

Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting April 11, 2019

access health

Agenda

- Call to Order and Introductions
- Public Comment
- Votes: Meeting Minutes (March 28, 2019)
- Follow-Ups from Prior Meeting
- 2020 Plan Offering Review [Vote]
- Wakely Consulting: 2020 Plan Design Review
 - Summary of Plan Actuarial Value Calculator (AVC) Results
 - Proposed Standard Plan Designs
 - Gold [Vote]
 - Bronze Non-HSA [Vote]
 - Silver Copay Cost Sharing Reduction (CSR) Variations [Vote]
 - Silver Coinsurance Cost Sharing Reduction (CSR) Variations [Vote]
 - Package of 2020 Standardized Plans: Recommendation to Board [Vote]
 - Maximum Out-of-Pocket (MOOP) Contingency Plan [Vote]
- Future Items for Discussion
- Action Items
- Upcoming Meeting Schedule
- Adjournment



Public Comment



Votes:

Review and Approval of Minutes: March 28, 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
On-Exchange Marketplace Premiums and Premium Tax Credits	Included in this presentation
Silver Plans: Side-by-Side View Including 70% Actuarial Value Level plus Cost Sharing Reduction (CSR) Plans	Included in this presentation
Review Additional Alternative for Standard Silver Coinsurance 94% Cost Sharing Reduction Plan	Included in this presentation
Maximum Out-of-Pocket (MOOP) Back-Up Plan	Included in this presentation



Proposal to Permit Only One Standard Silver Plan



- Proposal to Modify the Number of Plans Carriers Can Submit at the Silver Metal Level in the Individual Market
 - Move from up to three plans (2 required standard, 1 optional non-standard) to only one required standard (Silver Copay plan)

	2019 INDIVIDUAL MARKET		
Metal Level	Standardized Plans	Non-Standard Plans	
Platinum	N/A	2	
Gold	1	3	
Silver	2	1	
Bronze	2	3	
Catastrophic	N/A	1	
TOTAL	5 Required	10 Optional	
Maximum per Issuer	15		





- Proposal to Modify the Number of Plans Carriers Can Submit at the Silver Metal Level in the Individual Market
 - Single Silver plan per carrier that remains will result in increase in amount of Premium Tax Credit (PTC)

2019 Actual	Anthem Blue Cross Blue Shield			Connection	Care Benefits, Ir	nc. (CBI)
Plan Design	Silver PPO Pathway X Tiered	Silver PPO Standard Coinsurance Pathway X	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS

Proposed: 1 Silver Plan Per Carrier	Anthem Blue Cross Blue Shield	ConnectiCare Benefits, Inc. (CBI)
Plan Design	Silver PPO Standard Pathway X	Choice Silver Standard POS



- Enrollment Action Scenarios Reviewed by Wakely Consulting
 - 1: Enrollees in terminating plans are auto-enrolled into their current carrier's remaining Silver plan, per federal re-enrollment regulations, including hierarchy of product/plan assignment [45 CFR §155.335(j)]
 - 2: After auto-enrollment, enrollee not already assigned to the lowest premium Silver plan available, switches to the lowest premium Silver plan (moving to other carrier's Silver plan)
 - 3: After auto-enrollment, enrollee selects the lowest premium Bronze plan (may result in move to other carrier)
- Results outlined for scenarios based on membership as of end of 2019 open enrollment period



Plan Enrollment: Most Popular Plan for 2018 & 2019

	2018	2019	
Carrier / Plan Name	Enrollment	Enrollment	Change
CBI Choice Silver Alternative POS	3,437	26,385	+22,948
CBI Choice Silver Standard POS	42,806	12,894	-29,912

AHCT Enrollee Plan Options: 2018 vs 2019

Metal Level	2018	2019	Change
Catastrophic	2	2	0
Bronze	8	6	-2
Silver	7	6	-1
Gold	3	3	0
Total	20	17	-3



- The following information provided by Wakely Consulting was considered in evaluating the proposal:
 - Disclosures, risks and uncertainties, assumptions and caveats regarding the enrollment action scenarios reviewed
 - Refer to materials posted to AHCT agency website, Advisory Committee, Health Plan Benefits and Qualifications meetings for March 14, 21 & 28, 2019
 - Under Scenario 1, the net premium change estimated for enrolled QHP households is:
 - Decrease in average net premium of \$148 for 40% for subsidy eligibles (Gold, Silver & Bronze metal levels)
 - Increase in average net premium for:
 - 53% of subsidized Silver households (average premium increase of \$39)
 - 35% of unsubsidized Silver households (average premium increase of \$222)
 - Market disruption and member confusion for consumers in plans that would be terminated (31.9% of policyholders, or ~32,500 enrollees)



