

NEIL ABERCROMBIE GOVERNOR

SHAN S. TSUTSUI LT. GOVERNOR STATE OF HAWAII OFFICE OF THE DIRECTOR DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

335 MERCHANT STREET, ROOM 310 P.O. Box 541 HONOLULU, HAWAII 96809 Phone Number: 586-2850 Fax Number: 586-2856 www.hawaii.gov/dcca KEALI'I S. LOPEZ DIRECTOR

JO ANN M. UCHIDA TAKEUCHI DEPUTY DIRECTOR

TO THE HOUSE COMMITTEES ON HEALTH AND CONSUMER PROTECTION & COMMERCE

TWENTY-SEVENTH LEGISLATURE Regular Session of 2014

Monday, April 14, 2014 8:30 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE CONCURRENT RESOLUTION NO. 35, S.D. 1 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE INFERTILITY PROCEDURE COVERAGE.

TO THE HONORABLE DELLA AU BELATTI AND ANGUS L.K. McKELVEY, CHAIRS, AND MEMBERS OF THE COMMITTEES:

My name is Gordon Ito, State Insurance Commissioner, testifying on behalf of the Department of Commerce and Consumer Affairs ("Department"). The Department takes no position on this resolution, and submits the following comments.

The purpose of this resolution is to request that the Auditor conduct an impact assessment report of mandating infertility procedure coverage for all individual and group accident and health or sickness insurance policies that provide pregnancy-related benefits.

Senate Bill No. 2909, S.D.1, mandates a benefit of three in vitro fertilization cycles or a live birth for all outpatient expenses arising from in vitro fertilization procedures performed on the insured or insured's dependent for all individual and group accident and health or sickness insurance policies that provide pregnancy-related benefits. Existing law provides for a one-time benefit. We thank the Committee for the opportunity to present testimony on this matter.

Government Relations



Testimony of John Kirimitsu Legal and Government Relations Consultant

Before: House Committee on Health The Honorable Della Au Bellati, Chair The Honorable Dee Morikawa, Vice Chair and House Committee on Ways and Means The Honorable Angus L.K. McKelvey, Chair The Honorable Derek S.K. Kawakami, Vice Chair

> April 14, 2014 8:30 am Conference Room 229

SCR 35, SD1 REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE INFERTILITY PROCEDURE COVERAGE.

Chairs, Vice-Chairs, and committee members; thank you for this opportunity to provide testimony on this resolution requesting a study by the legislative auditor of mandating health insurance coverage for expanded infertility procedures.

Kaiser Permanente Hawaii supports this resolution.

We support asking the legislative auditor to study the social and financial impacts of this

proposed expansion of in vitro fertilization benefits. We offer for your consideration a few

additional clauses that may make the auditor's study more useful.

BE IT FURTHER RESOLVED that the Auditor is requested to include in the impact

assessment report a survey of other states in the U.S. which have implemented a mandate for expanded infertility in vitro fertilization procedures to examine what the social and financial

impact has been in these states; and

711 Kapiolani Blvd Honolulu, Hawaii 96813 Telephone: 808-432-5224 Facsimile: 808-432-5906 Mobile: 808-282-6642 E-mail: john.m.kirimitsu@kp.org

Page 2

BE IT FURTHER RESOLVED that the Auditor is requested to research if any expansion of infertility in vitro fertilization procedures constitutes benefits that are in excess of the essential health benefits, thus requiring the state to defray such costs; and

BE IT FURTHER RESOLVED that the Auditor is requested to research what is being used as the standard medical definition of "reproductive age" that is best suited for in vitro fertilization procedures, and examine the success rates for the different age groups to determine coverage benefit limitations for this covered benefit. This research should examine whether different standards of infertility treatments are applied to different age groups in need of infertility treatments; and

BE IT FURTHER RESOLVED that the Auditor is requested to examine current medically necessary standards of care used to determine what types of infertility treatment options are available, at a more cost effective savings than in vitro fertilization, which may be best suited for individuals in need of infertility procedures. An examination of the existing technology in in infertility procedures and possible future technology should be examined.

We think this information is important to know when discussing the expansion of infertility services and benefits and whether the state is required to pay for these benefits, if deemed to be in excess of the essential health benefits.

Thank you for your consideration.

TO: COMMITTEE ON HEALTH The Honorable Della Au Belatti, Chair The Honorable Dee Morikawa, Vice Chair

> COMMITTEE ON CONSUMER PROTECTION & COMMERCE The Honorable Angus L.K. McKelvey, Chair The Honorable Derek S.K. Kawakami, Vice Chair

SUBJECT: SCR 35 SD1 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE INFERTILITY PROCEDURE COVERAGE.

Hearing:	Monday, April 14, 2014
Time:	8:30 a.m.
Place:	Conference Room 229

FROM: Na`unanikinau Kamali`i

This testimony in my personal capacity is in **strong support of SCR 35, SD1, with amendments**. SB 2909 SD 1 and SCR 35 SD1 are about the responsibility of the legislature to bring non-compliant laws into compliance and exercising its authority to do so. Health Plans that continue to use non-compliant state laws to justify its unlawful continuation of discriminatory practices is unjust. The audit will assist the legislature in determining what is myth and what is fact and what amounts to unjust enrichment for the health plans. Health Plans have financially benefitted from and perpetuated an IVF coverage law that wrongfully created two classes of members in women and thus discriminated, victimized and demeaned women who were diagnosed with infertility by denying the IVF coverage benefit to women were not married. This practice continues even though it is strictly prohibited under the ACA.

The audit will assist in settling the cost issues to fix a law that has not been in compliance with federal and state laws and must address compliance and discriminatory provisions. The last tactic by health plans is to wrongfully assert that bringing the law in compliance will result in a cost shifted to the state, which health plans say must pay to right the wrong even though for years health plans have benefited greatly financially unjustly from the discriminatory provisions. Clearly, it is health plans that must pay for the discriminatory practices.

This Audit request is a review of the first instance where a discriminatory law is being amended to bring a mandated benefit in compliance under the provisions of the Affordable Care Act. Changes in State mandates to bring them in compliance and remove discriminatory provisions are not an "expansion" or "added essential health benefit" even though such changes may cost more for health plans to cover all women in a non-discriminatory way and are required under prohibition sections of the ACA. (See 45 CFR §156.125 <u>Prohibition on discrimination</u> and 45 CFR §156.200 (e) *Non-discrimination.* A QHP issuer must not, with respect to its QHP, discriminate on the basis of race, color, national origin, disability, **age, sex**, gender identity or sexual orientation.)

Marital status has no rational relation to the treatment of a medical diagnosis and condition of infertility. The current IVF coverage law wrongfully creates two "classes" of premium paying members and is discriminatory on its face under ERISA, ADA, and ACA. Health plans deliberately upheld discriminatory provisions which called for a member to be married and use her husband`s sperm, reaping a prohibited premium savings from the practice. In application, employed health plan members who are single, divorced, widowed, partnered or otherwise "not married" women pay premiums just like married members diagnosed with infertility yet, ARE NOT eligible for the IVF coverage. The Hawaii legislature has not provided any rational basis for the "marital status" requirement, which rests squarely on moral grounds. In previous testimony, HMSA conceded that the marital status requirement needed to be changed. Kaiser called for an Audit, but sought more questions to be answered by the auditor which changes were part of the recommended changes by the CPN Committee.

The CPN Committee in its report stated the following: *"Your Committee notes that the addition of a new mandated health insurance benefit under Hawaii law may trigger Section 1311(d)(3) of the federal Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the state's qualified health plan."* The 27-year-old IVF benefit Coverage law is currently not in compliance and necessary changes are not an "addition" but rather corrective action to "goes beyond" the existing EHB, which is allowed, and the State does not defray the cost.

Further, Section 1311(d)(3) of the ACA addresses Essential Health Benefits defined in 1302 (b)(1), which as later codified federal regulations on included State Mandates under the allowed Essential Health Benefit Benchmark plan which covers at least the each of the 10 categories. Each state has different HHS approved essential health benefit benchmark plans reflecting these mandates and Hawaii`s approved mandates includes the IVF coverage law. Thus, the Hawaii IVF coverage law is part of the Essential Health Benefit benchmark plan and not "new" or an "additional" benefit that the state must pay for. If that were the case, the state would be paying for it right now, as this all went into effect on January 1. 2014. Final regulations regarding Essential Health Benefits are posted on the CMS website.

Recommended changes to SCR 35 SD1 (added underlined; deleted stricken; notes are commentary)

These are recommended changes to additional requests to the Auditor for inclusion in an impact assessment report beyond what is required by statute:

(2) Whether an expansion of infertility in vitro fertilization procedures to bring it in compliance with the discriminatory and "life time" benefit prohibitions under the Affordable Care Act would constitute benefits that are in excess of the essential health benefits <u>benchmark plan</u> required which includes state mandates approved for health insurance coverage under the federal Patient Protection and Affordable Care Act of 2010, thus requiring the State to defray such costs;

(3) Any other impacts or requirements of the federal Patient Protection and Affordable Care Act of 2010 if a mandate for expanded infertility in vitro fertilization procedures is enacted in Hawaii to address discriminatory, life time benefit, or any other provisions to otherwise bring it incompliance with all federal and state laws;

(4) Research on what is being used as the standard medical definition of "reproductive age" that is best suited for in vitro fertilization procedures and the success rates for different age groups to determine coverage benefit limitations for this covered benefit, including whether different standards of infertility treatments are applied to different age groups in need of infertility treatment; (Note: Age discrimination is prohibited under 45 CFR §156.125 Prohibition on discrimination and 45 CFR §156.200 (e) Non-discrimination. A QHP issuer must not, with respect to its QHP, discriminate on the basis of race, color, national origin, disability, **age, sex**, gender identity or sexual orientation.)

(5) An examination of current medically necessary standards of care used to determine what types of infertility treatment options are available at a more cost effective savings than in vitro fertilization, which may be best suited for individuals in need of infertility procedures; (Note: medical necessity determinations are preempted by federal statue and regulations and also fall within the doctor patient privilege wherein the patients physician and patient and the medical director exchange confidential HIPAA protected information concerning the medical diagnosis, which could include multiple diagnosis contributing to infertility and cannot legislated to establish standards but rather determined on a case by case basis)

The Audit is long overdue as it relates to the financial impact based on the law and not based on the health plan's bottom line. Any changes to the mandated benefits will be opposed by health plans, even if the change is to bring the IVF benefit coverage law into compliance and end discriminatory practices. **Health plan testimony received thus far as it relates to the IVF coverage legislation has been in support of an audit.** I urge the legislature to pass SCR 35 SD1 and garner the facts it needs to address and bring into compliance the IVF coverage law.

Comments on underlying bills introduced – SB 2909 as amended

Although SCR 35 SD1 does not address substantive changes to the current law, it is required if such changes were made and the legislature still has the power and authority to do so. The underlying bills SB 2909 and its companion HB 2355, as amended, were introduced which addressed the substantive changes to the IVF

coverage laws were held in Ways and Means in the Senate and Finance on the House side. Testimony submitted in **strong support** of both measures recommended amendments: striking "lifetime" in the measure wherever mentioned and ensuring that it passes this session with an effective date of July 1, 2014 to address immediate compliance and discriminatory concerns. The attachments to testimony provided background, which may be informative to this audit.

Both bills SB2909 and HB2355, as amended, provide in vitro fertilization coverage equality for women who are diagnosed with infertility by requiring nondiscriminatory coverage and ensuring quality of care in the diagnosis and treatment of infertility. For over 27 years the in vitro fertilization law in Hawaii provided coverage within a discriminatory framework, which must be corrected by the legislature. In vitro fertilization coverage is an Essential Health Benefit (EHB) , which was included in Hawaii's essential health benefit plan and accepted by Health and Human Services and as of **January 1, 2014** strict federal prohibitions apply to EHB. Foremost, diagnosis and treatment of infertility disease should be brought in alignment with the national standards of the Center for Disease Control and as an EHB in compliance with ERISA, the American Disabilities Act and the Affordable Care Act. (see attached guidelines and Hawaii State mandates approved by HHS)

Summary of changes proffered in underlying bills SB2909 and SB2355:

The measures:

- 1. Find that infertility is a disease of the reproductive system that impairs and substantially limits an individual's major life activity of reproduction and recognizes infertility as a disability.
- 2. Require a diagnosis of infertility before treatment.
- 3. Propose IVF coverage as a "life time" benefit as opposed to a "one time" only benefits, however, the ACA prohibits such lifetime limits with respect to essential health benefits after January 1, 2014 and either old or proposed language must be stricken.
- 4. Focus on the success of having a child by providing cost effective <u>measurable</u> limitations of three in vitro fertilization cycles or a live birth (see Illinois
- 5. IVF law).
- 6. Mandate in vitro fertilization coverage equality for all women diagnosed with a medical condition of infertility by removing discriminatory language based on marital status. EHB may not contain discriminatory provisions.
- 7. Require a reasonable history of infertility based on national medical standard (ASRM) instead of an arbitrary five-year history.
- 8. Is consistent with Center for Disease Control national standards of infertility diagnosis categories.
- 9. Require coverage for other applicable treatments for infertility, unless the individual's physician determines that those treatments are likely to be unsuccessful.

10. Provide the American Society of Reproductive Medicine definition of "infertility".

Expanded Comments expressed in SB2909 and HB2355:

- 1. A diagnosis of infertility is a disability under the American Disability Act. Courts have held that women suffering from a diagnosis of infertility meet the definition of "disability" set forth in 42 U. S. C. § 12102(2)(A): a physical or mental impairment that substantially limits one or more major life activities. In examining the definition of physical impairment, the Courts have also concluded that women suffering from a diagnosis of infertility suffer from a physical impairment which is defined as "any physiological disorder, or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body system:....**reproductive** ..." 29 C.F.R. §1630.2 (h)(1).
- 2. The measures provide a "lifetime" limit for the IVF treatment. However, as of January 1, 2014, the restriction of lifetime dollar limits applies to essential health benefits. Because IVF coverage benefit is one of Hawai`i's essential health benefits (EHB) for Hawai`i as reported by CMS, lifetime and annual dollar limits for must be eliminated in 2014. Thus it holds that "lifetime" in the proposed legislation as well as the "one time only" in the current law must be stricken. The prohibition on lifetime dollar limits applies equally to grandfathered and non-grandfathered plans. Further, the plan must give the individual a written notice that the lifetime limit no longer applies and that the individual, if covered, is eligible for benefits. However, nothing in the rule would appear to prohibit the use of visit limits or other treatment limits. Thus, it would appear that the limitation of "three in vitro fertilization cycles or a live birth" is allowed and is measureable to contain cost.
- 3. The focus of the measures is on ensuring a live birth and not simply that one "try" is afforded the patient. The benefit becomes available when the patient is diagnosed with infertility disease, irrespective of whether she has had other children. The member becomes <u>eligible upon her physician's diagnosis of infertility</u> to treat her disease of infertility. Other states have also enacted language, which focuses the success of a live birth. Illinois IVF coverage law, for example, contains language similar to SB 2909 and HB2355, as amended, which provides coverage for more than one oocyte retrieval and is limited if a live birth follows. Coverage is required subject to the following conditions: ... "(B) the covered individual has not undergone 4 completed oocyte retrieval, then 2 more completed oocyte retrievals shall be covered".
- 4. Marital status has no rational relation to the treatment of a medical diagnosis and condition of infertility. The current IVF coverage law wrongfully creates

two "classes" of premium paying members and is discriminatory on its face under ERISA, ADA, and ACA. Health plans deliberately upheld discriminatory provisions which called for a member to be married and use her husband's sperm, reaping a prohibited premium savings from the practice. In application, employed health plan members who are single, divorced, widowed, partnered or otherwise "not married" women pay premiums just like married members diagnosed with infertility yet, ARE NOT eligible for the IVF coverage. The Hawaii legislature has not provided any rational basis for the "marital status" requirement, which rests squarely on moral grounds. The purpose of the measures is to provide in vitro fertilization insurance coverage equality for women who are diagnosed with infertility by requiring non-discriminatory coverage and ensuring quality of care in the diagnosis and treatment of infertility. The corrective action by the legislature to eliminate the discriminatory marital status requirement is long overdue. The overriding corrective measure should prevail over any cost consideration to address prohibited discriminatory practices. The focus must again be on a diagnosis of infertility as a determinant on whether coverage will be provided.

- 5. In its guidance to patients, the American Society of Reproductive Medicine defines infertility as the inability to achieve pregnancy after one year of unprotected intercourse. If the individual has been trying to conceive for a year or more, she should consider an infertility evaluation. However, if she is 35 years or older, she should begin the infertility evaluation after about six months of unprotected intercourse rather than a year, so as not to delay potentially needed treatment.
- 6. The measures also provide for disease conditions that are consistent with national published guidelines and reporting. The Center for Disease Control reports for year 2011 is attached. (Attachment 2). Any age limitations would violate the ACA. (45 CFR §156.125; 45 CFR §156.200 (e))

Affordable Care Act (ACA) Considerations:

Since the enactment of the Affordable Care Act (ACA), the Department of Health and Human Services has issued several implementing regulations and rules, which have since been codified in Title 45 Code of Federal Regulations. The Affordable Care Act adds section 715(a)(1) to the Employee Retirement Income Security Act (ERISA) and section 9815(a)(1) to the Internal Revenue Code (the Code) to incorporate the provisions of part A of title XXVII of the PHS Act and ERISA and the Code, and make them applicable to group health plans, and health insurance issuers providing health insurance coverage in connection with group health plans. Because there are general and specific provisions of the ACA, which apply to States, general and specific preemption considerations also apply. In consideration of the underlying measures there appear to be ACA considerations as well that are instructive on the bill as well as statements of HHS or CMS concerning Essential Health Benefits.

1. Essential Health Benefits

In Vitro Fertilization Coverage is an Essential Health Benefit (EHB), which imposes no state liability under the ACA. By way of testimony in March 2011, the Hawaii Association of Health Plans ("HARP") raised the concern of the potential liability that the State would be facing by mandating even more extensive infertility treatments because the ACA is still in flux. This assertion is of no consequence and concern at this time post January 1, 2014 since the federal government has since issued two regulations and a final regulation at Federal Register, Vol. 78, No. 37, February 25, 2013 which has been codified in 45 CFR §156 which address these concerns. Also, CMS has published on its web site each States' Essential Health Benefits and IVF coverage is included as an EHB.

Generally the ACA provides that if a State requires issuers to cover benefits in excess of EHB, the Affordable Care Act directs the state to defray the costs of these benefits in Qualified Health Plans. States may include as part of their benchmark plan state benefit requirements, avoiding costs associated with these provisions. Because In Vitro Fertilization is a Hawaii State Required Benefit that is an Essential Health Benefit, there is <u>no State liability</u>. Other general considerations regarding the effect of the ACA on states are provided at the CMS or CCIO website at CMS.gov (Attachment 3)

2. The ACA prohibitions on discrimination.

The ACA prohibits discrimination as set forth in Title 45 of Code of Federal Regulations Part 156. Two sections in particular, which prohibit discrimination, are 45 CFR §156.125 and §156.200(e) of the subchapter and also in the Federal Register Vol. 78, No. 37(February 25, 2013). The marital status provision in the current IVF coverage law, which requires that the member be married in order to received treatment creates two classes of members and is in violation of the prohibitions on discrimination. Even if you disagree with its violation with any laws, marriage should not be the defining factor, which prohibits access to this benefit for women who have been diagnosed with infertility disability. Equal Access should be afforded to all.

45 CFR §156.125 Prohibition on discrimination.

(a) An issuer does not provide EHB if its benefit design, or the implementation of its benefit design, discriminates based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions.

(b) An issuer providing EHB must comply with the requirements of 156.200(e) of this subchapter; and

(c) Nothing in this section shall be construed to prevent an issuer from appropriately utilizing reasonable medical management techniques.

45 CFR §156.200 (e) *Non-discrimination.* A QHP issuer must not, with respect to its QHP, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation.

The Hawaii State legislature is a leader in health care with the historic passage of the Prepaid Health Care Act and should also be the same in the implementation of the Affordable Care Act and provision of this Essential Health Benefit for its citizens. The legislature should not be intimidated or persuaded by insurance companies who will go to any length to make an argument to hold the IVF legislation bills such as: 1) it costs too much, calling for an auditors report to confuse the necessary elimination of discriminatory language, 2) that it needs to be held for further study, when it holds 27 years of claims data on the benefit; or 3) that it would have difficulty administering the benefit even though it is a national health plan or partnered with national health plan networks in states which already administer similar plans or 4) that the State will have to pay for what is an the essential health benefit, which CMS confirms that there is no state liability.

For over 27 years, since the passage of the IVF mandate, the women in Hawaii have been bearing the cost to treat their disease of infertility even with IVF Coverage, the cost financially, the indescribable pain emotionally and left with the lifelong scars that poor legislation creates. For over 27 years the providers of infertility treatment have become leaders in the nation in treatment of assisted reproductive technologies, are highly regulated by CDC and leaders in our state by increasing IVF success rates in Hawaii from about 10% when the IVF coverage law was enacted to over 65% today. It is the legislature's responsibility to correct discriminatory provisions and treatment provisions for all women diagnosed with infertility. Have the courage to pass out of committee SCR 35 SD1, as an audit is the first step to providing coverage for ALL women suffering from infertility disability equal access to quality affordable treatment.

Hawaii - State Requi	red Benefits
----------------------	--------------

Benefit	Name of Required Benefit	Market Applicability	Citation Number
lospice Services	Hospice care	Individual, small group, large	431:10A-119; 432:1-608;
		group, HMO	432D-23
Infertility Treatment	In-vitro fertilization	Individual, small group, large	431:10A-116.5
		group, HMO	432:1-604
			432D-23
Delivery and All Inpatient Services for	Newborn children	Individual, small group, large	431:10A-115
Maternity Care		group, HMO	432:1-602
			432D-23
Mental/Behavioral Health Outpatient	Mental illness, alcohol, and drug	Individual, small group, large	431M-4
Services	dependence	group, HMO	432D-23
Mental/Behavioral Health Inpatient	Mental illness, alcohol, and drug	Individual, small group, large	431M-4
Services	dependence	group, HMO	432D-23
Substance Abuse Disorder Outpatient	Mental illness, alcohol, and drug	Individual, small group, large	431M-4
Services	dependence	group, HMO	432D-23
			4520 25
Substance Abuse Disorder Inpatient	Mental illness, alcohol, and drug	Individual, small group, large	431M-4
Services	dependence	group, HMO	432D-23
Specialty Drugs	Chemotherapy services	Individual, small group, large	432:1-616
		group, HMO	
Preventive Care/Screening/Immunization	Mammography	Individual, small group, large	431:10A-116
		group, HMO	432:1-605
			432D-23
Preventive Care/Screening/Immunization	Contraceptive services	Individual, small group, large	431:10A-116.6
		group, HMO	431:10A-116.7
			432:1-604.5
			432D-23
Preventive Care/Screening/Immunization	Child health supervison service	Individual, small group, large	431:10A-115.5
		group, HMO	432:1-602.5
			432D-23
Preventive Care/Screening/Immunization	Colorectal screening	Individual, small group, large	431:10A-122

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Diabetes Care Management	Diabetes	Individual, small group, large	431:10A-121
		group, HMO	432:1-612
			432D-23
Inherited Metabolic Disorder - PKU	Medical foods and low protein	Individual, small group, large	431:10A-120
	modified food products	group, HMO	432:1-609
			432D-23
Prescription Drugs Other	Chemotherapy services	Individual, small group, large	432:1-616
	02 - 32	group, HMO	



CCIIO Home > Data Resources > Additional Information on Proposed State Essential Health Benefits Benchmark Plans

The Center for Consumer Information & Insurance Oversight

Additional Information on Proposed State Essential Health Benefits Benchmark Plans

Background

Beginning in 2014, the Affordable Care Act requires non-grand fathered health plans to cover essential health benefits (EHB), which include items and services in the following ten benefit categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care. The essential health benefits should be equal in scope to a typical employer health plan.

In the Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation Final Rule ("EHB Rule"), HHS defines EHB based on state-specific EHB-benchmark plans. This page contains information on EHB-benchmark plans for each of the 50 states, the District of Columbia (D.C.), and the U.S. territories. Two documents are provided for each EHB-benchmark plan in the 50 states, D.C. and Puerto Rico: (1) a summary of the plan's specific benefits and limits, and list of covered prescription drug categories and classes; and (2) state-required benefits.

The summaries of the covered benefits and limits, and lists of prescription drug categories and classes have been compiled based on the EHB-benchmark plan selection process described in 45 CFR 156.100 and 156.110. These summaries describe the EHB-benchmark plans that have been selected by states, as well as those that have been developed by HHS using the default benchmark plan selection process described in 45 CFR 156.100(c) and the supplementation methodology in 45 CFR 156.110.

Because EHB-benchmark plan benefits are based on 2012 plan designs, and include state-required benefits that were enacted before December 31, 2011, some of the benchmark plan summaries may not reflect requirements effective for plan years starting on or after January 1, 2014. Therefore, when designing plans that are substantially equal to the EHB-benchmark plan, beginning in 2014, issuers may need to conform plan benefits, including coverage and limitations, to comply with these requirements and limitations.

A list of each state's required benefits has also been compiled to help states and issuers determine the state-required benefits in excess of EHB. We consider state-required benefits (or mandates) to include only specific care, treatment, or services that a health plan must cover. We do not consider provider mandates, which require a health plan to reimburse specific health care professionals who render a covered service within their scope of practice, to be state-required benefits for purposes of EHB coverage. Similarly, we do not consider state-required benefits to include dependent mandates, which require a health plan to define dependents in a specific manner or to cover dependents under certain circumstances (e.g., newborn coverage, adopted children, domestic partners, and disabled children). Finally, we do not consider state anti-discrimination requirements, and state requirements relating to service delivery method (e.g., telemedicine) to be state-required benefits.

