



Access Health CT

March 6, 2025, Board of Directors Regular Meeting

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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 give them the best value.

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

Public Comment

CEO Report

James Michel

Votes

- **Review and Approval of Minutes: *January 16, 2025 Regular Meeting Minutes***
- ***Committee Membership***

Certification Requirements

Plan Year 2026

Standardized Plan Development

Health Plan Benefits and Qualifications Advisory Committee (HBPQ AC)

Qualified Health Plans (QHP)

- **Actuarial Value Testing**
- **Determine Plan Changes**
- **Validate Plan Changes for:**
 - Actuarial Value Compliance
 - Mental Health Parity Compliance
 - IRS Requirements
 - Definition of HDHP
 - Preventive Care
 - Annual Deductible and MOOP

Stand-Alone Dental Plans (SADP)

- **MOOP Review**
 - Reviewing the annual limitation of cost sharing for the pediatric dental Essential Health Benefit.

HDHP = High Deductible Health Plan
MOOP = Maximum Out-of-Pocket

2026 Regulatory Variables

Federal

Enhanced subsidies available under Inflation Reduction Act (IRA) through 2025.

State

No new legislation having impact to plan designs at this time.
Session ends on June 5, 2025.

Proposed 2026 Plan Mix

Metal Level	Qualified Health Plans (QHPs)			
	Individual Market		SHOP*	
	Standard Plans (Required)	Non-Standard Plans (Optional)	Required	Optional
Platinum	0	2	0	4
Gold	1	3	1	5
Silver	1	0	2	4
Bronze	2	3	2	2
Catastrophic	0	1	0	0
Total	4	9	5	15
Maximum	13		20	

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

**No differences in plan mix requirements across markets.

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

Proposed 2026 Standardized Plan Design - SADP

Plan Overview	In-Network 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 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	
Prosthetics (Complete and Partial Dentures; Fixed Bridgework)	
Other Services	
Medically-Necessary Orthodontic Services *	50% after deductible is met
Waiting Periods and Plan Maximums <i>(for covered persons not eligible for dependent child benefit)</i>	
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.

2026 Individual Market Standard Plan Designs

March 6, 2025

PRESENTED BY:

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Going Beyond the Numbers



Necessary Regulatory and Issuer Elements

2026 Analysis Documentation

NBPP

- Notice of Benefit and Payment Parameters
- Draft released October 10, 2024
- Public Comment Period ended November 12th
- Final released January 13, 2025

Federal AVC

- Actuarial Value Calculator (AVC)
- CMS provided tool measuring benefit cost-sharing for allocation of metal tier or cost-sharing reduction plan variation
- Finalized October 16, 2024

IRS HSA Rules

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

Issuer Analysis of AVC and MHP

- Plan analysis of their own actuarial value using the Federal calculator with their modifications.
- Plan analysis of Mental Health Parity (MHP) Compliance
- Completed-all plans compliant

Regulation Changes for 2026

Annual limitation on cost sharing (maximum out of pocket) was Increased to \$10,150 (from \$9,200 in 2025)

CSR (Cost Sharing Reduction) Variations annual limitation on cost sharing. The 2025 and 2026 limits are:

- 94% CSR (100-150% **FPL): **\$3,350/\$6,700** (single/family)
 - 2025 - \$3,050/\$6,100 (*single/family*)
- 87% CSR (150%-200% **FPL): **\$3,350/\$6,700** (single/family)
 - 2025 - \$3,050/\$6,100 (*single/family*)
- 73% CSR (200%-250% **FPL): **\$8,100/\$16,200** (single/family)
 - 2025 - \$7,350/\$14,700 (*single/family*)

2026 Federal HDHP minimum deductible and Maximum Out of Pocket (MOOP) limits to be released Spring 2025.

HSA (Health Savings Account) and qualified High Deductible Health Plans (HDHPs) limit for 2025 the single deductible is set at a minimum of \$1,650 and the MOOP maximum limit is \$8,300.

