



Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting
March 14, 2019

Agenda

- Call to Order and Introductions
- Public Comment
- Votes: Meeting Minutes (February 21, 2019)
- Follow-Ups from Prior Meeting
- Wakely Consulting: 2020 Plan Design Review
 - 2020 Plan Offering Review [Vote]
 - Summary of Plan Actuarial Value Calculator (AVC) Results
 - Proposed Plan Designs / Value-Based Insurance Design [Vote]
 - Silver Coinsurance Cost Sharing Reduction (CSR) Variation [Vote]
- Future Items for Discussion
- Action Items
- Upcoming Meeting Schedule

Public Comment

Votes:

**Review and Approval of Minutes:
February 21, 2019 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.

Follow-Ups from Prior Meeting

Action Item	Status
Individual Market: Silver Plan Requirements	Included in this presentation
Standardized Plan Designs For 2020: Options for Consideration	Included in this presentation
Value Based Insurance Design Information	Included in this presentation
Clarification of Cost Differential: Lowest Cost Silver vs Lowest Cost Bronze Plans	Refer to Appendix (Slide 61)
AHCT Plan Enrollment 2017 – 2019 Plan Years: Standardized / Non-Standard QHPs: Break-out of Subsidized & Unsubsidized Enrollees	Refer to Appendix (Slides 69 - 70)
Review plan selection choices by enrollees eligible for Cost Sharing Reduction (CSR) plans	TBD

Access Health CT

2020 Individual Market Standard Plan Designs

March 14, 2019

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

Agenda

2020 Plan Design Review

- 2020 Plan Offering Review
- Summary of Plan AVCs
- VBID
- Proposed Plan Designs
- Silver Coinsurance CSR Variations

Disclosures: Wakely relied on data provided by others to complete this analysis and presentation. Data was reviewed for reasonability and appropriateness.

Risks and Uncertainties. The assumptions and resulting estimates and conclusions included in this presentation are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. Actual results may vary, potentially materially, from our estimates. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Wakely of any potential concerns.

Subsequent Events. There are several relevant events that would affect the results of this report. This analysis presents one simplified illustration of 2020 plan offering impacts.

2020 Plan Offering Review

2020 Plan Offering Analysis

- Proposal: Remove all Silver Plans except Standard Silver Copay Option
- Assumptions
 - Assume no change in premium rates from 2019 to 2020
 - Members in any plan being eliminated (non-Standard, Standard Coinsurance) are mapped to the applicable carriers remaining Standard copay plan
 - Members do not change Federal Poverty Level (FPL) % Advanced Premium Tax Credit (APTC) eligibility
 - Aging of members from 2019 to 2020 is not reflected in analysis
 - Catastrophic plans are not reflected in the analysis
- Caveats
 - The assumptions and resulting estimates and conclusions included in this report are inherently uncertain. Actual results may vary, potentially materially, from our estimates.
 - Premium Rate changes driven by market forces and from the proposed removal of silver plan options may materially impact analysis.
 - Actions by the Connecticut Insurance Department may impact analysis.
 - Changes in the expected annual contribution level and calculation method are unknown (IRS guidance not yet available for 2020)
 - Plans will change in 2020 to comply with Federal AVC requirements.

2020 Plan Offering Analysis

- General Observations of subsidized individuals
 - Gold and Bronze plans
 - Policyholders will generally benefit from the proposal
 - A portion of Bronze enrollees are already maximizing available tax credits and will not be affected by change
 - Standard Copay Silver plan
 - Policyholders will generally benefit from the proposal
 - Proposed eliminated silver plans (Standard Coinsurance and Non-Standard Silver plans)
 - Policyholders may be adversely impacted
 - Impact highly dependent upon rating region and current plan election by enrollee

2020 Plan Offering Analysis

- General Observations (On vs. Off Exchange)
 - Currently, AHCT offers 4 Silver plans in 7 counties & 3 Silver plans in 1 county that are less costly than any of the 'off-exchange' Silver plans filed w/ CID for 2019
 - Under the proposed change to 1, the standard Copay Silver plan, there would be no Silver plans that are less costly than the off-exchange Silver plans

2020 Plan Offering Analysis

- Impacted Policyholders (Premium)
 - 25-27% of policyholders will experience an increase in premiums
 - 19,000-21,000 policies likely impacted
 - 31.9% of policyholders will be disrupted by elimination of non-standard and standard coinsurance silver plans.
 - 24,000-25,000 policies impacted, 32,000-33,000 members
 - 20-22% in CSR variations, 16-17% in 87%/94% cost sharing reduction (CSR) variations
- Impacted Policyholders (Total Cost = Premium + cost sharing)
 - The eliminated plans have lower Avs
 - Policyholders will receive a plan with a higher AV under proposal
 - 0% to 1.5%: Variation in Silver Copay and Silver Coinsurance Federal AVC, variation in CSR AVCs lower
 - Cost sharing savings may offset increase in premiums
 - Evaluation complicated by policyholder healthcare needs & CSR plans
 - Enrollees in 87% and 94% CSR variations will not experience as much savings

2020 Plan Offering Analysis

- Methodology

- Redetermined Second Lowest Silver (SLS) Plan based on Standard Copay Silver Plans only (prior to Essential Health Benefit (EHB) adj.)

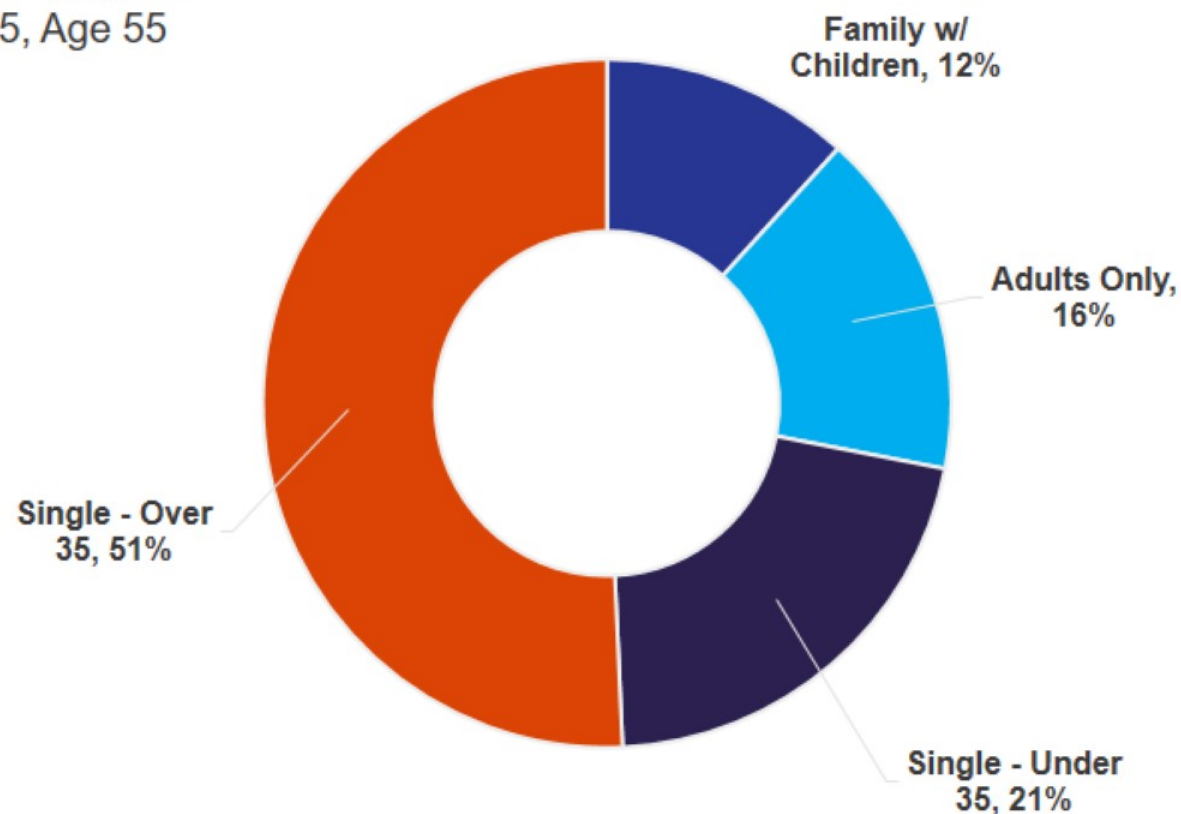
2019 Current State			2020 Illustration: Proposed Changes		
County	Plan Name	Age 21 Premium	Plan Name	Age 21 Premium	SLS Impact
Fairfield	Silver PPO Pathway X Tiered	\$407.20	Choice Silver Standard POS	\$487.85	20%
Hartford	Choice Silver Standard Coinsurance POS	\$335.14	Silver PPO Standard Pathway X	\$413.89	23%
Litchfield	Silver PPO Pathway X Tiered	\$344.27	Choice Silver Standard POS	\$437.45	27%
Middlesex	Choice Silver Standard Coinsurance POS	\$364.27	Silver PPO Standard Pathway X	\$444.07	22%
NewHaven	Choice Silver Standard Coinsurance POS	\$377.49	Choice Silver Standard POS	\$446.51	18%
NewLondon	Choice Silver Alternative POS	\$358.40	Choice Silver Standard POS	\$456.10	27%
Tolland	Choice Silver Alternative POS	\$352.82	Choice Silver Standard POS	\$449.00	27%
Windham	Choice Silver Alternative POS	\$352.82	Choice Silver Standard POS	\$449.00	27%

- Calculated Premium Impact (net of APTC) for Sample Family Plan Types at various FPL levels

2020 Plan Offering Analysis

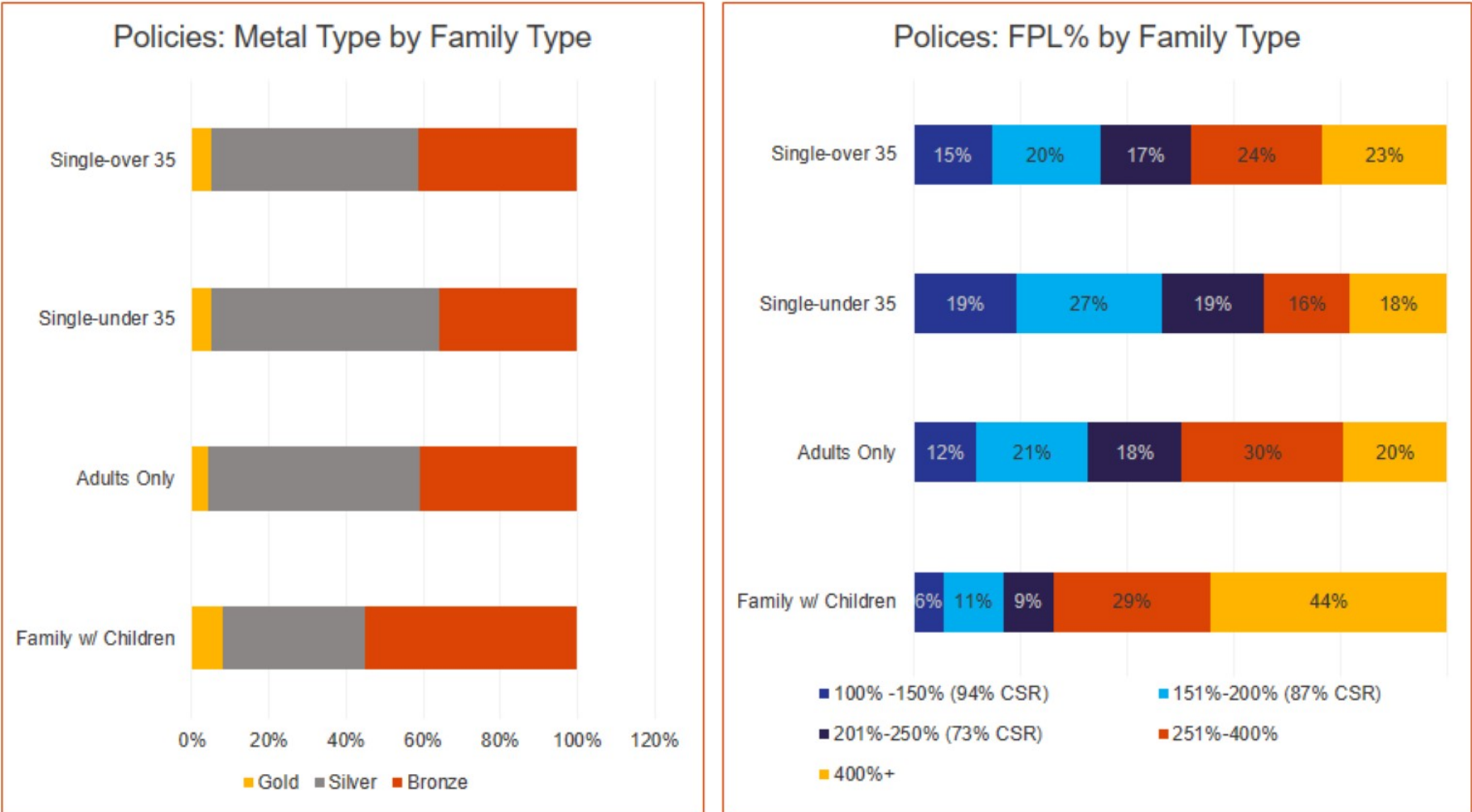
- Mix of Plan Type, excluding Catastrophic Plans

