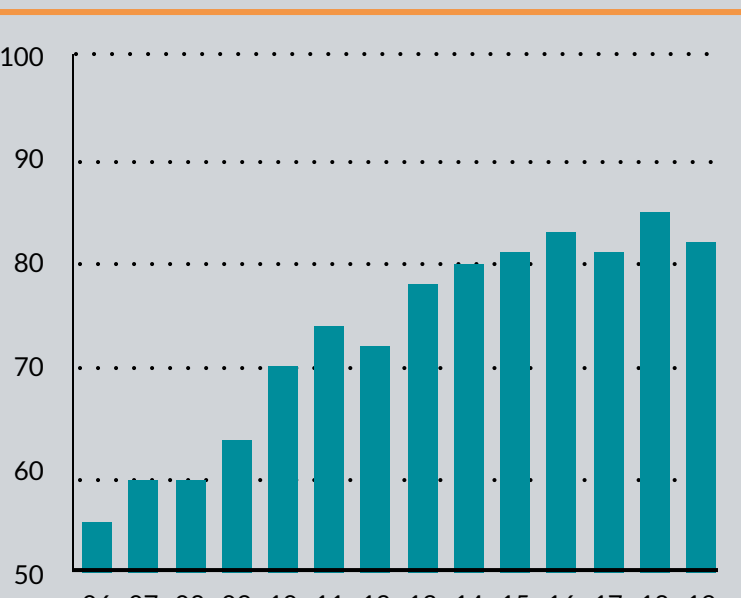


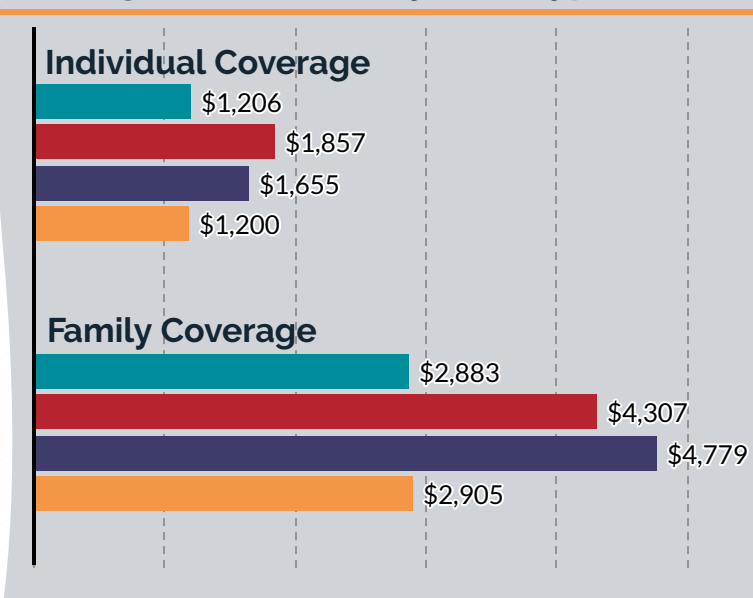
Increasing Access To High-Value Care Through Innovative Benefit Design

Americans are increasingly required to pay **high out-of-pocket costs** for necessary care

Percent of Americans With a Deductible



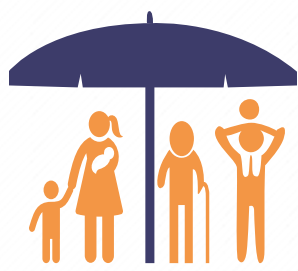
Average Deductible by Plan Type in 2019



Requiring enrollees to pay high out-of-pocket costs to access high-value care results in **lower care utilization, poorer health outcomes, and potentially higher overall costs**

<http://www.ajmc.com/publications/issue/2013/2013-1-vol19-n12/medication-utilization-and-adherence-in-a-health-savings-accounteligible-plan>

Policies to Expand Pre-Deductible Coverage



Section 2713 of the Affordable Care Act

This section of the ACA mandates non-grandfathered private health insurance plans to provide specified **preventive care services** with **zero patient cost-sharing**



IRS Guidance Notice 2019-45

On July 17, 2019, IRS code was amended to allow HSA-HDHPs the flexibility to provide **pre-deductible coverage** of **14 chronic disease management services**, including insulin and other glucose lowering agents



Chronic Disease Management Act of 2020

Introduced on January 15th, 2020, if passed this bill would permit HSA-HDHPs to **cover chronic disease prevention services** to enrollees **prior to meeting their plan deductible**

More generous coverage of high-value care can be paid for by reducing the utilization of low-value care

\$345 BILLION

is spent annually on low-value or harmful care in the United States.

Examples include:

- Vitamin D screening tests
- Diagnostic tests before low-risk surgery
- PSA screening for men 70 and older
- Branded drugs when identical generics are available
- Low-back pain imaging within 6 weeks of onset

Clinically driven plan designs, like **V-BID X**, reduce spending on **low-value care**



...creating headroom to reallocate spending to **high-value services** without increasing **premiums or deductibles**