ACCESS HEALTH CT 2015 STANDARD PLAN DESIGNS (SHOP)

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Agenda

- Introductions
- II. Public Comment
- III. Brief overview - Connecticut Insurance Department (CID) – Review of Bulletin HC-94 – Maximum Copays & Prescription Drug Cost-Sharing Revisions
- IV. Brief overview - Enrollment by Metal Level as of March 11, 2014
- V. Brief Review of 2014 Plan Designs
- VI. Potential revisions to cost sharing\of the standard plan designs for 2015.
- VII. Conclusion and Decisions
- VIII. Adjournment

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AHCT 2015 STANDARD PLANS: OVERVIEW

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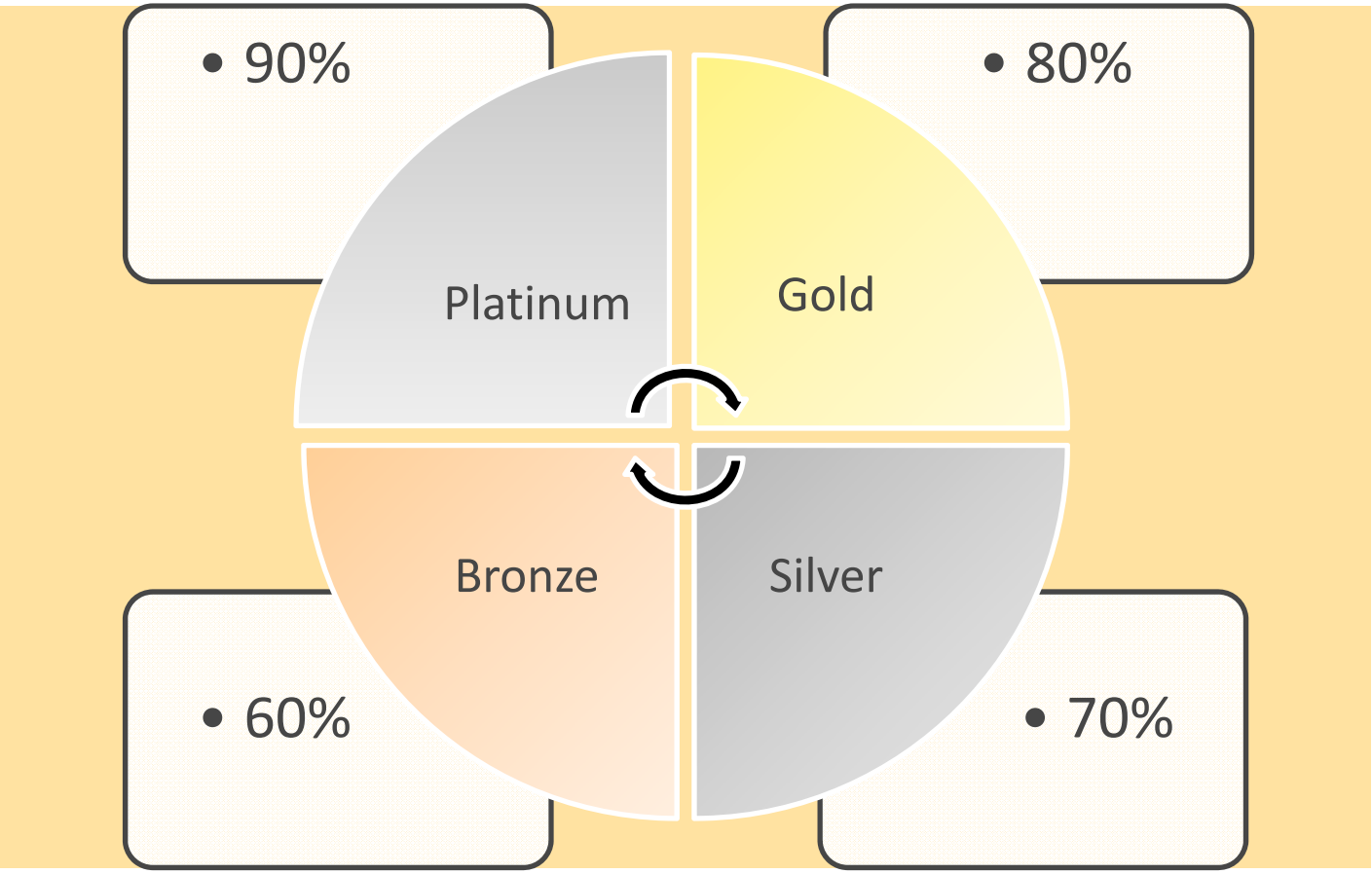
AHCT 2015 Standard Plans: Health Plan Types

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



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Connecticut Insurance Department (CID) Guidance

