



Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting
March 18, 2020

Agenda

- Call to Order and Introductions
- Public Comment
- Vote: Meeting Minutes (February 20, 2020)
- AHCT Vision, Mission and Values
- Follow-Ups from Prior Meeting
- Certification Requirements
- 2021 Individual Market Standard Plan Designs
- Possible Votes
 - Recommend Plan Options, including contingency, to AHCT Board of Directors
 - Recommend MOOP contingency plan to AHCT Board of Directors
- Meeting Schedule for 2021 Plan Year Certification Review
- Next Steps
- Adjournment

Public Comment

Vote:

**Review and Approval of Minutes:
February 20, 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
Committee members to review resource materials, including enrollment data, provided on February 20 th	Committee observations to be discussed today
Additional resource materials: Exhibits presented by Wakely during February 20 th meeting regarding estimated cost & utilization information per federal Actuarial Value Calculator (AVC)	Information to be added to each individual Committee Member's resource materials binder
Standardized plan options for 2021, including impact of proposed state legislation related to diabetes and prescription drug cost sharing	Information for review during Wakely portion of presentation

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"> Topics impacted by new federal / state regulations and guidance [e.g., impact to changes in funding for CSR plans, public option, reinsurance, etc.] Items suggested by AHCT Board of Directors, HPBQ AC or other constituents VBID Customer Preferences / Input 	x	TBD 

Access Health CT

2021 Individual Market Standard Plan Designs

March 18, 2020

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

Agenda

2021 Plan Design Review

- Regulatory Changes
- **Final** 2021 Calculator Results
- 2021 Proposed Plans
- 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)
- The 2021 Federal Actuarial Value Calculator (AVC) is finalized. HHS made no changes to the calculator methodology or underlying data.
- Federal HDHP minimum deductible and maximum MOOP limits are not yet released for 2021.
 - For 2020 the single deductible limit is set at a minimum of \$1,400 and the MOOP maximum limit is \$6,900.
- 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) ¹	81.96%	71.97%	64.98%	63.73%
2021 AV (Final)	81.60% - 82.87%³	70.69% - 71.83%	66.20% - 66.81%	66.24% - 66.24%

¹ 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) ¹	73.98%	87.88%	94.98%
2021 AV (Final)	72.83% - 73.85%	87.41% - 88.42%³	94.71% - 94.96%

¹ Wakely AV Calculation

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

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

2021 Proposed Plans

2020 Proposed Legislation: 2020SB No. 1

- 2020SB No. 1: An Act Concerning Diabetes and High Deductible Health Plans, Effective January 1, 2021
- The proposed bill will impact the standardized plans (except for the HSA Bronze plan) as follows:
 - \$50 cost share limit for a medically necessary 30-day supply of covered insulin
 - \$50 cost share limit for a medically necessary 30-day supply of covered non-insulin drug
 - \$100 cost share for a 30-day supply for all medically necessary covered diabetes equipment and supplies
 - Out of pocket expenses cannot exceed \$100 per month for all medically necessary items

2020 Proposed Legislation: 2020SB No. 1

- For the HSA Bronze, the proposed legislation indicates it applies to the maximum extent permitted by Federal law.
- This would limit those services that could be provided before the deductible with cost-share.
 - The bill required coverage, but does not assess cost sharing limits on lab services
 - The services in red are not referenced in the Bill and will not be subject to lower cost sharing.

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes

- Table Source: IRS Notice N-19-45

AV is a component of federal law, adding Bill coverages before the deductible would result in the plan falling out of compliance with AV. Therefore, including the coverage not subject to deductible would not be required per the state law.

2021 Proposed Legislation: 2020SB No. 1

- Overview: Legislation Results by Metal
- Gold Plan - *Plan compliant without modification**
- Silver Plan - *Plans compliant without modification**
 - Silver 73%
 - Silver 87%
 - Silver 94%
- Bronze Plan
 - Bronze non-HSA – *Plan compliant without modification**
 - Bronze HSA – *Federal AV restrictions would prohibit coverage changes under the Bill.*

* The Bill's impact has been tested on a preliminary basis by Carriers for AV compliance or Mental Health Parity. Plans reserve the right to modify results with updated information.

Summary of 2021 Gold Plan AV

Benefit Category	2020/2021 Individual Market Gold Plan
Medical Deductible	\$1,300 (INN)/\$3,000 (OON)
Rx Deductible	\$50 (INN)/\$350 (OON)
Coinsurance	30%
Out-of-pocket Maximum	\$5,250 (INN)/\$10,500 (OON)
Primary Care	\$20
Specialist Care	\$40
Urgent Care	\$50
Emergency Room	\$400
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$65
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20
Chiropractic Care 20 visit calendar maximum	\$40
All Other Medical	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
2020 AVC Results	81.96%
2021 AVC Results	81.60% - 82.87%

Summary of 2021 Silver Plan AV

Benefit Category	2020/2021 Individual Market Silver Plan	2020/2021 Individual Market Silver Plan (73%)	2020/2021 Individual Market Silver Plan (87%)	2020/2021 Individual Market Silver Plan (94%)
Medical Deductible	\$4,300 (INN)/ \$8,600 (OON)	\$3,950	\$650	\$0
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250	\$50	\$0
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$8,150 (INN)/ \$16,300 (OON)	\$6,500	\$2,500	\$900
Primary Care	\$40	\$40	\$20	\$10
Specialist Care	\$60	\$60	\$45	\$30
Urgent Care	\$75	\$75	\$35	\$25
Emergency Room	\$450 (after ded.)	\$450 (after ded.)	\$150 (after ded.)	\$50
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$100 per day (after ded., \$400 max. per admission)	\$75 (\$300 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$60	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$30 (after ded.)	\$25
Laboratory Services	\$10 (after ded.)	\$10 (after ded.)	\$10 (after ded.)	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$50	\$50	\$35	\$30
All Other Medical	40%	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$25 / \$40 / 20% (non- preferred brand and spec. after ded., \$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2020 AVC Results	71.97%	73.98%	87.88%	94.98%
2021 AVC Results	70.69% - 71.83%	72.83% - 73.85%	87.41% - 88.42%	94.71% - 94.96%

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% / 50% (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%

Summary of 2021 Bronze HSA Plan AV

Benefit Category	2020 Individual Market Bronze HSA Plan	2021 Bronze HSA Sample Plan 1
Combined Medical & Rx Deductible	\$5,685 (INN)/\$11,370 (OON)	\$6,350 (INN)/\$12,700 (OON)
Coinsurance	10%	20%
Out-of-pocket Maximum	\$6,550 (INN)/\$13,100 (OON)	\$6,900 (INN)/\$13,800 (OON)
Primary Care	10% (after ded.)	20% (after ded.)
Specialist Care	10% (after ded.)	20% (after ded.)
Urgent Care	10% (after ded.)	20% (after ded.)
Emergency Room	10% (after ded.)	20% (after ded.)
Inpatient Hospital	10% (after ded.)	20% (after ded.)
Outpatient Hospital	10% (after ded.)	20% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	10% (after ded.)	20% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	10% (after ded.)	20% (after ded.)
Laboratory Services	10% (after ded.)	20% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	10% (after ded.)	20% (after ded.)
Chiropractic Care (20 visit calendar maximum)	10% (after ded.)	20% (after ded.)
All Other Medical	10% (after ded.)	20% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	10% / 15% / 25% / 30% (all after ded., \$500 max per spec. script)	20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)
2020 AVC Results	63.73%	NA
2021 AVC Results	66.24%	64.98%

Other Analysis

2021 Proposed Legislation: 2020HB No. 5366

- An Act Concerning the Cost of Prescription Drugs, effective January 1, 2021
- The proposed bill will impact the standardized plans (except for the HSA Bronze plan) as follows:
 - Coverage for coinsurance, copayments, deductibles and out-of-pocket expenses for coverage prescription drugs, in the aggregate, will not exceed \$250 per insured per month
- Estimated Impact of cost sharing limits on the AV for all metals is less than 0.1%

