access health CT

Connecticut Health Insurance Exchange
Health Plan Benefits and Qualifications Advisory Committee
(HPBQ AC) Special Meeting

Connecticut Historical Society, Auditorium
Hartford

Thursday, March 28, 2019
Meeting Minutes

Members Present: Grant Ritter (Chair); Robert Tessier; Theodore Doolittle; Neil Kelsey, Tu Nguyen; Jill Zorn; Ellen Skinner (on the phone); Paul Lombardo

Other Participants: Access Health CT (AHCT) Staff: Anthony Crowe; Ann Lopes; Charmaine Lawson; Ellen Kelleher; Susan Rich-Bye; Robert Blundo
Wakely Consulting: Julie Andrews
Cecelia Woods

A. Call to Order and Introductions

Chair Grant Ritter called the meeting to order at 9:00 a.m.

B. Public Comment

No public comment

C. Vote

Chair Ritter requested a motion to approve the March 21, 2019 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Robert Tessier and seconded by Theodore Doolittle. ***Motion passed unanimously.***

D. Follow-Ups from Prior Meeting

Anthony Crowe, Chief Operating Officer, summarized the follow-up items from the prior meeting of the Committee that are also topics of conversation at this meeting. The AHCT Mission statement was presented. Neil Kelsey pointed out that AHCT is a marketplace to purchase health insurance not only for individuals who receive financial assistance, but also for those who are not subsidized, as it is a marketplace for a broader population. One of the aims is to empower consumers to choose the health plan and the providers that give them the best value.

E. Summary of Prior Meeting Topic: 2020 Plan Offering Review

Ann Lopes, Product Carrier Manager, summarized information provided at the previous meeting of the Committee regarding the proposal to alter the number of plans carriers can submit at the Silver metal level in the Individual market effective with the 2020 plan year. The proposal would result in carriers being required to submit one standardized Silver plan, the AHCT Standard Copay plan, rather than two, and removing the option to submit one non-standard Silver plan. This proposal has been under consideration as it could result in an increase in the amount of premium tax credits (PTCs) that subsidy eligible enrollees receive, and, consequently, could reduce the net premium of plans for some enrollees. Ms. Lopes reminded the Committee that at last week's meeting, Brittany Phillips of Wakely Consulting, outlined the potential consumer impact for three different enrollment assumption scenarios, including:

- Auto-enrollment for consumers in Silver plans that would no longer be offered due to this proposal to the remaining Silver plan offered by their current carrier, in accordance with federal regulations pertaining to re-enrollment;
- Enrollees taking action after auto-enrollment to move to the lowest premium Silver plan available, even if it means switching carriers;
- Enrollees selecting the lowest premium Bronze plan after auto-enrollment, also potentially changing carriers.

Ms. Lopes added that Julie Andrews of Wakely Consulting will present a different view of information that was outlined previously on the last two scenarios. AHCT has been informed of caveats, assumptions and disclosures by Wakely regarding the scenarios, and anything that is reviewed at this meeting is subject to these as well. Ms. Lopes reviewed a graphic that summarized the proposal which, if adopted, results in carriers being required to submit 1 standardized Silver plan, along with the standardized plans within the Gold and Bronze metal levels and up to 9 optional plans, eliminating the current non-standard Silver plan, which reduces the overall number of required and optional plans that a carrier could submit. Dr. Ritter asked how many plans were being offered. Ms. Lopes stated that currently 17 on-Exchange plans, that includes 2 catastrophic plans are offered. Ms. Lopes added that between two carriers, there are 10 plans that are required. Each carrier offers five of them and there are 7 additional plans. Ms. Lopes elaborated that currently, one carrier submits one non-standard gold plan, another carrier does not submit one. Both carriers submit a non-standard silver and one non-standard bronze plan and both of them submit a catastrophic plan.

Dr. Ritter stated there is room to offer additional non-standard bronze plan. Paul Lombardo indicated that generally in the individual market, there has been a consolidation of plan offerings. Mr. Lombardo stated it is possible that because the limits for the copays have been taken removed for the 2020 plan year, both, for individual and small group markets, potentially more options may be developed in the market. Ms. Lopes provided information on the results of the proposal if it moves forward for 2020 – the current 6 Silver plans offered by the 2 participating carriers would be collapsed to 1 Silver plan each.

