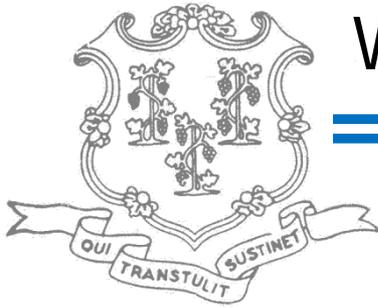


# Connecticut Health Insurance Exchange

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Board of Directors Meeting

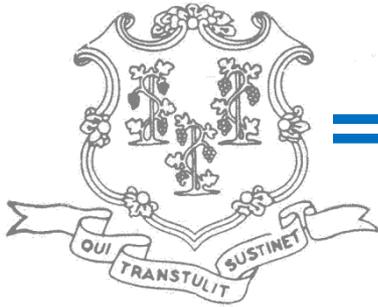
*October 18, 2012*



# Welcome and Introductions

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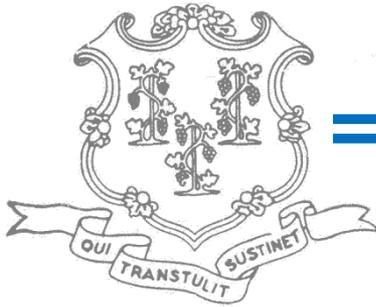
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# Public Comment

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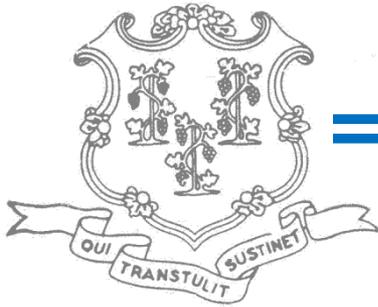
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# Review and Approval of Minutes

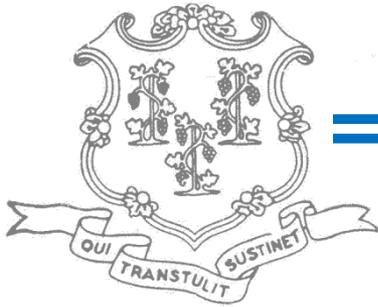
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# CEO Report

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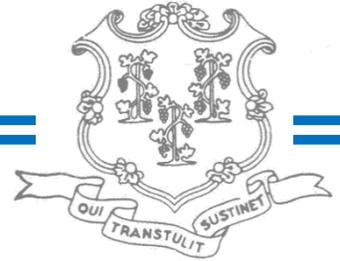


# Operations Update

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# Operations Update



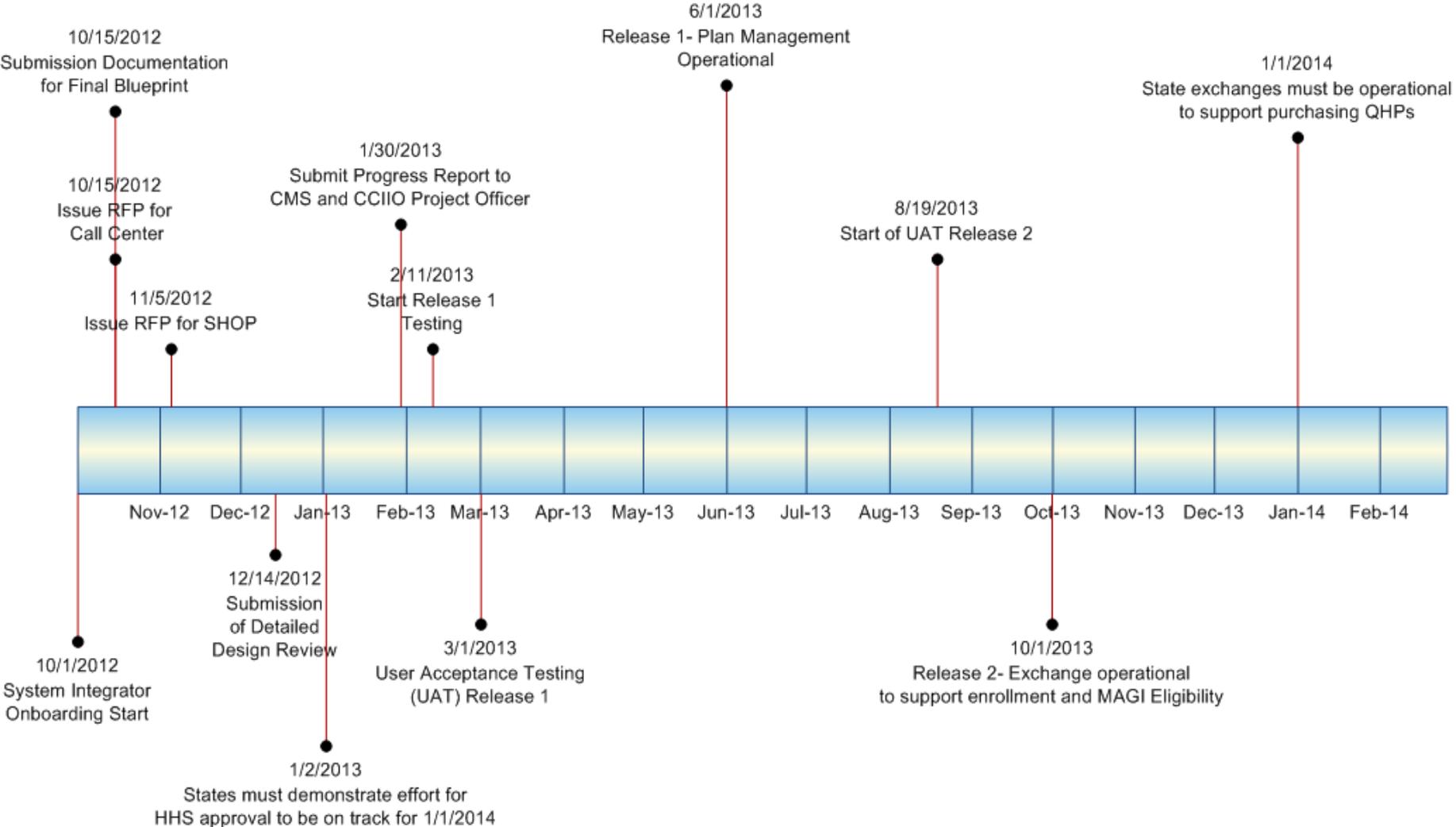
## Major Operational Tasks

- Call Center RFP
- Financial Management Policies
- Change of Grantee
- Blueprint Application
- Policy
  - Tribal Consultation
  - Qualified Health Plans
- Staffing

