



**Connecticut Health Insurance Exchange  
Health Plan Benefits and Qualifications Advisory Committee  
(HPBQ AC) Special Meeting**

Remote Meeting

Tuesday, February 24, 2022  
**Meeting Minutes**

**Members Present:** Grant Ritter (Chair); Theodore Doolittle; Matthew Brokman; Jill Zorn; Mark Schaefer; Tu Nguyen; Neil Kelsey; Paul Lombardo (Subject Matter Expert – SME)

**Other Participants:** Access Health CT (AHCT) Staff: James Michel; Charmaine Lawson; Susan Rich-Bye; Kelly Gavigan-Cote; Robert Blundo; Marcin Olechowski

Wakely Consulting: Julie Andrews; Brad Heywood  
Cecelia Woods

**A. Call to Order**

Chair Grant Ritter called the meeting to order at 2:00 p.m.

Roll call for attendance was taken.

**B. Public Comment**

No public comment was submitted.

**C. Vote**

Chair Ritter requested a motion to approve the January 11, 2022, Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Theodore Doolittle and seconded by Matthew Brokman. Roll call vote was taken. ***Motion passed unanimously.***

**D. 2022 Enrollment Updates**

***As Approved by the Health Plan Benefits and Qualifications Advisory Committee on March 30, 2022, with corrections.***

Robert Blundo, Director of Technical Operations and Analytics presented the 2022 Open Enrollment Update. Mr. Blundo noted that the Final Report is available on the Agency's website for viewing. The report is nearly 60 pages long and it allows the reader to compare historical for various Open Enrollment (OE) periods. Mr. Blundo noted that this report includes figures on marketplace overview and customer profile, acquisition and retention results, plan selection and product preferences as well as pricing analysis.

Mr. Blundo indicated that for the just concluded OE, 84 percent of enrollees qualified for Financial Assistance (FA) to help pay premiums. Mr. Blundo indicated that out of those consumers who utilize the FA, 47.6 percent use the Advanced Premium Tax Credit (APTC) while 36.2 percent are taking advantage of the APTC and Cost Sharing Reductions (CSRs) which reduces member out of pocket expenses.

Mr. Blundo elaborated that due to the passage of American Rescue Plan Act (ARPA), the number of enrollees who are eligible for FA is substantially higher. Mr. Blundo presented information on the proportion of total enrollment by carrier and according to the data; ConnectiCare Benefits Inc. has 70.5 percent of the market share, Anthem Blue Cross Blue Shield has 24.2 percent while ConnectiCare Insurance Company, Inc. (CICI) has 5.4 percent.

Mr. Blundo specified that since the last OE, Anthem's market share increased by 2 percent. Next the report included information on metal tier product preferences, as well as the percentage of enrollment by metal level and FA eligibility between 2019 and 2022. Mr. Blundo reviewed consumers' buying patterns by FA eligibility category with the proportion of enrollment by plan metal level and year.

Neil Kelsey commented that comparing Plan Year (PY) 2021 and PY 2022, the biggest difference is the expanded eligibilities under ARPA in PY 2022. Mr. Kelsey also noted that it has driven a behavior change and stressed that enrollees are using the FA to improve their coverage by buying up. Mr. Kelsey also commented that subsidies do drive decisions. If ARPA subsidies expire, this is going to have an impact to consumer purchasing.

Mr. Blundo provided an in-depth analysis of customer plan selections as well as the most popular healthcare coverage options for both subsidized, and unsubsidized enrollees. Mr. Blundo explained monthly plan cost based on the income level and subsidy eligibility, and highlighted that for consumers with incomes between 151 percent and 200 percent of the Federal Poverty Level (FPL), their average monthly premium after APTC is \$21.18. Mr. Blundo reiterated that under ARPA, households with income above 400 percent of the FPL qualify for APTC in 2021 and 2022. He also mentioned that for customers between the ages of 55-64 years old (35% of all QHP customers), their average monthly premium after APTC ranges from \$30 to \$1,057 depending on the level of financial assistance. He also provided average monthly premium by Age Bands.

Ms. Zorn asked about the impact of the additional APTC amounts and zero-dollar premium plans for low-income consumers. Mr. Blundo indicated that there are two factors contributing to why

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there are no zero-dollar premium plans in Connecticut. First, all Connecticut plans include some benefits that are non-essential health benefits. APTCs cannot be used to offset the cost of these benefits. Second, Connecticut does not put restrictions around plan selection so a consumer may select a plan with a higher premium.