- Family w/ Children, 2 x Age 45, 2 x Age 10
- Adults Only, 2 x Age 50
- Single-under 35, Age 28
- Single-over 35, Age 55



2020 Plan Offering Analysis

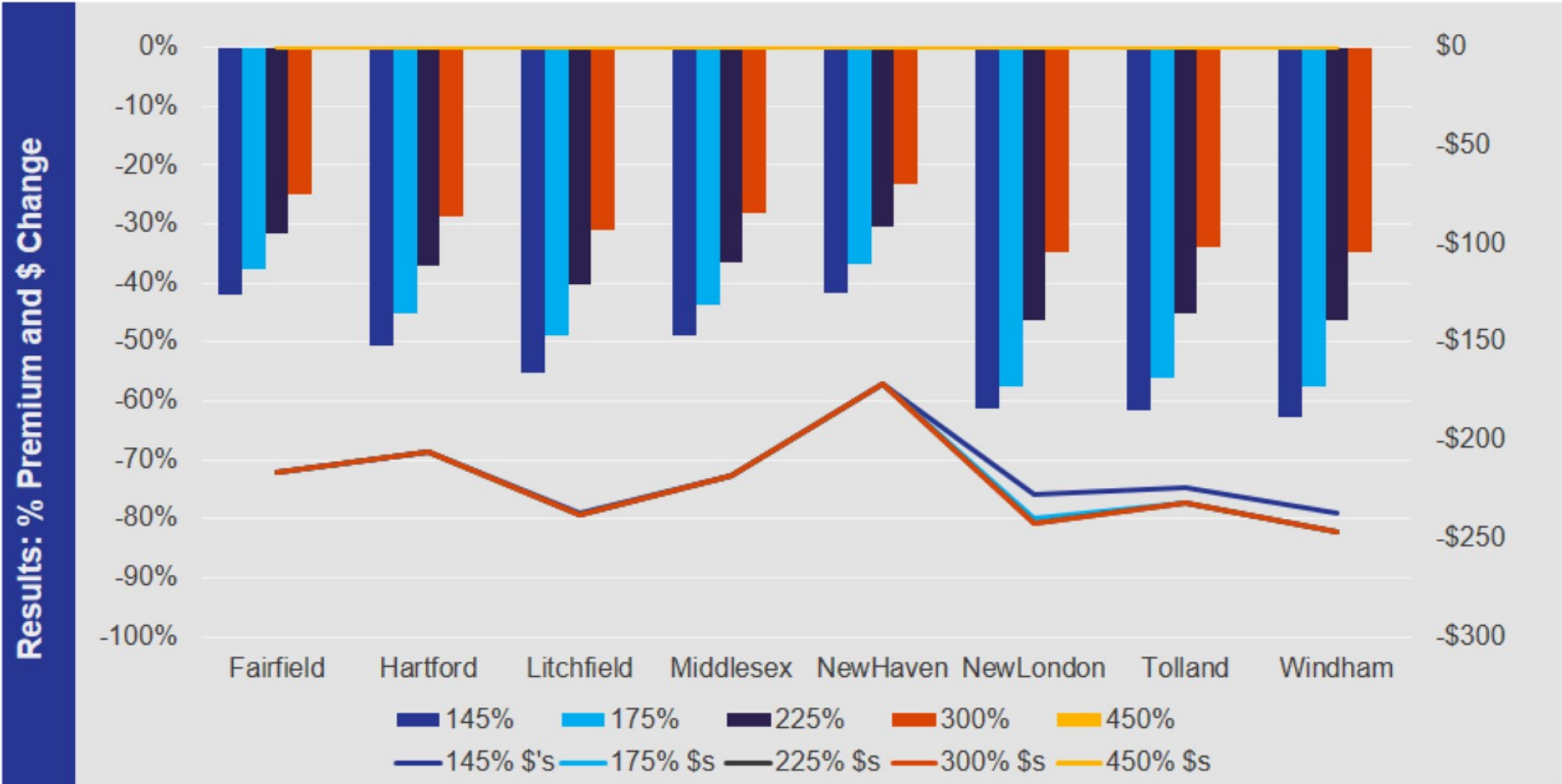
- Mix of Metal plan and FPL by Family Type



CSR = Cost Sharing Reduction

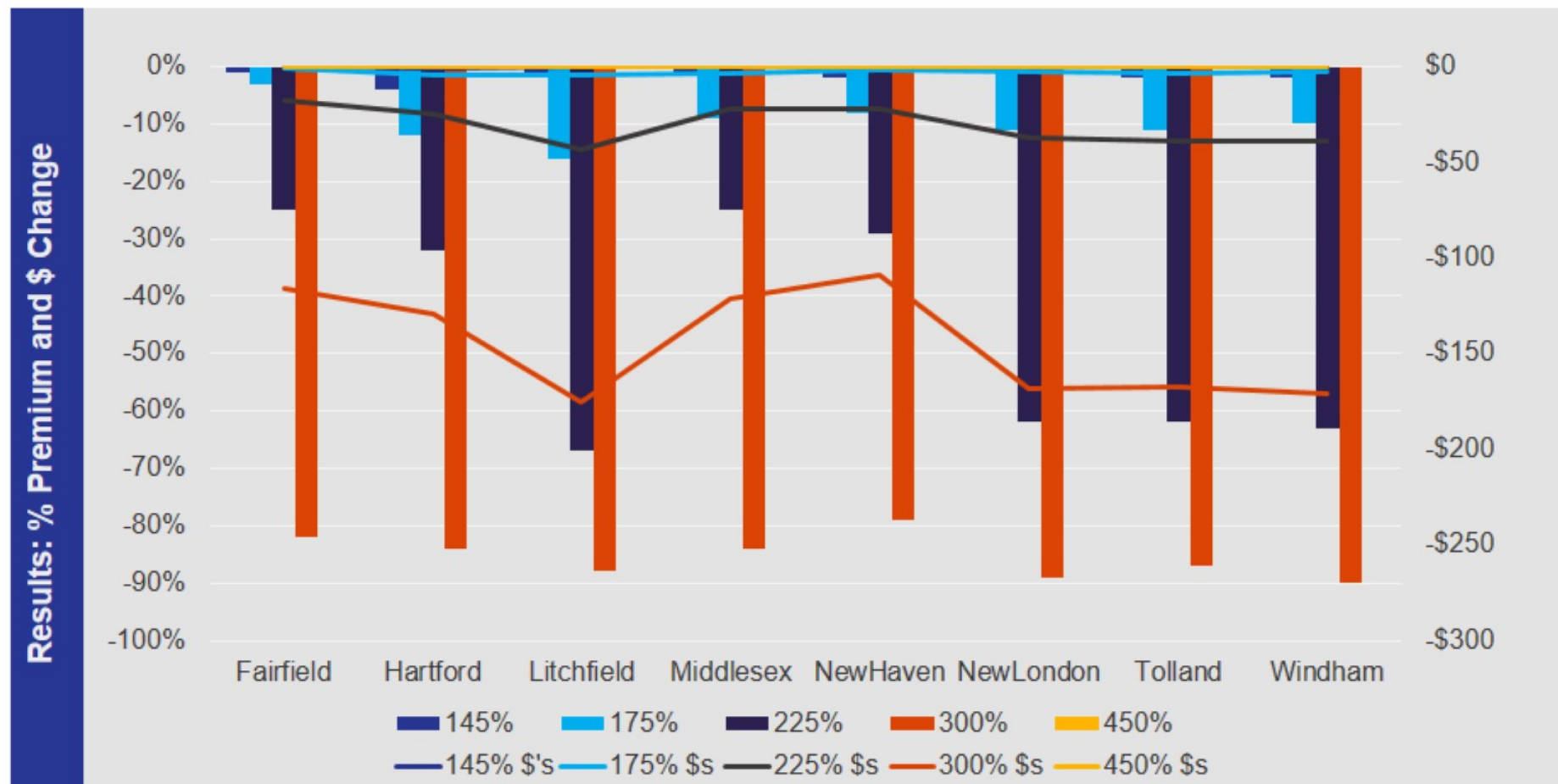
2020 Plan Offering Analysis

- Enrollment weighted Gold plan results, all family type scenarios
- Enrollment: 2,100 Subsidized / 1,863 non-subsidized policies



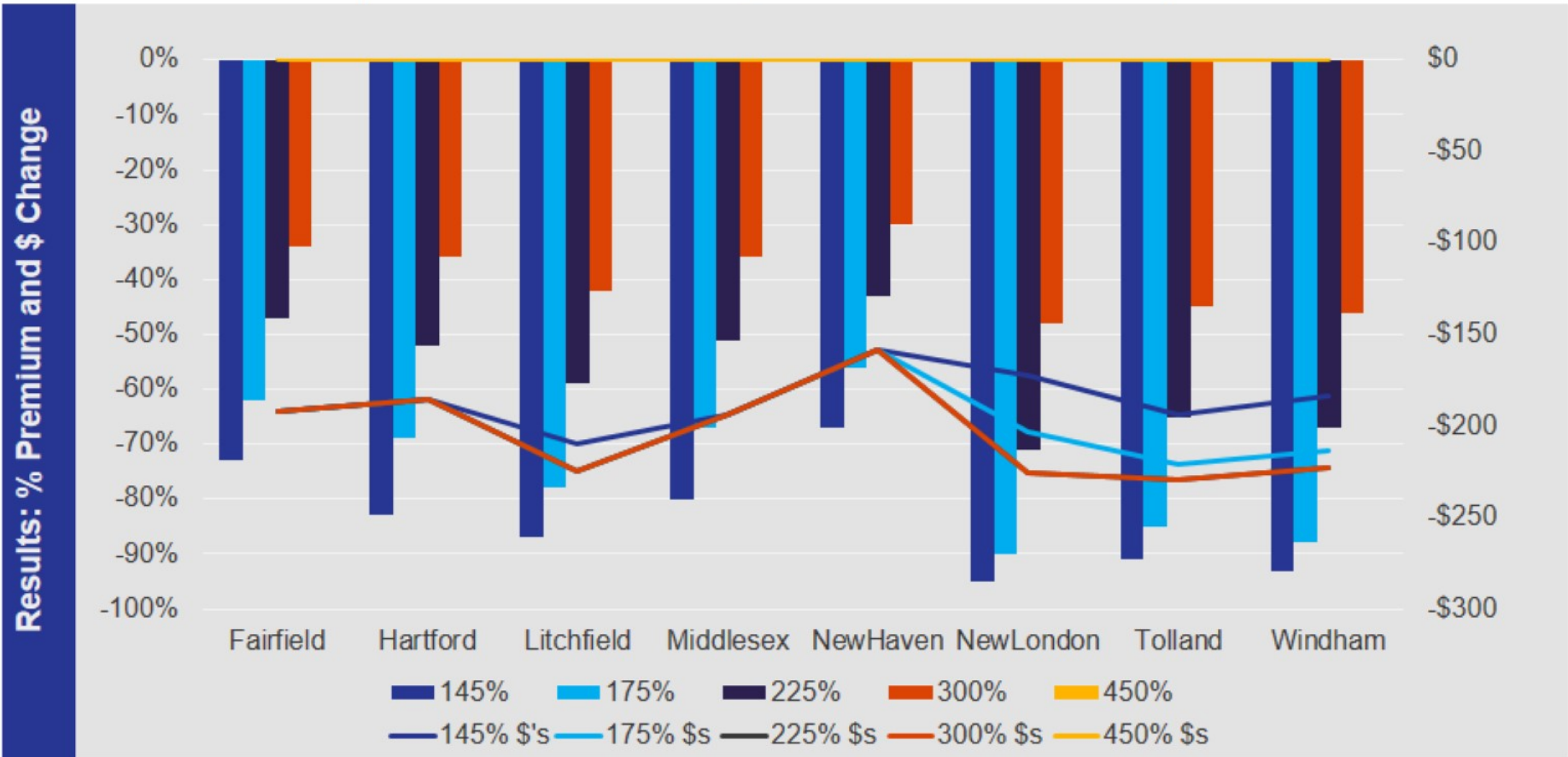
2020 Plan Offering Analysis

- Enrollment weighted Bronze plan results, all family type scenarios
- Enrollment: 18,070 Subsidized / 14,023 non-subsidized policies