- Summary of considerations reviewed in evaluating the proposal:
 - Second consecutive year of enrollee disruption
 - Fewer plans limits consumer choice
 - Reduces number of innovative plan designs
 - Increased premium with minimal benefit improvement for some Silver CSR enrollees
 - Anticipate further migration to lower premium Bronze plans
 - Less competitive 'on-exchange' plans
 - Uncertainty of carrier plan rate filings / positioning
 - Potential unknown influences
 - Connecticut Insurance Department Rate Decisions
 - State legislation under consideration
 - Federal changes regarding CSRs
- Additional considerations



On-Exchange Marketplace Premiums and APTCs

Ma	Marketplace Policy Payments			
	2017	2018	2019 ¹	
Total Policies With Valid Coverage ²	104,170	95,003	80,256	
Total Member Months ²	1,198,529	1,191,406	1,265,961	
Total Premium(\$)	\$630,562,293	\$814,551,292	\$779,450,300	
Total APTC(\$)	\$375,885,857	\$533,166,611	\$449,612,425	
Total Responsible Amount(\$)	\$254,676,436	\$281,384,681	\$329,837,875	
Total Premium PMPM(\$)	\$526.11	\$683.69	\$615.70	
Total APTC PMPM(\$)	\$313.62	\$447.51	\$355.16	
Total Responsible PMPM(\$)	\$212.49	\$236.18	\$260.54	

 $^{^{1}}$ Premium and APTC amounts are projected between March – December 2019. Projected premiums and APTC are traditionally 10% - 20% higher than actual year end observed premium. 2 Counts of policies and members include both subsidized and non-subsidized enrollees

Further Discussion / Vote





2020 Individual Market Standard Plan Designs

PRESENTED BY

Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

Agenda

2020 Plan Design Review

- Summary of Plan AVCs
- Proposed Plan Designs
 - Gold
 - Bronze Non-HSA
 - Silver Copay CSR Variations
 - Silver Coinsurance CSR Variations
 - MOOP Contingency Plan



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



2019 Plan Design Overview with 2020 Plan Proposals

The 2020 plan proposals <u>have</u> 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., \$1,000 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 Gold Plan, 80% AV

Individual Market	2019 Gold	Sample Plan 5
Medical Deductible	\$1,300 (INN)/\$3,000 (OON)	\$1,300(INN)/\$3,000 (OON)
Rx Deductible	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)
Out-of-pocket Maximum	\$5,000 (INN)/\$10,000 (OON)	\$5,250 (INN)/\$10,500 (OON)
Primary Care	\$20	\$20
Specialist Care	\$40	\$40
Urgent Care	\$50	\$50
Emergency Room	\$200	\$400
Outpotiont Hospital	\$500	\$300@ASC/\$500 otherwise
Outpatient Hospital	(after ded.)	(after ded.)
Non-Advanced Radiology	\$40	\$40
(X-ray, Diagnostic)	(after ded.)	(after ded.)
Laboratory Cornicas	\$10	\$10
Laboratory Services	(after ded.)	(after ded.)
Generic / Preferred Brand /	\$5 / \$25 / \$50 / 20%	\$5 / \$35 / \$60 / 20%
Non-Preferred Brand /	(spec. after ded., \$100 max per	(spec. after ded., \$100 max
Specialty Rx	spec. script)	per spec. script)
2020 AVC Results		81.91%



Further Discussion/Vote



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

Individual Market	2019 Bronze Non-HSA	Sample Plan 2
Combined Medical/Rx Deductible	\$6,000 (INN)/\$12,000 (OON)	\$6,075 (INN)/\$12,150 (OON)
Out-of-pocket Maximum	\$7,900 (INN)/\$15,800 (OON)	\$8,200 (INN)/\$16,400 (OON)
Primary Care	\$40	\$40
Specialist Care	\$50 (after ded.)	\$60 (after ded.)
Urgent Care	\$75	\$75
Emergency Room	\$200 (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	\$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)
2020 AVC Results		64.98%



Further Discussion/Vote



2020 - Individual Market Silver Copay Plan, 70% AV

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Individual Market	2019 Silver Copay	Sample Plan 2
Medical Deductible	\$4,300 (INN)/\$8,600 (OON)	\$4,300 (INN)/\$8,600 (OON)
Rx Deductible	\$250 (INN)/\$500 (OON)	\$250 (INN)/\$500 (OON)
Out-of-pocket Maximum	\$7,900 (INN)/\$15,800 (OON)	\$8,200 (INN)/\$16,400 (OON)
Primary Care	\$40	\$40
Specialist Care	\$50	\$60
Urgent Care	\$75	\$75
Emergency Room	\$200 (after ded.)	\$450 (after ded.)
Outpatient Hospital	\$500 (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Non-Advanced Radiology	\$40	\$40
(X-ray, Diagnostic)	(after ded.)	(after ded.)
Laborator Construi	\$10	\$10
Laboratory Services	(after ded.)	(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)
2020 AVC Results		71.93%



