



Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting
January 31, 2019

Agenda

- Call to Order and Introductions
- Public Comment
- Votes: Meeting Minutes (December 13, 2018)
- Standardized Plans Overview
- Wakely Consulting Presentation: 2020 Standardized Plan Designs
 - Notice of Benefit and Payment Parameters (Proposed for 2020)
 - Draft Actuarial Value Calculator Results
 - Options to Consider for 2020
- Future Items for Discussion
- Action Items
- Meeting Schedule

Public Comment

Votes:

**Review and Approval of Minutes:
December 13, 2018 HPBQ AC Special Meeting**

AHCT Vision and Mission

AHCT 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.

AHCT 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.

AHCT Values in Action

At Access Health CT, it is with our customers and our employees in mind that we seek to promote these collective values and to live by these behaviors. Our culture of acceptance welcomes and values everyone. We challenge the status quo to find new ways to grow and improve our community, our company and ourselves. Our people take pride in the service we provide, and in the spirit of the common good that we share.

Authenticity

Act with sincerity, credibility and self-awareness.

Integrity

Commit to doing the right thing with genuine intention.

Excellence

Aim high and challenge the status quo.

Ownership

Take responsibility and initiative.

One Team

Collaborate to succeed.

Passion

Dedication to creating opportunities for greater health and well-being.

Standardized Plans Overview

- **Standardized Plans Defined:**
 - Cost sharing (i.e., deductibles, out-of-pocket maximums, copays and coinsurance) values within a sub-set of benefits for a select number and type of plans are prescribed by AHCT
 - Uniform cost sharing within standardized plans allows consumers to focus on other unique aspects of the plan, such as, premium, provider network, drug formulary, overall plan quality and customer service satisfaction, as well as carrier brand
 - AHCT does not prescribe inclusion of certain items in standardized plans, including:
 - Non-Essential Health Benefits (EHBs), such as adult vision coverage;
 - Mail order drug coverage;
 - Programs such as Wellness, Disease Management, Centers of Excellence and Discounts.
 - All Issuers that participate with AHCT in the Individual Market must submit the required number and type of standardized plans each year in order to be certified
 - Standardized plans required for Plan Year 2019 are as follows: 1 Gold, 2 Silver, 2 Bronze

Access Health CT

2020 Individual Market Standard Plan Designs

January 31, 2019

PRESENTED BY
Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

Agenda

2020 Plan Design Review

- Regulatory Changes
- Federal AVC Changes
- Notes and Caveats
- Maximum Copays
- Summary of Proposed Changes
- Proposed Plan Designs

2020 Plan Design Review

Regulation Changes for 2020

- Proposed annual limitation on cost sharing was increased to \$8,200 (from \$7,900 in 2019)
 - Note: 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
 - 100-150% *FPL: \$2,700/\$5,400 (single/family)
 - 150%-200% *FPL: \$2,700/\$5,400 (single/family)
 - 200%-250% *FPL: \$6,550/\$13,100 (single/family)
- Expanded bronze “de minimis” range allows bronze plans with certain designs to have an AV between 58% and 65% (compared to 58% and 62% prior to 2018).
 - Applicable plans include HDHP plans, or plans that cover at least one major service, other than preventive, prior to the deductible.

*Federal Poverty Level

Changes to the Federal AVC for 2020

- Data underlying the calculator was not updated from prior year
 - Updated annual trend factors to project 2015 claims to 2018 using 3.25% for medical claims and 11.5% for pharmacy claims.
 - Updated annual trend factors to project 2018 claims to 2019 using 5.40% for medical claims and 11.5% for pharmacy claims.
 - Updated annual trend factors to project 2019 claims to 2020 using 6.1% for medical claims and 9.8% for pharmacy claims.

Notes and Caveats

- Federal HDHP minimum deductible and MOOP limits are not yet released for 2020.
 - The 2019 minimum single deductible and MOOP are \$1,350 and \$6,750, respectively.
 - The proposed plan designs do not make changes to either the HDHP deductible or MOOP.
- 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.
- 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 expected to persist in 2020.
- All plans include 'embedded' deductible approach (not aggregate)
- All benefit categories shown in the exhibits are included in the AVC except Chiropractic and Urgent Care

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 19)
Diagnostic & Preventive
Basic Services
Major Services
Orthodontia Services (medically necessary)
Pediatric Vision Care (for children under age 19)
Out-of-Network Services
All services, deductible and maximum out-of-pocket

Maximum Copays

- The CID Bulletin HC-109 specified maximum benefit copays has been withdrawn
- Statutory maximums, such as Physical Therapies remain.

