

Access Health CT

Health Plan Benefits & Qualifications (HPBQ) Advisory Committee

March 28, 2018



Today's Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Votes: Meeting Minutes (January 24, 2018 & February 7, 2018)
- D. Meeting Objectives
- E. Certification Requirements
 - Certification Review Schedule
 - Silver Plan Certification Requirements: Individual Market
 - Non-Standard Plans at the Silver Metal Level (Vote if necessary)
 - AHCT Standardized Silver Plan as Lowest Cost Silver Plan (Vote if necessary)
 - Stand-alone Dental Plan (SADP) Plan Mix & Standardized Plan (Votes if necessary)
- F. Next Steps
- G. Adjournment

Public Comment

(2 Minutes per Commenter)



Votes

- January 24, 2018 Meeting Minutes
- February 7, 2018 Meeting Minutes

Meeting Objectives

- Decide to:
 - Eliminate or retain the option for carriers to offer non-standard Silver plans in the Individual Market
 - Eliminate or retain the requirement that the lowest cost Individual Market Silver plan be the AHCT standardized plan
 - Maintain or change the existing “Plan Mix” for SADP
- Vote to recommend cost sharing for standardized Stand-Alone Dental Plan (SADP) to Board of Directors (BOD)

Note: if decision is to revise the existing plan cost sharing or requirement, will need vote to recommend change to BOD

➤ **Certification Requirements**

Certification Review Schedule

Certification Review Topics	2017/2018 Discussion Date	Status
Requirement to submit Standardized Plan Designs	September & October	Completed
<i>Plan Mix – Individual Medical</i>	<i>September & October</i>	<i>Outstanding item</i>
Pediatric Dental Coverage in Medical Plans	September & October	Completed
<i>Lowest Cost Silver Plan in the Individual Market</i>	<i>September & October</i>	<i>Outstanding item</i>
Essential Health Benefits (EHB) Benchmark Plan	November	Completed
Prescription Drug Formulary Standards	November	
Network Adequacy Standards	November	
Essential Community Provider (ECP) Contracting Standards	November	
Tobacco Surcharge	December	Completed
Broker Compensation	December	
Certification Requirements Policy	December - January	
<i>Standardized Plan Development – Individual Medical</i>	<i>December – April</i>	<i>Scheduled (December 2017 – April 2018)</i>
Plan Mix – SHOP	January	Completed
<i>Plan Mix – Stand-Alone Dental Plans (SADPs)</i>	<i>January - March</i>	<i>Scheduled (January 2018 – March 2018)</i>
<i>Standardized Plan Development – SADP</i>	<i>January - March</i>	

➤ **Silver Plan Certification
Requirements: Individual
Market**

Silver Plan Certification Requirements: Individual Market

- Should AHCT eliminate the option for carriers to submit non-standard Silver plans in the Individual Market?
- Should AHCT eliminate the requirement that the lowest cost Individual Market Silver plan be the AHCT standardized plan?

➤ **Standardized Stand-
Alone Dental Plan
(SADP)**

Plan Mix – Stand-Alone Dental Plan (SADP)

Current Guidelines: Number of Plans Permitted per Issuer				
	Individual Market		Small Group Market*	
	Standardized	Non-Standard	Standardized	Non-Standard
High Option	1	3	1	3
Low Option	0		0	
TOTAL	1 Required / 3 Optional		1 Required / 3 Optional	
Maximum	4		4	

2018 Submitted Plans

3 in Individual market (one issuer)

- 1 standardized plan & 2 non-standard plans

2 in Small Group market (one issuer)

- 1 standardized plan & 1 non-standard plans

AHCT eliminated the requirement that the standardized plan must include out-of-network coverage effective for the 2018 plan year.

SADP Issuers including out-of-network coverage should follow Connecticut Insurance Department (CID) guidance related to form and rate filing submission.

★ *High / Low Plan designation may be eliminated for 2019: pending final HHS Payment Notice*

Stand-Alone Dental Plan (SADP)