## Milestones

## Weekly PMO Dashboard

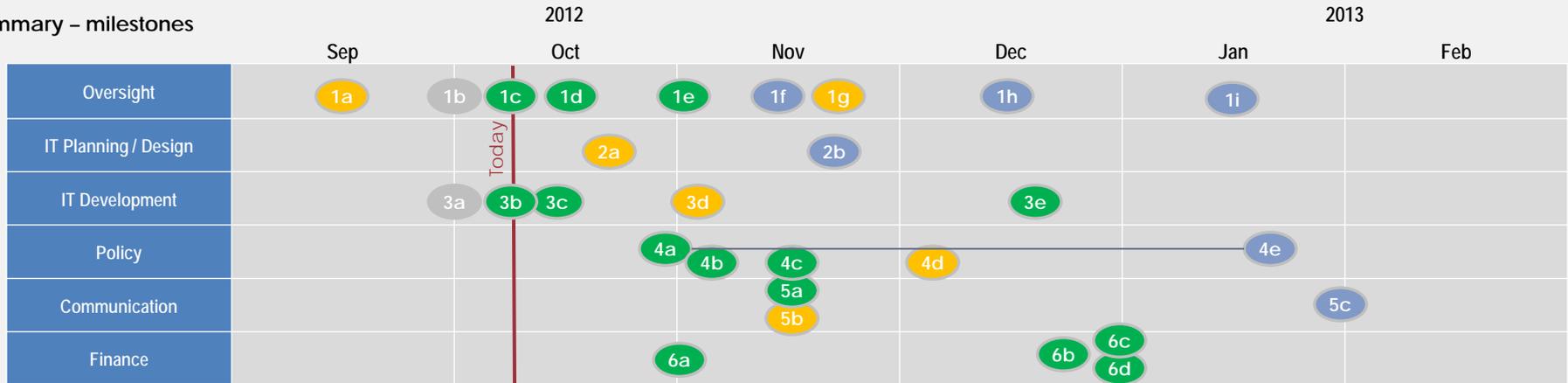
# Milestones



# CT HIX / IE PMO Dashboard

10/08/12

## Summary – milestones



### Oversight & Support

- (1a) Continued search for IEPMO Director
- (1b) Publish call center RFP (Oct)
- (1c) HIX Staffing Plan (Oct10)
- (1d) Final Blueprint Submission (Oct 16)
- (1e) Finalize MOU - HIX & BEST (Nov 2)
- (1f) Submit In Person Assistor Program Grant (Nov 14)
- (1g) Move into new HIX office (Nov 22)
- (1h) Submit Gateway Design Review (Dec 14)
- (1i) Information Technology (IT)consultation/presentation to CMS
- (1j) Changing Guidance – little opportunity to react to changes

### System Integrator

- (3a) Systems Integrator on-boarding (Oct 1)
- (3b) Acceptance of Delivery Expectation Doc (DED)
- (3c) Begin Requirements Confirmation Sessions
- (3d) BEST to establish IT infrastructure (hardware)
- (3e) Complete Release 1 & 2 Design Reviews

### Policy

- (4a) Codify SHOP policy (Oct 31)
- (4b) Agreement with HRA for Reinsurance (Nov)
- (4c) Board Approval for SHOP, QHP, and Broker /Navigator procedures
- (4d) Planning for QHP (policy, procurement) (Dec)
- (4e) Decide SHOP Vendor(Jan)

### Communication / Stakeholder Engagement

- (5a) Finalize Tribal Consultation Policy (Nov 15)
- (5b) Board approval for Broker/Navigator program
- (5c) Marketing/Branding campaign launch (Jan)

### Finance

- (6a) IAPD Submission (Nov 1)
- (6b) Share revenue/project budget with CMS (Dec)
- (6c) Replace OPM as grantee (Dec 31)
- (6d) Finalize accounting policies (Dec 31)

### Planning

- (2a) Tier 3 – Requirements and Process Flows (Oct 25)
- (2b) Tier 4 – Requirements and Process Flows (Nov 19)

## Project Risk/Issue summary

	Schedule Risks	Resource Risks	Deliverables Concurrence	Deliverable Quality Risks	Issues
Oversight		(1a) (1g) (1j)			
IT Planning / Design		(2a)			
IT Development	(3d)				
Policy	(4d)				
Communication					
Finance		(5b)			

### Risk and issues

- (1a) Search for IEPMO Director continues.
- (1g) Limited office space available. The SI is due to start in early October with a large team and there are currently limited free desks / space.
- (1j) Changing Guidance – little opportunity to react to changes
- (2a) Limited state resources with EMS knowledge to review requirements and business process flows. Same resources for confirmation sessions

- (3d) There is a dependency on progress on the Modernization Project and the capacity of BEST.
- (4d) Health and Human Services (HHS) has not released an Actuarial Value calculator nor indicated when this will be available. This is needed by exchange and health insurers to develop plans.
- (5b) Uncertainty around who will pay for Navigator Program.

### Key planned activities for current week

- Continue SI On boarding including understand Confirmation Sessions, schedule, Technical Specification review, etc.
- Prepare for Blue Print Submission on 10/10
- Integration of BEST, SI, DSS, etc. into Program Plan
- Board Meeting Prep
- IAPD Preparations

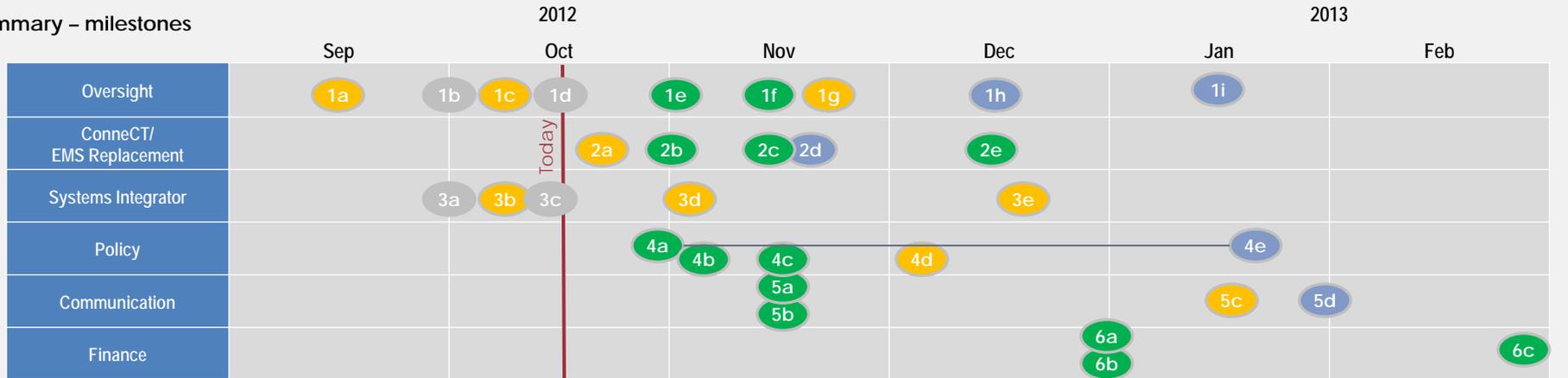
Schedule Risks	Overall
Resource Risks	
Quality Risks	
Deliverable Quality Risks	
Issues	

Not started	Started and on track	Minor risk / issue	Major risk / issue	Complete
●	●	●	●	●

# CT HIX / IE PMO Dashboard

10/16/12

## Summary – milestones



### Oversight & Support

- (1a) Continued search for IEPMO Director (Sept 15)
- (1b) Publish call center RFP (Oct)
- (1c) HIX Staffing Plan (Oct10)
- (1d) Final Blueprint Submission (Oct 16)
- (1e) Finalize MOU - HIX & BEST (Nov 2)
- (1f) Submit In Person Assistor Program Grant (Nov 14)
- (1g) Move into new HIX office (Nov 22)
- (1h) Submit Gateway Design Review (Dec 14)
- (1i) IT consultation/presentation to CMS (Jan 15)

