Connecticut Health Insurance Exchange
Board of Directors Regular Meeting

Remote Meeting

Thursday, October 16, 2025
Meeting Minutes

Members Present:

Paul Philpott (Vice-Chair); Grant Ritter; Thomas McNeill; Kathleen Holt - Office of the Healthcare Advocate (OHA); Claudio Gualtieri 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); Alexander Borkowski on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID); Peter Hadler on behalf of Commissioner Andrea Barton Reeves, Department of Social Services (DSS); Commissioner Manisha Juthani, Department of Public Health (DPH); Steven Hernandez; Dina Berlyn; Deidre Gifford

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

Other Participants: Wakely Consulting – Ren Zhong; Karan Rustagi

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.

Vice Chair Paul Philpott called the meeting to order at 9:00 a.m.
Attendance roll call was taken.

B. Public Comment

No public comment was submitted.

C. Votes

Vice-Chair Paul Philpott requested a motion to approve the September 18, 2025 Regular Meeting Minutes. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was taken. Deidre Gifford abstained. **Motion passed.**

D. CEO Report

James Michel, Chief Executive Officer (CEO), presented the CEO Report. Mr. Michel noted that he has been spending a lot of time over the past few weeks with Connecticut Senators and Representatives to discuss the potential expiration of the Enhanced Premium Tax Credits (EPTCs).

In addition, he participated in press conferences and meetings with elected officials to talk about the impact on the Exchange's customers if these tax credits expire at the end of this year. It is important to continue sharing this message as Congress debates if and when is the best time to keep healthcare coverage affordable for Connecticut residents.

The recent Community Conference brought together over 240 partners, including brokers, Certified Application Counselors (CACs), and community organizations from across the state. Congressman Joe Courtney and representatives from DSS, the Office of the Healthcare Advocate, and both carrier partners attended. The event focused on preparing for Open Enrollment (OE), aligning goals, and strengthening collaboration to better serve Connecticut residents. Special thanks were given to Tammy Hendricks, her team, and AHCT staff for making the conference a success.

Access Health CT (AHCT) will be conducting a leaver survey for Qualified Health Plan and Medicaid customers at the end of the OE Period. The goal is to understand why customers who had health coverage in 2025 are not renewing coverage for plan year 2026.

Mr. Michel expressed his words of appreciation to the entire Senior Leadership Team (SLT) for the work that has been performed in preparation for the upcoming OE, especially during these unstable and uncertain times in the health insurance space.

Mr. Michel outlined this meeting's agenda which includes a Consumer Impact Study conducted by Wakely Consulting.

E. Open Enrollment 13 Update

Kathryn Hearn, Associate Director of the Enterprise Project Management Office (EPMO), provided the Open Enrollment (OE) 13 Update.

Ms. Hearn noted that OE runs from November 1 to January 15, which is unchanged from prior years; Preparations address federal changes including H.R. 1 (the "One Beautiful Bill Act") and marketplace rules. Ms. Hearn noted that system updates were successfully

deployed on October 10, including the planned end of enhanced subsidies for Qualified Health Plans (QHPs). The system can adapt to federal changes and court rulings. Contingency plans are being developed if enhanced subsidies are extended. Ms. Hearn stated that a new dental carrier will be offering plans through Exchange for 2026 – Guardian Life Insurance Company.

Ms. Hearn pointed out that projection and auto-renewal notices for health and dental plans are scheduled; projection letters with personalized cost estimates will be sent from October 20 to October 25, encouraging customers to review and shop for plans. Pre-OE communications started in August, including postcards and detailed letters in English and Spanish explaining federal changes and offering free broker and enrollment help.

Ms. Hearn outlined the Marketing and Outreach Campaign. Paid advertising targets underserved communities using zip code data; new advertisement placements include Tubi streaming application, weekly Fox 61 TV segments, social media influencer posts, and a Hartford Courant website countdown clock.

Ms. Hearn added that in-person events include basketball series at Mohegan Sun, Parkville Market scavenger hunt, and National Cupcake Day on December 15, which is also a key enrollment deadline. A broad media mix includes TV, radio, social media, billboards, transit, pharmacy, and grocery store signage.

