



# Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting  
January 11, 2022

# Agenda

- **Call to Order**
- **Introductions**
  - Committee Membership
  - Staff
- **Purpose of the Committee**
- **Public Comment**
- **Vote: Meeting Minutes (May 14, 2021)**
- **AHCT Vision, Mission and Values**
- **Plan Management Certification Life Cycle**
- **2022 Individual Market Landscape**
- **Certification Requirements**
- **2023 Individual Market Standard Plan Designs**
- **2023 Plan Year Timeline**
- **HPBQ AC Meeting Schedule**
- **Next Steps**

# Public Comment

# **Vote**

**Review and Approval of Minutes:  
May 14, 2021 HPBQ AC**

# 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.

# Our Values in Action

## **Authenticity**

**Act with sincerity, credibility,  
& self-awareness**

- Be genuine and kind, empathetic and ethical
- Engage in constructive and actionable dialogue
- Contribute to creating a positive, fun, and friendly environment
- Be yourself; balance work, family, community, and self

## **Integrity**

**Commit to doing the right  
thing with genuine intention**

- Create an environment of open and honest communication
- Act in the best interest of employees and customers
- Deliver on commitments

## **Excellence**

**Aim high & challenge  
the status quo**

- Create opportunities to learn and grow
- Be knowledgeable and well informed
- Be innovative and resourceful
- Be open to new ideas; seek new perspectives
- Transform mistakes into learning experiences
- Exceed expectations

## **Ownership**

**Take responsibility & initiative**

- Embrace your superpower to create unique solutions
- Seek out knowledge and develop skills
- Be accountable for behaviors and actions
- Focus until you finish



## **One Team**

**Collaborate to succeed**

- Trust each other
- Respect and listen to others
- Foster team spirit
- Celebrate success and each other

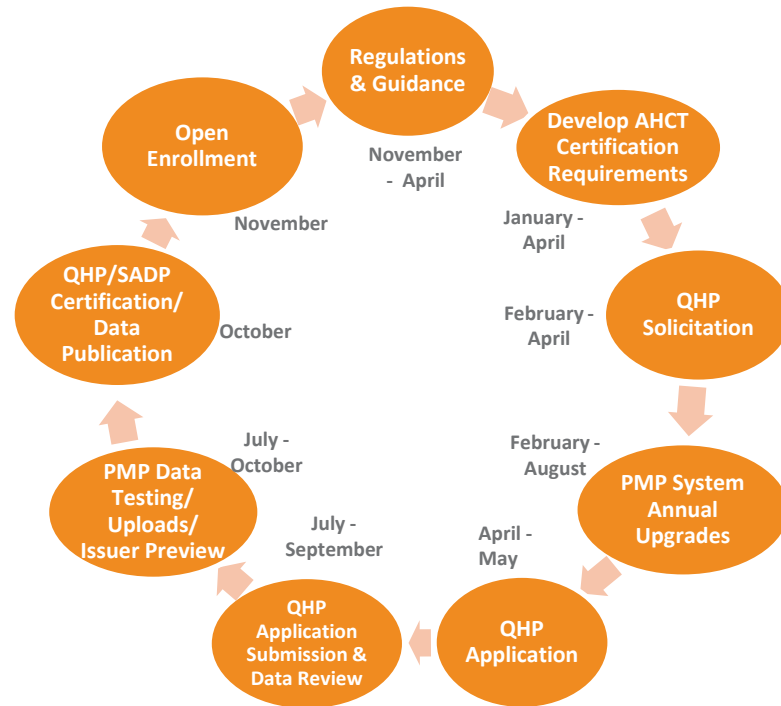
## **Passion**

**Dedication to creating  
opportunities for  
greater health & well-being**

- Commit to benefiting the lives of others
- Embrace challenges to overcome obstacles
- Demonstrate loyalty to our mission and vision

# Plan Management Certification Life Cycle

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.



The Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC) assesses the need for certification requirement changes each year.

# 2022 Individual Market Landscape

Information  
obtained from CID  
website:

<https://www.catalog.state.ct.us/cid/portalApps/HCFiling2022.aspx>

Carrier	Exchange Status	Platinum	Gold	Silver	Bronze	Catastrophic	Total
Anthem	Off		2	2	2	1	7
Anthem	On		4	1	4	1	10
CBI	On		4	1	5	1	11
CICI	On	1	2	1	2		6
CICI	Off		1	4			5
CCI	Off		1	2	3		6
Grand Total		1	14	11	16	3	45

Carrier	Exchange Status	EPO	HMO	POS	PPO	Total
Anthem	Off		7			7
Anthem	On		6		4	10
CBI	On			11		11
CICI	On	1		5		6
CICI	Off			5		5
CCI	Off		4	2		6
Grand Total		1	17	23	4	45



# 2022 On Exchange Individual Plans

For plan year 2022, there are 45 individual plans filed with the CID.

27 or 60% are available through the exchange.

Metal Level	HMO	POS	EPO	PPO
Catastrophic	1	1	0	0
Bronze	2	7	0	2
Silver	0	2	0	1
Gold	3	5	1	1
Platinum	0	1	0	0

The grid to the left displays the type of product by metal level offered on the Exchange.

**Total plans offered by Carrier:**

**Anthem (10)**

**CBI (11)**

**CICI (6)**

# Individual Plan Comparison

2022 “On & Off Exchange” Plans Filed Plans with CID

## Bronze

- 7 “On-Exchange” Bronze plans are lower in premium than any other filed Bronze plans.

## Silver

- 1 “On-Exchange” Silver plan is lower in premium than any other filed Silver plans.

## Gold

- 4 “On-Exchange” Gold plans are lower in premium than any other filed Gold plans.

## Platinum

- New for 2022 - 1 Platinum plan is now offered “On-Exchange”.
- Currently there are no Platinum plans offered Off-Exchange.

# Certification Requirements

Certification Requirements	Modified for 2022	2023 Suggested Topics
Essential Health Benefits (EHB) Benchmark Plan	✗	CMS EHB benchmark plan selection submission deadline: 5/7/2021 for 2023 (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	✗	✗
OTHER: <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)

✓ = Yes; ✗ = No

Access Health CT

# 2023 Individual Market Standard Plan Designs

January 11, 2022

PRESENTED BY

Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

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# Agenda

## 2023 Plan Design Review

- Proposed Regulatory Changes
- Proposed Federal Actuarial Value Calculator (AVC) Changes
- Statutory Changes
- Preliminary 2023 Calculator Results

# Regulation Changes for 2023

- Proposed annual limitation on cost sharing was increased to \$9,100 (from \$8,700 in 2022)
  - 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 proposed 2023 limits are:
    - 100-150% \*\*FPL: \$3,000/\$6,000 (single/family)
      - 2022 - \$2,900/\$5,800 (single/family)
    - 150%-200% \*\*FPL: \$3,000/\$6,000 (single/family)
      - 2022 - \$2,900/\$5,800 (single/family)
    - 200%-250% \*\*FPL: \$7,250/\$14,500 (single/family)
      - 2022 - \$6,950/\$13,900 (single/family)
  - Federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2023.
    - For 2022 the single deductible is set at a minimum of \$1,400 and the MOOP maximum limit is \$7,050.

