



## **Connecticut Health Insurance Exchange Board of Directors Special Meeting**

Remote Meeting

Monday, March 4, 2024  
**Meeting Minutes**

### **Members Present:**

Charles Klippel (Chair); Paul Philpott (Vice-Chair); Grant Ritter; Thomas McNeill; Dina Berlyn; Deidre Gifford; Steven Hernandez; Peter Hadler on behalf of Commissioner Andrea Barton Reeves, Department of Social Services (DSS); Sean King, Office of the Healthcare Advocate (OHA); Paul Lombardo on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID); Carleen Zambetti on behalf of Commissioner Nancy Navarretta, Department of Mental and Health Addiction Services (DHMAS); Matthew Brokman; Claudio Gualtieri on behalf of Secretary Jeffrey Beckham, Office of Policy and Management (OPM); Commissioner Manisha Juthani, Department of Public Health (DPH)

### **Other Participants:**

**Access Health CT (AHCT) Staff:** James Michel; Jeanna Walsh; Holly Zwick; Rebekah McLear; Maurice Hadley; Caroline Ruwet; John Carbone; Glenn Jurgen; Marquese Davis; Tammy Hendricks; Kelly Cote; Marcin Olechowski

### **A. Call to Order and Introductions**

**The Special Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 10:00 a.m.**

Chair Charles Klippel called the meeting to order at 10:00 a.m.  
Attendance roll call was taken.

### **B. Public Comment**

No public comment was submitted.

### **C. Vote**

Chair Charles Klippel requested a motion to approve the January 18, 2024 Regular Meeting Minutes. Motion was made by Grant Ritter and seconded by Paul Philpott. Roll call vote was ordered. **Motion passed unanimously.**

### **D. Qualified Health Plan Requirements for Plan Year 2025 (Votes)**

Kelly Cote, Product Carrier Manager and Julie Andrews, Senior Actuary from Wakely Consulting, presented the recommendations of the Health Plan Benefits and Qualifications (HPBQ) Advisory Committee for the Board for plan designs for Plan Year (PY) 2025.

Ms. Cote provided a brief overview of the plan certification requirements and the work of the HPBQ Advisory Committee. She noted that members of the HPBQ Advisory Committee represent a variety of backgrounds and interests such as community healthcare advocates, representatives from each participating carrier, state agency stakeholders as well as two members of the Board of Directors. This diverse membership allows this Committee to provide thoughtful recommendations to the Board.

The carriers, the Plan Management Team, Wakely Consulting and HPBQ Advisory Committee worked extensively on developing plan designs that are compliant with federal Actuarial Value requirements and Mental Health Parity (MHP) requirements. Ms. Cote added that existing and potential insurance carriers are advised of AHCT certification requirements through the Qualified Health Plans (QHP) and the Stand-Alone Dental Plans (SADP) solicitations. Ms. Cote added that solicitations are issued every year and then the carriers determine whether they want to offer plans through the Exchange based on the requirements.

#### **Steven Hernandez joined at 10:09 a.m.**

Ms. Cote stated that federal guidance pertaining to the Maximum Out of Pocket (MOOP) cost-sharing, the Actuarial Value Calculator (AVC) and Internal Revenue Service (IRS) regulations have not been finalized and the Connecticut General Assembly Session ends in early May, but Board approval is necessary at this time to allow enough time for the carriers' process. If any of the final regulations necessitate any changes, it could result in the need to bring the standardized plans back for review again with the Board in the near future.

Ms. Cote noted that the carriers and Wakely started testing the 2024 Plan Designs using the 2025 Draft AVC to determine whether the plans are compliant with the de minimus

range established by the Centers of Medicare and Medicaid Services (CMS) as well as the MHP. Ms. Cote emphasized that since CMS updated the underlying data, which is used within the AVC, it resulted in an opportunity to lower some member cost-share amounts under some standardized plans.

Ms. Cote provided information on the plan mix for the individual and small group medical, and dental plans offered through the Exchange and the number of plans carriers are required to submit, as well as the number of optional plans they may submit. She provided information on the proposed 2025 Standardized Plan Design for SADP with no changes from the prior plan year.

