

Access Health CT

Board of Directors Meeting

April 19, 2018



Today's Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Vote
 - Review and Approval of Minutes
- D. Discussion of Tobacco Surcharge Certification Requirement
 - Possible Vote to change Tobacco Surcharge Certification Requirement
- E. Leadership Update
- F. Finance Update
 - Third Quarter Reforecast (Vote)
- G. Certification Requirements for 2019 (Votes)
- H. Adjournment



Public Comment

(2 Minutes per Commenter)



Vote

- March 20, 2018 Meeting Minutes

Discussion of Tobacco Surcharge Certification Requirement

Possible Vote to change Tobacco Surcharge Certification Requirement

Leadership Update



Finance Update



2018 Budget Report through March 31, 2018

April 2018

Budget Summaries

FY18 Year to Date Results (through Mar 31, 2018)				
	FY18 Q2 Budget	Actuals	Variance	%
AHCT	\$ 24,668,070	\$ 21,948,544	\$ (2,719,527)	-11.0%
DSS Shared Cost	\$ 15,661,642	\$ 13,374,519	\$ (2,287,123)	-14.6%
Gross Expenses	\$ 40,329,712	\$ 35,323,063	\$ (5,006,650)	-12.4%

Q3 FY18 Budget				
	FY18 Q2 Budget	Final Budget	Variance	%
AHCT	\$ 32,281,868	\$ 32,281,868	\$ -	0.0%
DSS Shared Cost	\$ 21,449,548	\$ 21,449,548	\$ -	0.0%
Gross Expenses	\$ 53,731,415	\$ 53,731,415	\$ -	0.0%

In addition:

- Going through Request For Proposal (RFP) for Audit Services. New Audit Firm to be selected by June 18, 2018.

2018 Fiscal Year Q2 Budget vs Actuals – AHCT

Through 9 months

	FY18 Q2 BUDGET	ACTUALS	VARIANCE
Revenue			
Marketplace Assessments	\$ 23,257,833	\$ 22,787,295	\$ (470,539)
Miscellaneous Revenue		\$ 12,296	\$ 12,296
Interest Income	\$ 97,076	\$ 130,153	\$ 33,077
Total Revenue	\$ 23,354,910	\$ 22,929,744	\$ (425,166)
Budgeted Expenses			
Salaries	\$ 5,212,136	\$ 5,116,142	\$ (95,994)
Fringe Benefits	\$ 1,868,541	\$ 1,791,640	\$ (76,901)
Temporary Staffing	\$ 488,940	\$ 376,433	\$ (112,507)
Contractual	\$ 13,027,205	\$ 11,290,761	\$ (1,736,444)
Equipment and Maintenance	\$ 2,708,731	\$ 2,329,189	\$ (379,542)
IT Development	\$ 439,200	\$ 196,500	\$ (242,700)
Supplies	\$ 19,222	\$ 10,764	\$ (8,459)
Travel	\$ 97,174	\$ 79,860	\$ (17,314)
Other Administrative	\$ 806,921	\$ 757,255	\$ (49,666)
Total Budgeted Expenses	\$ 24,668,070	\$ 21,948,544	\$ (2,719,527)
Costs Shared with DSS	\$ 15,661,642	\$ 13,374,519	\$ (2,287,123)
AHCT and DSS Total Expenses	\$ 40,329,712	\$ 35,323,063	\$ (5,006,650)

Variations

- Contractual: \$1.3M timing of system enhancements
- Maintenance: consolidation of software maintenance contracts and reduction in APCD Maintenance

