



Connecticut's Health Insurance Marketplace

**Health Plan Benefits and
Qualifications Advisory Committee
Consumer Experience and
Outreach Advisory Committee
Joint Meeting**

Thursday April 3, 2014
2:00pm – 4:00pm ET
Hilton Hartford

Conference: 866-741-6733
Participants Code: 73528233

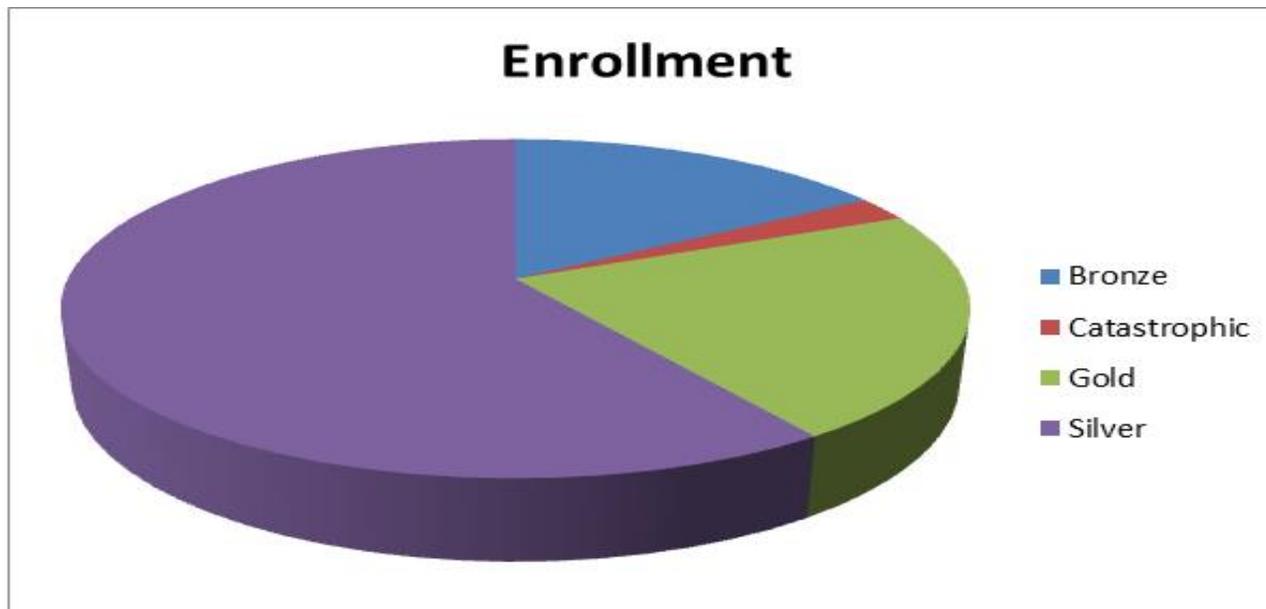
**WELCOME/
INTRODUCTIONS/
ATTENDANCE**

PUBLIC COMMENT

**AHCT 2014
ENROLLMENT
INFORMATION BY
METAL PLAN LEVEL**

AHCT 2014 Plans: Total Enrollment Information

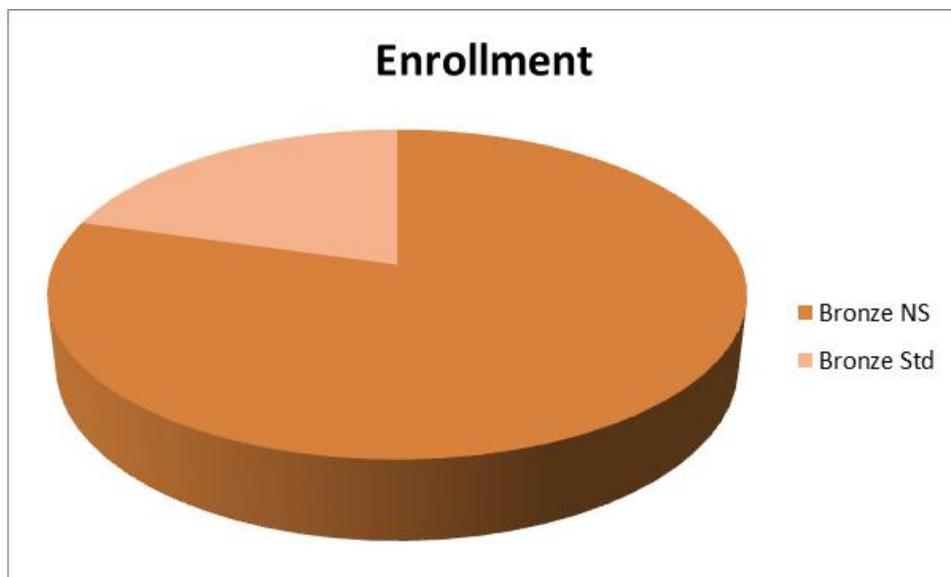
Metal Level	Enrollment	Percent
Bronze	9,857	16%
Silver	36,253	60%
Gold	13,226	22%
Catastrophic	1,397	2%
TOTAL	60,733	100%