# 2023 Regulatory Variables

- Income limits expanded under American Rescue Plan Act (ARPA) set to expire at end of 2022
  - Extension pending passage of Build Back Better Act or similar legislation
- Covered Connecticut, established July 2021
  - For eligible consumers, the State of CT pays the consumer portion of premium (must be enrolled in Silver CSR plan) and consumer portion of cost-sharing amounts
  - Eligibility Requirements:
    - For 7/1/2021, parents and caretaker relatives with children up to age 19 (18 and over must be full-time students) who are ineligible for Medicaid due to income (over 160% FPL up to 175% FPL)
    - For 7/1/2022, individuals who are ineligible for Medicaid due to income (over 138% up to 175% FPL)

# Proposed Changes to the Federal AVC for 2023

- The 2022 Federal AVC (prior year's calculator) had no update, whereas the 2023 Draft Federal AVC had updates (see third bullet below)
- The Federal AVC has not yet been finalized, changes to the final model may impact results
- Proposed changes to the 2023 Draft Calculator are as follows:
  - Data underlying the calculator was updated. Now based on 2018 individual and small group data trended to 2023
  - Trending of Data
    - Medical Trend: 5.4% Annually (2018-2021), 3.2% (2021-2022), 5.8% (2022-2023)
    - Pharmacy Trend: 8.7% Annually (2018-2021), 4.55% (2021-2022), 8.7/9%\* (2022-2023)
  - Demographic weights adjusted to reflect 2023 anticipated population
  - Proposed changes to metal level de minimis ranges

\*Both 8.7% and 9.0% reported in Draft 2023 AV Calculator Methodology



# Statutory Requirements for 2022 and Beyond

Connecticut Public Act 20-4 , Effective in 2022

*An Act Concerning Diabetes and High Deductible Health Plans*

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 a 30-day supply of all 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.

# Statutory Maximum Copays for 2023 Plans

## 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*

# Summary of 2023 Proposed AV Changes

Individual Market	Gold	Silver	Bronze	Bronze HSA
2022 Permissible AV Range	76.0%-82.0%	66.0%-72.0%	56.0%-65.0%	56.0%-65.0%
2023 Proposed AV Ranges	78.0% - 82.0%	70.0%-72.0%	58.0%-65.0%	58.0%-65.0%
2022 AV (Final)	81.60% - 81.76%	70.66% - 70.81%	64.52% - 64.70%	64.73% - 64.86%
2023 Draft AV Approx. Chg.	0.2% - 0.4% Increase	2.0% - 2.3% Increase	0.1% - 0.3% Increase	0.3% - 0.7% Decrease

Individual Market - CSR Plan Variations: Silver	73% AV CSR	87% AV CSR	94% AV CSR
2022 Permissible AV Range	72.0%-74.0%	86.0%-88.0%	93.0%-95.0%
2023 Proposed AV Ranges	73.0%-74.0%	87.0%-88.0%	94.0%-95.0%
2022 AV (Final)	72.83%-72.92%	87.23% - 87.93%	94.39% - 94.71%
2023 Draft AV Approx. Chg.	2.0% - 2.3% Increase	0.2% - 0.4% Increase	0.1% - 0.3% Increase

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

# Benefit Changes for 2023 Plans

## History – Changes Made in prior years

- 2022 – Lab services not subject to the deductible
- 2022 – Incorporate new state legislation concerning services related to diabetic care
- Change to Deductible & MOOP
- Changes to copays (lab copay, emergency room copay, split outpatient copay by facility type)
  - Other higher utilization benefits that'd potentially be more impactful within the AVC tool include: PCP copays, specialist copays, and generic drug copays

## New Legislation

- Age change for Dependent Dental from 19 to age 26
- Change has no impact on AV as non-essential health benefit

## *Other Reason for Changes to Plan Design*

- *Offset premium rate increases*

# 2022 Plan Design Overview

The plans have NOT been reviewed for Mental Health Parity compliance and have NOT been reviewed by Carriers

# 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 26)</b>
Diagnostic & Preventive
Basic Services
Major Services
Orthodontia Services (medically necessary)
<b>Pediatric Vision Care (for children under age 26)</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 likely persist in 2023.
- All plans include 'embedded' deductible approach (not aggregate)

# Summary of 2022 Gold Plan AV

Benefit Category	2022 Individual Market Gold Plan
Medical Deductible	\$1,300 (INN)/\$3,000 (OON)
Rx Deductible	\$50 (INN)/\$350 (OON)
Coinsurance	30%
Out-of-pocket Maximum	\$5,250 (INN)/\$10,500 (OON)
Primary Care	\$20
Specialist Care	\$40
Urgent Care	\$50
Emergency Room	\$400
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$65
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20
Chiropractic Care 20 visit calendar maximum	\$40
All Other Medical	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
<b>2022 AVC Results</b>	<b>81.60% - 81.76%</b>
<b>2023 Draft AVC Approximate Change</b>	<b>0.2% - 0.4% Increase</b>

## 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.



# Summary of 2022 Silver Plan AV

Benefit Category	2022 Individual Market Silver Plan	2022 Individual Market Silver Plan (73%)	2022 Individual Market Silver Plan (87%)	2022 Individual Market Silver Plan (94%)
Medical Deductible	\$4,300 (INN)/ \$8,600 (OON)	\$3,950	\$650	\$0
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250	\$50	\$0
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$8,600 (INN)/ \$17,200 (OON)	\$6,800	\$2,725	\$900
Primary Care	\$40	\$40	\$20	\$10
Specialist Care	\$60	\$60	\$45	\$30
Urgent Care	\$75	\$75	\$35	\$25
Emergency Room	\$450 (after ded.)	\$450 (after ded.)	\$150 (after ded.)	\$50
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$100 per day (after ded., \$400 max. per admission)	\$75 (300 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$60	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$30 (after ded.)	\$25
Laboratory Services	\$20	\$20	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$50	\$50	\$35	\$30
All Other Medical	40%	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
<b>2022 AVC Results</b>	<b>70.66%-70.81%</b>	<b>72.83%-72.92%</b>	<b>87.23% - 87.93%</b>	<b>94.39% - 94.71%</b>
<b>2023 Draft AVC Approximate Change</b>	<b>2.0% - 2.3% Increase</b>	<b>2.0% - 2.3% Increase</b>	<b>0.2% - 0.4% Increase</b>	<b>0.1% - 0.3% Increase</b>

# Summary of 2022 Bronze Non-HSA Plan AV

Benefit Category	2022 Bronze Non-HSA Plan
Combined Medical & Rx Deductible	\$6,550 (INN)/\$13,100 (OON)
Coinsurance	40%
Out-of-pocket Maximum	\$8,700 (INN)/\$17,400 (OON)
Primary Care	\$50
Specialist Care	\$70 (after ded.)
Urgent Care	\$75
Emergency Room	\$450 (after ded.)
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)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)
Laboratory Services	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 (after ded.)
Chiropractic Care (20 visit calendar maximum)	\$50 (after ded.)
All Other Medical	40% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
<b>2022 AVC Results</b>	<b>64.52% - 64.70%</b>
<b>2023 Draft AVC Approximate Change</b>	<b>0.1% - 0.3% Increase</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.

