

Access Health CT

# **Health Plan Benefits & Qualifications (HPBQ) Advisory Committee**

April 11, 2018



## Today's Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Votes: Meeting Minutes (January 24 and February 7)
- D. Meeting Objectives
- E. Certification Requirements
  - Certification Review Schedule
  - Standardized Plan Designs: Bronze & Silver (Vote)
  - Silver Plan Certification Requirements: Individual Market
    - Non-Standard Plans at the Silver Metal Level (Vote if necessary)
    - AHCT Standardized Silver Plan as Lowest Cost Silver Plan (Vote if necessary)
- F. Next Steps
- G. Adjournment

# Public Comment

*(2 Minutes per Commenter)*



## ➤ **Vote – Meeting Minutes**

- January 24, 2018
- February 7, 2018

# Meeting Objectives

- Recommend cost sharing changes for Individual Market Standardized Bronze and Silver Plans (including variants) to Board of Directors (BOD)
- Decide to:
  - Eliminate or retain the option for carriers to offer non-standard Silver plans in the Individual Market
  - Eliminate or retain the requirement that the lowest cost Individual Market Silver plan be the AHCT standardized plan

*Note: if decision is to revise either of the existing requirements for Silver plans in the Individual Market, will need vote to recommend change to BOD*

➤ **Certification  
Requirements**

# Certification Review Schedule

Certification Review Topics	2017/2018 Discussion Date	Status
Requirement to submit Standardized Plan Designs	September & October	Completed
<i>Plan Mix – Individual Medical</i>	<i>September &amp; October</i>	<i>Due 4/11/2018</i>
Pediatric Dental Coverage in Medical Plans	September & October	Completed
<i>Lowest Cost Silver Plan in the Individual Market</i>	<i>September &amp; October</i>	<i>Due 4/11/2018</i>
Essential Health Benefits (EHB) Benchmark Plan	November	Completed
Prescription Drug Formulary Standards	November	
Network Adequacy Standards	November	
Essential Community Provider (ECP) Contracting Standards	November	
Tobacco Surcharge	December	Completed
Broker Compensation	December	
Certification Requirements Policy	December - January	
<i>Standardized Plan Development – Individual Medical</i>	<i>December – April</i>	<i>Due 4/11/2018</i>
Plan Mix – SHOP	January	Completed
Plan Mix – Stand-Alone Dental Plans (SADPs)	January - March	Completed
Standardized Plan Development – SADP	January - March	

- **Individual Market:  
Standardized Bronze and  
Silver Plan Designs**



# Standardized Bronze (Non-HSA)

## Minimal Changes

- AV estimated at 64.6%
- Maximum Out-of-Pocket (MOOP) from \$7350 to \$7900
- Deductible does not apply to PCP or Tier 1 Rx
- Premium estimated at 0.7% increase

## Significant Changes

- Alternate 1 (coinsurance, all services subject to deductible) AV estimated from 58.58% to 59.81%
- Alternate 2 (in-network only, mostly coinsurance, deductible does not apply to PCP or Tier 1 Rx) AV estimated from 64.62% to 64.66%
- Premium estimated at 10-15% reduction

## Additional Alternatives

- 5 alternative designs reviewed by carriers
- 1 plan eliminated because it could not meet AV and / or MHP by both carriers
- 2 other plans eliminated as they are estimated to result in savings by only 1 carrier
- 2 remaining plans for review

# Standardized Silver

## Minimal Changes

- AV estimated at 71.9%
- Medical Deductible from \$3700 to \$4300 and Maximum Out-of-Pocket (MOOP) from \$7350 to \$7900
- Deductible applies to Inpatient & Outpatient Hospital, Emergency Room, Lab & X-Ray; Separate \$250 deductible applies to Tier 2, Tier 3 & Tier 4 Rx
- Premium estimated at 0.4% increase

## Significant Changes

- Alternate 1 AV estimated from 66.59% to 67.86%
- Alt 1: Ded \$5500, mix of copay & coinsurance, no separate Rx deductible, some services not subject to ded including PCP, Specialist, T1 Rx, Urgent Care
- Alternate 2 AV estimated from 69.13% to 70.25%
- Alt 2: in-network only, Ded \$3700, many services at copay, some services not subject to ded including PCP, Specialist, T1 Rx, Urgent Care
- Premium estimated at 15-20% reduction