### System Integrator

- (3a) Systems Integrator on-boarding (Oct 1)
- (3b) Acceptance of Delivery Expectation Doc (Oct 1)
- (3c) Begin Requirements Confirmation Sessions (Oct 11)
- (3d) BEST to order infrastructure (hardware/software) (Nov 1)
- (3e) Complete Release 1 & 2 Design Reviews

### Communication / Stakeholder Engagement

- (5a) Finalize Tribal Consultation Policy (Nov 15)
- (5b) Board approval for Broker/Navigator program (Nov 15)
- (5c) Define funding for Navigator Program (Jan)
- (5d) Marketing/Branding campaign launch (Jan)

### Finance

- (6a) Replace OPM as grantee (Dec 31)
- (6b) Finalize accounting policies (Dec 31)
- (6c) Share revenue/project budget with CMS (Feb)

### ConneCT/EMS Replacement

- (2a) Tier 3 – Requirements and Process Flows (Oct 25)
- (2b) IAPD Submission (Nov 1)
- (2c) ConneCT Release 2 & 3 (Nov 14)
- (2d) Tier 4 – Requirements and Process Flows (Nov 19)
- (2e) Release 1 (Dec 14)

### Policy

- (4a) Codify SHOP policy (Oct 31)
- (4b) Agreement with HRA for Reinsurance (Nov)
- (4c) Board Approval for SHOP, QHP, and Broker /Navigator procedures (Nov 15)
- (4d) Planning for QHP (policy, procurement) (Dec)
- (4e) Select SHOP Vendor (Jan)

### Key planned activities for current week

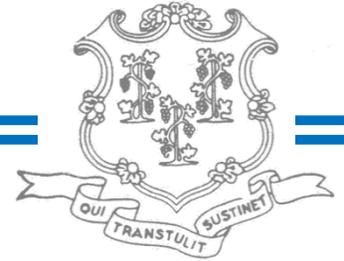
- Continue SI On boarding including understand Confirmation and Design Sessions, schedule, Technical Specification review, etc.
- Integration of appropriate BEST, SI, DSS tasks into Program Plan
- Board Meeting Preparations
- IAPD Preparations

## Project Risk/Issue summary

	Schedule Risks	Resource Risks	Quality Risks	Deliverables Risks	Issues
Oversight		(1a) (1g)			
IT Planning / Design		(2a)			
System Integrator	(3d) (3e)			(3b)	
Policy	(4d)				
Communication		(5c)			
Finance					

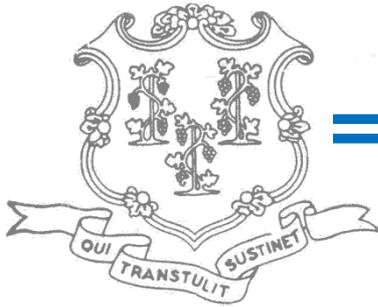
Schedule Risks	Overall
Resource Risks	
Quality Risks	
Deliverables Risks	
Issues	

Not started	Started and on track	Minor risk / issue	Major risk / issue	Complete
●	●	●	●	●



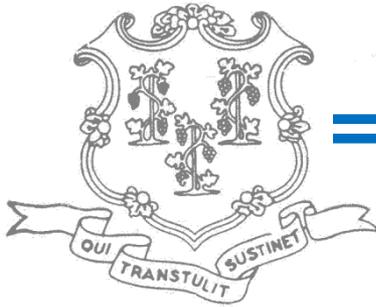
### Risk and issues

- (1a) To date, the search has not provided quality Project Director candidates.
- (1g) Limited office space available. The SI is due to start in early October with a large team and there are currently limited free desks / space.
- (2a) Limited state resources with EMS knowledge to review requirements and business process flows. Same resources for confirmation sessions.
- (3b) Comments Submitted; DED not finalized by target date.
- (3d) There is a dependency on progress on the ConneCT Project.
- (3e) To date, no schedule has been set for Release 1 & 2 Design Reviews.
- (3e) If guidance/requirements change, schedule or budget will suffer.
- (4d) Health and Human Services (HHS) has not released an Actuarial Value calculator nor indicated when this will be available. This is needed by exchange and health insurers to develop plans.
- (5c) Uncertainty around who will pay for Navigator Program.



# Board Votes

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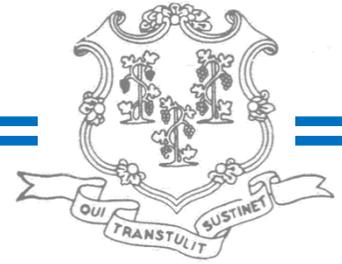
# Tribal Consultation Policy

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# Proposed Tribal Consultation Policy

## Work to Date

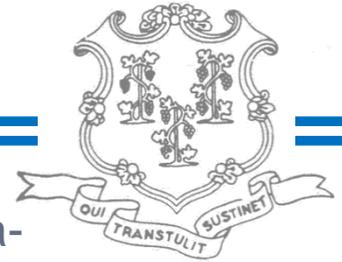


- There are two federally-recognized Tribes in Connecticut:
  - The Mashantucket Pequot Tribe with approximately 800 members
  - The Mohegan Tribe with about 1,700 members
- Ongoing tribal consultation began in July 2011
  - Mintz & Hoke conducted a formal stakeholder conversation occurred on March 5, 2012
  - An additional meeting with Mohegan and Mashantucket Pequot Tribes was held on April 10, 2012 at the Exchange's office
  - September 25, 2012 conference call with Mohegan Tribe
  - Engagement with Tribes re. consultation policy
  - A tribal representative also serves on our Navigator Advisory Committee



# Proposed Tribal Consultation Policy

## Overview of *Areas Requiring Consultation*

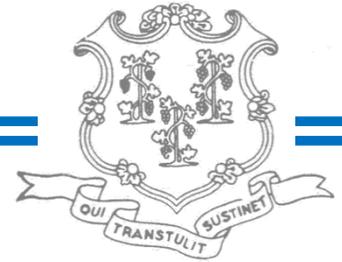


Provisions of the ACA most directly affecting American Indians vis-à-vis the Exchange include:

- Exemption from individual mandate
- Ongoing open (monthly) enrollment
- Premium sponsorship by tribal governments permitted
- No cost-sharing for:
  - Members with income under 300% FPL; and
  - Services provided directly by the IHS or through referral under Contract Health Services
- Should Indian Health Services (IHS) facilities be included as essential community providers
- Marketing and outreach (including Navigators/Brokers)

# Proposed Tribal Consultation Policy

## *Areas Requiring Consultation*



### **Eligibility and Enrollment**

- The Exchange must be able to identify and verify membership in a federally-qualified Tribe
- American Indians are allowed to enroll/change plans on a monthly basis
- Members of federally-qualified Tribes are exempt from personal responsibility mandate

### **Reimbursements**

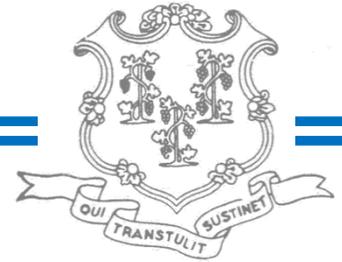
- Subsequent to enrollment, the Exchange will need to communicate tribal membership to issuers so that they know:
  - those with income below 300% FPL have no cost sharing
  - regardless of income, there will be no cost sharing for services provided directly by the IHS or through referral under Contract Health Services
- Federal government will need to reimburse QHPs for the loss of any cost sharing revenue

