



# Access Health CT – Board of Directors

April 15, 2021

# Board Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Swearing-In New Board Member
- D. Votes: Review and Approval of Minutes
- E. CEO Report
- F. Finance
- G. Qualified Health Plan Certification Requirements for 2022 Plan Year
- H. American Rescue Plan Update
- I. Legal Update
- J. Future Agenda Items
- K. Adjournment

# Public Comment

# Swearing-In New Board Member

# Votes

- February 18, 2021 Regular Meeting Minutes
- March 1, 2021 Special Meeting Minutes

# CEO Report James Michel

# Board of Directors

Fiscal Year 2021 Adjusted Budget

&

Fiscal Year 2022 Proposed Budget

Operating & Capital Improvements Budget

*April 15, 2021*

## Fiscal Year 2021 Adjusted Budget as of Q3

- FY 2021 American Rescue Plan
- FY2021 Reserve Fund Balance
- FY 2021 Assessment Update
- FY 2021 Budget Summary
- FY 2021 Budget vs Actuals
- FY 2021 Adjusted Budget



# American Rescue Plan use of Reserve Funds

- In order to implement the required changes for the American Rescue Plan Act, additional funding is needed for marketing, operations and technology for the remaining of this fiscal year and 1<sup>st</sup> quarter of FY 2022
- The costs are not to exceed \$2.51 million. The technology costs are anticipated to be reimbursed through a grant from Centers for Medicare & Medicaid Services (CMS) as part of the American Rescue Plan Act. Any reimbursement from CMS will go back into the AHCT reserves

American Rescue Plan - Proposed Costs		
Project Name	Funding Source	Total Project Budget
Marketing and Outreach	Reserve	\$ 1,250,000
Operations	Reserve	632,000
Technology	Reserve	632,165
		<b>\$ 2,514,165</b>

# American Rescue Plan use of Reserve Funds

- **Marketing and Outreach**
  - Additional funding will allow Access Health to raise awareness in mass media (tv, radio, print, web, out of home). It will also support direct to consumer efforts (direct mail, sms) as well as support community outreach tactics
- **Operations**
  - Hiring additional brokers to assist in enrollment in the individual market. Also hiring temporary staff for customer relations team to assist with enrollment issues
- **Technology**
  - System Implementation of new ARP requirements, this includes updates to premium tax credits calculations, new unemployment provisions and automated application of additional premium tax credits

# FY2021 Projected Reserve Fund Balance

AHCT projected fiscal 2021 year-end reserve is expected to be \$19.7 million

	<u>Amount</u>	<b>Months of Operating Funding</b>
Fund Reserve As of June 30, 2020 (Audited)	\$ 25,942,635	
Subtract: FY2020 Carryover	(3,195,566)	
<b><u>Net Reserve As of June 30, 2020</u></b>	<b><u>22,747,069</u></b>	7.8
Subtract: Reserve Funded Projects (approved in FY2019)	(504,000)	
Subtract: American Rescue Plan Costs	(2,514,165)	
<b>Projection at June 30, 2021</b>	<b><u>\$ 19,728,904</u></b>	6.7

# Calendar Year 2021 Assessment Update

- Carrier Assessments which fund our operations are collected on a Calendar Year (CY)\* at an assessment rate of 1.65%
- In CY 2021 Assessment revenue decreased by \$3.7M compared to CY2020 which impacted the second half of FY2021 Budget by \$1.85M and will impact the first 6 months of FY2022 by \$1.85M
- The decrease in assessment revenue is due to lower premiums assessed in both individual and small group market in 2019\*
- AHCT Adjusted its fiscal 2021 budget and developed the fiscal year 2022 budget using the expected lower assessment revenues

\*Assessment Revenues are calculated based on actual premiums earned 2 years prior to the assessment year

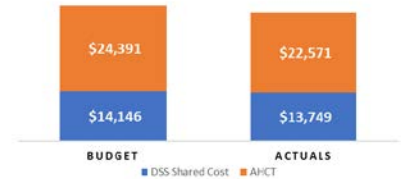
# FY 2021 Budget Summary Update

(as of March 31, 2021)

## Operating Budget - 3rd Quarter Fiscal Year-to-Date

	Budget	Actuals	Variance
AHCT	\$ 24,390,611	\$ 22,570,508	\$(1,820,103)
DSS Shared Cost	14,145,870	13,749,177	(396,694)
<b>Total</b>	<b>\$ 38,536,481</b>	<b>\$ 36,319,685</b>	<b>\$(2,216,797)</b>

