



## Health Plan Benefits and Qualifications Advisory Committee Meeting & Consumer Experience and Outreach Advisory Committee Special Meeting

Location: Holiday Inn - Junior Ballroom  
100 East River Drive  
East Hartford, CT  
Conference Call: (866)741-6733/73528233

Date: Tuesday, February 17, 2015  
Time: 1:00 p.m.

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### **Members Present**

Robert Tessier; Vicki Veltri; Deb Polun

### **Members On Phone**

Cee Cee Woods; Mary Ellen Breault; Bonnie Roswig; Steve Frayne; Gerard O’Sullivan; Elizabeth Krause; Tanya Barrett; Erica Michalowski

### **Other Participants**

AHCT: Virginia Lamb; Julie Lyons; Chad Brooker  
Wakely Consulting: Julia Lerche

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#### **I. Call to Order and Introductions**

The meeting was called to order at 1:03 p.m.

#### **II. Public Comment**

There was no public comment.

**III. 2016 Standard Plan Design – Review & Discussion**

Julie Lyons provided an overview of the purpose of the meeting. Amended proposed standard plan designs for 2016 will be presented. These plan designs were based on those created at last week's meeting, but have been modified after review by AHCT's actuarial consultant, Wakely Consulting, to ensure that the designs were compliant with the Actuarial Value Calculator (AVC) tool inputs, and also actuarially sound. Chad Brooker will discuss the changes from the plans that were reviewed and approved for recommendation to the Board last week, as well as Bronze plans that were not yet approved.

- Chad Brooker summarized the information from Wakely that resulted in the need to adjust the plans reviewed last week. The Outpatient Facility services charge required an increased average cost share which resulted in some plans falling outside the permitted AV de minimis range. After adjusting the AVC entry for this change, plan cost sharing for other covered services were modified, aligning them with Committee comments expressed last week in order to get the plans into AV compliance. The workbook provided to Committee members yesterday contains a plan design identified as "New" for each of the standard plans. Only the fields in dark orange shading changed from the designs discussed last week.
  - Platinum plan consideration changes from last week include cost sharing increases for deductible, PCP, Inpatient Hospital and Skilled Nursing, Outpatient Services, Lab and Rehabilitative Services. Discussion ensued regarding these changes, including a request for further clarification on the issue pertaining to the increase for Outpatient Facility Services within the AVC. Mr. Brooker stated that Wakely had more up-to-date information and with trend, the average cost for this service was \$2,500, rather than \$1,500 which was used as the basis for plans reviewed at last week's meeting. Julia Lerche of Wakely Consulting specified that the underlying data in the AVC was updated, and this is a national number. The cost for this service in the prior year AVC was based on the previous actuarial consulting firm's information, which is not available. This is not an indicator that the cost for this service has increased this much, but since the data source is different, this value had to change. This change could also be due to the specific services that are included in Outpatient Services now versus last year.
    - Mr. Tessier stated he is comfortable with the compromise that was made. Committee members in favor of the proposed "New" plan were: Bob Tessier, Vicki Veltri, Mary Ellen Breault, Gerard O'Sullivan, Elizabeth Krause, Steve Frayne and Deb Polun. The following committee members abstained from voting: Bonnie Roswig, Cee Cee Woods, Tanya Barrett.

- Gold plan consideration of changes from last week include two “New” options. For both of these, the Prescription Drug deductible was increased to \$50 from \$0 for Tier 4 Specialty drugs, and cost sharing for a number of other services was revised, some with a decrease. Option 1 is expected to have a lower plan premium than Option 2. Discussion ensued regarding these changes, including a request to eliminate the deductible for Tier 4 Specialty drugs and increasing the copay for Emergency Room services, but neither of these resulted in a plan that would be AV compliant.
  - An alternate plan design was proposed by modifying the “New” Option 2 as follows: \$50 copay for Urgent Care and \$25 deductible for Prescription Drugs. The AV for this design is 81.04%. Committee members in favor of the proposed alternative “New” plan were: Bob Tessier, Vicki Veltri, Cee Cee Woods, Mary Ellen Breault, Gerard O’Sullivan, Elizabeth Krause, Steve Frayne, Bonnie Roswig, and Deb Polun. The following committee members abstained: Erica Michalowski. (Response from Tanya Barrett was inaudible over the phone line.) Ms. Breault noted that the Chiropractic Services copay must be equal to either the PCP or Specialist copay. Mr. Brooker stated this is not an entry for the AVC and changed the copay to \$40.
- Silver 70% Standard plan consideration of changes from last week include cost sharing increases for the Medical and Prescription Drug deductibles, as well as Non-Advanced Radiology, Lab Services, and Prescription Drug Tier 2 and Tier 4. Discussion ensued regarding these changes, including noting that an enrollee with a 4-day stay in a hospital would be responsible for \$4,900 in cost sharing, encouraging utilization of services at the lower end of price point.
  - It was noted that for next year there should be a review to strike a good balance between high and low-cost services, but there was a recommendation to move forward with this plan. Committee members in favor of the proposed alternative “New” plan were: Steve Frayne, Bob Tessier, Vicki Veltri, Cee Cee Woods, Mary Ellen Breault, Gerard O’Sullivan and Deb Polun. The following committee members abstained: Bonnie Roswig, Tanya Barrett, Erica Michalowski, Elizabeth Krause.
- Silver 73% CSR plan consideration of changes from last week include cost sharing increases for the Medical and Prescription Drug deductibles, as well as PCP and Prescription Drug Tier 2 and Tier 4. Discussion ensued regarding these changes, including that the maximum out-of-pocket (MOOP) cannot exceed \$5,200 for this plan. There was also discussion regarding the \$30 copay limit for Rehabilitation per state regulation.

