



Access Health Connecticut

Health Plan Benefits & Qualifications Advisory Committee (HPBQ AC) Meeting
February 27, 2023

Agenda

- **Call to Order/Introductions**
- **Public Comment**
- **Vote: Meeting Minutes (February 1, 2023)**
- **2023 Enrollment Updates**
- **Follow ups**
- **2024 Proposed Plan Changes to Standard Plan Designs**
 - QHP & SADP
 - Possible Votes
- **2024 Plan Year Timeline**
- **HPBQ AC Meeting Schedule**

Public Comment

Vote

**Review and Approval of Minutes:
February 1, 2023 HPBQ AC Meeting**

AHCT Mission and Vision

AHCT Mission

To decrease the number of uninsured residents, improve the quality of healthcare, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health coverage that gives them the best values.

AHCT Vision

Provide Connecticut residents with access to the most equitable, simple and affordable health insurance products to foster healthier communities.

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

2023 Enrollment Updates

Director of Technical Operations & Analytics
Rebekah McLearn

8 2023 Open Enrollment (OE) Changes



108,132 Active 2023 Enrollees

Of those, 85.8% qualify for premium tax credits



88,483 Enrollees Renewed

Enrollees who renewed their 2022 policies for 2023



19,649 New QHP Enrollees Added

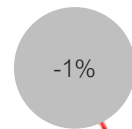
Of those, over 6.8k are first time customers



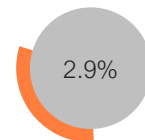
25,923 New HUSKY Enrollees

Gained coverage during Open Enrollment by completing application through the integrated eligibility system

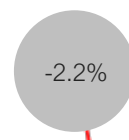
% Change in OE Enrollment by Financial Assistance*



APTC +
CSR

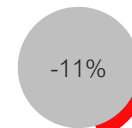


APTC

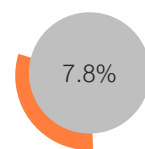


No F.A.

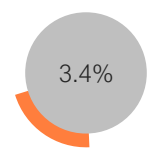
% Change in OE Carrier Enrollment*



ConnectiCare
Benefits Inc (CBI)



Anthem
BCBS

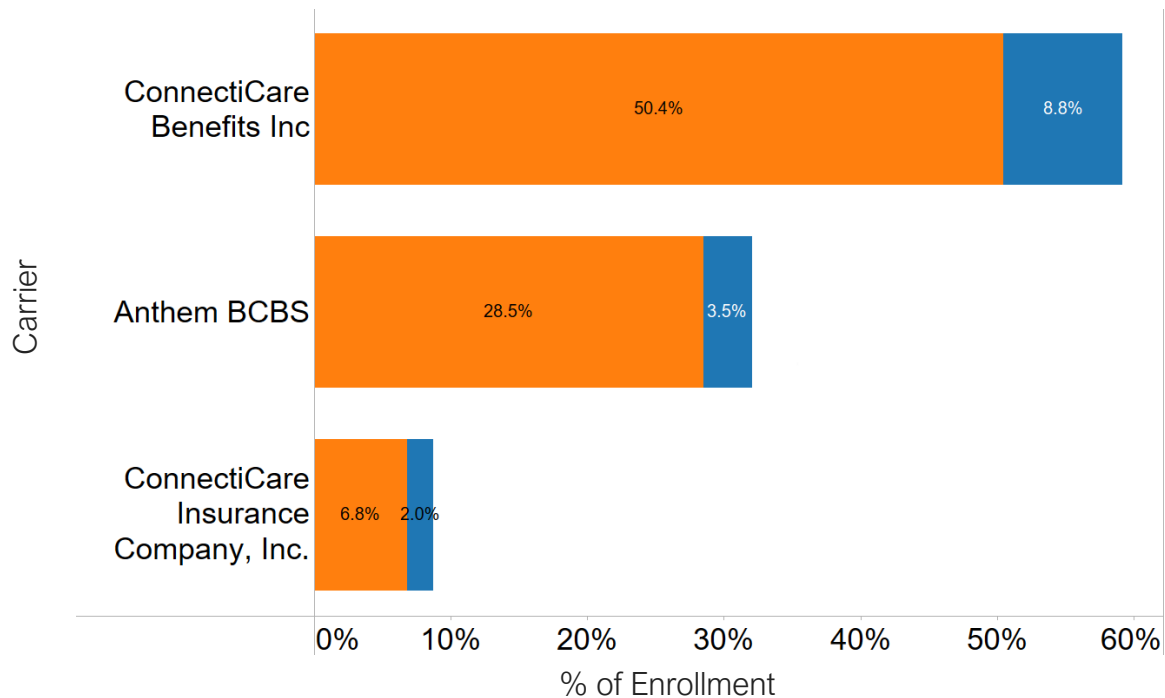


CICI

*% growth since the beginning of 2022 Open Enrollment Period (11/1/2023)

2023 Carrier Market Share - Medical

Proportion of Total Enrollment by Carrier

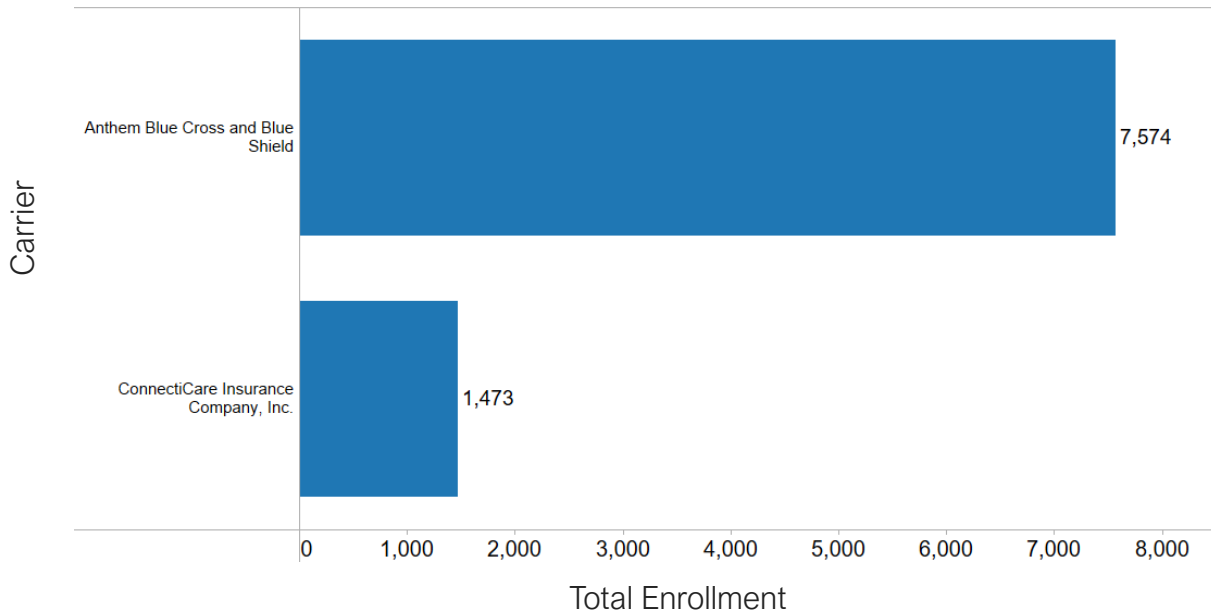


Since last OE, Anthem's market share increased 8.0%, and ConnectiCare Insurance Company, Inc. (CICI) now has 8.7% of total market share.

■ Covered CT
■ Not on Covered CT

2023 Carrier Market Share - Dental

Proportion of Total Enrollment by Carrier



83% of individuals enrolled in Anthem

614 individuals enrolled in a Dental Plan only




Overall Dental Enrollment increased by 66%

Customer Plan Selections

2022 - 2023 Enrollment by Carrier, Plan Name, and Plan Year

		2022	2023
Catastrophic	Catastrophic HMO Pathway Enhanced	170	245
	Choice Catastrophic POS with Dental	1,222	1,261
Bronze	Bronze HMO BlueCare Prime with Added Dental..	1,198	4,008
	Bronze HMO Pathway Enhanced Tiered	1,271	1,125
	Bronze PPO Pathway Enhanced Value PCP		990
	Bronze PPO Standard Pathway	2,212	2,291
	Bronze PPO Standard Pathway for HSA	1,681	2,141
	Choice Bronze Alternative POS	2,860	
	Choice Bronze Alternative POS with Dental	2,067	3,593
	Choice Bronze Standard POS	11,217	10,283
	Choice Bronze Standard POS HSA	8,417	9,780
	FlexPOS Bronze Standard	414	382
	FlexPOS Bronze Standard HSA	867	924
	Passage Bronze Alternative PCP POS	5,076	
Silver	Choice Silver Standard POS	34,526	36,224
	FlexPOS Silver Standard	3,093	4,719
	Silver PPO Standard Pathway	11,991	12,512
Gold	Choice Gold Alternative POS	514	371
	Choice Gold Alternative POS with Dental	340	299
	Choice Gold Standard POS	2,783	2,217
	Compass EPO Gold Alternative	95	141
	Compass Gold Alternative POS	205	
	FlexPOS Gold Standard	888	952
	Gold HMO BlueCare Prime	1,623	
	Gold HMO BlueCare Prime with Added Dental a..	3,264	5,414
	Gold HMO Pathway Enhanced Tiered	1,690	1,565
	Gold PPO Pathway with Added Dental and Visio..		3,846
Platinum	Gold PPO Standard Pathway	540	515
	FlexPOS Platinum Alternative	2,144	2,334

In 2023, four plans were discontinued and two plans were added.

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

Count of Enrollees

12 Metal Tier Product Preferences – Annual Overview

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

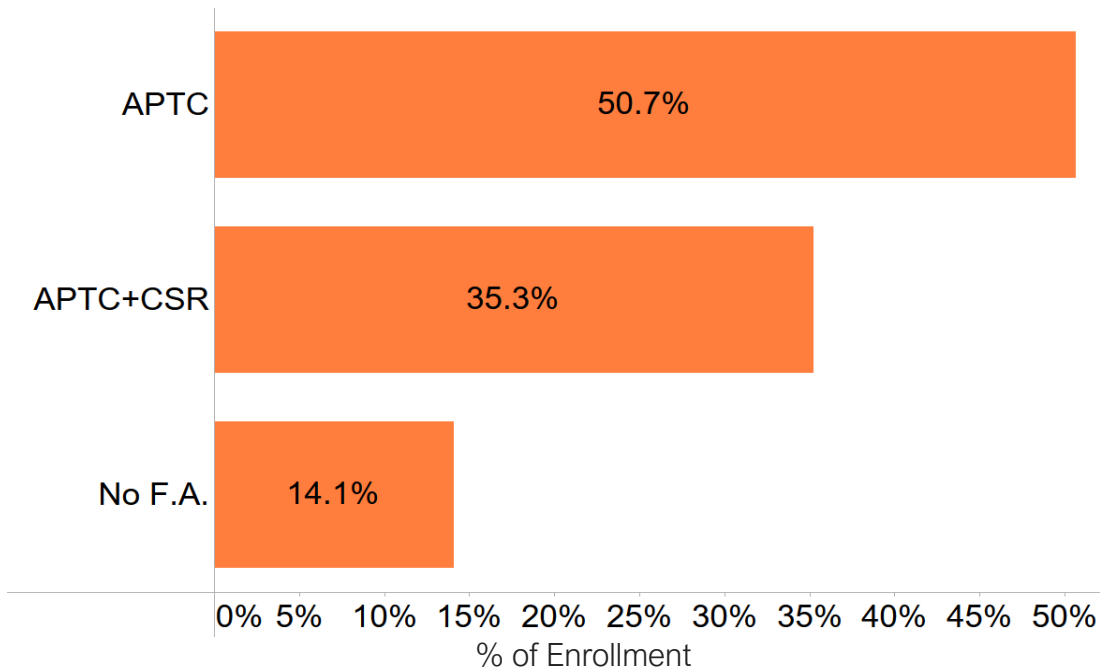
	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Catastrophic	2.2%	2.2%	1.8%	1.8%	1.5%	1.7%	1.7%	1.9%	1.6%	1.3%
Bronze	16.2%	22.4%	23.3%	25.3%	35.1%	44.2%	45.7%	43.6%	36.8%	32.8%
Silver	63.4%	59.5%	61.5%	63.9%	55.6%	48.5%	46.3%	46.8%	47.9%	49.4%
Gold	18.1%	15.1%	12.1%	9.1%	7.8%	5.5%	6.3%	7.7%	11%	14.1%
Platinum	N/A	.9%	1.4%	N/A	N/A	N/A	N/A	N/A	1.5%	2.1%

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

2023 Premium Assistance Distribution

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

Financial Assistance (F.A.) Level



Over 85% of enrollees receive financial help for premiums.

