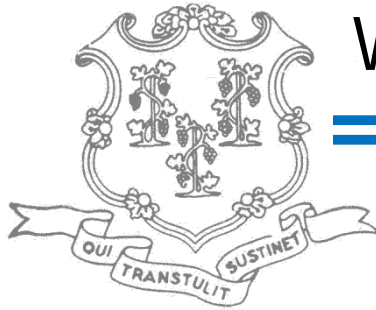


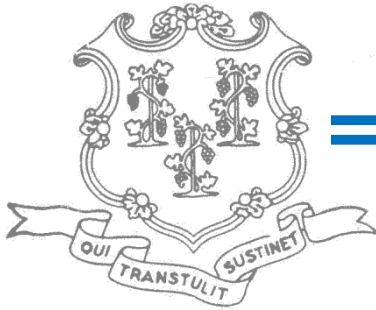
Connecticut Health Insurance Exchange

Board of Directors Meeting

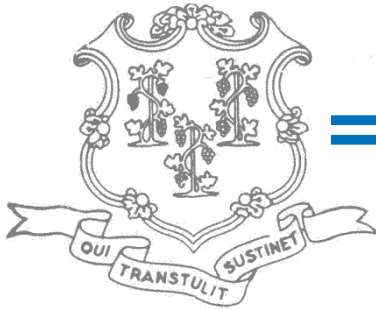
January 24, 2013



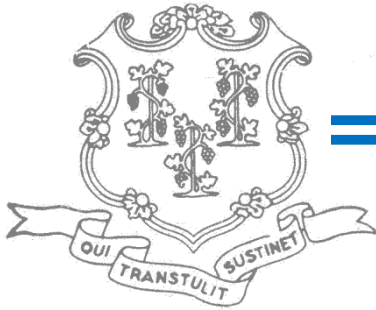
Welcome and Introductions



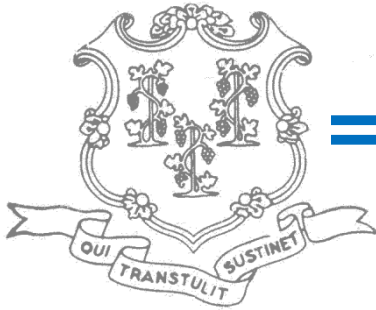
Public Comment



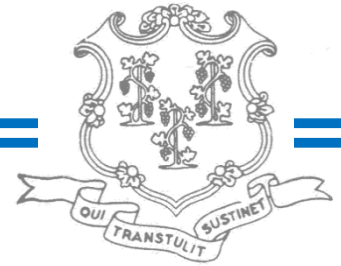
Review and Approval of Minutes



CEO Report



Board Governance Issues

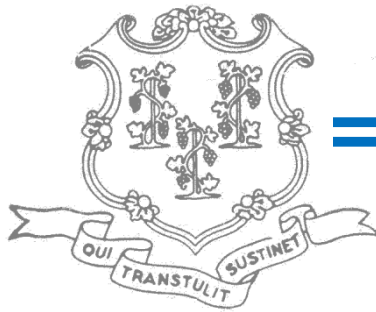


Article VI COMMITTEES

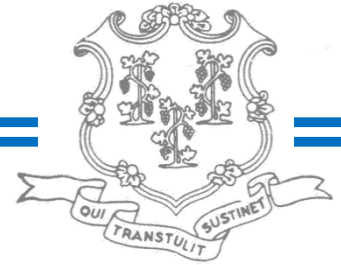
6.2 Standing Committees.

(b) The principal functions, responsibilities and areas of cognizance of such standing committees shall be as follows:

(i) in the case of the Audit Committee, to monitor and provide oversight on internal financial and accounting policies and controls, to assure the timeliness and accuracy of all Exchange internal and external reporting, to recommend “best practices” for financial accounting and controls, and to monitor and provide oversight on matters of compliance with legal and ethical requirements

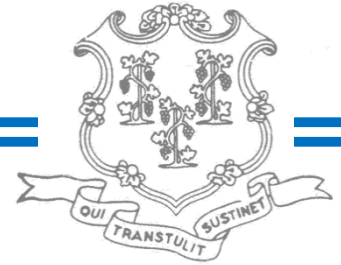


Finance Update



Chronology

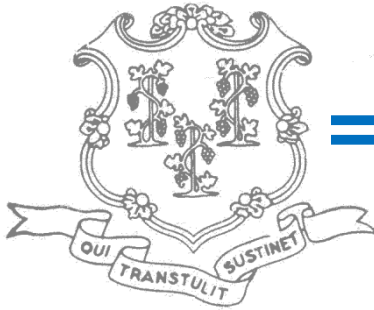
- Seven Required Artifacts were filed October 19, 2012
- Office of Policy and Management removed as grantee December 14, 2012 – 56 days from filing
- CT Health Insurance Exchange (CTHIX) was awarded grants with project period start dates of October 19, 2012 on December 21, 2012 – 63 days from filing
- Access to payment portal for award drawdowns granted January 17th – 90 days from filing



