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Minimum Value Memorandum 2023
State and School Employees' Life and Health Insurance Plan

The following was excerpted from an IRS website document related to Minimum Value and Affordability:

“An employer-sponsored plan provides minimum value if it covers at least 60 percent of the total allowed cost of benefits that are expected to be incurred under the plan. Under proposed regulations upon which taxpayers may rely, employers generally must use a minimum value calculator developed by HHS to determine if a plan with standard features provides minimum value. Plans with nonstandard features are required to obtain an actuarial certification for the nonstandard features. The proposed regulations also describe certain safe harbor plan designs that will satisfy minimum value.”

Actuarial values for performing the minimum value test were prepared using the “mv-calculator-final-4-11-2013.xlsm” (referred to herein as the “minimum value calculator”). Calculations were performed separately using the minimum value calculator for Self Only Base coverage and for Self Only Select coverage. Both Base and Select coverage cover all of the essential services measured by the minimum value calculator. Only In-Network cost sharing was included in the minimum value testing.

Base Coverage – Base coverage is generally described in the Table below.

2023 BASE COVERAGE						
	Combined Deductible*	Medical Coinsurance	Medical Coinsurance Maximum	Drug Copays Gen/Brand/Spec**	Combined Out-of- Pocket Limit	
<u>Self Only Coverage</u>						
In Network	\$1,800	20%	\$3,000	\$12/\$45/\$100	\$6,500	
Out-of-Network	\$1,800	40%	\$4,000	\$12/\$45/\$100		
<u>Family Coverage</u>						
					Per Family	Each Person
In Network	\$3,000	20%	\$5,500	\$12/\$45/\$100	\$13,000	\$6,500
Out-of-Network	\$3,000	40%	\$7,500	\$12/\$45/\$100		
* Drugs on the HSA Preventive Drug list are subject only to a separate \$75 deductible.						
** Drug copays for generic/brand/specialty drugs.						

In 2022 and recent prior years, there were also copay tiers for non-preferred generic and non-preferred brand drugs; in 2023 those tiers were no longer applicable under the Plan’s drug formulary.

In addition to the out-of-pocket costs shown in the above Table, there is a \$50 copay that applies to the first emergency room visit and a \$200 copay that applies to each emergency room visit after the first visit.

The minimum value calculator accommodates most of the benefit design details for Base Self-only coverage, but it does not allow for two emergency room copay levels. Therefore, I tested the lowest possible copay, and the highest possible copay, for that feature. Both results returned the same minimum value.

Base Coverage (Continued)

Drugs on the ACA preventive drug list are covered at 100% and are not subject to a deductible or to copays. Certain other preventive drugs are on a separate HSA Preventive Drug list and are subject to drug copays and to a separate lower deductible (\$75), but not to the higher combined deductible (\$1,800 for individual coverage or \$3,000 for family coverage).

Exhibit 1 is a screen shot of the minimum value calculator output for Base Self Only Coverage, assuming a \$50 copay for all emergency room visits. The minimum value percentage for that design was 71.9%. Exhibit 2 is a screen shot of the minimum value calculator output for Base Self Only Coverage, assuming a \$200 copay for all emergency room visits. The minimum value percentage for that design was also 71.9%.

The minimum value calculator first applies copays and then the deductible. Base coverage drug copays, on the other hand, are only collected after the deductible has been met. Also, the minimum value calculator does not accommodate an HSA preventive drug list, which is a feature that reduces employee out-of-pocket costs and therefore increases value. This means that the out-of-pocket costs are overstated in the above calculations, and the resulting minimum values are understated. It is not necessary to calculate a precise actuarial value for the minimum value test, only to show that the actuarial value is greater than 60%.

Select Coverage

Select coverage in 2023 is generally described in the Table below. As with Base coverage, In addition to the out-of-pocket costs shown, there is a \$50 copay that applies to the first emergency room visit and a \$200 copay that applies to each emergency room visit after the first visit.

