



Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting
March 30, 2022

Agenda

- **Call to Order**
- **Public Comment**
- **Vote: Meeting Minutes (February 24, 2022)**
- **Legislative Update**
- **2023 Individual Market Standard Plan Designs**
 - QHP Update CSR 87%
 - SADP Review
- **2023 Plan Year Timeline: Certification Requirements**
- **Next Steps**

Public Comment

Vote

**Review and Approval of Minutes:
February 24, 2022 HPBQ AC 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.

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

Legislative Activity

Legislative Update

Possible Impact to 2023 Plans

- **HB 5386*** – To require cost-sharing caps for Epinephrine Cartridge Injectors.
- **SB 358** – To expand health insurance requirements for treatment used to diagnose breast and ovarian cancers.

**Carriers reviewed and confirmed no impact to the Actuarial Values for AHCT 2023 Standard Plans.*

- **HB 5410** – To (1) limit deductibles of certain health insurance policies; (2) require health savings account disclosures; and (3) require certain high deductible health plans to apply annual deductibles on a calendar year basis.

2023 Individual Market Standard Plan Designs

Access Health CT

2023 Individual Market Standard Plan Designs

March 30, 2022

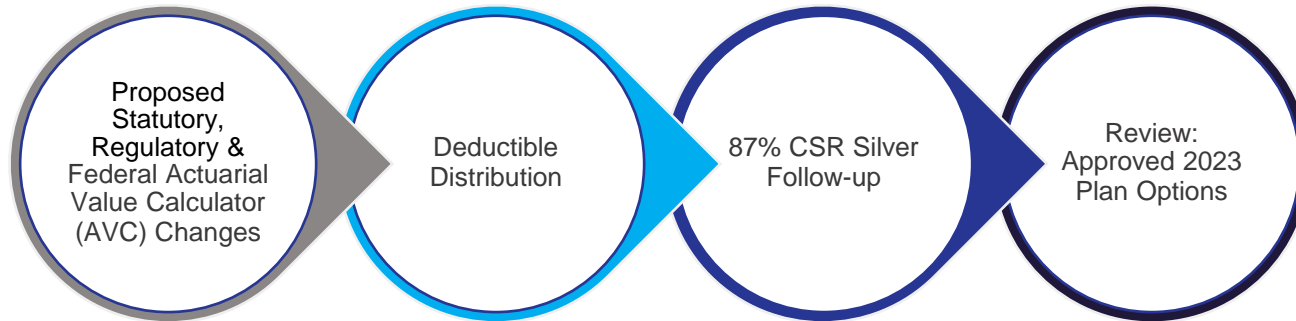
PRESENTED BY

Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

Brad Heywood, ASA, MAAA – Consulting Actuary

Agenda

2023 Plan Design Review



New ! Update in Proposed Regulatory Changes (Federal & State):

- 2023 Federal Actuarial Value Calculator
- 2023 NBPP (Notice of Benefit and Payment Parameters)
- Proposed Statutory Changes

2023 Analysis: Proposed State Legislative Activity

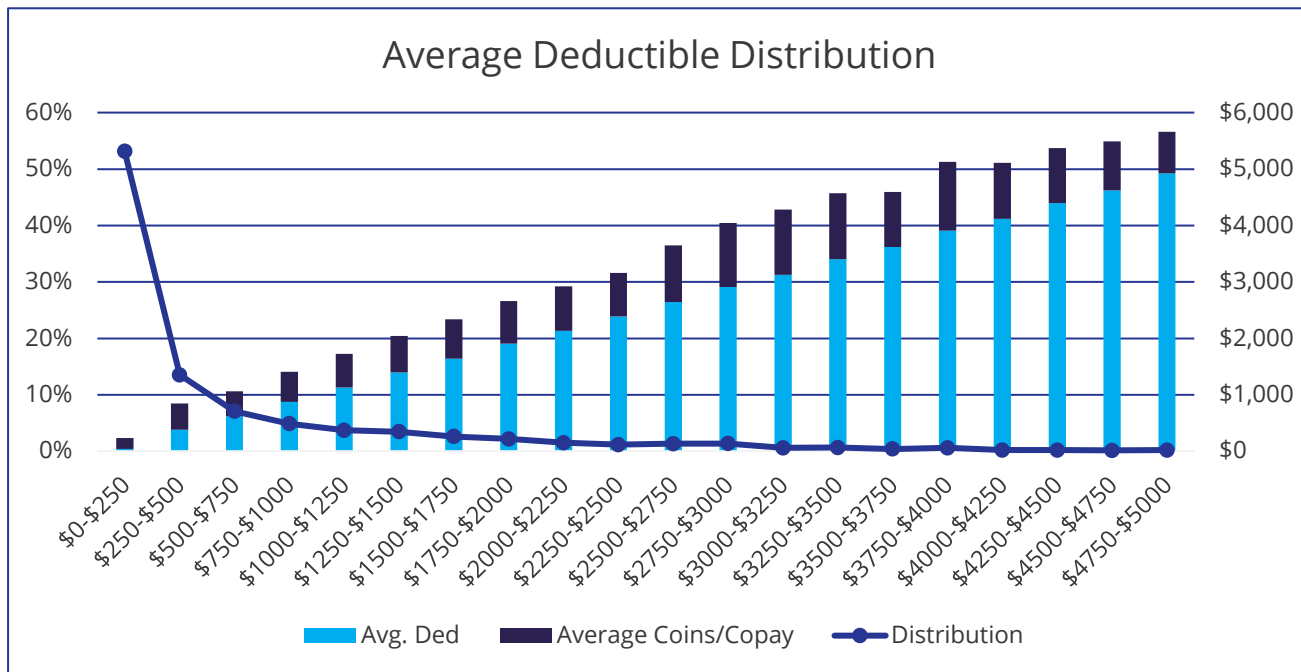
- **Insurance Coverage for Epinephrine Cartridge Injectors (HB 5386)**
 - Bill Summary: No policy shall impose a coinsurance, copayment, deductible or other OOP expense for epinephrine cartridge injector greater than \$25.00
 - Issuers indicated minimal impact if passed
- **Insurance Coverage for Breast Health Benefits (SB 358)**
 - Bill Summary: Expands “eligibility for” and “type of services covered” for preventive health services associated with breast health
 - Issuers indicated minimal impact if passed (less than 0.01% on AV)

Not Evaluated:

- **Act Concerning High Deductible Health Plans (HB 5410)**
 - Bill Summary: No policy defined as a HDHP could impose a deductible higher than the IRS minimum. *Currently \$1400 for 2022.*

Cost of Care: Member Cost-Sharing Deductible

- The Deductible represents the largest portion of a member's cost-sharing
- Almost 80% of Enrollees have out of pocket deductible spend under \$1000



* **Data Source:** 2019 IBM Watson Health MarketScan® (MarketScan) MarketScan is a detailed claim and enrollment database for a nationally representative sample of insured lives. The commercially insured lives span different types of health plans such as HMO, POS, PPO, and indemnity. *Note: ACA Edge Serve based data does not source "type" of cost-share.*

2023 Plan Design Overview

87% Silver CSR Option

The plans have been reviewed for Mental Health Parity compliance and have been reviewed by Carriers

2023 Analysis: Silver Plan 87% AV

- **February 24, 2022 Meeting Follow-up**
 - 87% CSR plan option with a \$3,000 Maximum Out-of-Pocket
 - Deductible between \$650 and \$825 Approved
 - Issuers tested AV and Parity to determine minimum deductible in compliance
-
- All issuers will pass with a deductible of \$675

2023 Analysis: Silver Plan 87% AV

Benefit Category	2022 Individual Market Silver Plan (87%)	2023 Proposed Plans	
		Option 1	Option 2
Medical Deductible	\$650	\$675	\$825
Rx Deductible	\$50	\$50	\$50
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$2,725	\$3,000	\$2,725
Primary Care	\$20	\$20	\$20
Specialist Care	\$45	\$45	\$45
Urgent Care	\$35	\$35	\$35
Emergency Room	\$150 (after ded.)	\$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)	\$100 per day (after ded., \$400 max. per admission)
Outpatient Hospital	\$60@ASC/\$100 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$60	\$60	\$60
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
Laboratory Services	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$35	\$35	\$35
All Other Medical	40%	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)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)
2022 AVC Results	87.23% - 87.93%	NA	NA
2023 Draft AVC Approximate Change	87.96% - 88.41%	87.40%-87.99%	87.42%-87.97%

Appendix: 2023 Plan Design Overview Approved Plans

The plans have been reviewed for Mental Health Parity compliance and have been reviewed by Carriers

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

Notes and Caveats

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

In-Network Services
Other Services
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
Pediatric Dental Care (for children under age 26)
Diagnostic & Preventive
Basic Services
Major Services
Orthodontia Services (medically necessary)
Pediatric Vision Care (for children under age 26)
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)



New for 2023 – Pediatric Vision Benefit Update/Clarification

- Eyeglasses and contacts must be covered out-of-network at 50% coinsurance after Deductible
- Coverage does not impact AV calculation

2023 Analysis: Gold Plan AV

Benefit Category	2022 Individual Market Gold Plan	2023 Proposed Plans	
		Option 1	Option 2
Medical Deductible	\$1,300 (INN)/\$3,000 (OON)	\$1,300 (INN)/\$3,000 (OON)	\$2,000 (INN)/\$4,000 (OON)
Rx Deductible	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)	\$100 (INN)/\$350 (OON)
Coinsurance	30%	30%	30%
Out-of-pocket Maximum	\$5,250 (INN)/\$10,500 (OON)	\$6,000 (INN)/\$12,000 (OON)	\$5,250 (INN)/\$10,500 (OON)
Primary Care	\$20	\$20	\$20
Specialist Care	\$40	\$40	\$40
Urgent Care	\$50	\$50	\$50
Emergency Room	\$400	\$400	\$400
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)	\$65	\$65	\$65
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$10 (after ded.)	\$10 (after ded.)
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$40	\$40	\$40
All Other Medical	30%	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
2022 AVC Results	81.60% - 81.76%	NA	NA
2023 Draft AVC Approximate Change	82.29% - 83.27%	81.43% - 81.65%	81.38% - 81.54%

2023 Analysis: Silver Plan 70% AV

Benefit Category	2022 Individual Market Silver Plan	2023 Proposed Plans	
		Option 1	Option 2
Medical Deductible	\$4,300 (INN)/ \$8,600 (OON)	\$5,000 (INN)/ \$10,000 (OON)	\$5,500 (INN)/ \$11,000 (OON)
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250 (INN)/ \$500 (OON)	\$300 (INN)/ \$600 (OON)
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$8,600 (INN)/ \$17,200 (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	\$20	\$20	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30	\$30
Chiropractic Care (20 visit calendar maximum)	\$50	\$50	\$50
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)
2022 AVC Results	70.66%-70.81%	NA	NA
2023 Draft AVC Approximate Change	72.36% - 73.44%	71.37% - 71.75%	71.41% - 71.78%

2023 Analysis: Silver Plan 73% AV

Benefit Category	2022 Individual Market Silver Plan (73%)	2023 Proposed Plan
		Option 1
Medical Deductible	\$3,950	\$4,550
Rx Deductible	\$250	\$250
Coinsurance	40%	40%
Out-of-pocket Maximum	\$6,800	\$7,250
Primary Care	\$40	\$40
Specialist Care	\$60	\$60
Urgent Care	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$20	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30
Chiropractic Care (20 visit calendar maximum)	\$50	\$50
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)
2022 AVC Results	72.83%-72.92%	NA
2023 Draft AVC Approximate Change	74.59% - 75.55%	73.62% - 73.96%

2023 Analysis: Silver Plan 87% AV

Benefit Category	2022 Individual Market Silver Plan (87%)	2023 Proposed Plans	
		Option 1	Option 2
Medical Deductible	\$650	\$675	\$825
Rx Deductible	\$50	\$50	\$50
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$2,725	\$3,000	\$2,725
Primary Care	\$20	\$20	\$20
Specialist Care	\$45	\$45	\$45
Urgent Care	\$35	\$35	\$35
Emergency Room	\$150 (after ded.)	\$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)	\$100 per day (after ded., \$400 max. per admission)
Outpatient Hospital	\$60@ASC/\$100 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$60	\$60	\$60
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
Laboratory Services	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$35	\$35	\$35
All Other Medical	40%	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)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)
2022 AVC Results	87.23% - 87.93%	NA	NA
2023 Draft AVC Approximate Change	87.96% - 88.41%	87.40%-87.99%	87.42%-87.97%

