



Access Health Connecticut

March 13, 2023, Board of Directors Meeting

Board Agenda

A. Call to Order and Introductions	
B. Public Comment.....	3
C. Qualified Health Plans Certification Requirements for 2024 Plan Year (Votes).....	4-26
D. Adjournment.....	27

Public Comment

Certification Requirements

Plan Year 2024

2024 Regulatory Variables

Federal

- Enhanced subsidies available under Inflation Reduction Act (IRA) through 2025
- Unwind of Medicaid Continuous Eligibility begins March 31, 2023

State

- No new legislation having impact to plan designs at this time

Proposed 2024 Plan Mix

Health Plan Benefits and Qualifications Advisory Committee (HBPQAC)

Plans required/permitted per Issuer by market:

Metal Level	Qualified Health Plans (QHPs)			
	Individual Market		SHOP*	
	Standard Plans (Required)	Non-Standard Plans (Optional)	Required	Optional
Platinum	0	2	0	4
Gold	1	3	1	5
Silver	1	0	2	4
Bronze	2	3	2	2
Catastrophic	0	1	0	0
Total	4	9	5	15
Maximum	13		20	

Stand-Alone Dental Plans (SADPs)	
Individual and SHOP**	
Standard Plans (Required)	Non-Standard Plans (Optional)
1	3

**No differences in plan mix requirements across markets.

*While SHOP participants are required to offer specific metal levels, standardized plans are not required.

Standardized Plan Development

Health Plan Benefits and Qualifications Advisory Committee (HBPQAC)

Individual Market - Qualified Health Plans (QHPs)

- Actuarial Value (AV) testing of the 2024 Standardized plans using CMS draft 2024 AV Calculator
- Review of resulting Cost Share Modifications
 - Actuarial Value Compliance
 - Mental Health Parity Compliance
 - Internal Revenue Requirements: Definition of High Deductible Health Plan (HDHP) and 2019 IRS guidance: “Additional Preventive Care Benefits Permitted to be Provided by a High Deductible Health Plan Under § 223”

Individual and Small Group Markets - Stand-Alone Dental Plans (SADPs)

- Annual limitation on cost-sharing (a.k.a. maximum out-of-pocket, or MOOP) for the pediatric dental Essential Health Benefit
 - Based on U.S. Department of Labor's Bureau of Labor Statistics Consumer Price Index (CPI) specific to dental services

Summary of Recommended Changes

Health Plan Benefits and Qualifications Advisory Committee (HBPQAC)

Plan Year 2024 – Individual Market

Qualified Health Plans (QHP)

Metal Level	Medical Deductible	Out-Of-Pocket Maximum
Bronze	No Change	\$8,800 → \$9,100
Bronze HSA	No Change	\$7,000 → \$7,225
Silver (70%)	No Change	No Change
Silver (73% CSR)	No Change	\$7,250 → \$7,475
Silver (87% CSR)	No Change	\$3,000 → \$2,925
Silver (94% CSR)	No Change	\$950 → \$1,050
Gold	No Change	\$6,000 → \$7,375

Stand-Alone Dental Plan (SADP)

No proposed
changes for Plan
Year 2024

HSA = Health Savings Account

CSR = Cost Sharing Reduction

2024 Individual Market Standard Plan Designs

March 9, 2023

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Going Beyond the Numbers

Agenda

2024 Plan Design Review

Proposed
Regulatory
Changes

Proposed
Federal Actuarial
Value Calculator
(AVC) Changes

Preliminary 2024
Calculator
Results

Proposed 2024
Plan Designs

2024 Plan Design Overview

Necessary Regulatory and Issuer Elements

2024 Analysis- Proposed Documentation

NBPP

- Notice of Benefit and Payment Parameters
- Draft released December 15, 2022
- Public Comment Period ends January 30th

Federal AVC

- Actuarial Value Calculator (AVC)
- CMS provided tool measuring benefit cost-sharing for allocation of metal tier or cost-sharing reduction plan variation
- Finalization timing unknown

IRS HSA Rules

- Rule released in Spring
- Defines minimum deductible and maximum out of pocket cost-sharing allowances
- Use prior year limits as proposed

Issuer Analysis of AVC and MHP

- Plan analysis of their own actuarial value using the draft Federal calculator with their modifications.
- Plan analysis of passage of Mental Health Parity (MHP) Rules

Proposed Regulation Changes for 2024

Proposed annual limitation on cost sharing (maximum out of pocket) was increased to \$9,450 (from \$9,100 in 2023)

This limit does not apply to HSA (Health Savings Account) qualified High Deductible Health Plans (HDHPs). That limit is released by the IRS in the spring.