Over 40% of enrollees with APTC+CSR are receiving Covered CT Assistance

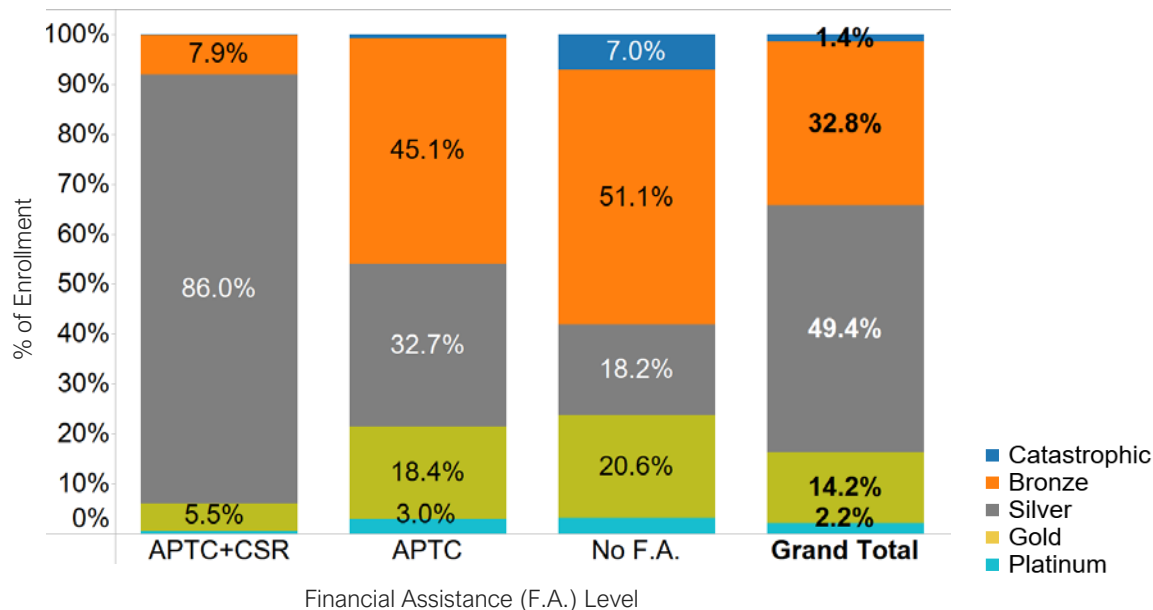
APTC: Enrolled individuals eligible for an Advance Premium Tax Credit to lower their monthly premiums.

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 request or did not qualify for financial help.

Plan Selections by Metal Category

Proportion of Enrollees by Financial Assistance Level and Plan Metal Category



49.4% of QHP customers selected a health plan in the Silver metal tier (vs. 48.0% in 2022 and 46.8% in 2021).

Over 3,000 customers eligible for CSR selected a health plan in the Bronze metal tier. (vs. 4,400 in 2022)

46% of QHP Customers in a silver plan with APTC+CSR are enrolled in Covered CT

Catastrophic Plans: <60% actuarial value

Bronze Plans: 60% actuarial value

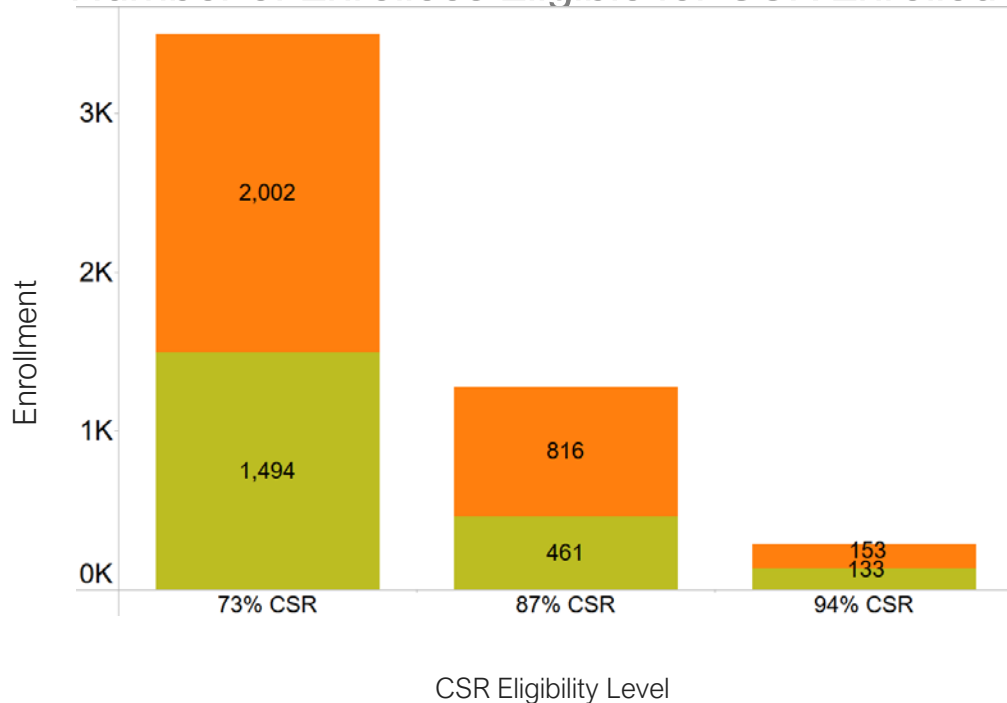
Expanded Bronze Plans: up to 65% actuarial value

Silver Plans: 70% actuarial value

Gold Plans: 80% actuarial value

Plan Selections – CSR Eligible in Bronze and Gold Plans

Number of Enrollees Eligible for CSR Enrolled in Bronze and Gold Tier Plans



Enrollees eligible for cost-sharing reductions who don't enroll in a silver plan forgo reduced cost-sharing assistance.

Since last OE, non-silver plan enrollment by new enrollees (with 87% and 94% CSR) decreased by 7%.

Bronze
Gold

Catastrophic Plans: <60% actuarial value

Bronze Plans: 60% actuarial value

Expanded Bronze Plans: up to 65% actuarial value

Silver Plans: 70% actuarial value

Gold Plans: 80% actuarial value

AHCT Consumers & Buying Patterns

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

SUBSIDIZED ENROLLEES							
2020 Top 5 Plans	2020 Enroll	2021 Top 5 Plans	2021 Enroll	2022 Top 5 Plans	2022 Enroll	2023 Top 5 Plans	2023 Enroll
Choice Silver Standard POS	34,830	Choice Silver Standard POS	34,462	Choice Silver Standard POS	37,157	Choice Silver Standard POS	34,943
Choice Bronze Standard POS	12,179	Silver PPO Standard Pathway	10,312	Silver PPO Standard Pathway	11,476	Silver PPO Standard Pathway	11,211
Silver PPO Standard Pathway X	11,057	Choice Bronze Standard POS	9,698	Choice Bronze Standard POS	10,201	Choice Bronze Standard POS	8,474
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	7,192
Passage Bronze Alternative PCP POS	3,817	Choice Bronze Standard POS HSA	3,589	Passage Bronze Alternative PCP POS	4,796	FlexPOS Silver Standard	4,532

UNSUBSIDIZED ENROLLEES							
2020 Top 5 Plans	2020 Enroll	2021 Top 5 Plans	2021 Enroll	2022 Top 5 Plans	2022 Enroll	2023 Top 5 Plans	2023 Enroll
Choice Bronze Standard POS	9,234	Choice Bronze Standard POS	7,117	Choice Bronze Standard POS HSA	3,072	Choice Bronze Standard POS HSA	2,588
Choice Bronze Standard POS HSA	6,776	Choice Bronze Standard POS HSA	5,913	Choice Bronze Standard POS	2,898	Choice Bronze Standard POS	1,809
Passage Bronze Alternative PCP POS	3,850	Passage Bronze Alternative PCP POS	3,567	Choice Silver Standard POS	1,540	Silver PPO Standard Pathway	1,301
Choice Silver Standard POS	2,185	Choice Silver Standard POS	2,346	Silver PPO Standard Pathway	1,458	Choice Silver Standard POS	1,281
Silver PPO Standard Pathway X	1,817	Silver PPO Standard Pathway	1,977	Passage Bronze Alternative PCP POS	1,455	Gold HMO BlueCare Prime with Added Dental and Vision Benefits	888

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: 112,643

2023: Subsidized: 92,914 + Unsubsidized: 15,218 = Total: 108,132

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

Medical Customer Age & Gender Mix

Proportion of Enrollees by Age and Gender

	Male	Female	Grand Total
< 19	9.7%	7.8%	8.7%
19 - 25	8.1%	7.5%	7.8%
26 - 34	14.3%	12.8%	13.5%
35 - 44	14.1%	13.4%	13.7%
45 - 54	18.1%	18.6%	18.4%
55 - 64	33.8%	37.7%	35.9%
>= 65	1.9%	2.1%	2.0%

% of Enrollment

Female enrollees account for 53% of total enrollment.

30% of enrollment consists of 19 – 34 year olds, aka “young invincibles”

590 customers over the age of 75 enrolled.

Dental Customer Enrollment by Age / Gender

Proportion of Enrollees by Age and Gender

Age Range	Female	Male	Grand Total	
	19 - 25	4.06%	3.50%	7.56%
	26 - 34	11.26%	11.08%	22.34%
	35 - 44	8.22%	7.83%	16.05%
	45 - 54	9.37%	7.89%	17.27%
	55 - 64	15.59%	12.28%	27.87%
	< 19	3.29%	3.53%	6.82%
	>= 65	1.33%	0.77%	2.10%

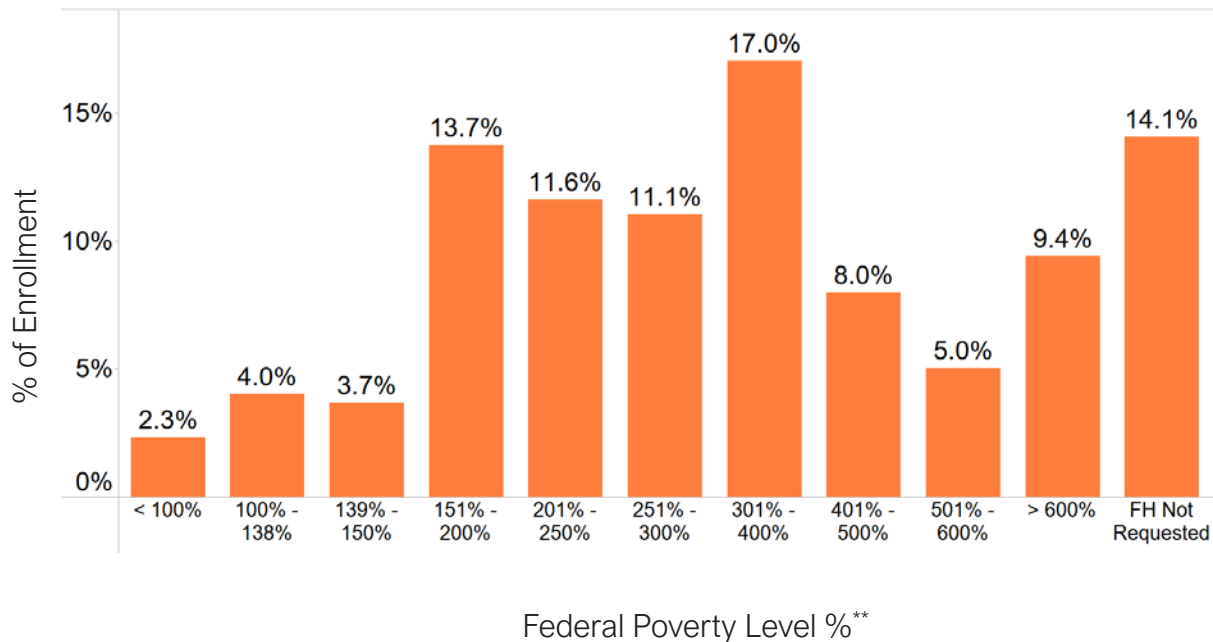
Female enrollees account for 53% of Dental Enrollment.

29% of Dental Enrollment consists of 19-34 year olds.

190 Individuals over the age of 65 are enrolled.

Household Income (Federal Poverty Level %)

Proportion of Enrollees by Household Income (Federal Poverty Level %)



Households with an income below 250% FPL may be eligible for Cost Sharing Reductions (CSR)*.

An annual income of \$27,180 for a one-person household is 200% FPL.

