

MEMORANDUM

To: Health Plan Benefits and Qualifications Advisory Committee

From: Julie Lyons, Director of Policy and Plan Management
Connecticut Health Insurance Exchange

Re: Essential Health Benefits Updates

Date: June 15, 2012

The purpose of this memorandum is to provide the Health Plan Benefits and Qualifications Advisory Committee with additional information that was requested during the June 8th Advisory Committee meeting. Specifically, information was requested with respect to the following topics:

- Additional details pertaining to benefits that are explicitly limited in scope or duration;
- Number of enrollees in each benchmark plan option; and
- Premium costs for each benchmark plan option.

We are currently gathering additional information requested by the Advisory Committee, including clarification on coverage for termination of pregnancy, benefits and programs pertaining to preventive and wellness services and chronic disease management, and utilization data pertaining to benefits that are limited in duration.

Enclosed with this memorandum are revised exhibits; **Exhibit 1: Comparative Analysis of EHB Benchmark Plans** and **Exhibit 3: Summary of Comparative Analysis of EHB Benchmark Plans**.

These exhibits were revised to provide additional details with respect to those benefits that have visit or service limitations and to correct omissions discovered during further review. All revisions to the Exhibits have been highlighted in grey. Please note the exhibits include the Federal Employee Health Benefit Program (FEHBP), which the Advisory Committee has recommended against selecting as Connecticut's benchmark plan. Subsequent materials will reflect this recommendation.

Covered Services Subject to Limits

For each of the benchmark plan options, Table 1 displays those benefits or services that are limited in duration. As we have discussed, all covered services, including those that do not include an explicit limit, are covered only if medically necessary.

Table 1**Connecticut Essential Health Benefits Plan Options****Services with Explicit Coverage Limits**

Benefit	Oxford PPO	Anthem BCBS HMO	Aetna POS	ConnectiCare HMO	State Employee Plans
Skilled Nursing Facility (SNF)	30 days per year	30 days per condition up to 90 days per year	30 days per year (combined w/ I/P Rehab Facility)	90 days per year (combined w/ I/P Rehab Facility)	unlimited
I/P Rehab Facility	60 consecutive days/condition (lifetime limit)	60 consecutive days/year *may be subject to SNF limit	30 days per year (combined w/ SNF)	90 days/year (combined with SNF limits)	unlimited
O/P Rehab (PT OT ST)	60 consecutive days/condition (lifetime limit)	30 visits per year (O/P therapy combined)	20 visits per year (O/P therapy combined)	40 visits per year (O/P therapy combined)	Unlimited – In-network OON – 30 visits
Cognitive Therapy	Not covered W/ Exception of Autism Spectrum Disorder (ASD)	Not covered W/ Exception of Autism Spectrum Disorder (ASD)	Included with PT, OT & ST	Not covered W/ Exception of Autism Spectrum Disorder (ASD)	Not covered W/ Exception of Autism Spectrum Disorder (ASD)
Chiropractic Visits	30 visits per year	20 visits per year	20 visits per year	20 visits per year	In Network: Unlimited Out-of-Network: 30 visits/year
Home Health Care (HHC)	80 visits per year	100 visits per year	80 visits per year	100 visits per year	200 visits per year
Hospice	180 days	90 days	Visit limits not specified in Certificate	Unlimited with life expectance less than 6 months	In Network: Unlimited Out-of-network: 60 visits per year

Enrollment Data and Premiums

The enrollment data provided to Connecticut Health Insurance Exchange (CT-HIX) is as of January 1, 2012. The data sources were Health Insurance Oversight System (HIOS), Department of Health and Human Services, Connecticut Insurance Department (CID), and the State of Connecticut Division of Health Plans and Benefits, Office of the Comptroller.

HIOS and CID requested the enrollment data from each of the health plans. Premium figures were provided the Connecticut Insurance Department ("Survey of Carriers," January 2012). As we discussed, the premiums noted below reflect not only the services covered, but more importantly the member point-of-service cost sharing for each plan.

Oxford PPO

- **Member enrollment:** 6,997
- **Base Premium:** \$480

Anthem BlueCare HMO

- **Member enrollment** 14,858
- **Base Premium:** \$525

Aetna Qualified POS

- **Member enrollment:** 11,085
- **Base Premium:** \$371

ConnectiCare HMO

- **Member enrollment:** 159,472
- **Base Premium:** \$430

State of Connecticut Employee Plans

Anthem BlueCare POE

- **Member enrollment:** 59,386
- **Base Premium:** \$604

Anthem BlueCare POS

- **Member enrollment:** 34,707
- **Base Premium:** \$624

Oxford HMO Select POE

- **Member enrollment:** 11,892
- **Base Premium:** \$482