# Summary of 2022 Bronze HSA Plan AV

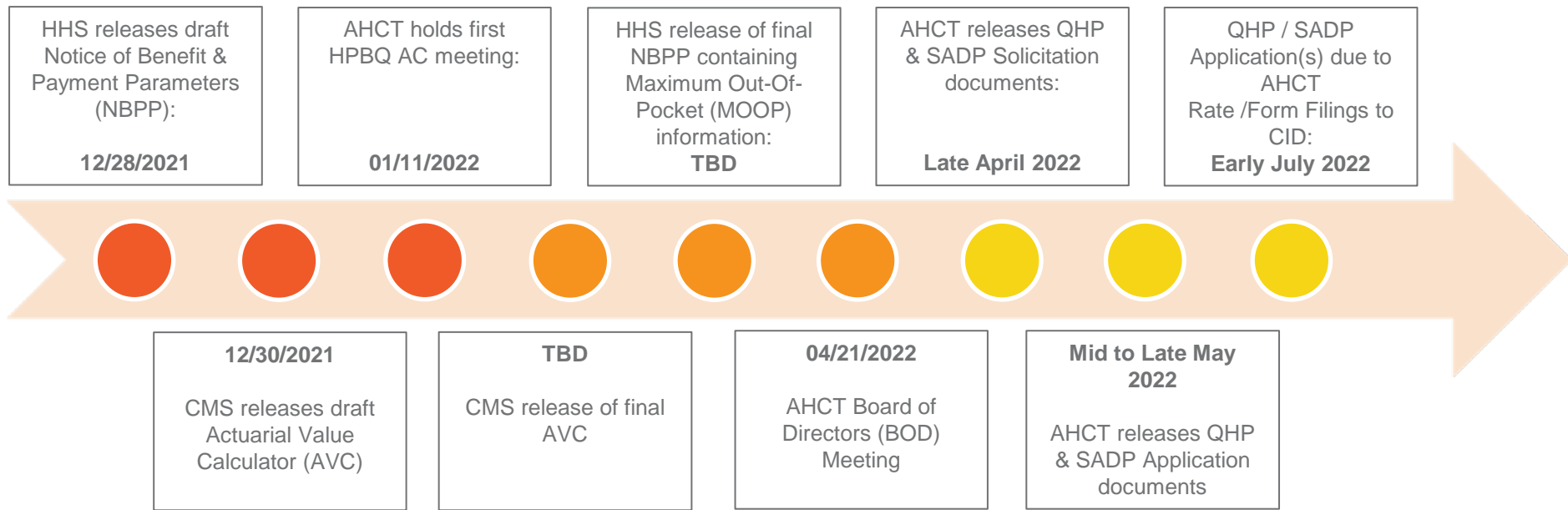
Benefit Category	2022 Bronze HSA Plan
Combined Medical & Rx Deductible	\$6,500 (INN)/ \$13,000 (OON)
Coinsurance	20%
Out-of-pocket Maximum	<b>\$7,000 (INN)</b> <b>/\$14,000 (OON)</b>
Primary Care, Specialist Care, Urgent Care, Emergency Room, Inpatient Hospital, Outpatient Hospital, Advanced Radiology (CT/PET Scan, MRI), Non-Advanced Radiology (X-ray, Diagnostic), Laboratory Services, Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational), Chiropractic Care	20% (after ded.)
Diabetic Supplies	*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>64.73% - 64.86%</b>
<b>2023 Draft AVC Approximate Change</b>	<b>0.3% - 0.7% Decrease</b>

- Not subject to deductible: 4 of the 6 items permitted per IRS Notice 2019-45 for individuals diagnosed with diabetes listed below (subject to plan coinsurance)
  - Insulin and other glucose lowering agents\*
  - Glucometer\*
  - Hemoglobin A1c testing
  - Retinopathy screening

\*State legislation maximum cost sharing applies (\$25 for each 30-day supply of a medically necessary covered insulin drug; \$25 for each 30-day supply of a medically necessary covered noninsulin drug; \$100 for a 30-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices)
- After deductible: maximums noted above to apply per state legislation on diabetes for any applicable service required by legislation but not included in IRS guidance noted above, such as blood glucose test strip, continuous glucometer, lancet, lancing device or insulin syringe

# 2023 Plan Year Timeline

## Development of Certification Requirements



# HPBQ AC Proposed Agendas

- **February 24, 2022**
  - 2022 Enrollment Overview
  - Certification requirements: proposed changes for 2023
  - AVC Results: impacts of draft 2023 tool on recommended changes for standardized plans (Wakely & carriers)
- **March 8, 2022**
  - Certification requirements: proposed changes for 2023
  - AVC Results: impacts of draft 2023 tool on recommended changes for standardized plans (Wakely & carriers)
- **March 30, 2022**
  - Certification requirements: recommendations for AHCT Board of Directors, including modifications to standardized plans for 2023

# Next Steps

# Appendix

# Reference Materials

HPBQ AC Meeting Date	Exhibit Title	Exhibit Number
1/11/2022	AHCT 2022 Standardized Plan – Gold	1.0
1/11/2022	AHCT 2022 Standardized Plan – Silver 70% AV	1.1
1/11/2022	AHCT 2022 Standardized Plan – Silver 73% AV	1.2
1/11/2022	AHCT 2022 Standardized Plan – Silver 87% AV	1.3
1/11/2022	AHCT 2022 Standardized Plan – Silver 94% AV	1.4
1/11/2022	AHCT 2022 Standardized Plan – Bronze	1.5
1/11/2022	AHCT 2022 Standardized Plan – Bronze HSA-Compatible	1.6
1/11/2022	CMS Coverage Map	2.0
1/11/2022	Affordable Care Act – Metal Levels	3.0
1/11/2022	Plan Design Development: AVC Benefit Cost Sharing Categories	4.0
1/11/2022	Pre-ARPA / ARPA Contribution Rates	5.0
1/11/2022	2022 Plan Mix: Number of Plans Required / Permitted per Issuer	6.0
1/11/2022	Copay Maximums – State Regulation: Imaging Services	7.0
1/11/2022	Copay Maximums – State Regulation: Physical Therapy & Occupational Therapy Services	7.1
1/11/2022	Cost Sharing Maximums – State Regulation: Medication and Supplies for Treatment of Diabetes	7.2
1/11/2022	Deductible and Coinsurance Maximums – Home Health Care Services	7.3
1/11/2022	United States Code (USC) – Title 26 Internal Revenue Code: Health Savings Accounts	8.0
1/11/2022	2022 Plan Actuarial Value: Individual Market (On-Exchange)	9.0
1/11/2022	2022 Plan Actuarial Value: Individual Market (Off-Exchange)	9.1
1/11/2022	Population Estimates - Connecticut Counties	10.0
1/11/2022	Individual Market: Age 21 Rates Approved by CID for 2022 Plan Year (Part 1 of 2)	11.0
1/11/2022	Individual Market: Age 21 Rates Approved by CID for 2022 Plan Year (Part 2 of 2)	11.1
1/11/2022	Average Marketplace Premiums - Bronze	12.0
1/11/2022	Average Marketplace Premiums - Silver	12.1
1/11/2022	Average Marketplace Premiums - Gold	12.2



# EXHIBIT 1.0

2022 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

Yellow shading represents change from 2021 Plan Year

Red, italic font identifies fields included in CMS Actuarial Value Calculator (AVC) tool

2022 Standard Gold		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
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*)</b> <i>*(skilled nursing facility stay is limited to 90 days per calendar year)</i>	\$500 copayment per day to a maximum of \$1,000 per admission after INET plan deductible	30% coinsurance per admission after OON medical deductible
Emergency and Urgent Care		
Ambulance Services	\$0 copay	\$0 copay
<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 26)		
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 26)		
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

NOTE: State legislation regarding cost sharing maximums for diabetes coverage is incorporated within plan design

# EXHIBIT 1.1

2022 Standard Silver - 70% AV		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical)</b>	\$4,300	\$8,600
Deductible: Family (medical)	\$8,600	\$17,200
<b>Deductible: Individual (prescription)</b>	\$250	\$500
Deductible: Family (prescription)	\$500	\$1,000
<b>Out-of-Pocket Maximum: Individual</b>	\$8,600	\$17,200
Out-of-Pocket Maximum: Family	\$17,200	\$34,400
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>	\$20 copayment per service	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 \$200 per prescription after INET prescription drug deductible	40% 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>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible

Yellow shading represents change from 2021 Plan Year

Red, italic font identifies fields included in CMS Actuarial Value Calculator (AVC) tool

2022 Standard Silver - 70% AV		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
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 26)		
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 26)		
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

# EXHIBIT 1.2

2022 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>	\$6,800	\$17,200
Out-of-Pocket Maximum: Family	\$13,600	\$34,400
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>	\$20 copayment per service	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 (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible

Yellow shading represents change from 2021 Plan Year

Red, italic font identifies fields included in CMS Actuarial Value Calculator (AVC) tool

2022 Standard Silver 73%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
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 26)		
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 26)		
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