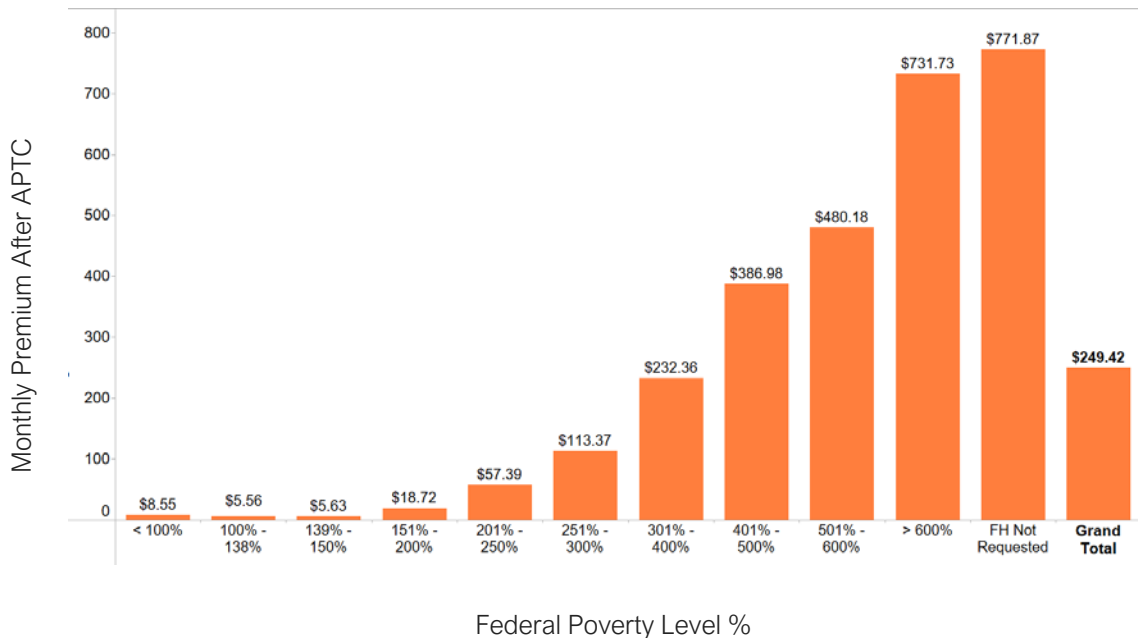
Individuals under 175% FPL could be eligible for Covered CT

**CSR eligibility thresholds may vary for American Indians and Alaska Natives.*

***Income information is not stored for reporting for customers ineligible for financial help. In this case, customers are placed in the >400% FPL group.*

Monthly Plan Cost – FPL Level

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



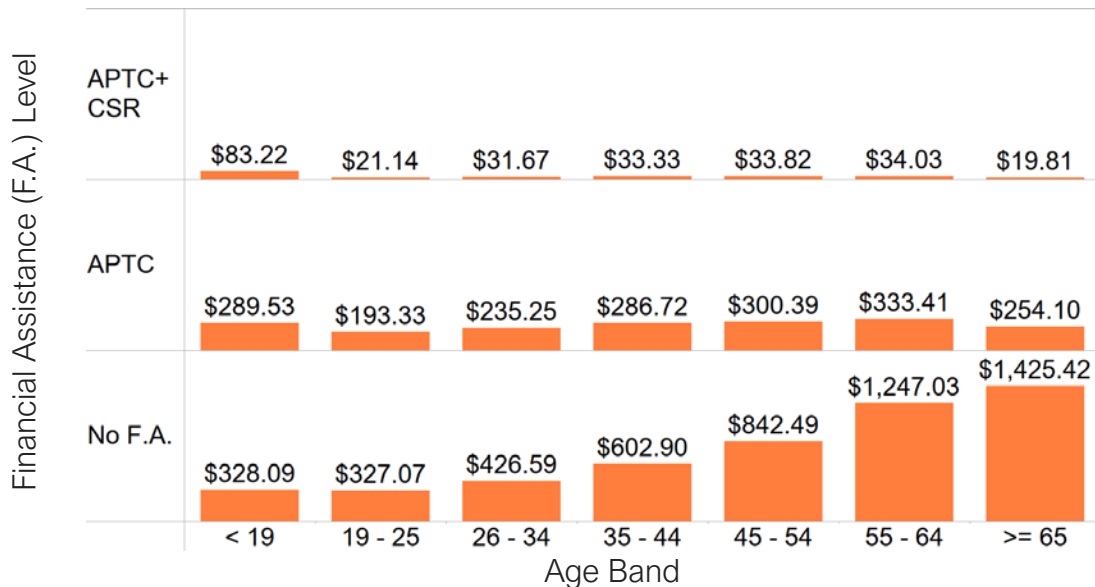
For customers with income between 151% - 200% FPL (13.6% of all QHP customers), their average monthly premium after APTC is \$18.72.

Households with income above 400% FPL continue to qualify for APTC in 2023.

**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 ages 55-64 years old (35.9% of QHP customers), the average monthly premium after APTC ranges from \$34 to \$1,247 depending on level of financial help.

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

2024 Individual Market Standard Plan Designs

February 27, 2023

PRESENTED BY:

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Going Beyond the Numbers



Agenda

2024 Plan Design Review

Follow-ups:
AVC Changes,
Deductible &
MOOP Data

Proposed
Regulatory
Changes

Proposed Federal
Actuarial Value
Calculator (AVC)
Changes

Preliminary 2024
Calculator Results

Prior Meeting Follow-ups

Summary of 2024 Proposed AV Changes

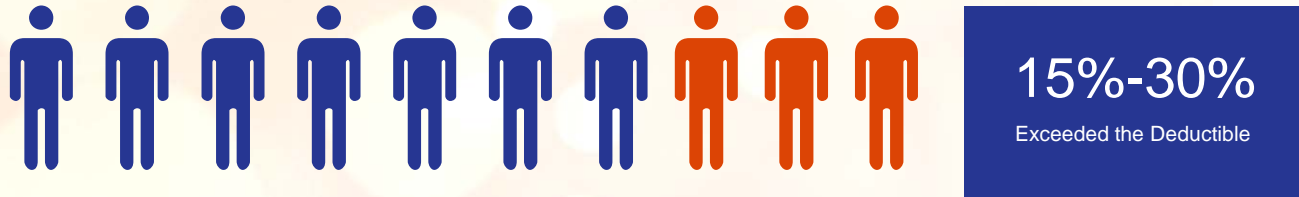
Individual Market	Gold	Silver	Bronze	Bronze HSA
\$100 Change in Deductible	-0.10%	-0.04%	-0.03%	-0.04%
\$100 Change in MOOP	-0.09%	-0.11%	-0.15%	-0.18%

Individual Market - CSR Plan Variations: Silver	73% AV CSR	87% AV CSR	94% AV CSR
\$100 Change in Deductible	-0.03%	-0.27%	-0.70%*
\$100 Change in MOOP	-0.14%	-0.11%	-0.19%

** The 94% CSR option currently has \$0 Deductible. To evaluate the \$100 deductible change, the deductible was applied to the same service categories as the 87% CSR option.*

Deductible & MOOP Utilization

Standard Gold Deductible: \$1300 from 2019-2021



Standard Gold MOOP: \$5000-\$5250 from 2019-2021



2024 Plan Design Overview

Necessary Regulatory and Issuer Elements

2024 Analysis- Proposed Documentation

NBPP

- Notice of Benefit and Payment Parameters
- Draft released December 15, 2022
- Public Comment Period ends January 30th

Federal AVC

- Actuarial Value Calculator (AVC)
- CMS provided tool measuring benefit cost-sharing for allocation of metal tier or cost-sharing reduction plan variation
- Finalization timing unknown

IRS HSA Rules

- Rule released in Spring
- Defines minimum deductible and maximum out of pocket cost-sharing allowances
- Use prior year limits as proposed

Issuer Analysis of AVC and MHP

- Plan analysis of their own actuarial value using the draft Federal calculator with their modifications.
- Plan analysis of passage of Mental Health Parity (MHP) Rules

Proposed Regulation Changes for 2024

Proposed annual limitation on cost sharing (maximum out of pocket) was increased to \$9,450 (from \$9,100 in 2023)

This limit does not apply to HSA (Health Savings Account) qualified High Deductible Health Plans (HDHPs). That limit is released by the IRS in the spring.

CSR (Cost Sharing Reduction) Variations proposed annual limitation on cost sharing. The 2023 and proposed 2024 limits are:

100-150% **FPL:
\$3,150/\$6,300 (single/family)

150%-200% **FPL:
\$3,150/\$6,300 (single/family)

200%-250% **FPL:
\$7,550/\$15,100 (single/family)

2023 - \$3,000/\$6,000 (single/family)

2023 - \$3,000/\$6,000 (single/family)

2023 - \$7,250/\$14,500 (single/family)

Federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits are not yet released for 2024.

For 2023 the single deductible is set at a minimum of \$1,500 and the MOOP maximum limit is \$7,500.

Proposed Changes to the Federal AVC for 2024

The Federal AVC has not yet been finalized, changes to the final model may impact results. Proposed changes to the 2024 Draft Calculator are as follows:

Data underlying the calculator was not updated. Data based on 2018 individual and small group data trended to 2024

- Medical Trend: 5.4% Annually (2018-2021), 3.2% (2021-2022), 5.8% (2022-2023) , 5.4% (2023-2024)
- Pharmacy Trend: 8.7% Annually (2018-2021), 4.55% (2021-2022), 8.7% (2022-2023) , 8.2% (2023-2024)

Demographic weights adjusted to reflect 2024 anticipated population

New Copay Calculation: Copays will no longer count towards the accumulation of the deductible. They will continue to accrue to the MOOP.

Algorithm update to more accurately calculate spending during deductible phase for plans with a separate deductible and combined MOOP.

Summary of 2024 Proposed AV Changes

Plan change variability due to changes in Copay and Deductible Accumulation logic. Impact on final plan Avs will differ where plans adjusted for the original anomalous logic.

Individual Market	Gold	Silver	Bronze	Bronze HSA
2024 Proposed AV Ranges	78.0% - 82.0%	70.0%-72.0%	58.0%-65.0%	58.0%-65.0%
2023 AV (Final)	81.43% - 81.65%	71.37% - 71.75%	64.57% - 64.79%	64.27% - 64.45%
2024 Draft AV Approx. Chg.	82.56%-83.15%	71.25%-71.83%	65.0%-65.41%	65.18%-65.34%

Individual Market - CSR Plan Variations: Silver	73% AV CSR	87% AV CSR	94% AV CSR
2024 Proposed AV Ranges	73.0%-74.0%	87.0%-88.0%	94.0%-95.0%
2023 AV (Final)	73.62% - 73.96%	87.40%-87.99%	94.66% - 94.89%
2024 Draft AV Approx. Chg.	73.8%-74.29%	86.91%-87.25%	94.94%-95.17%

*73.0% CSR Silver must have a differential of 2.0%+ with Standard Silver
Bronze ranges reflect Expanded Bronze allowances.*

2024 Plan Design Overview

Summary of 2024 Gold Plan AV Options

Benefit Category	2023 Individual Market Gold Plan	2024 Individual Market Gold Plan Option 1	2024 Individual Market Gold Plan Option 2	2024 Individual Market Gold Plan Option 3
Medical Deductible	\$1,300 (INN)/\$3,000 (OON)	\$1,300 (INN)/\$3,000 (OON)	\$1,400 (INN) / \$3,000 (OON)	\$1,600 (INN) / \$3,000 (OON)
Rx Deductible	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)	\$50 (INN) / \$350 (OON)
Coinsurance	30%	30%	30%	30%
Out-of-pocket Maximum	\$6,000 (INN)/\$12,000 (OON)	\$7,375 (INN)/\$14,750 (OON)	\$7,200 (INN) / \$14,400 (OON)	\$7,000 (INN) / \$14,000 (OON)
Primary Care	\$20	\$20	\$20	\$20
Specialist Care	\$40	\$40	\$40	\$40
Urgent Care	\$50	\$50	\$50	\$50
Emergency Room	\$400	\$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)	\$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.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$65	\$65	\$65	\$65
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10 (after ded.)	\$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	\$20
Chiropractic Care 20 visit calendar maximum	\$40	\$40	\$40	\$40
All Other Medical	30%	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)	\$5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
2023 AVC Results	81.43% - 81.65%			
2024 Draft AVC Approximate Change	82.56%-83.15%	81.83%-81.98%	81.20%-81.78%	81.31%-81.94%

Summary of 2023 Silver Plan AV

Benefit Category	2023 Individual Market Silver Plan	2023 Individual Market Silver Plan (73%)	2023 Individual Market Silver Plan (87%)	2023 Individual Market Silver Plan (94%)
Medical Deductible	\$5,000 (INN)/ \$10,000 (OON)	\$4,750	\$675	\$0
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250	\$50	\$0
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$9,100 (INN)/ \$18,200 (OON)	\$7,250	\$3,000	\$950
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)
2023 AVC Results	71.37%-71.75%	73.62%-73.96%	87.40% - 87.99%	94.66% - 94.89%
2024 Draft AVC Approximate Change	71.25%-71.83%	73.8%-74.29%	86.91%-87.25%	94.94%-95.17%

Summary of 2024 Silver Plan AV Options

Benefit Category	2024 Individual Market Silver Plan	2024 Individual Market Silver Plan (73%) Option 1	2024 Individual Market Silver Plan (87%) Option 1	2024 Individual Market Silver Plan (94%) Option 1
Medical Deductible	\$5,000 (INN)/ \$10,000 (OON)	\$4,750	\$675	\$0
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250	\$50	\$0
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$9,100 (INN)/ \$18,200 (OON)	\$7,475	\$2,925	\$1,050
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)
2023 AVC Results	71.37%-71.75%			
2024 Draft AVC Approximate Change	71.25%-71.83%	<i>CSR OON MOOP aligns with standard (70%) plan at \$18,200.</i> 73.44%- 73.95%	87.03%-87.35%	94.81%-94.95%