- HC-81-14: Health Insurance Rate Filing Submission Guidelines - 2014
  - Specifies methodology and documentation required for rate filing submission
    - Requests separate filings for each market segment (individual, small group)
    - Documentation to include Summary of Benefits for each plan design and Actuarial Value calculator output, confirming compliance with metal level
- HC-90-14-2: Filing Requirements for Individual and Small Employer Group Health Insurance Policies Subject to the Affordable Care Act (ACA)
  - Specifies that rate filings and filings of policies, certificates, amendments or schedules of benefits for plans offered by carriers participating in AHCT be made no later than May 31 in any calendar year
  - Carriers participating with AHCT must make all exchange plans available outside the exchange at the same premium rate, benefits, network & administrative expense levels in accordance with ACA

URL to Bulletins dated March 10th & 18th, 2014 posted on CID Website:
http://www.ct.gov/cid/cwp/view.asp?a=1255&q=254256

Connecticut Insurance Department (CID) Guidance

- HC-94: Maximum Copays and Filing Issues

Benefit	2014 Maximum Copay	2015 Maximum Copay
PCP Office Visit	$30	$40
Specialist Office Visit	$45	$50
Emergency Room	$150	$200
Generic Drug	$40	$5
Brand Drug	$40	$60

  - Prescription Drug Tiered Cost-Sharing Structure
    - Copay for tiers that include both generic and brand name drugs not to exceed the generic copay of $5
    - Coinsurance levels of 50-100% may be applied in lieu of copays, but should be one set amount for any given tier
    - Any FDA approved drug must be covered if medically necessary, even if not included on formulary

URL to Bulletins dated March 10, 2014 posted on CID Website:
http://www.ct.gov/cid/cwp/view.asp?a=1255&q=254256

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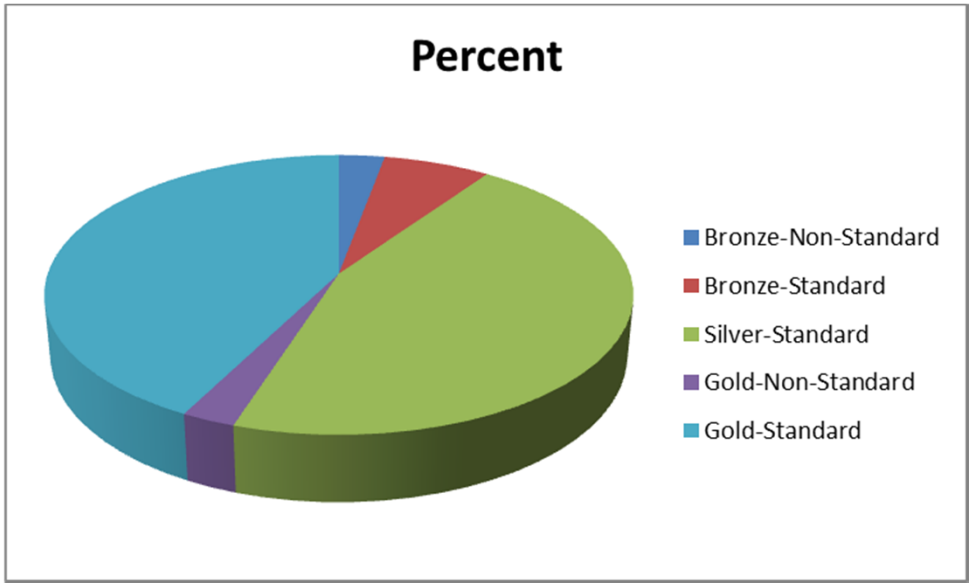
AHCT 2014 Plans: SHOP Enrollment Information

Metal Level	Enrollment	Percent
Bronze- Non Standard	9	3%
Bronze Standard	21	7%
Silver Standard	140	45%
Gold Non- Standard	8	3%
Gold Standard	131	42%
TOTAL	309	100%

309 equals number of employees.