Guide to Reviewing Essential Health Benefits Benchmark Plans

Essential Health Benefits Benchmark Plans

Alabama | Alaska | American Samoa | Arizona | Arkansas | California | Colorado | Connecticut | Delaware | District of Columbia | Florida | Georgia| Guam |Hawaii | Idaho | Illinois | Indiana | Iowa | Kansas | Kentucky | Louisiana | Maine | Maryland | Massachusetts | Michigan | Minnesota | Mississippi | Missouri | Montana | Nebraska | Nevada | New Hampshire | New Jersey | New Mexico | New York | North Carolina | North Dakota |Northern Mariana Islands | Ohio | Oklahoma | Oregon | Pennsylvania | Puerto Rico | Rhode Island | South Carolina | South Dakota | Tennessee | Texas | Utah | Vermont | Virgin Islands| Virginia | Washington | West Virginia | Wisconsin | Wyoming |

Alabama

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB)

State-required benefits (PDF – 65 KB)

Alaska

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 446 KB)
- State-required benefits (PDF 78 KB)

American Samoa

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB)

Arizona

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 442 KB)
- State-required benefits (PDF 74 KB)

Arkansas

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 514 KB)
- State-required benefits (PDF 79 KB)

California

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 364 KB)
- State-required benefits (PDF 67 KB)

Colorado

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 306 KB)
- State-required benefits (PDF 74 KB)

Connecticut

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 250 KB)
- State-required benefits (PDF 77 KB)

Delaware

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 340 KB)
- State-required benefits (PDF 70 KB)

District of Columbia

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 226 KB)
- State-required benefits (PDF 68 KB)

Florida

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 397 KB)
- State-required benefits (PDF 73 KB)

Georgia

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 444 KB)
- State-required benefits (PDF 74 KB)

Guam

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB)

Hawaii

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 430 KB)
- State-required benefits (PDF 69 KB)

Idaho

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 341 KB)
- State-required benefits (PDF 63 KB)

Illinois

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 261 KB)
- State-required benefits (PDF 78 KB)

Indiana

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 482 KB)
- State-required benefits (PDF 72 KB)

lowa

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 448 KB)
- State-required benefits (PDF 71 KB)

Kansas

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 371 KB)
- State-required benefits (PDF 69 KB)

Kentucky

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 330 KB)
- State-required benefits (PDF 74 KB)

Louisiana

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 573 KB)
- State-required benefits (PDF 73 KB)

Maine

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 363 KB)
- State-required benefits (PDF 79 KB)

Maryland

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 387 KB)
- State-required benefits (PDF 86 KB)

Massachusetts

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 278 KB)
- State-required benefits (PDF 80 KB)

Michigan

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 310 KB)
- State-required benefits (PDF 68 KB)

Minnesota

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 314 KB)
- State-required benefits (PDF 89 KB)

Mississippi

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 376 KB)
- State-required benefits (PDF 69 KB)

Missouri

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 432 KB)
- State-required benefits (PDF 74 KB)

Montana

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 440 KB)
- State-required benefits (PDF 67 KB)

Nebraska

· Guide to reviewing EHB benchmark materials

- Summary of EHB benefits, limits, and prescription drug coverage (PDF 370 KB)
- State-required benefits (PDF 67 KB)

Nevada

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 555 KB)
- State-required benefits (PDF 74 KB)

New Hampshire

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 492 KB)
- State-required benefits (PDF 114 KB)

New Jersey

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 400 KB)
- State-required benefits (PDF 77 KB)

New Mexico

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 272 KB)
- State-required benefits (PDF 71 KB)

New York

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 364 KB)
- State-required benefits (PDF 90 KB)

North Carolina

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 341 KB)
- State-required benefits (PDF 72 KB)

North Dakota

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 378 KB)
- State-required benefits (PDF 69 KB)

Northern Mariana Islands

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage(PDF 333 KB)

Ohio

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 262 KB)
- State-required benefits (PDF 65 KB)

Oklahoma

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 275 KB)
- State-required benefits (PDF 77 KB)

Oregon

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 462 KB)
- State-required benefits (PDF 74 KB)

Pennsylvania

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 254 KB)
- State-required benefits (PDF 69 KB)

Puerto Rico

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB)
- State-required benefits(PDF 213 KB)

Rhode Island

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 357 KB)
- State-required benefits (PDF 78 KB)

South Carolina

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 374 KB)
- State-required benefits (PDF 69 KB)

South Dakota

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 261 KB)
- State-required benefits (PDF 66 KB)

Tennessee

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 590 KB)
- State-required benefits (PDF 68 KB)

Texas

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 274 KB)
- State-required benefits (PDF 80 KB)

Utah

· Guide to reviewing EHB benchmark materials

- Summary of EHB benefits, limits, and prescription drug coverage (PDF 476 KB)
- State-required benefits (PDF 64 KB)

Vermont

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 416 KB)
- State-required benefits (PDF 106 KB)

Virgin Islands

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB

Virginia

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 354 KB)
- State-required benefits (PDF 78 KB)

Washington

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 356 KB)
- State-required benefits (PDF 74 KB)

West Virginia

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 403 KB)
- State-required benefits (PDF 75 KB)

Wisconsin

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 372 KB)
- State-required benefits (PDF 81 KB)

Wyoming

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 391 KB)
- State-required benefits (PDF 71 KB)

Guide to Reviewing EHB Benchmark Plans

Printable version (PDF – 128 KB)

Essential health benefits (EHB)-benchmark plans are based on 2012 plan designs, and therefore do not necessarily reflect requirements effective for plan years beginning on or after January 1, 2014. Therefore, when designing plans that are substantially equal to the EHB-benchmark plan beginning January 1, 2014, issuers may need to design plan benefits, including coverage and limitations, to comply with these requirements and limitations, including but not limited to, the following:

Annual and Lifetime Dollar Limits

The EHB-benchmark plans displayed may include annual and/or lifetime dollar limits; however, in accordance with 45 CFR 147.126, these limits cannot be applied to the essential health benefits. Annual and lifetime dollar limits can be converted to actuarially equivalent treatment or service limits.

Excluded Benefits

Pursuant to 45 CFR 156.115, the following benefits are excluded from EHB even though an EHB-benchmark plan may cover them: routine non-pediatric dental services, routine non-pediatric eye exam services, long-term/custodial nursing home care benefits, and/or non-medically necessary orthodontia. Please also note that although the EHB-benchmark plan may cover abortion services, pursuant to section 1303(b)(1)(A) of the Affordable Care Act, a QHP issuer is not required to cover these services. Section 156.115(c) provides that no health plan is required to cover abortion services as part of the requirement to cover EHB. Nothing in this provision impedes an issuer's ability to choose to cover abortion services or limits a state's ability to either prohibit or require these services under state law.

Habilitative Services

If the EHB-benchmark plan does not cover any habilitative services and the state does not define those benefits, then pursuant to 45 CFR 156.115(a)(5), the issuer determines which habilitative services to offer as a part of a two year transitional policy.

Coverage Limits

Pursuant to 45 CFR 156.115(a)(2), with the exception of coverage for pediatric services, a plan may not exclude an enrollee from coverage in an entire EHB category, regardless of whether such limits exist in the EHB-benchmark plan. For example, a plan may not exclude dependent children from the category of maternity and newborn coverage.

State-Required Benefits

For purposes of determining EHB, we consider state-required benefits (or mandates) to include only requirements that a health plan cover specific care, treatment, or services. We do not consider provider mandates, which require a health plan to reimburse specific health care professionals who render a covered service within their scope of practice, to be state-required benefits for purposes of EHB coverage. Similarly, we do not consider state-required benefits to include dependent mandates, which require a health plan to define dependents in a specific manner or to cover dependents under certain circumstances (e.g., newborn coverage, adopted children, domestic partners, and disabled children). Finally, we do not consider state anti-discrimination requirements relating to service delivery method (e.g., telemedicine) as state-required benefits.

Mental Health Parity

The EHB-benchmark plans displayed may not comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). However, as described in 45 CFR 156.115(a)(3), EHB plans must comply with the standards implemented under MHPAEA.

EHB-Benchmark Plan Prescription Drugs by Category and Class

Please note that in some cases a category is listed without a United States Pharmacopeia (USP) class because there are some drugs within the category that have not been assigned to a specific class.

Please also note that where the EHB-benchmark plan does not include coverage in a USP category and/or class, pursuant to 45 CFR 156.122, one drug would have to be offered in that USP category and/or class.

In conjunction with the policy that plans must offer the greater of one drug in every USP category and class or the number of drugs in each USP category and class offered by the EHB-benchmark, HHS is considering developing a drug counting service to assist states and issuers with implementation of the proposed prescription drug policy, as described in the following methodology document:

• EHB Rx Crosswalk Methodology (PDF - 52 KB)

Preventive Services

The EHB-benchmark plans displayed may not offer the preventive services described in 45 CFR 147.130. However, as described in 45 CFR 156.115(a)(4), EHB plans must comply with that section.



A federal government website managed by the Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baltimore, MD 21244



Guide to Reviewing Essential Health Benefits Benchmark Plans

Essential health benefits (EHB)-benchmark plans are based on 2012 plan designs, and therefore do not necessarily reflect requirements effective for plan years beginning on or after January 1, 2014. Therefore, when designing plans that are substantially equal to the EHB-benchmark plan beginning January 1, 2014, issuers may need to design plan benefits, including coverage and limitations, to comply with these requirements and limitations, including but not limited to, the following:

Annual and Lifetime Dollar Limits

The EHB-benchmark plans displayed may include annual and/or lifetime dollar limits; however, in accordance with 45 CFR 147.126, these limits cannot be applied to the essential health benefits. Annual and lifetime dollar limits can be converted to actuarially equivalent treatment or service limits.

Excluded Benefits

Pursuant to 45 CFR 156.115, the following benefits are excluded from EHB even though an EHB-benchmark plan may cover them: routine non-pediatric dental services, routine non-pediatric eye exam services, long-term/custodial nursing home care benefits, and/or non-medically necessary orthodontia. Please also note that although the EHB-benchmark plan may cover abortion services, pursuant to section 1303(b)(1)(A) of the Affordable Care Act, a QHP issuer is not required to cover these services. Section 156.115(c) provides that no health plan is required to cover abortion services as part of the requirement to cover EHB. Nothing in this provision impedes an issuer's ability to choose to cover abortion services or limits a state's ability to either prohibit or require these services under state law.

Habilitative Services

If the EHB-benchmark plan does not cover any habilitative services and the state does not define those benefits, then pursuant to 45 CFR 156.115(a)(5), the issuer determines which habilitative services to offer as a part of a two year transitional policy.

Coverage Limits

Pursuant to 45 CFR 156.115(a)(2), with the exception of coverage for pediatric services, a plan may not exclude an enrollee from coverage in an entire EHB category, regardless of whether such limits exist in the EHB-benchmark plan. For example, a plan may not exclude dependent children from the category of maternity and newborn coverage.

State-Required Benefits

For purposes of determining EHB, we consider state-required benefits (or mandates) to include only requirements that a health plan cover specific care, treatment, or services. We do not consider provider mandates, which require a health plan to reimburse specific health care professionals who render a covered service within their scope of practice, to be state-required benefits for purposes of EHB coverage. Similarly, we do not consider state-required benefits to include dependent mandates, which require a health plan to define dependents in a specific manner or to cover dependents under certain circumstances (e.g., newborn coverage, adopted children, domestic partners, and disabled children). Finally, we do not consider state antidiscrimination requirements relating to service delivery method (e.g., telemedicine) as staterequired benefits.

Mental Health Parity

The EHB-benchmark plans displayed may not comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). However, as described in 45 CFR 156.115(a)(3), EHB plans must comply with the standards implemented under MHPAEA.

EHB-Benchmark Plan Prescription Drugs by Category and Class

Please note that in some cases a category is listed without a United States Pharmacopeia (USP) class because there are some drugs within the category that have not been assigned to a specific class.

Please also note that where the EHB-benchmark plan does not include coverage in a USP category and/or class, pursuant to 45 CFR 156.122, one drug would have to be offered in that USP category and/or class.

In conjunction with the policy that plans must offer the greater of one drug in every USP category and class or the number of drugs in each USP category and class offered by the EHBbenchmark, HHS is considering developing a drug counting service to assist states and issuers with implementation of the proposed prescription drug policy, as described in the following methodology document:

• EHB Rx Crosswalk Methodology (PDF - 52 KB)

Preventive Services

The EHB-benchmark plans displayed may not offer the preventive services described in 45 CFR 147.130. However, as described in 45 CFR 156.115(a)(4), EHB plans must comply with that section.

TO: COMMITTEE ON HEALTH The Honorable Della Au Belatti, Chair The Honorable Dee Morikawa, Vice Chair

> COMMITTEE ON CONSUMER PROTECTION & COMMERCE The Honorable Angus L.K. McKelvey, Chair The Honorable Derek S.K. Kawakami, Vice Chair

SUBJECT: SCR 35 SD1 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE INFERTILITY PROCEDURE COVERAGE.

Hearing:	Monday, April 14, 2014
Time:	8:30 a.m.
Place:	Conference Room 229

FROM: Pi`ilani Smith

Chairs, Vice Chairs, and committee members,

Mahalo for the opportunity to provide testimony on SCR 35 SD1, requesting a study by the legislative auditor. This testimony is **in strong support of SCR 35 SD1 with the following amendments** of additional clauses that will make the auditor's study most useful.

BE IT FURTHER RESOLVED that the Auditor is requested to include in the impact assessment report statutory compliance requirements regarding state mandated benefits across Essential Health Benefits Benchmark Plans;

BE IT FURTHER RESOLVED that the Auditor is requested to research the underwriting of the existing Hawaii IVF mandated Essential Health Benefit since its inception, with a look back of 27 years since the passage of the Hawaii IVF mandated benefit; and

BE IT FURTHER RESOLVED that the Auditor is requested to research the existence of at least two classes of employer health plan members paying a premium on the same health plan.

The reason why SCR 35 SD1 was drafted and introduced is because **the present Hawaii IVF mandated Essential Health Benefit is DISCRIMINATORY and NOT IN COMPLIANCE** with Federal law and has not been incompliance since 2010. This resolution with amendments stated above is critical to raising compliance issues regarding the Hawaii Essential Health Benefit Benchmark Plan, specifically ensuring that the IVF coverage benefit is in compliance with the law and administrative regulations and that quality health care is accessible to all equally diagnosed with infertility.

The audit of infertility procedure coverage is necessary and timely, specifically because **the present Hawaii In Vitro Fertilization (IVF) mandated benefit is a Hawaii Essential Health Benefit (EHB) being discriminatorily applied, creating at least two classes of members, and is not in compliance** with the following laws:

1. Affordable Care Act (ACA);

1

- a. 45 C.F.R. §156.125. Prohibition on discrimination
- b. 45 C.F.R. §156.200 (e). Non-discrimination
- 2. Public Health Service Act;
 - a. 42 U.S.C. §300gg. No lifetime or annual limits
- 3. Americans with Disabilities Act; and
 - a. 42 U.S.C. § 12102(2)(A): a physical or mental impairment that substantially limits one or more major life activities.
 - b. 29 C.F.R. §1630.2 (h)(1). Physical or mental impairment
- 4. American Indian Religious Freedom Act.
 - a. 42 U.S.C. §1996

With approximately 7.3 million women and their partners (husbands, wives and non-married partners) with a medical diagnosis of infertility, I am in good company with a class of people being discriminated against based on marital status. I was diagnosed with infertility and **denied infertility treatment of the IVF mandated Essential Health Benefit by HMSA because I was not married.** <u>I am a second</u> **class citizen by the State of Hawaii and a second and third class member by the Hawaii Health Plans** who for 27 years have been and continues to impose discriminatory requirements.

- The present Hawaii IVF mandated essential health benefit creates two classes of health plan members paying a premium on a health benefit that they do not qualify for because it is based on marital status with no rational explanation. What is the logic?
 - Marriage is not a requirement for having a medical condition of infertility.
 - Marriage is not a condition for treating a medically diagnosed condition such as infertility.
 - Why are employers paying an employers premium for employees benefits that the employee will not qualify for?
- Unmarried members diagnosed with infertility paying an employees share of an employer's health plan premium, are paying twice by paying a health plan premium. This class of members are not eligible for the IVF health plan benefit based on marital status and must pay out of pocket for infertility treatment, in order to receive services as opposed to married women who are eligible for the IVF health plan benefit covered by the same health plan.

- Only certain conditions of infertility are eligible for the IVF mandated essential health benefit, strictly discriminating against women diagnosed with infertility. Thus, further **creating a discriminatory third class health plan members diagnosed with infertility** who are:
 - Unmarried, single, never been married, divorced, widowed and partnered (with either an opposite or same sex partner) as well as married women unable to use their spouses sperm due to male factor; and
 - Diagnosed with uterine factor, tubal factor, male factor, ovulatory dysfunction and diminished ovarian reserve which conditions are not included in the health benefit coverage requirements.

Because of the discrimination that I experienced regarding IVF health benefit coverage, I have worked diligently this session to bring equality to all women regarding IVF health insurance coverage and compliance with the ACA, ADA and the American Indian Religious Freedom Act by:

- Authoring HB 2355 Relating to In Vitro Fertilization Health Insurance Coverage
- Authoring SB 2909 Relating to In Vitro Fertilization Health Insurance Coverage
- Authoring SCR 35 Requesting the auditor to assess the social and financial effects of requiring health insurers to provide infertility procedure coverage.

The impetus of SCR 35 is to address the outstanding issue before the legislature that the **present Hawaii IVF law is discriminatory and not in compliance with state and federal law**. Within the context of compliance is the concern of cost considerations, and whether the state must incur the costs on changes to the Essential Health Benefits (EHBs) and the states mandated benefits. The answer for the State of Hawaii is simply no.¹ The State of Hawaii doesn't have to defray the costs where:

- the Hawaii IVF mandated benefit is part of the state EHB benchmark plan and therefore is automatically included as one of the state's EHBs;
- the Hawaii IVF mandated benefit is one of the in the state's EHBs, and therefore the Hawaii IVF mandated benefit does not go beyond the EHB and thus is not a cost to the state; and
- IVF is a mandated benefit included in the EHB benchmark plan and thus is no cost to the state.

I ask this committee to take particular notice of the following amendment listed below that appear in SCR 35 SD1 proposed by Kaiser Permanente, all of which similarly have been previously analyzed by the State of Hawaii Department of Commerce and Consumer Affairs, Insurance Division – Analysis of Hawaii's Essential

¹ Center for Consumer Information and Insurance Oversight, *Essential Health Benefits Bulletin*, December 16, 2011.

Health Benefit Benchmark Plan Options published in September 19, 2012 and thus should deleted:

- Kaiser SCR 35 SD1 amendment <u>"Whether an expansion of infertility in vitro</u> fertilization procedures would constitute benefits that are in excess of the essential health benefits required for health insurance coverage under the federal Patient Protection and Affordable Care Act of 2010, thus requiring the State to defray such costs;"
 - Because IVF is a mandated benefit and included in the Hawaii benchmark plan, the ACA requires non-discriminatory compliance.² SCR35 SD 1 made reference to S.B. 2909 SD1 (2014) a measure that aims to bring the present discriminatory Hawaii IVF law into compliance. There is no excess of the EHBs, as the Hawaii EHBs specifically IVF is being discriminatorily applied.³ Therefore, any changes to the present Hawaii EHBs (such as IVF) are no cost to the State because IVF is a mandated benefit included in the benchmark plan of Essential Health Benefits as chosen by the Hawaii Health Plans themselves who included IVF in the benchmark plan.
 - The Hawaii Health Plans resist any changes to the existing IVF mandated Essential Health Benefits benchmark because they know they must incur the cost - a cost the Hawaii Health Plans never intended to incur because they intended on discriminatorily providing the IVF mandated Essential Health Benefit as they always have for the past 27 years. And despite the numerous federal laws that they are required to be incompliance with, the Hawaii Health Plans have blatantly neglected compliance for 4 years (since the passage of ACA in 2010), and continue to wrongfully profit from underwriting of IVF by its discriminatory policies and requirements such as marital status and limiting infertility conditions.

Kaiser Permanente further proposed the following amendment that should be likewise deleted as the question of age is prohibited by the ACA section 1001 (amendment to Public Health Service Act 2711, 42 U.S.C. §300gg-11).

• Amendment - <u>"Research on what is being used as the standard medical</u> definition of "reproductive age" that is best suited for in vitro fertilization procedures and the success rates for different age groups to determine

³ 45 C.F.R. §156.125, 45 C.F.R. §156.200 (e), 42 U.S.C. §300gg, 42 U.S.C. § 12102(2)(A), 29 C.F.R. §1630.2 (h)(1), 42 U.S.C. §1996

 ² State of Hawaii Department of Commerce and Consumer Affairs, Insurance Division
 - Analysis of Hawaii's Essential Health Benefit Benchmark Plan Options, September
 19, 2012

coverage benefit limitations for this covered benefit, including whether different standards of infertility treatments are applied to different age groups in need of infertility treatment;"

 Lifetime and annual limits for the EHB categories were restricted starting in plan years beginning on or after September 23, 2010 and are prohibited starting January 1, 2014.⁴

I have included in my testimony the State of Hawaii Department of Commerce and Consumer Affairs (DCCA), Insurance Division – Analysis of Hawaii's Essential Health Benefit Benchmark Plan Options published in September 19, 2012, which is the analysis by DCCA on Hawaii's EHB Benchmark Plan options, in which the IVF coverage benefit is a Hawaii Essential Health Benefit, which inclusion is agreed upon by the Hawaii Health Plans. The Hawaii Health Plans have been profiting from the IVF underwriting for 27 years, which doesn't afford all women the infertility health benefit because of marital status. The Health Plans are now prohibited by federal law from discriminating in the administration of health benefits defined in the Hawaii Essential Health Benefit Benchmark Plan and must incur the cost to bring their plans into compliance.

I ask your committees to pass SCR 35 SD1 with the amendments proposed in my testimony to bring light to and best inform this legislative body on issues of infertility.

⁴ ACA section 1001 (amendment to Public Health Service Act 2711, 42 U.S.C. §300gg-11)



SEPTEMBER 19, 2012

ANALYSIS OF HAWAI'I'S ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION





ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

- - - --

TABLE OF CONTENTS

6. Executive Summary
Key Findings
7. Introduction
8. Background
9. Methodology
 Identification of Options and Initial Comparison of Current Benefits
Categorized and Supplemented Benefits
Analysis for Benchmark Selection
10. Findings and Pricing Analysis
State Mandated Benefits
Relative Value of Benchmark Plan Options
Benefits Causing the Difference in Plan Values 19
14 Deline Considerations in Coloring a Department Disp
11. Policy Considerations in Selecting a Benchmark Plan
12. Existing Benefit Comparison Across Benchmark Plans
13. EHB Categories Across Benchmark Plans 43
14. List of Required Supplemented Benefits45
15. State Mandated Benefits Across Benchmark Plans
16. Supplemented Benefits Across Benchmark Plans53
17. Outlier Analysis

i

1

Executive Summary

The Affordable Care Act (ACA) requires all non-grandfathered health insurance plans offered in the small group and individual markets to cover all Essential Health Benefits (EHBs) beginning on January 1, 2014.^{1,2} The ACA defines EHBs to include the following ten broad categories of health benefits:

- 1. Ambulatory patient services;
- 2. Emergency services;
- 3. Hospitalization;
- 4. Maternity and newborn care;
- 5. Mental health and substance use disorder services, including behavioral health treatment;
- 6. Prescription drugs;
- 7. Rehabilitative and habilitative services and devices;
- 8. Laboratory services;
- 9. Preventive and wellness services and chronic disease management; and
- 10. Pediatric services, including oral and vision care.

EHBs define a standard set of services that must be covered by applicable plans without regard to cost sharing. Currently, health plans commonly have annual or lifetime limits on certain benefits. For instance, it is common to have an annual maximum for coverage of eyeglasses. EHBs may not be subject to annual or lifetime dollar limits and must not be discriminatory; they may include limits on the duration and scope of covered services. EHBs are the full package of covered benefits to which insurers will apply cost sharing requirements, resulting in levels of coverage (bronze/ silver/ gold/ platinum) and their accordant actuarial values (60/70/80/90) outlined in the ACA.

The ACA charges the Secretary of the U.S. Department of Health and Human Services (HHS) with further defining the EHBs, and instructs the Secretary to ensure that they are equal to the scope of benefits provided under a typical employer plan. In guidance provided by HHS, the approach outlined for 2014 and 2015 allows each state the flexibility to designate a benchmark

1

¹ ACA Section 2707(a); ACA Section 1302(a)

² Applies both inside and outside the Exchange. Self-insured employer plans, grandfathered plans and large group health plans are not required to offer EHBs. However, if they do provide any benefits that are EHBs, the ACA prohibits them from applying any annual or a lifetime dollar limit to those benefits. Additionally, these plans must phase out annual dollar limits for any EHB by 2014, with the exception of grandfathered individual health policies.

ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS

HAW AI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

plan to serve as the state's EHBs. States have a choice from among the following ten possible benchmark plans:

- The largest plan in any of the three largest small group products in the state by enrollment;
- The three largest state employee health plans by enrollment;
- The three largest FEHBP³ options by enrollment; or
- The largest HMO plan offered in the state's commercial market by enrollment.

Due to the same plan of benefits meeting more than one of these ten options, the State of Hawai'i has only seven unique options from which to select. The specific benchmark options for Hawai'i are:

- HMSA State Employees Health Plan Option
- FEHBP Blue Cross Blue Shield Standard Option
- FEHBP Blue Cross Blue Shield Basic Option
- FEHBP Government Employees Health Association Basic Plan Standard Option
- HMSA Small Group PPO Plan
- UHA 3000 Plan
- Kaiser HMO Plan

In designating a benchmark, the State is choosing an entire plan's benefit package from those listed above. To be clear, the State is choosing a market basket of services that will collectively be included in the EHB. The market basket of services will be based on the benefits that are offered in 2012 by one of the plans listed above. The State may not pick and choose the benefits to include, in essence customizing the package. If a benchmark plan does not contain all ten categories of benefits identified in the ACA, the state must supplement the benchmark by selecting the missing benefits from one or more of the other benchmark options for that state. Certain categories, such as habilitative care, may not currently be provided in any benchmark option. In those instances, HHS has outlined special rules for supplementing the benefits. Insurers may be able to substitute the benefits within the ten EHB categories, to the extent such substitutions are actuarially equivalent and consistent with state and federal law. It will be important to ensure that such substitutions are in compliance with the Hawai'i Prepaid Healthcare Act.

States may still mandate that specific benefits be covered in the individual and small group markets. However, states must pay for any mandates not defined as part of the EHB for Qualified Health Plans (QHPs). It is unclear whether this includes QHP enrollees outside of the Exchange, and HHS has not yet provided final guidance on this issue. Thus, by choosing a plan

³ Federal Employee Health Benefit Program which offers benefits to federal employees.

that covers all current mandates, the State would not have to make the choice between covering benefits with State funds and repealing mandates in the individual and small group markets.

Key Findings

The purpose of this report is to inform the State's selection of a benchmark plan for the EHB package by providing a comparison of each benchmark plan option. The analysis included a comprehensive review of the benchmark plan options in terms of benefits offered and cost differential between these plans, given the benefits provided. Since all QHPs (including plans in the individual market) will be required to offer the EHB starting in 2014, it will be important that the State consider the balance of benefits provided and affordability.

There are several criteria that the State could consider when selecting a benchmark plan for the EHB. They include, but are not limited to:

- 1. State Mandated Benefits
 - What, if any, State mandated benefits are not covered by each of the benchmark plan options?
 - What are the cost implications to the State if the selected EHB does not include all of the State mandated benefits?
- 2. Benefits Covered
 - Examine the individual benefits that are covered in one of the benchmark plan
 options but not another. We refer to these as "outlier benefits." It then becomes a
 policy decision as to which benefits might be more important to cover.
- 3. Market Disruption (Benefits)
 - What proportion of the market that would see some change in the benefits that would be covered?
- 4. Market Disruption (Cost)
 - Selecting a benchmark plan with a more expensive market basket of services would mean mandating a premium increase to those that currently have plans with a leaner market basket.
- 5. Consumer and Stakeholder Input
 - What is consumer and carrier preference for one benchmark option over another?
- 6. Ease of Administration by Carriers
 - Is the cost of administering the benefits for one benchmark option more costly than administering the benefits of another, which could impact premiums?

With these criteria in mind, the analysis performed resulted in the following findings for consideration:

 Each of the benchmark plan options cover all State mandated benefits with the exception of in-vitro fertilization (IVF). The FEHBP options do not provide coverage for IVF. If one of these plans were selected as the benchmark plan, the cost of IVF coverage would be required to be defrayed by the State for all individuals enrolled in a QHP. We estimate that ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS

HAWAI'I DEPARTMENT OF COMMERCE & CDNSUMER AFFAIRS, INSURANCE DIVISION

this could cost the State between \$4.00 and \$4.50 per month for each individual enrolled in a QHP.

