



Board of Directors

April 16, 2026



Meeting Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Votes: Meeting Minutes and HEOCE Advisory Committee Appointment
- D. CEO Report
- E. Finance Update (Votes)
- F. Investment Report
- G. Qualified Health Plans Certification Requirements for 2027 Plan Year (Votes)
 - *Recommended Standard Plan (Stand-Alone Dental Plan)*
 - *Recommended Standard Plans (Qualified Health Plans)*
- H. ACA Policy/Legal Update (if time permits)
- I. Future Agenda Items for Reference Only
- J. Adjournment

Public Comment

Votes:

Meeting Minutes (January 15, 2026)

Appoint Ayesha Clarke to the Health Equity, Outreach and Consumer Experience Advisory Committee

CEO Report

Finance Update

🔗 Finance Agenda

Fiscal Year 2026 Q3 Budget

FY 2026 Budget vs. Actuals	8-9
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Fiscal Year 2027 Proposed Budget

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Investment Report (FY 2026).....	20-22
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🔍 FY 2026 Budget vs Actuals Summary

Operating Budget - FY 2026 Q3 Fiscal Year-to-Date			
	FY2026 Budget	Actuals	Variance
AHCT	\$ 25,700,977	\$ 24,978,361	\$ (722,616)
DSS Shared Cost	16,037,517	16,501,774	464,257
Total	\$ 41,738,495	\$ 41,480,136	\$ (258,359)

3rd Quarter Budget Report (as of March 31, 2026)

🔗 FY 2026 Budget vs Actuals

	OPERATING BUDGET - July 1, 2025 to Mar 31, 2026			
	Budget	Actuals	Variance	
Revenues				
Grants	\$ 100,000	\$ 12,646	\$ (87,354)	
Interest Income	616,166	920,801	304,635	Interest rates remained steady.
Other Income	20,347	16,611	(3,736)	
Marketplace Assessments	29,702,500	29,760,913	58,413	Increase due to Dental Amendments.
Total Revenue	\$ 30,439,013	\$ 30,710,971	\$ 271,958	
Expenses				
Salaries	\$ 6,954,100	\$ 6,848,204	\$ (105,896)	Vacancy Savings.
Fringe Benefits	3,225,816	3,223,173	(2,644)	
Temporary Staffing	336,240	268,215	(68,025)	Variances due to timing.
Contractual	10,686,487	9,852,161	(834,326)	
Equipment and Maintenance	3,161,430	3,561,323	399,893	
IT Enhancements	502,611	536,377	33,766	
Supplies	9,957	9,873	(84)	
Travel	46,859	60,960	14,101	
Other Administrative	777,477	618,075	(159,401)	
Total Operating Expenses	\$ 25,700,977	\$ 24,978,361	\$ (722,616)	
Costs Shared with DSS	\$ 16,037,517	\$ 16,501,774	\$ 464,257	
AHCT and DSS Total Expenses	\$ 41,738,495	\$ 41,480,136	\$ (258,359)	

🔗 Full-Year FY 2026 Adjusted Budget Summary

	FY2026 Adopted Budget	FY2026 Adjusted Budget	Variance
AHCT	\$ 41,582,293	\$ 41,582,293	\$ -
DSS Shared Cost	21,450,000	21,450,000	-
Total	\$ 63,032,293	\$ 63,032,293	\$ -