## Additional Alternatives

- 9 alternative designs reviewed by carriers
- 4 plans eliminated because they could not meet AV and / or MHP by both carriers
- 4 other plans eliminated as they are estimated to result in savings by only 1 carrier
- 1 remaining plan (coinsurance based) for review

- **Refer to Separate Handout for Plan Designs for Consideration**

➤ **Silver Plan Certification  
Requirements:  
Individual Market**

# Silver Plan Certification Requirements: Individual Market

- Should AHCT eliminate the option for carriers to submit non-standard Silver plans in the Individual Market?
- Should AHCT eliminate the requirement that the lowest cost Individual Market Silver plan be the AHCT standardized plan?

- **Modeling Exercise:  
Removal of Non-Standard  
Silver Plans in Individual  
Market**

# Modeling Exercise Overview

## Scenarios (Applicable for Each County)

- Purpose:
  - Assess impact to Premium Tax Credit (PTC) and net rates for enrollees at varying income levels if non-standard Silver plans are no longer available in the Individual market
- Assumptions:
  - Non-standard Silver plans are not permitted for 2018, resulting in submission of 1 standardized Silver plan per carrier
  - 2018 plan rates are as submitted (i.e., no change in rate relativity)

Family Status	Ages	Annual Income	Relativity to FPL	Subsidy Category / FPL Range
Single	32; 46; 60	\$36,500	303%	PTC Eligible / 300% - 400%
		\$27,500	228%	PTC & 73% CSR Eligible / 201% - 250%
		\$22,500	187%	PTC & 87% CSR Eligible / 151% - 200%
		\$17,500	145%	PTC & 94% CSR Eligible / 138% - 150%
Couple	30 & 28; 44 & 42; 60 & 58	\$49,200	303%	PTC Eligible / 300% - 400%
		\$37,000	228%	PTC & 73% CSR Eligible / 201% - 250%
		\$30,400	187%	PTC & 87% CSR Eligible / 151% - 200%
		\$23,500	145%	PTC & 94% CSR Eligible / 138% - 150%
Family	35 - 31 - 4 - 1; 48 - 47 - 16 - 13; 61 - 59 - 24 - 22	\$74,500	303%	PTC Eligible / 300% - 400%
		\$56,100	228%	PTC & 73% CSR Eligible / 201% - 250%
		\$45,900	187%	PTC & 87% CSR Eligible / 151% - 200%
		\$35,700	145%	PTC & 94% CSR Eligible / 138% - 150%

PTC = Premium Tax Credit; FPL = Federal Poverty Level

# Illustration: Change in Benchmark Plan Rates if Non-Standard Plans Were Eliminated

Second Lowest Cost Silver Plan (SLCSP): AKA "Benchmark Plan"			
	2018 Actual*	2018 Illustration if Non-Standard Silver Plans are not permitted**	Percent Increase in Rates for SLCSP
Fairfield	CBI Passage Silver Alternative POS	Anthem Silver PPO Standard Pathway X	6.97%
Hartford	CBI Passage Silver Alternative POS	Anthem Silver PPO Standard Pathway X	14.89%
Litchfield	CBI Passage Silver Alternative POS	Anthem Silver PPO Standard Pathway X	0.86%
Middlesex	CBI Passage Silver Alternative POS	Anthem Silver PPO Standard Pathway X	13.41%
New Haven	CBI Passage Silver Alternative POS	Anthem Silver PPO Standard Pathway X	9.44%
New London	Anthem Silver Core PPO Pathway X	CBI Choice Silver Standard POS	2.99%
Tolland	Anthem Silver Core PPO Pathway X	CBI Choice Silver Standard POS	1.39%
Windham	Anthem Silver Core PPO Pathway X	CBI Choice Silver Standard POS	1.39%

\*2018 Actual: SLCSP is a non-standard Silver plan in each county

\*\*2018 Illustrative: as only 2 Silver plans are available, the SLCSP will always be the standardized Silver plan from 1 carrier in each county



# AHCT: Vision, Mission, Strategic Goals

## Vision

- The CT Health Exchange supports health reform efforts at the state and national level that provide CT residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.