2023 Analysis: Silver Plan 94% AV

Benefit Category	2022 Individual Market Silver Plan (94%)	2023 Proposed Plan
		Option 1
Medical Deductible	\$0	\$0
Rx Deductible	\$0	\$0
Coinsurance	40%	40%
Out-of-pocket Maximum	\$900	\$950
Primary Care	\$10	\$10
Specialist Care	\$30	\$30
Urgent Care	\$25	\$25
Emergency Room	\$50	\$50
Inpatient Hospital	\$75 (\$300 max. per admission)	\$75 (\$300 max. per admission)
Outpatient Hospital	\$45@ASC/\$75 otherwise	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$50	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$25	\$25
Laboratory Services	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$30	\$30
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2022 AVC Results	94.39% - 94.71%	NA
2023 Draft AVC Approximate Change	94.98% - 95.22%	94.66% - 94.89%

2023 Analysis: Bronze Non-HSA Plan AV

Benefit Category	2022 Bronze Non-HSA Plan	2023 Proposed Plans	
		Option 1	Option 2
Combined Medical & Rx Deductible	\$6,550 (INN)/\$13,100 (OON)	\$6,550 (INN)/\$13,100 (OON)	\$6,750 (INN)/\$13,500 (OON)
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$8,700 (INN)/\$17,400 (OON)	\$8,800 (INN)/\$17,600 (OON)	\$8,700 (INN)/\$17,400 (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	\$20	\$20	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
Chiropractic Care (20 visit calendar maximum)	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)	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)	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)	\$20 / 50% / 50% / 50% (all but generic after ded., \$500 max per spec. script)
2022 AVC Results	64.52% - 64.70%	NA	NA
2023 Draft AVC Approximate Change	64.70% - 65.14%	64.57% - 64.79%	64.60% - 64.81%

2023 Analysis: Bronze HSA Plan AV (No Change)

Benefit Category	2022 & 2023 Proposed Bronze HSA Plan
Combined Medical & Rx Deductible	\$6,500 (INN)/ \$13,000 (OON)
Coinsurance	20%
Out-of-pocket Maximum	\$7,000 (INN) /\$14,000 (OON)
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)
2022 AVC Results	64.73% - 64.86%
2023 Draft AVC Approximate Change	64.27% - 64.45%

- 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

Platform Changes

Individual SADP

AHCT is exploring the benefit and potential efficiencies of integrating Individual Stand-Alone Dental Plans into the Individual medical platform. This would provide consumers with a seamless enrollment experience when purchasing a medical and dental plan through AHCT.

Advantages to consolidating:

- Creates immediate awareness of dental products
 - Allows consumer to review and enroll into a dental plan when enrolling in medical
 - Provides potential opportunity for enrollment growth
- **Small Group Dental and Medical plans will continue to be supported by Softheon.**
 - **All Carriers have been notified of the planned transition.**



2022 Plan Mix

Stand-Alone Dental Plans (SADPs)

Number of Plans Permitted per Issuer	
Individual and Small Group Markets*	
Standardized Plans (Required)	1
Non-Standard Plans (Optional)	3
Total	4

Issuer Plan Submissions 2022 Plan Year	
Individual	Small Group
1	1
3	1
4	2

*No differences in plan mix requirements across markets.

AHCT Enrollment*

Stand-Alone Dental Plan (SADP) – Individual Markets

Stand-Alone Dental Plans Membership

OE 2021	OE 2022	Year-over Year Increase
4,209	5,357	27%

* Data as of end of Open Enrollment for 2022 Plan Year

Standard Plan Design

Stand-Alone Dental Plan (SADP)

Plan Overview		In-Network (INET) Member Pays	
Deductible <i>(Does not apply to Preventive & Diagnostic Services)</i>		\$60 per member, up to 3 family members	
Out-of-Pocket Maximum *			
For one child		\$350	
Two or more children		\$700	
Diagnostic Services			
Oral Exams <i>(twice per year)</i>		\$0	
X-Rays			
Periapicals <i>(four per year)</i>			
Bitewing Radiographs <i>(once every year)</i>			
Panoramic or Complete Series <i>(once every three years)</i>			
Preventive Services			
Cleanings <i>(twice per year)</i>		\$0	
Periodontal Scaling and Root Planing			
Periodontal Maintenance <i>(once every 3 months following periodontic surgery)</i>			
Fluoride * <i>(twice per year)</i>			
Sealants *			
Basic Services			
Filings		20% after deductible is met	
Simple Extractions			

Plan Overview	In-Network (INET) Member Pays
Major Services	
Surgical Extractions	40% after deductible is met
Endodontic Therapy (i.e., Root Canal Treatment)	
Periodontal Therapy	
Crowns and Cast Restorations	
Prosthodontics (Complete and Partial Dentures; Fixed Bridgework)	
Other Services	
Medically-Necessary Orthodontic Services *	50% after deductible is met
Waiting Periods and Plan Maximums (for covered persons not eligible for pediatric benefit)	
Applicable Waiting Period for Benefit	
Diagnostic and Preventive Services	No waiting period
Basic Services	6 months^
Major Services	12 months^
^Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan.	
Plan Maximum	\$2,000 per member

*For child, stepchild, or other dependent child until end of plan year once dependent turns 26.

Inclusion of/cost sharing for Out-of-Network is not prescribed by AHCT.

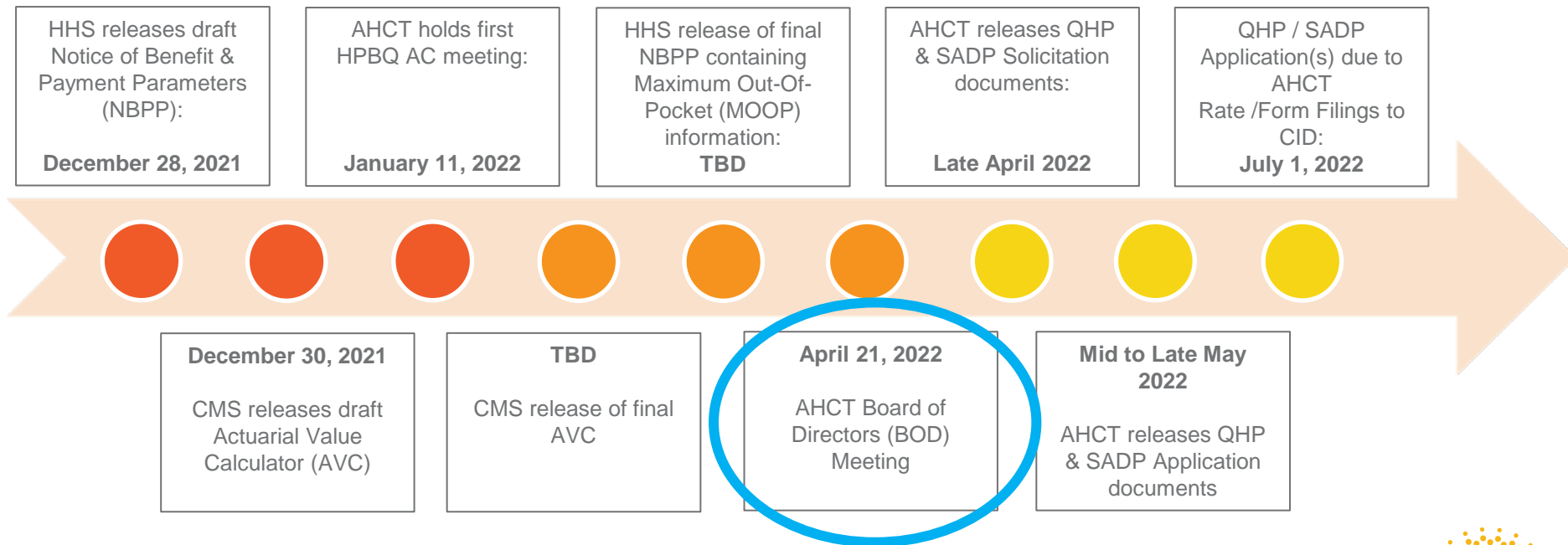
Annual Limitation on Cost Sharing

Stand-Alone Dental Plan (SADP)

- Application to stand-alone dental plans inside the Exchange (45 CFR §156.150)
 - Annual limitation on cost-sharing (a.k.a. maximum out-of-pocket, or MOOP) for a stand-alone dental plan covering the pediatric dental EHB may not exceed \$350 for one covered child and \$700 for two or more covered children for in-network coverage
 - Increases to this value are based on a sub-component of the U.S. Department of Labor's Bureau of Labor Statistics Consumer Price Index (CPI) specific to dental services
 - Any increase in this value that does not result in a multiple of \$25 will be rounded down, to the next lowest multiple of \$25
- For plan year 2023, the SADP annual limitation on cost sharing for one covered child is \$375 for one covered child and \$750 for two or more covered children for in-network coverage
 - This is based on a 12.696 percentage point increase of the CPI for dental services for 2021 of 516.519 over the CPI of 458.330 for dental services for 2016
 - Value would result in an increase of \$44.44 if not for the regulation outlined above, which requires incremental increases to be rounded down to the next lowest multiple of \$25

2023 Plan Year Timeline

Development of Certification Requirements



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	Copay 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	2021 Plan Actuarial Value: Individual Market (On-Exchange)	9.0
1/11/2022	2021 Plan Actuarial Value: Individual Market (Off-Exchange)	9.1

Reference Materials

HPBQ AC Meeting Date	Exhibit Title	Exhibit Number
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
1/11/2022	Plan Management Certification Life Cycle	13.0
1/11/2022	2022 Individual Market Landscape	14.0
1/11/2022	2022 On Exchange Individual Plans	15.0
1/11/2022	Individual Plan Comparison	16.0
2/24/2022	2022 AHCT Enrollment - by Metal Level	17.0
2/24/2022	2021 AHCT Enrollment - by Metal Level	17.1
2/24/2022	2022 AHCT Enrollment - by County	18.0
2/24/2022	2021 AHCT Enrollment - by County	18.1
2/24/2022	2022 AHCT Enrollment - by Plan/Subsidy Eligibility	19.0
2/24/2022	2021 AHCT Enrollment - by Plan/Subsidy Eligibility	19.1
2/24/2022	AHCT Enrollment - by Product	20.0
2/24/2022	AHCT Enrollment - Plan Purchasing History	21.0
2/24/2022	2022 Enrollment by Carrier and Plan Name – Includes AV	22.0

Reference Materials

HPBQ AC Meeting Date	Exhibit Title	Exhibit Number
2/24/2022	State-Based Marketplace Plans-Plan Requirements for Marketplace Issuers	23.0
2/24/2022	Individual QHP Marketplace Issuers - Total Count of Issuers by State	24.0
3/30/2022	SADPs Offered Through AHCT - 2022 Plan Features & Enrollment	25.0
3/30/2022	SADPs Offered Through AHCT - 2022 Rates	26.0
2/24/2022	Certification Requirements	27.0
2/24/2022	2022 Enrollment Updates	28.0

EXHIBIT 1.0

2022 Standard Gold		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible: Individual (medical)	\$1,300	\$3,000
Deductible: Family (medical)	\$2,600	\$6,000
Deductible: Individual (prescription)	\$50	\$350
Deductible: Family (prescription)	\$100	\$700
Out-of-Pocket Maximum: Individual	\$5,250	\$10,500
Out-of-Pocket Maximum: Family	\$10,500	\$21,000
Provider Office Visits		
Preventive Visit (Adult/Child)	\$0	30% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$20 copayment per visit	30% coinsurance per visit after OON medical deductible
Specialist Office Visits	\$40 copayment per visit	30% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
Advanced Radiology (CT/PET Scan, MRI)	\$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
Laboratory Services	\$10 copayment per service after INET medical deductible	30% coinsurance per service after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)	\$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)		
Tier 1	\$5 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
Tier 2	\$35 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
Tier 3	\$60 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
Tier 4	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		
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$20 copayment per visit	30% coinsurance per visit after OON medical deductible
Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$20 copayment per visit	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
Outpatient Services (in a hospital or ambulatory facility)	\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	30% coinsurance per visit after OON medical deductible
Hospital Services		
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) <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
Emergency Room	\$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
Deductible: Individual (medical)	\$4,300	\$8,600
Deductible: Family (medical)	\$8,600	\$17,200
Deductible: Individual (prescription)	\$250	\$500
Deductible: Family (prescription)	\$500	\$1,000
Out-of-Pocket Maximum: Individual	\$8,600	\$17,200
Out-of-Pocket Maximum: Family	\$17,200	\$34,400
Provider Office Visits		
Preventive Visit (Adult/Child)	\$0	40% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$40 copayment per visit	40% coinsurance per visit after OON medical deductible
Specialist Office Visits	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON medical deductible
Laboratory Services	\$20 copayment per service	40% coinsurance per service after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
Mammography Ultrasound	\$20 copayment per service	40% coinsurance per service after OON medical deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)		
Tier 1	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 2	\$45 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 3	\$70 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 4	20% coinsurance up to a maximum of \$200 per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services		
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible

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
Outpatient Services (in a hospital or ambulatory facility)	\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
Hospital Services		
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) <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
Emergency Room	\$450 copayment per visit after INET medical deductible	\$450 copayment per visit after INET medical deductible
Urgent Care Center or Facility	\$75 copayment per visit	40% coinsurance per visit after OON medical deductible
Pediatric Dental Care (for children under age 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
Deductible: Individual (medical)	\$3,950	\$8,600
Deductible: Family (medical)	\$7,900	\$17,200
Deductible: Individual (prescription)	\$250	\$500
Deductible: Family (prescription)	\$500	\$1,000
Out-of-Pocket Maximum: Individual	\$6,800	\$17,200
Out-of-Pocket Maximum: Family	\$13,600	\$34,400
Provider Office Visits		
Preventive Visit (Adult/Child)	\$0	40% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$40 copayment per visit	40% coinsurance per visit after OON medical deductible
Specialist Office Visits	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
Advanced Radiology (CT/PET Scan, MRI)	\$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON medical deductible
Laboratory Services	\$20 copayment per service	40% coinsurance per service after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
Mammography Ultrasound	\$20 copayment per service	40% coinsurance per service after OON medical deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)		
Tier 1	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 2	\$45 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 3	\$70 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 4	20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services		
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible

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
Outpatient Services (in a hospital or ambulatory facility)	\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
Hospital Services		
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) <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
Emergency Room	\$450 copayment per visit after INET medical deductible	\$450 copayment per visit after INET medical deductible
Urgent Care Center or Facility	\$75 copayment per visit	40% coinsurance per visit after OON medical deductible
Pediatric Dental Care (for children under age 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
Deductible: Individual (medical)	\$650	\$8,600
Deductible: Family (medical)	\$1,300	\$17,200
Deductible: Individual (prescription)	\$50	\$500
Deductible: Family (prescription)	\$100	\$1,000
Out-of-Pocket Maximum: Individual	\$2,725	\$17,200
Out-of-Pocket Maximum: Family	\$5,450	\$34,400
Provider Office Visits		
Preventive Visit (Adult/Child)	\$0	40% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible
Specialist Office Visits	\$45 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
Advanced Radiology (CT/PET Scan, MRI)	\$60 copayment per service up to a combined annual maximum of \$360 for MRI and CAT scans; \$400 for PET scans	40% coinsurance per service after OON medical deductible
Laboratory Services	\$10 copayment per service	40% coinsurance per service after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 copayment per service after INET deductible	40% coinsurance per service after OON medical deductible
Mammography Ultrasound	\$20 copayment per service	40% coinsurance per service after OON medical deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)		
Tier 1	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 2	\$25 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 3	\$40 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Tier 4	20% coinsurance up to a maximum of \$60 per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services		
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible
Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible

Yellow shading represents change from 2021 Plan Year

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

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
Outpatient Services (in a hospital or ambulatory facility)	\$100 copayment after INET plan deductible (Outpatient Hospital Facility); \$60 copayment after INET plan deductible (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
Hospital Services		
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) <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
Emergency Room	\$150 copayment per visit after INET medical deductible	\$150 copayment per visit after INET medical deductible
Urgent Care Center or Facility	\$35 copayment per visit	40% coinsurance per visit after OON medical deductible
Pediatric Dental Care (for children under age 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
Deductible: Individual (medical)	\$0	\$8,600
Deductible: Family (medical)	\$0	\$17,200
Deductible: Individual (prescription)	\$0	\$500
Deductible: Family (prescription)	\$0	\$1,000
Out-of-Pocket Maximum: Individual	\$900	\$17,200
Out-of-Pocket Maximum: Family	\$1,800	\$34,400
Provider Office Visits		
Preventive Visit (Adult/Child)	\$0	40% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$10 copayment per visit	40% coinsurance per visit after OON medical deductible
Specialist Office Visits	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
Advanced Radiology (CT/PET Scan, MRI)	\$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
Laboratory Services	\$10 copayment per service	40% coinsurance per service after OON medical deductible
Non-Advanced Radiology (X-ray, Diagnostic)	\$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)		
Tier 1	\$5 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 2	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 3	\$30 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
Tier 4	20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services		
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible
Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible

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
Outpatient Services (in a hospital or ambulatory facility)	\$75 copayment (Outpatient Hospital Facility); \$45 copayment (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
Hospital Services		
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) <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
Emergency Room	\$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
Deductible: Individual (medical & Rx)	\$6,550	\$13,100
Deductible: Family (medical & Rx)	\$13,100	\$26,200
Out-of-Pocket Maximum: Individual	\$8,700	\$17,400
Out-of-Pocket Maximum: Family	\$17,400	\$34,800
Provider Office Visits		
Preventive Visit (Adult/Child)	\$0	50% coinsurance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$50 copayment per visit	50% coinsurance per visit after OON deductible
Specialist Office Visits	\$70 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
Outpatient Diagnostic Services		
Advanced Radiology (CT/PET Scan, MRI)	\$75 copay per service after INET deductible up to a combined annual maximum of \$375 for MRI and CT scans; \$400 for PET scans	50% coinsurance per service after OON deductible
Laboratory Services	\$20 copayment per service	50% coinsurance per service after OON deductible
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 copayment per service after INET deductible	50% coinsurance per service after OON deductible
Mammography Ultrasound	\$20 copayment per service after INET deductible	50% coinsurance per service after OON deductible
Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription)		
Tier 1	\$20 copayment per prescription	50% coinsurance per prescription after OON deductible
Tier 2	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
Tier 3	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
Tier 4	50% coinsurance up to a maximum of \$500 per prescription after INET deductible	50% coinsurance per prescription after OON deductible
Outpatient Rehabilitative and Habilitative Services		
Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)	\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible

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
Outpatient Services (in a hospital or ambulatory facility)	\$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center)	50% coinsurance per visit after OON deductible
Hospital Services		
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) <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
Emergency Room	\$450 copayment per visit after INET deductible	\$450 copayment per visit after INET deductible
Urgent Care Center or Facility	\$75 copayment per visit	50% coinsurance per visit after OON deductible
Pediatric Dental Care (for children under age 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

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

EXHIBIT 1.6

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

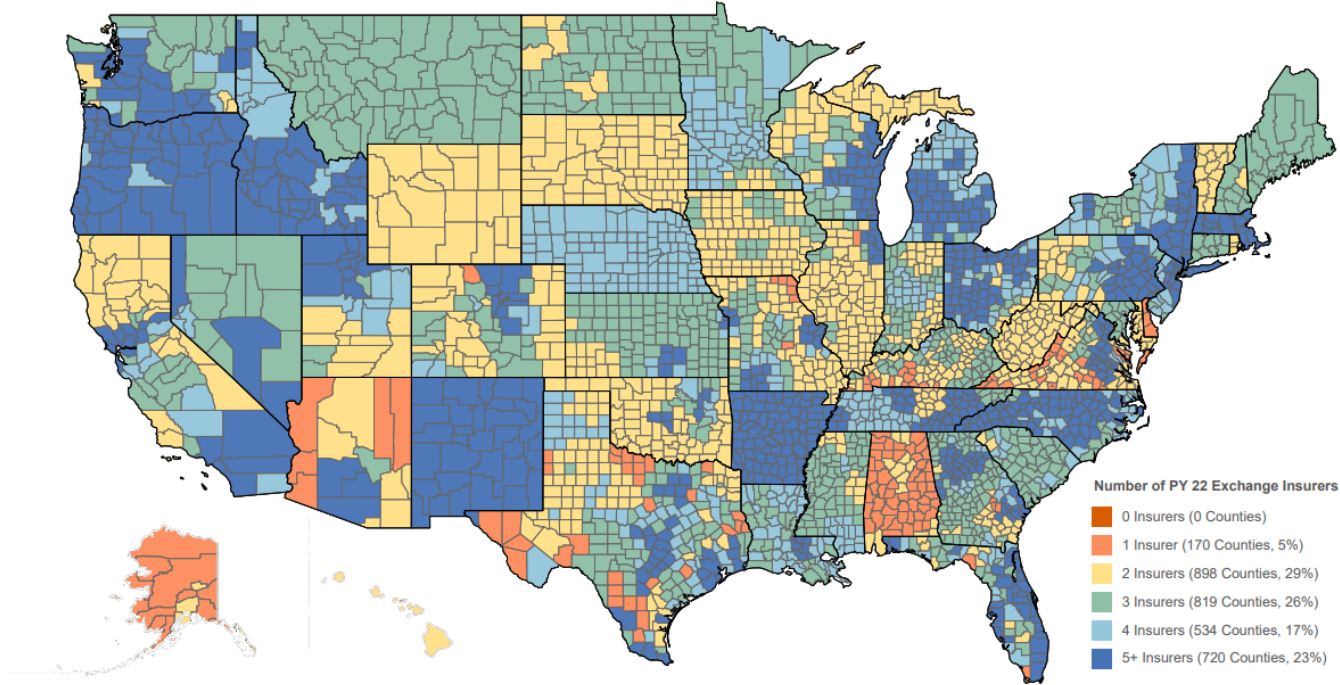
2022 Standard Bronze HSA		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Other Services		
Chiropractic Services (up to 20 visits per calendar year)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Diabetic 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
Outpatient Services (in a hospital or ambulatory facility)	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Hospital Services		
Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) <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
Emergency Room	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

Yellow shading represents change from 2021 Plan Year

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

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

Actuarial Value Calculator (AVC) Inputs
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 (\$)
Medical Benefits:
Subject to Deductible (Yes or No)
Subject to Coinsurance (Yes or No)
Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)
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

Prescription Drug Benefits
Subject to Deductible (Yes or No)
Subject to Coinsurance (Yes or No)
Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)
Generics
Preferred Brand Drugs
Non-Preferred Brand Drugs
Specialty Drugs (i.e. high-cost)
Options for Additional Benefit Design Limits:
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:
Other Elements for Consideration Not Included as a Separate Field in AVC
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

Qualified Health Plans (QHPs)

Plans required/permitted per Issuer by market:

Metal Level	INDIVIDUAL MARKET		SHOP	
	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**