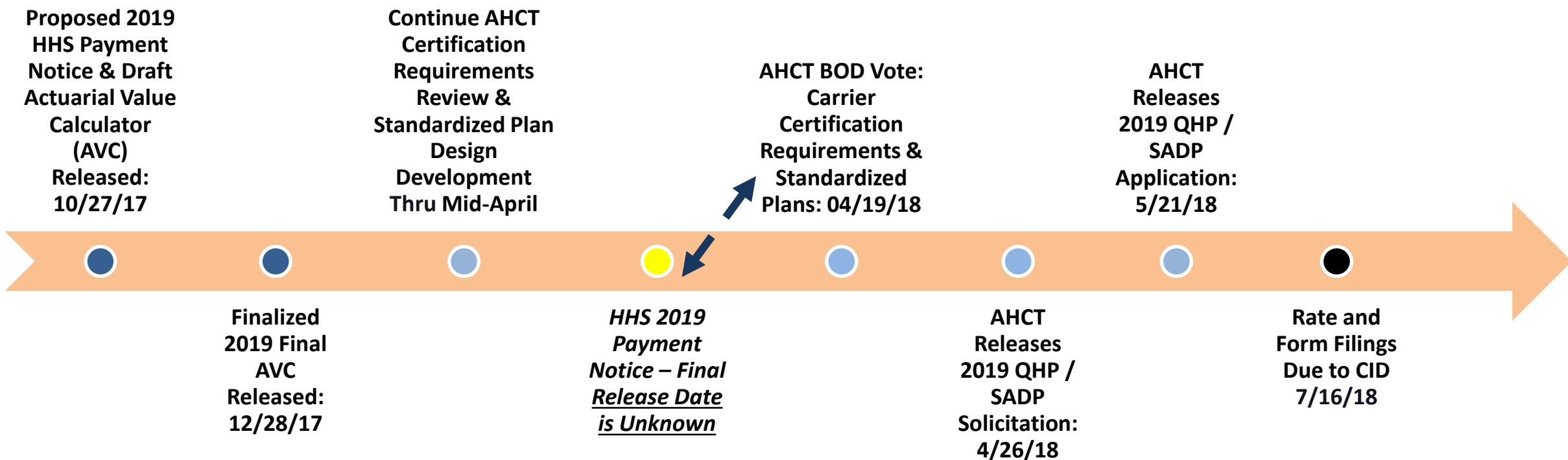
- Certification Requirements for 2019 – Discussion Points
 - Plan Mix for Individual and SHOP
 - Standardized Plan Design: Cost Sharing
 - Standardized Plan Design: Other features

Next Steps

- Next HPBQ AC meeting scheduled for April 11th
- Agenda topics:
 - Unresolved certification requirement decisions / vote(s) to recommend changes to Board of Directors
 - Decisions on standardized Bronze and Silver plan designs for 2019, including Silver Cost Sharing Reduction (CSR) plan designs, and votes to recommend cost sharing changes to Board of Directors

Next Steps

2019 AHCT Standardized Plan Design Development Continuum



➤ **Adjournment**

➤ **Appendix**

CERTIFICATION REVIEW STATUS

Topic	Decisions / Status
Requirement to submit Standardized Plan Designs	No change
Medical “Plan Mix”: Individual Market Platinum Metal Level	Decision made to recommend to BOD to eliminate the requirement for AHCT to develop a standardized Platinum plan, resulting in removal of “optional” Platinum
Medical “Plan Mix”: Individual Market Gold and Bronze Metal Levels	No change in number of standardized/non-standard plans for submission
Medical “Plan Mix”: Individual Market Silver Metal Level	Decision pending on whether to eliminate the option for carriers to submit non-standard Silver plans
Pediatric Dental Coverage in Medical Plans	<p><u>Individual Market</u>: standardized plans will continue to include pediatric dental Essential Health Benefits (EHB); carriers have the option to exclude pediatric dental from non-standard plans (if an SADP is offered through the Exchange in the same service area in which the QHP is offered)</p> <p><u>SHOP</u>: minimum number of submitted plans will continue to include pediatric dental Essential Health Benefits (EHB); carriers have the option to exclude pediatric dental from non-standard plans in excess of the minimum number (if an SADP is offered through the Exchange in the same service area in which the QHP is offered)</p>

HPBQ AC – CERTIFICATION REVIEW STATUS

Topic	Decisions / Status
Lowest Cost Silver Plan in the Individual Market	Decision pending on whether to eliminate the requirement that the standardized Silver plan in the Individual Market be the lowest cost Silver plan submitted by each carrier
Essential Health Benefits (EHB) Benchmark Plan	No change
Prescription Drug Formulary Standards	No change
Network Adequacy Standards	No change
Essential Community Provider (ECP) Contracting Standards	No change
Tobacco Surcharge	No change
Broker Compensation	No change
Certification Requirements Policy	Policy to be revised for a technical correction in contact information; to be submitted to BOD and published in Connecticut Law Journal for public comment

HPBQ AC – CERTIFICATION REVIEW STATUS

Topic	Decisions / Status
Standardized Plan Development – Individual Medical	<p>Gold: Recommend to BOD to modify the plan design to comply with 2019 Actuarial Value (AV) requirements, taking the approach of applying the minimal changes presented during the 12/13/17 HPBQ AC meeting</p> <p>Silver: Decision Pending</p> <p>Bronze HSA: No change to plan design required (continues to meet AV requirements)</p> <p>Bronze non-HSA: Decision Pending</p>
Medical “Plan Mix”: SHOP All Metal Levels	No change in number of minimum/maximum non-standard plans for submission
Dental “Plan Mix”: Individual & SHOP	Decision pending on whether any changes in number of standardized / non-standard plans should be considered for recommendation to BOD
Standardized Plan Development – SADP	Decision Pending