- All of the benchmark plan options will need to be supplemented to provide coverage for habilitative services, pediatric vision and oral services. This will increase premiums in the individual and small group markets regardless of the plan selected as the benchmark plan.
- The state employee health plan does not provide coverage for prescription drugs within the base policy and would need to be supplemented to provide this coverage. There will be a significant increase in premium for those individuals and groups that do not elect to purchase prescription drug coverage today.
- Based on the relative value analysis performed, the Kaiser HMO benchmark plan option
 provides the leanest benefit package. This is driven by the fact that durable medical
 equipment is offered as an optional rider that is not currently selected by a majority of small
 groups. In addition, external prosthetic devices are not covered by Kaiser. If the Kaiser
 HMO plan was selected as the benchmark plan, these benefits would not be required to be
 covered in the individual and small group markets. These benefits are currently provided by
 all of the other benchmark plan options.
- Within the Hawai'i market, base policies are offered with optional riders for a number of services. Based on federal regulations pertaining to data collection to support standards related to essential health benefits published on July 20, 2012, the market basket of services within the benchmark options that are considered for the EHB may include "optional benefits available for an additional premium (often referred to as "riders")..., if those benefits are part of the most commonly purchased set of benefits within the product by enrollment.^{#4} For all benchmark plan options, except the FEHBP options and state employee plan option, prescription drug coverage is offered as an optional rider. Prescription drug coverage is included in the FEHBP plans as part of the base policy and is not offered under the state employee plan option. Since the most commonly purchased set of benefits in Hawai'i include drug coverage, prescription drug coverage that is most often selected will be included in the benchmark option.

⁴ http://www.gpo.gov/fdsys/pkg/FR-2012-07-20/pdf/2012-17831.pdf

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

2

Introduction

The Hawai'i Department of Commerce & Consumer Affairs (DCCA) engaged Oliver Wyman Actuarial Consulting, Inc. (Oliver Wyman) to assist the State of Hawai'i (the State) by estimating the relative value of the ten plans that could be selected as the benchmark plan for determining the Essential Health Benefits (EHBs) for Hawai'i. Consistent with Paragraph 24 of the General Conditions of the Contract for Professional Services, this report was prepared for the sole use by the State. All decisions in connection with the implementation or use of advice or recommendations contained in this report are the sole responsibility of the State. This report is not intended for general circulation or publication, nor is it to be used or distributed to others for any purpose other than those that may be set forth herein or in the definitive documentation pursuant to which this report has been issued. These estimates were based on regulations issued by the United States Department of Health and Human Services, several of which are still in draft form. Our work may not be used or relied upon by any other party or for any purpose other than for which they were issued by Oliver Wyman. Oliver Wyman is not responsible for the consequences of any unauthorized use.

All projections are based on the information and data available at a point in time, and the projections are not a guarantee of results which might be achieved. The projections are subject to unforeseen and random events and so must be interpreted as having a potentially wide range of variability. We have relied on a wide range of data for our analysis including, but not limited to, information received from commercial carriers offering coverage in the State and various State agencies. We have not independently audited this data, however we have reviewed it for reasonableness and asked clarifying questions where warranted.

Further, the estimates set forth in this report have been prepared before all regulations needed to implement the ACA have been issued, including clarifications and technical corrections, and without guidance on complex financial calculations that may be required. The State is responsible for all financial and design decisions regarding the ACA. Such decisions should be made only after the State's careful consideration of alternative future financial conditions and legislative scenarios, and not solely on the basis of the estimates illustrated within this report.

Finally, the State understands that Oliver Wyman is not engaged in the practice of law and this report, which may include commentary on legal issues and regulations, does not constitute, nor is it a substitute for legal advice. Accordingly, Oliver Wyman recommends that the State secures the advice of competent legal counsel with respect to any legal matters related to this report or otherwise.

5
14 X X X

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

This report is intended to be read and used as a whole and not in parts. Separation or alteration of any section or page from the main body of this report is expressly forbidden and invalidates this report.

There are no third party beneficiaries with respect to this report, and Oliver Wyman does not accept any liability to any third party. In particular, Oliver Wyman shall not have any liability to any third party in respect to the contents of this report or any actions taken or decisions made as a consequence of the results, advice, or recommendations set forth herein.

The information contained in this document and in any of the attachments is not intended by Oliver Wyman to be used, nor can it be used, for the purpose of avoiding penalties under the Internal Revenue Code or imposed by any legislative body on the taxpayer or plan sponsor.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Background

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, collectively referred to as the Affordable Care Act (ACA), requires significant changes in how health insurance is purchased, sold and regulated in the states. Among other things, the ACA creates new standards for health benefit plans offered to individuals and small groups, including requirements that all such plans offer a comprehensive package of EHBs.

Beginning on January 1, 2014, the ACA requires all non-grandfathered plans offered in the small group and individual markets to cover all EHBs.^{5,6}

The ACA defines EHBs to include ten broad categories of health benefits. These are:

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services, including behavioral health treatment;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services and chronic disease management; and
- Pediatric services, including oral and vision care.

The ACA charges the Secretary of the U.S. Department of Health and Human Services (HHS) with further defining the EHBs, and instructs the Secretary to ensure that they are equal to the scope of benefits provided under a typical employer plan.⁷

⁵ ACA Section 2707(a); ACA Section 1302(a)

⁶ This applies both in and out of the Exchange. Self-insured employer plans, grandfathered plans and large group health plans are not required to offer EHBs. However, if they do provide any benefits that are EHBs, the ACA prohibits them from applying any annual or a lifetime dollar limit to those benefits. Additionally, these plans must phase out annual dollar limits for any EHB by 2014, with the exception of grandfathered individual health policies.

⁷ ACA Section 1302(b)(1) and (2)

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

EHBs define a standard set of services that must be covered by applicable plans without regard to cost sharing provisions. While EHBs may include limits on the duration and scope of covered services, they may not include annual or lifetime dollar limits and must not be discriminatory.⁸ The ACA separately regulates cost sharing requirements, including limits on cost sharing and mandates regarding levels of coverage. EHBs are the full package of coverage benefits to which insurers will apply cost sharing requirements, resulting in levels of coverage (bronze/ silver/ gold/ platinum) and their corresponding actuarial values (60/70/80/90), as outlined in the ACA.

States may still mandate that specific benefits be covered in the individual and small group markets. However, the cost of any mandates not defined as part of the EHB must be covered by the State, for Qualified Health Plans (QHPs). It is unclear whether this includes individuals enrolled in QHPs outside of the Exchange, and HHS has not provided final guidance on this issue.

On December 16, 2011, HHS issued an EHB Bulletin, outlining an approach for defining EHB packages in plan years 2014 and 2015, and taking into account the need to "balance comprehensiveness, affordability, and state flexibility and to reflect public input received to date."⁹ The Bulletin notes that HHS "intends to assess the benchmark process for the year 2016 and beyond based on evaluation and feedback." Therefore, it is unknown at this time what the EHB package might look like in 2016 and beyond.

In the approach outlined for 2014 and 2015, HHS allows each state the flexibility to designate a benchmark plan to serve as the state's EHB. States have a choice from among the following ten possible benchmark plans:

- The largest plan in any of the three largest small group products in the state by enrollment;
- The three largest state employee health plans by enrollment;
- The three largest FEHBP options by enrollment; or
- The largest HMO plan offered in the state's commercial market by enrollment.

If the benchmark plan does not contain all ten categories of benefits identified in the ACA, the state must supplement the benchmark by selecting the missing benefits from one or more of the other benchmark options for that state. Certain categories, such as habilitative care, may not be provided in any benchmark plan option. In those instances, HHS has outlined special rules for supplementing the benefits. In the Hawai'i market, prescription drug coverage is provided as an optional rider. While a majority of small groups purchase prescription drug coverage, individual

⁸ Lifetime and annual limits for the EHB categories were restricted starting in plan years beginning on or after September 23, 2010 and are prohibited starting January 1, 2014; ACA Section 1001 (amendment to Public Health Service Act

²⁷¹¹⁾

⁹ http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

and groups that currently do not select prescription drug coverage will realize a significant increase in premium in 2014.

The benchmark health plan option selected will define the market basket of services that will collectively be included in the EHB. States must select a benchmark health plan "in the third quarter of 2012" to establish EHBs for benefit years beginning in 2014 or 2015. If a state does not select a benchmark plan, HHS will designate the small group plan with the largest enrollment as the benchmark, referred to in this report as the "default benchmark plan." In Hawai'i, this would be the HMSA Preferred Provider Plan 2010. Supplemental benefits for the default benchmark plan will be determined by a process dictated by federal guidance that looks first to the second-largest small group market benchmark plan, then to the third and then, if none of the small group plans offer benefits in a missing category, to the FEHBP benchmark plan with the highest enrollment.

HHS has also provided guidance that a state may allow insurers to further modify the benefits offered by the chosen (or default) benchmark plan, as supplemented, to the extent such substitution is otherwise consistent with state and federal law. Health insurers must cover "benefits that are 'substantially equal' to the benefits of the benchmark plan selected by a state and modified as necessary to reflect the ten coverage categories,"¹⁰ however, insurers have "some flexibility to adjust benefits, including both the specific services covered and any quantitative limits provided they continue to offer coverage for all ten statutory EHB categories." Substituted services within each of the ten statutory categories must be actuarially equivalent. If the State allows insurer to make such substitutions, it will be important to verify that such changes are in compliance with the Hawai'i Prepaid Healthcare Act. Plans would also be permitted to impose non-dollar limits (e.g. day or visit limits), consistent with other guidance, that

are at least actuarially equivalent to the annual dollar limits. It is important to note, however, that if carriers are permitted to make actuarially-equivalent substitutions within each of the ten EHB categories, the choice of a benchmark plan option will not necessarily determine which specific benefits will be covered by a specific plan, but rather the value of the total package of benefits covered.

If the State allows carriers the flexibility to make actuarially equivalent benefit substitutions, it will be important to verify that such changes comply with the Hawai'i Prepaid Healthcare Act.

Therefore, the three-step process outlined by HHS can be summarized as follows:

- Select a benchmark plan from one of the plans eligible in the State or default to the largest small group plan.
- Supplement the benchmark plan selected to ensure it includes all of the required essential health benefits.
- 3. Adjust the services covered and benefit limits on an actuarially equivalent basis.

¹⁰ http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf, Page 12

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

The first two items above are decisions to be made by the State. The third item reflects decisions made by insurers with State oversight, if the State decides to make this option available to them.

HAW AI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

4

Methodology Identification of Options and Initial Comparison of Current Benefits

Federal guidance provides Hawai'i the option to select one of ten plans as a benchmark plan for 2014 and 2015. The market basket of services within one of these plans will be collectively selected as the EHB. States may select from the three largest state employee health plans by

enrollment. For Hawai'i, two of the options are HMSA plans (562 PPP and 620 PPP) and the benefits covered under both plans are the same. The other state employee plan option is the Kaiser HMO plan. The Kaiser state employee HMO plan is identical to one of the top three small group plans and the largest HMO plan in Hawai'i.

Hawai'i has only seven unique options from which to select a benchmark plan.

Since only the covered benefits are used to determine the EHB package, Hawai'i has only seven total unique options rather than ten.

Category of Eligible Plan	Hawai'i Plan Options
SECULATION ADDITIONS	Azfeli Peli D. Seitoperizie Affin dene Guiennavauzir zoardzeite Guienzeiteren john Guienzeiteren john
· · ·	
STANI, C. DUN HAWERLE, ALMA	Studit Courte definition and 1976 Chillen Small Smalt Onten 2 AlkerSCOC Chiles Symptosizern South Science (1918)

The following table summarizes the ten options Hawai'i has to select from.

*These plan options are the same plan.

Benefit booklets for each of the benchmark plan options were provided to Oliver Wyman. The benefits were summarized and compared across all plans. The language used in the benefit booklets is not standardized across insurers and, in certain circumstances, is open to interpretation. Thus, the comparison occasionally required interpretation based on our experience of industry practices, particularly in instances where benefits were not specifically listed in the booklets as either a covered or excluded benefit.

Because the guidance provided by HHS indicates that the benchmark plan will reflect both the benefits that are covered as well as any limits on duration or scope of those benefits, the comparison analysis included any applicable limits. While annual or lifetime dollar limits are not permitted for EHBs under the ACA, the actuarial equivalent of such limitations would apply. Cost sharing, restrictions on provider networks, and formularies were not considered since these are not part of the EHB definition.

In an effort to increase accuracy, the full comparisons were provided to the insurers offering each of the plans eligible for benchmark status, with the exception of the FEHBP plans. These entities were asked to review the determinations and provide a revised copy of the summaries making any necessary corrections. A response to this request for verification was received from the three largest small group plans and the state employee plan, and their comments were incorporated within the analysis. A summary of the comparison of current benefits is included in Appendix A. It is important to note that the benefits shown in Appendix A reflect the benefit plan most commonly provided by each carrier. This includes prescription drug coverage, which is offered as an optional rider by all benchmark options, except for the FEHBP plans for which prescription drug coverage is part of the plan or the state employee plan for which prescription drug coverage is not provided.

Categorized and Supplemented Benefits

The benefits grid was then examined to determine whether all of the services described in the ten broad EHB categories were covered in the benchmark plan options. As anticipated, all of the plans contain most of the services required. However, as the HHS EHB Bulletin anticipates, most plans do not cover habilitative services or pediatric oral and vision services. Appendix B includes a summary of the essential health benefit categories that are currently covered by each benchmark plan option.

The ACA requires that certain prescribed benefits be included as part of the EHB package for all plans. Therefore, in developing a set of benefits that would represent the EHB package if each plan were selected as the benchmark, each plan was supplemented to ensure it contained the following:

- Women's wellness benefits;
- A and B recommendations from the U.S. Preventive Services Task Force (USPSTF);
- Benefits included in the Bright Futures/American Academy of Pediatrics guidelines;

- Habilitative services;
- Pediatric oral and vision services; and
- Parity requirements in MHPAEA¹¹

Appendix C contains a detailed list of the required supplemental benefits for women's wellness benefits, A and B recommendations from the USPSTF, and benefits recommended by the Bright Future/American Academy of Pediatrics guidelines.

Detailed regulations have not yet been promulgated by HHS specifying final rules for supplementing benefits. Additionally, the EHB builterin is not detailed enough to know with certainty how benefits must be supplemented. For this analysis, it was assumed that MHPAEA parity requirements will not permit limits to be applied to non-biologically based mental illnesses. Such limits are common in the benchmark plan options. HHS guidance provides various options to states when supplementing benchmark options for habilitative and pediatric oral and vision services.

Habilitative Services

The EHB Bulletin indicates that HHS is considering the following two options for supplementing habilitative services when not included in the selected benchmark or any other benchmark options:

- A carrier would be required to offer the same services for habilitative needs as it offers for rehabilitative needs and offer them at parity.
- 2. A carrier would decide which habilitative services to cover and report the coverage to HHS; then HHS would evaluate and further define habilitative services in the future.

Under either approach, a plan would be required to offer at least some habilitative benefits. If HHS and future rules allow plans to determine their own habilitative benefit and then report to HHS, the State should consider establishing parameters regarding minimum services or further define "habilitative," thereby ensuring that all habilitative service packages being reported to HHS remain representative of the benefits as defined by the State.

For this analysis, it was assumed that habilitative services would be offered at parity with rehabilitative services, and that the definition of these services would be consistent with the definitions currently used in the commercial market. Specifically, these definitions focus on creating skills and functions, rather than "keeping" or "maintaining" function.

¹¹ Mental Health Parity and Addiction Equity Act of 2008 requires certain plans to provide benefits, including cost sharing and treatment limits, for mental health and substance use disorder that are no more restrictive than the medical and surgical benefits of the plan.

Pediatric Dental Services

The general absence of pediatric¹² dental services beyond screening and medically related dental repair in most benchmark plan options means that the State will likely need to supplement the benchmark plan. For pediatric dental services, the EHB Bulletin requires the State to supplement benefits from either of the following options:

- The Federal Employees Dental and Vision Insurance Program (FEDVIP) dental plan with the largest national enrollment.
- 2. The State's CHIP program

In supplementing benchmark plans for pediatric oral services, this analysis used the estimated costs that are equivalent to the State Child Health Insurance Program (CHIP) program, as published by the National Association of Dental Plans (NADP).¹³ The CHIP plan includes preventive and basic dental services as well as advanced dental services. The analysis used the CHIP plan that does not include orthodontia.

Pediatric Vision Services

Plans that do not contain pediatric vision services must be supplemented with benefits covered by the FEDVIP vision plan with the largest enrollment. HHS guidance indicates that the FEDVIP vision plan with the highest enrollment in 2010 covers routine eye exams with refraction, corrective lenses, frames and contact lenses.¹⁴ Further, the 2012 FEDVIP vision plans include both service and dollar limits in its coverage. As an example, the FEDVIP BlueVision plan covers one set of contact lenses per year, up to \$130.¹⁵ This combination of both a limit on the frequency with which vision hardware may be replaced, and a dollar limit on the cost of the hardware, could be considered to effectively create an overall annual dollar limit on the vision hardware benefit that is prohibited by the ACA. For this analysis, an assumption was made that a scheduled dollar allowance per set of vision hardware may be replaced are lifted. The resulting benefit becomes a benefit with a scheduled allowance per service. It is important to note that a scheduled dollar allowance per service with no limitation on the number of services differs from the prohibition on annual dollar limits.

This benchmark option comparison analysis is not impacted by which habilitative services or pediatric oral and vision option is used for supplementing the benchmark package since any

¹² At present, there is no guidance in the ACA, the Final Rule, the Bulletin or FAQs defining the term "pediatric."

¹³ National Association of Dental Plans. "Offering Dental Benefits in Health Exchanges: A Roadmap for Federal and State Policymakers." September 2011

¹⁴ http://cciio.cms.gov/resources/files/Files2/12162011/essential health benefits_bulletin.pdf

¹⁵ http://cvw1.davisvision.com/forms/StaticFiles/English/FEP2012BenefitSummary.pdf

plan selected as the benchmark would be required to cover these benefits, the additional cost added to each plan is the same.

Hawai'i Mandated Benefit Comparison

Hawai'i law requires certain benefits to be covered by each individual or small group plan offered in the State. Appendix D contains a comparison of the State mandated benefits currently covered by each of the benchmark plan options. The list of mandated benefits was provided by the Hawai'i DCCA Insurance Division and was limited to mandates on covered services, as opposed to requirements related to administration of the plan. All of the benchmark plan options were found to cover every State mandated service, with the exception that in-vitro fertilization (IVF) is not covered by the FEHBP plans. Therefore, if the State selected one of the FEHBP plans as its benchmark plan, IVF would not be included in the EHB and the State would be required to cover the cost of the IVF services for anyone enrolled in a QHP.

For the purposes of this analysis, each of the benchmark plan options was supplemented, resulting in a complete set of benefits that would be required to be covered in the EHB. Should one of the FEHBP benefit packages be selected as the State's EHB IVF would not be included in the EHB. However, IVF would continue to be required to be covered as a mandated benefit, unless repealed by the State, and the cost of IVF coverage would be required to be defrayed by the State for all individuals enrolled in a QHP. We estimate that this could cost the State between \$4.00 and \$4.50 per month for each individual enrolled in a QHP.. A comparison of these supplemented plans is provided in Appendix E.

Analysis for Benchmark Selection

Using the supplemented benefit packages described above and shown in Appendix E, outlier benefits were identified. Outlier benefits are defined as those where the benefits after supplementation differ among the benchmark plan options. Benefits could be considered outliers because they are covered by one plan but not covered by another. Benefits that are covered by all benchmark plan options could be considered outliers if differences in the level of coverage varies among plans (e.g., number of home health visits covered per year). Benefits that are not outliers – those that are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans. Since benefits not flagged as outliers are common to all benchmark plans of each variation of the benefit was performed separately to determine the estimated cost of the benefit for each benchmark plan option. A comparison of the outlier benefits is provided in Appendix F.

The sum of the common benefit claim cost and the outlier claim cost specific to each plan determined the estimated claim cost for each plan. A relative claim cost was then developed for each plan. The largest small group plan benefit package (HMSA PPO) was selected as a reference benefit package and the cost of each benchmark benefit package was compared to the cost of the reference plan benefit package to determine the relative value. The relative cost compared the total cost of the benefits covered in each benefit package, but did not consider

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

any cost sharing required under the current benchmark plan options, as cost sharing is not part of the EHB package.

Analysis was based largely on Oliver Wyman's internal pricing model.¹⁶ For benefits that are not commonly covered in today's commercial market, therefore limiting the available data, analysis of publicly available studies was used to supplement the analysis. For plans that contain benefits which currently have annual dollar limits applied, it was assumed those limits apply in our analysis. However, should a plan with any of these limits be selected as the benchmark plan, the annual dollar limit will need to be removed and an actuarially equivalent benefit included. This substitution would have no impact on the overall relative cost between the plans.

¹⁶ Oliver Wyman's commercial pricing model is a service based model used to determine utilization and cost per service estimates for a wide range of medical and prescription drug services typically covered in comprehensive major medical policies sold to groups and individuals under age 65. The model is based on over \$150 billion in allowed claims from over 38 million members, and allows for the development of actuarial estimates of the value of various types of benefits including annual limits as well as cost sharing features including deductibles, coinsurance, copayments, and out-of-pocket maximums.

5

Findings and Pricing Analysis

Several analyses were undertaken to compare Hawai'i's benchmark plan options. These analyses include:

- 1. Coverage of State mandated benefits
- 2. Relative cost of benefits covered under the benchmark plan options
- 3. Benefit variations and outliers across benchmark options

The findings from each of these analyses show variations exist among the benchmark plan options. The detailed findings across each of these analyses are discussed below.

State Mandated Benefits

As previously discussed, under the ACA, states are responsible for the cost of state mandated benefits that are not included in the EHB package for those individuals enrolled in a QHP. Benefit mandates under Hawai'i law currently apply to all of the small group and HMO benchmark options. While mandates in insurance laws generally do not apply to the state employees plan, the state employees plan does contain all mandated benefits in Hawai'i. Thus, selecting a small group, HMO or state employees plan as the benchmark would include the State mandated services in the EHB package with no costs to the State.

In today's market, FEHBP plans are not required to provide coverage for state mandates. The only Hawai'i state mandated benefit that is not covered by the FEHBP plans is coverage for IVF. Hawai'i mandates that a one-time only benefit for all outpatient expenses arising from IVF procedures performed on the insured be provided.¹⁷ Therefore, if one of the FEHBP options

were selected as the benchmark plan, these benefits would be required to be covered in the individual and small group markets pursuant to Hawai'i law. However, they would not be part of the EHB package and as a result the cost would be borne by the State for all individuals enrolled in a QHP. However, it is unclear whether Hawai'i would have to pay the cost for only those QHP enrollees who purchase coverage in the Exchange, or for all QHP enrollees both inside and outside the Exchange. HHS has not provided final quidance related to this issue.

The State would be required to cover the cost of IVF services if one of the FEHBP plans were selected as the benchmark plan. Oliver Wyman estimates this could cost the State between \$4.00 and \$4.50 per member per month for each individual enrolled in a QHP.

¹⁷ Sections 431 :10A-16.5, 432 :1-604 and 432D-23 of the Hawaii Revised Statutes

A complete analysis of the cost to the State of Hawai'i associated with covering this mandate is outside the scope of this report and would require additional data to be collected from carriers in the State, as well as the FEHBP program, to ensure all details of the benefit provisions have been interpreted correctly. Claims experience on the actual cost of providing this benefit in Hawai'i would also need to be gathered. However, based on our research and the level of benefit information we do have available to us, we estimate that the cost to the State of covering this benefit could be between \$4.00 and \$4.50 per member per month, or approximately 1.25% of claims, for each individual enrolled in a QHP.

Alternatively, the State could repeal the mandate, in which case selecting an FEHBP plan as the benchmark option would result in no additional cost to the State.

Relative Value of Benchmark Plan Options

A holistic pricing analysis was performed to compare the relative cost, and the rough impact on premiums, of selecting one benchmark benefit plan options over another. Small group option 1 (HMSA PPO) was selected as a reference benefit plan given it is the default option if the State does not proactively select a benchmark plan. Actuarial analysis was then performed to estimate the relative allowed cost of the covered benefits in each plan, once supplemented as previously described.

It is important to note that this analysis does not reflect the impact on current premiums, as such an analysis would require a complete review of all plans currently offered in the market, including an analysis of the underlying costs of each plan.

The results of this relative value analysis are shown graphically on the following page. The graph shows the point estimate of the relative value as well as a +/- 1% margin around the point

estimate. This is interded to depict the uncertain nature of the estimates, given a complete review of provider costs and utilization levels in the Hawai'i market was not performed. In addition, different insurers may assign different values to the benefits than are included in our estimates. The value of the plans does not reflect any difference in costs by insurer. Rather, it only is intended to show the estimated difference in the value of benefits, assuming all else, such as rietwork, provider contracts, and utilization management, is equal.

The relative values shown for each plan do not reflect anticipated differences in premiums by insurer, but rather differences in the value of the benefit packages offered by each.



The graph shows that the seven benchmark plan options that are specific to Hawai'i are similar in their relative value in aggregate, however the differences are not insignificant. The relative value analysis incorporates the supplemental benefits that must be offered as a result of ACA. Consequently this supplementation eliminates any differences in relative value as a result of needing to add coverage for habilitative services, for example. It is not our intention to discount the potential cost impact of being required to add additional services to QHPs, but to aid the State in choosing the benchmark plan for the EHB. Any benchmark plan that is chosen will need to be supplemented and thus the supplementation will have no relative value impact across plans.

Benefits Causing the Difference in Plan Values

It is important to understand which benefits are causing differences in the relative values shown. First, as previously discussed, if a benchmark plan is chosen that does not include Hawai'i mandated benefits, then Hawai'i will have to pay the cost of these additional benefits for QHP enrollees, unless the mandated benefits are repealed prior to 2014. Second, if policymakers

prefer that certain benefits are included for medical efficacy or social reasons, then it is important to know which benefits cause the difference in values. If final rules allow insurers to substitute benefits, however, then this second consideration may become less important.

Below we highlight the differences for each plan relative to the HMSA small group PPO plan.

State Employee Benefit Package Options

As discussed earlier, two of the three largest State employee plans are administered by HMSA (EUTF plans). Both of these plans have the same covered benefits and only differ in member cost sharing. The third largest State employee plan is the Kaiser HMO plan, which will be discussed in more detail later in this section.

The HMSA State employee benefit package and the HMSA PPO benefit package are very similar in all of the benefits provided. The only difference is that the HMSA State employee plans provide coverage for routine vision exams, whereas the HMSA PPO does not provide coverage for this benefit. We estimate the relative value of offering routine vision exams to be less than one percentage point.

FEHBP Benefit Package Options

While the relative value in benefits between these plans and the HMSA small group PPO plan are relatively small, there are several differences in the benefits that are noteworthy. First, the FEHBP plans do not cover IVF which is a State mandated benefit. As previously discussed, if one of the FEHBP benefit packages are selected as the benchmark plan, IVF would not be included in the EHB. However, unless repealed, it would be required to be covered as it is a mandated benefit, and the cost would be borne by the State for individuals enrolled in a QHP. It is estimated that coverage for IVF accounts for roughly 1.25 points of the relative value between plans. Second, none of the FEHBP plans provide coverage for genetic screening, genetic testing, or vision hardware. In the event one of the FEHBP plans were selected as the benchmark plan, these benefits would not be included in the EHB and would not need to be offered by QHPs.