Full Year FY 2026 Adjusted Budget

	FY2026 Adopted Budget	FY2026 Adjusted Budget	Variance (Adjusted vs Adopted)	
Revenue				
Grants	\$ 250,000	\$ 50,000	\$ (200,000)	Awarded Cybersecurity Grant.
Interest Income	749,500	1,139,285	389,785	Interest rates have remained steady.
Other Income	27,793	20,792	(7,001)	
Marketplace Assessments	40,555,000	40,839,442	284,442	Assessments Higher than Projected
Total Revenue	\$ 41,582,293	\$ 42,049,519	\$ 467,226	
Budgeted Expenses				
Salaries	\$ 9,499,526	\$ 9,365,629	\$ (133,897)	Vacancy Savings
Fringe Benefits	4,285,015	4,321,720	36,705	Medical Plans increased more than budgeted.
Temporary Staffing	754,524	578,524	(176,000)	Savings on Temporary staffing.
Contractual	14,665,673	13,893,956	(771,717)	Some contractual work moved to IT Enhancements.
Equipment and Maintenance	5,632,230	5,283,025	(349,205)	Savings in IT System Maintenance.
IT Enhancements	5,351,474	6,746,344	1,394,870	Increase to fund 10 clicks and TPA Implementation (\$300k).
Supplies	15,944	16,395	452	
Travel	125,000	124,324	(676)	
Other Administrative	1,252,908	1,252,377	(531)	
Total Operating Expenses	\$ 41,582,293	\$ 41,582,293	\$ (0)	
Costs Shared with DSS	\$ 21,450,000	\$ 21,450,000	-	
AHCT and DSS Total Expenses	\$ 63,032,293	\$ 63,032,293	\$ (0)	

*TPA – 2026 CT Temporary Premium Assistance (100-200% & 400-500% FPL)

❖ FY 2026 Budget – Shared Cost with Department of Social Services (DSS)

Budget Category	DSS SHARED COST BUDGET		
	Current	Updated	Variance
Temporary Staffing	\$696,443	\$1,256,361	559,918
IT Maintenance & Development	4,719,806	4,159,888	(559,918)
Operations	15,313,660	15,313,660	-
DSS (100%)	720,091	720,091	0
Total - DSS Shared Budget	\$21,450,000	\$21,450,000	\$ (0)

Vote

FY 2026 – 3rd Quarter Budget Report

🔦 FY 2027 Proposed Budget

- **Focused on 3 strategic initiatives**

- Technology investments
- Outreach
- Health disparities

- **To support our mission:**

To decrease the number of uninsured residents, improve the quality of health care and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health coverage that gives them the best value.

🔗 Full Year 2027 Proposed Budget - Summary

	FY2026 Adopted Budget	FY2027 Proposed Budget	YoY Change
AHCT	\$ 41,582,293	\$ 46,599,115	\$ 5,016,822
DSS Shared Cost	21,450,000	21,000,000	(450,000)
Total	\$ 63,032,293	\$ 67,599,115	\$ 4,566,822

Full Year 2027 Proposed Budget

	FY2026 Adopted Budget	FY2027 Proposed Budget	Variance (Adjusted vs Adopted)	
Revenue				
Grants	\$ 250,000	\$ 250,000	\$ -	
Interest Income	749,500	703,494	(46,006)	
Other Income	27,793	18,148	(9,645)	Credit card acceptance rate by Vendors has been decreasing.
Marketplace Assessments	40,555,000	45,627,474	5,072,473	Increase in Assessment Revenue due to strong enrollment in 2025.
Total Revenue	\$ 41,582,293	\$ 46,599,115	\$ 5,016,822	
Budgeted Expenses				
Salaries	\$ 9,499,526	\$ 9,854,311	\$ 354,785	Budgeted 3% Merit increases and bringing in-house contracted work.
Fringe Benefits	4,285,015	4,838,004	552,989	Higher projected Health Premium increases.
Temporary Staffing	754,524	759,525	5,001	
Contractual	14,665,673	15,003,598	337,925	Increase in media buying outreach to bring awareness on upcoming OE Changes.
Equipment and Maintenance	5,632,230	5,629,131	(3,098)	
IT Enhancements	5,351,474	9,122,416	3,770,942	Increase to fund 10 clicks implementation.
Supplies	15,944	16,944	1,000	
Travel	125,000	125,000	-	
Other Administrative	1,252,908	1,250,187	(2,721)	Rent, Insurance, Utilities, Staff development and other general expenses.
Total Operating Expenses	\$ 41,582,293	\$ 46,599,115	\$ 5,016,822	
Costs Shared with DSS	\$ 21,450,000	\$ 21,000,000	(450,000)	FY26 Actuarial Covered CT work concluded.
AHCT and DSS Total Expenses	\$ 63,032,293	\$ 67,599,115	\$ 4,566,822	