Service Category	Maximum Copay	2020 Applicable
Durable Medical Equipment	\$25	NA
Home Health Care	\$25	NA
Ambulance	\$225	NA
Laboratory	\$10	NA
Routine Radiology Services	\$40	NA
PCP Office Visit	\$40	NA
Specialist Office Visit	\$50	NA
Urgent Care	\$75	NA
Emergency Room	\$200	NA
Inpatient Admission	\$500/day up to \$2,000	NA
Outpatient Surgery/Services	\$500	NA
Generic Drug	\$5	NA
Brand Drug	\$60	NA
Physical Therapy*	\$30	Yes

- Sec. 38a-511a limits physical therapy copays to \$30
- Sec. 38a-550(a) limits advance imaging cost-sharing to \$75 copay, \$375 maximum annually .

Summary of 2020 AV Changes

Individual Market	Gold	Silver Copay	Silver Coinsurance	Bronze	Bronze HSA
Permissible AV Range	76.0%-82.0%	66.0%-72.0%	66.0%-72.0%	56.0%-65.0% ¹	56.0%-65.0% ¹
2019 AV Range	80.0% to 82.0%	70.1% to 71.9%	70.1% to 70.4%	64.0% to 64.6%	62.5%
2020 AV Range	82.2% to 82.8%	71.8% to 73.1%	70.8% to 71.4%	65.4% to 66.0%	63.7%

¹ Bronze plan designs are eligible for new expanded "de minimis" range

Individual Market - CSR Plan Variations: Silver Copay	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0% ²	86.0%-88.0%	93.0%-95.0%
2019 AV Range	72.3% to 73.9%	86.9% to 87.9%	93.9% to 94.7%
2020 AV Range	73.8% to 75.1%	88.1% to 88.6%	94.9% to 95.0%

Individual Market - CSR Plan Variations: Silver Coinsurance	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0% ²	86.0%-88.0%	93.0%-95.0%
2019 AV Range	73.3% to 73.5%	87.3% to 87.5%	94.76%
2020 AV Range	73.8% to 74.5%	87.9% to 88.03%	95.01%

² 73.0% CSR Silver must be have a differential of 2.0%+ with Standard Silver

2020 Benefit Cost-Sharing AVC Levers

- Traditional levers
 - Copay, Coinsurance, Deductibles or MOOP
 - Pros/Cons
- Nontraditional levers
 - Integrating traditional levers
 - Units of service limits
 - Inside MOOPs
 - Copay then Coinsurance/Deductible
 - Value Based Insurance Designs (VBID)
 - Pros/Cons

2019 Plan Design Overview with 2020 Wakely Plan Samples

The 2020 plan samples have NOT been reviewed for AVC or
Mental Health Parity compliance by Carriers

2020 - Individual Market Gold Plan, 80% AV

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019 Individual Market Gold Plan	2020 Individual Market Gold Plan Option 1	2020 Individual Market Gold Plan Option 2
Medical Deductible	\$1,300	\$1,300	\$1,450
Rx Deductible	\$50	\$50	\$65
Coinsurance	30%	30%	30%
Out-of-pocket Maximum	\$5,000	\$5,250	\$5,250
Primary Care	\$20	\$30	\$20
Specialist Care	\$40	\$40	\$40
Urgent Care	\$50	\$50	\$50
Emergency Room	\$200	\$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., \$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 * (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 * (after ded.)	\$15 (after ded.)	\$15 (after ded.)
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 * / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)	\$10 / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)	\$10 / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)
2019 AVC Results	80.0% to 82.0%	N/A	N/A
2020 AVC Results	82.8%	81.9%	81.9%

Potential changes from the 2019 plan design are shown in red font and boxes.