- For 2022 - Has an annual deductible not less than \$1,400 for self-only/\$2,800 for family. An HDHP annual out-of-pocket expenses (including deductibles, copayments and coinsurance) cannot exceed \$7,050 for self-only/\$14,100 for family*
- 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 – <https://www.irs.gov/publications/p969>;
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	61.06	0.612
Catastrophic	Anth	Catastrophic HMO Pathway Enhanced	N/A	Renewing	Yes	62.76	0.628
Bronze	CBI	Choice Bronze Standard POS	N/A	Renewing	Yes	64.69	0.648
Bronze	CBI	Choice Bronze Standard POS HSA	N/A	Renewing	Yes	64.73	0.649
Bronze	CBI	Passage Bronze Alternative PCP POS	N/A	Renewing	Yes	64.35	0.645
Bronze	CBI	Choice Bronze Alternative POS with Dental	N/A	Renewing	Yes	64.80	0.650
Bronze	CBI	Choice Bronze Alternative POS	N/A	Renewing	Yes	64.07	0.642
Bronze	Anth	Bronze HMO Pathway Enhanced Tiered	N/A	Renewing	Yes	64.56	0.646
Bronze	Anth	Bronze HMO BlueCare Prime with Added Dental and Vision Benefits	N/A	Renewing	Yes	64.76	0.648
Bronze	Anth	Bronze PPO Standard Pathway	N/A	Renewing	Yes	64.52	0.645
Bronze	Anth	Bronze PPO Standard Pathway for HSA	N/A	Renewing	Yes	64.73	0.647
Bronze	CICI	FlexPOS Bronze Standard	N/A	New	Yes	64.69	0.648
Bronze	CICI	FlexPOS Bronze Standard HSA	N/A	New	Yes	64.73	0.649
Silver	CBI	Choice Silver Standard POS	N/A	Renewing	Yes	70.95	0.711
Silver	CBI	Choice Silver Standard POS	73% CSR	Renewing	Yes	73.08	N/A
Silver	CBI	Choice Silver Standard POS	87% CSR	Renewing	Yes	87.28	N/A
Silver	CBI	Choice Silver Standard POS	94% CSR	Renewing	Yes	94.41	N/A
Silver	Anth	Silver PPO Standard Pathway	N/A	Renewing	Yes	70.66	0.707
Silver	Anth	Silver PPO Standard Pathway	73% CSR	Renewing	Yes	72.83	N/A
Silver	Anth	Silver PPO Standard Pathway	87% CSR	Renewing	Yes	87.93	N/A
Silver	Anth	Silver PPO Standard Pathway	94% CSR	Renewing	Yes	94.71	N/A
Silver	CICI	FlexPOS Silver Standard	N/A	New	Yes	70.95	0.711
Silver	CICI	FlexPOS Silver Standard	73% CSR	New	Yes	73.08	N/A
Silver	CICI	FlexPOS Silver Standard	87% CSR	New	Yes	87.28	N/A
Silver	CICI	FlexPOS Silver Standard	94% CSR	New	Yes	94.41	N/A
Gold	CBI	Choice Gold Standard POS	N/A	Renewing	Yes	81.82	0.820
Gold	CBI	Choice Gold Alternative POS with Dental	N/A	Renewing	Yes	77.23	0.774
Gold	CBI	Choice Gold Alternative POS	N/A	Renewing	Yes	76.30	0.765
Gold	CBI	Compass Gold Alternative POS	N/A	Renewing	Yes	76.21	0.766
Gold	Anth	Gold HMO Pathway Enhanced Tiered	N/A	Renewing	Yes	77.95	0.779
Gold	Anth	Gold HMO BlueCare Prime with Added Dental and Vision Benefits	N/A	Renewing	Yes	76.55	0.766
Gold	Anth	Gold HMO BlueCare Prime	N/A	New	Yes	77.29	0.773
Gold	Anth	Gold PPO Standard Pathway	N/A	Renewing	Yes	81.61	0.816
Gold	CICI	FlexPOS Gold Standard	N/A	New	Yes	81.82	0.820
Gold	CICI	Compass EPO Gold Alternative	N/A	New	Yes	76.06	0.765
Platinum	CICI	FlexPOS Platinum Alternative	N/A	New	Yes	85.86	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	62.76	0.628
Bronze	Anth	Anthem Bronze HMO Pathway Enhanced 6200/12400/40% for HSA	N/A	Renewing	No	64.75	0.648
Bronze	Anth	Anthem Bronze HMO BlueCare Prime 8500/50%	N/A	Renewing	No	64.09	0.641
Bronze	Anth	Anthem Bronze HMO Pathway Enhanced Tiered 6100/7100/0%/50%	N/A	Terminated	No	N/A	N/A
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	67.33	0.673
Silver	Anth	Anthem Silver HMO Pathway Enhanced Tiered 2600/6500/10%/40%	N/A	Terminated	No	N/A	N/A
Silver	Anth	Anthem Silver HMO Pathway Enhanced Tiered 2800/3800/10%/40% for HSA	N/A	Renewing	No	70.26	0.703
Silver	CICI	Choice SOLO POS HSA Coins. \$3,500 ded.	N/A	Renewing	No	67.71	0.679
Silver	CICI	Choice SOLO POS Copay/Coins. \$5,500 ded.	N/A	Renewing	No	70.21	0.704
Silver	CICI	Choice SOLO POS Coins. \$3,250 ded.	N/A	Renewing	No	68.92	0.691
Silver	CICI	Choice SOLO POS Copay/Coins. \$5,000 30% ded.	N/A	Renewing	No	67.99	0.681
Gold	Anth	Anthem Gold HMO Pathway Enhanced Tiered 2000/3000/10%/30%	N/A	Renewing	No	78.50	0.785
Gold	Anth	Anthem Gold HMO BlueCare Prime 2500/20%	N/A	Renewing	No	76.38	0.764
Gold	CICI	Passage SOLO POS Copay/Coins. \$2,500 ded.	N/A	Renewing	No	76.22	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	942,426
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	889,226
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	179,610
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	161,657
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	851,948
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	264,999
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	150,600
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	116,540
CT Total	3,574,097	3,574,147	3,579,114	3,588,283	3,594,547	3,594,841	3,594,524	3,587,122	3,578,141	3,573,297	3,571,520	3,565,287	3,557,006

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

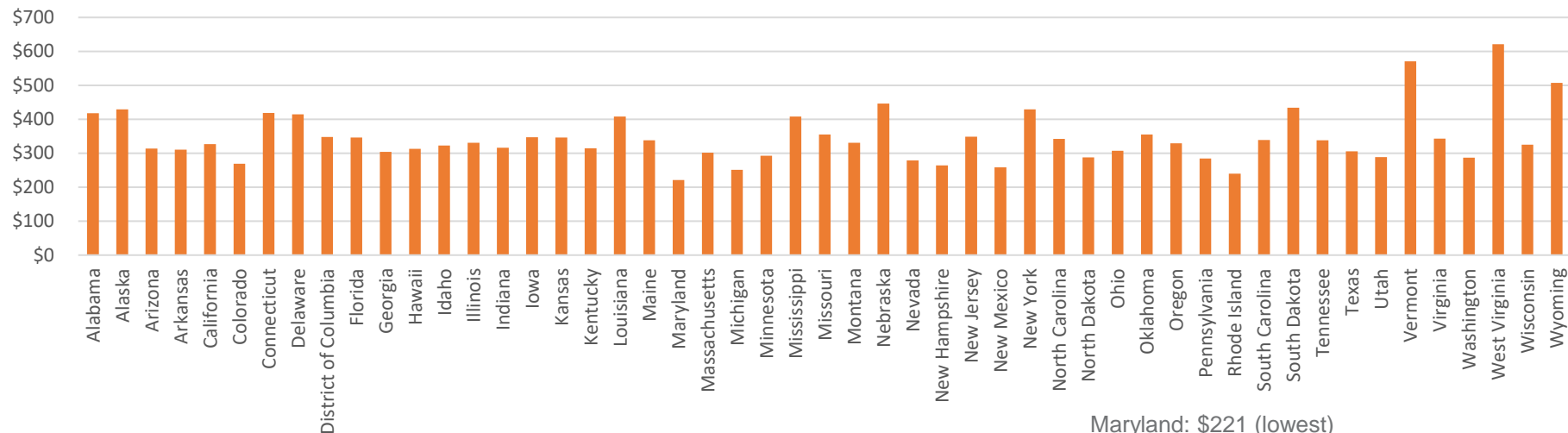
Catastrophic
Bronze
Silver
Gold
Platinum

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 (44th)

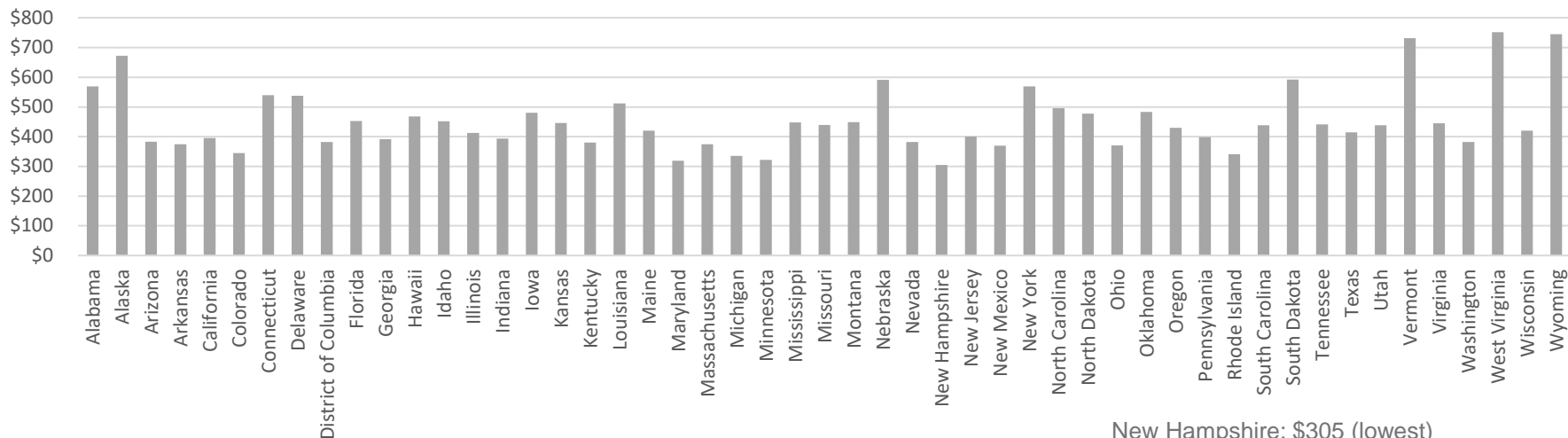
West Virginia: \$621 (highest)

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 (43rd)

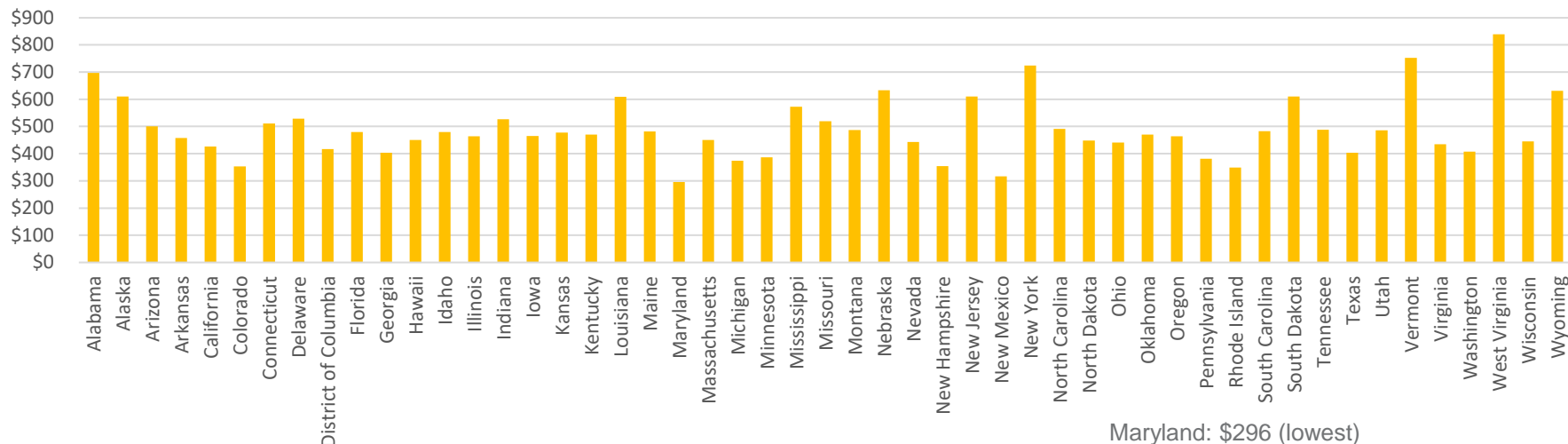
West Virginia: \$752 (highest)

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%22colId%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 (37th)

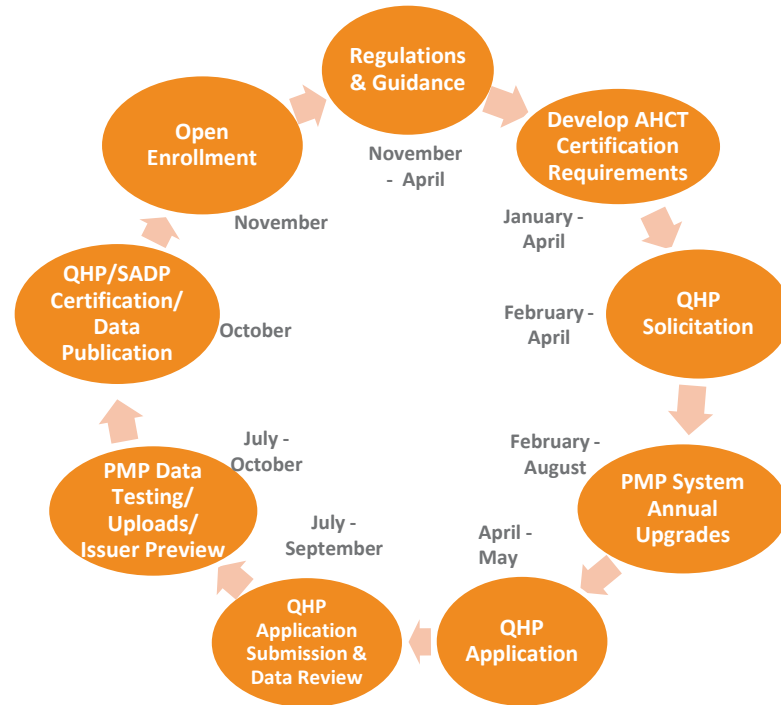
West Virginia: \$839 (highest)

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>

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/H Cfiling2022.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

EXHIBIT 15.0

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)

access health CT 

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.