# EXHIBIT 1.3

2022 Standard Silver 87%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical)</b>	\$650	\$8,600
Deductible: Family (medical)	\$1,300	\$17,200
<b>Deductible: Individual (prescription)</b>	\$50	\$500
Deductible: Family (prescription)	\$100	\$1,000
<b>Out-of-Pocket Maximum: Individual</b>	\$2,725	\$17,200
Out-of-Pocket Maximum: Family	\$5,450	\$34,400
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>	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible
<b>Specialist Office Visits</b>	\$45 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
<b>Advanced Radiology (CT/PET Scan, MRI)</b>	\$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
<b>Laboratory Services</b>	\$10 copayment per service	40% coinsurance per service after OON medical deductible
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>	\$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)		
<b>Tier 1</b>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 2</b>	\$25 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<b>Tier 3</b>	\$40 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 \$60 per prescription after INET prescription drug deductible	40% 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	40% 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	40% coinsurance per visit after OON medical deductible

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2022 Standard Silver 87%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
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
<b>Outpatient Services (in a hospital or ambulatory facility)</b>	\$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		
<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>	\$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
<b>Emergency Room</b>	\$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 26)		
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 26)		
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

# EXHIBIT 1.4

2022 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	\$17,200
Out-of-Pocket Maximum: Family	\$1,800	\$34,400
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 (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$20 copayment per visit	40% 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	40% coinsurance per visit after OON medical deductible

2022 Standard Silver 94%		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
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> <i>*(skilled nursing facility stay is limited to 90 days per calendar year)</i>	\$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 26)		
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 26)		
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 2021 Plan Year

Red, italic font identifies fields included in CMS Actuarial Value Calculator (AVC) tool

# EXHIBIT 1.5

2022 Standard Bronze (Non-HSA)		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical &amp; Rx)</b>	\$6,550	\$13,100
Deductible: Family (medical & Rx)	\$13,100	\$26,200
<b>Out-of-Pocket Maximum: Individual</b>	\$8,700	\$17,400
Out-of-Pocket Maximum: Family	\$17,400	\$34,800
Provider Office Visits		
<b>Preventive Visit (Adult/Child)</b>	\$0	50% coinsurance
<b>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</b>	\$50 copayment per visit	50% coinsurance per visit after OON deductible
<b>Specialist Office Visits</b>	\$70 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
Outpatient Diagnostic Services		
<b>Advanced Radiology (CT/PET Scan, MRI)</b>	\$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
<b>Laboratory Services</b>	\$20 copayment per service	50% coinsurance per service after OON deductible
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>	\$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)		
<b>Tier 1</b>	\$20 copayment per prescription	50% coinsurance per prescription after OON deductible
<b>Tier 2</b>	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
<b>Tier 3</b>	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
<b>Tier 4</b>	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		
<b>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
<b>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible

2022 Standard Bronze (Non-HSA)		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
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
<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)	50% coinsurance per visit after OON 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 \$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
<b>Emergency Room</b>	\$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 26)		
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 26)		
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

Yellow shading represents change from 2021 Plan Year

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2022 Standard Bronze HSA		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<b>Deductible: Individual (medical &amp; Rx)</b>	\$6,500	\$13,000
Deductible: Family (medical & Rx)	\$13,000	\$26,000
<b>Out-of-Pocket Maximum: Individual</b>	\$7,000	\$14,000
Out-of-Pocket Maximum: Family	\$14,000	\$28,000
Provider Office Visits		
<b>Preventive Visit (Adult/Child)</b>	\$0	50% coinsurance
<b>Provider Office Visits (Primary Care, Mental &amp; Behavioral Health, Substance Abuse)</b>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON deductible
<b>Specialist Office Visits</b>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON deductible
Outpatient Diagnostic Services		
<b>Advanced Radiology (CT/PET Scan, MRI)</b>	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON deductible
<b>Laboratory Services</b>	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON deductible
<b>Non-Advanced Radiology (X-ray, Diagnostic)</b>	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)		
<b>Tier 1</b>	20% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<b>Tier 2</b>	25% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<b>Tier 3</b>	30% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<b>Tier 4</b>	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		
<b>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<b>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</b>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met

Yellow shading represents change from 2021 Plan Year

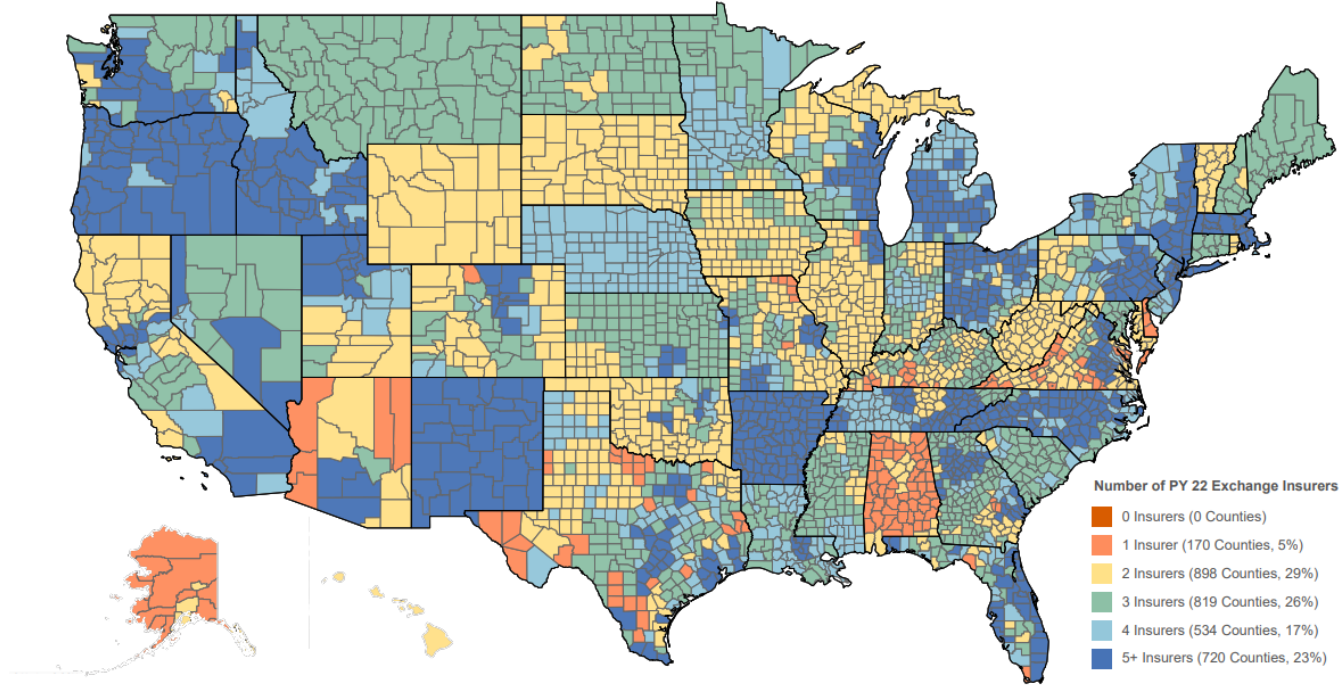
Red, italic font identifies fields included in CMS Actuarial Value Calculator (AVC) tool

2022 Standard Bronze HSA		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
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
<b>Outpatient Services (in a hospital or ambulatory facility)</b>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
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>	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
<b>Emergency Room</b>	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 26)		
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 26)		
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



# CMS Coverage Map

County by County Plan Year 2022 Insurer Participation in Health Insurance Exchanges



Released by CMS  
11/01/2021

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

- Federally-Facilitated Exchange (FFE) data reflected on this map are point in time as of 10/08/2021.