In contrast, the FEHBP plans provide coverage for chiropractic services, acupuncture, and routine adult dental care, whereas the HMSA PPO plan does not provide coverage for these services.

The relative value difference in benefits between the FEHBP Basic plan and the other two FEHBP plans is due to the presence of a comprehensive dental plan. While all three FEHBP plans cover some dental services, the Basic Option has fewer services subject to a scheduled allowance. Since cost sharing is not part of the analysis, the benefit is estimated to have a relatively high value.

UHA 3000 PPO

The relative value of benefits for the UHA 3000 PPO plan is slightly lower than the HMSA small group PPO plan as a result of not providing vision hardware benefits and considerably leaner benefits for physical and occupational therapy services. However, the UHA 3000 PPO plan does provide coverage for chiropractic and acupuncture services, whereas the HMSA small group PPO plan does not. The net impact of these differences in benefits is that the UHA 3000 PPO benefit package relative value is estimated to be one percent lower than that for the HMSA PPO benefit package.

Kaiser HMO

As mentioned previously, the Kaiser HMO plan represents one of the three largest small group plans, the largest HMO plan, and also one of the three largest State employee plans. As you will notice, the benefit package relative value point estimate for Kaiser is 0.97, or three points lower than the HMSA small group PPO benefit package. This difference is driven by the fact that durable medical equipment (DME), external prosthetics, vision hardware, and hearing aid benefits that are provided by the HMSA small group PPO plan and are not provided by the Kaiser HMO plan. We looked into these benefit differences in more detail as it is unusual for a comprehensive benefit plan not to provide coverage for DME and prosthetics. Through discussions with Kaiser, it is our understanding DME services are provided to individuals and small groups as an optional rider, but is not one of the most commonly chosen benefits by members and therefore would not be included in the benchmark plan.

In the event the Kaiser HMO plan is chosen as the EHB, neither DME nor prosthetic devices will be required to be offered by QHPs.

In the following table we provide a high level comparison of the benefit differences between each of the benchmark plans. A more detailed comparison is provided in Appendix F.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	Small Group Option 1	Smali Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Chail Designation							
						in the second	
gravite asegut							
Central Surgeon Canal Association			an a				
			.			n sen dige sen di <u>Prise</u> dige sen di Reserves dige sen dige	
(Status - Inis Custous - 25000) Present group							
aireath Standalachanan Sta Raise							
						55046.88	
Tuberstead						ingen og Handelander Gestaar og stater op stater	
Marita Bilajada Pirasia Gunasari mjarasi gastar Marisari gangangangang							

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
gije (Solovi Solo S Glanda governi Governi Teori S							
ažlene i sin strana Žubije state od strana se slav Takao							
Stanlestofones en estas Mei					an a	alabum santi sina s Man Basa Santa sa Man Santa Santa sa	an a
And the second states of							
Manuel Advisor Marsh					Central de Contral de Contral de Contral de C		
ampan setteration		2 A 4	974- July 1		27 A.		
Societische Antoi (Celiceo) Wold Synthesize Alle Antoine A	n fangar Gestinnen Gestinnen Gestinnen Ge	an a	n an an Arian Maria an Arian Maria an Arian an Arian		an airte an Air Airte an Airte		

Key:

[empty]= Not Covered

X= Covered and coverage is the same across plans X^* = Covered with lesser coverage versus other plans

X**= Covered with average coverage versus other plans

X***= Covered with more coverage versus other plans

OLIVER WYMAN

6

Policy Considerations in Selecting a Benchmark Plan

Although HHS has not provided a specific list of criteria to be used in selecting the benchmark plan, there are several considerations that could influence the State's choice of a benchmark plan. Several of these items are discussed in more detail below.

State Mandated Benefits

Any state mandated benefits that are not covered by the plan selected as the benchmark must be added to the benchmark benefits and the State must cover the cost of the mandated benefits added for any individual enrolled in a QHP. This assumes the State would not repeal the mandated benefit. The only Hawai'i State mandated benefit that isn't covered by every benchmark plan is IVF, which isn't covered by the FEHBP plans.

Small Group Market Disruption

The State should also consider the market disruption that may be caused by each of the benchmark options. Market disruption can be defined by covered benefits or additional cost. States must consider what benefits will be foregone or added and how these benefits impact the current individual and small group markets. Each benchmark plan option represents a market basket of services that would be required to be covered if selected as the benchmark. If the market basket included in one benchmark is more expensive than another, selecting the plan with the more expensive market basket would mean mandating a premium increase to individuals that currently have plans with a leaner market basket.

Individual Market Disruption

Additionally, since the benchmark selected would also impact the individual market, some states have also performed a detailed analysis of the most common plans in the individual market to gauge the disruption that will occur. In Hawai'i, individual benefit plans are required to provide coverage for State mandated benefits, which will help limit market disruption in the individual market.

Specific Benefits Covered

Specific benefits that are covered in one benchmark plan option but not another can also be considered. We refer to these as "outlier benefits." It then becomes a policy decision as to which benefits might be more important to cover (e.g., private duty nursing vs. wigs for chemotherapy patients). By examining the outlier benefits the State can be sure that the plan selected as the benchmark ensures medical efficacy and coverage of treatments that adequately prevent, ameliorate or cure conditions and diseases as effectively as possible.

Affordability

Given the benchmark plan will serve as a basis for defining the EHB package for Hawai'i, it essentially places a floor on the services that must be covered. While selecting a benchmark option with more comprehensive services may provide broader coverage, it comes with a cost. While selecting the HMSA PPO plan may result in the least amount of disruption in the current small group market, it is also the most expensive of the three largest small group plans and would result in higher premiums as compared to selecting the UHA 3000 or Kaiser HMO plan.

Consumer and Stakeholder Input

The State may wish to seek the input of consumers and other stakeholders. Some states have held consumer focus groups and/or public meetings to gather input and feedback related to the benchmark options available. Other states have solicited comments and feedback via other means, such as mail or email.

Ease of Administration by Carriers

Administration of benefits can vary based on the type of benefit. Selecting a benefit package that requires more manual administration of benefits could lead to higher administrative expenses and in turn higher premiums.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Appendix A

Existing Benefit Comparison Across Benchmark Plans

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FFHBP Option 1	FEHBP Option 2	FEHBP Option 3
<u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	nininistrationa L	Investore.	nie weinen der Stander von der Stander von der Stander von der						
aller Aller Anna Anna e Anna	alf.		Man-Scott parts					Ч н и - 1	4 4 - 26
									lon och och som som Gelene som som som
al albado de Male Sante Cho						and the letter of the letter o		.E. (.). (. 2]	
ระกันเหตุรวันธุร	949.		- 19-11 - 1. j.	1894 (Ge					A STREET, STREET, ST
$\begin{split} & \tilde{\Lambda}_{1}^{(n)}(\tilde{\mathbf{u}})\tilde{\mathbf{u}}_{1}^{(n)} \in \tilde{\Lambda}_{1}^{(n)}(\tilde{\mathbf{u}})^{(n)} \in [n]^{(n)}, \\ & \tilde{\mu}_{1}^{(n)}(\tilde{\mathbf{u}})^{(n)}(\tilde{\mathbf{u}})^{(n)}, \end{split}$			Carlo Ani Nali Anio Carlo Sa McAsta Anio La McAsta Anio La Mala Anio Anio		Corns Corns Corns Corns	ante e la brota se co la brota se co la transferencia la transferencia la BH (brota)	รมารี (ชีวิธาญ) อาการเริ่ม มีมีกรุ (สินิสมาร	enne (Neither Martin de Martin Altsie	nic for sink (93) 19. Jacobran ar Diopolitic de Diopolitic de Diopolitic de
ः भीवर्थस्यव्यास्त्रास्त्रास्त्रवृष्ट्वाः द्वारद्वे स्टब्स्			March			Landre (1997) Tangang (1997)			Congramment of
AL VICER CERTI Stan Data 1		36. Shinangan také sang	enga pli Kitangan sebagai	s,y,j⊋ s, estate transition		Commun Commun	. 602 (h.40 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	(j. 244) 642	1:24.0-1 1:12:12:12:12:12:12:12:12:12:12:12:12:12

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

.

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Smali Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
− v, Suis (d. 1911, 1911) NO[[1], 1911, 1917, 1917]	Nc			(4)(1)()	COLUMN STATE	1 a dy 1711 		78.40(1)	
Mitalena ta plus 1200-2003			en v _a gal	New High	на (1997) (1990) - Спалон (1990) - Спалон	С			•ov(brie) •ov(brie)
a Bright i Angelin 1919 - Angelin 1919 - Angel	Ξ¥Ŭ.	Ré	onge de la set y		5779 S			Saffart.	
Million med 2 Julij 20 Julij				eria Faguda da estas Faguda da estas Alexan Sanga Cali Alexan Sanga Tala Alexan Sanga Tala Alexan Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sanga Sang		an 1997 - Angel - Angel - Angel - Ange		rog al	
en sussen and Guides an thi Multiple an thi	160		1 - 2 - 4				CUTAN A COMPANY		••••• 4.701
editiya wateri 2005 Qilanga di tuga water Mana			estate	nije ore		6213 0	1749 - 2004 1940 - 2004 1940 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 2004 - 200	Kerya J	ан сайтан Артандар Артандар
n 1997 - Heider Britster, 1998 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			itan d	Second Mean and Second Second		e Galification Contraction	eren i		т. М. ст <mark>ъ</mark>
EWE CORNER	KU:						-54074-24 	n Tury n it Saurent	-Harrison († 1944) 19Milian

28

Î

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
WEATER PROVIDENT	1(9)		ACCESSION OF THE	sexter have by			geragiek L		
r dahu, dan sang jir Patan sang tu tang Pat	а Ц е		A1060	•	e e e e e e e e e e e e e e e e e e e	4.1 5.0	an Galast	99 774	
Se tribuce i altar de inderation i dual de inderation i dual dual	- (6)		s im nen S im nen	(5000 a	i en la compañía de l	wifi i		
Milevii egos di tego Grygenia (historia	-de					ê		lenzasia	• 1/ik
agas dada Muagas DCC) bashdar ga dig Innaekis da	a¶2 S		n fai r an te	enne	Charles Charles Letters and the second		n an	ing and Second	
eBasserges ag an e Gangebry soga Syanta stelage	- Ale	1 43 1	анала - 201 - С тор (1) 2-1 - 2 - 2 - - 2 - 2 - - 2 - 2 - 2 - 2 - 2	Naranti Maranti	ager all		ારમાનુ કોંગુ કુલ્લાન પર્વે છે. કુલ્લાન કુલ્લાન પ્લે છે. કુલ્લાન કુલ્લાન કુલ્લાન કુલ્લાન કુલ્લાન કુલ્લાન કુલ્લાન કુલ્લાન કુલ્લાન કુલ્લાન કુલ્લાન ક	egilear Agel Agelear Agel Agelear Agel Agelear Agelear Agelear Agelear	Rowata
AllerAnd tengternerie Geruchten (Kenter Geruchten (Kenter) Geruchten (Kenter)	419	1. 12. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14	Succes		berge in Norse en state		1767-452-734 	Laffer Maria	ater Segnal Stor Segnal

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
EN DAUGE Constala) August you dograadi Augusta	s il e)	SES - S	Sea of Sea Microsoft			C.I.I.	500) 1927 - 1937 1937 - 1937 - 1937 1937 - 1937 - 1937 1937 - 1937 - 1937 1937 - 1937 - 1937 - 1937 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 - 1937 -	newy (ch	
	J.	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19					and the second se	an a	
li an lej en Qui			τ θ άγτη τη τη τη της της της της της της της			invar i		- Vor (I	
Will Streets and Louis		AC.	CACTURE D	Nastanger S	antenal.	s (p) e (Lice)	antesates i Algènniques des	สปัญชาติ สามันสะทุกกระมุกประ	
in Barran (an Sin Situation (N):			Migera Socialista				5214 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	APQC6.1	e de motorie en El Fondradia El Fondradia El Fondradia Cultura
LEALENCE MAD			(d . (. (1)) ()	લ્લાસ	og over til state som	$> 27 \hat{r} \hat{t} (2 + 1)$	e englis gee	New Art and a second second	e voja e se s
i par darmone				255¥74201.				ation st	و بر الم
แต่ปีมาพราญระเสม			REFERENCES	$ \sum_{k=1}^{n-1} \sum_{j=1}^{n-1} \sum_{k=1}^{n-1} \sum_{j=1}^{n-1} \sum_{j=1}^{n-1}$	Coscoria States	Saja Savaksii	NGV que ana Contra ana antes Contra antes antes antes	Nay sources (Disential Soul)	a (letvele) v) kark. Sk 190 oct im Soletniky
ગ્રેમ્પ્લે ન દ્વારાષ્ટ્રીય દ્વારાષ્ટ્રના ગ્રાહ્યત્રીધિ સ	4 (16) 64	NA.	469(12) 	તોરુદ્ધ તેવે જિલ્લ				n Mulaine La State Charles (1998)	courses and

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 3	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FFHBP Option 2	FEHBP Option 3
e an na trache sa an 's 's		de:	алан Арана (С. 1911) Арана (С. 1911)	$ \begin{array}{l} & (M_{1}(\mathbf{k}, \mathbf{x}), 0) \\ & (M_{1}(\mathbf{k}_{1}^{-1}, \mathbf{x}_{2}^{-1}, \mathbf{x})) \\ & (M_{1}(\mathbf{k}_{1}^{-1}, \mathbf{x}_{2}^{-1}, \mathbf{x})) \\ & (M_{1}(\mathbf{k}_{1}^{-1}, \mathbf{x})) \\ & (M_{2}(\mathbf{k}_{1}^{-1}, \mathbf{x})) \\ & (M_{2}(\mathbf{k}_{1}^{-1}, \mathbf{x})) \\ \end{array} $	Sovered States	tin si si SetTrete nu si si SetTrete nu si si	Source Sciences Sciences	i Strang Debugen Selon Stranger	
nderveren Gerenen Al Grunden den versen	ұр Мы тал		Givited. 1937 CC	etadio Control	SOL AL	AND IN THE STATE	an ca San ta San ta San ta San ta	e avenar Periodiae Periodiae	
attraction (trached)	Property Sector	(NIC)	y – za - filo – fe Data Grand Glijany - filo – filo - filo	angina in Agina Colombia	Thursday and the second	Samagersar Samagersar Ayaansa yaange Ngaansa	n terina (PAN) Vac (PAN) Na sasar sa galy Na sasar sa galy	en an	- parativati oraz de Medicaliy Andrea (y Secola) do a e composito
Ղայու, շիպելու 	1.el	-(<u>N</u> 0)	2 9 4	- AA-180	STORES -			Regulation of the	
Sattate Say and the		96.D	abisan tela _{secon}	C.0.5,24-5-5	ne chegi ci Cec	1004-5758.59	envis d'Aptines Alleration	n (ha var 1. – C. 19. jajon Vergiji ajajov	n i McCigo Su di Vicingo
E Malinacourten Artestolaciae (activ Sg. 1916) Sg. 1916 Sg. 201 (2016) Sg. 201		A Vet	T ha a d			espergi Principal	S5713(4)	n Comranda de	
Bergin (da soch yrgen) (ge Ožen), kinger Britt Wiedelsen (graf) Recyffige	TE Second	10	3997 IV	4975 (d. 1975	en e	245 (1)	start of the second	and the second se	
soonit Mensor Muunggi Muunggi		(0) 9 ¹ - 11 - 1 ⁴ -11 - 1	and the second			477.175)	Covered	4920a T-sa	Sec. (1994)

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Smail Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FFHBP Option 1	FEHBP Option 2	FEHBP Option 3
									Zavaroli (* 1875)
Nonghi ya anya	21		5-17, C.H		Sinden			17721 17721	$= \varepsilon \left(\partial_{A}^{*} I_{B} \right)^{2} \varepsilon^{-2\delta}$
AL-H-DELSA									
All a series								CONSTRUCTION OF THE	
over the second		S. S.							
Control of south and potential	, (6)	1041 1041	ar unit et al.			сцуг		i Kovpul	
ALCONCUP.		J.	aren.		olimenson (III.GEO) Metro Alexandra Metro Alexandra		NGC HC		arva ul
	Ne					скатарана Станца — Царана Станца — Царана			
E-Den						E.G.A			
			-067A Q						
u yffigianaan (2012) a ch Myrain a chaillach ym		(i , (e)	SP2-5-2	1.44 ABS	en para de la composición de la compos La composición de la c		s Merupana Serendaras da Serendaras	-899 in 42200 is SPO-800 in 44 Solutions	ગળવાટ ગિલ્લાવાડ એલ ગળવાડ કરવાડ જાણવાડી
Adamanian aras Anany an Madin Davinan Adam Madin Davinan Maryonan		1 7 16	1.9 13 .30	.C.1116(1)		9.1.14 1	950°470	A MARY CARE	ing i d Contra
Pare une line					general de la	even	1. O. F.	(eng)	- 1997 1997 1997
Resolution (No. 1997) States of Declar Mathematica Mathematica	45 51 - 1960	efer State of State	enstal Statistica		an a	etti tei Merina artista	9024330 1925-00	Succession of the second	e talah Sarah Sarah Dina Sale da

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
enitaris enitari Pantonicator antari			11-24-14-1 11-24-14-1 1						
ethiationysteau Constant	, ÎE		(Junites contra-	ullin (Contrato)	an a sta an	- jil ("av putjeft"	а анданал бөлтээ эт тор байлас «Марай» - Даса амал тор Аласа амал тор Аласа	$ \begin{array}{l} \displaystyle \sum_{i=1}^{n} \sum_{j=1}^{n} \frac{\partial h_{i}(p_{i})}{\partial x_{i}} & (p_{i}) \partial_{x_{i}} \partial_{x_{i}} \\ \displaystyle \sum_{i=1}^{n} \frac{\partial h_{i}(p_{i})}{\partial x_{i}} & (p_{i}) \partial_{x_{i}} \partial_{x_{i}} \\ \displaystyle \sum_{i=1}^{n} \frac{\partial h_{i}(p_{i})}{\partial x_{i}} \partial_{x_{i}} \partial_{x_{i}}$	$\begin{array}{l} u_{1,1} & (v,4) & (v,4) \\ (v,1) & (v,1) & (v,1) \\ (v,1) & (v,1) & (v,1) \\ (v,1) & (v,1) & (v,1) \\ (v,1) & (v,1) \end{array}$
alini par con	50 J		1. 19/198.)	SIGS ST.		ALM .			
er elle sources	10. 10.			WORKSYTTE		LE COMPLET	ઓ ટક્સ (GC બાહ્યનો (GC)	ale sola di Mangang saily	yay say aig: Carseni sebuy
	NO / 22		sema cil					Server 1-1-1	Convignes as
Vinserie			1843/1 (C))(an Yarata An Yarata		(1997). 	ATTEND OF COMPANY	r Marte	je(j)je po ostoblje ope
AND A STATE OF AND AND A STATE AND AND AND AND AND AND AND AND AND AND	4.)(8) 		ribar tru	N. 2. 694 - 11	પંચ ર ગયુદ્ધ પ્		₩ <mark>₽</mark> ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩		na agra d
Marging View , para M				-international States and states and st		voj1:/)	Amay 5340 and 21 1931 - Al Sena Miking Daga	- Anardan Marina Sanggal	al ice of regiment of the solution following along the solution of the solution of the solution
avited and a			ADS AND AD		More derver et a	APPENDIAL CONTRACTOR	ada cuarte p	allee mark	na encat

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
one viewie (follog(die)) one die teenste one die teenste Onderste one Statte of die teenste Maar of die teenste Maar of viewie Maar of viewie				CROTINES CROTINES	P42XIITO	19.700 <u>0</u>		Sector 28	2011 1. 2011
ear féans Airing († 1941) Africae as Airing († 1941) Régimer	144	.0 .1	stanto Postpolis Resources (2012) Paratementation Paratementation	Albert Strike Princip Doba Calendory Direction	egyarak esert 120 - Saelakoz Eroszteka, Gagieran	PRATO (100) 1 AN (100) AN (100) AN (100) AN (100)	<pre>is grain() is gra</pre>	soffice Consultation (Lappay) Consultation (2017) Consultation (2017) Consultation (20	 Standar Standarski (1996) Standarski (1996)
AND GONDATER RESIDENCES REACHTRACTION STAND		- Mi	arrist pl	r don	4. 	MILLER	FARM		
na si zativiti.		845) 1			- 		en e	- Sinaet Teografi	
arthes shanneersie	4949 		engan di San Vak Dirang Sanagara	Covered	estation reconnections reconnections	، د معنی ۱۹۰۰ <mark>میزارشگان</mark> (C) (730) (۲30)	જાર છે. ઉભરોગ	en yaran Guyaran	anangan Sewijarah

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
a didi ya co sa di ka	S			iden MIP and a state of the second	a an				
$ \begin{array}{l} & \label{eq:states} \\ & \mbox{AT}[0] = 0, \ \mbox{areas} \in \{v,v\}, \\ & \mbox{D}[(v,v),u] = (v,v), \ \mbox{areas} \in \{v,v\}, \\ & \mbox{AT}[0] = (v,v), \\ & \mbox{AT}[0] = $		1996) 1997 1997	2001 (4)				-Bert Hil	Jerson (14	900-00 5700-00
MERTING			(Co. 1	Reads	Cherry N	çemen (resserve		strifte: Andre A	
denfastrin to teny s			Сум. (1 [.]		ge uis	3	G. 17	140V0121	$ (\mathbf{v}_{1}, \mathbf{r}_{1}^{*})_{\mathbf{r}_{1}}^{*} (\mathbf{r}_{1}^{*}) = (\mathbf{v}_{1}^{*}, \mathbf{r}_{2}^{*}) (\mathbf{r}_{1}^{*}) = (\mathbf{v}_{1}^{*})_{\mathbf{r}_{2}}^{*} (\mathbf{r}_{2}^{*}) = (\mathbf{v}_{1}^{*})_{\mathbf{r}_{2}$
્યાનું દાવા હતાં ગાંધન વસ્તાર			an a	Sould de la					
MARYON		()[0]	Résérve	State for the second	MORPHIELD	\$16V60.Gm	an a	ARTHUR	stovanstinnes za
alening and the	ngo (Ne	Dest	C. N. S. Sandara and S. S. Sandara and		and a	Ale Walktein	Querry Colling of	<u>র্ণাল্যনি</u> হুঁ
		Net State		(b) jo (se goji)	Spinistration (
eadoartil-airt air air) ar 🦕	1 1.[e :	1 <u>1/10</u>	DANKS OF GRA	andra gur annsa anna	(N)essaling (N)ep		Willson was	AND DEPOSIT	an i o regimination and an anna an a
S2007 8(00)03					isho maantonit	- territari Alexandro de la constante de la			eter Olimpety Colora
SHAMASTAN SHANSA LAD. SHANG		5, fel . 19	ADS 5 PR - 1		dia dia ma	(1)[1](4)(4,0-1)	સંગ્રેલ્સન્ ત	MINAL OF	Contraction (Contraction)
Quantizanariga		Ne	- estimate			California (Service .	(6)-3/	
Navenit and over the Marian		χjej	C.S.C. III	in an	Service Service	6 ay a d	-New you are to	NG STREET	1944 (million)
Aller -	(19) (19)			Segue P		ARCES	anver:	Gov an	affini institution (1946)
वारका तथी (हड़त) इ.स.	nijej. Setos	rie.	• 4, CE14 19 19			State of the second sec	in the product of the second s	1947.7734	e aciegto e con

OLIVER WYMAN

35

.

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Optian 3
ALTH-H-BANAD (FAL) Magaz	N(19)		54141171 1			Call 201	Soluti.		STRUE ST
		(i.)e)	Range	ista ak			Sector Contraction	Trave Par die 1	
adrie in an arabite						- 6-0)1 - 0-1	$[\mu_1^{(i)},\mu_{i+1}^{(i)},\mu_{i+1}^{(i)}]$		
nHellar orac		n					State of the second		
ing shires: 18.1			$\begin{array}{c} \mathbf{p}(\mathbf{x}, \mathbf{u}) \sum_{i=1}^{n} \left(\mathbf{x}_{i} \right) \\ \mathbf{q}_{i} \left[\left(\mathbf{y}_{i} \right) - \left(\mathbf{q}_{i} \right) \right] \end{array}$	Marada and Shiranan Shiranan	On target of the Operation	The one interference digger and	Neargard Ale Siderate	norman agu Salutra	(14-9-5) (23)(09-1 -25-611 - 33 - 119 -(14-660 (3-96-1) -(14-67) -(14-67)
gangang ng				mey coney	April 467 methodes in	e)jsues/c/co	Nakely and the	MARDADIC	
telak arapan Par	MAT:	in an	Саларана Со пунста Конуларана Конуларана	Han (C), Er an Ola High galant	Sup an	(en al-	stylaridisjant difficialis surfic ficciant	$ \begin{array}{l} \nabla u(x) & (x \in U_{1}), \\ \nabla u(x \in U_{2}, U_{2}), \\ \nabla u(x \in U_{2}), \\ \nabla u(x \in U_{2}), \end{array} $	N-+servicine.
ginneen, oh, e			Jungaran Angeran	C. S. C.	ನ್ನುಲ್ಲಾ		Mers Str. An Isl	She was the state	nit i conversione
$\frac{2}{4} \sum_{i=1}^{N} \frac{1}{2} \sum_{i=1}^{N} \frac{1}{4} \sum_{i=1}^{N} \frac{1}$									
andem eine			in the first of the second s	êvî î	e altif				
ali, 1450 - 205 (15)			aranzaj	Sauth			and the second se	orgen and the second	and the first of the second
ellinge fije van sjelg er v		MC.	A. (1)			9 0 1.06	Payne -	с (е, д. () ()	any it is a
មាមកម្មាស់កម្មាញ់ ក្រោមក្នុ	, NØ	ico: ¹⁰	(k, a, f)) = . (Current 17	an Ang ang ang ang ang ang ang ang ang ang a	*70), (10	S. W. LAND	A MARE	
ગાલમે જ દાસ્ત્રી પા			ATUMIN CONST		Gap (12)	eoiy≤evi Poiy≤evi	MENVERAL Second	in G _{AV} (-), Π.Υ. International P. Constant of the	$(a, y_{i}, p_{i}) \in \mathbb{R}^{n}$

OLIVER WYMAN

.

36

Е

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
n Aller Office Arthurstein Die Gelferge								- Contraction (Contraction) - Preference (Contraction) - Other	savar († 200
Electron di S		i (e isteration)		- austri	S.W.F.W.	244-24 244-24	16.720 (U) - 2.13	sept. in	
ê Del restêstî pîrtîn					ar juo	enter en en		e cografi	
an Chudhing Tuya panas Seling king sis Seling king sis	ALC: NEW			Gius an ann an Airtean Chuis		50775 	1997) 1997) 1997)	i]wua	
Received for	ηζίε.			5. A. J.	an a	SP1 (2)	a Angelia - Starra		કાર્યલય છે. જે
oginizanode na com avalendor a como s AVE ESI			un cu		SULL OF	594,00	Chija e	exact the second	nto de como de la contractione de la contractione de la contractione d
Mildan an sea a sé Pactery sist Algoriel an Asymposition (2304) an Asymposition (2304) an	11 1	€	(92) (C)		sure:	907-121 1907-121	Soluter 1		
an a static terms of the second	: •: •: •: •: •: •: •: •: •: •: •: •: •:								
	ine.	The second second	SACES		**************************************	No envara	n an an an an All Machaelta an All Machaelta an All Machaelta an All	leorigan Neorigan	1000 1000 1000 1000 1000 1000 1000 100
nichtigen Chimpe dive					-2014-614	509 11 Santaria	Real Parts		arden ar
Stoching and Lopic- Chargeonic science Dhimanal	άr rís -		Garan Managaran Managaran	Npi da Ling Na	-ovine The second	(Sarada	edeci States	iCorrata-i	e var H

.

