

Comment #6 – 4/10/15 – 12:07 p.m.

With regard to the exposure draft “Determining Minimum Value and Actuarial Value under the Affordable Care Act,”

I think it may be appropriate to specify either in section 2 or section 3 that a plan with an aggregate family deductible is an example of a non-standard plan design and the actuary should consider the impact of the aggregate deductible in determining whether the plan meets the MV standard. There was an example in the practice note that addressed this, but it is not mentioned in the exposure draft.

HHS issued a notice last month clarifying that the maximum cost-sharing limit applies to all individuals enrolled in a family plan, but it will not be enforced until 2016. This rule will greatly diminish the impact of aggregate family deductibles on determining whether a plan meets the MV requirement, but until then, there are still large numbers of employers who offer HDHPs where the aggregate family deductible exceeds the maximum cost-sharing limit. Actuaries should not certify these plans as meeting minimum value based just on inputting the single plan design into the calculator, but should consider the overall plan design.

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