Summary of 2024 Bronze Non-HSA Plan AV Options

Benefit Category	2023 Bronze Non-HSA Plan	2024 Bronze Non-HSA Plan Option 1
Combined Medical & Rx Deductible	\$6,550 (INN)/\$13,100 (OON)	\$6,550 (INN)/\$13,100 (OON)
Coinsurance	40%	40%
Out-of-pocket Maximum	\$8,800 (INN)/\$17,600 (OON)	\$9,100 (INN) /\$18,200 (OON)
Primary Care	\$50	\$50
Specialist Care	\$70 (after ded.)	\$70 (after ded.)
Urgent Care	\$75	\$75
Emergency Room	\$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)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75 (after ded.)	\$75 (after ded.)
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 (after ded.)	\$30 (after ded.)
Chiropractic Care (20 visit calendar maximum)	\$50 (after ded.)	\$50 (after ded.)
All Other Medical	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)
2023 AVC Results	64.57% - 64.79%	
2024 Draft AVC Approximate Change	65.00%-65.41%	64.78%-64.97%

Summary of 2024 Bronze HSA Plan AV Options

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

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

Benefit Category	2023 Bronze HSA Plan	2024 Bronze HSA Plan Option 1
Combined Medical & Rx Deductible	\$6,500 (INN)/ \$13,000 (OON)	\$6,500 (INN)/ \$13,000 (OON)
Coinsurance	20%	20%
Out-of-pocket Maximum	\$7,000 (INN) /\$14,000 (OON)	\$7,225 (INN) /\$14,450 (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.)	20% (after ded.)
Diabetic Supplies	*20% (after ded.)	*20% (after ded.)
All Other Medical	20% (after ded.)	20% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)
2023 AVC Results	64.27% - 64.45%	
2024 Draft AVC Approximate Change	65.18%-65.34%	64.78%-64.94%

Thank You

Potential Vote

Individual Market:

SADP Rates Approved by CID for 2023 Plan Year

Age 25 and under

	Monthly Premium Rate (All Counties)	Rank
ConnectiCare Basic Dental Plan	\$22.26	1
Anthem Dental Family	28.87	2
Anthem Family Dental Value	28.87	2
Anthem Dental Family Preventive	28.87	2
Anthem Dental Family Enhanced	32.73	3
ConnectiCare Standard Dental Plan	66.09	4

Age 26 and over

	Monthly Premium Rate (All Counties)	Rank
Anthem Dental Family Preventive	\$20.62	1
ConnectiCare Basic Dental Plan	22.26	2
Anthem Family Dental Value	25.97	3
Anthem Dental Family	38.76	4
Anthem Dental Family Enhanced	62.34	5
ConnectiCare Standard Dental Plan	66.09	6

“Wakely’s analysis indicates that increasing the MOOP by \$25 will produce an offsetting pricing adjustment of -1 to -2%. Actual premium adjustments will be wholly dependent upon a range of factors.”

2023 Standardized Plan Design - 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 Two or more children	<div>\$350</div> <div>\$700</div>
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 *	

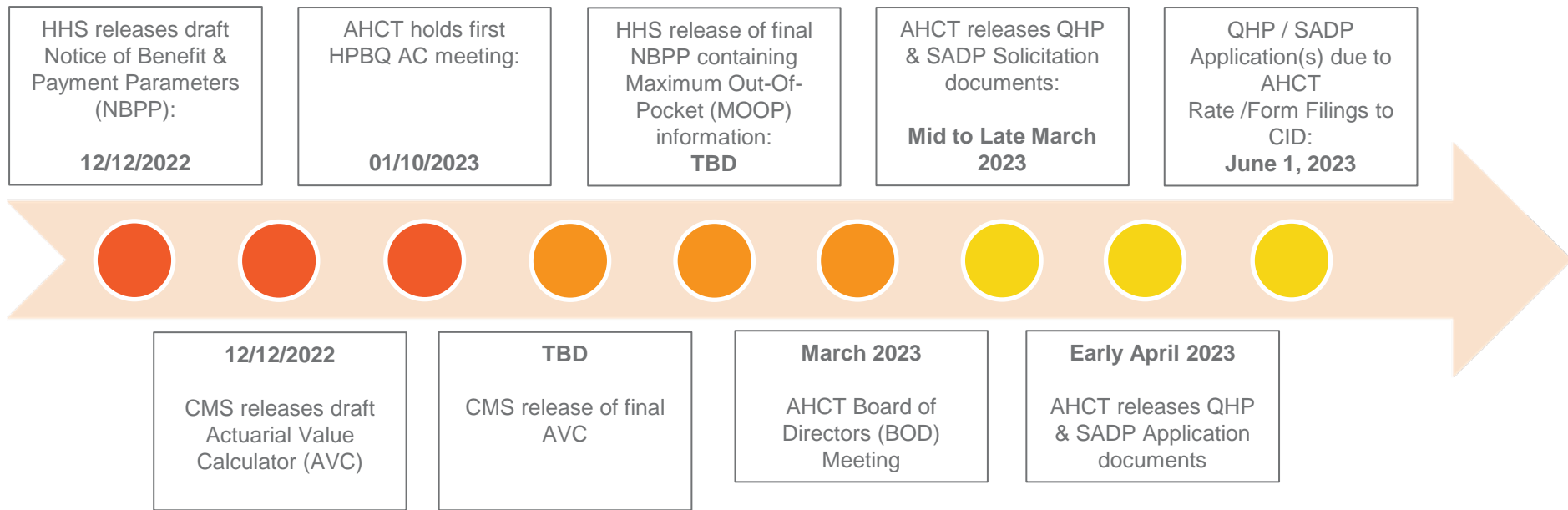
Plan Overview	In-Network (INET) Member Pays
Basic Services	
Filings	20% after deductible is met
Simple Extractions	
Major Services	
Surgical Extractions	40% after deductible is met
Endodontic Therapy (i.e., Root Canal Treatment)	
Periodontal Therapy	
Crowns and Cast Restorations	
Prostodontics (Complete 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 dependent child 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.

Potential Vote

2024 Plan Year Timeline

Development of Certification Requirements



HPBQ AC Proposed Agendas

- **March 13, 2023 (11:00am – 12:00 EST)**
 - Certification requirements: Recommendations for AHCT Board of Directors

Reference Materials

Reference Materials

HPBQ AC Meeting Date	Exhibit Title	Exhibit Number
1/10/2023	AHCT 2023 Standardized Plan – Bronze	1.0
1/10/2023	AHCT 2023 Standardized Plan – Bronze HSA-Compatible	1.1
1/10/2023	AHCT 2023 Standardized Plan – Silver 70% AV	1.2
1/10/2023	AHCT 2023 Standardized Plan – Silver 73% AV	1.3
1/10/2023	AHCT 2023 Standardized Plan – Silver 87% AV	1.4
1/10/2023	AHCT 2023 Standardized Plan – Silver 94% AV	1.5
1/10/2023	AHCT 2023 Standardized Plan – Gold	1.6
1/10/2023	AHCT 2023 SADP Standardized Plan	2.0
1/10/2023	CMS Coverage Map	3.0
1/10/2023	Affordable Care Act – Metal Levels	3.0
1/10/2023	Plan Design Development: AVC Benefit Cost Sharing Categories	4.0
1/10/2023	Plan Design Development: Other Specified Cost Sharing	4.1
1/10/2023	ARPA - Contribution Rates	5.0
1/10/2023	2023 QHP Plan Mix: Number of Plans Required / Permitted per Issuer	6.0
1/10/2023	Copay Maximums – State Regulation: Imaging Services	7.0
1/10/2023	Copay Maximums – State Regulation: Physical Therapy & Occupational Therapy Services	7.1
1/10/2023	Copay Maximums – State Regulation: Medication and Supplies for Treatment of Diabetes	7.2
1/10/2023	Deductible and Coinsurance Maximums – Expanded Coverage for Women's Health	7.3
1/10/2023	Deductible and Coinsurance Maximums – Home Health Care Services	7.4

Reference Materials

HPBQ AC Meeting Date	Exhibit Title	Exhibit Number
1/10/2023	United States Code (USC) – Title 26 Internal Revenue Code: Health Savings Accounts	8.0
1/10/2023	Connecticut Insurance Department (CID) - 2023 Carrier Reported Enrollment	9.0
1/10/2023	2023 Enrollment by Plan Name	10.0
1/10/2023	Population Estimates - Connecticut Counties	11.0
1/10/2023	Individual Market: Age 21 Rates Approved by CID for 2023 Plan Year (Part 1 of 2)	12.0
1/10/2023	Individual Market: Age 21 Rates Approved by CID for 2023 Plan Year (Part 2 of 2)	12.1
1/10/2023	Average Marketplace Premiums - Bronze	13.0
1/10/2023	Average Marketplace Premiums - Silver	13.1
1/10/2023	Average Marketplace Premiums - Gold	13.2
1/10/2023	2023 QHP Plan Mix	14.0
1/10/2023	2023 QHP Individual Market Landscape	15.0
1/10/2023	2023 SADP Plan Mix	16.0
2/1/2023	Value Based Insurance Design	17.0
2/27/2023	2023 AHCT Enrollment - Individual Market on Exchange	18.0
2/27/2023	2022 AHCT Enrollment - Individual Market on Exchange by Metal Level	18.1
2/27/2023	2023 AHCT Enrollment - Individual Market on Exchange by County	18.2
2/27/2023	2022 AHCT Enrollment - Individual Market on Exchange by County	18.3
2/27/2023	2023 AHCT Enrollment - Individual Market on Exchange by Plan/Subsidy Eligibility	19.0
2/27/2023	2022 AHCT Enrollment - Individual Market on Exchange by Plan/Subsidy Eligibility	19.1

Reference Materials

[illegible]

2023 Standardized Plan Design - QHP

EXHIBIT 1.0

2023 Standard Bronze (Non-HSA)		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical & Rx)</i>	\$6,550	\$13,100
Deductible: Family (medical & Rx)	\$13,100	\$26,200
<i>Out-of-Pocket Maximum: Individual</i>	\$8,800	\$17,600
Out-of-Pocket Maximum: Family	\$17,600	\$35,200
Provider Office Visits		
<i>Preventive Visit (Adult/Child)</i>	\$0	50% coinsurance
<i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i>	\$50 copayment per visit	50% coinsurance per visit after OON deductible
<i>Specialist Office Visits</i>	\$70 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
Outpatient Diagnostic Services		
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	\$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
<i>Laboratory Services</i>	\$20 copayment per service	50% coinsurance per service after OON deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	\$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)		
<i>Tier 1</i>	\$20 copayment per prescription	50% coinsurance per prescription after OON deductible
<i>Tier 2</i>	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
<i>Tier 3</i>	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after OON deductible
<i>Tier 4</i>	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		
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$30 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible

2023 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 DME item after INET deductible	50% coinsurance per DME item 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
<i>Outpatient Services (in a hospital or ambulatory facility)</i>	\$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		
<i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*)</i> <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		
<i>Ambulance Services</i>	\$0 copay after INET deductible	\$0 copay after INET deductible
<i>Emergency Room</i>	\$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 (covered persons up to 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 (covered persons up to 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	50% coinsurance per visit after OON deductible
Routine Eye Exam by Specialist (one exam per calendar year)	\$70 copayment per visit after INET deductible	50% coinsurance per visit after OON deductible

Green shading represents change from 2022 Plan Year

Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

2023 Standard Bronze HSA		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical & Rx)</i>	\$6,500	\$13,000
Deductible: Family (medical & Rx)	\$13,000	\$26,000
<i>Out-of-Pocket Maximum: Individual</i>	\$7,000	\$14,000
Out-of-Pocket Maximum: Family	\$14,000	\$28,000
Provider Office Visits		
<i>Preventive Visit (Adult/Child)</i>	\$0	50% coinsurance
<i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON deductible
<i>Specialist Office Visits</i>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON deductible
Outpatient Diagnostic Services		
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON deductible
<i>Laboratory Services</i>	20% coinsurance per service after INET plan deductible is met	50% coinsurance per service after OON deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	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)		
<i>Tier 1</i>	20% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<i>Tier 2</i>	25% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<i>Tier 3</i>	30% coinsurance per prescription after INET plan deductible is met	50% coinsurance per prescription after OON plan deductible is met
<i>Tier 4</i>	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		
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met

Green shading represents change from 2022 Plan Year

Blue italic font signifies field included in Actuarial Value Calculator

2023 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 DME item after INET plan deductible is met	50% coinsurance per DME item 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
<i>Outpatient Services (in a hospital or ambulatory facility)</i>	20% coinsurance per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Hospital Services		
<i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) (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
<i>Emergency Room</i>	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 (covered persons up to 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 (covered persons up to 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.	50% coinsurance per visit after OON deductible
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

2023 Standardized Plan Design - QHP

2023 Standard Silver - 70% AV		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical)</i>	\$5,000	\$10,000
Deductible: Family (medical)	\$10,000	\$20,000
<i>Deductible: Individual (prescription)</i>	\$250	\$500
Deductible: Family (prescription)	\$500	\$1,000
<i>Out-of-Pocket Maximum: Individual</i>	\$9,100	\$18,200
Out-of-Pocket Maximum: Family	\$18,200	\$36,400
Provider Office Visits		
<i>Preventive Visit (Adult/Child)</i>	\$0	40% coinsurance
<i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i>	\$40 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Specialist Office Visits</i>	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	\$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
<i>Laboratory Services</i>	\$20 copayment per service	40% coinsurance per service after OON medical deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	\$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)		
<i>Tier 1</i>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 2</i>	\$45 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 3</i>	\$70 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 4</i>	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		
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible

2023 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 DME item	40% coinsurance per DME item 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
<i>Outpatient Services (in a hospital or ambulatory facility)</i>	\$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		
<i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) (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
<i>Emergency Room</i>	\$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 (covered persons up to 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 (covered persons up to 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	50% coinsurance per visit after OON deductible
Routine Eye Exam by Specialist (one exam per calendar year)	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible

Green shading represents change from 2022 Plan Year

Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

2023 Standard Silver - 73% AV		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical)</i>	\$4,750	\$10,000
Deductible: Family (medical)	\$9,500	\$20,000
<i>Deductible: Individual (prescription)</i>	\$250	\$500
Deductible: Family (prescription)	\$500	\$1,000
<i>Out-of-Pocket Maximum: Individual</i>	\$7,250	\$18,200
Out-of-Pocket Maximum: Family	\$14,500	\$36,400
Provider Office Visits		
<i>Preventive Visit (Adult/Child)</i>	\$0	40% coinsurance
<i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i>	\$40 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Specialist Office Visits</i>	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	\$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
<i>Laboratory Services</i>	\$20 copayment per service	40% coinsurance per service after OON medical deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	\$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)		
<i>Tier 1</i>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 2</i>	\$45 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 3</i>	\$70 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 4</i>	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		
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible

2023 Standard Silver - 73% 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 DME item	40% coinsurance per DME item 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
<i>Outpatient Services (in a hospital or ambulatory facility)</i>	\$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		
<i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*)</i> <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
<i>Emergency Room</i>	\$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 (covered persons up to 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 (covered persons up to 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	50% coinsurance per visit after OON deductible
Routine Eye Exam by Specialist (one exam per calendar year)	\$60 copayment per visit	40% coinsurance per visit after OON medical deductible

Green shading represents change from 2022 Plan Year

Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

2023 Standard Silver - 87% AV		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical)</i>	\$675	\$10,000
Deductible: Family (medical)	\$1,350	\$20,000
<i>Deductible: Individual (prescription)</i>	\$50	\$500
Deductible: Family (prescription)	\$100	\$1,000
<i>Out-of-Pocket Maximum: Individual</i>	\$3,000	\$18,200
Out-of-Pocket Maximum: Family	\$6,000	\$36,400
Provider Office Visits		
<i>Preventive Visit (Adult/Child)</i>	\$0	40% coinsurance
<i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i>	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Specialist Office Visits</i>	\$45 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	\$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
<i>Laboratory Services</i>	\$10 copayment per service	40% coinsurance per service after OON medical deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	\$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)		
<i>Tier 1</i>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 2</i>	\$25 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 3</i>	\$40 copayment per prescription after INET prescription drug deductible	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 4</i>	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		
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible

2023 Standard Silver - 87% 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)	\$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 DME item	40% coinsurance per DME item 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
<i>Outpatient Services (in a hospital or ambulatory facility)</i>	\$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		
<i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*)</i> <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
<i>Emergency Room</i>	\$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 (covered persons up to 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 (covered persons up to 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	50% coinsurance per visit after OON deductible
Routine Eye Exam by Specialist (one exam per calendar year)	\$45 copayment per visit	40% coinsurance per visit after OON medical deductible

Green shading represents change from 2022 Plan Year

Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

2023 Standard Silver - 94% AV		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical)</i>	\$0	\$10,000
Deductible: Family (medical)	\$0	\$20,000
<i>Deductible: Individual (prescription)</i>	\$0	\$500
Deductible: Family (prescription)	\$0	\$1,000
<i>Out-of-Pocket Maximum: Individual</i>	\$950	\$18,200
Out-of-Pocket Maximum: Family	\$1,900	\$36,400
Provider Office Visits		
<i>Preventive Visit (Adult/Child)</i>	\$0	40% coinsurance
<i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i>	\$10 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Specialist Office Visits</i>	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	\$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
<i>Laboratory Services</i>	\$10 copayment per service	40% coinsurance per service after OON medical deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	\$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)		
<i>Tier 1</i>	\$5 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 2</i>	\$10 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 3</i>	\$30 copayment per prescription	40% coinsurance per prescription after OON prescription drug deductible
<i>Tier 4</i>	20% coinsurance up to a maximum of \$60 per prescription	40% coinsurance per prescription after OON prescription drug deductible
Outpatient Rehabilitative and Habilitative Services		
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$20 copayment per visit	40% coinsurance per visit after OON medical deductible

2023 Standard Silver - 94% 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)	\$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 DME item	40% coinsurance per DME item 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
<i>Outpatient Services (in a hospital or ambulatory facility)</i>	\$75 copayment (Outpatient Hospital Facility); \$45 copayment (Ambulatory Surgery Center)	40% coinsurance per visit after OON medical deductible
Hospital Services		
<i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility)* (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
<i>Emergency Room</i>	\$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 (covered persons up to 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 (covered persons up to 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	50% coinsurance per visit after OON deductible
Routine Eye Exam by Specialist (one exam per calendar year)	\$30 copayment per visit	40% coinsurance per visit after OON medical deductible

Green shading represents change from 2022 Plan Year

Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

2023 Standard Gold		
Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
<i>Deductible: Individual (medical)</i>	\$1,300	\$3,000
Deductible: Family (medical)	\$2,600	\$6,000
<i>Deductible: Individual (prescription)</i>	\$50	\$350
Deductible: Family (prescription)	\$100	\$700
<i>Out-of-Pocket Maximum: Individual</i>	\$6,000	\$12,000
Out-of-Pocket Maximum: Family	\$12,000	\$24,000
Provider Office Visits		
<i>Preventive Visit (Adult/Child)</i>	\$0	30% coinsurance
<i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i>	\$20 copayment per visit	30% coinsurance per visit after OON medical deductible
<i>Specialist Office Visits</i>	\$40 copayment per visit	30% coinsurance per visit after OON medical deductible
Outpatient Diagnostic Services		
<i>Advanced Radiology (CT/PET Scan, MRI)</i>	\$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
<i>Laboratory Services</i>	\$10 copayment per service after INET medical deductible	30% coinsurance per service after OON medical deductible
<i>Non-Advanced Radiology (X-ray, Diagnostic)</i>	\$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)		
<i>Tier 1</i>	\$5 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
<i>Tier 2</i>	\$35 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
<i>Tier 3</i>	\$60 copayment per prescription	30% coinsurance per prescription after OON prescription drug deductible
<i>Tier 4</i>	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		
<i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$20 copayment per visit	30% coinsurance per visit after OON medical deductible
<i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i>	\$20 copayment per visit	30% coinsurance per visit after OON medical deductible

2023 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 DME item	30% coinsurance per DME item 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
<i>Outpatient Services (in a hospital or ambulatory facility)</i>	\$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		
<i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility) * (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		
<i>Ambulance Services</i>	\$0 copay	\$0 copay
<i>Emergency Room</i>	\$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 (covered persons up to 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 (covered persons up to 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	50% coinsurance per visit after OON deductible
Routine Eye Exam by Specialist (one exam per calendar year)	\$40 copayment per visit	30% coinsurance per visit after OON medical deductible

Green shading represents change from 2022 Plan Year

Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - SADP

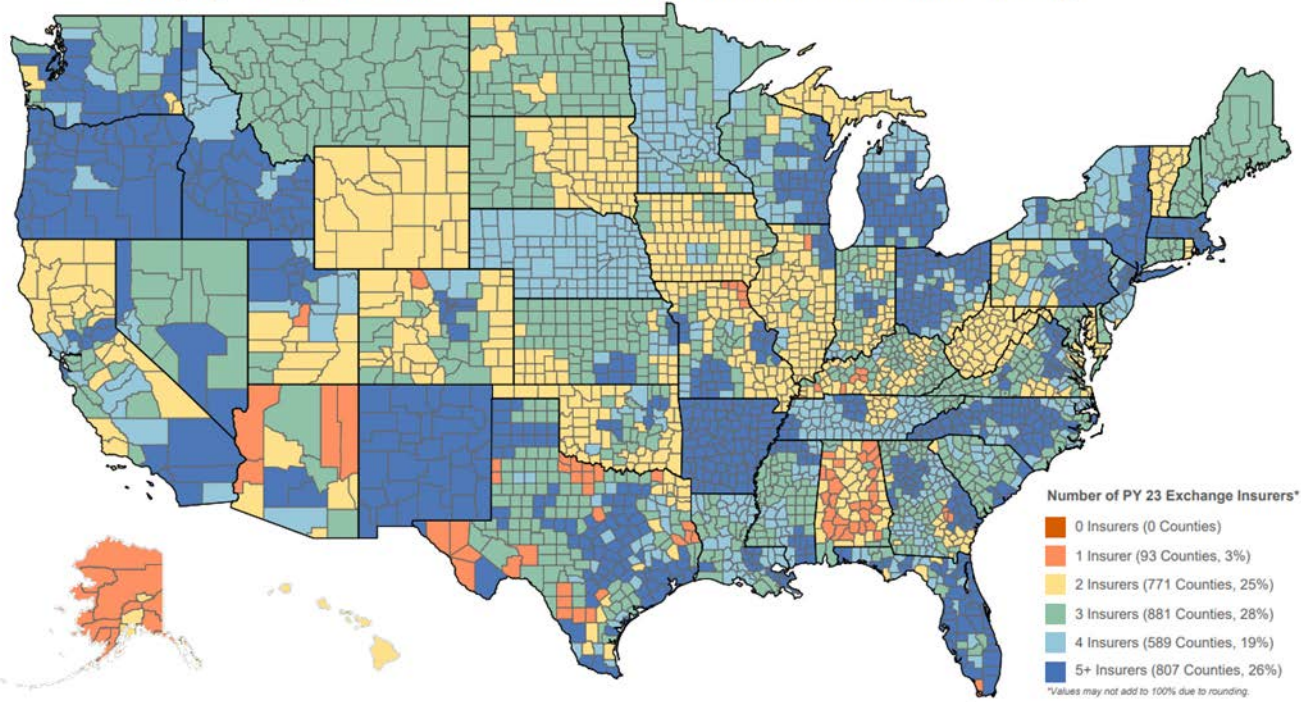
Plan Overview	In-Network (INET) Member Pays
Deductible <i>(Does not apply to Preventive & Diagnostic Services)</i>	\$60 per member, up to 3 family members
Out-of-Pocket Maximum *	
For one child	\$350
Two or more children	\$700
Diagnostic Services	
Oral Exams <i>(twice per year)</i>	\$0
X-Rays	
Periapicals <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 *	

Plan Overview	In-Network (INET) Member Pays
Basic Services	
Filings	20% after deductible is met
Simple Extractions	
Major Services	
Surgical Extractions	40% after deductible is met
Endodontic Therapy (i.e., Root Canal Treatment)	
Periodontal Therapy	
Crowns and Cast Restorations	
Prostodontics (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 dependent child 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.

CMS Coverage Map

County by County Plan Year 2023 Insurer Participation in Health Insurance Exchanges



Released by CMS
10/31/2022

Available at:
<https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/health-insurance-exchange-coverage-maps>

- Federally-Facilitated Exchange (FFE) data reflected on this map are point in time as of 10/21/2022.

- State-Based Exchange (SBE) data are self-reported from the Exchanges to CMS and are point in time as of 10/21/2022 for CA, CO, CT, DC, ID, KY, MA, MD, ME, MN, NJ, NM, NV, NY, PA, RI, VT and WA.

Plan Design Development:

AVC Benefit Cost Sharing Categories

User Inputs for Plan Parameters	
Use Integrated Medical and Drug Deductible?	HSA/HRA?
Apply Inpatient Copay per Day?	Tiered Network?
Apply Skilled Nursing Facility Copay per Day?	Deductible (\$)
Use Separate MOOP for Medical and Drug Spending?	Coinsurance (% , Insurer's Cost Share)
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	MOOP (\$)
Desired Metal Tier	MOOP if Separate (\$)

Medical Benefits	Prescription Drugs Benefits
Subject to Deductible?	Subject to Deductible?
Subject to Coinsurance?	Subject to Coinsurance?
Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)	Coinsurance (Insurer's Cost Share) or Copay Values (Member Cost Share)
Emergency Room Services	Generics
All Inpatient Hospital Services (inc. MH/SUD)	Preferred Brand Drugs
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Non-Preferred Brand Drugs
Specialist Visit	Specialty Drugs (i.e. high-cost)
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	

Options for Additional Benefit Design Limits:
Set a Maximum on Specialty Rx Coinsurance Payments? If yes, enter value.
Set a Maximum Number of Days for Charging an IP Copay? If yes,
Enter # Days (1-10)
Begin Primary Care Cost-Sharing After a Set Number of Visits? If yes,
Enter # Visits (1-10)
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? If yes,
Enter # Copays (1-10)

Plan Design Development:

Other Specified Cost Sharing

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 Service (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)

- Prescription Eye Glasses
- Routine Eye Exam

Out-of-Network Services

- Deductible
- Maximum Out-of-Pocket (MOOP)
- All services

Additional Cost Sharing Notes

- Preventive Care is covered at no cost to the member for all plans.
- OP Mental Health has same cost sharing as Primary Care for all plans.
- All plans include 'embedded' deductibles, not aggregate.