FY18 Q2 Operating Budget vs. FY18 Final Operating Budget

	FY18 Q2 BUDGET	CHANGES	FY18 FINAL BUDGET
Revenue			
Marketplace Assessments	\$ 30,909,440	\$ (311,074)	\$ 30,598,366
Miscellaneous Revenue	\$ -	\$ 12,296	\$ 12,296
Interest Income	\$ 107,418	\$ 33,077	\$ 140,495
Total Revenue	\$ 31,016,858	\$ (265,701)	\$ 30,751,157
Budgeted Expenses			
Salaries	\$ 7,212,836	\$ (265,750)	\$ 6,947,086
Fringe Benefits	\$ 2,528,057	\$ (120,865)	\$ 2,407,192
Temporary Staffing	\$ 606,544	\$ 231,716	\$ 838,260
Contractual	\$ 16,060,728	\$ 494,513	\$ 16,555,241
Equipment and Maintenance	\$ 3,670,994	\$ (310,094)	\$ 3,360,900
IT Development	\$ 809,900	\$ 21,721	\$ 831,620
Supplies	\$ 25,472	\$ (7,605)	\$ 17,868
Travel	\$ 128,729	\$ (11,899)	\$ 116,829
Other Administrative	\$ 1,238,607	\$ (31,736)	\$ 1,206,871
Total Budgeted Expenses	\$ 32,281,868	\$ (0)	\$ 32,281,868
Costs Shared with DSS	\$ 21,449,548	\$ -	\$ 21,449,548
AHCT and DSS Total Expenses	\$ 53,731,415	\$ (0)	\$ 53,731,415

Variations

- Contractual: increase due to timing system updates
- Salaries decrease due to timing of hiring replacements offset by temporary staffing

2018 Final Fiscal Year Budget Analysis of Shared Costs with DSS

	GROSS EXPENSE			DSS ALLOCABLE		
	FY18 Q2 BUDGET	CHANGES	FY18 Final BUDGET	FY18 Q2 BUDGET	CHANGES	FY18 Final BUDGET
BEST Staffing (80%)	\$ 1,485,871	\$ (164,483)	\$ 1,321,388	\$ 1,188,697	\$ (131,586)	\$ 1,057,111
Temporary Staffing	\$ 1,485,871	\$ (164,483)	\$ 1,321,388	\$ 1,188,697	\$ (131,586)	\$ 1,057,111
IT Development (84%)	\$ 769,963	\$ 30,038	\$ 800,000	\$ 646,769	\$ 25,232	\$ 672,000
Hosting & Enhancements (80%)	\$ 397,013	\$ 1,035	\$ 398,048	\$ 317,610	\$ 828	\$ 318,438
Security (80%)	\$ 854,366	\$ (56,440)	\$ 797,926	\$ 683,493	\$ (45,152)	\$ 638,341
Testing (80%)	\$ 1,068,800	\$ 0	\$ 1,068,800	\$ 855,040	\$ 0	\$ 855,040
DSS Only Projects (100%)	\$ 781,217	\$ (640)	\$ 780,577	\$ 781,217	\$ (640)	\$ 780,577
Development	\$ 3,871,358	\$ (26,007)	\$ 3,845,351	\$ 3,284,129	\$ (19,732)	\$ 3,264,396
Call Center (70%)	\$ 16,238,366	\$ -	\$ 16,238,366	\$ 11,366,856	\$ -	\$ 11,366,856
Call Center (80%)	\$ 448,775	\$ -	\$ 448,775	\$ 359,020	\$ -	\$ 359,020
Operations (80%)	\$ 2,795,000	\$ -	\$ 2,795,000	\$ 2,236,000	\$ -	\$ 2,236,000
Maintenance (80%)	\$ 3,768,558	\$ 189,148	\$ 3,957,706	\$ 3,014,846	\$ 151,319	\$ 3,166,165
Maintenance & Operations	\$ 23,250,699	\$ 189,148	\$ 23,439,847	\$ 16,976,722	\$ 151,319	\$ 17,128,041
GRAND TOTAL	\$ 28,607,928	\$ (1,342)	\$ 28,606,586	\$ 21,449,548	\$ 0	\$ 21,449,548

FY18 Cash Flow Statement as of March 2018

FY18 CASH FLOW STATEMENT

CASH FLOW ACTUALS THROUGH MARCH 2018

Beginning Cash Balance	\$ 23,020,727
Assessment	\$ 23,663,125
DSS Shared Cost Recovery	\$ 8,501,974
Other	\$ 171,968
Total Cash Receipts	\$ 32,337,067
Total Cash Payments	\$ 36,729,516
Cash Flow Surplus/Deficit (-)	\$ (4,392,449)
Ending Cash Balance	\$ 18,628,278

PROJECTED THROUGH JUNE 2018

Beginning Cash Balance	\$ 18,628,278
Assessment	\$ 7,142,300
DSS Shared Cost Recovery	\$ 12,324,377
Other	\$ 38,500
Total Cash Receipts	\$ 19,505,178
Total Cash Payments	\$ 17,630,265
Cash Flow Surplus/Deficit (-)	\$ 1,874,912
Ending Cash Balance	\$ 20,503,190

