

Board of Directors Special Meeting
March 1, 2016



**ACCESS HEALTH CT
2017 STANDARD PLAN
DESIGNS**

AHCT 2017 Standardized Plans: Agenda

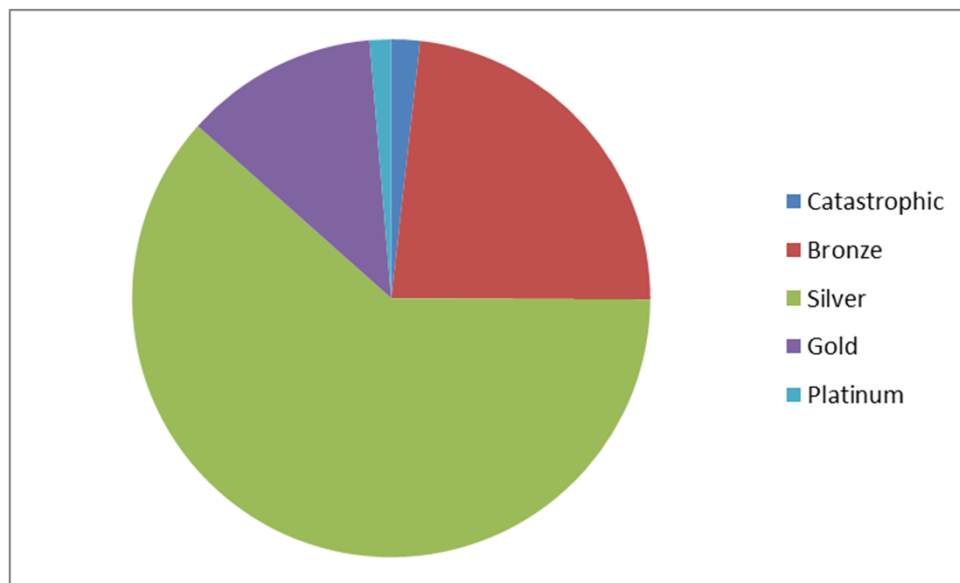
- Overview
 - Enrollment Information by Metal Level by Market
- Wakely Consulting Medical Plan Review for 2017 and Board Vote
 - Individual Market
 - SHOP
- Dental Plan Review and Board Vote

2016 AHCT Individual Enrollment by Metal Level

Metal Level	Enrollment	Percent	Enrollment in Std Plans
Catastrophic	2,063	1.8%	0
Bronze	27,039	23.3%	10,564
Silver	71,351	61.5%	62,299
Gold	14,010	12.1%	9,340
Platinum	1,561	1.3%	1,561
TOTAL	116,024	100%	83,764

Silver Plans:
61% of Total Enrollment

Standardized Plans:
72% of Total Enrollment

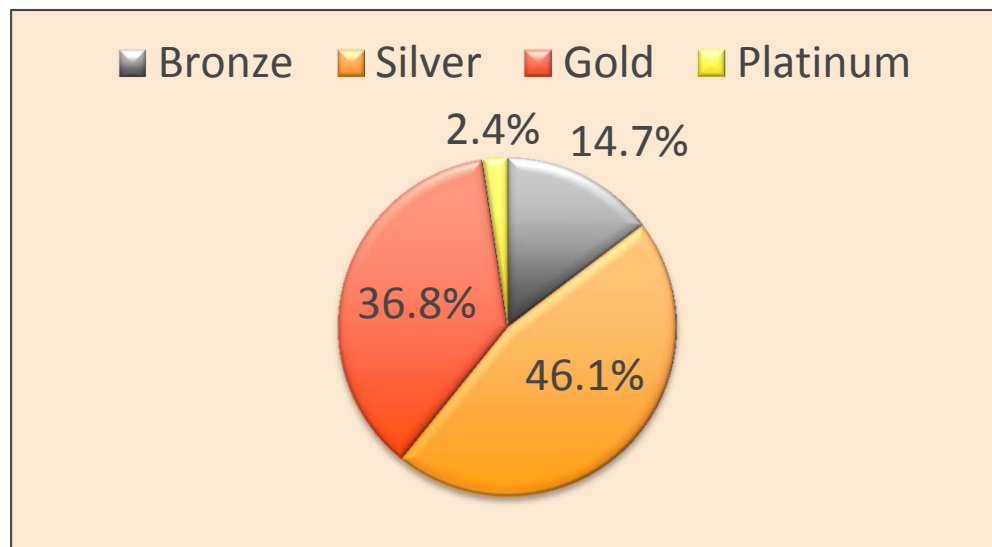


Note:

