



# Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting  
February 25, 2021

# Agenda

- Call to Order and Introductions
- Public Comment
- Vote: Meeting Minutes (January 28, 2021)
- Legislative Activity
- Review of Enrollment & Premium Information
- Certification Requirements
- 2022 Individual Market Standard Plan Designs
- 2022 Plan Year (PY) Timeline: Certification Requirements
- HPBQ AC Meeting Schedule
- Next Steps

# Public Comment

# **Vote:**

**Review and Approval of Minutes:  
January 28, 2021 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.

# Legislative Activity

# Legislative Activity – Possible Impact to 2022 Plans

- Federal: American Rescue Plan
- State
  - SB-00842 - An Act Concerning Health Insurance and Health Care In Connecticut
  - Governor's Bill No. 6447 - An Act Creating The Covered Connecticut Program To Expand Access To Affordable Health Care



# Review of Enrollment & Premium Information

# AHCT Open Enrollment Summary Reports

- URLs to Annual Open Enrollment Reports
  - 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: <https://agency.accesshealthct.com/wp-content/uploads/2020/02/OE-2020-Summary-Report.pdf>
  - Plan Year 2021: <https://agency.accesshealthct.com/wp-content/uploads/2021/02/OE-2021-Summary-Report.pdf>

# AHCT Consumers & Buying Patterns: Metal Tier Product Preferences – 8 Year Overview

Annual End of OE Proportion of Enrollment by Metal Tier and Plan Year \*

	2014	2015	2016	2017	2018	2019	2020	2021
Catastrophic	2.2%	2.2%	1.8%	1.8%	1.5%	1.7%	1.7%	1.9%
Bronze	16.2%	22.4%	23.3%	25.3%	35.1%	44.2%	45.7%	43.6%
Silver	63.4%	59.5%	61.5%	63.9%	55.6%	48.5%	46.3%	46.8%
Gold	18.1%	15.1%	12.1%	9.1%	7.8%	5.5%	6.3%	7.7%
Platinum	N/A	.9%	1.4%	N/A	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 beginning with the 2020 Plan Year (OE 7)

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

# AHCT Plan Enrollment by Metal Level: Plan Years 2018 through 2021

2018 Plan Year % Enrollment by Metal Level



2019 Plan Year % Enrollment by Metal Level



2020 Plan Year % Enrollment by Metal Level



2021 Plan Year % Enrollment by Metal Level



	Percent Enrollment by Metal Level			
Metal Level	2018	2019	2020	2021
Catastrophic	1.5%	1.7%	1.7%	1.9%
Bronze	35.1%	44.2%	45.7%	43.6%
Silver	55.6%	48.5%	46.3%	46.8%
Gold	7.8%	5.5%	6.3%	7.7%

Legend

■ Catastrophic ■ Bronze ■ Silver ■ Gold

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

2018 Plan Year: Subsidy Eligible  
% Enrollment by Metal Level



2019 Plan Year: Subsidy Eligible  
% Enrollment by Metal Level



2020 Plan Year: Subsidy Eligible  
% Enrollment by Metal Level



2021 Plan Year: Subsidy Eligible  
% Enrollment by Metal Level



	Percent Enrollment by Metal Level			
Metal Level	2018	2019	2020	2021
Catastrophic	0.3%	0.4%	0.3%	0.4%
Bronze	23.2%	32.5%	33.7%	32.0%
Silver	70.1%	63.1%	61.2%	61.2%
Gold	6.4%	4.0%	4.8%	6.4%

Legend

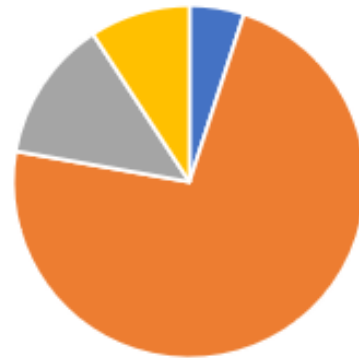
■ Catastrophic ■ Bronze ■ Silver ■ Gold

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

2018 Plan Year: Unsubsidized  
% Enrollment by Metal Level

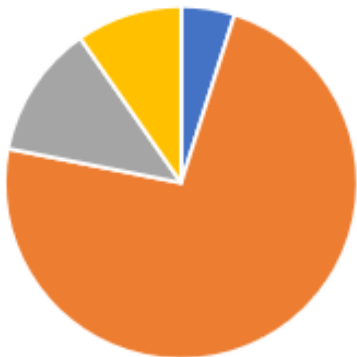


2019 Plan Year: Unsubsidized  
% Enrollment by Metal Level

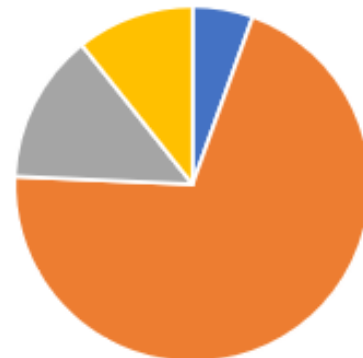


	Percent Enrollment by Metal Level			
Metal Level	2018	2019	2020	2021
Catastrophic	4.8%	5.0%	4.9%	5.5%
Bronze	67.8%	72.7%	73.2%	70.2%
Silver	15.7%	13.0%	12.2%	13.6%
Gold	11.7%	9.2%	9.7%	10.7%

2020 Plan Year: Unsubsidized  
% Enrollment by Metal Level



2021 Plan Year: Unsubsidized  
% Enrollment by Metal Level



Legend

■ Catastrophic ■ Bronze ■ Silver ■ Gold

# AHCT Consumers & Buying Patterns:

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

### SUBSIDIZED ENROLLEES

2018 Top 5 Plans	2018 Enrollment	2019 Top 5 Plans	2019 Enrollment	2020 Top 5 Plans	2020 Enrollment	2021 Top 5 Plans	2021 Enrollment
Choice Silver Standard POS	40,285	Choice Silver Alternative POS	25,685	Choice Silver Standard POS	34,830	Choice Silver Standard POS	34,462
Silver PPO Standard Pathway X	11,268	Choice Bronze Standard POS	11,851	Choice Bronze Standard POS	12,179	Silver PPO Standard Pathway	10,312
Choice Bronze Standard POS HSA	6,782	Choice Silver Standard POS	11,324	Silver PPO Standard Pathway X	11,057	Choice Bronze Standard POS	9,698
Choice Bronze Standard POS	5,172	Silver PPO Standard Pathway X	7,022	Choice Bronze Standard POS HSA	4,055	Passage Bronze Alternative PCP POS	3,718
Choice Gold Standard POS	3,726	Choice Bronze Standard POS HSA	4,978	Passage Bronze Alternative PCP POS	3,817	Choice Bronze Standard POS HSA	3,589

### UNSUBSIDIZED ENROLLEES

2018 Top 5 Plans	2018 Enrollment	2019 Top 5 Plans	2019 Enrollment	2020 Top 5 Plans	2020 Enrollment	2021 Top 5 Plans	2021 Enrollment
Choice Bronze Standard POS HSA	11,258	Choice Bronze Standard POS HSA	8,314	Choice Bronze Standard POS	9,234	Choice Bronze Standard POS	7,117
Choice Bronze Standard POS	2,839	Choice Bronze Standard POS	7,406	Choice Bronze Standard POS HSA	6,776	Choice Bronze Standard POS HSA	5,913
Bronze PPO Standard Pathway X	2,588	Passage Bronze Alternative PCP POS	2,619	Passage Bronze Alternative PCP POS	3,850	Passage Bronze Alternative PCP POS	3,567
Choice Silver Standard POS	2,521	Bronze PPO Standard Pathway X	2,464	Choice Silver Standard POS	2,185	Choice Silver Standard POS	2,346
Choice Gold Standard POS	2,198	Choice Gold Standard POS	1,981	Silver PPO Standard Pathway X	1,817	Silver PPO Standard Pathway	1,977

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

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

2021: Subsidized: 73,138 + Unsubsidized: 31,808 = Total: 104,946

# AHCT Consumers & Buying Patterns:

## Plan Selection by Enrollees by Subsidy Eligibility Category

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

	2018						2019					
Metal Level	94% CSR	87% CSR	73% CSR	APTC Only	No FA	2018 Total	94% CSR	87% CSR	73% CSR	APTC Only	No FA	2019 Total
Catastrophic	0.1%	0.1%	0.3%	0.7%	4.8%	1.5%	0.1%	0.0%	0.2%	0.8%	5.0%	1.7%
Bronze	3.6%	11.2%	27.1%	39.0%	67.8%	35.1%	4.6%	13.8%	37.4%	55.0%	72.7%	44.2%
Silver	94.6%	86.5%	64.6%	49.6%	15.7%	55.6%	94.4%	84.9%	57.8%	37.3%	13.0%	48.5%
Gold	1.7%	2.1%	8.0%	10.8%	11.7%	7.8%	0.9%	1.3%	4.6%	6.8%	9.2%	5.5%
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%

	2020						2021					
Metal Level	94% CSR	87% CSR	73% CSR	APTC Only	No FA	2020 Total	94% CSR	87% CSR	73% CSR	APTC Only	No FA	2021 Total
Catastrophic	0.0%	0.1%	0.2%	0.6%	4.9%	1.7%	0.1%	0.1%	0.1%	0.8%	5.5%	1.9%
Bronze	4.0%	13.8%	38.4%	56.9%	73.2%	45.7%	3.0%	11.4%	33.3%	55.8%	70.2%	43.6%
Silver	95.0%	84.7%	55.0%	34.8%	12.2%	46.3%	95.8%	86.5%	58.7%	32.8%	13.6%	46.8%
Gold	0.9%	1.4%	6.5%	7.7%	9.7%	6.3%	1.1%	2.1%	7.9%	10.6%	10.7%	7.7%
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



# 2021 AHCT Enrollment by Plan / Subsidy Eligibility\*

Carrier	Plan Name	APTC	APTC + CSR	Not Subsidy Eligible	Grand Total
CBI	Choice Catastrophic POS with Dental	222	32	1,541	1,795
Anthem	Catastrophic HMO Pathway Enhanced	12	4	194	210
CBI	Passage Bronze Alternative PCP POS	2,656	1,062	3,567	7,285
CBI	Bronze Virtual Alternative POS**	1,167	257	1,583	3,007
<b>CBI</b>	<b>Choice Bronze Standard POS</b>	<b>6,578</b>	<b>3,120</b>	<b>7,117</b>	<b>16,815</b>
<b>CBI</b>	<b>Choice Bronze Standard POS HSA</b>	<b>2858</b>	<b>731</b>	<b>5,913</b>	<b>9,502</b>
Anthem	Bronze HMO BlueCare Prime**	322	103	367	792
CBI	Choice Bronze Alternative POS with Dental	881	686	505	2,072
Anthem	Bronze HMO Pathway Enhanced Tiered	418	295	739	1,452
<b>Anthem</b>	<b>Bronze PPO Standard Pathway for HSA</b>	<b>535</b>	<b>239</b>	<b>1,149</b>	<b>1,923</b>
Anthem	Gold HMO BlueCare Prime**	739	302	537	1,578
<b>Anthem</b>	<b>Bronze PPO Standard Pathway</b>	<b>926</b>	<b>556</b>	<b>1,402</b>	<b>2,884</b>
<b>CBI</b>	<b>Choice Silver Standard POS</b>	<b>7,041</b>	<b>27,421</b>	<b>2,346</b>	<b>36,808</b>
Anthem	Gold HMO Pathway Enhanced Tiered	582	345	516	1,443
CBI	Gold Virtual Alternative POS**	230	98	119	447
CBI	Compass Gold Alternative POS**	97	40	42	179
<b>Anthem</b>	<b>Silver PPO Standard Pathway</b>	<b>2,551</b>	<b>7,761</b>	<b>1,977</b>	<b>12,289</b>
CBI	Choice Gold Alternative POS with Dental	117	115	89	321
<b>CBI</b>	<b>Choice Gold Standard POS</b>	<b>1,224</b>	<b>605</b>	<b>1,637</b>	<b>3,466</b>
<b>Anthem</b>	<b>Gold PPO Standard Pathway</b>	<b>102</b>	<b>108</b>	<b>468</b>	<b>678</b>
	<b>Total</b>	<b>29,258</b>	<b>43,880</b>	<b>31,808</b>	<b>104,946</b>
	<b>Percent of Total</b>	<b>27.88%</b>	<b>41.81%</b>	<b>30.31%</b>	

\*As of end of Open Enrollment for 2021 Plan Year (Individual Market) - AHCT Standardized plan in **bold font**

