



Access Health CT – Board of Directors

April 21, 2022

Board Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Vote
 - Review and Approval of Minutes
- D. CEO Report
- E. Finance Update
 - FY 2022 – 3rd Quarter Budget Report – Operating (Vote)
 - FY 2023 – Proposed Operating Budget (Vote)
 - Assessment Revenue (Vote)
- F. Qualified Health Plan Certification Requirements for 2023 Plan Year
 - Recommended Standard Plans
- G. ACA Policy/Legal Update
- H. Future Agenda Items
 - Health Equity and Outreach Advisory Committee
 - Strategic Initiatives: Subsidiary and Broker Academy
 - Mission and Vision/Guiding Principles
- J. Adjournment

Public Comment

Vote

- *Review and Approval of Minutes*

CEO Report

James Michel

Finance Update

Fiscal Year 2022 Budget Report

Fiscal Year 2023 Proposed Budget

Assessment

Grants and Projects Updates

Fiscal Year 2022 Budget Report

- **FY 2022 Budget vs. Actuals Summary**
- **FY 2022 Budget vs. Actuals**
- **FY 2022 Proposed Final Budget Summary**
- **FY 2022 Proposed Final Budget**
- **Projected Reserve Fund Balance**

FY 2022 Budget vs. Actuals Summary

Operating Budget - Q3 Fiscal Year-to-Date				
	Approved	Adjusted		Variance
	Budget		Actuals	
AHCT	\$ 24,628,236		\$ 22,194,958	\$(2,433,278)
DSS Shared Cost	14,658,198		14,027,647	(630,551)
Total	\$ 39,286,434		\$ 36,222,605	\$(3,063,829)

FY 2022 Budget vs. Actuals

OPERATING BUDGET - July 1, 2020 to Mar 31, 2022

	Budget	Actuals	Variance	
Revenues				
Grants	\$ 574,060	\$ 363,393	\$ (210,667)	Timing of grant reimbursement
Interest Income	28,472	18,927	(9,545)	
Marketplace Assessments	23,792,196	23,572,657	(219,539)	Assessment decline
Total Revenue	\$ 24,394,728	\$ 23,954,977	\$ (439,751)	
Expenses				
Salaries	\$ 5,874,840	\$ 5,795,066	\$ (79,774)	Variances due to timing ↓
Fringe Benefits	2,481,193	2,295,688	(185,505)	
Temporary Staffing	317,219	379,636	62,417	
Contractual	11,035,206	10,242,844	(792,362)	
Equipment and Maintenance	2,196,640	2,259,997	63,357	
IT Enhancements	2,112,475	675,663	(1,436,812)	
Supplies	9,905	2,516	(7,389)	
Travel	33,875	11,082	(22,793)	
Other Administrative	566,883	532,466	(34,417)	
Total Operating Expenses	\$ 24,628,236	\$ 22,194,958	\$ (2,433,278)	
Costs Shared with DSS	14,658,198	14,027,647	(630,551)	
AHCT and DSS Total Expenses	\$ 39,286,434	\$ 36,222,605	\$ (3,063,829)	

*3rd Quarter Budget Report (as of March 31, 2022)

FY 2022 Proposed Final Budget Summary

Operating Budget - FY 2022 Proposed Final Budget			
	FY 2022 Approved Adjusted Budget	FY 2022 Proposed Final Budget	Variance
AHCT	\$ 33,121,511	\$ 33,121,511	\$ -
DSS Shared Cost	21,174,273	21,174,273	-
Total	\$ 54,295,784	\$ 54,295,784	\$ -