- Increase of over 17,000 enrollees in AHCT standardized plans compared to 2015

AHCT SHOP Enrollment by Metal Level

Metal Level	Enrollment	Percent	Enrollment in Std Plans
Bronze	218	14.7%	167
Silver	682	46.1%	644
Gold	546	36.8%	527
Platinum	35	2.4%	35
TOTAL	1,481	100%	1,373



Silver and Gold Plans represent over 80% of all choices

**2017 ACTUARIAL VALUE
CALCULATOR RESULTS & VOTE
ON MEDICAL PLANS**

***PRESENTED BY WAKELY
CONSULTING***



2017 Individual Market Standard Plan Designs Access Health CT March 1, 2016

Julie Andrews, FSA, MAAA – Senior Consulting Actuary
Brittney Phillips, ASA – Senior Actuarial Analyst

Agenda

1. Approach to Proposed Plan Design Changes
2. Notes and Caveats
3. Proposed Plan Designs

Approach to Proposed Plan Design Changes

- Comply with CID Bulletin HC-109 specified maximum benefit copays

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

- Comply with Metal Tier
- Minimize changes to consumers
- Increase Deductible and Maximum Out of Pocket (MOOP) before impacting other services

* Sec. 38a-511a limits physical therapy copays to \$30.

Notes and Caveats

- The 2017 Federal Actuarial Value Calculator (AVC) has been finalized, but the 2017 regulations are still in draft format. Any changes in the final version of the regulations could impact the plan designs.
 - The draft regulations have an annual limitation on cost sharing of \$7,150. Should this change in the final version, the silver and bronze non-HSA plan options may need to be adjusted.
- Federal HDHP minimum deductible and MOOP limits are not yet released for 2017. The 2016 minimum single deductible and MOOP are \$1,300 and \$6,550, respectively. The deductible typically increases \$50 every two to three years and the MOOP increases around \$100 a year on average.
 - We are assuming there will be no change to the minimum single deductible and that the MOOP limit will be at least \$6,600. Should the final regulations be different, the combined medical/Rx MOOP for the HSA plans may need to be adjusted.
- For the recommended and alternative plan designs, any changes from the 2016 plan designs are shown in red font and are in boxes.
- Federal AV Calculator values are presented without any adjustments.

Summary of AV Changes

Individual Market	Platinum	Gold	Silver	Bronze	Bronze HSA
Permissible AV Range	88.0%-92.0%	78.0%-82.0%	68.0%-72.0%	58.0%-62.0%	58.0%-62.0%
2016 AV	90.0%	81.0%	71.1%	61.2%	61.5%
2017 AV	89.0%	82.1%	72.5%	62.8%	62.8%
Current Medical Deductible/MOOP	\$150/\$2000	\$1000/\$3000	\$2900/\$6850	\$5500/\$6850	\$5300/\$6500
Xray/Lab Copay	\$30/\$15	\$40/\$25	\$50/\$40	\$45/\$35	
Medical Deductible/MOOP	\$150/\$2000	\$1550/\$3500	\$4000/\$7150	\$6000/\$7150	\$5650/\$6600
Xray/Lab Copay	\$30/\$10	\$40/\$10	\$40/\$10	\$40/\$10	
Recommended Design					
Revised 2017 AV	89.2%	81.1%	72.0%	62.0%	62.0%

Individual Market - CSR Plan Variations	Silver 73% AV CSR	Silver 87% AV CSR	Silver 94% AV CSR
Permissible AV Range	72.0%-74.0%*	86.0%-88.0%	93.0%-95.0%
2016 AV	73.8%	87.2%	94.7%
2017 AV	75.3%	87.9%	95.1%
Current Medical Deductible/MOOP	\$2200/\$5200	\$500/\$1800	\$0/\$800
Xray/Lab Copay	\$45/\$35	\$30/\$25	\$25/\$15
Medical Deductible/MOOP	\$3400/\$5700	\$700/\$1800	\$0/\$1000
Xray/Lab Copay	\$40/\$10	\$30/\$10	\$25/\$10
Recommended Design			
Revised 2017 AV	74.0%	87.9%	95.0%