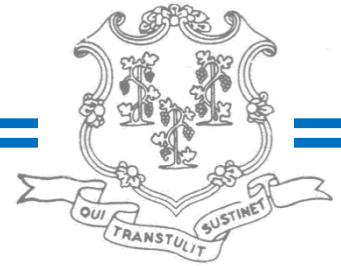
Unintended Consequences

- The unanticipated delays caused the CTHIX to invoke Section 219 (Effective July 1, 2012) from P.A. 12-1, June Special Session and request a \$5 million advance to bridge cash flow to January 22nd
- The advance was received January 4th and repaid on January 23rd

Operations and Information Technology Update



Operations and Information Technology Update



Operations

- Call Center Contract is being negotiated
 - Expected complete February 1st for March 1st effective date.
- Small Employer Health Options Program(SHOP) contract
 - Proposals due January 22nd.
- Standard Plan Design Recommendation
 - Collaborative and intensive effort since end of December
- Plan Management
 - Integration effort begun

Main Challenges

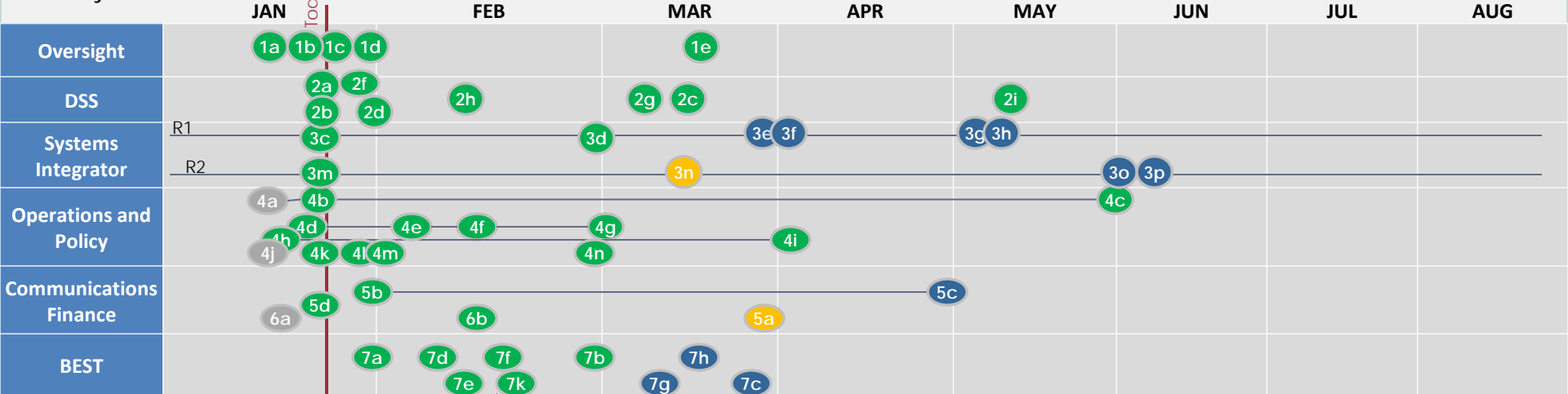
- Development of Operating model with Partners, e.g. DSS
 - People and Process
- Ensuring Compliance with Emergent Federal Guidelines

CT HIX / IE PMO Dashboard

2013

1/24/13

Summary - milestones



Oversight & Support

- (1a) Finalize MOU - HIX & BEST (mid Jan)
- (1b) Board Meeting (Jan 24)
- (1c) Move into new HIX office (Jan 28)
- (1d) Organizational Readiness Plan to HIX (Dec 12, now Jan 31)
- (1e) Submit Establishment Design Review & IT consultation/presentation to CMS (mid March)
- (1f) HIX Deployment (Oct 1)

DSS

- Management**
- (2a) Drafting preliminary High level HIX/DSS MOU statement (Jan 25)
 - (2b) Develop system for time tracking and charge back for DSS staff working on HIX (Jan 25)

- Tier 1**
- (2c) Design Confirmations (was Dec 27, now mid March)
 - (2d) Commence Development of Training and Operational Transition Plan - incl Organization Readiness Assessment (Jan 31/ TBD)

- Tiers 2, 3 & 4**
- (2e) Tier 2&3 Requirements and Process Flows Drafted (Dec 20)
 - (2f) Tier 2&3 IAPD Submission (was Dec 21, now Jan 25)
 - (2g) Tier 4 Requirements and Process Flows (Mar 2013/ TBD)

- ConneCT**
- (2h) Document Imaging Go Live (Feb 13)
 - (2i) EMS Transitions from Case-base to Task-base (May 5)

System Integrator

- Release 1**
- (3c) Requirements (11/02 - 12/27, 10/4 - 01/25*)
 - (3d) Design (11/02 - 12/27, 10/21 - 02/28*)
 - (3e) Development (12/10 - 02/22, 12/03 - 04/01*)

- (3f) Testing-Unit (12/20 - 02/22, 12/03 - 04/01*)
 - (3g) SIT\Reg\Perf (12/20 - 4/17, 04/02 - 05/08*)
 - (3h) UAT (04/17 - 05/20, 04/15 - 05/10*)
- Release 2**
- (3m) Requirements (11/02 - 12/27, 10/4 - 01/23*)
 - (3n) Design (11/02 - 12/27, 10/31 - 02/28*)
 - (3o) Development (12/10 - 06/28, 12/10 - 05/31*)
 - (3p) Testing-Unit (12/10 - 06/28, 12/10 - 05/31*)
 - (3q) SIT\Reg\Perf (06/14 - 07/29, 06/01 - 08/22*)
 - (3r) UAT (07/16 - 09/23, 08/05 - 09/06*)