## Mission

- To increase the number of insured residents, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and provider that give them the best value.

## Strategic Goals

- Focus on providing access to quality insurance choices for individuals and small businesses, delivering a positive customer experience, improving quality, cost transparency and reducing disparities in health care; which will result in healthier people, healthier communities and a healthier Connecticut.

# Next Steps

- Present HPBQ AC recommendations on changes to certification requirements to BOD (April 19<sup>th</sup> meeting)
  - Stand-alone Dental Plan Technical Changes
    - Plan Mix & Cost Sharing
  - Standardized Plan Design Cost Sharing Changes – Individual Market (Gold, Silver, Silver Plan Variants, Bronze)
  - Elimination of standardized Platinum plan
  - Individual Market Silver Plan – Elimination of the following certification requirements (if necessary):
    - Standardized Silver Plan as the lowest cost Silver plan
    - Non-Standard Silver plans

# Next Steps

## 2019 AHCT Standardized Plan Design Development Continuum

Proposed 2019  
HHS Payment  
Notice & Draft  
Actuarial Value  
Calculator  
(AVC)  
Released:  
10/27/17

Continue AHCT  
Certification  
Requirements  
Review &  
Standardized Plan  
Design  
Development  
Thru Mid-April

AHCT BOD Vote:  
Carrier  
Certification  
Requirements &  
Standardized  
Plans: 04/19/18

AHCT  
Releases  
2019 QHP /  
SADP  
Application:  
5/21/18

Finalized  
2019 Final  
AVC  
Released:  
12/28/17

Finalized HHS  
2019  
Payment  
Notice:  
Released  
4/9/18

AHCT  
Releases  
2019 QHP /  
SADP  
Solicitation:  
4/26/18

Rate and  
Form Filings  
Due to CID  
7/16/18

## ➤ **Adjournment**

## ➤ **Appendix**

# CERTIFICATION REVIEW STATUS

Topic	Decisions / Status
Requirement to submit Standardized Plan Designs	No change
Medical “Plan Mix”: Individual Market Platinum Metal Level	Decision made to recommend to BOD to eliminate the requirement for AHCT to develop a standardized Platinum plan, resulting in removal of “optional” Platinum
Medical “Plan Mix”: Individual Market Gold and Bronze Metal Levels	No change in number of standardized/non-standard plans for submission
Medical “Plan Mix”: Individual Market Silver Metal Level	Decision pending on whether to eliminate the option for carriers to submit non-standard Silver plans
Pediatric Dental Coverage in Medical Plans	Standardized plans will continue to include pediatric dental Essential Health Benefits (EHB); carriers have the option to exclude pediatric dental from non-standard plans (if an SADP is offered through the Exchange in the same service area in which the QHP is offered)
Lowest Cost Silver Plan in the Individual Market	Decision pending on whether to eliminate the requirement that the standardized Silver plan in the Individual Market be the lowest cost Silver plan submitted by each carrier

# HPBQ AC – CERTIFICATION REVIEW STATUS

Topic	Decisions / Status
Essential Health Benefits (EHB) Benchmark Plan	No change
Prescription Drug Formulary Standards	No change
Network Adequacy Standards	No change
Essential Community Provider (ECP) Contracting Standards	No change
Tobacco Surcharge	No change
Broker Compensation	No change
Certification Requirements Policy	Policy to be revised for a technical correction in contact information; to be submitted to BOD and published in Connecticut Law Journal for public comment

# HPBQ AC – CERTIFICATION REVIEW STATUS

Topic	Decisions / Status
Standardized Plan Development – Individual Medical	<p>Gold: Recommend to BOD to modify the plan design to comply with 2019 Actuarial Value (AV) requirements, taking the approach of applying the minimal changes presented during the 12/13/17 HPBQ AC meeting</p> <p>Silver: Decision Pending</p> <p>Bronze HSA: No change to plan design required (continues to meet AV requirements)</p> <p>Bronze non-HSA: Decision Pending</p>
Medical “Plan Mix”: SHOP All Metal Levels	No change in number of minimum/maximum non-standard plans for submission
Dental “Plan Mix”: Individual & SHOP	<p>No change in number of standardized/non-standard plans for submission</p> <p><i>Technical correction needed to comply with changes outlined in response to HHS Notice of Benefit &amp; Payment Parameters for 2019</i></p>
Standardized Plan Development – SADP	<p>No change to plan design required</p> <p><i>Technical correction needed to comply with changes outlined in response to HHS Notice of Benefit &amp; Payment Parameters for 2019</i></p>