AHCT 2014 Plans: Bronze Plan Enrollment Information

Plan Type	Enrollment In Bronze Plans	Percent of Bronze Plan Enrollment
Bronze Non-Standard (NS)	7,830	79%
Bronze Standard	2,027	21%
TOTAL	9,857	100%

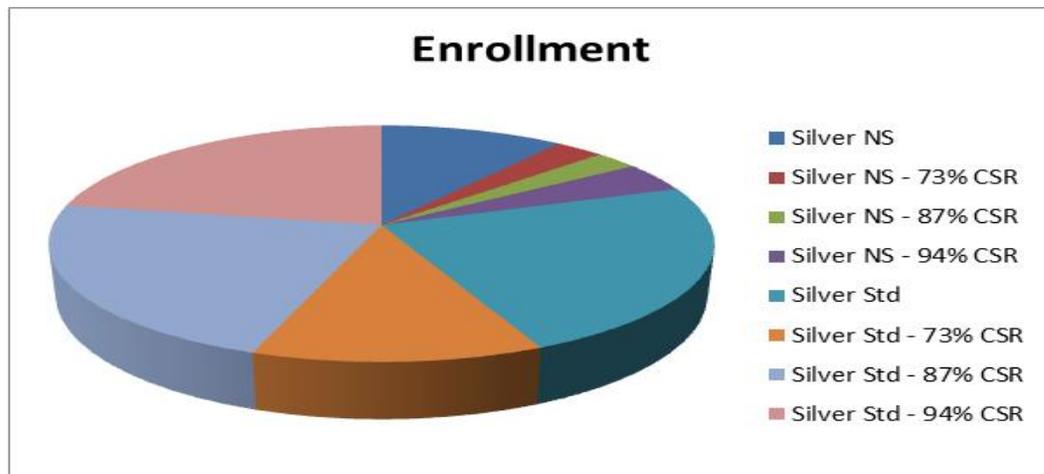
Bronze Plans:
9,857 = 16%
of Total QHP
Enrollment



AHCT 2014 Plans: Silver Plan Enrollment Information

Plan Type	Enrollment In Silver Plans	Percent of Silver Plan Enrollment
Silver Non-Standard (NS)	3,758	10%
Silver NS - 73% CSR	1,008	3%
Silver NS - 87% CSR	899	3%
Silver NS - 94% CSR	1,467	4%
Silver Standard	8,529	24%
Silver Standard - 73% CSR	4,429	12%
Silver Standard - 87% CSR	8,106	22%
Silver Standard - 94% CSR	8,057	22%
TOTAL	36,253	100%