🔗 FY 2026 Budget – Shared Cost with Department of Social Services (DSS)

	DSS SHARED COST BUDGET		
Budget Category	FY 2026 Adjusted Budget	FY 2027 Proposed Budget	Variance
Temporary Staffing	\$1,256,361	\$1,256,361	-
IT Maintenance & Development	4,166,917	3,935,789	(231,128)
Operations	15,306,631	15,537,759	231,128
DSS (100%)	720,091	270,091	(450,000)
Total - DSS Shared Budget	\$21,450,000	\$21,000,000	\$ (450,000)

🔗 FY 2027 Projected Reserve Fund Balance

<u>Reserve As of June 30, 2025 (Audited)</u>	\$ 24,674,750
Subtract: FY2026 Assessment Prepayments	(1,354,885) [*]
Subtotal after FY2026 Assessment Prepayments	<u>23,319,865</u>
Subtract: Committed Project Expenses for FY2025	(3,110,019)
Add: Projected FY2026 Surplus	467,226
Projection at June 30, 2027 (Unaudited)	<u>\$ 20,677,072</u>

**Months of
Operating
Funding**

5.3

*Some Carriers paid full calendar year 2025 assessments upfront.

Vote

FY 2027 – Proposed Operating Budget

Investment Report

🔗 Investment Report - Summary

- Objective for AHCT exchange funds is obtaining the maximum rate of return while preserving the principal and providing immediate liquidity.
- AHCT invests in the State of Connecticut Treasurer's Short-Term Investment Fund (STIF).
- The STIF is available for use by the State's funds and agencies, public authorities and municipalities and other political subdivisions of the State.
- State statutes authorized these pooled investment funds to be invested in United States Government and agency obligations, United States Postal Service obligations, certificates of deposit, commercial paper, corporate bonds, savings accounts, banker acceptances, student loans and repurchase agreements.
- These investment pools are under the control of the State Treasurer, with oversight provided by the Treasurer's Cash Management Advisory Board and are regulated under the State statutes and subject to annual audit by the Auditors of Public Accounts.

Investment Report*

Investment of Exchange Funds

- In FY 2026 funds were invested in Short-Term Investment Fund (STIF)

State Exchange Funds	YTD Actuals
STIF (Short-Term Investment Fund) interest earned	\$ 920,801

401a Management

- Employer contributions of 401a retirement plan are invested through MissionSquare.
- A report from MissionSquare is attached that provides a list of investment options for employees for their 401a retirement accounts.

457 Management

- Employee contributions of 457b retirement plan are invested through Empower.
- A report from Empower is attached that provides a list of investment options for employees for their 457b retirement accounts.

*Update

Qualified Health Plans Certification Requirements for 2027 Plan Year

Compliance and Regulatory Variables

Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC)

- Calculated AV on current standard plans.
- Developed new plan options
- Discussed consumer impact
- Confirmed AV and MHP compliance for all proposed plans.

AV = Actuarial Value

MHP = Mental Health Parity

Federal Regulatory Variables

- Enhanced Subsidies available under the Inflation Reduction Act expired on December 31, 2025.
- Premium Tax Credits only apply to individuals or families with income between 100%-400% of the Federal Poverty Level.

State Regulatory Variables

- No new legislation having impact to plan design, at this time.
- Sessions end - May 6, 2026.

Proposed 2027 Permitted Plans 'On-Exchange'

Qualified Health Plans

Metal Level	Individual		Small Group	
	Standardized (Required)	Non-Standard (Optional)	Required*	Optional
Catastrophic	N/A	1	N/A	N/A
Bronze	3	3	2	2
Silver	1	0	2	4
Gold	1	3	1	5
Platinum	N/A	2	N/A	4
Total	5	Up to 9	5	Up to 15

* There is no requirement for "standardized" plans in Small Group.