2020 - Individual Market Silver 73% AV CSR Copay Plan

Individual Market	2019 Silver Copay, 73% CSR	Sample Plan 2, 73% CSR
Medical Deductible	\$3,900	\$3,900
Rx Deductible	\$250	\$250
Out-of-pocket Maximum	\$6,300	\$6,550
Primary Care	\$40	\$40
Specialist Care	\$50	\$60
Urgent Care	\$75	\$75
Emargan sy Doom	\$200	\$450
Emergency Room	(after ded.)	(after ded.)
Outpatient Hospital	\$500	\$300@ASC/\$500 otherwise
Outpatient nospital	(after ded.)	(after ded.)
Non-Advanced Radiology	\$40	\$40
(X-ray, Diagnostic)	(after ded.)	(after ded.)
Laboratory Corvices	\$10	\$10
Laboratory Services	(after ded.)	(after ded.)
Generic / Preferred Brand / Non-	\$5 / \$35 / \$60 / 20%	\$10 / \$45 / \$70 / 20%
Preferred Brand / Specialty Rx	(all but generic after ded., \$100	(all but generic after ded.,
Freieried Brand / Specialty KX	max per spec. script)	\$100 max per spec. script)
2020 AVC Results		73.97%



2020 - Individual Market Silver 87% AV CSR Copay Plan

Individual Market	2019 Silver Copay, 87% CSR	Sample Plan 2, 87% CSR
Medical Deductible	\$600	\$650
Rx Deductible	\$50	\$50
Out-of-pocket Maximum	\$2,300	\$2,500
Primary Care	\$20	\$20
Specialist Care	\$35	\$45
Urgent Care	\$50	\$50
Emergency Room	\$75 (after ded.)	\$150 (after ded.)
Outpatient Hospital	\$100 (after ded.)	\$60@ASC/\$100 otherwise (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 (after ded.)	\$30 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10 (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$20 / \$35 / 20% (all but generic after ded., \$60 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)
2020 AVC Results		87.88%



2020 - Individual Market Silver 94% AV CSR Copay Plan

Individual Market	2019 Silver Copay, 87% CSR	Sample Plan 2, 94% CSR
Medical Deductible	\$0	\$0
Rx Deductible	\$0	\$0
Out-of-pocket Maximum	\$900	\$900
Primary Care	\$10	\$10
Specialist Care	\$30	\$30
Urgent Care	\$40	\$40
Emergency Room	\$50	\$50
Outpatient Hospital	\$75	\$45@ASC/\$75 otherwise
Non-Advanced Radiology (X-ray, Diagnostic)	\$25	\$25
Laboratory Services	\$10	\$10
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2020 AVC Results		94.98%



2020 - Individual Market Silver Copay CSR Options

	Individual Market Silver	Individual Market Silver	Individual Market Silver	Individual Market Silver
Individual Market	70% Plan –	73% Plan –	87% Plan –	94% Plan –
In-network Benefits	Copay Option	Copay Option	Copay Option	Copay Option
Medical Deductible	\$4,300	\$3,900	\$650	\$0
Rx Deductible	\$250	\$250	\$50	\$0
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$8,200	\$6,550	\$2,500	\$900
Primary Care	\$40	\$40	\$20	\$10
Specialist Care	\$60	\$60	\$45	\$30
Urgent Care	\$75	\$75	\$50	\$40
Emorgona, Doom	\$450	\$450	\$150	\$50
Emergency Room	(after ded.)	(after ded.)	(after ded.)	\$50
Inpatient Hospital	\$500 Per Day (after ded., \$2,000 max. per admission)	\$500 Per Day (after ded., \$2,000 max. per admission)	\$100 Per Day (after ded., \$400 max. per admission)	\$75 Per Day (\$300 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$60	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$30 (after ded.)	\$25
Laboratory Services	\$10 (after ded.)	\$10 (after ded.)	\$10 (after ded.)	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	¢30	\$30	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$50	\$50	\$30	\$20
All Other Medical	40%	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$200 max per spec. script)	\$ 100 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
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Further Discussion/Vote



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

The 2020 plan samples <u>have</u> 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	Plan – Coinsurance	2020 Individual Market Silver 94% Plan – Coinsurance Option 2	2020 Individual Market Silver 94% Plan – Coinsurance Option 3
Medical Deductible	\$0	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0	\$0
Coinsurance	20%	20%	15%	10%
Out-of-pocket Maximum	\$750 (2x family)	\$800 (2x family)	\$925 (2x family)	\$1,400 (2x family)
2020 AVC Results		94.81%	94.95%	94.92%