* Bill impact has not been tested by Carriers for AV compliance or Mental Health Parity

Possible Votes

HPBQ AC Recommendations to AHCT Board of Directors: Vote Options for 2021 Standard Plans

Options	Explanation	Sample Plan Information
Option 1	<p>Vote to recommend cost sharing adjustments only for the 2 plans (Bronze and HSA Bronze) that will no longer be compliant for 2021 due to changes in AV Calculator tool;</p> <p><i>NOTE: may result in need to reconvene Committee to review plan designs at a later point in time should state legislation* be passed</i></p>	<p><i>Non-HSA Bronze: Sample Plan 2</i> <i>HSA Bronze: Sample Plan 1</i></p>
Option 2	<p>Vote to recommend Option 1 <u>plus contingency ONLY in the event proposed state legislation* on diabetes is passed</u>, the plan changes to incorporate the proposed legislation in all plans (except HSA Bronze)</p>	<p><i>Option 1 sample plans above plus contingency plan:</i> <i>Gold & Silver plans: existing plan designs with features listed in Wakely portion of presentation (slide 14) and non-HSA Bronze plan Sample Plan 2 with same features</i></p>
Option 3	<p>Vote to recommend cost sharing adjustments to incorporate proposed state legislation* on diabetes in all plans except HSA Bronze, <u>regardless of whether</u> the legislation is passed, with proposed changes to the HSA Bronze plan excluding legislation due to inability to comply with federal guidance</p>	<p><i>Gold & Silver plans: existing plan designs with features listed in Wakely portion of presentation (slide 14) and non-HSA Bronze plan Sample Plan 2 with those same features</i> <i>HSA Bronze: Sample Plan 1</i></p>

*Proposed 2020 State legislation: "An Act Concerning Diabetes and High Deductible Health Plans" (SB00001 and HB05175)

HPBQ AC Recommendations to AHCT Board of Directors: 2021 Standard Plan MOOP Contingency

Plan	Explanation	Board Recommendation for Consideration
Non-HSA Bronze	Values for the annual limitation on cost sharing (AKA maximum out-of-pocket, or 'MOOP')* included in the HHS draft Notice of Benefit and Payment Parameters (NBPP) for 2021 released on 1/31/20 may change when the final NBPP is released	<i>If the MOOP published in the final HHS NBPP for 2021 is lower than the value used in the sample plans (including any contingency plans) reviewed by the HPBQ AC and recommended to the AHCT Board of Directors for approval, and the plans would need to be modified to comply with AVC and/or mental health parity requirements, the HPBQ AC requests the Board permit AHCT Plan Management Team and/or AHCT's contracted Actuarial Consultant to work directly with the carriers to reduce the MOOP and adjust other plan features so that the plan is compliant without additional review of the HPBQ AC or approval of the Board</i>
Silver Plans, including CSRs	Same as above	Same as above
HSA Bronze	In addition to the issue outlined above, IRS Guidance regarding minimum deductible and maximum out-of-pocket for High Deductible Health Plans (HDHPs) with Health Savings Accounts is expected to be released later this year, and may not align with the values used in Bronze HSA Sample Plan 1 (refer to slide #20 within the Wakely portion of this presentation)	<i>If a change in the final NBPP and/or IRS guidance on HDHPs (to be released later this year) would require modification to the HSA Bronze plan to remain compliant with AVC and/or MHP requirements, the HPBQ AC requests the Board permit AHCT Plan Management Team and/or AHCT's contracted Actuarial Consultant to work directly with the carriers to adjust the HSA Bronze plan features so that the plan is compliant without additional review of the HPBQ AC or approval by the Board</i>

HPBQ AC Meeting Schedule

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

Next Steps

Reference Materials

March 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)*

Reference Materials - Table of Contents

[illegible]

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

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
Deductible: Individual (medical)	\$4,300	\$8,600
Deductible: Family (medical)	\$8,600	\$17,200
Deductible: Individual (prescription)	\$250	\$500
Deductible: Family (prescription)	\$500	\$1,000
Out-of-Pocket Maximum: Individual	\$8,150	\$16,300
Out-of-Pocket Maximum: Family	\$16,300	\$32,600
	Provider Office Visits	
Preventive Visit (Adult/Child)	\$0	40% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$40 copayment per visit	40% coinsurance per visit after OON medical deductible
Specialist Office Visits	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible
	Outpatient Diagnostic Services	
Advanced Radiology (CT/PET Scan, MRI)	\$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
Laboratory Services	\$10 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)	\$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)	
Tier 1	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 2	\$45 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 3	\$70 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 4	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	
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$30 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)	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
	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
Outpatient Services (in a hospital or ambulatory facility)	\$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	
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)	\$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
Emergency Room	\$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

Yellow shading represents change from 2019 Plan Year		2020 Standard Silver 73%	
Plan Overview		In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible: Individual (medical)		\$3,950	\$8,600
Deductible: Family (medical)		\$7,900	\$17,200
Deductible: Individual (prescription)		\$250	\$500
Deductible: Family (prescription)		\$500	\$1,000
Out-of-Pocket Maximum: Individual		\$6,500	\$16,300
Out-of-Pocket Maximum: Family		\$13,000	\$32,600
Provider Office Visits			
Preventive Visit (Adult/Child)		\$0	40% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)		\$40 copayment per visit	40% coinsurance per visit after OON medical deductible
Specialist Office Visits		\$60 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services			
Advanced Radiology (CT/PET Scan, MRI)		\$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
Laboratory Services		\$10 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)		\$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)			
Tier 1		\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 2		\$45 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 3		\$70 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 4		20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services			
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)		\$30 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)		\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
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
Outpatient Services (in a hospital or ambulatory facility)		\$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			
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)		\$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
Emergency Room		\$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

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
Deductible: Individual (medical)		\$650	\$8,600
Deductible: Family (medical)		\$1,300	\$17,200
Deductible: Individual (prescription)		\$50	\$500
Deductible: Family (prescription)		\$100	\$1,000
Out-of-Pocket Maximum: Individual		\$2,500	\$16,300
Out-of-Pocket Maximum: Family		\$5,000	\$32,600
Provider Office Visits			
Preventive Visit (Adult/Child)		\$0	40% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)		\$20 copayment per visit	40% coinsurance per visit after OON medical deductible
Specialist Office Visits		\$45 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services			
Advanced Radiology (CT/PET Scan, MRI)		\$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
Laboratory Services		\$10 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)		\$30 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)			
Tier 1		\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 2		\$25 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 3		\$40 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 4		20% coinsurance up to a maximum of \$60 per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services			
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
Other Services			
Chiropractic Services (up to 20 visits per calendar year)		\$35 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
Outpatient Services (in a hospital or ambulatory facility)		\$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
Hospital Services			
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)		\$100 copayment per day to a maximum of \$400 per admission after INET plan deductible	40% coinsurance per visit after OON medical deductible
Emergency and Urgent Care			
Ambulance Services		\$0 copay	\$0 copay
Emergency Room		\$150 copayment per visit after INET medical deductible	\$150 copayment per visit after INET medical deductible
Urgent Care Center or Facility		\$35 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)		\$45 copayment per visit	40% coinsurance per visit after OON medical deductible

Yellow shading represents change from 2019 Plan Year		2020 Standard Silver 94%	
Plan Overview		In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible: Individual (medical)		\$0	\$8,600
Deductible: Family (medical)		\$0	\$17,200
Deductible: Individual (prescription)		\$0	\$500
Deductible: Family (prescription)		\$0	\$1,000
Out-of-Pocket Maximum: Individual		\$900	\$16,300
Out-of-Pocket Maximum: Family		\$1,800	\$32,600
Provider Office Visits			
Preventive Visit (Adult/Child)		\$0	40% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)		\$10 copayment per visit	40% coinsurance per visit after OON medical deductible
Specialist Office Visits		\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services			
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
Laboratory Services		\$10 copayment per service	40% coinsurance per service after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)		\$25 copayment per service	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)			
Tier 1		\$5 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 2		\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 3		\$30 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 4		20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services			
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
Other Services			
Chiropractic Services (up to 20 visits per calendar year)		\$30 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
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
Hospital Services			
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
Emergency and Urgent Care			
Ambulance Services		\$0 copay	\$0 copay
Emergency Room		\$50 copayment per visit	\$50 copayment per visit
Urgent Care Center or Facility		\$25 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)		\$30 copayment per visit	40% coinsurance per visit after OON medical deductible