Stand-Alone Dental Plans

Individual & Small Group	
Standardized (Required)	Non-Standard (Optional)
1	3

Proposed 2027 Standardized Stand-Alone Dental Plan (SADP)

Plan Overview	In-Network Member Pays
Deductible	
Per covered person	\$60
Per Family (up to 3 family members)	\$180 max
Out-of-Pocket Maximum*	
For one child	\$350
Two or more children	\$700
Diagnostic and Preventive Services	
Oral Exams	\$0 copay. Deductible does not apply.
Periapical X-Ray	
Bitewing X-Ray Series	
Panoramic X-Ray or Complete Series	
Cleanings	
Fluoride*	
Sealants*	
Basic Services	
Fillings	20% coinsurance after deductible
Simple Extractions	
Major Services	
Surgical Extractions	40% coinsurance after deductible
Endodontic Therapy (Root Canal Treatment)	
Periodontal Therapy	
Periodontal Scaling and Root Planing	
Periodontal Maintenance	
Crowns and Cast Restorations	
Prosthodontics (Complete and Partial Dentures; Fixed Bridgework)	
Other Services	
Medically Necessary Orthodontic Services*	50% coinsurance after deductible
Plan Maximum – Plan Maximums do not apply to pediatric benefits.	
Plan Maximum per covered person – Combined for In-Network and Out-of-Network Services)	\$2,000
Waiting Periods – Waiting periods do not apply to pediatric benefits.	
Diagnostic and Preventive Services	No waiting period
Basic Services	6 months [^]
Major Services	12 months [^]

*For covered dependents under age 26 only.

[^]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.

2027 Individual Market Standard Plan Designs

April 16, 2026

PRESENTED BY:

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Going Beyond the Numbers



Agenda

Proposed
Regulatory
Changes

Federal Actuarial
Value Calculator
(AVC) Changes

2027 AV
Calculator
Results

Proposed 2027
Plan Designs

Regulatory and Issuer Elements

NBPP

- Notice of Benefit and Payment Parameters (NBPP)
- Regulation issued by the Centers for Medicare & Medicaid Services (CMS). It defines the standards and policies for plans offered through the ACA marketplace

Federal AVC

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

IRS HSA Rules

- Rule released in Spring
- Defines minimum deductible and maximum out of pocket cost-sharing allowances

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

Proposed Regulatory Changes for 2027

Annual Limitation on Maximum Out Of Pocket (MOOP) Cost Sharing

The Single/Family limits are:

2026 - \$10,600/\$21,200

2027 - \$12,000/\$24,000

IRS Cost Sharing Regulations for HSA (Health Savings Account) and Qualified HDHP (High-Deductible Health Plan)

2026

- Single Deductible Minimum: \$1,700
- MOOP limit: \$8,500

2027

- Has not been officially published

Annual Limitation on MOOP for Cost Sharing Reduction (CSR) Variations

The Single/Family limits are:

- 94% CSR (100% -150% FPL*)
2026 - \$3,500/\$7,000
2027 - \$4,000/\$8,000
- 87% CSR (150%-200% FPL*)
2026 - \$3,500/\$7,000
2027 - \$4,000/\$8,000
- 73% CSR (200%-250% FPL*)
2026 - \$8,450/\$16,900
2027 - \$9,600/\$19,200

* Federal Poverty Level

Changes to the Federal AVC for 2027

Data underlying the AV calculator was updated
- Data is based on 2021 to 2023 Edge individual and small group data and trended to 2027

Medical Trend	
2021-2022	3.2%
2022-2023	5.8%
2023-2024	5.4%
2024-2026	6.4%
2026-2027	6.7%