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

2020 - Individual Market Silver Plan, 70% AV

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019 Individual Market Silver Plan	2020 Individual Market Silver Plan Option 1	2020 Individual Market Silver Plan Option 2
Medical Deductible	\$4,300	\$4,550	\$4,475
Rx Deductible	\$250	\$300	\$300
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,900	\$8,200	\$8,200
Primary Care	\$40 *	\$40	\$40
Specialist Care	\$50 *	\$50	\$60
Urgent Care	\$75 *	\$75	\$75
Emergency Room	\$200 * (after ded.)	\$200 (after ded.)	\$200 (after ded.)
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)
Outpatient Hospital	\$500 * (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 * (after ded.)	\$40 (after ded.)	\$40 (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, separate for each type	\$30 *	\$30 *	\$30 *
Chiropractic Care 20 visit calendar maximum	\$50	\$50	\$50
All Other Medical	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$35 / \$60 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$35 / \$60 / 20% (all but generic after ded., \$200 max per spec. script)
2019 AVC Results	70.1% to 71.9%	N/A	N/A
2020 AVC Results	73.1%	72.0%	71.9%

Potential changes from the 2019 plan design are shown in red font and boxes.

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

2020 – Individual Market Silver Plan – 73%

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019 Individual Market CSR 73% Plan	2020 Individual Market CSR 74% Option 1	2020 Individual Market CSR 74% Option 2
Medical Deductible	\$3,900	\$4,150	\$4,075
Rx Deductible	\$250	\$300	\$300
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$6,300	\$6,550	\$6,550
Primary Care	\$40	\$40	\$40
Specialist Care	\$50 *	\$50	\$60
Urgent Care	\$75 *	\$75	\$75
Emergency Room	\$200 * (after ded.)	\$200 (after ded.)	\$200 (after ded.)
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)
Outpatient Hospital	\$500 * (after ded.)	\$500 (after ded.)	\$500 (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 * (after ded.)	\$40 (after ded.)	\$40 (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, separate for each type	\$30 *	\$30 *	\$30 *
Chiropractic Care 20 visit calendar maximum	\$50	\$50	\$50
All Other Medical	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / \$35 / \$60 * / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$35 / \$60 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$35 / \$60 / 20% (all but generic after ded., \$100 max per spec. script)
2019 AVC Results	72.3% to 73.9%	N/A	N/A
2020 AVC Results	75.1%	74.0%	73.9%

Potential changes from the 2019 plan design are shown in red font and boxes.

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

2020 – Individual Market Silver Plan – 87%

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019 Individual Market CSR 87% Plan	2020 Individual Market CSR 87% Plan Option 1
Medical Deductible	\$600	\$600
Rx Deductible	\$50	\$50
Coinsurance	40%	40%
Out-of-pocket Maximum	\$2,300	\$2,700
Primary Care	\$20	\$20
Specialist Care	\$35	\$35
Urgent Care	\$35	\$35
Emergency Room	\$75 (after ded.)	\$75 (after ded.)
Inpatient Hospital	\$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.)
Advanced Radiology (CT/PET Scan, MRI)	\$60	\$60
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 (after ded.)	\$30 (after ded.)
Laboratory Services	\$10 * (after ded.)	\$10 (after ded.)
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	\$5 * / \$20 / \$35 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$5 / \$20 / \$35 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)
2019 AVC Results	86.9% to 87.9%	N/A
2020 AVC Results	88.6%	88.0%

Potential changes from the 2019 plan design are shown in red font and boxes.

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

2020 – Individual Market Silver Plan – 94%

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019/2020 Individual Market CSR 94% Plan
Medical Deductible	\$0
Rx Deductible	\$0
Coinsurance	40%
Out-of-pocket Maximum	\$900
Primary Care	\$10
Specialist Care	\$30
Urgent Care	\$25
Emergency Room	\$50
Inpatient Hospital	\$75 per day (\$300 max. per admission)
Outpatient Hospital	\$75
Advanced Radiology (CT/PET Scan, MRI)	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$25
Laboratory Services	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20
Chiropractic Care 20 visit calendar maximum	\$30
All Other Medical	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2019 AVC Results	93.9% to 94.7%
2020 AVC Results	94.98%