Recap of HPBQ AC Meeting (February 7, 2018)

- Standardized Bronze Plan Design
 - Reviewed enrollment and plan rates
 - Given a change in the CID filing date to mid-July, agreed to take some time to review possible other standardized plan options that are:
 - closer to current design but results in some premium savings,
 - more attractive in the market,
 - gets away from the top of the Actuarial Value (AV) range
- Standardized Gold Plan Design
 - Reviewed enrollment and plan rates
 - Group voted to recommend that the plan design with minimal changes reviewed during the December 13, 2017 meeting be presented to the BOD

Recap of HPBQ AC Meeting, cont'd (February 7, 2018)

- Standardized Stand-Alone Dental Plan (SADP)
 - Reviewed:
 - CMS requirements
 - HHS proposed regulation released at end of October not yet final, but may have an impact on AHCT certification requirements (AV, Maximum Out-of-Pocket)
 - “Plan Mix” for Individual & SHOP
 - If the HHS proposed regulation is finalized as proposed, Plan Mix would need ‘technical’ modification to eliminate the reference to “High” and “Low” option plans
 - Cost sharing and other plan features for existing standardized SADP
 - Next step: verify with current participating carrier that the standardized plan will continue to meet the AV requirement for a high plan for 2019, in the event the proposed regulation is not finalized as proposed

2018 Rate Summary for Individual Market

“On-Exchange” and “Off-Exchange” Plans

		COUNTY								Rates	
		Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham		
BRONZE PLANS		On	On	On	On	On	On	On	On	LOWEST TO HIGHEST	
		On	On	On	On	On	On	On	On		
		On	On	On	On	On	On	On	On		
		On	On	On	On	On	On	On	On		
		On	On	On	On	On	On	On	On		
		On	On	On	On	On	On	On	On		
		On	On	On	On	On	On	On	On		
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		Off	Off	On	Off	Off	Off	Off	Off		
		Off	Off	Off	Off	Off	On	On	On		
		Off	Off	Off	Off	Off	Off	Off	Off		
		Off	Off	Off	Off	Off	Off	Off	Off		
		Off	Off	Off	Off	Off	Off	Off	Off		
		Off	Off	Off	Off	Off	Off	Off	Off		
SILVER PLANS		Off	On	Off	Off	Off	Off	Off	Off	COSTLY IN EACH COUNTY	
		Off	Off	Off	Off	Off	Off	Off	Off		
		Off	On	Off	Off	Off	Off	Off	Off		
		Off	On	Off	Off	Off	Off	Off	Off		
		Off	Off	Off	On	On	Off	Off	Off		
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		Off	Off	On	Off	Off	On	On	On		
		Off	Off	On	Off	Off	On	On	On		
	GOLD PLANS		On	On	On	On	On	Off	On		On
			On	On	On	On	On	On	On		On
			On	On	On	On	On	On	On		On
			On	On	Off	On	On	On	Off		Off
		Off	On	Off	On	Off	Off	Off	Off		
		On	Off	On	Off	On	On	On	On		
		On	On	On	Off	Off	On	On	On		
PLANS		Off	Off	Off	On	On	Off	Off	Off		
		Off	Off	Off	Off	Off	Off	Off	Off		
		On	On	On	On	On	On	On	On		
		On	On	On	On	On	On	On	On		

Table outlines the sequential order for “On-Exchange” vs. “Off-Exchange” plans by monthly premium cost for each metal level in each county

Bronze Plans: 14 plans filed

Silver Plans: 16 plans filed

Gold Plans: 5 plans filed

NOTE: Monthly premium cost of plan is only one component to consider in health insurance plan selection