FY 2022 Proposed Final Budget

	FY 2022 Approved Adjusted Budget	Changes	FY 2022 Proposed Final Budget	
Revenue				
Grants	\$ 533,334	25,000	\$ 558,334	Connecticut Health Foundation Grant for Broker Academy
Reserve Funding	643,209	440,120	1,083,329	All-Payer Claims Database (APCD) cost - Legislative mandate
Investment Income	37,772	(22,713)	15,059	
Marketplace Assessments	31,907,196	(442,407)	31,464,789	Assessment revenue declined by \$442k in the second half of the fiscal year
Total Revenue	\$ 33,121,511	\$ -	\$ 33,121,511	
Budgeted Expenses				
Salaries	\$ 8,000,934	\$ (107,888)	\$ 7,893,046	Decrease due to employee turnover
Fringe Benefits	3,352,974	(238,814)	3,114,160	Decrease due to turnover & lower medical insurance cost
Temporary Staffing	286,000	189,260	475,260	Used contract work to cover gap in vacant positions
Contractual	13,741,652	2,435	13,744,087	
Equipment and Maintenance	3,415,271	448,311	3,863,582	APCD cost to Office of Health Strategy - Legislative mandate
IT Enhancements	3,081,798	(236,753)	2,845,045	Actual projects costs lower than projected
Supplies	18,653	(6,500)	12,153	
Travel	87,000	(50,051)	36,949	Decrease in travel due to continuing pandemic
Other Administrative	1,137,229	-	1,137,229	
Total Operating Expenses	\$ 33,121,511	\$ -	\$ 33,121,511	
Costs Shared with DSS	\$ 21,174,273	-	\$ 21,174,273	
AHCT and DSS Total Expenses	\$ 54,295,784	\$ -	\$ 54,295,784	

FY 2022 Projected Reserve Fund Balance

AHCT fiscal 2022 year-end reserve is projected at \$20.8 million

	<u>Amount</u>	<u>Months of Operating Funding</u>
<u>Audited Reserve As of June 30, 2021</u>	<u>23,946,990</u>	8.2
Subtract: Reserve Funded Projects (approved in FY2019)	(504,000)	
Subtract: American Rescue Plan Act (ARPA) Costs	(769,372)	
Subtract: FY2021 Carryover	(1,045,186)	
Subtract: Covered Connecticut	(643,209)	
Add: Grant Reimbursement for ARP	307,393	
Subtract: FY2022 APCD Cost*	(440,120)	
Projection at June 30, 2022	<u>\$ 20,852,496</u>	7.1

* Pending approval

Votes:

- **FY 2022 – 3rd Quarter Budget Report**
- **Non-budgeted additional expenses to the FY 2022 Adjusted Budget**
- **To transfer funds from the Reserves**

Fiscal Year 2023 Proposed Budget

Focused on 3 Strategic Initiatives

IT Investment | Cybersecurity | Health Disparities

To Support our Mission:

To increase the number of insured residents, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and provider that give them the best value.

Fiscal Year 2023 Proposed Operating Budget

- **FY 2023 Proposed Budget Summary**
- **FY 2023 Proposed Budget**
- **FY 2023 Shared Costs with DSS**

FY 2023 Proposed Budget Summary

	FY 2022 Final Adjusted Budget	FY 2023 Proposed Budget	YoY Change
AHCT	\$ 33,121,511	\$ 34,360,028	\$ 1,238,517
DSS Shared Cost	21,174,273	20,486,273	(688,000)
Total	\$ 54,295,784	\$ 54,846,301	\$ 550,517

FY 2023 Proposed Budget

	FY 2022 Final Adjusted Budget	FY 2023 Proposed Budget	YoY Change	
Revenue				
Grants	\$ 558,334	\$ 266,000	\$ (292,334)	Center for Medicare & Medicaid Services (CMS) Grant
Reserve Funding	1,083,329	1,200,000	116,671	Fund new system enhancements
Investment Income	15,059	24,892	9,833	
Marketplace Assessments	31,464,789	32,869,136	1,404,347	Represents proposed new assesment rate beginning in January 2023
Total Revenue	\$ 33,121,511	\$ 34,360,028	\$ 1,238,517	
Budgeted Expenses				
Salaries	\$ 7,893,046	\$ 8,366,342	\$ 473,296	Hired employees instead of contracting and budgeted salary increases
Fringe Benefits	3,114,160	3,469,582	355,422	6% increase in Medical Insurance plus other benefits increases
Temporary Staffing	475,260	397,855	(77,405)	
Contractual	13,744,087	13,028,643	(715,444)	Covered CT work completed and contractual work converted to staff.
Equipment and Maintenance	3,863,582	4,009,318	145,736	Increase in maintenance costs
IT Enhancements	2,845,045	3,835,174	990,129	New system enhancements
Supplies	12,153	15,349	3,196	
Travel	36,949	74,000	37,051	
Other Administrative	1,137,229	1,163,765	26,536	
Total Operating Expenses	\$ 33,121,511	\$ 34,360,028	\$ 1,238,517	
Costs Shared with DSS	\$ 21,174,273	\$ 20,486,273	\$ (688,000)	
AHCT and DSS Total Expenses	\$ 54,295,784	\$ 54,846,301	\$ 550,517	

