

# Maryland Insurance Administration Briefing High Deductible Health Plans (HDHPs) Health and Government Operations Committee Thursday, October 5, 2023





# **Maryland Insurance Administration Briefing**

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# **High Deductible Health Plans ("HDHPs")**

- >> Defined in 26 U.S. Code § 223 as a health plan with:
  - An annual deductible not less than the minimum amount set by the IRS each year; and
  - A limit on total annual out-of-pocket expenses for covered benefits that does not exceed the maximum amount set by the IRS each year.
- For calendar year 2024, the minimum deductible amount is \$1,600 for an individual and \$3,200 for a family, while the maximum out-of-pocket limitation is \$8,050 for an individual and \$16,100 for a family.
- Senerally, under federal law, an HDHP may not provide benefits in any year until the minimum deductible for that year is satisfied.
- Federal law provides a safe harbor that allows benefits for preventive care to be paid before the deductible is satisfied. Federal law and associated guidance define "preventive care," and the federal definition preempts any conflicting definition under state law.





# **History of HDHPs and CDHPs**

- Consumer-Directed Health Plans (CDHPs): designed to leverage pretax spending accounts and high deductibles to increase consumer accountability for health care spending.
- >>> Health spending accounts: funded by employee/employer contributions amounts may be withdrawn to pay for qualifying medical expenses (e.g. deductible) on a tax-preferential basis.
- HSAs have many advantages over other tax-exempt/tax-deferred health spending accounts such as HRAs, FSAs, and MSAs.





#### **Advantages of HSAs**

- >>> Can be funded by a combination of employee and employer contributions
- Employee contributions are tax-exempt, interest earned on account balance is tax-free, and withdrawals to pay qualifying medical expenses are tax-free
- >> Fund is owned by the individual, so it is fully portable
- Mounts contributed to an HSA are carried over year to year
- Can be used as a retirement savings vehicle 20% penalty for non-medical account withdrawals ceases at age 65
- >>> Upon enrollment in Medicare, funds can be used to pay Medicare premiums and other qualifying medical expenses tax-free





#### **Pros and Cons of HDHPs**

#### >> Pros:

- » Lower premiums than traditional insurance plans
- » Very attractive to healthy individuals with no pre-existing health conditions or anticipated future health care needs
- » May also be cost-effective for certain individuals with serious illnesses who know they will reach the annual out-of-pocket limit
- » Generous tax benefits when paired with an HSA
- » Very attractive to individuals with sufficient funds to contribute to the HSA
- » Many large employers provide additional contributions to an HSA on behalf of employees
- » Lower out-of-pocket maximum (\$8,050/\$16,100) than maximum annual limitation on cost-sharing allowed under the ACA for non-HDHPs (\$9,450/\$18,900)





#### Pros and Cons of HDHPs (Cont.)

Cons:

- » High deductible may encourage some consumers to forgo or delay necessary medical care
- » Very few pre-deductible covered expenses
- » Not ideal for individuals with chronic illnesses or those with anticipated costly medical expenses who are unable to fund an HSA
- » No requirement for an individual with an HDHP to establish or fund an HSA
- Some consumers, particularly employees of small employers, may be compelled to purchase a HDHP due to a lack of alternative plan options





#### **State and Federal Actions Related to HDHPs**

- >> Federal tax guidelines for HDHPs preempt conflicting state requirements
- >>> State actions impacting HDHPs
  - » Copay accumulator laws
  - » First dollar coverage mandates for non-preventive care
  - » State definitions of preventive care
- >> Recent federal expansion of permissible first-dollar benefits under HDHPs
  - » Management of certain chronic conditions
  - >> Temporary safe harbor for COVID-19 testing and treatment
  - » Temporary safe harbor for telehealth
  - » Special rule for surprise billing
  - » Safe harbor for insulin products





