



Access Health Connecticut

March 4, 2024, Board of Directors Meeting

Board of Directors Meeting Agenda

A. Call to Order and Introductions

B. Public Comment

C. Vote: Review and Approval of Minutes

D. Qualified Health Plans Certifications Requirements for 2025 Plan Year

- **Recommended Standard Plans**
- **Votes**

E. Adjournment

Public Comment

Vote:

- Review and Approval of Minutes**

Certification Requirements

Plan Year 2025

Standardized Plan Development

Health Plan Benefits and Qualifications Advisory Committee (HBPQ AC)

Qualified Health Plans (QHP)

- **Actuarial Value Testing**
- **Determine Plan Changes**
- **Validate Plan Changes for:**
 - Actuarial Value Compliance
 - Mental Health Parity Compliance
 - IRS Requirements
 - Definition of HDHP
 - Preventive Care
 - Annual Deductible and MOOP

Stand-Alone Dental Plans (SADP)

- **MOOP Review**
 - Reviewing the annual limitation of cost sharing for the pediatric dental Essential Health Benefit.

HDHP = High Deductible Health Plan
MOOP = Maximum Out-of-Pocket

2025 Regulatory Variables

Federal

Enhanced subsidies available under Inflation Reduction Act (IRA) through 2025.

State

No new legislation having impact to plan designs at this time.
Session ends on May 8, 2024.

Proposed 2025 Plan Mix

| Qualified Health Plans (QHPs) | | | | |
|-------------------------------|---------------------------|-------------------------------|----------|----------|
| Metal Level | 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.

Proposed 2025 Standardized Plan Design - SADP

| Plan Overview | In-Network 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 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 | |
| Prostodontics (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.

2025 Individual Market Standard Plan Designs

February 5, 2024

PRESENTED BY:

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Going Beyond the Numbers



Resource Material Status

2025 Plan Design Review

Proposed
Regulatory
Changes

Proposed
Federal Actuarial
Value Calculator
(AVC) Changes

Preliminary 2025
Calculator
Results

Proposed 2025
Plan Designs

2025 Plan Design Overview

Necessary Regulatory and Issuer Elements

2025 Analysis- Proposed Documentation

NBPP

- Notice of Benefit and Payment Parameters
- Draft released November 15, 2023
- Public Comment Period ended January 8th

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 2025

Proposed annual limitation on cost sharing (maximum out of pocket) was decreased to \$9,200 (from \$9,450 in 2024)

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 2024 and proposed 2025 limits are:

- 94% CSR (100%-150% **FPL): **\$3,050/\$6,100** (single/family)
 - 2024 - \$3,150/\$6,300 (single/family)
- 87% CSR (150%-200% **FPL): **\$3,050/\$6,100** (single/family)
 - 2024 - \$3,150/\$6,300 (single/family)
- 73% CSR (200%-250% **FPL): **\$7,350/\$14,700** (single/family)
 - 2024 - \$7,550/\$15,100 (single/family)

Federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2025.

For 2024 the single deductible is set at a minimum of \$1,600 and the MOOP maximum limit is \$8,050.

Proposed Changes to the Federal AVC for 2025

The Federal AVC has not yet been finalized, changes to the final model may impact results. Proposed changes to the 2025 Draft Calculator are as follows:

Data underlying the calculator was updated. Data now based on 2021 Edge (updated from 2018) individual and small group data trended to 2025

- Medical Trend: 3.2% (2021-2022), 5.8% (2022-2023), 5.4% (2023-2024), 6.4% (2025)
- Pharmacy Trend: 4.55% (2021-2022), 8.7% (2022-2023), 8.2% (2023-2024), 9.9% (2025)
- Allowed costs for Silver and Bronze plans in 2025 decreased from 2024 model by more than ~4%
- Significant shift in pharmacy dollar mix towards non-preferred and specialty drug types.