Certification Requirements for 2019

- **2019 Certification Requirements for Qualified Health Plans (QHPs) & Stand-Alone Dental Plans (SADPs)**

Discussion Objectives

- Provide Board of Directors with information on proposed modifications to AHCT certification requirements for 2019, as recommended by the Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC)
- Obtain Board of Directors decision on suggested changes, including:
 - Technical adjustments pertaining to Stand-alone Dental Plans (SADPs)
 - Number of standardized plans required and optional non-standard plans permitted in the Individual market
 - Modifications to cost sharing in standardized plans to comply with federal guidance,

➤ **Stand-Alone Dental Plans
(SADPs)**

Stand-Alone Dental Plans (SADPs)

CMS Requirements – ACA Compliant Dental Plans	2018	2019
Provide pediatric dental benefits in accordance with State’s Essential Health Benefit (EHB) Benchmark plan	✓	✓
Comply with either a “High” (85%) or “Low” (70%) Actuarial Value (AV) for pediatric dental coverage*	✓	✗
Include maximum out-of-pocket (MOOP) for children under age 19 of no more than \$350 for one child /\$700 for more than one child in family	✓	✓

*HHS Notice of Benefit and Payment Parameters (NBPP) for 2019 removes the requirement effective for the 2019 plan year, for carriers to certify that the pediatric dental portion of the plan meet either a high or low AV

AHCT current requirement, as adopted by the BOD in April 2014, is to require Stand-Alone Dental Plan (SADP) Issuers to offer one standard High Option Plan and allow up to three Non-Standard Low and/or High Option Plans

Based on the change in regulation for 2019, the HPBQ AC recommends revising the existing text to eliminate the reference to high/low option plan, suggesting the following: “Effective in the 2019 Plan Year, to require Stand-Alone Dental Plan (SADP) Issuers to offer one Standardized Plan and allow up to three Non-Standard Plans”.

Plan Mix – Stand-Alone Dental Plan (SADP): Individual & Small Group Markets

Number of Plans Permitted per Issuer: 2018		
	Standardized	Non-Standard
High Option	1	3
Low Option	0	
TOTAL	1 Required / 3 Optional	
Maximum	4	



Number of Plans Permitted per Issuer: Effective with the 2019 plan year		
	Standardized	Non-Standard
Plan Count	1	3
TOTAL	1 Required / 3 Optional	
Maximum	4	

2018 Submitted SADPs

- Individual market: 1 issuer, 3 plans
- 1 standardized plan & 2 non-standard plans
- Small Group market: 1 issuer, 2 plans
- 1 standardized plan & 1 non-standard plans

HPBQ AC recommends no change to number of required standardized or optional, non-standard SADPs for 2019

Current AHCT Standardized 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, X-Rays, Cleanings, Periodontal Scaling and Root Planing; Periodontal Maintenance, Fluoride, Sealants
Basic Services	20% after deductible	Filings, Simple Extractions (<i>Waiting period for adults age 19 & older: 6-months</i>)
Major Services	40% after deductible	Surgical Extractions, Endodontic Therapy, Periodontal Therapy, Crowns and Cast Restorations, Prosthodontics (<i>Waiting period for adults age 19 & older: 6-months</i>)
Orthodontic Services	50% after deductible	Medically necessary - for children under age 19 only
Plan Maximum		\$2,000 per adult member age 19 and over

The HPBQ AC recommends no change in the current benefit design of the standardized SADP for 2019, however, requests a revision to the BOD approval rendered in February 2017 to eliminate the reference to a 'high option' AV plan to be consistent with the final HHS NBPP for 2019, as follows:

"Effective for the 2019 Plan Year forward, to approve the existing Stand Alone Dental Plan for the Individual and SHOP Exchange with in-network coverage only, with an option to include out-of-network coverage at the choice of the carrier subject to form filing approval by the Connecticut Insurance Department."

➤ **Qualified Health Plans (QHPs)**

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

The HPBQ AC recommends the following:

- In the Individual Market, remove the optional standardized Platinum plan;
- For the Small Group Market, make no changes to the current requirements regarding the minimum number of non-standard and the maximum number of optional non-standard plans that can be submitted.