#### **HDHPs in the ACA Market**

- MII ACA plans in Individual and Small Group markets must fit into one of four metal levels
  - >> Defined by Actuarial Value: The % of claims the insurance company is expected to pay
  - Bronze = 60%, Silver = 70%, Gold = 80%, Platinum = 90%
  - >> De minimis variation permitted. +/- 2% was original de minimis range for all metals
- >>> HDHP and metal level
  - >> Impossible to design a platinum HDHP
  - Sold HDHPs are possible but require deductible close to minimum and low out-of-pocket max (OOP Max). Only sold by carriers in small group, not Individual
  - » Silver is good fit for HDHPs. Deductibles from \$1,600 to \$4,000. Sold in both markets; most popular HDHP in SG
  - >> HDHPS were too generous for original bronze range because of the lower OOP Max. Range was expanded to be +5% for HDHPS or plans that exclude one major service category from deductible
  - » Bronze HDHPS sold in both markets; most popular HDHP in IND





#### **HDHPs vs Value Plans in Individual Market**

- >> Theory was if consumer has "skin in the game" by having to pay deductible, would avoid unnecessary services
- Actual experience has shown that HDHPs DO reduce utilization. But consumers are avoiding medically necessary "high value" services in addition to the wasteful ones that were targeted.
- >> High value services like generic drugs or PCP visits can lead to both lower total cost/better outcomes for those with chronic conditions that can be well controlled like diabetes or high blood pressure or high cholesterol.
- >> Value Plans
  - >> Value-Based Insurance Design (V-BID) seeks to remove cost-sharing barriers from high value services
  - >> The MHBE Value plans follow these principles. Have been evolving since 2019; as of 2024 will be standardized.
  - >> PCP visits, MHSA visits, generic drugs, urgent care, lab tests, X-rays, PT/ST/OT identified as high value services
  - >> Value plans do not subject these high value services to the deductible (copays are instead applied from day 1)





#### **HDHPs Individual Market Data**

Individual	ACA Marke	et									
Plan Year	2023 Distri	bution			%						%
				% Enroll	Enroll					% Enroll	Enroll
	4/1/2023	Avg	Avg	w/in	Total		4/1/2023	Avg	Avg	w/in	Total
	Enroll	<b>Deductible*</b>	MOOP	Metal	Market		Enroll	<b>Deductible*</b>	MOOP	<u>Metal</u>	<u>Market</u>
Catastro	4,022	\$9,100	\$9,100	100%	1.7%						
						Gold					
Bronze						Value	41,462	\$774	\$6,910	36.6%	17.9%
HDHP	13,993	\$6,405	\$6,903	26.0%	6.0%	Other	71,771	\$1,883	\$6,771	63.4%	30.9%
Value	22,379	\$6,367	\$8,839	41.6%	9.6%	Total	113,233	\$1,477	\$6,822	100.0%	48.8%
Other	17,401	\$8,077	\$8,457	32.4%	7.5%						
Total	53,773	\$6,930	\$8,212	100.0%	23.2%	Platinum	4,927	\$0	\$3,900	100%	2.1%
Silver						Total Market	232,161	\$3,404	\$7,507		100.0%
HDHP	2,366	\$3,200	\$6,650	4.2%	1.0%						
Value	25,180	\$3,050	\$8,625	44.8%	10.8%	*For plans with non-integrated medical and drug deductibles,		,			
Other	28,660	\$4,512	\$8,376	51.0%	12.3%	sum of the two separate deductibles was used.					
Total	56,206	\$3,802	\$8,415	100.0%	24.2%						