Pharmacy Trend	
2021-2022	4.55%
2022-2023	8.7%
2023-2024	8.2%
2024-2025	9.9%
2025-2026	10.1%
2026-2027	10.7%

Demographic weights adjusted to reflect 2027 anticipated population

2027 Plan Design Overview

2027 AVC Results for Current and Proposed Standard Plan Designs

Individual Market	Gold	Silver	Bronze	Bronze HDHP	Bronze Lite	
AV de Minimis Range	78.0% - 82.0%	70.0%-72.0%	58.0%-65.0%	58.0%-65.0%	58.0%-65.0%	
2026 Plan AV with 2026 AVC	78.7% - 81.4%	71.2% - 71.4%	62.3% - 63.9%	65%	65%	
2026 Plan AV with 2027 AVC	85.3%	74.7%	67.0%	66.4%	NA	Non-compliant
2027 Proposed Plan AV	79.4% to 81.1%	70.5% to 71.8%	63.3% to 64.1%	64.7% to 64.8%	60.1% to 60.2%	Compliant

Silver CSR Plan Variations	73% AV CSR	87% AV CSR	94% AV CSR	
AV de Minimis Range	73.0%-74.0%	87.0%-88.0%	94.0%-95.0%	
2026 Plan AV with 2026 AVC	73.0%- 73.3%	87.0%-88.0%	94.3%-94.9%	
2026 Plan AV with 2027 AVC	76.8%	88.6%	96.5%	Non-compliant
2027 Proposed Plan AV	73.5% to 73.8%	87.2% to 87.4%	94.7% to 94.9%	Compliant

* 73.0% CSR Silver must have a differential of 2.0%+ with Standard Silver

* Bronze ranges reflect Expanded Bronze allowances.

Notes and Caveats

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

Notes and Caveats

Plan Features

- The cost sharing shown on the following slides represents costs for in-network services only.
- The deductible and Maximum out of pocket 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 2027.
- All plans include 'embedded' deductible (not aggregate).

Gold Plan AV Options

Benefit Category	2026 Individual Market	2027 Option 1	Approved 2027 Option 2	2027 Option 3
	Gold Plan	Gold Plan	Gold Plan	Gold Plan
Medical Deductible	\$1,200	\$1,500	\$2,000	\$3,000
Rx Deductible	\$50	\$50	\$50	\$50
Out-of-pocket Maximum	\$7,375	\$8,500	\$8,500	\$8,500
Primary Care, Mental Health	\$20	\$35	\$30	\$40
Specialist Care	\$40	\$70	\$60	\$80
Urgent Care	\$50	\$80	\$70	\$90
Emergency Room	\$400	\$500	\$500	\$500
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 Services (hospital or ambulatory facility)	\$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) (Max \$75 copay)	\$65	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$10	\$25	\$25	\$25
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type (Max \$30 copay)	\$20	\$30	\$30	\$30
Chiropractic Care 20 visit calendar maximum	\$40	\$70	\$60	\$80
Home Health Care Services (up to 100 visits per calendar year)	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply
Tier 1: Generic	Tier 1: \$5 ded not apply	Tier 1: \$5 ded not apply	Tier 1: \$5 ded not apply	Tier 1: \$5 ded not apply
Tier 2: Preferred Brand	Tier 2: \$35 ded not apply	Tier 2: \$35 ded not apply	Tier 2: \$35 ded not apply	Tier 2: \$35 ded not apply
Tier 3: Non-Preferred Brand	Tier 3: \$60 ded not apply	Tier 3: \$60 ded not apply	Tier 3: \$60 ded not apply	Tier 3: \$60 ded not apply
Tier 4: Specialty Rx	Tier 4: 20% coinsurance up to \$100 max after ded.	Tier 4: 20% coinsurance up to \$100 max after ded.	Tier 4: 20% coinsurance up to \$100 max after ded.	Tier 4: 20% coinsurance up to \$100 max after ded.
2027 AVC Results	85.3%	80.9%	81.1%	79.7%
2027 AVC Compliant (Yes/No)		Yes	Yes	Yes
2027 MHP Compliance (Yes/No)		Yes	Yes	Yes
Carrier AV Ranges			79.4% to 81.1%	