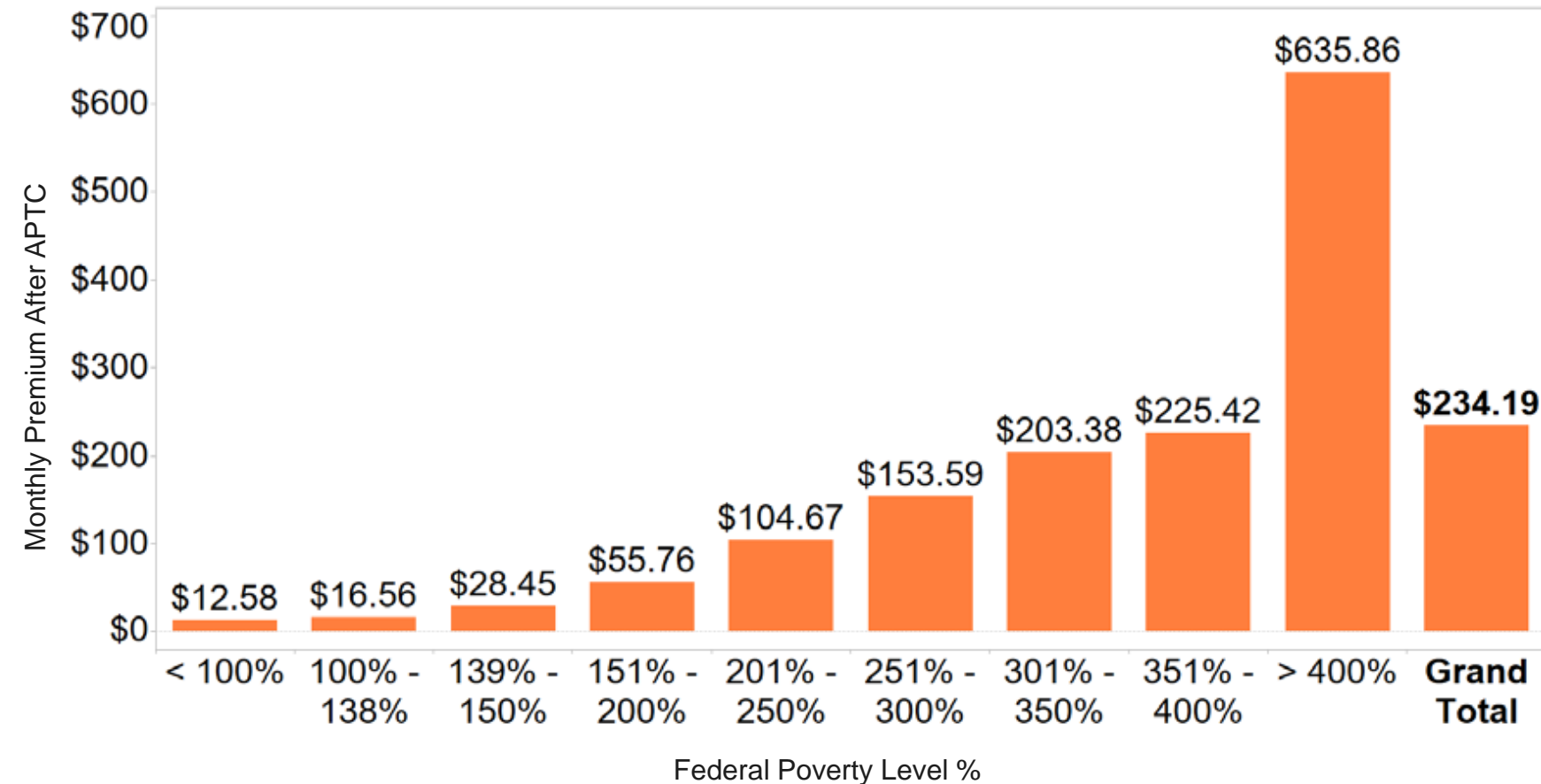
Plans displayed in ascending order by premium rate (unsubsidized) in Hartford County

Anthem = Anthem Blue Cross Blue Shield; CBI = ConnectiCare Benefits, Inc.

\*\*New plan offered for 2021

# Monthly Plan Premium – 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 \$55.76.**

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

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

# Monthly Plan Premium – Age Band

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



**For customers between age 55-64 years old (35% of all QHP customers), their average monthly premium after APTC ranges from \$54 to \$964 depending on level of financial help.**

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

# Distribution of Enrollee Premium Before Tax Credits

## Distribution of Enrollees by Premium Amount Before Tax Credits

Individual Premium Amount Before Tax Credits		2017	2018	2019	2020	2021
	\$0	0.2%	0.1%	0.2%	0.1%	0.1%
	\$0 to \$250	12.5%	5.0%	6.0%	5.0%	3.8%
	\$250 to \$500	39.5%	31.3%	36.5%	32.1%	33.1%
	\$500 to \$750	24.5%	26.7%	25.3%	23.9%	22.2%
	\$750 to \$1k	19.4%	17.0%	19.7%	18.9%	20.5%
	\$1k to \$1.25k	3.7%	12.5%	9.3%	13.5%	15.5%
	\$1.25k to \$1.5k	0.3%	6.8%	2.7%	5.8%	4.2%
	\$1.5k to \$1.75k	0.1%	0.3%	0.3%	0.4%	0.3%
	\$1.75k to \$2k		0.1%	0.1%	0.1%	0.1%
	\$2k to \$2.25k		0.0%	0.0%	0.1%	0.1%
	\$2.25k to \$2.5k				0.0%	0.0%
	Over \$2.5k					0.0%
Average	\$537	\$682	\$625	\$684	\$692	

**The average individual enrollee gross premium, before APTC was applied, was \$692 in 2021.**

# Distribution of Enrollee Deductible

Distribution of Enrollees by Individual Deductible Amount\*

	2017	2018	2019	2020	2021
\$0	14.3%	12.2%	4.4%	11.2%	11.4%
\$0 to \$500	1.8%	0.9%	6.9%		
\$500 to \$1k	15.8%	15.5%	6.3%	14.8%	14.4%
\$1k to \$1.5k	4.2%	7.4%	14.2%	3.8%	3.9%
\$1.5k to \$2k	9.1%	2.4%	0.9%	1.0%	1.4%
\$2k to \$2.5k	0.4%			1.3%	0.6%
\$2.5k to \$3k	0.5%	1.2%	0.5%		1.5%
\$3k to \$3.5k	9.2%	8.4%			
\$3.5k to \$4k	1.1%	13.9%	8.9%	8.2%	8.2%
\$4k to \$4.5k	16.3%	0.9%	7.7%	12.3%	13.1%
\$4.5k to \$5k			4.2%		
\$5k to \$5.5k	0.2%	0.7%		1.6%	
\$5.5k to \$6k	15.4%	19.4%	15.1%	13.6%	1.4%
\$6k to \$6.5k	9.8%	13.5%	22.9%	23.0%	15.7%
\$6.5k to \$7k		2.1%	6.2%	7.5%	18.7%
\$7k to \$7.5k	1.8%	1.5%			7.7%
\$7.5k to \$8k			1.8%		
\$8k to \$8.5k				1.7%	
\$8.5k to \$9k					1.9%
Average	\$2,941	\$3,298	\$3,863	\$3,956	\$4,098

**A deductible is what an enrollee pays for covered health care services before their insurance plan starts to pay.**

**11% of enrollees enrolled in a plan with \$0 deductible because of Cost Sharing Reduction eligibility.**

*\*Deductible amounts reflect in-network value.*

# Distribution of Enrollee Maximum Out-Of-Pocket

Distribution of Enrollees by Individual Out-of-Pocket Amount\*

	2017	2018	2019	2020	2021
\$0	0.1%	0.1%	0.1%	0.1%	0.1%
\$500 to \$1k	1.3%	12.9%	10.7%	11.1%	11.3%
\$1k to \$1.5k	14.2%	0.1%	0.6%		
\$1.5k to \$2k	17.4%	0.6%			
\$2k to \$2.5k		15.6%	6.0%		
\$2.5k to \$3k			9.6%	14.8%	14.4%
\$3.5k to \$4k	7.1%				
\$4k to \$4.5k		6.7%			
\$4.5k to \$5k	1.6%				
\$5k to \$5.5k	0.2%	0.5%	9.1%	3.8%	3.9%
\$5.5k to \$6k	10.6%	9.3%			
\$6k to \$6.5k	1.5%	0.0%	4.2%	0.1%	
\$6.5k to \$7k	16.8%	20.1%	14.3%	20.0%	18.8%
\$7k to \$7.5k	29.2%	34.2%			
\$7.5k to \$8k			45.4%		0.3%
\$8k to \$8.5k				50.0%	15.7%
\$8.5k to \$9k					35.5%
Average	\$4,678	\$5,116	\$5,717	\$6,064	\$6,272

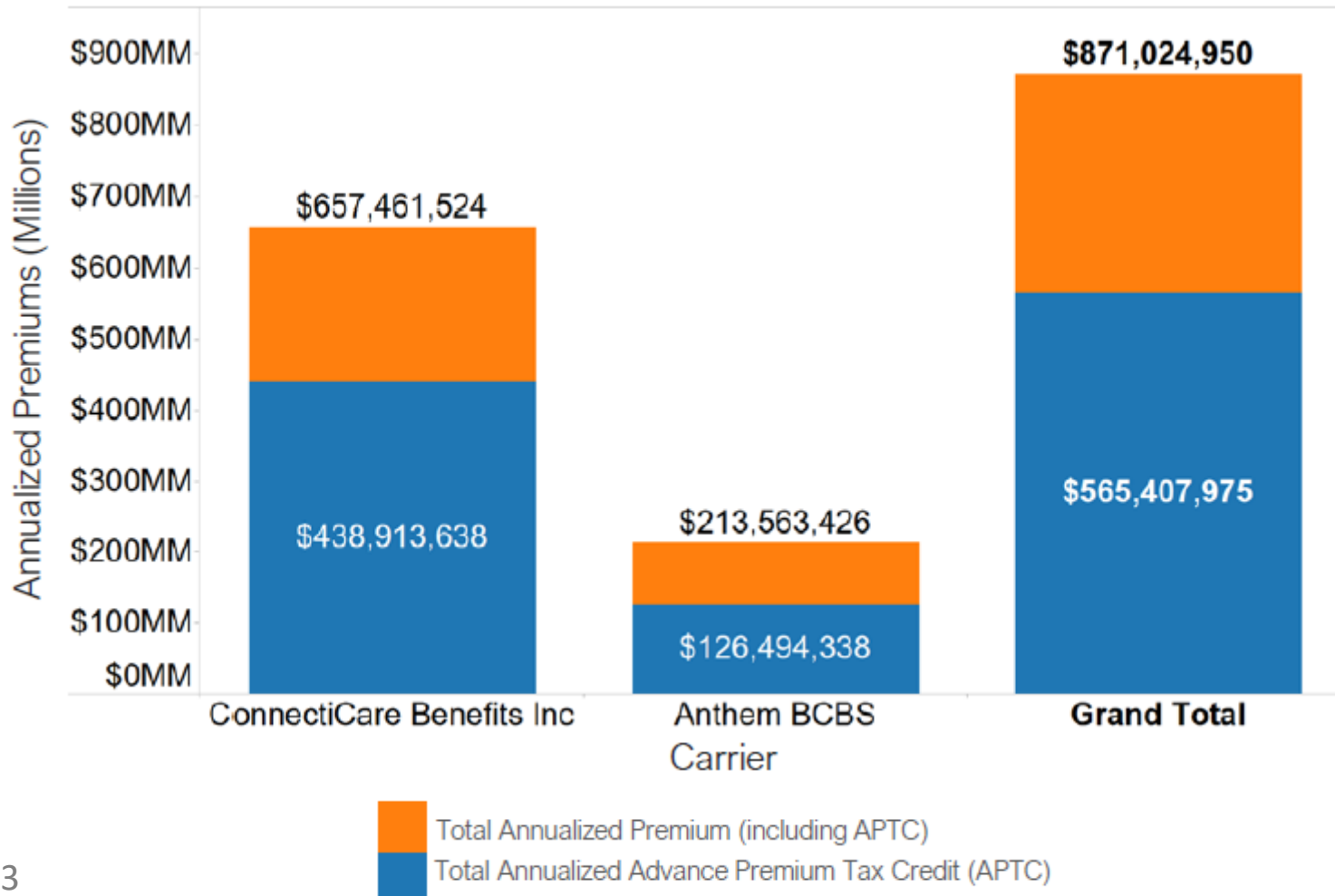
**Health plans pay for 100% of covered benefits once a maximum out of pocket limit is reached.**

**36% of enrollees were enrolled in a plan with maximum out of pocket limit over \$8,500.**

*\*Maximum out of pocket amounts reflect in-network value*

# Annual Premium & APTC Projection

## Projected Annual Unearned Premium and APTC



**Total annualized premiums for the 2021 QHP customer base amounts to \$871 million, of which \$565.4 million are generated by premium tax credits.**

*Cost Sharing Reduction (CSR) amounts not included in this projection.*

# Certification Requirements



# Certification Requirements

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

# Public Act No. 20-4: An Act Concerning Diabetes And High Deductible Health Plans

- Items to resolve prior to finalizing cost sharing changes for standardized plans for 2022
  - Determine if maximum for diabetes devices is per equipment/supply type or combined for all types for a 30-day supply
  - Determine if cost sharing maximums apply to equipment, supplies and/or medications for in-network services only, separately for in- and out-of-network or combined for in- and out-of-network
  - Verify that the statement referencing cost sharing maximums may apply to High Deductible Health Plans (HDHPs) to the extent permitted by federal law means that the maximums should be in place from the point the deductible is met until the maximum out-of-pocket is reached
    - Federal law does not permit a deductible be waived for a HDHP for other than certain preventive care services
    - Determine if cost sharing maximums apply to equipment, supplies and/or medications for in-network services only, separately for in- and out-of-network or combined for in- and out-of-network

# Public Act No. 20-4: An Act Concerning Diabetes And High Deductible Health Plans

- Excerpt from Section 13, that pertains to Section 38a-492d\* of the general statutes:
  - (c) Notwithstanding the provisions of section 38a-492a, no policy described in subsection (b) of this section shall impose coinsurance, copayments, deductibles and other out-of-pocket expenses on an insured that exceed:
    - (1) Twenty-five dollars for each thirty-day supply of a medically necessary covered insulin drug (A) prescribed to the insured by a prescribing practitioner, or (B) prescribed and dispensed pursuant to subsection (d) of section 20-616 once during a policy year;
    - (2) Twenty-five dollars for each thirty-day supply of a medically necessary covered noninsulin drug (A) prescribed to the insured by a prescribing practitioner, or (B) prescribed and dispensed pursuant to subsection (d) of section 20-616 once during a policy year if such noninsulin drug is a glucagon drug;
    - (3) One hundred dollars for a thirty-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices for such insured that are in accordance with such insured's diabetes treatment plan, including, but not limited to, diabetes devices and diabetic ketoacidosis devices prescribed and dispensed pursuant to subsection (d) of section 20-616 once during a policy year

# Public Act No. 20-4: An Act Concerning Diabetes And High Deductible Health Plans

- Excerpt from Section 13, that pertains to Section 38a-492d of the general statutes:
  - (d) The provisions of subsection (c) of this section shall apply to a high deductible health plan to the maximum extent permitted by federal law, except if such plan is used to establish a medical savings account or an Archer MSA pursuant to Section 220 of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time, or a health savings account pursuant to Section 223 of said Internal Revenue Code, as amended from time to time, the provisions of said subsection (c) shall apply to such plan to the maximum extent that (1) is permitted by federal law, and (2) does not disqualify such account for the deduction allowed under said Section 220 or 223, as applicable.