Operations and Policy

- Planning for QHP (Requirements/ Solicitation)**
- (4a) Finalize Draft Standard Plan Design (Jan 17)
 - (4b) Present Standard Plan Design to Board (Jan 24)
 - (4c) Define operational procedures for Plan Mgmt manual processes (May 31)

- Planning for SHOP (Policy, RFP)**
- (4d) SHOP Proposals due from Vendors (Jan 22)
 - (4e) SHOP Vendor Presentations (Feb 7 - 8)
 - (4f) Select SHOP Vendor (Feb 15)
 - (4g) Onboard SHOP Vendor (Mar 1)

- Call Center**
- (4h) Vendor Selection and Contract Negotiations Complete (Jan 18- Jan 25)
 - (4i) Anticipated Contract Start Date (now Apr 1, working for earlier start date)

- Other Milestones**
- (4j) Consultation at Mohegan Reservation (Jan 17)
 - (4k) Eligibility/ Enrollment Carrier Webinar (Jan 23)
 - (4l) Strategy Committee Meeting (Jan 24)
 - (4m) 834/820 Transactions Carrier Webinar (Jan 30)

- (4n) Final agreement with HRA for Reinsurance (Feb 28)

Communications

- Navigator Activities**
- (5a) Define funding for Navigator Program (By end of March)
 - (5b) Publish Navigator RFP (Feb 1)
 - (5c) Train & Certify Navigators (Apr 30)

- Marketing/ Outreach Campaign**
- (5d) Announce Second Round of Town Halls/ Healthy Chats for Q1 (Jan 24)

Finance

- (6a) Gain Access to draw down grant funds to HIX (Jan 17)
- (6b) Share revenue/project budget with CMS (Feb)

BEST

- UAT**
- (7a) HIX UAT VM/OS Environment Built (Jan 30)
 - (7b) UAT Vanilla Software Installation Complete (Feb 28)
 - (7c) UAT Software Configuration Complete (Mar 27)

- Staging**
- (7d) Procure Qadar for staging security (Feb 14)
 - (7e) HIX VM/OS Staging Environment Built (Feb 14)
 - (7f) Start Staging Vanilla Software Install (Feb 15)

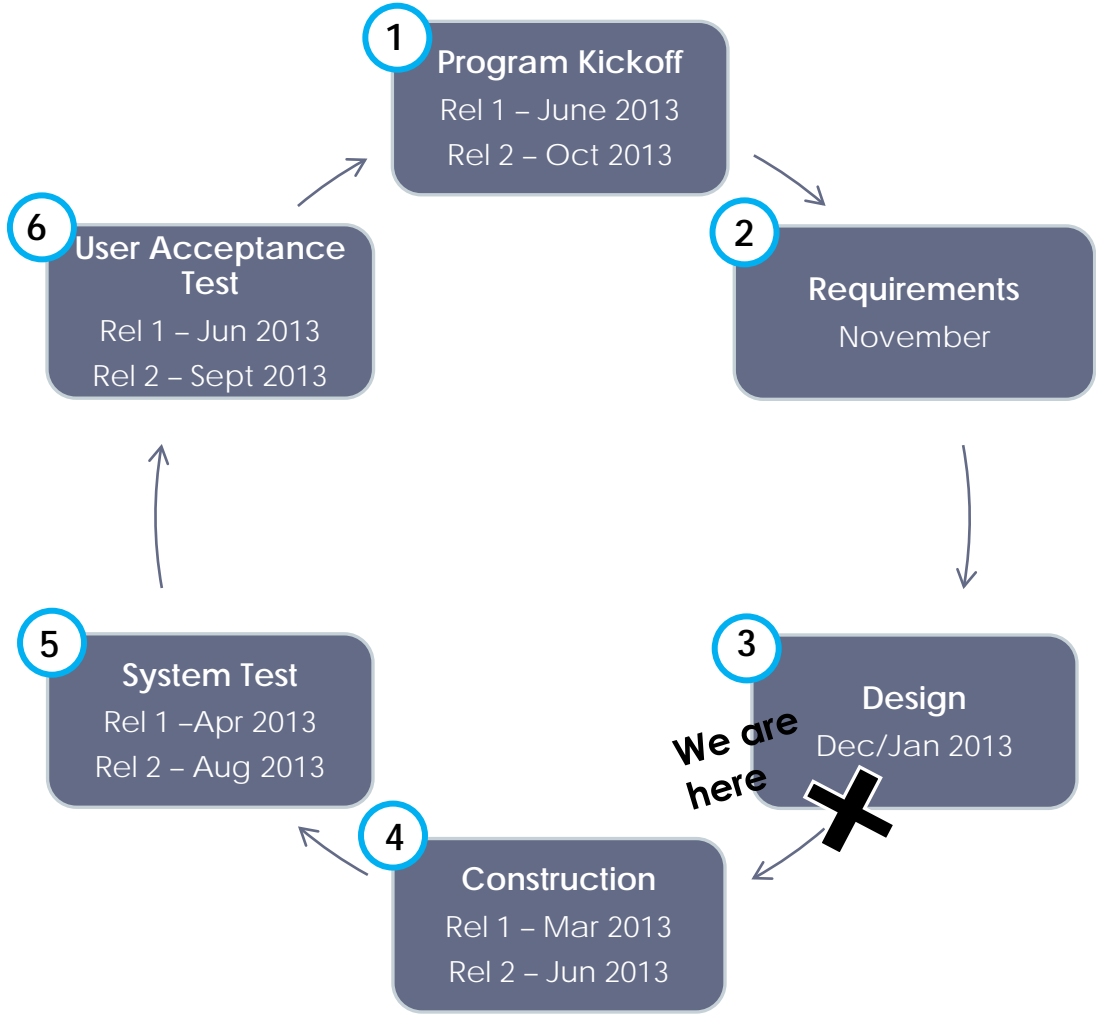
- Production**
- (7g) HIX VM/OS Production Environment Built (Mar 8)
 - (7h) Start Production Vanilla Software Install (Mar 11)