2020 – Silver Standard Coinsurance

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019/2020 Individual Market Silver 70% Plan – Coinsurance Option
Medical Deductible	\$3,500 (2x family)
Rx Deductible	\$250 (2x family)
Coinsurance	30%
Out-of-pocket Maximum	\$7,900 (2x family)
Preventive	\$0
Primary Care	30%
Specialist Care	30% (after ded.)
Urgent Care	30% (after ded.)
Emergency Room	30% (after ded.)
Ambulance	30% (after ded.)
Inpatient Hospital	30% (after ded.)
Outpatient Hospital	30% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	30% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	30% (after ded.)
Laboratory Services	30% (after ded.)
Mammography Ultrasound	30% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	30% (after ded.)
Chiropractic Care 20 visit calendar maximum	30% (after ded.)
Diabetic Supplies & Equipment	30% (after ded.)
Durable Medical Equipment	30% (after ded.)
Home Health Care Services (up to 100 visits per calendar year)	25% (after separate \$50 ded.)
Pediatric Dental Care: Preventive	0%
Pediatric Dental Care: Basic Services	30% (after ded.)
Pediatric Dental Care: Major Services	40% (after ded.)
Pediatric Dental Care: Orthodontia	50% (after ded.)
Pediatric Vision: Prescription Eye Glasses (one pair of frames & lenses per cal yr)	30% (after ded.)
Pediatric Vision: Routine Eye Exam by Specialist (one exam per calendar year)	30% (after ded.)
All Other Medical	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / 30% / 30% / 30% (all but generic after Rx ded., \$200 max per spec. script)
2019 AVC Results	70.1% to 70.4%
2020 AVC Results	71.34%

Potential changes from the 2019 plan design are shown in red font and boxes.

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

2020 – Silver 73% AV Coinsurance

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019 Individual Market Silver 73% Plan – Coinsurance Option	2020 Individual Market Silver 73% Plan – Coinsurance Option 1
Medical Deductible	\$2,600 (2x family)	\$2,700 (2x family)
Rx Deductible	\$250 (2x family)	\$250 (2x family)
Coinsurance	30%	30%
Out-of-pocket Maximum	\$6,300 (2x family)	\$6,550 (2x family)
Preventive	\$0	\$0
Primary Care	30%	30%
Specialist Care	30% (after ded.)	30% (after ded.)
Urgent Care	30% (after ded.)	30% (after ded.)
Emergency Room	30% (after ded.)	30% (after ded.)
Ambulance	30% (after ded.)	30% (after ded.)
Inpatient Hospital	30% (after ded.)	30% (after ded.)
Outpatient Hospital	30% (after ded.)	30% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	30% (after ded.)	30% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	30% (after ded.)	30% (after ded.)
Laboratory Services	30% (after ded.)	30% (after ded.)
Mammography Ultrasound	30% (after ded.)	30% (after ded.)
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	30% (after ded.)	30% (after ded.)
Diabetic Supplies & Equipment	30% (after ded.)	30% (after ded.)
Durable Medical Equipment	30% (after ded.)	30% (after ded.)
Home Health Care Services (up to 100 visits per calendar year)	25% (after separate \$50 ded.)	25% (after separate \$50 ded.)
Pediatric Dental Care: Preventive	0%	0%
Pediatric Dental Care: Basic Services	30% (after ded.)	30% (after ded.)
Pediatric Dental Care: Major Services	40% (after ded.)	40% (after ded.)
Pediatric Dental Care: Orthodontia	50% (after ded.)	50% (after ded.)
Pediatric Vision: Prescription Eye Glasses (one pair of frames & lenses per cal yr)	30% (after ded.)	30% (after ded.)
Pediatric Vision: Routine Eye Exam by Specialist (one exam per calendar year)	30% (after ded.)	30% (after ded.)
All Other Medical	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / 30% / 30% / 30% (all but generic after Rx ded., \$100 max per spec. script)	\$5 / 30% / 30% / 30% (all but generic after Rx ded., \$100 max per spec. script)
2019 AVC Results	73.3% to 73.5%	NA
2020 AVC Results	74.45%	73.98%