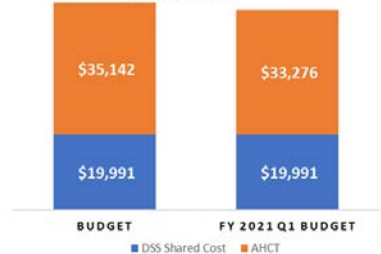
FY2021 3RD QUARTER YEAR-TO-DATE



## Operating Budget - FY 2021 Adjusted Budget

	FY 2021 Adopted Budget	FY 2021 Adjusted Budget	Variance
AHCT	\$ 35,141,988	\$ 33,275,798	\$(1,866,190)
DSS Shared Cost	19,990,688	19,990,688	-
<b>Total</b>	<b>\$ 55,132,676</b>	<b>\$ 53,266,486</b>	<b>\$(1,866,190)</b>

OPERATING BUDGET - FY2021 ADJUSTED



# FY 2021 Budget vs Actuals - Through March 31, 2021

(3<sup>rd</sup> Quarter Budget Report)

## Revenues

Interest Income	\$ 40,243	\$ 22,945	\$ (17,298)
Marketplace Assessments	26,309,478	25,409,905	(899,573)
<b>Total Revenue</b>	<b>\$ 26,349,721</b>	<b>\$ 25,432,850</b>	<b>\$ (916,871)</b>

## Expenses

Salaries	\$ 5,890,011	\$ 5,672,441	\$ (217,570)
Fringe Benefits	2,516,060	2,226,255	(289,805)
Temporary Staffing	261,673	324,176	62,503
Contractual	11,293,525	10,111,427	(1,182,098)
Equipment and Maintenance	2,509,552	1,954,607	(554,945)
IT Enhancements	1,233,862	1,707,685	473,823
Supplies	15,888	5,434	(10,454)
Travel	59,847	5,940	(53,907)
Other Administrative	610,193	562,543	(47,650)
<b>Total Operating Expenses</b>	<b>\$ 24,390,611</b>	<b>\$ 22,570,508</b>	<b>\$ (1,820,103)</b>
Costs Shared with DSS	14,145,870	13,749,177	(396,693)
<b>AHCT and DSS Total Expenses</b>	<b>\$ 38,536,481</b>	<b>\$ 36,319,685</b>	<b>\$ (2,216,796)</b>

Variances due to timing



# FY 2021 Adjusted Budget

	FY 2021 Adopted Budget	FY2021 Adjusted Budget	Variance
<b><i>Revenue</i></b>			
Investment Income	\$ 62,685	\$ 27,295	\$ (35,390)
Marketplace Assessments	35,079,303	33,248,503	(1,830,800)
<b>Total Revenue</b>	<b>\$ 35,141,988</b>	<b>\$ 33,275,798</b>	<b>\$ (1,866,190)</b>
<b><i>Budgeted Expenses</i></b>			
Salaries	\$ 8,120,513	\$ 7,794,198	\$ (326,315)
Fringe Benefits	3,416,751	3,028,300	(388,451)
Temporary Staffing	682,672	546,445	(136,227)
Contractual	14,429,493	13,424,280	(1,005,213)
Equipment and Maintenance	3,745,577	2,916,553	(829,024)
IT Enhancements	3,440,271	4,421,824	981,553
Supplies	22,720	10,924	(11,796)
Travel	125,216	14,078	(111,138)
Other Administrative	1,158,775	1,119,196	(39,579)
<b>Total Operating Expenses</b>	<b>\$ 35,141,988</b>	<b>\$ 33,275,798</b>	<b>\$ (1,866,190)</b>
Costs Shared with DSS	\$ 19,990,688	\$ 19,990,688	\$ -
<b>AHCT and DSS Total Expenses</b>	<b>\$ 55,132,676</b>	<b>\$ 53,266,486</b>	<b>\$ (1,866,190)</b>

## Fiscal Year 2022 Proposed Budget

Focused on 3 Strategic Initiatives  
IT Investment ♦ Cybersecurity ♦ Health Disparities

To Support Our 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.



