



# Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting  
February 20, 2020

# Agenda

- Call to Order and Introductions
- Public Comment
- Vote: Meeting Minutes (January 29, 2020)
- AHCT Vision, Mission and Values
- Follow-Ups from Prior Meeting
- AHCT Mission Statement: Supporting Actions
- AHCT Consumers & Buying Patterns: 2020 Enrollment
- Certification Requirements
- 2021 Individual Market Standard Plan Designs
- Meeting Schedule for 2021 Plan Year Certification Review
- Next Steps

# Public Comment

# **Vote:**

**Review and Approval of Minutes:  
January 29, 2020 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	Integrity	Excellence	Ownership	One Team	Passion
Act with sincerity, credibility and self-awareness.	Commit to doing the right thing with genuine intention.	Aim high and challenge the status quo.	Take responsibility and initiative.	Collaborate to succeed.	Dedication to creating opportunities for greater health and well-being.

# Follow-Ups from Prior Meeting

Action Item	Status
What is AHCT doing to support elements of Mission Statement? <ul style="list-style-type: none"><li>• increase the number of insured residents</li><li>• improve health care quality</li><li>• lower costs</li><li>• reduce health disparities</li></ul>	Information included for discussion today
Reference Materials Update	Handouts provided include information on AHCT Consumers & Buying Patterns for discussion today
Evaluate the standardized Bronze HSA plan based on IRS guidance released in 2019 ( <i>“Additional Preventive Care Benefits Permitted to be Provided by a High Deductible Health Plan Under § 223”</i> )	Results to be discussed today

# AHCT Mission Statement: Supporting Actions






# AHCT Consumers & Buying Patterns: 2020 Enrollment

*[Reference Materials Section:*

*Tab D Exhibits 1.0; 2.0; 3.0; 3.1; 3.2; 4.0; 5.0*

*Tab E Exhibits 1.0; 2.0 ]*

# Certification Requirements

Certification Requirements: Topics	Modified for 2020	2021 Suggested Topics
Essential Health Benefits (EHB) Benchmark Plan	x	CMS EHB benchmark plan selection submission deadline: 5/6/19 for 2021 & 5/8/20 for 2022 (State of CT)
Prescription Drug Formulary Review Responsibility	x	x
Tobacco Use Premium Surcharge in the Individual Market	x	x
Broker Compensation	x	x
Network Adequacy Standards	x	x
Essential Community Provider (ECP) Contracting Standards	x	x
Pediatric Dental Coverage in Medical Plans	x	x
Lowest Cost Silver Plan in the Individual Market	✓	x
“Plan Mix”: Individual Market Medical	✓	x
“Plan Mix”: Individual Market Stand-Alone Dental Plans (SADP)	x	x
“Plan Mix”: SHOP Medical	x	x
“Plan Mix”: SHOP Stand-Alone Dental Plans (SADP)	x	x
Standardized Plan Development – Individual Market Medical	✓	✓
Standardized Plan Development – SADP	x	x
OTHER: <ul style="list-style-type: none"> <li>Topics impacted by new federal / state regulations and guidance [e.g., impact to changes in funding for CSR plans, public option, reinsurance, etc.]</li> <li>Items suggested by AHCT Board of Directors, HPBQ AC or other constituents</li> <li>VBID</li> <li>10 Customer Preferences / Input</li> </ul>	x	TBD 

Access Health CT

# 2021 Individual Market Standard Plan Designs

February 20, 2020

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

# Agenda

## 2021 Plan Design Review

- Regulatory Changes
- Notes and Caveats
- DRAFT 2021 Calculator Results
- Other Analysis

# Regulation Changes for 2021

- Proposed annual limitation on cost sharing was increased to \$8,550 (from \$8,150 in 2020)
- CSR (Cost Sharing Reduction) Variations proposed annual limitation on cost sharing. The 2021 proposed limits are:
  - 100-150% \*\*FPL: \$2,850/\$5,700 (single/family)
  - 150%-200% \*\*FPL: \$2,850/\$5,700 (single/family)
  - 200%-250% \*\*FPL: \$6,800/\$13,600 (single/family)

\*\*Federal Poverty Level

# Notes and Caveats

- Federal HDHP minimum deductible and maximum MOOP limits are not yet released for 2021.
  - The 2020 limits for the single deductible and MOOP are \$1,400 and \$6,900, respectively.
  - The proposed plan designs do not make changes to either the HDHP deductible or MOOP.
- The 2021 Federal Actuarial Value Calculator (AVC) is still in draft mode.
- The deductible and MOOP limits shown are for individuals. The family limits are 2x the individual limit for all plans except where noted.

# Summary of 2021 AV Changes

Individual Market	Gold	Silver	Bronze	Bronze HSA
Permissible AV Range	76.0%-82.0%	66.0%-72.0%	56.0%-65.0%	56.0%-65.0%
2020 AV (Final) <sup>1</sup>	<b>81.96%</b>	<b>71.97%</b>	<b>64.98%</b>	<b>63.73%</b>
2021 AV (Draft Calculator)	<b>81.60% - 82.87%<sup>3</sup></b>	<b>70.69% - 71.83%</b>	<b>66.20% - 66.81%</b>	<b>66.24% - 66.24%</b>

<sup>1</sup> Wakely AV Calculation

Individual Market - CSR Plan Variations: Silver	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0%	86.0%-88.0%	93.0%-95.0%
2020 AV (Final) <sup>1</sup>	<b>73.98%</b>	<b>87.88%</b>	<b>94.98%</b>
2021 AV (Draft Calculator)	<b>72.83% - 73.85%</b>	<b>87.41% - 88.42%<sup>3</sup></b>	<b>94.71% - 94.96%</b>

<sup>1</sup> Wakely AV Calculation

<sup>2</sup> 73.0% CSR Silver must have a differential of 2.0%+ with Standard Silver

<sup>3</sup> The Gold and Silver 87% CSR plans passed by all issuers, but not Wakely.

Results are calculated using the Proposed Federal AVC and subject to change.

# 2020 Plan Design Overview with 2021 Wakely Plan Samples



# Summary of 2021 Bronze Non-HSA Plan AV

Benefit Category	2020 Individual Market Bronze Non-HSA Plan	2021 Bronze Non-HSA Sample Plan 2
Combined Medical & Rx Deductible	\$6,200 (INN)/\$12,400 (OON)	\$6,550 (INN)/\$13,100 (OON)
Coinsurance	40%	40%
Out-of-pocket Maximum	\$8,150 (INN)/\$16,300 (OON)	\$8,550 (INN)/\$17,100 (OON)
Primary Care	\$40	\$50
Specialist Care	\$60 (after ded.)	\$70 (after ded.)
Urgent Care	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10 (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 (after ded.)	\$30 (after ded.)
Chiropractic Care 20 visit calendar maximum	\$50 (after ded.)	\$50 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$20 / 50% / 50% / 40% (all but generic after ded., \$500 max per spec. script)
2020 AVC Results	64.98%	NA
2021 AVC Results	66.81%	64.26% - 64.90%

# IRS Expanded Preventive Services for HSAs

- IRS Notice N-19-45, guidance to expand the allowable low-cost preventive services for a Health Savings Accounts(HSA), that can be covered before the deductible and help enrollees with chronic conditions maintain health.

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Blood pressure monitor	Hypertension
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

# IRS Expanded Preventive Services for HSAs

- The prevalence of the chronic conditions was estimated using the Wakely ACA Database (“WACA”) and Chronic Conditions Data Warehouse (CCW). Data was limited to Bronze experience in the Northeast region.

Chronic Condition	Prevalence * (Bronze Plans)
Heart Disease	0.591%
Depression	1.023%
Liver Disease or Bleeding Disorder	0.762%
Asthma	0.223%
Hypertension	1.858%
Osteoporosis	0.120%
Diabetes	0.839%

\*Individuals identified with chronic conditions in the analysis often had more than one condition.  
The total of all prevalent conditions is not adjusted for comorbidities.

# Summary of 2021 Bronze HSA Plan AV

2020 Individual Market Bronze HSA Plan	2021 Bronze HSA Sample Plan 1
\$5,685 (INN)/\$11,370 (OON)	\$6,350 (INN)/\$12,700 (OON)
10%	20%
\$6,550 (INN)/\$13,100 (OON)	\$6,900 (INN)/\$13,800 (OON)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10%	20%
(after ded.)	(after ded.)
10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	20% / 25% / 30% / 20% (all after ded., \$500 max per spec. script)
63.73%	NA
66.24%	64.98%

# Other Information

# Summary – Out of Network Cost-Sharing

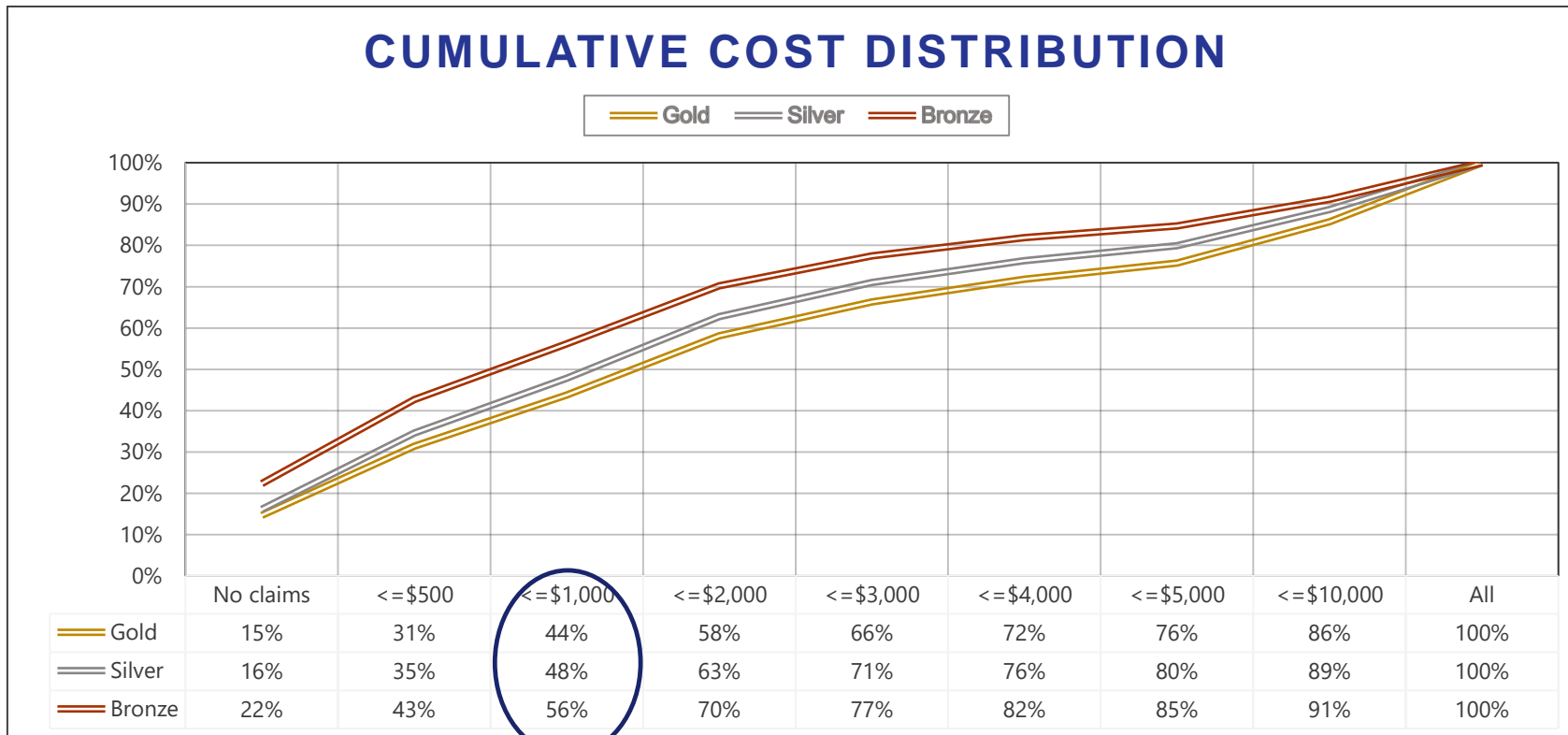
- Out of network (OON) cost-sharing does NOT impact the actuarial value
- Emergency services are covered at in-network cost-sharing.
- Current out of network (OON) cost-sharing has been roughly set at 2x in-network cost sharing for deductible/MOOP with 50% coinsurance
- OON reflects roughly 7-9% of total non-pharmacy spend for Connecticut. Increases in OON cost-sharing will likely have less than a 0.5% impact. <sup>2</sup>
- <sup>1</sup> Sample Silver plan design characteristics.
  - About 50% of plans tie the OON benefits to 2x in-network benefits
  - OON Individual deductibles range primarily from \$5,000-\$15,000
  - OON Individual MOOPs range primarily from \$15,000-\$25,000

<sup>1</sup> Source: 2019 HIX Compare Individual Plans <https://www.hixcompare.org/>

<sup>2</sup> Source: Proprietary database using 2017 large group experience for plans with OON coverage only.

# 2021 Estimated Cost & Utilization – Federal AVC

- The Federal AVC is based on 2017 Individual and Small group national data trended to 2021. It represents a reasonable estimate of average costs and utilization for 2021.
- On average, 56% of Bronze enrollees, 48% of Silver enrollees and 44% of Gold enrollees have claims of \$1000 or less



# 2021 Estimated Rx Cost & Utilization – Federal AVC

- 2021 projected pharmacy costs and utilization.
- Federal AVC Assumptions: Pharmacy Trend: 9.0% (2017-2018) and 8.7% Annually (2018-2021)
- Drug type explained:
  - Generic Drugs: drugs with FDA-approved counterparts to brand-name drugs
  - Preferred Brand Drugs: a generic option is not available
  - Non-Preferred Brand Drugs: higher cost options for preferred drugs
  - Specialty Drugs: medications typically taken by patients with complex conditions. These drugs are generally higher cost due to special handling, administration and patient monitoring.