2018 'On-Exchange' Bronze Plan Rates & Enrollment

Issuer	Plan Name	Fairfield		Hartford		Litchfield		Middlesex		New Haven		New London		Tolland		Windham		Total Enrollment	Percent Bronze Enrollment
		Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment		
CBI	Choice Bronze Standard POS HSA	\$441.65	6,246	\$358.86	4,465	\$396.02	1,217	\$390.06	1,088	\$404.22	3,683	\$412.91	570	\$406.47	525	\$406.47	246	18,040	45.02%
Anthem	Bronze High Deductible HMO Pathway X Enhanced	\$451.13	198	\$393.72	62	\$381.41	126	\$422.42	14	\$422.42	87	\$381.41	151	\$381.41	77	\$381.41	49	764	1.91%
CBI	Passage Bronze Alternative PCP POS	\$452.82	371	\$367.95	682	\$406.04	78	\$399.93	76	\$414.44	353	\$423.35	37	\$416.75	61	\$416.75	29	1,687	4.21%
Anthem	Bronze HMO Pathway X Enhanced for HSA	\$472.29	372	\$412.19	257	\$399.30	163	\$442.23	68	\$442.23	355	\$399.30	263	\$399.30	93	\$399.30	84	1,655	4.13%
Anthem	Bronze HMO Pathway X Enhanced	\$490.80	329	\$428.34	192	\$414.96	91	\$459.57	32	\$459.57	309	\$414.96	155	\$414.96	62	\$414.96	49	1,219	3.04%
Anthem	Bronze PPO Standard Pathway X for HSA	\$493.32	811	\$430.53	336	\$417.08	212	\$461.93	68	\$461.93	445	\$417.08	393	\$417.08	111	\$417.08	95	2,471	6.17%
CBI	Choice Bronze Standard POS	\$496.31	2,992	\$403.28	2,121	\$445.02	362	\$438.33	519	\$454.25	1,569	\$464.00	171	\$456.77	185	\$456.77	92	8,011	19.99%
Anthem	Bronze PPO Standard Pathway X	\$503.24	1,757	\$439.19	671	\$425.46	609	\$471.21	202	\$471.21	1,500	\$425.46	823	\$425.46	359	\$425.46	306	6,227	15.54%
Total Enrollees			13,076		8,786		2,858		2,067		8,301		2,563		1,473		950	40,074	
Percent of Bronze Enrollment			32.63%		21.92%		7.13%		5.16%		20.71%		6.40%		3.68%		2.37%		

Data for Individual AHCT plans as of end of open enrollment for 2018 plan year
 Red font identifies the lowest premium cost plan by county; Sorted in ascending order by Fairfield county rates

2018 'On-Exchange' Silver Plan Rates & Enrollment

Issuer	Plan Name	Fairfield		Hartford		Litchfield		Middlesex		New Haven		New London		Tolland		Windham		Total Enrollment	Percent Silver Enrollment
		Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment	Age 46 Rate	Enrollment		
CBI	Choice Silver Standard POS	\$697.31	14,995	\$566.61	11,658	\$625.26	2,122	\$615.87	2,231	\$638.22	10,463	\$651.93	518	\$641.78	565	\$641.78	254	42,806	67.51%
CBI	Passage Silver Alternative PCP POS	\$699.23	535	\$568.16	500	\$626.97	120	\$617.55	90	\$639.96	395	\$653.72	26	\$643.53	32	\$643.53	19	1,717	2.71%
CBI	Choice Silver Alternative POS	\$701.43	1,137	\$569.96	825	\$628.95	202	\$619.50	219	\$641.99	771	\$655.77	115	\$645.56	89	\$645.56	79	3,437	5.42%
Anthem	Silver PPO Standard Pathway X	\$747.65	2,244	\$652.50	1,017	\$632.10	1,614	\$700.08	295	\$700.08	2,075	\$632.10	3,150	\$632.10	1,169	\$632.10	1,156	12,720	20.06%
Anthem	Silver Core PPO Pathway X	\$750.44	543	\$654.92	234	\$634.46	247	\$702.68	70	\$702.68	457	\$634.46	467	\$634.46	208	\$634.46	178	2,404	3.79%
Anthem	Silver High Deductible HMO Pathway X Enhanced	\$751.29	20	\$655.67	8	\$635.18	19	\$703.49	5	\$703.49	15	\$635.18	29	\$635.18	11	\$635.18	9	116	0.18%
Anthem	Silver Low Deductible HMO Pathway X Enhanced	\$753.60	35	\$657.69	18	\$637.14	25	\$705.65	6	\$705.65	36	\$637.14	51	\$637.14	18	\$637.14	21	210	0.33%
Total Enrollees			19,509		14,260		4,349		2,916		14,212		4,356		2,092		1,716	63,410	
Percent of Silver Enrollment			30.77%		22.49%		6.86%		4.60%		22.41%		6.87%		3.30%		2.71%		

Data for Individual AHCT plans as of end of open enrollment for 2018 plan year
 Red font identifies the lowest premium cost plan by county ; Sorted in ascending order by Fairfield county rates

Plan Mix - Medical

Current Guidelines: Number of Plans Permitted per Issuer				
	Individual Market		Small Group Market*	
	Standardized	Non-Standard	Standardized	Non-Standard
Platinum	1 (Optional)	2	0	4 (Optional)
Gold	1	3	0	Min 1 – Max 6
Silver	1	3	0	Min 2 – Max 6
Bronze	2	3	0	Min 2 – Max 4
Catastrophic	N/A	1	N/A	N/A
TOTAL	4 Required / 1 Optional	12 Optional	0 Required	5 Required / 15 Optional
Maximum	17		20	