# 2018 Rate Summary for Individual Market

## “On-Exchange” and “Off-Exchange” Plans

		COUNTY								Rates		
		Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham			
BRONZE PLANS		On	On	On	On	On	On	On	On	LOWEST TO HIGHEST		
		On	On	On	On	On	On	On	On			
		On	On	On	On	On	On	On	On			
		On	On	On	On	On	On	On	On			
		On	On	On	On	On	On	On	On			
		On	On	On	On	On	On	On	On			
		On	On	On	On	On	On	On	On			
		On	On	Off	On	On	Off	Off	Off			
		Off	Off	On	Off	Off	Off	Off	Off			
		Off	Off	Off	Off	Off	On	On	On			
		Off	Off	Off	Off	Off	Off	Off	Off			
		Off	Off	Off	Off	Off	Off	Off	Off			
		Off	Off	Off	Off	Off	Off	Off	Off			
		Off	Off	Off	Off	Off	Off	Off	Off			
SILVER PLANS		Off	On	Off	Off	Off	Off	Off	Off	COSTIEST TO CHEAPEST		
		Off	Off	Off	Off	Off	Off	Off	Off			
		Off	On	Off	Off	Off	Off	Off	Off			
		Off	On	Off	Off	Off	Off	Off	Off			
		Off	Off	Off	On	On	Off	Off	Off			
		On	Off	Off	On	On	Off	Off	Off			
		On	Off	Off	On	On	Off	Off	Off			
		On	Off	On	Off	Off	On	On	On			
		Off	Off	On	Off	Off	On	On	On			
		Off	Off	On	Off	Off	On	On	On			
	GOLD PLANS		On	On	On	On	On	Off	On		On	EACH COUNTY
			On	On	On	On	On	On	On		On	
			On	On	On	On	On	On	On		On	
			On	On	On	On	On	On	On		On	
		Off	On	Off	On	Off	Off	Off	Off			
		On	Off	On	Off	On	On	On	On			
		On	On	On	Off	Off	On	On	On			
		Off	Off	Off	On	On	Off	Off	Off			
		Off	Off	Off	On	On	Off	Off	Off			
		On	On	On	On	On	On	On	On			

Table outlines the sequential order for “On-Exchange” vs. “Off-Exchange” plans by monthly premium cost for each metal level in each county

Bronze Plans: 14 plans filed

Silver Plans: 16 plans filed

Gold Plans: 5 plans filed

NOTE: Monthly premium cost of plan is only one component to consider in health insurance plan selection

# 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
<b>TOTAL</b>	<b>4 Required / 1 Optional</b>	<b>12 Optional</b>	<b>0 Required</b>	<b>5 Required / 15 Optional</b>
<b>Maximum</b>	<b>17</b>		<b>20</b>	

## 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

\*Effective for the 2018 plan year, AHCT removed the requirement for Issuers to submit standardized plans for SHOP; The minimum count of plans are required to include out-of-network coverage and include pediatric dental EHBs