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

Individual Market – Platinum - 90% AV

	2016 Platinum	2017 Platinum Option 1	2017 Platinum Option 2
Combined Medical & Rx Deductible	\$150	\$150	\$300
Coinsurance	20%	20%	20%
Out-of-pocket Maximum	\$2,000	\$2,000	\$2,000
Primary Care	\$15	\$15	\$15
Specialist Care	\$30	\$30	\$30
Urgent Care	\$50	\$50	\$50
Emergency Room	\$100	\$100	\$100
Inpatient Hospital	\$300 per day (after ded., \$600 max. per admission)	\$300 per day (after ded., \$600 max. per admission)	\$300 per day (after ded., \$600 max. per admission)
Outpatient Hospital	\$300 (after ded.)	\$300 (after ded.)	\$300 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$30	\$30	\$30
Laboratory Services*	\$15	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$15	\$15	\$15
All Other Medical	20%	20%	20%
Generic* / Preferred Brand / Non- Preferred Brand / Specialty Rx	\$5 / \$15 / \$30 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$15 / \$30 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$15 / \$30 / 20% (spec. after ded., \$100 max per spec. script)
2016 AVC Results	90.0%	N/A	N/A
2017 AVC Results	89.0%	89.2%	88.4%

Advisory
Committee chose
Option 1 as their
recommendation

Changes from the 2016 plan design are shown in red font and boxes.

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

Individual Market – Gold - 80% AV

	2016 Gold	2017 Gold Option 1	2017 Gold Option 2
Medical Deductible	\$1,000	\$1,350	\$1,550
Rx Deductible	\$25	\$25	\$25
Coinsurance	30%	30%	30%
Out-of-pocket Maximum	\$3,000	\$3,400	\$3,500
Primary Care	\$20	\$20	\$20
Specialist Care	\$40	\$40	\$40
Urgent Care	\$50	\$50	\$50
Emergency Room	\$100	\$100	\$100
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*	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$65	\$65	\$65
Non-Advanced Radiology* (X-ray, Diagnostic)	\$40	\$40	\$40
Laboratory Services*	\$25	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$20	\$20	\$20
All Other Medical	30%	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)	\$5 / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)
2016 AVC Results	81.0%	N/A	N/A
2017 AVC Results	82.1%	81.9%	81.1%

Advisory
Committee chose
Option 2 as their
recommendation

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Individual Market – Silver - 70% AV

	2016 Silver	2017 Silver Option 1	2017 Silver Option 2	2017 Silver Option 3
Medical Deductible	\$2,900	\$4,300	\$4,200	\$4,000
Rx Deductible	\$150	\$150	\$150	\$150
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$6,850	\$7,150	\$7,150	\$7,150
Primary Care	\$30	\$30	\$40	\$35
Specialist Care*	\$50	\$50	\$50	\$50
Urgent Care*	\$75	\$75	\$75	\$75
Emergency Room	\$150	\$150	\$200	\$200
Inpatient Hospital*	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$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.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75	\$75
Non-Advanced Radiology* (X-ray, Diagnostic)	\$50	\$40	\$40	\$40
Laboratory Services*	\$40	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy* (Physical, Speech, Occupational)	\$30	\$30	\$30	\$30
Combined 40 visit calendar year maximum				
All Other Medical	40%	40%	40%	40%
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$55 / 20% (spec. after ded., \$150 max per spec. script)	\$5 / \$35 / \$55 / 20% (spec. after ded., \$150 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$150 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$200 max per spec. script)
2016 AVC Results	71.1%	N/A	N/A	N/A
2017 AVC Results	72.5%	71.8%	71.5%	72.0%

Advisory
Committee chose
Option 3 as their
recommendation

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Individual Market – Silver - 73% AV CSR

	2016 Silver 73% CSR Plan	2017 Silver 73% CSR Option 1	2017 Silver 73% CSR Option 2	2017 Silver 73% CSR Option 3
Medical Deductible	\$2,200	\$3,600	\$3,200	\$3,400
Rx Deductible	\$100	\$100	\$100	\$100
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$5,200	\$5,700	\$5,700	\$5,700
Primary Care	\$30	\$30	\$40	\$35
Specialist Care*	\$50	\$50	\$50	\$50
Urgent Care*	\$75	\$75	\$75	\$75
Emergency Room	\$150	\$150	\$200	\$200
Inpatient Hospital*	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$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.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75	\$75
Non-Advanced Radiology* (X-ray, Diagnostic)	\$45	\$40	\$40	\$40
Laboratory Services*	\$35	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy* (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$30	\$30	\$30	\$30
All Other Medical	40%	40%	40%	40%
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$55 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$35 / \$55 / 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)
2016 AVC Results	73.8%	N/A	N/A	N/A
2017 AVC Results	75.3%	73.9%	74.0%	74.0%