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
ที่สาระสารกิจอิตรูป									
Κ. (.) ε.,	(0)				Equiper in the	S) S (Martin State S (Martin State)) (Martin State S (Martin State)) (Martin State)	iç yayı		
no una qualan Cultura da Cara da Sa		75 1 0	Рис а дар Кисадар	and a start of the	arras (hv. 173)		2400 		
આવેલી કે કે માટે છે. પ્રથણ માટે છે છે. મુખ્ય મહાત		7 1 0					પ્રકરેશ્વ છે. ત		
i a contra d Guiletta a conclutinitia		iNer.			ieu (j. 1				406-6-95.
W.T.					166.				Covide
eénen ni gonna	N.C.			- GARA	nenersten Sinjogra Specialis Senaco (ab)		2940. -		
kordtakaeta		4. Set	- Marine Marine	iki Melisa - NY-yan	ale-klad-	- Balance Corr	Finelession	an a	and Bacantina
પ્રી ગોડ ને તે સુખ્ય નું કે તે કે પ્રે જે કે ગો છે.	NE		- Ziya, esili Xeli	Pilan A	CLEVERSON,	- 20 0. a 5. in (6. i	- to list		/Steeglestay, congre /Steeglestay, congre
esede genellesen: 12			allen son tari	The second second		Net 2 your	Max dat 7-0	No. 220220	na entrationent
100 (n. 2007) 1990 - 1997 1990 - 1997 1997 - 1997 - 1997 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 199		ме Т	-Beel-gale:5	tin	A Rosery: 21	167.99aa.	ligerfensingser Prizeuur Erz Annerstarte Mazofser is	ngales acor Bracasor Alta Shortan S Shortan S Shortan S	an a
a dha ca Ciùin-Eichn		Act and	je]ens wss¥r ir si	astronition a	NARAA SI	ALL CLOP	WWWWWWWW	SPANTC-many	ું દેવે લાહ રેલ્લા ગેલા

OLIVER WYMAN

۰.

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
and the providence of the prov	R.(e)		5. (P), (£07(17)).		MUNSPIZER		.4940Faquidar	Gent and the	$\begin{array}{c} (f_{1},f_{2},\ldots,f_{n}) \in \mathcal{T}_{n},\\ (f_{1},f_{2},\ldots,f_{n}) \in \mathcal{T}_{n},\\ (f_{1},f_{2},\ldots,f_{n}) \in \mathcal{T}_{n},\\ (f_{2},f_{2},\ldots,f_{n}) \in \mathcal{T}_{n}, \end{array}$
division and			Selen English	記念記載記	decised a	n Maria Ny Rasi		Sec. 201	M. A.M. Bull
Childen and the state of the st		RQ	4 (a) (a) (d)		Stee A Ch		N. (1. 4	409850-(-)	
Shapfird Appliess Study		16[6]- 9				GUTINTI.	annen) Annen) Annen Annen ann	- Havatsan	9-751 (
 A. Comparison A. Comparison	30		$ \begin{array}{l} 0(j^{2}(t_{1}))_{1}^{2}(t_{2}) & (t_{1} \in t_{1}) \\ 0(t_{1} \in t_{2})_{1}^{2}(t_{2} \in t_{2}) \\ 0(t_{2})_{2}^{2}(t_{2}) & (t_{1} \in t_{2}) \\ 0(t_{2})_{2}^{2}(t_{2}) & (t_{1} \in t_{2}) \\ 0(t_{1} \in t_{2})_{1}^{2}(t_{2}) & (t_{1} \in t_{2}) \\ 0(t_{1} \in t_{2})_{1}^{2}(t_{2}) & (t_{1} \in t_{2}) \\ 0(t_{1} \in t_{2})_{1}^{2}(t_{2}) & (t_{1} \in t_{2}) \\ 0(t_{1} \in t_{2})_{1}^{2}(t_{1} \in t_{2}) \\ 0(t_{1} \in t_{2})_{1}^{2}(t_{1} \int_{2})_{1}^{2}(t_{1} \int_{2})_{1}^{2}(t_{1})$	an Inger, ander Pierre Strage	19 1526 331	ulf and son as Settion Hills Astron Hills	Maria, Sugara Sugar	PINFIC(Egradi Shin)	eller (försteller (förste eller
Alt Gaulein.	196 196			er an the second se	ា ចារទេវ ផ្ទុះឈារប្រូ ចំណ្តែរា	4. 4	again an the state of the state	And Statistics Adaption Marine Statistics Marine Statistics Adaption Statistics Adaption Statistics	estructions Version Standa Trach Standa Crach Standa Crach Standa Crach Standa Crach Standa Crach Standa Crach Standa Crach
ebbella - 300, 102 (69), -		5 1 91	(1994) 1994 - Santa S	C. A.	1 (257-246)	Rugerst	POLINE.	94 Nga (1212) N	4.69V(); [1] edition(71[[290]] 15] P. (1.5 • 5.400);4
Andreas in survey characterist Paden Dielegenni Paden Dielegenni Vitani spysterin Wrangi	1997) 1997) 1997)	(12) 	Ni e si ng je t	Norene 124	hototat	Ar entra	Noka witasi	YIN CONTROL	ાં છે.

OLIVER WYMAN

.

39

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
ร้างแก่ ระหยาย เราะ	24. 2 6 11	senden Honnen Herfiere	Contrar (antara		p_{max} p_{mx}		and the second sec	
$\begin{split} & \tilde{\theta}_{n}^{(2)}(x) \in \{1, [n]\}, \\ & $		Nis.	aves Pours.	Nines and	Auton A	Noiceara:	4 157 (1 -2014)	align og at se	APROVIDE D
- Viller verske fotoslander (MP) 1995 - Heller Verse Mathematik (MP) – Jøger-	- <u>1</u> 11		Manizacci	ight sports a	ada ay (1944) Anara	George 2	, Martina	, Zintinaja)	az den de la composition de la composit La composition de la c
Covidação (ne seara) Prifeto (normalia	304	1 <u>16</u>	i far (j. d.)		da Selvas		s zychowa Na star		
n fileiteit an steach an an Ogarthaire is Satang Sir garthais Satan		(1 4)	Angelse opp Artensettares Britz Jones	nel (2) - Qina a Ta - Carlo de - Ci ge grandalta	evrak – smots 7157 Albertan 1990 state	- arr∓n - Ong Sa ta 1979n - Sata Matana	e of an or do tada tada aga of tada tada aga of tada tada baga of tada baga of tada tada baga of tada tada tada baga of tada tada tada baga of tada tada tada tada tada tada tada tada	Maria Sabiri An Arta astrono Maria Sabi Maria Sabiri Maria Jawa Ang Maria Maria Maria Maria Maria Maria Maria Maria	$\begin{split} \mathbf{U} &\leq \mathbf{U}_{1}(\mathbf{f}) \\ \mathbf{U} &\leq \mathbf{U}_{1}(\mathbf{f}) \\ \mathbf{U} &\leq \mathbf{U}_{1}(\mathbf{f}) \\ \mathbf{U} &\leq \mathbf{U}_{1}(\mathbf{f}) \\ \mathbf{U} &= \mathbf{U}_{1}($
ANGULARADING DA									
e Stoft	NP.	()((0)	NOL GING ST	Maria Maria Katal Maria Manakaran Katalar Marian Maria Maria Maria		CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREAU CHOREA	Marcorrit	² ur extra A	$\ \hat{u} \ _{L^2(\mathbb{R}^2)} \leq \ \hat{u} \ _{L^2(\mathbb{R}^$
Anna Anna Anna Anna Anna Anna Anna Anna	Ne Ne	- Ara		1112-0-1	AN ATU Managana ang kanang Managana ang kanang	ikagi ganji Shing ng ka	-67-709 	ма, (2) мал	 State of Relation of the state of the state

OLIVER WYMAN

•

40

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive pr Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
SWRSSerLong WRSser	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1.u.	Acta i della Reference della della Reference della Stati Acta della della Stati Acta della Stati Acta della Stati Contra	Nice of the	19122047275	Color-Dich Social Victoria Social States Million States Million States Million States Million	o¥≓ra¢na	Nar o gatis	Minutence) Minutence Minutence
Or Partner Chile Leges Chiles	n ((14)(17)(15) (42)(17)(15)(13) (50)(17)(25)(17) (51)(17)(25)(14)(10) (15)(15)	МЮС+ <u>С</u> (-у-ц	915-1802 J. 31	- Avera alta Sunon Al Sie Jr. San Anges van Sunos van Sunos Sunos	NGA YA P	nines of 23	Massawajad Miroputsonay
convictor perio			oli Course Santa Angle Course	NO 433-5.	Ya Śraż	-Ne Stuggt	Standolf Alexandr Alexandr Alexandr Standol Jurkingon Standol	province parts Monarce numbri Calustancard Apellance regista Apellance regista	e it with discussion official a data dispansion data adaption taus adaption data data data
(All Providentia	etje:	219 199	MANY MARK	NUN COLOR	- United to the	adhest af fest	o unu to es <u>t (h en</u> naoise sete Stateduri di Agazi (albararar ga Idhalaa Silaali Tabbara	ebu atar griga (- jdg se ga agir je jaga)
Sound stor to strate	(NP) 5 - 5 - 5 - 5 - 5		Southed	ACC MARKED	COLGE Line Statistics		arlikery(h. e.	AGESCIDE!	Noneoxide (1)

.

OLIVER WYMAN
HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
			ne tenni sinin Sectoria Metro	at any real Designation Manual		1.1 (1.145) (1.163) 1.1 (1.145) (1.163) 1.163(1.145) 2.163(1.115)	Estenar is pretion, control of the man control of the control of the control of the control of the control of the	Constant Constant Constant Constant Operations Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant C	Autorial data data Autorial data data
Services at trials Services at trials Services at the Services at the	2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00		e extention de la company	radd <u>d</u>	e versk Stationer	- FWC2 -1	CHAT (CORO) AMARIC (CORO) AMARIC (CORO)	in gang tenggang series Series (Series (Series)) Series (Series)	પ્રોપ્ટર કરે છુટ્ટ છે. સંસ્થાર

OLIVER WYMAN

÷.

L

;

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Appendix B

EHB Categories Across Benchmark Plans

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

EHB Category	Sub-Category	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Fleafth Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Meterland, sealed as sheet								
nertenserver								
			MERICAN				M.S.	
Free Petro (Constant Septembrian), august FFF- des tal anges augusta darges griegeriegen	States I Badist Automotivation							
i den normangas	ly:4974646 a ca Alianggeoirse					ner Brittensen Herspelansen	DES(C AutoMis)	1
Opinition and the second			1975.				M.	
and the second state of the second		28					-3(1-1	
				Manager 20 State			-1[C)	
sir for funder			Methodal Com					
und ann a na ar dhais an dadh ar gan Guill an ar gu annana Sanrain.		san tao ta Septers Tom Santas ta Altas Altas Altas San dinany	oli (ni oli 9089000 908000 909000 909000 909000	aleatha n Cosanada Dhailteach Cosanach	પ્રેશ ઉઠો એક ચિક્ત તેણે પૂર્ણ અંગળ અંગળ કે	Teachead Alex Gottine Maria Maria Maria Maria Maria Maria Maria Maria Maria	salenaen Georgesni Processi Symmets Suggpts Suggpts Secora a Silvy€	nipy (s. 40) policies 206 vita 166 vita
	Walting as							
	AUTOR PORT		1.285	25. 5 2.54	ALC: NO	Carls -		
ડવું સંદેશ આવેલાય આવેલાય આવ્યું કહ્યું કહ્યું. ભારતારક છેલ						A. Special Systems Charles (200 Systems (200 Strastation Strastation Strastation Strastation Strategy Strategy Strategy Strategy Strategy Strategy Strategy	250 Maril gen 1923 (157 1924) (129 2016 Alexa 2016 Alexa 2016 Alexa 2016 Alexa 2016 Alexa 2016 Alexa 2016 Alexa 2016 Alexa 2016 Alexa	in and Benefit S (rear of S (rear of S) (rear of S) (r
	STOREOF STREET	Alle Grenz Andrews				A SAEACCA - A SA		
	Windown American	CITIES CONTRACTOR	RIGE KERNEL	S. Alfert	A CONTRACTOR OF THE	NOT	NO PARA	

. ...

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Appendix C

List of Required Supplemented Benefits

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	Description
ang kang sang sang sang sang sang sang sang s	e Conservatione in reasonality in the Construction of Britadologic in the Boy ADS in Conservation of the Americ In graph (British of the construction construction of the Conservation)
an a	and an
, Anger Malander Agrice Angelen. Angelen	· · · · · · · · · · · · · · · · · · ·
Magyulu a Satar a filit, saf	filing a the constant per a structure constant is yet should be about a section for one. Also as you sharefully constant on the last of the last section of the state and appendix of the section of the Also constant of the section stage.
an an ann an taoirtean Taoirtean an taoirtean an taoirte	alag ann an Gruppan agus 1997 na chuir ganacharghgann a' sharana di chlan ann an shari Mga chuire chuir an seochar chuir chuir chuir a cann gclàicha a mort (chuir 1997 - Chuir Chuir Chuir
Rahangan bin magnagaran. Basi y	Regel in the end of a grant mean of the second of the second of the second sec second second sec
Bartona e comence e Barcon	in gete op te de pour presente en les longy al suiver afras
	(a) Second and Carden general control of the second state of the second second second state. Specific the second s 1 (19) and 19) a And 19) and
l Angel street new , i de Angel street f	(1) A series with the sign of the decouple of the series of the effect of the provide the series of the series
facto condita constations.	化化合金化合金 化化合金 建铁合金 的现在分词 医白垩色的 医白喉 经资产的复数
Bracio combre constituent	n server et an ander en strander en server en et ander et andere et andere et andere et andere et an et an et a Angelen andere en ander et an et andere et an et an Angelen andere et an e
Ngenderen (1997), in die die een	n an
g sugar tan an an ana ang si Sigu ang sita ang t	(a) A set of a set of the set
antika kengangan Albaharan sang pang kengang Mang pangkan sang pang	(washing the second state of the second state of the second se Second second se Second second sec
i Engeligenten er en	process program and a strain of the strain of the
na an Anna an Anna an Anna Anna Tao anna an Anna Anna Anna Anna Anna Anna	and the set of provide the set of the set of the set of the
alf far anna an an Air ann an Air ann. An Air ann an Air ann an Air ann an Airte	ny teresenyy a poly a kanya na kanya tanàna dia kaominina dia mandritra dia mandritra dia kaominina dia kaomini Ny INSEE dia mampiasa mpikambana amin' a
- Beneral and the second state of the second state of the second s	na segur ngang sebah na paggan di lan an talah ti darih di senaharin di sepanah se di serata seta. Sana senahari ngan sebah jara

USPSTF A and B Recommendations¹⁸

¹⁸ http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	Description
s Stationes (m. 1996), maximum Alexandres (m. 1996), maximum	a a construir a cana a constructionem cana de production de la construction de la serie de la construction de Algenica de la construction de la construction de la construction de la construction de la definitation de la Algenica de la construction de la definitation de la construction de la construction de reduction de la definit
el Maria anticipation, spanne and state Maria anticipation Maria anticipation	en en en en en ser
en Managerice - 1966, geograph Managerice - 1	र्वकरणपर्वति जनसम्बद्धमान्द्रियाः विद्यम्भ वर्णाय्वयः कि विद्यम्भ्यात् विद्यम्भ्यात् कृतिभाष्ट्रात् स्थिति विश्व व्येतराः चन्द्राः त्राव्यम् व्यवस्थितं ति विद्यार्थितं त्रव्यम्भयाः त्रात्यम् व्यवस्थित् स्थितं तिम्म जनसम्बद्धमेवस्थं स्वर्थित् स्थ्याव्यस्य व्यवस्थित् व्यक्त
e Madghalaine Airte Lage a gielf 1 e	Networks of a develop place public definition of the solution of the solution of the field of particly (We can see by the solution of the
Werneld, Leisenne	n bereinen seinen er einen einen der Bereinsteinen einen Steinen er einen Bereinen Bereinen seinen seinen sonn Bereinsteinen Bereinen Bereinsteinen er einer Bereinsteinen er einen Bereinsteinen er einen Bereinsteinen Berein Berein Bereinen Bereinsteinen Bereinsteinen Bereinsteinen seinen Bereinsteinen Bereinsteinen Bereinsteinen Berei
19 al Such grades to the user	n an
i til av senter and	್ ಆ ಪ್ರಶಸ್ತಿ ಪ್ರಾಮಿಸಿದ್ದ ಪ್ರಧಾನವು ಪಾರ್ಣಿಯನ್ ಮತ್ತು ಸೇವರ್ ಪ್ರಾಮಿಸಿದ್ದಾರೆ. ಪ್ರಶಸ್ತಿ ಪ್ರಾಮಿಸಿದ್ದರೆ ನಿರ್ದೇಶನ ಸ್ಥಾನ ಪ್ರಶಸಿಸುವ ಸ್ಥೇಖ್ ಮತ್ತು ಸ್ಥಾನವರ್ಷ್ಟು ಸಾಹಿತಿ ಸ್ಥಾನ್ ಮತ್ತು ಸೇವರ್ ಪ್ರಾಮಿಸಿದ್ದಾರೆ. ಸ್ಥಾನವರ್ಷ್ಟ್ ಪ್ರಾಮಿಸಿದ್ದಾರೆ ಸಿದ್ದ
n Shiqadaryo ji waqari ya Masari	ne dera genegis i dan syre i gif essystementyje och i dostoreto polytik anverse elska og polytiketeto. Na 1975 – en els og en elskop och værete och i gerfessoriski i sok og elskop verska far at elska elska atter 1979 – els og els og elska sok atter faratisk part og elser og elseratiska filmentyje.
Wegen of the second s	a popular a calina por popular a general popular popular popular de la calina con conserva e para a depositor e En la calina con entre en la para por dele capito popular con el calino en al 2022 e de la capito de la popular En la calina con el calina con esta por calina capito popular con el calina de la calina de la calina de la cal En la calina con el calina con esta por calina capito de la calina calina con esta de la calina de la calina c
, degender – en scherbennetze Andrese son	a nga atawa ana ang dago na kalamatan Pantanta.
Negrete stand de férsie in in in Descrite	ng ng naka galangga katang naka adapting
ing boot Ng gooderne si sey waa maan konsegnation sittee weeks	n sensen en gruppen i disebasegisen en en general den in en en en egypte in gruppe bester disebes en frage En en
al de la recepción de la companya de	n de la companya de La companya de la comp
Belleville and belleville a second of a second s	n jerzen et en ligtetzen dat i errechten millem ander i die erreken hier
and a state of the set	n an
Algener og og Algebras sene. Angel og after og af Algebras sene.	化乙基苯基乙基基乙基乙基乙基基乙基乙基乙基乙基 化氯化 化氯化 化氯化 化丁基化化丁基 化乙基乙基乙基 化乙基乙基乙基乙基乙基乙基乙基乙基乙基乙基乙基乙基乙基乙基
e analysis a conceptual a conceptual a Conceptual a conceptual	(a) The structure of the state of the structure of the state of the state of the state of the structure of the state o
Anny services in the terms of the services of	na se na na servici al servici na energia en la servici na santa de la santa de Andréa (alguno registo) Na preferencia de la servici na servici na servici na servici na ferencia de
and an	ander and ender an and ender the second and an a The second and an
And gape and the sector General and grant de la sector de l'actor a sector Anglian, Analysia, se transform	e en el composition de la composition des 19 de la composition de la composition 19 de la composition d

- .--

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	Description
And Charles and Charles and Charles Charles and Charle	High-recenction system (appendix) in a constraint constraint constraint of the appendix of the constraint of the cons
, Nelsen der Sternather belt. Unter Gerburg Pilar Bilde aus Mallaha	allelisans, ses monentialista i comenzazione di cetta di la colsico cassitti i Institutti in la cosse providendi contracti antalisti.
Maharis dit dataştığı Massar Achias	-Connelouri, del del progrado constant dinas tilibutes destandonador departe de la prime del Anglanto anadonado de marcinador do tector del del del constante de la del des
and the second	provements of the events to any demonstrate of the first of the first of the second of
Manna ina manana Mana	Staten er at medicke harmelte societite statiske
Marine and Andrews and Andrews Marine	al neta para parte presente a substance das actuars das termes das substances das substances das substances das Antimas constituiçãos das substances das substances das substances das substances das substances das substances

Women's Wellness Benefits¹⁹

Benefit	Description
an definier fan de steren sy. S	an addin fan y gener an erste fan de fan y fan erste ffikken en dit ferste ster er fan de fan de fan de ferste Referense fan generater er ferste fan de ferste fan de ferste fikken er fan de ferste ster er de ferste fan de f
an the manifold of the test of	under die Billingen haar fan die productier fan opplaat hat, die die maarden die staarde kerken. Het Afrikanse van die die staat die het die staarde die het die beste dat die beste die staarde die staarde ker Het dat aanderde en op die staat die bestaarde beste kande aan
Angel Consection Section .	Severage salad gyroniga gelands dalaradade stati, fra dette angeben, no draha tan nggo a nota da sala mengan a salada sebe en tentan inata taken taken nggo ngga a sala salada salada taken taken.
styre ha herryd Ar	no fan 1997 of de na byskele en fanhele of ne gener fan en fan einer fan sterret. Ingel en westerte en jelen fan fan fan fan fan de fan einer fan eine fan einer fan einer.
and and a second and	स्ट्रीस, २०.५ महे पुर त्युप्तवृत्वर्थं व्यु प्रवत्त्वर, द्वीव व्यक्तव्यास्त्र व्यक्तितः भार्त्रेत्वरः हेन स्ट्रीस, राज्ये स्ट्रांट्स, व्या क्व
all designs and the desired	ngelvan in schende antekkenter der versteller up der still att des seit der seitere sind att der
ander Ny managamatana ana amin'ny amana amin'ny fanana amin'ny fanana amin'ny fanana amin'ny fanana amin'ny fanana ami Ny fanana amin'ny fan	a presidente protesta alemánicas de málicas de presidente da servicia de la composita de marco Presidente de la condita de destas contratas de presidente da composita da contra de la contra de la composita Presidente
The second s	a participante se un trasse estre plate e paracterity en displanetante actional displaced actions and the secon Alternation (20) el tradicionals

19 http://www.healthcare.gov/law/resources/regulations/womensprevention.html

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Bright Futures Recommendations for Pediatric Preventive Health Care²⁰

Benefit	Interval
Men Hulle Malthe L. Andre	
nten genorgen er ten stellen. Neder offense	
Real Brandbergers	Been Section and
Nun vara inka semanara m	
uBuelen Eusennike i	
anter the second	
- Barah Bagi Konstation sey	
"richennege hier die enterlieft	Apple Victor Balley Charles and Propagation
	anggis yan han na ang kanang ang k
A Charles and the second of the second	
A superior to be a state of the superior of th	
Allebras and Without All William as the	and the second
国有1993年1993年1993年	
Normal and applying all the particulation of the second statements of t	
Ander proceeding .	And States
application of the publication of	and a company of constants of the particular of the formation of the second second second second second second
	ange have beginne startt allettin. Breezetter modernes been to this
	and provide the state of the state
a an	agus dé la lagaig lagg la laga sa mga ta lasan (di lit)
Stocket alle Stocket alle	
Merican Statistics of the Statistics of the	
iliyaali kaalina	reaction of a constant of a second of the second state of the seco
an achanna, na hao ina Filianna a mais ann ann a Martana	

²⁰ http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

. .

Appendix D

State Mandated Benefits Across Benchmark Plans

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Legal Reference	Mandate Description	Small Group Option 1	5mall Group Option 3	Small Group Option 2	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
10000000000000000000000000000000000000	o Nezhore et Harriet Chinere Harriet Harrister							
Ng Basarang tarag Mg Pastang Dang Ng Kamput	s Wolenshiya anging na saluha. Paga					9489 		
artini lata di C	 Burdin Planning Stands, Suryanning 							
	(in both to g0 in the second s							
(CSPO), RECORD Aggrig - Storage Aggrig - Storage	Bring the Microsophies and			NH KV				din YAC Sanata Sanata
ak kir da sagar San sa P	mol es inno	3 -92 50		ana .		o Arto		
	Mana ya Kana ana Mana ya Kana ana		2001 2001 					
and Barl and a start Angles and a start Parata angles Angles angles	એમાં આવ્યું છે. આ પ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્ર આ પ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્ આ પ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્રેસ્ટ્							
Maria Maria Artina di Trafic Maria Maria Jana Jan	The last primer (1965) Angerthing a gchin Ingenthing a gchin Ingenthing a gching							
esti Tolevi VE: Couperin San San San San San San San San San	Mentel Colorategia November 1997	edura Exposition The2500 Official soft Suppliers with No. 5 (1900) Suppliers	Wing File y distribu- Mile yi vocaiport of construct of dispersingly of a colly principal	(A) (entroph control de para control de para control de la control control de la control control de la control de la control de la control de la control de la control de	Alexandra and Shiri an fiolaith Alexandra Alexandra Alexandra Alexandra Alexandra Alexandra Statum	Santa ang sad Santa ang salar Ting sang Santa salar Santa salar Santa salar Santa salar Santa salar	reiki siya asa Nga Saya Saya Sulga Saya Sulga Saya Sulga Saya Sulga Saya Sulga Saya Sulga Saya	Star and second second black (same star) and second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION 12

Legal Reference	Mandate Description		Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEH8P Option 3
		Sima circuit Sima circuit Vina cima condutori condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition condition	and Control March Andrew Status Status Status Status Status Status Status			CEN Action (chi so diffection) soldination (chi construction) construction construction construction construction	Nun de Const litie - fuite Straithac m conditions - mission	Control of the second of the s
vintar Hir nat List Hoffin doc 19 <u>25</u>	ni 2 Marian Opine a Schwalt of West promis Magnetic benez		<u>entrepresarons</u> Vici			en e	$\frac{\left \frac{1}{1 + \frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} + \frac{1}{2} \right) \right }{\frac{1}{2} \left(\frac{1}{2} + 1$	Constraint September
991-10. 1987 £						4330 1	20 07(5)	Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Constanting Consta
	en danggana ing i Were Selanggan <u>Respon</u> t			P d'Aj		i Sha Sana Sha		 Children (1996) Alter and Schildren (1996) Alter and Schildren
10,241	ang miliping ang sang sang sang sang sang sang san	and a subscription of the second s The second se Second second	n 🗢 🛶 🤤 👘 🖓 🖓 🖓 🖓 🖓 🖓 🖓	n Alexandra (Alexandra) (Alexandra) (Alexandra) (Alexandra) (Alexandra)		The Assessment	500 500 500 (11 ⁰ / 110	ANRA GLAT
	Harriera Onichegoage gan Saadhir Giblian ga gaaf Dalah Ugaage		* 4 4327			AN CONTRACTOR SCOTTON	entes de Girdinge Extense Extense	Alasti AVM (cm Abel synorogi Alasti Alasti Alasti Alasti Alasti Alasti
	agantu asun sheksoo ay Dalaga enganya gal Wiliya na as			2 				
	na Dona (Gales, Gales, Guerra (Gales, Gales, Guerra), Gales, Gales, Guerra, Gales, Gales, Gales, Gales, Gales, Gales, Gales, Gales, Gales, Gales, Gales, Gales, Gal							
an a	Alexandre (Cognis) arlenaes (Cognis) arle (Coglis)				2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000	ki an oli in sena sena sena sena sena sena sena sen	425	i di Titi

OLIVER WYMAN

i

ł.