CSR (Cost Sharing Reduction) Variations proposed annual limitation on cost sharing. The 2023 and proposed 2024 limits are:

100-150% **FPL:
\$3,150/\$6,300 (single/family)



2023 - \$3,000/\$6,000 (single/family)

150%-200% **FPL:
\$3,150/\$6,300 (single/family)



2023 - \$3,000/\$6,000 (single/family)

200%-250% **FPL:
\$7,550/\$15,100 (single/family)



2023 - \$7,250/\$14,500 (single/family)

Federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2024.

For 2023 the single deductible is set at a minimum of \$1,500 and the MOOP maximum limit is \$7,500.

Proposed Changes to the Federal AVC for 2024

The Federal AVC has not yet been finalized, changes to the final model may impact results. Proposed changes to the 2024 Draft Calculator are as follows:

Data underlying the calculator was not updated. Data based on 2018 individual and small group data trended to 2024

- Medical Trend: 5.4% Annually (2018-2021), 3.2% (2021-2022), 5.8% (2022-2023) , 5.4% (2023-2024)
- Pharmacy Trend: 8.7% Annually (2018-2021), 4.55% (2021-2022), 8.7% (2022-2023) , 8.2% (2023-2024)

Demographic weights adjusted to reflect 2024 anticipated population

New Copay Calculation: Copays will no longer count towards the accumulation of the deductible. They will continue to accrue to the MOOP.

Algorithm update to more accurately calculate spending during deductible phase for plans with a separate deductible and combined MOOP.

Summary of 2024 Proposed AV Changes

Plan change variability due to changes in Copay and Deductible Accumulation logic. Impact on final plan Avs will differ where plans adjusted for the original anomalous logic.

Individual Market	Gold	Silver	Bronze	Bronze HSA
2024 Proposed AV Ranges	78.0% - 82.0%	70.0%-72.0%	58.0%-65.0%	58.0%-65.0%
2023 AV (Final)	81.43% - 81.65%	71.37% - 71.75%	64.57% - 64.79%	64.27% - 64.45%
2024 Draft AV Approx. Chg.	82.56%-83.15%	71.25%-71.83%	65.0%-65.41%	65.18%-65.34%

Individual Market - CSR Plan Variations: Silver	73% AV CSR	87% AV CSR	94% AV CSR
2024 Proposed AV Ranges	73.0%-74.0%	87.0%-88.0%	94.0%-95.0%
2023 AV (Final)	73.62% - 73.96%	87.40%-87.99%	94.66% - 94.89%
2024 Draft AV Approx. Chg.	73.8%-74.29%	86.91%-87.25%	94.94%-95.17%

*73.0% CSR Silver must have a differential of 2.0%+ with Standard Silver
Bronze ranges reflect Expanded Bronze allowances.*

2024 Plan Design Overview

Notes and Caveats

Other services not included in the AVC, but will be specified cost sharing for each standardized plan

In-Network Services

Other Services

- Mammography Ultrasound
- Chiropractic Services (up to 20 visits per calendar year)
- Diabetic Supplies & Equipment
- Durable Medical Equipment
- Home Health Care Services (up to 100 visits per calendar year)
- Ambulance Services
- Urgent Care Center or Facility

Pediatric Dental Care (for children under age 26)

- Diagnostic & Preventive
- Basic Services
- Major Services
- Orthodontia Services (medically necessary)

Pediatric Vision Care (for children under age 26)

Out-of-Network Services

All services, deductible and maximum out-of-pocket

Plan Features

- The cost sharing shown on the following slides represents costs for in-network services only.
- The deductible and MOOP limits shown are for individuals. The family limits are 2x the individual limit for all plans except where noted.
- 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.
- Silver loading for defunded cost-sharing reduction plans will likely persist in 2023.
- All plans include 'embedded' deductible approach (not aggregate)