# 2018 On Exchange Plan Rates

Issuer	Plan Marketing Name	Fairfield		Hartford		Litchfield		Middlesex	
		Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest
CBI	Choice Catastrophic POS	\$330.80	1	\$268.80	1	\$296.63	2	\$292.17	1
Anthem	Catastrophic HMO Pathway X Enhanced	\$332.76	2	\$290.42	2	\$281.34	1	\$311.58	2
CBI	Choice Bronze Standard POS HSA	\$441.65	3	\$358.86	3	\$396.02	4	\$390.06	3
Anthem	Bronze High Deductible HMO Pathway X Enhanced	\$451.13	4	\$393.72	5	\$381.41	3	\$422.42	5
CBI	Passage Bronze Alternative PCP POS	\$452.82	5	\$367.95	4	\$406.04	6	\$399.93	4
Anthem	Bronze HMO Pathway X Enhanced for HSA	\$472.29	6	\$412.19	7	\$399.30	5	\$442.23	7
Anthem	Bronze HMO Pathway X Enhanced	\$490.80	7	\$428.34	8	\$414.96	7	\$459.57	8
Anthem	Bronze PPO Standard Pathway X for HSA	\$493.32	8	\$430.53	9	\$417.08	8	\$461.93	9
CBI	Choice Bronze Standard POS	\$496.31	9	\$403.28	6	\$445.02	10	\$438.33	6
Anthem	Bronze PPO Standard Pathway X	\$503.24	10	\$439.19	10	\$425.46	9	\$471.21	10
CBI	Choice Silver Standard POS	\$697.31	11	\$566.61	11	\$625.26	11	\$615.87	11
CBI	Passage Silver Alternative PCP POS	\$699.23	12	\$568.16	12	\$626.97	12	\$617.55	12
CBI	Choice Silver Alternative POS	\$701.43	13	\$569.96	13	\$628.95	13	\$619.50	13
Anthem	Silver PPO Standard Pathway X	\$747.65	14	\$652.50	15	\$632.10	14	\$700.08	15
Anthem	Silver Core PPO Pathway X	\$750.44	15	\$654.92	16	\$634.46	15	\$702.68	16
Anthem	Silver High Deductible HMO Pathway X Enhanced	\$751.29	16	\$655.67	17	\$635.18	16	\$703.49	17
Anthem	Silver Low Deductible HMO Pathway X Enhanced	\$753.60	17	\$657.69	18	\$637.14	17	\$705.65	18
CBI	Choice Gold Standard POS	\$787.47	18	\$639.87	14	\$706.11	19	\$695.51	14
Anthem	Gold HMO Pathway X Enhanced	\$800.49	19	\$698.61	19	\$676.77	18	\$749.55	19
Anthem	Gold PPO Standard Pathway X	\$1,048.20	20	\$914.81	20	\$886.22	20	\$981.50	20

*Rates for a 46-year old by Rating Area/County*

*Plans displayed based on ascending order for costs in Fairfield County*

*Lowest Cost Silver Plan for each rating area is displayed in **dark green font***

*Second Lowest Cost Silver Plan (SLCSP) for each rating area, used to calculate amount of Premium Tax Credit (PTC), is identified in **red font***

*Refer to Appendix 1a & 1b for rate exhibits for excerpt of 2018 plan rates in Individual Market*

# 2018 On Exchange Plan Rates

Issuer	Plan Marketing Name	New Haven		New London		Tolland		Windham	
		Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest	Plan Rate (Age 46)	Rank: Lowest to Highest
CBI	Choice Catastrophic POS	\$302.76	1	\$309.27	2	\$304.46	2	\$304.46	2
Anthem	Catastrophic HMO Pathway X Enhanced	\$311.58	2	\$281.34	1	\$281.34	1	\$281.34	1
CBI	Choice Bronze Standard POS HSA	\$404.22	3	\$412.91	5	\$406.47	5	\$406.47	5
Anthem	Bronze High Deductible HMO Pathway X Enhanced	\$422.42	5	\$381.41	3	\$381.41	3	\$381.41	3
CBI	Passage Bronze Alternative PCP POS	\$414.44	4	\$423.35	8	\$416.75	7	\$416.75	7
Anthem	Bronze HMO Pathway X Enhanced for HSA	\$442.23	6	\$399.30	4	\$399.30	4	\$399.30	4
Anthem	Bronze HMO Pathway X Enhanced	\$459.57	8	\$414.96	6	\$414.96	6	\$414.96	6
Anthem	Bronze PPO Standard Pathway X for HSA	\$461.93	9	\$417.08	7	\$417.08	8	\$417.08	8
CBI	Choice Bronze Standard POS	\$454.25	7	\$464.00	10	\$456.77	10	\$456.77	10
Anthem	Bronze PPO Standard Pathway X	\$471.21	10	\$425.46	9	\$425.46	9	\$425.46	9
CBI	Choice Silver Standard POS	\$638.22	11	\$651.93	15	\$641.78	15	\$641.78	15
CBI	Passage Silver Alternative PCP POS	\$639.96	12	\$653.72	16	\$643.53	16	\$643.53	16
CBI	Choice Silver Alternative POS	\$641.99	13	\$655.77	17	\$645.56	17	\$645.56	17
Anthem	Silver PPO Standard Pathway X	\$700.08	14	\$632.10	11	\$632.10	11	\$632.10	11
Anthem	Silver Core PPO Pathway X	\$702.68	15	\$634.46	12	\$634.46	12	\$634.46	12
Anthem	Silver High Deductible HMO Pathway X Enhanced	\$703.49	16	\$635.18	13	\$635.18	13	\$635.18	13
Anthem	Silver Low Deductible HMO Pathway X Enhanced	\$705.65	17	\$637.14	14	\$637.14	14	\$637.14	14
CBI	Choice Gold Standard POS	\$720.74	18	\$736.22	19	\$724.76	19	\$724.76	19
Anthem	Gold HMO Pathway X Enhanced	\$749.55	19	\$676.77	18	\$676.77	18	\$676.77	18
Anthem	Gold PPO Standard Pathway X	\$981.50	20	\$886.22	20	\$886.22	20	\$886.22	20