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

2020 – Silver 87% Coinsurance

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019 Individual Market Silver 87% Plan – Coinsurance Option	2020 Individual Market Silver 87% Plan – Coinsurance Option 1
Medical Deductible	\$500 (2x family)	\$500 (2x family)
Rx Deductible	\$50 (2x family)	\$50 (2x family)
Coinsurance	20%	20%
Out-of-pocket Maximum	\$2,300 (2x family)	\$2,400 (2x family)
Preventive	\$0	\$0
Primary Care	20%	20%
Specialist Care	20% (after ded.)	20% (after ded.)
Urgent Care	20% (after ded.)	20% (after ded.)
Emergency Room	20% (after ded.)	20% (after ded.)
Ambulance	20% (after ded.)	20% (after ded.)
Inpatient Hospital	20% (after ded.)	20% (after ded.)
Outpatient Hospital	20% (after ded.)	20% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	20% (after ded.)	20% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	20% (after ded.)	20% (after ded.)
Laboratory Services	20% (after ded.)	20% (after ded.)
Mammography Ultrasound	20% (after ded.)	20% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	20% (after ded.)	20% (after ded.)
Chiropractic Care 20 visit calendar maximum	20% (after ded.)	20% (after ded.)
Diabetic Supplies & Equipment	20% (after ded.)	20% (after ded.)
Durable Medical Equipment	20% (after ded.)	20% (after ded.)
Home Health Care Services (up to 100 visits per calendar year)	25% (after separate \$50 ded.)	25% (after separate \$50 ded.)
Pediatric Dental Care: Preventive	0%	0%
Pediatric Dental Care: Basic Services	30% (after ded.)	30% (after ded.)
Pediatric Dental Care: Major Services	40% (after ded.)	40% (after ded.)
Pediatric Dental Care: Orthodontia	50% (after ded.)	50% (after ded.)
Pediatric Vision: Prescription Eye Glasses (one pair of frames & lenses per cal yr)	20% (after ded.)	20% (after ded.)
Pediatric Vision: Routine Eye Exam by Specialist (one exam per calendar year)	20% (after ded.)	20% (after ded.)
All Other Medical	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / 20% / 20% / 20% (all but generic after Rx ded., \$60 max per spec. script)	\$5 / 20% / 20% / 20% (all but generic after Rx ded., \$60 max per spec. script)
2019 AVC Results	87.3% to 87.5%	NA
2020 AVC Results	88.03%	87.86%

Potential changes from the 2019 plan design are shown in red font and boxes.

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

2020 – Silver 94% Coinsurance

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019 Individual Market Silver 94% Plan – Coinsurance Option	2020 Individual Market Silver 94% Plan – Coinsurance Option 1
Medical Deductible	\$0	\$0
Rx Deductible	\$0	\$0
Coinsurance	20%	20%
Out-of-pocket Maximum	\$750 (2x family)	\$800 (2x family)
Preventive	\$0	\$0
Primary Care	20%	20%
Specialist Care	20%	20%
Urgent Care	20%	20%
Emergency Room	20%	20%
Ambulance	20%	20%
Inpatient Hospital	20%	20%
Outpatient Hospital	20%	20%
Advanced Radiology (CT/PET Scan, MRI)	20%	20%
Non-Advanced Radiology (X-ray, Diagnostic)	20%	20%
Laboratory Services	20%	20%
Mammography Ultrasound	20%	20%
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	20%	20%
Chiropractic Care 20 visit calendar maximum	20%	20%
Diabetic Supplies & Equipment	20%	20%
Durable Medical Equipment	20%	20%
Home Health Care Services (up to 100 visits per calendar year)	25% (after separate \$50 ded.)	25% (after separate \$50 ded.)
Pediatric Dental Care: Preventive	0%	0%
Pediatric Dental Care: Basic Services	30% (after ded.)	30% (after ded.)
Pediatric Dental Care: Major Services	40% (after ded.)	40% (after ded.)
Pediatric Dental Care: Orthodontia	50% (after ded.)	50% (after ded.)
Pediatric Vision: Prescription Eye Glasses (one pair of frames & lenses per cal yr)	20%	20%
Pediatric Vision: Routine Eye Exam by Specialist (one exam per calendar year)	20%	20%
All Other Medical	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 * / 20% / 20% / 20% (\$60 max per spec. script)	\$5 / 20% / 20% / 20% (\$60 max per spec. script)
2019 AVC Results	94.76%	NA
2020 AVC Results	95.01%	94.81%

Potential changes from the 2019 plan design are shown in red font and boxes.