Advisory Committee chose Option 3 as their recommendation

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Individual Market – Silver - 87% AV CSR

	2016 Silver 87% CSR Plan	2017 Silver 87% CSR Option 1	2017 Silver 87% CSR Option 2	2017 Silver 87% CSR Option 3
Medical Deductible	\$500	\$700	\$650	\$600
Rx Deductible	\$50	\$50	\$50	\$50
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$1,800	\$1,800	\$2,200	\$2,350
Primary Care	\$20	\$20	\$20	\$20
Specialist Care	\$35	\$35	\$35	\$35
Urgent Care	\$35	\$35	\$35	\$35
Emergency Room	\$75	\$75	\$75	\$75
Inpatient Hospital	\$100 per day (after ded., \$400 max. per admission)	\$100 per day (after ded., \$400 max. per admission)	\$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.)	\$100 (after ded.)	\$100 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$60	\$60	\$60	\$60
Non-Advanced Radiology (X-ray, Diagnostic)	\$30	\$30	\$30	\$40
Laboratory Services*	\$25	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$20	\$20	\$20	\$20
All Other Medical	40%	40%	40%	40%
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$20 / \$35 / 20% (spec. after ded., \$60 max per spec. script)	\$5 / \$20 / \$35 / 20% (spec. after ded., \$60 max per spec. script)	\$5 / \$20 / \$35 / 20% (spec. after ded., \$60 max per spec. script)	\$5 / \$20 / \$35 / 20% (spec. after ded., \$60 max per spec. script)
2016 AVC Results	87.2%	N/A	N/A	N/A
2017 AVC Results	87.9%	87.9%	87.9%	88.0%

Advisory Committee chose Option 1 as their recommendation

Changes from the 2016 plan design are shown in red font and boxes.

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

Individual Market – Silver - 94% AV CSR

	2016 Silver 94% CSR Plan	2017 Silver 94% CSR Option 1
Medical Deductible	\$0	\$0
Rx Deductible	\$0	\$0
Coinsurance	40%	40%
Out-of-pocket Maximum	\$800	\$1,000
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*	\$15	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	\$20	\$20
Combined 40 visit calendar year maximum		
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)
2016 AVC Results	94.7%	N/A
2017 AVC Results	95.1%	95.0%

Advisory Committee chose Option 1 as their recommendation

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Individual & SHOP Market – Bronze (Non-HSA) - 60% AV

	2016 Bronze Non-HSA	2017 Bronze Non-HSA Option 1	2017 Bronze Non-HSA Option 2
Combined Medical & Rx Deductible	\$5,500	\$6,000	\$6,400
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$6,850	\$7,150	\$7,150
Primary Care*	\$40	\$40	\$40
Specialist Care*	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
Urgent Care*	\$75	\$75	\$75
Emergency Room*	\$200 (after ded.)	\$200 (after ded.)	\$200 (after ded.)
Inpatient Hospital	\$500 (after ded., \$1,000 max. per admission)	\$500 (after ded., \$1,000 max. per admission)	\$500 (after ded., \$1,000 max. per admission)
Outpatient Hospital*	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology* (X-ray, Diagnostic)	\$45 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services*	\$35 (after ded.)	\$10 (after ded.)	\$10 (after ded.)
Rehabilitative & Habilitative Therapy* (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)	40% (after ded.)
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 / 50% / 50% / 50% (all after ded., \$500 max per spec. script)
2016 AVC Results	61.2%	N/A	N/A
2017 AVC Results	62.8%	62.0%	61.3%

Advisory
Committee chose
Option 1 as their
recommendation

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Individual Market – Bronze (HSA) - 60% AV

	2016 Bronze HSA	2017 Bronze HSA Option 1	2017 Bronze HSA Option 2
Combined Medical & Rx Deductible	\$5,300	\$5,650	\$6,000
Coinsurance	10%	10%	10%
Out-of-pocket Maximum	\$6,500	\$6,600	\$6,600
Primary Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Specialist Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Urgent Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Emergency Room	10% (after ded.)	10% (after ded.)	10% (after ded.)
Inpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Outpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Laboratory Services	10% (after ded.)	10% (after ded.)	10% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Combined 40 visit calendar year maximum	10% (after ded.)	10% (after ded.)	10% (after ded.)
All Other Medical	10% (after ded.)	10% (after ded.)	10% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)
2016 AVC Results	61.5%	N/A	N/A
2017 AVC Results	62.8%	62.0%	61.5%