*Rates for a 46-year old by Rating Area/County*

*Plans displayed based on ascending order for costs in Fairfield County*

*Lowest Cost Silver Plan for each rating area is displayed in dark green font*

*Second Lowest Cost Silver Plan (SLCSP) for each rating area, used to calculate amount of Premium Tax Credit (PTC), is identified in red font*

*Refer to Appendix 1a & 1b for rate exhibits for excerpt of 2018 plan rates in Individual Market*

# 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%
<b>TOTAL</b>	<b>114,134</b>	<b>100.00%</b>

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%
<b>TOTAL</b>	<b>97,946</b>	<b>16,188</b>	<b>114,134</b>	<b>85.82%</b>

*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%
<b>Total</b>	<b>34,749</b>	<b>5,325</b>	<b>40,074</b>	<b>86.71%</b>

# 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
<b>Total</b>	<b>1,227</b>	<b>7,671</b>	<b>7,884</b>	<b>55,526</b>	<b>1,655</b>	<b>20,511</b>	<b>3,670</b>	<b>14,238</b>	<b>1,752</b>	<b>114,134</b>
	<b>8,898</b>		<b>63,410</b>		<b>22,166</b>		<b>17,908</b>		<b>1,752</b>	

Data for Individual AHCT plans as of end of open enrollment for 2018 plan year

# CMS AGE SLOPE\* – EFFECTIVE FOR 2018

## PLAN YEAR

AGE	PREMIUM RATE RATIO COMPARED TO AGE 21	AGE	PREMIUM RATE RATIO COMPARED TO AGE 21	AGE	PREMIUM RATE RATIO COMPARED TO AGE 21
0-14	0.765	31	1.159	48	1.635
15	0.833	32	1.183	49	1.706
16	0.859	33	1.198	50	1.786
17	0.885	34	1.214	51	1.865
18	0.913	35	1.222	52	1.952
19	0.941	36	1.23	53	2.04
20	0.97	37	1.238	54	2.135
21	1	38	1.246	55	2.23
22	1	39	1.262	56	2.333
23	1	40	1.278	57	2.437
24	1	41	1.302	58	2.548
25	1.004	42	1.325	59	2.603
26	1.024	43	1.357	60	2.714
27	1.048	44	1.397	61	2.81
28	1.087	45	1.444	62	2.873
29	1.119	46	1.5	63	2.952
30	1.135	47	1.563	64 and Older	3

*For 2014 – 2017, all ages within the band of 0 through 20 had ratio of .65 when compared to age 21 rate*

*When a rate is known for an age, but an estimate of the rate for a different age is desired, take the rate for the “known” age, divide it by its corresponding premium ratio, and then multiply it by the premium ratio for the “different age”*