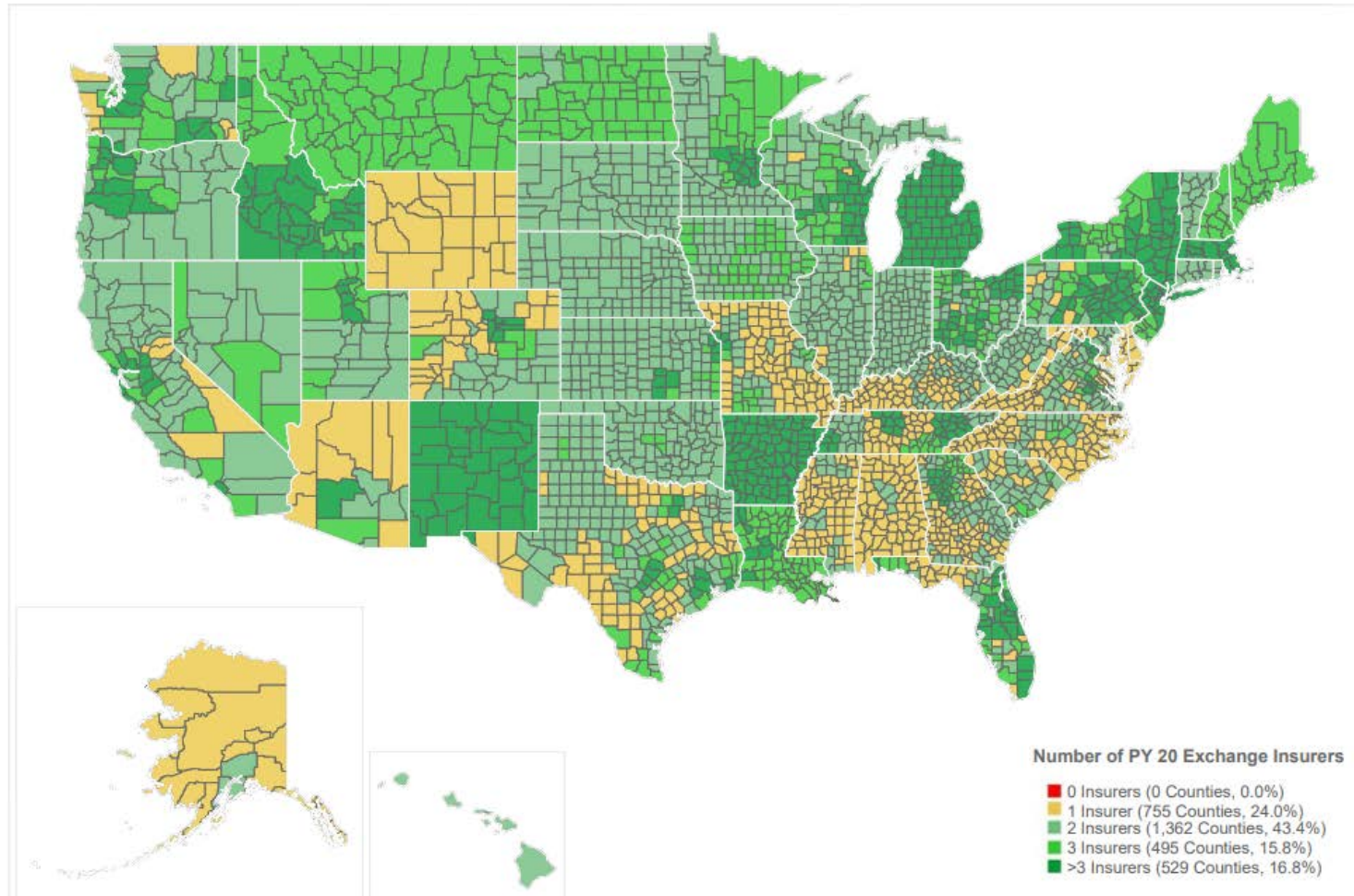
Yellow shading represents change from 2019 Plan Year		2020 Standard Bronze (Non-HSA)	
Plan Overview		In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical & Rx)</i>		\$6,200	\$12,400
Deductible: Family (medical & Rx)		\$12,400	\$24,800
<i>Out-of-Pocket Maximum: Individual</i>		\$8,150	\$16,300
Out-of-Pocket Maximum: Family		\$16,300	\$32,600
Provider Office Visits			
<i>Preventive Visit (Adult/Child)</i>		\$0	50% coinsurance
<i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i>		\$40 copayment per visit	50% coinsurance per visit after OON deductible
<i>Specialist Office Visits</i>		\$60 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
Outpatient Diagnostic Services			
<i>Advanced Radiology (CT/PET Scan, MRI)</i>		\$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
<i>Laboratory Services</i>		\$10 copayment per service after INET deductible	50% coinsurance per service after OON deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>		\$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
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)			
<i>Tier 1</i>		\$10 copayment per prescription	50% coinsurance per prescription after OON deductible
<i>Tier 2</i>		50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
<i>Tier 3</i>		50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
<i>Tier 4</i>		50% coinsurance up to a maximum of \$500 per prescription after INET deductible	50% coinsurance per prescription after OON deductible
Outpatient Rehabilitative and Habilitative Services			
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>		\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>		\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
Other Services			
Chiropractic Services (up to 20 visits per calendar year)		\$50 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
Diabetic Supplies & Equipment		40% coinsurance per equipment/supply after INET deductible	50% coinsurance per equipment / supply after OON deductible
Durable Medical Equipment		40% coinsurance per equipment/supply after INET deductible	50% coinsurance per equipment / supply after OON deductible
Prosthetic Devices		20% coinsurance per equipment/supply	50% coinsurance per equipment / supply after OON medical deductible
Home Health Care Services (up to 100 visits per calendar year)		25% coinsurance per visit after separate \$50 deductible	25% coinsurance per visit after separate \$50 deductible
<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)	50% coinsurance per visit after OON deductible
Hospital Services			
<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 \$1,000 per admission after INET deductible	50% coinsurance per admission after OON deductible
Emergency and Urgent Care			
Ambulance Services		\$0 copay after INET deductible	\$0 copay after INET deductible
<i>Emergency Room</i>		\$450 copayment per visit after INET deductible	\$450 copayment per visit after INET deductible
Urgent Care Center or Facility		\$75 copayment per visit	50% coinsurance per visit after OON deductible
Pediatric Dental Care (for children under age 19)			
Diagnostic & Preventive		\$0 copay	50% coinsurance per visit after OON deductible
Basic Services		45% coinsurance per visit after INET deductible	50% coinsurance per visit after OON deductible
Major Services		50% coinsurance per visit after INET deductible	50% coinsurance per visit after OON deductible
Orthodontia Services (medically necessary only)		50% coinsurance per visit after INET deductible	50% coinsurance per visit after OON 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 after INET deductible	50% coinsurance per visit after OON deductible