2022 AHCT Enrollment

Individual Market On Exchange – by Metal Level

2021/2022 Comparison:

- 7.3% overall enrollment increase (7,688)
 - Enrollment into Non-Std plans increased by 27.4% (5,638)
 - Enrollment into Std plans increased by 2.4% (2,050)
- Bronze plans saw an overall decrease of 6.75% in enrollment (3,088)
 - Bronze HSA plans increased enrollment by 4.22% (482)
- Silver plans continue to hold the majority of enrollment seeing a 10.06% increase (4,938)
- Gold plans saw the largest overall enrollment increase of 52.84% (4,286).
 - Non-Std Gold plan enrollment increased by 97.1% (3,852)
- A platinum plan was added to the product offerings
- Percentage of enrollees in standard vs non-standard plans continues to deteriorate going from 80.39% to 76.72%

Metal Level	Total	%
Catastrophic	1,862	1.65%
Bronze	42,644	37.86%
Silver	54,035	47.97%
Gold	12,398	11.01%
Platinum	1,695	1.50%
TOTAL	112,634	100.00%

Data as of end of Open Enrollment for 2022 Plan Year

Metal Level	Standard Plans	Non-Standard Plans	Total	% in Std Plans
Catastrophic	N/A	1,862	1,862	0.00%
Bronze*	27,802	14,842	42,644	65.20%
Silver	54,035	N/A	54,035	100.00%
Gold	4,578	7,820	12,398	36.93%
Platinum	N/A	1,695	1,695	0.00%
TOTAL	86,415	26,219	112,634	76.72%

*Bronze Plans	Standard Plans	Non-Standard Plans	Total	% in Std Plans
Non-HSA	15,895	14,842	30,737	51.71%
HSA	11,907	N/A	11,907	100.00%
TOTAL	27,802	14,842	42,644	65.20%

2021 AHCT Enrollment

Individual Market On Exchange – by Metal Level (On Exchange)

Compared to Plan Year 2020:

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

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

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

*Bronze Plans	Standard Plans	Non-Standard Plans	Total	% in Std Plans
Non-HSA	19,699	14,608	34,307	57.42%
HSA	11,425	N/A	11,425	100.00%
TOTAL	31,124	14,608	45,732	68.06%

2022 AHCT Enrollment

Individual Market On Exchange – by County

	Gold		Silver	Bronze (No HSA)		Bronze (HSA)	Platinum	Catastrophic	
County	Standard	Non-Std	Standard	Standard	Non-Std	Standard	Non-Std	Non-Std	Total
Fairfield	1,818	2,072	17,981	6,270	3,746	4,171	673	522	37,253
Hartford	1,010	1,563	12,095	2,783	3,890	2,560	325	447	24,673
Litchfield	277	736	3,242	1,086	1,166	917	115	101	7,640
Middlesex	251	430	2,511	952	814	636	78	116	5,788
New Haven	836	1,687	11,928	3,324	2,985	2,266	323	399	23,748
New London	178	707	3,480	785	1,089	800	78	136	7,253
Tolland	120	369	1,604	440	707	356	65	93	3,754
Windham	88	256	1,194	255	445	201	38	48	2,525
Total	4,578	7,820	54,035	15,895	14,842	11,907	0	1,862	112,634
	12,398			30,737		11,907			
				42,644					

Data as of end of Open Enrollment for 2022 Plan Year

2021 AHCT Enrollment

Individual Market On Exchange – by County

	Gold		Silver		Bronze (NOT HSA compatible)		Bronze (HSA compatible)		Catastrophic	
County	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Standard	Non-Std	Non-Std	Total
Fairfield	1,584	1,098	15,885	0	7,628	3,508	3,901	0	555	34,159
Hartford	945	761	11,243	0	3,624	3,869	2,501	0	472	23,415
Litchfield	221	392	2,979	0	1,306	1,181	908	0	115	7,102
Middlesex	259	210	2,257	0	1,075	736	658	0	121	5,316
New Haven	783	813	11,044	0	4,154	2,975	2,134	0	470	22,373
New London	144	356	3,191	0	1,002	1,156	779	0	147	6,775
Tolland	127	187	1,407	0	579	731	331	0	79	3,441
Windham	81	151	1,091	0	331	452	213	0	46	2,365
Total	4,144	3,968	49,097	0	19,699	14,608	11,425	0	2,005	104,946
	8,112		49,097		34,307		11,425		2,005	
					45,732					

Data as of end of Open Enrollment for 2021 Plan Year

2022 AHCT Enrollment

Individual Market On Exchange – by Plan/Subsidy Eligibility

Carrier	Plan Name	Std Plan	New Plan	APTC	APTC + CSR	Not Subsidy Eligible	Total
CBI	Choice Catastrophic POS with Dental			450	22	1,189	1,661
Anthem	Catastrophic HMO Pathway Enhanced			31	4	166	201
CBI	Choice Bronze Standard POS	X		8,424	1,777	2,898	13,099
CBI	Choice Bronze Standard POS HSA	X		5,698	497	3,072	9,267
CBI	Passage Bronze Alternative PCP POS			4,130	666	1,455	6,251
CBI	Choice Bronze Alternative POS			2,632	182	660	3,474
Anthem	Bronze PPO Standard Pathway	X		1,255	386	789	2,430
CBI	Choice Bronze Alternative POS with Dental			1,655	419	328	2,402
Anthem	Bronze PPO Standard Pathway for HSA	X		995	182	701	1,878
Anthem	Bronze HMO Pathway Enhanced Tiered			786	202	427	1,415
Anthem	Bronze HMO BlueCare Prime with Added Dental and Vision Benefits			892	151	257	1,300
CICI	FlexPOS Bronze Standard HSA	X	X	568	20	174	762
CICI	FlexPOS Bronze Standard	X	X	293	13	60	366
CBI	Choice Silver Standard POS	X		12,304	24,853	1,540	38,697
Anthem	Silver PPO Standard Pathway	X		3,887	7,589	1,458	12,934
CICI	FlexPOS Silver Standard	X	X	565	1,735	104	2,404
CBI	Choice Gold Standard POS	X		1,781	520	932	3,233
Anthem	Gold HMO BlueCare Prime with Added Dental and Vision Benefits			2,187	518	527	3,232
Anthem	Gold HMO Pathway Enhanced Tiered			1,172	292	370	1,834
Anthem	Gold HMO BlueCare Prime		X	1,089	126	179	1,394
CICI	FlexPOS Gold Standard	X	X	515	92	138	745
CBI	Choice Gold Alternative POS			394	116	100	610
Anthem	Gold PPO Standard Pathway	X		180	84	336	600
CBI	Choice Gold Alternative POS with Dental			256	101	63	420
CBI	Compass Gold Alternative POS			150	58	35	243
CICI	Compass EPO Gold Alternative		X	59	21	7	87
CICI	FlexPOS Platinum Alternative		X	1,224	173	298	1,695
Total				53,572	40,799	18,263	112,634
Percent of Total				47.56%	36.22%	16.21%	

Data as of end of Open Enrollment for 2022 Plan Year

Plans displayed in order of Metal Level and Plan Enrollment

2021 AHCT Enrollment

Individual Market On Exchange – by Plan/Subsidy Eligibility

Carrier	Plan Name	Std Plan	New Plan	APTC	APTC + CSR	Not Subsidy Eligible	Total
CBI	Choice Catastrophic POS with Dental			222	32	1,541	1,795
Anthem	Catastrophic HMO Pathway Enhanced			12	4	194	210
CBI	Passage Bronze Alternative PCP POS			2,656	1,062	3,567	7,285
CBI	Bronze Virtual Alternative POS		X	1,167	257	1,583	3,007
CBI	Choice Bronze Standard POS	X		6,578	3,120	7,117	16,815
CBI	Choice Bronze Standard POS HSA	X		2,858	731	5,913	9,502
Anthem	Bronze HMO BlueCare Prime		X	322	103	367	792
CBI	Choice Bronze Alternative POS with Dental			881	686	505	2,072
Anthem	Bronze HMO Pathway Enhanced Tiered			418	295	739	1,452
Anthem	Bronze PPO Standard Pathway for HSA	X		535	239	1,149	1,923
Anthem	Gold HMO BlueCare Prime		X	739	302	537	1,578
Anthem	Bronze PPO Standard Pathway	X		926	556	1,402	2,884
CBI	Choice Silver Standard POS	X		7,041	27,421	2,346	36,808
Anthem	Gold HMO Pathway Enhanced Tiered			582	345	516	1,443
CBI	Gold Virtual Alternative POS		X	230	98	119	447
CBI	Compass Gold Alternative POS		X	97	40	42	179
Anthem	Silver PPO Standard Pathway	X		2,551	7,761	1,977	12,289
CBI	Choice Gold Alternative POS with Dental			117	115	89	321
CBI	Choice Gold Standard POS	X		1,224	605	1,637	3,466
Anthem	Gold PPO Standard Pathway	X		102	108	468	678
	Total			29,258	43,880	31,808	104,946
	Percent of Total			27.88%	41.81%	30.31%	

Data as of end of Open Enrollment for 2021 Plan Year

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

AHCT Enrollment

Individual Market On Exchange – by Product

Enrollment as of end of open enrollment period for plan years 2016 - 2022

	2014	2015	2016	2017	2018	2019	2020	2021	2022
EPO	0	0	0	0	0	0	0	0	87
HMO	9,493	8,261	6,469	5,949	5,799	3,544	3,042	5,475	9,376
POS	23,590	42,492	63,618	76,827	82,766	86,636	83,752	81,697	85,329
PPO	27,650	44,689	45,937	28,766	25,569	20,886	21,039	17,774	17,842
Total	60,733	95,442	116,024	111,542	114,134	111,066	107,833	104,946	112,634

	2014	2015	2016	2017	2018	2019	2020	2021	2022
EPO	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%
HMO	15.63%	8.66%	5.58%	5.33%	5.08%	3.19%	2.82%	5.22%	8.32%
POS	38.84%	44.52%	54.83%	68.88%	72.52%	78.00%	77.67%	77.85%	75.76%
PPO	45.53%	46.82%	39.59%	25.79%	22.40%	18.81%	19.51%	16.94%	15.84%

AHCT Enrollment

Individual Market On Exchange – Plan Purchasing History

2020	2021	2022	2020	2021	2022	2020	2021	2022	2020	2021	2022
4,051	3,329	147	26,266	475	26	28,612	428	14	704	10	0
		3,032			348			312			7
		117			92			40			0
		31			9			62			2
		2			0			0			1
		3			104			9			0
	534	21		24,976	355		1,540	33		36	2
		505			24,209			1,422			30
		5			303			72			2
		0			5			4			2
		3			7			121			4
		20			29			581			3
	183	14		787	137		26,596	1,757		113	1
		146			613			24,103			104
		0			1			34			1
		0			0			1			4
		0			3			2			16
		1			2			4			25
5		1	28		6	48		7	545		98
		3			17			34			402

Platinum
Gold
Silver
Bronze
Catastrophic

Percent of enrollees continuously enrolled in plan from 2020 through 2022:

Gold
74.8%

Silver
92.2%

Bronze
84.2%

Catastrophic
57.1%

Exhibit includes members in plans available through AHCT for each of the plan years (2020, 2021 & 2022).