- State-Based Exchange (SBE) data are self-reported from the Exchanges to CMS and are point in time as of 10/21/2021 for CA, CO, CT, DC, ID, KY, MA, MD, ME, MN, NJ, NM, NV, NY, PA, RI, VT and WA.



# Affordable Care Act – Metal Levels

## Metal Levels: Actuarial Value & Average Overall Cost of Providing Essential Health



\*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%

The above does not include proposed changes for 2023

AV represents percentage of total average costs for covered in-network EHB covered by a health plan.

# Plan Design Development:

## AVC Benefit Cost Sharing Categories

<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

# Pre-ARPA/ ARPA Contribution Rates

**Table 1: Percent of Income Paid for Marketplace Benchmark Silver Premium, by Income**

Income (% of poverty)	Affordable Care Act (before legislative change)	COVID-19 Relief (current law 2021-2022)
Under 100%	Not eligible for subsidies*	Not eligible for subsidies**
100% – 138%	2.07%	0.0%
138% – 150%	3.10% – 4.14%	0.0%
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	8.5%

NOTES: \*Lawfully present immigrants whose household incomes are below 100% FPL and are not otherwise eligible for Medicaid are eligible for tax subsidies through the Marketplace if they meet all other eligibility requirements.

\*\*In the COVID-19 relief law, lawfully present immigrants in states that have not expanded Medicaid would continue to be eligible for marketplace subsidies. In addition, people receiving Unemployment Insurance (UI) are treated as though their income is no more than 133% of poverty for the purposes of the premium tax credit. This could extend premium tax credits to some individuals with incomes below poverty.

SOURCE: KFF

# 2022 Plan Mix

Plans required/permitted per Issuer by market:

	INDIVIDUAL MARKET		SHOP	
Metal Level	Standardized Plans (Required)	Non-Standard Plans (Optional)	Required*	Optional
Platinum	0	2	0	4
Gold	1	3	1	5
Silver	1	0	2	4
Bronze	2	3	2	2
Catastrophic	0	1	0	0
Total	4	9	5	15
Maximum	13		20	

\*While SHOP participants are required to offer specific metal levels, standardized plans are not required.

# Copay Maximums

## State Regulation:

### 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:

### 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:

### Mandatory coverage for diabetes testing and treatment -

- **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)**
- **Connecticut General Statute (CGS)**
  - 38a-492d (individual health insurance policy)
  - 38a-518d (group health insurance policy)
- **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
  - Effective January 1, 2022

# Deductible & Coinsurance Maximums

## State Regulation:

### 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

### 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).*

# 2022 Plan Actuarial Value:

## Individual Market - On Exchange

Metal Level	Carrier Short Name	Plan Name	CSR Variant Level	Renewal Status	Exchange Status	AV per Screenshot	AV per URRT
Catastrophic	CBI	Choice Catastrophic POS with Dental	N/A	Renewing	Yes	0.6122	0.612
Catastrophic	Anth	Catastrophic HMO Pathway Enhanced	N/A	Renewing	Yes	0.6276	0.630
Bronze	CBI	Choice Bronze Standard POS	N/A	Renewing	Yes	0.6485	0.648
Bronze	CBI	Choice Bronze Standard POS HSA	N/A	Renewing	Yes	0.6489	0.649
Bronze	CBI	Passage Bronze Alternative PCP POS	N/A	Renewing	Yes	0.6435	0.645
Bronze	CBI	Choice Bronze Alternative POS with Dental	N/A	Renewing	Yes	0.6496	0.650
Bronze	CBI	Choice Bronze Alternative POS	N/A	Renewing	Yes	0.6423	0.642
Bronze	Anth	Bronze HMO Pathway Enhanced Tiered	N/A	Renewing	Yes	0.6456	0.648
Bronze	Anth	Bronze HMO BlueCare Prime with Added Dental and Vision Benefits	N/A	Renewing	Yes	0.6476	0.650
Bronze	Anth	Bronze PPO Standard Pathway	N/A	Renewing	Yes	0.6452	0.643
Bronze	Anth	Bronze PPO Standard Pathway for HSA	N/A	Renewing	Yes	0.6473	0.650
Bronze	CICI	FlexPOS Bronze Standard	N/A	New	Yes	0.6469	0.648
Bronze	CICI	FlexPOS Bronze Standard HSA	N/A	New	Yes	0.6473	0.649
Silver	CBI	Choice Silver Standard POS	N/A	Renewing	Yes	0.7111	0.711
Silver	CBI	Choice Silver Standard POS	73% CSR	Renewing	Yes	N/A	N/A
Silver	CBI	Choice Silver Standard POS	87% CSR	Renewing	Yes	N/A	N/A
Silver	CBI	Choice Silver Standard POS	94% CSR	Renewing	Yes	N/A	N/A
Silver	Anth	Silver PPO Standard Pathway	N/A	Renewing	Yes	0.7066	0.707
Silver	Anth	Silver PPO Standard Pathway	73% CSR	Renewing	Yes	0.7283	N/A
Silver	Anth	Silver PPO Standard Pathway	87% CSR	Renewing	Yes	0.8793	N/A
Silver	Anth	Silver PPO Standard Pathway	94% CSR	Renewing	Yes	0.9471	N/A
Silver	CICI	FlexPOS Silver Standard	N/A	New	Yes	0.7095	0.711
Silver	CICI	FlexPOS Silver Standard	73% CSR	New	Yes	0.7308	N/A
Silver	CICI	FlexPOS Silver Standard	87% CSR	New	Yes	0.8728	N/A
Silver	CICI	FlexPOS Silver Standard	94% CSR	New	Yes	0.9441	N/A
Gold	CBI	Choice Gold Standard POS	N/A	Renewing	Yes	0.8198	0.820
Gold	CBI	Choice Gold Alternative POS with Dental	N/A	Renewing	Yes	0.7739	0.774
Gold	CBI	Choice Gold Alternative POS	N/A	Renewing	Yes	0.7661	0.765
Gold	CBI	Compass Gold Alternative POS	N/A	Renewing	Yes	0.7661	0.766
Gold	Anth	Gold HMO Pathway Enhanced Tiered	N/A	Renewing	Yes	0.7795	0.780
Gold	Anth	Gold HMO BlueCare Prime with Added Dental and Vision Benefits	N/A	Renewing	Yes	0.7655	0.766
Gold	Anth	Gold HMO BlueCare Prime	N/A	New	Yes	0.7729	Not avail
Gold	Anth	Gold PPO Standard Pathway	N/A	Renewing	Yes	0.8161	0.816
Gold	CICI	FlexPOS Gold Standard	N/A	New	Yes	0.8182	0.820
Gold	CICI	Compass EPO Gold Alternative	N/A	New	Yes	0.7606	0.765
Platinum	CICI	FlexPOS Platinum Alternative	N/A	New	Yes	0.8586	0.860

2022 On-Exchange Plans:  
Information obtained from  
Connecticut Insurance Department  
(CID) Rate Filings

### Abbreviations:

Anth: Anthem Blue Cross and Blue Shield  
CBI: ConnectiCare Benefits, Inc.  
CICI: ConnectiCare Insurance Company, Inc.

