

**AMENDMENT TO SOLICITATION TO HEALTH PLAN ISSUERS FOR PARTICIPATION
IN THE
INDIVIDUAL AND/OR SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP)
MARKETPLACES**

Plan Year 2019

This Amendment (the “Amendment”), effective as of May 17, 2018 (the “Effective Date”), is made to that certain Solicitation to Health Plan Issuers for Participation in the Individual and/or Small Business Health Options Programs (SHOP) Marketplaces (the “Solicitation”), released on May 3, 2018, issued by the Connecticut Health Insurance Exchange d/b/a Access Health CT.

The Solicitation is hereby amended as follows:

Location of Change	Modification Made
Cover Page	Added the following notation: “Amended: May 17, 2018”
II.QHP Application Components and Certification Requirements H. Plan Options a. Individual Marketplace	a. Individual Marketplace To participate in the AHCT Individual marketplace the following criteria must be met: <ul style="list-style-type: none"> • An Issuer must submit at least one (1) standardized Gold plan, two (2) standardized Silver plans, and two (2) standardized Bronze plans (one standardized Bronze plan and one standardized HSA compatible Bronze plan). • An Issuer must submit three cost-sharing reduction (CSR) variants for each Silver Plan offered by the Issuer to households with attested income between 100% and 250% of Federal Poverty Level (FPL) applicable at the start of the plan year. The CSR variants are <ul style="list-style-type: none"> ○ a 73% AV CSR silver plan variant which must be separated from the silver ‘standard’ design on which it is based by a minimum AV difference of 2%, ○ an 87% CSR silver plan variant, and ○ a 94% CSR silver plan variant.

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	<ul style="list-style-type: none"> • The variants must conform to the requirements of 45 C.F.R. §156.420 and any other applicable federal guidance or regulations. <ul style="list-style-type: none"> ○ An Issuer must submit two cost-sharing alternatives for each QHP in accordance with 45 C.F.R. §156.420 which shall be made available to members of federally recognized American Indian tribes or Alaskan-Natives. There must be: <ol style="list-style-type: none"> 1. one alternative that offers zero cost-sharing for American Indians under 300% of the FPL applicable at the start of the plan year; and 2. one alternative that offers limited cost-sharing for American Indians, regardless of income, for any item or service that is an EHB furnished directly by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization, or through referral under contract health services. • An Issuer must offer a child-only QHP option at the same level of coverage(s) as any QHP offered through the AHCT marketplace in accordance with 45 C.F.R. §156.200(c). A consumer seeking child-only coverage may obtain that coverage through the purchase of a single QHP with applicable rating for child-only coverage. In other words, any QHP can be sold as a child-only plan. • AHCT will not certify any HSA compatible plans submitted at the Silver metal level in the Individual market.

Location of Change	Modification Made
	<p data-bbox="764 224 1442 254">Issuers are also encouraged to offer any of the following:</p> <ul data-bbox="813 285 1446 730" style="list-style-type: none"><li data-bbox="813 285 1446 520">• The Issuer may opt to offer a catastrophic coverage plan. Any Issuer offering the catastrophic coverage plan option must comply with Federal law including Section 1302 (e) of the ACA and 45 C.F.R. §156.155; and any applicable State law.<li data-bbox="813 531 1308 560">• Two non-standardized Platinum plans<li data-bbox="813 571 1344 600">• Up to three non-standardized Gold plans<li data-bbox="813 611 1382 682">• One non-standardized Silver plan with the corresponding cost-sharing reduction plans.<li data-bbox="813 693 1370 722">• Up to three non-standardized Bronze plans