2020 - Individual Market Silver Coinsurance CSR Options

Individual Market In-Network Benefits	Individual Market Silver 70% Plan – Coinsurance Option	Individual Market Silver 73% Plan – Coinsurance Option	Individual Market Silver 87% Plan – Coinsurance Option	Individual Market Silver 94% Plan – Coinsurance Option 1
Medical Deductible Rx Deductible Out-of-pocket Maximum	\$3,500 (2x family) \$250 (2x family) \$7,900 (2x family)	\$2,750 (2x family) \$250 (2x family) \$6,550 (2x family)	\$500 (2x family) \$50 (2x family) \$2,400 (2x family)	\$0 \$0 \$800 (2x family)
Primary Care Specialist Care	30% 30% (after ded.)	30% 30% (after ded.)	20% 20% (after ded.)	20%
Urgent Care	30% (after ded.)	30% (after ded.)	20% (after ded.)	20%
Emergency Room	30% (after ded.)	30% (after ded.)	20% (after ded.)	20%
Inpatient Hospital	30% (after ded.)	30% (after ded.)	20% (after ded.)	20%
Outpatient Hospital	30% (after ded.)	30% (after ded.)	20% (after ded.)	20%
Advanced Radiology (CT/PET Scan, MRI)	30% (after ded.)	30% (after ded.)	20% (after ded.)	20%
Non-Advanced Radiology (X-ray, Diagnostic)	30% (after ded.)	30% (after ded.)	20% (after ded.)	20%
Laboratory Services	30% (after ded.)	30% (after ded.)	20% (after ded.)	20%
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	30% (after ded.)	30% (after ded.)	20% (after ded.)	20%
Chiropractic Care 20 visit calendar maximum	30% (after ded.)	30% (after ded.)	20% (after ded.)	20%
All Other Medical	30%	30%	30%	30%
Generic / Preferred Brand / Non- Preferred Brand / Specialty Rx	\$5 / 30% / 30% / 30% (all but generic after Rx ded., \$200 max per spec. script)	(all but generic after Rx ded.,	\$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



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 approved by each carrier for AV/MHP
 - 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

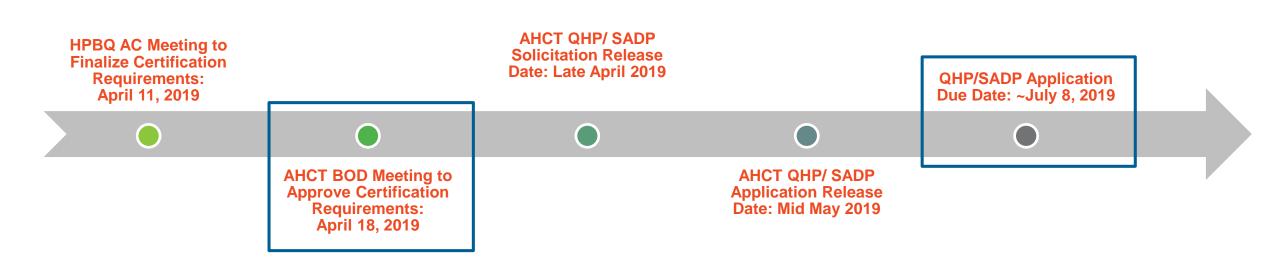


Further Discussion/Vote





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, including Standardized Plan Designs	April 18, 2019
for Board of Directors Review and Approval	



Appendix



2019 AHCT Enrollment by Plan / Subsidy Eligibility*

				Not Subsidy	
Carrier	Plan Name	APTC	APTC + CSR	Eligible	Grand Total
CBI	Choice Catastrophic POS	221	35	1,395	1,651
Anthem	Catastrophic HMO Pathway X Enhanced	19	12	228	259
CBI	Passage Bronze Alternative PCP POS	2,410	1,568	2,619	6,597
CBI	Choice Bronze Standard POS	7,402	4,449	7,406	19,257
CBI	Choice Bronze Standard POS HSA	3,492	1,486	8,314	13,292
Anthem	Bronze HMO Pathway X Enhanced Tiered	681	544	1,146	2,371
Anthem	Bronze PPO Standard Pathway X for HSA	624	402	1,618	2,644
CBI	Choice Silver Alternative POS	3,907	21,778	700	26,385
Anthem	Bronze PPO Standard Pathway X	1,376	1,133	2,464	4,973
CBI	Choice Silver Standard Coinsurance POS	590	1,726	163	2,479
Anthem	Silver PPO Pathway X Tiered	765	2,057	255	3,077
Anthem	Silver PPO Standard Coinsurance Pathway X	135	355	86	576
CBI	Choice Silver Standard POS	3,256	8,068	1,570	12,894
Anthem	Silver PPO Standard Pathway X	2,172	4,850	1,453	8,475
Anthem	Gold HMO Pathway X Enhanced Tiered	347	246	321	914
CBI	Choice Gold Standard POS	1,401	699	1,981	4,081
Anthem	Gold PPO Standard Pathway X	240	208	693	1,141
	Total	29,038	49,616	32,412	111,066
	Percent of Total	26.14%	44.67%	29.18%	