Changes to the Federal AVC for 2026

The Federal AVC has been finalized.
Key changes to the 2026 Calculator are as follows:

Data underlying the calculator was not updated. Data is based on 2021 Edge individual and small group data trended to 2026

- Medical Trend: 3.2% (2021-2022), 5.8% (2022-2023), 5.4% (2023-2024), 6.4% (2024-2026)
- Pharmacy Trend: 4.55% (2021-2022), 8.7% (2022-2023), 8.2% (2023-2024), 9.9% (2024-2025), 10.1% (2025-2026)

2026 AVC Results for Current Standard Plan Designs

Individual Market	Gold	Silver	Bronze	Bronze HSA
2026 AV Ranges	78.0% - 82.0%	70.0%-72.0%	58.0%-65.0%	58.0%-65.0%
2025 AV (Final)	80.3%-81.2%	70.3%-70.7%	63.9%-64.3%	63.8%-64.0%
2026 AV Result	81.4%-81.5%	71.7%-72.01%	65.3%-65.6%	64.96%-64.97%

Individual Market - CSR Plan Variations: Silver	73% AV CSR	87% AV CSR	94% AV CSR
2026 Proposed AV Ranges	73.0%-74.0%	87.0%-88.0%	94.0%-95.0%
2025 AV (Final)	73.0%- 73.3%	87.0%-88.0%	94.3%-94.9%
2026 AV Result	74.3%-74.6%	87.7%-88.7%	94.6%-95.3%

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

2026 Plan Design Overview

Notes and Caveats

Other services not included in the AVC, but will have specified cost sharing for each standardized plan

In-Network Services

Other Services

- Mammography Ultrasound
- Chiropractic Services (up to 20 visits per calendar year)
- Diabetic Supplies & Equipment
- Durable Medical Equipment
- Home Health Care Services (up to 100 visits per calendar year)
- Ambulance Services
- Urgent Care Center or Facility

Pediatric Dental Care (for children under age 26)

- Diagnostic & Preventive
- Basic Services
- Major Services
- Orthodontia Services (medically necessary)

Pediatric Vision Care (for children under age 26)

Out-of-Network Services

All services, deductible and maximum out-of-pocket

Plan Features

- The cost sharing shown on the following slides represents costs for in-network services only.
- The deductible and MOOP limits shown are for individuals. The family limits are 2x the individual limit for all plans except where noted.
- Preventive care is covered at no cost to the member for all plans.
- Mental Health cost sharing is the same as Primary Care for all plans.
- Silver loading for defunded cost-sharing reduction plans will persist in 2026 with addition to the 2026 NBPP.
- All plans include 'embedded' deductible approach (not aggregate).
- *All statutory specified cost-sharing limit rules are adhered to.*

2026 Gold Plan AV Options

Benefit Category	2025 Individual Market Gold Plan	Option 4 2026 Individual Market Gold Plan	Option 5 2026 Individual Market Gold Plan
Medical Deductible	\$1,200 (INN)/\$3,000 (OON)	\$1,250 (INN) /\$3,000 (OON)	\$1,200 (INN)/\$3,000 (OON)
Rx Deductible	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)	\$50 (INN)/\$350 (OON)
Coinsurance	30%	30%	30%
Out-of-pocket Maximum	\$7,375 (INN)/\$14,750 (OON)	\$8,000 (INN) /\$14,750 (OON)	\$7,375 (INN)/\$14,750 (OON)
Primary Care	\$20	\$25	\$20
Specialist Care	\$40	\$40	\$40
Urgent Care	\$50	\$50	\$50
Emergency Room	\$400	\$400	\$400
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$65	\$65	\$65
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$40	\$40	\$40
All Other Medical	30%	30%	30%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	5 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)	\$5 / \$45 / \$60 / 20% (spec. after ded., \$100 max per spec. script)	\$10 / \$35 / \$60 / 20% (spec. after ded., \$100 max per spec. script)
2025 AVC Results	79.6%-80.5%	NA	NA
2026 AVC Results	81.4%-81.5%	80.5%-80.7%	80.5%-80.7%