Silver Plans:
36,253 = 60%
of Total QHP
Enrollment

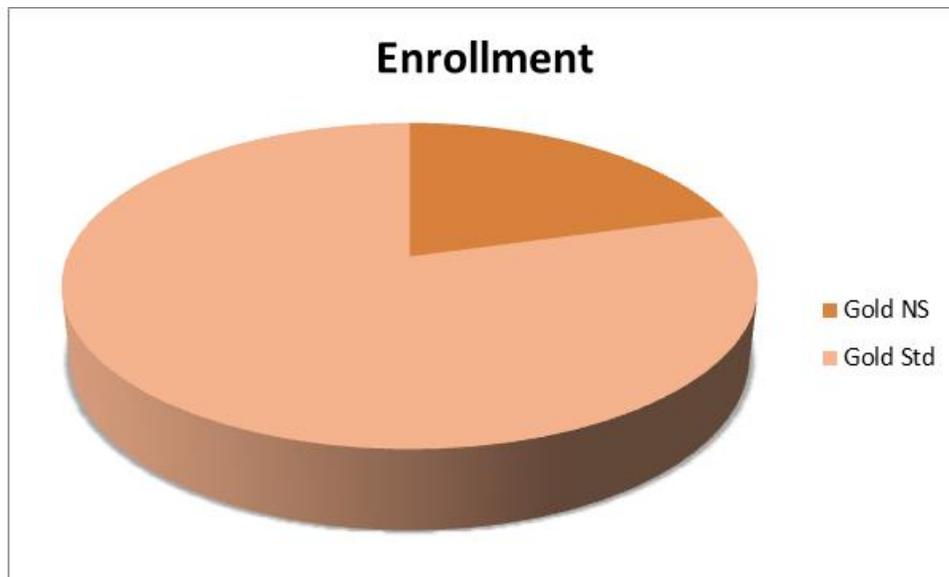


★ When removing enrollment in Silver CSR plans (73%, 87%, 94%), the higher cost plans (Gold & Silver) net the highest enrollment

AHCT 2014 Plans: Gold Plan Enrollment Information

Plan Type	Enrollment In Gold Plans	Percent of Gold Plan Enrollment
Gold Non-Standard (NS)	2,734	21%
Gold Standard	10,492	79%
TOTAL	13,226	100%

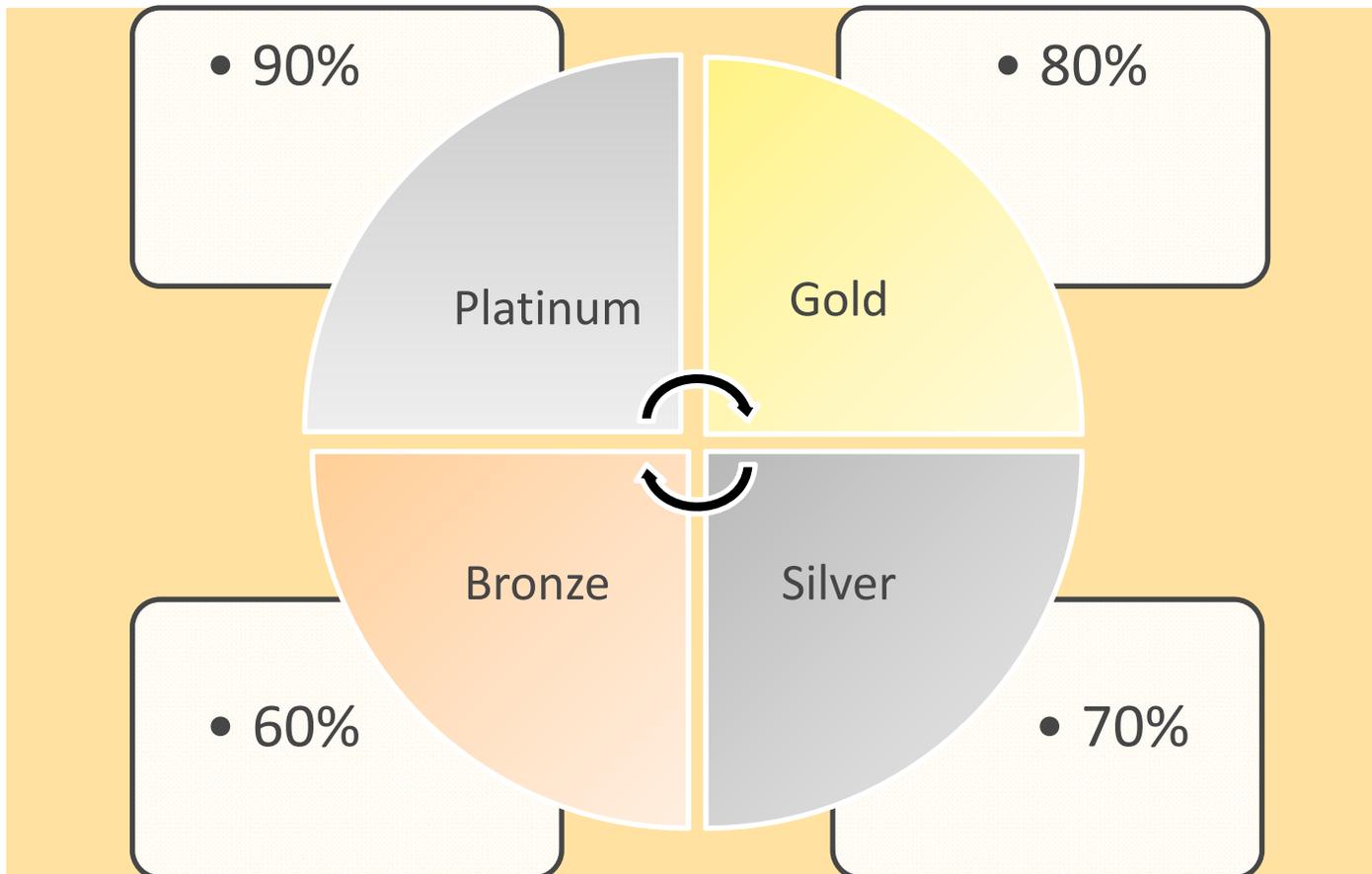
Gold Plans:
13,226 = 22%
of Total QHP
Enrollment