- Other milestones**
- (7k) Finalize Software Architecture Complete (Feb 5)

Project Risk/ Issues Summary	Schedule Risks	Resource Risks	Quality Risks	Deliverables Risks	Issues	Schedule Risks		Resource Risks		Overall
						Quality Risks		Deliverables Risks		
Oversight										
DSS										
System Integrator	(3N)									
Operations and Policy										
Communication		(5a)				Not started	Started and on track	Minor risk /issue	Major risk /issue	Complete
Finance										
BEST										

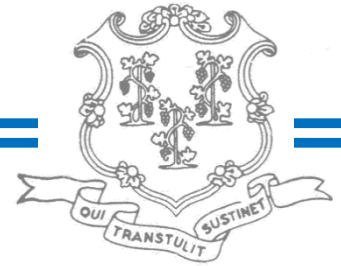
ID	Risk	Level	Mitigation	Current Status
(3n)	The design confirmation sessions to date have had limited discussions on the ConneCT, Connexions and EMS solutions. As such DSS is unsure of the planned scope of changes and whether it will be able to support these changes (i.e. through staffing arrangements, or contracting with Xerox).	Med	<ul style="list-style-type: none"> - Need a prioritization of discussions on implications of the Tier 1 solution on ConneCT, Connexions and EMS. Also need to schedule adequate time to cover these discussions adequately. - Looking at sourcing resources to support critically short positions (for example Database Administrators for the EMS system). 	1/22/13: Awareness- Discussions continue with SI to fully understand the end to end vision and solution.
(5a)	<p>Uncertainty around who will pay for Navigator Program.</p> <p>Additionally, an In-Person Assister Program was recently announced by the Feds. This program is separate and distinct from the Navigator program and requires different funding streams.</p>	Med	<p>This is a challenge for all the states. CT will be addressing funding issue by aggressively utilizing the new In person assister (IPA) Level 1 grant funding available (being submitted on 11/15). Funding will allow for robust IPA functionality (addressing education and enrollment), which can be further augmented and supported once Navigator funding is secured. HIX is working with OHA to aid in the administration and oversight of the IPA and Navigator programs based on their rich experience in this space.</p> <p>Additionally, both organizations are exploring potential Navigator funding solutions and reaching out to Connecticut Universal Healthcare as well as "Enroll America", a national non-profit.</p>	01/22/13: Awareness- Scheduled call with CMS on 1/24/13; Meeting with CT Council for Philanthropy on 02/13/13.

Established Process



- Continued Design review and Confirmation Sessions
- Will complete HIX-specific Design Confirmation in January
- Software Construction has begun
- Communication with Federal Data Services Hub tested
- DSS integration Design Confirmation to be completed by Mid-March
- Go Live date of 10/1/13 unchanged

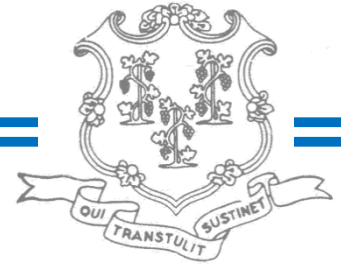
Operations and Information Technology Update



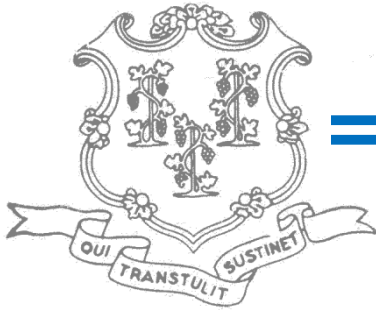
IT Update

- Design confirmation originally scheduled for December 27th
 - This cornerstone deliverable provides us with an end to end functional view of our system and includes all portal screens, business rules, use cases and other technology artifacts.
- We extended the deliverable completion date to accommodate:
 - More state stakeholder participation in design sessions
 - An upgrade of the User Interface for an enhanced user experience
 - Support for additional federal guidelines including the recently released HHS streamlined application
- Design confirmation rescheduled to be completed January 25th and on track

Operations and Information Technology Update

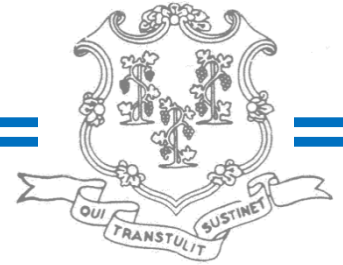


- Still on track for the delivery of system functionality across 2 releases:
 - Release 1 for 6/4/2013 – Plan Management
 - Release 2 for 10/1/2013 – Core HIX functionality
- January 28-29 Logistics meeting planned with CMS/CCIIO and all Conditionally approved State-based Exchanges