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2019 Individual Market Standard Plan Designs

April 19, 2018

PRESENTED BY
Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

Brittney Phillips, ASA, MAAA – Consulting Actuary

Agenda

2019 Plan Design Review

- Regulatory Changes
- Federal AVC Changes
- Notes and Caveats
- Maximum Copays
- Summary of Proposed Changes
- Proposed Plan Designs

Regulation Changes for 2019

- Annual limitation on cost sharing was increased to \$7,900 (from \$7,350 in 2018)
 - Note: This limit does not apply to HSA qualified High Deductible Health Plans (HDHPs). That limit is released by the IRS in the spring.
 - CSR Variations annual limitation on cost sharing
 - 100-150% FPL: \$2,600/\$5,200 (single/family)
 - 150%-200% FPL: \$2,600/\$5,200 (single/family)
 - 200%-250% FPL: \$6,300/\$12,600 (single/family)
- Expanded bronze “de minimis” range allows bronze plans with certain designs to have an AV between 56% and 65% (compared to 58% and 62% prior to 2018).
 - Applicable plans include HDHP plans, or plans that cover at least one major service, other than preventive, prior to the deductible.

Changes to the Federal AVC for 2019

- Data underlying the calculator was not updated from prior year
 - Updated annual trend factors to project 2015 claims to 2018 using 3.25% for medical claims and 11.5% for pharmacy claims.
 - Updated annual trend factors to project 2018 claims to 2019 using 5.40% for medical claims and 11.5% for pharmacy claims.

Notes and Caveats

- Federal HDHP minimum deductible and MOOP limits are not yet released for 2019.
 - The 2018 minimum single deductible and MOOP are \$1,350 and \$6,650, respectively.
 - The proposed plan designs do not make changes to either the HDHP deductible or MOOP.
- The cost sharing shown on the following slides represents costs for in-network services only.
 - Out-of-network cost-sharing deductibles & MOOPS will be increased to 2x the in-network cost-sharing
- The deductible and MOOP limits shown are for individuals. The family limits are 2x the individual limit for all plans.
- Preventive care is covered at no cost to the member for all plans.
- Mental Health cost sharing is the same as Primary Care for all plans.

Notes and Caveats

- Carrier Review
 - Existing marketplace participants have reviewed proposed plans and have confirmed plan compliance with their own Federal AV methodology and compliance with Mental Health Parity regulations

Maximum Copays

- CID Bulletin HC-109 specified maximum benefit copays.

Service Category	Maximum Copay
Durable Medical Equipment	\$25
Home Health Care	\$25
Ambulance	\$225
Laboratory	\$10
Routine Radiology Services	\$40
PCP Office Visit	\$40
Specialist Office Visit	\$50
Urgent Care	\$75
Emergency Room	\$200
Inpatient Admission	\$500/day up to \$2,000
Outpatient Surgery/Services	\$500
Generic Drug	\$5
Brand Drug	\$60
Physical Therapy*	\$30

- On the following slides, copays at these maximums are shown with an asterisk (*)

- Sec. 38a-511a limits physical therapy copays to \$30
- Sec. 38a-550 limits advance imaging cost-sharing to \$75 copay, \$375 maximum annually .

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2019 Standard Plan Designs
Individual Market

Summary of AV Changes

Individual Market	Gold	Silver	Bronze	Bronze HSA
Permissible AV Range	76.0%-82.0%	66.0%-72.0%	56.0%-65.0% ¹	56.0%-65.0% ¹
2018 AV	81.7%	71.5%	63.9%	61.2%
2019 AV	82.5%	72.8%	65.2%	62.4%

¹ Bronze plan designs are eligible for new expanded "de minimis" range

Individual Market - CSR Plan Variations	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0% ²	86.0%-88.0%	93.0%-95.0%
2018 AV	73.6%	87.9%	94.9%
2019 AV	74.8%	88.5%	95.2%

² 73.0% CSR Silver must be have a differential of 2.0%+ with Standard Silver

2019 - Individual Market Gold Plan, 80% AV

	2018 Individual Market Gold	2019 Individual Market Gold Plan - Option
Medical Deductible	\$1,250	\$1,300
Rx Deductible	\$50	\$50
Coinsurance	30%	30%
Out-of-pocket Maximum	\$4,400	\$5,000
Primary Care	\$20	\$20
Specialist Care	\$40	\$40
Urgent Care	\$50	\$50
Emergency Room	\$200	\$200
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$65	\$65
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 * (after ded.)	\$40 * (after ded.)
Laboratory Services	\$10 * (after ded.)	\$10 * (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$40	\$40
All Other Medical	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)	\$5 * / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)
2018 AVC Results	81.7%	N/A
2019 AVC Results	82.5%	82.0%
Difference	0.9%	0.3%