## Fiscal Year 2022 Proposed Budget

### Operating Budget

- FY 2022 Proposed Budget
- FY 2022 Shared Costs with DSS

# FY 2022 Proposed Budget

	FY 2021 Adopted Budget	FY 2022 Proposed Budget	Variance	
<b>Revenue</b>				
Investment Income	\$ 62,685	\$ 37,772	\$ (24,913)	Interest rates remain low
Marketplace Assessments	35,079,303	31,907,196	(3,172,107)	Decrease in Assessment in CY2021 and CY2022
<b>Total Revenue</b>	<b>\$ 35,141,988</b>	<b>\$ 31,944,968</b>	<b>\$ (3,197,020)</b>	

## **Budgeted Expenses**

Salaries	\$ 8,120,513	\$ 8,000,934	\$ (119,579)	All open positions have been put on hold
Fringe Benefits	3,416,751	3,352,974	(63,777)	
Temporary Staffing	682,672	286,000	(396,672)	
Contractual	14,429,493	13,146,652	(1,282,841)	
Equipment and Maintenance	3,745,577	3,415,271	(330,306)	
IT Enhancements	3,440,271	2,500,255	(940,016)	
Supplies	22,720	18,653	(4,067)	
Travel	125,216	87,000	(38,216)	
Other Administrative	1,158,775	1,137,229	(21,546)	
<b>Total Operating Expenses</b>	<b>\$ 35,141,988</b>	<b>\$ 31,944,968</b>	<b>\$ (3,197,020)</b>	
Costs Shared with DSS	\$ 19,990,688	\$ 21,174,273	\$ 1,183,585	Increased call center costs resulting from increased medicaid enrollment
<b>AHCT and DSS Total Expenses</b>	<b>\$ 55,132,676</b>	<b>\$ 53,119,241</b>	<b>\$ (2,013,435)</b>	

# FY 2022 Proposed Shared Cost with Department of Social Services (DSS)

Budget Category	DSS SHARED COST BUDGET		
	FY 2021 Adjusted Budget	FY2022 Proposed Budget	Variance
Temporary Staffing	\$774,081	\$765,680	(\$8,401)
IT Maintenance & Development	5,091,943	4,664,244	(427,699)
Operations	13,436,664	15,056,349	1,619,685
<b>Total - State General Fund</b>	<b>\$19,302,688</b>	<b>\$20,486,273</b>	<b>\$ 1,183,585</b>
<b>Total - Federally Funded</b>	<b>\$688,000</b>	<b>\$688,000</b>	<b>\$ -</b>
<b>Total - DSS Shared Budget</b>	<b>\$19,990,688</b>	<b>\$21,174,273</b>	<b>\$ 1,183,585</b>
<b>Capital Improvements (86%)</b>	<b>\$3,096,000</b>	<b>\$3,096,000</b>	<b>\$ -</b>

# Certification Requirements: Plan Year 2022

# AHCT Plan Mix: Number of Qualified Health Plan Required / Permitted per Issuer

	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

*\*Cost sharing reduction (CSR) plan variants required for Individual, 'On-Exchange' market for all metal levels except Catastrophic*

# Health Plan Benefits and Qualifications Advisory Committee: 2022 Plan Year

- Review of Certification Requirements
  - Standardized Plan Development – Individual Market Medical
    - Actuarial Value (AV) testing of the 2021 Standardized plans using CMS draft 2022 AV Calculator
    - Impact assessment to incorporate state legislation related to diabetes cost sharing maximums (effective 1/1/22)
    - Consideration of benefit design improvements
    - Review of resulting Cost Share Modifications
      - Actuarial Value Compliance
      - Mental Health Parity Compliance
      - Internal Revenue Requirements: Definition of High Deductible Health Plan (HDHP) and 2019 IRS guidance: “Additional Preventive Care Benefits Permitted to be Provided by a High Deductible Health Plan Under § 223”
  - Standardized Plan Development – Individual and Small Group Stand-alone Dental Plans (SADPs)
    - Annual limitation on cost-sharing (a.k.a. maximum out-of-pocket, or MOOP) for the pediatric dental Essential Health Benefit portion of the plan can increase by \$25 for one child / \$50 for two or more children in a family
      - Based on U.S. Department of Labor's Bureau of Labor Statistics Consumer Price Index (CPI) specific to dental services
      - Current limits: \$350 for one covered child and \$700 for two or more covered children for in-network, covered services