Plan Management Update

Plan Management



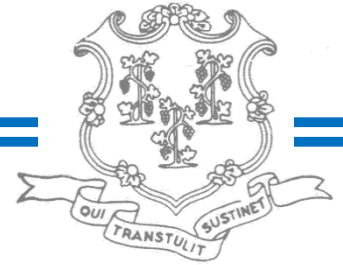
- Discussion Objectives

- Define Plan Management
- Review Plan Management functions
- Advise on Plan Management activities
- Identify next steps

- Definition of Plan Management

- Integration of business and technical requirements between the Exchange and each participating carrier to facilitate the successful administration of products

Plan Management Functions

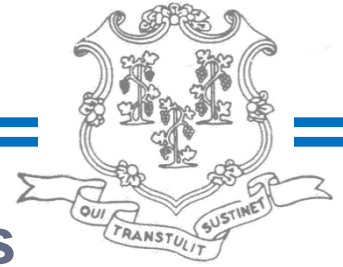


- Develop and maintain effective relationship with carriers
- Draft QHP application
- Certification of QHPs
- Collection / Publishing of benefit & rate information
- Managing contracts with QHPs
- Monitoring ongoing compliance
- Supporting open enrollment process



GOAL

Facilitate consumer access to quality health care choices through a consumer portal



Exchange – Carrier Workgroup Meetings

- Operational Kickoff – January 7, 2013
 - Reviewed Exchange timeline, use of federal templates to support rate & benefit data collection, future communication strategy

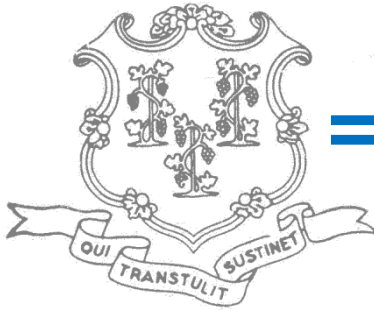
- Eligibility & Enrollment – January 23, 2013
 - End-to-end enrollment process flow overview, enrollment timelines & scenarios

- Next Steps: Future Meetings
 - Enrollment & Billing Transactions
 - Carrier Attestations
 - Financial Management
 - Premium Billing & Collection

Plan Management Dates



TIME PERIOD	MAJOR ACTIVITY
December 2012	<ul style="list-style-type: none">• Received Notice of Intent (non-binding) from 5 Medical & 4 Dental carriers
January 2013	<ul style="list-style-type: none">• Continuing to develop benefit, rates and plan publishing aspect of Plan Management system functionality;• Established workgroups with carriers and System for Electronic Rate and Form Filing (SERFF) staff;• Assessing need for manual processes to support Plan Management
February – May 2013	<ul style="list-style-type: none">• Build and user testing of screens and system design;• SERFF launch of Plan Management processes
June 2013	<ul style="list-style-type: none">• Phase 1 launch (functionality available for interactions between exchange, carrier & insurance department)
October 2013	<ul style="list-style-type: none">• Ready to support enrollment in QHPs through the Exchange

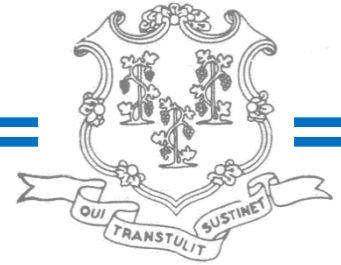


Connecticut Health Insurance Exchange

Standard Plan Design

January 24, 2013

Standard Plan Design



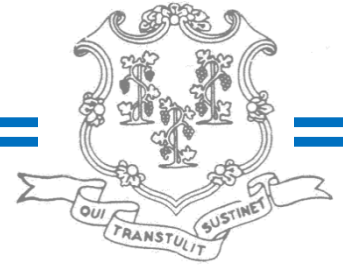
Purpose:

- Review the process used to develop standard plan designs
- Review recommended standard plan designs
- Vote to approve standard plan designs

Background:

- Board Direction – Exchange directed to define a standard plan for each metal tier
 - Carriers are also encouraged to submit one non-standard plan design for each metal tier
- Comparison Shopping – The standard plans will allow consumers to compare qualified health plans based on a carrier's network, quality rating and premiums, while holding constant benefits and cost sharing parameters

Standard Plan Design



Principles:

- Simplicity – Standard plans should be simple to understand and to administer.
- Consumer Focused – Enable consumers to get the appropriate care and value for their investment.
- Emphasis on Primary Care – Enable people to improve their health.