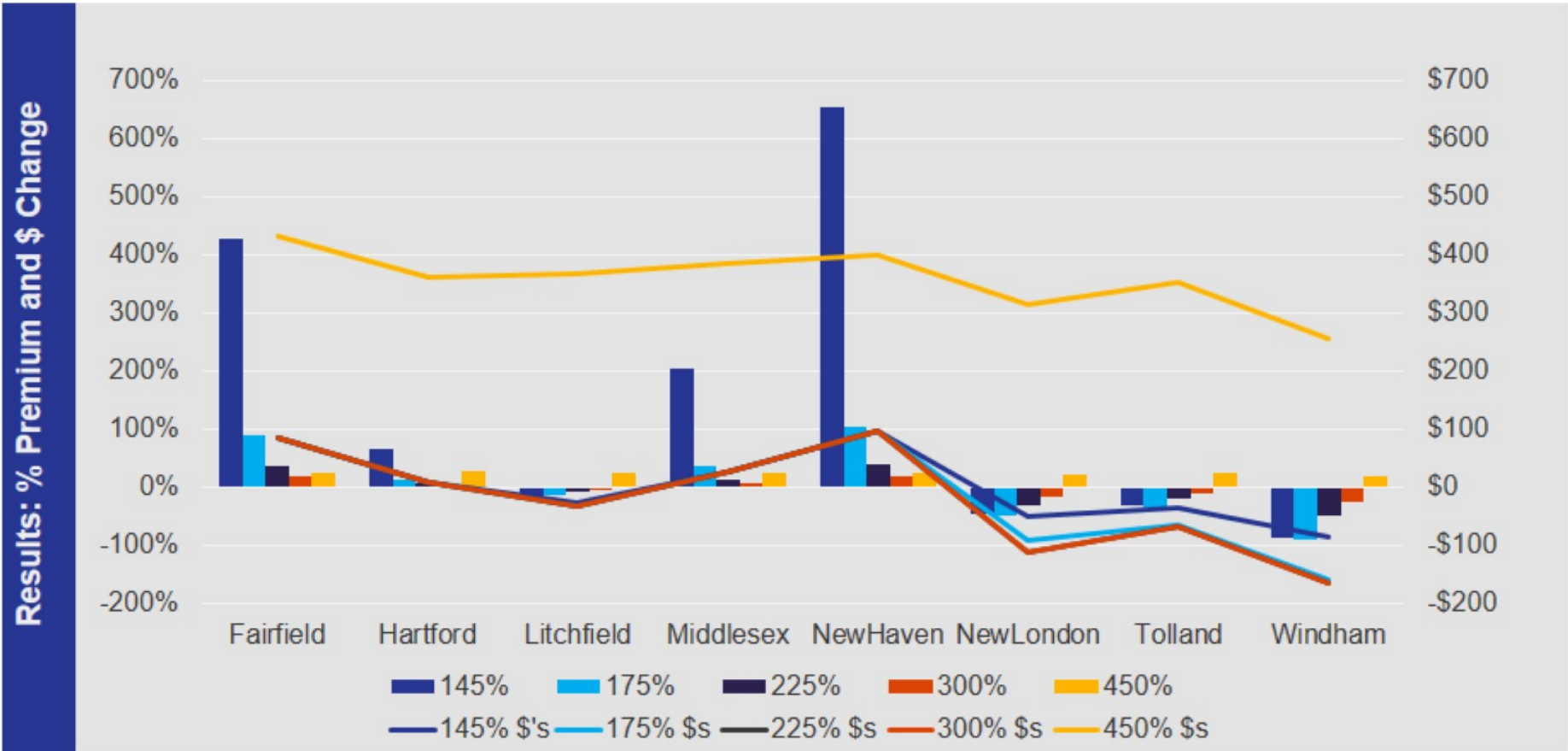
2020 Plan Offering Analysis

- Enrollment weighted Silver Standard Copay plan results, all family type scenarios
- Enrollment: 14,128 Subsidized / 2,015 non-subsidized policies



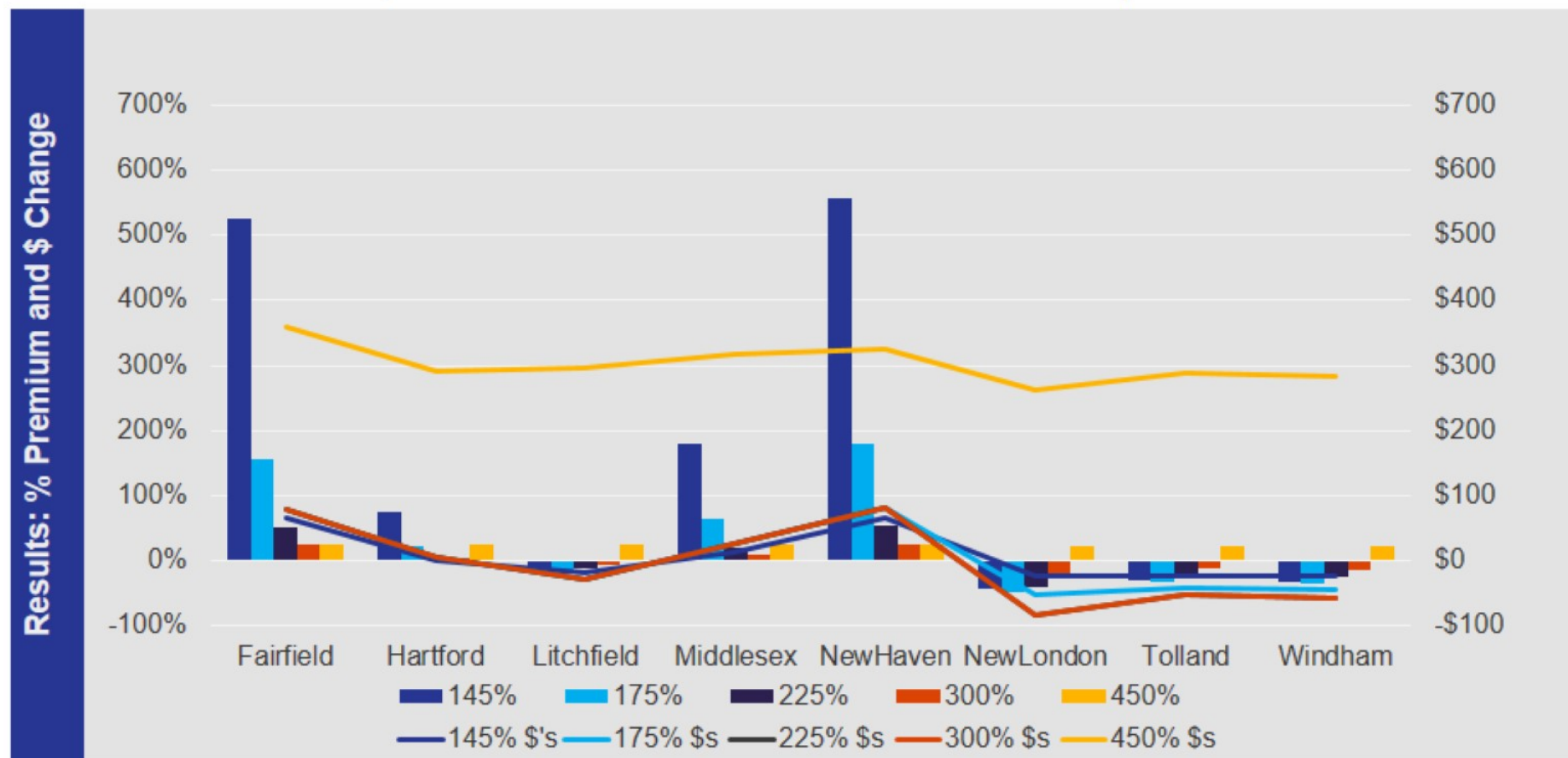
2020 Plan Offering Analysis

- Enrollment weighted Silver Non-Standard & Standard Coinsurance plan results, Family with Children by FPL
- Enrollment: 1,808 Subsidized /199 non-subsidized policies



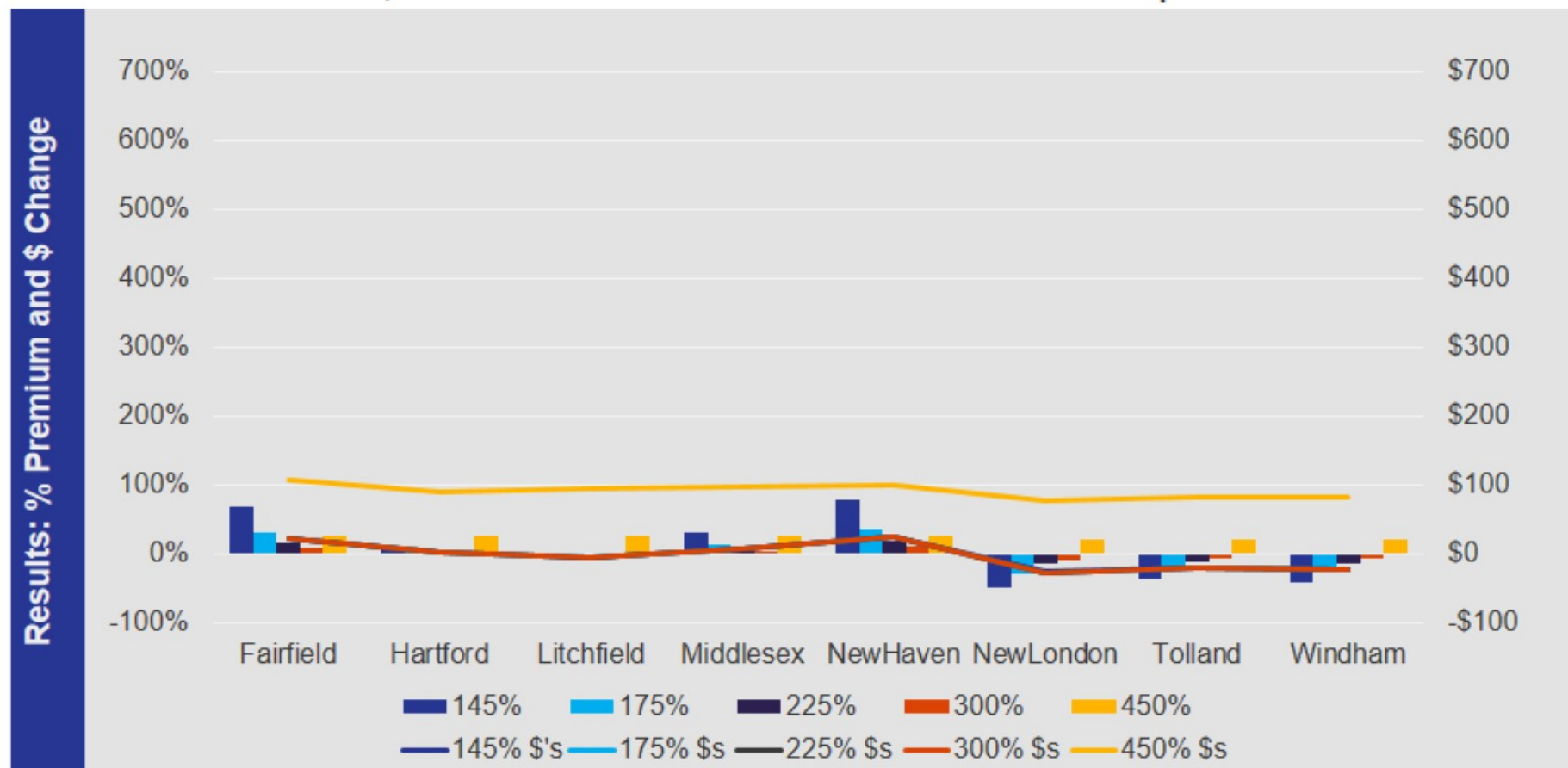
2020 Plan Offering Analysis

- Enrollment weighted Silver Non-Standard & Standard Coinsurance plan results, Adult Couple by FPL
- Enrollment: 4,523 Subsidized / 84 non-subsidized policies