Ms. Lopes provided a brief synopsis of the rest of the presentation which includes examples of the premium rates for some of the plans available through AHCT in 2019, including the net premium for certain enrollees eligible for PTCs. Ms. Lopes added that it is the aim to look at the assumed premium for the proposed scenario, including net premium for subsidy eligible individuals. Certain assumptions were made in the scenarios reviewed. It is also anticipated that premium rates will differ for 2020 compared to what is being illustrated today due to:

- Required modifications to plan designs to become compliant with the updated Actuarial Value Calculator (AVC);
- Elements that would be outlined in rate filings, such as claim trend, benefit relativity changes amongst the plans, administrative expense adjustment, impacts resulting from the risk adjustment program, and any applicable legislation related to benefits.

AHCT does not know how much the premium rates will be affected by these types of occurrences.

Also, the PTC calculation used for these illustrations assume “current state” as of 2019, but AHCT knows this calculation will be impacted as well due to changes in the FPL and factors that will be released by the IRS in the future, such as ‘applicable percentage’ which represents the portion, as a percentage, of Expected Annual Income (EAI) a household is responsible for based on federal affordability guidelines.

Ms. Lopes added that during the last meeting of the Committee, discussion ensued around the difference in net premium cost between Silver and Bronze plans, as well as whether consumers who have an option to choose a lower premium plan would do so. Ms. Lopes added that Wakely presented an exhibit for Scenario 3, which illustrated that, on an aggregate basis for a subset of enrollees in the terminating Silver plans who took action after auto-enrollment to select the lowest premium Bronze plan, enrollees would see a reduction in the amount of premium to take that plan. There was recognition regarding the coverage in a Bronze plan also being reduced relative to the Silver plan. Discussion ensued around the potential for enrollees currently in a Bronze plan to move to a Silver plan, and also about the potential for enrollees currently in Silver to move to a Bronze plan. To understand the potential for an enrollee to change metal levels under the proposed scenario, we put examples together and will review the differences in what a consumer would be responsible to pay in premium, with the understanding that the caveats and assumptions were used in the calculations. The examples are based on the premium that a single 45-year old and a single 60-year old would pay. These were selected for the examples because, as of end of Open Enrollment (OE) 2019, approximately 40 percent of all AHCT Qualified Health Plan (QHP) enrollees fall within the 45 to 60-age band. In addition, 72% of all AHCT QHP households have one enrollee. Ms. Lopes then went on to explain that the examples will include various enrollee income levels, consistent with what Wakely included in the presentations over the last few meetings, as well as different county of residence.

Ms. Lopes summarized the findings of the examples, for the first scenario evaluated by Wakely, which would occur for those eligible for auto-enrollment consistent with federal regulations. The enrollees in a discontinued Silver plan would be mapped to the remaining Silver plan offered by their existing carrier.

In the examples reviewed for this scenario, members mapped or remaining in the standard Silver plan offered by their current carrier, for the most part, will see a net reduction compared to their 2019 premium. Ms. Lopes stated that for those in the Silver Coinsurance and Non-Standard Silver plans not eligible for Cost Sharing Reduction (CSR) plans will generally benefit from a richer plan design with this change.

Ms. Lopes added that there is a large population of enrollees in the Choice Silver Alternative plan that will be impacted by this change – approximately 26,000 enrollees, or about 23-24% of overall enrollment. Of this number, there are roughly 10,900 who are in the 45-60 age band. The examples shown for this group have an increased premium ranging from about \$1 to \$39 more vs their current 2019 premium for subsidized enrollees, and about a \$36 to \$230 increased premium for those not eligible for financial assistance. Jill Zorn inquired about the number of individuals who are in the unsubsidized category in the silver metal tier. Ms. Zorn added that due to Silver-loading, there should not be a lot of unsubsidized enrollees purchasing a plan at the Silver metal tier. Ms. Lopes responded that based on information presented by Wakely, approximately 5 percent of all enrollees in the Silver level are unsubsidized. Some of them are already in the standard Silver plan and they would not be impacted. Dr. Ritter stated that the people hurt the worst under this proposal is a small number.