2019 - Individual Market Silver Plan, 70% AV

	2018 Individual Market Silver	2019 Individual Market Silver Plan - Option
Medical Deductible	\$3,700	\$4,300
Rx Deductible	\$250	\$250
Coinsurance	40%	40%
Out-of-pocket Maximum	\$7,350	\$7,900
Primary Care	\$40 *	\$40 *
Specialist Care	\$50 *	\$50 *
Urgent Care	\$75 *	\$75 *
Emergency Room	\$200 * (after ded.)	\$200 * (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 * (after ded.)	\$40 * (after ded.)
Laboratory Services	\$10 * (after ded.)	\$10 * (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 *	\$30 *
Chiropractic Care 20 visit calendar maximum	\$50	\$50
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$200 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$200 max per spec. script)
2018 AVC Results	71.5%	N/A
2019 AVC Results	72.8%	71.9%
Difference	1.2%	0.4%

2019 - Individual Market Silver Plan, 73% AV CSR

	2018 Silver 73% CSR	2019 Silver 73% CSR - Option (Corresponds with Silver Option)
Medical Deductible	\$3,350	\$3,900
Rx Deductible	\$250	\$250
Coinsurance	40%	40%
Out-of-pocket Maximum	\$5,750	\$6,300
Primary Care	\$40 *	\$40 *
Specialist Care	\$50 *	\$50 *
Urgent Care	\$75 *	\$75 *
Emergency Room	\$200 * (after ded.)	\$200 * (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission) *	\$500 per day (after ded., \$2,000 max. per admission) *
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 * (after ded.)	\$40 * (after ded.)
Laboratory Services	\$10 * (after ded.)	\$10 * (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 *	\$30 *
Chiropractic Care 20 visit calendar maximum	\$50	\$50
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$100 max per spec. script)	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$100 max per spec. script)
2018 AVC Results	73.6%	N/A
2019 AVC Results	75.1%	73.9%
Difference	1.5%	0.3%

2019 - Individual Market Silver Plan, 87% AV CSR

	2018 Silver 87% CSR	2019 Silver 87% CSR - Option
Medical Deductible	\$600	\$750
Rx Deductible	\$50	\$50
Coinsurance	40%	40%
Out-of-pocket Maximum	\$2,000	\$2,300
Primary Care	\$20	\$20
Specialist Care	\$35	\$35
Urgent Care	\$35	\$35
Emergency Room	\$75 (after ded.)	\$75 (after ded.)
Inpatient Hospital	\$100 per day (after ded., \$400 max. per admission)	\$100 per day (after ded., \$400 max. per admission)
Outpatient Hospital	\$100 (after ded.)	\$100 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$60	\$60
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 (after ded.)	\$30
Laboratory Services	\$10 * (after ded.)	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$35	\$35
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$20 / \$35 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$5 * / \$20 / \$35 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)
2018 AVC Results	87.9%	N/A
2019 AVC Results	88.5%	87.9%
Difference	0.7%	0.1%

2019 - Individual Market Silver Plan, 94% AV CSR

	2018 Silver 94% CSR	2019 Silver 94% CSR - Option
Medical Deductible	\$0	\$0
Rx Deductible	\$0	\$0
Coinsurance	40%	40%
Out-of-pocket Maximum	\$750	\$900
Primary Care	\$10	\$10
Specialist Care	\$30	\$30
Urgent Care	\$25	\$25
Emergency Room	\$50	\$50
Inpatient Hospital	\$75 per day (\$300 max. per admission)	\$75 per day (\$300 max. per admission)
Outpatient Hospital	\$75	\$75
Advanced Radiology (CT/PET Scan, MRI)	\$50	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$25	\$25
Laboratory Services	\$10 *	\$10 *
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$30	\$30
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$10 / \$30 / 20% (\$60 max per spec. script)	\$5 * / \$10 / \$30 / 20% (\$60 max per spec. script)
2018 AVC Results	94.9%	N/A
2019 AVC Results	95.2%	94.7%
Difference	0.3%	-0.1%