52

E.

T.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Appendix E

Supplemented Benefits Across Benchmark Plans

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandare	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
SMERINE FRIERER (CO	CONTRACTOR OF TAXABLE PARTY OF TAXABLE	(ណ៍សូន) ដែលតែ៖ ទូ ហ្ ក	legsmit falleter						
aledid steppen by the second			Amangang ang ang ang ang ang ang ang ang a	ang des	and the second second			$\left \begin{array}{c} \sum_{i=1}^{n-1} \left(\sum_{i=1}^{n-1}$	evycheti
জ্ঞামবাদনালার রবেউপন্য 🦾 এরাজ্য 🖂			A.9. 9-1	$\mathbf{S}_{\mathbf{r}_{1}}^{\mathbf{r}_{1}}$, \mathbf{M}_{1}		energia Veza gaz	ente d'alle	Services	
innailaita 🦿					Steed .		$m_{\rm eff} \approx 10^{-12}$	CAN IN STREET	Service and the service of the servi
telatulus (Suling genera) Statisling			-Cayonan Sanara	envera se					Software a
ltian inn na ann. Shriann			2 ((g ₄))	3°94 a.d.	Kalikov Kalikov Kalikov	Constantin Sector Constantin Sector Constanting	enger Strager		
al Motore al Antight Mai Santa			Antra Antra		40.0 -	an a	Singl	, k a j + <u>k</u> . It	ang
Ravien, sociality Paristic sociality Paristic			Ning Sing		N.(270)	eografia Second	- Honer Maria	Sand	ann an Airtean Ann an Airtean
દ્ધ કરેલા છે તેલ માઉલ્ટ્રાંગ કરો. સંઉદ્ધ કલલીજ			9 64,011,59	577	$h = M_{1} (k_{1}^{-1}) + \frac{1}{2} \sum_{i=1}^{n} h_{i} (k_{1}^{-1}) + \frac{1}{2} \sum_$	${\rm St}({\mathbb D}_{n_{i}, {\mathbb Z}})$	Kerver Sin	-SNEL	
an a	(Ne)		1-54.001	SAM ANT	Sauce (12-24.15: 12-24.15:	0 (112)).	9 94, 31	5 X 12 X
tad Grupensa Manno	Ϋ́β.		ara (i - p	SPASSIC			Sing() (S002.5	
90 prosedinavas pratarinas Regel seguras anti Regelas Regelas	. <u>3</u> 0 		Anton Anton Anton Anton Anton Anton	9-11-15 9-11-15 12-15	SCI-IX CI	ana (C). Sana (C).	ગરેણ ગુજરા	ч.иод.: -	an a

OLIVER WYMAN

54

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEIIBP Option 1	FEH6P Option 2	FEHBP Option 3
en for Alexandria Anti-Alexandria Anti-Alexandria Anti-Alexandria			53400)) -	A. F.		594 2014 - 1945 - 1945 2014 - 1945 - 1945	50/42 50/42		599.7724
NG WARK COMPLETING	C.S.		ane u	1991 - J. (¹¹⁹	15.92E AL 45		Sept. Ch.	1. 1992) - A. D.	in Serve le serve
					Corperation	N:000000000			and the second second
Difference and Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-			 < 4)(2) 		A CONTRACT OF		a≱ware Nationalista	leyene:	3. (P)
Sterowicza, as znach Sterografy a pro- salta,	ef.ge		Antin.			evy in tre	S.v.401	entrel.	e de la Gracifi
This Quitting as the order of the out of the optimization of the optimal	180 1		sara ta	a Second A Window Second			nggas.	en de la composition Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Cristiane Crist	5 W 1/ -1
All Mind and Cold Date Of Future (Cold Cold			ાં. ત્યુવી કરો કુલ્લા કુલ્લા	\$467,733,61 -	n harren 1997 - State 1997 - State 1997 - State	- - 19 1-191-1	-source	an a	arean plastic
ger andreslag as Rei Anternig (20 Mengine Monder	"Kini	West	enter:	496-44. 1			. Vitel		С. 419. С. 419. с.
90≓ર મેં વગતન કાર્યું. ઉભારતાત અભ્યાર ગ્રીમેન્સેલ્સ અત્યું	N.O.	0-:	\$ ¶[]γ (μ.	na Colgado Presidente ggeriantes	sva (d. Travitska			itaria.	ing an Ing ang ang ang ang ang ang ang ang ang a

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Si Suton Chesteant Anna S Sua Mana Anna Suton Museum Suton an	ж К б					With t	: s-9	1. 7.19.30	
silar arbiy era ağı Vəfotadly sənəti Wənəs			an a	engen se					
i Kalen or Priodise Station of Priodise Station of Station (1997) Allow of Station (1997) Mandala (1997) Mandala (1997) (1996)			P. (P. (1997)	aigni.	Grun û				
Ang characte				5 0.0 1	Cara -				
AMA Distances in the second	46(2)	en (/e) an	Necestra.		ani. Kiyi yi	Ne ferrer ja	Ares Dec	Maran	- Territo Kapitalia - Te
n na seanna an t-rais A Seann a Guillean an Anna an Anna an Anna Anna an Anna			An I-CG	-Runal 	74.72JG44	(4.2 %) (14)	-00,410-	aigir pa	
Ubgenting.	X-2057	NGZ 2				F MANGAGIN		General (*	-sace states
 รัฐปีของจะผู้สองสารีอิตากล่าง 	Sf X (i ar an	erreit	is,ÇG-i	2007 2007 - 2007 - 2007 2007 - 2007 2007 - 2007 2007 - 2007 - 2007 2007 - 2007 2007 - 2007 2007 - 2007 - 2007 2007 - 2007 - 2007 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 2007 - 20	Same and the	SALER.	91.VGC (F
ેસમહાનપ્રસ્થાનને આવ્યું છે.		dio Second Second	NPROVECT Procession	Mainegriffon	વેલેનાં વર્ણ કરવા છે.	an salata an	714 (014 (4.) / 2114 - 14	ALCONDUC: OI	

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
SECONDUM Province Company			ά ξ α ματ	1997 - 1998 1997 - 1997 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19	: 11: - 11:	e ve li redense setter en en		E - Maria Ber	
artigues Peors alla	wiei S				Several Second		907-ji u		
18 Yosop de trades	19 20 1		Terra Contraction	encer (er		ent da	SIGGE SALE	No. 10 TH	$\frac{1}{2} \left(\frac{1}{2} \int \left(\frac{1}{$
	4 .			Styppin - Os		C. C			
abiladh e thagʻulnar Made tecan Matherina Matherina	(16 101		140 EQ		in an ann an ann an ann an ann Saol a Carlonna Chaiseann Ar 2496 ann Ann an		4. N	A DURCE	en son normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalistic normalist
leon Sheph In An Eisen Ar Shikitan			90000 190000 190000				en Zicai	5. 10/26, i n 1997.	A GAMIN IA MARKAN TI
Olegy F (a. 1997) Die Charles gegen Station Station (aussissingen Station			longe in					an a	and an ann an Anna An Chulton an Anna An Anna Anna Anna An Anna
Weiles Charles								*** A.	4. ALM 1
an ta'a sin 25600 Gunner 4 doorda	110				Averat	Personal (2.40° en fin		Leving:
URTING COME (ADDS CO)		1 A	God (c).	1994 (1994) 1994 - 1994 - 1994 1994 - 1994 - 1994			Эңүрүнд	ei y i de	્રે આ ત્વી અન્યું છે.
Mann Island Africanas	(6) 		STATES -		Sauger	. (qr.6.)	48424	en Marta	i danyi ya kata ina ina ina ina ina ina ina ina ina in
Mahala - Paratan Laguerra de Laguerra Laguerra de Laguerra	4 (9) 		a Aylynda Maranagarad yn ar ywraidd	-Kay ji jil				-Belling-ir	1994 - 164 e 1994 - 164 e

OLIVER WYMAN

57

- T

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option J.	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
eranova _{bos} tripi	ilis -	1915. 		(4). 14). 14).		e de la constante de		-3910er ² 1923-	South a state of the
entrate de Congeles Constantes en tratas Constantes Constantes			2934) ^{- 6}	Sota Pl	$\langle \mathcal{L}_{0}^{2}(\mathbf{r}_{1})\rangle$	en and an Reis and an	tanan si	Alexandra Alexandra Martin	an a
Barrine and re Securitation (Date prop Care Illig)	la le n Server		Control :	(e.p. (3)	-court de la serie	1.2434-	e (9,721,46	18,75,41	-active
NP201, TO UP 2015. NP25-QUE	Ner		÷9, 13.	esser el	PROJECT DE	1998 - A.	e Estat	energia Regionali Status	e en
ander of the desired of the	i ∕ijų≃x								
d san a nan		10	an ann a' Chuirtean Ann an Marainean Marainean Marainean	station(200) SAMONIA AMMANIA	-Thuế say Mộ Pháy điện Nghữn thư Mộc Miện Mộc Miện	Song Phones Silen Alse Matterfy Sile (2017)	Annachtir) Arthuise Mhaithne Mhaithne Mhaithne Mhaithnean Arthuisean	Santonaria, Britania Marika Marika Mariana Marianana	 A.D. S. Martin B. T. S. S. Martin B. T. S. S. Martin M. C. S. S. Martin S. C. S. S. Martin
NUMBER CONTRACTOR	NG LAN	v The	- arnat	્યુજ્યનુપ	-261	LANGE 10	Supplication in the second	aszient.	- SVII 19
n Multa ve te ha yartang an G	484) -	- TA	Sigt - 17-1	(1963). 19	AME (41	(files: 7-15)	Solution (Solution) (Solution)	ingen alle saing Stir og gift	$ \begin{split} & \sum_{\substack{i=1,\dots,n\\ i \in \mathcal{I}_{i}}} \left\ \left(i \in \{i,j\} \} \right) \right\ \leq \epsilon_{i} \\ & \sum_{i=1}^{n} \left\{ \left(i \in \{i,j\} \} \right) \right\} \\ & \sum_{i=1}^{n} \left\{ i \in \mathcal{I}_{i} \\ i \in \mathcal{I}_{i} \\$
SMAAA OF AFTATA George Angelen Marine Angelen Marine Angelen Marine Angelen Marine Angelen Marine Angelen Marine Angelen	16 <u>-</u> 1	ale Souther and	ALT I	- Star RC - Star Star Star Star Star Star Star Star			n an	ан 7- ала 1-	

OLIVER WYMAN

58

i

÷.

i

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEH8P Option 1	FELIBP Option 2	FEHBP Option 3
$ \begin{array}{l} & \text{if } i \in \{1,1,1,1\} \\ & \text{if } i \in \{1,1,1,1\} \\ & \text{if } i \in \{1,1,1,1\} \\ & \text{if } i \in \{1,2,1,1\} \\ & \text{if } i \in \{1,2,1,1\} \\ & \text{if } i \in \{1,2,1,1\} \\ & \text{if } i \in \{1,2,1\} \\ & \text{if } i \in \{1,1\} \\ \end{array} $	-14 -	1997 1997 1997	97 JU	क्टल		500000 1	en sen sen sen sen sen sen sen sen sen s	countly	
Antibertaniser RATE for			10 10 10 10 10 10 10 10 10 10 10 10 10 1	1. 1. 1	Maria I.	Contractor Sector		S. Here	4
arrende groupe	NG S	- Shiri				en de la compañía de		e ku	aries (1) (1) a star Cal
da de la composition	Teo -		19-143-051	amay an		saas adoo	le v Ma	Devie:	
						Renard -			
States in the second of the second	Υ _(e)		illing var fa	1951 - Ol	COLOR N	4.49 4 2	i analan	jevajoji	1904)(3)
e foreiste (witefin de Egyptie geweiste	NC -			(A) () - 3 ()	ana wazatat Bana mini Mana mini	- ANY DAY	W.CO.		- «qy(n) (6)
distances.	Ner	. (an a	estatel.	nters satatet actitud -postatet(s) sustatet(s)	4770	55.0. 		
ील:-२२२ - २२२	-Mer		160/100/100/100	See 1			8-10-1 -	NG TING T	
all faith	2 (4), 		evace -	NOVE 11	erona			essante e	
STEPP CONSIDER ST SCIENTED			Covieredi Nationalistation	•1.2.E.J	Covered	C. CHER.	Control	Extended 1	Covered here and

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Bencfit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
₩ 100 0 (1004),28-+*		2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	 22 Column and a second s	Contraction (2011) (1000) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (2010) (20)	in an e braintean Onder Units 2 Charle Units 2 Charles Victuro Aradin des Satis Recursons an Recursons an Satur	 Martin Control (1997) Mar	COASS - UNA ORADUU Societari Societari Societari Societari Societari Societari Societari Societari Societari	 To are stated as a specific transmission of the second state of the secon	 Describe the ab- cup licenses of controls in a post organization of controls of the control biotector control biotector controls of the control of the control
Martin Martin Prace Martin Martin		1999 1997 1997 1997 1997 1997 1997 1997	Concernition (Concernition) Concernitions (Concernition) Concernition (Concernition) Concernition (Concernition) Concernition (Concernition) Concernition (Concernition) Concernition (Concernition)	novence piper to Origina dice State nor constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions constructions construc	ACCOLORIDA CONCENSION PARTICIPATION CONTENSION DEFINITION CONTENSION	e with the first officient lings of the foreign of south officient of south officient of south officient of the conduction of the	South	ACO CONTRACTOR CON 2000 A DIALES CONTRACTOR 2000 DE CONTRACTOR 2000 DE CONTRACTOR 2000 A OFERENCIA 2000 A OFERENCIA 2000 A OFERENCIA	even definition obset lines to obset obset lines were contained were definities were definities were definities were regularisation
Dengali ya Manang tang tang tang Sugay tang tang tang Mula sakataya		le: Nu	eaci Anns Anns		lencol lencol	Service Ten Cla	in an	Personer Frankrig	
-રાગ્રે (ઉત્ત સ્વાપ્ત) છે. જેવીડું માહિત અભાગાયના	Nt (6				an a	levier Evrei Mensier	e.vdrt	Carl Cl	
991 - et le presiercity Strategy		цр. Д	Juri 1 Kir Diller	Mites rejarités	Action of Hills	160 CARANTAN SA	Sundi or al Malan Generation Mathies stor Englisted Stati	angen ut Kosti Ostatogi Model vervez Dostazijska Dostazijska	nu ta A Cosorrege Coroldon dija Color di A Valipi Gradina di Angel Monis Monis Monis Monis
-menencia. Peteran		1[9] Atle	ોદેવાદાર છે. એક્સીલ્ટર હત્વન	CONTROL BERNESS NOT COVERED	Noricoveres	eoxy (a co Active cover col	navarati Schlegger (n. 1975)	Noteologi	Note touched to be

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
LU-UANDERS CO.	ALC: DOG	29. S.			Soveral Sector		S STELLE	se ni en a	
i ann a' stàitean an a		Reinander	evace				अद्यायन संग्रह	GUTTIN	Covered Sectors
પ્રચિદ્ધાર્થ અભાગવાજી સાહિતીય હોય	1.11(c). 		n la uga an ing sa	-Xerician (i)	n jages de la galer. Na da estas de la galer. Na de la galer de la galer.	n (n (αtiμe))-sit	a file a grada a secondaria da secondaria da secondaria da secondaria da secondaria da secondaria da secondaria Notas da secondaria da second	NG SEVERSE	in the second
MCCC -	A1-5	ge	an a	Malanti (an Te Xila I	dia an	900) 1900) 1910)	Constant Constant Una Urbannes Officiales de Filippias Constant Souther
oric align		Alei	Alexentrol and	Ans.sofiga	$= (\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum$	Ale static to the			a hariat
a BC 1050 of Regigners References Status Status De Alexander De Alexander De Alexander De Alexander De Alexander De Alexander De Alexander De Alexander	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	ана ала сала 2 4 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	C 446 rd 4		•• // • •		MAL		
		ent the Star Lawyer of	an An an					a an	

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
tek alganiskipyingezek) Spat-to i slato, slage gangstatae		аналанан 1997 - Алариан 1997 - Алар	Gavaran Gavaran Garatan Bagatara (- 11) Bagatara (- 11) Bayaran	anar sein Spine Sanar Saalla Disage Raha gaabaa Saasajaa	is all the second secon	Ander tes	સુધાર્ય કરવા છે. આ ગુણ્યાલય કરવા છે. આ ગુણ્યાલય સાંચ આ ગુણુવા છે. આ ગુણુવા છે. આ ગુણુવા છે. આ ગુણુવા છે. આ ગુણુવા છે. આ ગુણુવા છે. આ ગુણુવા છે.	 A. J. J.	 Contraction
Sheel Staff Track Tock Discrete	niyinzə ^{bəy}								
e en la classe d'activ Astronomico							· «; / (;).e		$\lim_{t\to \infty} \sup_{i\in I} \{i,j\}$
ំសាមបាន ជាចិន ឆ្នាំ សិទីសារ លោក លោក ឆ្នែរ សិទីលោ ជាទំណែរកា	14,	ηρ	ar of the fi	ene bra		5-17-22 -	14 AVI 14	Harange	uura
			5.94 M St.	44.53			n Maria Junia	(A) (J. C) Martinet	FERRIT-CO.
	he be		ngegano.	1912 12:1	6		Encles :	Complete 1	
alemis light	Q. CI	Jie -	ANN AN AN AN	1990-1997 1990-1997	્ય ગાણ છે.).CQ.20.1	-RECEIPED - S	
al pictora Ubernamia Res 786 Heylet Cali Sector 200 actoration	Nõ	de.	8 647.(1) 19	nta a fai		n an		anta anta anta anta anta anta anta anta	
Tellisin (11)		(m)		General A			swaars stor	General States	un en mele son
deciminates-	Niel			seley, i_it seley i_it	e en al care a care Care a care a	dow (1)		E C () ()	engan (t. 1897) Antonio (t. 1897) Antonio (t. 1897)

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
अभिवास सम्बद्ध होत्र होत्	Jjj²	Vek South	an a statut National Annual Participation (1997) National Participation (1997)	and and the	P 124, 10 10 10 10	Kenya na katala	1. C. C.	enger (*	Levis and
		Nor-Sector		This is cardonal	Augracia	No. COLLEG	PADAPATIAN	atoreations	Nes e idhirin
Defferente regelter an state of the	nie: Stat	Mel			advaran (2 No. Neligation	Distanting and	Webyell (May))
an an start	(je) i	1 (0)			- tolay things of				
data kan barajar	4 e) .					$\psi(\phi) \phi(\phi) = (\phi(\phi))$	Angelingen en	este de la caracteria.	
ាល ៧ត្ ព្រក្ស		λo.	entra a		Survey wirdnig.				leven, e e e
LtBale, aqu≥ nagas. Sp≷lbraga		Lia	ารมาให้กับรูร โปฐริสาตรกับไป	ana ana ang ang ang ang ang ang ang ang	" Second Second	a Sulati Anglaria	1 - S91755 - Au 2 Del Handel	ing and su	Angeling Angeling Angeling Angeling angeling angeling angeling angeling angeling angeling angeling angeling ang
and the second	Klevene sin	(16)	(Sal) (A)		SEXE:	154(). 154().	SOLC:	-63(JE44	an a
n an Traisfean (Car Taraightí		(Cin,			· //	(helli-2-b)	NO BERTHOLD	Hartone areive in a start a	Alexandra and
ativat.	ζi		din en se		an in Citin and a star				
Julya matumar	Ne ^{l (} Tersi Mel (1994.051 1994.051	NUCE CONTRACTOR		CONCEPTION OF		n an
ฟิล-แห่น แน่⇒ม่มู่สุด ป เมื่อมู่มีเวื		1. (p)	Congression and the second	onar Ongenarie Styffel	ο χορά .	τ φ αγγ.()	An 23.	G	aread a constant
	ND AL				APRIL DE LA	ANTAN STREET	9.9400 (A. 17. (A. 1	sevingh	- Maret Bagers
ជមមាន៩៥៧ម៉ាមាក 				$(G_{\mathcal{G}},G_{\mathcal{G}},G)$ denotes the	-9469		a an	G. N. V. St	- Caracal -
出版 法法 不可以 的复数 化合金化合金化合金化合金化合金化合金化合金化合金化合金化合金化合金化合金化合金化			677-184			Sales -	seizonti	Layer to ¹	bi o gen
it multi y Stadica i s		ale Ale Ale Ale ale ale ale Ale ale ale ale ale ale	Mediana etan Sanak	(Masingstim) รัติพัฒวิตราก	e (1 - of a confile Guilte of a confile Guilte of a configuration	A star Bin Abing Ani ng si	Posta (A) 	Sport (1998) Sport (1998) Sport	tone - Shi Shiko Na Mor Antono Prasilinon babas Shindag

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Bonefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
lonit moknes	NO	- 16 - 16 - 16 - 16 - 16 - 16 - 16 - 16	5. 	anaraza (Testing and		Made.vr.r.	Millocewated	441-144 - 174 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 - 184 -
asture (* 2443) jung zong Nganipis Nganipis	1. 1 . 1.	िक के बिल के अपने के बिल क बिल के बिल के	Payante	COLUMN AND CARDON DUM	in a start of the second s	16.1 G	on the optimal of the standard for the standard for the standard for	сечастији ан ФС, пони СССС истрјуг	ને(ભૂડ વેદ્યુ(ગુર્ટ તે)
-0)2)4[de.	Segura (4945/2662	November 201		Network	Place quigt	No Align
RREELEADESTAVIES.									
			Arc:		NO/THE		9. A.	54770A	
din hensenters		ale en zeza	CMCC.		$= \eta \sqrt{2} \int_{-\infty}^{\infty} (d_{k,k} + 1) \int_{-\infty}^{\infty}$		4*9/ 3 49	$\mathcal{C}_{q}^{(n)}(\overline{q})$	n an
ORT DISTRICT			ંગલ્લા	591. (Production) 	1.e.ov.21.45	at a Carta a C			
Chi, AUSEPhin Steller		26 <mark>1</mark> 72	Nor G		14. 14.	Ray() Stay()		eta (NEC	- (1797) - (1797) - (1797)
Modere a constant	ille"	7.[0]		(HCCKC)	n line and a second second Silweyy 17,22	and the second	$< (T, \mathcal{I})$	$\int_{-\infty}^{\infty} \frac{d^2 x^2}{dx^2} = \int_{-\infty}^{\infty} \frac{d^2 x^2}{dx^2} = \int_{-$	
ann a stainn an thair.	R			terter of			s 1910 Action of Sector	S-avoration of	and the second
Terra a		(c)	La Vill		aryse in 2005 in	A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	s-spids	en de la companya de La companya de la comp	
*EPAC MARINE JUST	W.	¦(e)	βeigieγ		49.744.94 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 199	- S61//3	992-15 <u>2</u>		and a second
NGCOOPISATI STYA Sulit allas				6.3(7) H = 6	Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congram Congra		-toyate()	in the second	
Hander	Web .	E .		Covered States	Coverad		Covered of the second	-Guarada a dalara	

 \mathbf{r}

OLIVER WYMAN

64

T

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

.

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
not a gli e gri stra stra st		6 Me	a griffer (1997) 19 Anno 10 19	CONSTRUCTION CONSTRUCTION MELLING COMPANY CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION CONSTRUCTION	Promited by a good and the form of the optimal sho condition of the form with the form and the form	SWG GUSTER Dir Sin Ollines Dir Sin Ollines Dir Sayla Silar Apraiy Conditionan	1995 - Destan - De Status (1995) Alex - Status (1995) Alexandro (1995) Alexandro (1995) Alexandro (1995) Alexandro (1995) Alexandro (1995)	 Avia (Constant) Avi	Cov. 230 Entron Stratuca III Stratuca III Stratuca Soluțio Stratuca Soluțio Stratuca Soluțio Stratuca Soluțio Stratucă
al ghileddiae (44) Magai	44		Contraction Description Description Description Contraction Contraction Contraction Contraction	and a comme treatment in a comme station of a comment of a comme definition definition definition	da V P. Astronomia 1977 - Astronomia 1977 - Astronomia 1977 - Astronomia 1978 - Astr	na an a	n Start Contraction Discourt adheses Discourt adheses Discourt for your Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contr	, yayan ar ang an arara fisiatikan a kare aralingan ya araalinga ara marajingan ararajingan	n of a standard actual alter actual alter addition yric alteration alteration alteration alteration alteration
and a state of the particulation of the second state of the	alade See								
Alement Motorala Historiani (193	1162		4. 1973 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 - 1975 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 -	€			4 2 10	и. у т 3	е 19. 19. 19.
Cherry More A super-status		5. 4 5	le gr St	A CLEAR	-34-63		STATE -	NEWD T	
s turk oʻn toʻr bayan Sebula bar oʻnan Bay Davis	(I IC)	Υ Γ.	Seria (199	1 95 - 597 E cit. 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 - 1964 -	- Aler		ververen:		
CALL CANAL DE LA MARTE									
Augungesspylas	N	Nej	Faying	NGLD	-onei	Salt 1-1	Concie Station	Section 1	

OLIVER WYMAN

.

65

i.

1

!