Ms. Lopes summarized the second scenario where after auto-enrollment, the consumer actively shops for a plan and chooses the lowest premium Silver plan, even if that means switching to the other carrier. In the examples reviewed, in most cases, an enrollee would see a reduction in premium compared to 2019 by taking this action. Ms. Lopes described that for enrollees in the Choice Alternative plan in Fairfield, Hartford, Middlesex & New Haven counties, there is no lower premium Silver plan to switch to, so they are already at the lowest premium plan, and would see an increase as shown here of between \$13.40 and \$35.90. In addition, the non-subsidized enrollees in the terminating plans will see an increase, with those in continuing plans sometimes seeing a reduction and, in some instances, no change.

Ms. Lopes described the third scenario where enrollees in a terminating plan who are auto-enrolled into the remaining Silver plan would shop for the lowest premium Bronze plan. The graphic presented last week by Wakely showed results of potential premium savings, and the examples illustrate this as well. For subsidized enrollees, the premium decrease would range from about \$3 to \$438, and for unsubsidized enrollees, the examples show a premium decrease ranging from approximately \$128 to \$606.

Ms. Lopes went on to say that the committee at the prior meeting discussed the possible scenario when the subsidy is increased for people who selected Bronze last year but were eligible for CSRs. Some people currently in the lowest premium Bronze plan will see a reduction with this proposal vs 2019 premium, but others would not see a reduction as they are already maximizing the amount of PTCs that could be applied.

Also discussed last week was whether people in a Bronze plan would move up to Silver when the subsidy is increased by removing the non-standard & standard Coinsurance Silver plans. When comparing the options of the new lowest premium Silver plan to the lowest Bronze plans, in the examples, the enrollee's premium would increase between about$21 to $164, Ms. Lopes referenced the table that was presented at a prior meeting by Robert Blundo, and reviewed the plans with the highest enrollment by enrollees eligible for CSRs. Over 21,000 people who are in the Choice Silver Alternative Plan would be disrupted in this proposal since their plan would be eliminated. The Choice Silver Standard Plan and the Silver PPO Standard Pathway X would be retained under the proposal. The Choice Bronze Standard POS has a total CSR enrollment of 4,449. Ms. Lopes noted that in 2019, 19.3 percent of the CSR-eligible population signed up for the Bronze plan compared to 14.2 percent in 2018 and 11.7 percent in 2017. In the meeting where this information was presented, Mr. Blundo stated this is indicative of the customer movement toward the lower premium Bronze plans.

Mr. Lombardo requested clarification on the number of people who are eligible for higher CSRs that picked a Bronze plan. Ms. Lopes noted that for the 94 percent CSR-eligible category, 4.6 percent selected a Bronze plan. The actual number was around 120 enrollees, and presumably they reviewed their coverage options and chose a plan that suited their needs and cost them less than that of a Silver plan. Robert Blundo, Director of Technical Operations and Analytics confirmed that a lot of these enrollees were associated with a broker. Mr. Lombardo stated that people who are eligible for 94% CSR plans might not be able to afford to pay the cost sharing under a Bronze plan, but noted that since the subsidy determination is based only on income that it could be possible that a person has significant assets to deal with the higher cost sharing. Mr. Tessier stated that a person may not be a high utilizer and does not have a current need for insurance but wants to ensure they have coverage in case of an event. Mr. Blundo reminded the Committee that for the enrollees who were not broker-assisted, as long as they are eligible for the CSR, the Exchange pre-filters plans to display Silver only, and a manual action would have to be taken to un-filter that to see other plans, and at that point a warning appears that they will lose a CSR if they choose a different plan. Ms. Zorn noted that there was a large jump in the number of 73% CSR eligible who selected Bronze for 2019 compared to 2018, and they may have lost financial protection by selecting a plan with a high deductible and questioned whether the premium would have been a lot cheaper. Ms. Lopes noted that the examples to be reviewed will show differences in premium for Bronze plans compared to Silver.