# Public Act No. 20-4: An Act Concerning Diabetes And High Deductible Health Plans

- Excerpt from Section 3, pertaining to Section 20-616(a) of the general statutes:
  - (1) "Diabetes device" means a device, including, but not limited to, a blood glucose test strip, glucometer, continuous glucometer, lancet, lancing device or insulin syringe, that is (A) a legend device or nonlegend device, and (B) used to cure, diagnose, mitigate, prevent or treat diabetes or low blood sugar;
  - (2) "Diabetic ketoacidosis device" means a device that is (A) a legend or nonlegend device, and (B) used to screen for or prevent diabetic ketoacidosis;

# Public Act No. 20-4: An Act Concerning Diabetes And High Deductible Health Plans

## Schedule of Benefits Proposed Text: Diabetic Equipment & Supplies Benefit In-Network Cost Sharing

AHCT Standard Plan	CURRENT (2021)	PROPOSED TEXT FOR 2022 DEPENDING ON INTERPRETATION
Gold	30% coinsurance per equipment / supply	30% coinsurance to a \$100 maximum per month for medically necessary equipment and supplies
Silver 70	40% coinsurance per equipment / supply	40% coinsurance to a \$100 maximum per month for medically necessary equipment and supplies
Silver 73	40% coinsurance per equipment / supply	40% coinsurance to a \$100 maximum per month for medically necessary equipment and supplies
Silver 87	40% coinsurance per equipment / supply	40% coinsurance to a \$100 maximum per month for medically necessary equipment and supplies
Silver 94	40% coinsurance per equipment / supply	40% coinsurance to a \$100 maximum per month for medically necessary equipment and supplies
Bronze	40% coinsurance per equipment / supply after in-network plan deductible is met	40% coinsurance to a \$100 maximum per month for medically necessary equipment and supplies
Bronze HSA	40% coinsurance per equipment / supply after in-network plan deductible is met	40% coinsurance <u>after in-network deductible is met</u> to a \$100 maximum per month for medically necessary equipment and supplies

- Subject to Connecticut Insurance Department (CID) approval;
- Legislation does not specify that maximums apply for in-network services only

# Public Act No. 20-4: An Act Concerning Diabetes And High Deductible Health Plans

Schedule of Benefits Proposed Text: Prescription Drug In-Network Cost Sharing (Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx)

AHCT Standard Plan	CURRENT (2021) [Generic / Preferred Brand / Non-Preferred Brand / Specialty]	PROPOSED TEXT FOR 2022 DEPENDING ON INTERPRETATION
Gold	\$5 / \$35 / \$60 / 20% for Specialty after deductible to \$100 max per script	Document to outline the cost sharing maximums for each thirty-day supply of a medically necessary covered insulin and / or non-insulin drug
Silver 70	\$10 / \$45 after deductible / \$70 after deductible / 20% for Specialty after deductible to \$200 max per script	
Silver 73	\$10 / \$45 after deductible / \$70 after deductible / 20% for Specialty after deductible to \$100 max per script	
Silver 87	\$10 / \$25 / \$40 after deductible / 20% for Specialty after deductible to \$60 max per script	
Silver 94	\$5 / \$10 / \$30 / 20% for Specialty to \$60 max per script	
Bronze	\$20 / 50% after deductible / 50% after deductible / 50% for Specialty after deductible to \$500 max per script	Document to outline the cost sharing maximums for each thirty-day supply of a medically necessary covered insulin and / or non-insulin drug after deductible is met
Bronze HSA	20% after deductible / 25% after deductible / 30% after deductible / 30% for Specialty after deductible to \$500 max per script	

- 31
- Subject to Connecticut Insurance Department (CID) approval;
  - Legislation does not specify that maximums apply for in-network services only

Access Health CT

# 2022 Individual Market Standard Plan Designs

February 25, 2021

PRESENTED BY

Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

Brad Heywood, ASA, MAAA – Associate Actuary



# Agenda



## 2022 Plan Design Review

- Proposed Regulatory Changes
- Proposed Federal Actuarial Value Calculator (AVC) Changes
- Preliminary 2022 Calculator Results

Appendix: Notes and Caveats

# Regulation Changes for 2022

- Proposed annual limitation on cost sharing was increased to \$9,100 (from \$8,550 in 2021)
  - Note: This limit does not apply to HSA (Health Savings Account) qualified High Deductible Health Plans (HDHPs). That limit is released by the IRS in the spring.
  - CSR (Cost Sharing Reduction) Variations proposed annual limitation on cost sharing. The 2022 and 2021 limits are:
    - 100-150% \*\*FPL: \$3,000/\$6,000 (single/family)
      - 2021 - \$2,850/\$5,700 (single/family)
    - 150%-200% \*\*FPL: \$3,000/\$6,000 (single/family)
      - 2021 - \$2,850/\$5,700 (single/family)
    - 200%-250% \*\*FPL: \$7,250/\$14,500 (single/family)
      - 2021 - \$6,800/\$13,600 (single/family)
    - We anticipate the above limits will be increased upon the release of the Final 2022 Notice of Benefit and Payment Parameters (NBPP)
  - Federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2022.
    - For 2021 the single deductible is set at a minimum of \$1,400 and the MOOP maximum limit is \$7,000.

No Updates

# Proposed Changes to the Federal AVC for 2022

- The Federal AVC has not yet been finalized, changes to the final model may impact results
- No underlying changes were made to the draft 2022 Federal AVC calculator
  - 0% Trend was applied for 2021-2022
- Changes made to the final 2021 calculator were as follows:
  - Data underlying the calculator was updated from prior year
    - Now based on 2017 individual and small group data trended to 2021
      - Medical Trend: 3.25% (2017-2018) and 5.4% Annually (2018-2021)
      - Pharmacy Trend: 9.0% (2017-2018) and 8.7% Annually (2018-2021)

No Updates

# Summary of 2022 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%
2021 AV (Final)	81.60% - 82.87%	70.69% - 71.83%	64.26% - 64.90%	64.98%
2022 AV - Preliminary	81.60% - 81.76%	70.69% - 70.81%	64.33% - 64.47%	64.98%

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%
2021 AV (Final)	72.83% - 73.85%	87.41% - 88.42%	94.71% - 94.96%
2022 AV- Preliminary	72.83% - 72.92%	87.37% - 87.97%	94.39% - 94.71%

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

Results preliminary until release of Final Federal AVC.

# 2022 Plan Design Change Overview

Requested analysis from January 21<sup>st</sup> Meeting.

- 1 No Change except incorporation of Diabetics Bill
- 2 Review setting lab services not subject to Deductible
- 3 Bronze HSA – review various scenarios setting certain diabetic services as preventive per IRS guidance

The plans have been reviewed for AVC with additional Diabetics Bill.  
Mental Health Parity compliance has been reviewed by Carriers

# Summary of 2022 Gold Plan AV

Benefit Category	2021 Ind. Standard 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)
<b>2021 AVC Results</b>	<b>82.87%</b>
<b>2022 AVC Results</b>	<b>*81.60% - 81.76%</b>

**Option to cover lab services before the deductible fails MHP Testing.**

## **2022 Benefit changes:**

- \$25 for each 30-day supply of a covered, prescribed, medically necessary insulin or non-insulin glucagon drug, and
- \$100 for each 30-day supply of a covered, medically necessary diabetes device or diabetic ketoacidosis device.

\*2022 AVC Results include changes related to Diabetics Bill caps

# Summary of 2022 Silver Plan 70% AV

Benefit Category	2021 Ind. Standard Silver Plan	2022 Ind. Standard Silver Plan (Alt 1)
Medical Deductible	\$4,300 (INN)/ \$8,600 (OON)	\$4,600 (INN)/ \$9,200 (OON)
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250 (INN)/ \$500 (OON)
Coinsurance	40%	40%
Out-of-pocket Maximum	\$8,150 (INN)/ \$16,300 (OON)	**\$9,100 (INN)/ \$18,200 (OON)
Primary Care	\$40	\$40
Specialist Care	\$60	\$60
Urgent Care	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30
Chiropractic Care 20 visit calendar maximum	\$50	\$50
All Other Medical	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., \$200 max per spec. script)
2021 AVC Results	71.83%	NA
2022 AVC Results	*70.69% - 70.81%	*70.68% - 71.82%

\*\*\$9,100 MOOP derived from proposed NBPP. Possible change once final NBPP is released

\*2022 AVC Results include changes related to Diabetics Bill caps

# Summary of 2022 Silver Plan 73% AV

Benefit Category	2021 Ind. Standard Silver Plan 73% AV	2022 Ind. Standard Silver Plan 73% AV (Alt 1)
Medical Deductible	\$3,950	\$4,600
Rx Deductible	\$250	\$250
Coinsurance	40%	40%
Out-of-pocket Maximum	\$6,500	\$6,800
Primary Care	\$40	\$40
Specialist Care	\$60	\$60
Urgent Care	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30
Chiropractic Care 20 visit calendar maximum	\$50	\$50
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)
<b>2021 AVC Results</b>	<b>73.85%</b>	<b>NA</b>
<b>2022 AVC Results</b>	<b>*72.83% - 72.92%</b>	<b>*72.98% - 73.13%</b>

\*2022 AVC Results include changes related to Diabetics Bill caps

Note: OON Benefits aligns with 70% Silver Plan



# Summary of 2022 Silver Plan 87% AV

Benefit Category	2021 Ind. Standard Silver Plan 87% AV	2021 Ind. Standard Silver Plan 87% AV (Alt 1)
Medical Deductible	\$650	\$650
Rx Deductible	\$50	\$50
Coinsurance	40%	40%
Out-of-pocket Maximum	\$2,500	\$2,725
Primary Care	\$20	\$20
Specialist Care	\$45	\$45
Urgent Care	\$35	\$35
Emergency Room	\$150 (after ded.)	\$150 (after ded.)
Inpatient Hospital	\$100 per day (after ded., \$400 max. per admission)	\$100 per day (after ded., \$400 max. per admission)
Outpatient Hospital	\$60@ASC/\$100 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$60	\$60
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 (after ded.)	\$30 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$35	\$35
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)
<b>2021 AVC Results</b>	<b>88.42%</b>	<b>NA</b>
<b>2022 AVC Results</b>	<b>*87.37% - 87.97%</b>	<b>*87.23% - 87.92%</b>

\*2022 AVC Results  
include changes  
related to Diabetics  
Bill caps

Note: OON Benefits  
aligns with 70%  
Silver Plan

# Summary of 2022 Silver Plan 94% AV

Benefit Category	2021 Ind. Standard Silver Plan 94% AV
Medical Deductible	\$0
Rx Deductible	\$0
Coinsurance	40%
Out-of-pocket Maximum	\$900
Primary Care	\$10
Specialist Care	\$30
Urgent Care	\$25
Emergency Room	\$50
Inpatient Hospital	\$75 (\$300 max. per admission)
Outpatient Hospital	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$25
Laboratory Services	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20
Chiropractic Care 20 visit calendar maximum	\$30
All Other Medical	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
<b>2021 AVC Results</b>	<b>94.96%</b>
<b>2022 AVC Results</b>	<b>*94.39% - 94.71%</b>

\*2022 AVC Results include changes related to Diabetics Bill caps

Note: OON Benefits aligns with 70% Silver Plan

# Summary of 2022 Bronze Non-HSA Plan AV

\*\*\$9,100 MOOP derived from proposed NBPP. Possible change once final NBPP is released

\*2022 AVC Results include changes related to Diabetics Bill caps

Benefit Category	2021 Ind. Standard Bronze Non-HSA Plan	2021 Ind. Standard Bronze Non-HSA Plan (Alt 1)
Combined Medical & Rx Deductible	\$6,550 (INN)/\$13,100 (OON)	\$6,950 (INN)/\$13,900 (OON)
Coinsurance	40%	40%
Out-of-pocket Maximum	\$8,550 (INN)/\$17,100 (OON)	**\$9,100 (INN)/\$18,200 (OON)
Primary Care	\$50	\$50
Specialist Care	\$70 (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
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	\$20 / 50% / 50% / 40% (all but generic after ded., \$500 max per spec. script)	\$20 / 50% / 50% / 40% (all but generic after ded., \$500 max per spec. script)
2021 AVC Results	64.80%	NA
2022 AVC Results	*64.33% - 64.47%	*64.32% - 64.82%

# Summary of 2022 Bronze HSA Plan AV

Additional testing was done on adding certain services to be considered preventative

- Insulin and other glucose lowering agents
- Hemoglobin A1c testing
- Retinopathy screening

After testing, the Hemoglobin A1c testing and Retinopathy Screening items were able to be included in the Bronze HSA plan and remain compliant with the Federal AV Calculator and Mental Health Parity

\*Plans have concerns about putting these benefits prior to deductible in order to fit with IRS HDHP rules

# Summary of 2022 Bronze HSA Plan AV

Benefit Category	2021 Bronze HSA Plan
Combined Medical & Rx Deductible	\$6,350 (INN)/\$12,700 (OON)
Coinsurance	20%
Out-of-pocket Maximum	\$6,900 (INN)/\$13,800 (OON)
Primary Care	20% (after ded.)
Specialist Care	20% (after ded.)
Urgent Care	20% (after ded.)
Emergency Room	20% (after ded.)
Inpatient Hospital	20% (after ded.)
Outpatient Hospital	20% (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	20% (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	20% (after ded.)
Laboratory Services	20% (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	20% (after ded.)
Chiropractic Care (20 visit calendar maximum)	20% (after ded.)
All Other Medical	20% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)
<b>2021 AVC Results</b>	<b>64.98%</b>
<b>2022 AVC Results</b>	<b>64.98%</b>

# Appendix

# Notes and Caveats

- Other services not included in the AVC, but will be specified cost sharing for each standardized plan

In-Network Services
<b>Other Services</b>
Mammography Ultrasound
Chiropractic Services (up to 20 visits per calendar year)
Diabetic Supplies & Equipment
Durable Medical Equipment
Home Health Care Services (up to 100 visits per calendar year)
Ambulance Services
Urgent Care Center or Facility
<b>Pediatric Dental Care (for children under age 19)</b>
Diagnostic & Preventive
Basic Services
Major Services
Orthodontia Services (medically necessary)
<b>Pediatric Vision Care (for children under age 19)</b>
Out-of-Network Services
All services, deductible and maximum out-of-pocket