Pre-ARPA/ ARPA Contribution Rates

Percent of Income Paid for Marketplace Benchmark Silver Premium, by Income

Income (% of poverty)	Affordable Care Act (before legislative change)	ARPA and IRA (2021-2025)
Under 100%	Not eligible for subsidies*	Not eligible for subsidies*
100% – 138%	2.07%	0.00%
138% – 150%	3.10% – 4.14%	0.00%
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	8.50%

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.

2023 QHP Plan Mix

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 Physical Therapy and Occupational Therapy Services – In-Network -

- **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:

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

Expansion of Coverage

State Regulation:

State of Connecticut Public Act No. 22-90: An act concerning required health insurance coverage for breast and ovarian cancer susceptibility screening

- **Connecticut General Statute (CGS)**
 - 38a-503 (individual health insurance policy)
 - 38a-530 (group health insurance policy)
- **This act expands coverage requirements under certain commercial health insurance policies for specified procedures used to treat or prevent breast or ovarian cancer.**
 - Expands health insurance coverage requirements for breast mammograms, ultrasounds, and magnetic resonance imaging (MRIs).
 - Requires coverage of certain procedures related to breast cancer treatment, including breast biopsies; certain prophylactic mastectomies; and breast reconstruction surgery, subject to certain conditions.
 - Requires coverage for certain (a) genetic testing, including for breast cancer gene one (BRCA1) and breast cancer gene two (BRCA2), under certain circumstances; (b) post-treatment CA-125 monitoring (i.e., a test measuring the amount of the cancer antigen 125 protein); and (c) routine ovarian cancer screenings, including surveillance tests for certain insureds.

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 (HSA)

- **Definition: High deductible health plan**

- Has an annual deductible not less than \$1,500 for self-only/\$3,000 for family coverage for calendar year 2023*
- The sum of the annual deductible and the other annual out-of-pocket expenses required to be paid under the plan (other than for premiums) for covered benefits does not exceed \$7,500 for self-only/\$15,000 for family coverage for calendar year 2023*
- Shall not fail to be treated as a high deductible health plan by reason of failing to have a deductible for preventive care**
- For plan years beginning on or before December 31, 2021, shall not fail to be treated as a high deductible health plan by reason of failing to have a deductible for telehealth and other remote care services.

Deductible and out-of-pocket limits evaluated by IRS each year – refer to the IRS Revenue Procedure 2022-24 for calendar year 2023; Coverage outside of plan network is not taken into account. **Plan year 2024 not available at this time.*

***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).*

Connecticut Insurance Department (CID)

2023 Carrier Reported Enrollment*

Company	Individual "On-Exchange"	Individual "Off-Exchange"	Individual Sub- Total	Small Group "On-Exchange"	Small Group "Off-Exchange"	Small Group Sub-Total	Total
Anthem Health Plans	22,871	4,827	27,698	617	18,654	19,271	46,969
CTCare Benefits Inc.	75,003		75,003	3,476		3,476	78,479
Aetna Life Insurance Company			0		407	407	407
Cigna Health and Life Insurance Company			0		12,127	12,127	12,127
CTCare Inc.		2,093	2,093		304	304	2,397
CTCare Insurance Co.	6,745	2,037	8,782		16,281	16,281	25,063
Oxford Health Plans (CT), Inc.			0		2,409	2,409	2,409
Oxford Health Insurance, Inc.			0		36,480	36,480	36,480
UnitedHealthcare Insurance Co.			0		1,855	1,855	1,855
Totals from 2023 Rate Filings	104,619	8,957	113,576	4,093	88,517	92,610	206,186

Totals from 2022 Rate Filings	104,542	11,260	115,802	2,477	104,181	106,658	222,460
Enrollment Change	0.07%	-20.45%	-1.92%	65.24%	-15.04%	-13.17%	-7.32%

Information obtained from Unified Rate Review Template (URRT) included in final approved rate filings for 2023.

*Current Enrollment "as of" date varies by carrier.

2022 & 2023 Enrollment by Plan

‘On- Exchange’
Only

Metal Level	Carrier	Plan Name	2022 OE	2023 OE
Catastrophic	Anth	Catastrophic HMO Pathway Enhanced	201	245
Catastrophic	CBI	Choice Catastrophic POS with Dental	1,661	1,261
Bronze	CBI	Passage Bronze Alternative PCP POS	6,251	Disc 1/1/23
Bronze	CBI	Choice Bronze Alternative POS	3,474	Disc 1/1/23
Bronze	CICI	FlexPOS Bronze Standard	366	382
Bronze	CICI	FlexPOS Bronze Standard HSA	762	924
Bronze	Anth	Bronze PPO Pathway Enhanced Value PCP	New 1/1/23	990
Bronze	Anth	Bronze HMO Pathway Enhanced Tiered	1,415	1,125
Bronze	Anth	Bronze PPO Standard Pathway for HSA	1,878	2,141
Bronze	Anth	Bronze PPO Standard Pathway	2,430	2,291
Bronze	CBI	Choice Bronze Alternative POS with Dental	2,402	3,593
Bronze	Anth	Bronze HMO BlueCare Prime with Added Dental and Vision Benefits	1,300	4,008
Bronze	CBI	Choice Bronze Standard POS HSA	9,267	9,780
Bronze	CBI	Choice Bronze Standard POS	13,099	10,283
Silver	CBI	Choice Silver Standard POS	13,777	14,039
Silver	CBI	73%	7,917	6,709
Silver	CBI	87%	10,671	9,477
Silver	CBI	94%	6,332	5,999
Silver	Anth	Silver PPO Standard Pathway	5,296	4,966
Silver	Anth	73%	2,009	1,799
Silver	Anth	87%	3,395	3,176
Silver	Anth	94%	2,234	2,571
Silver	CICI	FlexPOS Silver Standard	668	1,569
Silver	CICI	73%	220	383
Silver	CICI	87%	584	882
Silver	CICI	94%	932	1,885
Gold	Anth	Gold HMO BlueCare Prime with Added Dental and Vision Benefits	3,232	Disc 1/1/23
Gold	CBI	Compass Gold Alternative POS	243	Disc 1/1/23
Gold	CICI	Compass EPO Gold Alternative	87	141
Gold	CBI	Choice Gold Alternative POS with Dental	420	299
Gold	CBI	Choice Gold Alternative POS	610	371
Gold	Anth	Gold PPO Standard Pathway	600	515
Gold	CICI	FlexPOS Gold Standard	745	952
Gold	Anth	Gold HMO Pathway Enhanced Tiered	1,834	1,565
Gold	CBI	Choice Gold Standard POS	3,233	2,217
Gold	Anth	Gold PPO Pathway with Added Dental and Vision Benefits	New 1/1/23	3,846
Gold	Anth	Gold HMO BlueCare Prime	1,394	5,414
Platinum	CICI	FlexPOS Platinum Alternative	1,695	2,334
			112,634	108,132

EXHIBIT 10.0

Data as of end of
Open Enrollment
for Plan Years
2022 and 2023

Plans displayed in
order of Metal
Level and 2023
Enrollment

Population Estimates

Connecticut Counties*

Annual Estimates of the Resident Population for Counties in Connecticut: April 1, 2010 to July 1, 2021

Geography	4/1/2010		2013	2014	2015	2016	2017	2018	2019	2020	2021
	Census	Estimates Base									
Fairfield County	916,829	916,904	939,924	944,196	944,943	944,347	943,038	943,971	943,332	943,542	959,768
Hartford County	894,014	894,052	897,678	897,407	896,290	894,141	893,076	892,580	891,720	890,395	896,854
Litchfield County	189,927	189,880	186,836	185,343	184,122	182,793	181,667	181,095	180,333	179,937	185,000
Middlesex County	165,676	165,672	165,329	164,786	163,724	163,292	162,942	162,870	162,436	161,950	164,759
New Haven County	862,477	862,442	862,820	862,885	860,186	857,901	857,748	856,971	854,757	852,944	863,700
New London County	274,055	274,070	272,976	271,462	269,636	268,403	267,419	266,285	265,206	265,329	268,805
Tolland County	152,691	152,747	151,778	151,693	151,734	151,162	151,009	150,689	150,721	150,731	150,293
Windham County	118,428	118,380	117,500	116,752	116,487	116,102	116,398	117,059	116,782	116,666	116,418
CT Total	3,574,097	3,574,147	3,594,841	3,594,524	3,587,122	3,578,141	3,573,297	3,571,520	3,565,287	3,561,494	3,605,597

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

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

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

2021 data - <https://www.census.gov/data/datasets/time-series/demo/popest/2020s-counties-total.html>

Individual Market:

Age 21 QHP Rates Approved by CID for 2023 Plan Year (Part 1 of 2)

Carrier	Exchange	Plan Marketing Name	Fairfield County		Hartford County		Litchfield County		Middlesex County		New Haven County		New London County		Tolland County		Windham County	
			Rating Area 1	Rank	Rating Area 2	Rank	Rating Area 3	Rank	Rating Area 4	Rank	Rating Area 5	Rank	Rating Area 6	Rank	Rating Area 7	Rank	Rating Area 8	Rank
CBI	On	Choice Catastrophic POS with Dental	233.02	1	199.11	1	215.29	1	215.14	1	215.14	1	215.29	3	215.29	3	215.29	3
Anthem	Off	Anthem HMO Catastrophic Pathway Enhanced 9100/0%	260.47	2	218.61	2	218.61	2	237.22	2	237.22	2	209.31	1	209.31	1	209.31	1
Anthem	On	Catastrophic HMO Pathway Enhanced	260.47	2	218.61	2	218.61	2	237.22	2	237.22	2	209.31	1	209.31	1	209.31	1
CBI	On	Choice Bronze Standard POS HSA	442.47	4	378.07	5	408.79	11	408.51	5	408.51	5	408.79	14	408.79	14	408.79	14
Anthem	On	Bronze HMO BlueCare Prime with Added Dental and Vision Benefits	444.73	5	373.26	4	373.26	4	405.02	4	405.02	4	357.37	4	357.37	4	357.37	4
CBI	On	Choice Bronze Alternative POS with Dental	448.80	6	383.48	8	414.64	12	414.35	8	414.35	8	414.64	16	414.64	16	414.64	16
Anthem	Off	Anthem Bronze HMO Pathway Enhanced 6200/12400/40% for HSA	451.50	7	378.94	6	378.94	5	411.19	6	411.19	6	362.82	5	362.82	5	362.82	5
Anthem	Off	Anthem Bronze HMO BlueCare Prime 8500/50%	452.86	8	380.08	7	380.08	6	412.42	7	412.42	7	363.90	6	363.90	6	363.90	6
CBI	On	Choice Bronze Standard POS	456.93	9	390.42	11	422.15	15	421.86	9	421.86	9	422.15	19	422.15	19	422.15	19
Anthem	On	Bronze HMO Pathway Enhanced Tiered	464.16	10	389.56	9	389.56	7	422.72	10	422.72	10	372.99	7	372.99	7	372.99	7
Anthem	On	Bronze PPO Pathway Enhanced Value PCP	464.63	11	389.96	10	389.96	8	423.15	11	423.15	11	373.36	8	373.36	8	373.36	8
CCI	Off	Passage SOLO HMO Copay/Coins. \$7,500 ded	473.58	12	402.82	13	401.16	10	441.45	13	441.45	13	404.11	12	404.11	12	404.11	12
Anthem	On	Bronze PPO Standard Pathway for HSA	476.25	13	399.71	12	399.71	9	433.73	12	433.73	12	382.70	9	382.70	9	382.70	9
CICI	On	FlexPOS Bronze Standard HSA	481.95	14	419.54	16	461.16	27	474.66	22	444.06	14	443.32	24	466.76	28	447.45	26
Anthem	On	Bronze PPO Standard Pathway	496.20	15	416.45	14	416.45	13	451.90	14	451.90	15	398.73	10	398.73	10	398.73	10
CICI	On	FlexPOS Bronze Standard	497.71	16	433.25	22	476.24	29	490.18	27	458.57	17	457.81	28	482.01	29	462.08	29
CBI	On	Choice Silver Standard POS	497.97	17	425.50	18	460.07	26	459.75	17	459.75	19	460.07	29	460.07	27	460.07	28
Anthem	On	Gold HMO BlueCare Prime with Added Dental and Vision Benefits	498.02	18	417.98	15	417.98	14	453.56	15	453.56	16	400.20	11	400.20	11	400.20	11
CCI	Off	Choice SOLO HMO HSA \$6,500 ded.	503.32	19	428.12	19	426.35	17	469.18	19	469.18	21	429.49	21	429.49	21	429.49	21
Anthem	On	Gold HMO Pathway Enhanced Tiered	504.12	20	423.10	17	423.10	16	459.11	16	459.11	18	405.10	13	405.10	13	405.10	13

Catastrophic

Bronze

Silver

Gold

Platinum

BOLD FONT: "Standard Plans"

Exhibit sorted in rank order by Fairfield County rates

Individual Market:

Age 21 QHP Rates Approved by CID for 2023 Plan Year (Part 2 of 2)