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
િત્તુ કે	and AC. Const. J.	₩ ⁱ n State	rew.13.	(9.20) 	Millingar a c	¥.94÷₽!	20703 <u> </u>	rean _t ir.	covered
Garmeraanser German		M⊋C SM⊋C	NOP SOLATE	Noi conspi	Toe Zoy gent	ever courter.	- Not very that	PADEMOUTED	i ogesvered
atria) (ar isos) agustar as a st agust		-16 	Yer Turp	892 FEL	: XE-pe		and a second	S. C.	
	NO.				Bagen .	Status a	(eny 1711)	And Contraction of the	
ปฏิญญา (ส. พ. ร.ศ. 17			11. 21. 21. 21. 21. 21. 21. 21. 21. 21.	n de la constante de la constan La constante de la constante de	etan oyacı Marazan Toshinas Escaranıy	and a superior annual anna anna annual anna anna anna Annual anna anna anna	n an	n sector de la company KHOV LORI MOVE SECTOR	Paris Contractory And Chair Contractory And Chair Contractory
Fur estimate			skiedskyr i delyr.	stiggens gi	adoquia	ESCHULTERON	2. Philode Lab	in a start and the second star	OVER DECENT.
falle false berge aller He	ν. Cor	() [0]	ምመጫ አመራይር። የመጫ አመራይር	руацы (үлэй) - 7 с ()	LOJEN ALCONT	$= \frac{1}{2} $	ແມ່ງແຕ່ຫຼືເ	Alo 9mja	seventi ne pyse De na obienci Trasportere
លាក់ស៊ីដែលស្រុកស្រុកស្រុក ស៊ីន		(9) 2 0	NENCOVIER	Monart C.	engine english in	[1,0,1,0]	Spectro Arg. Spe	-dotaires of	$\mu_{i}(\mathbf{P}_{i},\mathbf{q}_{i})_{i\in[1,2]}$
As βtγsch	N6	а ДСГ Тар	ચીલ્ક દેવેલું જેવેલ	Norgensi	Niteration	\$149 € 727-21	Hole Henrickie Look Spryst Stor Science Distance Distance	- fabal 20 - a syna Sold Spog - A fab T-Antas of a A - forwell sig syna forwell sig syna	
ndus (un vent) Aradicial d'Acan	1.10		Naksopije		NGREAD CO	an a	2 4³96 5.5379754		e) A faith S, tiesC for
		jje je serene state state state		S OPIGIE S	NOS COLORADORADORADORADORADORADORADORADORADORAD	Alter State	e i sun estato La sun estato La sun estato	san (- 23) San (- 23) San (- 25) San (- 25)	A A COMMERCIA MAILEND MATERNE

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
			<u>SREEV</u> II.	Lini Cart		-uni ena stra	ADS: MAGE	्राष्ट्र-क्रायस्य के	
			equil ().	Story (pert	C. C	And the second s	3ex2/30		Den
્યું તે પ્રિયુદ્ધ ભાગવાનું છે. આપ્યું છે 					and a standard stand Standard standard stan	144.0 1944.0 1957 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967 - 1967	engerin Figurin		
 [10] Promi Dy (Dresto), [10] Orbits [11] Orbits [12] Orbits [13] Orbits [15] Orbits [15] Orbits [15] Orbits [15] Orbits [15] Orbits [15] Orbits 	21 1	94 - J.	ngh (Toursean ang Ranapatèn) Ranapatèn Ranggatèn	Olifacsji SeQLAA Grouwelle (1951 Groups)		Pill Loose Horan I Tachtathan South	rioz a trigane ext criga	$ \begin{array}{c} \mathbf{e}_{i} \mathbf{e}$	
Culture	ц. Д. а	Mo	SM I		ndio Relation Den Lecture Lecture Construction	e))mesi	na activity That article Knaros Pale an Taros On Taros On Taros On	n say sang ng Sugar ng n Ng ng ng ng Ng ng ng ng ng ng Sugar ng ng ng ng Ng ng Ng ng ng ng Ng ng Ng ng ng ng	adiver de più When a the più plantes della china stati e de person più plantes della china più plantes della china plantes della china
hann à stàidhean ch		λ ίο Α ίο Αποτολογία Αποτολογία	ingente Serente Serente serente	(0)	- OTTEN	rikan (ана Фа н		respectively a sub- territorial (2004) Maxistrational (2004)
Vednoorfhorden on Asternoorden overset opende Stornoopresent opend	19 19	20 20 20 20 20	Noise, e a s	ALL STATION		205 - 11 - Tr	1 0.751	า สุขาระวงจะทำ	NHI OVER 2
Que adhirtí ar seois E		7 - 1. Sen 12) Sen 14, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	n (j. j.) Se se	SVARI (* 1997) SVARI (* 1997)	Qered	24. 24. 21. 21. 21. 21. 21. 21. 21. 21. 21. 21	CADO		

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
tend dar andr Trict-Hittings Sprins yr Sart energ	2 4	ации 1919 - Провенски страници 1919 - Провенски страници, страници, страници, страници, страници, страници, страници, 1919 - Провенски страници, страници, страници, страници, страници, страници, страници, страници, страници, страни	NGA Ayonto	hiorog _{en} i es	del origiè	osevur i	nforetra p	- 10855/15	All and the s
May how the reacting as encountry pro- Mathin-near the same		n den series Nort	n See (Linguistic)		No. State		*1×20/69.0	2000Cala	્ (ગુદ્ધ ગુપ્ત પ્રતિ કરવા
SCW, etc. Zuergengte ∰uinen og de		Ya)	анан (1997) (с. Т <u>ар</u> и)		[7]o)≚<7.7? [d]		State State	Seculation -	en de la companya de La companya de la comp La companya de la comp
tan Magalerian ang paga Magalerian ang paga Magalerian Magalerian	Sul:		a 2000 a stadiyi 2000 a stadiy 2000 a s	eng ng Piggin garga ng Iggi ng piggin gargagan	n in telano	Victoria (n. 1997) Alexandro (n. 1997) Alexandro (n. 1997) Alexandro (n. 1997)	Content (1995) (19) Adjana (1996) (19) Adjana (19) Ad	C an Office Office State Science of State Science of State Science of State Science of State Science of State Science of Science of Science of Science of Science of Science of Science of Science of S	1993 (1997) 1993 (1997) 1993 (1994) 1997 (1997)
ALLMINE NEW DECTROPPED									
$\frac{1}{2} \frac{\partial \partial (\partial (x_{i}))}{\partial (x_{i})} = \frac{\partial (\partial (x_{i}))}{\partial (x_{i})}$		λμ. L	l'alainte de la calendaria	Mansondad	san ça	(indigent in	Tailler, graviter	Sherei yan	averies of the
Tribusi Angra Succeptin	R(c)	WX.	and a start of the second s Second second s	ent souther age of the Part of the State of the state of the souther state of the souther state of the souther state of the souther		ann rain an tar Ann an tar		i Calend	an Guardan an An
s lsy (chul-radeograf) Milss - доці Milss - доці	0).C.	Me)	Startage (s) se action (se ga Startage s) Startage s) Startage s) Ignes	балардыг Талардыг	adjo i novo rekol	e by Netiker Staff fransele af Staff fransele af Staff for staff (fransele for staff) fransel	(oregoing)	dla cana	(1);===(1); (1);===(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1); (1);==(1);==(1); (1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1);==(1)

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employees Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
na Alises, anthainn na . An Statur Iachtainn			ADEC:	strange Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status Status S	n Micie Micie		59710 19710	And States	- sa 1.4 16.20
an a tract		10	NIPE SVERK		an ar an		 (a) a (0.5) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) 	Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite Suite	 A Diput <
t sindikasan in			an a	aproval A		(Georgentine)	i eje Viscije (und ti	$= \partial_{ij}^{ij} \hat{J} (\hat{\mu}^{ij})$
mari a polesam			a Automotoria de la composición Automotoria de la composición de la comp	NYS Advictor	e. 745.	di Kalan		MARCIAL	King walkog (1
94.0-d - NAS		-tite - tite - t	iar ann Adhra De Coirte Meiste	Late or field of the field of Martin	λ (Ν. Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο Ο	-Miteoria - Sobate Agra	 Statum Baha Statu mBaha Statu Matana Statu Matana<td> Service and Barge Artificity and service statistics (Service) statistics (Service) statistics (Service) statistics (Service) statistics (Service) statistics (Service) statistics (Service) statistics </td><td>$\label{eq:started} \begin{array}{l} & (1) \\ (1) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2$</td>	 Service and Barge Artificity and service statistics (Service) statistics (Service) statistics (Service) statistics (Service) statistics (Service) statistics (Service) statistics (Service) statistics 	$\label{eq:started} \begin{array}{l} & (1) \\ (1) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2) \\ (2$
a sik daaring Gola Proje Gola gula	¥ю Казалар	-199 	.Σ. (1) 	(15) (15)	андар 1995 - Сар	1 27 27 27 27 27 27 27 27 27 27 27 27 27		erozoratoje se Sentoni se	thi secol

OLIVER WYMAN

69

.

HAWAI'I DEPARTMENT DF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Appendix F

Outlier Analysis

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEH8P Option 1	FEHBP Option 2	FEHBP Option 3
VERN-SORT	and the states of	A MARKEN	an seamer and the seamer s						
$\frac{1}{2} \left[\left(y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_{1,2}^{*},y_$				SPICE.	ANGKU -		dhanail An <mark>a</mark> n an	$\sum_{i=1}^{N} \left\{ \mathbf{e}_{i} \in \mathcal{F}_{i} : \mathbf{e}_{i} \in \mathcal{F}_{i} \right\} \in \mathcal{F}_{i}$	ราชาวราชาวราชา ยังไม่ไ
RESTRATES	1.4.13.6.6.								
cal di contrigo Une gri	C nie	RF- Statistics	Na se presidente de la companya de	11 - 24 - 24 -	10 11 11 - 11 - 11 - 11 - 11 - 11 - 11 -	n de service de la companya de la co La companya de la comp	ំដែលជាត្រូវ () ដែមក្រ (ក្រុះ ខ្សែខេត្តស្រុក	$\begin{array}{l} (667)_{1,2,3} = \left[1 \left(\left(1 + 664 \right) \right) \right]_{1,2,3} = \\ (1 + 1) = \left\{ 664 \right\}_{1,3} \end{array}$	$\begin{split} &= e^{i\phi}_{ij} e_{ij} \left[i + e^{i\phi}_{ij} \left[e^{i\phi}_{ij} \right] e^{i\phi}_{ij} \right] e^{i\phi}_{ij} \\ &= e^{i\phi}_{ij} \left[e^{i\phi}_{ij} e^{i\phi}_{ij} \right] e^{i\phi}_{ij} \\ &= e^{i$
render Stelland Fillelander			4 1 <u>8</u> 194		sin napita Sa Kindan Sa Kindan	стана С., С., 194 С., 1941			num (1773) The second se
(10) 747 747 (10) 747 747	1007 1007 1007	NG	* 4 1/1176	<u>i Miri</u> ti L	the plant of the second	en litt	\$54 O.		a Landonia de Nova (La Calendaria La Calendaria
15.000 (51.05)		Akle.	Golden, U	ан С айдари Сайдари		ан 1644-194 2	an an trainin An train	Afrikasin oʻringin Afrikasi	e general popular e garcia e garcia e garcia popular e garcia e garcia e garcia e garcia e garcia
Designed for the	a ar a section of								
wwinelrighter	NP NP	ŇIC	ilion elución el	Struct GOULS	Museurie	A ANNOVATIV	Estate Printing St. 1990	ana kana kana kana kana kana kana kana	so chuid March
av, (m) dan (sty conformet lant) dan (sty		ne Ro	(incluentio	o Caja Minto Princi de Liste Princi da Liste Princi da Liste	Conjulation Conjulation Guided States Currents	(7,10, s (c))	Z∵regjikkirji,	×∭, "Γingeri∰e	109894.55.47fc
ali Quiçoğ		Me		envikus copii. Pietz Pision aloite	r ve have store Statistics Statistics	999. (C.) 1997. (C.) 1997. (C.)	an a		د بر

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	Stale Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
n Michelman Si Michelman Si Michelman		αγ(å)	មលាក់ សំខាន់ ខ្លាំងព្រះ សូម្រាំ ពេទ្យសូរសំពេទ្យក្នុង	e presidente de la company o presidente de la company o presidente de la company		inneriti nangati Maruni rahi	n Malander	a - Colles Colling	an a
tor Entry Size 12	- (2) 15:00 (1 6(5) 19:00(1) 19:00(1) 19:00(1)	άζΟ	содат (48-та) спосеб/Снит	es i Pacel aggi dica Alfreco Maantin	even an a saint Non coll (2011) an	e đạn trị triếy, thời Thế tranh vật nghi tế	e popular VEDati Spritcher (1990) Societar	epron Sura do Sura Sina do Sura Sina da Sura Sina da	u cho naglio 1000 1 del Claradina od 1 del charadina od 1 del control 1 del 44 1 del control 1 del 44 1 del control 1
$ \begin{array}{l} & \sum_{i=1}^{N} \left\{ \mathbf{g}_{i}^{i}, \mathbf{g}_$	मि स्टब्स् स्टब्स् स्टब्स्	station of the second sec	estart Angel BetrickB300	Control Grants orthofode Lond (Schenneber Grants) Grants	South Carlos	Govern Teachtra 22 Bhiltean	 Gry Credit Scotts 1 Thrank User and the state of the scott state of the scott scott scotts Grant Scott scotts Grant Scott scotts 	Constant Some in Historia Son and Son Son Son and Son And Son and	No obtendo
s c(Sr 120 Selotos Cliny	Clo No.		COLUMNATION CO NOT CO NOT NOT NOT NOT NOT N	(2004) - genolden 1993 - General Stillon		Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contra	Miceovinci D		alo svetco
જેમાં સ્ટાર્ગ્સ માટે જે તો સાથ સ્ટાર્ગ્સ	National Anti-								
obrine Servicin Observicion Observicin Official	Net		epocheci.	NGC OF THE	energia Alternational Alternational	- Color B	Covered 3 - 1	Cried States	eovijed S

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Smali Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
p), z jel Mirályni, Stellegniánicztyci Stellegniánicztyci Stellegniánicztyci	ND ND	40 10 10	serversebberg site op does ute does viewerse geno viegs op nete op servers	, and a strain steam of the strain st	ublicovice Scopic (rube) Ficenci (rube)	esty (246-50)/02/2010 Domoting Charles (20) Collecting Structure	 wei Zierrendelijk Der berei der berei der berei der bereichte der bereichte der bereichte der bereichte der bereichte 	very a johan (she ji). A sheke dan et sans nato 30 actionarya 	Constant of medicality of the line of the medical sector of the sector o
ાંદ લેવના (લુક્સ લેવ)	(())	् 			e Van Good veel al 2012 Outre on Destanding Destanding Constant Over destanding Constant Over destanding Constant		inite Suite		
tinin (stilanis) Sjen Sjen Sjen	166		Social a final Portugale (p. 5-47.6) Social (p. 6-7.7) Sector (p.	 Ψογ κ(ε) (Κ.95%)(Ε) Φογ κ(ε) (Κ.95%)(Ε) Φογ κ(ε) (Γ.97%)(Ε) Φογ κ(ε) (Γ.97%)(Ε) 		en och siner Socialistic Chronistic Chronistic Nors uter Nors uter Nors uter Nors uter Nors uter Nors uter Nors uter	e vroe	 APPEN M. Soverholds 	op an 1,50 vision any then ordered by movifunction when deletion for any threading age
s MP O Anann Contisy e c	είλΙε,	in a sea ann an sea Rùite	$\frac{\partial \left(\frac{\partial f}{\partial t} + \frac{\partial f}{\partial t} \right)}{\partial \left(\frac{\partial f}{\partial t} + \frac{\partial f}{\partial t} \right)} = \frac{\partial \left(\frac{\partial f}{\partial t} + \frac{\partial f}{\partial t} \right)}{\partial t}$	ing page and ty fint: f	Awers (BOD) On COV	icaes in the second pro- station of the second s second second	seguraten (b. ett.) Bigginaan	wygiai (Myda) Tugo chiga	 377 (10.21) - 706 410 (10.21) - 706
al de la transferio de la compañía de la compañía Na figura de la compañía de	Nor Sor BIO(1)	je Je	NO: SOKPEN	Not overal	NGE COVELET	No-SWT Notcovecd	Contrast duration trasplet version trasplet version trasplet version trasplet version contrast contrast contrast contrast contrast	esternis graffing fondes preifige de regates ener fondes for families fondes ener fondes energy depresentations depresentations fondes energy	

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
Actuments.	(1) (6) (7)		- Martal (Mart			apasas Kanadi	e politik vitetu 1920. ortišk 1920. ortišk 1921. vitetu (1920. ortiška 1921. vitetu (1920. ortiška 1921. vitetu (1920. ortiška	1.57 B formen af stations na rights (200 gal)	
sayiteraha Soyiteraha Don tring di Seltar Donato Sata pengasih Sata pengasih Sata pengasih Sata pengasih Sata pengasihan Sata pengasihan	46	Life Life	uperpose (<u>ago s</u> e tos en pos plato 1990 ap	14 [04] (4) (4) (6) (6) (4) (6) (1) (6) (1) (1) (1)	oor oo ah	endanis Critori a chatalain Critori	es γnath£threin entys	મ્પારંભવાદ્ધિ (તું કે તેને - ઓલ્પુ	eour cui cui cere e de la cui cere e de la cui cere
	Ele	iklor	લ્લ. ભા	. 9 <u>09</u> 4.3 ()	essa estimute esto-su- lipidon es tipidon	() () () () () () () () () ()	ីស៊ីកាស៊ីស៊ីស៊ីស៊ីស៊ីស៊ី ស៊ីតិស៊ីស៊ីស៊ីស៊ីស៊ីស៊ី ស៊ាស៊ីស៊ីត្រី	-Sach Steadly, da ge Si sin Mirwydfi yr golefai fa	service) and character Statementer (filse Granter)
$ \begin{split} & M(1) (\xi_{1}^{*} (x_{1}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} \\ & \kappa_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*} (x_{2}^{*})_{1}^{*} \\ & \kappa_{1}^{*} (x_{1}^{*})_{1}^{*} (x_{2}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} \\ & \kappa_{1}^{*} (x_{1}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} \\ & \kappa_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} \\ & \kappa_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} \\ & \kappa_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} \\ & \kappa_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} \\ & \kappa_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{1}^{*} \\ & \kappa_{1}^{*} (x_{2}^{*})_{1}^{*} (x_{2}^{*})_{$	17)m		ν ¹ ρ, «,γ,ε, ξ.,	an Distance La constance	40°° - 2749	No nar sta		-SME CONFLE - Marco	a A Drive ca
say, ay an a Sayir, aimisti Mut _{an}	- (1 9 	ji Nasarati	e de la company Neorie dans Standini	Na mita si	976577553	n an	- YALA Shara	ewhai	n an

.

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive Or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
An or a trady of comparison of the comparison of			a and the second se second second secon	And the second se	Contraction of the second s	Aparate multi- production incom- production incom- production	 Statistical Activity 	Control of the holf of each of the second of the base of the second of t	A CONTRACTOR OF A CONTRACTOR O
ระเทศให้ระวงค่อ) 412 ที่ ไปป้ายังเกิดระวงการสุด มีระเวณชาติ เป็นปูง			an a	aylas agustati			Applequests	jus datas	and Agiveon and the state
tarratitus, thi vermine sinces, vante		in a start of the second se	lastrata atente atente atente dell'Alstatio reschimes	AN (5774)	447-655 (C.C.) - 10	radi (Marang) na tao (Pinauana anto (Diang) ata (Diang) ata (Diang) ata (Diang) ata (Diang) ata (Diang)			A DHANG AR ANG ADH SHAN AR AN ADH SHAN AND ADH SHAN AND ADH SHAN AN ADH SHAN AN ADH SHAN AN ADH SHAN AN ADH SHAN ADH ADA AD AN ADH SHAN
	je L	(ja)	સંગઠા હોય છે. છે. સંગઠા હોય છે છે.	nocenza, se	Sint Court	Kinewytyk (*) Kinewytyk (*)	ะสุดให้เป็นไป - มีโดงการสมให้เลือ - มีเสียงการสมใจ - กองค์สารณ์แก่ห่วยสัตว์ได้	service (FEA = COC) (SCOULDE) (SOUSSE (FOA = ALASOE) (SCOL (FEA = ALASOE) (SCOL (FEA = ALASOE)	Serence of the series of the s

OLIVER WYMAN

HAWAI'I DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS, INSURANCE DIVISION

Benefit	State Mandate	Required Preventive or Women's Wellness	Small Group Option 1	Small Group Option 2	Small Group Option 3	State Employee Health Plan	FEHBP Option 1	FEHBP Option 2	FEHBP Option 3
							urfar Stender und Star Detend		
artiol Seriero Equi	2. 	jje:	1115) R-22400 R-22400	90-69020 		n Hastrici II Hastrici II	NIN COLDT	NA HARAN RAHARAN RAMA	San Ar Ar Start
air u rús			Stopal (e.g.) Stopal (e.g.) Standare(tea) rayer, Jundare	en al del son IΩ unit del son Cuello y al fo	NACE IT TO	€gyor-th-org hydr yfurghrait	erist "17.1 professional diserteritable of postariable of postariable eristable eritable eritable eritable eritable eritable eritable eritable eritable eritable eritable eritable eritable eritable eritable eritable	etyar (J. ali T. S. Regular Andre and Colling and 2005-2428 (a Transfer Tradit a traditional Tradit a traditional Tradition (S. Secolar Dear Collega and Salar (S. FIDIO) y respondent (S. FIDIO) y re	evenue viene sector adige restructionité restruction de viene de viene restruction de viene constant restruction de viene de vien
- DARIS Artau Taula Al Marsa Vales Al Marsa Vales Al Marsa Vales		ANO MOO MARINE STREET	азугдаг.	esti oliadan Daoratia Calles Romest Trate an SSR	sected	dati a	nong við Hilp Cog út þýst Hilp Hilb Milb	angenaen et an glaid angen gen a greet fylget a glacht glacht gen angen	dive skitet Store skitet

OLIVER WYMAN

OLIVER WYMAN

Oliver Wyman 411 East Wisconsin Avenue, Suite 1600 Miłwaukee, WI 53202-4419 414 223 7989

MARSH & MCLENNAN
TO: COMMITTEE ON HEALTH The Honorable Della Au Belatti, Chair The Honorable Dee Morikawa, Vice Chair

COMMITTEE ON CONSUMER PROTECTION & COMMERCE The Honorable Angus L.K. McKelvey, Chair The Honorable Derek S.K. Kawakami, Vice Chair

SUBJECT: SCR 35 SD1 – REQUESTING THE AUDITOR TO ASSESS THE SOCIAL AND FINANCIAL EFFECTS OF REQUIRING HEALTH INSURERS TO PROVIDE INFERTILITY PROCEDURE COVERAGE.

Hearing:	Monday, April 14, 2014
Time:	8:30 a.m.
Place:	Conference Room 229

FROM: Na`unanikinau Kamali`i

This testimony in my personal capacity is in **strong support of SCR 35, SD1**, with amendments. SB 2909 SD 1 and SCR 35 SD1 are about the responsibility of the legislature to bring non-compliant laws into compliance and exercising its authority to do so. Health Plans that continue to use non-compliant state laws to justify its unlawful continuation of discriminatory practices is unjust. The audit will assist the legislature in determining what is myth and what is fact and what amounts to unjust enrichment for the health plans. Health Plans have financially benefitted from and perpetuated an IVF coverage law that wrongfully created two classes of members in women and thus discriminated, victimized and demeaned women who were diagnosed with infertility by denying the IVF coverage benefit to women were not married. This practice continues even though it is strictly prohibited under the ACA.

The audit will assist in settling the cost issues to fix a law that has not been in compliance with federal and state laws and must address compliance and discriminatory provisions. The last tactic by health plans is to wrongfully assert that bringing the law in compliance will result in a cost shifted to the state, which health plans say must pay to right the wrong even though for years health plans have benefited greatly financially unjustly from the discriminatory provisions. Clearly, it is health plans that must pay for the discriminatory practices.

This Audit request is a review of the first instance where a discriminatory law is being amended to bring a mandated benefit in compliance under the provisions of the Affordable Care Act. Changes in State mandates to bring them in compliance and remove discriminatory provisions are not an "expansion" or "added essential health benefit" even though such changes may cost more for health plans to cover all women in a non-discriminatory way and are required under prohibition sections of the ACA. (See 45 CFR §156.125 <u>Prohibition on discrimination</u> and 45 CFR §156.200 (e) *Non-discrimination*. A QHP issuer must not, with respect to its QHP, discriminate on the basis of race, color, national origin, disability, **age**, **sex**, gender identity or sexual orientation.)

Marital status has no rational relation to the treatment of a medical diagnosis and condition of infertility. The current IVF coverage law wrongfully creates two "classes" of premium paying members and is discriminatory on its face under ERISA, ADA, and ACA. Health plans deliberately upheld discriminatory provisions which called for a member to be married and use her husband's sperm, reaping a prohibited premium savings from the practice. In application, employed health plan members who are single, divorced, widowed, partnered or otherwise "not married" women pay premiums just like married members diagnosed with infertility yet, ARE NOT eligible for the IVF coverage. The Hawaii legislature has not provided any rational basis for the "marital status" requirement, which rests squarely on moral grounds. In previous testimony, HMSA conceded that the marital status requirement needed to be changed. Kaiser called for an Audit, but sought more questions to be answered by the auditor which changes were part of the recommended changes by the CPN Committee.

The CPN Committee in its report stated the following: "Your Committee notes that the addition of a new mandated health insurance benefit under Hawaii law may trigger Section 1311(d)(3) of the federal Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), which requires states to defray the additional cost of any benefits in excess of the essential health benefits of the state's qualified health plan." The 27-year-old IVF benefit Coverage law is currently not in compliance and necessary changes are not an "addition" but rather corrective action to "goes beyond" the existing EHB, which is allowed, and the State does not defray the cost.

Further, Section 1311(d)(3) of the ACA addresses Essential Health Benefits defined in 1302 (b)(1), which as later codified federal regulations on included State Mandates under the allowed Essential Health Benefit Benchmark plan which covers at least the each of the 10 categories. Each state has different HHS approved essential health benefit benchmark plans reflecting these mandates and Hawaii`s approved mandates includes the IVF coverage law. Thus, the Hawaii IVF coverage law is part of the Essential Health Benefit benchmark plan and not "new" or an "additional" benefit that the state must pay for. If that were the case, the state would be paying for it right now, as this all went into effect on January 1. 2014. Final regulations regarding Essential Health Benefits **are** posted on the CMS website.

Recommended changes to SCR 35 SD1 (added underlined; deleted stricken; notes are commentary)

These are recommended changes to additional requests to the Auditor for inclusion in an impact assessment report beyond what is required by statute:

(2) Whether an expansion of infertility in vitro fertilization procedures to bring it in compliance with the discriminatory and "life time" benefit prohibitions under the Affordable Care Act would constitute benefits that are in excess of the essential health benefits <u>benchmark plan</u> required which includes state mandates approved for health insurance coverage under the federal Patient Protection and Affordable Care Act of 2010, thus requiring the State to defray such costs;

(3) Any other impacts or requirements of the federal Patient Protection and Affordable Care Act of 2010 if a mandate for expanded infertility in vitro fertilization procedures is enacted in Hawaii to address discriminatory, life time benefit, or any other provisions to otherwise bring it incompliance with all federal and state laws;

(4) Research on what is being used as the standard medical definition of "reproductive age" that is best suited for in vitro fertilization procedures and the success rates for different age groups to determine coverage benefit limitations for this covered benefit, including whether different standards of infertility treatments are applied to different age groups in need of infertility treatment; [Note: Age discrimination is prohibited under 45 CFR §156.125 Prohibition on discrimination and 45 CFR §156.200 (e) Non-discrimination. A QHP issuer must not, with respect to its QHP, discriminate on the basis of race, color, national origin, disability, **age, sex**, gender identity or sexual orientation.]

The Audit is long overdue as it relates to the financial impact based on the law and not based on the health plan's bottom line. Any changes to the mandated benefits will be opposed by health plans, even if the change is to bring the IVF benefit coverage law into compliance and end discriminatory practices. **Health plan testimony received thus far as it relates to the IVF coverage legislation has been in support of an audit.** I urge the legislature to pass SCR 35 SD1 and garner the facts it needs to address and bring into compliance the IVF coverage law.

Comments on underlying bills introduced - SB 2909 as amended

Although SCR 35 SD1 does not address substantive changes to the current law, it is required if such changes were made and the legislature still has the power and authority to do so. The underlying bills SB 2909 and its companion HB 2355, as amended, were introduced which addressed the substantive changes to the IVF

coverage laws were held in Ways and Means in the Senate and Finance on the House side. Testimony submitted in **strong support** of both measures recommended amendments: striking "lifetime" in the measure wherever mentioned and ensuring that it passes this session with an effective date of July 1, 2014 to address immediate compliance and discriminatory concerns. The attachments to testimony provided background, which may be informative to this audit.