2023 SELECT COVERAGE						
	Separate Medical Plan		Separate Drug Plan		Combined	
	*Individual Medical Deductible	*Medical Coinsurance	Individual Coinsurance Maximum	Individual Drug Deductible	Drug Copays Gen/Brand/Spec**	Individual Out of Pocket Limit
In Network	\$1,800	20%	\$3,000	\$75	\$12/\$45/\$100	\$6,500
Out-of-Network	\$2,300	40%	\$4,000			
* PCP Copay Feature (In-Network Only) PCP office visit charges are not subject to the deductible. PCP office visit copay: \$25 (applies to the evaluation & management charge) PCP office visits charges other than the evaluation & management charge: 20% coinsurance						
** Drug copays for generic/brand/specialty drugs. Family Medical Deductibles are limited to 2 times the Individual Medical Deductibles. Family OOP Limits are limited to 2 times the Individual OOP Limits.						

A screen shot of the minimum calculator output for 2023 Select coverage, assuming a \$50 copay for all ER visits appears as Exhibit 3. The minimum value percentage under those assumptions was 76.2%. A screen shot of the minimum calculator output for 2023 Select coverage, assuming a \$200 copay for all ER visits appears as Exhibit 4. The minimum value percentage under those assumptions was also 76.2%. Again, it is not necessary to calculate a precise actuarial value for the minimum value test, only to show that the minimum value is greater than 60%.

Example of a 60% Plan Using the Minimum Value Calculator

The minimum value calculator was used to illustrate a plan design that just met the absolute minimum requirement of a 60% minimum value. Exhibit 5 is a screen shot of a plan with a combined deductible of \$6,350 with 100% coinsurance above the deductible and therefore a maximum out-of-pocket cost of \$6,350. That plan design would have a calculated minimum value of exactly 60.0%.

Limited Applicability of the Minimum Value Calculator

It is noted that the actuarial values produced by the prescribed minimum value calculator, which is based on national claims data and a presumed national average demographic profile, may not be indicative of the expected or actual actuarial value based on State plan demographics or claims experience. The actuarial values shown herein are only to be used for their stated purpose, i.e., to demonstrate that the Plan meets the minimum value requirements under 45 CFR Section 156.145.



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EXHIBIT 1 Base Self Only Coverage – \$50 ER Copay

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Grandfathered Plan?

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	

Tier 1 Plan Benefit Design		
	Medical	Drug
Deductible (\$)		
Coinsurance (% , Insurer's Cost Share)		\$1,800.00 80.00%
OOP Maximum (\$)		\$6,500.00
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$50.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00
Specialty High-Cost Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Status/Error Messages: MV Over 60%
 Minimum Value: 71.9%

EXHIBIT 2 Base Self Only Coverage – \$200 ER Copay

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Grandfathered Plan?

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)			\$1,800.00
Coinsurance (% , Insurer's Cost Share)			80.00%
OOP Maximum (\$)			\$6,500.00
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00
Specialty High-Cost Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Calculate

Status/Error Messages: MV Over 60%

Minimum Value: 71.9%

EXHIBIT 3
Select Coverage – \$50 ER Copay

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Grandfathered Plan?

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$1,800.00	\$75.00	\$1,800.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%	80.00%
OOP Maximum (\$)	\$6,500.00		\$6,500.00
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$50.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00
Specialty High-Cost Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: MV Over 60%

 Minimum Value: 76.2%

EXHIBIT 4 Select Coverage – \$200 ER Copay

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Grandfathered Plan?

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$1,800.00	\$75.00	\$1,800.00
Coinsurance (% , Insurer's Cost Share)	80.00%	100.00%	80.00%
OOP Maximum (\$)	\$6,500.00		\$6,500.00
OOP Maximum if Separate (\$)			

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Type of Benefit	Tier 1			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$200.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$25.00
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$12.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$45.00
Specialty High-Cost Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Status/Error Messages: MV Over 60%

Minimum Value: 76.2%

EXHIBIT 5
Example of a 60% Plan Using the Minimum Value Calculator
Combined Plan Deductible of \$6,350 with 100% Coverage Thereafter

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Grandfathered Plan?

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$6,350.00
Coinsurance (% , Insurer's Cost Share)		100.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

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Type of Benefit	Tier 1			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All		
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Specialty High-Cost Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days for Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Output

Status/Error Messages: MV Over 60%

Minimum Value: 60.0%