**Prescription Mix by Type**

Individual Market	Gold	Silver	Bronze
Generic	84%	84%	84%
Preferred Brand	14%	14%	14%
Non-Preferred Brand	2%	2%	2%
Specialty	0%	1%	1%
Scripts/Year	12.9	10.4	8.0

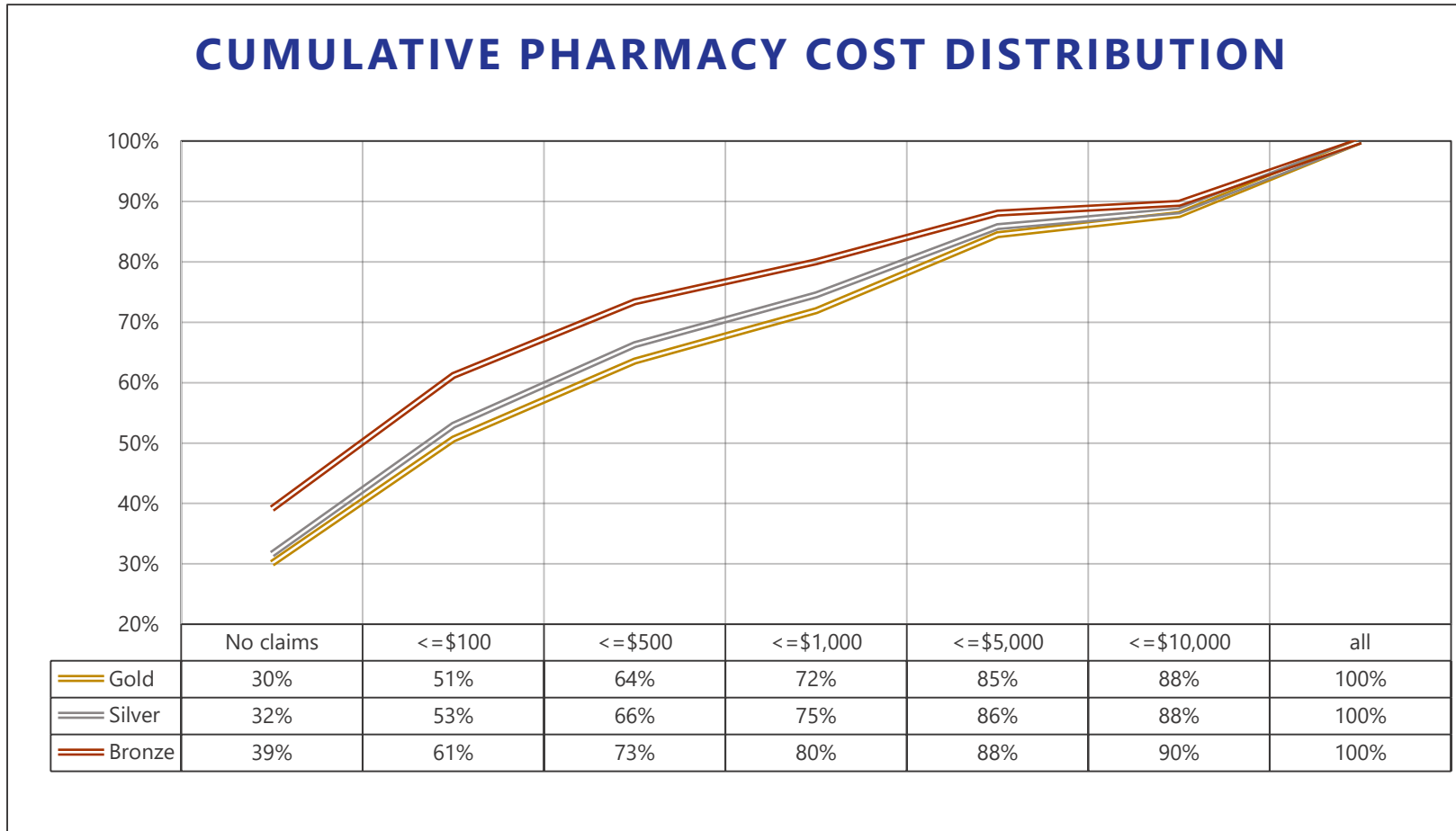
**Average Cost/Prescription by Type**

Individual Market	Gold	Silver	Bronze
Generic	\$34	\$36	\$31
Preferred Brand	\$586	\$470	\$407
Non-Preferred Brand	\$702	\$669	\$500
Specialty	\$7,058	\$7,615	\$8,329



# 2021 Estimated Rx Cost & Utilization – Federal AVC

- 2021 projected pharmacy costs and utilization.





# HPBQ AC Meeting Schedule

Proposed Meeting Agendas	Target Dates
<ul style="list-style-type: none"> <li>Kick-off Meeting: Plan Management Certification Life Cycle, Certification Requirements &amp; Review of Exhibits, Potential Meeting Schedule for 2021 Plan Year Certification Review</li> </ul>	December 18, 2019
<ul style="list-style-type: none"> <li>2020 Individual Market landscape and considerations for 2021 certification requirements, including standard plans</li> <li>Actuarial Value Calculator (AVC) results: impacts of draft 2021 tool on 2020 standardized plans (Wakely &amp; carriers with samples of plan changes)</li> </ul>	January 29, 2020
<ul style="list-style-type: none"> <li>AHCT Consumers &amp; Buying Patterns</li> <li>Certification requirements</li> <li>AVC results: draft 2021 Tool &amp; recommended changes for 2021 standardized plans (Wakely)</li> </ul>	February 20, 2020*
<ul style="list-style-type: none"> <li>Certification requirements: proposed changes</li> <li>AVC Results: impacts of final 2021 tool on recommended changes for 2021 standardized plans (Wakely &amp; carriers)</li> </ul>	March 2020** (2 <sup>nd</sup> week)
<ul style="list-style-type: none"> <li>Certification requirements: proposed changes</li> <li>AVC Results: impacts of final 2021 tool on recommended changes for 2021 standardized plans (Wakely &amp; carriers)</li> </ul>	March 2020** (4 <sup>th</sup> week)
<ul style="list-style-type: none"> <li>Certification requirements: recommendations for AHCT Board of Directors, including modifications to standardized plans for 2021</li> </ul>	April 2020 (2 <sup>nd</sup> week)

*\*Revised from previously presented schedule to one meeting in February*

*\*\*May want to consider a 3-week interval between meetings in March to ensure ample time for carriers/Wakely to assess Actuarial Value and Mental Health Parity compliance of potential plan changes*

# Next Steps

# Reference Materials

## February 2020

# Reference Materials - Table of Contents

HPBQ AC Meeting Date	Exhibit Title	Exhibit Number	Tab*
1/29/2020	AHCT 2020 Standardized Plan - Gold	1.0	A
1/29/2020	AHCT 2020 Standardized Plan – Silver 70% AV	1.1	A
1/29/2020	AHCT 2020 Standardized Plan - Silver 73% AV	1.2	A
1/29/2020	AHCT 2020 Standardized Plan - Silver 87% AV	1.3	A
1/29/2020	AHCT 2020 Standardized Plan - Silver 94% AV	1.4	A
1/29/2020	AHCT 2020 Standardized Plan - Bronze	1.5	A
1/29/2020	AHCT 2020 Standardized Plan – Bronze HSA-Compatible	1.6	A
1/29/2020	Issuer Participation - 2020	2.0	B
1/29/2020	Affordable Care Act - Health Plan Types	3.0	B
1/29/2020	Plan Design Development: AVC Benefit Cost Sharing Categories	4.0	B
1/29/2020	Plan Management Certification Life Cycle	5.0	B
1/29/2020	2020 Plan Mix: Number of Plans Required / Permitted per Issuer	6.0	B
1/29/2020	Summary: 2020 Plan Year Actuarial Value Changes	7.0	B
1/29/2020	Copay Maximums – State Regulation: Imaging Services	8.0	B
1/29/2020	Copay Maximums – State Regulation: Physical Therapy & Occupational Therapy Services	9.0	B
1/29/2020	Deductible and Coinsurance Maximums – Home Health Care Services	10.0	B
2/20/2020	2020 Connecticut Individual Market Landscape	1.0	C
2/20/2020	2020 Plan Actuarial Value: CT Individual Market (On-Exchange)	2.0	C
2/20/2020	2020 Plan Actuarial Value: CT Individual Market (Off-Exchange)	2.1	C
2/20/2020	Connecticut Counties by Population	3.0	C

*\*Tab F is reserved for future use (as needed)*

# Reference Materials - Table of Contents

HPBQ AC Meeting Date	Exhibit Title	Exhibit Number	Tab*
2/20/2020	AHCT Open Enrollment Summary Reports (URLs)	1.0	D
2/20/2020	AHCT Consumers & Buying Patterns: Metal Tier Product Preferences – 7 Year Overview	2.0	D
2/20/2020	AHCT Plan Enrollment by Metal Level: Plan Years 2017 through 2020	3.0	D
2/20/2020	AHCT Plan Enrollment (Subsidy Eligible) by Metal Level: Plan Years 2017 through 2020	3.1	D
2/20/2020	AHCT Plan Enrollment (Not Subsidy Eligible) by Metal Level: Plan Years 2017 through 2020	3.2	D
2/20/2020	AHCT Consumers & Buying Patterns: Top 5 most popular plans (Subsidized vs. Non-subsidized)	4.0	D
2/20/2020	AHCT Consumers & Buying Patterns: Plan Selection by Enrollees by Subsidy Eligibility Category	5.0	D
2/20/2020	2020 AHCT Plan Enrollment: Standardized / Non-Standard QHPs	6.0	D
2/20/2020	2019 AHCT Plan Enrollment: Standardized / Non-Standard QHPs	6.1	D
2/20/2020	2020 AHCT Plan Enrollment by County: Standardized / Non-Standard QHPs	7.0	D
2/20/2020	2019 AHCT Plan Enrollment by County: Standardized / Non-Standard QHPs	7.1	D
2/20/2020	AHCT Plan Enrollment: Plan Purchasing History	8.0	D
2/20/2020	2020 AHCT Enrollment by Plan / Subsidy Eligibility	9.0	D
2/20/2020	2019 AHCT Enrollment by Plan / Subsidy Eligibility	9.1	D
2/20/2020	AHCT: Individual Market Enrollment by Product	10.0	D
2/20/2020	Monthly Plan Cost – FPL Level	1.0	E
2/20/2020	Monthly Plan Cost – Age Band	2.0	E
2/20/2020	Individual Market: Age 21 Rates Approved by CID for 2020 Plan Year	3.0	E
2/20/2020	Average Marketplace Premiums by Metal Tier, 2020 (Bronze)	4.0	E
2/20/2020	Average Marketplace Premiums by Metal Tier, 2020 (Silver)	4.1	E
2/20/2020	Average Marketplace Premiums by Metal Tier, 2020 (Gold)	4.2	E

*\*Tab F is reserved for future use (as needed)*

## Tab A: EXHIBIT 1.0

Yellow shading represents change from 2019 Plan Year	2020 Standard Gold	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical)</b>	\$1,300	\$3,000
Deductible: Family (medical)	\$2,600	\$6,000
<b>Deductible: Individual (prescription)</b>	\$50	\$350
Deductible: Family (prescription)	\$100	\$700
<b>Out-of-Pocket Maximum: Individual</b>	\$5,250	\$10,500
Out-of-Pocket Maximum: Family	\$10,500	\$21,000
Provider Office Visits		
<b>Preventive Visit (Adult/Child)</b>	\$0	30% coinsurance
<b>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</b>	\$20 copayment per visit	30% coinsurance per visit after OON medical deductible
<b>Specialist Office Visits</b>	\$40 copayment per visit	30% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
<b>Advanced Radiology (CT/PET Scan, MRI)</b>	\$65 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	30% coinsurance per service after OON medical deductible
<b>Laboratory Services</b>	\$10 copayment per service after INET medical deductible	30% coinsurance per service after OON medical deductible
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>	\$40 copayment per service after INET medical deductible	30% coinsurance per service after OON medical deductible
Mammography Ultrasound	\$20 copayment per service	30% coinsurance per service after OON medical deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)		
<b>Tier 1</b>	\$5 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
<b>Tier 2</b>	\$35 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
<b>Tier 3</b>	\$60 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
<b>Tier 4</b>	20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible	30% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services		
<b>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$20 copayment per visit	30% coinsurance per visit after OON medical deductible
<b>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$20 copayment per visit	30% coinsurance per visit after OON medical deductible

Yellow shading represents change from 2019 Plan Year	2020 Standard Gold	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Other Services		
Chiropractic Services (up to 20 visits per calendar year)	\$40 copayment per visit	30% coinsurance per visit after OON medical deductible
Diabetic Supplies & Equipment	30% coinsurance per equipment/supply	30% coinsurance per equipment / supply after OON medical deductible
Durable Medical Equipment	30% coinsurance per equipment/supply	30% coinsurance per equipment / supply after OON medical deductible
Prosthetic Devices	20% coinsurance per equipment/supply	30% coinsurance per equipment / supply after OON medical deductible
Home Health Care Services (up to 100 visits per calendar year)	\$0 copay	25% coinsurance per visit after separate \$50 deductible
<b>Outpatient Services (in a hospital or ambulatory facility)</b>	\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	30% coinsurance per visit after OON medical deductible
Hospital Services		
<b>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)</b>	\$500 copayment per day to a maximum of \$1,000 per admission after INET plan deductible	30% coinsurance per admission after OON medical deductible
Emergency and Urgent Care		
Ambulance Services	\$0 copay	\$0 copay
<b>Emergency Room</b>	\$400 copayment per visit	\$400 copayment per visit
Urgent Care Center or Facility	\$50 copayment per visit	30% coinsurance per visit after OON medical deductible
Pediatric Dental Care (for children under age 19)		
Diagnostic & Preventive	\$0 copay	50% coinsurance per visit after OON medical deductible
Basic Services	20% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Major Services	40% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Orthodontia Services (medically necessary only)	50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Pediatric Vision Care (for children under age 19)		
Prescription Eye Glasses (one pair of frames & lenses per calendar year)	\$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection	Not Covered
Routine Eye Exam by Specialist (one exam per calendar year)	\$40 copayment per visit	30% coinsurance per visit after OON medical deductible



# Tab A: EXHIBIT 1.1

Yellow shading represents change from 2019 Plan Year		
2020 Standard Silver - 70% AV		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical)</b>	\$4,300	\$8,600
Deductible: Family (medical)	\$8,600	\$17,200
<b>Deductible: Individual (prescription)</b>	\$250	\$500
Deductible: Family (prescription)	\$500	\$1,000
<b>Out-of-Pocket Maximum: Individual</b>	\$8,150	\$16,300
Out-of-Pocket Maximum: Family	\$16,300	\$32,600
Provider Office Visits		
<b>Preventive Visit (Adult/Child)</b>	\$0	40% coinsurance
<b>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</b>	\$40 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Specialist Office Visits</b>	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
<b>Advanced Radiology (CT/PET Scan, MRI)</b>	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON medical deductible
<b>Laboratory Services</b>	\$10 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>	\$40 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
Mammography Ultrasound	\$20 copayment per service	40% coinsurance per service after OON medical deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)		
<b>Tier 1</b>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 2</b>	\$45 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 3</b>	\$70 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 4</b>	20% coinsurance up to a maximum of \$200 per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services		
<b>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible

Yellow shading represents change from 2019 Plan Year		
2020 Standard Silver - 70% AV		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Other Services		
Chiropractic Services (up to 20 visits per calendar year)	\$50 copayment per visit	40% coinsurance per visit after OON medical deductible
Diabetic Supplies & Equipment	40% coinsurance per equipment / supply	40% coinsurance per equipment / supply after OON medical deductible
Durable Medical Equipment	40% coinsurance per equipment / supply	40% coinsurance per equipment / supply after OON medical deductible
Prosthetic Devices	20% coinsurance per equipment/supply	40% coinsurance per equipment / supply after OON medical deductible
Home Health Care Services (up to 100 visits per calendar year)	\$0 copay	25% coinsurance per visit after separate \$50 deductible
<b>Outpatient Services (in a hospital or ambulatory facility)</b>	\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
Hospital Services		
<b>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)</b>	\$500 copayment per day to a maximum of \$2,000 per admission after INET plan deductible	40% coinsurance per visit after OON medical deductible
Emergency and Urgent Care		
Ambulance Services	\$0 copay	\$0 copay
<b>Emergency Room</b>	\$450 copayment per visit after INET medical deductible	\$450 copayment per visit after INET medical deductible
Urgent Care Center or Facility	\$75 copayment per visit	40% coinsurance per visit after OON medical deductible
Pediatric Dental Care (for children under age 19)		
Diagnostic & Preventive	\$0 copay	50% coinsurance per visit after OON medical deductible
Basic Services	40% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Major Services	50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Orthodontia Services (medically necessary only)	50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Pediatric Vision Care (for children under age 19)		
Prescription Eye Glasses (one pair of frames & lenses per calendar year)	\$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection	Not Covered
Routine Eye Exam by Specialist (one exam per calendar year)	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible

# Tab A: EXHIBIT 1.2

Yellow shading represents change from 2019 Plan Year	2020 Standard Silver 73%		Yellow shading represents change from 2019 Plan Year	2020 Standard Silver 73%	
<b>Plan Overview</b>	<b>In-Network (INET) Member Pays</b>	<b>Out-of-Network (OON) Member Pays</b>	<b>Plan Overview</b>	<b>In-Network (INET) Member Pays</b>	<b>Out-of-Network (OON) Member Pays</b>
<i>Deductible: Individual (medical)</i>	\$3,950	\$8,600			
Deductible: Family (medical)	\$7,900	\$17,200	Chiropractic Services (up to 20 visits per calendar year)	\$50 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Deductible: Individual (prescription)</i>	\$250	\$500	Diabetic Supplies & Equipment	40% coinsurance per equipment / supply	40% coinsurance per equipment / supply after OON medical deductible
Deductible: Family (prescription)	\$500	\$1,000	Durable Medical Equipment	40% coinsurance per equipment / supply	40% coinsurance per equipment / supply after OON medical deductible
<i>Out-of-Pocket Maximum: Individual</i>	\$6,500	\$16,300	Prosthetic Devices	20% coinsurance per equipment/supply	40% coinsurance per equipment / supply after OON medical deductible
Out-of-Pocket Maximum: Family	\$13,000	\$32,600	Home Health Care Services (up to 100 visits per calendar year)	\$0 copay	25% coinsurance per visit after separate \$50 deductible
	<b>Provider Office Visits</b>		<i>Outpatient Services (in a hospital or ambulatory facility)</i>	\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
<i>Preventive Visit (Adult/Child)</i>	\$0	40% coinsurance		<b>Hospital Services</b>	
<i>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</i>	\$40 copayment per visit	40% coinsurance per visit after OON medical deductible	<i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)</i>	\$500 copayment per day to a maximum of \$2,000 per admission after INET plan deductible	40% coinsurance per visit after OON medical deductible
<i>Specialist Office Visits</i>	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible		<b>Emergency and Urgent Care</b>	
	<b>Outpatient Diagnostic Services</b>		Ambulance Services	\$0 copay	\$0 copay
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON medical deductible	<i>Emergency Room</i>	\$450 copayment per visit after INET medical deductible	\$450 copayment per visit after INET medical deductible
<i>Laboratory Services</i>	\$10 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible	Urgent Care Center or Facility	\$75 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	\$40 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible		<b>Pediatric Dental Care (for children under age 19)</b>	
Mammography Ultrasound	\$20 copayment per service	40% coinsurance per service after OON medical deductible	Diagnostic & Preventive	\$0 copay	50% coinsurance per visit after OON medical deductible
<b>Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)</b>			Basic Services	40% coinsurance per visit	50% coinsurance per visit after OON medical deductible
<i>Tier 1</i>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible	Major Services	50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
<i>Tier 2</i>	\$45 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible	Orthodontia Services (medically necessary only)	50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
<i>Tier 3</i>	\$70 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible	Prescription Eye Glasses (one pair of frames & lenses per calendar year)	<b>Pediatric Vision Care (for children under age 19)</b>	
<i>Tier 4</i>	20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible	Routine Eye Exam by Specialist (one exam per calendar year)	\$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection	Not Covered
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	<b>Outpatient Rehabilitative and Habilitative Services</b>			\$60 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible			
	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible			

## Tab A: EXHIBIT 1.3

Yellow shading represents change from 2019 Plan Year	2020 Standard Silver 87%		Yellow shading represents change from 2019 Plan Year	2020 Standard Silver 87%	
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical)</b>					
Deductible: Family (medical)	\$1,300	\$17,200	Chiropractic Services (up to 20 visits per calendar year)	\$35 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Deductible: Individual (prescription)</b>	\$50	\$500	Diabetic Supplies & Equipment	40% coinsurance per equipment / supply	40% coinsurance per equipment / supply after OON medical deductible
Deductible: Family (prescription)	\$100	\$1,000	Durable Medical Equipment	40% coinsurance per equipment / supply	40% coinsurance per equipment / supply after OON medical deductible
<b>Out-of-Pocket Maximum: Individual</b>	\$2,500	\$16,300	Prosthetic Devices	20% coinsurance per equipment/supply	40% coinsurance per equipment / supply after OON medical deductible
Out-of-Pocket Maximum: Family	\$5,000	\$32,600	Home Health Care Services (up to 100 visits per calendar year)	\$0 copay	25% coinsurance per visit after separate \$50 deductible
	<b>Provider Office Visits</b>		<b>Outpatient Services (in a hospital or ambulatory facility)</b>	\$100 copayment after INET plan deductible (Outpatient Hospital Facility); \$60 copayment after INET plan deductible (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
<b>Preventive Visit (Adult/Child)</b>	\$0	40% coinsurance			
<b>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</b>	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible	<b>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)</b>		
<b>Specialist Office Visits</b>	\$45 copayment per visit	40% coinsurance per visit after OON medical deductible		<b>Hospital Services</b>	
	<b>Outpatient Diagnostic Services</b>			\$100 copayment per day to a maximum of \$400 per admission after INET plan deductible	40% coinsurance per visit after OON medical deductible
<b>Advanced Radiology (CT/PET Scan, MRI)</b>	\$60 copayment per service up to a combined annual maximum of \$360 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON medical deductible		<b>Emergency and Urgent Care</b>	
<b>Laboratory Services</b>	\$10 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible	Ambulance Services	\$0 copay	\$0 copay
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>	\$30 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible	<b>Emergency Room</b>	\$150 copayment per visit after INET medical deductible	\$150 copayment per visit after INET medical deductible
Mammography Ultrasound	\$20 copayment per service	40% coinsurance per service after OON medical deductible	Urgent Care Center or Facility	\$35 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)</b>				<b>Pediatric Dental Care (for children under age 19)</b>	
<b>Tier 1</b>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible	Diagnostic & Preventive	\$0 copay	50% coinsurance per visit after OON medical deductible
<b>Tier 2</b>	\$25 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible	Basic Services	40% coinsurance per visit	50% coinsurance per visit after OON medical deductible
<b>Tier 3</b>	\$40 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible	Major Services	50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
<b>Tier 4</b>	20% coinsurance up to a maximum of \$60 per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible	Orthodontia Services (medically necessary only)	50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
	<b>Outpatient Rehabilitative and Habilitative Services</b>		Prescription Eye Glasses (one pair of frames & lenses per calendar year)	<b>Pediatric Vision Care (for children under age 19)</b>	
<b>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible	Routine Eye Exam by Specialist (one exam per calendar year)	\$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection	Not Covered
<b>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible		\$45 copayment per visit	40% coinsurance per visit after OON medical deductible

## Tab A: EXHIBIT 1.4

	2020 Standard Silver 94%			2020 Standard Silver 94%	
Yellow shading represents change from 2019 Plan Year			Yellow shading represents change from 2019 Plan Year		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays	Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible: Individual (medical)	\$0	\$8,600		Other Services	
Deductible: Family (medical)	\$0	\$17,200	Chiropractic Services (up to 20 visits per calendar year)	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
Deductible: Individual (prescription)	\$0	\$500	Diabetic Supplies & Equipment	40% coinsurance per equipment / supply	40% coinsurance per equipment / supply after OON medical deductible
Deductible: Family (prescription)	\$0	\$1,000	Durable Medical Equipment	40% coinsurance per equipment / supply	40% coinsurance per equipment / supply after OON medical deductible
Out-of-Pocket Maximum: Individual	\$900	\$16,300	Prosthetic Devices	20% coinsurance per equipment/supply	40% coinsurance per equipment / supply after OON medical deductible
Out-of-Pocket Maximum: Family	\$1,800	\$32,600	Home Health Care Services (up to 100 visits per calendar year)	\$0 copay	25% coinsurance per visit after separate \$50 deductible
	Provider Office Visits		Outpatient Services (in a hospital or ambulatory facility)	\$75 copayment (Outpatient Hospital Facility); \$45 copayment (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
Preventive Visit (Adult/Child)	\$0	40% coinsurance		Hospital Services	
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$10 copayment per visit	40% coinsurance per visit after OON medical deductible	Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)	\$75 copayment per day to a maximum of \$300 per admission	40% coinsurance per visit after OON medical deductible
Specialist Office Visits	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible		Emergency and Urgent Care	
	Outpatient Diagnostic Services		Ambulance Services	\$0 copay	\$0 copay
Advanced Radiology (CT/PET Scan, MRI)	\$50 copayment per service up to a combined annual maximum of \$350 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON medical deductible	Emergency Room	\$50 copayment per visit	\$50 copayment per visit
Laboratory Services	\$10 copayment per service	40% coinsurance per service after OON medical deductible	Urgent Care Center or Facility	\$25 copayment per visit	40% coinsurance per visit after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)	\$25 copayment per service	40% coinsurance per service after OON medical deductible		Pediatric Dental Care (for children under age 19)	
Mammography Ultrasound	\$20 copayment per service	40% coinsurance per service after OON medical deductible	Diagnostic & Preventive	\$0 copay	50% coinsurance per visit after OON medical deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)			Basic Services	40% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Tier 1	\$5 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible	Major Services	50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Tier 2	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible	Orthodontia Services (medically necessary only)	50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Tier 3	\$30 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible		Pediatric Vision Care (for children under age 19)	
Tier 4	20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance per prescription after OON prescription drug deductible	Prescription Eye Glasses (one pair of frames & lenses per calendar year)	\$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection	Not Covered
	Outpatient Rehabilitative and Habilitative Services		Routine Eye Exam by Specialist (one exam per calendar year)	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible			
Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible			

Tab A: EXHIBIT 1.5

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical &amp; Rx)</b>	\$6,200	\$12,400
Deductible: Family (medical & Rx)	\$12,400	\$24,800
<b>Out-of-Pocket Maximum: Individual</b>	\$8,150	\$16,300
Out-of-Pocket Maximum: Family	\$16,300	\$32,600
<b>Provider Office Visits</b>		
<b>Preventive Visit (Adult/Child)</b>	\$0	50% coinsurance
<b>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</b>	\$40 copayment per visit	50% coinsurance per visit after OON deductible
<b>Specialist Office Visits</b>	\$60 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
<b>Outpatient Diagnostic Services</b>		
<b>Advanced Radiology (CT/PET Scan, MRI)</b>	\$75 copay per service after INET deductible up to a combined annual maximum of \$375 for MRI and CT scans; \$400 for PET scans	50% coinsurance per service after OON deductible
<b>Laboratory Services</b>	\$10 copayment per service after INET deductible	50% coinsurance per service after OON deductible
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>	\$40 copayment per service after INET deductible	50% coinsurance per service after OON deductible
Mammography Ultrasound	\$20 copayment per service after INET deductible	50% coinsurance per service after OON deductible
<b>Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)</b>		
<b>Tier 1</b>	\$10 copayment per prescription	50% coinsurance per prescription after OON deductible
<b>Tier 2</b>	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
<b>Tier 3</b>	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
<b>Tier 4</b>	50% coinsurance up to a maximum of \$500 per prescription after INET deductible	50% coinsurance per prescription after OON deductible
<b>Outpatient Rehabilitative and Habilitative Services</b>		
<b>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
<b>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible

Yellow shading represents change from 2019 Plan Year
<b>Plan Overview</b>
Chiropractic Services (up to 20 visits per calendar year)
Diabetic Supplies & Equipment
Durable Medical Equipment
Prosthetic Devices
Home Health Care Services (up to 100 visits per calendar year)
<b>Outpatient Services (in a hospital or ambulatory facility)</b>
<b>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*)</b> <i>*(skilled nursing facility stay is limited to 90 days per calendar year)</i>
Ambulance Services
<b>Emergency Room</b>
Urgent Care Center or Facility
Diagnostic & Preventive
Basic Services
Major Services
Orthodontia Services (medically necessary only)
Prescription Eye Glasses (one pair of frames & lenses per calendar year)
Routine Eye Exam by Specialist (one exam per calendar year)

2020 Standard Bronze (Non-HSA)	
In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
\$50 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
40% coinsurance per equipment/supply after INET deductible	50% coinsurance per equipment / supply after OON deductible
40% coinsurance per equipment/supply after INET deductible	50% coinsurance per equipment / supply after OON deductible
20% coinsurance per equipment/supply	50% coinsurance per equipment / supply after OON medical deductible
25% coinsurance per visit after separate \$50 deductible	25% coinsurance per visit after separate \$50 deductible
\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	50% coinsurance per visit after OON deductible
<b>Hospital Services</b>	
\$500 copayment per day to a maximum of \$1,000 per admission after INET deductible	50% coinsurance per admission after OON deductible
<b>Emergency and Urgent Care</b>	
\$0 copay after INET deductible	\$0 copay after INET deductible
\$450 copayment per visit after INET deductible	\$450 copayment per visit after INET deductible
\$75 copayment per visit	50% coinsurance per visit after OON deductible
<b>Pediatric Dental Care (for children under age 19)</b>	
\$0 copay	50% coinsurance per visit after OON deductible
45% coinsurance per visit after INET deductible	50% coinsurance per visit after OON deductible
50% coinsurance per visit after INET deductible	50% coinsurance per visit after OON deductible
50% coinsurance per visit after INET deductible	50% coinsurance per visit after OON deductible
<b>Pediatric Vision Care (for children under age 19)</b>	
\$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection	Not Covered
\$60 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible



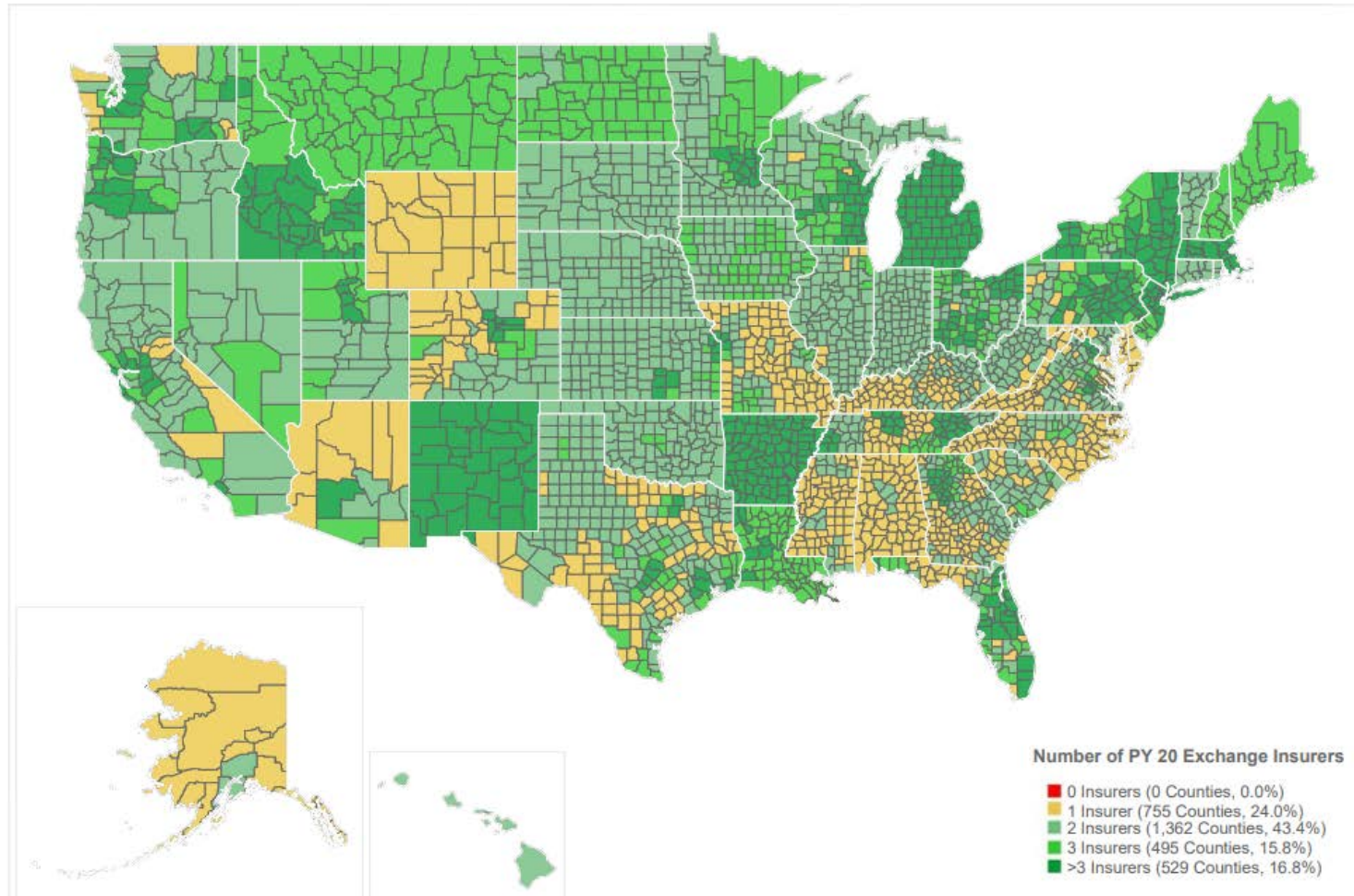
Tab A: EXHIBIT 1.6

2020 Standard Bronze HSA			2020 Standard Bronze HSA		
Plan Overview			Plan Overview		
In-Network (INET) Member Pays			In-Network (INET) Member Pays		
Out-of-Network (OON) Member Pays			Out-of-Network (OON) Member Pays		
Deductible: Individual (medical & Rx)			Other Services		
Deductible: Family (medical & Rx)			10% coinsurance per visit after INET plan deductible is met		
Out-of-Pocket Maximum: Individual			10% coinsurance per equipment/supply after INET plan deductible is met		
Out-of-Pocket Maximum: Family			10% coinsurance per equipment/supply after INET plan deductible is met		
Provider Office Visits			Hospital Services		
\$0			10% coinsurance per admission after INET plan deductible is met		
10% coinsurance per visit after INET plan deductible is met			50% coinsurance per admission after OON plan deductible is met		
10% coinsurance per visit after INET plan deductible is met			Emergency and Urgent Care		
Outpatient Diagnostic Services			Pediatric Dental Care (for children under age 19)		
Advanced Radiology (CT/PET Scan, MRI)			\$0 copay		
Laboratory Services			40% coinsurance per visit after INET plan deductible is met		
Non-Advanced Radiology (X-ray, Diagnostic)			50% coinsurance per visit after INET plan deductible is met		
Mammography Ultrasound			50% coinsurance per visit after INET plan deductible is met		
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)			Pediatric Vision Care (for children under age 19)		
Tier 1			Lenses: \$0 copayment after INET plan deductible is met; Collection frame: \$0 copayment after INET plan deductible is met; Non-collection frame: members choosing to upgrade from a collection frame to a non-collection frame will be given a credit substantially equal to the cost of the collection frame and will be entitled to any discount negotiated by the carrier with the retailer.		
Tier 2			10% coinsurance per visit after INET plan deductible is met		
Tier 3			50% coinsurance per visit after INET plan deductible is met		
Tier 4			50% coinsurance per visit after OON plan deductible is met		
Outpatient Rehabilitative and Habilitative Services			Prescription Eye Glasses (one pair of frames & lenses per calendar year)		
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)			Routine Eye Exam by Specialist (one exam per calendar year)		
Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)			10% coinsurance per visit after INET plan deductible is met		

# Issuer Participation - 2020

Tab B: EXHIBIT 2.0

County by County Plan Year 2020 Insurer Participation in Health Insurance Exchanges



## Number of PY 20 Exchange Insurers

- 0 Insurers (0 Counties, 0.0%)
- 1 Insurer (755 Counties, 24.0%)
- 2 Insurers (1,362 Counties, 43.4%)
- 3 Insurers (495 Counties, 15.8%)
- >3 Insurers (529 Counties, 16.8%)

-Federally-facilitated Exchange (FFE) data reflected on this map is point in time as of 09/27/2019.

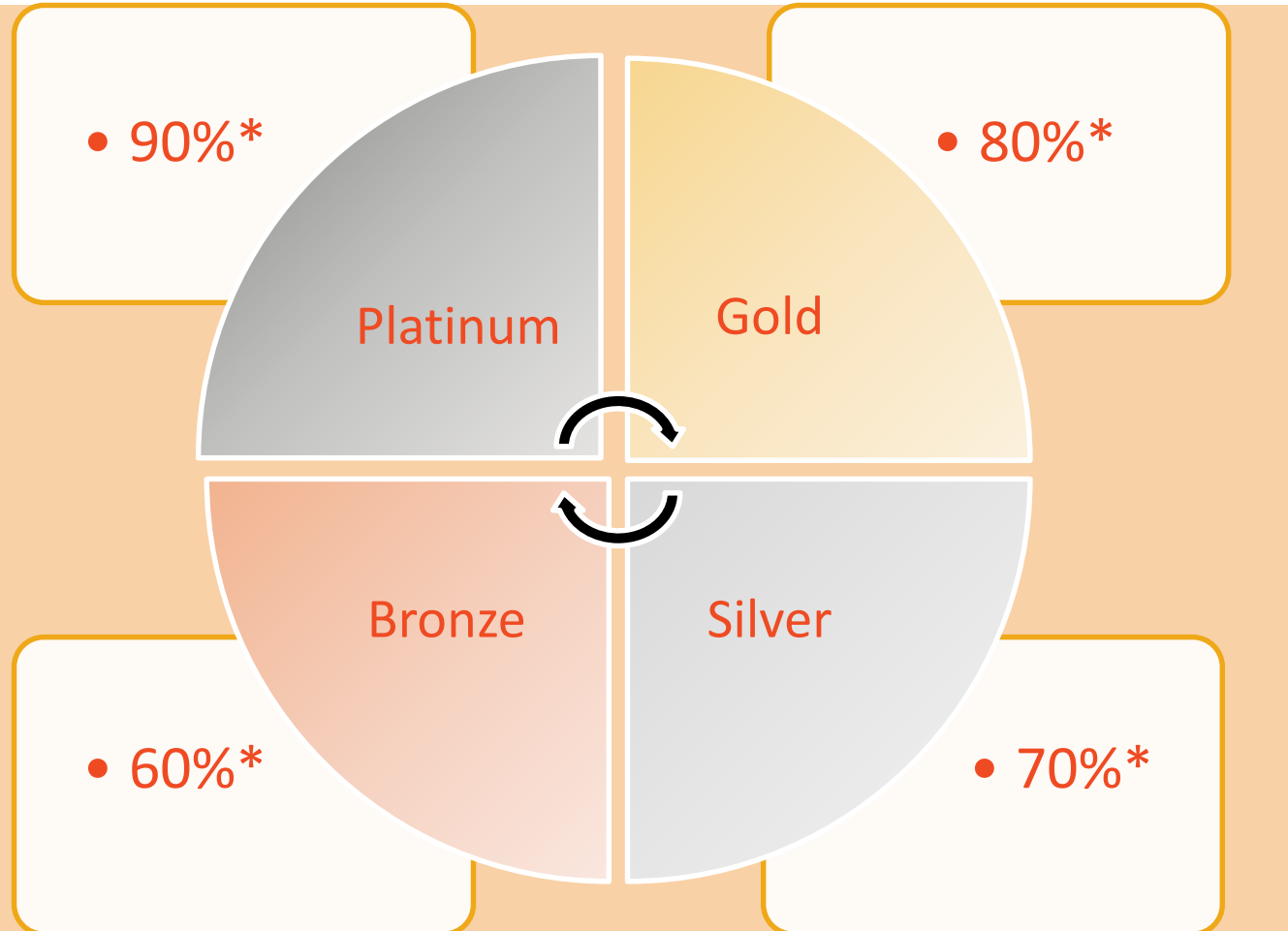
-State-based Exchange (SBE) data is self-reported from the Exchanges to CMS (CA, CO, CT, DC, ID, MA, MD, MN, NY, NV, RI, VT, WA) and is point in time as of 10/21/2019.

Data source: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Final-2020-County-Coverage-Map.pdf>

# Affordable Care Act - Health Plan Types

Tab B: EXHIBIT 3.0

## 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%*



# Plan Design Development: AVC Benefit Cost Sharing Categories

Tab B: EXHIBIT 4.0

<b>Actuarial Value Calculator (AVC) Inputs</b>
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 (\$)

<b>Medical Benefits:</b> <b>Subject to Deductible (Yes or No)</b> <b>Subject to Coinsurance (Yes or No)</b> <b>Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)</b>
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

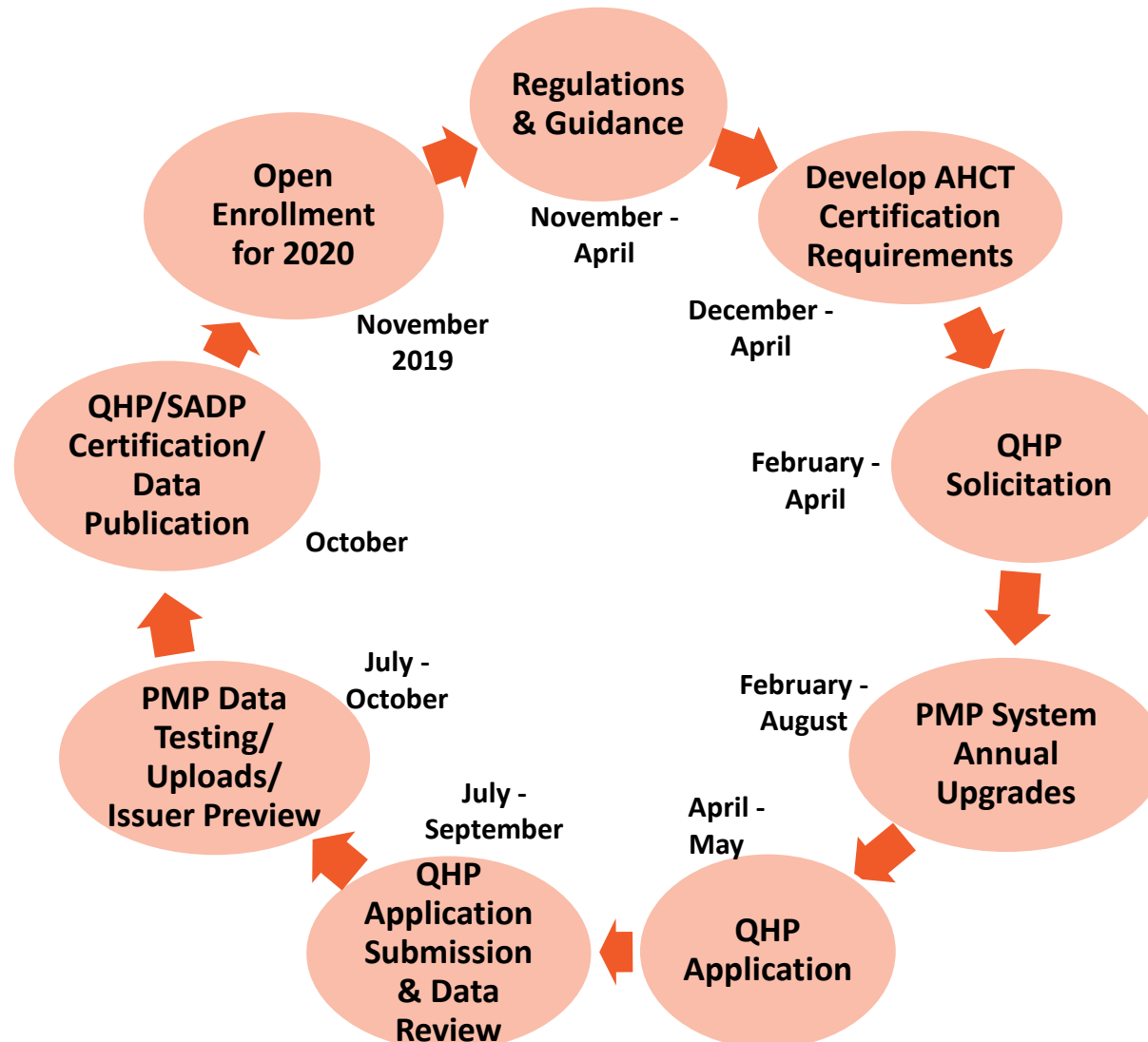
<b>Prescription Drug Benefits</b> <b>Subject to Deductible (Yes or No)</b> <b>Subject to Coinsurance (Yes or No)</b> <b>Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)</b>
Generics
Preferred Brand Drugs
Non-Preferred Brand Drugs
Specialty Drugs (i.e. high-cost)