Julie Andrews of Wakely Consulting presented the proposed 2025 Individual Market Standard Plan Designs. She reiterated that there are four key elements that are needed as a guidepost for the development of the standard plan designs. The first is the Notice of Benefit and Payment Parameters (NBPP), which is the federal regulation for updated rules for the marketplaces and carriers. One of the key elements in the NBPP is the Maximum Out of Pocket for all plans as well as the Cost Sharing Reduction variations. The federal AVC also plays a critical role as well as the federal Internal Revenue Service (IRS) regulation defining the minimum deductible and maximum out of pocket for high deductible health plans. Ms. Andrews emphasized that another element is MHP compliance requirement.

**Deidre Gifford left at 10:21 a.m.**

Ms. Andrews provided the proposed regulatory changes for 2025, which included the proposed annual limitation on cost-sharing being decreased from \$9450 to \$9200. She also discussed the proposed changes to the Federal AVC for 2025. The current Gold and Bronze Non-HSA plans have AVs based on the proposed 2025 Federal AVC that are below the top of the metal range, which allows for some positive changes for consumers. Ms. Andrews noted that the 73, 87 and 94 percent Silver CSR plans would need to be brought back into compliance as well.

Ms. Andrews suggested that the Gold Plan no longer have the laboratory services be subject to the deductible, with two options maintaining a \$10 copay for those services and keeping the medical deductible at \$1,300 for Option 1, and Option 2, decreasing the deductible to \$1,200. The HPBQ Advisory Committee recommended Option 2 for the Board's consideration.

Ms. Andrews briefly recapped Option 1 for the 2025 Silver Plan AV, which would slightly increase co-payment for the laboratory services to \$25. This was needed to align the cost sharing with the requirements for the cost-sharing variation plans. The Option 1 proposal for the 73 percent CSR variation would decrease the Maximum Out of Pocket (MOOP) to \$7,350 from \$7,475, increase the medical deductible to \$5,000 from \$4,750, and also

include the \$5 increase to Lab services bringing the copay to \$25. Ms. Andrews indicated that the 87 percent CSR Option 1 would decrease both the medical deductible and MOOP by \$200, reducing the medical deductible to \$475 and the MOOP to \$2,725. Ms. Andrews stated that the 94 percent CSR MOOP had to be increased slightly by \$100, to be \$1,150 to be compliant.

for the 2025 Bronze Non-HSA Plan options, Option 1 decreases the primary care copay to \$40 from \$50 and adjusts the pharmacy cost-sharing by reducing the copay for Generics from \$20 to \$15 and changing the preferred brand drugs cost-sharing from 50% coinsurance after deductible to a \$50 copay not subject to the deductible. Option 2 would decrease the plan deductible to \$6,400 from \$6,550 and also decrease the MOOP to \$8,000 from \$9,100. The HPBQ Advisory Committee recommended Option 1.

The 2025 Bronze HSA Plan has no proposed changes from the prior year.

Chair Charles Klippel expressed his words of appreciation to the members of the HPBQ Advisory Committee for the extensive work in deliberating and recommending those plan designs for PY 2025.

Chair Charles Klippel requested a motion to approve Option 2 as presented by Wakely Consulting on behalf of Exchange Staff as the Standard Gold Plan for Plan Year 2025. Motion was made by Paul Philpott and was seconded by Steven Hernandez. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the Standard Silver Plan Option [1], the Silver 73% plan Option [1], the Silver 87% plan Option [1], and the Silver 94% plan Option [1] as presented by Wakely Consulting on behalf of Exchange Staff as the Standard Silver Plan and the Silver variants for the 73%, 87% and 94% CSR Plans for Plan Year 2025. Motion was made by Paul Philpott and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve Option [1] presented by Wakely Consulting on behalf of Exchange Staff as the Standard Bronze Non-HSA Plan for Plan Year 2025. Motion was made by Paul Philpott and was seconded by Grant Ritter. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the current 2024 Standard HSA Bronze Plan presented by Wakely Consulting on behalf of Exchange Staff as the Standard HSA Bronze Plan for Plan Year 2025. Motion was made by Paul Philpott and was seconded by Grant Ritter. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the current 2024 Standard Stand-Alone Dental Plan presented by Exchange Staff as the Standard Stand-Alone Dental Plan

for 2025. Motion was made by Paul Philpott and was seconded by Grant Ritter. Roll call vote was ordered. **Motion passed unanimously.**

### **E. Adjournment**

Chair Charles Klippel requested a motion to adjourn. Motion was made by Grant Ritter and was seconded by Paul Philpott. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:39 a.m.