Silver Plan AV Options

				Approved
Silver Standard	2026 Individual Market	2027 Option 1	2027 Option 3	2027 Option 4
Benefit Category	Silver Plan	Silver Plan	Silver Plan	Silver Plan
Medical Deductible	\$5,000	\$5,000	\$6,000	\$5,500
Rx Deductible	\$250	\$250	\$250	\$250
Out-of-pocket Maximum	\$9,400	\$10,000	\$11,000	\$10,550
Primary Care, Mental Health	\$45	\$65	\$43	\$45
Specialist Care	\$60	\$100	\$60	\$80
Urgent Care	\$75	\$120	\$75	\$100
Emergency Room	\$450 (after ded.)	\$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)	\$500 per day (after ded., \$2,000 max. per admission)
Outpatient Services (hospital or ambulatory facility)	\$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) (Max \$75 copay)	\$75	\$75	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
Laboratory Services	\$25	\$40	\$40	\$40
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type (Max \$30 copay)	\$30	\$30	\$30	\$30
Chiropractic Care 20 visit calendar maximum	\$50	\$80	\$50	\$50
Home Health Care Services (up to 100 visits per calendar year)	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply
Tier 1: Generic	Tier 1: \$10 ded not apply	Tier 1: \$10 ded not apply	Tier 1: \$10 ded not apply	Tier 1: \$10 ded not apply
Tier 2: Preferred Brand	Tier 2: \$50 after ded.	Tier 2: \$50 after ded.	Tier 2: \$50 after ded.	Tier 2: \$50 after ded.
Tier 3: Non-Preferred Brand	Tier 3: \$75 after ded.	Tier 3: \$75 after ded.	Tier 3: \$75 after ded.	Tier 3: \$75 after ded.
Tier 4: Specialty Rx	Tier 4: 20% coinsurance up to \$200 max after ded.	Tier 4: 20% coinsurance up to \$200 max after ded.	Tier 4: 20% coinsurance up to \$200 max after ded.	Tier 4: 20% coinsurance up to \$200 max after ded.
2027 AVC Results	74.7%	71.2%	71.8%	71.7%
2027 AVC Compliant (Yes/No)		Yes	Yes	Yes
2027 MHP Compliance (Yes/No)		Yes	Yes	Yes
Carrier AV Ranges		70.4% to 71.3%	70.5% to 71.8%	70.5% to 71.8%

Silver 73% CSR Plan AV Options

Silver CSR Benefit Category	2026 Individual Market	Approved 2027 Option 2
	Silver Plan (73%)	Silver Plan (73%)
Medical Deductible	\$5,000	\$5,000
Rx Deductible	\$250	\$250
Out-of-pocket Maximum	\$7,675	\$9,600
Primary Care, Mental Health	\$45	\$48
Specialist Care	\$60	\$80
Urgent Care	\$75	\$100
Emergency Room	\$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)
Outpatient Services (hospital or ambulatory facility)	\$300@ASC/\$500 otherwise (after ded.)	\$100@ASC/\$200 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI) (Max \$75 copay)	\$75	\$75
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$25	\$25
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type (Max \$30 copay)	\$30	\$30
Chiropractic Care 20 visit calendar maximum	\$50	\$50
Home Health Care Services (up to 100 visits per calendar year)	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply
Tier 1: Generic	Tier 1: \$10 ded not apply	Tier 1: \$10 ded not apply
Tier 2: Preferred Brand	Tier 2: \$50 after ded.	Tier 2: \$50 after ded.
Tier 3: Non-Preferred Brand	Tier 3: \$75 after ded.	Tier 3: \$75 after ded.
Tier 4: Specialty Rx	Tier 4: 20% coinsurance up to \$100 max after ded.	Tier 4: 20% coinsurance up to \$100 max after ded.
2027 AVC Results	76.8%	73.9%
2027 AVC Compliant (Yes/No)		Yes
2027 MHP Compliance (Yes/No)		Yes
Carrier AV Ranges		73.5% to 73.8%