2019 - Individual Market Bronze Non-HSA Plan, 60% AV

	2018 Individual Market Bronze Non-HSA	2019 Individual Market Bronze Non-HSA Plan - Option
Combined Medical & Rx Deductible	\$6,000	\$6,000
Coinsurance	40%	40%
Out-of-pocket Maximum	\$7,350	\$7,900
Primary Care	\$40 *	\$40 *
Specialist Care	\$50 * (after ded.)	\$50 * (after ded.)
Urgent Care	\$75 *	\$75 *
Emergency Room	\$200 * (after ded.)	\$200 * (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$500 * (after ded.)	\$500 * (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 * (after ded.)	\$40 * (after ded.)
Laboratory Services	\$10 * (after ded.)	\$10 * (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 * (after ded.)	\$30 * (after ded.)
Chiropractic Care 20 visit calendar maximum	\$50 (after ded.)	\$50 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$5 * / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
2018 AVC Results	63.9%	N/A
2019 AVC Results	65.2%	64.6%
Difference	1.3%	0.7%

2019 - Individual Market Bronze HSA Plan, 60% AV

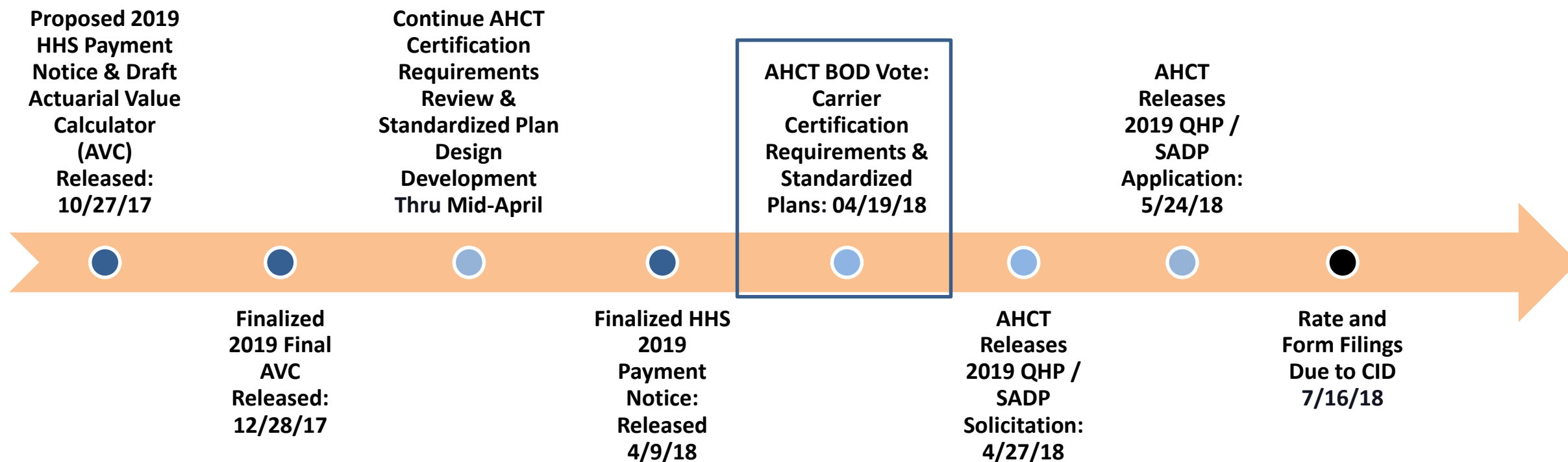
	2018/2019 Individual Market Bronze HSA
Combined Medical & Rx Deductible	\$5,685
Coinsurance	10%
Out-of-pocket Maximum	\$6,550
Primary Care	10% (after ded.)
Specialist Care	10% (after ded.)
Urgent Care	10% (after ded.)
Emergency Room	10% (after ded.)
Inpatient Hospital	10% (after ded.)
Outpatient Hospital	10% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)
Laboratory Services	10% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	10% (after ded.)
Chiropractic Care 20 visit calendar maximum	10% (after ded.)
All Other Medical	10% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)
2018 AVC Results	61.2%
2019 AVC Results	62.4%
Difference	1.2%

Changes from the 2018 plan design are shown in red font and boxes.