2018 Submitted Plans

20 in Individual market (two issuers):

- 8 standardized plans (no Platinum)
- Non-standard plans: 1 Gold, 5 Silver, 4 Bronze and 2 Catastrophic

14 in Small Group market (two issuers):

- Non-standard plans:
- 1 Platinum, 3 Gold, 5 Silver, 5 Bronze

*Effective for the 2018 plan year, AHCT removed the requirement for Issuers to submit standardized plans for SHOP; The minimum count of plans are required to include out-of-network coverage and include pediatric dental EHBs

2018 On Exchange Plan Rates

Issuer	Plan Marketing Name	Fairfield		Hartford		Litchfield		Middlesex	
		Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest
CBI	Choice Catastrophic POS	\$330.80	1	\$268.80	1	\$296.63	2	\$292.17	1
Anthem	Catastrophic HMO Pathway X Enhanced	\$332.76	2	\$290.42	2	\$281.34	1	\$311.58	2
CBI	Choice Bronze Standard POS HSA	\$441.65	3	\$358.86	3	\$396.02	4	\$390.06	3
Anthem	Bronze High Deductible HMO Pathway X Enhanced	\$451.13	4	\$393.72	5	\$381.41	3	\$422.42	5
CBI	Passage Bronze Alternative PCP POS	\$452.82	5	\$367.95	4	\$406.04	6	\$399.93	4
Anthem	Bronze HMO Pathway X Enhanced for HSA	\$472.29	6	\$412.19	7	\$399.30	5	\$442.23	7
Anthem	Bronze HMO Pathway X Enhanced	\$490.80	7	\$428.34	8	\$414.96	7	\$459.57	8
Anthem	Bronze PPO Standard Pathway X for HSA	\$493.32	8	\$430.53	9	\$417.08	8	\$461.93	9
CBI	Choice Bronze Standard POS	\$496.31	9	\$403.28	6	\$445.02	10	\$438.33	6
Anthem	Bronze PPO Standard Pathway X	\$503.24	10	\$439.19	10	\$425.46	9	\$471.21	10
CBI	Choice Silver Standard POS	\$697.31	11	\$566.61	11	\$625.26	11	\$615.87	11
CBI	Passage Silver Alternative PCP POS	\$699.23	12	\$568.16	12	\$626.97	12	\$617.55	12
CBI	Choice Silver Alternative POS	\$701.43	13	\$569.96	13	\$628.95	13	\$619.50	13
Anthem	Silver PPO Standard Pathway X	\$747.65	14	\$652.50	15	\$632.10	14	\$700.08	15
Anthem	Silver Core PPO Pathway X	\$750.44	15	\$654.92	16	\$634.46	15	\$702.68	16
Anthem	Silver High Deductible HMO Pathway X Enhanced	\$751.29	16	\$655.67	17	\$635.18	16	\$703.49	17
Anthem	Silver Low Deductible HMO Pathway X Enhanced	\$753.60	17	\$657.69	18	\$637.14	17	\$705.65	18
CBI	Choice Gold Standard POS	\$787.47	18	\$639.87	14	\$706.11	19	\$695.51	14
Anthem	Gold HMO Pathway X Enhanced	\$800.49	19	\$698.61	19	\$676.77	18	\$749.55	19
Anthem	Gold PPO Standard Pathway X	\$1,048.20	20	\$914.81	20	\$886.22	20	\$981.50	20

Rates for a 46-year old by Rating Area/County

Plans displayed based on ascending order for costs in Fairfield County

*Lowest Cost Silver Plan for each rating area is displayed in **dark green font***

*Second Lowest Cost Silver Plan (SLCSP) for each rating area, used to calculate amount of Premium Tax Credit (PTC), is identified in **red font***

Refer to Appendix 1a & 1b for rate exhibits for excerpt of 2018 plan rates in Individual Market