2020 Standard Bronze HSA		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical & Rx)</i>	\$5,685	\$9,200
Deductible: Family (medical & Rx)	\$11,370	\$18,400
<i>Out-of-Pocket Maximum: Individual</i>	\$6,550	\$12,900
Out-of-Pocket Maximum: Family	\$13,100	\$25,800
<i>Preventive Visit (Adult/Child)</i>	\$0	50% coinsurance
<i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i>	10% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON deductible
<i>Specialist Office Visits</i>	10% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	10% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON
<i>Laboratory Services</i>	10% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	10% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON
Mammography Ultrasound	10% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)		
<i>Tier 1</i>	10% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<i>Tier 2</i>	15% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<i>Tier 3</i>	25% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<i>Tier 4</i>	30% coinsurance up to a maximum of \$500 per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
Outpatient Rehabilitative and Habilitative Services		
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	10% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	10% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Other Services		
Chiropractic Services (up to 20 visits per calendar year)	10% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Diabetic Supplies & Equipment	10% coinsurance per equipment/supply after INET plan deductible is met	50% coinsurance per equipment/supply after OON plan deductible is met
Durable Medical Equipment	10% coinsurance per equipment/supply after INET plan deductible is met	50% coinsurance per equipment/supply after OON plan deductible is met
Prosthetic Devices	10% coinsurance per equipment/supply	50% coinsurance per equipment / supply after OON medical deductible
Home Health Care Services (up to 100 visits per calendar year)	10% coinsurance per visit after INET plan deductible is met	25% coinsurance per visit after OON plan deductible is met
<i>Outpatient Services (in a hospital or ambulatory facility)</i>	10% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Hospital Services		
<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>	10% coinsurance per admission after INET plan deductible is met	50% coinsurance per admission after OON plan deductible is met
Emergency and Urgent Care		
Ambulance Services	10% coinsurance per service after INET plan deductible is met	10% coinsurance per service after INET plan deductible is met
<i>Emergency Room</i>	10% coinsurance per service after INET plan deductible is met	10% coinsurance per service after INET plan deductible is met
Urgent Care Center or Facility	10% coinsurance per service after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Pediatric Dental Care (for children under age 19)		
Diagnostic & Preventive	\$0 copay	50% coinsurance per visit after OON plan deductible is met
Basic Services	40% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Major Services	50% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Orthodontia Services (medically necessary only)	50% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Pediatric Vision Care (for children under age 19)		
Prescription Eye Glasses (one pair of frames & lenses per calendar year)	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.	Not Covered
Routine Eye Exam by Specialist (one exam per calendar year)	10% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON 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%)

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.

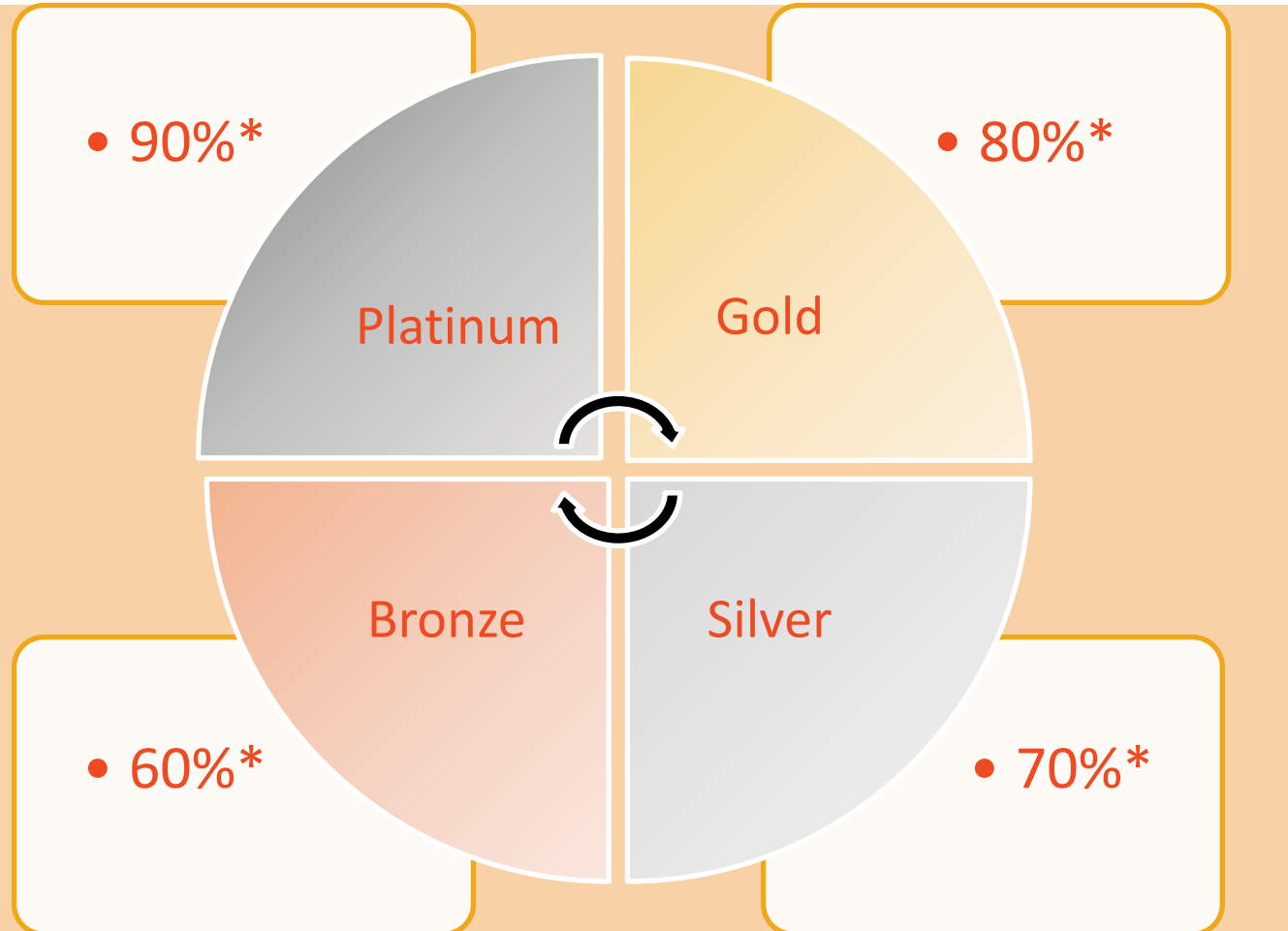
-State-based Exchange (SBE) data is self-reported from the Exchanges to CMS (CA, CO, CT, DC, ID, MA, MD, MN, NY, NV, RI, VT, WA) and is point in time as of 10/21/2019.