**ACCESS HEALTH CT
2015 STANDARD PLAN
DESIGNS**

AHCT Standard Plans: Metal Levels

Metal Levels: Actuarial Value & Average Overall Cost of Providing Essential Health Benefits (EHBs)



2015 Plan design options -Platinum

	current - 2014
Medical Deductible	0
Drug Deductible	0
MOOP	\$2,000
Emergency Room Services	\$100
All Inpatient Hospital Services (inc. MHA)	\$250
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$10
Specialist Visit	\$30
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$250
Imaging (CT/PET Scans, MRIs)	\$75
Rehabilitative Speech Therapy	\$10
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$10
Preventive Care/Screening/Immunization	0
Laboratory Outpatient and Professional Services	\$10
X-rays and Diagnostic Imaging	\$30
Skilled Nursing Facility	\$250
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$250
Outpatient Surgery Physician/Surgical Services	\$250
Drugs	
Generics	\$5
Preferred Brand Drugs	\$15
Non-Preferred Brand Drugs	\$30
Specialty Drugs (i.e. high-cost)	80%
Maximum # of Days for Charging an IP Copay?	2
Actuarial Value	90.3

2015 Plan Design Options - Gold

AV calculator inputs	current - 2014	option 1	option 2	option 3
Medical Deductible	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
Drug Deductible	\$ 150	\$ 50	\$ 100	\$ -
MOOP	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Emergency Room Services	\$150	\$150	\$150	\$150
All Inpatient Hospital Services (inc. MHSA)	\$500 d	\$500 d	\$500 d	\$500 d
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$20	\$20	\$20	\$20
Specialist Visit	\$45	\$35	\$45	\$45
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$500 d	\$500 d	\$500 d	\$500 d
Imaging (CT/PET Scans, MRIs)	\$75	\$75	\$75	\$75
Rehabilitative Speech Therapy	\$20	\$25	\$25	\$30
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	\$25	\$25	\$30
Preventive Care/Screening/Immunization	0	0	0	0
Laboratory Outpatient and Professional Services	\$20	\$25	\$25	\$30
X-rays and Diagnostic Imaging	\$45	\$45	\$45	\$45
Skilled Nursing Facility	\$500 d	\$500 d	\$500 d	\$500 d
Outpatient Facility Fee (e.g., ASC)	50% d	50% d	50% d	50% d
Outpatient Surgery Physician/Surgical Services	50% d	50% d	50% d	50% d
Drugs				
Generics	\$10	90%	\$5	\$5
Preferred Brand Drugs	\$25 d	85%	\$25	\$25
Non-Preferred Brand Drugs	\$40 d	75% d	\$40 d	\$50
Specialty Drugs (i.e. high-cost)	70% d	75% d	85% d	85%
Maximum # of Days for Charging an IP Copay?	2	2	2	2
actuarial value	79.0	79.8	79.1	79.2
Note: Coinsurance (reflected by a %) represents the carrier share not the beneficiary share (e.g. 60% = 40% beneficiary cost sharing)				
Monday, March 24, 2014				