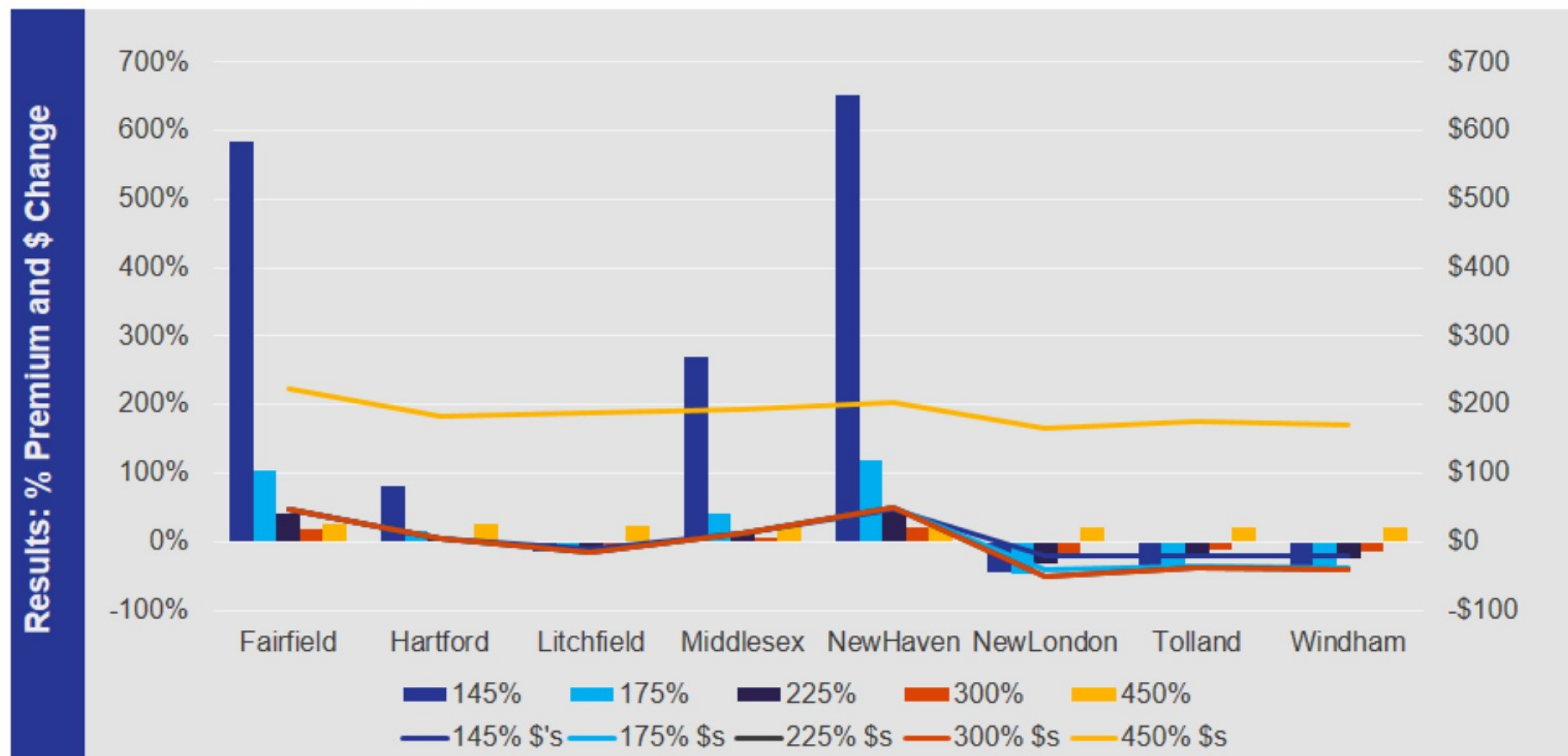
2020 Plan Offering Analysis

- Enrollment weighted Silver Non-Standard & Standard Coinsurance plan results, Single under 35 by FPL
- Enrollment: 4,849 Subsidized / 201 non-subsidized policies



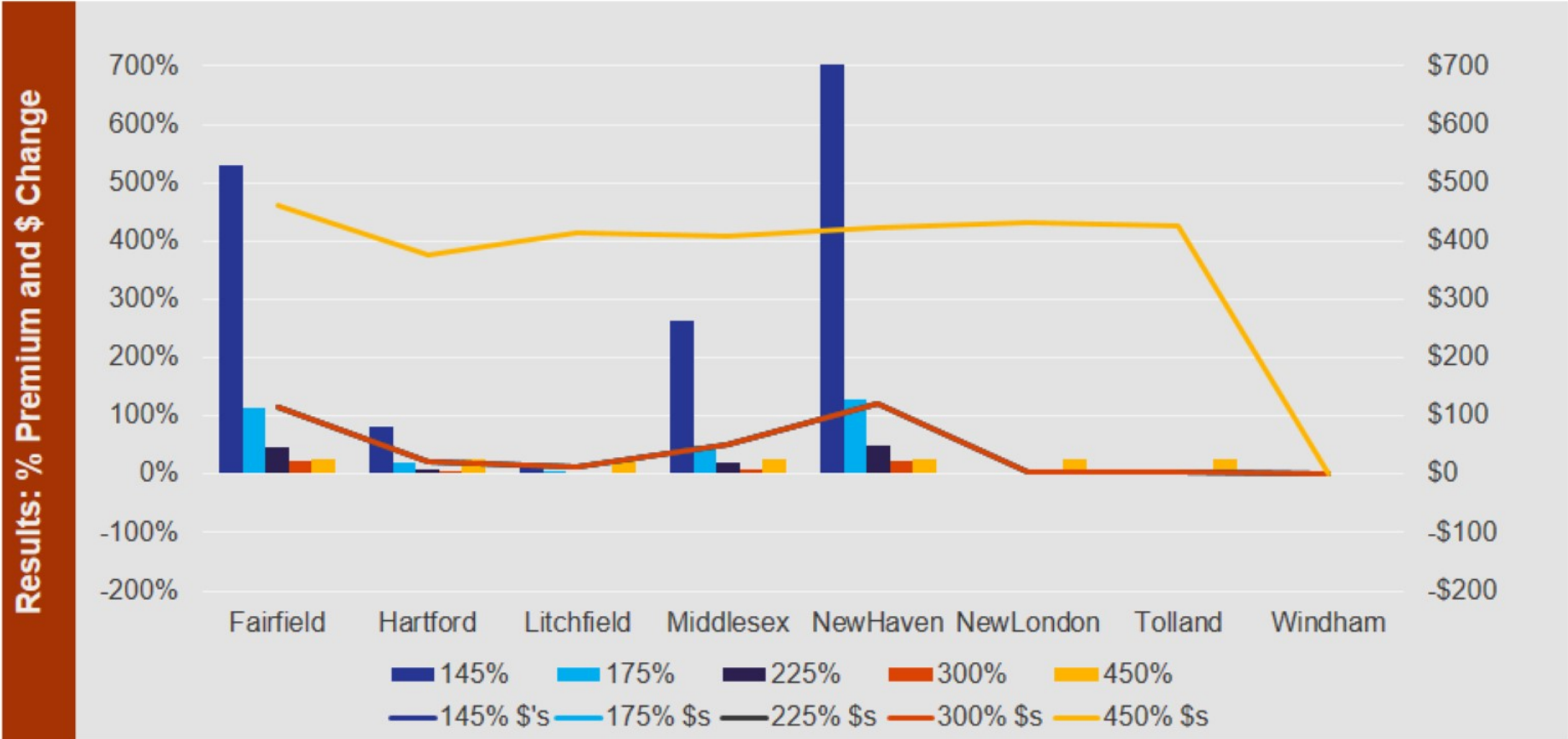
2020 Plan Offering Analysis

- Enrollment weighted Silver Non-Standard & Standard Coinsurance plan results, Single over 35 by FPL
- Enrollment: 12,405 Subsidized / 365 non-subsidized polices



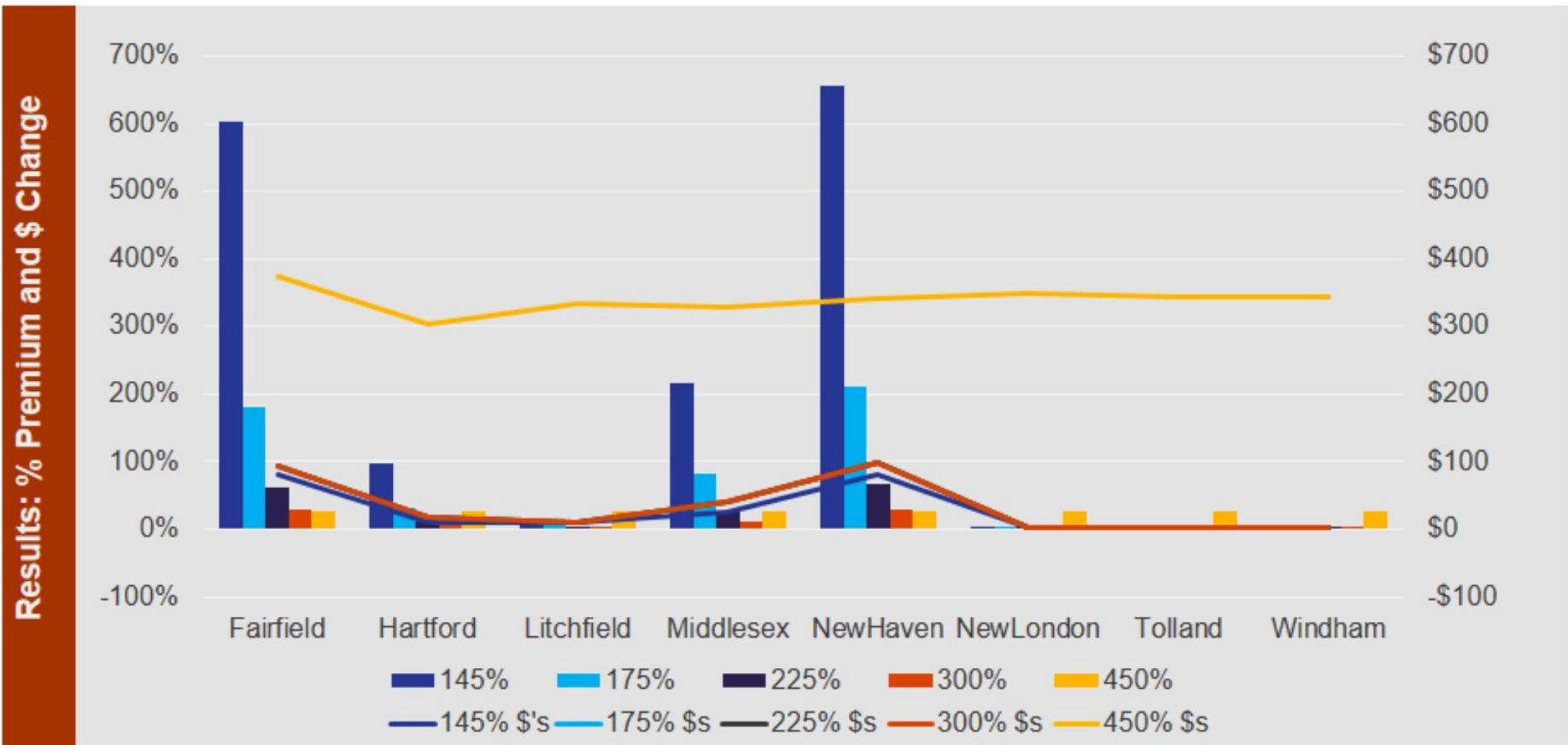
2020 Plan Offering Analysis

- Enrollment weighted Choice Silver Alternative POS plan results, Family with Children by FPL
- Enrollment: 1,473 Subsidized / 126 non-subsidized policies



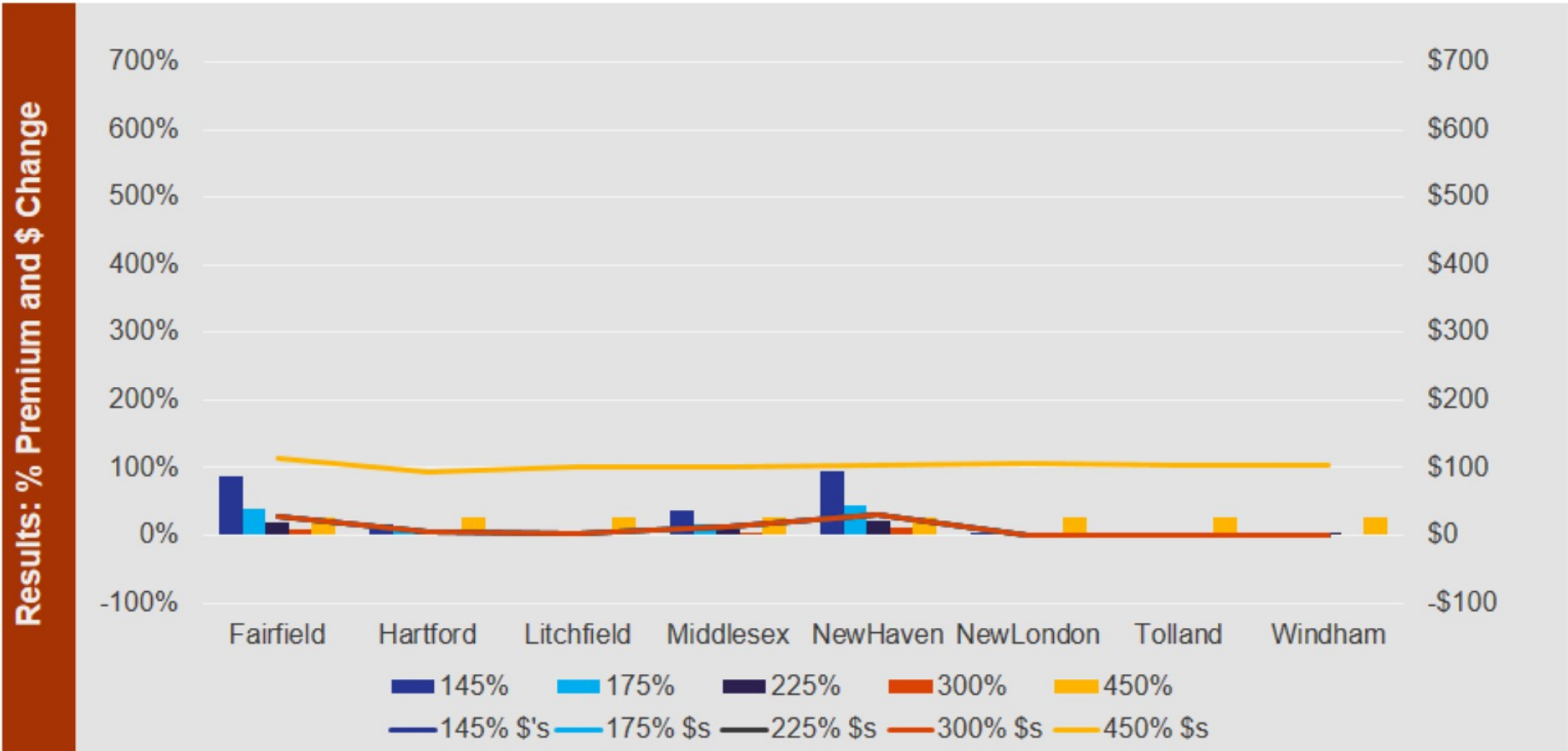
2020 Plan Offering Analysis

- Enrollment weighted Choice Silver Alternative POS plan results, Adult Couple by FPL
- Enrollment: 3,743 Subsidized / 60 non-subsidized policies