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

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

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

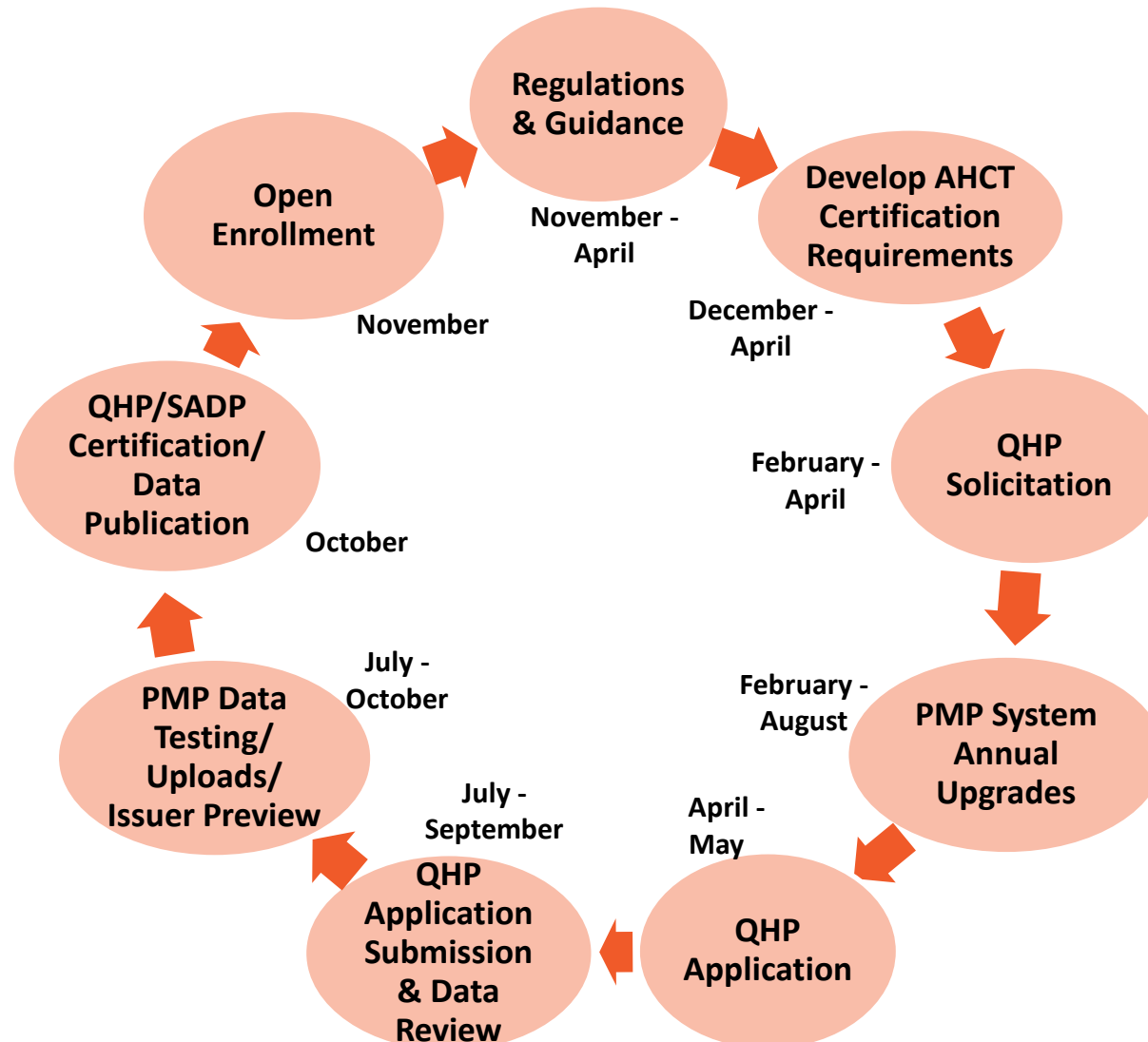
Prescription Drug Benefits Subject to Deductible (Yes or No) Subject to Coinsurance (Yes or No) Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)
Generics
Preferred Brand Drugs
Non-Preferred Brand Drugs
Specialty Drugs (i.e. high-cost)

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

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

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

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

Individual Market - CSR Plan Variations: Silver Copay	73% AV CSR	87% AV CSR	94% AV CSR	Individual Market - CSR Plan Variations: Silver Coinsurance	73% AV CSR	87% AV CSR	94% AV CSR
Permissible AV Range	72.0%-74.0% ²	86.0%-88.0%	93.0%-95.0%	Permissible AV Range	72.0%-74.0% ²	86.0%-88.0%	93.0%-95.0%
2019 AV Range	72.3% to 73.9%	86.9% to 87.9%	93.9% to 94.7%	2019 AV Range	73.3% to 73.5%	87.3% to 87.5%	94.76%
2020 AV Range	73.8% to 75.1%	88.1% to 88.6%	94.9% to 95.0%	2020 AV Range	73.8% to 74.5%	87.9% to 88.03%	95.01%

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

**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
Anthem	On	3		6	9
CBI	On		8		8
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
Anthem	On	3	1	4	1	9
CBI	On	2	1	4	1	8
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=bkmmk>

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)

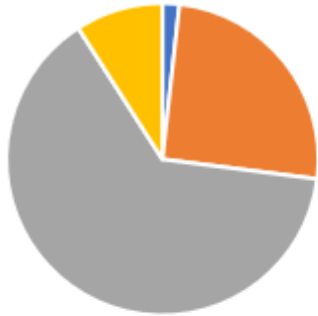
AHCT requires 1 Silver plan and does not permit non-standard Silver plans in the on-exchange individual market for the 2020 Plan Year (OE 7)

*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
	Total	28,267	46,677	32,889	107,833
	Percent of Total	26.21%	43.29%	30.50%	

*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

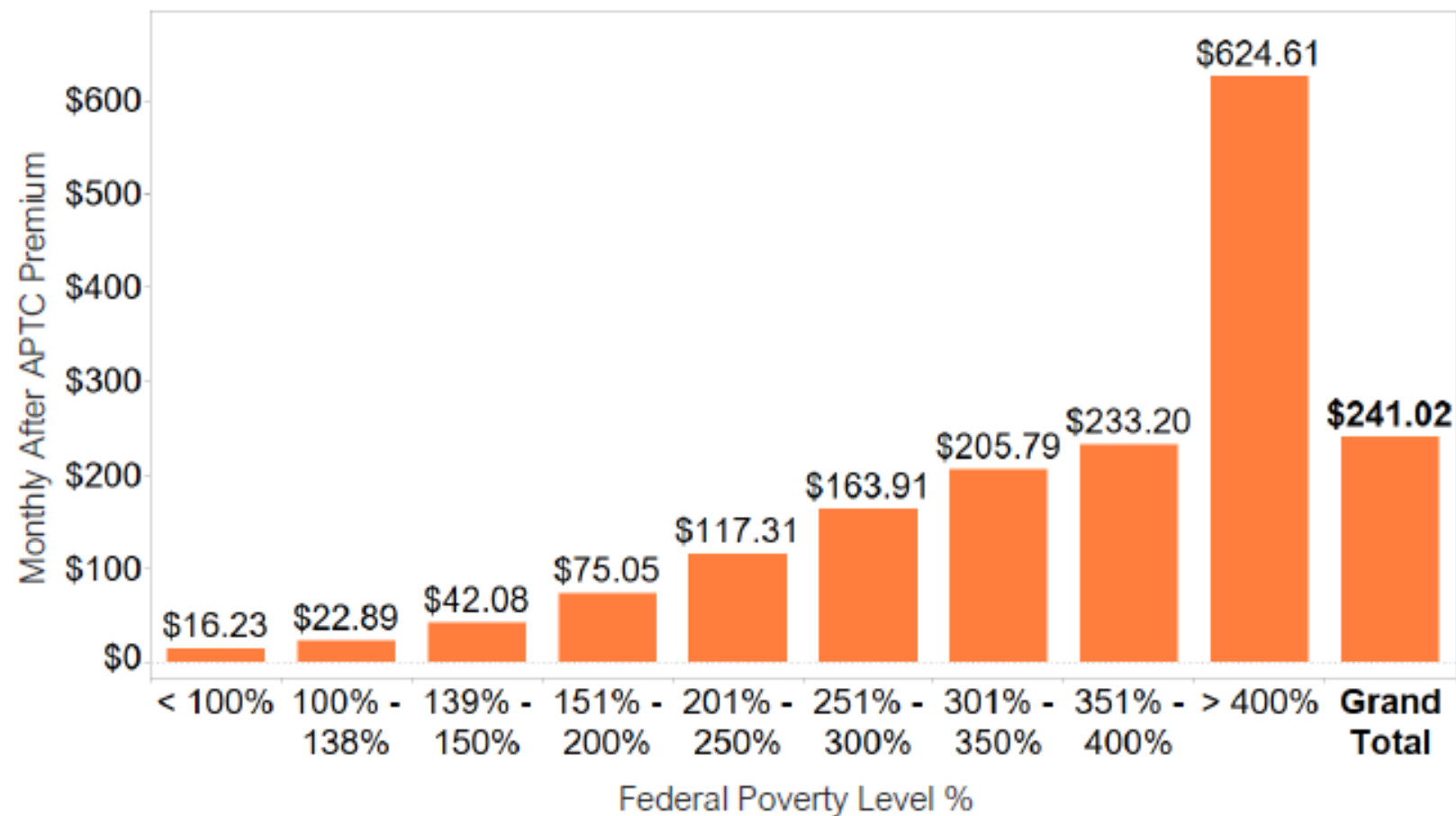
	2014	2015	2016	2017	2018	2019	2020
HMO	9,493	8,261	6,469	5,949	5,799	3,544	3,042
POS	23,590	42,492	63,618	76,827	82,766	86,636	83,752
PPO	27,650	44,689	45,937	28,766	25,569	20,886	21,039
Total	60,733	95,442	116,024	111,542	114,134	111,066	107,833