<b>Options for Additional Benefit Design Limits:</b>
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:

<b>Other Elements for Consideration Not Included as a Separate Field in AVC</b>
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

# Plan Management Certification Life Cycle

Tab B: EXHIBIT 5.0



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*

# 2020 Plan Mix: Number of Plans Required / Permitted per Issuer

Tab B: EXHIBIT 6.0

	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	1	0	Min 2 – Max 6
Bronze	2	3	Min 2 – Max 4
Catastrophic	N/A	1	N/A
TOTAL	4 Required	9 Optional	5 Required / 15 Optional
Maximum	13		20

# Summary: 2020 Plan Year Actuarial Value Changes\*

Tab B: EXHIBIT 7.0

Initial Actuarial Value Assessment of AHCT Standardized Plans Using Draft 2020 AV Calculator Released by CMS in January 2019

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% <sup>1</sup>	56.0%-65.0% <sup>1</sup>
2019 AV Range	80.0% to 82.0%	70.1% to 71.9%	70.1% to 70.4%	64.0% to 64.6%	62.5%
2020 AV Range	<b>82.2% to 82.8%</b>	<b>71.8% to 73.1%</b>	70.8% to 71.4%	<b>65.4% to 66.0%</b>	63.7%

<sup>1</sup> 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	Individual Market - CSR Plan Variations: Silver Coinsurance	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0% <sup>2</sup>	86.0%-88.0%	93.0%-95.0%	Permissible AV Range	72.0%-74.0% <sup>2</sup>	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%	2019 AV Range	73.3% to 73.5%	87.3% to 87.5%	94.76%
2020 AV Range	<b>73.8% to 75.1%</b>	<b>88.1% to 88.6%</b>	94.9% to 95.0%	2020 AV Range	<b>73.8% to 74.5%</b>	<b>87.9% to 88.03%</b>	<b>95.01%</b>

<sup>2</sup> 73.0% CSR Silver must be have a differential of 2.0%+ with Standard Silver

*\*Information extracted from Wakely Consulting presentation to HPBQ Advisory Committee on 1/31/19, incorporating 2020 draft AVC results reported by participating carriers for Individual Market*

*Plans with AV ranges in red font were not compliant with the 2020 AV requirements*

# Copay Maximums – State Regulation

Tab B: EXHIBIT 8.0

- Copayments for in-network imaging services
  - Connecticut General Statute (CGS)
    - 38a-511 (individual health insurance policy)
    - 38a-550 (group health insurance policy)
  - No health insurer, health care center, hospital service corporation, medical service corporation or fraternal benefit society that provides coverage under a health insurance policy or contract for *magnetic resonance imaging or computed axial tomography* may:
    - require total copayments in excess of three hundred seventy-five dollars for all such in-network imaging services combined annually, or
    - require a copayment in excess of seventy-five dollars for each in-network magnetic resonance imaging or computed axial tomography, provided the physician ordering the radiological services and the physician rendering such services are not the same person or are not participating in the same group practice.
  - No health insurer, health care center, hospital service corporation, medical service corporation or fraternal benefit society that provides coverage under a health insurance policy or contract for *positron emission tomography* may:
    - require total copayments in excess of four hundred dollars for all such in-network imaging services combined annually, or
    - require a copayment in excess of one hundred dollars for each in-network positron emission tomography, provided the physician ordering the radiological service and the physician rendering such service are not the same person or are not participating in the same group practice.
  - Does not apply to a high deductible plan specified in section 38a-493

# Copay Maximums – State Regulation

Tab B: EXHIBIT 9.0

- Copayments for in-network physical therapy and in-network occupational therapy services
  - Connecticut General Statute (CGS)
    - 38a-511a (individual health insurance policy)
    - 38a-550a (group health insurance policy)
  - Applies to policies providing coverage for basic hospital expense coverage, basic medical-surgical expense coverage, major medical expense coverage, hospital or medical service plan contract and hospital and medical coverage provided to subscribers of a health care center
  - Copayments may not be imposed that exceed a maximum of thirty dollars per visit for in-network (1) physical therapy services rendered by a physical therapist licensed under section 20-73, or (2) occupational therapy services rendered by an occupational therapist licensed under section 20-74b or 20-74c

# Deductible and Coinsurance Maximums – Home Health Care Services

Tab B: EXHIBIT 10.0

- Mandatory coverage for home health care
  - Connecticut General Statute (CGS)
    - Sec. 38a-493 (individual health insurance policy)
    - Sec. 38a-520 (group health insurance policy)
  - Applies to policies providing coverage for basic hospital expense coverage, basic medical-surgical expense coverage, major medical expense coverage, accident only coverage, limited benefit health coverage, hospital or medical service plan contract and hospital and medical coverage provided to subscribers of a health care center
  - Home health care benefits may be subject to an annual deductible of not more than fifty dollars for each person covered under a policy and may be subject to a coinsurance provision that provides for coverage of not less than seventy-five per cent of the reasonable charges for such services.
  - Specified high deductible plans are not subject to the deductible limits outlined above

# 2020 Connecticut Individual Market Landscape

Tab C: EXHIBIT 1.0

Carrier	Exchange Status	HMO	POS	PPO	Total
Anthem	Off	8			8
<b>Anthem</b>	<b>On</b>	<b>3</b>		<b>6</b>	<b>9</b>
<b>CBI</b>	<b>On</b>		<b>8</b>		<b>8</b>
CCI	Off	2	1		3
CICI	Off		6		6
Grand Total		13	15	6	34

50% of plans filed in the Individual Market are offered through AHCT

Carrier	Exchange Status	Gold	Silver	Bronze	Catastrophic	Total
Anthem	Off	1	3	3	1	8
<b>Anthem</b>	<b>On</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>9</b>
<b>CBI</b>	<b>On</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>8</b>
CCI	Off		1	2		3
CICI	Off	1	4	1		6
Grand Total		7	10	14	3	34

Over 40% of plans filed in the Individual Market are at the Bronze metal level



# 2020 Plan Actuarial Value: CT Individual Market (On-Exchange)

Tab C: EXHIBIT 2.0

Metal Level	Carrier Short Name	Plan Name	CSR Variant Level	Renewal Status	Exchange Status	AV per Screenshot	AV per URRT
Catastrophic	Anth	Catastrophic HMO Pathway X Enhanced	N/A	Renew	On	61.19%	61.20%
Catastrophic	CBI	Choice Catastrophic POS with Dental	N/A	Renew	On	61.34%	61.30%
Bronze	Anth	Bronze HMO Pathway X Enhanced Tiered	N/A	Renew	On	65.00%	65.00%
Bronze	Anth	Bronze PPO Standard Pathway X	N/A	Renew	On	64.41%	64.40%
Bronze	Anth	Bronze PPO Standard Pathway X for HSA	N/A	Renew	On	63.73%	63.70%
Bronze	Anth	Bronze PPO Pathway X	N/A	New	On	64.83%	64.80%
Bronze	CBI	Choice Bronze Standard POS	N/A	Renew	On	64.98%	65.00%
Bronze	CBI	Choice Bronze Standard POS HSA	N/A	Renew	On	63.73%	63.70%
Bronze	CBI	Passage Bronze Alternative PCP POS	N/A	Renew	On	64.64%	64.60%
Bronze	CBI	Choice Bronze Alternative POS with Dental	N/A	New	On	64.91%	64.90%
Silver	Anth	Silver PPO Standard Pathway X	N/A	Renew	On	70.67%	70.70%
Silver	Anth	Silver PPO Standard Pathway X	73% CSR	Renew	On	72.67%	N/A
Silver	Anth	Silver PPO Standard Pathway X	87% CSR	Renew	On	87.06%	N/A
Silver	Anth	Silver PPO Standard Pathway X	94% CSR	Renew	On	94.89%	N/A
Silver	CBI	Choice Silver Standard POS	N/A	Renew	On	71.97%	72.00%
Silver	CBI	Choice Silver Standard POS	73% CSR	Renew	On	73.98%	N/A
Silver	CBI	Choice Silver Standard POS	87% CSR	Renew	On	87.62%	N/A
Silver	CBI	Choice Silver Standard POS	94% CSR	Renew	On	94.98%	N/A
Gold	Anth	Gold HMO Pathway X Enhanced Tiered	N/A	Renew	On	76.41%	76.40%
Gold	Anth	Gold PPO Standard Pathway X	N/A	Renew	On	81.35%	81.30%
Gold	Anth	Gold PPO Pathway X	N/A	New	On	76.00%	76.00%
Gold	CBI	Choice Gold Standard POS	N/A	Renew	On	81.96%	82.00%
Gold	CBI	Choice Gold Alternative POS with Dental	N/A	New	On	76.02%	76.00%

2020 On-Exchange Plans:  
Information obtained from  
Connecticut Insurance  
Department (CID) Rate Filings

## Abbreviations:

Anth: Anthem Blue Cross and Blue Shield

CBI: ConnectiCare Benefits, Inc.

CSR: Cost Sharing Reduction

AV: Actuarial Value

URRT: Unified Rate Review Template

# 2020 Plan Actuarial Value: CT Individual Market (Off-Exchange)

Tab C: EXHIBIT 2.1

Metal Level	Carrier Short Name	Plan Name	CSR Variant Level	Renewal Status	Exchange Status	AV per Screenshot	AV per URRT
Catastrophic	Anth	Anthem HMO Catastrophic Pathway Enhanced 8150/0%	N/A	Renew	Off only	61.19%	61.20%
Bronze	Anth	Anthem Bronze HMO Pathway Enhanced 6200/12400/40% for HSA	N/A	Renew	Off only	62.42%	62.40%
Bronze	Anth	Anthem Bronze HMO Pathway Enhanced Tiered 6100/7100/0%/50%	N/A	Renew	Off only	64.98%	65.00%
Bronze	Anth	Anthem Bronze HMO Pathway Enhanced 6500/50%	N/A	New	Off only	64.75%	64.80%
Bronze	CCI	Choice SOLO HMO HSA \$6,500 ded.	N/A	Renew	Off only	62.22%	62.20%
Bronze	CCI	Passage SOLO HMO Copay/Coins. \$6,250 ded.	N/A	Renew	Off only	64.39%	64.40%
Bronze	CICI	Choice SOLO POS HSA Coins. \$6,250 ded.	N/A	Renew	Off only	62.33%	62.30%
Silver	Anth	Anthem Silver HMO Pathway Enhanced Tiered 2800/3800/10%/40% for HSA	N/A	Renew	Off only	69.82%	69.80%
Silver	Anth	Anthem Silver HMO Pathway Enhanced Tiered 2500/5000/10%/40%	N/A	Renew	Off only	71.82%	71.80%
Silver	Anth	Anthem Silver HMO Pathway Enhanced 4500/30%	N/A	New	Off only	67.39%	67.40%
Silver	CCI	Choice SOLO POS Copay/Coins \$4,500	N/A	New	Off only	68.73%	68.70%
Silver	CICI	Choice SOLO POS HSA Coins. \$3,500 ded.	N/A	Renew	Off only	67.24%	67.20%
Silver	CICI	Choice SOLO POS Copay/Coins. \$5,500 ded.	N/A	Renew	Off only	69.48%	69.50%
Silver	CICI	Choice SOLO POS Coins. \$3,000 ded.	N/A	Renew	Off only	69.63%	69.60%
Silver	CICI	Choice SOLO POS Copay/Coins. \$4,500 ded.	N/A	Renew	Off only	70.32%	70.30%
Gold	Anth	Anthem Gold HMO Pathway Enhanced Tiered 2000/3000/10%/30%	N/A	Renew	Off only	76.87%	76.90%
Gold	CICI	Passage SOLO POS Copay/Coins. \$2,000 ded.	N/A	Renew	Off only	76.12%	76.10%

2020 Off-Exchange Plans:  
Information obtained from  
Connecticut Insurance  
Department (CID) Rate Filings

## Abbreviations:

Anth: Anthem Blue Cross and Blue Shield

CCI: ConnectiCare Inc.

CICI: ConnectiCare Insurance Company, Inc.

CSR: Cost Sharing Reduction

AV: Actuarial Value

URRT: Unified Rate Review Template

# Connecticut Counties by Population\*

Tab C: EXHIBIT 3.0

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018

Geography	April 1, 2010		Population Estimate (as of July 1)								
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017	2018
Fairfield County	916,829	916,864	919,330	927,897	935,097	939,991	944,355	945,301	944,802	943,457	943,823
Hartford County	894,014	894,033	895,226	896,776	897,694	897,724	897,493	896,358	894,170	892,931	892,697
Litchfield County	189,927	189,925	189,806	189,002	187,609	186,886	185,398	184,133	182,801	181,710	181,111
Middlesex County	165,676	165,676	165,602	166,176	165,441	165,156	164,597	163,555	163,152	162,855	162,682
New Haven County	862,477	862,456	863,382	863,827	864,589	862,889	862,996	860,292	857,991	857,794	857,620
New London County	274,055	274,068	273,998	273,013	274,085	272,981	271,465	269,717	268,612	267,826	266,784
Tolland County	152,691	152,744	153,236	153,027	151,963	151,783	151,710	151,685	151,094	150,933	150,921
Windham County	118,428	118,381	118,545	118,305	117,917	117,505	116,769	116,468	116,052	116,374	117,027

Source: U.S. Census Bureau, Population Division

Release Dates:

- For the United States, regions, divisions, states, and Puerto Rico Commonwealth, December 2018.
- For counties, municipios, metropolitan statistical areas, micropolitan statistical areas, metropolitan divisions, and combined statistical areas, April 2019.
- For cities and towns (incorporated places and minor civil divisions), May 2019.