#### HDHPs vs ACA OOP Maximums

	HDł	ЧP	Annu	ıal		AC/ MC			nual rease	Annual Increase		a Dop 00-250%	Anr Inci		Annual Increase		MOOP -200%	Ann Incr	iual ease	Annual Increase
	MO	OP	Incre	ease (\$)	(%)	(No	on-CSR)	(\$)		(%)	CS	R)	(\$)		(%)	CSR)		(\$)		(%)
2014	\$	6,350	\$	100	1.6%	\$	6,350				\$	5,200				\$	2,250			
2015	\$	6,450	\$	100	1.6%	\$	6,600	\$	250	3.9%	\$	5,200	\$	-	0.0%	\$	2,250	\$	-	0.0%
2016	\$	6,550	\$	100	1.6%	\$	6,850	\$	250	3.8%	\$	5,450	\$	250	4.8%	\$	2,250	\$	-	0.0%
2017	\$	6,550	\$	-	0.0%	\$	7,150	\$	300	4.4%	\$	5,700	\$	250	4.6%	\$	2,350	\$	100	4.4%
2018	\$	6,650	\$	100	1.5%	\$	7,350	\$	200	2.8%	\$	5,850	\$	150	2.6%	\$	2,450	\$	100	4.3%
2019	\$	6,750	\$	100	1.5%	\$	7,900	\$	550	7.5%	\$	6,300	\$	450	7.7%	\$	2,600	\$	150	6.1%
2020	\$	6,900	\$	150	2.2%	\$	8,150	\$	250	3.2%	\$	6,550	\$	250	4.0%	\$	2,700	\$	100	3.8%
2021	\$	7,000	\$	100	1.4%	\$	8,550	\$	400	4.9%	\$	6,800	\$	250	3.8%	\$	2,850	\$	150	5.6%
2022	\$	7,050	\$	50	0.7%	\$	8,700	\$	150	1.8%	\$	6,950	\$	150	2.2%	\$	2,900	\$	50	1.8%
2023	\$	7,500	\$	450	6.4%	\$	9,100	\$	400	4.6%	\$	7,250	\$	300	4.3%	\$	3,000	\$	100	3.4%
2024	\$	8 <i>,</i> 050	\$	550	7.3%	\$	9,450	\$	350	3.8%	\$	7,550	\$	300	4.1%	\$	3,150	\$	150	5.0%





# % Of Individuals Hitting OOP Max (Individual ACA)

## Self-Only MOOP by metal level

% of Self-Only Members rea	ching their	MOOP by	Metal Lev	vel			
	20	)19	20	020	20	021	3-Year Average
		%		%		%	
	Ave	Reaching	Ave	Reaching	Ave	Reaching	% Reaching
Metal Level	MOOP	MOOP	MOOP	MOOP	MOOP	MOOP	MOOP
Catastrophic	\$ 7,900	0.1%	\$8,150	0.4%	\$8,550	0.4%	0.3%
Bronze	\$ 7,387	5.2%	\$7,502	4.6%	\$7,941	4.8%	4.9%
Silver: Base	\$ 6,992	3.3%	\$7,869	3.0%	\$7,967	3.6%	3.3%
Silver: 73% CSR	\$ 6,279	1.4%	\$6,484	3.1%	\$6,450	3.5%	2.7%
Silver: 87% CSR & 94% CSR	\$ 2,096	3.0%	\$2,056	3.5%	\$2,052	4.3%	3.6%
Gold	\$ 6,704	2.1%	\$6,703	1.9%	\$6,812	2.2%	2.1%
Platinum	\$ 4,000	0.5%	\$4,000	0.6%	\$4,000	0.8%	0.6%