	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 %)*



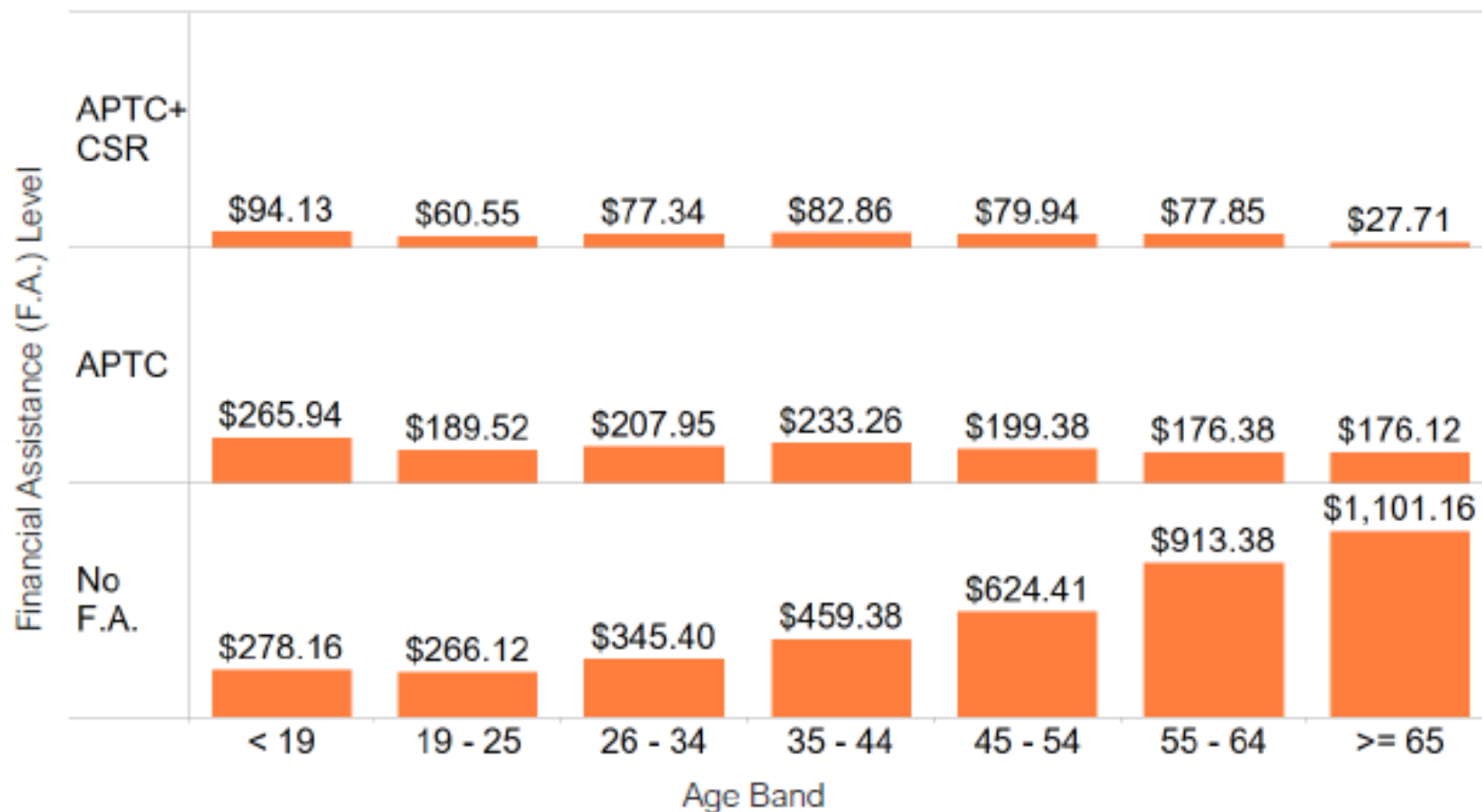
For customers with income between 151% - 200% FPL (17% of all QHP customers), their average monthly premium after APTC is \$75.05.

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
CBI	Choice Catastrophic POS with Dental	196.56	1	166.58	1	181.53	1	182.71	1	182.71	1	181.53	1	181.53	1	181.53	1
Anthem	Catastrophic HMO Pathway X Enhanced	254.30	2	221.93	2	215.00	2	238.11	2	238.11	2	215.00	2	215.00	2	215.00	2
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
CBI	Passage Bronze Alternative PCP POS	285.13	4	241.64	4	263.33	4	265.05	4	265.05	4	263.33	4	263.33	4	263.33	4
CBI	Choice Bronze Standard POS	317.49	5	269.06	5	293.22	5	295.13	5	295.13	5	293.22	5	293.22	5	293.22	5
CBI	Choice Bronze Standard POS HSA	341.00	6	288.98	6	314.93	8	316.98	6	316.98	6	314.93	8	314.93	8	314.93	8
CBI	Choice Bronze Alternative POS with Dental	346.03	7	293.25	7	319.58	9	321.66	7	321.66	7	319.58	9	319.58	9	319.58	9
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
Anthem	Bronze HMO Pathway X Enhanced Tiered	368.48	9	321.59	9	311.54	7	345.04	9	345.04	9	311.54	7	311.54	7	311.54	7
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
Anthem	Bronze PPO Pathway X	394.45	11	344.25	11	333.49	11	369.35	11	369.35	11	333.49	11	333.49	11	333.49	11
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
Anthem	Bronze PPO Standard Pathway X for HSA	397.28	13	346.72	14	335.88	13	372.00	13	372.00	13	335.88	13	335.88	13	335.88	13
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
Anthem	Bronze PPO Standard Pathway X	412.82	16	360.28	17	349.02	16	386.55	16	386.55	16	349.02	16	349.02	16	349.02	16
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
Anthem	Gold HMO Pathway X Enhanced Tiered	450.15	18	392.86	18	380.58	18	421.50	18	421.50	18	380.58	18	380.58	18	380.58	18
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
CBI	Choice Silver Standard POS	464.29	22	393.47	19	428.80	25	431.59	20	431.59	20	428.80	25	428.80	25	428.80	25
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
Anthem	Gold PPO Pathway X	472.48	24	412.34	24	399.46	23	442.41	24	442.41	24	399.46	23	399.46	23	399.46	23
Anthem	Silver PPO Standard Pathway X	476.20	25	415.60	25	402.61	24	445.90	25	445.90	25	402.61	24	402.61	24	402.61	24
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
CBI	Choice Gold Alternative POS with Dental	552.93	29	468.59	30	510.66	31	513.99	29	513.99	29	510.66	31	510.66	31	510.66	31
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
CBI	Choice Gold Standard POS	596.72	32	505.70	32	551.10	33	554.69	32	554.69	32	551.10	33	551.10	33	551.10	33
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
Anthem	Gold PPO Standard Pathway X	790.47	34	689.86	34	668.31	34	740.17	34	740.17	34	668.31	34	668.31	34	668.31	34