- Bob Tessier recommended moving forward with the “New” plan presented. Committee members in favor with the proposed alternative “New” plan were: Bob Tessier, Mary Ellen Breault, Gerard O’Sullivan and Steve Frayne. The following committee members abstained: Cee Cee Woods, Deb Polun, Bonnie Roswig, Tanya Barrett, Erica Michalowski, Elizabeth Krause. Vicki Veltri did not support moving forward with this plan design.
- Silver 87% CSR plan consideration of changes from last week include cost sharing increases for the Medical and Prescription Drug deductibles, as well the MOOP. Additional cost sharing increases were applied to PCP, Specialist, Urgent Care, Emergency Room, Non-Advanced Radiology and Lab Services. Discussion ensued regarding these changes, including how the Silver cost sharing reduction (CSR) plans work compared to the 70% Silver plan.
  - A motion was made by Deb Polun to approve the Silver 87% CSR plan identified as ‘2016 -New Option 1 - AVC 87.15%’ in the workbook for recommendation to the Board. This motion was seconded by Bob Tessier. The motion passed with the following in favor: Bob Tessier, Deb Polun, Cee Cee Woods, Steve Frayne, Bonnie Roswig, Mary Ellen Breault and Gerard O’Sullivan. The following committee members abstained: Tanya Barrett and Erica Michalowski.
- Silver 94% CSR plan consideration of changes from last week include cost sharing increases for the MOOP, Inpatient Hospital and Skilled Nursing and Outpatient Services.
  - Bob Tessier recommended moving forward with the “New” plan presented. Committee members in favor with the proposed alternative “New” plan were as follows: Bob Tessier, Cee Cee Woods, Mary Ellen Breault, Deb Polun, Bonnie Roswig, and Steve Frayne. The following committee members abstained: Tanya Barrett and Erica Michalowski.
- Non-HSA Bronze plan considerations include changes from the 2015 plan where many services were subject to coinsurance to a plan with most services now subject to a copay. To incentivize primary care usage, that service is no longer subject to the deductible for all visits. Plan deductible and MOOP were increased compared to 2015. Discussion ensued regarding these options, including an alternative to increase the plan deductible to \$6,500 instead of applying the plan deductible to Tier 1 prescription drugs.
  - Bob Tessier indicated that it is difficult to look at this plan and come up with other alternatives, and suggesting moving forward with the plan displayed as ‘2016 - New option 6 - AVC 60.75%’ in the

workbook. Committee members in favor with this were: Bob Tessier, Cee Cee Woods, Mary Ellen Breault, Gerard O'Sullivan, Bonnie Roswig, Steve Frayne and Erica Michalowski.

- HSA Bronze plan considerations included significant changes from the 2015 standard plan, including increased deductible and MOOP and imposing 10% coinsurance after the deductible is met. Discussion ensued regarding these options. All services except Preventive must be subject to the deductible to qualify as an HSA-compatible plan. Wakely Consulting recommended a modest increase in MOOP, as IRS guidance regarding out-of-pocket maximum amount has not been released yet. Additional discussion surrounding the steps a consumer would take to set up a health savings account and the possibility of revising the plan so that Tier 2 and Tier 3 Prescription Drugs would be subject to a copay after the deductible instead of coinsurance.
  - Deb Polun recommended moving forward with the plan identified as '2016 - New Option 6 (HSA) - AVC 61.52%' in the workbook. Committee members in favor with the proposed plan were: Deb Polun, Bob Tessier, Cee Cee Woods, Mary Ellen Breault and Bonnie Roswig.

Julie Lyons stated that the next step would be to prepare these options to present to the Board of Directors later this week.

Meeting adjourned at 3:00 pm.