

EBA TAG: BENEFITS PROPOSAL – MARCH 25, 2021

March 2021: This draft proposal was developed by OHA staff in response to the Eligibility, Benefits & Affordability (EBA) TAG's values, priorities and discussion at its TAG meetings between November 2020 and March 2021. The document reflects the TAG's stated desire to provide a benefits package that is equitable, comprehensive, inclusive and meets the needs of Oregonians. It has been edited after feedback from the Task Force at its February 2021 meeting, and subsequent discussion of the EBA TAG.

Document Organization

The first table (Table 1) provides an overview of the TAG's cost sharing recommendations for the 770 Plan. The second table (Table 2) provides the TAG's benefit proposal in Column F. The other columns present benefits and limits for the Oregon Benchmark Plan, the Oregon Health Plan (Medicaid) and the Public Employees Benefit Board (PEBB) plan. Column E also provides PEBB cost sharing for additional comparison since it is among the most generous benefit packages available in the state. PEBB cost-sharing figures shown are for the least expensive plan for full-time employees if they seek care in-network.

At the end of the document, the proposal outlines the TAG recommendation for prioritizing services that support Social Determinants of Health, as well as listing other important delivery system considerations for the Task Force to address.

Table 1: 770 Proposed Cost Sharing Summary

	Individuals/Families 0-300% FPL	Individuals/Families 300-600% FPL	Individuals/Families >600% FPL
Household Income	(up to \$38,640 for an individual or \$79,500 for a family of 4)	(\$38,641 - \$77,280 for an individual or \$79,501-\$159,000 for a family of 4)	(>\$77,280 for an individual or >\$159,000 for a family of 4)
Annual deductible	No deductibles	No deductibles	No deductibles
Annual premium	No premiums	No premiums	No premiums
Copays for Prescriptions	None	\$0 for Generics. Possibility of other cost sharing needs further research and consideration to ensure no unintended negative consequences	\$0 for Generics; Possibility of other cost sharing needs further research and consideration to ensure no unintended negative consequences
Copays for Emergency Room visits	None	\$25	\$50
Copays for all other services	None	None	None
Coinsurance	None	None	None

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Table 2: Major Benefit Plans & EBA Benefit Proposal (Col F)

Column A: Benefit Category and Description/examples		Column B: Essential Health Benefits as required by the ACA	Column C: The Oregon Benchmark Plan	Column D: Oregon Health Plan (Medicaid) Benefits	Column E: Public Employees Benefit Board (PEBB) Plan	Column F: Draft Proposal SB 770 PLAN
Hospital -Inpatient	Care while admitted as an inpatient to the hospital to cover the room/board and provider services	✓	Covered, no limits	Covered*	Covered, no limits; CS: \$50/day; \$250 max	Cover with no limits, & no cost sharing
Hospital-ambulatory surgical/outpatient surgeries, etc.	Surgeries and care during procedures done at a hospital or in an ambulatory surgical center, sent home afterwards	✓	Covered, no limits	Covered*	Covered, no limits CS: \$5	Cover with no limits, & no cost sharing
Emergency Services	Care while in the Emergency Room or in an urgent care center; ground and air ambulance transportation	✓	Covered, no limits	Covered*	Covered, no limits CS: \$75	Cover with no limits Copays: \$0 for <300% FPL; \$25 for 300-600% FPL; \$50 for >600% FPL
Primary Care (office and home visits)	Outpatient care in an office, clinic or a home visit by Family Practice, Pediatrics, or Internal Medicine providers	✓	Covered, no limits	Covered*	Covered, no limits CS: \$5	Cover with no limits, & no cost sharing