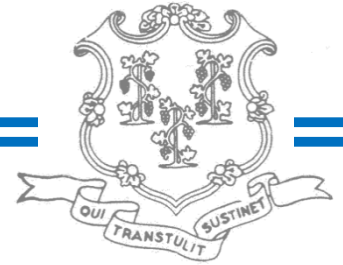
Team:

- Two members of each Advisory Committee
- Assistance provided by:
 - Connecticut Insurance Department
 - Carriers: three representatives

Meetings:

- Six meetings held between January 2 and January 22
- Collaborative

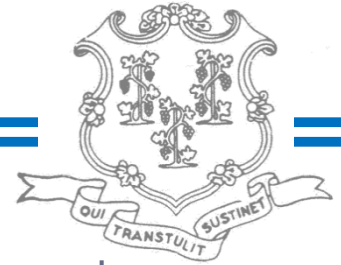
Standard Plan Design



Parameters:

- Connecticut State Law – Designs must comply state laws and regulations
- ACA Regulations – Designs must:
 - Comply with actuarial value requirements of Metal Tiers
 - Include Connecticut's Essential Health Benefits
 - Provide preventative services with no cost sharing
 - Limit out-of-pocket maximums
- Actuarial Value – Designs must be within +/- 2 points of Metal Tier requirements, as validated against Federal Actuarial Value Calculator
 - Silver Cost Sharing Reduction Plans must be within +/- 1 point of allowed actuarial values

Standard Plan Design



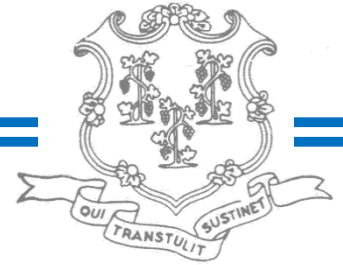
Actuarial Value ('AV'):

- The percentage of total average health care costs that will be covered by a plan.
- For example, if a plan has an AV of 70%, on average, the enrollee would be responsible for 30% of the costs of all covered benefits.
- In relationship to standard plans, AV refers only to the costs associated with the essential health benefits provided in-network.

Actuarial Values of Metal Tiers:

- Bronze – 60%
- Silver – 70%
 - Silver with Cost Sharing Reduction (for 100-250% of Federal Poverty Level)
 - 200-250% of FPL – 73%
 - 150-200% of FPL – 87%
 - 100-150% of FPL – 94%
- Gold – 80%
- Platinum – 90%

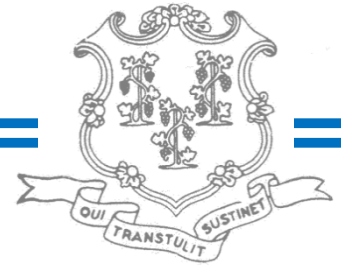
Standard Plan Design



Actuarial Value ('AV') Calculator:

- Tool – Excel calculator provided by CMS in late November 2012
- Averages – Incorporates a nationwide dataset on average expected costs and utilization patterns to calculate the Actuarial Value of a plan design
 - Connecticut can use its own data in 2015
- Inputs – Allows users to adjust various parameters of health plan, including:
 - Deductible Amount
 - Coinsurance Percentage
 - Copay by Service Category
 - Limits

Standard Plan Design - AV Calculator



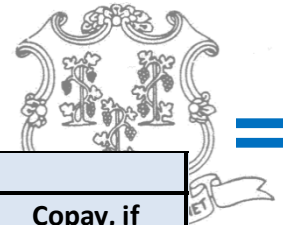
User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR Standard?
- Desired Metal Tier

HSA/HRA Options	
HSA/HRA Employer Contribution?	<input type="checkbox"/>
Annual Contribution Amount:	

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$200.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$6,250.00		
OOP Maximum if Separate (\$)			

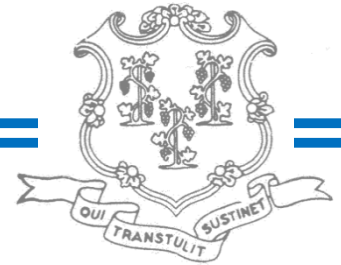
Standard Plan Design - AV Calculator



[Click Here for Important Instructions](#)

Type of Benefit	Tier 1			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical	<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00
All Inpatient Hospital Services (inc. MHSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00
Primary Care Visit to Treat an Injury or Illness (exc. Well Baby, Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00
Rehabilitative Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Rehabilitative Occupational and Rehabilitative Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input checked="" type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00
Specialty High-Cost Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	

Standard Plan Design - AV Calculator



Options for Additional Benefit Design Limits:

Do Not Allow Copays to Exceed Service Unit Cost?	<input checked="" type="checkbox"/>
Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input checked="" type="checkbox"/>
# Days (1-10):	4
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Output

Calculate

Status/Error Messages:

Actuarial Value:

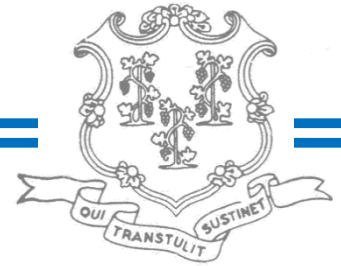
Metal Tier:

Calculation Successful.

71.2%

Silver

Standard Plan Design



Analysis and Development of Standard Plan Designs:

- Public Input
 - Affordability
 - Reasonable out-of-pocket costs and premiums
 - Desire for separate deductibles
 - Simple and transparent cost sharing requirements
- Recognition of Tradeoffs
- Preference for Care Outside of Institutions
 - Remove barriers to use primary care
 - Deductible on institutional settings only
- Use of copays
 - Minimize use of co-insurance
- Separate Deductibles
 - Medical Benefits
 - Drugs