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

2020 - Individual Market Bronze Non-HSA Plan, 65% AV

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019 Individual Market Bronze Non-HSA Plan - Option 1	2020 Individual Market Bronze Non-HSA Plan - Option 1	2020 Individual Market Bronze Non-HSA Plan - Option 2
Combined Medical & Rx Deductible	\$6,000	\$6,050	\$6,100
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,900	\$8,200	\$8,200
Primary Care	\$40 *	\$40	\$40
Specialist Care	\$50 * (after ded.)	\$60 * (after ded.)	\$50 (after ded.)
Urgent Care	\$75 *	\$75	\$75
Emergency Room	\$200 * (after ded.)	\$200 (after ded.)	\$200 (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	\$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)	\$40 * (after ded.)	\$40 (after ded.)	\$40 (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, 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	\$5 * / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$10 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$10 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
2019 AVC Results	64.0% to 64.6%	N/A	N/A
2020 AVC Results	65.9%	64.97%	64.9%

Potential changes from the 2019 plan design are shown in red font and boxes.

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

2020 - Individual Market Bronze HSA Plan, 60% AV

The 2020 plan samples have NOT been reviewed for AVC or Mental Health Parity compliance by Carriers

	2019/2020 Individual Market Bronze HSA
Combined Medical & Rx Deductible	\$5,685
Coinsurance	10%
Out-of-pocket Maximum	\$6,550
Primary Care	10% (after ded.)
Specialist Care	10% (after ded.)
Urgent Care	10% (after ded.)
Emergency Room	10% (after ded.)
Inpatient Hospital	10% (after ded.)
Outpatient Hospital	10% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)
Laboratory Services	10% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	10% (after ded.)
Chiropractic Care 20 visit calendar maximum	10% (after ded.)
All Other Medical	10% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)
2019 AVC Results	62.4% to 62.5%
2020 AVC Results	63.7%

Potential changes from the 2019 plan design are shown in red font and boxes.