Catastrophic
Bronze
Silver
Gold

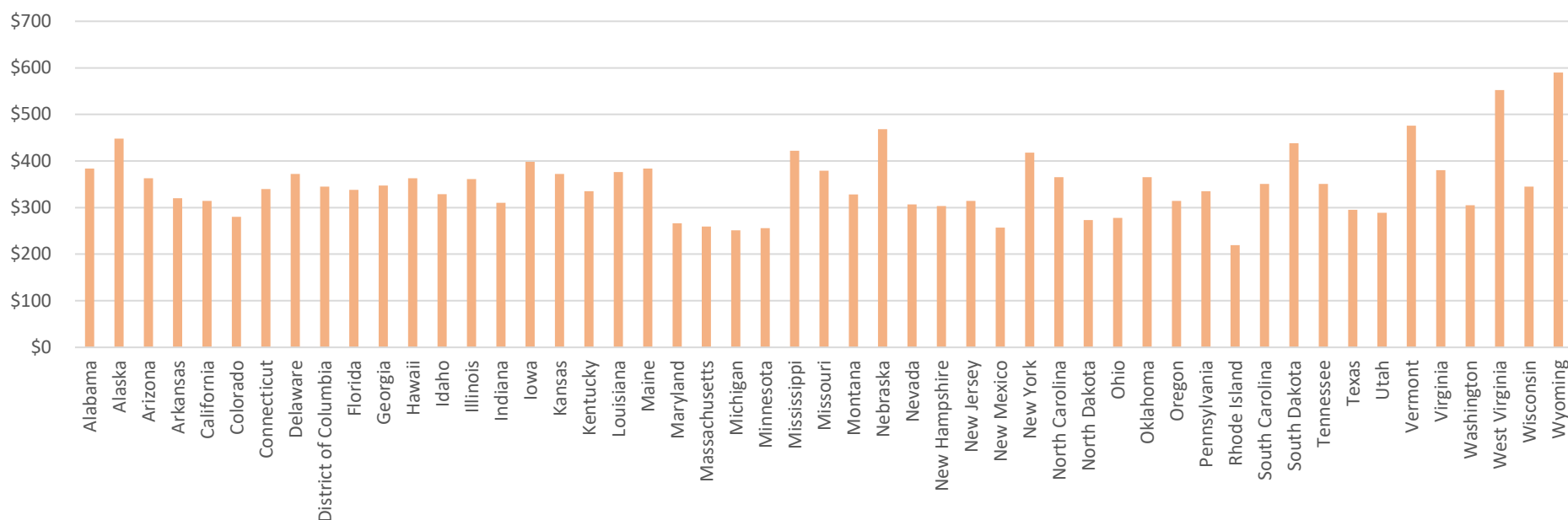
BOLD FONT:
"On-Exchange"
Plan

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 (25th)

Wyoming: \$590 (highest)

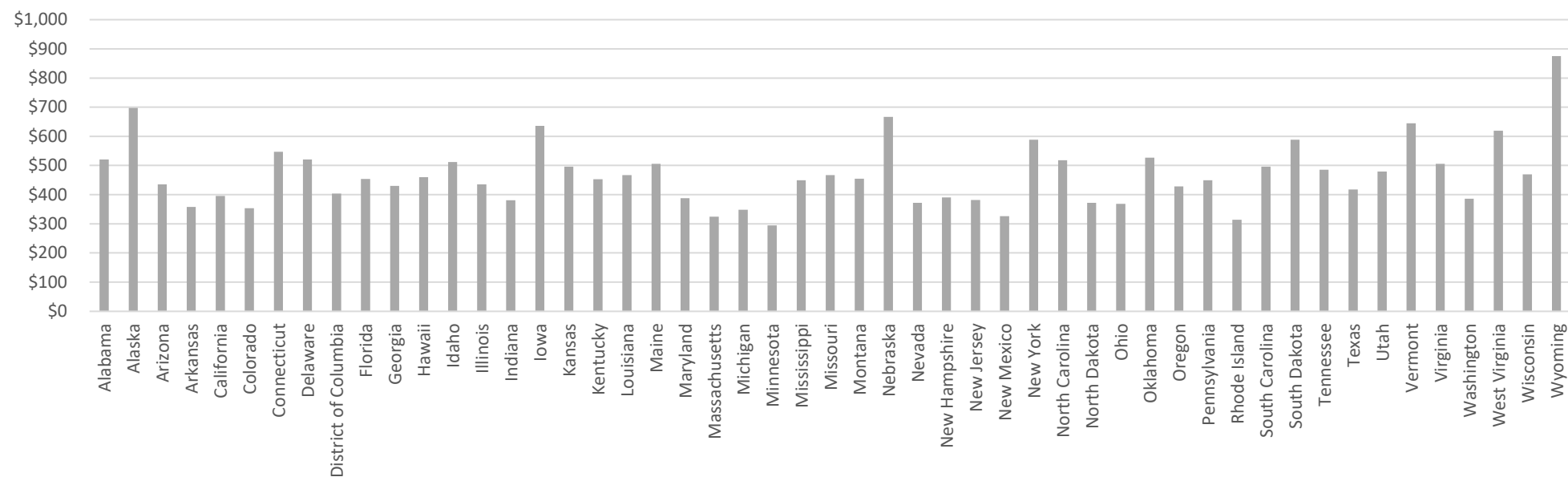
US: \$331

*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 (43rd)

Wyoming: \$875 (highest)

US: \$442

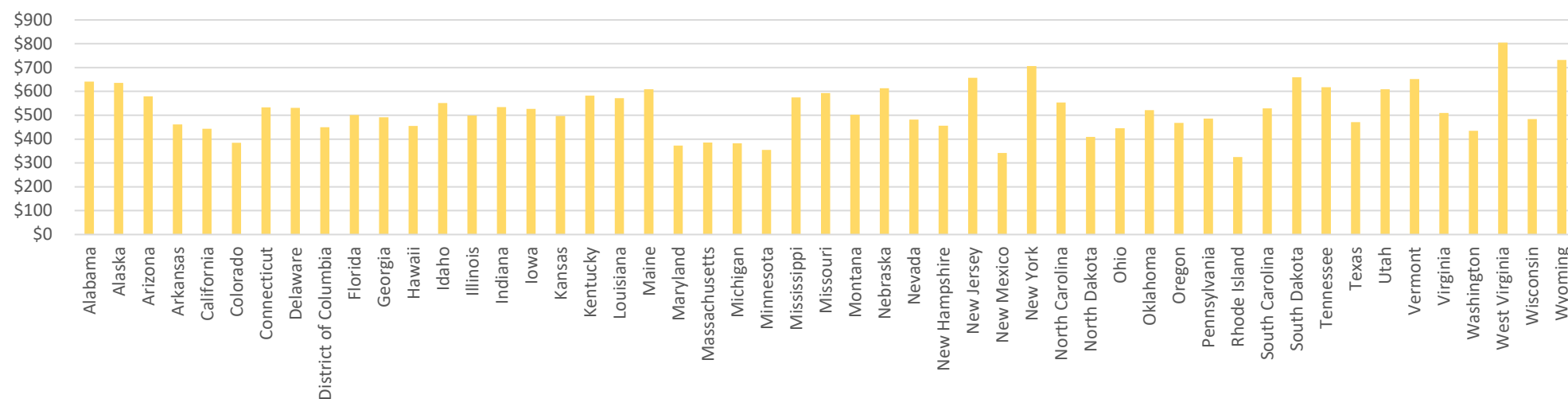
***AHCT permits only 1 standardized Silver plan be submitted per carrier*

* 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 (31st)

West Virginia: \$804
(highest)