### **Tribal Sponsorship of its Members**

- The Exchange must decide if it will allow tribal governments to pay premiums on behalf of its members

# Proposed Tribal Consultation Policy

## *Areas Requiring Consultation*



### **Indian Health Providers in Exchange Plans**

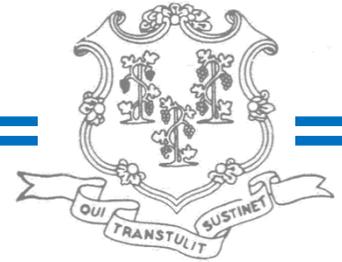
- The Exchange may choose to designate Indian Health Services and providers as Essential Community Providers and encourage Exchange plans to these providers in their networks

### **Marketing, Outreach and Plan Enrollment**

- Ensure that Web portal and other materials provide information about American Indian-specific provisions, so that informed choices can be made
- Work with tribal governments on mechanisms to provide and disseminate information regarding the Exchange
- Include American Indian entities as part of the outreach effort, including the Navigators and, if applicable, In-Person Assistance program

# Proposed Tribal Consultation Policy

## Summary of Exchange Tribal Consultation Policy



Exchange rules state that Exchanges in States with Federally-recognized tribes “must engage in regular and meaningful consultation and collaboration with such tribes and their tribal officials on all Exchange policies that have tribal implications.”

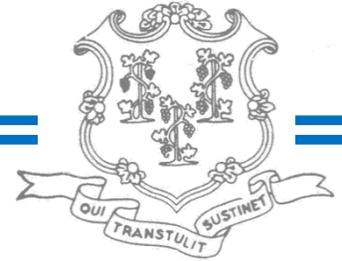
The **Tribal Consultation Policy** includes:

1. Preamble
2. Background
3. Guiding Principles
4. Assignment of a Tribal Liaison
5. Tribal Consultation Process
6. Consultation Procedures and Responsibilities
7. Response Timeframe Requirements
8. Conflict Resolution
9. Record Retention

***Policy*** was provided in Board’s packet and is available at [ct.gov/hix](http://ct.gov/hix).

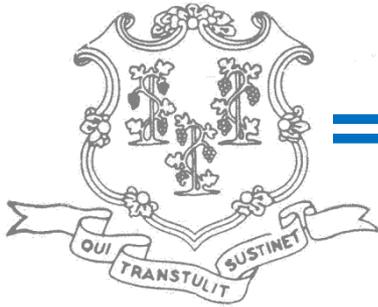
# Proposed Tribal Consultation Policy

## *Next Steps*



## Next Steps

- **Today:** Vote to approve for publication the Exchange's Tribal Consultation Policy
- Following a 30-day public comment period, revise as necessary
- Vote for adoption during December Board meeting
- Implementation of Policy

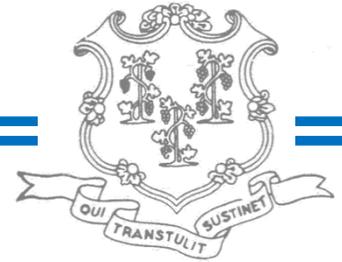


# Bylaws Revisions

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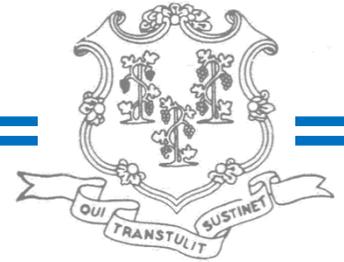
# Revision to Bylaws to Add Strategy Committee



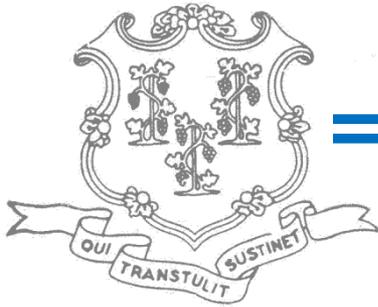
- Same membership requirements and quorum as the other standing committees of the Board
- Mission: to discuss and identify ways to help realize the goals and objectives of the Board and to focus more strategically on ways to promote the success of the Exchange and
- Other responsibilities that may be assigned by the Board.

# Revision to Bylaws to Add to Signatory Authority

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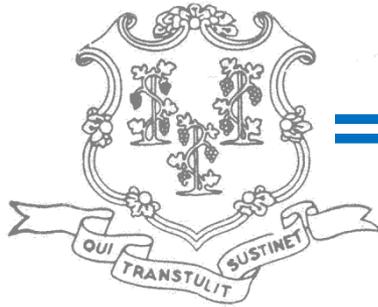
- Chief Financial Officer to \$500,000
- Chief Operating Officer to \$250,000



# Appointments to Strategy Committee

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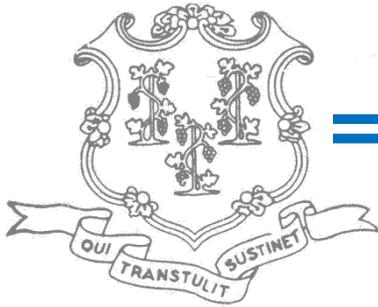
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# Advisory Committees Update

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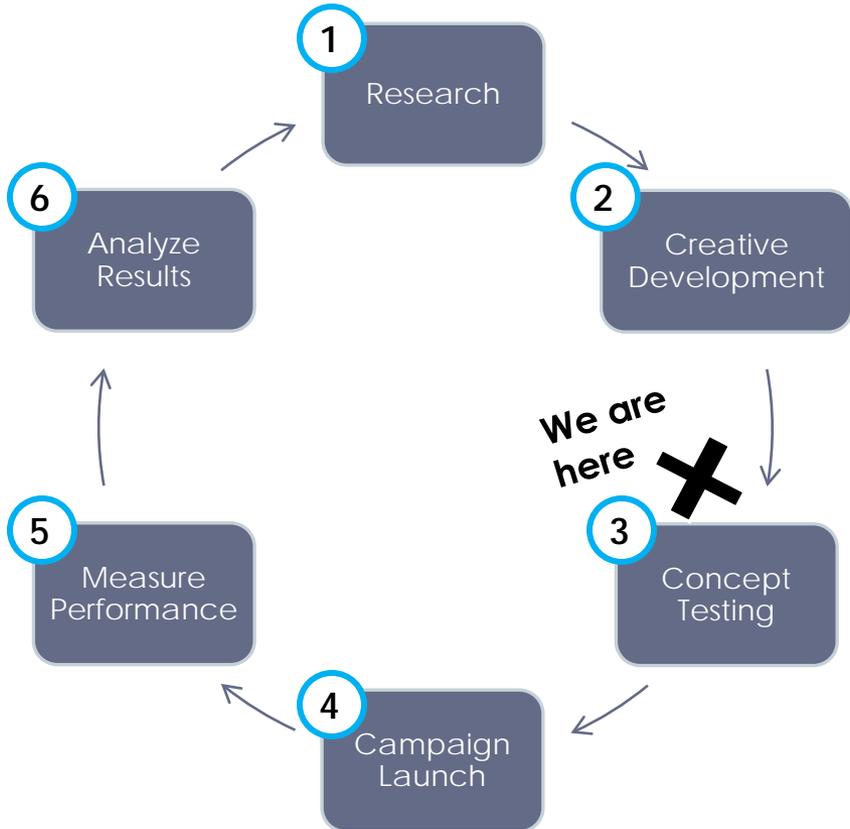


# Marketing and Communications Update

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# Established Process



- Review brand platform and explore its impact on the organization
- Provide an update on naming research
- Preview final round of market research being fielded.