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

-- Future Items for Discussion

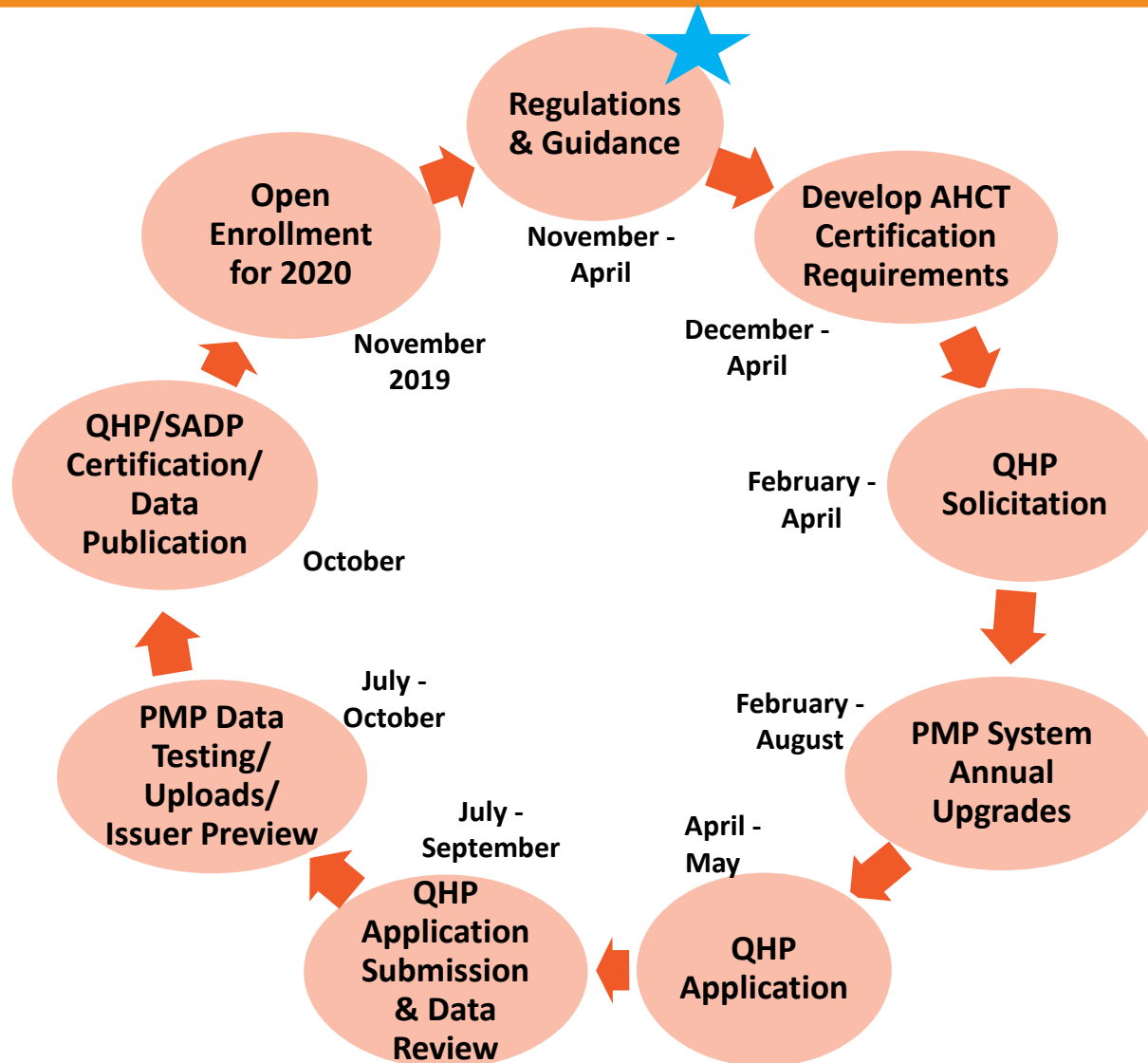
-- Action Items

Meeting Schedule

Proposed Meeting Agendas <i>(subject to change)</i>	Target Dates <i>(subject to change)</i>
2020 Standardized Plan Design Modeling	February 13, 2019
2020 Standardized Plan Design Modeling	February 27, 2019
2020 Standardized Plan Design Modeling	March, 2019
Final 2020 Standardized Plan Design Modeling / Final AVC / Regulatory Considerations	March 2019*
Final 2020 Standardized Plan Design Modeling / Final AVC / Regulatory Considerations / Recommendations	April 2019*
Board of Directors Meeting / Present 2020 Plan Design Recommendations for Approval	April 18, 2019

Appendix

Plan Management Certification Life Cycle



Each plan year, the cycle begins with the release of regulations and guidance, including the Actuarial Value Calculator (AVC) tool used to develop standardized plans, and ends once Open Enrollment commences

Note: timeframes subject to change

2019 Plan Mix: Number of Plans Required / Permitted per Issuer

	INDIVIDUAL MARKET		SHOP
Metal Level	Standardized Plans	Non-Standard Plans	Total
Platinum	N/A	2	4 (Optional)
Gold	1	3	Min 1 – Max 6
Silver	2	1	Min 2 – Max 6
Bronze	2	3	Min 2 – Max 4
Catastrophic	N/A	1	N/A
TOTAL	5 Required	10 Optional	5 Required / 15 Optional
Maximum	15		20



2019 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

Metal Level	Total	Percent
Catastrophic	1,910	1.72%
Bronze	49,134	44.24%
Silver	53,886	48.52%
Gold	6,136	5.52%
TOTAL	111,066	100.00%



**Std Silver Plans	Total	Percent of Std Silver
Copay Based	21,369	87.5%
Coinsurance Based	3,055	12.5%
TOTAL	24,424	100.00%

Metal Level	Standardized Plans	Non-Standard Plans	Total	Percent in Std Plans by Metal Level
Catastrophic	N/A	1,910	1,910	0.0%
Bronze*	40,166	8,968	49,134	81.75%
Silver**	24,424	29,462	53,886	45.33%
Gold	5,222	914	6,136	85.10%
TOTAL	69,812	41,254	111,066	62.86%

*Bronze Plans	Standardized Plans	Non-Standard Plans	Total	Percent in Standardized Plans
Non-HSA Bronze	24,320	8,968	33,198	72.99%
HSA Compatible	15,936	N/A	15,936	100.00%
TOTAL	40,166	8,968	49,134	81.75%