# AHCT Standardized Plans in Individual Market: Summary of Recommended Changes for Plan Year 2022

Metal Level	State Legislation: In-network Cost Sharing Maximums for Diabetes Treatment	In-Network Laboratory Services Not Subject to Plan Deductible
Gold	<ul style="list-style-type: none"> <li>• \$25 for each thirty-day supply of a medically necessary covered insulin drug</li> <li>• \$25 for each thirty-day supply of a medically necessary covered non-insulin drug</li> <li>• \$100 for a thirty-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices that are included in an insured's diabetes treatment plan</li> </ul>	Not Incorporated (Unable to comply with AV and/or MHP requirements)
Silver (70%)		\$10 after deductible → \$20 copay Individual MOOP: \$8150 → \$8600
Silver 73% CSR		\$10 after deductible → \$20 copay Individual MOOP: \$6500 → \$6800
Silver 87% CSR		\$10 after deductible → \$10 copay Individual MOOP: \$2500 → \$2725
Silver 94% CSR		Plan already includes copay (\$10) for laboratory services not subject to deductible
Bronze (non-HSA)		\$10 after deductible → \$20 copay Individual MOOP: \$8550 → \$8800
Bronze HSA-compatible	Maximums outlined above apply once the in-network plan deductible is met; Individual MOOP: \$6900 → \$7000	Not Incorporated (Would not meet IRS requirements for HDHP)

Access Health CT

# 2022 Individual Market Standard Plan Designs

April 15, 2021

PRESENTED BY

Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

Brad Heywood, ASA, MAAA – Associate Actuary



# 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.

# 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)

# Statutory Maximum Copays

## Existing Copay Maximums Remain Unchanged

- Sec. 38a-511a limits physical therapy copays to \$30 for individual policies. See Sec. 38a-550a for similar provisions for group policies.
- Sec. 38a-550(a) limits advance imaging cost-sharing to \$75 copay, \$375 maximum annually for group plans. See Sec. 38a-511 for similar provisions for individual policies.

*\*Note: Maximum copays provided reflect Federal AV Calculator Inputs*

# Statutory Changes for 2022 Plans

Connecticut Public Act 20-4

## Diabetic Drugs And Emergency Insulin

- Under the act, covered individuals generally do not pay more out-of-pocket than:
  - \$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 Diabetic device or diabetic ketoacidosis device.
    - Connecticut Insurance Department issued guidance in Bulletin HC-129\*: \$100 cap is to be applied as a thirty-day supply cumulative cap for all such devices
- These out-of-pocket limits only apply to HDHPs to the extent that is permitted by federal law and they do not disqualify insureds with these plans from certain federal tax benefits.

# 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% - 81.76%	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% - 87.97%	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 Designs Overview

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

# Benefit 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

# Benefit 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 2022.
- All plans include 'embedded' deductible approach (not aggregate)



# Summary of 2022 Gold Plan AV

Benefit Category	2021/2022 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>2022 AVC Results</b>	<b>*81.60% - 81.76%</b>

## 2022 Benefit changes:

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

Vote

# Summary of 2022 Silver Plan 70% AV

Benefit Category	2021 Ind. Standard Silver Plan	2022 Ind. Standard Silver Plan (Alt 1)	2022 Ind. Standard Silver Plan (Alt 2)
Medical Deductible	\$4,300 (INN)/ \$8,600 (OON)	\$4,600 (INN)/ \$9,200 (OON)	\$4,300 (INN)/ \$8,600 (OON)
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250 (INN)/ \$500 (OON)	\$250 (INN)/ \$500 (OON)
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$8,150 (INN)/ \$16,300 (OON)	**\$9,100 (INN)/ \$18,200 (OON)	**\$8,600 (INN)/ \$17,200 (OON)
Primary Care	\$40	\$40	\$40
Specialist Care	\$60	\$60	\$60
Urgent Care	\$75	\$75	\$75
Emergency Room	\$450 (after ded.)	\$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)	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	\$30	\$30	\$30
Combined 40 visit calendar year maximum, separate for each type			
Chiropractic Care	\$50	\$50	\$50
20 visit calendar maximum			
All Other Medical	40%	40%	40%
Generic / Preferred Brand / Non- Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)
<b>2022 AVC Results</b>	<b>*70.69% - 70.81%</b>	<b>*70.68% - 71.82%</b>	<b>*70.66%-70.81%</b>

\*\*\$8,600/\$9,100  
MOOP derived  
from proposed  
NBPP. Possible  
change once final  
NBPP is released,  
2020 MOOP  
\$8550

