



Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting
May 14, 2021

Agenda

- Call to Order and Introductions
- Public Comment
- Vote: Meeting Minutes (March 25, 2021)
- Status of 2022 Standardized Plans
- 2022 Individual Market Standard Plan Designs
 - Possible Votes
- Next Steps

Public Comment

Vote:

**Review and Approval of Minutes:
March 25, 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

Act with sincerity, credibility and self-awareness.

Integrity

Commit to doing the right thing with genuine intention.

Excellence

Aim high and challenge the status quo.

Ownership

Take responsibility and initiative.

One Team

Collaborate to succeed.

Passion

Dedication to creating opportunities for greater health and well-being.

Status of 2022 Standardized Plans

2022 Plan Design Development

- Previous meetings included discussion of plan design modifications related to:
 - Deductible for laboratory services
 - State legislation on diabetes effective January 2022
 - Connecticut Insurance Department guidance

AHCT Standardized Plans in Individual Market: Summary of Previously 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"> • \$25 for each thirty-day supply of a medically necessary covered insulin drug • \$25 for each thirty-day supply of a medically necessary covered non-insulin drug • \$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 	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)