on available SADPs appears in Attachment 2.

### Pregnancy-Related Services Coverage

In regard to pregnancy-related services, all of the available silver plans include coverage for prenatal and postnatal care, as well as delivery and all inpatient services. The Medica silver plans do not include coverage of voluntary abortion services and cover abortion only “as medically necessary to protect the life of the mother.” The Blue Plus silver plan also does not include coverage of voluntary abortion services and covers abortion only “where a pregnancy is the result of rape or incest, or for a pregnancy which, as certified by a physician, places the woman in danger of death unless an abortion is performed.”

### Bariatric Surgery Coverage

None of the available silver plans include coverage for bariatric surgery.

### Analysis

In evaluating the lowest-cost silver plans offered by Medica and Blue Plus, the primary differences identified between the plan offerings are a \$36 lower monthly premium and a lower in-network deductible and OOP maximum (Medica Applause Silver HSA) vs. a lower tobacco rating and lower coinsurance for in-network health care services (BlueConnect HSA Silver 2400 Plan 450).

Based on the above factors, **the following silver plan is recommended for Sponsorship program enrollees:**

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<sup>16</sup> Individuals eligible for the general cost-sharing protections available to households with an income less than 250% FPL will have a lower deductible. For example, an individual with a household income at 150% FPL who enrolls in the BlueConnect Silver 2400 Plan 450 plan will have an in-network deductible of only \$200.

<sup>17</sup> Individuals eligible for the general cost-sharing protections available to households with an income less than 250% FPL will have a lower OOP maximum. For example, an individual with a household income at 150% FPL who enrolls in the BlueConnect Silver 2400 Plan 450 plan will have an in-network OOP maximum of only \$650.

**The BlueConnect HSA Silver 2400 Plan 450 plan is the recommended option as it is the only option that does not limit overall enrollment in the plan. Also, BlueConnect HSA Silver 2400 Plan 450 imposes no surcharge on smokers—making it the lowest-cost option for this population, with an annual premium of \$5,850 for a 40-year-old smoker (vs. \$5,916 for Medica Applause Bronze HSA)—and offers the lowest coinsurance for in-network health care services.** To the extent that the Tribe does not want to rely upon a single insurer, Medica Applause Silver HSA, which has the lowest annual premium for a 40-year-old non-smoker at \$5,428, as well as the lowest in-network deductible and OOP maximum, is a viable alternative option. The networks for both of these plans include IHCPs.

### **EXPLANATORY PLAN MATERIALS**

As required under federal regulations, the two issuers offering Marketplace plans have prepared a series of explanatory documents. In particular, the two issuers assembled a Summary of Benefits and Coverage (SBC) for each plan. Both of the issuers have prepared the required SBC for the standard plan (without cost-sharing reductions), as well as SBCs for each of the Indian-specific cost-sharing variations (zero cost-sharing, or CSV-02, and limited cost-sharing, or CSV-03). In addition, at the silver level of coverage, each plan prepared an SBC for each of the cost-sharing variations available to the general population.

#### **Bronze Plans**

##### **Medica Applause Bronze HSA**

- Standard: <https://mn.checkbookhealth.org/hie/MN/2017/assets/pdfs/65847MN0010011-01.pdf>
- CV-02: <https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/65847MN0010011-02.pdf>
- CV-03: <https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/65847MN0010011-03.pdf>

##### **BlueConnect HSA Bronze 6550 Plan 457**

- Standard: <https://mn.checkbookhealth.org/hie/MN/2017/assets/pdfs/57129MN0070004-01.pdf>
- CSV-02: <https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/57129MN0070004-02.pdf>
- CSV-03: <https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/57129MN0070004-03.pdf>

#### **Silver Plans**

##### **Medica Applause Silver HSA**

- Standard: <https://mn.checkbookhealth.org/hie/MN/2017/assets/pdfs/65847MN0010009-01.pdf>
- CSV-02: <https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/65847MN0010009-02.pdf>
- CSV-03: <https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/65847MN0010009-03.pdf>
- CSV-04 (73% AV): <https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/65847MN0010009-04.pdf>

ATTACHMENT B: PLAN REVIEW SAMPLE

- CSV-05 (87% AV):  
<https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/65847MN0010009-05.pdf>
- CSV-06 (94% AV):  
<https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/65847MN0010009-06.pdf>