FY 2023 Proposed Budget - Shared Cost with Department of Social Services (DSS)

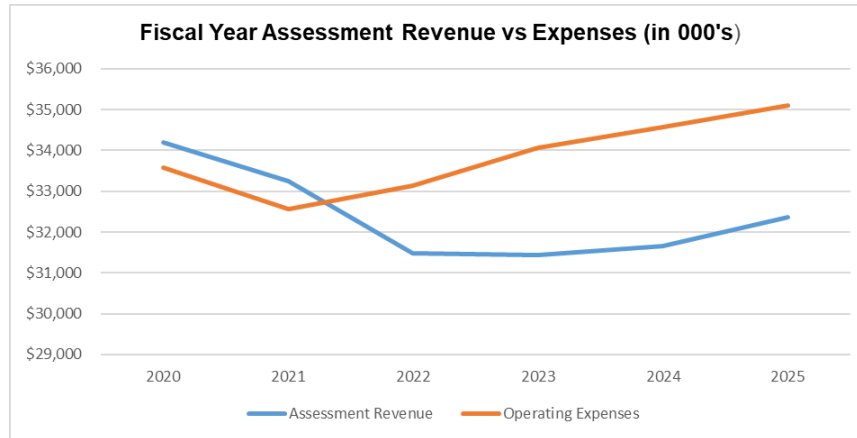
Budget Category	DSS SHARED COST BUDGET		
	FY 2022 Final Adjusted Budget	FY 2023 Proposed Budget	Variance
Temporary Staffing	\$862,645	\$862,645	-
IT Maintenance & Development	4,297,187	4,297,187	-
Operations	15,056,349	15,056,349	-
DSS (100%)	270,091	270,091	-
Total - State General Fund	\$20,486,273	\$20,486,273	\$ -
Total - Federally Funded	\$688,000	\$0	\$ (688,000)
Total - DSS Shared Budget	\$21,174,273	\$20,486,273	\$ (688,000)
Capital Improvements (86%)	\$3,096,000	\$1,376,000	\$ (1,720,000)

Votes:

- **FY 2023 Operating Budget**
- **To transfer funds from the Reserves**

Assessment Revenue and Operating Cost Outlook

Assessment revenues have declined over the last 3 fiscal years, while operating expenses have increased and are projected to outpace revenues on average \$2.8 million through fiscal year 2025.



	Actuals			Projections		
	2020	2021	2022	2023	2024	2025
Assessment Revenue	\$ 34,203	\$ 33,249	\$ 31,479	\$ 31,446	\$ 31,650	\$ 32,360
Operating Expenses	\$ 33,583	\$ 32,560	\$ 33,129	\$ 34,064	\$ 34,575	\$ 35,094
Variance	\$ 620	\$ 689	\$ (1,650)	\$ (2,622)	\$ (2,925)	\$ (2,734)

Why Revenues Are Declining & Operating Costs Are Increasing

Revenues are declining due to the shrinking of small group market caused by employers moving to self insured products.

New costly requirements by the Centers for Medicare & Medicaid Services (CMS), the State and the Internal Revenue Service (IRS).

Examples:

- Meeting security demands in an ever-changing digital environment.
- Legislative requirement to assess to fund the All-Payer Claims Database (APCD).
- Implementing system changes, operationalizing, and marketing new Special Enrollment Periods.

How AHCT is Addressing Fiscal Challenges

To meet the declining revenues and additional demands on the budget

- AHCT has lowered operational costs by 10% and created efficiencies to meet the organizational objectives.
- AHCT utilized \$2.5 million in reserves for unexpected projects and initiatives and proposed additional \$1.2 million from reserves for FY 2023.
- AHCT received \$1.1 million in grant funding for projects.

To sustain the level of support and service our customers need and to support our core mission and vision, AHCT recommends additional funding for FY 2023.

Proposed Assessment Recommendation

AHCT recommends increasing the assessment rate from 1.65% to 1.80%

- This will generate an additional \$2.8 million in revenue (calendar year) which includes \$1.4 million for the FY 2023 budget. This will fund the All-Payer Claims Database mandate, address declining revenues and rising operational costs.
- The proposed assessment rate would be effective Jan 1, 2023.