Carrier	Exchange	Plan Marketing Name	Fairfield County		Hartford County		Litchfield County		Middlesex County		New Haven County		New London County		Tolland County		Windham County	
			Rating Area 1	Rank	Rating Area 2	Rank	Rating Area 3	Rank	Rating Area 4	Rank	Rating Area 5	Rank	Rating Area 6	Rank	Rating Area 7	Rank	Rating Area 8	Rank
CCI	Off	Choice SOLO POS HSA Coins. \$6,000 ded.	505.80	21	430.22	21	428.45	19	471.49	20	471.49	22	431.60	22	431.60	22	431.60	22
Anthem	Off	Anthem Silver HMO Pathway Enhanced Tiered 3000/4000/10%/40% for HSA	510.37	22	428.35	20	428.35	18	464.80	18	464.80	20	410.12	15	410.12	15	410.12	15
Anthem	On	Gold PPO Pathway with Added Dental and Vision Benefits	520.37	23	436.74	23	436.74	20	473.91	21	473.91	23	418.16	17	418.16	17	418.16	17
CCI	Off	Choice SOLO HMO Copay/Coins. \$8,000 ded.	520.57	24	442.78	25	440.96	22	485.25	25	485.25	26	444.20	25	444.20	24	444.20	24
Anthem	Off	Anthem Silver HMO BlueCare Prime 5100/30%	524.59	25	440.28	24	440.28	21	477.75	23	477.75	24	421.55	18	421.55	18	421.55	18
CCI	Off	Choice SOLO POS Copay/Coins. \$4,750 40% ded	524.71	26	446.31	27	444.47	23	489.11	26	489.11	28	447.74	27	447.74	26	447.74	27
CICI	On	FlexPOS Silver Standard	529.48	27	460.91	29	506.64	30	521.47	30	487.85	27	487.03	30	512.78	30	491.57	30
Anthem	Off	Anthem Gold HMO BlueCare Prime 2200/20%	530.06	28	444.87	26	444.87	24	482.74	24	482.74	25	425.94	20	425.94	20	425.94	20
Anthem	Off	Anthem Gold HMO Pathway Enhanced Tiered 2000/3000/10%/30%	547.67	29	459.65	28	459.65	25	498.77	28	498.77	29	440.09	23	440.09	23	440.09	23
CICI	Off	Choice SOLO POS Coins. \$4,000 ded	551.57	30	480.14	31	527.78	31	543.23	31	508.21	31	507.36	31	534.18	31	512.09	31
Anthem	On	Silver PPO Standard Pathway	556.01	31	466.65	30	466.65	28	506.36	29	506.36	30	446.79	26	446.79	25	446.79	25
CICI	Off	Choice SOLO POS HSA Coins. \$3,500 ded	567.80	32	494.27	32	543.31	32	559.21	32	523.16	32	522.29	32	549.90	32	527.15	32
CICI	Off	Choice SOLO POS Copay/Coins. \$5,500 30% ded.	568.36	33	494.76	33	543.85	33	559.77	34	523.68	33	522.80	33	550.44	33	527.67	33
CICI	On	Compass EPO Gold Alternative	570.20	34	496.35	34	545.60	34	561.57	35	525.36	34	524.49	34	552.21	34	529.38	34
CICI	Off	Choice SOLO POS Copay/Coins. \$6,000 ded	581.71	35	506.37	35	556.61	35	572.91	37	535.97	35	535.08	35	563.36	36	540.06	35
CBI	On	Choice Gold Alternative POS	605.92	36	517.73	36	559.80	37	559.41	33	559.41	36	559.80	36	559.80	35	559.80	36
CBI	On	Choice Gold Alternative POS with Dental	614.87	37	525.38	37	568.08	38	567.68	36	567.68	37	568.08	38	568.08	38	568.08	38
CICI	On	FlexPOS Gold Standard	656.23	38	571.25	39	627.93	39	646.31	39	604.63	38	603.63	39	635.54	39	609.25	39
CICI	On	FlexPOS Platinum Alternative	658.36	39	573.10	40	629.96	40	648.40	40	606.59	39	605.58	40	637.60	40	611.23	40
CCI	Off	Choice SOLO HMO Copay/Coins. \$2,500 ded	660.74	40	562.01	38	559.70	36	615.91	38	615.91	40	563.82	37	563.82	37	563.82	37
CBI	On	Choice Gold Standard POS	679.92	41	580.96	41	628.17	40	627.73	39	627.73	41	628.17	41	628.17	39	628.17	41
Anthem	On	Gold PPO Standard Pathway	998.44	42	837.98	42	837.98	42	909.30	42	909.30	42	802.32	42	802.32	42	802.32	42

Catastrophic

Bronze

Silver

Gold

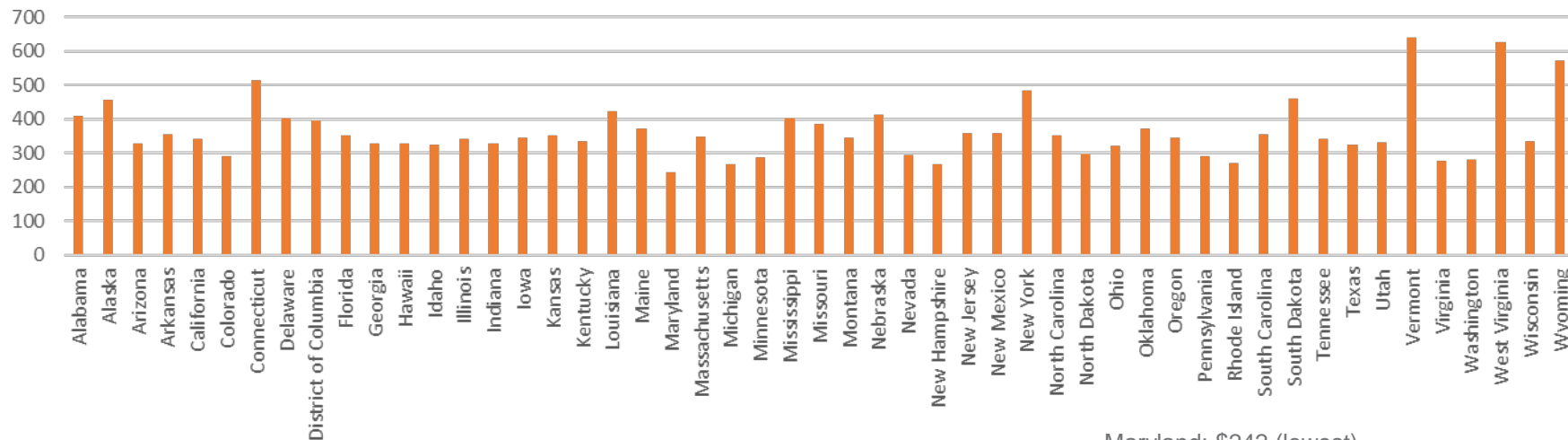
Platinum

BOLD FONT: "Standard Plans"

Exhibit sorted in rank order by Fairfield County rates

Average Marketplace Premiums

Age 40 Average Premium - Lowest Cost Bronze Premium for Plan Year 2023



Maryland: \$242 (lowest)

Connecticut: \$515 (48th)

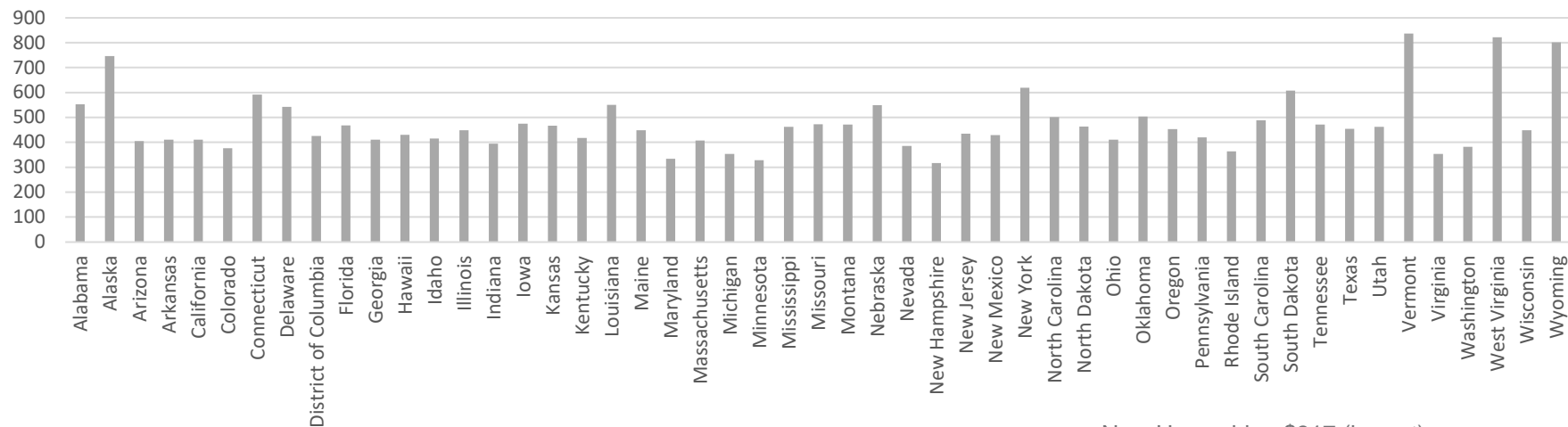
Vermont: \$641 (highest)

US: \$342

- 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 2023



New Hampshire: \$317 (lowest)

Connecticut: \$540 (45th)

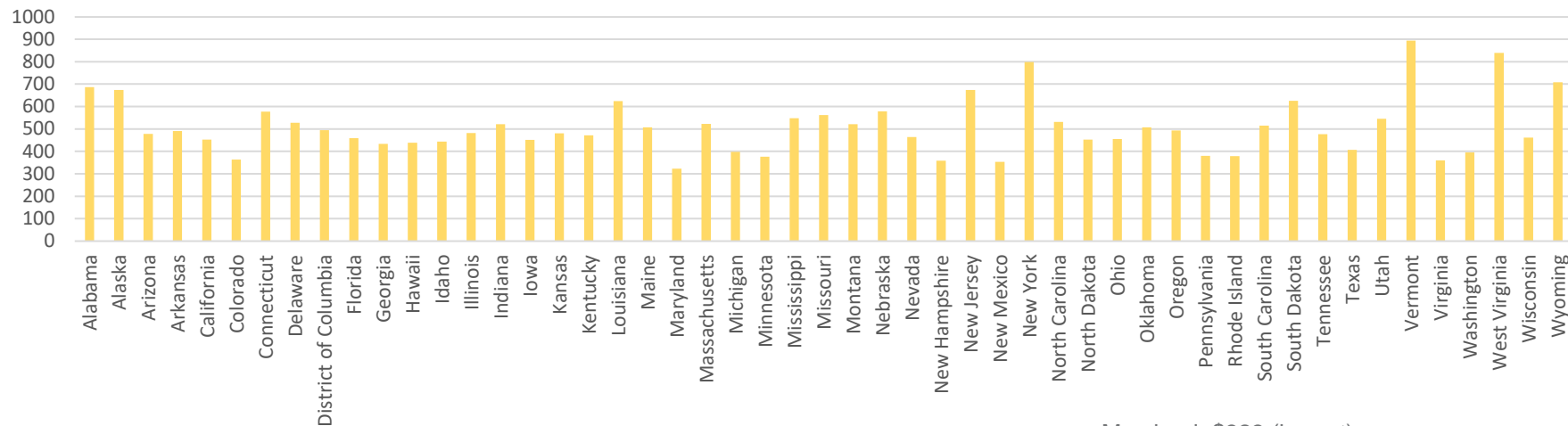
Vermont: \$837 (highest)

US: \$448

- 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 2023



Maryland: \$323 (lowest)

Connecticut: \$577 (41st)

Vermont: \$894 (highest)

US: \$472

- 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>

2023 Plan Mix

Individual Market QHPs

Individual Market	'On-Exchange' Permitted Number of Plans per Carrier		'On-Exchange' Submitted Plans			
Metal Level	Standardized	Non-Standard	Anthem	CBI	CICI	Total
	(Required)	(Optional)				
Catastrophic	N/A	1	1	1		2
Bronze	2	3	5	3	2	10
Silver	1	0	1	1	1	3
Gold	1	3	4	3	2	9
Platinum	N/A	2			1	1
Total	4	Up to 9	11	8	6	25

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

	Avg. Amt. Consumer Pays *	Avg. Amt. Carrier Pays
Bronze	40%	60%
Silver	30%	70%
Gold	20%	80%
Platinum	10%	90%

Per CMS regulations effective for the 2023 Plan Year, 'de minimis' AV ranges are as follows:

- Standard Bronze, Gold and Platinum: +/-2
- Expanded Bronze: +5/-2 and plan must include at least 1 major service not subject to deductible or is a High Deductible Health Plan
- Standard Silver: +2/-0
- Silver Cost Sharing Reduction Plans (CSR) 73%, CSR 87% & CSR 94%: +1, additionally CSR: 73% must be at least 2 points greater than 'standard' Silver plan

2023 QHP Individual Market Landscape

Metal Level							
Carrier	Exchange Status	Catastrophic	Bronze	Silver	Gold	Platinum	Total
Anthem	Off	1	2	2	2		7
Anthem	On	1	5	1	4		11
CBI	On	1	3	1	3		8
CICI	On		2	1	2	1	6
CICI	Off			4			4
CCI	Off		3	2	1		6
Total		3	15	11	12	1	42

Product Type						
Carrier	Exchange Status	HMO	POS	EPO	PPO	Total
Anthem	Off	7				7
Anthem	On	5			6	11
CBI	On		8			8
CICI	On		5	1		6
CICI	Off		4			4
CCI	Off	4	2			6
Total		16	19	1	6	42

Information obtained from CID website:

<https://www.catalog.state.ct.us/cid/portalApps/HCFiling2023.aspx>

60% of plans filed in the Individual Market to be offered through AHCT

POS products continue to be the predominant product offered on the exchange.