**BlueConnect Silver 2400 Plan 450**

- Standard: <https://mn.checkbookhealth.org/hie/MN/2017/assets/pdfs/57129MN0070001-01.pdf>
- CSV-02: <https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/57129MN0070001-02.pdf>
- CSV-03: <https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/57129MN0070001-03.pdf>
- CSV-04 (73% AV):  
<https://mn.checkbookhealth.org/hie/MN/2017/assets/pdfs/57129MN0070001-04.pdf>
- CSV-05 (87% AV):  
<https://mn.checkbookhealth.org/hie/mn/2017/assets/pdfs/57129MN0070001-05.pdf>
- CSV-06 (94% AV):  
<https://mn.checkbookhealth.org/hie/MN/2017/assets/pdfs/57129MN0070001-06.pdf>

ATTACHMENT B: PLAN REVIEW SAMPLE

Attachment 1

MINNESOTA MARKETPLACE PLANS (2017) - Issuer Networks									
Issuer	Network	PCPs <sup>1</sup>	Specialists (located within 20 miles of White Earth, MN) <sup>1</sup>				Hospitals <sup>1</sup>	IHCPs <sup>1</sup>	
			Chiropractor	Dermatologist	OB/GYN	Orthopedist/ Orthopedic Surgeon			Physical Therapist
Medica	Applause	86 <sup>2</sup>	12	3	29	5	14	2	1 <sup>3</sup>
Blue Plus	BlueConnect	32 <sup>2</sup>	12	0	3	3	1	2	1 <sup>3</sup>

Notes:

<sup>1</sup> Located within 20 miles of main Tribal offices. IHCPs are available as out-of-network providers.

<sup>2</sup> Includes physicians and other practitioners designated as a family medicine provider under the heading PCPs.

<sup>3</sup> In-network IHCPs in this area include providers at the Health Center, an IHS facility.

<sup>4</sup> Includes family practice physicians and nurse practitioners.

<sup>5</sup> Includes physicians and other practitioners designated as PCPs.

Attachment 2

MINNESOTA MARKETPLACE <b>STAND-ALONE</b> DENTAL PLANS (2017) - [ ]County									
Issuer	Plan	Plan Type	Monthly Premium		Deductible <sup>1</sup>		OOP Maximum <sup>1,2</sup>		
			Adult	Child	Adult	Child	Individual	Family	
Delta Dental	Delta Dental Bronze + Delta Dental Pediatric Low	Low PPO	\$15	\$26	\$0	\$50	\$350	\$700	
Delta Dental	Delta Dental Bronze + Delta Dental Pediatric High	High PPO	\$15	\$32	\$0	\$50	\$350	\$700	
Delta Dental	Delta Dental Pediatric Low <sup>3</sup>	Low PPO	N/A	\$26	N/A	\$50	\$350	\$700	
Delta Dental	Delta Dental Silver + Delta Dental Pediatric Low	Low PPO	\$27	\$26	\$50	\$50	\$350	\$700	
Delta Dental	Delta Dental Silver + Delta Dental Pediatric High	High PPO	\$27	\$32	\$50	\$50	\$350	\$700	
Delta Dental	Delta Dental Pediatric High <sup>3</sup>	High PPO	N/A	\$32	N/A	\$50	\$350	\$700	
Delta Dental	Delta Dental Gold + Delta Dental Pediatric Low	Low PPO	\$42	\$26	\$50	\$50	\$350	\$700	
Delta Dental	Delta Dental Gold + Delta Dental Pediatric High	High PPO	\$42	\$32	\$50	\$50	\$350	\$700	
Delta Dental	Delta Dental Platinum + Delta Dental Pediatric Low	Low PPO	\$51	\$26	\$50	\$50	\$350	\$700	
Delta Dental	Delta Dental Platinum + Delta Dental Pediatric High	High PPO	\$51	\$32	\$50	\$50	\$350	\$700	

Notes:

<sup>1</sup> The comprehensive Indian-specific cost-sharing protections do not apply to stand-alone dental plans.

<sup>2</sup> Applies only to pediatric essential health benefits.

<sup>3</sup> Available only for children (0-19).

[CLICK HERE TO RETURN TO MAIN PAGE](#)