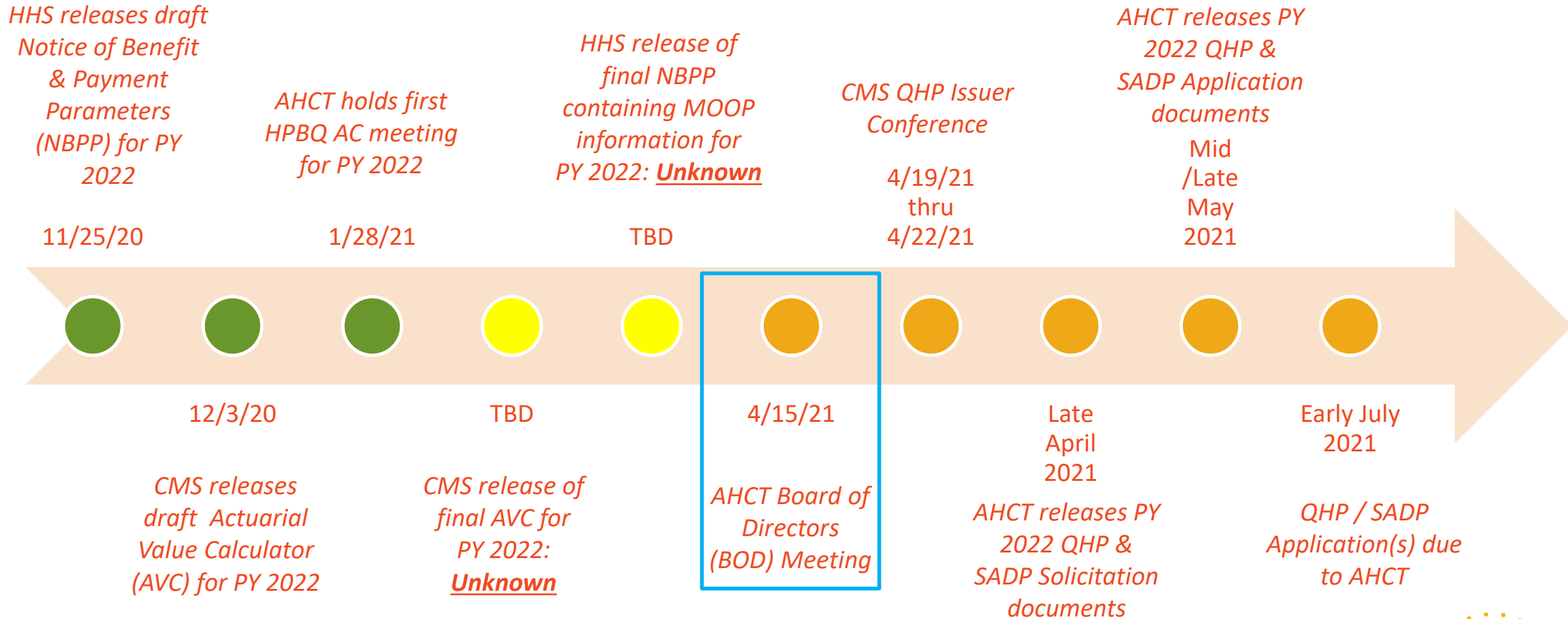
# Notes and Caveats

- The cost sharing shown on the following slides represents costs for in-network services only.
- The deductible and MOOP limits shown are for individuals. The family limits are 2x the individual limit for all plans except where noted.
- Preventive care is covered at no cost to the member for all plans.
- Mental Health cost sharing is the same as Primary Care for all plans.
- Silver loading for defunded cost-sharing reduction plans will persist in 2021.
- All plans include 'embedded' deductible approach (not aggregate)





# 2022 Plan Year (PY) Timeline: Development of Certification Requirements



PY = Plan Year  
MOOP = Maximum Out-of-Pocket

# HPBQ AC Meeting Schedule

Proposed Meeting Agendas	Target Dates
Kick-off Meeting: <ul style="list-style-type: none"> <li>Plan Management Certification Life Cycle</li> <li>2021 Individual Market Landscape</li> <li>Certification Requirements</li> <li>2022 Individual Market Standard Plan Designs / Review of Draft Actuarial Value Calculator Results</li> <li>Potential Meeting Schedule for 2022 Plan Year Certification Review</li> </ul>	January 28, 2021
<ul style="list-style-type: none"> <li>2021 Enrollment Overview</li> <li>Certification requirements: proposed changes for 2022</li> <li>AVC Results: impacts of draft 2022 tool on recommended changes for standardized plans (Wakely &amp; carriers)</li> </ul>	February 25, 2021
<ul style="list-style-type: none"> <li>Certification requirements: proposed changes</li> <li>AVC Results: impacts of draft/final 2022 tool on recommended changes for standardized plans (Wakely &amp; carriers)</li> </ul>	March 2021 (2 <sup>nd</sup> week)
<ul style="list-style-type: none"> <li>Certification requirements: proposed changes</li> <li>AVC Results: impacts of draft/final 2022 tool on recommended changes for standardized plans (Wakely &amp; carriers)</li> </ul>	March 2021 (4 <sup>th</sup> week)
<ul style="list-style-type: none"> <li>Certification requirements: recommendations for AHCT Board of Directors, including modifications to standardized plans for 2021</li> </ul>	April 2021 No later than 4/8/21

# Next Steps

# Appendix

# Reference Materials - Table of Contents

HPBQ AC Meeting Date	Exhibit Title	Exhibit Number	Page
1/28/2021	AHCT 2021 Standardized Plan – Gold	1.0	56
1/28/2021	AHCT 2021 Standardized Plan – Silver 70% AV	1.1	57
1/28/2021	AHCT 2021 Standardized Plan – Silver 73% AV	1.2	58
1/28/2021	AHCT 2021 Standardized Plan – Silver 87% AV	1.3	59
1/28/2021	AHCT 2021 Standardized Plan – Silver 94% AV	1.4	60
1/28/2021	AHCT 2021 Standardized Plan – Bronze	1.5	61
1/28/2021	AHCT 2021 Standardized Plan – Bronze HSA-Compatible	1.6	62
1/28/2021	Issuer Participation - 2021	2.0	63
1/28/2021	Affordable Care Act - Health Plan Types	3.0	64
1/28/2021	Plan Design Development: AVC Benefit Cost Sharing Categories	4.0	65
1/28/2021	Plan Management Certification Life Cycle	5.0	66
1/28/2021	2021 Plan Mix: Number of Plans Required / Permitted per Issuer	6.0	67
1/28/2021	Copay Maximums – State Regulation: Imaging Services	7.0	68
1/28/2021	Copay Maximums – State Regulation: Physical Therapy & Occupational Therapy Services	7.1	69
1/28/2021	Copay Maximums – State Regulation: Medication and Supplies for Treatment of Diabetes	7.2	70
1/28/2021	Deductible and Coinsurance Maximums – Home Health Care Services	7.3	71
1/28/2021	United States Code (USC) – Title 26 Internal Revenue Code: Health Savings Accounts	8.0	72

# Reference Materials - Table of Contents

HPBQ AC Meeting Date	Exhibit Title	Exhibit Number	Page
1/28/2021	2021 Plan Actuarial Value: CT Individual Market (On-Exchange)	9.0	73
1/28/2021	2021 Plan Actuarial Value: CT Individual Market (Off-Exchange)	9.1	74
1/28/2021	Connecticut Counties by Population	10.0	75
1/28/2021	Individual Market: Age 21 Rates Approved by CID for 2021 Plan Year (Part 1 of 2)	11.0	76
1/28/2021	Individual Market: Age 21 Rates Approved by CID for 2021 Plan Year (Part 2 of 2)	11.0	77
1/28/2021	Average Marketplace Premiums by Metal Tier, 2021: Lowest Premium Bronze	12.0	78
1/28/2021	Average Marketplace Premiums by Metal Tier, 2021: Lowest Premium Silver	12.1	79
1/28/2021	Average Marketplace Premiums by Metal Tier, 2021: Lowest Premium Gold	12.2	80
2/25/2021	2021 AHCT Plan Enrollment: Standardized / Non-Standard QHPs	13.0	81
2/25/2021	2020 AHCT Plan Enrollment: Standardized / Non-Standard QHPs	13.1	82
2/25/2021	2021 AHCT Plan Enrollment by County: Standardized / Non-Standard QHPs	14.0	83
2/25/2021	2020 AHCT Plan Enrollment by County: Standardized / Non-Standard QHPs	14.1	84
2/25/2021	AHCT Plan Enrollment: Plan Purchasing History	15.0	85
2/25/2021	2020 AHCT Enrollment by Plan / Subsidy Eligibility	16.1	86
2/25/2021	AHCT: Individual Market Enrollment by Product	17.0	87

Yellow shading represents change from 2020 Plan Year		2021 Standard Gold	
Plan Overview		In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical)</b>		\$1,300	\$3,000
Deductible: Family (medical)		\$2,600	\$6,000
<b>Deductible: Individual (prescription)</b>		\$50	\$350
Deductible: Family (prescription)		\$100	\$700
<b>Out-of-Pocket Maximum: Individual</b>		\$5,250	\$10,500
Out-of-Pocket Maximum: Family		\$10,500	\$21,000
Provider Office Visits			
<b>Preventive Visit (Adult/Child)</b>		\$0	30% coinsurance
<b>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</b>		\$20 copayment per visit	30% coinsurance per visit after OON medical deductible
<b>Specialist Office Visits</b>		\$40 copayment per visit	30% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services			
<b>Advanced Radiology (CT/PET Scan, MRI)</b>		\$65 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	30% coinsurance per service after OON medical deductible
<b>Laboratory Services</b>		\$10 copayment per service after INET medical deductible	30% coinsurance per service after OON medical deductible
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>		\$40 copayment per service after INET medical deductible	30% coinsurance per service after OON medical deductible
Mammography Ultrasound		\$20 copayment per service	30% coinsurance per service after OON medical deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)			
<b>Tier 1</b>		\$5 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
<b>Tier 2</b>		\$35 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
<b>Tier 3</b>		\$60 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
<b>Tier 4</b>		20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible	30% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services			
<b>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>		\$20 copayment per visit	30% coinsurance per visit after OON medical deductible
<b>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>		\$20 copayment per visit	30% coinsurance per visit after OON medical deductible
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
Home Health Care Services (up to 100 visits per calendar year)		\$0 copay	25% coinsurance per visit after separate \$50 deductible
<b>Outpatient Services (in a hospital or ambulatory facility)</b>		\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	30% coinsurance per visit after OON medical deductible
Hospital Services			
<b>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)</b>		\$500 copayment per day to a maximum of \$1,000 per admission after INET plan deductible	30% coinsurance per admission after OON medical deductible
Emergency and Urgent Care			
Ambulance Services		\$0 copay	\$0 copay
<b>Emergency Room</b>		\$400 copayment per visit	\$400 copayment per visit
Urgent Care Center or Facility		\$50 copayment per visit	30% coinsurance per visit after OON medical deductible
Pediatric Dental Care (for children under age 19)			
Diagnostic & Preventive		\$0 copay	50% coinsurance per visit after OON medical deductible
Basic Services		20% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Major Services		40% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Orthodontia Services (medically necessary only)		50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Pediatric Vision Care (for children under age 19)			
Prescription Eye Glasses (one pair of frames & lenses per calendar year)		\$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection	Not Covered
Routine Eye Exam by Specialist (one exam per calendar year)		\$40 copayment per visit	30% coinsurance per visit after OON medical deductible



Yellow shading represents change from 2020 Plan Year		2021 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
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 admission 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 2020 Plan Year		2021 Standard Silver 73%	
Plan Overview		In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical)</b>		\$3,950	\$8,600
Deductible: Family (medical)		\$7,900	\$17,200
<b>Deductible: Individual (prescription)</b>		\$250	\$500
Deductible: Family (prescription)		\$500	\$1,000
<b>Out-of-Pocket Maximum: Individual</b>		\$6,500	\$16,300
Out-of-Pocket Maximum: Family		\$13,000	\$32,600
Provider Office Visits			
<b>Preventive Visit (Adult/Child)</b>		\$0	40% coinsurance
<b>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</b>		\$40 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Specialist Office Visits</b>		\$60 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services			
<b>Advanced Radiology (CT/PET Scan, MRI)</b>		\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON medical deductible
<b>Laboratory Services</b>		\$10 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>		\$40 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
Mammography Ultrasound		\$20 copayment per service	40% coinsurance per service after OON medical deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)			
<b>Tier 1</b>		\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 2</b>		\$45 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 3</b>		\$70 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 4</b>		20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services			
<b>Speech Therapy</b> (40 visits per calendar year limit combined for PT/ST/OT)		\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Physical and Occupational Therapy</b> (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
Home Health Care Services (up to 100 visits per calendar year)		\$0 copay	25% coinsurance per visit after separate \$50 deductible
<b>Outpatient Services (in a hospital or ambulatory facility)</b>		\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
Hospital Services			
<b>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*)</b> <i>*(skilled nursing facility stay is limited to 90 days per calendar year)</i>		\$500 copayment per day to a maximum of \$2,000 per admission after INET plan deductible	40% coinsurance per admission after OON medical deductible
Emergency and Urgent Care			
Ambulance Services		\$0 copay	\$0 copay
<b>Emergency Room</b>		\$450 copayment per visit after INET medical deductible	\$450 copayment per visit after INET medical deductible
Urgent Care Center or Facility		\$75 copayment per visit	40% coinsurance per visit after OON medical deductible
Pediatric Dental Care (for children under age 19)			
Diagnostic & Preventive		\$0 copay	50% coinsurance per visit after OON medical deductible
Basic Services		40% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Major Services		50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Orthodontia Services (medically necessary only)		50% coinsurance per visit	50% coinsurance per visit after OON medical deductible
Pediatric Vision Care (for children under age 19)			
Prescription Eye Glasses (one pair of frames & lenses per calendar year)		\$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection	Not Covered
Routine Eye Exam by Specialist (one exam per calendar year)		\$60 copayment per visit	40% coinsurance per visit after OON medical deductible