# Successful Brand Platforms



- Successful companies use brand platforms to ensure a clear, consistent, and well defined user experience permeates all aspects of their organization



**Make complex technology intuitive, accessible and part of our daily lives**

- Product design
- Retail locations
- Advertising
- New product development
- Recruiting and hiring
- Acquisition strategy
- Corporate communications



**Fast, reliable and friendly no-frills air travel**

- Customer segmentation
- Hiring practices
- In flight procedures
- Boarding process
- Gate turnaround policy
- Investor relations (LUV)



**Providing comprehensive, coordinated, and personalized care**

- Staff training policies
- Call center scripting and call handling process
- Enrollment process
- Facility layout
- Procedures offered
- Community outreach

# Brand and Messaging Platform



- 1) Nearly one in ten Connecticut residents are uninsured, while countless others are underinsured or struggle to maintain the coverage they have. This not only endangers their physical health and household stability, but also takes an emotional toll as they deal with fear and uncertainty.
- 2) The CT Health Insurance Exchange now offers all Connecticut residents a unique opportunity to get high quality, name brand health coverage. Available plans will provide consumers with coverage that helps not only when they are sick, but also to help keep them well.
- 3) Exchange customers will receive friendly, expert, and culturally relevant help to guide and support them in the shopping and enrollment process whether they choose to engage with the Exchange in person, via phone, or online.
- 4) All of this will be provided with oversight from the State of Connecticut to ensure fairness.
- 5) The CT Health Insurance Exchange is helping to improve the health and peace of mind of Connecticut residents by increasing access to the healthcare system and improving quality for all.

**A**

**We are....**  
**Quality Centric**

- Offer robust name-brand health care plans
- Offer choice of plans.
- Grant access to wide range of providers (hospitals/docs, etc.)
- Deliver excellent user experience, regardless of point of entry.
- Have oversight from State of Connecticut.

**B**

**We are....**  
**Health Focused**

- Provides better access to care when people need treatment, but also encourage preventive care, wellness, and coordinated care.
- Eliminate disparities.
- Deliver better health outcomes.

**C**

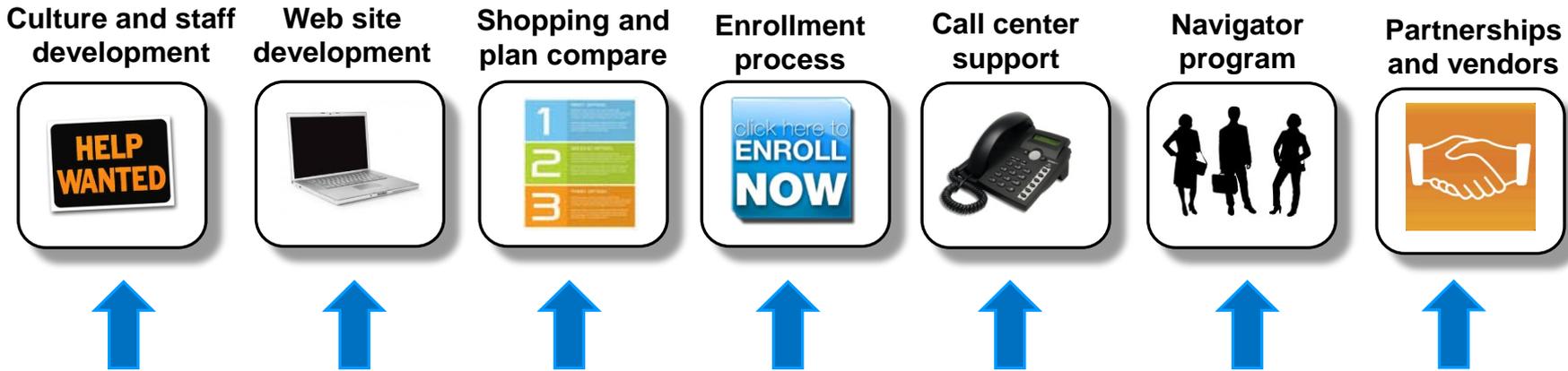
**We are....**  
**Egalitarian**

- Administer a program that treats all parties equally and with respect.
- Remove barriers to access and service across populations and delivery systems.
- Are transparent in what we do.

# Leveraging Our Brand

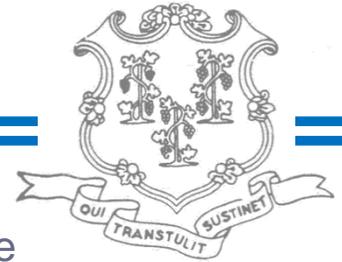


- We will begin using our brand position as a guide when creating components of the Exchange which touch consumers and small businesses
- Examples include:



**As a trusted advisor to state residents and small businesses in need of quality health insurance, the new CT Health Insurance Exchange will be a safe and objective destination for support in choosing health insurance coverage.**

# Name Development Update



- To ensure that we explore as wide a variety of options as possible, we are currently completing a second round of naming research.
- In total, we will have tested a total of 12 names, and spoken with more than 300 individuals
- Names were evaluated across multiple categories including:

Fitting what this organization is and does

Making you interested in what the organization is and does

Making you feel this organization would provide access to name brand, quality health care coverage

Making what the organization is and does appealing to you

Making you feel there is something in it for you

Making you feel this organization would give you choice in health care coverage

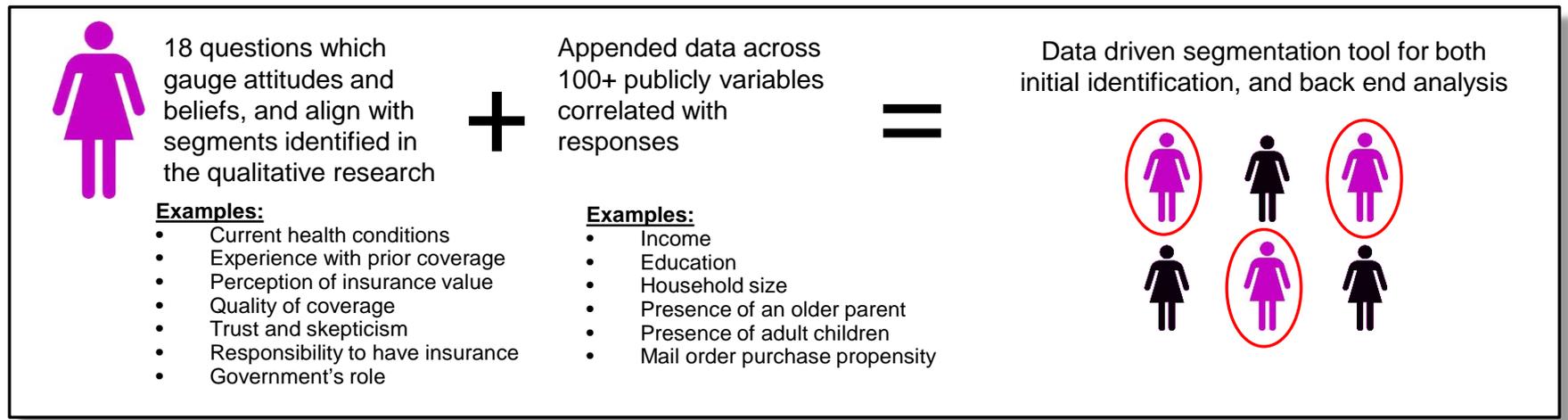
Making you feel this organization is offering something new and different