Advisory
Committee chose
Option 1 as their
recommendation

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**AHCT 2017 STANDARDIZED
STAND-ALONE DENTAL
PLAN (SADP) & VOTE**

AHCT 2016 Standardized SADP Plan Design

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>(Does not apply to Preventive & Diagnostic Services for In-Network Services)</i>	\$60 per member, up to 3 family members	\$60 per member, up to 3 family members
Out-of-Pocket Maximum <i>for children under age 19 only</i> For one child Two or more children	\$350 \$700	Not Applicable
Diagnostic & Preventive Services		
Oral Exams / X-Rays / Cleanings	\$0	20% after OON deductible is met
Basic Services		
Filings / Simple Extractions	20% after INET deductible is met	40% after OON deductible is met
Major Services		
Surgical Extractions, Endodontic Therapy, Periodontal Therapy, Crowns, Prosthodontics	40% after INET deductible is met	50% after OON deductible is met
Other Services <i>(for children under age 19)</i>		
Medically-Necessary Orthodontic Services	50% after INET deductible is met	50% after OON deductible is met
Waiting Periods and Plan Maximums <i>(for adults aged 19 and older only)</i>		
Applicable Waiting Period for Benefit		
Diagnostic and Preventive Services	no waiting period	
Basic Services	6 months	
Major Services	12 months	
Plan Maximum	\$2,000 per adult member age 19 and over (combined In-Network and Out-of-Network Services)	

Actuarial Value (AV):
"High" (85%)
2 point de minimis range is permitted

Pertains to Pediatric Benefits only

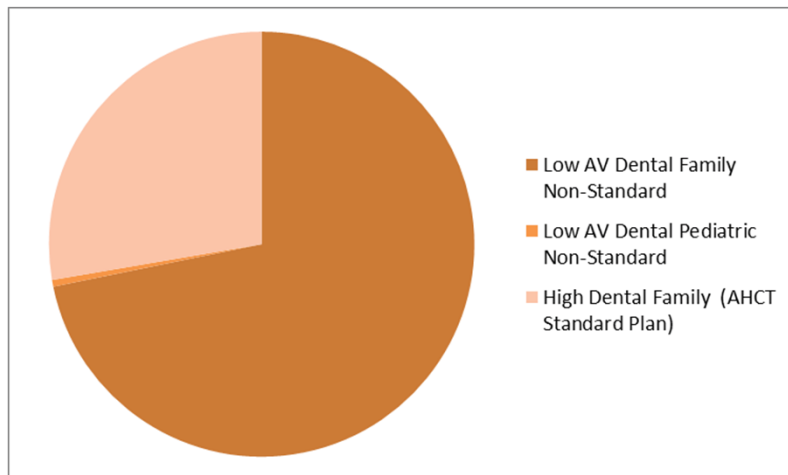
No CMS prescribed AV Calculator for SADPs

No cost sharing changes are required for 2017 to current SADP, as plan continues to meet High AV

Maximum Out-of-Pocket: *pending CMS Final Payment Notice Regulation*

AHCT 2016 Dental Plans: Individual Market Enrollment

Plan Type	Enrollment	Percent of SADP Plan Enrollment
Low AV Dental Family Non-Standard	896	70.9%
Low AV Dental Pediatric Non-Standard	5	0.4%
High Dental Family (AHCT Standard Plan)	363	28.7%
TOTAL	1,264	100%



Summary of Review of Individual Dental Plans

- ✓ A wide variety of Individual Dental plans are marketed, with significant variation in coverage and cost sharing
- ✓ No plans include ACA compliant pediatric dental coverage, other than those offered through AHCT and available both “On” and “Off” the Exchange
- ✓ The AHCT standardized plan is in general, equal to or more robust than other plans in the market
Exception: plan deductible is higher than in many other plans



WAKELY
CONSULTING GROUP

CONSULTING ACTUARIES *&* HEALTHCARE SPECIALISTS

2017 SHOP Standard Plan Designs Access Health CT March 1, 2016

Julie Andrews, FSA, MAAA – Senior Consulting Actuary
Brittney Phillips, ASA – Senior Actuarial Analyst

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1. Approach to Proposed Plan Design Changes
2. Notes and Caveats
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Approach to Proposed Plan Design Changes

- Comply with CID Bulletin HC-109 specified maximum benefit copays

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

- Comply with Metal Tier
- Minimize changes to consumers
- Increase Deductible and Maximum Out of Pocket (MOOP) before impacting other services

* Sec. 38a-511a limits physical therapy copays to \$30.