\*Information obtained from: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmlk>

# AHCT Open Enrollment Summary Reports

Tab D: EXHIBIT 1.0

- URLs to Annual Open Enrollment Reports
  - Plan Year 2017: <https://agency.accesshealthct.com/wp-content/uploads//2017/02/AHCT-2017-Open-Enrollment-Summary-Report-1.pdf>
  - Plan Year 2018: <https://agency.accesshealthct.com/wp-content/uploads/2018/01/OE-2018-Summary-Report.pdf>
  - Plan Year 2019: <https://agency.accesshealthct.com/wp-content/uploads/2019/02/OE-2019-Summary-Report.pdf>
  - Plan Year 2020: report to be posted subsequent to Feb 20, 2020 Board of Directors Meeting

# AHCT Consumers & Buying Patterns: Metal Tier Product Preferences – 7 Year Overview

## Annual End of OE Proportion of Enrollment by Metal Tier\*

	2014	2015	2016	2017	2018	2019	2020
Catastrophic	2.2%	2.2%	1.8%	1.8%	1.5%	1.7%	1.7%
Bronze	16.2%	22.4%	23.3%	25.3%	35.1%	44.2%	45.7%
Silver	63.4%	59.5%	61.5%	63.9%	55.6%	48.5%	46.3%
Gold	18.1%	15.1%	12.1%	9.1%	7.8%	5.5%	6.3%
Platinum	N/A	.9%	1.4%	N/A	N/A	N/A	N/A

Temporary federal Risk Corridor & Reinsurance programs were effective for plan years 2014-2016

Platinum tier plans offered in on-exchange individual market during 2015 and 2016

“Silver loading” effective as of 2018 Plan Year (OE5) to offset removal of federal funding for CSR plans

AHCT standard Silver plan not required to be lowest premium Silver plan for 2019 Plan Year (OE 6)

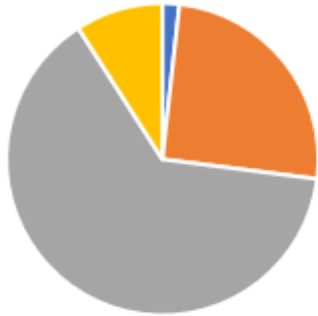
AHCT requires 1 Silver plan and does not permit non-standard Silver plans in the on-exchange individual market for the 2020 Plan Year (OE 7)

\*Percent totals may not sum to 100% due to rounding.

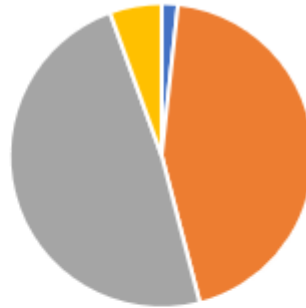
# AHCT Plan Enrollment by Metal Level: Plan Years 2017 through 2020

Tab D: EXHIBIT 3.0

2017 Plan Year % Enrollment by Metal Level



2019 Plan Year % Enrollment by Metal Level



	Percent Enrollment by Metal Level			
Metal Level	2017	2018	2019	2020
Catastrophic	1.8%	1.5%	1.7%	1.7%
Bronze	25.3%	35.1%	44.2%	45.7%
Silver	63.9%	55.6%	48.5%	46.3%
Gold	9.1%	7.8%	5.5%	6.3%

2018 Plan Year % Enrollment by Metal Level



2020 Plan Year % Enrollment by Metal Level



Legend

■ Catastrophic ■ Bronze ■ Silver ■ Gold

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

# AHCT Plan Enrollment (Subsidy Eligible) by Metal Level: Plan Years 2017 through 2020

Tab D: EXHIBIT 3.1

2017 Plan Year: Subsidy Eligible  
% Enrollment by Metal Level



2019 Plan Year: Subsidy Eligible  
% Enrollment by Metal Level



2018 Plan Year: Subsidy Eligible  
% Enrollment by Metal Level



2020 Plan Year: Subsidy Eligible  
% Enrollment by Metal Level



	Percent Enrollment by Metal Level			
Metal Level	2017	2018	2019	2020
Catastrophic	0.4%	0.3%	0.4%	0.3%
Bronze	18.4%	23.2%	32.5%	33.7%
Silver	74.8%	70.1%	63.1%	61.2%
Gold	6.5%	6.4%	4.0%	4.8%

Legend

■ Catastrophic ■ Bronze ■ Silver ■ Gold

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

# AHCT Plan Enrollment (Not Subsidy Eligible) by Metal Level: Plan Years 2017 through 2020

Tab D: EXHIBIT 3.2

2017 Plan Year: Unsubsidized % Enrollment by Metal Level



2019 Plan Year: Unsubsidized % Enrollment by Metal Level



	Percent Enrollment by Metal Level			
Metal Level	2017	2018	2019	2020
Catastrophic	6.1%	4.8%	5.0%	4.9%
Bronze	47.7%	67.8%	72.7%	73.2%
Silver	28.6%	15.7%	13.0%	12.2%
Gold	17.6%	11.7%	9.2%	9.7%

2018 Plan Year: Unsubsidized % Enrollment by Metal Level



2020 Plan Year: Unsubsidized % Enrollment by Metal Level



Legend

■ Catastrophic ■ Bronze ■ Silver ■ Gold

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



# AHCT Consumers & Buying Patterns:

## Top 5 most popular plans (Subsidized vs. Non-subsidized)

Tab D: EXHIBIT 4.0

### SUBSIDIZED ENROLLEES

2017 Top 5 Plans	2017 Enrollment	2018 Top 5 Plans	2018 Enrollment	2019 Top 5 Plans	2019 Enrollment	2020 Top 5 Plans	2020 Enrollment
Choice Silver Standard POS	42,130	Choice Silver Standard POS	40,285	Choice Silver Alternative POS	25,685	Choice Silver Standard POS	34,830
Silver PPO Standard Pathway X	12,499	Silver PPO Standard Pathway X	11,268	Choice Bronze Standard POS	11,851	Choice Bronze Standard POS	12,179
Choice Bronze Standard POS HSA	6,856	Choice Bronze Standard POS HSA	6,782	Choice Silver Standard POS	11,324	Silver PPO Standard Pathway X	11,057
Choice Silver Alternative POS	3,642	Choice Bronze Standard POS	5,172	Silver PPO Standard Pathway X	7,022	Choice Bronze Standard POS HSA	4,055
Choice Bronze Standard POS	2,995	Choice Gold Standard POS	3,726	Choice Bronze Standard POS HSA	4,978	Passage Bronze Alternative PCP POS	3,817

### UNSUBSIDIZED ENROLLEES

2017 Top 5 Plans	2017 Enrollment	2018 Top 5 Plans	2018 Enrollment	2019 Top 5 Plans	2019 Enrollment	2020 Top 5 Plans	2020 Enrollment
Choice Bronze Standard POS HSA	7,531	Choice Bronze Standard POS HSA	11,258	Choice Bronze Standard POS HSA	8,314	Choice Bronze Standard POS	9,234
Choice Silver Standard POS	4,061	Choice Bronze Standard POS	2,839	Choice Bronze Standard POS	7,406	Choice Bronze Standard POS HSA	6,776
Choice Gold Standard POS	2,172	Bronze PPO Standard Pathway X	2,588	Passage Bronze Alternative PCP POS	2,619	Passage Bronze Alternative PCP POS	3,850
Silver PPO Standard Pathway X	1,980	Choice Silver Standard POS	2,521	Bronze PPO Standard Pathway X	2,464	Choice Silver Standard POS	2,185
Bronze PPO Standard Pathway X	1,766	Choice Gold Standard POS	2,198	Choice Gold Standard POS	1,981	Silver PPO Standard Pathway X	1,817

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

2017: Subsidized: 85,258 + Unsubsidized: 26,284 = Total: 111,542

2018: Subsidized: 83,627 + Unsubsidized: 30,507 = Total: 114,134

2019: Subsidized: 78,654 + Unsubsidized: 32,412 = Total: 111,066

2020: Subsidized: 74,944 + Unsubsidized: 32,889 = Total: 107,833

# AHCT Consumers & Buying Patterns:

## Plan Selection by Enrollees by Subsidy Eligibility Category

Tab D: EXHIBIT 5.0

### Proportion of Enrollment By Plan Metal Level & Year

	2017						2018					
Metal Level	94% CSR	87% CSR	73% CSR	APTC Only	No FA	2017 Total	94% CSR	87% CSR	73% CSR	APTC Only	No FA	2018 Total
Catastrophic	0.1%	0.1%	0.3%	1.0%	6.1%	1.8%	0.1%	0.1%	0.3%	0.7%	4.8%	1.5%
Bronze	2.7%	10.1%	22.7%	31.5%	47.7%	25.3%	3.6%	11.2%	27.1%	39.0%	67.8%	35.1%
Silver	95.7%	87.3%	69.3%	55.8%	28.6%	63.9%	94.6%	86.5%	64.6%	49.6%	15.7%	55.6%
Gold	1.6%	2.5%	7.7%	11.8%	17.6%	9.1%	1.7%	2.1%	8.0%	10.8%	11.7%	7.8%
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%

	2019						2020					
Metal Level	94% CSR	87% CSR	73% CSR	APTC Only	No FA	2019 Total	94% CSR	87% CSR	73% CSR	APTC Only	No FA	2020 Total
Catastrophic	0.1%	0.0%	0.2%	0.8%	5.0%	1.7%	0.0%	0.1%	0.2%	0.6%	4.9%	1.7%
Bronze	4.6%	13.8%	37.4%	55.0%	72.7%	44.2%	4.0%	13.8%	38.4%	56.9%	73.2%	45.7%
Silver	94.4%	84.9%	57.8%	37.3%	13.0%	48.5%	95.0%	84.7%	55.0%	34.8%	12.2%	46.3%
Gold	0.9%	1.3%	4.6%	6.8%	9.2%	5.5%	0.9%	1.4%	6.5%	7.7%	9.7%	6.3%
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%

No FA = No Financial Assistance

# 2020 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

Tab D: EXHIBIT 6.0

Metal Level	Total	Percent
Catastrophic	1,839	1.71%
Bronze	49,326	45.74%
Silver	49,889	46.27%
Gold	6,779	6.29%
TOTAL	107,833	100.00%



Metal Level	Standardized Plans	Non-Standard Plans	Total	Percent in Std Plans by Metal Level
Catastrophic	N/A	1,839	1,839	0.00%
Bronze*	37,733	11,593	49,326	76.50%
Silver	49,889	0	49,889	100.00%
Gold	4,107	2,672	6,779	60.58%
TOTAL	91,729	16,104	107,833	85.07%

*Bronze Plans	Standardized Plans	Non-Standard Plans	Total	Percent in Standardized Plans
Non-HSA Bronze	24,798	11,593	36,391	68.14%
HSA Compatible	12,935	N/A	12,935	100.00%
TOTAL	37,733	11,593	49,326	76.50%

Data for Individual AHCT plans as of end of open enrollment for 2020 plan year



# 2019 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

Tab D: EXHIBIT 6.1

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%

Data for Individual AHCT plans as of end of open enrollment for 2019 plan year



# 2020 AHCT Plan Enrollment by County: Standardized / Non-Standard QHPs

Tab D: EXHIBIT 7.0

	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	1,513	817	15,468	0	9,618	2,581	4,427	N/A	542	34,966
Hartford	978	418	11,370	0	4,532	3,514	2,813	N/A	454	24,079
Litchfield	252	252	3,228	0	1,553	916	1,020	N/A	121	7,342
Middlesex	249	120	2,261	0	1,342	531	692	N/A	112	5,307
New Haven	780	521	11,516	0	5,387	2,227	2,498	N/A	414	23,343
New London	138	280	3,300	0	1,234	854	841	N/A	112	6,759
Tolland	125	156	1,534	0	727	598	385	N/A	57	3,582
Windham	72	108	1,212	0	405	372	259	N/A	27	2,455
Total	4,107	2,672	49,889	0	24,798	11,593	12,935	0	1,839	107,833
	6,779		49,889		36,391		12,935		6,779	
					49,326					

Data for Individual AHCT plans as of end of open enrollment for 2019 plan year

# 2019 AHCT Plan Enrollment by County: Standardized / Non-Standard QHPs

Tab D: EXHIBIT 7.1

	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					

Data for Individual AHCT plans as of end of open enrollment for 2019 plan year

# AHCT Plan Enrollment: Plan Purchasing History

Tab D: EXHIBIT 8.0

2018	2019	2020
Gold: 4,686	3,152	2,627
		356
		169
	981	90
		816
		75
	553	23
		40
		490

Percent 2018 Gold enrollees continuously enrolled in Gold through 2020: 56.1%

2018	2019	2020
Silver: 28,235	201	148
		34
		19
	23,679	398
		21,821
		1,460
	4,355	71
		422
		3,862

Percent 2018 Silver enrollees continuously enrolled in Silver through 2020: 77.3%

2018	2019	2020
Bronze: 20,052	77	59
		5
		13
	589	16
		444
		129
	19,386	103
		566
		18,717

Percent 2018 Bronze enrollees continuously enrolled in Bronze through 2020: 93.3%

Exhibit includes members in Gold, Silver & Bronze metal levels that have been covered via plans available through AHCT for each of the plan years (2018, 2019 & 2020); Excludes members in a Catastrophic plan during any of these years

# 2020 AHCT Enrollment by Plan / Subsidy Eligibility\*

Tab D: EXHIBIT 9.0

Carrier	Plan Name	APTC	APTC + CSR	Not Subsidy Eligible	Grand Total
CBI	Choice Catastrophic POS with Dental	160	45	1,458	1,663
Anthem	Catastrophic HMO Pathway X Enhanced	11	7	158	176
CBI	Passage Bronze Alternative PCP POS	2,420	1,397	3,850	7,667
CBI	Choice Bronze Standard POS	7,816	4,363	9,234	21,413
CBI	Choice Bronze Standard POS HSA	2,971	1,084	6,776	10,831
CBI	Choice Bronze Alternative POS with Dental	668	667	363	1,698
Anthem	Bronze HMO Pathway X Enhanced Tiered	473	420	867	1,760
Anthem	Bronze PPO Pathway X	140	109	219	468
Anthem	Bronze PPO Standard Pathway X for HSA	562	331	1,211	2,104
Anthem	Bronze PPO Standard Pathway X	1,042	791	1,552	3,385
Anthem	Gold HMO Pathway X Enhanced Tiered	391	321	394	1,106
CBI	Choice Silver Standard POS	6,891	27,939	2,185	37,015
Anthem	Gold PPO Pathway X	560	255	604	1,419
Anthem	Silver PPO Standard Pathway X	2,939	8,118	1,817	12,874
CBI	Choice Gold Alternative POS with Dental	51	46	50	147
CBI	Choice Gold Standard POS	1,038	637	1,643	3,318
Anthem	Gold PPO Standard Pathway X	134	147	508	789
	<b>Total</b>	<b>28,267</b>	<b>46,677</b>	<b>32,889</b>	<b>107,833</b>
	<b>Percent of Total</b>	<b>26.21%</b>	<b>43.29%</b>	<b>30.50%</b>	

\*As of end of Open Enrollment for 2020 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.