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Specialty Care (office and home visits)	Outpatient care in an office, clinic, or a home visit by a specialist such as a cardiologist or kidney specialist	✓	Covered no limits	Covered*	Covered, no limits (w/referral) CS: \$5	Cover with no limits, & no cost sharing
Preventive Care, Screening & Immunizations	Includes well child, adult physicals, recommended health screenings and vaccinations dependent on age	✓	Covered; frequency depends on age	Covered*	Covered, no limits CS: \$0	Cover with no limits, & no cost sharing
Maternity Care	Includes prenatal care, delivery, and postnatal care	✓	Covered, no limits	Covered*	Covered, no limits CS: \$0	Cover with no limits, & no cost sharing
Mental Health and Substance Use - Outpatient Services	For care in a clinic or office	✓	Covered	Covered*	Covered, no limits CS: \$5	Cover with no limits, & no cost sharing
Mental Health-Inpatient and Residential	Mental Health care in a hospital or residential facility	✓	Covered, 45 day limit	Covered*	Covered CS: \$50/day; \$250 max	Cover with no limits, & no cost sharing
Substance Use Disorder Inpatient Services	Substance Use Disorder care in a hospital or residential facility	✓	Covered, no limits	Covered*	Covered CS: \$0	Cover with no limits, & no cost sharing
Prescription Drugs	Generic, Brand-name & Specialty Drugs	✓	Covered, with some drug restrictions	Covered*	Covered, with some drug restrictions CS: \$1-\$50 ea.	Cover with no cost sharing for <300% FPL and \$0 Generics for all. Other cost

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						sharing needs to be analyzed and investigated more thoroughly for a recommendation.
Transplant	Surgical procedure to replace a body organ	✓	Covered, with some qualifications	Covered*, with guidelines	Covered CS: \$50/day; \$250 max	Cover with no limits, & no cost sharing
Rehabilitative Services - Outpatient	Services provided by a licensed physical therapist, (PT), occupational therapist (OT), speech language pathologist, physician, or other practitioner licensed to provide physical, occupational, or speech therapy.	✓	Covered	Covered*	Covered, 20 visits/yr CS: \$5	Cover with no limits, & no cost sharing
Habilitative Services Outpatient/Inpatient	Medically necessary services for the maintenance, learning, or improving skills and function for daily living, provided by a licensed PT, OT or speech language	✓	Covered, limit of 30 visits per year outpatient and 30 days per year inpatient	Covered*	Covered (outpt up to 20 visits) CS Outpt: \$5	Cover with no limits, & no cost sharing

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	pathologist, physician, or other practitioner licensed to provide therapies				CS Inpt: \$50/day; \$250 max	
Diagnostic Lab and Imaging		✓	Covered, no limits	Covered*	Covered, no limits CS: \$0-\$100	Cover with no limits, & no cost sharing
Hospice		✓	Covered, no limits	Covered*	Covered, 5 days/mo. CS: \$0	Cover with no limits, & no cost sharing
Cancer Care	Chemotherapy, radiation services	✓	Covered, no limits	Covered* with guidelines	Covered, no limits CS: \$5	Cover with no limits, & no cost sharing
Kidney Dialysis	For patients with end-stage kidney disease	✓	Covered, no limits	Covered* with guidelines	Covered, no limits CS: \$0	Cover with no limits, & no cost sharing
Dental	Periodic dental check-ups and cleanings; some health plans cover crowns, implants or orthodontia but with limits	Required for children, not adults	For children Not covered for adults who have to buy a separate dental plan	Covered* Some limits on types and amounts of care	Covered, with limits on services	Cover with no limits, & no cost sharing
Vision Includes eye exams, glasses	Care for eyes that includes eye exams, glasses (other eye conditions' treatments fall under specialty care services)	Required to cover for children, not adults	Eye exam and glasses for kids; Not covered for adults	Covered* Some limits on types and amounts of care	Optional coverage for kids and adults	Eye exams and preventive eye care fully covered, no cost sharing.