2022 Enrollment by Carrier and Plan Name

Carrier	Plan Name	New Plan	Enroll	AV
CBI	Choice Catastrophic POS with Dental		1,661	61.06
Anthem	Catastrophic HMO Pathway Enhanced		201	62.76
CBI	Choice Bronze Standard POS		13,099	64.69
CBI	Choice Bronze Standard POS HSA		9,267	64.73
CBI	Passage Bronze Alternative PCP POS		6,251	64.35
CBI	Choice Bronze Alternative POS		3,474	64.07
Anthem	Bronze PPO Standard Pathway		2,430	64.52
CBI	Choice Bronze Alternative POS with Dental		2,402	64.80
Anthem	Bronze PPO Standard Pathway for HSA		1,878	64.73
Anthem	Bronze HMO Pathway Enhanced Tiered		1,415	64.56
Anthem	Bronze HMO BlueCare Prime with Added Dental and Vision Benefits		1,300	64.76
CICI	FlexPOS Bronze Standard HSA	X	762	64.73
CICI	FlexPOS Bronze Standard	X	366	64.69
CBI	Choice Silver Standard POS		13,777	70.95
CBI	73% CSR		7,917	73.08
CBI	87% CSR		10,671	87.28
CBI	94% CSR		6,332	94.41
Anthem	Silver PPO Standard Pathway		5,296	70.66
Anthem	73% CSR		2,009	72.83
Anthem	87% CSR		3,395	87.93
Anthem	94% CSR		2,234	94.71
CICI	FlexPOS Silver Standard	X	668	70.95
CICI	73% CSR	X	220	73.08
CICI	87% CSR	X	584	87.28
CICI	94% CSR	X	932	94.41
CBI	Choice Gold Standard POS		3,233	81.82
Anthem	Gold HMO BlueCare Prime with Added Dental and Vision Benefits		3,232	76.55
Anthem	Gold HMO Pathway Enhanced Tiered		1,834	77.95
Anthem	Gold HMO BlueCare Prime	X	1,394	77.29
CICI	FlexPOS Gold Standard	X	745	81.82
CBI	Choice Gold Alternative POS		610	76.30
Anthem	Gold PPO Standard Pathway		600	81.61
CBI	Choice Gold Alternative POS with Dental		420	77.23
CBI	Compass Gold Alternative POS		243	76.21
CICI	Compass EPO Gold Alternative	X	87	76.06
CICI	FlexPOS Platinum Alternative	X	1,695	85.86
			112,634	

EXHIBIT 22.0

Data as of end of
Open Enrollment
for 2022 Plan
Year

Plans displayed
in order of Metal
Level and Total
Plan Enrollment

AV data is
collected from
2022 Rate Filings
(AV Screenshots)

State-Based Marketplace Plans

Standard and Non-Standard Plan Requirements for Marketplace Issuers

States with Standard Plan Requirements:

- **California**
- **Colorado** (effective 2023)
- **Connecticut**
- **District of Columbia**
- **Massachusetts**
- **Maine**
- **New York**
- **Oregon**
- **Vermont**
- **Washington**

States Limiting Non-Standard Plan Options:

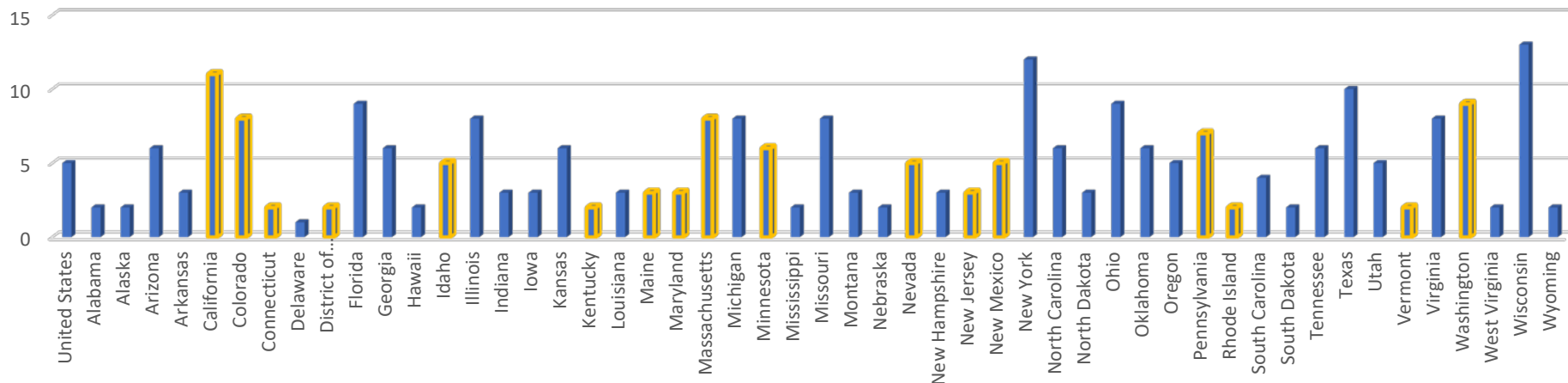
- **California**
 - does not allow non-standard plans
- **Connecticut**
 - limits the number of non-standard plans under all metal levels & does not allow non-standard silver plans
- **Massachusetts**
 - Similar limits to CT
- **Maine**
 - Up to 3
- **New York**
 - Up to 3
- **Oregon**
 - Up to 2

Individual QHP Marketplace Issuers

Total Count of Issuers by State

2021 Participating Issuers

****Yellow indicates State-Based Marketplaces****



Notes:

1. Data reflects issuers participating in the individual market only, and do not include SHOP or stand-alone dental plan issuers.
2. Insurers are grouped by parent company or group affiliation, which were obtained from HHS Medical Loss Ratio public use files and supplemented with additional research.
3. "Issuer": an issuer of a Individual Qualified Health Plan (QHP) through the State-based and Federally-facilitated Health Insurance Marketplaces (Marketplace plans).
4. Issuers offering QHPs through the Marketplace in multiple states are counted once in each state in which they offer a QHP. Parent companies of issuers are counted in place of each subsidiary, where applicable.
5. Data presented for the United States represent national averages.

Source: Kaiser Family Foundation: <https://www.kff.org/other/state-indicator/number-of-issuers-participating-in-the-individual-health-insurance-marketplace/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

SADPs Offered Through AHCT

2022 Plan Features & Enrollment – Individual and Small Group Markets

Plan Feature	Anthem Family Enhanced	Anthem Family	Anthem Family Value	Anthem Dental Family Preventive
Plan Type	Standard Plan	Non-Standard	Non-Standard	Non-Standard
Market Availability	Individual & SHOP	Individual & SHOP	Individual	Individual
Deductible	\$60 per covered person \$180 per family (3 or more) Applies to all but INN Diagnostic & Preventive services; Separate deductible for INN/OON	\$50 per covered person \$150 per family (3 or more) Applies to all covered services; Combined deductible for INN/OON	\$50 per covered person \$150 per family (3 or more) Applies to all covered services; Combined deductible for INN/OON	\$50 per covered person \$150 per family (3 or more) Applies to all covered services; Combined deductible for INN/OON
Maximum Out-of-Pocket	\$350 (1 child) \$700 (2 or more children)	\$350 (1 child) \$700 (2 or more children)	\$350 (1 child) \$700 (2 or more children)	\$350 (1 child) \$700 (2 or more children)
Benefits Offered: Child (Dependent child through age 25)	Diagnostic & Preventive; Basic Restorative; Major Services; Medically Necessary Orthodontia	Diagnostic & Preventive; Basic Restorative; Major Services; Medically Necessary Orthodontia	Diagnostic & Preventive; Basic Restorative; Major Services; Medically Necessary Orthodontia	Diagnostic & Preventive; Basic Restorative; Major Services; Medically Necessary Orthodontia
Benefits Offered: Adult*	Diagnostic & Preventive; Basic Restorative; Major Services	Diagnostic & Preventive; Basic Restorative; Major Services	Diagnostic & Preventive; Basic Restorative	Diagnostic & Preventive
Waiting Period: Adult*	Basic Restorative: 6 months; Major Services: 12 months	Basic Restorative: 6 months; Major Services: 12 months	Basic Restorative: 6 months	
Annual Plan Maximum: Adult*	\$2,000	\$1,000	\$1,000	\$1,000

INN = In-Network

OON = Out-of-Network

*Covered person not eligible for pediatric benefit

SADPs Offered Through AHCT

2022 Rates– Individual and Small Group Markets

Plan	Monthly Premium (Individual Market)	Monthly Premium (SHOP)*
Anthem Family Enhanced (Standard Plan)	Children Age 0-25: \$32.73 Adults Ages 26+: \$65.62	Children Age 0-25: \$29.46 Adults Ages 26+: \$59.05
Anthem Family	Children Age 0-25: \$28.87 Adults Ages 26+: \$40.80	Children Age 0-25: \$25.98 Adults Ages 26+: \$36.72
Anthem Family Value	Children Age 0-25: \$28.87 Adults Ages 26+: \$27.34	N/A
Anthem Dental Family Preventive	Children Age 0-25: \$28.87 Adults Ages 26+: \$21.70	N/A

*No change in rates submitted in
July 2021 filing for second, third
or fourth quarters

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"> Topics impacted by new federal / state regulations and guidance [e.g., impact to changes in funding for CSR plans, reinsurance, etc.] Items suggested by AHCT Board of Directors, HPBQ AC or other constituents including customer preferences/input 	✓ (plan designs to incorporate State legislation regarding diabetes coverage)	✗

✓ = Yes; ✗ = No

2022 Enrollment Updates

AHCT Open Enrollment Reports

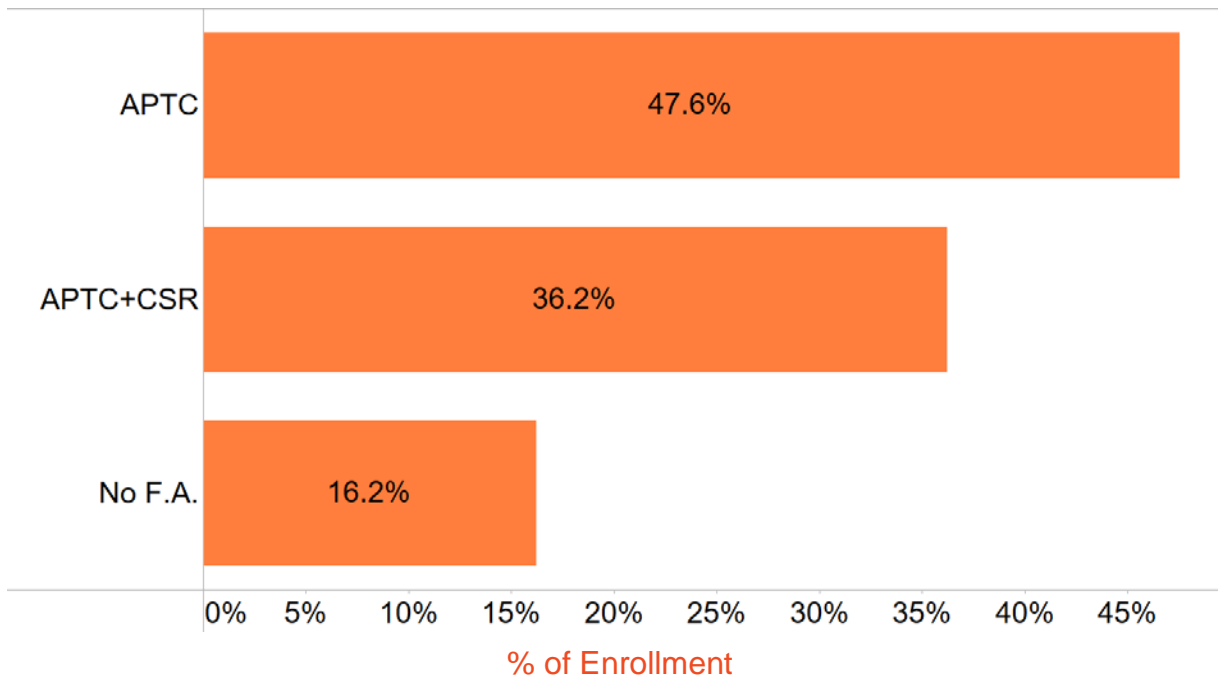
URLs to Annual Open Enrollment Reports

- Plan Year 2018: <https://agency.accesshealthct.com/wp-content/uploads/2018/01/OE-2018-Summary-Report.pdf>
- Plan Year 2019: <https://agency.accesshealthct.com/wp-content/uploads/2019/02/OE-2019-Summary-Report.pdf>
- Plan Year 2020: <https://agency.accesshealthct.com/wp-content/uploads/2020/02/OE-2020-Summary-Report.pdf>
- Plan Year 2021: <https://agency.accesshealthct.com/wp-content/uploads/2021/02/OE-2021-Summary-Report.pdf>
- Plan Year 2022: <https://agency.accesshealthct.com/wp-content/uploads/2022/02/OE-2022-Summary-Report.pdf>

2022 Premium Assistance Distribution

Proportion of Total Enrollment by Eligibility for Financial Assistance (F.A.)

Financial Assistance (F.A.) Level



Over 84% of enrollees receive financial help for premiums.