2018 On Exchange Plan Rates

Issuer	Plan Marketing Name	New Haven		New London		Tolland		Windham	
		Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest
CBI	Choice Catastrophic POS	\$302.76	1	\$309.27	2	\$304.46	2	\$304.46	2
Anthem	Catastrophic HMO Pathway X Enhanced	\$311.58	2	\$281.34	1	\$281.34	1	\$281.34	1
CBI	Choice Bronze Standard POS HSA	\$404.22	3	\$412.91	5	\$406.47	5	\$406.47	5
Anthem	Bronze High Deductible HMO Pathway X Enhanced	\$422.42	5	\$381.41	3	\$381.41	3	\$381.41	3
CBI	Passage Bronze Alternative PCP POS	\$414.44	4	\$423.35	8	\$416.75	7	\$416.75	7
Anthem	Bronze HMO Pathway X Enhanced for HSA	\$442.23	6	\$399.30	4	\$399.30	4	\$399.30	4
Anthem	Bronze HMO Pathway X Enhanced	\$459.57	8	\$414.96	6	\$414.96	6	\$414.96	6
Anthem	Bronze PPO Standard Pathway X for HSA	\$461.93	9	\$417.08	7	\$417.08	8	\$417.08	8
CBI	Choice Bronze Standard POS	\$454.25	7	\$464.00	10	\$456.77	10	\$456.77	10
Anthem	Bronze PPO Standard Pathway X	\$471.21	10	\$425.46	9	\$425.46	9	\$425.46	9
CBI	Choice Silver Standard POS	\$638.22	11	\$651.93	15	\$641.78	15	\$641.78	15
CBI	Passage Silver Alternative PCP POS	\$639.96	12	\$653.72	16	\$643.53	16	\$643.53	16
CBI	Choice Silver Alternative POS	\$641.99	13	\$655.77	17	\$645.56	17	\$645.56	17
Anthem	Silver PPO Standard Pathway X	\$700.08	14	\$632.10	11	\$632.10	11	\$632.10	11
Anthem	Silver Core PPO Pathway X	\$702.68	15	\$634.46	12	\$634.46	12	\$634.46	12
Anthem	Silver High Deductible HMO Pathway X Enhanced	\$703.49	16	\$635.18	13	\$635.18	13	\$635.18	13
Anthem	Silver Low Deductible HMO Pathway X Enhanced	\$705.65	17	\$637.14	14	\$637.14	14	\$637.14	14
CBI	Choice Gold Standard POS	\$720.74	18	\$736.22	19	\$724.76	19	\$724.76	19
Anthem	Gold HMO Pathway X Enhanced	\$749.55	19	\$676.77	18	\$676.77	18	\$676.77	18
Anthem	Gold PPO Standard Pathway X	\$981.50	20	\$886.22	20	\$886.22	20	\$886.22	20

Rates for a 46-year old by Rating Area/County

Plans displayed based on ascending order for costs in Fairfield County

Lowest Cost Silver Plan for each rating area is displayed in dark green font

Second Lowest Cost Silver Plan (SLCSP) for each rating area, used to calculate amount of Premium Tax Credit (PTC), is identified in red font

Refer to Appendix 1a & 1b for rate exhibits for excerpt of 2018 plan rates in Individual Market

2018 AHCT Plan Enrollment: Standardized/Non-Standard QHPs

*Data for Individual AHCT plans
as of end of open enrollment
for 2018 plan year*

Metal Level	Enrollment	Percent
Catastrophic	1,752	1.54%
Bronze	40,074	35.11%
Silver	63,410	55.56%
Gold	8,898	7.80%
TOTAL	114,134	100.00%

Metal Level	Standardized Plans	Non-Standard Plans	Total	Percent in Standardized Plans
Catastrophic	0	1,752	1,752	0.00%
Bronze*	34,749	5,325	40,074	86.71%
Silver	55,526	7,884	63,410	87.57%
Gold	7,671	1,227	8,898	86.21%
TOTAL	97,946	16,188	114,134	85.82%

*Bronze Plans	Standardized Plans	Non-Standard Plans	Total	Percent in Standardized Plans
Non-HSA Bronze	14,238	3,670	17,908	79.51%
HSA Compatible	20,511	1,655	22,166	92.53%
Total	34,749	5,325	40,074	86.71%

2018 AHCT Plan Enrollment: Standardized/Non-Standard QHPs

County	GOLD		SILVER		BRONZE (HSA compatible)		BRONZE (not HSA compatible)		CATASTROPHIC	Grand Total
	Non-Std	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	
Fairfield	284	2,648	2,270	17,239	372	7,057	898	4,749	436	35,953
Hartford	155	1,835	1,585	12,675	257	4,801	936	2,792	479	25,515
Litchfield	144	578	613	3,736	163	1,429	295	971	98	8,027
Middlesex	47	449	390	2,526	68	1,156	122	721	96	5,575
New Haven	298	1,425	1,674	12,538	355	4,128	749	3,069	404	24,640
New London	165	336	688	3,668	263	963	343	994	124	7,544
Tolland	87	242	358	1,734	93	636	200	544	87	3,981
Windham	47	158	306	1,410	84	341	127	398	28	2,899
Total	1,227	7,671	7,884	55,526	1,655	20,511	3,670	14,238	1,752	114,134
	8,898		63,410		22,166		17,908		1,752	

Stand-Alone Dental Plan (SADP)