2018 AHCT Enrollment by Plan / Subsidy Eligibility*

Carrier	Plan Name	APTC	APTC + CSR	Not Subsidy Eligible	Grand Total
CBI	Choice Catastrophic POS	124	55	965	1,144
Anthem	Catastrophic HMO Pathway X Enhanced	75	29	504	608
CBI	Choice Bronze Standard POS HSA	4,726	2,056	11,258	18,040
CBI	Passage Bronze Alternative PCP POS	519	414	754	1,687
Anthem	Bronze High Deductible HMO Pathway X Enhanced	112	45	607	764
CBI	Choice Bronze Standard POS	2,835	2,337	2,839	8,011
Anthem	Bronze HMO Pathway X Enhanced for HSA	440	437	778	1,655
Anthem	Bronze HMO Pathway X Enhanced	393	271	555	1,219
Anthem	Bronze PPO Standard Pathway X for HSA	675	484	1,312	2,471
Anthem	Bronze PPO Standard Pathway X	2099	1,540	2,588	6,227
CBI	Choice Silver Standard POS	9,444	30,841	2,521	42,806
CBI	Passage Silver Alternative PCP POS	483	1,109	125	1,717
CBI	Choice Silver Alternative POS	1,388	1,649	400	3,437
CBI	Choice Gold Standard POS	2.383	1.343	2.198	5.924
Anthem	Silver PPO Standard Pathway X	3,038	8,230	1,452	12,720
Anthem	Silver Core PPO Pathway X	584	1,547	273	2,404
Anthem	Silver High Deductible HMO Pathway X Enhanced	6	104	6	116
Anthem	Silver Low Deductible HMO Pathway X Enhanced	44	155	11	210
Anthem	Gold HMO Pathway X Enhanced	467	345	415	1,227
Anthem	Gold PPO Standard Pathway X	418	383	946	1,747
	Total	30,253	53,374	30,507	114,134
	Percent of Total	26.51%	46.76%	26.73%	

^{*}As of end of Open Enrollment for 2018 Plan Year (Individual Market)
Plans displayed in ascending order by premium rate in Hartford County
Anthem = Anthem Blue Cross Blue Shield; CBI = ConnectiCare Benefits, Inc.



AHCT Consumers & Buying Patterns: Plan Selection by Enrollees Eligible for CSRs*

Proportion of CSR Eligible Enrollment By Plan Metal, CSR Tier, & Year

		2017		2017		2018		2018		2019		2019
Metal	94% CSR	87% CSR	73% CSR	Total	94% CSR	87% CSR	73% CSR	Total	94% CSR	87% CSR	73% CSR	Total
Catastrophic	0.1%	0.1%	0.3%	0.1%	0.1%	0.1%	0.3%	0.2%	0.1%	0.0%	0.2%	0.1%
Bronze	2.7%	10.1%	22.8%	11.7%	3.6%	11.2%	27.2%	14.2%	4.6%	13.8%	37.5%	19.3%
Silver	95.7%	87.3%	69.3%	84.4%	94.6%	86.5%	64.6%	81.8%	94.4%	84.9%	57.7%	78.3%
Gold	1.6%	2.5%	7.6%	3.8%	1.7%	2.1%	8.0%	3.9%	0.9%	1.3%	4.6%	2.3%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Most Popular CSR Eligible Plans By CSR Tier

		201			2019
#	Plan Name	94% CSR	87% CSR	73% CSR	Total
1	Choice Silver Alternative POS	7,196	9,712	4,870	21,778
2	Choice Silver Standard POS	2,447	3,466	2,155	8,068
3	Silver PPO Standard Pathway X	1,166	2,233	1,451	4,850
4	Choice Bronze Standard POS	220	1,213	3,016	4,449



Consumer Experience

Proposal to Allow Only One Standard Silver Plan per Carrier



- Premium Change Comparison Examples Scenarios 1, 2 & 3
- Single enrollee, ages 45 and 60
 - Appx 40%* of all AHCT QHP enrollees fall within the 45 to 60 age band
 - Appx 72%* of all AHCT QHP households have 1 enrollee
- Enrollee Income
 - Various income levels relative to the Federal Poverty Level (FPL)
 - 145%, 175%, 225%, 300% for subsidized enrollees, aligning with different Silver Cost Sharing Reduction (CSR) plan levels, as well as eligibility for Premium Tax Credits (PTCs) only
 - 450% for unsubsidized enrollees
- Enrollee Residence
 - Examples for each county for subsidized enrollees
 - Examples for the 4 most populated counties for non-subsidized enrollees



- Summary of Review for Scenario 1 Auto-enrollment
 - Subsidized enrollees: for most situations reviewed, members <u>mapped from a Silver plan or</u> <u>continuing in current carrier remaining Silver plan</u> see a net reduction vs 2019 premium (ranges from -\$4.20 to -\$262.59)
 - Exception: Enrollees mapped from the Choice Silver Alternative plan see an increase in all counties vs 2019 premium (ranges from +\$1.35 to +\$39.42)
 - Exception: Enrollees mapped from the Choice Silver Standard Coinsurance plan in New Haven County see an increase vs 2019 premium (age 45, 300% FPL: <\$1)
 - Unsubsidized enrollees: for all 4 examples, members <u>mapped from</u> any of the terminating Silver plans see a net increase vs 2019 premium (ranges from +\$36.54 to +\$230.45)
 - Enrollees continuing in current carrier remaining Silver plan see no change