2023 Plan Mix

Stand-Alone Dental Plans (SADPs)

Number of Plans Permitted per Issuer		Issuer Plan Submissions 2023 Plan Year	
Individual		Anthem	CICI
Standardized Plans (Required)	1	1	1
Non-Standard Plans (Optional)	3	3	1
Total	4	4	2

Standardized plan design and plans permitted per Issuer are the same in both Individual and Small Group Markets

Value Based Insurance Design

Link to Final Report

<http://vbidcenter.org/wp-content/uploads/2019/07/VBID-X-FINAL-REPORT-7.1.19-1.pdf>

2023 AHCT Enrollment

Individual Market On Exchange

	2022			
Metal Level	Standard Plans	Non-Standard Plans	Total Enroll	% in Std Plans
Catastrophic	0	1,862	1,862	0.00%
Bronze	15,895	14,842	30,737	51.71%
Bronze HSA	11,907	0	11,907	100.00%
Silver	54,035	0	54,035	100.00%
Gold	4,578	7,820	12,398	36.93%
Platinum	0	1,695	1,695	0.00%
TOTAL	86,415	26,219	112,634	76.72%

	2023			
	Standard Plans	Non-Standard Plans	Total Enroll	% in Std Plans
Catastrophic	0	1,506	1,506	0.00%
Bronze	12,956	9,716	22,672	57.15%
Bronze HSA	12,845	0	12,845	100.00%
Silver	53,455	0	53,455	100.00%
Gold	3,684	11,636	15,320	24.05%
Platinum	0	2,334	2,334	0.00%
TOTAL	82,940	25,192	108,132	76.70%

	YOY Change		
	Standard Plans	Non-Standard Plans	All Plans
Catastrophic	-	-19.1%	-19.1%
Bronze	-18.5%	-34.5%	-26.2%
Bronze HSA	7.9%	-	7.9%
Silver	-1.1%	-	-1.1%
Gold	-19.5%	48.8%	23.6%
Platinum	-	37.7%	37.7%
TOTAL	-4.0%	-3.9%	-4.0%

- Overall enrollment has decreased but % of consumers enrolled in standard plans remains consistent
- All Non-HSA Bronze plans continue to see reductions in enrollment. However, enrollment for the Bronze HSA continues to grow. (2021/2022 = 4.22%)
- Non-standard Gold plan continues to see the greatest increase in enrollment (2021/2022 = 97.1%)

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%

2023 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	1,537	2,951	18,076	5,097	2,449	4,606	1,012	433	36,161
Hartford	781	2,359	11,807	2,391	2,121	2,842	455	354	23,110
Litchfield	191	1,035	3,288	797	980	897	140	93	7,421
Middlesex	218	694	2,582	783	484	733	94	91	5,679
New Haven	654	2,263	11,621	2,708	2,072	2,436	481	338	22,573
New London	145	1,165	3,324	610	778	810	84	104	7,020
Tolland	92	648	1,629	380	511	336	46	64	3,706
Windham	66	521	1,128	190	321	185	22	29	2,462
Total	3,684	11,636	53,455	12,956	9,716	12,845	2,334	1,506	108,132
	15,320			22,672		12,845			
				35,517					

Data as of end of Open Enrollment for 2023 Plan Year

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

2023 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			379	19	863	1,261
Anth	Catastrophic HMO Pathway Enhanced			46	1	198	245
CBI	Choice Bronze Standard POS	X		7,172	1,302	1,809	10,283
CBI	Choice Bronze Standard POS HSA	X		6,735	457	2,588	9,780
Anth	Bronze HMO BlueCare Prime with Added Dental and Vision Benefits			3,039	207	762	4,008
CBI	Choice Bronze Alternative POS with Dental			2,819	372	402	3,593
Anth	Bronze PPO Standard Pathway	X		1,282	298	711	2,291
Anth	Bronze PPO Standard Pathway for HSA	X		1,306	148	687	2,141
Anth	Bronze HMO Pathway Enhanced Tiered			656	149	320	1,125
Anth	Bronze PPO Pathway Enhanced Value PCP		X	761	40	189	990
CICI	FlexPOS Bronze Standard HSA	X		675	22	227	924
CICI	FlexPOS Bronze Standard	X		279	15	88	382
CBI	Choice Silver Standard POS	X		12,810	22,133	1,281	36,224
Anth	Silver PPO Standard Pathway	X		3,703	7,508	1,301	12,512
CICI	FlexPOS Silver Standard	X		1,393	3,139	187	4,719
Anth	Gold HMO BlueCare Prime with Added Dental and Vision Benefits			3,802	724	888	5,414
Anth	Gold PPO Pathway with Added Dental and Vision Benefits		X	2,733	373	740	3,846
CBI	Choice Gold Standard POS	X		1,268	358	591	2,217
Anth	Gold HMO Pathway Enhanced Tiered			967	314	284	1,565
CICI	FlexPOS Gold Standard	X		639	92	221	952
Anth	Gold PPO Standard Pathway	X		141	72	302	515
CBI	Choice Gold Alternative POS			263	49	59	371
CBI	Choice Gold Alternative POS with Dental			190	79	30	299
CICI	Compass EPO Gold Alternative			95	33	13	141
CICI	FlexPOS Platinum Alternative			1,633	224	477	2,334
	Total			54,786	38,128	15,218	108,132
	Percent of Total			50.67%	35.26%	14.07%	

Data as of end of Open Enrollment for 2023 Plan Year

Plans displayed in order of Metal Level and Plan Enrollment

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

AHCT Enrollment

Individual Market On Exchange – by Product

Enrollment as of end of open enrollment period for plan years 2014 - 2023

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
EPO	0	0	0	0	0	0	0	0	87	141
HMO	9,493	8,261	6,469	5,949	5,799	3,544	3,042	5,475	9,376	12,357
POS	23,590	42,492	63,618	76,827	82,766	86,636	83,752	81,697	85,329	73,339
PPO	27,650	44,689	45,937	28,766	25,569	20,886	21,039	17,774	17,842	22,295
Total	60,733	95,442	116,024	111,542	114,134	111,066	107,833	104,946	112,634	108,132

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
EPO	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.13%
HMO	15.63%	8.66%	5.58%	5.33%	5.08%	3.19%	2.82%	5.22%	8.32%	11.43%
POS	38.84%	44.52%	54.83%	68.88%	72.52%	78.00%	77.67%	77.85%	75.76%	67.82%
PPO	45.53%	46.82%	39.59%	25.79%	22.40%	18.81%	19.51%	16.94%	15.84%	20.62%

AHCT Enrollment

Individual Market On Exchange – Plan Purchasing History

2021	2022	2023	2021	2022	2023	2021	2022	2023	2021	2022	2023
604	440	331	25,644	26	24	26,598	15	10	4,716	1	1
		77			1			1			0
		19			1			3			0
		12			0			1			0
		1			0			0			0
	92	0		22,948	38		415	1		129	0
		83			20,809			332			108
		7			1,322			57			6
		2			730			25			10
		0			49			0			5
	39	2		1,862	2		25,625	19		325	0
		3			110			452			8
		30			1,681			24,616			296
		4			67			496			20
		0			2			42			1
	29	0		668	0		426	2		4,083	2
		5			96			37			132
		1			35			74			267
		21			532			306			3,576
		2			5			7			106
	4	0		140	0		117	0		178	0
		0			16			1			9
		1			20			31			15
		0			14			7			16
		3			90			78			138

57,562 enrollees continuously enrolled in an AHCT plan from 2021 through 2023.

Catastrophic
Bronze
Silver
Gold
Platinum

Percent of enrollees continuously enrolled in same metal tier from 2021 through 2023:

Catastrophic
54.8%

Bronze
81.1%

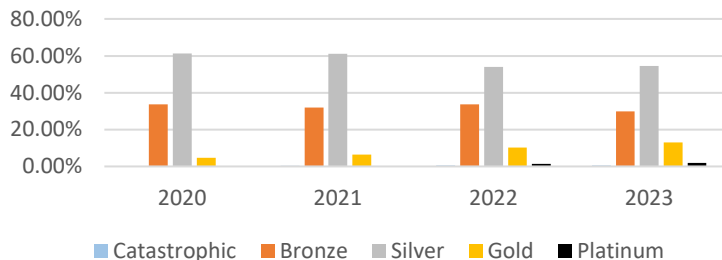
Silver
92.5%

Gold
75.8%

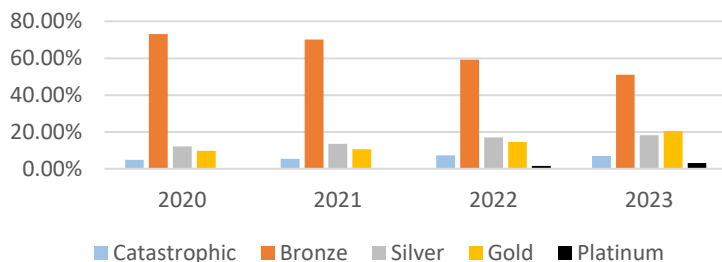
AHCT Plan Enrollment (2020-2023)

Percent of Enrollment by Metal Level and Subsidy Eligibility

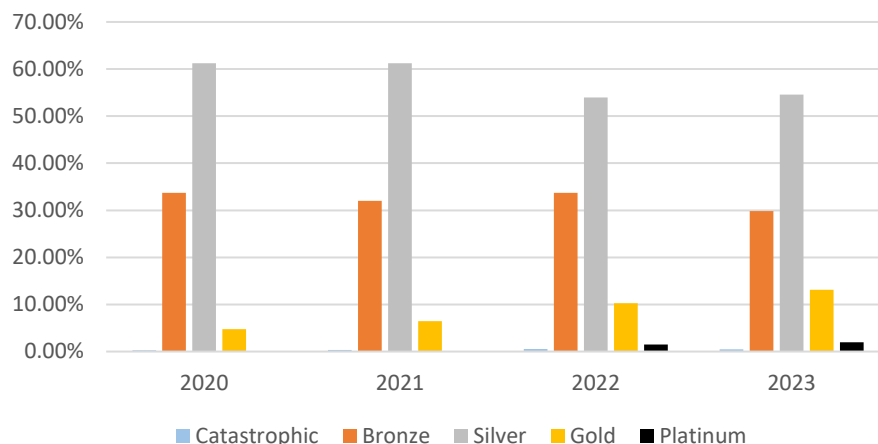
Subsidy Eligible



Not Subsidy Eligible



Total Plan Enrollment by Metal Level



AHCT Consumers & Buying Patterns

Plan Selection by Enrollees by Subsidy Eligibility Category

Proportion of Enrollment By Plan Metal Level & Year

	2020					
	Eligible for 94% CSR	Eligible for (87% CSR)	Eligible for (73% CSR)	Eligible for APTC Only	No FA	Total
Catastrophic	0.04%	0.08%	0.20%	0.60%	4.91%	1.71%
Bronze	4.00%	13.78%	38.37%	56.89%	73.19%	45.74%
Silver	95.04%	84.70%	54.95%	34.82%	12.17%	46.27%
Gold	0.92%	1.44%	6.47%	7.69%	9.73%	6.29%
Platinum	0.00%	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	Total
Catastrophic	0.05%	0.05%	0.09%	0.90%	7.42%	1.65%
Bronze	2.22%	7.31%	20.76%	51.01%	59.25%	37.86%
Silver	96.53%	90.00%	68.59%	31.28%	16.99%	47.97%
Gold	1.16%	2.53%	9.53%	14.53%	14.71%	11.01%
Platinum	0.04%	0.11%	1.03%	2.28%	1.63%	1.50%

	2021					
	Eligible for 94% CSR	Eligible for (87% CSR)	Eligible for (73% CSR)	Eligible for APTC Only	No FA	Total
Catastrophic	0.07%	0.06%	0.12%	0.80%	5.45%	1.91%
Bronze	2.97%	11.35%	33.25%	55.84%	70.24%	43.58%
Silver	95.85%	86.51%	58.73%	32.80%	13.59%	46.78%
Gold	1.11%	2.07%	7.89%	10.56%	10.71%	7.73%
Platinum	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

	2023					
	Eligible for 94% CSR	Eligible for (87% CSR)	Eligible for (73% CSR)	Eligible for APTC Only	No FA	Total
Catastrophic	0.06%	0.02%	0.09%	0.78%	6.97%	1.39%
Bronze	1.42%	5.52%	15.98%	45.12%	51.14%	32.85%
Silver	97.25%	91.09%	70.55%	32.70%	18.20%	49.43%
Gold	1.24%	3.12%	11.92%	18.43%	20.55%	14.17%
Platinum	0.04%	0.25%	1.46%	2.98%	3.13%	2.16%

AHCT Open Enrollment Reports

Links 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>
- Plan Year 2023: <https://agency.accesshealthct.com/wp-content/uploads/2023/02/OE-2023-Summary-Report.pdf>