Plan Overview	Member Pays In-Network	Notes
Deductible	\$60 per member, up to 3 family members	Does not apply to Preventive & Diagnostic Services
Out-of-Pocket Maximum	\$350 One child / \$700 Two or more children	For children under age 19 only (required per ACA)
Diagnostic & Preventive	\$0	Oral Exams (twice per year); X-Rays [Periapicals (four per year), Bitewing Radiographs (once every year), Panoramic or Complete Series (once every three years)]; Cleanings (twice per year); Periodontal Scaling and Root Planing; Periodontal Maintenance (once every 3 months following periodontic surgery); Fluoride (twice per year, under age 19); Sealants (for children under 19)
Basic Services	20% after deductible	Filings; Simple Extractions
Major Services	40% after deductible	Surgical Extractions; Endodontic Therapy (i.e. Root Canal Treatment); Periodontal Therapy; Crowns and Cast Restorations; Prosthodontics (Complete and Partial Dentures; Fixed Bridgework)
Orthodontic services	50% after deductible	Medically necessary - for children under age 19 only
Waiting Periods and Plan Maximums (for adults aged 19 and older only)	Plan Maximum: \$2,000 per adult member age 19 and over	Applicable Waiting Period for Benefits Diagnostic and Preventive Services: no waiting period Basic Services: 6 months and Major Services: 12 months (<i>Waiver of waiting period available with proof of prior coverage for services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan</i>)

Stand-Alone Dental Plan (SADP) AHCT Enrollment: Individual Market

Plan Name	Enrollment	Percent of SADP Plan Enrollment (Total Members)
Anthem Dental Family Enhanced (Standard)	261	21.60%
Anthem Dental Family	565	53.30%
Anthem Dental Anthem Dental Family Value	528	25.10%
TOTAL	1,354	100%

**Numbers based on enrollment data of Individual AHCT SADPs as of 3/21/2018*

Plan Name	Enrollment Status	SUBSCRIBER ENROLLMENT BY COUNTY								Grand Total
		Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham	
Anthem Dental Family Enhanced	Single enrollee	40	39	9	8	22	9	4	1	132
	Enrollee & Spouse	5	10	3	3	7	1	2	1	32
	Enrollee & Child(ren)	3	1	1		1	2		1	9
	Family	8	1			1	2			12
	Total	56	51	13	11	31	14	6	3	185
Anthem Dental Family	Single enrollee	66	94	16	17	61	24	14	10	302
	Enrollee & Spouse	15	11	6	3	14	6	4	1	60
	Enrollee & Child(ren)	3	2		2	2	1	1		11
	Family	16	7	1	2	5	1			32
	Total	100	114	23	24	82	32	19	11	405
Anthem Dental Family Value	Single enrollee	85	87	17	17	77	31	15	11	340
	Enrollee & Spouse	15	8	1		6	3		3	36
	Enrollee & Child(ren)	3	6		2	5		1		17
	Family	8	4	5	1	1		1		20
	Total	111	105	23	20	89	34	17	14	413
All Combined	Single enrollee	191	220	42	42	160	64	33	22	774
	Enrollee & Spouse	35	29	10	6	27	10	6	5	128
	Enrollee & Child(ren)	9	9	1	4	8	3	2	1	37
	Family	32	12	6	3	7	3	1	0	64
	Total	267	270	59	55	202	80	42	28	1,003

CMS AGE SLOPE* – EFFECTIVE FOR 2018

PLAN YEAR

AGE	PREMIUM RATE RATIO COMPARED TO AGE 21	AGE	PREMIUM RATE RATIO COMPARED TO AGE 21	AGE	PREMIUM RATE RATIO COMPARED TO AGE 21
0-14	0.765	31	1.159	48	1.635
15	0.833	32	1.183	49	1.706
16	0.859	33	1.198	50	1.786
17	0.885	34	1.214	51	1.865
18	0.913	35	1.222	52	1.952
19	0.941	36	1.23	53	2.04
20	0.97	37	1.238	54	2.135
21	1	38	1.246	55	2.23
22	1	39	1.262	56	2.333
23	1	40	1.278	57	2.437
24	1	41	1.302	58	2.548
25	1.004	42	1.325	59	2.603
26	1.024	43	1.357	60	2.714
27	1.048	44	1.397	61	2.81
28	1.087	45	1.444	62	2.873
29	1.119	46	1.5	63	2.952
30	1.135	47	1.563	64 and Older	3

For 2014 – 2017, all ages within the band of 0 through 20 had ratio of .65 when compared to age 21 rate

When a rate is known for an age, but an estimate of the rate for a different age is desired, take the rate for the “known” age, divide it by its corresponding premium ratio, and then multiply it by the premium ratio for the “different age”