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 - We are assuming there will be no change to the minimum single deductible and that the MOOP limit will be at least \$6,600. Should the final regulations be different, the combined medical/Rx MOOP for the HSA plans may need to be adjusted.
- For the recommended and alternative plan designs, any changes from the 2016 plan designs are shown in red font and are in boxes.
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Summary of AV Changes

Small Group Market	Platinum	Gold	Silver	Silver HSA	Bronze	Bronze HSA
Permissible AV Range	88.0%-92.0%	78.0%-82.0%	68.0%-72.0%	68.0%-72.0%	58.0%-62.0%	58.0%-62.0%
2016 AV	89.2%	79.2%	70.1%	70.9%	61.2%	61.5%
2017 AV	89.9%	80.3%	71.5%	72.0%	62.8%	62.8%
Current Medical Deductible/MOOP Xray/Lab Copay	\$100/\$2000 \$45/\$20	\$1000/\$3500 \$45/\$30	\$3400/\$6850 \$50/\$40	\$3,000 (Combined Med & Rx)/\$4000	\$5500/\$6850 \$45/\$35	\$5300/\$6500
Medical Deductible/MOOP Recommended Design	\$100/\$2000 \$40/\$10	\$1200/\$4000 \$40/\$10	\$4400/\$7150 \$40/\$10	\$3200 (Combined Med & Rx)/\$4200	\$6000/\$7150 \$40/\$10	\$6000/\$6600
Revised 2017 AV	90.5%	80.8%	71.4%	70.9%	62.0%	61.5%

- Only the Silver HSA plan meets the metal tier requirements and complies with CID Maximum Copay constraints.

SHOP – Platinum – 90% AV

	2016 Platinum	2017 Platinum Option 1	2017 Platinum Option 2
Combined Medical & Rx Deductible	\$100	\$100	\$250
Coinsurance	20%	20%	20%
Out-of-pocket Maximum	\$2,000	\$2,000	\$2,300
Primary Care	\$15	\$15	\$15
Specialist Care	\$35	\$35	\$35
Urgent Care	\$50	\$50	\$50
Emergency Room	\$100	\$100	\$100
Inpatient Hospital	\$300 per day (after ded., \$600 max. per admission)	\$300 per day (after ded., \$600 max. per admission)	\$300 per day (after ded., \$600 max. per admission)
Outpatient Hospital	\$300 (after ded.)	\$300 (after ded.)	\$300 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology* (X-ray, Diagnostic)	\$45	\$40	\$40
Laboratory Services*	\$20	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$15	\$15	\$15
All Other Medical	20%	20%	20%
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$25 / \$40 / 20% (\$100 max per spec. script)	\$5 / \$25 / \$40 / 20% (\$100 max per spec. script)	\$5 / \$25 / \$40 / 20% (\$100 max per spec. script)
2016 AVC Results	89.2%	N/A	N/A
2017 AVC Results	89.9%	90.5%	89.2%

Advisory
Committee chose
Option 1 as their
recommendation

Changes from the 2016 plan design are shown in red font and boxes.

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

SHOP- Gold – 80% AV

	2016 Gold	2017 Gold Option 1	2017 Gold Option 2	2017 Gold Option 3
Medical Deductible	\$1,000	\$1,000	\$1,600	\$1,200
Rx Deductible	\$50	\$50	\$50	\$50
Coinsurance	30%	30%	30%	30%
Out-of-pocket Maximum	\$3,500	\$3,500	\$4,500	\$4,000
Primary Care	\$25	\$25	\$25	\$25
Specialist Care	\$45	\$45	\$45	\$45
Urgent Care*	\$75	\$75	\$75	\$75
Emergency Room	\$150	\$150	\$200	\$200
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., \$2,000 max. per admission)	\$500 per day (after ded., \$1,500 max. per admission)
Outpatient Hospital*	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75	\$75
Non-Advanced Radiology* (X-ray, Diagnostic)	\$45	\$40	\$40	\$40
Laboratory Services*	\$30	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy* (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$30	\$30	\$30	\$30
All Other Medical	30%	30%	30%	30%
Generic* / Preferred Brand / Non- Preferred Brand / Specialty Rx	\$5 / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)	\$5 / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)	\$5 / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)	\$5 / \$30 / \$50 / 20% (spec. after ded., \$150 max per spec. script)
2016 AVC Results	79.2%	N/A	N/A	N/A
2017 AVC Results	80.3%	81.8%	79.2%	80.8%

Advisory
Committee chose
Option 3 as their
recommendation

Changes from the 2016 plan design are shown in red font and boxes.