# Concept Testing and Segmentation

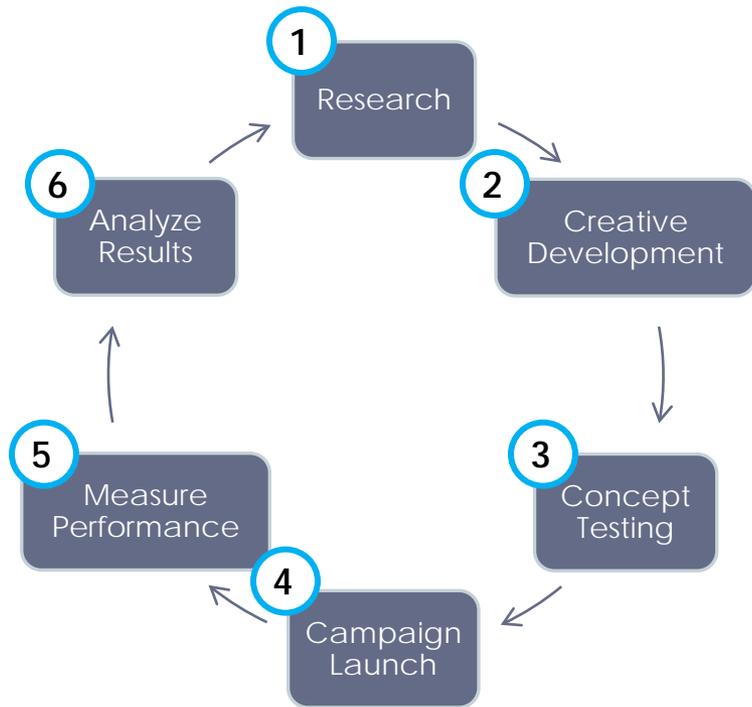
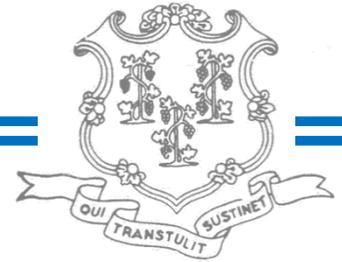


- We are currently beginning a final round of creative market research
- This round will focus on 2 major components

- 1
    - The brand platform we have developed
    - Messages which communicate this platform
    - Imagery which may be effective in communicating
  - 2
    - Quantifying our current segmentation approach
    - Transforming attitudes and beliefs into actionable data
- ↓

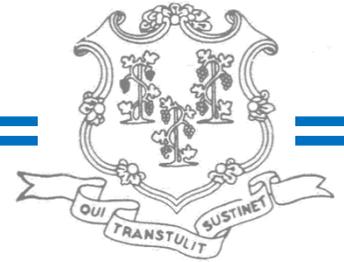


# Next Steps



- 1. Finalize naming exploration
- 2. Test brand, messaging, and naming elements
  - “Activate” segmentation with same quantitative research
- 3. “Media” plan development

# Call, Click or Chat!



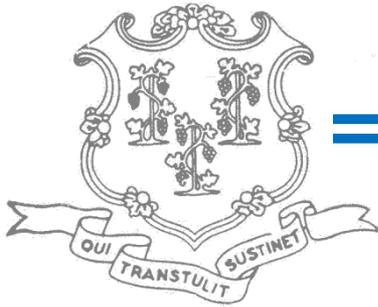
**860-418-6420**  
to talk directly



**[www.ct.gov/hix](http://www.ct.gov/hix)**  
to sign up for updates.



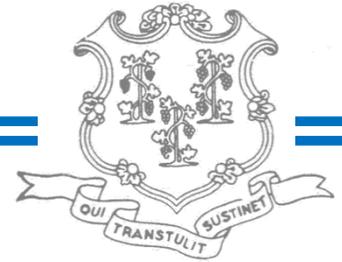
**@ExchangeCT**



# IT Update

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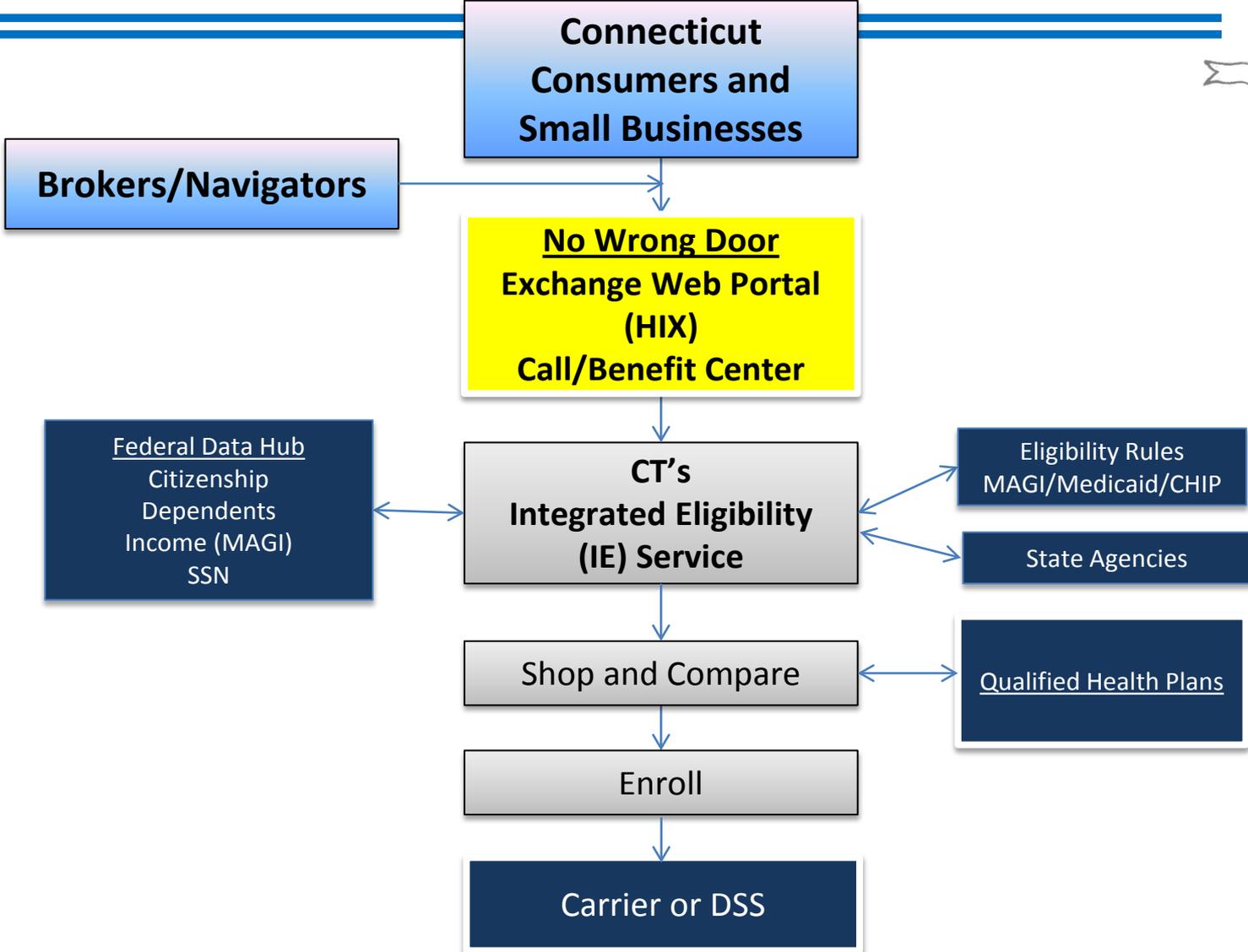
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## Major Technology Tasks