Yellow shading represents change from 2020 Plan Year		2021 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
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 admission 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 2020 Plan Year		2021 Standard Silver 94%	
Plan Overview		In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical)</b>		\$0	\$8,600
Deductible: Family (medical)		\$0	\$17,200
<b>Deductible: Individual (prescription)</b>		\$0	\$500
Deductible: Family (prescription)		\$0	\$1,000
<b>Out-of-Pocket Maximum: Individual</b>		\$900	\$16,300
Out-of-Pocket Maximum: Family		\$1,800	\$32,600
Provider Office Visits			
<b>Preventive Visit (Adult/Child)</b>		\$0	40% coinsurance
<b>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</b>		\$10 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Specialist Office Visits</b>		\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services			
<b>Advanced Radiology (CT/PET Scan, MRI)</b>		\$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
<b>Laboratory Services</b>		\$10 copayment per service	40% coinsurance per service after OON medical deductible
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>		\$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)			
<b>Tier 1</b>		\$5 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 2</b>		\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 3</b>		\$30 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 4</b>		20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services			
<b>Speech Therapy</b> (40 visits per calendar year limit combined for PT/ST/OT)		\$20 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Physical and Occupational Therapy</b> (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
Home Health Care Services (up to 100 visits per calendar year)		\$0 copay	25% coinsurance per visit after separate \$50 deductible
<b>Outpatient Services (in a hospital or ambulatory facility)</b>		\$75 copayment (Outpatient Hospital Facility); \$45 copayment (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
Hospital Services			
<b>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*)</b> <b>*(skilled nursing facility stay is limited to 90 days per calendar year)</b>		\$75 copayment per day to a maximum of \$300 per admission	40% coinsurance per admission after OON medical deductible
Emergency and Urgent Care			
Ambulance Services		\$0 copay	\$0 copay
<b>Emergency Room</b>		\$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 2020 Plan Year		2021 Standard Bronze (Non-HSA)	
Plan Overview		In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible: Individual (medical & Rx)		\$6,550	\$13,100
Deductible: Family (medical & Rx)		\$13,100	\$26,200
Out-of-Pocket Maximum: Individual		\$8,550	\$17,100
Out-of-Pocket Maximum: Family		\$17,100	\$34,200
Provider Office Visits			
Preventive Visit (Adult/Child)		\$0	50% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)		\$50 copayment per visit	50% coinsurance per visit after OON deductible
Specialist Office Visits		\$70 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
Outpatient Diagnostic Services			
Advanced Radiology (CT/PET Scan, MRI)		\$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
Laboratory Services		\$10 copayment per service after INET deductible	50% coinsurance per service after OON deductible
Non-Advanced Radiology (X-ray, Diagnostic)		\$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)			
Tier 1		\$20 copayment per prescription	50% coinsurance per prescription after OON deductible
Tier 2		50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
Tier 3		50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
Tier 4		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			
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)		\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)		\$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
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
Outpatient Services (in a hospital or ambulatory facility)		\$500 copayment after INET plan deductible (Outpatient Hospital Facility);	50% coinsurance per visit after OON deductible
		\$300 copayment after INET plan deductible (Ambulatory Surgery Center)	
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 \$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
Emergency Room		\$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)		\$70 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible

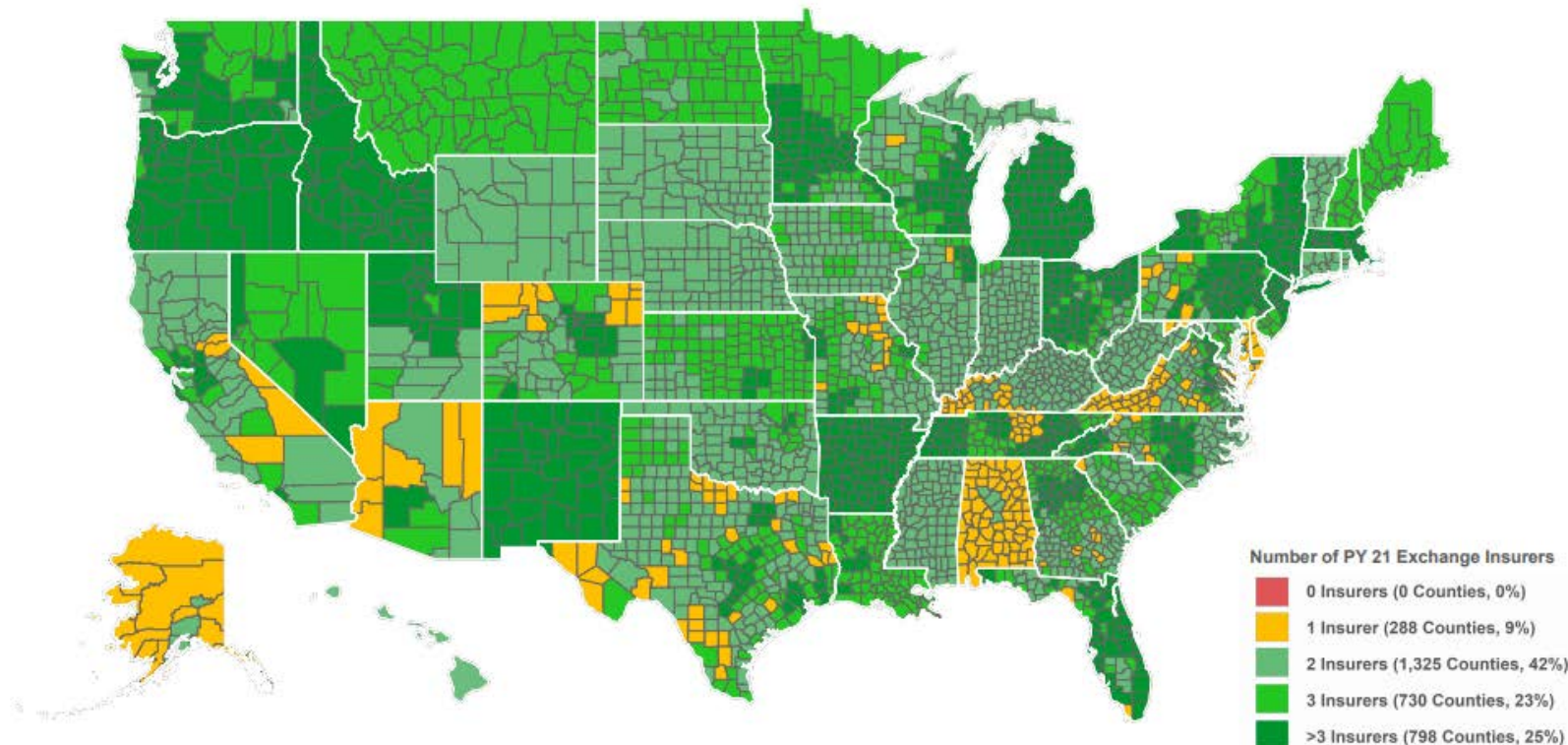
2021 Standard Bronze HSA		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical &amp; Rx)</i>	\$6,350	\$12,700
Deductible: Family (medical & Rx)	\$12,700	\$25,400
<i>Out-of-Pocket Maximum: Individual</i>	\$6,900	\$13,800
Out-of-Pocket Maximum: Family	\$13,800	\$27,600
Provider Office Visits		
<i>Preventive Visit (Adult/Child)</i>	\$0	50% coinsurance
<i>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</i>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON deductible
<i>Specialist Office Visits</i>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON deductible
Outpatient Diagnostic Services		
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON deductible
<i>Laboratory Services</i>	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON deductible
Mammography Ultrasound	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)		
<i>Tier 1</i>	20% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<i>Tier 2</i>	25% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<i>Tier 3</i>	30% 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>	20% 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>	20% 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)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Diabetic Supplies & Equipment	20% coinsurance per equipment/supply after INET plan deductible is met	50% coinsurance per equipment/supply after OON plan deductible is met
Durable Medical Equipment	20% coinsurance per equipment/supply after INET plan deductible is met	50% coinsurance per equipment/supply after OON plan deductible is met
Home Health Care Services (up to 100 visits per calendar year)	20% 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>	20% 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>	20% 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	20% coinsurance per service after INET plan deductible is met	20% coinsurance per service after INET plan deductible is met
<i>Emergency Room</i>	20% coinsurance per service after INET plan deductible is met	20% coinsurance per service after INET plan deductible is met
Urgent Care Center or Facility	20% 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)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met



# County by County Plan Year 2021 Insurer Participation in Health Insurance Exchanges

EXHIBIT 2.0

County by County Plan Year 2021 Projected Insurer Participation in Health Insurance Exchanges



-Federally-Facilitated Exchange (FFE) data reflected on this map are point in time as of 10/02/2020.  
-State-Based Exchange (SBE) data are preliminary and self-reported from the Exchanges to CMS. These data are point in time as of 10/09/2020 for CO, CT, DC, ID, MA, MD, MN, NV, RI, VT, and WA, and 08/30/2020 for NJ and PA.  
-County-level information for the following SBE states (CA and NY) is representative of PY 20 participation as PY 21 participation has not yet been provided by the Exchanges to CMS.

Released by CMS 10/19/20

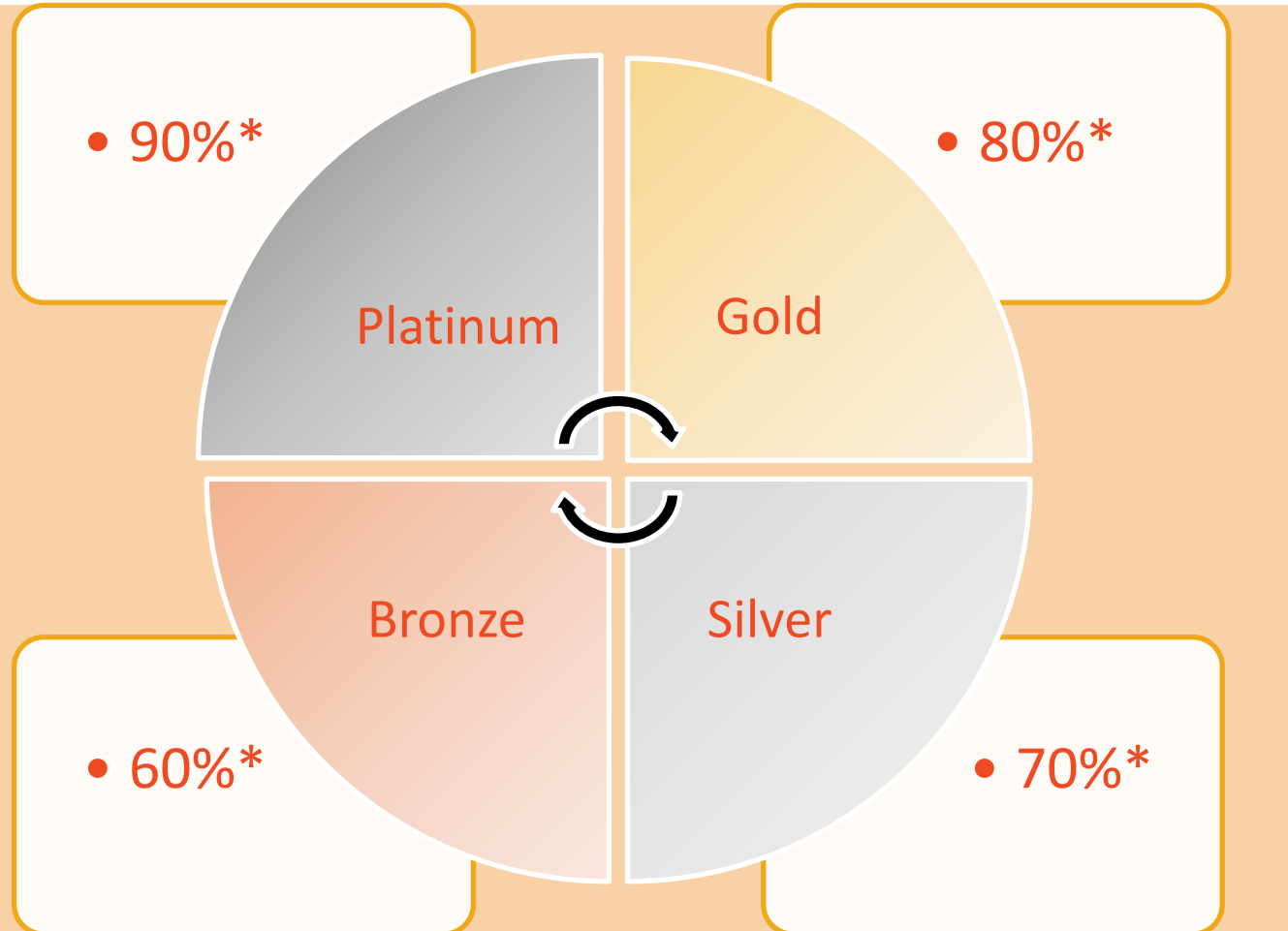
Available at:

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/10-16-2020-County-Coverage-Map.pdf>