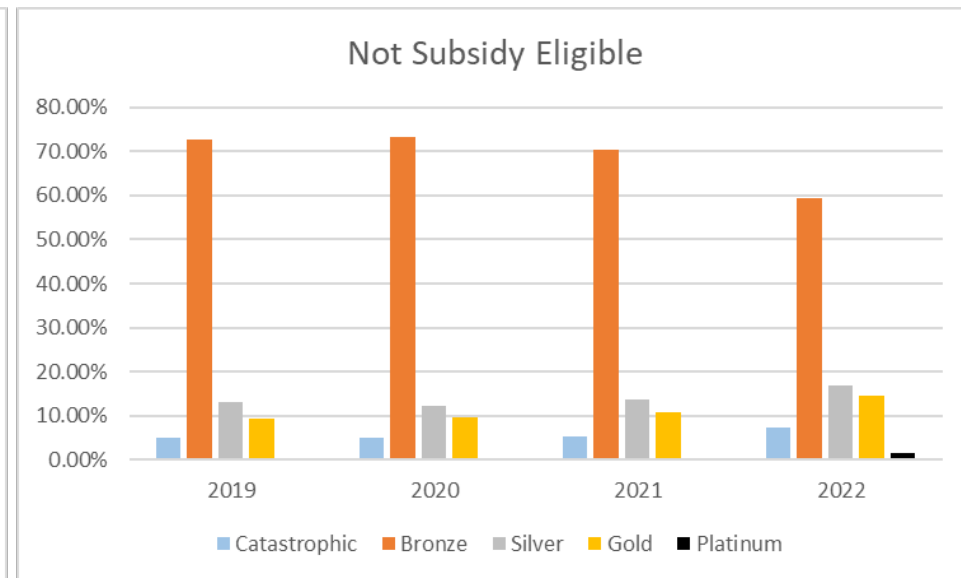
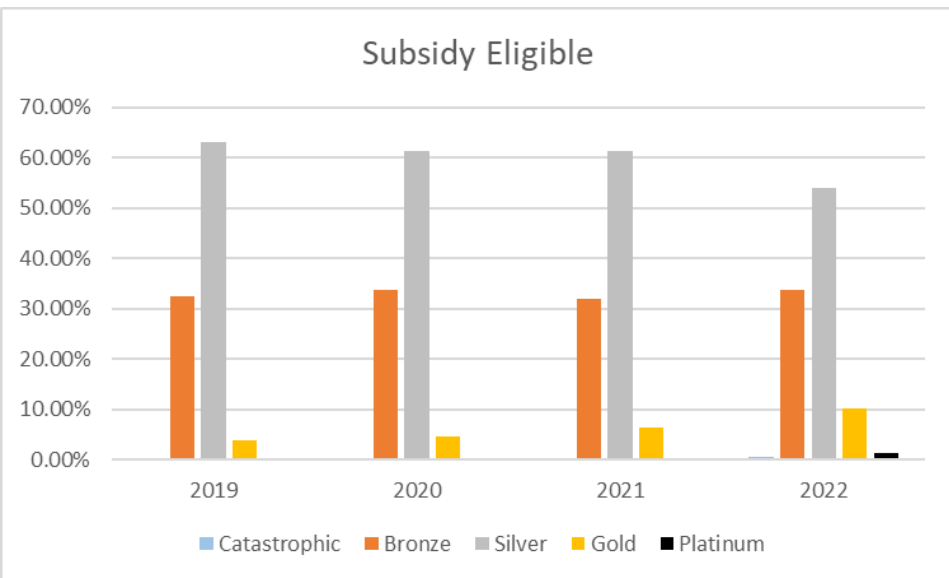
***APTC Only:** Enrolled individuals eligible for an Advance Premium Tax Credit to lower their monthly premiums.*

***APTC + CSR:** Enrolled individuals eligible for APTC and a Cost Sharing Reduction to lower out of pocket health expenses.*

***No F.A.:** Enrolled individuals that did not qualify for financial help.*

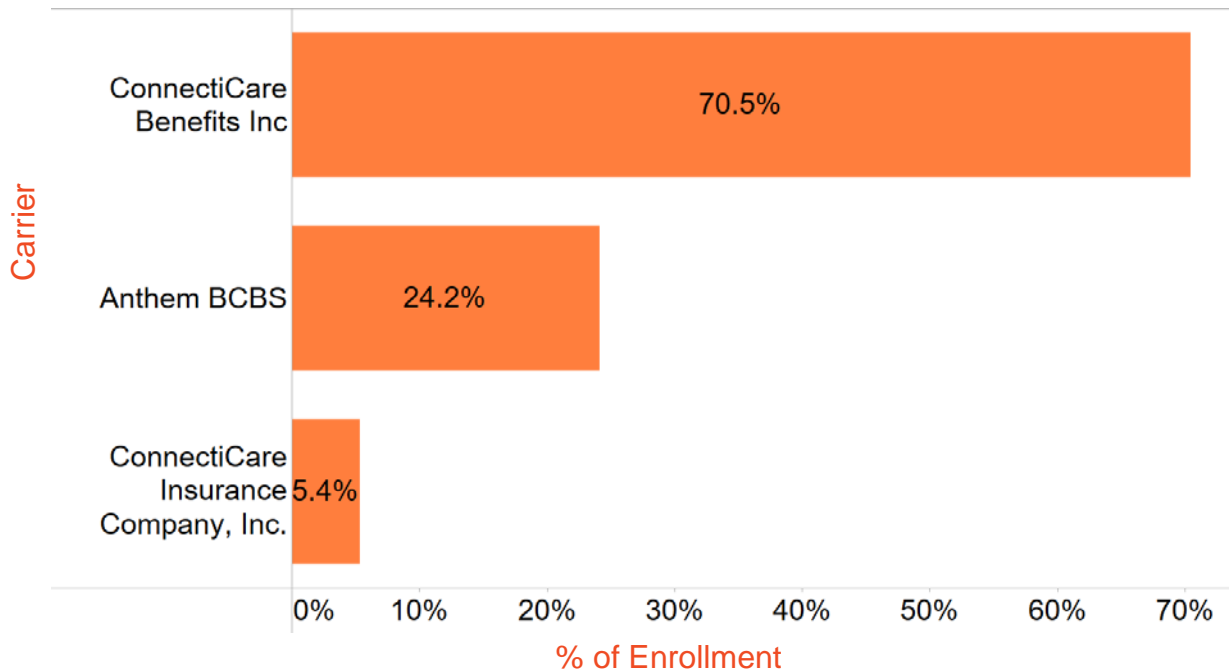
AHCT Plan Enrollment (2019-2022)

Percent of Enrollment by Metal Level and Subsidy Eligibility



2022 Carrier Market Share

Proportion of Total Enrollment by Carrier



Since last OE, Anthem's market share increased 2.0%, and new entrant ConnectiCare Insurance Company Inc (CICI) now has 5.4% of total market share.

Metal Tier Product Preferences

Annual Overview

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

	2014	2015	2016	2017	2018	2019	2020	2021	2022
Catastrophic	2.2%	2.2%	1.8%	1.8%	1.5%	1.7%	1.7%	1.9%	1.6%
Bronze	16.2%	22.4%	23.3%	25.3%	35.1%	44.2%	45.7%	43.6%	36.8%
Silver	63.4%	59.5%	61.5%	63.9%	55.6%	48.5%	46.3%	46.8%	47.9%
Gold	18.1%	15.1%	12.1%	9.1%	7.8%	5.5%	6.3%	7.7%	11%
Platinum	N/A	.9%	1.4%	N/A	N/A	N/A	N/A	N/A	1.5%

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

AHCT Consumers & Buying Patterns

Plan Selection by Enrollees by Subsidy Eligibility Category

Proportion of Enrollment By Plan Metal Level & Year

	2019				
	Eligible for 94% CSR	Eligible for (87% CSR)	Eligible for (73% CSR)	Eligible for APTC Only	No FA
Catastrophic	0.05%	0.04%	0.19%	0.83%	5.01%
Bronze	4.63%	13.75%	37.40%	55.01%	72.71%
Silver	94.39%	84.87%	57.78%	37.33%	13.04%
Gold	0.93%	1.34%	4.63%	6.84%	9.24%

	2020				
	Eligible for 94% CSR	Eligible for (87% CSR)	Eligible for (73% CSR)	Eligible for APTC Only	No FA
Catastrophic	0.04%	0.08%	0.20%	0.60%	4.91%
Bronze	4.00%	13.78%	38.37%	56.89%	73.19%
Silver	95.04%	84.70%	54.95%	34.82%	12.17%
Gold	0.92%	1.44%	6.47%	7.69%	9.73%

	2021				
	Eligible for 94% CSR	Eligible for (87% CSR)	Eligible for (73% CSR)	Eligible for APTC Only	No FA
Catastrophic	0.07%	0.06%	0.12%	0.80%	5.45%
Bronze	2.97%	11.35%	33.25%	55.84%	70.24%
Silver	95.85%	86.51%	58.73%	32.80%	13.59%
Gold	1.11%	2.07%	7.89%	10.56%	10.71%
Platinum	0.00%	0.00%	0.00%	0.00%	0.00%

	2022				
	Eligible for 94% CSR	Eligible for (87% CSR)	Eligible for (73% CSR)	Eligible for APTC Only	No FA
Catastrophic	0.05%	0.05%	0.09%	0.90%	7.42%
Bronze	2.22%	7.31%	20.75%	51.00%	59.25%
Silver	96.53%	90.00%	68.61%	31.29%	16.99%
Gold	1.16%	2.53%	9.51%	14.53%	14.71%
Platinum	0.04%	0.11%	1.03%	2.28%	1.63%

Customer Plan Selections

2021 - 2022 Enrollment by Carrier, Plan Name, and Plan Year

		2021	2022
Catastrophic	Catastrophic HMO Pathway Enhanced	233	201
	Choice Catastrophic POS with Dental	1,507	1,663
Bronze	Bronze HMO BlueCare Prime	1,051	
	Bronze HMO BlueCare Prime with Added Dental..		1,300
	Bronze HMO Pathway Enhanced Tiered	1,375	1,415
	Bronze PPO Standard Pathway	2,695	2,430
	Bronze PPO Standard Pathway for HSA	1,915	1,878
	Bronze Virtual Alternative POS	3,659	
	Choice Bronze Alternative POS		3,475
	Choice Bronze Alternative POS with Dental	1,911	2,402
	Choice Bronze Standard POS	14,553	13,096
	Choice Bronze Standard POS HSA	8,809	9,267
	FlexPOS Bronze Standard		366
	FlexPOS Bronze Standard HSA		762
	Passage Bronze Alternative PCP POS	6,379	6,252
	Choice Silver Standard POS	37,682	38,700
Silver	FlexPOS Silver Standard		2,401
	Silver PPO Standard Pathway	15,128	12,935
	Choice Gold Alternative POS		610
Gold	Choice Gold Alternative POS with Dental	413	420
	Choice Gold Standard POS	4,042	3,233
	Compass EPO Gold Alternative		87
	Compass Gold Alternative POS	280	243
	FlexPOS Gold Standard		745
	Gold HMO BlueCare Prime	2,433	1,394
	Gold HMO BlueCare Prime with Added Dental a..		3,233
	Gold HMO Pathway Enhanced Tiered	1,540	1,834
	Gold PPO Standard Pathway	657	600
	Gold Virtual Alternative POS	796	
	FlexPOS Platinum Alternative		1,692
Platinum			

Count of Enrollees

A new carrier,
ConnectiCare Ins.
Company Inc. (CICI), was
added with 6 new plan
options.

ConnectiCare Benefits Inc. (CBI)
Anthem BCBS
ConnectiCare Ins. Company, Inc (CICI)

access health CT

AHCT Consumers & Buying Patterns

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

SUBSIDIZED ENROLLEES							
2019 Top 5 Plans	2019 Enroll	2020 Top 5 Plans	2020 Enroll	2021 Top 5 Plans	2021 Enroll	2022 Top 5 Plans	2022 Enroll
Choice Silver Alternative POS	25,685	Choice Silver Standard POS	34,830	Choice Silver Standard POS	34,462	Choice Silver Standard POS	37,157
Choice Bronze Standard POS	11,851	Choice Bronze Standard POS	12,179	Silver PPO Standard Pathway	10,312	Silver PPO Standard Pathway	11,476
Choice Silver Standard POS	11,324	Silver PPO Standard Pathway X	11,057	Choice Bronze Standard POS	9,698	Choice Bronze Standard POS	10,201
Silver PPO Standard Pathway X	7,022	Choice Bronze Standard POS HSA	4,055	Passage Bronze Alternative PCP POS	3,718	Choice Bronze Standard POS HSA	6,195
Choice Bronze Standard POS HSA	4,978	Passage Bronze Alternative PCP POS	3,817	Choice Bronze Standard POS HSA	3,589	Passage Bronze Alternative PCP POS	4,796