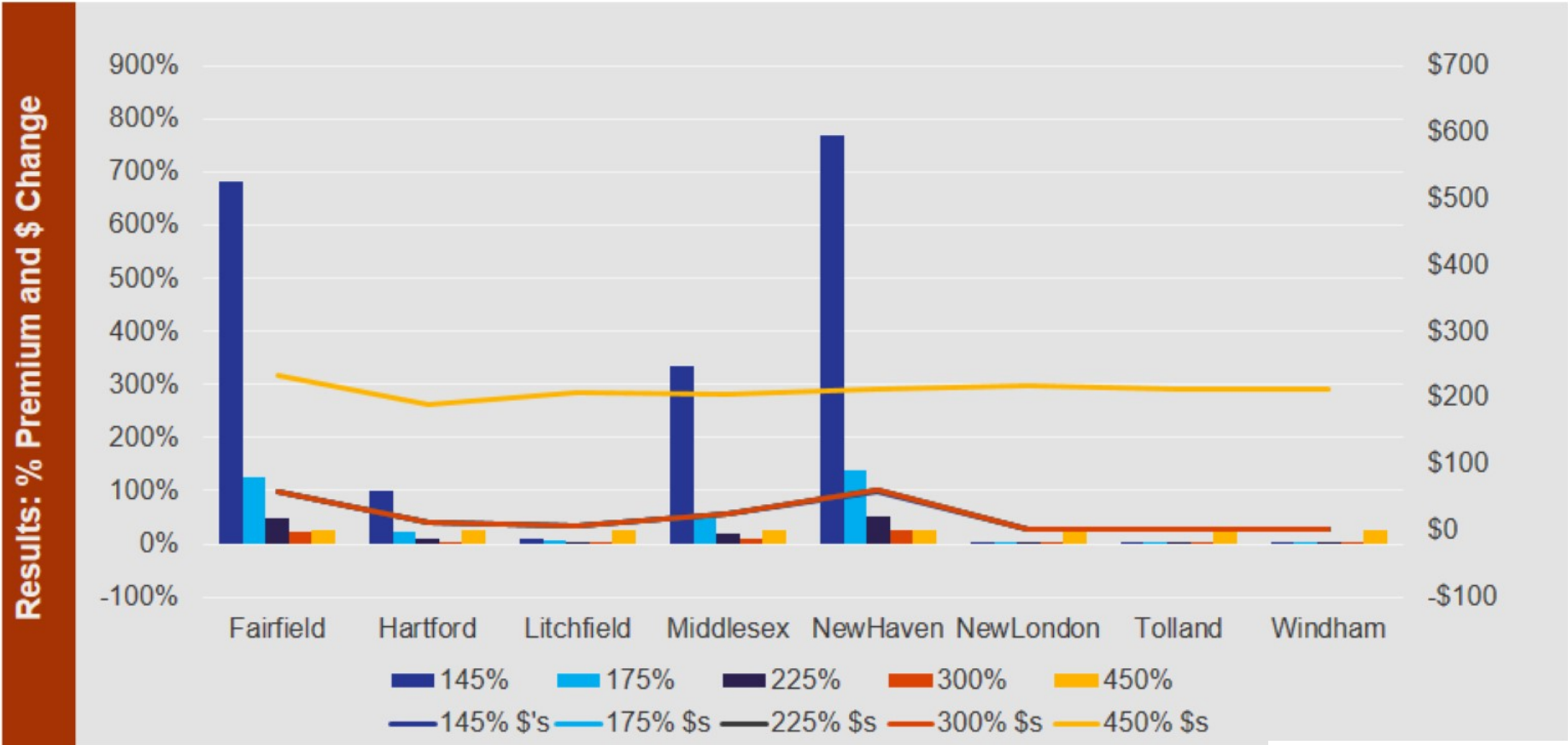
2020 Plan Offering Analysis

- Enrollment weighted Choice Silver Alternative POS plan results, Single under 35 by FPL
- Enrollment: 3,935 Subsidized / 113 non-subsidized policies



2020 Plan Offering Analysis

- Enrollment weighted Choice Silver Alternative POS plan results, Single over 35 by FPL
- Enrollment: 10,242 Subsidized / 206 non-subsidized



Further Discussion/Vote

2020 Plan Design Review

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.% 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 MOOP Backup Plan

- Contingency Planning: Under §156.130(a)(2), CMS proposed a maximum annual limitation on cost sharing of \$8,200 for self-only coverage, whereas they would have proposed a maximum annual limitation on cost sharing of \$8,000 for self-only coverage if employer-sponsored insurance premiums continued to be used in the premium adjustment percentage calculation for the 2020 benefit year.
- The following suggestions were proposed - carrier review not yet completed
 - Silver: MOOP \$8,200 limited to \$8,000; increase medical deductible by \$200
 - Bronze: MOOP \$8,200 limited to \$8,000; increase medical deductible by \$600
- 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.
- This 2020 Federal AVC is still in Draft form, changes to the final version could necessitate changes to sample plans.

2020 Benefit Cost-Sharing Plans

- Revised Sample Plans for Review
 - \$300 Ambulatory Surgery Center (ASC)/\$500 Facility Outpatient copay after Deductible
 - 68% at ASC, 32% at OP Facility (Source: 2016 Individual WACA Data, Northeast Region)
 - Tested Gold PCP/Specialist Copays at \$25/\$50 levels
 - Targeted plan design to get to lab/X-ray before deductible
- To Dos: need to define CSR variations for target Silver plans
- Clarification of treatment of mental health intensive outpatient program and partial hospitalization (MH IOP/PHP)

2020 Benefit Cost-Sharing Plans with VBID

- Health Affairs: Value-Based Insurance Design Improves Medication Adherence Without An Increase In Total Health Care Spending, July 2018
 - Studies show a 0.1% to 14.3% increase in medication adherence
 - Studies focusing on diabetes program indicate a 4-7% increase in MPR (medication possession ratio)
 - Total medical costs did not increase after implementation implying lower cost sharing was offset by other medical cost savings
- VBID Sample Plans
 - We have created three sample plans (Gold/Silver/Bronze) variations for review.
 - The VBID drug copay cost sharing are directed for diabetes and chronic obstructive pulmonary disorder conditions. The selection of conditions was an arbitrary sampling of current State employee program
 - The plans are presented within each metal level discussion

2019 Plan Design Overview with 2020 Plan Samples

The 2020 plan samples have been reviewed for AVC or Mental Health Parity compliance by Carriers

2020 - Individual Market Plans

Static Benefit Cost Sharing Features

- No changes are proposed to these features for 2020

Individual Market	Gold	Silver Copay	Bronze Non-HSA
Coinsurance	30%	40%	40%
Inpatient Hospital	\$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., \$2,000 max. per admission)
Advanced Radiology (CT/PET Scan, MRI)	\$65	\$75	\$75 (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$30*	\$30* (after ded.)
Chiropractic Care 20 visit calendar maximum	\$40	\$50	\$50 (after ded.)
All Other Medical	30%	40%	40% (after ded.)

2020 - Individual Market Silver Copay Plan, 70% AV

Individual Market	2019 Silver Copay	Sample Plan 1	Sample Plan 2
Medical Deductible	\$4,300 (INN)/ \$8,600 (OON)	\$4,300	\$4,300
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250	\$250
Out-of-pocket Maximum	\$7,900 (INN)/ \$15,800 (OON)	\$8,200	\$8,200
Primary Care	\$40	\$40	\$40
Specialist Care	\$50	\$60	\$60
Urgent Care	\$75	\$75	\$75
Emergency Room	\$200 (after ded.)	\$450 (after ded.)	\$450 (after ded.)
Outpatient Hospital	\$500 (after ded.)	\$500 (after ded.)	\$300@ASC/\$500 otherwise (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.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$60 / 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)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)
2020 AVC Results		71.93%	71.93%

2020 - Individual Market Silver Copay Plan, 70% AV

Individual Market	Sample Plan 4	Sample Plan 5
Medical Deductible	\$4,350	\$4,350
Rx Deductible	\$250	\$250
Out-of-pocket Maximum	\$8,200	\$8,200
Primary Care	\$40	\$40
Specialist Care	\$50	\$50
Urgent Care	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)
Outpatient Hospital	\$500 (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$20 (after ded.)	\$20 (after ded.)
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)
2020 AVC Results	71.93%	71.93%

2020 - Individual Market Silver Copay Plan, 70% AV

Individual Market	Sample Plan 3	Sample Plan 6
Medical Deductible	\$6,725	\$6,000
Rx Deductible	\$250	\$250
Out-of-pocket Maximum	\$8,200	\$8,200
Primary Care	\$40	\$40
Specialist Care	\$60	\$50
Urgent Care	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)
Outpatient Hospital	\$500 (after ded.)	\$500 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40	\$40
Laboratory Services	\$10	\$20
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)
Mental health intensive outpatient program and partial hospitalization (MH IOP/PHP)	Outpatient Facility & Outpatient Physician (not subject to deductible)	Outpatient Facility & Outpatient Physician (not subject to deductible)
2020 AVC Results	71.93%	71.97%

2020 - Individual Market VBID Sample

Individual Market	Silver Sample
Medical Deductible	\$4,900
Rx Deductible	\$250
Out-of-pocket Maximum	\$8,200
Primary Care	\$40
Specialist Care	\$50
Urgent Care	\$75
Emergency Room	\$450 (after ded.)
Outpatient Hospital	\$500 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)
Laboratory Services	\$20 (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)
VBID: Generic / Preferred Brand / Non- Preferred Brand / Specialty Rx (Generic/Preferred Brand /Non-Preferred Brand – not subject to deductible)	\$0 / \$15 / \$30 / 20% (all but generic after ded., \$200 max per spec. script)
2020 Federal AV	71.96%

The VBID drug copay cost sharing are directed for diabetes and chronic obstructive pulmonary disorder conditions.

Further Discussion/Vote

2020 - Individual Market Gold Plan, 80% AV

Individual Market	2019 Gold	Sample Plan 1	Sample Plan 2
Medical Deductible	\$1,300 (INN)/\$3,000 (OON)	\$1,300	\$1,300
Rx Deductible	\$50 (INN)/\$350 (OON)	\$50	\$50
Out-of-pocket Maximum	\$5,000 (INN)/\$10,000 (OON)	\$5,500	\$5,500
Primary Care	\$20	\$20	\$25
Specialist Care	\$40	\$40	\$50
Urgent Care	\$50	\$50	\$75
Emergency Room	\$200	\$400	\$400
Outpatient Hospital	\$500 (after ded.)	\$500 (after ded.)	\$300@ASC/\$500 otherwise (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.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$25 / \$50 / 20% (spec. after ded., \$100 max per spec. script)	\$10 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)	\$10 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
2020 AVC Results		81.52%	81.52%

2020 - Individual Market Gold Plan, 80% AV

Individual Market	Sample Plan 3	Sample Plan 5	Sample Plan 6
Medical Deductible	\$1,300	\$1,300	\$1,300
Rx Deductible	\$50	\$50	\$50
Out-of-pocket Maximum	\$5,500	\$5,250	\$5,250
Primary Care	\$25	\$20	\$25
Specialist Care	\$50	\$40	\$50
Urgent Care	\$75	\$50	\$75
Emergency Room	\$400	\$400	\$400
Outpatient Hospital	\$500 (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$500 (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.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$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)
2020 AVC Results	81.18%	81.63%	81.93%

2020 - Individual Market Gold Plan, 80% AV

Individual Market	Sample Plan 7
Medical Deductible	\$2,100
Rx Deductible	\$50
Out-of-pocket Maximum	\$5,250
Primary Care	\$25
Specialist Care	\$50
Urgent Care	\$75
Emergency Room	\$400
Outpatient Hospital	\$500 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40
Laboratory Services	\$10
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
Mental health intensive outpatient program and partial hospitalization (MH IOP/PHP)	Outpatient Facility & Outpatient Physician (not subject to deductible)
2020 AVC Results	81.93%

2020 - Individual Market VBID Sample

Individual Market	Gold Sample
Medical Deductible	\$1,300
Rx Deductible	\$50
Out-of-pocket Maximum	\$5,250
Primary Care	\$25
Specialist Care	\$50
Urgent Care	\$75
Emergency Room	\$400
Outpatient Hospital	\$500 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
VBID: Generic / Preferred Brand / Non- Preferred Brand / Specialty Rx (Generic/Preferred Brand /Non-Preferred Brand – not subject to deductible)	\$0 / \$15 / \$30 / 20% (spec. after ded., \$100 max per spec. script)
2020 Federal AV	81.77%

The VBID drug copay cost sharing are directed for diabetes and chronic obstructive pulmonary disorder conditions.