2026 Silver Plan AV

Benefit Category	2025 Individual Market Silver Plan	Option 4 2026 Individual Market Silver Plan	Option 5 2026 Individual Market Silver Plan
Medical Deductible	\$5,000 (INN)/ \$10,000 (OON)	\$5,000 (INN)/ \$10,000 (OON)	\$5,000 (INN)/ \$10,000 (OON)
Rx Deductible	\$250 (INN)/ \$500 (OON)	\$250 (INN)/ \$500 (OON)	\$250 (INN)/ \$500 (OON)
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$9,100 (INN)/ \$18,200 (OON)	\$9,400 (INN) \$18,200 (OON)	\$9,100 (INN)/ \$18,200 (OON)
Primary Care	\$40	\$45	\$40
Specialist Care	\$60	\$60	\$60
Urgent Care	\$75	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$25	\$25	\$25
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30	\$30
Chiropractic Care (20 visit calendar maximum)	\$50	\$50	\$50
All Other Medical	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$200 max per spec. script)	\$10 / \$50 / \$75 / 20% (all but generic after ded., \$200 max per spec. script)	\$15 / \$50 / \$75 / 20% (all but generic after ded., \$200 max per spec. script)
2025 AVC Results	70.3%-70.7%	NA	NA
2026 AVC Results	71.7%-72.01%	71.2%-71.6%	71.1%-71.4%

2026 Silver 73% CSR Plan AV

Benefit Category	2025 Individual Market Silver Plan (73%)	Option 4 2026 Individual Market Silver Plan (73%)	Option 5 2026 Individual Market Silver Plan (73%)
Medical Deductible	\$5,000	\$5,000	\$5,850
Rx Deductible	\$250	\$250	\$250
Coinsurance	40%	40%	40%
Out-of-pocket Maximum	\$7,350	\$7,675	\$7,675
Primary Care	\$40	\$45	\$40
Specialist Care	\$60	\$60	\$60
Urgent Care	\$75	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Hospital	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$25	\$25	\$25
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30	\$30	\$30
Chiropractic Care (20 visit calendar maximum)	\$50	\$50	\$50
All Other Medical	40%	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$45 / \$70 / 20% (all but generic after ded., \$100 max per spec. script)	\$10 / \$50 / \$75 / 20% (all but generic after ded., \$100 max per spec. script)	\$15 / \$50 / \$75 / 20% (all but generic after ded., \$200 max per spec. script)
2025 AVC Results	73.0%-73.3%	NA	NA
2026 AVC Results	74.3%-74.6%	73.7%-73.98%	73.3%-73.5%

2026 Silver 87% CSR Plan AV Options

Benefit Category	2025 Individual Market Silver Plan (87%)	2026 Option 8 Individual Market Silver Plan (87%)
Medical Deductible	\$475	\$415
Rx Deductible	\$50	\$50
Coinsurance	40%	40%
Out-of-pocket Maximum	\$2,725	\$2,950
Primary Care	\$20	\$35
Specialist Care	\$45	\$50
Urgent Care	\$35	\$35
Emergency Room	\$150 (after ded.)	\$150 (after ded.)
Inpatient Hospital	\$100 per day (after ded., \$400 max. per admission)	\$100 per day (after ded., \$400 max. per admission)
Outpatient Hospital	\$60@ASC/\$100 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI)	\$60	\$60
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 (after ded.)	\$30 (after ded.)
Laboratory Services	\$10	\$15
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$35	\$35
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)	\$10 / \$25 / \$40 / 20% (non-preferred brand and spec. after ded., \$60 max per spec. script)
2025 AVC Results	87.0%-88.0%	NA
2026 AVC Results	87.7%-88.7%	87.01%-87.81%

2026 Silver 94% CSR Plan AV Options

Benefit Category	2025 Individual Market Silver Plan (94%)	2026 Option 2 Individual Market Silver Plan (94%)
Medical Deductible	\$0	\$0
Rx Deductible	\$0	\$0
Coinsurance	40%	40%
Out-of-pocket Maximum	\$1,150	\$1,350
Primary Care	\$10	\$15
Specialist Care	\$30	\$30
Urgent Care	\$25	\$25
Emergency Room	\$50	\$50
Inpatient Hospital	\$75 (\$300 max. per admission)	\$75 (\$300 max. per admission)
Outpatient Hospital	\$45@ASC/\$75 otherwise	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$50	\$50
Non-Advanced Radiology (X-ray, Diagnostic)	\$25	\$25
Laboratory Services	\$10	\$10
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$20	\$20
Chiropractic Care (20 visit calendar maximum)	\$30	\$30
All Other Medical	40%	40%
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)	\$5 / \$10 / \$30 / 20% (\$60 max per spec. script)
2025 AVC Results	94.3%-94.9%	NA
2026 AVC Results	94.6%-95.3%	94.1%-94.8%