2015 Plan design options - silver

	current - 2014	option 1	option 2	option 3	option 4	option 5
Medical Deductible	\$3,000	\$1,850	\$1,900	\$2,000	\$1,750	\$1,800
Drug Deductible	\$400	\$200	\$200	\$200	\$200	\$50
MOOP (Max Out-of-Pocket)	\$6,250	\$6,500	\$6,500	\$6,500	\$6,500	\$6,500
Emergency Room Services						
Emergency Room Services	\$150	\$200	\$200	\$150	\$150	\$200
All Inpatient Hospital Services (inc. MSHA)						
All Inpatient Hospital Services (inc. MSHA)	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$35	\$37	\$35	\$30	\$30
Specialist Visit						
Specialist Visit	\$45	\$50	\$50	\$50	\$50 d	\$50
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d
Imaging (CT/PET Scans, MRIs)						
Imaging (CT/PET Scans, MRIs)	\$75	\$75 d	\$75	\$75 d	\$75 d	\$75 d
Rehabilitative Speech Therapy						
Rehabilitative Speech Therapy	\$30	\$35	\$30	\$30	\$30 d	\$30 d
Rehabilitative Occupational and Rehabilitative Physical Therapy						
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	\$30	\$30	\$30	\$30 d	\$30 d
Preventive Care/Screening/Immunization						
Preventive Care/Screening/Immunization	0	0	0	0	0	0
Laboratory Outpatient and Professional Services						
Laboratory Outpatient and Professional Services	\$30	\$35	\$35	\$35	\$30 d	\$35 d
X-rays and Diagnostic Imaging						
X-rays and Diagnostic Imaging	\$45	\$45	\$45	\$45	\$45 d	\$45 d
Skilled Nursing Facility						
Skilled Nursing Facility	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	67% d	67% d	67% d	67% d	67% d	67% d
Outpatient Surgery Physician/Surgical Services						
Outpatient Surgery Physician/Surgical Services	67% d	67% d	67% d	67% d	67% d	67% d
Drugs						
Generics						
Generics	\$10.00	90%	90%	90%	\$5	\$5
Preferred Brand Drugs						
Preferred Brand Drugs	\$25 d	80% d	80%	80% d	\$25 d	\$25 d
Non-Preferred Brand Drugs						
Non-Preferred Brand Drugs	\$40 d	60% d	60% d	60% d	\$50 d	\$50 d
Specialty Drugs (i.e. high-cost)						
Specialty Drugs (i.e. high-cost)	60% d	50% d	50% d	50% d	60% d	60% d
Maximum # of Days for Charging an IP Copay?						
Maximum # of Days for Charging an IP Copay?	4	4	4	4	4	4
actuarial value	71.8	71.9	72.0	71.8	71.6	71.7