Further Discussion/Vote

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

Individual Market	2019 Bronze Non-HSA	Sample Plan 1	Sample Plan 2
Medical Deductible	\$6,000 (INN)/\$12,000 (OON)	\$6,075	\$6,075
Out-of-pocket Maximum	\$7,900 (INN)/\$15,800 (OON)	\$8,200	\$8,200
Primary Care	\$40	\$40	\$40
Specialist Care	\$50 (after ded.)	\$60 (after ded.)	\$60 (after ded.)
Urgent Care	\$75	\$75	\$75
Emergency Room	\$200 (after ded.)	\$450 (after ded.)	\$450 (after ded.)
Outpatient Hospital	\$500 (after ded.)	\$500 (after ded.)	\$300@ASC/\$500 otherwise (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.)
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)
2020 AVC Results		64.98%	64.98%

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

Individual Market	2019 Bronze Non-HSA	Sample Plan 3	Sample Plan 4
Medical Deductible	\$6,000 (INN)/\$12,000 (OON)	\$6,100	\$6,575
Out-of-pocket Maximum	\$7,900 (INN)/\$15,800 (OON)	\$8,200	\$8,200
Primary Care	\$40	\$40	\$40
Specialist Care	\$50 (after ded.)	\$60 (after ded.)	\$60 (after ded.)
Urgent Care	\$75	\$75	\$100
Emergency Room	\$200 (after ded.)	\$450 (after ded.)	\$450 (after ded.)
Outpatient Hospital	\$500 (after ded.)	\$500 (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
Laboratory Services	\$10 (after ded.)	\$20 (after ded.)	\$20 (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)
2020 AVC Results		64.98%	64.98%

2020 - Individual Market VBID Sample

Individual Market	Bronze Sample
Medical Deductible	\$6,100
Rx Deductible	NA
Out-of-pocket Maximum	\$8,200
Primary Care	\$40
Specialist Care	\$60 (after ded.)
Urgent Care	\$75
Emergency Room	\$450 (after ded.)
Outpatient Hospital	\$500 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)
Laboratory Services	\$20 (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
VBID: Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx (Generic/Preferred Brand /Non-Preferred Brand – not subject to deductible)	\$10 / 30% / 40% / 50% (all but generic after ded., \$500 max per spec. script)
2020 Federal AV	64.93%

The VBID drug copay cost sharing are directed for diabetes and chronic obstructive pulmonary disorder conditions.

Further Discussion/Vote

2019 Plan Design Overview with 2020 Plan Samples Silver Coinsurance CSR Options

The 2020 plan samples have been reviewed for AVC or Mental Health Parity compliance by Carriers

2020 - Individual Market Silver Coinsurance Plan, 73% AV

Individual Market	2019 Individual Market Silver 73% Plan – Coinsurance Option	2020 Individual Market Silver 73% Plan – Coinsurance Option 1
Medical Deductible	\$2,600 (2x family)	\$2,750 (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)
2020 AVC Results		73.90% (satisfies 2% differential)

2020 - Individual Market Silver Coinsurance Plan, 87% AV

Individual Market	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)
2020 AVC Results		87.86%

2020 - Individual Market Silver Coinsurance Plan, 94% AV

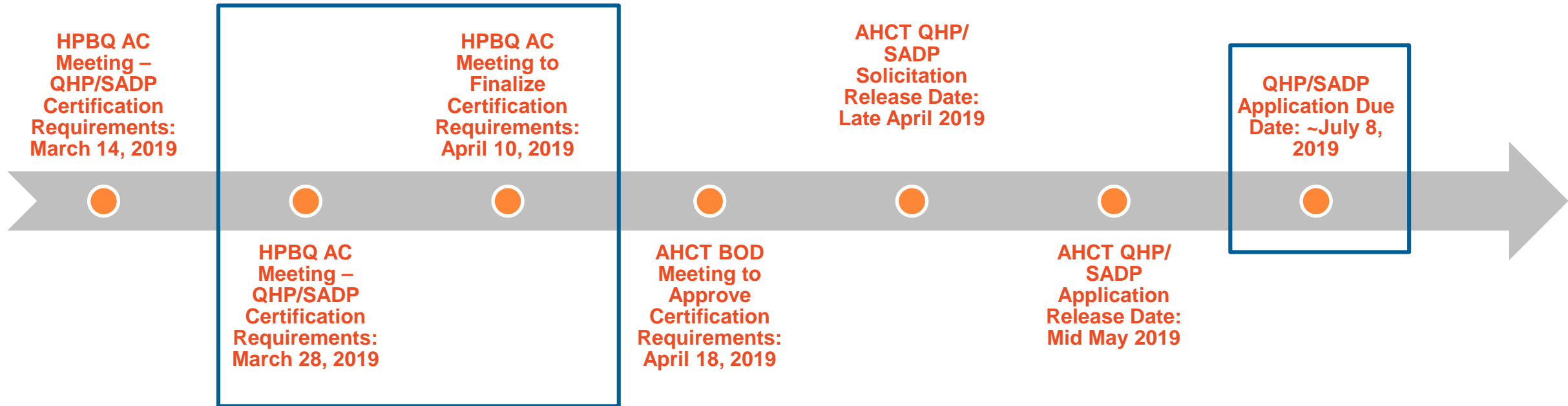
Individual Market	2019 Individual Market Silver 94% Plan – Coinsurance Option	2020 Individual Market Silver 94% Plan – Coinsurance Option 1
Medical Deductible	\$0	\$0
Rx Deductible	\$0	\$0
Coinsurance	20%	20%
Out-of-pocket Maximum	\$750 (2x family)	\$800 (2x family)
2020 AVC Results		94.81%

2020 - Individual Market Silver Coinsurance CSR Options

Individual Market	Individual Market Silver 73% Plan – Coinsurance Option	Individual Market Silver 87% Plan – Coinsurance Option 1	Individual Market Silver 94% Plan – Coinsurance Option
Primary Care	20%	20%	20%
Specialist Care	20% (after ded.)	20% (after ded.)	20% (after ded.)
Urgent Care	20% (after ded.)	20% (after ded.)	20% (after ded.)
Emergency Room	20% (after ded.)	20% (after ded.)	20% (after ded.)
Inpatient Hospital	20% (after ded.)	20% (after ded.)	20% (after ded.)
Outpatient Hospital	20% (after ded.)	20% (after ded.)	20% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	20% (after ded.)	20% (after ded.)	20% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	20% (after ded.)	20% (after ded.)	20% (after ded.)
Laboratory Services	20% (after ded.)	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.)	20% (after ded.)
Chiropractic Care 20 visit calendar maximum	20% (after ded.)	20% (after ded.)	20% (after ded.)
All Other Medical	30%	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)	\$5 / 20% / 20% / 20%(all but generic after Rx ded., \$60 max per spec. script)

Further Discussion/Vote

QHP/SADP Certification Requirements & Submission: Plan Year 2020 Timeline



-- Future Items for Discussion

-- Action Items

Meeting Schedule

Proposed Meeting Agendas (subject to change)	Target Dates (subject to change)
Present HPBQ AC Recommendations for 2020 QHP/SADP Certification Requirements for Board of Directors Review and Approval (if needed)	March 21, 2019
QHP/SADP Certification Requirements for 2020 including Standardized Plan Design Modeling	March 28, 2019
Final Recommendations for QHP/SADP Certification Requirements for 2020 including Standardized Plan Designs	April 10, 2019
Present HPBQ AC Recommendations for 2020 QHP/SADP Certification Requirements, including Standardized Plan Designs for Board of Directors Review and Approval	April 18, 2019

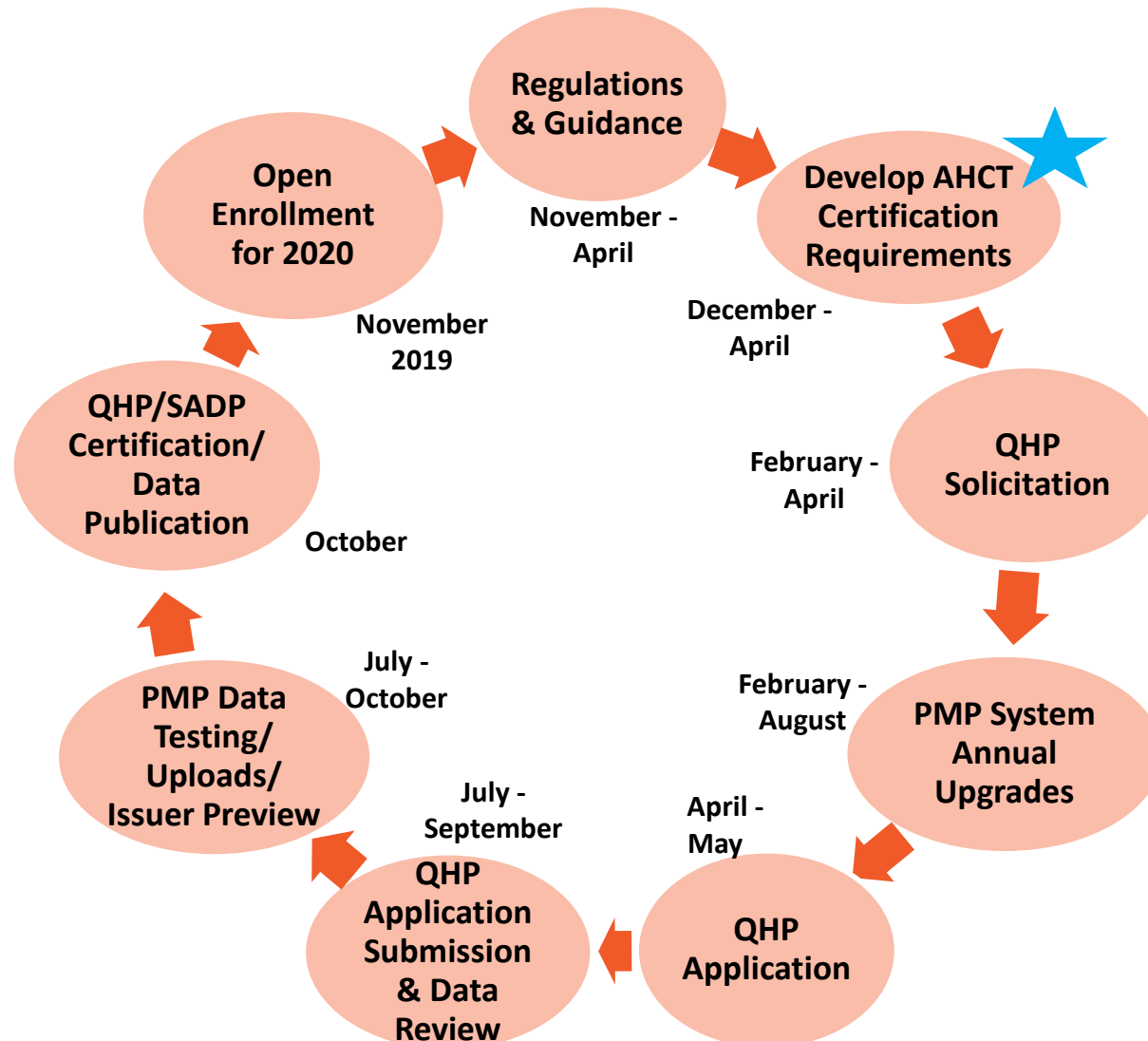
Appendix

2019 Net Premium: 45-year old Lowest Silver vs Lowest Bronze

	Lowest Premium Silver Plan*	Lowest Premium Bronze Plan*	
Fairfield	Choice Silver Alternative POS	Passage Bronze Alternative PCP POS	
Hartford	Choice Silver Alternative POS	Passage Bronze Alternative PCP POS	
Litchfield	Choice Silver Alternative POS	Passage Bronze Alternative PCP POS	
Middlesex	Choice Silver Alternative POS	Passage Bronze Alternative PCP POS	
New Haven	Choice Silver Alternative POS	Passage Bronze Alternative PCP POS	
New London	Silver PPO Pathway X Tiered	Passage Bronze Alternative PCP POS	
Tolland	Silver PPO Pathway X Tiered	Passage Bronze Alternative PCP POS	
Windham	Silver PPO Pathway X Tiered	Passage Bronze Alternative PCP POS	
	Unsubsidized Enrollee - Age 45		
	Lowest Premium Silver Plan	Lowest Premium Bronze Plan	Cost Differential
Fairfield	\$553.56	\$413.29	\$140.27
Hartford	\$449.81	\$335.83	\$113.98
Litchfield	\$496.38	\$370.59	\$125.79
Middlesex	\$488.91	\$365.03	\$123.88
New Haven	\$506.64	\$378.27	\$128.37
New London	\$497.13	\$386.39	\$110.74
Tolland	\$497.13	\$380.38	\$116.75
Windham	\$497.13	\$380.38	\$116.75
	Enrollee with Income at 300% FPL (\$36,420/yr) - Age 45 – Net Cost After Subsidy		
	Lowest Premium Silver Plan	Lowest Premium Bronze Plan	Cost Differential
Fairfield	\$268.28	\$128.01	\$140.27
Hartford	\$269.81	\$155.83	\$113.98
Litchfield	\$301.43	\$175.64	\$125.79
Middlesex	\$267.25	\$143.37	\$123.88
New Haven	\$266.08	\$137.71	\$128.37
New London	\$283.87	\$173.13	\$110.74
Tolland	\$291.85	\$175.10	\$116.75
Windham	\$291.85	\$175.10	\$116.75