- On Boarded Deloitte Consulting LLP
- Began Requirement Confirmation Sessions
- Staffing
  - Hired Network Administrator – Danny Cruz

# High-Level HIX/IE Business Flow





# State of Connecticut

## *Deloitte Overview and HIX Demo*

October 18, 2012

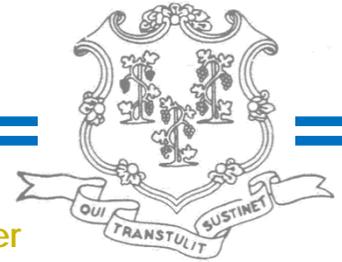
# Meeting with You Today from Deloitte



**Nagen Suriya**  
Engagement Director



**Newton Wong**  
Project Manager



**Brian Keane**  
Health Plan Advisor



**Sally Fingar**  
Functional Manager

# Our Health Insurance Exchange Journey

1998 .....

-  Pennsylvania
-  Massachusetts
-  Texas
-  BlueCross BlueShield of North Carolina
-  Aetna

.....2010

-  USDA
-  Financial Management Office
-  Colorado
-  Wisconsin
-  Pennsylvania
-  Maine
-  HHS Office of Secretary
-  Center for Medicare and Medicaid Services (CMS)
-  WellPoint

2011....

-  Illinois
-  Indiana
-  Massachusetts
-  New Mexico
-  Michigan
-  Minnesota
-  Aetna
-  Cigna
-  Deloitte Health Informatics

2012....

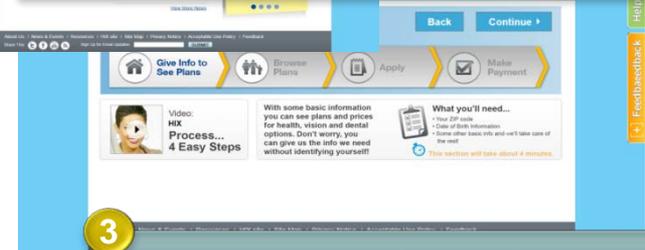
-  Washington
-  Massachusetts
-  Kentucky
-  Connecticut

# Our design reflects the user-centric process in determining and presenting eligibility and plan comparison

## 1 LANDING



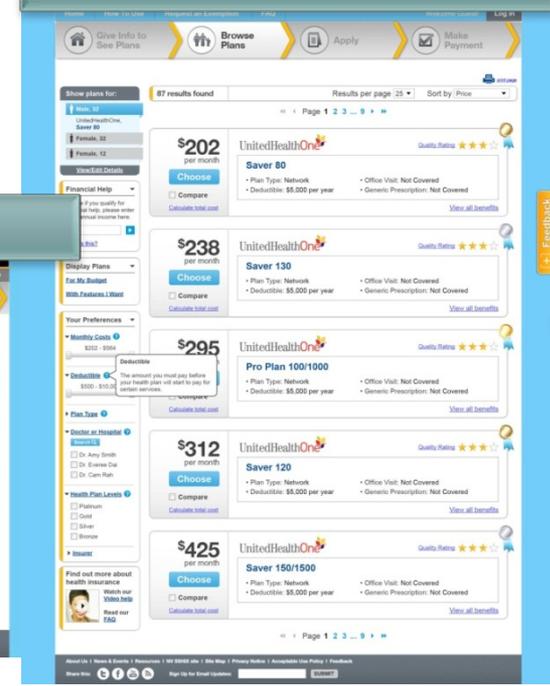
## 2 PROCESS OVERVIEW



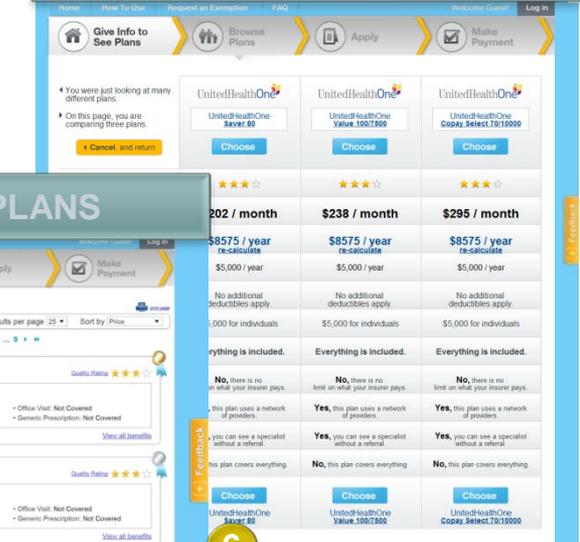
## 3 DATA COLLECTION



## 4 SHOP FOR PLANS



## 5 COMPARE PLANS



## 6 DASHBOARD





Language  **Help Is Just A Call Away!**  
 1-888-555-1212    
 Live Chat is Available  [CLICK TO SHOW](#)



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## Welcome to the Health Insurance Exchange!



### Individuals and Families

Looking for coverage on your own? We have many options from insurers you know. You can also see if you qualify for low-cost coverage.

[Let's get started! ▶](#)



Plans available from HIX's top insurers:



[Do you Qualify for State Assistance?](#)

### What to Expect

We offer commercial and public health insurance options.

You don't need to identify yourself to look at plans. Step-by-step instructions will guide you through the process.

[Browse for Free!](#)

### HIX on Twitter



People are talking!

"So easy to get insurance through #HIX" [@CTnative12](#)

12 hrs ago REPLY RETWEET FAVOURITE

"Health, Dental and Vision through #HIX...cant get better!" [@renoman55](#)

12 hrs ago REPLY RETWEET FAVOURITE



Join the conversation!

### Log In to Your Account

Username:

Password:

[Forgot Password?](#)

Remember me

[Login ▶](#)

### Health Insurance Quotes in HIX



State:

Health Plans: 116

Carriers: 118

From: **\$15.99/mo**

[Get a Custom Quote Now!](#)

### Health in the News

April 30, 2012

[Consumers Laud HIX](#)

April 30, 2012

[HIX gets adopted as the Statewide platform to provide citizens with Affordable Healthcare.](#)

April 30, 2012

[The State is Weighing Options for HealthCare Website.](#)

[View More News](#)

### Did You Know?

Customer Support

24/7





Language ▾

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## What's Up Next:

[Back](#)[Continue ▶](#)Give Info to  
See Plans**Browse  
Plans**

Apply

Make  
PaymentVideo:  
**How to  
Browse  
for Plans****Put on your thinking cap!**

In this next section, you will browse and look at plans that will best meet your health coverage needs.