*Cost sharing at maximum copay allowable as specified by Insurance Department Bulletin HC-109

Next Steps

2019 AHCT Standardized Plan Design Development Continuum



➤ **Appendix**

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%

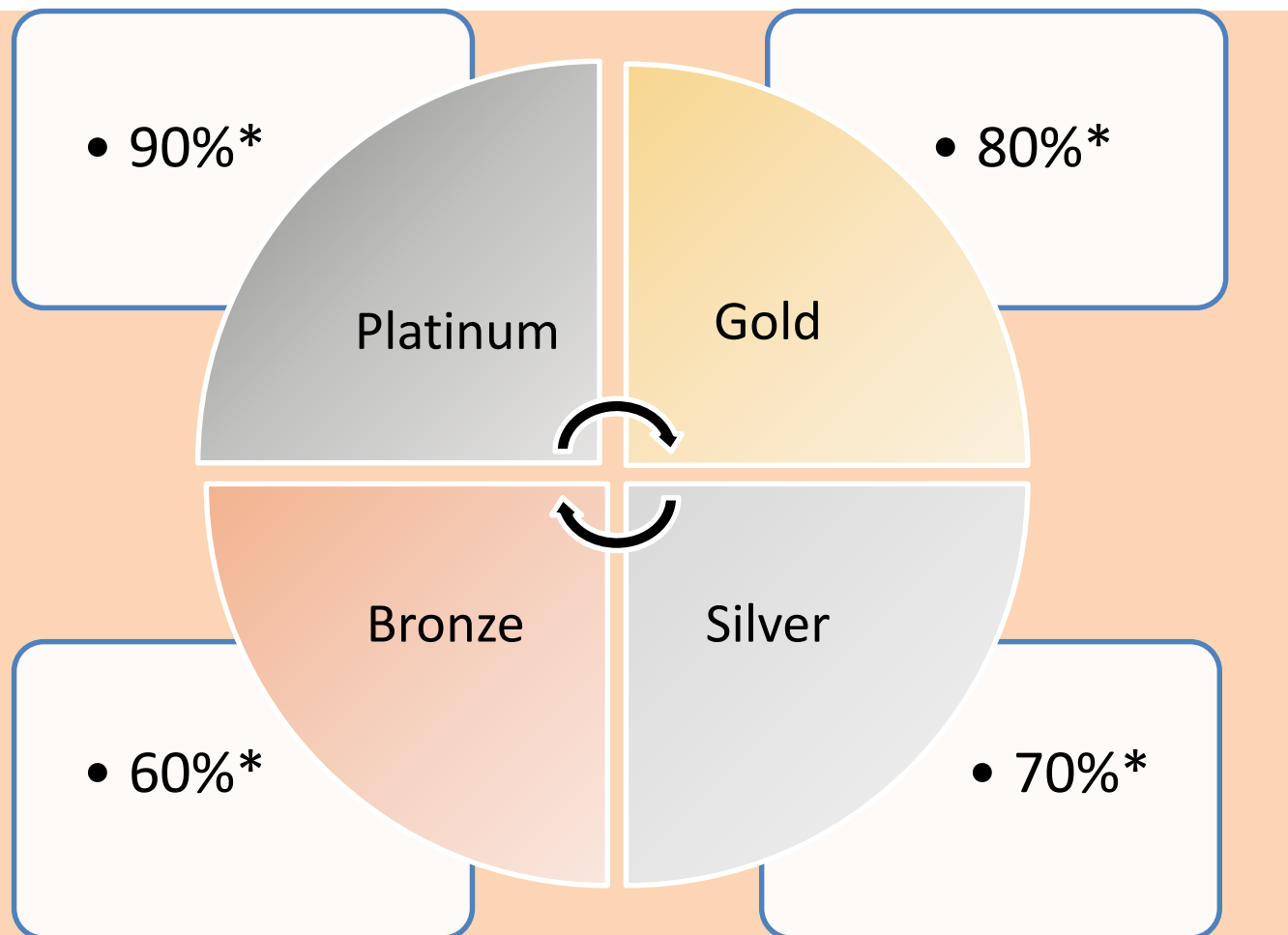
*Bronze Plans	Standardized Plans	Non-Standard Plans	Total	Percent in Standardized Plans
Non-HSA Bronze	14,238	3,670	17,908	79.51%
HSA Compatible	20,511	1,655	22,166	92.53%
Total	34,749	5,325	40,074	86.71%

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	

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%*

Adjournment