\*2022 AVC Results  
include changes  
related to  
Diabetes Bill caps  
noted on the Gold  
plan slide

Vote

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

\*2022 AVC Results include changes related to Diabetes Bill caps noted on the Gold plan slide

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)	\$20	\$20
Combined 40 visit calendar year maximum, separate for each type		
Chiropractic Care	\$35	\$35
20 visit calendar maximum		
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>2022 AVC Results</b>	<b>*87.37% - 87.97%</b>	<b>*87.23% - 87.92%</b>

\*2022 AVC Results include changes related to Diabetes Bill caps noted on the Gold plan slide

Note: OON Benefits aligns with 70% Silver Plan

# Summary of 2022 Silver Plan 94% AV

Benefit Category	2021/2022 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>2022 AVC Results</b>	<b>*94.39% - 94.71%</b>

\*2022 AVC Results include changes related to Diabetes Bill caps noted on the Gold plan slide

Note: OON Benefits aligns with 70% Silver Plan

Vote



# Summary of 2022 Bronze Non-HSA Plan AV

\*\*\$8,800/\$9,100  
MOOP derived from  
proposed NBPP.  
Possible change  
once final NBPP is  
released, 2020  
MOOP \$8550

\*2022 AVC Results  
include changes  
related to  
Diabetes Bill caps  
noted on the Gold  
plan slide

Benefit Category	2021 Ind. Standard Bronze Non-HSA Plan	2022 Ind. Standard Bronze Non-HSA Plan (Alt 1)	2022 Ind. Standard Bronze Non-HSA Plan (Alt 2)
Combined Medical & Rx Deductible	\$6,550 (INN)/\$13,100 (OON)	\$6,950 (INN)/\$13,900 (OON)	\$6,550 (INN)/\$13,100 (OON)
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$8,550 (INN)/\$17,100 (OON)	**\$9,100 (INN)/\$18,200 (OON)	**\$8,800 (INN)/\$17,600 (OON)
Primary Care	\$50	\$50	\$50
Specialist Care	\$70 (after ded.)	\$70 (after ded.)	\$70 (after ded.)
Urgent Care	\$75	\$75	\$75
Emergency Room	\$450 (after ded.)	\$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)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
Combined 40 visit calendar year maximum, separate for each type			
Chiropractic Care	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
20 visit calendar maximum			
All Other Medical	40% (after ded.)	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)	\$20 / 50% / 50% / 40% (all but generic after ded., \$500 max per spec. script)
<b>2022 AVC Results</b>	<b>*64.33% - 64.47%</b>	<b>*64.32% - 64.82%</b>	<b>*64.38%-64.47%</b>

Vote

# Summary of 2021 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>2022 AVC Results</b>	<b>64.98%</b>

## Summary of 2022 Bronze HSA Plan AV

- Several plan modifications were considered for incorporating statutory diabetic services changes in to the Bronze HSA plan pursuant to IRS Guidance IRS (Notice N-19-45)
- Ensuring continued HSA/HDHP tax advantaged plan compliance was a primary consideration

# Summary of 2022 Bronze HSA Plan AV - Alts

	2021 Plan Design (Current)	Option 1 2022: State Legislation assuming maximum is combined for all supplies, with maximum in place between deductible and MOOP	Option 2 (variation of 1) 2022: State Legislation assuming maximum is combined for all supplies, with maximum in place between deductible and MOOP
Out-of-pocket Maximum	\$6,900 (INN)	\$7000 (INN) / \$14000 (OON)	\$7000 (INN) / \$14000 (OON)
Specialist Care	20% (after ded.)	20% (after ded.)	20% (after ded.) Retinopathy screening treated as preventive (\$0 copay, deductible waived)
Laboratory Services	20% (after ded.)	20% (after ded.)	20% (after ded.) Hemoglobin A1c testing treated as preventive (\$0 copay, deductible waived)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script);	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script);
Diabetic Equipment & Supplies	20% coinsurance per equipment/supply after plan deductible is met	**20% coinsurance	**20% coinsurance

\*\$25 maximum for each thirty-day supply of a medically necessary covered insulin drug; \$25 maximum for each 30-day supply of a medically necessary covered non-insulin drug. Maximums apply after in-network deductible is met.