Mr. Kelsey noted that gross premiums for a 40-year old in Fairfield County are in the $500-$600 range, and Bronze plans can be purchased from $300-$400. It is rather a significant difference.

When PTCs are factored in, the Bronze plans from both carriers for enrollees between 100 and 150 percent of FPL can be purchased for almost no premium whereas for Silver, enrollees would be paying approximately $20-$60 a month. This could be one of the reasons why people are making those value judgements. Tu Nguyen pointed out that for those eligible for the 73 percent CSR plans from 2017 through 2019, a significant increase of members moving to the Bronze plan over time can be observed. Mr. Nguyen conveyed that it could be due to the 2018 decision to load the Silver plans for the CSRs, members may have migrated to a Silver plan to avoid paying higher premiums. From 2018 to 2019, the subsidy was cut significantly so members considered Bronze. Mr. Kelsey noted that Silver-loading increased the PTC, so some people were able to buy Bronze for almost no net out-of-pocket costs.

Ms. Lopes indicated that there are a number of examples included within the presentation, but the focus for today is to illustrate a situation for an enrollee eligible for PTC's only, one for an enrollee eligible for both PTC & CSRs, and one for an enrollee not eligible for subsidies, so we will spend time reviewing

- Example 1: individual eligible for APTCs only in Fairfield County
- Example 4: individual eligible for APTCs and 94% CSR in Middlesex County
- Example 10: individual not eligible for subsidies in Hartford County

Ms. Lopes proceeded to review the first example, stating that the top portion of the exhibit represents current 2019 actual premium for all 6 Silver plans and the lowest premium Bronze plan, as well as the maximum tax credit available for a single individual, age 45, with income at 300% of FPL, residing in Fairfield County. The rate for the lowest premium Silver plan is circled in green. The bottom portion of table represents the proposed scenario, using assumptions previously mentioned, with caveats continuing to apply. The maximum subsidy increases by about $113. The current 6 Silver plans would be collapsed down to 2. Ms. Lopes elaborated that for the remaining 2 Silver copay plans, the net premium after the subsidy is displayed. Individuals in any of the 3 Anthem Silver plans would see a lower net premium compared to that of 2019, either when auto-enrolled to the remaining Silver plan or staying in that plan. For individuals in the current CBI Silver plans, a reduction in net premium compared to actual 2019 occurs for 2 of them, one approximately $4 less and the other approximately $113 less, accounting for the difference in the subsidy. Enrollees in the Choice Silver Alternative plan will see an increase of about $38. Ms. Lopes conveyed that for an enrollee currently in the lowest cost Bronze plan, there would be a reduction in net premium from about $128 to about $15.

Therefore, an enrollee in either remaining Silver plan could move to this lowest premium Bronze and reduce their net premium by more than $270 compared to Silver, although the coverage would be much less. Someone in this Bronze plan would need to pay between $271 and $291 more in premium to move to one of the two remaining Silver plans.

Ms. Zorn inquired about the healthcare cost for different counties. Ms. Lopes indicated that Fairfield County is the costliest one as identified in the rate filings. Mr. Kelsey noted that carriers are required to rate where the members live, not where they seek care. Mr. Tessier inquired whether the Fairfield County has the largest AHCT enrollment. Ms. Lopes confirmed and added that the highest concentration of the Exchange's enrollees is in bigger cities with Bridgeport, then Hartford followed by New Haven.

Ms. Lopes reviewed example 4, which has the same structure as just described, but is for someone in Middlesex County, age 60 with income at 145% of the federal poverty level (FPL). As in the previous example, an enrollee in the CBI Silver Choice Alternative plan would see an increase in premium under the proposal. The enrollee in the lowest premium Bronze plan would not see a change in net premium in the proposed scenario since the maximum PTC is already applied, with the net premium of $5.21 reflective of the cost of coverage for non-essential health benefits (EHBs), such as adult vision, for which PTCs cannot be applied. Ms. Lopes reviewed example 10 for an unsubsidized enrollee in the Hartford County where the single enrollee with 450 %FPL in the current CBI Silver Alternative POS and a premium of $845.41 would be mapped to CBI Choice Silver Standard POS with the increased premium of $1,075.86.