Chair Grant Ritter inquired whether there are individuals who qualify for Medicaid but end up selecting a plan on the Exchange. Mr. Blundo stated that enrollees who are eligible for Medicaid have two options to choose from. They can either enroll in Medicaid or a non-subsidized Qualified Health Plan (QHP) from the Exchange.

Mr. Blundo stated that the average individual enrollee gross premium for 2022 before APTC was applied was \$741 vs. \$692 in 2021. Mr. Blundo added that 8 percent of enrollees signed up for a plan with a \$0 deductible because of their CSR eligibility and that 52 percent of enrollees selected a plan with a Maximum Out of Pocket (MOOP) limit over \$8500. Mr. Blundo informed the Committee that the total annualized premiums for the 2022 QHP customer base totals \$1 billion, of which \$718.6 million are paid through the premium tax credits.

#### **E. and F. Certification Requirements and Follow-Ups from January 11, 2022 Meeting**

Kelly Gavigan-Cote, Product Carrier Manager, reviewed the Certification Requirements. As a follow up from the previous meeting, Ms. Cote provided a list of states that have standard plan requirements as well as those states limiting non-standard plan options. Ms. Cote also provided data outlining 2021 participating Issuers by state, including both the State-Based Marketplaces (SBMs), as well as Federally-Facilitated Marketplaces (FFMs). Neil Kelsey commented that Connecticut, which prides itself to be an insurance capital of the world, had only two participating carriers on the Exchange in 2021, while many other states had more issuers. Ms. Cote also noted that slides historically shared are included within the Appendix portion of the presentation and have been updated to include 2022 enrollment data.

#### **G. 2023 Individual Market Standard Plan Designs**

Julie Andrews from Wakely Consulting started the presentation of the 2023 Individual Market Standard Plan Designs, noting that there are no updates in proposed regulatory changes or the AV calculator at this time. Ms. Andrews also provided follow up items from the January meeting by presenting a comparison of historical actuarial values for non-standard plans. She also presented member cost sharing distributions; noting that less than 10% of enrollees hit their maximum out-of-pocket during the 2019 plan year. She reviewed the Silver Plan Cost mix which displays the breakdown of spend by services rendered for In-network benefits only and presented a final slide explaining Silver Plan Drug Cost mix breaking out costs by pharmacy tier.

Brad Heywood from Wakely presented the Summary of 2023 Proposed Actuarial Value (AV) Changes for all metal tiers, including the Silver CSR plans. Mr. Heywood noted that they have

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been reviewed by the carriers for compliance and Mental Health Parity (MHP). Mr. Heywood stated that for 2023 for the pediatric vision benefit, eyeglasses and contacts must be covered at 50 percent coinsurance after deductible for out-of-network, and this coverage does not impact the AV calculation.

Mr. Heywood explained the 2023 metal tier analysis, starting with the Gold Plan and reviewing the two proposed options. He reminded the group that the proposed changes are reflective of committee's feedback received during the January HPBQ AC meeting and that if the federal government releases any changes to the final AV calculator, it could require additional plan changes to remain AV compliant. Brief discussion ensued around the two presented options with Paul Lombardo commenting that raising the Rx deductible could discourage consumers from obtaining their medicines.

A decision was made to vote on all of the standard plan designs together at the end of the presentation.

Mr. Heywood continued with a review of the Silver plans, including the CSR plans. For the 70% and 87% plans, there are two proposed options. For the 73% & 94% CSR plans, there is one proposed option. Discussion followed regarding the impact of plan changes and the change that would result in the least impact to the consumer.

Mr. Heywood explained two possible options for the Silver plan, and the changes that need to be made in order these plans to be compliant. Mr. Heywood noted that this plan required more adjustments than the plans at the other metal tier as the AV was further outside of the de minimus range for a silver plan. Options include increasing the medical deductible from the current \$4300 to either \$5000 in Option 1 or to \$5500 in Option 2. Prescription drug deductibles would be increased in Option 2 while the MOOP in Option 1 would increase to the federal limit of \$9100.

Mr. Heywood continued with a description of changes to the Silver Plan 73 percent AV. Mr. Heywood noted that only one option is presented with an increase in the medical deductible to \$4550 and an increase in the MOOP to \$7250.