Summary of 2024 Gold Plan AV Options



Benefit Category	2023 Individual Market Gold Plan	2024 Individual Market Gold Plan Option 1	2024 Individual Market Gold Plan Option 2	2024 Individual Market Gold Plan Option 3
Medical Deductible	\$1,300 (INN)/\$3,000 (OON)	\$1,300 (INN)/\$3,000 (OON)	\$1,400 (INN) / \$3,000 (OON)	\$1,600 (INN) / \$3,000 (OON)
Rx Deductible	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)	\$50 (INN) / \$350 (OON)
Coinsurance	30%	30%	30%	30%
Out-of-pocket Maximum	\$6,000 (INN)/\$12,000 (OON)	\$7,375 (INN)/\$14,750 (OON)	\$7,200 (INN) / \$14,400 (OON)	\$7,000 (INN) / \$14,000 (OON)
Primary Care	\$20	\$20	\$20	\$20
Specialist Care	\$40	\$40	\$40	\$40
Urgent Care	\$50	\$50	\$50	\$50
Emergency Room	\$400	\$400	\$400	\$400
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$65	\$65	\$65	\$65
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10 (after ded.)	\$10 (after ded.)	\$10 (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$40	\$40	\$40	\$40
All Other Medical	30%	30%	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
2023 AVC Results	81.43% - 81.65%			
2024 Draft AVC Approximate Change	82.56%-83.15%	81.83%-81.98%	81.20%-81.78%	81.31%-81.94%

Summary of 2023 Silver Plan AV

Benefit Category	2023 Individual Market Silver Plan	2023 Individual Market Silver Plan (73%)	2023 Individual Market Silver Plan (87%)	2023 Individual Market Silver Plan (94%)
Medical Deductible	\$5,000 (INN)/ \$10,000 (OON)	\$4,750	\$675	\$0
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250	\$50	\$0
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$9,100 (INN)/ \$18,200 (OON)	\$7,250	\$3,000	\$950
Primary Care	\$40	\$40	\$20	\$10
Specialist Care	\$60	\$60	\$45	\$30
Urgent Care	\$75	\$75	\$35	\$25
Emergency Room	\$450 (after ded.)	\$450 (after ded.)	\$150 (after ded.)	\$50
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$100 per day (after ded., \$400 max. per admission)	\$75 (\$300 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$60	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$30 (after ded.)	\$25
Laboratory Services	\$20	\$20	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$50	\$50	\$35	\$30
All Other Medical	40%	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2023 AVC Results	71.37%-71.75%	73.62%-73.96%	87.40% - 87.99%	94.66% - 94.89%
2024 Draft AVC Approximate Change	71.25%-71.83%	73.8%-74.29%	86.91%-87.25%	94.94%-95.17%

Summary of 2024 Silver Plan AV Options



Benefit Category	2024 Individual Market Silver Plan	2024 Individual Market Silver Plan (73%) Option 1	2024 Individual Market Silver Plan (87%) Option 1	2024 Individual Market Silver Plan (94%) Option 1
Medical Deductible	\$5,000 (INN)/ \$10,000 (OON)	\$4,750	\$675	\$0
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250	\$50	\$0
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$9,100 (INN)/ \$18,200 (OON)	\$7,475	\$2,925	\$1,050
Primary Care	\$40	\$40	\$20	\$10
Specialist Care	\$60	\$60	\$45	\$30
Urgent Care	\$75	\$75	\$35	\$25
Emergency Room	\$450 (after ded.)	\$450 (after ded.)	\$150 (after ded.)	\$50
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$100 per day (after ded., \$400 max. per admission)	\$75 (\$300 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$60	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$30 (after ded.)	\$25
Laboratory Services	\$20	\$20	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$50	\$50	\$35	\$30
All Other Medical	40%	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2023 AVC Results	71.37%-71.75%			
2024 Draft AVC Approximate Change	71.25%-71.83%	<i>CSR OON MOOP aligns with standard (70%) plan at \$18,200.</i> 73.44%- 73.95%	87.03%-87.35%	94.81%-94.95%