	Enrollee with Income at 225% FPL (\$27,315/yr) - Age 45 – Net Cost After Subsidy		
	Lowest Premium Silver Plan	Lowest Premium Bronze Plan	Cost Differential
Fairfield	\$138.61	\$3.14	\$135.47
Hartford	\$140.14	\$26.16	\$113.98
Litchfield	\$171.76	\$45.97	\$125.79
Middlesex	\$137.58	\$13.70	\$123.88
New Haven	\$136.41	\$8.04	\$128.37
New London	\$154.20	\$43.46	\$110.74
Tolland	\$162.18	\$45.43	\$116.75
Windham	\$162.18	\$45.43	\$116.75
	Enrollee with Income at 175% FPL (\$21,245/yr) - Age 45 – Net Cost After Subsidy		
	Lowest Premium Silver Plan	Lowest Premium Bronze Plan	Cost Differential
Fairfield	\$63.75	\$3.14	\$60.61
Hartford	\$65.28	\$2.55	\$62.73
Litchfield	\$96.90	\$2.82	\$94.08
Middlesex	\$62.72	\$2.77	\$59.95
New Haven	\$61.55	\$2.87	\$58.68
New London	\$79.34	\$2.94	\$76.40
Tolland	\$87.32	\$2.89	\$84.43
Windham	\$87.32	\$2.89	\$84.43
	Enrollee with Income at 145% FPL (\$17,603) - Age 45 – Net Cost After Subsidy		
	Lowest Premium Silver Plan	Lowest Premium Bronze Plan	Cost Differential
Fairfield	\$25.36	\$3.14	\$22.22
Hartford	\$26.89	\$2.55	\$24.34
Litchfield	\$58.51	\$2.82	\$55.69
Middlesex	\$24.33	\$2.77	\$21.56
New Haven	\$23.16	\$2.87	\$20.29
New London	\$40.95	\$2.94	\$38.01
Tolland	\$48.93	\$2.89	\$46.04
Windham	\$48.93	\$2.89	\$46.04

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 per Issuer	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

	GOLD		SILVER		BRONZE (NOT HSA compatible)		BRONZE (HSA compatible)		CATASTROPHIC	
County	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Non-Std	Total
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					

2018 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

Metal Level	Total	Percent
Catastrophic	1,752	1.54%
Bronze	40,074	35.11%
Silver	63,410	55.56%
Gold	8,898	7.80%
TOTAL	114,134	100.00%



Metal Level	Standardized Plans	Non-Standard Plans	Total	Percent in Std Plans by Metal Level
Catastrophic	N/A	1,752	1,752	0.0%
Bronze*	34,479	5,325	40,074	86.71%
Silver**	55,526	7,884	63,410	87.57%
Gold	7,671	1,227	8,898	86.21%
TOTAL	97,946	16,188	114,134	85.82%

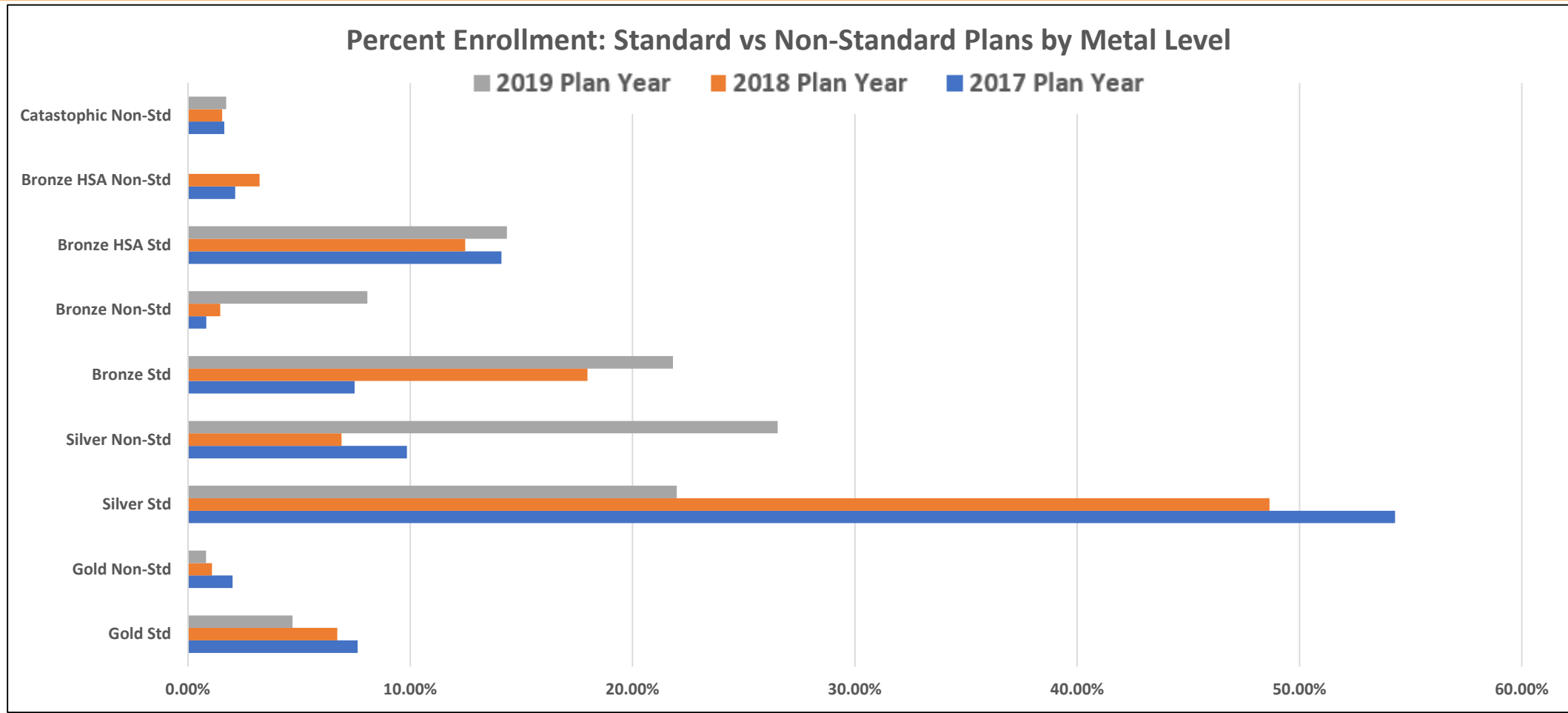
*Bronze Plans	Standardized Plans	Non-Standard Plans	Total	Percent in Standardized Plans
Non-HSA Bronze	14,238	3,670	17,908	79.51%
HSA Compatible	20,511	1,655	22,166	92.53%
TOTAL	34,749	5,325	40,074	86.71%



2018 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

	GOLD		SILVER		BRONZE (NOT HSA compatible)		BRONZE (HSA compatible)		CATASTROPHIC	
County	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Non-Std	Total
Fairfield	2,648	284	17,239	2,270	7,057	372	4,749	898	436	35,953
Hartford	1,835	155	12,675	1,585	4,801	257	2,792	936	479	25,515
Litchfield	578	144	3,736	613	1,429	163	971	295	98	8,027
Middlesex	449	47	2,526	390	1,156	68	721	122	96	5,575
New Haven	1,425	298	12,538	1,674	4,128	355	3,069	749	404	24,640
New London	336	165	3,668	688	963	263	994	343	124	7,544
Tolland	242	87	1,734	358	636	93	544	200	87	3,981
Windham	158	47	1,410	306	341	84	398	127	28	2,899
Total	7,671	1,227	55,526	7,884	20,511	1,655	14,238	3,670	1,752	114,134
	8,898		63,410		22,166		17,908		1,752	
					40,074					

AHCT Plan Enrollment 2017 – 2019 Plan Years: Standardized / Non-Standard QHPs

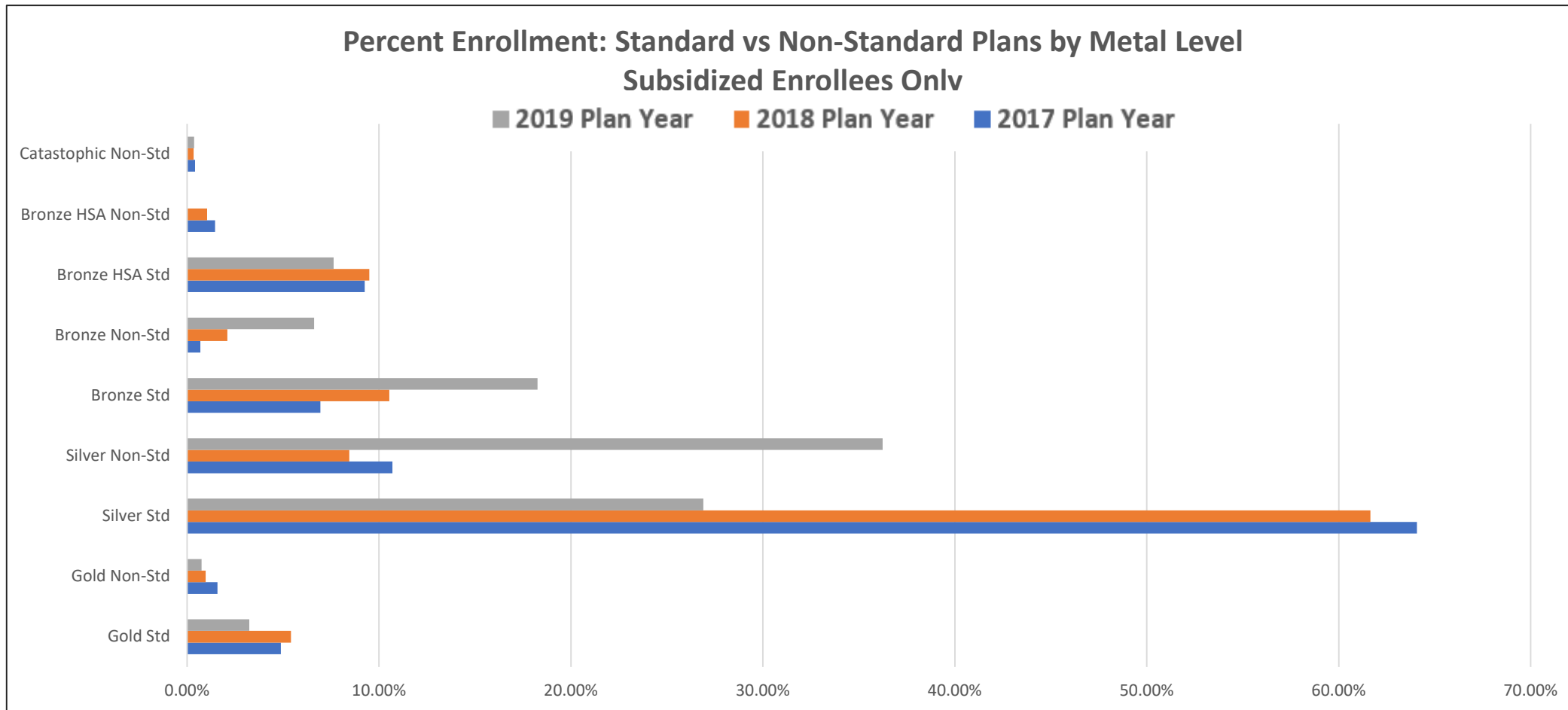


2019 Plan Year: Silver Standard Plan total includes enrollment in both the “Copay” and “Coinsurance” versions, with a split of 87.5% / 12.5% respectively