Standard Plan Design

SUMMARY OF METAL TIERS



	Bronze - 60 AV	Silver - 70 AV	Gold - 80 AV	Platinum - 90 AV
Computed Actuarial Value (using HHS AV Calculator)	62.7%	71.2%	81.8%	90.2%
Deductible(s)				
Medical Benefit	\$ 4,000	\$ 2,500	\$ 500	n/a
Prescription Drug Benefit	250	200	150	n/a
Out-of-Pocket Maximum	\$ 6,250	\$ 6,250	\$ 5,000	\$ 5,000
Medical Benefits	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>
Office Visits				
Preventive Care/Screening/Immunization	\$ -	\$ -	\$ -	\$ -
Primary Care Visit to Treat an Injury or Illness	30	30	20	15
Specialist Visit	45 ✓	45	45	30
Mental Health Visits	30	30	20	15
Rehabilitative Services (inc. PT, OT, ST)	30 ✓	30	20	15
Laboratory Services	30 ✓	30	20	15
X-Rays	45 ✓	45	45	30
High-Tech Imaging (CT/PET Scans, MRIs)	75 ✓	75	75	50
Emergency Room Services	150 ✓	150	150	100
Inpatient Admission	500 ✓	500 ✓	500 ✓	250
<i>Apply Inpatient Copay Per Day</i>	<i>yes - max 4</i>	<i>yes - max. 4</i>	<i>yes - max 4</i>	<i>yes - max 4</i>
Outpatient Surgery	500 ✓	500 ✓	500 ✓	250
Skilled Nursing Facility	500 ✓	500 ✓	500 ✓	250
<i>Apply SNF Copayment per Day</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>	<i>yes</i>

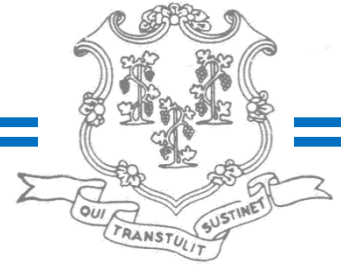
Standard Plan Design

SILVER -

Cost Sharing Reduction

	Silver Alternatives (i.e. Cost Sharing Reduction Plans) [1]			
	Silver - 70 AV	Silver - 73 AV	Silver - 87 AV	Silver - 94 AV
	\$2,500 deductible on IP/OP Hospital ; \$200 Rx deductible, waived on generic drugs with 10/25/40 Rx copays (with 50% coinsurance on injectables and high cost specialty drugs)	Exclusive to Households with Income of 200-250% of FPL	Exclusive to Households with Income of 150-200% of FPL	Exclusive to Households with Income of 100-150% of FPL
Computed Actuarial Value (using HHS AV Calculator)	71.2%	74.0%	87.8%	94.4%
Deductible(s) [3]				
Medical Benefit	2,500	2,250	500	-
Prescription Drug Benefit	200	150	-	-
Out-of-Pocket Maximum [4]	\$ 6,250	\$ 5,200	\$ 2,250	\$ 2,250
Medical Benefits	<i>Subject to Medical Deductible</i>	<i>Subject to Medical Deductible</i>	<i>Subject to Medical Deductible</i>	<i>Subject to Medical Deductible</i>
Office Visits				
Preventive Care/Screening/Immunization	\$ -	\$ -	\$ -	\$ -
Primary Care Visit to Treat an Injury/Illness	30	20	15	5
Specialist Visit	45	45	30	15
Mental Health Visits	30	20	15	5
Rehabilitative Services (inc. PT, OT, ST) [5]	30	20	15	5
Laboratory Services [6]	30	20	15	5
X-Rays	45	45	30	15
High-Tech Imaging (CT/PET Scans, MRIs)	75	75	50	50
Emergency Room Services	150	100	100	75
Inpatient Admission	500	500	250	250
Apply Inpatient Copay Per Day	yes - max. 4	yes - max. 2	yes - max. 2	yes - max. 2
Outpatient Surgery	500	500	250	250
Skilled Nursing Facility	500	500	250	250
Apply SNF Copayment per Day	yes	yes	yes	no

Standard Plan Design - Drugs



	Bronze - 60 AV	Silver - 70 AV	Gold - 80 AV	Platinum - 90 AV
Computed Actuarial Value (using HHS AV Calculator)	62.7%	71.2%	81.8%	90.2%
Prescription Drug Benefit	Subject to Rx Deductible	Subject to Rx Deductible	Subject to Rx Deductible	Subject to Rx Deductible
Tier 1 (i.e. Generics)	\$ 10	\$ 10	\$ 10	\$ 10
Tier 2 (i.e. Preferred Brand Drugs)	25 ✓	25 ✓	25 ✓	15
Tier 3 (i.e. Non-Preferred Brand Drugs)	40 ✓	40 ✓	40 ✓	40
Specialty Tier (i.e. Speciality High-Cost Drugs)	50% ✓	50% ✓	50% ✓	50%

	Silver - 70 AV	Silver Alternatives (i.e. Cost Sharing Reduction Plans) [1]		
		Silver - 73 AV	Silver - 87 AV	Silver - 94 AV
	\$2,500 deductible on IP/OP Hospital ; \$200 Rx deductible, waived on generic drugs with 10/25/40 Rx copays (with 50% coinsurance on injectables and high cost specialty drugs)	Exclusive to Households with Income of 200-250% of FPL	Exclusive to Households with Income of 150-200% of FPL	Exclusive to Households with Income of 100-150% of FPL
Computed Actuarial Value (using HHS AV Calculator)	71.2%	74.0%	87.8%	94.4%
Prescription Drug Benefit	Subject to Rx Deductible	Subject to Rx Deductible	Subject to Rx Deductible	Subject to Rx Deductible
Tier 1 (i.e. Generics)	\$ 10	\$ 10	\$ 5	\$ 5
Tier 2 (i.e. Preferred Brand Drugs)	25 ✓	25 ✓	15	15
Tier 3 (i.e. Non-Preferred Brand Drugs)	40 ✓	40 ✓	30	30
Specialty Tier (i.e. Speciality High-Cost Drugs)	50% ✓	50% ✓	40	40