# Affordable Care Act - Health Plan Types

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

EXHIBIT 4.0

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

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

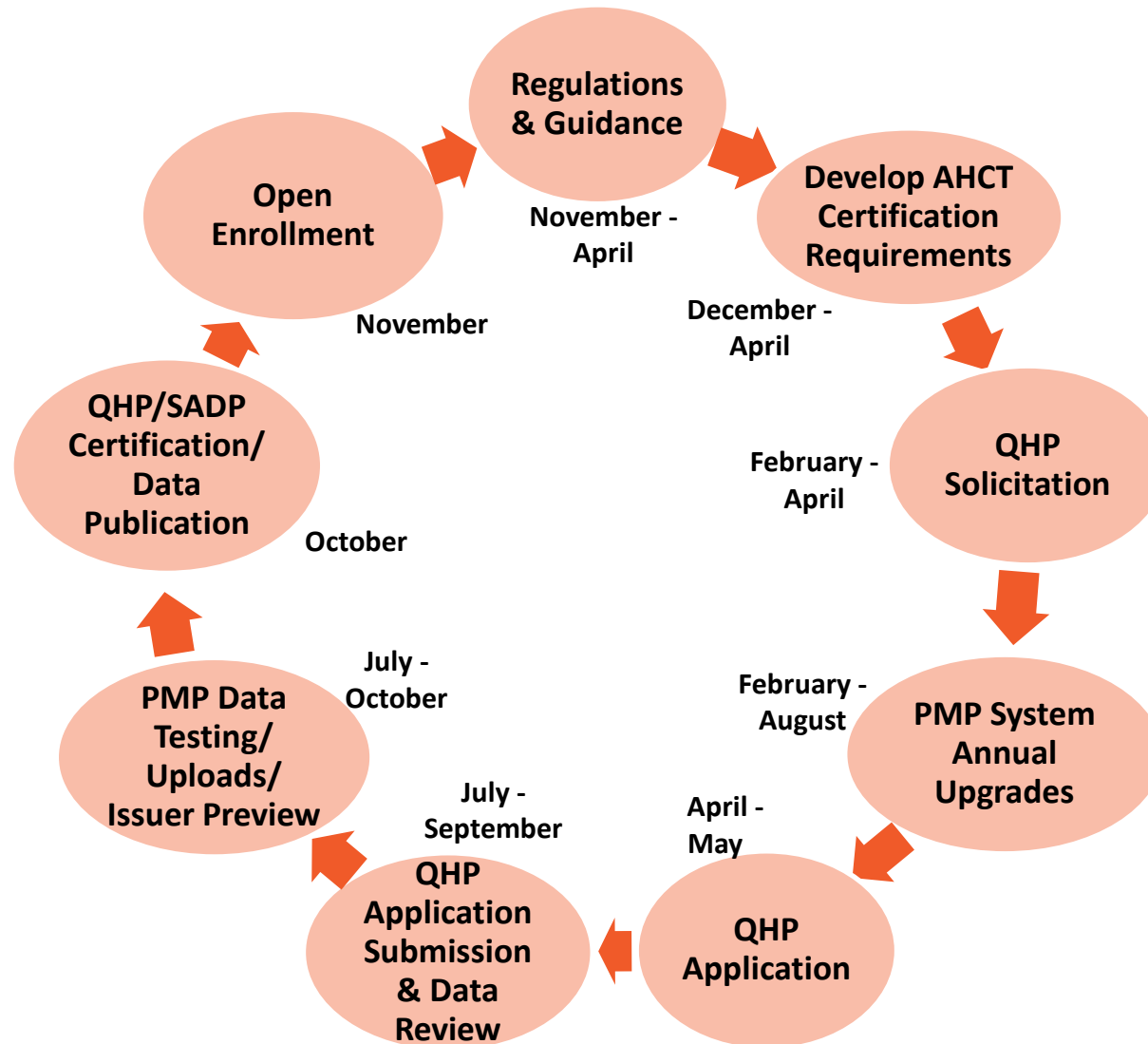
<b>Prescription Drug Benefits</b> <b>Subject to Deductible (Yes or No)</b> <b>Subject to Coinsurance (Yes or No)</b> <b>Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)</b>
Generics
Preferred Brand Drugs
Non-Preferred Brand Drugs
Specialty Drugs (i.e. high-cost)

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

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

# Plan Management Certification Life Cycle

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*

# 2021 Plan Mix: Number of Plans Required / Permitted per Issuer

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

# Copay Maximums – State Regulation

EXHIBIT 7.0

- 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

EXHIBIT 7.1

- 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

# Cost Sharing Maximums – State Regulation

## EXHIBIT 7.2

- State of Connecticut Public Act No. 20-4: An Act Concerning Diabetes and High Deductible Health Plans (July 2020 Special Session - House Bill No. 6003)
- Affects Connecticut General Statute (CGS) 38a-492d (individual health insurance policy) and 38a-518d (group health insurance policy) Mandatory coverage for diabetes testing and treatment.
- Effective January 1, 2022
  - Coverage is required for the treatment of all types of diabetes, including laboratory and diagnostic testing and screening, insulin drugs, non insulin drugs, diabetes devices (including diabetic ketoacidosis devices) in accordance with the insured's diabetes treatment plan,
  - Enrollee coinsurance, copayments, deductibles and other out-of-pocket expenses may not exceed:
    - Twenty-five dollars for each thirty-day supply of a medically necessary covered insulin drug
    - Twenty-five dollars for each thirty-day supply of a medically necessary covered non insulin drug
    - One hundred dollars for a thirty-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices for such insured that are in accordance with such insured's diabetes treatment plan
  - These provisions apply to a high deductible health plan to the maximum extent permitted by federal law

# Deductible and Coinsurance Maximums – Home Health Care Services

EXHIBIT 7.3

- 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

# United States Code (USC) – Title 26

## Internal Revenue Code

EXHIBIT 8.0

- 26 USC §223(c)(2): Health savings accounts
  - Definition: High deductible health plan
    - Has an annual deductible not less than \$1,400 for self-only/\$2,800 for family coverage for calendar year 2021\*
    - The sum of the annual deductible and the other annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed \$7,000 for self-only/\$14,000 for family coverage for calendar year 2021\*
    - Shall not fail to be treated as a high deductible health plan by reason of failing to have a deductible for preventive care\*\*
    - For plan years beginning on or before December 31, 2021, shall not fail to be treated as a high deductible health plan by reason of failing to have a deductible for telehealth and other remote care services.

*\*Deductible and out-of-pocket limits evaluated by IRS each year – refer to IRS Revenue Procedure 2020-32 for calendar year 2021; Coverage outside of plan network is not taken into account*

*\*\*IRS Notice 2019-45 (“Additional Preventive Care Benefits Permitted to be Provided by a High Deductible Health Plan Under § 223”) expanded list of preventive care benefits that could be provided by a HDHP without a deductible, or with a deductible below the applicable minimum deductible (self-only or family).*



# 2021 Plan Actuarial Value: CT Individual Market (On-Exchange)

EXHIBIT 9.0

2021 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

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 Enhanced	N/A	Renewing	On	63.02%	63.00%
Catastrophic	CBI	Choice Catastrophic POS with Dental	N/A	Renewing	On	63.37%	63.40%
Bronze	Anth	Bronze HMO Pathway Enhanced Tiered	N/A	Renewing	On	64.78%	64.80%
Bronze	Anth	Bronze HMO BlueCare Prime	N/A	New	On	64.97%	65.00%
Bronze	Anth	Bronze PPO Standard Pathway	N/A	Renewing	On	64.33%	64.30%
Bronze	Anth	Bronze PPO Standard Pathway for HSA	N/A	Renewing	On	64.98%	65.00%
Bronze	CBI	Choice Bronze Standard POS	N/A	Renewing	On	64.34%	64.30%
Bronze	CBI	Choice Bronze Standard POS HSA	N/A	Renewing	On	64.98%	65.00%
Bronze	CBI	Choice Bronze Alternative POS with Dental	N/A	Renewing	On	64.65%	64.70%
Bronze	CBI	Passage Bronze Alternative PCP POS	N/A	Renewing	On	64.46%	64.50%
Bronze	CBI	Bronze Virtual Alternative POS	N/A	New	On	65.00%	65.00%
Silver	Anth	Silver PPO Standard Pathway	N/A	Renewing	On	70.69%	70.70%
Silver	Anth	Silver PPO Standard Pathway	73% CSR	Renewing	On	72.83%	N/A
Silver	Anth	Silver PPO Standard Pathway	87% CSR	Renewing	On	87.97%	N/A
Silver	Anth	Silver PPO Standard Pathway	94% CSR	Renewing	On	94.71%	N/A
Silver	CBI	Choice Silver Standard POS	N/A	Renewing	On	70.76%	70.80%
Silver	CBI	Choice Silver Standard POS	73% CSR	Renewing	On	72.88%	N/A
Silver	CBI	Choice Silver Standard POS	87% CSR	Renewing	On	86.08%	N/A
Silver	CBI	Choice Silver Standard POS	94% CSR	Renewing	On	94.21%	N/A
Gold	Anth	Gold HMO Pathway Enhanced Tiered	N/A	Renewing	On	78.07%	78.00%
Gold	Anth	Gold HMO BlueCare Prime	N/A	New	On	76.61%	76.60%
Gold	Anth	Gold PPO Standard Pathway	N/A	Renewing	On	81.60%	81.60%
Gold	CBI	Choice Gold Standard POS	N/A	Renewing	On	81.74%	81.70%
Gold	CBI	Choice Gold Alternative POS with Dental	N/A	Renewing	On	79.49%	79.50%
Gold	CBI	Gold Virtual Alternative POS	N/A	New	On	76.02%	76.00%
73Gold	CBI	Compass Gold Alternative POS	N/A	New	On	76.16%	76.20%

# 2021 Plan Actuarial Value: CT Individual Market (Off-Exchange)

EXHIBIT 9.1

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 8550/0%	N/A	Renewing	Off only	63.02%	63.00%
Bronze	Anth	Anthem Bronze HMO Pathway Enhanced 6200/12400/40% for HSA	N/A	Renewing	Off only	64.75%	64.80%
Bronze	Anth	Anthem Bronze HMO BlueCare Prime 8500/50%	N/A	Renewing	Off only	64.89%	64.90%
Bronze	Anth	Anthem Bronze HMO Pathway Enhanced Tiered 6100/7100/0%/50%	N/A	Renewing	Off only	64.76%	64.80%
Bronze	CCI	Passage SOLO HMO Copay/Coins. \$7000 ded.	N/A	Renewing	Off only	64.54%	64.50%
Bronze	CCI	Choice SOLO HMO HSA \$6,500 ded.	N/A	Renewing	Off only	64.90%	64.90%
Bronze	CCI	Choice SOLO POS HSA Coins. \$6,500 ded.	N/A	New	Off only	64.72%	64.70%
Silver	Anth	Anthem Silver HMO BlueCare Prime 5100/30%	N/A	Renewing	Off only	67.49%	67.50%
Silver	Anth	Anthem Silver HMO Pathway Enhanced Tiered 2600/6500/10%/40%	N/A	Renewing	Off only	71.95%	71.90%
Silver	Anth	Anthem Silver HMO Pathway Enhanced Tiered 2800/3800/10%/40% for HSA	N/A	Renewing	Off only	70.26%	70.30%
Silver	CICI	Choice SOLO POS Copay/Coins. \$4,500 30% ded.	N/A	Renewing	Off only	68.53%	68.50%
Silver	CICI	Choice SOLO POS Coins. \$3,250 ded.	N/A	Renewing	Off only	68.85%	68.90%
Silver	CICI	Choice SOLO POS HSA Coins. \$3,500 ded.	N/A	Renewing	Off only	67.69%	67.70%
Silver	CICI	Choice SOLO POS Copay/Coins. \$5,500 ded.	N/A	Renewing	Off only	70.03%	70.00%
Silver	CCI	Choice SOLO POS Copay/Coins. \$4,500 40% ded.	N/A	Renewing	Off only	67.66%	67.70%
Silver	CCI	SOLO Virtual HMO Copay/Coins. \$7,500 ded.	N/A	New	Off only	68.94%	68.90%
Gold	Anth	Anthem Gold HMO Pathway Enhanced Tiered 2000/3000/10%/30%	N/A	Renewing	Off only	78.63%	78.60%
Gold	Anth	Anthem Gold HMO BlueCare Prime 2500/20%	N/A	New	Off only	76.41%	76.50%
Gold	CICI	Passage SOLO POS Copay/Coins. \$2,200 ded.	N/A	Renewing	Off only	76.93%	76.90%
Gold	CCI	SOLO Virtual HMO Copay/Coins. \$2,000 ded.	N/A	New	Off only	80.76%	80.80%

2021 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\*

EXHIBIT 10.0

Annual Estimates of the Resident Population for Counties: April 1, 2010 to July 1, 2019

Geography	April 1, 2010		Population Estimate (as of July 1)									
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Fairfield County	916,829	916,904	919,355	928,000	935,099	939,924	944,196	944,943	944,347	943,038	943,971	943,332
Hartford County	894,014	894,052	895,236	896,864	897,706	897,678	897,407	896,290	894,141	893,076	892,580	891,720
Litchfield County	189,927	189,880	189,763	188,972	187,570	186,836	185,343	184,122	182,793	181,667	181,095	180,333
Middlesex County	165,676	165,672	165,616	166,174	165,634	165,329	164,786	163,724	163,292	162,942	162,870	162,436
New Haven County	862,477	862,442	863,357	863,871	864,566	862,820	862,885	860,186	857,901	857,748	856,971	854,757
New London County	274,055	274,070	274,004	273,037	274,091	272,976	271,462	269,636	268,403	267,419	266,285	265,206
Tolland County	152,691	152,747	153,239	153,050	151,967	151,778	151,693	151,734	151,162	151,009	150,689	150,721
Windham County	118,428	118,380	118,544	118,315	117,914	117,500	116,752	116,487	116,102	116,398	117,059	116,782
<b>CT Total</b>	<b>3,574,097</b>	<b>3,574,147</b>	<b>3,579,114</b>	<b>3,588,283</b>	<b>3,594,547</b>	<b>3,594,841</b>	<b>3,594,524</b>	<b>3,587,122</b>	<b>3,578,141</b>	<b>3,573,297</b>	<b>3,571,520</b>	<b>3,565,287</b>

\*Source: U.S. Census Bureau County Population Totals: 2010-2019 available at:  
<https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>