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

SHOP – Silver (Non-HSA) – 70% AV

	2016 Silver Non-HSA	2017 Silver Non-HSA Option 1	2017 Silver Non-HSA Option 2	2017 Silver Non-HSA Option 3	2017 Silver Non-HSA Option 3.5
Medical Deductible	\$3,400	\$4,200	\$5,000	\$4,700	\$4,400
Rx Deductible	\$150	\$150	\$150	\$150	\$150
Coinsurance	40%	40%	40%	40%	40%
Out-of-pocket Maximum	\$6,850	\$7,150	\$7,150	\$7,150	\$7,150
Primary Care	\$30	\$30	\$40	\$30	\$30
Specialist Care*	\$50	\$50	\$50	\$50	\$50
Urgent Care*	\$75	\$75	\$75	\$75	\$75
Emergency Room	\$150	\$150	\$200	\$200	\$200
Inpatient Hospital*	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$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.)	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75	\$75	\$75
Non-Advanced Radiology* (X-ray, Diagnostic)	\$50	\$40	\$40	\$40	\$40
Laboratory Services*	\$40	\$10	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy* (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$30	\$30	\$30	\$30	\$30
All Other Medical	40%	40%	40%	40%	40%
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$55 / 20% (spec. after ded., \$200 max per spec. script)	\$5 / \$35 / \$55 / 20% (spec. after ded., \$200 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$200 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$200 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$200 max per spec. script)
2016 AVC Results	70.1%	N/A	N/A	N/A	N/A
2017 AVC Results	71.5%	72.0%	70.4%	71.0%	71.4%

Advisory Committee chose Option 3.5 as their recommendation

Changes from the 2016 plan design are shown in red font and boxes.

Added Option 3.5 based on feedback during 2/17/2016 Advisory Committee meeting

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

SHOP – Silver (HSA) – 70% AV

	2016 Silver HSA	2017 Silver HSA Option 1 (Same as 2016 Plan Design)	2017 Silver HSA Option 2
Medical Deductible	\$3,000 (Combined Med & Rx)	\$3,000 (Combined Med & Rx)	\$3,200 (Combined Med & Rx)
Rx Deductible	N/A	N/A	N/A
Coinsurance	10%	10%	10%
Out-of-pocket Maximum	\$4,000	\$4,000	\$4,200
Primary Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Specialist Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Urgent Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Emergency Room	10% (after ded.)	10% (after ded.)	10% (after ded.)
Inpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Outpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Laboratory Services	10% (after ded.)	10% (after ded.)	10% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	10% (after ded.)	10% (after ded.)	10% (after ded.)
All Other Medical	10% (after ded.)	10% (after ded.)	10% (after ded.)
Generic / Preferred Brand / Non- Preferred Brand / Specialty Rx	10% / 10% / 10% / 10% (all after ded., \$200 max per spec. script)	10% / 10% / 10% / 10% (all after ded., \$200 max per spec. script)	10% / 10% / 10% / 10% (all after ded., \$200 max per spec. script)
2016 AVC Results	70.9%	N/A	N/A
2017 AVC Results	72.0%	72.0%	70.9%

Advisory
Committee chose
Option 2 as their
recommendation

Changes from the 2016 plan design are shown in red font and boxes.

Individual & SHOP Market – Bronze (Non-HSA) – 60% AV

	2016 Bronze Non-HSA	2017 Bronze Non-HSA Option 1	2017 Bronze Non-HSA Option 2
Combined Medical & Rx Deductible	\$5,500	\$6,000	\$6,400
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$6,850	\$7,150	\$7,150
Primary Care*	\$40	\$40	\$40
Specialist Care*	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
Urgent Care*	\$75	\$75	\$75
Emergency Room*	\$200 (after ded.)	\$200 (after ded.)	\$200 (after ded.)
Inpatient Hospital	\$500 (after ded., \$1,000 max. per admission)	\$500 (after ded., \$1,000 max. per admission)	\$500 (after ded., \$1,000 max. per admission)
Outpatient Hospital*	\$500 (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology* (X-ray, Diagnostic)	\$45 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services*	\$35 (after ded.)	\$10 (after ded.)	\$10 (after ded.)
Rehabilitative & Habilitative Therapy* (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)	40% (after ded.)
Generic* / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 / 50% / 50% / 50% (all after ded., \$500 max per spec. script)	\$5 / 50% / 50% / 50% (all after ded., \$500 max per spec. script)
2016 AVC Results	61.2%	N/A	N/A
2017 AVC Results	62.8%	62.0%	61.3%

Advisory Committee chose Option 1 as their recommendation

Changes from the 2016 plan design are shown in red font and boxes.

