

Connecticut Health Insurance Exchange  
Health Plan Benefits and Qualifications Advisory Committee  
**MEETING MINUTES**

Location: Legislative Office Building  
300 Capitol Avenue, Room 1E, Hartford, CT  
Date: Friday, June 8, 2012  
Time: 10:30 a.m.

**Members in Attendance**

Deputy Commissioner Anne Melissa Dowling (Co-Chair), Connecticut Insurance Department (CID); Mark Espinosa (Co-Chair), United Food and Commercial Worker's Union 919; Jennifer Jaff, Advocacy for Patients with Chronic Illness; Robert McLean, Connecticut State Medical Society; Margherita Guiliano, CT Pharmacists Association; Gloria Powell for Commissioner Jewel Mullen, Department of Public Health (DPH); Kevin Galvin, Small Business for a Healthy CT; Deirdre Hardrick, Aetna; Robert Tessier, CT Coalition of Taft-Hartley Health Funds; Mary Ellen Breault, CID; Mary Fox; Stephen Frayne, Connecticut Hospital Association; Maria Diaz, Connecticut Association of Optometrists

**Members Absent**

Joseph Treadwell, Thomas Marchozzi, Marcia Petrillo

**Other Participants**

Bob Carey, RLCarey Consulting; Julie Lyons, Health Insurance Exchange (HIX); Grant Porter, HIX

**Meeting Facilitator**

Nellie O'Gara, HES Advisors

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**I. Call to Order and Introductions**

Chairperson Anne Melissa Dowling opened the meeting at 10:33a.m. Committee members and staff introduced themselves. Upon request by Chairperson Dowling, Mary Ellen Breault provided an explanation as to the timing in which materials were provided to the group. Given the magnitude and timing of the comprehensive information provided to the committee, Mr. Carey announced that it is not expected the committee will make decisions regarding the EHB package in this meeting. Discussion took place of an interim meeting between now and the July meeting.

**II. Review and Approval of Minutes**

Chairperson Dowling made a motion to approve of the May 14, 2012 meeting minutes. Stephen Frayne noted that he does not work for Hartford HealthCare, but rather the Connecticut Hospital Association. All members were in favor of approving the minutes with the amendment. **Motion passed.**

**III. EHB Discussion Road Map**

Bob Carey announced that Staff visited DC recently to report to the Feds on the progress of the State. Mr. Carey noted the criticality of making these decisions timely in order for carriers to have time to react to the decision, as they will need to build a plan around the EHBs.

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*As approved by the Health Plan Benefits and Qualifications Advisory Committee on July 11, 2012*

Mr. Carey provided clarifications of the EHB requirements with regard to prescription drugs, specialty drugs, and supplementing of the benchmark plan if pediatric dental, pediatric vision and habilitative benefits are not covered under the plan.

Mr. Carey provided an overview of the State Mandated Benefits ([Classification of State Mandated Benefits](#)), which summarizes each of the state mandates and classifies them among the ten categories of care. Conversation ensued. States will be responsible to pay for the cost of mandates if not selected within one of the plans.

Mr. Carey walked the committee through the 10 Benchmark plan options. Bob Tessier requested enrollment data for the time period in which the data was assessed. Jennifer Jaff requested to see a report of the base premium for each plan. Further discussion took place around state mandates.

Chairperson Dowling requested that staff inform the committee members of the Memorandum of Understanding (MOU) between the Exchange and the CID. Mary Ellen Breault explained that the CID is the regulatory body now and will continue to be. All carriers will need to be licensed by the CID before they sell in the State. The department is outlining all of the functions they will do versus what the Exchange will do.

Discussion took place with regard to affordability.

Nellie O’Gara facilitated general discussion in order to eliminate plans. Ms. Jaff proposed that the committee eliminate the federal employee plans for two reasons: **1.)**The plans do not include all of the mandates and if selected, the State will have to pay the cost of the mandates, which will violate the guiding principle of minimizing the cost to the state, and **2.)** The plans do not cover elective abortion. Discussion materialized and clarification was sought with regard to the pharmacy, pediatric dental and vision benefits.

Ms. Jaff made a motion to eliminate consideration of the federal employee health benefit plans as relates to everything other than prescription drugs, dental, and vision due to the cost of the state having to pay for mandates that are not included in the federal employee plan and because the federal employee plans do not cover elective abortions. All members were in favor. **Motion passed unanimously.**

Upon a more comprehensive examination of the Benchmark plans, particularly of the visit limitations, the committee determined that they are not at the point of eliminating the state plan. Mr. Carey indicated that staff would provide a better explanation of what the limits are for each of the plans; providing more details and distinctions. Stephen Frayne suggested keeping the state plan open for discussion while examining more closely the Aetna and Connecticare plans, further noting that the Oxford plan has rider issues. Mr. Frayne suggested dealing with the prescription drug issue separately. Chairperson Dowling stated agreement.

There was discussion of the various options for running Exchanges. The options include having a state-based exchange, a state partnership model, or a federally-facilitated exchange for the state. By January 2013, CCIIO needs to be informed of how the states intend to run their exchange. Co-chairs and members were in agreement to examine additional information before taking the decision to a vote.

#### **IV. Next Steps**

Chairperson Dowling thanked staff, consultants, and committee members. Schedules will be assessed to determine an interim meeting date and time.

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### V. Public Comment

No individuals came forward for the public comment period.

### VI. Adjournment

Chairperson Dowling made a motion to adjourn the meeting at 12:22 p.m. The motion was seconded by Robert McLean. **Motion passed unanimously.**

#### Resources:

[Agenda](#)

[Presentation](#)

[Memo: EHBs and State Mandated Benefits](#)

[Classification of State Mandated Benefits](#)

[State Mandated Benefits and The FEHBP](#)

[State Mandated Benefits and Potential Inclusion](#)

[Memo: EHBs and Benchmark Plan Options](#)

[Comparative Analysis of EHB Benchmark Plans](#)

[Potential Supplementary overage for Pediatric Dental Services](#)

[Summary of Analysis of EHB Benchmark Plan](#)

[Reference: Benchmark Plan Exclusions](#)

[Reference: Benchmark Plan Summaries](#)

[Supplementary Material: Chapter 700c Statutory Language](#)

[Advisory Committees Guiding Principles](#)

[Transcripts](#)

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*The next scheduled meeting of the Health Plan Benefits and Qualifications Advisory Committee will be held on Wednesday, July 11, 2012 at 9:00a.m.*