



Connecticut's Health Insurance Marketplace

## Plan Management Update

*April 30, 2014*

## Qualified Health Plan Requirements in 2015

### BACKGROUND -

- Access Health CT (AHCT) released a Qualified Health Plan (QHP) Issuer Solicitation ("2015 Solicitation") on March 17, 2014
  - QHP (plan) certification occurs on an annual basis, therefore, participating Issuers' plans must meet 2015 certification requirements
  - Noteworthy changes in QHP certification requirements include:
    - Network Adequacy
    - Plan Options
    - Prescription Drug Formulary
    - Pediatric Dental Benefits
    - Stand-Alone Dental Plans

### Network Adequacy

2014 Network Adequacy Standards	2015 Proposed Network Adequacy: Standard Plans	2015 Proposed Network Adequacy Standards
<p>Provider network on the Exchange must be substantially similar to the provider network available to the carrier's largest plan (representing a similar product) offered outside of the Exchange</p> <p><i>Hospitals: 85%</i></p> <p><i>Unique Providers:</i> Fewer than 10,000: 85% Greater than 10,000: 80%</p> <p><i>Unique Facilities:</i> Fewer than 750: 85% Greater than 750: 80%</p>	<p>Provider network for the standard plan designs offered for sale in the Marketplace must include at least <b>85%</b> of unique providers / entities that are in the Issuer's network for its largest plan representing a similar product that is <b>marketed, sold and has active enrollees outside of the Marketplace, AKA "benchmark" plan</b></p> <p><i>AHCT will look to the larger of the Issuer's network for its largest plan or the network of the Issuer's affiliated company's largest plan as the "benchmark plan"</i></p> <p><i>AHCT will periodically require an Issuer to provide current network information for both its standard plan designs' network and for the benchmark plan network</i></p>	<p>All QHPs offered for sale in the Marketplace must adhere to reasonable access standards that will:</p> <ul style="list-style-type: none"> <li>• be based on membership distribution by Issuer throughout the State</li> <li>• include specific geographical access and timeliness standards by provider type</li> </ul> <p><i>Issuers will be required to submit provider network information in a format specified by AHCT</i></p>

### 2015 QHP Plan Options

<p><b>2014 Requirements</b></p> <p>Require:</p> <ul style="list-style-type: none"> <li>• 1 Standard Gold Plan</li> <li>• 1 Standard Silver Plan*</li> <li>• 1 Standard Bronze Plan</li> </ul> <p>Option:</p> <ul style="list-style-type: none"> <li>• 1 Standard Platinum Plan &amp; up to 2 Non-Standard Platinum Plans</li> <li>• 2 Gold Non-Standard Gold Plans</li> <li>• 2 Silver Non-Standard Silver Plans*</li> <li>• 2 Bronze Non-Standard Plans</li> </ul> <p><i>If an Issuer decides to offer a non-standard Platinum plan, the Issuer must also offer the Standard Platinum Plan</i></p>		<p><b>Proposed 2015 Requirements</b></p> <p>Require:</p> <ul style="list-style-type: none"> <li>• 1 Standard Gold Plan</li> <li>• 1 Standard Silver Plan*</li> <li>• 2 Standard Bronze Plans (including 1 Health Savings Account (HSA) Compatible plan)</li> </ul> <p>Option:</p> <ul style="list-style-type: none"> <li>• Catastrophic coverage plan in the Individual market</li> <li>• 1 Standard Platinum Plan &amp; up to 2 Non-Standard Platinum Plans</li> <li>• Up to 3 Non-Standard Gold Plans</li> <li>• Up to 3 Non-Standard Silver Plans*</li> <li>• Up to 3 Non-Standard Bronze Plans</li> </ul>
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4 \*including cost-sharing reduction plans access health CT

## Prescription Drug Formulary

**2014 Requirement**

Meet standards set forth in 45 C.F.R. 156.122 where the health plan must cover “at least the greater of:

- (i) One drug in every United States Pharmacopeia (USP) category and class OR
- (ii) The same number of prescription drugs in each category and class as the EHB-benchmark plan.”

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**Proposed 2015 Requirement**

Provide prescription drug formulary in accord with the greater of either:

Standards outlined in 45 C.F.R. 156.122 OR  
 Equal in number and type to the formulary in the Issuer’s plan with the highest enrollment (representing a similar product) offered outside of the Marketplace

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## 2015 Pediatric Dental Coverage

**2014 Requirement**

Include embedded pediatric dental benefits in AHCT’s Standard QHP’s

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**Proposed 2015 Requirement**

Include embedded pediatric dental benefits in Standard QHPs AND

Recognize QHP Issuers’ choice to embed or not embed pediatric dental benefits in Non-Standard QHPs

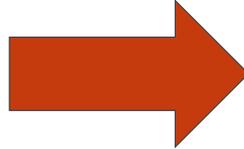
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## 2015 Stand-Alone Dental Plans

### 2014 Requirement

**Require:**

- High option (85% actuarial value) and
- Low option (70% actuarial value) stand alone plan



### Proposed 2015 Requirement

**Require:**

- 1 Standard Plan (85% actuarial value)

**Option:**

- Up to 3 Non-Standard Plans (85% actuarial value and/or 70% actuarial value options)