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

SHOP Market – Bronze (HSA) – 60% AV

	2016 Bronze HSA	2017 Bronze HSA Option 1	2017 Bronze HSA Option 2
Combined Medical & Rx Deductible	\$5,300	\$5,650	\$6,000
Coinsurance	10%	10%	10%
Out-of-pocket Maximum	\$6,500	\$6,600	\$6,600
Primary Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Specialist Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Urgent Care	10% (after ded.)	10% (after ded.)	10% (after ded.)
Emergency Room	10% (after ded.)	10% (after ded.)	10% (after ded.)
Inpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Outpatient Hospital	10% (after ded.)	10% (after ded.)	10% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	10% (after ded.)	10% (after ded.)
Laboratory Services	10% (after ded.)	10% (after ded.)	10% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum	10% (after ded.)	10% (after ded.)	10% (after ded.)
All Other Medical	10% (after ded.)	10% (after ded.)	10% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)
2016 AVC Results	61.5%	N/A	N/A
2017 AVC Results	62.8%	62.0%	61.5%

Advisory
Committee chose
Option 2 as their
recommendation

Changes from the 2016 plan design are shown in red font and boxes.

**AHCT 2017 STANDARDIZED
STAND-ALONE DENTAL PLAN
(SADP) & VOTE**

AHCT 2016 Standardized SADP Plan Design

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>(Does not apply to Preventive & Diagnostic Services for In-Network Services)</i>	\$60 per member, up to 3 family members	\$60 per member, up to 3 family members
Out-of-Pocket Maximum <i>for children under age 19 only</i> For one child Two or more children	\$350 \$700	Not Applicable
Diagnostic & Preventive Services		
Oral Exams / X-Rays / Cleanings	\$0	20% after OON deductible is met
Basic Services		
Filings / Simple Extractions	20% after INET deductible is met	40% after OON deductible is met
Major Services		
Surgical Extractions, Endodontic Therapy, Periodontal Therapy, Crowns, Prosthodontics	40% after INET deductible is met	50% after OON deductible is met
Other Services <i>(for children under age 19)</i>		
Medically-Necessary Orthodontic Services	50% after INET deductible is met	50% after OON deductible is met
Waiting Periods and Plan Maximums <i>(for adults aged 19 and older only)</i>		
Applicable Waiting Period for Benefit		
Diagnostic and Preventive Services	no waiting period	
Basic Services	6 months	
Major Services	12 months	
Plan Maximum	\$2,000 per adult member age 19 and over (combined In-Network and Out-of-Network Services)	

Actuarial Value (AV):
"High" (85%)
2 point de minimis range is permitted

Pertains to Pediatric Benefits only

No CMS prescribed AV Calculator for SADPs

No cost sharing changes are required for 2017 to current SADP, as plan continues to meet High AV

Maximum Out-of-Pocket: pending CMS Final Payment Notice Regulation

APPENDIX

- Purpose of Standardized Plans
 - Promotes transparency, ease, and simplicity for comparison shopping by consumer
 - Cost-sharing for a key set of benefits is specified, including deductible, co-payment and/or co-insurance cost sharing for in-network and out-of-network coverage
 - Ensures the vision of AHCT is followed with:
 - Consumer covered for many benefits not subject to deductible, where possible by plan
 - Steerage to primary care provider
- AHCT Medical Plan Submission Requirements for Carriers

	Individual		SHOP	
Plan Type	Standardized	Non-Standard	Standardized	Non-Standard
Platinum	1 (Optional)	2	1	2
Gold	1	3	1	3
Silver	1	3	1 HSA 1 Non-HSA	3
Bronze	1 HSA 1 Non-HSA	3	1 HSA 1 Non-HSA	3
Catastrophic	N/A	1	N/A	N/A
Total Possible Plans Per Carrier	5	12	6	11

As part of annual certification, carrier plan submissions are reviewed to ensure that they meet 'meaningful difference' requirements to support informed consumer choice