	current - 2014	option 6	option 7	option 1a	option 2a	option 3a
Medical Deductible	\$3,000	\$1,800	\$1,900	\$2,300	\$2,500	\$2,500
Drug Deductible	\$400	\$50	\$50	\$50	\$25	\$50
MOOP (Max Out-of-Pocket)	\$6,250	\$6,500	\$6,500	\$6,500	\$6,500	\$6,500
Emergency Room Services	\$150	\$200	\$180	\$180	\$150	\$150
All Inpatient Hospital Services (inc. MHA)	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30	\$40	\$35	\$30	\$25	\$30
Specialist Visit	\$45	\$50	\$50	\$50	\$45	\$45
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d
Imaging (CT/PET Scans, MRIs)	\$75	\$75 d	\$75 d	\$75	\$75	\$75
Rehabilitative Speech Therapy	\$30	\$30	\$30	\$30	\$30	\$30
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$30	\$30	\$30	\$30	\$30	\$30
Preventive Care/Screening/Immunization	0	0	0	0	0	0
Laboratory Outpatient and Professional Services	\$30	\$35	\$35	\$35	\$35	\$35
X-rays and Diagnostic Imaging	\$45	\$45	\$45	\$45	\$45	\$45
Skilled Nursing Facility	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d	\$500 d
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	67% d	67% d	67% d	67% d	67% d	67% d
Outpatient Surgery Physician/Surgical Services	67% d	67% d	67% d	67% d	67% d	67% d
Drugs						
Generics	\$10.00	\$5	\$5	\$5	\$5	\$5
Preferred Brand Drugs	\$25 d	\$30 d	\$30	\$30	\$30	\$25
Non-Preferred Brand Drugs	\$40 d	\$50 d	\$50 d	\$50 d	\$55	\$55
Specialty Drugs (i.e. high-cost)	60% d	60% d	\$70 d	\$70 d	\$70 d	80% d
Maximum # of Days for Charging an IP Copay?	4	4	4	4	4	4
actuarial value	71.8	71.8	72.0	71.8	71.7	71.8

2015 Plan Design Options - Bronze

AV calculator inputs	current - 2014	option 1	option 2	option 3	option 4	option 5	HSA 1	HSA 2
Medical Deductible	\$3,250	\$4,500	\$4,000	\$4,000	\$4,000	\$5,250	\$4,000	\$3,250
Drug Deductible	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MOOP (Max Out-of-Pocket)	\$6,250	\$6,500	\$6,500	\$6,500	\$6,500	\$6,600	\$6,600	\$6,600
Emergency Room Services	60%d	\$200 d	\$200 d	\$200 d	\$200 d	\$200	\$0 d	\$75 d
All Inpatient Hospital Services (inc. MHSA)	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	60%d
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	\$30 d	\$40	\$35	\$25	\$35	\$40	\$0 d	\$20 d
Specialist Visit	60%d	\$50 d	\$50 d	\$40 d	\$50	\$50	\$0 d	\$35 d
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	70%d
Imaging (CT/PET Scans, MRIs)	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	70%d
Rehabilitative Speech Therapy	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	70%d
Rehabilitative Occupational and Rehabilitative Physical Therapy	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	70%d
Preventive Care/Screening/Immunization	0	0	0	0	0	0	\$0 d	70%d
Laboratory Outpatient and Professional	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	70%d
X-rays and Diagnostic Imaging	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	70%d
Skilled Nursing Facility	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	70%d
Outpatient Facility Fee (e.g., ASC)	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	60%d
Outpatient Surgery Physician/Surgical Services	60%d	60%d	60%d	60%d	60%d	60%d	\$0 d	60%d
Drugs								
Generics	\$10 d	90%	\$5	\$5	\$5	\$5	\$5 d	\$5 d
Preferred Brand Drugs	60%d	60%d	60% d	60%d	60%d	60%d	\$35 d	\$35 d
Non-Preferred Brand Drugs	60%d	50% d	60% d	70%d				
Specialty Drugs (i.e. high-cost)	60%d	50% d	60% d	70%d				
Maximum # of Days for Charging an IP Copay?	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
actuarial value	57.0	60.2	60.3	60.4	61.5	60.7	61.0	60.0
Monday, March 24, 2014	Note: Coinsurance (reflected by a %) represents the carrier share not the beneficiary share (e.g. 60% = 40% beneficiary cost sharing)							
Version 3 - changes to version 1 reflected by yellow highlight								

2015 AHCT STANDARD PLAN OPTIONS - AV CALCULATOR OUTPUT

AHCT 2015 Standard Plans

NEXT STEPS