How AHCT Assessment Compares to Other Exchanges

AHCT has not raised the assessment rate over the last seven years.

Raising the assessment rate from 1.65% to 1.80% will still result in the lowest rate in the country.

State	Assessment Fee Structure
CT	1.65%
MD	2.00%
WA	2.00%
ID	2.29%
FFE	2.75%
NV	3.05%
CA	3.25%
CO	3.50%
MN	3.50%
MA	2.5-3%

FFE – Federally Facilitated Exchange

Assessment Impact on Premiums

- The average premium cost (before subsidies) will increase by \$1.00 per month for each individual consumer who buys individual, small group, and dental plans.
- Connecticut consumers receiving Advance Premium Tax Credits (APTC) will see an average reduction of 5 cents per month.
- Currently 83% of QHP enrollees receive APTC to reduce monthly premiums.

Vote:

- To approve new Assessment Rate

Grant Updates

- AHCT has applied for 5 grants in FY2022, 2 have been awarded and 3 grants are pending award.
- The first grant awarded was in September 2021 for \$1.1M by Centers for Medicare & Medicaid Services to fund certain modernization initiatives. AHCT has been approved to fund the following 6 projects and the status updates are below.

American Rescue Plan Act (ARPA) - Update						
Project Name	Funding Source	DSS Allocation	Total Project Budget	Spend	Budget Remaining	Status
ARP - Technology Update	Grant	None	\$ 307,393	\$ 307,393	\$ -	Completed
(3) IT Security Audits	Grant	None	180,288	41,970	\$ 138,318	In Progress
Security Incident and Event Management (SIEM) System	Grant	None	105,812	31,000	\$ 74,812	In Progress
Enhanced Account Home and Service Solution (EHASS)	Grant	None	513,900	-	\$ 513,900	In Progress
Total			\$ 1,107,393	\$ 380,363	\$ 727,030	

- The second grant awarded was in December 2021 for \$25,000 to fund the Broker Academy outreach and recruiting. There are 3 additional grants pending award up to \$425,000 for operation of the program.

Capital Improvement Projects (CIP-R) Funded by Reserve*

Project 2019.002 – Department of Social Services (DSS) is not providing funding for this project, however AHCT will proceed with a smaller project scope.

FY 2019 Capital Improvement Projects Update - Reserves							
Project Number	Project Name	Funding Source	DSS Amount	AHCT Amount	Total Budget	YTD Estimated Spend	Comments
2019.001	Technology refresh, move to open source and cloud-based technology from IBM products	Reserves	\$ 1,376,000	\$ 224,000	\$1,600,000	\$ -	Pending DSS Approval
2019.002	Technology Refresh move to user friendly Notices Engine and convert existing Notices to new technology	Reserves	-	280,000	280,000	-	Pending Assessment
Total			\$ 1,376,000	\$ 504,000	\$1,880,000	\$ -	

Projects Funded from Operating Budget*

Carry-forward projects from FY 2021 to FY 2022

- Projects were initiated and funded in FY 2021 but not completed by the end of the fiscal year.
- These projects have all been completed and are under budget by \$60,870.

FY 2021 On-going Project Plan Update				
Project Name	FY 2021 Carry-forward FY 2022	FY 2022 YTD Actuals	Remaining Balance	Status
Sytem Enhancements	\$ 962,813	\$ 912,381	50,432	Completed
Data transfer efforts for Covered CT	40,020	40,000	20	Completed
Health Disparities Website Development	42,353	31,935	10,418	Completed
	\$ 1,045,186	\$ 984,316	\$ 60,870	

*Update

QHP Certification Requirements

Plan Year 2023

2023 Regulatory Variables

Federal

- **Income limits expanded under American Rescue Plan Act (ARPA) set to expire at end of 2022**
 - Legislative extension possible
- **Proposed regulation eliminating the Family Glitch**
- **Public Health Emergency (PHE) and Medicaid Maintenance of Eligibility (MOE)**

State

- **Covered Connecticut Program - For eligible consumers, the State of CT pays the consumer portion of premium and consumer portion of cost-sharing amounts**

Eligibility Requirements:

- Must be enrolled in a Silver Plan
- For 7/1/2021, parents and caretaker relatives with children up to age 19 (18 and over must be full-time students) who are ineligible for Medicaid due to income up to 175% FPL
- For 7/1/2022, individuals who are ineligible for Medicaid due to income up to 175% FPL

2022 Plan Mix

Health Plan Benefits and Qualifications Advisory Committee (HBPQ AC)

Plans required/permitted per Issuer by market:

Metal Level	Qualified Health Plans (QHPs)			
	Individual Market		SHOP*	
	Standard 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	

Stand-Alone Dental Plans (SADPs)	
Individual and SHOP**	
Standard Plans (Required)	Non-Standard Plans (Optional)
1	3

**No differences in plan mix requirements across markets.

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

Standardized Plan Development

Health Plan Benefits and Qualifications Advisory Committee (HBPQ AC)

Individual Market - Qualified Health Plans (QHPs)


- Actuarial Value (AV) testing of the 2023 Standardized plans using CMS draft 2023 AV Calculator
- Impact assessment to incorporate proposed state legislation related to:
 - HB 5386 – to require cost sharing caps of \$25 for Epinephrine Cartridge Injectors
 - HB 358 – To expand requirements for the treatment used to diagnose breast and ovarian cancers
- Review of resulting Cost Share Modifications
 - Actuarial Value Compliance
 - Mental Health Parity Compliance
 - Internal Revenue Requirements: Definition of High Deductible Health Plan (HDHP) and 2019 IRS guidance: “Additional Preventive Care Benefits Permitted to be Provided by a High Deductible Health Plan Under § 223”

Individual and Small Group Markets - Stand-Alone Dental Plans (SADPs)

- Annual limitation on cost-sharing (a.k.a. maximum out-of-pocket, or MOOP) for the pediatric dental Essential Health Benefit
 - Based on U.S. Department of Labor's Bureau of Labor Statistics Consumer Price Index (CPI) specific to dental services

Access Health CT

2023 Individual Market Standard Plan Designs

A large, stylized version of the wakely logo, consisting of a blue Greek letter mu (μ) followed by the word "akely" in a lowercase, sans-serif font, centered on the slide.

April 21, 2022

PRESENTED BY

Julie Andrews, FSA, MAAA – Sr. Consulting Actuary

Brad Heywood, ASA, MAAA – Consulting Actuary

Regulation Changes for 2023

- **Proposed** annual limitation on cost sharing was increased to \$9,100* (from \$8,700 in 2022)
 - Note: This limit does not apply to HSA (Health Savings Account) qualified High Deductible Health Plans (HDHPs). That limit is released by the IRS in the spring. For 2022 the single deductible is set at a minimum of \$1,400 and the MOOP maximum limit is \$7,050.
 - CSR (Cost Sharing Reduction) Variations proposed annual limitation on cost sharing. The 2022 and proposed 2023 single* limits are:

100-150% FPL** • \$2900 → \$3000

150-200% FPL** • \$2900 → \$3000

200-250% FPL** • \$6950 → \$7250

- Some proposed plans at proposed maximums.

Proposed Changes to the Federal AVC for 2023

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

Appendix: 2023 Plan Design Overview Recommended 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

- Preventive care is covered at no cost to the member for all plans.
- 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.
- 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)

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%

Summary of 2022 Silver Plan AV

Benefit Category	2022 Individual Market Silver Plan	2022 Individual Market Silver Plan (73%)	2022 Individual Market Silver Plan (87%)	2022 Individual Market Silver Plan (94%)
Medical Deductible	\$4,300 (INN)/ \$8,600 (OON)	\$3,950	\$650	\$0
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250	\$50	\$0
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$8,600 (INN)/ \$17,200 (OON)	\$6,800	\$2,725	\$900
Primary Care	\$40	\$40	\$20	\$10
Specialist Care	\$60	\$60	\$45	\$30
Urgent Care	\$75	\$75	\$35	\$25
Emergency Room	\$450 (after ded.)	\$450 (after ded.)	\$150 (after ded.)	\$50
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$100 per day (after ded., \$400 max. per admission)	\$75 (300 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$60	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$30 (after ded.)	\$25
Laboratory Services	\$20	\$20	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$50	\$50	\$35	\$30
All Other Medical	40%	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2022 AVC Results	70.66%-70.81%	72.83%-72.92%	87.23% - 87.93%	94.39% - 94.71%
2023 Draft AVC Approximate Change	72.36% - 73.44%	74.59% - 75.55%	87.96% - 88.41%	94.98% - 95.22%