Demographic weights adjusted to reflect 2025 anticipated population

Primary Care vs. Specialty Care Visits:

- Provider specialty codes not available in 2021 data. Visit types imputed from procedure code frequencies. Change resulted in significant shift to more specialist visits in the data.
- Wakely testing indicated this change was worth up to a -1% impact on Federal AVs.

Summary of 2025 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 |
|----------------------------|--------------------|--------------------|--------------------|--------------------|
| 2025 Proposed AV Ranges | 78.0% - 82.0% | 70.0%-72.0% | 58.0%-65.0% | 58.0%-65.0% |
| 2024 AV (Final) | 81.8%-82.0% | 71.3%-71.8% | 64.8%-65.0% | 64.8%-64.9% |
| 2025 Draft AV Approx. Chg. | 79.6%-80.5% | 70.6%-71.0% | 62.5%-62.8% | 63.8%-64.0% |

| Individual Market - CSR Plan Variations: Silver | 73% AV CSR | 87% AV CSR | 94% AV CSR |
|---|---------------------|--------------------|--------------------|
| 2025 Proposed AV Ranges | 73.0%-74.0% | 87.0%-88.0% | 94.0%-95.0% |
| 2024 AV (Final) | 73.4%- 74.0% | 87.0%-87.4% | 94.8%-95.0% |
| 2025 Draft AV Approx. Chg. | 73.1%-73.4% | 86.2%-87.2% | 94.6%-95.1% |

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

2025 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 2025.
- All plans include 'embedded' deductible approach (not aggregate)

Summary of 2025 Gold Plan AV Options



| Benefit Category | 2024/2025 Individual Market Gold Plan | 2025 Individual Market Gold Plan Option 1 | 2025 Individual Market Gold Plan Option 2 |
|---|--|--|--|
| Medical Deductible | \$1,300 (INN)/\$3,000 (OON) | \$1,300 (INN)/\$3,000 (OON) | \$1,200 (INN) |
| Rx Deductible | \$50 (INN)/\$350 (OON) | \$50 (INN)/\$350 (OON) | \$50 (INN)/\$350 (OON) |
| Coinsurance | 30% | 30% | 30% |
| Out-of-pocket Maximum | \$7,375 (INN)/\$14,750 (OON) | \$7,375 (INN)/\$14,750 (OON) | \$7,375 (INN)/\$14,750 (OON) |
| Primary Care | \$20 | \$20 | \$20 |
| Specialist Care | \$40 | \$40 | \$40 |
| Urgent Care | \$50 | \$50 | \$50 |
| Emergency Room | \$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) |
| Outpatient Hospital | \$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 |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$40 (after ded.) | \$40 (after ded.) | \$40 (after ded.) |
| Laboratory Services | \$10 (after ded.) | \$10 | \$10 |
| Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type | \$20 | \$20 | \$20 |
| Chiropractic Care 20 visit calendar maximum | \$40 | \$40 | \$40 |
| All Other Medical | 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) |
| 2024 AVC Results | 81.8%-82.0% | NA | NA |
| 2025 Draft AVC Approximate Change | 79.6%-80.5% | 80.2%-81.1% | 80.3%-81.2% |

Summary of 2025 Silver Plan AV



| Benefit Category | 2024 Individual Market Silver Plan | 2025 Individual Market Silver Plan Option 1 |
|--|---|---|
| Medical Deductible | \$5,000 (INN)/ \$10,000 (OON) | \$5,000 (INN)/ \$10,000 (OON) |
| Rx Deductible | \$250 (INN)/ \$500 (OON) | \$250 (INN)/ \$500 (OON) |
| Coinsurance | 40% | 40% |
| Out-of-pocket Maximum | \$9,100 (INN)/ \$18,200 (OON) | \$9,100 (INN)/ \$18,200 (OON) |
| Primary Care | \$40 | \$40 |
| Specialist Care | \$60 | \$60 |
| Urgent Care | \$75 | \$75 |
| Emergency Room | \$450 (after ded.) | \$450 (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 | \$300@ASC/\$500 otherwise (after ded.) | \$300@ASC/\$500 otherwise (after ded.) |
| Advanced Radiology (CT/PET Scan, MRI) | \$75 | \$75 |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$40 (after ded.) | \$40 (after ded.) |
| Laboratory Services | \$20 | \$25 |
| 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 | \$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script) | \$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script) |
| 2024 AVC Results | 71.3%-71.8% | NA |
| 2025 Draft AVC Approximate Change | 70.6%-71.0% | 70.3%-70.7% |

