



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

Remote Meeting

Thursday, January 15, 2025

Meeting Minutes

Members Present: Grant Ritter (Chair); Sean King; Tu Nguyen; Matthew Brokman; Mark Schaefer; Brandon Riff

Other Participants: Access Health CT (AHCT) Staff: James Michel; Glenn Jurgen; Holly Zwick; Jeanna Walsh; Susan Rich-Bye; Kelly Cote; Jaclyn Olgin; Marcin Olechowski

Wakely Consulting: Julie Andrews

A. Call to Order and B. Introductions

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

Roll call for attendance was taken.

B. Public Comment

No public comment was submitted.

C. Vote

Chair Ritter requested a motion to approve the February 20, 2024 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Mark Schaefer and was seconded by Tu Nguyen. Roll call vote was ordered. **Motion passed unanimously.**

D. Mission, Vision, and Values

Kelly Cote, Plan Management Manager, briefly reviewed AHCT's Mission and Vision Statements. Ms. Cote noted AHCT's mission and vision.

E. Plan Management and Wakely Consulting

Ms. Cote reviewed the Plan Management Certification Life Cycle which begins with the release of federal regulations and guidance including the Actuarial Value Calculator (AVC) tool used to develop standardized plans and ends before the Open Enrollment (OE) period commences.

There are four major milestones, and this committee has an important role is in meeting those milestones. She thanked AHCT's partners at Anthem, ConnectiCare Benefits Inc. and ConnectiCare Insurance Company Inc. for their partnership during this process and throughout the year.

Key certification milestones and dates were discussed with the committee and Ms. Cote reviewed consumer portal changes implemented by Plan Management in response to AHCT's health equity strategy of improving consumer health insurance literacy.

Information on the PY 2026 Certification Requirements was provided. Brief discussion ensued around the ways that AHCT can encourage consumers to utilize the services that are not subject to deductible in their insurance plans and the possibility of the enhanced premium tax credits not being renewed for PY 2026.

A discussion followed on healthcare costs, and strategies to help consumers lower their costs. Current undertakings, such as involving brokers in this process was mentioned. Communication is the key in this process. Matthew Brokman agreed that the communication is the key – however he encouraged working on plan designs to better address this issue.

Susan Rich-Bye, Director of Legal and Governmental Affairs noted that a state law was passed requiring plans to offer some Health Enhancement Program (HEP) type incentives to members. However, the plans offered through the Exchange cannot penalize consumers by increasing their premiums if they do not conform to HEP requirements so there are limits to what can be done with an Exchange plan. Value-based insurance designs were briefly mentioned. Mark Schaefer asked for information on the state HEP program.

Ms. Cote provided information on the Stand-Alone Dental Plans (SADPs). She added that one standardized plan is required per issuer and three optional non-standard plans may also be offered. For the Individual market, Anthem is currently offering four plans altogether while ConnectiCare Insurance Company Inc. is offering two plans.

Ms. Cote provided information on the Centers for Medicare and Medicaid Services (CMS) annual limitation to cost sharing for the SADPs and that for the Plan Year (PY) 2025 Maximum Out of Pocket (MOOP) amounts may increase up to \$450 for one covered child and \$900 for two or more covered children for in-network coverage. She noted that if the committee decided to increase the current MOOP from \$425/\$850 to \$450/\$900, monthly current premium rates would only decrease by less than \$1 Per Member Per Month

(PMPM). Ms. Cote noted that as of October 31, 2024, the enrollment in the dental plans was over 12,000 consumers and 15 percent of that number was aged 25 and under.

Ms. Cote provided information on the proposed 2026 Standardized Plan Design for SADP with no changes from the prior plan year.

Chair Grant Ritter requested a motion to adopt the 2026 Standardized Stand-Alone Dental Plan as presented. Motion was made by Sean King and was seconded by Mark Schaefer. Roll call vote was ordered. **Motion passed unanimously.**

H. Wakely Consulting – Proposed – 2026 Individual Market Qualified Health Plan

Ms. Cote reviewed the number of permitted plans on the Exchange in 2025. In the Individual market, the maximum number of standardized required plans is 4 while the non-standard, optional plans is up to 9. In the small group market, the number maximum number of required plans is 5 while the optional number is up to 15. The on-Exchange vs. off-Exchange medical insurance landscape, in both, individual and small group markets in Connecticut were compared.

Julie Andrews, Senior Actuary from Wakely Consulting noted that there are four necessary regulatory and issuer elements for the 2026 analysis, and they include: Notice of Benefit and Payment Parameters, Federal Actuarial Value Calculator (AVC), Internal Revenue Service (IRS) HSA rules and Issuer Analysis of AVC and Mental Health Parity (MHP).

Ms. Andrews summarized the proposed regulation changes for 2026 which include proposed annual limitation on cost sharing for the MOOP was increased from \$9,450 for PY 2025 to \$10,150 in PY 2026, updates to the Cost Sharing Reduction (CSR) annual limitations and noted that the federal High Deductible Health Plan minimum deductible and MOOP limits are not yet released for 2026.

Ms. Andrews also reviewed the State of Connecticut regulations that plans must comply with, such as the Covered Connecticut Program and the Connecticut Health Enhancement Program (HEP) requirements for carriers. The Covered Connecticut Program was not incorporated into this analysis; the Actuarial Value (AV) is not impacted by it.

Ms. Andrews provided information on the changes to the Federal Actuarial Value Calculator (AVC) for PY 2026. She noted that the Federal AV Calculator has been finalized and enumerated the underlying data in determining the AVC.

Ms. Andrews noted that the 2026 AVC results require adjustments in Silver and Bronze plans in the Individual market since they fall out of compliance.

Ms. Andrews noted that all Cost Sharing Reduction (CSR) plan variations in the Silver metal tier fall outside of the allowable ranges and changes are necessary for those plans

to be compliant with the AVC. The 73 percent CSR plan also falls out of compliance and at this point no evaluation had been undertaken to determine if the 87 percent CSR and 94 percent CSR would need to be adjusted as well.

Three options were presented for the Gold Plan. The Gold plan does not have required changes; however, adjustments would potentially be required to meet mental health parity requirements. Therefore, the issuers tested three options for the Gold plan.

Those options were further discussed with members indicating their preferences either for Option 1 which would increase the cost-sharing for primary care visits to \$25 and slightly increase the cost of prescription drugs and Option 3, which would increase the medical deductible to \$1400, the out-of-pocket to \$8000 and cost-sharing for generic drugs to \$10. There was discussion of whether a slight change in the cost of seeing a primary care physician or a specialist would have detrimental effects on patients seeking care or going to the emergency room instead. The pharmacy co-pays were at the same level at least from 2020 onwards.

Ms. Andrews presented the 2026 Silver Plan AV options. All three options would adjust the primary care co-pay to \$45 and slightly alter the pharmacy costs. Option 2 and Option 3 would increase the out-of-pocket maximums and medical deductibles. Chair Grant Ritter suggested looking at options 1 and 3 further.

Due to time constraints, additional discussion on plan designs will take place at the next meeting of the Committee.

I. Adjournment

Chair Grant Ritter requested a motion to adjourn. Motion was made by Mark Schaefer and was seconded by Matthew Brokman. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 3:00 p.m.