\*\*20% coinsurance after in-network deductible is met to a \$100 maximum per month for all covered medically necessary equipment and supplies

Vote

# American Rescue Plan Update

# How ACA Financial Help (Premium Tax Credit) Works

**Premium Tax Credits** lower the monthly premium payment a consumer needs to make to the insurance company. It is an advance payment sent directly to the carrier from the federal government each month.

To qualify, a consumer:

- Must enroll in coverage through Access Health CT
- Cannot be eligible for other affordable healthcare coverage through their employer or a government program, such as HUSKY Health (Medicaid/CHIP)
- Must be a Connecticut resident, citizen, or lawful resident of the United States, and not in prison

## Eligibility

Individuals or families are eligible for financial help, or Premium Tax Credits (PTC), based on:

- **Annual Income:** Household's total expected income for the year
- **Household size:** Total number of people in the household that file taxes together
- **Home address:** where you live

## Premium Tax Credit (PTC)



## Consumer's Premium Payment



## Total Monthly Premium Amount





# Changes Impacting Connecticut's Individual Market

## American Rescue Plan (ARP) Changes:

- ✓ Increased Subsidies at and below 400% of Federal Poverty Level (FPL)
- ✓ Removal of the 400% FPL Subsidy Cliff
- ✓ Expanded eligibility for people receiving Unemployment Insurance
- ✓ 100% premium payment for those with COBRA coverage
- ✓ Premium Tax Reconciliation Relief for Tax Year 2020

Federal Poverty Level (FPL)	Contribution Rate Prior To ARP	Contribution Rate Post ARP (2021 - 2022)
Under 138%	2.07%	0.00%
138% – 150%	3.10% – 4.14%	0.00%
150% – 200%	4.14% – 6.52%	0.0% – 2.0%
200% – 250%	6.52% – 8.33%	2.0% – 4.0%
250% – 300%	8.33% – 9.83%	4.0% – 6.0%
300% – 400%	9.83%	6.0% – 8.5%
Over 400%	Not eligible for subsidies	8.50%

# Examples of ARP Impact (Current Customers Households)

## American Rescue Plan Household Level Examples of Monthly Premium Impact

Example	Household Size	Age	Income	FPL	Plan	Premium Tax Credits		Gross HH Premium	Net Premium (after PTC)		Expected Monthly Savings
						Pre-ARP	Post-ARP		Pre-ARP Net Premium	Post ARP Net Premium	
1	2	57, 60	\$25,000	145%	Silver	\$2,465	\$2,545	\$2,260	\$21	\$21	\$0
2	1	60	\$19,000	148%	Silver	\$1,168	\$1,232	\$1,235	\$67	\$3	\$64
3	1	64	\$35,000	275%	Silver	\$1,098	\$1,217	\$1,365	\$267	\$148	\$119
4	2	60, 61	\$68,244	396%	Gold	\$1,728	\$1,809	\$2,352	\$624	\$543	\$81
5	4	62, 63, 20, 18	\$107,000	408%	Bronze	\$0	\$3,050	\$3,323	\$3,323	\$8	\$3,315
6	3	57, 56, 18	\$110,000	506%	Bronze	\$0	\$1,801	\$1,813	\$1,813	\$17	\$1,796

# Estimated ARP Marketplace Impact

## Estimated Net Premium Savings After Contribution Table Update for Households

	Households	Total Monthly Savings	Average Monthly Savings - Household	Total Annual Savings	Average Annual Savings - Household
< 100	3,828	\$12,022	\$3.14	\$144,260	\$37.69
100 - 138	2,932	\$26,555	\$9.06	\$318,662	\$108.68
138 - 150	3,345	\$62,147	\$18.58	\$745,768	\$222.95
150 - 200	13,794	\$589,603	\$42.74	\$7,075,239	\$512.92
200 - 250	10,705	\$799,860	\$74.72	\$9,598,320	\$896.62
250 - 300	8,361	\$853,664	\$102.10	\$10,243,963	\$1,225.21
300 - 400	11,444	\$1,091,703	\$95.40	\$13,100,439	\$1,144.74
>= 400	7,162	\$3,687,892	\$514.92	\$44,254,707	\$6,179.10
<b>Grand Total</b>	<b>61,571</b>	<b>\$7,123,447</b>	<b>\$116</b>	<b>\$85,481,358</b>	<b>\$1,388</b>

- Expanded subsidy for people receiving unemployment insurance not considered
- New on-exchange enrollment spurred by increased subsidies not considered



16.7k households will not see additional savings since they already pay \$0 in EHB premium



