



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

Remote Meeting

Wednesday, January 7, 2026  
**Meeting Minutes**

**Members Present:** Grant Ritter (Chair); Sean King; Tu Nguyen; Matthew Brokman; Manisha Juthani

**Other Participants:**

***Access Health CT (AHCT) Staff:*** James Michel; Susan Rich-Bye; Kelly Cote; John Carbone; Holly Zwick; Jeanna Walsh; Marcin Olechowski

***Wakely:*** Ren Zhong

***Molina/ConnectiCare:*** Jon Wirkkula

**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.

Chair Grant Ritter welcomed Mr. Jon Wirkkula, who will be representing Molina/ConnectiCare at the future meetings of the Committee.

**B. Public Comment**

No public comment was submitted.

**C. Vote**

Chair Ritter requested a motion to approve the February 27, 2025 Health Plan Benefits and Qualifications Advisory Committee Special Meeting Minutes. Motion was made by Sean King and was seconded by Tu Nguyen. Roll call vote was ordered. **Motion passed unanimously.**

#### **D. AHCT Vision, Mission and Values**

Kelly Cote, Plan Management Manager, briefly reviewed AHCT's Mission and Vision Statements. Ms. Cote enumerated and explained AHCT's Values.

#### **E. Presenters: AHCT Plan Management**

Kelly Cote noted that Center for Medicare and Medicaid Services (CMS) guidance, which is typically released in October or November, has not yet been issued for 2027 year, placing the plan management review cycle behind schedule.

*Commissioner Manisha Juthani joined at 2:05 p.m. and Matthew Brokman joined at 2:06 p.m.*

Ms. Cote reviewed the Qualified Health Plan (QHP) certification lifecycle and the timeline for developing the certification requirements for plan year 2027, noting that because we are already behind schedule, there may be a need to reschedule or add additional meetings to remain on schedule to have recommendations ready to present to the Board of Directors on March 5, 2026.

Brief discussion ensued around the issue of the federal government shutdown and what effect it had and potentially will have on the plan certification process.

Ms. Cote continued in outlining suggested discussion topics for the 2027 Plan Year (PY). In 2026, the only modification that was made was to standardized plan designs for individual medical plans. Proposed topics for 2027 include standardized plan designs for individual medical plans and Stand-Alone Dental Plans (SADPs) and discussing broker compensation. No additional topic recommendations were raised.

There are minimal state-level changes required for 2027. One legislative change impacting plans is the expansion of coverage for applied behavioral analysis (ABA) services for individuals diagnosed with autism spectrum disorder, extending coverage up to age 26.

Regarding permitted plans, there are no recommendations at this time to change the number of permitted plans. No issuer offers the maximum number of QHPs on the Exchange.

#### **E. Wakely Consulting – Trends, Affordability**

Ren Zhong, Consulting Actuary from Wakely provided information on the current trends and affordability.

Ms. Zhong acknowledged concerns that the standardized Bronze plans have widened the pricing gap between Bronze and Catastrophic plans. The goal is to assess whether a leaner or extra-lean standardized Bronze plan could better support affordability and consumer choice.

The standardized Gold plan offers the richest benefits, consistently shows the highest loss ratios, and is significantly more expensive than non-standard Gold options. The Plan Management team and Wakely will evaluate whether the standardized Gold plan design could be made leaner while continuing to provide strong value for members who are looking for more comprehensive coverage. Ms. Zhong emphasized that potential areas for review include prescription drug benefits, out-of-network benefits, and the structure of drug deductibles.

It is important to take a market-wide perspective, recognizing that changes to one tier may affect others. This work will be done collaboratively with the Committee, issuers, and actuarial support to identify balanced and practical solutions.

Once the 2027 Actuarial Value Calculator is released, staff will test specific plan design options and use supporting actuarial models and ACA data to inform the analysis. Findings and proposed plan design adjustments will be presented to the Committee for discussion and consideration.

A recommendation was presented by Tu Nguyen noting significant utilization of services outside the state, which appears to be driven in part by current product design. Specifically, the standard plan requires a PPO or POS structure, enabling members to seek care in other states, such as Florida and California. He suggested consideration of alternative plan designs, such as an HMO, to help reduce out-of-state utilization and potentially lower overall claim costs. Brief discussion took place about the utilization of services by consumers and the parameters of the Covered Connecticut program, which are set by the State of Connecticut.

Matthew Brokman suggested that staff work with carriers to better understand member utilization and preferences related to plan design, including which benefits are most valued and frequently used, and which are less important to most enrollees. Further discussion emphasized examining whether certain low copays or plan features are maintained despite limited use by a small subset of members. Greater incorporation of utilization data and member experience into plan design discussions was encouraged, particularly as the organization focuses more on overall affordability, adjusted AV calculations, and total plan costs.

The Analysis will use Wakely's pricing model and ACA claims database to further analyze plan design and utilization, noting these tools provide more accurate insight than the AV calculator alone. It was acknowledged that the AV calculator offers only a high-level view

and does not always align with real-world pricing, as certain benefits (such as generic drugs) may have significant cost impacts that are not fully reflected in AV calculations, and vice versa. The analysis will focus on identifying which benefits are most valuable to consumers based on actual pricing and utilization.

A concern was raised regarding possible denial of coverage for out-of-state services on the basis that care was provided outside the service area. Clarification was requested on how this issue aligns with discussions about benefits for out-of-state care. The issue was flagged as an important plan design consideration, particularly for families with dependents attending school out of state, and it was suggested that this be included in further discussions follow.

A brief discussion followed about possibly providing additional information to the Committee regarding affordability.

### **G. Broker Compensation**

John Carbone, Director of Small Group Product Development and Broker Support, provided an update on broker compensation changes for 2026 and AHCT's response to ensure continued member support. In light of significant marketplace compensation changes, the Exchange established an in-house broker program and contracted with eight brokers to assist members without an assigned broker to ensure adequate availability of broker services. These brokers support members by explaining coverage options, including the Covered Connecticut program, Medicaid and the Children's Health Insurance Program (CHIP) through HUSKY Health, small group, and BusinessPlus products, and by providing end-to-end enrollment assistance. Early feedback has been positive, and utilization data is being compiled. Two brokers will be retained year-round to support special enrollments, BusinessPlus, and improving healthcare literacy, including helping members establish primary care relationships to improve health outcomes.

James Michel, CEO explained that both carriers have significantly reduced broker commissions for 2026, which may reduce brokers' willingness to assist members. To proactively address this risk, AHCT contracted with brokers (rather than hiring them, due to statutory limitations) to provide direct member support. Mr. Michel added that the two contracted brokers will be retained year-round to assist individuals new to health insurance, help members select in-network primary care providers, schedule annual physicals, and provide follow-up support. These efforts are intended to improve health outcomes, enhance quality of life, and help reduce long-term costs.

### **H. Next Steps**

Kelly Cote, Plan Management Manager, noted that AHCT will await the release of the AV calculator for PY 2027. Once it is released, Wakely will contact issuers to run current standard plans through the new AV calculator to assess compliance. Issuers will be asked

to propose plan design adjustments if plans fall outside the required range and to offer considerations for future plan designs, including options to reduce costs for PY 2027. The timing of CMS guidance may require adjustments to the meeting schedule or the addition of future meetings.

## **I. Adjournment**

Chair Grant Ritter requested a motion to adjourn. Motion was made by Matthew Brokman and was seconded by Sean King. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 2:37 p.m.