



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

Remote Meeting

Thursday, March 6, 2025  
**Draft Meeting Minutes**

### **Members Present:**

Charles Klippel (Chair); Paul Philpott (Vice-Chair); Grant Ritter; Thomas McNeill; Dina Berlyn; Kathleen Holt - Office of the Healthcare Advocate (OHA); Commissioner Andrea Barton Reeves, Department of Social Services (DSS); Zani Imetovski on behalf of Jeffrey Beckham, Secretary – Office of Policy and Management (OPM); Carleen Zambetti on behalf of Commissioner Nancy Navarretta, Department of Mental and Health Addiction Services (DHMAS); Paul Lombardo on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID)

### **Other Participants:**

**Access Health CT (AHCT) Staff:** James Michel; Jeanna Walsh; Holly Zwick; Rebekah McLearn; Susan Rich-Bye; Caroline Ruwet; John Carbone; Glenn Jurgen; Tammy Hendricks

**Wakely Consulting:** Julie Andrews

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

**The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:00 a.m.**

Chair Charles Klippel called the meeting to order at 9:00 a.m.  
Attendance roll call was taken.

### **B. Public Comment**

No public comment was submitted.

## C. CEO Report

James Michel, Chief Executive Officer, presented the CEO Report.

The enhanced subsidies play a big role in making health coverage affordable for many of the Exchange's customers and their families. The Exchange's advertorial regarding the importance of extending these subsidies recently ran in 19 publications across the state, and a lot of positive feedback was received.

In addition, Access Health CT (AHCT) met with Governor Lamont and state legislators to discuss the significant impact the loss of these subsidies will have on the state residents. AHCT also met with the major hospitals and insurance carriers in the state, and all entities are aligned regarding the importance of these subsidies. Mr. Michel added that AHCT will continue to do all it can to raise awareness about this issue until it is addressed by Congress this year.

Additional information on Open Enrollment 12 was provided, which was also shared with the Board in the OE12 Report. It was a record-breaking OE Period for AHCT with more than 151,000 customers enrolled in a plan, which includes more than 42,000 residents enrolled in the Covered CT Program. This year's enrollment exceeded last year's record enrollment by 17%.

It is important to note that the enhanced subsidies play an important part in these enrollment numbers. An overview of the meeting's agenda items, including a vote of appointing and removing members from some of the advisory committees. Mr. Michel, on behalf of the Exchange, the Board of Directors and the Chair, expressed his words of appreciation to those who have served on those committees and welcomed new members.

## D. Votes

Chair Charles Klippel requested a motion to approve the January 16, 2025, Regular Meeting Minutes. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was taken. Zani Imetovski abstained. **Motion passed.**

Susan Rich-Bye, Director of Legal and Governmental Affairs, explained the requirement that the Board remove and appoint members of the advisory committees for changes to be made.

Chair Charles Klippel requested a motion to remove Leslie Greer and Giselle Carlotta-McDonald from the Health Equity, Outreach and Consumer Experience Advisory Committee; to remove Brandon Riff from the Health Plan Benefits and Qualifications

Advisory Committee and appoint Jacqueline Sanchez, Maria Matos and Elisa Neira to the Health Equity, Outreach and Consumer Experience Advisory Committee. Motion was made by Grant Ritter and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

### **E. Qualified Health Plans Certification Requirements for Plan Year 2026**

Kelly Cote, Plan Management Manager, briefly described the recent work of the Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC) in close cooperation with the Exchange's Plan Management Team and Wakely Consulting to develop standard plan designs for Plan Year (PY) 2026.

Plan certification requirement steps were reviewed along with the timeline. Caveats were mentioned that could still impact plan designs, such as the awaited Internal Revenue Service (IRS) regulations regarding the High Deductible Health Plans not yet finalized for 2026 and its potential impact on one of the plan designs. Other external factors were mentioned. If any of these factors affect the plan designs and regulatory compliance, necessary adjustments would need to be considered. Regulatory variables for PY 2026 were described.

Information on the plan mix for the individual and small group medical, and dental plans offered through the Exchange was provided, with the number of standard plans carriers are required to submit, as well as the number of optional plans they are permitted to submit. Information on the proposed 2026 Standardized Plan Design for the Stand-Alone Dental Plan (SADP) was provided with a recommendation for no changes from the prior plan year.