Dr. Ritter inquired about last year's anomaly where certain Gold plans in a given county were less expensive that Silver plans in other counties and whether it is still the case. Ms. Lopes indicated that the standard Gold plan offered through one of the carriers is the most expensive premium plan in the individual market. One non-standard Gold plan may be a bit less expensive in some counties than one of the Silver plans, which may result in additional choice for consumers who would find that an HMO plan without out-of-network coverage would meet their needs. Dr. Ritter stated that under the proposal, consumers would still seem to have a lot of choice. Mr. Kelsey stated the two standard Silver plans that would remain have the same design, so consumers would have less choice in terms of plan selection. It is very incumbent upon a carrier being the lowest cost Silver in the market and if they are not, as a consequence, they lose. All the decisions that people make are driven by the amounts of PTCs they receive. Mr. Kelsey stated that you will see further migration to the Bronze plans. Dr. Ritter stated that some people would stay in Silver and others would move to Bronze.

Mr. Kelsey stressed that differences in network composition and elements exist other than plan deductibles and co-insurances that get to the lower premium price points, and they would be taken out of the equation consumers could not choose them. Mr. Kelsey emphasized that the Mission of the Exchange includes a statement about consumers being able to make a choice for the plan that is valuable to them. In that way, that choice is eliminated. Dr. Ritter countered that it will happen only if the carriers will not take the advantage of creating new Bronze plans that incorporate all of those ideas.

Ellen Skinner indicated that choice should be optimized for consumers, giving them the flexibility to choose. Ms. Skinner expressed her concern that in limiting the number of silver plans, a few will benefit at the expense of others. Mr. Nguyen noted that choice is needed. In the Silver alternative plan, the AV is 66 percent, and while it may have a lower deductible, but services by specialists would be subject to the deductible before the copay. Mr. Kelsey stated that people who seek care from a specialist do not represent the majority of enrollees. Mr. Kelsey reiterated the statement that he made at the last meeting of the Committee indicating that 93 percent of people in one of their plans who have deductibles of $2000 or more, fail to meet the deductible in a given year. On average, people with these plans spend about $800 toward their deductibles.

Dr. Ritter noted that over the years, many more services have become subject to the deductible. Mr. Kelsey noted that those individuals who do not meet their deductible thresholds still use their plans. They take advantage of primary care and they are utilizing benefits such as cholesterol lowering medications among others. The vast majority of people are healthy. Mr. Tessier noted that the Exchange currently allows 15 plans per carrier, which includes 5 that are required and 10 that are optional, with 30 possible plans being available. Currently, the Exchange has 17 plans available. Mr. Tessier pointed out that the change would be down by 2 per carrier, therefore instead of 30 plans being available on the Exchange, this number would shrink to 26. Mr. Tessier indicated that there is still opportunity for the carriers to innovate and offer options with those plans. Mr. Tessier expressed his understanding for the downside of the proposal, where less expensive Silver plans could not be offered. Mr. Kelsey stated that in terms of choice, he would eliminate Platinum and most of the Gold plan designs as it seems that carriers are not interested in offering those through the marketplace. There are two non-standard non-HSA plans in the Bronze category.

Mr. Kelsey stressed that ConnectiCare has viewed the Exchange as a robust marketplace for all consumers, but if the Exchange chooses to go down this path, it will become a marketplace for subsidized individuals only and the innovation and choice will happen off the Exchange and the carriers will drain the unsubsidized members off the Exchange. ConnectiCare can innovate and get lower price points off the Exchange. It has not been done up to this point because ConnectiCare wants the Exchange to be a successful marketplace. It may undermine one of the principles and values of what the Exchange offers in the market. Ted Doolittle mentioned the potential benefit of increasing premium tax credits in Connecticut to increase potential funding for a 1332 waiver submission in the future.

Ellen Skinner left at 10:18 a.m.