#### % Of Families Hitting OOP Max (Individual ACA)

#### Family MOOP by Metal Level

% of Family Contracts reaching	ing their MC	OOP by Meta	al Level				
	20	)19	2020	)	202	1	3-Year Average
		%		Reac		%	
	Ave	Reaching	Ave	hing		Reaching	% Reaching
Metal Level	MOOP	MOOP	MOOP	MOO	Ave MOOP	MOOP	MOOP
Catastrophic	\$15,800	0.0%	\$16,300	0.0%	\$ 17,100	0.5%	0.2%
Bronze	\$14,998	0.1%	\$15,044	0.9%	\$ 15,771	1.1%	0.7%
Silver: Base	\$13,912	0.0%	\$15,764	0.3%	\$ 15,904	0.6%	0.3%
Silver: 73% CSR	\$12,574	0.1%	\$12,973	1.1%	\$ 12,903	0.9%	0.7%
Silver: 87% CSR & 94% CSR	\$ 4,314	0.3%	\$ 4,213	0.4%	\$ 4,172	1.0%	0.5%
Gold	\$13,415	0.0%	\$13,409	0.1%	\$ 13,488	0.2%	0.1%
Platinum	\$ 8,014	0.0%	\$ 8,013	0.2%	\$ 8,000	0.0%	0.1%





#### **Total Out-of-Pocket Example**

CareFirst Bronze pren	niums for 2023			
Age 40 year old				
Earning \$55k or more	and ineligible f	or APTC		
Low, Mid and High Cla	aims Cost			
Age 40 Year old				
No claims	Premium	Annual	Tota	Annual
	(Annual)	Cost-sharing	Mem	ber Cost
Bronze \$8,250	\$ 3,136	\$0	\$	3,136
Bronze Value	\$ 3,185	\$0	\$	3,185
Bronze HDHP	\$ 3,290	\$0	\$	3,290
Age 40 Year old				
\$5k in claims	Premium	Annual	Tota	Annual
	(Annual)	Cost-sharing	Mem	ber Cost
Bronze \$8,250	\$ 3,136	\$5,000	\$	8,136
Bronze Value	\$ 3,185	\$2,750	\$	5,935
Bronze HDHP	\$ 3,290	\$5,000	\$	8,290
Age 40 Year old				
\$25k in claims	Premium	Annual	Tota	Annual
	(Annual)	Cost-sharing	Mem	ber Cost
Bronze \$8,250	\$ 3,136	\$8,250	\$	11,386
Bronze Value	\$ 3,185	\$8,800	\$	11,985
Bronze HDHP	\$ 3,290	\$6,900	Ś	10,190



# HDHPs Small Group Market Enroll

Marylan	d
INSURANCE ADMINISTRATIC	DN

Plan Year 2023 Dis	tribution (exclu	ding United)	
		% w/in	% of
	Total Enrollme	Metal Level	Total Marke
Bronze			
H.S.A	9,890	81.2%	4.8%
Non- H.S.A	2,297	18.8%	1.1%
Total	12,187	100.0%	5.9%
Silver			
H.S.A	106,179	92.0%	51.3%
Non-H.S.A	9,185	8.0%	4.4%
Total	115,364	100.0%	55.8%
Gold			
H.S.A	10,490	18.7%	5.1%
Non-H.S.A	45,643	81.3%	22.1%
Total	56,133	100.0%	27.1%
Platinum	23,110	100.0%	11.2%
Total (excl United)	206,794		100%
HSA Subtotal	126,559		61%



#### **HDHPs Small Group Market Cost-Sharing**

Not Comparable to Individual data

Individual data is 2023 plan year, SG is 2018.

SG 2023 deductibles/OOP maxes much higher.



Small Grou	Small Group Ave Cost-sharing							
2018 Plan \	2018 Plan Year							
HSA vs non-HSA								
	Avg	Avg						
Bronze	Deductible	MOOP						
H.S.A	\$5 <i>,</i> 892	\$6,550						
Non-H.S.A	\$5 <i>,</i> 796	\$7,216						
Total	\$5 <i>,</i> 877	\$6 <i>,</i> 653						
Silver								
H.S.A	\$1,859	\$5,536						
Non-H.S.A	\$3,032	\$7 <i>,</i> 138						
Total	\$1,932	\$5 <i>,</i> 637						
Gold								
H.S.A	\$1,439	\$3,315						
Non-H.S.A	\$932	\$5 <i>,</i> 508						
Total	\$1,001	\$5,211						
Platinum	\$179	\$1,553						





#### **Questions?**