Mr. Heywood reviewed the proposal pertaining to the Silver Plan 87 percent AV with two options being discussed. Mr. Heywood noted that with Option 1, the MOOP would increase to \$3250 while in Option 2, the Medical Deductible would increase to \$825. It was noted that the maximum MOOP permitted for an 87 percent plan for 2023 is \$3,000.

Mr. Heywood provided the Committee with information about the Silver Plan 94 percent AV, which has one proposed Option which would increase the MOOP to \$950. Mr. Heywood presented two options for the Bronze Non-HSA (Health Savings Account) Plan, with Option 1 increasing the MOOP to \$8800 while Option 2 would increase the combined Medical and Prescription Drug Deductible to \$6750.

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Mr. Heywood noted that no changes are required to the Bronze HSA Plan.

Chair Ritter requested a motion to recommend that the Board of Directors approve Option 1, presented by Wakely Consulting on behalf of Exchange Staff as the Standard Gold Plan for Plan Year 2023. Motion was made by Mark Schaefer and seconded by Jill Zorn. Roll call vote was ordered. **Motion passed unanimously.**

Chair Ritter requested a motion to recommend that the Board of Directors approve Option 1, presented by Wakely Consulting on behalf of Exchange Staff as the Standard Silver Plan for Plan Year 2023. Motion was made by Theodore Doolittle and seconded by Tu Nguyen. Roll call vote was ordered. **Motion passed unanimously.**

Chair Ritter requested a motion to recommend that the Board of Directors approve Option 1, presented by Wakely Consulting on behalf of Exchange Staff as the Standard Silver 73% CSR Plan variant for Plan Year 2023. Motion was made by Jill Zorn and seconded by Theodore Doolittle. Roll call vote was ordered. **Motion passed unanimously.**

Chair Ritter requested a motion to recommend that the Board of Directors approve Option 1, presented by Wakely Consulting on behalf of Exchange Staff as the Standard Silver 87% CSR Plan variant for Plan Year 2023 with the \$3000 Maximum Out of Pocket and the lowest possible compliant Medical Deductible. Motion was made by Theodore Doolittle and seconded by Jill Zorn. Roll call vote was ordered. Neil Kelsey voted Nay. **Motion passed.**

Chair Ritter requested a motion to recommend that the Board of Directors approve Option 1, presented by Wakely Consulting on behalf of Exchange Staff as the Standard Silver 94% CSR Plan variant for the Plan Year 2023. Motion was made by Jill Zorn and seconded by Mark Schaefer. Roll call vote was ordered. **Motion passed unanimously.**

Chair Ritter requested a motion to recommend that the Board of Directors approve Option 1, presented by Wakely Consulting on behalf of Exchange Staff as the Standard Bronze Non-HSA Plan for Plan Year 2023. Motion was made by Jill Zorn and seconded by Theodore Doolittle. Roll call vote was ordered. **Motion passed unanimously.**

Chair requested a motion to recommend that the Board of Directors approve the existing Standard HSA Bronze Plan, presented by Wakely Consulting on behalf of Exchange Staff as the Standard HSA Bronze Plan for Plan Year 2023. Motion was made by Theodore Doolittle and seconded by Jill Zorn. Roll call vote was ordered. **Motion passed unanimously.**

#### **H. 2023 Plan Year Timeline: Certification Requirements**

Charmaine Lawson, Product Carrier Manager, provided the Committee with the 2023 PY Timeline, which includes awaiting finalization of the Actuarial Value Calculator as well as other

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significant elements that need to be prepared by Health and Human Services (HHS). Ms. Lawson emphasized that the Plan Management Team is on track in meeting all of the requirements.

#### **I. HPBQ AC Meeting Schedule and J. Next Steps**

Susan Rich-Bye, Director of Legal and Governmental Affairs, provided a brief description of the upcoming Committee Meeting Schedule.

Mr. Kelsey stated that there was discussion earlier about the implications of having more than two carriers on the Exchange and asked the Chair to elaborate. Chair Ritter stated that the Health Plan Benefits and Qualifications Advisory Committee is tasked with focusing on the qualifications and benefits for plans offered through the Exchange, while the Strategy Committee should be the committee that might look at any implications of having more than two carriers on the Exchange.

#### **K. Adjournment**

Chair Grant Ritter requested a motion to adjourn. Motion was made by Theodore Doolittle and seconded by Tu Nguyen. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 3:33 p.m.