F. Wakely Consulting: 2020 Plan Design Overview

Julie Andrews, Wakely Consulting Senior Actuary, summarized the topics for the discussion, including the 2020 Plan Offering Review as well as the 2020 Plan Design options to comply with updates to the 2020 Actuarial Value Calculator (AVC).

There was a request for follow up information on the 2020 Plan Offering Review. This topic was discussed during the two previous meetings, where a simple analysis was developed to inform and provide information to facilitate the discussion on the impact of going to one standard Silver plan. This is a hypothetical example and will likely change based on decisions of the carriers, the Insurance Department and the federal regulatory level. She reviewed data displayed for the scenario, including the overall results of estimated households that would see either a reduction in premium, no change or an increase in premium. Ms. Andrews clarified that the table reflects information on percent of policyholders, or households, rather than members.

Ms. Andrews reviewed the information included in the tables for the second scenario, which was requested during the last meeting. These represent the mix of all family plans to maintain consistency in walking through each of the scenarios. For the second scenario where enrollees in a terminating plan move from the auto-enrolled plan to the lowest cost Silver plan, the percentage of households seeing an increase in premium is reduced slightly, from 27% to 24%. This scenario assumes that approximately 15,000 members have switched carriers. Mr. Nguyen noted that 44 percent of the members would have a premium reduction, compared to the first scenario. Mr. Kelsey noted that the premium reduction is a little less in this scenario compared to the prior one.

Mr. Doolittle stated that he is trying to determine what the true financial impact for the consumer would be. Information on the premium changes were presented, but Mr. Doolittle inquired how the AV for the consumer would affect her/him. Ms. Andrews conveyed that the personal AV that each consumer experience is going to be dependent upon their usage of their plans. It is a challenging issue to decipher. Dr. Ritter added that it presents a picture of not only the premium costs, but the actual total enrollee spends on medical services. The latter number is not presented. Ms. Andrews indicated that it is very personal since one enrollee may need medications while other may require inpatient care. Discussion ensued about personal AV and impact it has on individuals.

Ms. Andrews summarized Scenario 3 where individuals in the to be terminated Silver plans move to the lowest cost Bronze plan. 35 percent of Silver not subsidy eligible individuals would see a significant premium reduction of $83 on average, and 100 percent of Silver subsidy eligible population would see a decrease in premium of approximately $144. This does not take into account the fact that these individuals are moving from a Silver plan with an AV range of between 66 percent and 72 percent to one below 66 percent. In this scenario, no one would have an increase in premium, however, premium is not the full story, and you need to take into account the CSR eligible individuals who would now be in a Bronze option. The results for enrollees in Gold and Bronze plans do not change across these scenarios because their plans are not terminating.

Dr. Ritter pointed out that the real thing that will happen is a blend of the three scenarios, as certain people will keep the same carrier even if it is more expensive, some will move to the cheaper Silver plan of the other carrier and some will move down to Bronze, and this assumes that the premiums stay the same, which they won't. So, the assumptions will be changed right off the bat. Ms. Andrews reiterated that these are hypothetical scenarios that have been simplified with no change in premium, so even with the plans having to change to comply with the 2020 AV and the change in available options will have a material impact on what people will experience for premium changes for 2020. Mr. Tessier asked if total dollar amounts of premium tax credit amounts are known for 2018, and what the estimated gross increase would be if this change occurs. Ms. Andrews will work with the team to see if this could be determined.

Chair Grant Ritter deferred the vote on this proposal to the next meeting.

Ms. Andrews summarized the 2020 Actuarial Value Calculator (AVC) results for the current 2019 standard plans. In addition, Ms. Andrews presented the proposed Standard Plan Designs with assumptions and caveats. Ms. Andrews stated that the federal regulation, the Notice of Benefit and Payment Parameters (NBPP) for 2020 has not been finalized yet, and neither have IRS regulations pertaining to High Deductible Health Plans (HDHPs). The NBPP did not reference maximum out-of-pocket limits for Silver CSR plans, but it is possible that these could change in the final rule. She reviewed the 2019 standard plan features that do not have any changes in cost sharing proposed for 2020. Ms. Andrews presented the proposed changes to the Standard Gold Plan Design. Sample Plan 7 was updated for the same cost sharing structure for outpatient hospital services as the other plans under consideration, with the deductible not applying to Lab and X-Ray services. Mr. Lombardo stated that several years ago the Insurance Department determined, based on a data call, that the maximum copay for Lab Services could be $10, so the average cost for these would have been about $20 for 90 percent of the services, although there are outliers. Mr. Tessier proposed Sample Plan 5 as the better alternative, and Ms. Zorn and Mr. Nguyen agreed.