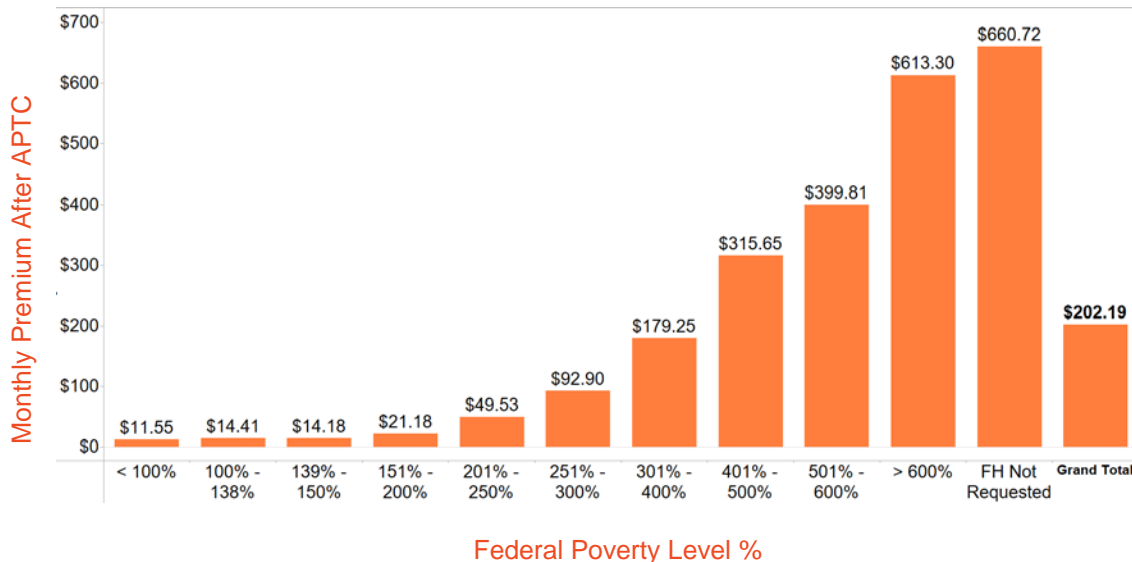
UNSUBSIDIZED ENROLLEES							
2019 Top 5 Plans	2019 Enroll	2020 Top 5 Plans	2020 Enroll	2021 Top 5 Plans	2021 Enroll	2022 Top 5 Plans	2022 Enroll
Choice Bronze Standard POS HSA	8,314	Choice Bronze Standard POS	9,234	Choice Bronze Standard POS	7,117	Choice Bronze Standard POS HSA	3,072
Choice Bronze Standard POS	7,406	Choice Bronze Standard POS HSA	6,776	Choice Bronze Standard POS HSA	5,913	Choice Bronze Standard POS	2,898
Passage Bronze Alternative PCP POS	2,619	Passage Bronze Alternative PCP POS	3,850	Passage Bronze Alternative PCP POS	3,567	Choice Silver Standard POS	1,540
Bronze PPO Standard Pathway X	2,464	Choice Silver Standard POS	2,185	Choice Silver Standard POS	2,346	Silver PPO Standard Pathway	1,458
Choice Gold Standard POS	1,981	Silver PPO Standard Pathway X	1,817	Silver PPO Standard Pathway	1,977	Passage Bronze Alternative PCP POS	1,455

2019: Subsidized: 78,654 + Unsubsidized: 32,412 = Total: 111,066
 2020: Subsidized: 74,944 + Unsubsidized: 32,889 = Total: 107,833
 2021: Subsidized: 73,138 + Unsubsidized: 31,808 = Total: 104,946
2022: Subsidized: 94,371 + Unsubsidized: 18,263 = Total: 112,634

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

Monthly Plan Cost – FPL Level

Average Monthly Premium After APTC by Household Income (FPL %)*



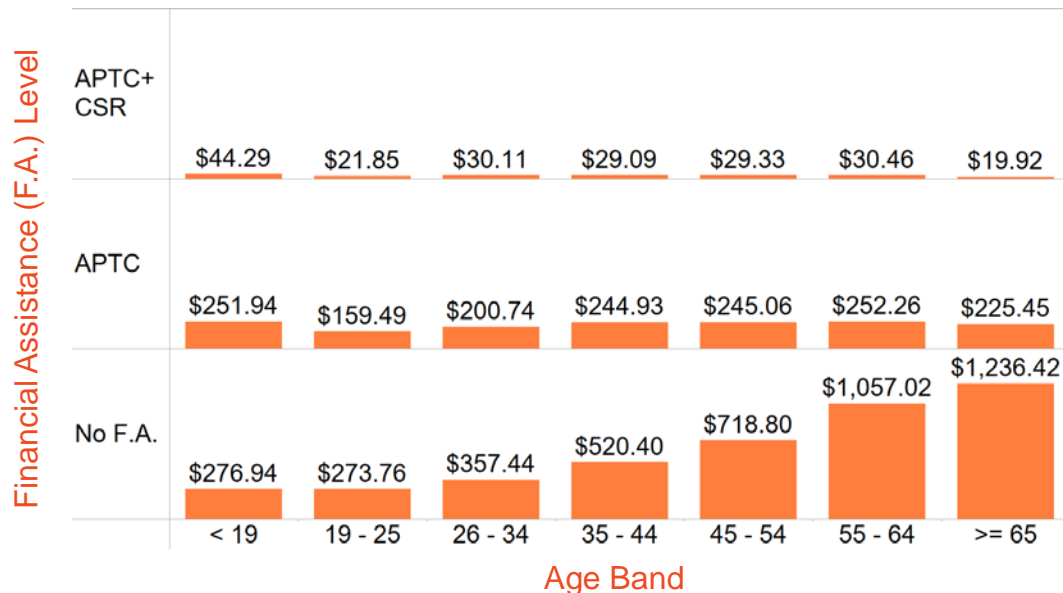
For customers with income between 151% - 200% FPL (14% of all QHP customers), their average monthly premium after APTC is \$21.18.

Households with income above 400% FPL qualify for APTC in 2021 and 2022.

**Comparison excludes households with more than 1 enrollee. "FH Not Requested" indicates households who do not request financial help.*

Monthly Plan Cost – Age Band

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



For customers between age 55-64 years old (35% of all QHP customers), their average monthly premium after APTC ranges from \$30 to \$1,057 depending on level of financial help.

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

Distribution of Enrollee Premium Before Tax Credits

Distribution of Enrollees by Premium Amount Before Tax Credits

Individual Premium Amount Before Tax Credits

	2017	2018	2019	2020	2021	2022
\$0	0.2%	0.1%	0.2%	0.1%	0.1%	0.1%
\$0 to \$250	12.5%	5.0%	6.0%	5.0%	3.8%	2.3%
\$250 to \$500	39.5%	31.3%	36.5%	32.1%	33.1%	29.7%
\$500 to \$750	24.5%	26.7%	25.3%	23.9%	22.2%	23.0%
\$750 to \$1k	19.4%	17.0%	19.7%	18.9%	20.5%	18.8%
\$1k to \$1.25k	3.7%	12.5%	9.3%	13.5%	15.5%	17.6%
\$1.25k to \$1.5k	0.3%	6.8%	2.7%	5.8%	4.2%	7.5%
\$1.5k to \$1.75k	0.1%	0.3%	0.3%	0.4%	0.3%	0.9%
\$1.75k to \$2k		0.1%	0.1%	0.1%	0.1%	0.1%
\$2k to \$2.25k		0.0%	0.0%	0.1%	0.1%	0.0%
\$2.25k to \$2.5k				0.0%	0.0%	0.0%
Over \$2.5k					0.0%	0.0%
Avg. Ind. Premium	\$537	\$682	\$625	\$684	\$692	\$741

The average individual enrollee gross premium, before APTC was applied, was \$741 in 2022 (vs. 692 in 2021).

Distribution of Enrollee Deductible

Distribution of Enrollees by Individual Deductible Amount*

Individual Deductible Amount

	2017	2018	2019	2020	2021	2022
\$0	14.3%	12.2%	4.4%	11.2%	11.4%	8.5%
\$0 to \$500	1.8%	0.9%	6.9%			
\$500 to \$1k	15.8%	15.5%	6.3%	14.8%	14.4%	13.0%
\$1k to \$1.5k	4.2%	7.4%	14.2%	3.8%	3.9%	5.6%
\$1.5k to \$2k	9.1%	2.4%	0.9%	1.0%	1.4%	1.6%
\$2k to \$2.5k	0.4%			1.3%	0.6%	3.6%
\$2.5k to \$3k	0.5%	1.2%	0.5%		1.5%	1.3%
\$3k to \$3.5k	9.2%	8.4%				
\$3.5k to \$4k	1.1%	13.9%	8.9%	8.2%	8.2%	9.4%
\$4k to \$4.5k	16.3%	0.9%	7.7%	12.3%	13.1%	17.5%
\$4.5k to \$5k			4.2%			
\$5k to \$5.5k	0.2%	0.7%		1.6%		
\$5.5k to \$6k	15.4%	19.4%	15.1%	13.6%	1.4%	1.2%
\$6k to \$6.5k	9.8%	13.5%	22.9%	23.0%	15.7%	5.2%
\$6.5k to \$7k		2.1%	6.2%	7.5%	18.7%	24.7%
\$7k to \$7.5k	1.8%	1.5%			7.7%	6.7%
\$7.5k to \$8k			1.8%			
\$8k to \$8.5k				1.7%		
\$8.5k to \$9k					1.9%	1.7%

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

8% of enrollees enrolled in a plan with \$0 deductible because of Cost Sharing Reduction eligibility.

*Deductible amounts reflect in-network value

Distribution of Enrollee Maximum Out Of Pocket

Distribution of Enrollees by Individual Maximum Out of Pocket Amount*

	2017	2018	2019	2020	2021	2022
\$0	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
\$500 to \$1k	1.3%	12.9%	10.7%	11.1%	11.3%	8.4%
\$1k to \$1.5k	14.2%	0.1%	0.6%			
\$1.5k to \$2k	17.4%	0.6%				
\$2k to \$2.5k		15.6%	6.0%			
\$2.5k to \$3k			9.6%	14.8%	14.4%	14.5%
\$3.5k to \$4k	7.1%					
\$4k to \$4.5k		6.7%				
\$4.5k to \$5k	1.6%					
\$5k to \$5.5k	0.2%	0.5%	9.1%	3.8%	3.9%	4.1%
\$5.5k to \$6k	10.6%	9.3%				
\$6k to \$6.5k	1.5%	0.0%	4.2%	0.1%		
\$6.5k to \$7k	16.8%	20.1%	14.3%	20.0%	18.8%	19.6%
\$7k to \$7.5k	29.2%	34.2%				
\$7.5k to \$8k			45.4%		0.3%	0.4%
\$8k to \$8.5k				50.0%	15.7%	0.8%
\$8.5k to \$9k					35.5%	52.2%
Avg. MOOP	\$4,678	\$5,116	\$5,717	\$6,064	\$6,272	\$6,656

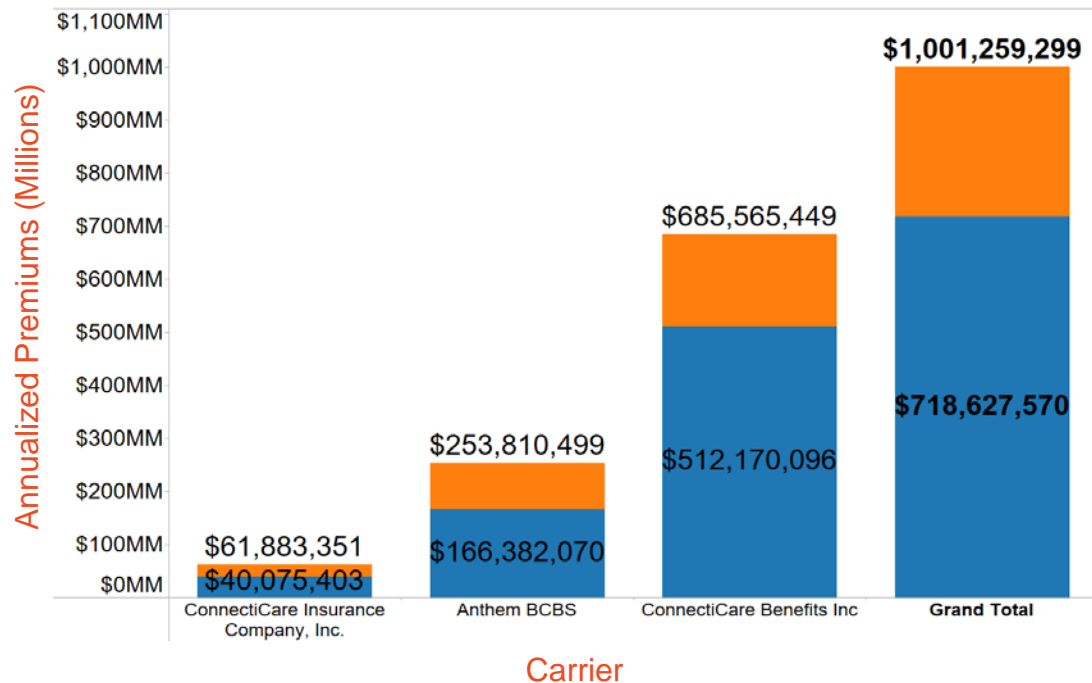
Health plans pay for 100% of covered benefits once a maximum out of pocket limit is reached.

52% of enrollees were enrolled in a plan with maximum out of pocket limit over \$8,500.

*Maximum out of pocket amounts reflect in-network value

Annual Premium & APTC Projection

Projected Annual Unearned Premium and APTC



Total annualized premiums for the 2022 QHP customer base amounts to \$1 billion, of which \$718.6 million are generated by premium tax credits.

Total Annualized Premium (including APTC)
Total Annualized Advance Premium Tax Credit (APTC)

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