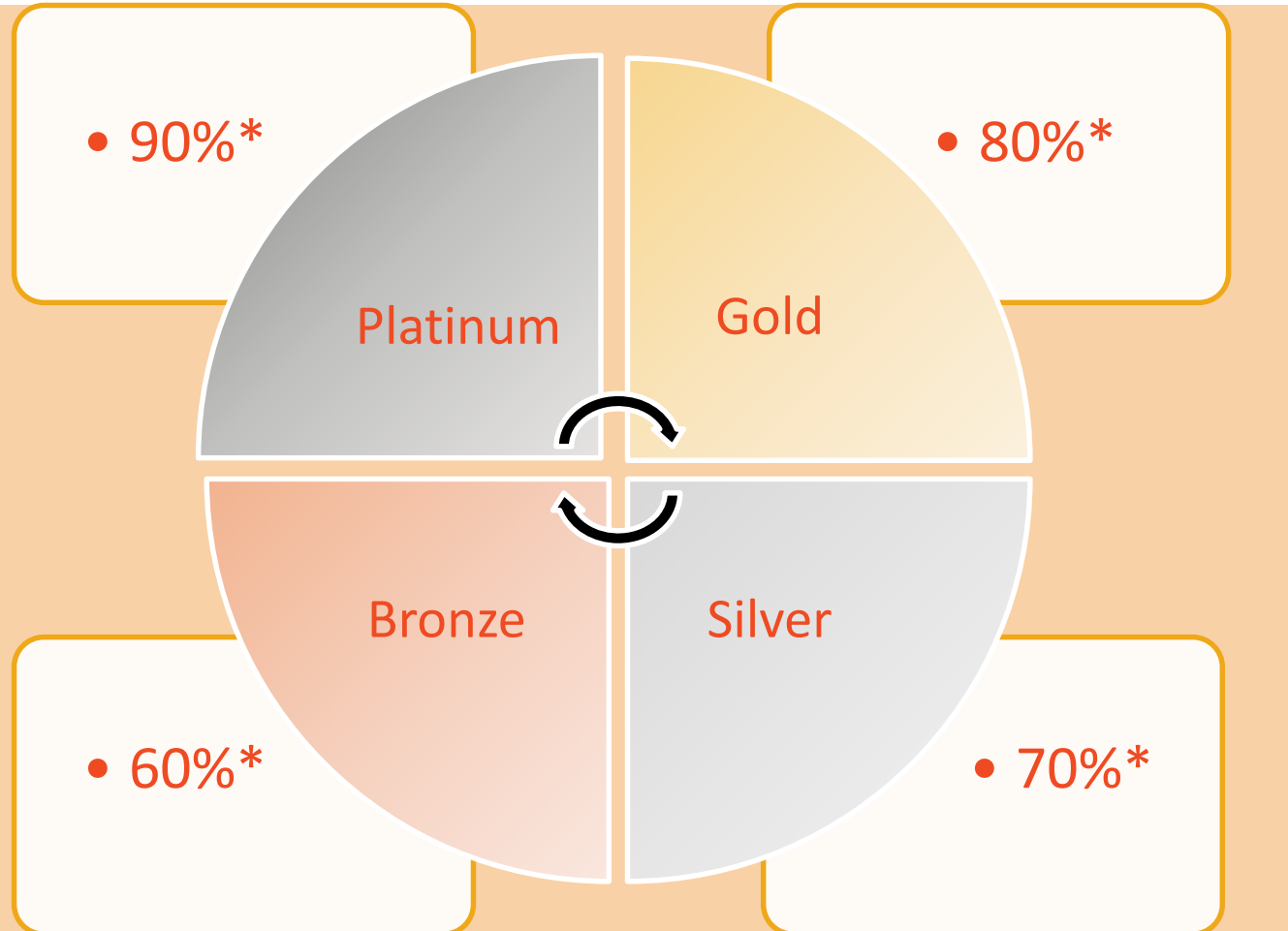


2019 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

County	GOLD		SILVER		BRONZE (NOT HSA compatible)		BRONZE (HSA compatible)		CATASTROPHIC	Total
	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Non-Std	
Fairfield	1,902	263	7,338	9,621	8,967	1,899	5,569	N/A	553	36,112
Hartford	1,214	107	5,292	6,906	4,470	2,690	3,476	N/A	483	24,638
Litchfield	356	101	1,729	1,689	1,594	751	1,272	N/A	119	7,611
Middlesex	321	33	1,187	1,294	1,312	353	857	N/A	104	5,461
New Haven	1,004	194	5,396	7,003	5,277	1,622	3,054	N/A	449	23,999
New London	213	108	2,009	1,515	1,370	763	925	N/A	109	7,012
Tolland	133	63	827	792	767	548	478	N/A	51	3,659
Windham	79	45	646	642	473	342	305	N/A	42	2,574
Total	5,222	914	24,424	29,462	24,230	8,968	15,936	N/A	1,910	111,066
	6,136		53,886		33,198		15,936		1,910	
										49,134

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%