Summary of 2025 Silver 73% CSR Plan AV



| Benefit Category | 2024 Individual Market Silver Plan (73%) | 2025 Individual Market Silver Plan (73%) Option 1 |
|--|---|---|
| Medical Deductible | \$4,750 | \$5,000 |
| Rx Deductible | \$250 | \$250 |
| Coinsurance | 40% | 40% |
| Out-of-pocket Maximum | \$7,475 | \$7,350 |
| Primary Care | \$40 | \$40 |
| Specialist Care | \$60 | \$60 |
| Urgent Care | \$75 | \$75 |
| Emergency Room | \$450 (after ded.) | \$450 (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 | \$300@ASC/\$500 otherwise (after ded.) | \$300@ASC/\$500 otherwise (after ded.) |
| Advanced Radiology (CT/PET Scan, MRI) | \$75 | \$75 |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$40 (after ded.) | \$40 (after ded.) |
| Laboratory Services | \$20 | \$25 |
| 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 | \$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script) | \$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script) |
| 2024 AVC Results | 73.4%- 74.0% | NA |
| 2025 Draft AVC Approximate Change | 73.1%-73.4% | 73.0%-73.3% |

2025 MOOP exceeded

Summary of 2025 Silver 87% CSR Plan AV Options



| Benefit Category | 2024 Individual Market Silver Plan (87%) | 2025 Individual Market Silver Plan (87%) Option 1 |
|--|--|--|
| Medical Deductible | \$675 | \$475 |
| Rx Deductible | \$50 | \$50 |
| Coinsurance | 40% | 40% |
| Out-of-pocket Maximum | \$2,925 | \$2,725 |
| Primary Care | \$20 | \$20 |
| Specialist Care | \$45 | \$45 |
| Urgent Care | \$35 | \$35 |
| Emergency Room | \$150 (after ded.) | \$150 (after ded.) |
| Inpatient Hospital | \$100 per day (after ded., \$400 max. per admission) | \$100 per day (after ded., \$400 max. per admission) |
| Outpatient Hospital | \$60@ASC/\$100 otherwise (after ded.) | \$60@ASC/\$100 otherwise (after ded.) |
| Advanced Radiology (CT/PET Scan, MRI) | \$60 | \$60 |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$30 (after ded.) | \$30 (after ded.) |
| 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) | \$35 | \$35 |
| All Other Medical | 40% | 40% |
| Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx | \$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script) | \$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script) |
| 2024 AVC Results | 87.0%-87.4% | NA |
| 2025 Draft AVC Approximate Change | 86.2%-87.2% | 87.0%-88.0% |

Summary of 2025 Silver 94% CSR Plan AV Options



| Benefit Category | 2024 Individual Market Silver Plan (94%) | 2025 Individual Market Silver Plan (94%) Option 1 |
|--|---|---|
| Medical Deductible | \$0 | \$0 |
| Rx Deductible | \$0 | \$0 |
| Coinsurance | 40% | 40% |
| Out-of-pocket Maximum | \$1,050 | \$1,150 |
| Primary Care | \$10 | \$10 |
| Specialist Care | \$30 | \$30 |
| Urgent Care | \$25 | \$25 |
| Emergency Room | \$50 | \$50 |
| Inpatient Hospital | \$75 (\$300 max. per admission) | \$75 (\$300 max. per admission) |
| Outpatient Hospital | \$45@ASC/\$75 otherwise | \$45@ASC/\$75 otherwise |
| 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) |
| 2024 AVC Results | 94.8%-95.0% | NA |
| 2025 Draft AVC Approximate Change | 94.6%-95.1% | 94.3%-94.9% |