Silver 87% CSR Plan AV Option

Silver CSR Benefit Category	2026 Individual Market	Approved 2027 Option 1
	Silver Plan (87%)	Silver Plan (87%)
Medical Deductible	\$415	\$415
Rx Deductible	\$50	\$50
Out-of-pocket Maximum	\$2,950	\$3,500
Primary Care, Mental Health	\$35	\$35
Specialist Care	\$50	\$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 Services (hospital or ambulatory facility)	\$60@ASC/\$100 otherwise (after ded.)	\$60@ASC/\$100 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI) (Max \$75 copay)	\$60	\$60
Non-Advanced Radiology (X-ray, Diagnostic)	\$30 (after ded.)	\$30 (after ded.)
Laboratory Services	\$15	\$25
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type (Max \$30 copay)	\$20	\$20
Chiropractic Care 20 visit calendar maximum	\$35	\$35
Home Health Care Services (up to 100 visits per calendar year)	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply
Tier 1: Generic	Tier 1: \$10 ded not apply	Tier 1: \$10 ded not apply
Tier 2: Preferred Brand	Tier 2: \$25 ded not apply	Tier 2: \$25 ded not apply
Tier 3: Non-Preferred Brand	Tier 3: \$40 after ded.	Tier 3: \$40 after ded.
Tier 4: Specialty Rx	Tier 4: 20% coinsurance up to \$60 max after ded.	Tier 4: 20% coinsurance up to \$60 max after ded.
2027 AVC Results	88.6%	87.3%
2027 AVC Compliant (Yes/No)		Yes
2027 MHP Compliance (Yes/No)		Yes
Carrier AV Ranges		87.2% to 87.4%

Silver 94% CSR Plan AV Options

Silver CSR Benefit Category	2026 Individual Market	Approved 2027 Option 1	2027 Option 2
	Silver Plan (94%)	Silver Plan (94%)	Silver Plan (94%)
Medical Deductible	\$0	\$0	\$0
Rx Deductible	\$0	\$0	\$0
Out-of-pocket Maximum	\$1,350	\$2,500	\$1,800
Primary Care, Mental Health	\$15	\$15	\$25
Specialist Care	\$30	\$30	\$50
Urgent Care	\$25	\$25	\$35
Emergency Room	\$50	\$50	\$50
Inpatient Hospital	\$75 per day (\$300 max. per admission)	\$75 per day (\$300 max. per admission)	\$75 per day (\$300 max. per admission)
Outpatient Hospital	\$45@ASC/\$75 otherwise	\$45@ASC/\$75 otherwise	\$45@ASC/\$75 otherwise
Advanced Radiology (CT/PET Scan, MRI)	\$50	\$50	\$55
Non-Advanced Radiology (X-ray, Diagnostic)	\$25	\$25	\$35
Laboratory Services	\$10	\$20	\$25
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	\$30	\$30	\$30
Home Health Care Services (up to 100 visits per calendar year)	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply	\$0 copayment, deductible does not apply
Tier 1: Generic	Tier 1: \$5	Tier 1: \$5	Tier 1: \$5
Tier 2: Preferred Brand	Tier 2: \$10	Tier 2: \$15	Tier 2: \$15
Tier 3: Non-Preferred Brand	Tier 3: \$30	Tier 3: \$35	Tier 3: \$35
Tier 4: Specialty Rx	Tier 4: 20% coinsurance up to \$60 max	Tier 4: 20% coinsurance up to \$60 max	Tier 4: 20% coinsurance up to \$60 max
2027 AVC Results	96.5%	94.3%	94.7%
2027 AVC Compliant (Yes/No)		Yes	Yes
2027 MHP Compliance (Yes/No)		Yes	Yes
Carrier AV Ranges		94.7% to 94.9%	94.7% to 94.8%