Summary of 2024 Bronze Non-HSA Plan AV Options




Benefit Category	2023 Bronze Non-HSA Plan	2024 Bronze Non-HSA Plan Option 1
Combined Medical & Rx Deductible	\$6,550 (INN)/\$13,100 (OON)	\$6,550 (INN)/\$13,100 (OON)
Coinsurance	40%	40%
Out-of-pocket Maximum	\$8,800 (INN)/\$17,600 (OON)	\$9,100 (INN) /\$18,200 (OON)
Primary Care	\$50	\$50
Specialist Care	\$70 (after ded.)	\$70 (after ded.)
Urgent Care	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (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	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (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	\$20	\$20
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	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
2023 AVC Results	64.57% - 64.79%	
2024 Draft AVC Approximate Change	65.00%-65.41%	64.78%-64.97%

Summary of 2024 Bronze HSA Plan AV Options

Not subject to deductible: 4 of the 6 items permitted per IRS Notice 2019-45 for individuals diagnosed with diabetes listed below (subject to plan coinsurance)

- Insulin and other glucose lowering agents*
- Glucometer*
- Hemoglobin A1c testing
- Retinopathy screening

After deductible: maximums noted above to apply per state legislation on diabetes for any applicable service required by legislation but not included in IRS guidance noted above, such as blood glucose test strip, continuous glucometer, lancet, lancing device or insulin syringe



Benefit Category	2023 Bronze HSA Plan	2024 Bronze HSA Plan Option 1
Combined Medical & Rx Deductible	\$6,500 (INN)/ \$13,000 (OON)	\$6,500 (INN)/ \$13,000 (OON)
Coinsurance	20%	20%
Out-of-pocket Maximum	\$7,000 (INN) /\$14,000 (OON)	\$7,225 (INN) /\$14,450 (OON)
Primary Care, Specialist Care, Urgent Care, Emergency Room, Inpatient Hospital, Outpatient Hospital, Advanced Radiology (CT/PET Scan, MRI), Non-Advanced Radiology (X-ray, Diagnostic), Laboratory Services, Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational), Chiropractic Care	20% (after ded.)	20% (after ded.)
Diabetic Supplies	*20% (after ded.)	*20% (after ded.)
All Other Medical	20% (after ded.)	20% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)
2023 AVC Results	64.27% - 64.45%	
2024 Draft AVC Approximate Change	65.18%-65.34%	64.78%-64.94%

*State legislation maximum cost sharing applies (\$25 for each 30-day supply of a medically necessary covered insulin drug; \$25 for each 30-day supply of a medically necessary covered noninsulin drug; \$100 for a 30-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices)

Thank You

2024 Standardized Plan Design - SADP

Plan Overview	In-Network (INET) Member Pays
Deductible <i>(Does not apply to Preventive & Diagnostic Services)</i>	\$60 per member, up to 3 family members
Out-of-Pocket Maximum *	
For one child	\$350
Two or more children	\$700
Diagnostic Services	
Oral Exams <i>(twice per year)</i>	\$0
X-Rays	
Periapicals <i>(four per year)</i>	
Bitewing Radiographs <i>(once every year)</i>	
Panoramic or Complete Series <i>(once every three years)</i>	
Preventive Services	
Cleanings <i>(twice per year)</i>	\$0
Periodontal Scaling and Root Planing	
Periodontal Maintenance <i>(once every 3 months following periodontic surgery)</i>	
Fluoride * <i>(twice per year)</i>	
Sealants *	

Plan Overview	In-Network (INET) Member Pays
Basic Services	
Filings	20% after deductible is met
Simple Extractions	
Major Services	
Surgical Extractions	40% after deductible is met
Endodontic Therapy (i.e., Root Canal Treatment)	
Periodontal Therapy	
Crowns and Cast Restorations	
Prosthetics (Complete and Partial Dentures; Fixed Bridgework)	
Other Services	
Medically-Necessary Orthodontic Services *	50% after deductible is met
Waiting Periods and Plan Maximums (for covered persons not eligible for dependent child benefit)	
Applicable Waiting Period for Benefit	
Diagnostic and Preventive Services	No waiting period
Basic Services	6 months^
Major Services	12 months^
^Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan.	
Plan Maximum	\$2,000 per member

*For child, stepchild, or other dependent child until end of plan year once dependent turns 26.

Discussion and Votes

Plan Year 2024 QHP and SADP Standardized Plans

Adjournment

Next Meeting of the Board:

April 20, 2023: Regular Meeting