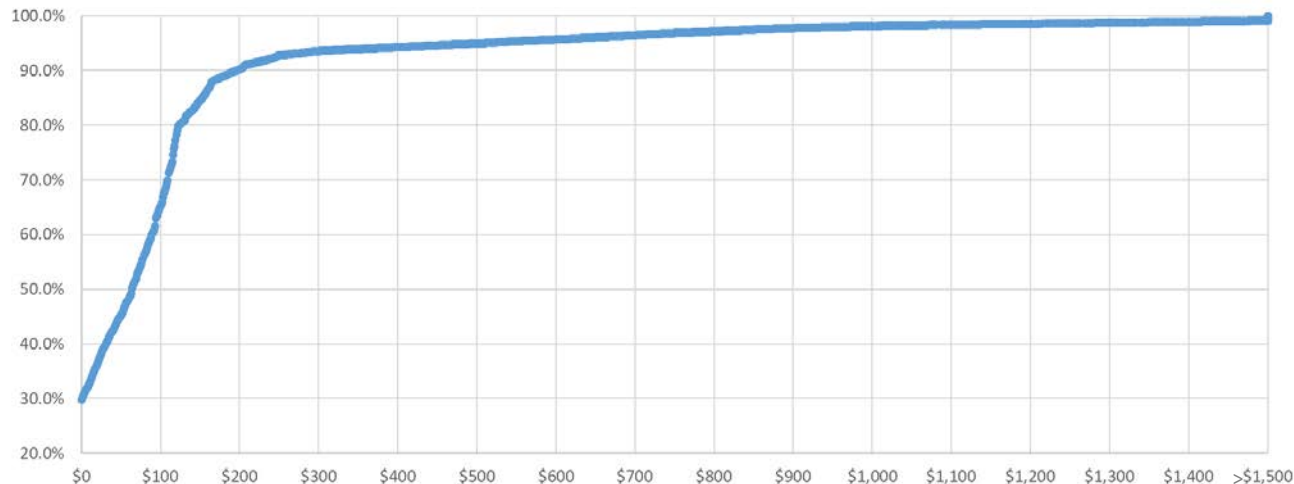
6k households will see over \$200 savings per month in current plan



34k households will be enrolled in a \$0 EHB premium plan. Up from 16k before American Rescue Plan.

# Estimated ARP Marketplace Impact

## Distribution of Monthly Household Savings By Cumulative % of Currently Enrolled Households



- Households who have not requested financial help (10.2k) have been excluded from this chart.
- 29.9% of currently enrolled households will not observe savings.
- .8% of enrolled households will have savings in excess of \$1,500 per month.

# American Rescue Plan Timeline

1) Expanded premium tax credits to become available to customers creating/updating their application  
2) Special Enrollment Period for “uninsured/underinsured/new financial help” opens

5/1

5/2 – 6/29

1) Automatically apply new APTC to eligible households  
2) Turn on unemployment insurance benefit rules to make additional APTCs available

6/30

7/1 – 8/14

End of expanded Special Enrollment Period

8/15

9/30

ARP COBRA premium assistance ends

2022 Open Enrollment

11/1

1) Communications to:  
• targeted customer groups that need to take manual action; delivered in waves to manage call volume efficiently  
• external stakeholders (CACs/Brokers/Community Partners); includes webinars  
2) Operational staffing increased to support increased volume

Communications to:  
• targeted customer groups for manual APTC updates; delivered in waves to support pre/post operational process  
• targeted acquisition groups; supported with continuous lead generation

CY2022

2021 Tax Filing Season

# Legal Update

# LEGAL UPDATE

- Public Charge
- California V. Texas
- ACA Litigation Currently on Hold

# Notice of Benefit and Payment Parameters PY 2022

## CMS Issued Partial Final Rule on January 14, 2021

- Reducing User Fees for FFM
- Changes for Acceptance of Premium Payments for HRAs
- Network Adequacy Standards for Certain QHPs
- New Direct Enrollment Options
- Changes Related to Section 1332 State Innovation Waivers

## Provisions to be Finalized

- Maximum-Out-of-Pocket Amount
- Verifications for SEPs
- SEP Eligibility for Decrease in Employer Contributions for COBRA
- Untimely Notice of Triggering Event for SEP
- Exchange Enrollee Newly Ineligible for PTC SEP



# Future Agenda Items

# Adjournment