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						Glasses/contacts covered up (amount TBD - \$250-400?) every 2 years
Durable Medical Equipment (DME)	Devices such as wheelchairs, canes, commodes, oxygen tank, CPAP machines prescribed if medically necessary	✓	Covered, limit of \$5,000/year	Covered*	Covered CS: \$0	Cover with no limits, & no cost sharing
Hearing Aids	Devices to amplify hearing	✓	Covered, limit of \$4,000 q. 2 years	Covered*	Covered CS: 10% up to \$4,000 per 4 yrs	Cover up to \$8,000 per 4 years
Complementary Medicine	Includes services such as acupuncture, chiropractic care and/or massage therapy	Not required	Not covered	Covered* with limits on types and amounts of care	Acupuncture, chiropractic & naturopath covered up to \$1,000 per year CS: \$10	Cover with no limits, & no cost sharing
Home Health	In-home nursing, PT, OT services and assistance	✓	Covered, but not for private duty nurses	Covered*	Covered CS: \$0	Cover with no limits, & no cost sharing

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Prosthetic Devices	Fitting and the device for those with amputations or following a stroke	✓	Covered, no limits	Covered*	Covered CS: \$0	Cover with no limits, & no cost sharing
Skilled Nursing Facility	In-patient stay in a nursing facility that requires medically necessary services of RN, PT, OT, speech pathologist or audiologists	✓	Pre-authorization	Covered*	Covered up to 100 days/yr CS: \$0	PEBB coverage & no cost sharing
Infertility	Services to assist fertility	Not required	Not covered	Not covered	Diagnosis and some treatment covered CS: 50%	Same as PEBB coverage with no cost sharing Ensure it applies to LGBTQ individuals
Bariatric Surgery	Weight loss surgery	Not required	Not covered	Covered* with guidelines for diabetics	Covered with guidelines CS: \$50/day; \$250 max	PEBB coverage & no cost sharing
Cosmetic Surgery	Surgeries for cosmetic purposes only	Not required	Not covered, some exceptions such as post mastectomy	Not covered	Not covered, some exceptions such as post mastectomy	PEBB coverage & no cost sharing

Social Determinants of Health

Social Determinants of Health (SDOH) are defined by Healthy People 2020 as “conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks...Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.”ⁱ There are multiple definitions of SDOH. The Oregon Health Authority defines SDOH as “the social, economic and environmental conditions in which people grow, work, live and age, and are shaped by the social determinants of equity. These conditions significantly impact length and quality of life and contribute to health inequities” and social determinants of equity as “systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include the distribution of money, power and resources at local, national and global levels, institutional bias, discrimination, racism and other factors.”ⁱⁱ

Supporting SDOH would include addressing the following:

- Transportation Needs
- Housing Instability
- Food Insecurity
- Exposure to interpersonal violence
- Affordability of utilities

The TAG recognizes that much work related to SDOH is happening across multiple levels of Oregon health policy (Oregon Health Policy Board, CCO 2.0, waiver discussions) and also that SDOH services are often rooted in other sectors such as public health, social services and nonprofits. While the EBA TAG has ended, there is still important work that needs to be done on SDOH. The TAG supports the following statements/actions regarding services that support SDOH.

SDOH Statements

1. Services that support SDOH are critical to the overall SB 770 goal of improving health outcomes for the population and need to be included in a 770 Plan.
2. It is crucial to ensure that any recommendation made by the Task Force is fully informed by the work that is taking place around Oregon and reflects the most current understanding of what is/is not working. This is an evolving and complex area and should not be rushed

The TAG recommends that the Task Force prioritize a separate work effort within the Task Force to address SDOH. This effort would:

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1. Finalize a definition of SDOH for the 770 Plan that can build on the OHA definition above and also clearly acknowledges racism and colonialism as important social determinants.
2. Develop recommendations about how the Plan would address SDOH. The timeline of this work may depend on whether the Task Force is granted a legislative extension.

Additional Critical Delivery System Considerations/Recommendations:

These items came up in TAG discussions but are outside the scope of the EBA TAG charter. However, they are important to address by the Task Force as a whole:

1. Encourage shared decision-making between the patients and their provider
2. Ensure there is adequate availability of providers to serve Plan participants

ⁱ Healthy People 2020 Topics and Objectives. Available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

ⁱⁱ <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Health-Related-Services-SDOH-E-Guide.pdf>