CSR: Cost Sharing Reduction  
AV: Actuarial Value  
URRT: Unified Rate Review Template

# 2022 Plan Actuarial Value:

## Individual Market - Off Exchange

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	No	0.6276	0.630
Bronze	Anth	Anthem Bronze HMO Pathway Enhanced 6200/12400/40% for HSA	N/A	Renewing	No	0.6475	0.648
Bronze	Anth	Anthem Bronze HMO BlueCare Prime 8500/50%	N/A	Renewing	No	0.6409	0.649
Bronze	Anth	Anthem Bronze HMO Pathway Enhanced Tiered 6100/7100/0%/50%	N/A	Renewing	No	Not avail	0.648
Bronze	CICI	Choice SOLO POS HSA Coins. \$6,250 ded.	N/A	Terminated	No	N/A	N/A
Silver	Anth	Anthem Silver HMO BlueCare Prime 5100/30%	N/A	Renewing	No	0.6733	0.675
Silver	Anth	Anthem Silver HMO Pathway Enhanced Tiered 2600/6500/10%/40%	N/A	Renewing	No	Not avail	0.719
Silver	Anth	Anthem Silver HMO Pathway Enhanced Tiered 2800/3800/10%/40% for	N/A	Renewing	No	0.7026	0.703
Silver	CICI	Choice SOLO POS HSA Coins. \$3,500 ded.	N/A	Renewing	No	0.6771	0.679
Silver	CICI	Choice SOLO POS Copay/Coins. \$5,500 ded.	N/A	Renewing	No	0.7021	0.704
Silver	CICI	Choice SOLO POS Coins. \$3,250 ded.	N/A	Renewing	No	0.6892	0.691
Silver	CICI	Choice SOLO POS Copay/Coins. \$5,000 30% ded.	N/A	Renewing	No	0.6799	0.681
Gold	Anth	Anthem Gold HMO Pathway Enhanced Tiered 2000/3000/10%/30%	N/A	Renewing	No	0.785	0.786
Gold	Anth	Anthem Gold HMO BlueCare Prime 2500/20%	N/A	Renewing	No	0.7638	0.765
Gold	CICI	Passage SOLO POS Copay/Coins. \$2,500 ded.	N/A	Renewing	No	0.7622	0.764

2022 On-Exchange Plans:  
Information obtained from  
Connecticut Insurance Department  
(CID) Rate Filings

### Abbreviations:

Anth: Anthem Blue Cross and Blue Shield  
CBI: ConnectiCare Benefits, Inc.  
CICI: ConnectiCare Insurance Company, Inc.

CSR: Cost Sharing Reduction  
AV: Actuarial Value  
URRT: Unified Rate Review Template

# Population Estimates

Connecticut Counties\*

## Annual Estimates of the Resident Population for Counties in Connecticut: April 1, 2010 to July 1, 2019; April 1, 2020; and July 1, 2020.

Geography	4/1/2010		Population Estimate (as of July 1)										
	Census	Estimates Base	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
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	943,542
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	890,395
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	179,937
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	161,950
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	852,944
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	265,329
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	150,731
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	116,666
<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>	<b>3,561,494</b>

\*Source: U.S. Census Bureau, Population Division:

2010 – 2019 data - <https://www.census.gov/data/datasets/time-series/demo/popest/2010s-counties-total.html>

2020 data - <https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-counties-total.html>

# Individual Market:

## Age 21 Rates Approved by CID for 2022 Plan Year (Part 1 of 2)

Carrier	Plan Name	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank	Age 21 Rate	Rank
CBI	Choice Catastrophic POS with Dental	188.61	1	161.15	1	174.25	1	174.13	1	174.13	1	174.25	1	174.25	1	174.25	1
Anth	Catastrophic HMO Pathway Enhanced	242.00	2	207.12	2	202.76	2	222.38	2	222.38	2	202.76	2	202.76	2	202.76	2
Anth	Anthem HMO Catastrophic Pathway Enhanced 8550/0%	242.00	2	207.12	2	202.76	2	222.38	2	222.38	2	202.76	2	202.76	2	202.76	2
CBI	Passage Bronze Alternative PCP POS	351.31	4	300.18	4	324.57	4	324.35	4	324.35	4	324.57	4	324.57	4	324.57	4
CBI	Choice Bronze Standard POS HSA	366.45	5	313.11	5	338.56	6	338.32	5	338.32	5	338.56	6	338.56	6	338.56	6
CBI	Choice Bronze Alternative POS	369.25	6	315.51	6	341.15	9	340.91	6	340.91	6	341.15	9	341.15	9	341.15	9
CBI	Choice Bronze Alternative POS with Dental	375.29	7	320.67	7	346.73	10	346.49	7	346.49	7	346.73	10	346.73	10	346.73	10
CBI	Choice Bronze Standard POS	378.57	8	323.47	8	349.76	11	349.52	8	349.52	8	349.76	11	349.76	11	349.76	11
Anth	Bronze HMO Pathway Enhanced Tiered	402.36	9	344.36	9	337.11	5	369.74	9	369.74	9	337.11	5	337.11	5	337.11	5
CICI	FlexPOS Bronze Standard HSA	402.83	10	348.97	12	357.13	12	373.65	12	375.60	12	358.35	12	366.40	14	360.30	12
Anth	Bronze HMO BlueCare Prime with Added Dental and Vision Benefits	406.01	11	347.48	10	340.17	7	373.09	10	373.09	10	340.17	7	340.17	7	340.17	7
Anth	Anthem Bronze HMO BlueCare Prime 8500/50%	406.40	12	347.82	11	340.49	8	373.44	11	373.44	11	340.49	8	340.49	8	340.49	8
CICI	FlexPOS Bronze Standard	416.15	13	360.51	13	368.94	18	386.01	13	388.03	13	370.20	18	378.52	21	372.22	19
CCI	Passage SOLO HMO Copay/Coins. \$7000 ded.	427.57	14	363.68	14	362.19	13	398.56	14	398.56	14	364.85	13	364.85	12	364.85	13
Anth	Gold HMO BlueCare Prime	436.54	15	373.62	15	365.75	14	401.15	15	401.15	15	365.75	14	365.75	13	365.75	14
Anth	Gold HMO Pathway Enhanced Tiered	437.42	16	374.37	16	366.48	15	401.95	16	401.95	16	366.48	15	366.48	15	366.48	15
Anth	Gold HMO BlueCare Prime with Added Dental and Vision Benefits	439.85	17	376.45	18	368.52	16	404.19	17	404.19	17	368.52	16	368.52	16	368.52	16
Anth	Anthem Bronze HMO Pathway Enhanced 6200/12400/40% for HSA	439.99	18	376.57	19	368.64	17	404.32	18	404.32	18	368.64	17	368.64	17	368.64	17
CCI	Choice SOLO HMO HSA \$6,500 ded.	441.85	19	375.83	17	374.29	20	411.88	20	411.88	20	377.04	20	377.04	19	377.04	20
CCI	Choice SOLO POS HSA Coins. \$6,500 ded.	442.91	20	376.74	20	375.18	21	412.87	21	412.87	21	377.94	21	377.94	20	377.94	21
Anth	Bronze PPO Standard Pathway for HSA	443.01	21	379.15	21	371.17	19	407.09	19	407.09	19	371.17	19	371.17	18	371.17	18
CBI	Choice Silver Standard POS	452.75	22	386.86	22	418.29	27	418.00	22	418.00	22	418.29	27	418.29	27	418.29	27
CCI	Choice SOLO HMO Copay/Coins. \$7,500 ded.	458.40	23	389.91	23	388.30	23	427.30	24	427.30	24	391.16	23	391.16	23	391.16	23
CCI	Choice SOLO POS Copay/Coins. \$4,500 40% ded.	460.37	24	391.58	24	389.97	24	429.13	25	429.13	25	392.83	24	392.83	24	392.83	24