# 2019 AHCT Enrollment by Plan / Subsidy Eligibility\*

Tab D: EXHIBIT 9.1

Carrier	Plan Name	APTC	APTC + CSR	Not Subsidy 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%	

\*As of end of Open Enrollment for 2019 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: Individual Market Enrollment by Product

Tab D: EXHIBIT 10.0

Enrollment as of end of open enrollment period for plan years 2016 - 2020

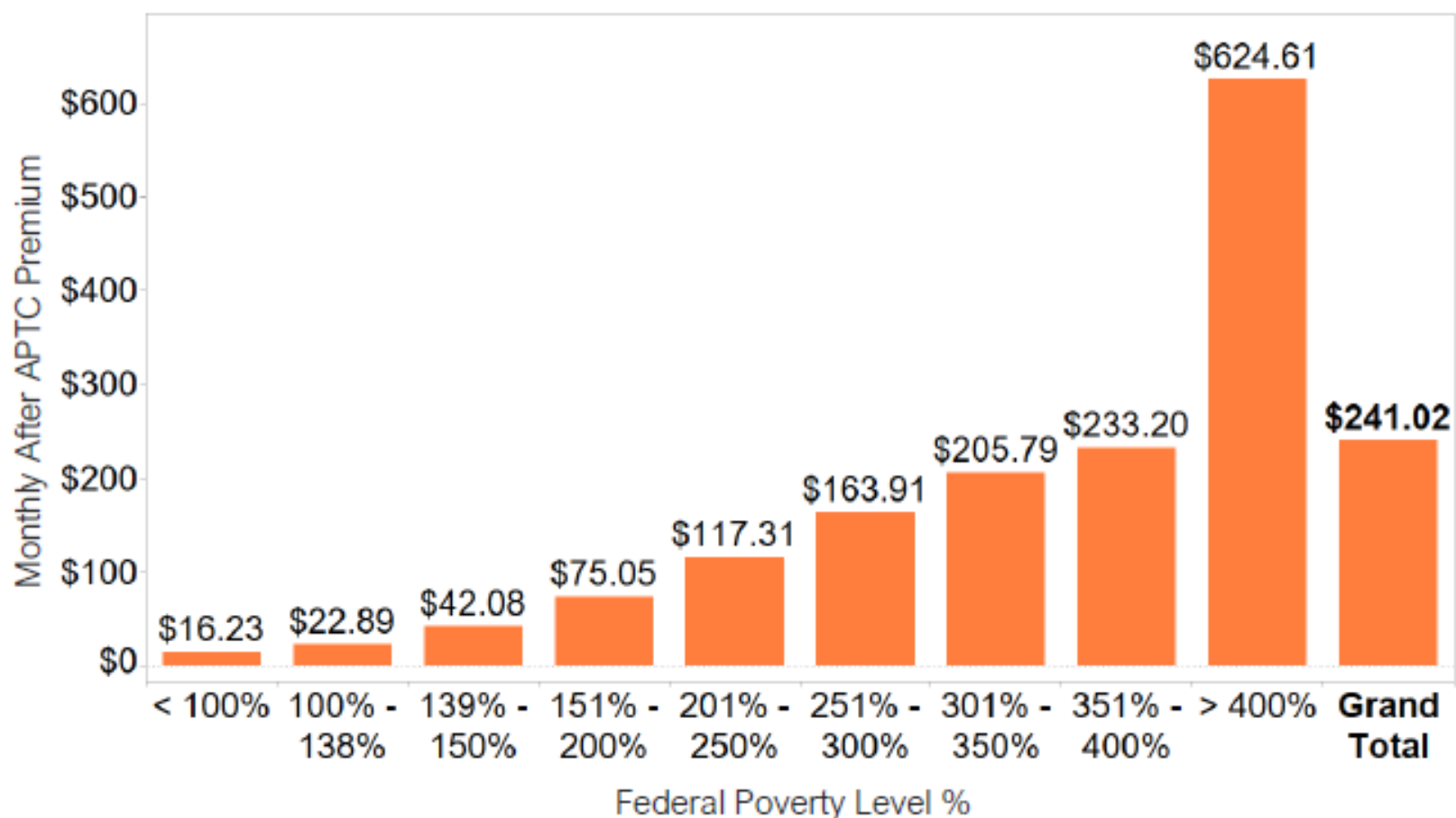
	2014	2015	2016	2017	2018	2019	2020
HMO	9,493	8,261	6,469	5,949	5,799	3,544	3,042
POS	23,590	42,492	63,618	76,827	82,766	86,636	83,752
PPO	27,650	44,689	45,937	28,766	25,569	20,886	21,039
Total	60,733	95,442	116,024	111,542	114,134	111,066	107,833

	2014	2015	2016	2017	2018	2019	2020
HMO	15.6%	8.7%	5.6%	5.3%	5.1%	3.2%	2.8%
POS	38.8%	44.5%	54.8%	68.9%	72.5%	78.0%	77.7%
PPO	45.5%	46.8%	39.6%	25.8%	22.4%	18.8%	19.5%
Total	100%	100%	100%	100%	100%	100%	100%

*\*Percent totals may not sum to 100% due to rounding.*

# Monthly Plan Cost – FPL Level

Average Monthly Premium After APTC by Household Income (FPL %)\*



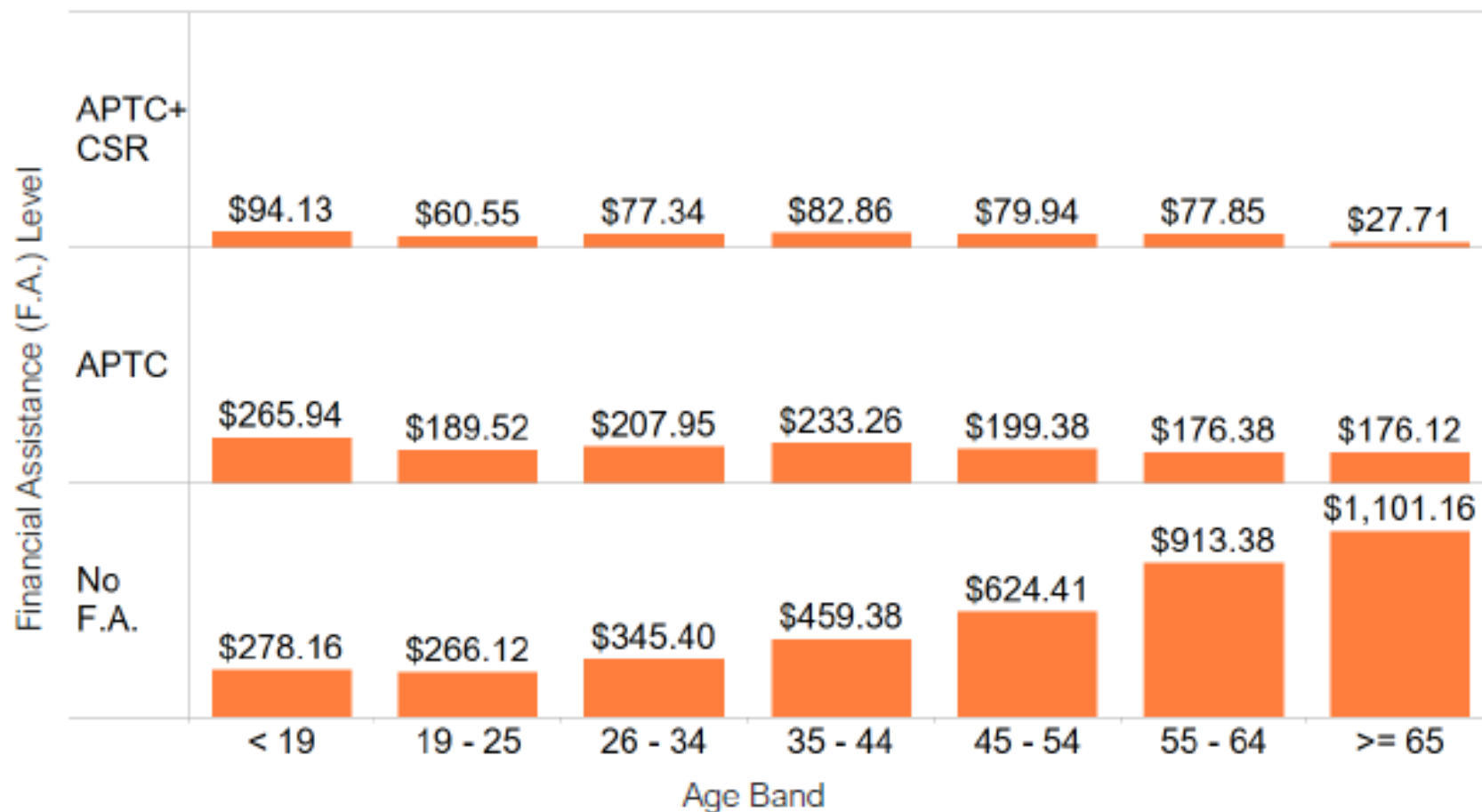
**For customers with income between 151% - 200% FPL (17% of all QHP customers), their average monthly premium after APTC is \$75.05.**

**Households with income above 400% FPL don't qualify for APTC.**

*\*Comparison excludes households with more than 1 enrollee.*

# Monthly Plan Cost – Age Band

Average Monthly Premium After APTC by Age Band and Financial Assistance (F.A.) Level\*



For customers between age 55-64 years old (34% of all QHP customers), their average monthly premium after APTC ranges from \$77 to \$913 depending on level of financial help .

\*Comparison excludes households with more than 1 enrollee.

# Individual Market: Age 21 Rates Approved by CID for 2020 Plan Year (Part 1 of 2)

Tab E: EXHIBIT 3.0

		Fairfield County		Hartford County		Litchfield County		Middlesex County		New Haven County		New London County		Tolland County		Windham County	
Carrier	Plan Name	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank
<b>CBI</b>	<b>Choice Catastrophic POS with Dental</b>	<b>196.56</b>	<b>1</b>	<b>166.58</b>	<b>1</b>	<b>181.53</b>	<b>1</b>	<b>182.71</b>	<b>1</b>	<b>182.71</b>	<b>1</b>	<b>181.53</b>	<b>1</b>	<b>181.53</b>	<b>1</b>	<b>181.53</b>	<b>1</b>
<b>Anthem</b>	<b>Catastrophic HMO Pathway X Enhanced</b>	<b>254.30</b>	<b>2</b>	<b>221.93</b>	<b>2</b>	<b>215.00</b>	<b>2</b>	<b>238.11</b>	<b>2</b>	<b>238.11</b>	<b>2</b>	<b>215.00</b>	<b>2</b>	<b>215.00</b>	<b>2</b>	<b>215.00</b>	<b>2</b>
Anthem	Anthem HMO Catastrophic Pathway Enhanced 8150/0%	254.30	2	221.93	2	215.00	2	238.11	2	238.11	2	215.00	2	215.00	2	215.00	2
<b>CBI</b>	<b>Passage Bronze Alternative PCP POS</b>	<b>285.13</b>	<b>4</b>	<b>241.64</b>	<b>4</b>	<b>263.33</b>	<b>4</b>	<b>265.05</b>	<b>4</b>	<b>265.05</b>	<b>4</b>	<b>263.33</b>	<b>4</b>	<b>263.33</b>	<b>4</b>	<b>263.33</b>	<b>4</b>
<b>CBI</b>	<b>Choice Bronze Standard POS</b>	<b>317.49</b>	<b>5</b>	<b>269.06</b>	<b>5</b>	<b>293.22</b>	<b>5</b>	<b>295.13</b>	<b>5</b>	<b>295.13</b>	<b>5</b>	<b>293.22</b>	<b>5</b>	<b>293.22</b>	<b>5</b>	<b>293.22</b>	<b>5</b>
<b>CBI</b>	<b>Choice Bronze Standard POS HSA</b>	<b>341.00</b>	<b>6</b>	<b>288.98</b>	<b>6</b>	<b>314.93</b>	<b>8</b>	<b>316.98</b>	<b>6</b>	<b>316.98</b>	<b>6</b>	<b>314.93</b>	<b>8</b>	<b>314.93</b>	<b>8</b>	<b>314.93</b>	<b>8</b>
<b>CBI</b>	<b>Choice Bronze Alternative POS with Dental</b>	<b>346.03</b>	<b>7</b>	<b>293.25</b>	<b>7</b>	<b>319.58</b>	<b>9</b>	<b>321.66</b>	<b>7</b>	<b>321.66</b>	<b>7</b>	<b>319.58</b>	<b>9</b>	<b>319.58</b>	<b>9</b>	<b>319.58</b>	<b>9</b>
CCI	Passage SOLO HMO Copay/Coins. \$6,250 ded.	353.47	8	298.46	8	299.41	6	332.08	8	332.08	8	299.41	6	299.41	6	299.41	6
<b>Anthem</b>	<b>Bronze HMO Pathway X Enhanced Tiered</b>	<b>368.48</b>	<b>9</b>	<b>321.59</b>	<b>9</b>	<b>311.54</b>	<b>7</b>	<b>345.04</b>	<b>9</b>	<b>345.04</b>	<b>9</b>	<b>311.54</b>	<b>7</b>	<b>311.54</b>	<b>7</b>	<b>311.54</b>	<b>7</b>
Anthem	Anthem Bronze HMO Pathway Enhanced Tiered 6100/7100/0%/50%	393.28	10	343.23	10	332.50	10	368.25	10	368.25	10	332.50	10	332.50	10	332.50	10
<b>Anthem</b>	<b>Bronze PPO Pathway X</b>	<b>394.45</b>	<b>11</b>	<b>344.25</b>	<b>11</b>	<b>333.49</b>	<b>11</b>	<b>369.35</b>	<b>11</b>	<b>369.35</b>	<b>11</b>	<b>333.49</b>	<b>11</b>	<b>333.49</b>	<b>11</b>	<b>333.49</b>	<b>11</b>
Anthem	Anthem Bronze HMO Pathway Enhanced 6200/12400/40% for HSA	397.01	12	346.48	13	335.65	12	371.74	12	371.74	12	335.65	12	335.65	12	335.65	12
<b>Anthem</b>	<b>Bronze PPO Standard Pathway X for HSA</b>	<b>397.28</b>	<b>13</b>	<b>346.72</b>	<b>14</b>	<b>335.88</b>	<b>13</b>	<b>372.00</b>	<b>13</b>	<b>372.00</b>	<b>13</b>	<b>335.88</b>	<b>13</b>	<b>335.88</b>	<b>13</b>	<b>335.88</b>	<b>13</b>
CCI	Choice SOLO HMO HSA \$6,500 ded.	407.75	14	344.30	12	345.40	14	383.08	14	383.08	14	345.40	14	345.40	14	345.40	14
Anthem	Anthem Bronze HMO Pathway Enhanced 6500/50%	410.93	15	358.63	16	347.43	15	384.78	15	384.78	15	347.43	15	347.43	15	347.43	15
<b>Anthem</b>	<b>Bronze PPO Standard Pathway X</b>	<b>412.82</b>	<b>16</b>	<b>360.28</b>	<b>17</b>	<b>349.02</b>	<b>16</b>	<b>386.55</b>	<b>16</b>	<b>386.55</b>	<b>16</b>	<b>349.02</b>	<b>16</b>	<b>349.02</b>	<b>16</b>	<b>349.02</b>	<b>16</b>
CCI	Choice SOLO POS Copay/Coins \$4,500	418.75	17	353.59	15	354.72	17	393.41	17	393.41	17	354.72	17	354.72	17	354.72	17