2026 Bronze Non-HSA Plan AV Options

Benefit Category	2025 Bronze Non-HSA Plan	Option 1 2026 Bronze Non-HSA Plan	Option 2 2026 Bronze Non-HSA Plan	Option 3 2026 Bronze Non-HSA Plan
Combined Medical & Rx Deductible	\$6,550 (INN)/\$13,100 (OON)	\$6,550 (INN)/\$13,100 (OON)	\$8,000 (INN) /\$13,100 (OON)	\$7,000 (INN) /\$13,100 (OON)
Coinsurance	40%	40%	40%	40%
Out-of-pocket Maximum	\$9,100 (INN) /\$18,200 (OON)	\$9,100 (INN) /\$18,200 (OON)	\$10,000 (INN) /\$18,200 (OON)	\$10,000 (INN) /\$18,200 (OON)
Primary Care	\$40	\$50	\$40	\$50
Specialist Care	\$70 (after ded.)	\$70 (after ded.)	\$70 (after ded.)	\$70 (after ded.)
Urgent Care	\$75	\$75	\$75	\$75
Emergency Room	\$450 (after ded.)	\$450 (after ded.)	\$450 (after ded.)	\$450 (after ded.)
Inpatient Hospital	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$500 per day (after ded., \$1,000 max. per admission)	\$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)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$20	\$30	\$20	\$20
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
Chiropractic Care (20 visit calendar maximum)	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
All Other Medical	40% (after ded.)	40% (after ded.)	40% (after ded.)	40% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	\$15 / \$50 / 50% / 50% (all but generic and preferred brand after ded., \$500 max per spec. script)	\$25 / \$60 / 50% / 50% (all but generic and preferred brand after ded., \$500 max per spec. script)	\$15 / \$50 / 50% / 50% (all but generic and preferred brand after ded., \$500 max per spec. script)	\$15 / \$50 / 50% / 50% (all but generic and preferred brand after ded., \$500 max per spec. script)
2025 AVC Results	63.9%-64.3%	NA	NA	NA
2026 AVC Results	65.3%-65.6%	63.7%-64.%	63.8%-64.1%	63.8%-64.1%

2026 Bronze HSA Plan AV Option

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	2025/2026 Bronze HSA Plan
Combined Medical & Rx Deductible	\$6,500 (INN)/ \$13,000 (OON)
Coinsurance	20%
Out-of-pocket Maximum	\$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.)
Diabetic Supplies	*20% (after ded.)
All Other Medical	20% (after ded.)
Generic / Preferred Brand / Non-Preferred Brand / Specialty Rx	*20% / 25% / 30% / 30% (all after ded., \$500 max per spec. script)
2025 AVC Results	63.8%-64.0%
2026 AVC Results	64.96%-64.97%

*State legislation maximum cost sharing applies (\$25 for each 30-day supply of a medically necessary covered insulin drug; \$25 for each 30-day supply of a medically necessary covered noninsulin drug; \$100 for a 30-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices)

Thank You

Summary of Recommended Changes

Qualified Health Plans

Metal Level	Medical Deductible	Out-Of-Pocket Maximum	Primary Care Office Visits	Specialist	Laboratory Services	Pharmacy Tier 2*	Pharmacy Tier 3**
Gold	**** No plan changes for 2026 ***						
Silver 70%		\$9,100 → \$9,400	\$40 → \$45			\$45 → \$50	\$70 → \$75
Silver 73%		\$7,350 → \$7,675	\$40 → \$45			\$45 → \$50	\$70 → \$75
Silver 87%	\$475 → \$415	\$2,725 → \$2,950	\$20 → \$35	\$45 → \$50	\$10 → \$15		
Silver 94%		\$1,150 → \$1,350	\$10 → \$15				
Bronze	\$6,550 → \$7,000	\$9,100 → \$10,000	\$40 → \$50				
Bronze HSA	*** No plan changes for 2026 ***						

*Preferred Brand Drugs

** Non-Preferred Brand Drugs

HSA = Health Savings Account

Discussion and Votes

Plan Year 2026 QHP and SADP Standardized Plans

Adjournment

Next Meeting: Thursday, April 17, 2025