Julie Andrews, Senior Actuary from Wakely Consulting, noted that the actuarial value results using the 2026 Actuarial Value Calculator (AVC) require adjustments in Silver and Bronze plans in the Individual market since they will fall out of compliance. 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 AV requirements. The Bronze HSA plan does not need any adjustments and is compliant.

Ms. Andrews provided options for the 2026 Standard Gold Plan with Option 4 increasing the medical deductible to \$1,250 and the out-of-pocket maximum to \$8,000 while also increasing the preferred brand and non-preferred brand prescription drug copays. Option 5 would have only increased the generic copay to \$10 while leaving all of the other copays in place with the 2025 levels. The current 2025 Individual Market Gold Plan would also be compliant with the 2026 requirements for AV and Mental Health Parity (MHP). The HPBQ AC decided to recommend not adjusting the Gold Plan Option for PY 2026.

Ms. Andrews described the 2026 Standard Silver Standard Plan options which require plan changes for 2026. Two options were presented with Option 4 increasing the preferred brand and non-preferred brand prescription drug copays while also increasing the out-of-pocket maximum to \$9,400 as well as the primary care copay to \$45. Option 5 would only increase the generic, preferred brand and non-preferred brand prescription drug copays by \$5. The HPBQ AC recommended Option 4 to the Board for consideration.

Ms. Andrews briefly reviewed Option 4 for the Silver 73 percent CSR plan with changes in line with the Silver Standard Plan. The changes required and supported by the HPBQ AC included raising the out-of-pocket maximum to \$7,675; the primary care copay to \$45; and, increasing the preferred brand/non-preferred brand copay by \$5.

The proposed 2026 87 percent CSR Plan AV option was reviewed. The proposed 87 percent CSR option would include reducing the medical deductible from the current \$475 to \$415. In addition, the out-of-pocket maximum would increase to \$2,950; the primary care visit copay to \$35; and, the specialist visit copay to \$50. The laboratory services copay would increase to \$15. By adjusting those five levers, this proposed plan would be in compliance with the requirements for AV and MHP. The HPBQ AC recommended this option for the Board's consideration (Option 8).

One option was presented for the Silver 94 percent CSR plan with the proposed changes including increasing the out-of-pocket maximum to \$1,350 and the primary care copay to \$15.

The 2026 Standard Bronze Non-HSA plan options were presented. Option 1 would increase the primary care copay to \$50, laboratory services to \$30 and generic as well as preferred drug copays by \$10. Option 2 would have increased the combined medical and prescription drug deductible to \$8,000 and the out-of-pocket maximum to \$10,000, while Option 3 would have increased the combined medical and Rx deductible to \$7,000, and out-of-pocket maximum to \$10,000. It would also increase the primary care copay to \$50. The HPBQ AC recommended Option 3.

No changes were required for the 2026 Bronze HSA Plan.

Chair Charles Klippel requested a motion to approve the current 2025 Standard Individual Market Gold Plan as presented by Wakely Consulting on behalf of Exchange Staff as the Standard Gold Plan for Plan Year 2026. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the Standard Silver plan Option [4], the Silver 73% plan Option [4], the Silver 87% plan Option [8], and the Silver 94% plan Option [2] as presented by Wakely Consulting on behalf of Exchange Staff as the Standard Silver Plan and the 73%, 87% and 94% CSR Plan variants as the Standard

Silver plans for Plan Year 2026. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Grant Ritter, Chair of the HPBQ AC praised the Committee on their work considering all of the possible and allowable plan options. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve Option [3] presented by Wakely Consulting on behalf of Exchange Staff as the Standard Bronze Non-HSA Plan for Plan Year 2026. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the current 2025 Standard HSA Bronze Plan presented by Wakely Consulting on behalf of Exchange Staff as the Standard HSA Bronze Plan for Plan Year 2026. Exchange staff are authorized to make a minor cost-sharing changes if necessary to comply with regulations issued by the Internal Revenue Service for High Deductible Health Plans for 2026, and to report to the Board of Directors on any changes. Motion was made by Grant Ritter and was seconded by Andrea Barton Reeves. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the current 2025 Standard Stand-Alone Dental Plan presented by Exchange Staff as the Standard Stand-Alone Dental Plan for 2026. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel echoed Grant Ritter's appreciation for the HPBQ AC in working on providing plan recommendations to the Board.

## **F. Adjournment**

Chair Charles Klippel requested a motion to adjourn. Motion was made by Grant Ritter and was seconded by Andrea Barton Reeves. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 9:41 a.m.