Catastrophic
Bronze
Silver
Gold

**BOLD FONT:**  
"On-Exchange"  
Plan

# Individual Market: Age 21 Rates Approved by CID for 2020 Plan Year (Part 2 of 2)

Tab E: EXHIBIT 3.0

		Fairfield County		Hartford County		Litchfield County		Middlesex County		New Haven County		New London County		Tolland County		Windham County	
Carrier	Plan Name	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank
<b>Anthem</b>	<b>Gold HMO Pathway X Enhanced Tiered</b>	<b>450.15</b>	<b>18</b>	<b>392.86</b>	<b>18</b>	<b>380.58</b>	<b>18</b>	<b>421.50</b>	<b>18</b>	<b>421.50</b>	<b>18</b>	<b>380.58</b>	<b>18</b>	<b>380.58</b>	<b>18</b>	<b>380.58</b>	<b>18</b>
Anthem	Anthem Silver HMO Pathway Enhanced Tiered 2500/5000/10%/40%	460.89	19	402.23	21	389.66	19	431.56	19	431.56	19	389.66	19	389.66	19	389.66	19
Anthem	Anthem Silver HMO Pathway Enhanced Tiered 2800/3800/10%/40% for HSA	461.25	20	402.54	22	389.96	20	431.89	21	431.89	21	389.96	20	389.96	20	389.96	20
Anthem	Anthem Silver HMO Pathway Enhanced 4500/30%	462.95	21	404.03	23	391.41	21	433.49	22	433.49	22	391.41	21	391.41	21	391.41	21
<b>CBI</b>	<b>Choice Silver Standard POS</b>	<b>464.29</b>	<b>22</b>	<b>393.47</b>	<b>19</b>	<b>428.80</b>	<b>25</b>	<b>431.59</b>	<b>20</b>	<b>431.59</b>	<b>20</b>	<b>428.80</b>	<b>25</b>	<b>428.80</b>	<b>25</b>	<b>428.80</b>	<b>25</b>
CICI	Choice SOLO POS HSA Coins. \$6,250 ded.	469.08	23	396.08	20	397.34	22	440.69	23	440.69	23	397.34	22	397.34	22	397.34	22
<b>Anthem</b>	<b>Gold PPO Pathway X</b>	<b>472.48</b>	<b>24</b>	<b>412.34</b>	<b>24</b>	<b>399.46</b>	<b>23</b>	<b>442.41</b>	<b>24</b>	<b>442.41</b>	<b>24</b>	<b>399.46</b>	<b>23</b>	<b>399.46</b>	<b>23</b>	<b>399.46</b>	<b>23</b>
<b>Anthem</b>	<b>Silver PPO Standard Pathway X</b>	<b>476.20</b>	<b>25</b>	<b>415.60</b>	<b>25</b>	<b>402.61</b>	<b>24</b>	<b>445.90</b>	<b>25</b>	<b>445.90</b>	<b>25</b>	<b>402.61</b>	<b>24</b>	<b>402.61</b>	<b>24</b>	<b>402.61</b>	<b>24</b>
CICI	Choice SOLO POS Copay/Coins. \$5,500 ded.	523.37	26	441.93	26	443.34	26	491.71	26	491.71	26	443.34	26	443.34	26	443.34	26
CICI	Choice SOLO POS Coins. \$3,000 ded.	534.03	27	450.93	27	452.36	27	501.71	27	501.71	27	452.36	27	452.36	27	452.36	27
CICI	Choice SOLO POS Copay/Coins. \$4,500 ded.	534.27	28	451.13	28	452.57	28	501.95	28	501.95	28	452.57	28	452.57	28	452.57	28
<b>CBI</b>	<b>Choice Gold Alternative POS with Dental</b>	<b>552.93</b>	<b>29</b>	<b>468.59</b>	<b>30</b>	<b>510.66</b>	<b>31</b>	<b>513.99</b>	<b>29</b>	<b>513.99</b>	<b>29</b>	<b>510.66</b>	<b>31</b>	<b>510.66</b>	<b>31</b>	<b>510.66</b>	<b>31</b>
CICI	Choice SOLO POS HSA Coins. \$3,500 ded.	554.11	30	467.88	29	469.37	29	520.58	30	520.58	30	469.37	29	469.37	29	469.37	29
Anthem	Anthem Gold HMO Pathway Enhanced Tiered 2000/3000/10%/30%	568.16	31	495.85	31	480.35	30	532.00	31	532.00	31	480.35	30	480.35	30	480.35	30
<b>CBI</b>	<b>Choice Gold Standard POS</b>	<b>596.72</b>	<b>32</b>	<b>505.70</b>	<b>32</b>	<b>551.10</b>	<b>33</b>	<b>554.69</b>	<b>32</b>	<b>554.69</b>	<b>32</b>	<b>551.10</b>	<b>33</b>	<b>551.10</b>	<b>33</b>	<b>551.10</b>	<b>33</b>
CICI	Passage SOLO POS Copay/Coins. \$2,000 ded.	645.97	33	545.45	33	547.18	32	606.88	33	606.88	33	547.18	32	547.18	32	547.18	32
<b>Anthem</b>	<b>Gold PPO Standard Pathway X</b>	<b>790.47</b>	<b>34</b>	<b>689.86</b>	<b>34</b>	<b>668.31</b>	<b>34</b>	<b>740.17</b>	<b>34</b>	<b>740.17</b>	<b>34</b>	<b>668.31</b>	<b>34</b>	<b>668.31</b>	<b>34</b>	<b>668.31</b>	<b>34</b>

Catastrophic
Bronze
Silver
Gold

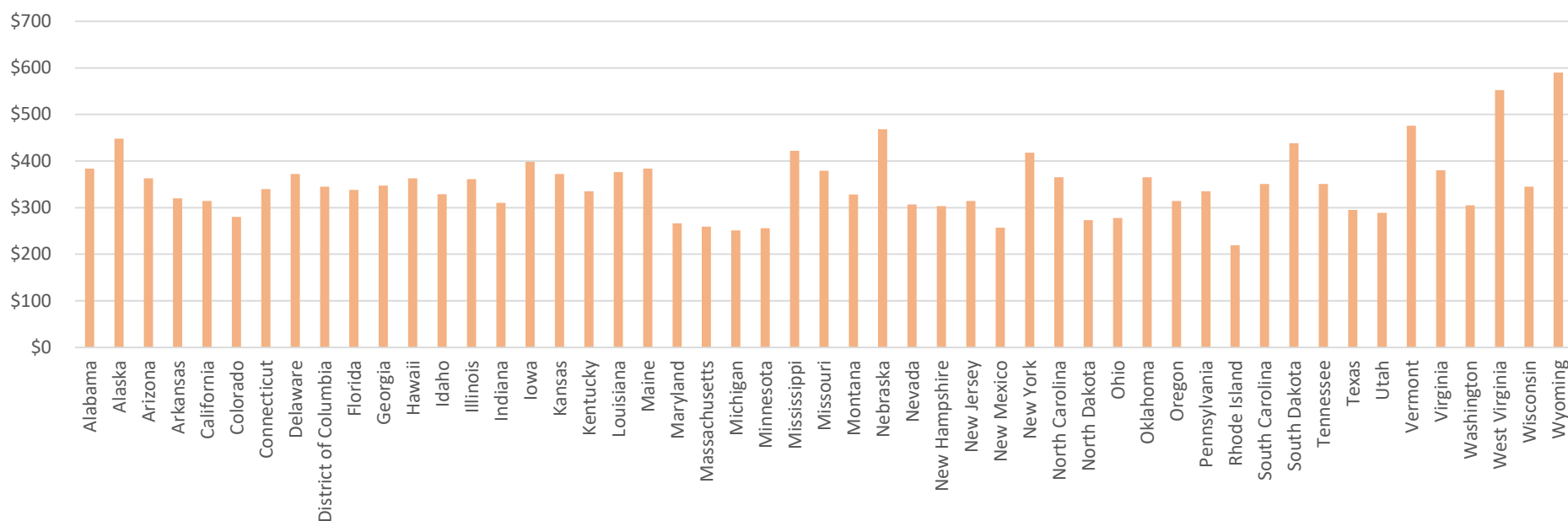
**BOLD FONT:**  
"On-Exchange"  
Plan

Exhibit sorted in rank order by Fairfield County rates

# Average Marketplace Premiums by Metal Tier, 2020\*

Tab E: EXHIBIT 4.0

## Average Lowest Cost Bronze Premium – Age 40



Rhode Island: \$219  
(lowest)

Connecticut: \$340 (25<sup>th</sup>)

Wyoming: \$590 (highest)

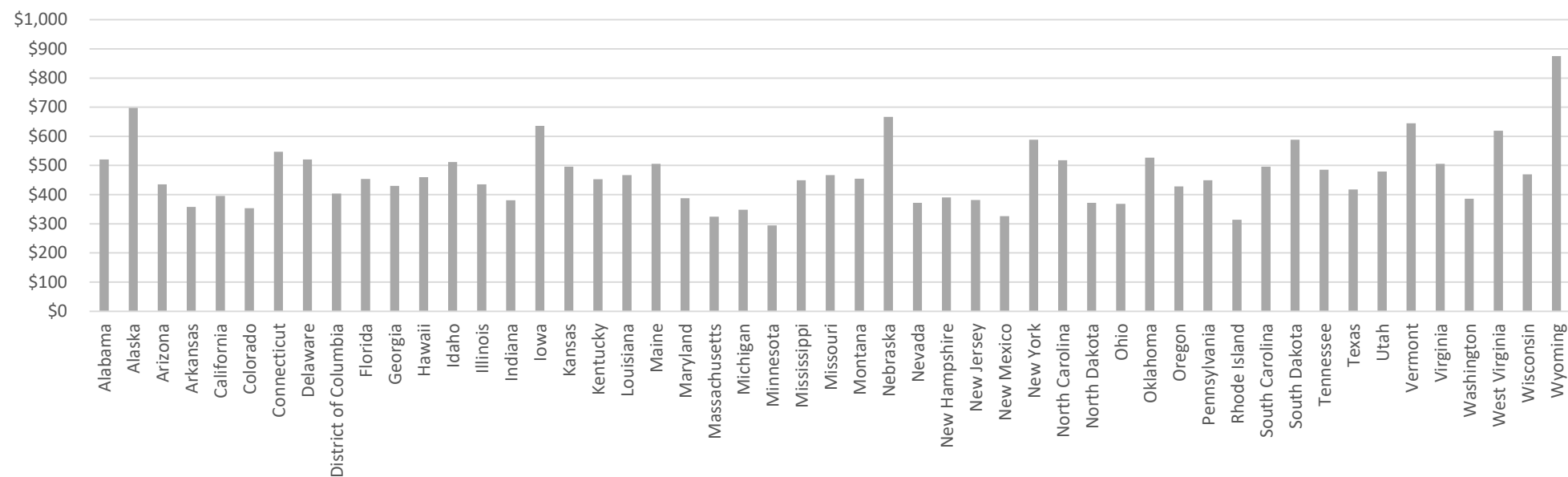
US: \$331

\*Individual Market Information obtained from kff.org "State Health Facts": <https://www.kff.org/health-reform/state-indicator/average-marketplace-premiums-by-metal-tier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

# Average Marketplace Premiums by Metal Tier, 2020\*

Tab E: EXHIBIT 4.1

Average Lowest Cost Silver Premium – Age 40



Minnesota: \$294 (lowest)

Connecticut: \$547 (43<sup>rd</sup>)

Wyoming: \$875 (highest)

US: \$442

*\*\*AHCT permits only 1 standardized Silver plan be submitted per carrier*

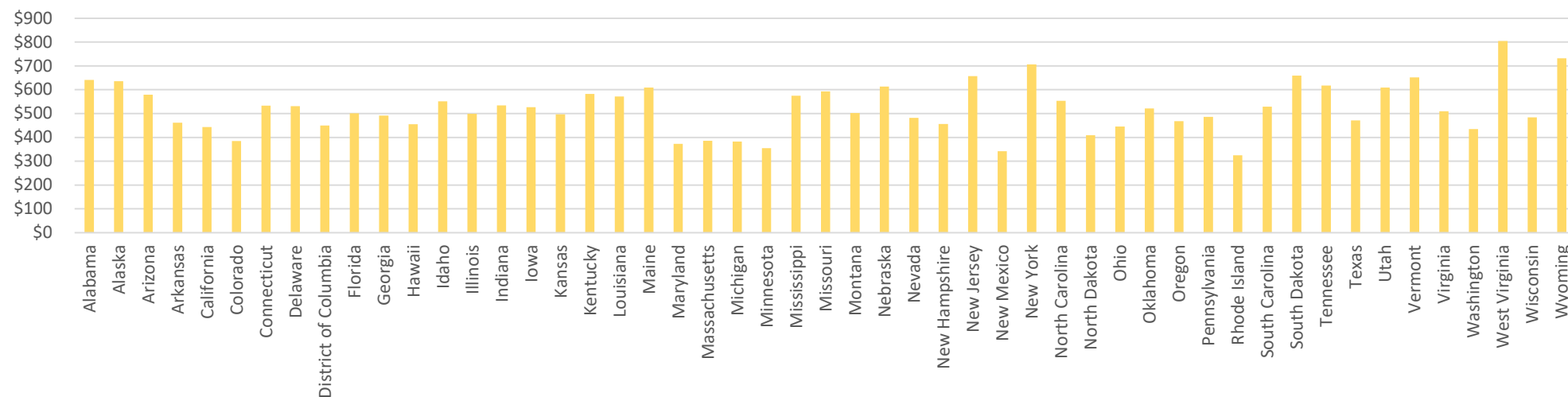
\* Individual Market Information obtained from kff.org “State Health Facts”: <https://www.kff.org/health-reform/state-indicator/average-marketplace-premiums-by-metal-tier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>



# Average Marketplace Premiums by Metal Tier, 2020\*

Tab E: EXHIBIT 4.2

## Average Lowest Cost Gold Premium – Age 40



Rhode Island: \$325  
(lowest)

Connecticut: \$533 (31<sup>st</sup>)

West Virginia: \$804  
(highest)

US: \$501

\* Individual Market Information obtained from kff.org “State Health Facts”: <https://www.kff.org/health-reform/state-indicator/average-marketplace-premiums-by-metal-tier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>