Messaging emphasizes free enrollment help and clarity on financial assistance changes, with ads ready to be updated if subsidies are extended.

For the Health Equity and Outreach initiatives, four new mobile enrollment specialists were hired within the existing budget, and 23 enrollment fairs are planned statewide, focusing on high-need areas. In addition, the Navigator program was expanded to six organizations.

AHCT continues virtual monthly “Healthy Chats” and community partner meetings. Also, the Annual Community Conference was held in Old Saybrook with 240 attendees, featuring Congressman Joe Courtney and honorees in advocacy and mental health, plus sessions on federal changes and community funding.

A survey in English and Spanish targeting customers who do not renew coverage will take place after OE to identify barriers and insurance status. Results are expected by April 2026 and will inform future outreach and retention efforts.

F. Consumer Impact Study

Susan Rich-Bye, Director of Legal and Governmental Affairs, introduced Ren Zhong of Wakely Consulting to present the Consumer Impact Study. The study included an

overview of the premium changes to consumers in the Individual market and summarized the effects of those changes.

Ms. Zhong noted that for 2026, the individual health insurance market offers a total of 22 on-Exchange plans: 11 from Anthem, 7 from CBI, and 4 from CICI. Anthem also offers 7 off-Exchange plans, while CBI and CICI do not offer off-Exchange individual plans. In the small group market, Anthem offers both on- and off-exchange plans (6 and 20 respectively), whereas CBI and CICI do not participate.

Enrollment in individual on-Exchange plans totals approximately 157,000 members at this time, with Anthem currently having 88,000 members, followed by CBI with 65,000 and CICI with 3,600. Anthem has overtaken CBI as the largest individual on-Exchange carrier in 2025. Enrollment trends show a decline in Gold plan participation, a rise in Silver, and a continued decrease in Bronze plans. Enrollment in the lowest cost Silver plans is declining due to enhanced subsidies making Silver plans more affordable.

Ms. Zhong indicated that rate analysis prior to federal subsidies reveals an overall average increase of approximately 17% for Individual on-Exchange plans, varying by issuer and plan. Anthem's rate increase averages around 14%, while CBI and CICI experience increases near 21%. Over 30% of enrollees face rate increases exceeding 20%. Silver plans show the highest rate increases. In the small group market, Anthem sees an average rate increase of 11.2%.

Premium subsidies (APTC) are critical in moderating consumer costs. Subsidy amounts depend on household income; the cost of the benchmark (second-lowest Silver) plan; and, Internal Revenue Service (IRS) guidelines on maximum contributions as a percentage of income. Despite subsidies, consumers across income levels will face premium increases, with those over 400% of the Federal Poverty Level (FPL) experiencing significant cost increases due to the full subsidy loss. Over 90% of current members are subsidy-eligible, with 20% having annual income above 400% of FPL.

Examples were reviewed that illustrate diverse impacts by household composition, income, and geographic location. Lower-income, younger enrollees may see modest premium increases after subsidies but still face increased out-of-pocket costs if switching plans affects cost-sharing reductions. Households above 400% FPL confront substantial premium hikes due to subsidy ineligibility. Twenty percent of the current QHP enrollment has annual income over the 400 percent FPL threshold. Geographic variation also affects subsidy levels and premium increases, with larger families potentially eligible for greater subsidies. Subsidies help lower-income households, but plan premiums may increase more than a subsidy. Younger households experience smaller absolute increases, although the percentage impact can be significant depending on income. Ms. Zhong provided examples of upcoming changes.

Finally, out-of-pocket cost sharing remains a significant factor in total consumer financial burden. Approximately 10% or more of enrollees at each metal tier incur no out-of-pocket costs, while most do not reach maximum out-of-pocket limits.

Paul Philpott expressed a serious concern that a 17 percent increase and the reduction of the Financial Aid (FA) as well as the individuals with annual income over 400 percent of the FPL not being able to qualify for the FA would create a major disenrollment.