Chair Grant Ritter requested a motion to recommend that the Board of Directors Approve Option 5 as the Standard Gold Plan for the 2020 Plan Year. Motion was made by Robert Tessier and seconded by Theodore Doolittle. Discussion ensued with an amendment to the motion to change the language from “recommend” to “approve” this plan to be included in the package to be voted on at the next meeting. ***Motion passed unanimously.***

Ms. Andrews clarified that the AV shown for the Gold Sample Plan 7 of 81.93 percent was accurate, stating that the change from the plan presented at the last meeting for Outpatient Hospital did not move the dial.

Ms. Andrews went on to explain the Bronze Non-HSA plan. She stated that the AV shown for Sample Plan 4 of 64.5 percent is an update from last week, where it was shown as 64.98 percent. Ms. Andrews indicated that generally, for any plan under review, the out-of-network deductible and maximum out-of-pocket would be adjusted to be at least two times that of in-network, if it does not already exceed that amount. Ms. Andrews stated that there is a contingency proposed should the final regulations related to the maximum out-of-pocket result in a threshold of $8000 rather than $8200, and the carriers are reviewing these. The approach would be to increase the deductible to offset this.

Chair Grant Ritter requested a motion to recommend that the Board of Directors Approve Option 2 as the Standard Bronze Non-HSA Plan for the 2020 Plan Year. Motion was made by Robert Tessier and seconded by Theodore Doolittle. ***Motion passed unanimously.***

Ms. Andrews explained the Standard Silver Copay plan was narrowed down to Sample Plan 2 at the last meeting, and the CSR plan options were created based on this. Discussion ensued around the CSR Variations plans. For the 73% CSR plan option, the maximum out-of-pocket was increased to $6550, the threshold outlined in the proposed federal regulation. Ms. Lopes noted that at the last meeting, the Committee had voted on the Standard Silver Co-Pay Sample Plan 2 Design, so that the CSR plans could be developed and provided to the carriers for AV and Mental Health Parity (MHP) testing, and then voted on as a package. Ms. Andrews reviewed the changes to the 87% CSR plan option, indicating that the maximum out-of-pocket of $2500 is below the $2700 threshold included in the proposed regulation, with the plan close to the top of the AV range. For the 94% CSR plan, the only change was to the Outpatient Hospital cost sharing for consistency with the other plans. Mr. Kelsey requested that the exhibit with the CSR options be updated for the next meeting to include the plan at the 70% AV level. Mr. Tessier suggested that since final decisions on the Silver plan approach for 2020 will be voted on at the next meeting, that he would prefer to defer the vote on these until then.

Further discussion took place about the Silver CSR Variations associated with the standard Silver Coinsurance plan. Votes on those two plans were held off for the next meeting of the Committee. Dr. Ritter asked if there was any consideration to adjust the coinsurance on the 94% CSR plan from 20% to 10%. Ms. Andrews stated that this plan level is limited to a $2700 out-of-pocket maximum, and that might not be an option. It was agreed to hold off on a vote on these plans until the next meeting.

G, H and I (Future Items for Discussion, Action Items and Upcoming Meeting Schedule)

Mr. Crowe indicated that AHCT was tasked with determining the total APTC funds for Connecticut in year 2018 and projecting the total APTC funds for Connecticut for the 2019 and 2020 plan years. In addition, more information on the Silver plans will be provided. The vote on the entire package of Board recommendations will take place following the discussion at the next Committee meeting.

J. Adjournment

Chair Grant Ritter requested a motion to adjourn. Motion was made by Robert Tessier and seconded by Jill Zorn. Motion passed unanimously. ***Meeting adjourned at 11:24 a.m.***