Colin and LPacheco:

The Non-Preferred Brand Tier should NEVER be more than the Specialty Rx and should not be subject to deductible.  I saw some of the discussion on this and realized how confused the committee must be on Rx.  Specialty Rx is always more expensive than Preferred Brand or Non-Preferred Brand Rx.

Add-on Copays after Deductible / Coinsurance should be removed from ER and Inpatient Care.  Change the Deductible and raise it if necessary but PLEASE do not create complex Benefit Designs like these.  We already have one carrier in the market that does this and consumers are so confused and dislike them greatly.  Keep the designs simple and easy to understand and straight forward - do not mix deductibles and copays together.

Would have been much better if the committee had gone with $0 deductibles and copay only plans that were so popular in 2021 and 2022.  Clients can understand them much better and love them.

Copays could have been higher for ER and per day at 2 or 3-day max or a flat copay for inpatient.  There is nothing wrong with $50 / $100 / $300 / $500 ER copays to discourage inappropriate useage of ER.  ER is for life and limb threatening care and 8 out 10 ER visits for life and limb threatening care are admitted to the hospital and ER copays are waived anyway - they just raise the cost of the benefit plan.  Members should be using virtual visits, primary care and urgent care - not ER for non-life or non-limb threatening care.

Please consider - not subject to deductible / coinsurance if there are copays.

*Thanks - Take Care - Debbie*

**Debra L. Righter | President/Managing Agent**

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