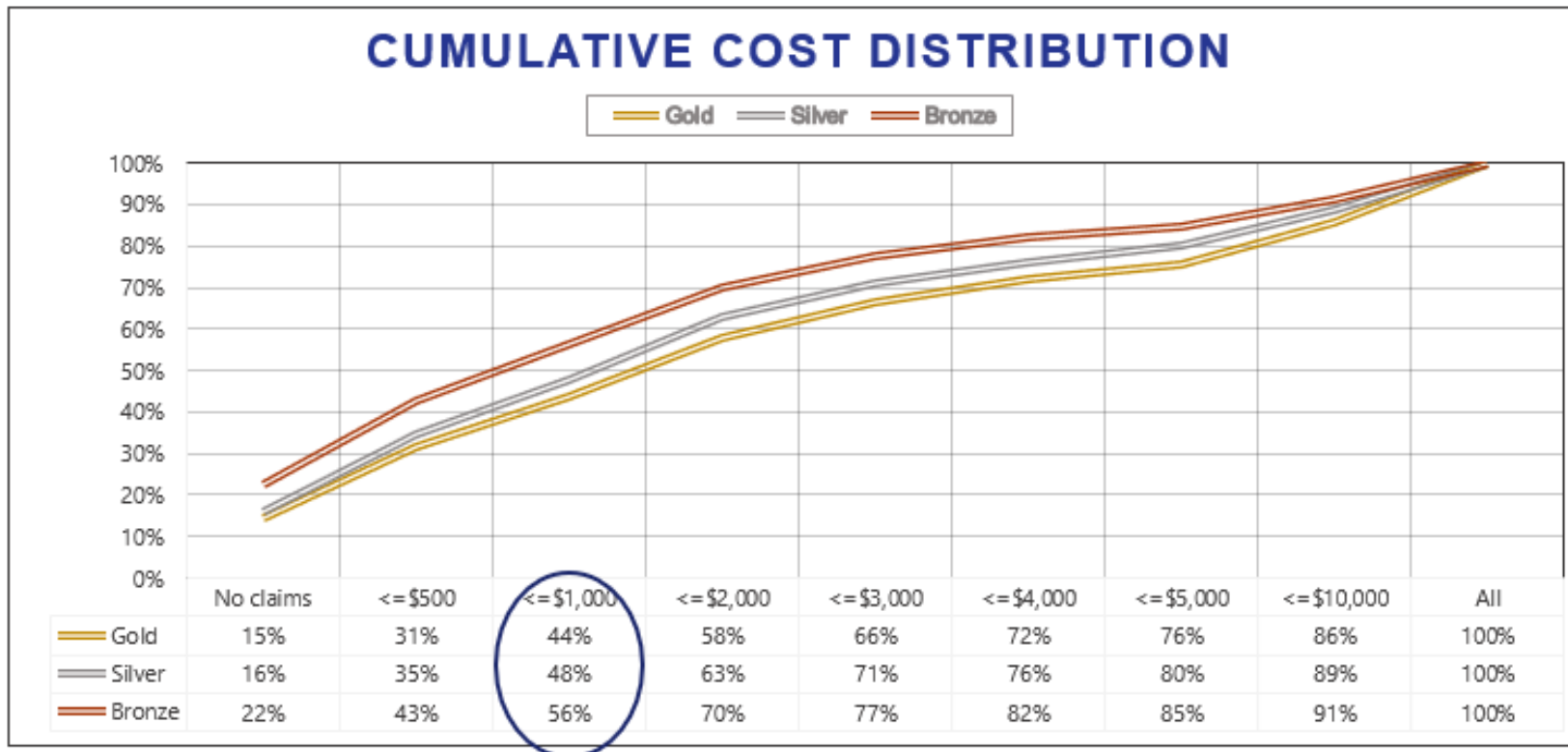
US: \$501

* 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>

2021 Estimated Cost & Utilization – Federal AVC

Tab F: EXHIBIT 1.0

- 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



NOTE: Material previously presented to HPBQ AC on 2/20/2020; refer to: https://agency.accesshealthct.com/wp-content/uploads/2020/02/HPBQAC_022020Mtg_v021820_CombinedSlides.pdf

2021 Estimated Rx Cost & Utilization – Federal AVC

Tab F: EXHIBIT 2.0

- 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 Band 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

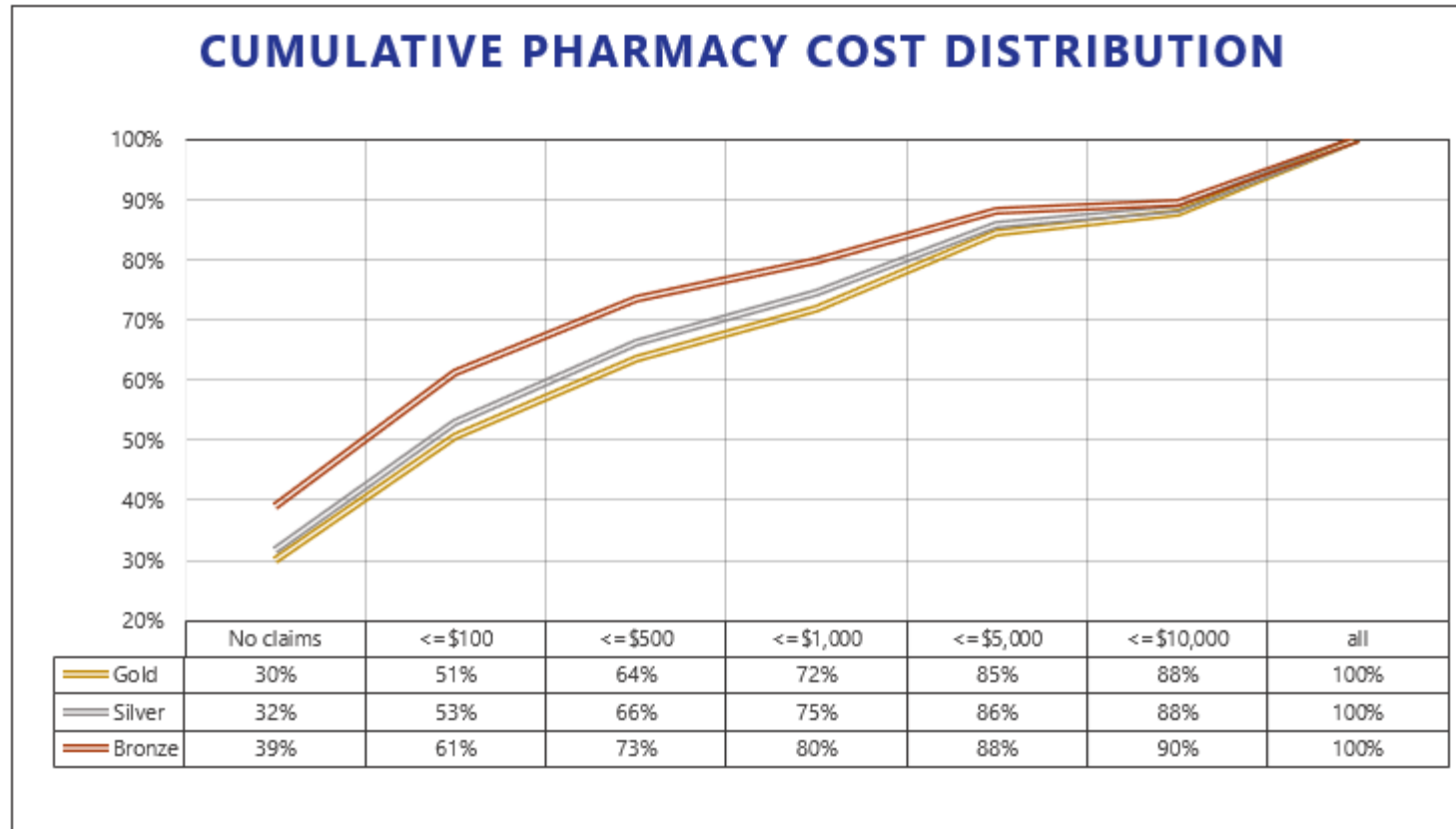
Individual Market	Gold	Silver	Bronze
Generic	\$34	\$36	\$31
Preferred Brand	\$586	\$470	\$407
Non-Preferred Brand	\$702	\$669	\$500
Specialty	\$7,058	\$7,615	\$8,329

NOTE: Material previously presented to HPBQ AC on 2/20/2020; refer to: https://agency.accesshealthct.com/wp-content/uploads/2020/02/HPBQAC_022020Mtg_v021820_CombinedSlides.pdf

2021 Estimated Rx Cost & Utilization – Federal AVC

Tab F: EXHIBIT 3.0

- 2021 projected pharmacy costs and utilization.



NOTE: Material previously presented to HPBQ AC on 2/20/2020; refer to: https://agency.accesshealthct.com/wp-content/uploads/2020/02/HPBQAC_022020Mtg_v021820_CombinedSlides.pdf