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



AHCT Plan Enrollment 2017 – 2019 Plan Years: Standardized / Non-Standard QHPs

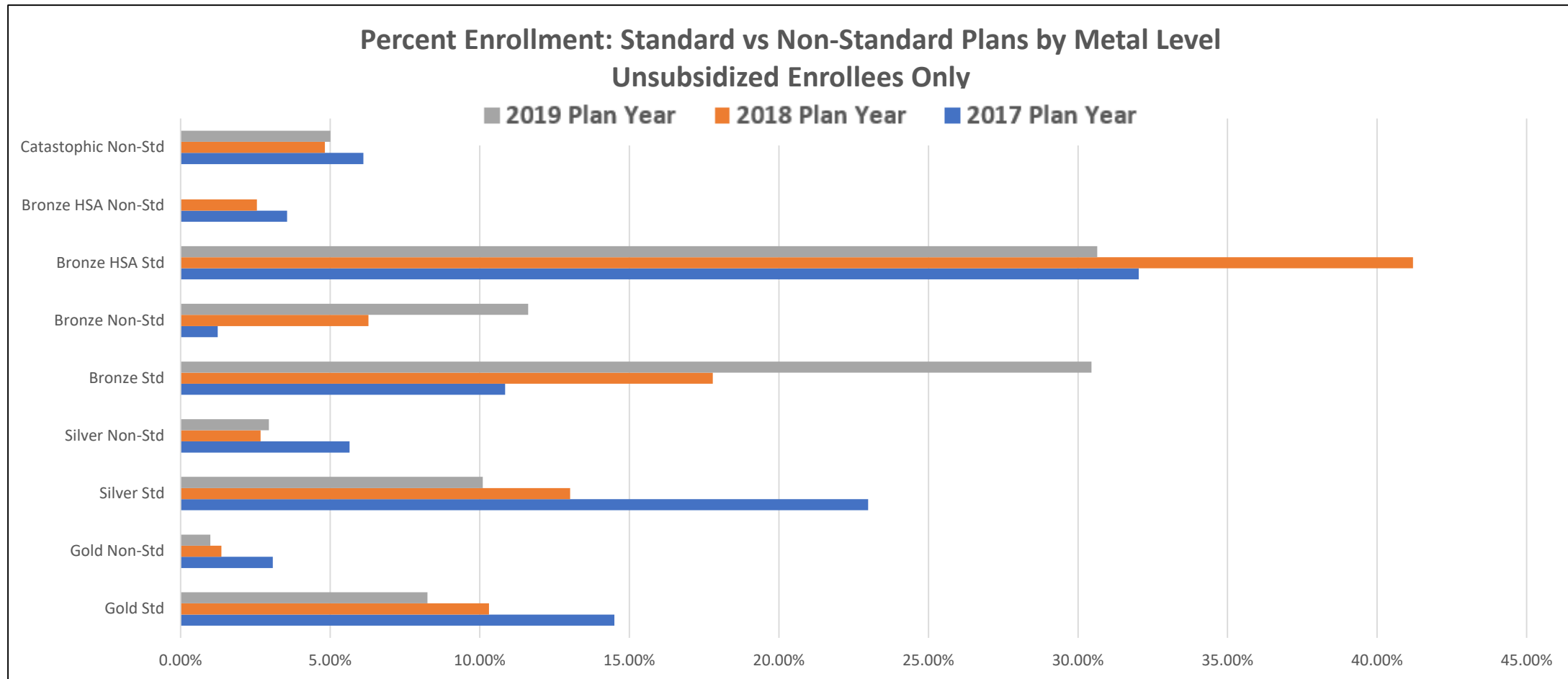


2019 Plan Year: Silver Standard Plan total includes enrollment in both the “Copay” and “Coinsurance” versions, with a split of 86.7% / 13.3% respectively

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



AHCT Plan Enrollment 2017 – 2019 Plan Years: Standardized / Non-Standard QHPs



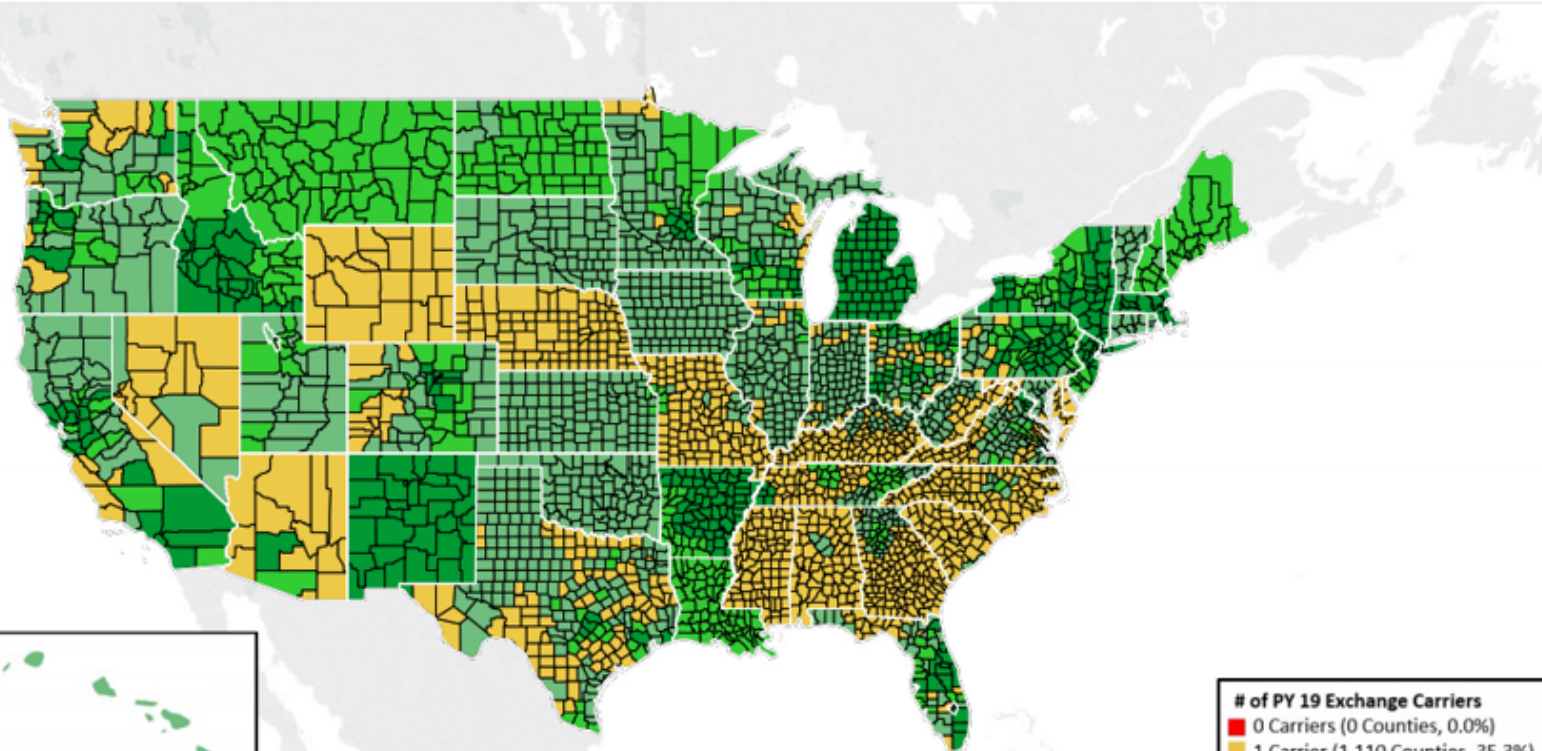
2019 Plan Year: Silver Standard Plan total includes enrollment in both the “Copay” and “Coinsurance” versions, with a split of 92.4% / 7.6% respectively

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



Issuer Participation - 2019

County by County Plan Year 2019 Insurer Participation in Health Insurance Exchanges



of PY 19 Exchange Carriers

- 0 Carriers (0 Counties, 0.0%)
- 1 Carrier (1,110 Counties, 35.3%)
- 2 Carriers (1,191 Counties, 37.9%)
- 3 Carriers (451 Counties, 14.4%)
- >3 Carriers (389 Counties, 12.4%)

of PY 19 Exchange Carriers

- 0 Carriers (0 Counties, 0.0%)
- 1 Carrier (1,110 Counties, 35.3%)
- 2 Carriers (1,191 Counties, 37.9%)
- 3 Carriers (451 Counties, 14.4%)
- >3 Carriers (389 Counties, 12.4%)

-All State-based Exchange data is self-reported from the Exchanges to CMS (CA, CO, CT, DC, ID, MA, MD, MN, NY, RI, VT, WA)

-Federally-facilitated Exchange data reflected on this map is point in time as of 09/28/2018

Data source: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Final-2019-County-Coverage-Map.pdf>

Plan Design Development: Benefit Cost Sharing Categories

Actuarial Value Calculator (AVC) Inputs
Integrated Medical and Drug Deductible? (Yes or No)
Apply Inpatient Copay per Day? (Yes or No)
Apply Skilled Nursing Facility Copay per Day? (Yes or No)
Use Separate OOP Maximum for Medical and Drug Spending? (Yes or No)
Deductible (\$) for Medical, Drug or Combined
Coinsurance (% , Insurer's Cost Share)
Maximum Out-of-Pocket (MOOP)
MOOP if Separate (\$)

Medical Benefits: Subject to Deductible (Yes or No) Subject to Coinsurance (Yes or No) Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)
Emergency Room Services
All Inpatient Hospital Services (inc. MHSU)
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)
Specialist Visit
Mental/Behavioral Health and Substance Use Disorder Outpatient Services
Imaging (CT/PET Scans, MRIs)
Speech Therapy
Occupational and Physical Therapy
Preventive Care/Screening/Immunization
Laboratory Outpatient and Professional Services
X-rays and Diagnostic Imaging
Skilled Nursing Facility
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
Outpatient Surgery Physician/Surgical Services

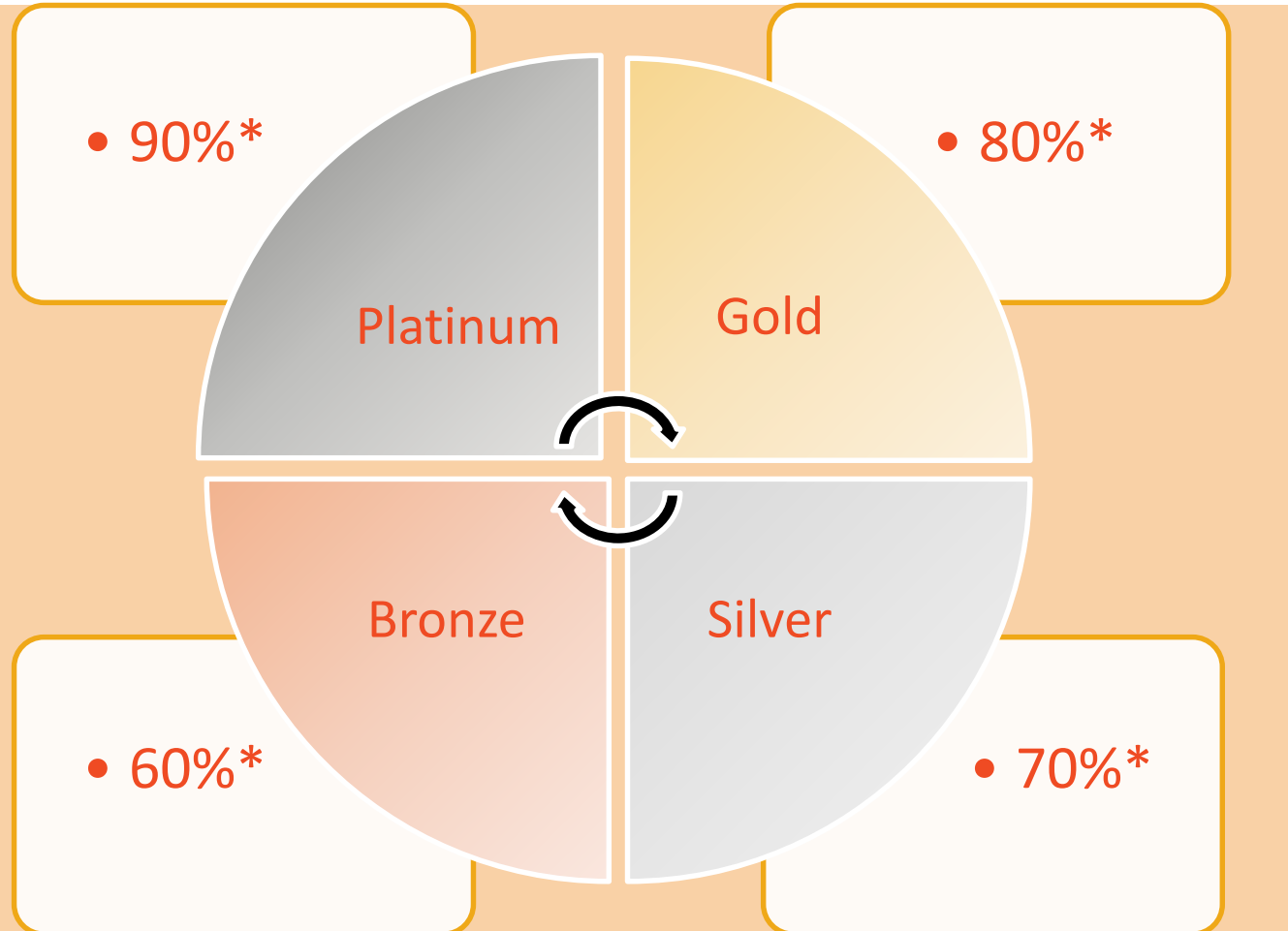
Prescription Drug Benefits Subject to Deductible (Yes or No) Subject to Coinsurance (Yes or No) Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)
Generics
Preferred Brand Drugs
Non-Preferred Brand Drugs
Specialty Drugs (i.e. high-cost)

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments? (Yes or No) If yes, value:
Set a Maximum Number of Days for Charging an IP Copay? (Yes or No) If yes, value from 1-10:
Begin Primary Care Cost-Sharing After a Set Number of Visits? (Yes or No) If yes, value from 1-10:
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? (Yes or No) If yes, value from 1-10:

Other Elements for Consideration Not Included in AVC
Out-of-Network Deductible and Cost Sharing
Chiropractic Services
Diabetic Equipment and Supplies
Durable Medical Equipment
Home Health Care
Mammography Ultrasound
Urgent Care
Pediatric Services, including vision (exam & hardware) and dental

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%*