2023 Analysis: Silver Plan CSR Variations Option 1

Benefit Category	2023 Proposed Plan		
	2023 Individual Market Silver Plan (73%)	2023 Individual Market Silver Plan (87%)	2023 Individual Market Silver Plan (94%)
Medical Deductible	\$4,550	\$675	\$0
Rx Deductible	\$250	\$50	\$0
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,250	\$3,000	\$950
Primary Care	\$40	\$20	\$10
Specialist Care	\$60	\$45	\$30
Urgent Care	\$75	\$35	\$25
Emergency Room	\$450 (after ded.)	\$150 (after ded.)	\$50
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$100 per day (after ded., \$400 max. per admission)	\$75 (\$300 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$60	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$30 (after ded.)	\$25
Laboratory Services	\$20	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational)	\$30	\$20	\$20
Combined 40 visit calendar year maximum, separate for each type			
Chiropractic Care (20 visit calendar maximum)	\$50	\$35	\$30
All Other Medical	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2022 AVC Results	NA	NA	NA
2023 Draft AVC Approximate Change	73.62% - 73.96%	87.40%-87.99%	94.66% - 94.89%

2023 Analysis: Silver Plan CSR Variations **Option 2**

Benefit Category	2023 Proposed Plan		
	2023 Individual Market Silver Plan (73%)	2023 Individual Market Silver Plan (87%)	2023 Individual Market Silver Plan (94%)
Medical Deductible	\$4,550	\$825	\$0
Rx Deductible	\$250	\$50	\$0
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,250	\$2,725	\$950
Primary Care	\$40	\$20	\$10
Specialist Care	\$60	\$45	\$30
Urgent Care	\$75	\$35	\$25
Emergency Room	\$450 (after ded.)	\$150 (after ded.)	\$50
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$100 per day (after ded., \$400 max. per admission)	\$75 (\$300 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$60	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$30 (after ded.)	\$25
Laboratory Services	\$20	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$50	\$35	\$30
All Other Medical	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2022 AVC Results	NA	NA	NA
2023 Draft AVC Approximate Change	73.62% - 73.96%	87.42%-87.97%	94.66% - 94.89%

2023 Analysis: Silver Plan CSR Variations Option 3

Benefit Category	2023 Proposed Plan 2023 Individual Market Silver Plan (73%)
Medical Deductible	\$4,750
Rx Deductible	\$250
Coinsurance	40%
Out-of-pocket Maximum	\$7,250
Primary Care	\$40
Specialist Care	\$60
Urgent Care	\$75
Emergency Room	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)
Laboratory Services	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30
Chiropractic Care (20 visit calendar maximum)	\$50
All Other Medical	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)
2022 AVC Results	NA
2023 Draft AVC Approximate Change	

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

Summary of Recommended Changes

Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC)

Plan Year 2023 – Qualified Health Plan (QHP) Individual Market

Metal Level	Medical Deductible	Out-Of-Pocket Maximum
Bronze	No Change	\$8,700 → \$8,800
Bronze HSA	No Change	No Change
Silver (70%)	\$4,300 → \$5,000	\$8,600 → \$9,100
Silver (73% CSR)*	\$3,950 → \$4,550	\$6,800 → \$7,250
Silver (87% CSR)	\$650 → \$675	\$2,725 → \$3,000
Silver (94% CSR)	No Change	\$900 → \$950
Gold	No Change	\$5,250 → \$6,000

HSA = Health Savings Account

CSR = Cost Sharing Reduction

* Proposed new Option 3 - \$3,950 to \$4,750 subject to HPBQ AC recommendation.

All recommended changes are a result of the 2023 CMS proposed changes to the proposed Actuarial Value Calculator and metal level de minimis ranges.

Discussion And Vote

ACA Policy / Legal Update

ACA Policy/Legal Update

- **New Special Enrollment Period for Income \leq 150% of FPL**
- **Planning for End of Public Health Emergency**
- **President Biden's Executive Order to Continue Coverage Gains**
- **Proposed Rule to fix the "Family Glitch"**
- **Continued Advocacy for Extension of ARPA Subsidies**
- **State Legislative Update**

Future Agenda Items

Adjournment