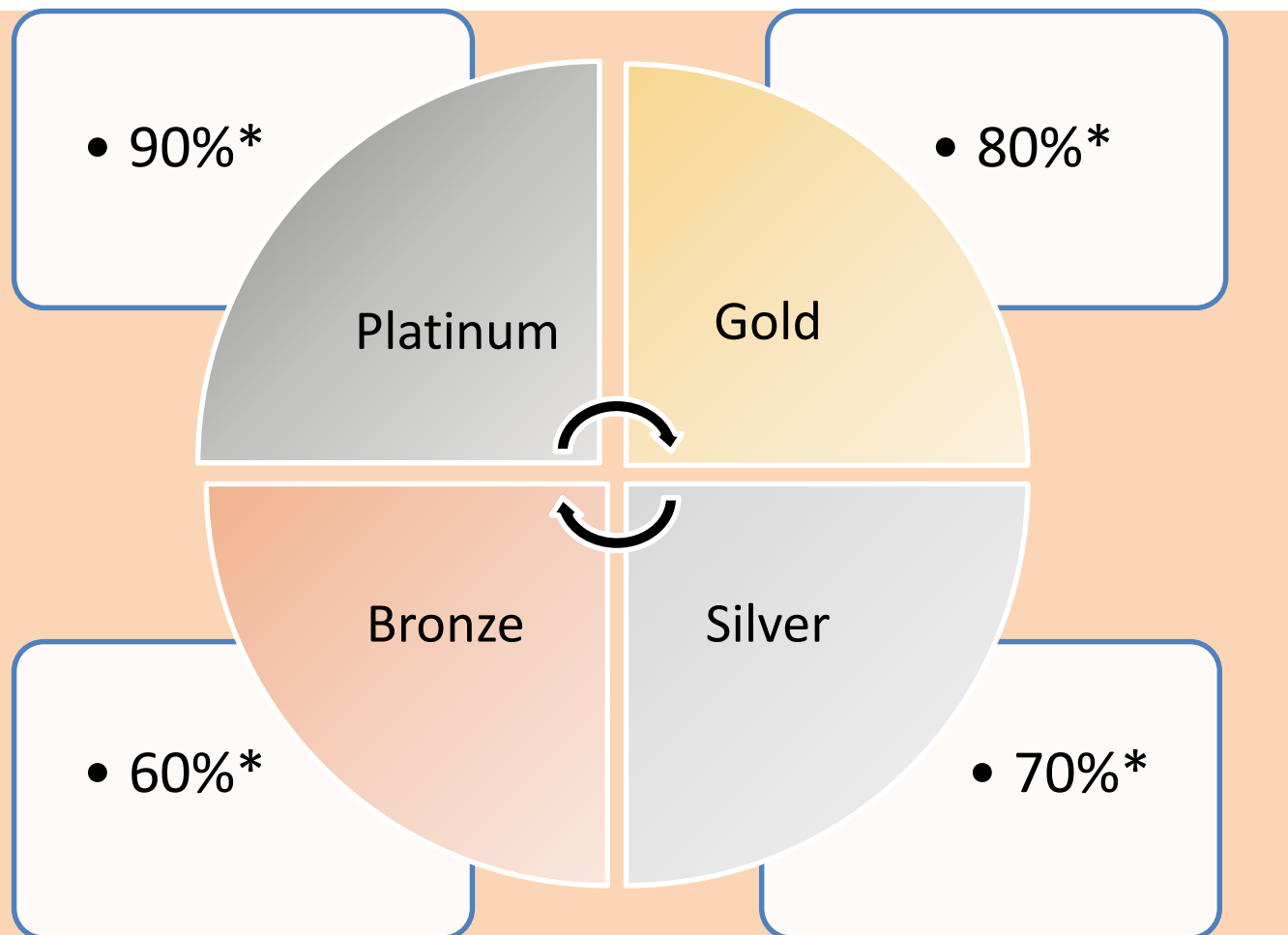
*Example: If Age 46 Rate is \$441.65, and you want to know the approximate rate for age 30, the equation would be as follows:
\$441.65 ÷ 1.5 x 1.135 = \$334.18*

Note rate may not match exactly due to rounding

*Does not apply to stand-alone dental plans

Affordable Care Act - Health Plan Types

Metal Levels: Actuarial Value & Average Overall Cost of Providing Essential Health Benefits (EHBs)



**CMS regulations allow for a 'de minimis' range for the Actuarial Value (AV) calculation for each metal level, and for Silver Cost Sharing Reduction plans*

Per regulations effective for the 2018 Plan Year, 'de minimis' AV ranges are as follows:

- *Platinum: 86% - 92%*
- *Gold: 76% - 82%*
- *Silver: 66% - 72%***
- *Bronze: 56% - 62% (AV range permitted for 'Expanded Bronze' plans is up to 65%; plan must include at least 1 major service not subject to deductible or is a High Deductible Health Plan)*

***Silver Cost Sharing Reduction (CSR) Plans:*

- *73% CSR: 72% - 74%, but must be at least 2 points greater than 'standard' Silver plan*
- *87% CSR: 86% - 88%*
- *94% CSR: 93% - 95%*