Catastrophic
Bronze
Silver
Gold
Platinum

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

*Exhibit  
sorted in  
rank order  
by  
Fairfield  
County  
rates*

# Individual Market:

## Age 21 Rates Approved by CID for 2022 Plan Year (Part 2 of 2)

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>Anth</b>	<b>Bronze PPO Standard Pathway</b>	<b>462.80</b>	<b>25</b>	<b>396.09</b>	<b>25</b>	<b>387.75</b>	<b>22</b>	<b>425.27</b>	<b>23</b>	<b>425.27</b>	<b>23</b>	<b>387.75</b>	<b>22</b>	<b>387.75</b>	<b>22</b>	<b>387.75</b>	<b>22</b>
<b>CICI</b>	<b>Compass EPO Gold Alternative</b>	<b>480.12</b>	<b>26</b>	<b>415.92</b>	<b>27</b>	<b>425.65</b>	<b>28</b>	<b>445.35</b>	<b>27</b>	<b>447.67</b>	<b>27</b>	<b>427.10</b>	<b>28</b>	<b>436.70</b>	<b>29</b>	<b>429.43</b>	<b>28</b>
Anth	Anthem Silver HMO BlueCare Prime 5100/30%	484.05	27	414.27	26	405.55	25	444.80	26	444.80	26	405.55	25	405.55	25	405.55	25
<b>CICI</b>	<b>FlexPOS Silver Standard</b>	<b>487.94</b>	<b>28</b>	<b>422.70</b>	<b>29</b>	<b>432.59</b>	<b>29</b>	<b>452.60</b>	<b>29</b>	<b>454.97</b>	<b>29</b>	<b>434.06</b>	<b>29</b>	<b>443.82</b>	<b>30</b>	<b>436.43</b>	<b>29</b>
Anth	Anthem Silver HMO Pathway Enhanced Tiered 2800/3800/10%/40% for HSA	491.58	29	420.73	28	411.87	26	451.73	28	451.73	28	411.87	26	411.87	26	411.87	26
<b>CBI</b>	<b>Compass Gold Alternative POS</b>	<b>509.40</b>	<b>30</b>	<b>435.26</b>	<b>30</b>	<b>470.63</b>	<b>37</b>	<b>470.31</b>	<b>30</b>	<b>470.31</b>	<b>30</b>	<b>470.63</b>	<b>37</b>	<b>470.63</b>	<b>36</b>	<b>470.63</b>	<b>37</b>
<b>CICI</b>	<b>Choice SOLO POS Coins. \$3,250 ded.</b>	<b>509.52</b>	<b>31</b>	<b>441.39</b>	<b>32</b>	<b>451.71</b>	<b>32</b>	<b>472.62</b>	<b>31</b>	<b>475.08</b>	<b>31</b>	<b>453.26</b>	<b>31</b>	<b>463.44</b>	<b>34</b>	<b>455.73</b>	<b>32</b>
<b>CBI</b>	<b>Choice Gold Alternative POS</b>	<b>515.08</b>	<b>32</b>	<b>440.11</b>	<b>31</b>	<b>475.88</b>	<b>39</b>	<b>475.55</b>	<b>32</b>	<b>475.55</b>	<b>32</b>	<b>475.88</b>	<b>39</b>	<b>475.88</b>	<b>38</b>	<b>475.88</b>	<b>38</b>
<b>CICI</b>	<b>Choice SOLO POS HSA Coins. \$3,500 ded.</b>	<b>515.94</b>	<b>33</b>	<b>446.96</b>	<b>34</b>	<b>457.41</b>	<b>35</b>	<b>478.58</b>	<b>33</b>	<b>481.08</b>	<b>34</b>	<b>458.97</b>	<b>35</b>	<b>469.29</b>	<b>35</b>	<b>461.47</b>	<b>35</b>
<b>CICI</b>	<b>Choice SOLO POS Copay/Coins. \$5,000 30% ded.</b>	<b>520.91</b>	<b>34</b>	<b>451.26</b>	<b>35</b>	<b>461.81</b>	<b>36</b>	<b>483.18</b>	<b>35</b>	<b>485.70</b>	<b>35</b>	<b>463.39</b>	<b>36</b>	<b>473.80</b>	<b>37</b>	<b>465.91</b>	<b>36</b>
<b>Anth</b>	<b>Silver PPO Standard Pathway</b>	<b>521.20</b>	<b>35</b>	<b>446.07</b>	<b>33</b>	<b>436.68</b>	<b>30</b>	<b>478.94</b>	<b>34</b>	<b>478.94</b>	<b>33</b>	<b>436.68</b>	<b>30</b>	<b>436.68</b>	<b>28</b>	<b>436.68</b>	<b>30</b>
<b>CBI</b>	<b>Choice Gold Alternative POS with Dental</b>	<b>530.11</b>	<b>36</b>	<b>452.96</b>	<b>37</b>	<b>489.77</b>	<b>40</b>	<b>489.43</b>	<b>36</b>	<b>489.43</b>	<b>36</b>	<b>489.77</b>	<b>40</b>	<b>489.77</b>	<b>40</b>	<b>489.77</b>	<b>40</b>
<b>CCI</b>	<b>Choice SOLO HMO Copay/Coins. \$2,500 ded.</b>	<b>531.88</b>	<b>37</b>	<b>452.41</b>	<b>36</b>	<b>450.55</b>	<b>31</b>	<b>495.80</b>	<b>38</b>	<b>495.80</b>	<b>37</b>	<b>453.86</b>	<b>32</b>	<b>453.86</b>	<b>31</b>	<b>453.86</b>	<b>31</b>
<b>CICI</b>	<b>Choice SOLO POS Copay/Coins. \$5,500 ded.</b>	<b>533.88</b>	<b>38</b>	<b>462.50</b>	<b>38</b>	<b>473.31</b>	<b>38</b>	<b>495.22</b>	<b>37</b>	<b>497.80</b>	<b>38</b>	<b>474.93</b>	<b>38</b>	<b>485.60</b>	<b>39</b>	<b>477.52</b>	<b>39</b>
Anth	Anthem Gold HMO BlueCare Prime 2500/20%	544.97	39	466.42	39	456.60	33	500.79	39	500.79	39	456.60	33	456.60	32	456.60	33
Anth	Anthem Gold HMO Pathway Enhanced Tiered 2000/3000/10%/30%	545.22	40	466.63	40	456.80	34	501.01	40	501.01	40	456.80	34	456.80	33	456.80	34
<b>CICI</b>	<b>FlexPOS Gold Standard</b>	<b>558.76</b>	<b>41</b>	<b>484.05</b>	<b>41</b>	<b>495.37</b>	<b>41</b>	<b>518.30</b>	<b>41</b>	<b>521.00</b>	<b>41</b>	<b>497.07</b>	<b>41</b>	<b>508.24</b>	<b>41</b>	<b>499.77</b>	<b>41</b>
<b>CICI</b>	<b>FlexPOS Platinum Alternative</b>	<b>559.03</b>	<b>42</b>	<b>484.28</b>	<b>42</b>	<b>495.61</b>	<b>42</b>	<b>518.54</b>	<b>42</b>	<b>521.25</b>	<b>42</b>	<b>497.30</b>	<b>42</b>	<b>508.48</b>	<b>42</b>	<b>500.01</b>	<b>42</b>
<b>CBI</b>	<b>Choice Gold Standard POS</b>	<b>586.69</b>	<b>43</b>	<b>501.30</b>	<b>43</b>	<b>542.04</b>	<b>44</b>	<b>541.66</b>	<b>43</b>	<b>541.66</b>	<b>43</b>	<b>542.04</b>	<b>44</b>	<b>542.04</b>	<b>43</b>	<b>542.04</b>	<b>43</b>
<b>CICI</b>	<b>Passage SOLO POS Copay/Coins. \$2,500 ded.</b>	<b>607.81</b>	<b>44</b>	<b>526.54</b>	<b>44</b>	<b>538.85</b>	<b>43</b>	<b>563.79</b>	<b>44</b>	<b>566.73</b>	<b>44</b>	<b>540.69</b>	<b>43</b>	<b>552.85</b>	<b>44</b>	<b>543.64</b>	<b>44</b>
<b>Anth</b>	<b>Gold PPO Standard Pathway</b>	<b>890.30</b>	<b>45</b>	<b>761.97</b>	<b>45</b>	<b>745.92</b>	<b>45</b>	<b>818.11</b>	<b>45</b>	<b>818.11</b>	<b>45</b>	<b>745.92</b>	<b>45</b>	<b>745.92</b>	<b>45</b>	<b>745.92</b>	<b>45</b>