Standard Plan Design

Other Benefits



Additional Benefits (Not necessarily included in AV Calculator)	Bronze - 60 AV	Silver - 70 AV	Gold - 80 AV	Platinum - 90 AV
	Subject to Deductible	Subject to Deductible	Subject to Deductible	Subject to Deductible
Emergency and Urgent Care Services				
Emergency Room <i>Same copay applies both In- and Out-of-Network</i> <i>Copay waived if admitted to hospital</i>	\$ 150 ✓	\$ 150	\$ 100	\$ 75
Urgent Care <i>No out-of-network coverage unless outside of service area</i>	75 ✓	75	50	50
Walk-In Centers <i>Applicable office visit copayment</i>	50 ✓	50	50	50
Ambulance	0 ✓	0	0	0
Prenatal and Postnatal OB/GYN <i>For maternity services related to pre- and post-natal care, copays limited to 12 office visits for a pregnancy.</i> <i>Copay does not apply to any preventative care recommended by the U.S. Preventative Services Taskforce that must be provided at 100% cost sharing and not be subject to deductible (e.g. iron deficiency anemia in asymptomatic pregnant women; screening for Chlamydial infection, Syphilis, Gonorrhea, Hepatitis B; tobacco-use counseling).</i>	30 ✓	30	20	15

Standard Plan Design

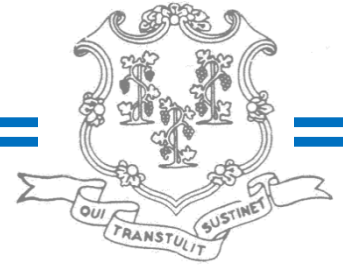
Other Benefits



	Bronze - 60 AV	Silver - 70 AV	Gold - 80 AV	Platinum - 90 AV
Additional Benefits (Not necessarily included in AV Calculator)	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>	<i>Subject to Deductible</i>
Chiropractic Services <i>20 visit limit per member per year</i>	45 ✓	45	45	30
Cardiac Rehabilitation	30 ✓	30	20	15
Habilitative Services <i>For treatment of children with Autism Spectrum Disorders</i>	30 ✓	30	20	15
Home Health Care <i>200 visit limit per member per year Copay limited to first 80 visits</i>	15 ✓	15	10	15
Hospice Services <i>Copay applies per day (up to 4 days)</i>	500 ✓	500 ✓	250	250
Allergy Services				
Office Visit and/or Injections	45 ✓	45	45	30
Prosthetics	50% ✓	50%	50%	50%
Durable Medical Equipment	50% ✓	50%	50%	50%
Diabetic supplies and equipment <i>Insulin and certain medical supplies used to inject insulin, such as syringes and oral diabetes drugs, are covered under Rx benefit</i>	50% ✓	50%	50%	50%
Diabetics Education <i>Applicable office visit copayment</i>	30/45	30/45	20/45	15/30
Pediatric Vision				
Eye Exam <i>Out-of-Network: reimbursed up to fair health rate less copay</i>	30	30	0	0
Glasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year

Σ

Standard Plan Design

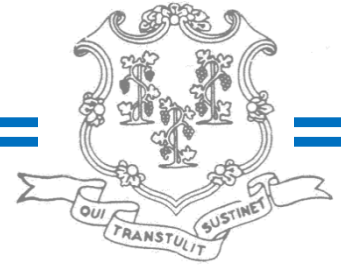


Lessons Learned:

- Tradeoffs – If you lower one variable, you must adjust other variables to maintain the AV
- Relationship of Plan Design to Premium – Plan design is only part of how rates are determined
 - Rates also depend on networks, contracts, and utilization assumptions
- Affordability
 - AV Calculator is hard disciplinarian – drives deductible and copay options.
 - Premium rates remain a concern
- Additional Questions Raised
 - Consumer Shopping Experience and Education
 - Exchange relationship with Medicaid
 - Non-Standard Plan parameters

Staff is working to provide written answers to questions raised in this process. Staff will post answers on website.

Standard Plan Design



Next Steps – February:

Out of Network Standard Benefits

- CCIIO Input required on Out of Pocket Maximum options
- Actuarial Input required on Premium impact of deductible and coinsurance options

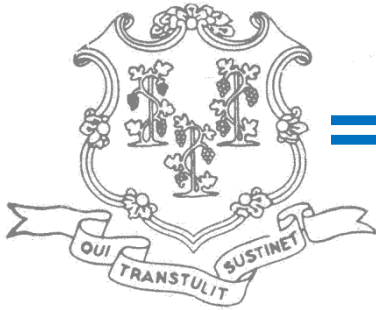
Stand Alone Dental Standard Plan Design

- No AV Calculator for these

Next Steps – Future:

Incorporate Emerging Guidance

- CCIIO Final Rules
- Connecticut State Regulations



Adjournment