- Summary of Review for Scenario 2 Actively enroll in lowest premium Silver plan
 - Subsidized enrollees: for most situations reviewed, members taking action to select the remaining Silver plan of the other carrier with the lowest premium see a net reduction in premium vs 2019 (ranges from -\$2.56 to -\$412.24)
 - Exception: Enrollees in Fairfield, Hartford, Middlesex and New Haven with the Choice Silver Alternative plan in 2019 see an increase vs 2019 (ranges from +\$13.40 to +\$35.90)
 - Unsubsidized enrollees: When taking action to select the remaining Silver plan with the lowest premium, for all 4 examples:
 - Enrollees in the terminating plans will see a net increase in premium vs 2019 (ranges from +\$16.56 to +\$265.16)
 - Enrollees in one of the continuing plans will see a net reduction in premium vs 2019 (ranges from -\$3.52 to -\$149.65), while enrollees in the other continuing plan will see no change in premium vs 2019



- Summary of Review for Scenario 3 Actively enroll in lowest premium Bronze plan
 - Subsidized enrollees: for all examples, members taking action to select the lowest premium Bronze plan (rather than the auto-enrolled Silver plan) see a net reduction in premium vs 2019 Silver plan premium (ranges from -\$3.70 to -\$438.66)
 - Unsubsidized enrollees: for all 4 examples, members taking action to select the lowest premium Bronze plan (rather than the auto-enrolled Silver plan) see a net reduction in premium vs 2019 Silver plan premium (ranges from -\$128.37 to -\$606.67)



- Enrollees in 2019 lowest cost Bronze plan
 - Impact to net premium if proposal to allow only one standard Silver plan is adopted:
 - Subsidized enrollees: 2019 Bronze plan premium would be reduced in two examples (-\$113.10 in Fairfield and -\$98.70 in New Haven), but there would be no change in all other scenarios as the PTC is already maximized
 - Unsubsidized enrollees: no change
 - Will enrollee consider moving to the lowest premium Silver plan?
 - Subsidized enrollees: Net plan premium would increase (ranges from +\$21.23 to +\$164.27) in all situations other than Example 8 (reduction of \$0.10)
 - Unsubsidized enrollees: Net plan premium would increase (ranges from +\$262.97 to +\$457.02) in all situations



Consumer Examples: Table of Contents

Household Composition / Age / Income / County of Residence	Number
Single Enrollee, Age 45, Income at 300% of FPL (~\$36,400), Fairfield County	1
Single Enrollee, Age 60, Income at 225% of FPL (~\$27,300), Hartford County	2
Single Enrollee, Age 45, Income at 175% of FPL (~\$21,200), Litchfield County	3
Single Enrollee, Age 60, Income at 145% of FPL (~\$17,600), Middlesex County	4
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Structure of Exhibits

High level information on scenario, including enrollee family size, age, income level relative to the Federal Poverty Level (FPL) and county of residence

ROWS	COLUMNS				
2019 Actual	Identifies grouping of carrier plans: 3 Silver each for Anthem Blue Cross Blue Shield (Anthem) & ConnectiCare Benefits, Inc. (CBI), with the lowest premium Bronze plan (CBI)				
Plan Design	Each column identifies Plan Name - those in red font would be eliminated in the proposed scenario				
Maximum Amount of Tax Credit	Identifies the maximum tax credit available for 2019 (based on household composition / age / income / residence)				
Premium Before Tax Credit	Identifies the 2019 premium rate for each plan (based on household composition, age and residence); Green circle represents the lowest premium Silver plan				
Net Premium After Maximum Tax Credit Identifies the 2019 net premium after the maximum tax credit is applied					

Proposed: 1 Silver Plan Per Carrier	Identifies grouping of carrier plans: 1 Silver each for Anthem & CBI , with the lowest premium Bronze plan (CBI)
I Mayimiim Amolint ol lay Credit	Represents the maximum tax credit available for the proposed scenario (based on household composition / age / income / residence) with 2 Silver plans offered (1 per carrier)
Net Premium After Maximum Tax Credit	Represents 2019 net premium for remaining Silver & lowest premium Bronze plans after maximum tax credit is applied in proposed scenario; Green circle represents lowest net premium Silver plan after max tax credit



Consumer Example 1 (APTC Only)

Single Enrollee, Age 45, Income at 300% of FPL (~ \$36,400), Resident of Fairfield County

