



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

Remote Meeting

Wednesday, March 25, 2026

**Meeting Minutes**

**Members Present:** Grant Ritter (Chair); Sean King; Mark Schaefer; Tu Nguyen; Jon Wirkula; Matthew Brokman; Tricia Dave – Subject Matter Expert

**Other Participants:**

***Access Health CT (AHCT) Staff:*** Susan Rich-Bye; Rebekah McLearn; Kelly Cote; Marcin Olechowski

***Wakely Consulting:*** Ren Zhong

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

Chair Grant Ritter called the meeting to order at 10:30 a.m.

Roll call for attendance was taken.

**B. Public Comment**

No public comment was submitted.

**C. Vote**

Chair Ritter requested a motion to approve March 18, 2026 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. Wakely Consulting – Standard Health Plans**

Kelly Cote, Plan Management Manager, provided a brief recap of the developments since the last meeting of the Committee.

Members of the Plan Management Team (PMT) and the Committee reviewed follow-up data on membership distribution by Federal Poverty Level (FPL) and metal tier, which aligned with expectations. It was noted that most enrollees are concentrated in catastrophic and bronze plans, with fewer in silver and minimal enrollment in gold plans; individuals at or above 500% FPL or those not reporting financial information represent a significant share of enrollment.

*Matthew Brokman joined at 10:39 a.m.*

It was confirmed that a Temporary Premium Assistance (TPA) provided by the State of Connecticut is in place for individuals between 400–500% FPL, partially offsetting the loss of federal subsidies, while those above 500% FPL without reported income do not receive Financial Assistance (FA).

Members discussed the timing of consumer awareness and implementation of this program, noting that notices began in early February and that a Special Enrollment Period (SEP) allows eligible individuals to enroll or change plans. The Committee requested additional year-over-year data to better assess impacts on enrollment behavior.

Further discussion focused on Gold Plan enrollment, highlighting that higher-income individuals comprise the majority of enrollees and that non-standard plans appear more attractive due to lower premiums. Members expressed interest in analyzing the benefit design differences between standard and non-standard plans, particularly the role of cost-sharing structures such as coinsurance versus copays, and how these influence consumer choice and plan affordability.

Ren Zhong, Actuary from Wakely Consulting provided updated information on proposed changes to plan designs to comply with the regulations, Mental Health Parity (MHP) and Actuarial Value Calculator (AVC).

The Committee along with the PMT and Wakely reviewed updated plan design options and generally favored Gold Plan Option 2 as a balanced approach to meeting AVC and MHP requirements while distributing cost increases across multiple cost-sharing elements.

The Committee then moved on to discuss Silver Plans. For Silver Plans, Option 3 was discussed as a stronger candidate despite potential premium increases, though members requested additional analysis to explore a more moderate “middle-ground” option that spreads increases across deductibles, out-of-pocket maximums, and copays. Discussion ensued around the Silver 73 Plan Design and it remains constrained by the requirement to maintain a minimum AV difference from the Silver 70 Plan, and further refinement is needed. The 87 Plan was broadly accepted with minimal changes, while for the 94 Plan, members preferred maintaining lower copays and increasing the out-of-pocket maximum.

Bronze Plan discussions focused on trade-offs between deductible structure and pre-deductible benefits, with interest in maintaining some services before the deductible. The proposed “Lean” Bronze option was generally supported as a potential alternative to

catastrophic coverage, particularly for subsidy-eligible enrollees, with preference for the 20% coinsurance design over 50%. Key outstanding items include obtaining carrier data on premium impacts and developing additional plan variations for further review.

The Committee made a determination to provide a recommendation to the Access Health CT Board of Directors for two plan designs, while others will be discussed and voted on during the future meetings of the Committee.

Chair Grant Ritter requested a motion to recommend that the Board of Directors approve Option 2 presented by Wakely Consulting on behalf of Exchange Staff as the Standard Gold Plan for Plan Year 2027. Motion was made by Mark Schaefer and was seconded by Sean King. Roll call vote was ordered. **Motion passed unanimously.**

Chair Grant Ritter requested a motion to recommend that the Board of Directors approve Option 1 presented by Wakely Consulting on behalf of the Exchange Staff as the Standard Bronze HSA Plan for Plan Year 2027. Motion was made by Mark Schaefer and was seconded by Sean King. Roll call vote was ordered. **Motion passed unanimously.**

#### **E. Next Steps**

Kelly Cote, Plan Management Manager, provided a brief outline of next steps to be taken by the PMT, Wakely Consulting and the Committee. The next meeting is scheduled for April 1, and a tentative date for a potential additional meeting will be determined by a Doodle Poll that will be distributed to the members of the Committee.

#### **F. Adjournment**

Chair Grant Ritter requested a motion to adjourn. Motion was made by Sean King and was seconded by Mark Schaefer. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 11:32 a.m.