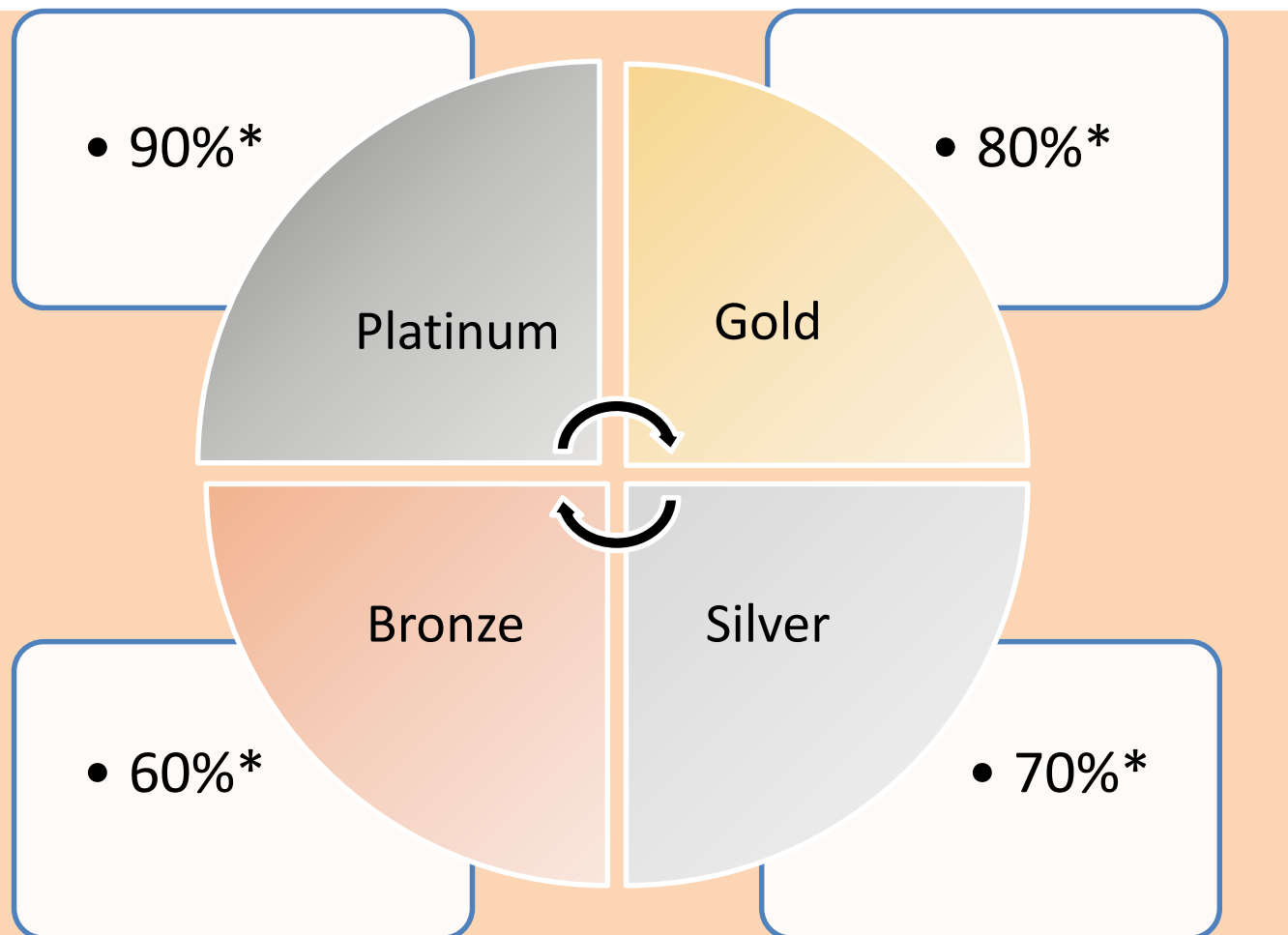
*Example: If Age 46 Rate is \$441.65, and you want to know the approximate rate for age 30, the equation would be as follows:  
 $\$441.65 \div 1.5 \times 1.135 = \$334.18$*

*Note rate may not match exactly due to rounding*

\*Does not apply to stand-alone dental plans

# 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%*