Numbers based on enrollment data of SHOP AHCT plans as of 03/28/2014

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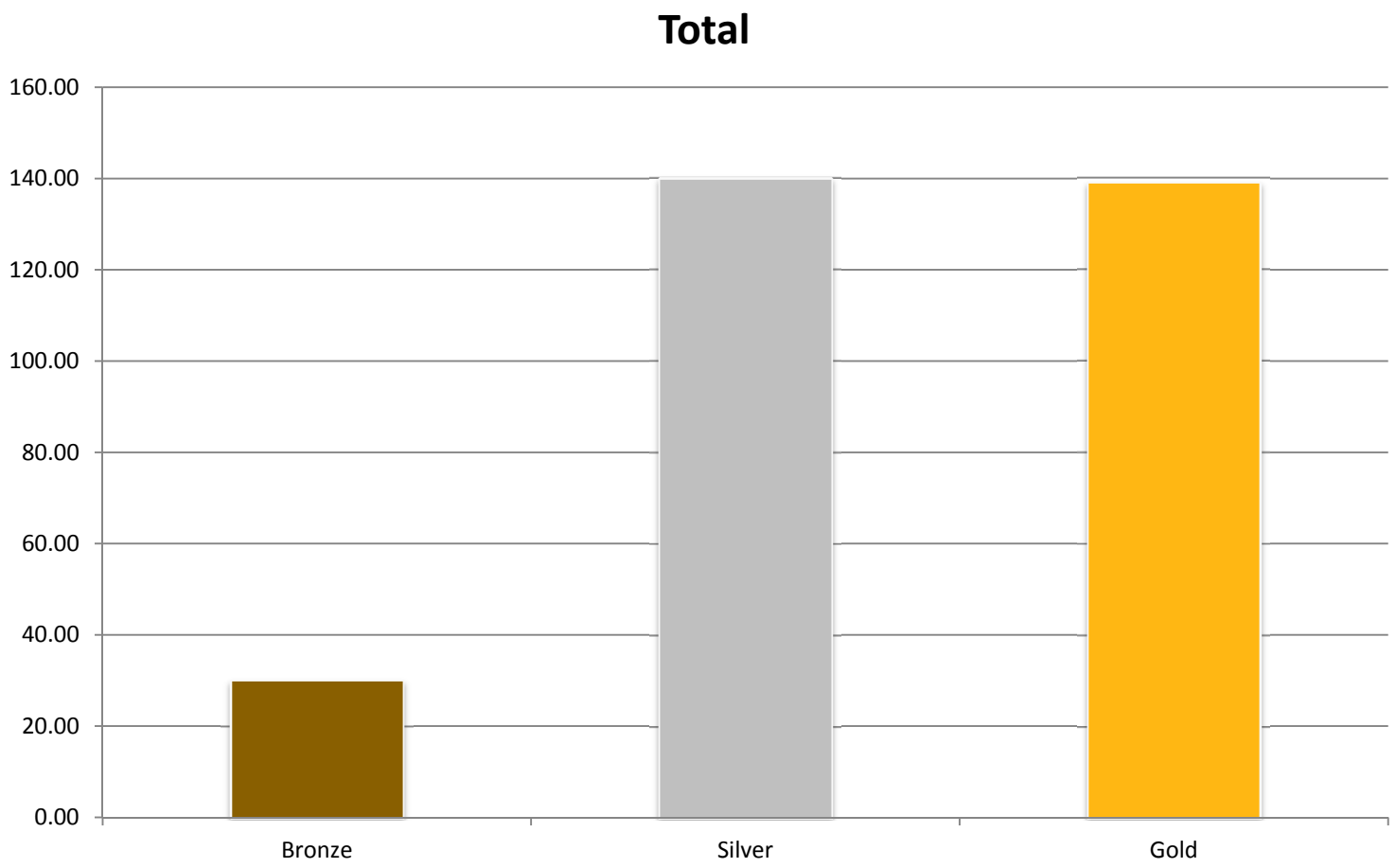
Membership Metallic Bands Breakdown (SHOP)



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2015 AHCT STANDARD PLAN OPTIONS - AV CALCULATOR OUTPUT

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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. MHSA)	$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

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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
Monday, March 24, 2014	Note: Coinsurance (reflected by a %) represents the carrier share not the beneficiary share (e.g. 60% = 40% beneficiary cost sharing)			

	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	$150	$200	$200	$150	$150	$200
All Inpatient Hospital Services (inc. MHSA)	$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	$35	$37	$35	$30	$30
Specialist Visit	$45	$50	$50	$50	$50 d	$50
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	$75 d	$75 d	$75 d
Rehabilitative Speech Therapy	$30	$35	$30	$30	$30 d	$30 d
Rehabilitative Occupational and Rehabilitative Physical Therapy	$30	$30	$30	$30	$30 d	$30 d
Preventive Care/Screening/Immunization	0	0	0	0	0	0
Laboratory Outpatient and Professional Services	$30	$35	$35	$35	$30 d	$35 d
X-rays and Diagnostic Imaging	$45	$45	$45	$45	$45 d	$45 d
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	90%	90%	90%	$5	$5
Preferred Brand Drugs	$25 d	80% d	80%	80% d	$25 d	$25 d
Non-Preferred Brand Drugs	$40 d	60% d	60% d	60% d	$50 d	$50 d
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?	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 1ab	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. MHSA)	$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

Silver designs continued

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	50% d	50% d	50% d	50% d	60% d	70%d
Specialty Drugs (i.e. high-cost)	60%d	50% d	50% d	50% d	50% 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								

AHCT 2015 Standard Plans

- Goal would be decide on which plans to offer in SHOP for 2015.
- Make any plan changes today.
- Finalize the plans that will be used in 2015.