# Individual Market: Age 21 Rates Approved by CID for 2021 Plan Year (Part 1 of 2)

EXHIBIT 11.0

		Fairfield County		Hartford County		Litchfield County		Middlesex County		New Haven County		New London Cty		Tolland County		Windham County	
Carrier	Plan Name	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank
<b>CBI</b>	<b>Choice Catastrophic POS with Dental</b>	<b>188.96</b>	<b>1</b>	<b>161.46</b>	<b>1</b>	<b>174.58</b>	<b>1</b>	<b>174.45</b>	<b>1</b>	<b>174.45</b>	<b>1</b>	<b>174.58</b>	<b>1</b>	<b>174.58</b>	<b>1</b>	<b>174.58</b>	<b>1</b>
<b>Anthem</b>	<b>Catastrophic HMO Pathway Enhanced</b>	<b>233.2</b>	<b>2</b>	<b>199.58</b>	<b>2</b>	<b>195.38</b>	<b>2</b>	<b>214.29</b>	<b>2</b>	<b>214.29</b>	<b>2</b>	<b>195.38</b>	<b>2</b>	<b>195.38</b>	<b>2</b>	<b>195.38</b>	<b>2</b>
Anthem	Anthem HMO Catastrophic Pathway Enhanced 8550/0%	233.2	2	199.58	2	195.38	2	214.29	2	214.29	2	195.38	2	195.38	2	195.38	2
<b>CBI</b>	<b>Passage Bronze Alternative PCP POS</b>	<b>308.49</b>	<b>4</b>	<b>263.59</b>	<b>4</b>	<b>285.01</b>	<b>4</b>	<b>284.82</b>	<b>4</b>	<b>284.82</b>	<b>4</b>	<b>285.01</b>	<b>4</b>	<b>285.01</b>	<b>4</b>	<b>285.01</b>	<b>4</b>
<b>CBI</b>	<b>Bronze Virtual Alternative POS</b>	<b>321.68</b>	<b>5</b>	<b>274.86</b>	<b>5</b>	<b>297.2</b>	<b>6</b>	<b>296.99</b>	<b>5</b>	<b>296.99</b>	<b>5</b>	<b>297.2</b>	<b>6</b>	<b>297.2</b>	<b>6</b>	<b>297.2</b>	<b>6</b>
<b>CBI</b>	<b>Choice Bronze Standard POS</b>	<b>345.64</b>	<b>6</b>	<b>295.33</b>	<b>6</b>	<b>319.34</b>	<b>10</b>	<b>319.11</b>	<b>6</b>	<b>319.11</b>	<b>6</b>	<b>319.34</b>	<b>10</b>	<b>319.34</b>	<b>10</b>	<b>319.34</b>	<b>10</b>
<b>CBI</b>	<b>Choice Bronze Standard POS HSA</b>	<b>345.96</b>	<b>7</b>	<b>295.6</b>	<b>7</b>	<b>319.63</b>	<b>11</b>	<b>319.4</b>	<b>7</b>	<b>319.4</b>	<b>7</b>	<b>319.63</b>	<b>11</b>	<b>319.63</b>	<b>11</b>	<b>319.63</b>	<b>11</b>
<b>Anthem</b>	<b>Bronze HMO BlueCare Prime</b>	<b>351.19</b>	<b>8</b>	<b>300.57</b>	<b>8</b>	<b>294.24</b>	<b>5</b>	<b>322.71</b>	<b>8</b>	<b>322.71</b>	<b>8</b>	<b>294.24</b>	<b>5</b>	<b>294.24</b>	<b>5</b>	<b>294.24</b>	<b>5</b>
<b>CBI</b>	<b>Choice Bronze Alternative POS with Dental</b>	<b>356.88</b>	<b>9</b>	<b>304.93</b>	<b>9</b>	<b>329.71</b>	<b>12</b>	<b>329.49</b>	<b>9</b>	<b>329.49</b>	<b>9</b>	<b>329.71</b>	<b>12</b>	<b>329.71</b>	<b>12</b>	<b>329.71</b>	<b>12</b>
CCI	Passage SOLO HMO Copay/Coins. \$7000 ded.	367.56	10	312.64	10	311.35	8	342.62	11	342.62	11	313.64	8	313.64	8	313.64	8
<b>Anthem</b>	<b>Bronze HMO Pathway Enhanced Tiered</b>	<b>369.93</b>	<b>11</b>	<b>316.61</b>	<b>11</b>	<b>309.94</b>	<b>7</b>	<b>339.94</b>	<b>10</b>	<b>339.94</b>	<b>10</b>	<b>309.94</b>	<b>7</b>	<b>309.94</b>	<b>7</b>	<b>309.94</b>	<b>7</b>
Anthem	Anthem Bronze HMO BlueCare Prime 8500/50%	376.21	12	321.98	12	315.2	9	345.71	12	345.71	12	315.2	9	315.2	9	315.2	9
Anthem	Anthem Bronze HMO Pathway Enhanced 6200/12400/40% for HSA	396.68	13	339.5	13	332.35	13	364.52	13	364.52	13	332.35	13	332.35	13	332.35	13
Anthem	Anthem Bronze HMO Pathway Enhanced Tiered 6100/7100/0%/50%	397.65	14	340.33	14	333.17	14	365.41	14	365.41	14	333.17	14	333.17	14	333.17	14
CCI	Choice SOLO POS HSA Coins. \$6,500 ded.	409.74	15	348.52	15	347.08	16	381.94	16	381.94	16	349.63	16	349.63	16	349.63	16
CCI	SOLO Virtual HMO Copay/Coins. \$7,500 ded.	409.92	16	348.67	16	347.24	17	382.11	17	382.11	17	349.79	17	349.79	17	349.79	17
CCI	Choice SOLO HMO HSA \$6,500 ded.	410.51	17	349.17	17	347.74	18	382.66	18	382.66	18	350.29	19	350.29	19	350.29	19
<b>Anthem</b>	<b>Bronze PPO Standard Pathway for HSA</b>	<b>412.46</b>	<b>18</b>	<b>353.01</b>	<b>18</b>	<b>345.57</b>	<b>15</b>	<b>379.02</b>	<b>15</b>	<b>379.02</b>	<b>15</b>	<b>345.57</b>	<b>15</b>	<b>345.57</b>	<b>15</b>	<b>345.57</b>	<b>15</b>
<b>Anthem</b>	<b>Gold HMO BlueCare Prime</b>	<b>417.99</b>	<b>19</b>	<b>357.74</b>	<b>19</b>	<b>350.2</b>	<b>19</b>	<b>384.1</b>	<b>19</b>	<b>384.1</b>	<b>19</b>	<b>350.2</b>	<b>18</b>	<b>350.2</b>	<b>18</b>	<b>350.2</b>	<b>18</b>
CCI	Choice SOLO POS Copay/Coins. \$4,500 40% ded.	429.4	20	365.24	20	363.73	21	400.27	21	400.27	21	366.41	21	366.41	21	366.41	21

Catastrophic
Bronze
Silver
Gold

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

*Exhibit  
sorted in  
rank order  
by Fairfield  
County rates*



# Individual Market: Age 21 Rates Approved by CID for 2021 Plan Year (Part 2 of 2)

EXHIBIT 11.0

		Fairfield County		Hartford County		Litchfield County		Middlesex County		New Haven County		New London Cty		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	<b>Bronze PPO Standard Pathway</b>	<b>431.12</b>	<b>21</b>	<b>368.97</b>	<b>21</b>	<b>361.21</b>	<b>20</b>	<b>396.16</b>	<b>20</b>	<b>396.16</b>	<b>20</b>	<b>361.21</b>	<b>20</b>	<b>361.21</b>	<b>20</b>	<b>361.21</b>	<b>20</b>
CBI	<b>Choice Silver Standard POS</b>	<b>438.66</b>	<b>22</b>	<b>374.81</b>	<b>22</b>	<b>405.27</b>	<b>26</b>	<b>404.99</b>	<b>23</b>	<b>404.99</b>	<b>23</b>	<b>405.27</b>	<b>26</b>	<b>405.27</b>	<b>26</b>	<b>405.27</b>	<b>26</b>
Anthem	<b>Gold HMO Pathway Enhanced Tiered</b>	<b>439.83</b>	<b>23</b>	<b>376.43</b>	<b>23</b>	<b>368.5</b>	<b>22</b>	<b>404.16</b>	<b>22</b>	<b>404.16</b>	<b>22</b>	<b>368.5</b>	<b>22</b>	<b>368.5</b>	<b>22</b>	<b>368.5</b>	<b>22</b>
Anthem	Anthem Silver HMO BlueCare Prime 5100/30%	453.62	24	388.23	24	380.06	23	416.84	24	416.84	24	380.06	23	380.06	23	380.06	23
CBI	<b>Gold Virtual Alternative POS</b>	<b>460.84</b>	<b>25</b>	<b>393.77</b>	<b>25</b>	<b>425.77</b>	<b>30</b>	<b>425.47</b>	<b>25</b>	<b>425.47</b>	<b>25</b>	<b>425.77</b>	<b>30</b>	<b>425.77</b>	<b>30</b>	<b>425.77</b>	<b>30</b>
CBI	<b>Compass Gold Alternative POS</b>	<b>470.6</b>	<b>26</b>	<b>402.11</b>	<b>26</b>	<b>434.78</b>	<b>33</b>	<b>434.48</b>	<b>26</b>	<b>434.48</b>	<b>26</b>	<b>434.78</b>	<b>32</b>	<b>434.78</b>	<b>32</b>	<b>434.78</b>	<b>32</b>
Anthem	Anthem Silver HMO Pathway Enhanced Tiered 2600/6500/10%/40%	477.53	27	408.7	27	400.1	24	438.82	27	438.82	27	400.1	24	400.1	24	400.1	24
Anthem	Anthem Silver HMO Pathway Enhanced Tiered 2800/3800/10%/40% for HSA	478.99	28	409.95	28	401.32	25	440.16	28	440.16	28	401.32	25	401.32	25	401.32	25
Anthem	<b>Silver PPO Standard Pathway</b>	<b>495.13</b>	<b>29</b>	<b>423.76</b>	<b>30</b>	<b>414.84</b>	<b>27</b>	<b>454.98</b>	<b>29</b>	<b>454.98</b>	<b>29</b>	<b>414.84</b>	<b>27</b>	<b>414.84</b>	<b>27</b>	<b>414.84</b>	<b>27</b>
CICI	Choice SOLO POS Coins. \$3,250 ded.	496.52	30	422.33	29	420.59	28	462.84	30	462.84	30	423.69	28	423.69	28	423.69	28
CCI	SOLO Virtual HMO Copay/Coins. \$2,000 ded.	498.74	31	424.22	31	422.47	29	464.9	31	464.9	31	425.58	29	425.58	29	425.58	29
CBI	<b>Choice Gold Alternative POS with Dental</b>	<b>510.96</b>	<b>32</b>	<b>436.59</b>	<b>33</b>	<b>472.07</b>	<b>37</b>	<b>471.74</b>	<b>32</b>	<b>471.74</b>	<b>32</b>	<b>472.07</b>	<b>37</b>	<b>472.07</b>	<b>37</b>	<b>472.07</b>	<b>37</b>
CICI	Choice SOLO POS Copay/Coins. \$4,500 30% ded.	511.05	33	434.69	32	432.9	32	476.38	34	476.38	34	436.08	33	436.08	33	436.08	33
Anthem	Anthem Gold HMO BlueCare Prime 2500/20%	516.35	34	441.92	36	432.62	31	474.48	33	474.48	33	432.62	31	432.62	31	432.62	31
CICI	Choice SOLO POS HSA Coins. \$3,500 ded.	516.71	35	439.5	34	437.69	34	481.66	35	481.66	35	440.91	34	440.91	34	440.91	34
CICI	Choice SOLO POS Copay/Coins. \$5,500 ded.	518.87	36	441.34	35	439.52	35	483.67	36	483.67	36	442.76	35	442.76	35	442.76	35
Anthem	Anthem Gold HMO Pathway Enhanced Tiered 2000/3000/10%/30%	544.86	37	466.32	37	456.51	36	500.69	37	500.69	37	456.51	36	456.51	36	456.51	36
CBI	<b>Choice Gold Standard POS</b>	<b>553.88</b>	<b>38</b>	<b>473.26</b>	<b>38</b>	<b>511.72</b>	<b>39</b>	<b>511.37</b>	<b>38</b>	<b>511.37</b>	<b>38</b>	<b>511.72</b>	<b>39</b>	<b>511.72</b>	<b>39</b>	<b>511.72</b>	<b>39</b>
CICI	Passage SOLO POS Copay/Coins. \$2,200 ded.	587.87	39	500.03	39	497.98	38	547.99	39	547.99	39	501.64	38	501.64	38	501.64	38
Anthem	<b>Gold PPO Standard Pathway</b>	<b>843.44</b>	<b>40</b>	<b>721.87</b>	<b>40</b>	<b>706.67</b>	<b>40</b>	<b>775.06</b>	<b>40</b>	<b>775.06</b>	<b>40</b>	<b>706.67</b>	<b>40</b>	<b>706.67</b>	<b>40</b>	<b>706.67</b>	<b>40</b>

Catastrophic
Bronze
Silver
Gold

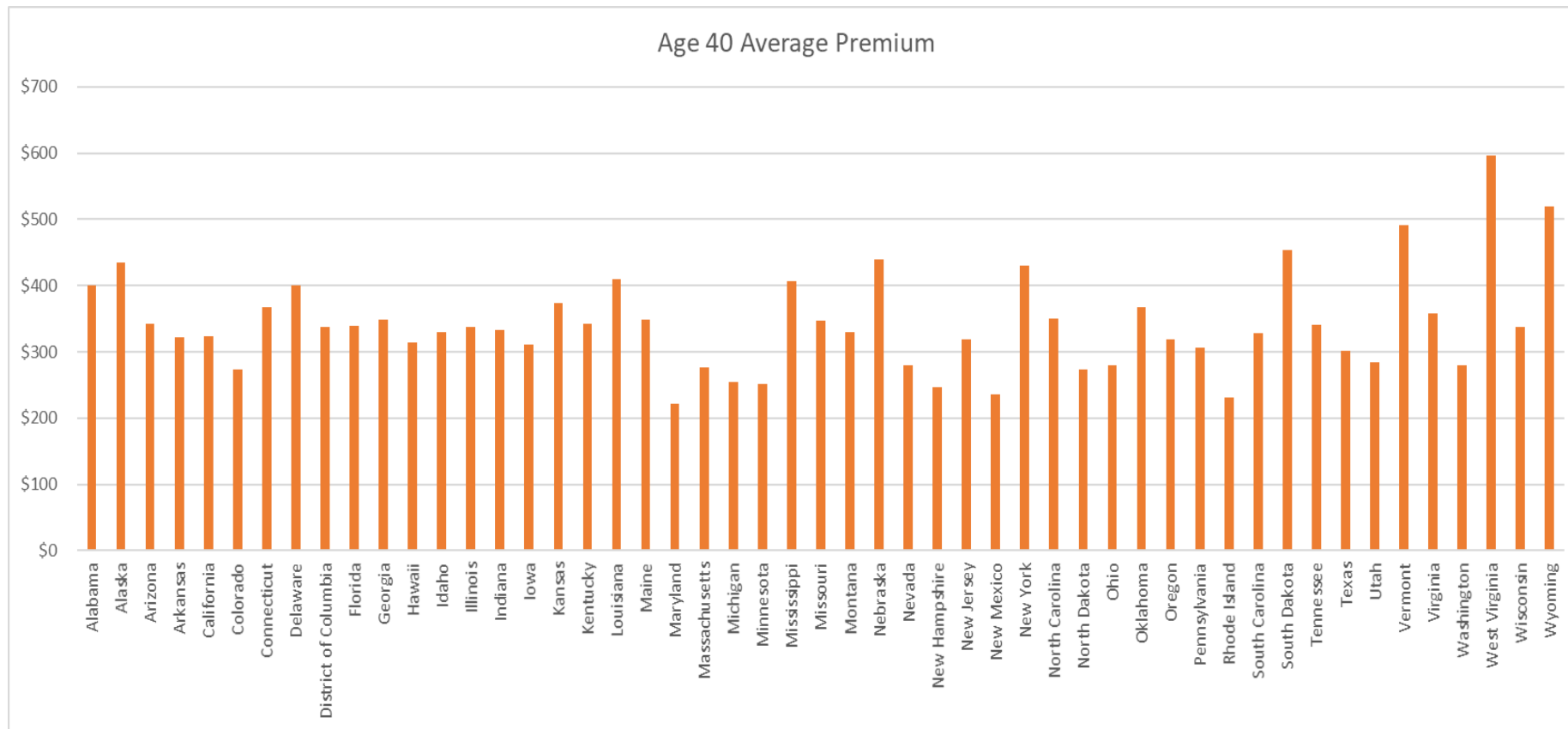
**BOLD FONT:**  
"On-Exchange"  
Plan

*Exhibit  
sorted in  
rank order  
by Fairfield  
County rates*

# Average Marketplace Premiums by Metal Tier, 2021\*

EXHIBIT 12.0

## Average Lowest Cost Bronze Plan



Maryland: \$222 (lowest)