James Michel stated that he expects disenrollments over the next few years and pointed out that customers are strongly encouraged to work with a broker to find an affordable health insurance plan that meets their individual or family needs. All plans available on the Exchange, including more affordable options like bronze plans, will still cover the essential health benefits, even if a consumer selects a plan that is not as comprehensive as they have in 2025.

Brokers will help assess each person's health and financial situation to match them with the most suitable plan. Outreach efforts, such as emails, texts, and zip code–targeted communications, will focus on individuals at high risk of not renewing due to increased premiums.

As mentioned earlier, the Outreach Team has been expanded by adding four new employees to better support communities in need. There will also be in-person assistance provided in the areas with residents that require the most help.

Mr. Michel noted that since June/July, AHCT became engaged in continuous communication with the Governor's Office, Legislative Leadership, and relevant committees, most notably the Insurance and Real Estate Committee, to provide updates on projected rate impacts. Initial projections were based on 2025 data; however, following the release of 2026 rates, AHCT promptly revised the analysis and shared the updated information with all key stakeholders.

AHCT conducted briefings with both House and Senate leadership, as well as the full Insurance and Real Estate Committee. Stakeholders are fully informed of the anticipated impacts. This ongoing engagement ensures transparency and shared understanding at all levels of leadership.

Paul Philpott noted that there is concern that a tipping point may be reached due to the combination of expiring enhanced subsidies and the rising cost of insurance coverage. This growing gap is expected to disproportionately impact individuals receiving little or no subsidy, likely increasing the number of uninsured in that group. Mr. Philpott expressed interest in discussing this further at a future Board Meeting.

A question was raised about whether AHCT has access to claims data, given that sicker individuals tend to remain insured while healthier individuals may leave due to cost, potentially driving up costs within the risk pool. Mr. Michel confirmed that AHCT does not have direct access to claims data. However, the Connecticut Insurance Department (CID) may have access as part of rate review processes.

Mr. Philpott noted that it is well understood that when insurance rates increase, healthier individuals tend to disenroll while the sickest remain insured. However, subsidies can mitigate this effect by encouraging both healthy and sick individuals to stay covered. Despite this, the overall outlook remains concerning.

G. Strategic Initiatives Update

John Carbone, Director of Small Group Product Development and Broker Support, provided an update on the progress of the BusinessPlus initiative. Over recent months, the team has been building a strong foundation to make healthcare more accessible, flexible, and affordable for small businesses. Momentum is increasing, with more leads, quotes, and broker engagement weekly. Over 450 brokers have been trained on BusinessPlus (ICHRA--Individual Coverage Health Reimbursement Arrangement), and the focus is now on driving membership growth into 2026.

Marquese Davis, Director of IT for Access Health CT, provided an update on "10 Clicks," the organization's modernization initiative focused on improving its eligibility and enrollment system. The project has been structured around cross-functional teams aligned by business and operational areas, with strong collaboration from the Department of Social Services (DSS). A key decision in the process was appointing internal staff as Subject Matter Experts (SME) and Project Champions, enabling them to influence scope and functional requirements while also serving as peer advocates. This inclusive approach is helping to identify blind spots, build organizational buy-in, and prepare teams for significant operational changes. Recognizing the scale of this transformation, a phased change management strategy is being implemented to ensure staff are informed, supported, and ready.

Collaboration with DSS has been critical, helping to align systems, coordinate eligibility decisions, and meet future funding and regulatory requirements, particularly those related to Medicaid. The Request for Proposal (RFP) for the new system was officially posted on September 23, 2025, with proposal submissions due October 31. The evaluation phase is scheduled to run through February 2026; vendor selection and contracting is scheduled to be finalized by April 30. Implementation will begin in May 2026. The targeted go-live date is June 1, 2027. Mr. Davis emphasized that the initiative remains on schedule, with strong internal alignment and active change management work, positioning the organization for a successful and sustainable system transformation.

H. Adjournment

Vice-Chair Paul Philpott requested a motion to adjourn. Motion was made by Grant Ritter and was seconded by Deidre Gifford. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:01 a.m.