2019 Actual	Anthem Blue Cross Blue Shield			ConnectiCare Benefits, Inc. (CBI)			CBI)
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$285.28			
Premium Before Tax Credit	\$588.00	\$645.80	\$684.82	\$553.56	\$595.56	\$704.46	\$413.29
Net Premium After Maximum Tax Credit	\$302.72	\$360.52	\$399.54	\$268.28	\$310.28	\$419.18	\$128.01
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Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze		
Maximum Amount of Tax Credit	\$398.38 (+\$113.10 compared to current 2019)				
Net Premium After Maximum Tax Credit	\$286.44	\$306.08	\$14.91		



Consumer Example 2 (APTC & 73% CSR)

Single Enrollee, Age 60, Income at 225% of FPL (~ \$27,300), Resident of Hartford County

2019 Actual	Anthem Blue Cross Blue Shield			ConnectiCare Benefits, Inc. (CBI)			CBI)
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$731.17			
Premium Before Tax Credit	\$964.47	\$1,059.30	\$1,123.30	\$845.41	\$909.57	\$1,075.86	\$631.19
Net Premium After Maximum Tax Credit	\$233.30	\$328.13	\$392.13	\$114.24	\$178.40	\$344.69	\$4.80
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Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze		
Maximum Amount of Tax Credit	\$948.22 (+\$217.05 compared to current 2019)				
Net Premium After Maximum Tax Credit	\$175.08	\$127.64	\$4.80		



Consumer Example 3 (APTC & 87% CSR)

Single Enrollee, Age 45, Income at 175% of FPL (~ \$21,200), Resident of Litchfield County

2019 Actual	Anthem	Blue Cross B	lue Shield	Cor	nectiCare Be	nefits, Inc. (CBI)
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$399.48			
Premium Before Tax Credit	\$497.13	\$545.99	\$578.99	\$496.38	\$534.03	\$631.68	\$370.59
Net Premium After Maximum Tax Credit	\$97.65	\$146.51	\$179.51	\$96.90	\$134.55	\$232.20	\$2.82

Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze			
Maximum Amount of Tax Credit	\$530.83 <i>(</i> + <i>\$13</i> 1	\$530.83 (+\$131.35 compared to current 2019)				
Net Premium After Maximum Tax Credit	\$48.16	\$100.85	\$2.82			



Consumer Example 4 (APTC & 94% CSR)

Single Enrollee, Age 60, Income at 145% of FPL (~ \$17,600), Resident of Middlesex County

2019 Actual	Anthem	Blue Cross B	lue Shield	Cor	nnectiCare Be	enefits, Inc. (CBI)
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$922.71			
Premium Before Tax Credit	\$1,034.79	\$1,136.54	\$1,205.21	\$918.91	\$988.63	\$1,169.41	\$686.07
Net Premium After Maximum Tax Credit	\$112.08	\$213.83	\$282.50	\$8.91	\$65.92	\$246.70	\$5.21
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Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze			
Maximum Amount of Tax Credit	\$1,142.97 <i>(</i> + <i>\$22</i>	\$1,142.97 (+\$220.26 compared to current 2019)				
Net Premium After Maximum Tax Credit	\$62.24	\$26.44	\$5.21			



Consumer Example 5 (APTC Only)

Single Enrollee, Age 45, Income at 300% of FPL (~ \$36,400), Resident of New Haven County

2019 Actual	Anthem	Blue Cross B	lue Shield	Cor	nnectiCare Be	nefits, Inc. (CBI)
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$240.56			
Premium Before Tax Credit	\$550.57	\$604.70	\$641.24	\$506.64	\$545.10	\$644.76	\$378.27
Net Premium After Maximum Tax Credit	\$310.01	\$364.14	\$400.68	\$266.08	\$304.54	\$404.20	\$137.71

Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze		
Maximum Amount of Tax Credit	\$339.26 (+\$98.70 compared to current 2019)				
Net Premium After Maximum Tax Credit	\$301.98	\$305.50	\$39.01		



Consumer Example 6 (APTC & 73% CSR)

Single Enrollee, Age 60, Income at 225% of FPL (~ \$27,300), Resident of New London County

2019 Actual	Anthem	Blue Cross B	lue Shield	Cor	nnectiCare Be	enefits, Inc. (CBI)
Plan Design	Silver PPO Pathway X Tiered	Silver PPO Standard Coinsurance Pathway X	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$793.68			
Premium Before Tax Credit	\$934.35	\$1,026.19	\$1,088.21	\$972.70	\$1,046.52	\$1,237.86	\$631.19
Net Premium After Maximum Tax Credit	\$140.67	\$232.51	\$294.53	\$179.02	\$252.84	\$444.18	\$5.52

Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze			
Maximum Amount of Tax Credit	\$1,056.27 <i>(</i> +\$26	\$1,056.27 (+\$262.59 compared to current 2019)				
Net Premium After Maximum Tax Credit	\$31.94	\$181.59	\$5.52			



Consumer Example 7 (APTC & 87% CSR)

Single Enrollee, Age 45, Income at 175% of FPL (~ \$21,200), Resident of Tolland County