Connecticut: \$368 (39<sup>th</sup>)

West Virginia: \$596 (highest)

US: \$328

- 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>

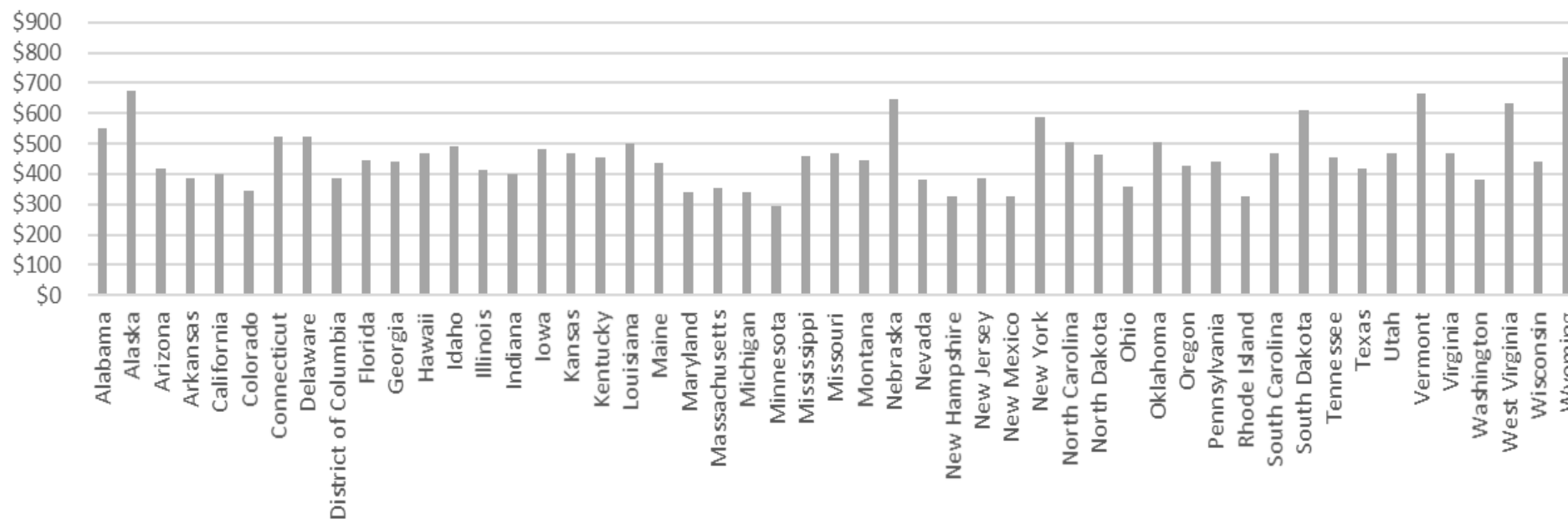


# Average Marketplace Premiums by Metal Tier, 2021\*

EXHIBIT 12.1

## Average Lowest Cost Silver Plan

### Age 40 Average Premium



Minnesota: \$295 (lowest)

Connecticut: \$523 (43<sup>rd</sup>)\*

Wyoming: \$785 (highest)

US: \$436

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

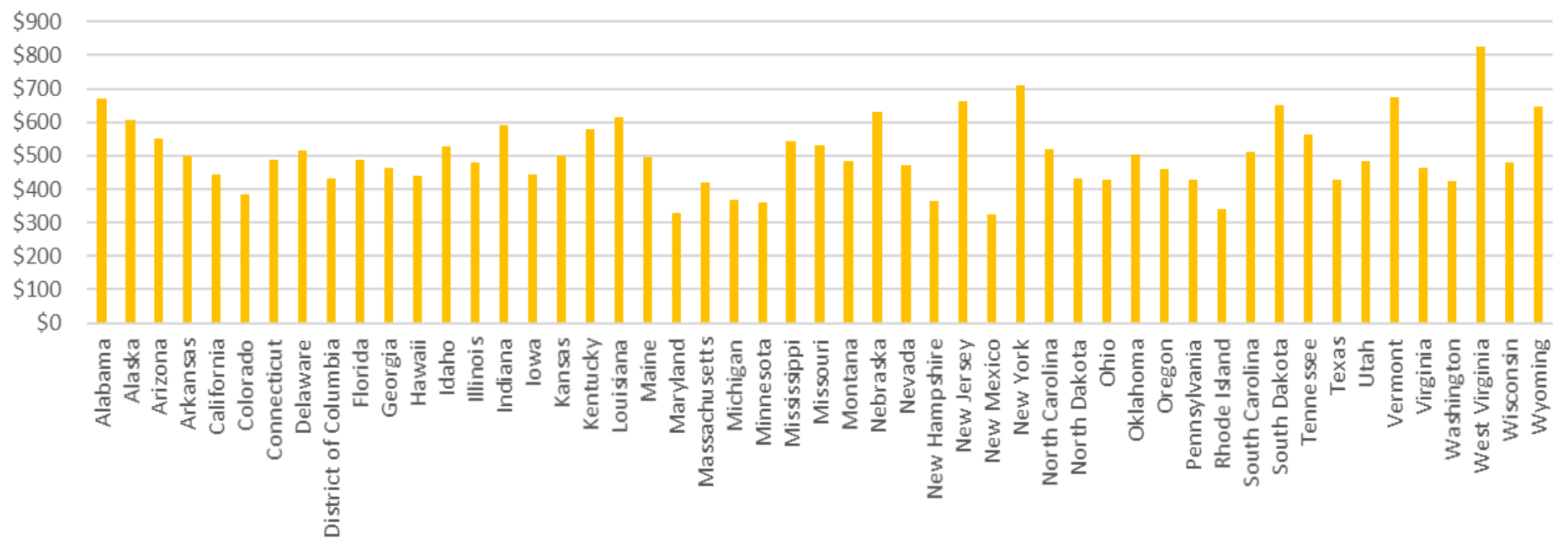
- Individual Market Information obtained from kff.org "State Health Facts": <https://www.kff.org/health-reform/state-indicator/average-marketplace-premiums-by-metal-tier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

# Average Marketplace Premiums by Metal Tier, 2021\*

EXHIBIT 12.2

## Average Lowest Cost Gold Plan

### Age 40 Average Premium



New Mexico: \$324 (lowest)

Connecticut: \$489 (26<sup>th</sup>)

West Virginia: \$825 (highest)

US: \$482

- 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 AHCT Plan Enrollment: Standardized / Non-Standard QHPs

EXHIBIT 13.0

Metal Level	Total	Percent
Catastrophic	2,005	1.91%
Bronze	45,732	43.58%
Silver	49,097	46.78%
Gold	8,112	7.73%
TOTAL	104,946	100.00%



## Compared to Plan Year 2020:

- No significant change in percentage of enrollees in Silver plans (46.78% vs 46.27%)
- Percentage of enrollees in standard Gold vs non-standard Gold has declined (51.08% from 60.58%)
- Percentage of enrollees in standard Bronze plans vs non-standard Bronze have declined (68.06% from 76.5%)
- Percentage of enrollees in all standard plans vs non-standard has declined (80.39% from 85.07%)

Metal Level	Standardized Plans	Non-Standard Plans	Total	Percent in Std Plans by Metal Level
Catastrophic	N/A	2,005	2,005	0.00%
Bronze*	31,124	14,608	45,732	68.06%
Silver	49,097	0	49,097	100.00%
Gold	4,144	3,968	8,112	51.08%
TOTAL	84,365	20,581	104,946	80.39%

*Bronze Plans	Standardized Plans	Non-Standard Plans	Total	Percent in Standardized Plans
Non-HSA Bronze	19,699	14,608	34,307	57.42%
HSA Compatible	11,425	0	11,425	100.00%
TOTAL	31,124	14,608	45,732	68.06%

Data for Individual AHCT plans as of end of open enrollment for 2021 plan year



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

EXHIBIT 13.1

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	0	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*



# 2021 AHCT Plan Enrollment by County: Standardized / Non-Standard QHPs

EXHIBIT 14.0

	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	1,584	1,098	15,885	0	7,628	3,508	3,901	0	555	34,159
Hartford	945	761	11,243	0	3,624	3,869	2,501	0	472	23,415
Litchfield	221	392	2,979	0	1,306	1,181	908	0	115	7,102
Middlesex	259	210	2,257	0	1,075	736	658	0	121	5,316
New Haven	783	813	11,044	0	4,154	2,975	2,134	0	470	22,373
New London	144	356	3,191	0	1,002	1,156	779	0	147	6,775
Tolland	127	187	1,407	0	579	731	331	0	79	3,441
Windham	81	151	1,091	0	331	452	213	0	46	2,365
Total	4,144	3,968	49,097	0	19,699	14,608	11,425	0	2,005	104,946
	8,112		49,097		34,307		11,425		2,005	
					49,134					

Data for Individual AHCT plans as of end of open enrollment for 2021 plan year

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

EXHIBIT 14.1

	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	1,513	817	15,468	0	9,618	2,581	4,427	0	542	34,966
Hartford	978	418	11,370	0	4,532	3,514	2,813	0	454	24,079
Litchfield	252	252	3,228	0	1,553	916	1,020	0	121	7,342
Middlesex	249	120	2,261	0	1,342	531	692	0	112	5,307
New Haven	780	521	11,516	0	5,387	2,227	2,498	0	414	23,343
New London	138	280	3,300	0	1,234	854	841	0	112	6,759
Tolland	125	156	1,534	0	727	598	385	0	57	3,582
Windham	72	108	1,212	0	405	372	259	0	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 2020 plan year

# AHCT Plan Enrollment: Plan Purchasing History

EXHIBIT 15.0

Percent 2019 Gold plan enrollees continuously enrolled in Gold through 2021: 74.4%

2019	2020	2021
Gold: 3,607	2,959	2,682
		194
		83
	404	34
		356
		14
	244	17
		14
		213

Percent 2019 Silver plan enrollees continuously enrolled in Silver through 2021: 87.0%

2019	2020	2021
Silver: 26,132	532	329
		156
		47
	23,694	368
		22,729
		597
	1,906	61
		249
		1,596

Percent 2019 Bronze plan enrollees continuously enrolled in Bronze through 2021: 89.6%

2019	2020	2021
Bronze: 26,815	202	134
		46
		22
	1,104	35
		984
		85
	25,509	308
		1,171
		24,030

# 2020 AHCT Enrollment by Plan / Subsidy Eligibility\*

EXHIBIT 16.1

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
<b>CBI</b>	<b>Choice Bronze Standard POS</b>	<b>7,816</b>	<b>4,363</b>	<b>9,234</b>	<b>21,413</b>
<b>CBI</b>	<b>Choice Bronze Standard POS HSA</b>	<b>2,971</b>	<b>1,084</b>	<b>6,776</b>	<b>10,831</b>
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
<b>Anthem</b>	<b>Bronze PPO Standard Pathway X for HSA</b>	<b>562</b>	<b>331</b>	<b>1,211</b>	<b>2,104</b>
<b>Anthem</b>	<b>Bronze PPO Standard Pathway X</b>	<b>1,042</b>	<b>791</b>	<b>1,552</b>	<b>3,385</b>
Anthem	Gold HMO Pathway X Enhanced Tiered	391	321	394	1,106
<b>CBI</b>	<b>Choice Silver Standard POS</b>	<b>6,891</b>	<b>27,939</b>	<b>2,185</b>	<b>37,015</b>
Anthem	Gold PPO Pathway X	560	255	604	1,419
<b>Anthem</b>	<b>Silver PPO Standard Pathway X</b>	<b>2,939</b>	<b>8,118</b>	<b>1,817</b>	<b>12,874</b>
CBI	Choice Gold Alternative POS with Dental	51	46	50	147
<b>CBI</b>	<b>Choice Gold Standard POS</b>	<b>1,038</b>	<b>637</b>	<b>1,643</b>	<b>3,318</b>
<b>Anthem</b>	<b>Gold PPO Standard Pathway X</b>	<b>134</b>	<b>147</b>	<b>508</b>	<b>789</b>
	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)

AHCT Standardized plan in **bold font**

Plans displayed in ascending order by premium rate (unsubsidized) in Hartford County

Anthem = Anthem Blue Cross Blue Shield; CBI = ConnectiCare Benefits, Inc.

# AHCT: Individual Market Enrollment by Product

EXHIBIT 17.0

Enrollment as of end of open enrollment period for plan years 2016 - 2021

	2014	2015	2016	2017	2018	2019	2020	2021
HMO	9,493	8,261	6,469	5,949	5,799	3,544	3,042	5,475
POS	23,590	42,492	63,618	76,827	82,766	86,636	83,752	81,697
PPO	27,650	44,689	45,937	28,766	25,569	20,886	21,039	17,774
Total	60,733	95,442	116,024	111,542	114,134	111,066	107,833	104,946

	2014	2015	2016	2017	2018	2019	2020	2021
HMO	15.6%	8.7%	5.6%	5.3%	5.1%	3.2%	2.8%	5.2%
POS	38.8%	44.5%	54.8%	68.9%	72.5%	78.0%	77.7%	77.8%
PPO	45.5%	46.8%	39.6%	25.8%	22.4%	18.8%	19.5%	16.9%
Total	100%	100%	100%	100%	100%	100%	100%	100%

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