Bronze Plan AV Options (Formerly Bronze Non-HSA)

Bronze Standard Benefit Category	2026 Individual Market	2027 Option 1	Approved 2027 Option 2
	Bronze Plan	Bronze Plan	Bronze Plan
Medical Deductible	\$7,000	\$7,000	\$8,000
Rx Deductible			
Out-of-pocket Maximum	\$10,000	\$11,000	\$12,000
Primary Care, Mental Health	\$50	\$60	\$60
Specialist Care	\$70 (after ded.)	\$80 (after ded.)	\$120 (ded not apply)
Urgent Care	\$75	\$85	\$120
Emergency Room	\$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)
Outpatient Services (hospital or ambulatory facility)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)	\$300@ASC/\$500 otherwise (after ded.)
Advanced Radiology (CT/PET Scan, MRI) (Max \$75 copay)	\$75 (after ded.)	\$75 (after ded.)	\$75 (after ded.)
Non-Advanced Radiology (X-ray, Diagnostic)	\$40 (after ded.)	\$40 (after ded.)	\$40 (after ded.)
Laboratory Services	\$20	\$40	\$40
Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) Combined 40 visit calendar year maximum, separate for each type (Max \$30 copay)	\$30 (after ded.)	\$30 (after ded.)	\$30 (after ded.)
Chiropractic Care 20 visit calendar maximum	\$50 (after ded.)	\$50 (after ded.)	\$50 (after ded.)
Home Health Care Services (up to 100 visits per calendar year)	25% coinsurance per visit after separate \$50 deductible	25% coinsurance per visit after separate \$50 deductible	25% coinsurance per visit after separate \$50 deductible
Tier 1: Generic	Tier 1: \$15 ded not apply	Tier 1: \$15 ded not apply	Tier 1: \$15 ded not apply
Tier 2: Preferred Brand	Tier 2: \$50 ded not apply	Tier 2: \$50 ded not apply	Tier 2: \$50 ded not apply
Tier 3: Non-Preferred Brand	Tier 3: 50% after ded.	Tier 3: 50% after ded.	Tier 3: 50% after ded.
Tier 4: Specialty Rx	Tier 4: 50% up to \$500 max after ded.	Tier 4: 50% up to \$500 max after ded.	Tier 4: 50% up to \$500 max after ded.
2027 AVC Results	67.0%	63.8%	64.0%
2027 AVC Compliant (Yes/No)		Yes	Yes
2027 MHP Compliance (Yes/No)		Yes	Yes
Carrier AV Ranges		63.1% to 63.9%	63.3% to 64.1%

Diabetes Care Provisions in Bronze HDHP Plans

Not Subject to Deductible (may subject to coinsurance)

4 of the 6 items permitted per IRS Notice 2019-45 for individuals diagnosed with diabetes as listed below:

- Insulin and other glucose lowering agents*
- Glucometer*
- Hemoglobin A1c testing
- Retinopathy screening

After Deductible

Maximums noted above to apply 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

* State Legislation Maximum Cost Sharing

- \$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

Votes

Standard Gold Plan

Standard Silver Plan

Standard Silver Plan – CSR Variants

Standard Bronze Plan

Standard Bronze HDHP

Standard Bronze Lite Plan

Standard Stand-Alone Dental Plan

ACA Policy/Legal Update

⚡ ACA Policy/Legal Update

Draft Notice of Benefit and Payment Parameters for Plan Year 2027

- Published on February 11, 2026.
- Regulations related to HR1 Changes.
- Changes to Network Adequacy Requirements.
- Changes for Bronze and Catastrophic Plans.
- State Exchange Improper Payment Measurement Program
- Pre-Enrollment Verification Requirement Guidance

Future Agenda Items for Reference Only

Adjournment

Next Meeting: June 18, 2026