2019 Actual	Anthem	Blue Cross Blue Shield ConnectiCare Benefits, Inc. (CBI)			CBI)		
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$409.81			
Premium Before Tax Credit	\$497.13	\$545.99	\$578.99	\$509.47	\$548.13	\$648.36	\$380.38
Net Premium After Maximum Tax Credit	\$87.32	\$136.18	\$169.18	\$99.66	\$138.32	\$238.55	\$2.89

Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze			
Maximum Amount of Tax Credit	\$547.35 <i>(</i> +\$137	\$547.35 (+\$137.54 compared to current 2019)				
Net Premium After Maximum Tax Credit	\$31.64	\$101.01	\$2.89			



Consumer Example 8 (APTC & 94% CSR)

Single Enrollee, Age 60, Income at 145% of FPL (~ \$17,600), Resident of Windham County

2019 Actual	Anthem Blue Cross Blue Shield			ConnectiCare Benefits, Inc. (CBI)			CBI)
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$891.93			
Premium Before Tax Credit	\$934.35	\$1,026.19	\$1,088.21	\$957.55	\$1,030.21	\$1,218.59	\$714.92
Net Premium After Maximum Tax Credit	\$42.42	\$134.26	\$196.28	\$65.62	\$138.28	\$326.66	\$5.43
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Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze			
Maximum Amount of Tax Credit	\$1,150.44 <i>(</i> + <i>\$25</i>	\$1,150.44 (+\$258.51 compared to current 2019)				
Net Premium After Maximum Tax Credit	\$5.33	\$68.15	\$5.43			



Consumer Example 9 (Not Subsidized)

Single Enrollee, Age 45, Income at 450% of FPL (~ \$54,600), Resident of Fairfield County

2019 Actual	Anthem Blue Cross Blue Shield			ConnectiCare Benefits, Inc. (CBI)			
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$0.00			
Premium Before Tax Credit	\$588.00	\$645.80	\$684.82	\$553.56	\$595.56	\$704.46	\$413.29
Net Premium After Maximum Tax Credit	\$588.00	\$645.80	\$684.82	\$553.56	\$595.56	\$704.46	\$413.29
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Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze
Maximum Amount of Tax Credit		\$0.00	
Net Premium After Maximum Tax Credit	\$684.82	\$704.46	\$413.29



Consumer Example 10 (Not Subsidized)

Single Enrollee, Age 60, Income at 450% of FPL (~ \$54,600), Resident of Hartford County

2019 Actual	Anthem Blue Cross Blue Shield			ConnectiCare Benefits, Inc. (CBI)			
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$0.00			
Premium Before Tax Credit	\$964.47	\$1,059.30	\$1,123.30	\$845.41	\$909.57	\$1,075.86	\$631.19
Net Premium After Maximum Tax Credit	\$964.47	\$1,059.30	\$1,123.30	\$845.41	\$909.57	\$1,075.86	\$631.19
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Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze
Maximum Amount of Tax Credit		\$0.00	
Net Premium After Maximum Tax Credit	\$1,123.30	\$1,075.86	\$631.19



Consumer Example 11 (Not Subsidized)

Single Enrollee, Age 45, Income at 450% of FPL (~ \$54,600), Resident of New Haven County

2019 Actual	Anthem Blue Cross Blue Shield			ConnectiCare Benefits, Inc. (CBI)			
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$0.00			
Premium Before Tax Credit	\$550.57	\$604.70	\$641.24	\$506.64	\$545.10	\$644.76	\$378.27
Net Premium After Maximum Tax Credit	\$550.57	\$604.70	\$641.24	\$506.64	\$545.10	\$644.76	\$378.27
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Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze
Maximum Amount of Tax Credit		\$0.00	
Net Premium After Maximum Tax Credit	\$641.24	\$644.76	\$378.27



Consumer Example 12 (Not Subsidized)

Single Enrollee, Age 60, Income at 450% of FPL (~ \$54,600), Resident of New London County

2019 Actual	Anthem Blue Cross Blue Shield			ConnectiCare Benefits, Inc. (CBI)			
Plan Design	Silver PPO Pathway X Tiered	Standard	Silver PPO Standard Pathway X	Choice Silver Alternative POS	Choice Silver Standard Coinsurance POS	Choice Silver Standard POS	Passage Bronze Alternative PCP POS
Maximum Amount of Tax Credit				\$0.00			
Premium Before Tax Credit	\$934.35	\$1,026.19	\$1,088.21	\$972.70	\$1,046.52	\$1,237.86	\$631.19
Net Premium After Maximum Tax Credit	\$934.35	\$1,026.19	\$1,088.21	\$972.70	\$1,046.52	\$1,237.86	\$631.19
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Proposed: 1 Silver Plan Per Carrier	Anthem Silver PPO Standard Pathway X	CBI Choice Silver Standard POS	CBI Passage Bronze
Maximum Amount of Tax Credit		\$0.00	
Net Premium After Maximum Tax Credit	\$1,088.21	\$1,237.86	\$631.19