Both bills SB2909 and HB2355, as amended, provide in vitro fertilization coverage equality for women who are diagnosed with infertility by requiring nondiscriminatory coverage and ensuring quality of care in the diagnosis and treatment of infertility. For over 27 years the in vitro fertilization law in Hawaii provided coverage within a discriminatory framework, which must be corrected by the legislature. In vitro fertilization coverage is an <u>Essential Health Benefit (EHB)</u>, which was included in Hawaii's essential health benefit plan and accepted by Health and Human Services and as of **January 1, 2014** strict federal prohibitions apply to EHB. Foremost, diagnosis and treatment of infertility disease should be brought in alignment with the national standards of the Center for Disease Control and as an EHB in compliance with ERISA, the American Disabilities Act and the Affordable Care Act. (see attached guidelines and Hawaii State mandates approved by HHS)

Summary of changes proffered in underlying bills SB2909 and SB2355:

The measures:

- Find that infertility is a disease of the reproductive system that impairs and substantially limits an individual's major life activity of reproduction and recognizes infertility as a disability.
- 2. Require a diagnosis of infertility before treatment.
- 3. Propose IVF coverage as a "life time" benefit as opposed to a "one time" only benefits, however, the ACA prohibits such lifetime limits with respect to essential health benefits after January 1, 2014 and either old or proposed language must be stricken.
- 4. Focus on the success of having a child by providing cost effective <u>measurable</u> limitations of three in vitro fertilization cycles or a live birth (see Illinois
- 5. IVF law).
- 6. Mandate in vitro fertilization coverage equality for all women diagnosed with a medical condition of infertility by removing discriminatory language based on marital status. EHB may not contain discriminatory provisions.
- 7. Require a reasonable history of infertility based on national medical standard (ASRM) instead of an arbitrary five-year history.
- 8. Is consistent with Center for Disease Control national standards of infertility diagnosis categories.
- Require coverage for other applicable treatments for infertility, unless the individual's physician determines that those treatments are likely to be unsuccessful.

10. Provide the American Society of Reproductive Medicine definition of "infertility".

Expanded Comments expressed in SB2909 and HB2355:

- A diagnosis of infertility is a disability under the American Disability Act. Courts have held that women suffering from a diagnosis of infertility meet the definition of "disability" set forth in 42 U. S. C. § 12102(2)(A): a physical or mental impairment that substantially limits one or more major life activities. In examining the definition of physical impairment, the Courts have also concluded that women suffering from a diagnosis of infertility suffer from a physical impairment which is defined as "any physiological disorder, or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body system:....reproductive ..." 29 C.F.R. §1630.2 (h)(1).
- 2. The measures provide a "lifetime" limit for the IVF treatment. However, as of January 1, 2014, the restriction of lifetime dollar limits applies to essential health benefits. Because IVF coverage benefit is one of Hawai`i's essential health benefits (EHB) for Hawai`i as reported by CMS, lifetime and annual dollar limits for must be eliminated in 2014. Thus it holds that "lifetime" in the proposed legislation as well as the "one time only" in the current law must be stricken. The prohibition on lifetime dollar limits applies equally to grandfathered and non-grandfathered plans. Further, the plan must give the individual a written notice that the lifetime limit no longer applies and that the individual, if covered, is eligible for benefits. However, nothing in the rule would appear to prohibit the use of visit limits or other treatment limits. Thus, it would appear that the limitation of "three in vitro fertilization cycles or a live birth" is allowed and is measureable to contain cost.
- 3. The focus of the measures is on ensuring a live birth and not simply that one "try" is afforded the patient. The benefit becomes available when the patient is diagnosed with infertility disease, irrespective of whether she has had other children. The member becomes <u>eligible upon her physician's diagnosis of infertility</u> to treat her disease of infertility. Other states have also enacted language, which focuses the success of a live birth. Illinois IVF coverage law, for example, contains language similar to SB 2909 and HB2355, as amended, which provides coverage for more than one oocyte retrieval and is limited if a live birth follows. Coverage is required subject to the following conditions: ... "(B) the covered individual has not undergone 4 completed oocyte retrieval, then 2 more completed oocyte retrievals shall be covered".
- 4. Marital status has no rational relation to the treatment of a medical diagnosis and condition of infertility. The current IVF coverage law wrongfully creates

two "classes" of premium paying members and is discriminatory on its face under ERISA, ADA, and ACA. Health plans deliberately upheld discriminatory provisions which called for a member to be married and use her husband's sperm, reaping a prohibited premium savings from the practice. In application, employed health plan members who are single, divorced, widowed, partnered or otherwise "not married" women pay premiums just like married members diagnosed with infertility yet, ARE NOT eligible for the IVF coverage. The Hawaii legislature has not provided any rational basis for the "marital status" requirement, which rests squarely on moral grounds. The purpose of the measures is to provide in vitro fertilization insurance coverage equality for women who are diagnosed with infertility by requiring non-discriminatory coverage and ensuring quality of care in the diagnosis and treatment of infertility. The corrective action by the legislature to eliminate the discriminatory marital status requirement is long overdue. The overriding corrective measure should prevail over any cost consideration to address prohibited discriminatory practices. The focus must again be on a diagnosis of infertility as a determinant on whether coverage will be provided.

- 5. In its guidance to patients, the American Society of Reproductive Medicine defines infertility as the inability to achieve pregnancy after one year of unprotected intercourse. If the individual has been trying to conceive for a year or more, she should consider an infertility evaluation. However, if she is 35 years or older, she should begin the infertility evaluation after about six months of unprotected intercourse rather than a year, so as not to delay potentially needed treatment.
- 6. The measures also provide for disease conditions that are consistent with national published guidelines and reporting. The Center for Disease Control reports for year 2011 is attached. (Attachment 2). Any age limitations would violate the ACA. (45 CFR §156.125; 45 CFR §156.200 (e))

Affordable Care Act (ACA) Considerations:

Since the enactment of the Affordable Care Act (ACA), the Department of Health and Human Services has issued several implementing regulations and rules, which have since been codified in Title 45 Code of Federal Regulations. The Affordable Care Act adds section 715(a)(1) to the Employee Retirement Income Security Act (ERISA) and section 9815(a)(1) to the Internal Revenue Code (the Code) to incorporate the provisions of part A of title XXVII of the PHS Act and ERISA and the Code, and make them applicable to group health plans, and health insurance issuers providing health insurance coverage in connection with group health plans. Because there are general and specific provisions of the ACA, which apply to States, general and specific preemption considerations also apply. In consideration of the underlying measures there appear to be ACA considerations as well that are instructive on the bill as well as statements of HHS or CMS concerning Essential Health Benefits.

1. Essential Health Benefits

In Vitro Fertilization Coverage is an Essential Health Benefit (EHB), which imposes no state liability under the ACA. By way of testimony in March 2011, the Hawaii Association of Health Plans ("HARP") raised the concern of the potential liability that the State would be facing by mandating even more extensive infertility treatments because the ACA is still in flux. This assertion is of no consequence and concern at this time post January 1, 2014 since the federal government has since issued two regulations and a final regulation at Federal Register, Vol. 78, No. 37, February 25, 2013 which has been codified in 45 CFR §156 which address these concerns. Also, CMS has published on its web site each States' Essential Health Benefits and IVF coverage is included as an EHB.

Generally the ACA provides that if a State requires issuers to cover benefits in excess of EHB, the Affordable Care Act directs the state to defray the costs of these benefits in Qualified Health Plans. States may include as part of their benchmark plan state benefit requirements, avoiding costs associated with these provisions. Because In Vitro Fertilization is a Hawaii State Required Benefit that is an Essential Health Benefit, there is <u>no State liability</u>. Other general considerations regarding the effect of the ACA on states are provided at the CMS or CCIO website at CMS.gov (Attachment 3)

2. The ACA prohibitions on discrimination.

The ACA prohibits discrimination as set forth in Title 45 of Code of Federal Regulations Part 156. Two sections in particular, which prohibit discrimination, are 45 CFR §156.125 and §156.200(e) of the subchapter and also in the Federal Register Vol. 78, No. 37(February 25, 2013). The marital status provision in the current IVF coverage law, which requires that the member be married in order to received treatment creates two classes of members and is in violation of the prohibitions on discrimination. Even if you disagree with its violation with any laws, marriage should not be the defining factor, which prohibits access to this benefit for women who have been diagnosed with infertility disability. Equal Access should be afforded to all.

45 CFR §156.125 Prohibition on discrimination.

(a) An issuer does not provide EHB if its benefit design, or the implementation of its benefit design, discriminates based on an individual's age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions.

(b) An issuer providing EHB must comply with the requirements of §156.200(e) of this subchapter; and

(c) Nothing in this section shall be construed to prevent an issuer from appropriately utilizing reasonable medical management techniques.

45 CFR §156.200 (e) *Non-discrimination.* A QHP issuer must not, with respect to its QHP, discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation.

The Hawaii State legislature is a leader in health care with the historic passage of the Prepaid Health Care Act and should also be the same in the implementation of the Affordable Care Act and provision of this Essential Health Benefit for its citizens. The legislature should not be intimidated or persuaded by insurance companies who will go to any length to make an argument to hold the IVF legislation bills such as: 1) it costs too much, calling for an auditors report to confuse the necessary elimination of discriminatory language, 2) that it needs to be held for further study, when it holds 27 years of claims data on the benefit; or 3) that it would have difficulty administering the benefit even though it is a national health plan or partnered with national health plan networks in states which already administer similar plans or 4) that the State will have to pay for what is an the essential health benefit, which CMS confirms that there is no state liability.

For over 27 years, since the passage of the IVF mandate, the women in Hawaii have been bearing the cost to treat their disease of infertility even with IVF Coverage, the cost financially, the indescribable pain emotionally and left with the lifelong scars that poor legislation creates. For over 27 years the providers of infertility treatment have become leaders in the nation in treatment of assisted reproductive technologies, are highly regulated by CDC and leaders in our state by increasing IVF success rates in Hawaii from about 10% when the IVF coverage law was enacted to over 65% today. It is the legislature's responsibility to correct discriminatory provisions and treatment provisions for all women diagnosed with infertility. Have the courage to pass out of committee SCR 35 SD1, as an audit is the first step to providing coverage for ALL women suffering from infertility disability equal access to quality affordable treatment.

Hawaii - State Required Benefits

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Hospice Services	Hospice care	Individual, small group, large	431:10A-119; 432:1-608;
		group, HMO	432D-23
Infertility Treatment	In-vitro fertilization	Individual, small group, large	431:10A-116.5
	1	group, HMO	432:1-604
	\$		432D-23
Delivery and All Inpatient Services for	Newborn children	Individual, small group, large	431:10A-115
Maternity Care		group, HMO	432:1-602
	127	_	432D-23
Mental/Behavioral Health Dutpatient	Mental illness, alcohol, and drug	Individual, small group, large	431M-4
Services	dependence	group, HMO	432D-23
Mental/Behavioral Health Inpatient	Mental illness, alcohol, and drug	Individual, small group, large	431M-4
Services	dependence	group, HMO	432D-23
Substance Abuse Disorder Outpatient	Mental illness, alcohol, and drug	Individual, small group, large	
Services	dependence	group, HMO	432D-23
	dependence	Broad, HMO	4320-23
Substance Abuse Disorder Inpatient	Mental illness, alcohol, and drug	Individuai, small group, large	431M-4
Services	dependence	group, HMO	432D-23
Specialty Drugs	Chemotherapy services	Individual, small group, large	432:1-616
		group, HMO	
Preventive Care/Screening/Immunization	Mammography	Individual, small group, large	431:10A-116
		group, HMO	432:1-605
	1		432D-23
Preventive Care/Screening/Immunization	Contraceptive services	Individual, small group, large	431:10A-116.6
		group, HMO	431:10A-116.7
	4	{~ · · ·	432:1-604.5
			432D-23
Preventive Care/Screening/Immunization	Child health supervison service	Individual, small group, large	431:10A-115.5
		group, HMO	432:1-602.5
			432D-23
Preventive Care/Screening/Immunization	Colorectal screening	Individual, small group, large	431:10A-122
		group, HMO	
	L		

Benefit	Name of Required Benefit	Market Applicability	Citation Number
Diabetes Care Management	Diabetes	Individual, small group, large	431:10A-121
	}	group, HMO	432:1-612
	1		432D-23
Inherited Metabolic Disorder - PKU	Medical foods and low protein	Individual, small group, large	431:10A-120
	modified food products	group, HMO	432:1-609
	n o ald badden annalosout • suideal ideochaitaid		432D-23
Prescription Drugs Other	Chemotherapy services	Individuai, small group, large	432:1-616
		group, HMO	

.

.

CMS.gov Centers for Medicare & Medicaid Services

CCIIO Home > Data Resources > Additional Information on Proposed State Essential Health Benefits Benchmark Plans

The Center for Consumer Information & Insurance Oversight

Additional Information on Proposed State Essential Health Benefits Benchmark Plans

Background

Beginning in 2014, the Affordable Care Act requires non-grand fathered health plans to cover essential health benefits (EHB), which include items and services in the following ten benefit categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care. The essential health benefits should be equal in scope to a typical employer health plan.

In the Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation Final Rule ("EHB Rule"), HHS defines EHB based on state-specific EHB-benchmark plans. This page contains information on EHB-benchmark plans for each of the 50 states, the District of Columbia (D.C.), and the U.S. territories. Two documents are provided for each EHB-benchmark plan in the 50 states, D.C. and Puerto Rico: (1) a summary of the plan's specific benefits and limits, and list of covered prescription drug categories and classes; and (2) state-required benefits.

The summaries of the covered benefits and limits, and lists of prescription drug categories and classes have been compiled based on the EHB-benchmark plan selection process described in 45 CFR 156.100 and 156.110. These summaries describe the EHB-benchmark plans that have been selected by states, as well as those that have been developed by HHS using the default benchmark plan selection process described in 45 CFR 156.100(c) and the supplementation methodology in 45 CFR 156.110.

Because EHB-benchmark plan benefits are based on 2012 plan designs, and include state-required benefits that were enacted before December 31, 2011, some of the benchmark plan summaries may not reflect requirements effective for plan years starting on or after January 1, 2014. Therefore, when designing plans that are substantiaity equal to the EHB-benchmark plan, beginning in 2014, issuers may need to conform plan benefits, including coverage and limitations, to comply with these requirements and limitations.

A list of each state's required benefits has also been compiled to help states and issuers determine the state-required benefits in excess of EHB. We consider state-required benefits (or mandates) to include only specific care, treatment, or services that a health plan must cover. We do not consider provider mandates, which require a health plan to reimburse specific health care professionals who render a covered service within their scope of practice, to be state-required benefits for purposes of EHB coverage. Similarly, we do not consider state-required benefits to include dependent mandates, which require a health plan to define dependents in a specific manner or to cover dependents under certain circumstances (e.g., newborn coverage, adopted children, domestic partners, and disabled children). Finally, we do not consider state anti-discrimination requirements, and state requirements relating to service delivery method (e.g., telemedicine) to be state-required benefits.

· Guide to Reviewing Essential Health Benefits Benchmark Plans

Essential Health Benefits Benchmark Plans

Aiabama | Alaska | American Samoa | Arizona | Arkansas | California | Colorado | Connecticut | Delaware | District of Columbia | Florida | Georgia| Guam |Hawaii | Idaho | iliinois | Indiana | iowa | Kansas | Kentucky | Louisiana | Maine | Maryland | Massachusetts | Michigan | Minnesota | Mississippi | Missouri | Montana | Nebraska | Nevada | New Hampshire | New Jersey | New Mexico | New York | North Carolina | North Dakota |Northern Mariana Islands | Dhio | Oklahoma | Oregon | Pennsylvania | Puerto Rico | Rhode island | South Carolina | South Dakota | Tennessee | Texas | Utah | Vermont | Virgin Islands| Virginia | Washington | West Virginia | Wisconsin | Wyoming |

Alabama

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB)

State-required benefits (PDF - 65 KB)

Alaska

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 446 KB)
- State-required benefits (PDF 78 KB).

American Samoa

- · Guide to reviewing EHB benchmark materials
- · Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB)

Arizona

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 442 KB)
- State-required benefits (PDF 74 KB)

Arkansas

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 514 KB)
- State-required benefits (PDF 79 KB)

California

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 364 KB)
- State-required benefits (PDF 67 KB)

Colorado

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 306 KB)
- State-required benefits (PDF 74 KB)

Connecticut

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 250 KB)
- State-required benefits (PDF 77 KB)

Delaware

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 340 KB)
- State-required benefits (PDF 70 KB)

District of Columbia

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 226 KB)
- State-required benefits (PDF 6B KB)

Florida

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 397 KB)
- State-required benefits (PDF 73 KB)

Georgia

- · Guide to reviewing EHB benchmark materials
- · Summary of EHB benefits, limits, and prescription drug coverage (PDF 444 KB)
- State-required benefits (PDF 74 KB)

Guam

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB)

Hawaii

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 430 KB)
- State-required benefits (PDF 69 KB)

Idaho

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 341 KB)
- State-required benefits (PDF 63 KB)

lilinois

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 261 KB)
- State-required benefits (PDF 78 KB)

Indiana

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 482 KB)
- State-required benefits (PDF 72 KB)

lowa

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 448 KB)
- State-required banefits (PDF 71 KB)

Kansas

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, end prescription drug coverage (PDF 371 KB)
- State-required benefits (PDF 69 KB)

Kentucky

- · Guida to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 330 KB)
- State-requirad benefits (PDF 74 KB)

Louisiana

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 573 KB)
- State-required benefits (PDF 73 KB)

Maine

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 363 KB)
- State-required benefits (PDF 79 KB)

Maryland

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 387 KB)
- State-required benefits (PDF 86 KB)

Massachusetts

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 278 KB)
- State-required benefits (PDF 80 KB)

Michigan

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 310 KB)
- State-required benefits (PDF 68 KB)

Minnesota

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 314 KB)
- State-required benefits (PDF 89 KB)

Mississippi

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 376 KB)
- State-required benefits (PDF 69 KB)

Missouri

- · Guide to reviewing EHB benchmark materials
- · Summary of EHB benefits, ilmits, and prescription drug coverage (PDF 432 KB)
- State-required benefits (PDF 74 KB)

Montana

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 440 KB)
- State-required benefits (PDF 67 KB)

Nebraska

· Guide to reviewing EHB benchmark materials

- Summary of EHB benefits, limits, and prescription drug coverage (PDF 370 KB)
- State-required benefits (PDF 67 KB)

Nevada

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF ~ 555 KB)
- State-required benefits (PDF 74 KB)

New Hampshire

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 492 KB)
- State-required benefits (PDF 114 KB)

New Jersey

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 400 KB)
- State-required benefils (PDF 77 KB)

New Mexico

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 272 KB)
- State-required benefits (PDF 71 KB)

New York

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 364 KB)
- State-required benefits (PDF 90 KB)

North Carolina

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 341 KB)
- State-required benefits (PDF 72 KB)

North Dakota

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 376 KB)
- State-required benefils (PDF 69 KB)

Northern Mariana Islands

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, ilmits, and prescription drug coverage(PDF 333 KB)

Ohio

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 262 KB)
- State-required benefits (PDF -65 KB)

Oklahoma

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 275 KB)
- State-required benefits (PDF 77 KB)

Oregon

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 462 KB)
- State-required benefits (PDF 74 KB)

Pennsylvania

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 254 KB)
- State-required benefits (PDF 69 KB)

Puerto Rico

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB)
- State-required benefits(PDF 213 KB)

Rhode Island

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 357 KB)
- State-required benefits (PDF 78 KB)

South Carolina

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 374 KB)
- State-required benefits (PDF 69 KB)

South Dakota

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 261 KB)
- State-required benefits (PDF 66 KB)

Tennessee

- Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 590 KB)
- State-required benefits (PDF 68 KB)

Texas

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 274 KB)
- State-required benefits (PDF 80 KB)

Utah

· Guide to reviewing EHB benchmark materials

- Summary of EHB benefits, limits, and prescription drug coverage (PDF 476 KB)
- State-required benefits (PDF 64 KB)

Vermont

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 416 KB)
- State-required benefits (PDF 106 KB)

Virgin Islands

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 333 KB

Virginia

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 354 KB)
- State-required benefits (PDF 78 KB)

Washington

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 356 KB)
- State-required benefits (PDF 74 KB)

West Virginia

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 403 KB)
- State-required benefits (PDF 75 KB)

Wisconsin

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, limits, and prescription drug coverage (PDF 372 KB)
- Stale-required benefits (PDF 81 KB)

Wyoming

- · Guide to reviewing EHB benchmark materials
- Summary of EHB benefits, ilmits, and prescription drug coverage (PDF 391 KB)
- State-required benefits (PDF 71 KB)

Guide to Reviewing EHB Benchmark Plans

Printable version (PDF – 128 KB)

Essential health benefits (EHB)-benchmerk plans are based on 2012 plan designs, and therefore do not necessarily reflect requirements effective for plan years beginning on or after January 1, 2014. Therefore, when designing plans that are substantially equal to the EHB-benchmark plan beginning January 1, 2014, issuers may need to design plan benefits, including coverage and limitations, to comply with these requirements and limitations, including but not limited to, the following:

Annual and Lifetime Dollar Limits

The EHB-benchmark plans displayed may include ennual and/or lifetime dollar limits; however, in accordance with 45 CFR 147.126, these limits cannot be applied to the essential health benefits. Annual and lifetime dollar limits can be converted to actuarially equivalent treatment or service limits.

Excluded Benefits

Pursuant to 45 CFR 156.115, the following benefits are excluded from EHB even though an EHB-benchmark plan may cover them: routine non-pediatric dental services, routine non-pediatric eye exam services, long-term/custodial nursing home care benefits, and/or non-medically necessary orthodontia. Please also note that although the EHB-benchmark plan may cover abortion services, pursuant to section 1303(b)(1)(A) of the Affordable Care Act, a QHP issuer is not required to cover these services. Section 156.115(c) provides that no health plan is required to cover abortion services as part of the requirement to cover EHB. Nothing in this provision impedes an issuer's ability to choose to cover abortion services or limits a state's ability to either prohibit or require these services under state law.

Habilitative Services

If the EHB-benchmark pian does not cover any habilitative services and the state does not define those benefits, then pursuant to 45 CFR 156.115(a)(5), the issuer determines which habilitative services to offer as a part of a two year transitional policy.

Coverage Limits

Pursuant to 45 CFR 156.115(a)(2), with the exception of coverage for pediatric services, a plan may not exclude an enrollee from coverage in an entire EHB category, regardless of whether such limits exist in the EHB-benchmark plan. For example, a plan may not exclude dependent children from the category of maternity and newborn coverage.

State-Required Benefits

For purposes of determining EHB, we consider state-required benefits (or mandates) to include only requirements that a health plan cover specific care, treatment, or services. We do not consider provider mandates, which require a health plan to reimburse specific health care professionals who render a covered service within their scope of practice, to be state-required benefits for purposes of EHB coverage. Similarly, we do not consider state-required benefits to include dependent mandates, which require a health plan to define dependents in a specific manner or to cover dependents under certain circumstances (e.g., newborn coverage, adopted children, domestic partners, and disabled children). Finally, we do not consider state-required benefits.

Mental Health Parity

The EHB-benchmark plans displayed may not comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). However, as described in 45 CFR 156.115(a)(3), EHB plans must comply with the standards implemented under MHPAEA.

EHB-Benchmark Plan Prescription Drugs by Category and Class

Please note that in some cases a category is listed without a United States Phermacopeia (USP) class because there are some drugs within the category that have not been assigned to a specific class.

Please also note that where the EHB-benchmark plan does not include coverage in a USP category and/or class, pursuant to 45 CFR 156.122, one drug would have to be offered in that USP category and/or class.

In conjunction with the policy that plans must offer the greater of one drug in every USP category and class or the number of drugs in each USP category and class offered by the EHB-benchmark, HHS is considering developing a drug counting service to assist states and issuers with implementation of the proposed prescription drug policy, as described in the following methodology document:

EHB Rx Crosswalk Methodology (PDF - 52 KB)

Preventive Services

The EHB-benchmark plans displayed may not offer the preventive services described in 45 CFR 147.130. However, as described in 45 CFR 156.115(a)(4), EHB plans must comply with that section.



A federal government website managed by the Centers for Medicare & Medicaid Services 7500 Security Boulevard, Baitimore, MD 21244



Guide to Reviewing Essential Health Benefits Benchmark Plans

Essential health benefits (EHB)-benchmark plans are based on 2012 plan designs, and therefore do not necessarily reflect requirements effective for plan years beginning on or after January 1, 2014. Therefore, when designing plans that are substantially equal to the EHB-benchmark plan beginning January 1, 2014, issuers may need to design plan benefits, including coverage and limitations, to comply with these requirements and limitations, including but not limited to, the following:

Annual and Lifetime Dollar Limits

The EHB-benchmark plans displayed may include annual and/or lifetime dollar limits; however, in accordance with 45 CFR 147.126, these limits cannot be applied to the essential health benefits. Annual and lifetime dollar limits can be converted to actuarially equivalent treatment or service limits.

Excluded Benefits

Pursuant to 45 CFR 156.115, the following benefits are excluded from EHB even though an EHB-benchmark plan may cover them: routine non-pediatric dental services, routine non-pediatric eye exam services, long-term/custodial nursing home care benefits, and/or non-medically necessary orthodontia. Please also note that although the EHB-benchmark plan may cover abortion services, pursuant to section 1303(b)(1)(A) of the Affordable Care Act, a QHP issuer is not required to cover these services. Section 156.115(c) provides that no health plan is required to cover abortion services as part of the requirement to cover EHB. Nothing in this provision impedes an issuer's ability to choose to cover abortion services or limits a state's ability to either prohibit or require these services under state law.

Habilitative Services

If the EHB-benchmark plan does not cover any habilitative services and the state does not define those benefits, then pursuant to 45 CFR 156.115(a)(5), the issuer determines which habilitative services to offer as a part of a two year transitional policy.

Coverage Limits

Pursuant to 45 CFR 156.115(a)(2), with the exception of coverage for pediatric services, a plan may not exclude an enrollee from coverage in an entire EHB category, regardless of whether such limits exist in the EHB-benchmark plan. For example, a plan may not exclude dependent children from the category of maternity and newborn coverage.

State-Required Benefits

For purposes of determining EHB, we consider state-required benefits (or mandates) to include only requirements that a health plan cover specific care, treatment, or services. We do not consider provider mandates, which require a health plan to reimburse specific health care professionals who render a covered service within their scope of practice, to be state-required benefits for purposes of EHB coverage. Similarly, we do not consider state-required benefits to include dependent mandates, which require a health plan to define dependents in a specific manner or to cover dependents under certain circumstances (e.g., newborn coverage, adopted children, domestic partners, and disabled children). Finally, we do not consider state antidiscrimination requirements relating to service delivery method (e.g., telemedicine) as staterequired benefits.

Mental Health Parity

The EHB-benchmark plans displayed may not comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). However, as described in 45 CFR 156.115(a)(3), EHB plans must comply with the standards implemented under MHPAEA.

EHB-Benchmark Plan Prescription Drugs by Category and Class

Please note that in some cases a category is listed without a United States Pharmacopeia (USP) class because there are some drugs within the category that have not been assigned to a specific class.

Please also note that where the EHB-benchmark plan does not include coverage in a USP category and/or class, pursuant to 45 CFR 156.122, one drug would have to be offered in that USP category and/or class.

In conjunction with the policy that plans must offer the greater of one drug in every USP category and class or the number of drugs in each USP category and class offered by the EHBbenchmark, HHS is considering developing a drug counting service to assist states and issuers with implementation of the proposed prescription drug policy, as described in the following methodology document:

• EHB Rx Crosswalk Methodology (PDF - 52 KB)

Preventive Services

The EHB-benchmark plans displayed may not offer the preventive services described in 45 CFR 147.130. However, as described in 45 CFR 156.115(a)(4), EHB plans must comply with that section.