Summary of 2025 Bronze Non-HSA Plan AV Options



| Benefit Category | 2024/2025 Bronze Non-HSA Plan | 2025 Bronze Non-HSA Plan Option 1 | 2025 Bronze Non-HSA Plan Option 2 |
|--|---|--|---|
| Combined Medical & Rx Deductible | \$6,550 (INN)/\$13,100 (OON) | \$6,550 (INN)/\$13,100 (OON) | \$6,400 (INN) |
| Coinsurance | 40% | 40% | 40% |
| Out-of-pocket Maximum | \$9,100 (INN) /\$18,200 (OON) | \$9,100 (INN) /\$18,200 (OON) | \$8,000 (INN) |
| Primary Care | \$50 | \$40 | \$50 |
| Specialist Care | \$70 (after ded.) | \$70 (after ded.) | \$70 (after ded.) |
| Urgent Care | \$75 | \$75 | \$75 |
| Emergency Room | \$450 (after ded.) | \$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) | \$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.) |
| Advanced Radiology (CT/PET Scan, MRI) | \$75 (after ded.) | \$75 (after ded.) | \$75 (after ded.) |
| Non-Advanced Radiology (X-ray, Diagnostic) | \$40 (after ded.) | \$40 (after ded.) | \$40 (after ded.) |
| Laboratory Services | \$20 | \$20 | \$20 |
| Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type | \$30 (after ded.) | \$30 (after ded.) | \$30 (after ded.) |
| Chiropractic Care (20 visit calendar maximum) | \$50 (after ded.) | \$50 (after ded.) | \$50 (after ded.) |
| All Other Medical | 40% (after ded.) | 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) | \$15 / \$50 / 50% / 50% (all but generic and preferred brand after ded., \$500 max per spec. script) | \$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script) |
| 2024 AVC Results | 64.8%-65.0% | NA | NA |
| 2025 Draft AVC Approximate Change | 62.5%-62.8% | 63.9%-64.3% | 64.4%-64.8% |

Summary of 2025 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 | 2024/2025 Bronze HSA Plan |
|--|---|
| Combined Medical & Rx Deductible | \$6,500 (INN)/ \$13,000 (OON) |
| Coinsurance | 20% |
| Out-of-pocket Maximum | \$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.) |
| Diabetic Supplies | *20% (after ded.) |
| All Other Medical | 20% (after ded.) |
| Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx | *20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script) |
| 2024 AVC Results | 64.8%-64.9% |
| 2025 Draft AVC Approximate Change | 63.8%-64.0% |

Thank You

Summary of Recommended Changes

Qualified Health Plans

| Metal Level | Medical Deductible | Out-Of-Pocket Maximum | Primary Care | Pharmacy | Laboratory Services |
|------------------|--------------------------|--------------------------|--------------------|--|-------------------------------------|
| Gold | \$1,300 → \$1,200 | | | | \$10 after ded → \$10 no ded |
| Silver (70%) | | | | | \$20 → \$25 |
| Silver (73% CSR) | \$4,750 → \$5,000 | \$7,475 → \$7,350 | | | \$20 → \$25 |
| Silver (87% CSR) | \$675 → \$475 | \$2,925 → \$2,725 | | | |
| Silver (94% CSR) | | \$1,050 → \$1,150 | | | |
| Bronze | | | \$50 → \$40 | Generics - \$20 → \$15 Pref Brand - 50% after ded → \$50 no ded | |
| Bronze HSA | | | | | |

HSA = Health Savings Account

CSR = Cost Sharing Reduction

Discussion and Votes

Plan Year 2025 QHP and SADP Standardized Plans

Adjournment