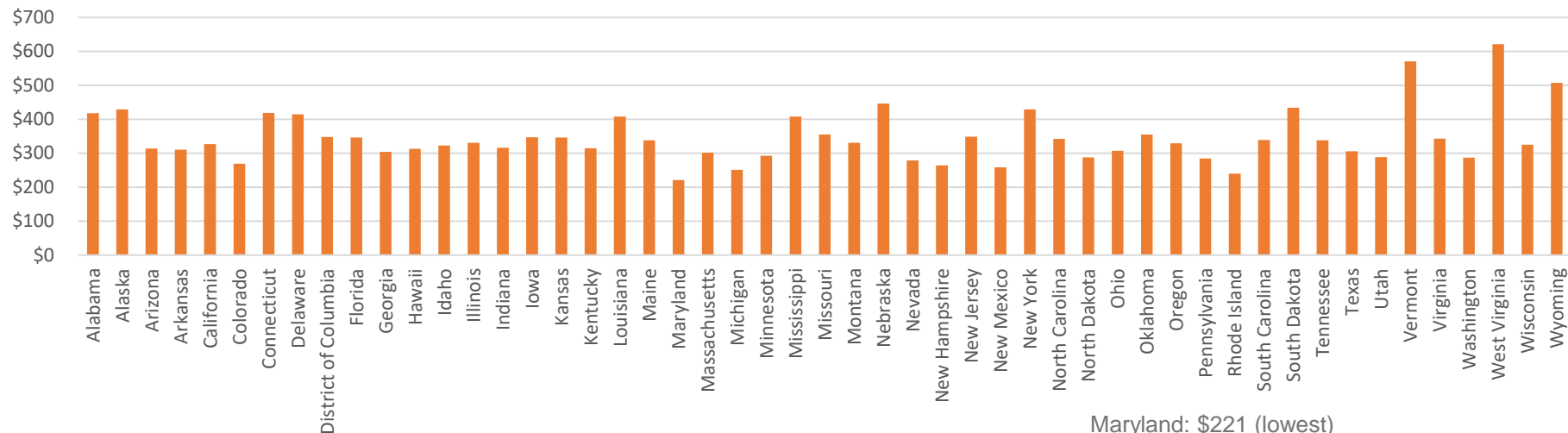
Catastrophic
Bronze
Silver
Gold
Platinum

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

*Exhibit sorted in rank order by Fairfield County rates*

# Average Marketplace Premiums

Age 40 Average Premium – Lowest Cost Bronze Premium for Plan Year 2022



Maryland: \$221 (lowest)

Connecticut: \$419 (44<sup>th</sup>)

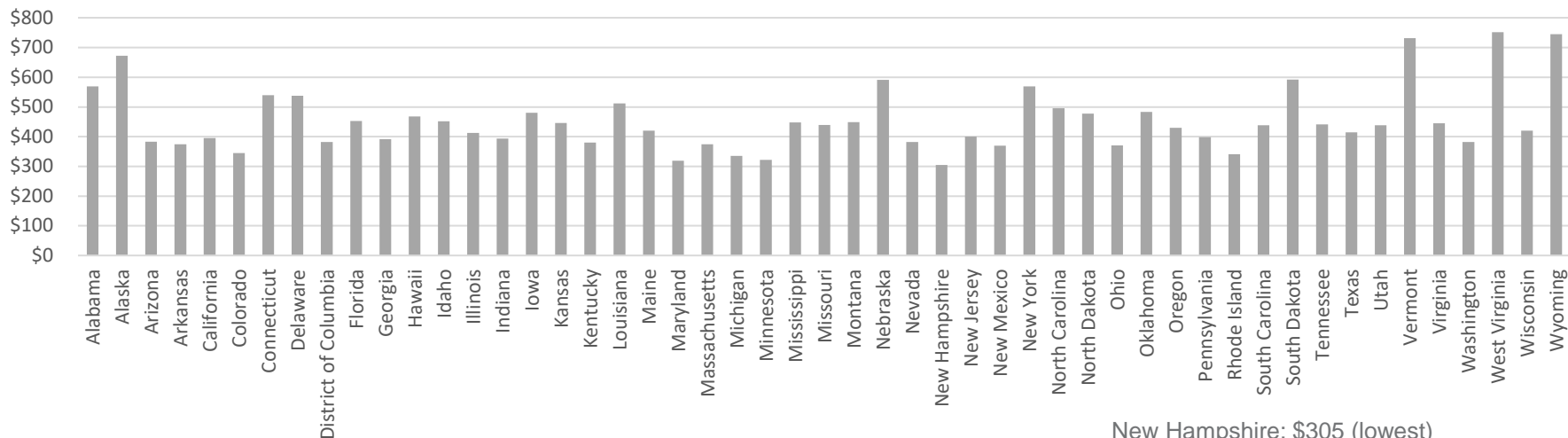
West Virginia: \$621 (highest)

US: \$329

- 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

Age 40 Average Premium – Lowest Cost Silver Premium for Plan Year 2022



New Hampshire: \$305 (lowest)

Connecticut: \$540 (43<sup>rd</sup>)

West Virginia: \$752 (highest)

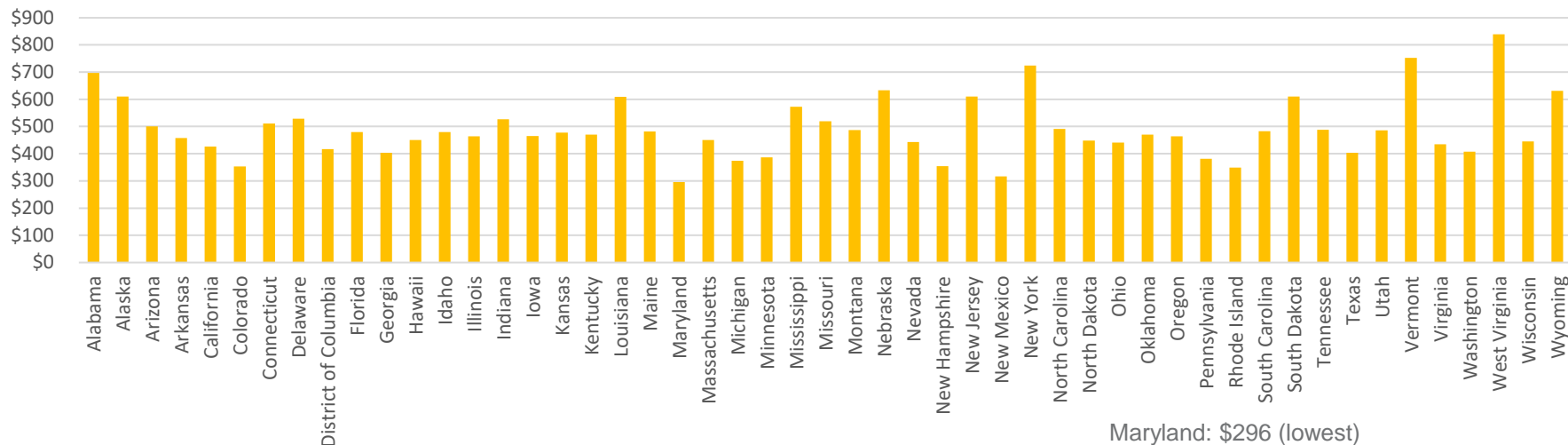
US: \$428

- 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%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>



# Average Marketplace Premiums

Age 40 Average Premium – Lowest Cost Gold Premium for Plan Year 2022



Maryland: \$296 (lowest)

Connecticut: \$511 (37<sup>th</sup>)

West Virginia: \$839 (highest)

US: \$462

- 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%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>