**What you'll need...**

- Name(s) of your doctor(s) or provider
- Name of your preferred hospital
- General prescription information

**This section will take about 6 minutes.**
[About Us](#) | [News & Events](#) | [Resources](#) | [HIX site](#) | [Site Map](#) | [Privacy Notice](#) | [Acceptable Use Policy](#) | [Feedback](#)

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Give Info to See Plans



Browse Plans



Apply



Make Payment

## Tell us about yourself to see health plans

\* ZIP Code:  \* County:  \* Start Coverage On:  Also show:  Dental Plans  Vision Plans

	* Sex:	* Date of Birth:	* Tobacco User?	* Applying for coverage
* Applicant:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 4:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 5:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 6:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Add Person](#)

Need Financial Help?



Back

Browse Plans





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Language

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**OPEN ENROLLMENT: OCTOBER 1, 2013 TO MARCH 31, 2014**

Give Info to See Plans

Browse Plans

Apply

Make Payment

### My Shopping Cart

ZIP: 06016 [Edit](#)

Income: \$60,000 [Edit](#) | [Remove](#)

Health Care Provider: Dr. John Smith [Edit](#) | [Remove](#)

You are shopping for a plan to cover  
 Male, 47  
 Female, 48  
 Female, 8  
 Male, 4

### Customize My Search

#### Estimated Premium ?

- Under \$299
- \$300 - \$599
- \$500 - \$799
- \$800 - \$999
- Over \$1000

#### Cost Sharing Reductions ?

**Total Cost Calculator** ✕

How many times in the next twelve months do you expect to...?

Visit your Primary Care Provider (PCP)

Visit a Specialist

Fill a prescription

[Calculate Total Cost](#)

**\*Assumptions:**

(1) To compute the cost of office visits, the system will assume \$150 for each visit. Based on the plan, the consumer may only be responsible for the copay portion of the \$150, or up to the deductible and co-insurance.

(2) Assumes 20% of your prescriptions are generic and 80% are brand prescriptions

(3) For plans that have a combination of copay and deductible/co-insurance, we will assume copay payments only

(4) The Total Cost of Ownership will assume 1 lab visit (e.g. X-ray, outpatient lab work), with each lab visit costing \$150. The system will assume that this cost will be taken as part of the plans deductible.

[Edit My Info](#)

Previous

Next >

**Estimated Premium**

**\$330**

Primary Care Co-Pay

**\$20**

[Apply](#)



## Robin PPO

Plan: Silver

**Estimated Premium**

**\$330**

[More Information About This Plan >>](#)

**Plan Summary**

Help

Feedback



## Shield Savings plans

Underwritten by Blue Shield of California Life & Health Insurance Company.  
Shield Savings plans 1800/3600, 3500, and 5200 are pending regulatory approval.  
HSA-compatible

### Uniform Health Plan Benefits and Coverage Matrix

**THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE POLICY FOR INDIVIDUALS AND FAMILIES SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.**

	1800/3600	3500	4000/8000	5200
<b>Deductible*</b>	\$1,800 (\$3,600 family) <sup>†</sup>	Services with preferred providers: \$3,500 (\$7,000 family) Services with non-preferred providers: \$5,000 (\$10,000 family)	\$4,000 (\$8,000 family)	Services with preferred providers: \$5,200 (\$10,400 family) Services with non-preferred providers: \$5,200 (\$10,400 family)
<b>Coinsurance</b>	30% with preferred providers 50% with non-preferred providers	\$0 after deductible with preferred providers; 50% with non-preferred providers	\$0 after deductible with preferred providers; 50% with non-preferred providers	\$0 after deductible with preferred providers; 50% with non-preferred providers
<b>Calendar-year out-of-pocket maximum</b> <small>(includes the plan deductible)</small>	Service with preferred providers: \$5,950 (\$11,900 family) Services with all providers: \$10,000 (\$20,000 family)	Service with preferred providers: \$5,000 (\$10,000 family) Services with non-preferred providers: \$15,000 (\$30,000 family)	Services with preferred providers: \$4,000 (\$8,000 family) Services with all providers: \$5,000 (\$10,000 family)	Service with preferred providers: \$5,200 (\$10,400 family) Services with non-preferred providers: \$15,000 (\$30,000 family)
<b>Lifetime maximum</b>	No limit	No limit	No limit	No limit

\* Plan benefits provided before you need to meet the deductible are shown below with a dot. For all benefits without a dot, you are responsible for all charges up to the allowable amount or billed charges with preferred and non-preferred providers until the deductible is met. At that point, you will be responsible for the copayment or coinsurance noted in the chart below when accessing preferred and non-preferred providers.

### Covered services

Subject to the plan deductible, unless noted.

	Member copayments		
	With preferred providers, <sup>1</sup> you pay		With non-preferred providers, <sup>1</sup> you pay
	1800/3600	3500	4000/8000 and 5200
<b>Professional services</b>			
Office visits	\$35	\$0 after deductible	50%
<b>Preventive care</b>			
Annual routine physical exam, gynecological exam, well-baby care office visits (includes Pap test or other approved cervical cancer screening tests, and routine mammography when received as part of the preventive care exam)	\$0 •	\$0 •	Not covered
<b>Outpatient services</b>			
Non-emergency services and procedures, outpatient surgery in a hospital	30%	\$0 after deductible	50% <sup>†</sup>
Outpatient surgery performed in an ambulatory surgery center (ASC)	30%	\$0 after deductible	50% <sup>†</sup>
Outpatient X-ray and laboratory	30%	\$0 after deductible	50%

\* For two-party/family coverage on Shield Savings 1800/3600 and 4000/8000, individuals become eligible for benefits after the total of applicable expenses accrued by all covered family members meets the family deductible amount.  
For two-party/family coverage on Shield Savings 3500 and 5200, individuals become eligible for benefits after the total of an individual's applicable expenses equals half the family deductible amount or the family deductible is met.

<sup>†</sup> The deductibles and out-of-pocket maximum amounts may increase annually to reflect federal cost-of-living adjustment.

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Home Guest!

Log In

Make Payment

Basic PPO 70/30 Plan:

**Anthem**

Remove for comparison

Buy

\$134

Cost

Give Info to See Plans

Back to Plan Results

Estimated Monthly Cost

- Having a
- Managing Diabetes
- Quality R
- Provider
- Out-of-Ne
- Referral Require
- Services Covered
- Plan Level

charge after deductible  
• Mail order charges for drugs:  
Emergency Room: \$150

charge after deductible  
• Mail order charges for drugs:  
Emergency Room: \$150

charge after deductible  
• Mail order charges for drugs:  
Emergency Room: \$150

Help

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Dashboard



My Info



Payments



Tasks

## Dashboard

[Access My Other Accounts](#) [Add New Role](#)

## Notifications (Most Recent)

[View All](#)

Account cklein123 was created Oct 17, 2012

## Household Information

[edit household](#)

Name	Gender	Age
Kelvin Klein	M	42

## Income

[edit income](#)

Name	Amount
Kelvin Klein	\$ 36,000.00

## Account Balance

## Current Balance

\$77.00

Payment Due: 11/01/2012

Next Statement: 11/01/2012

[Pay Now ▶](#)

Your Monthly Cost : \$77.00

## My Plan(s)

[renew/disenroll](#)

Plans	Monthly Cost
Saver 80	\$ 87.00
<b>Tax Subsidy :</b>	<b>(\$10.00)</b>
<b>Total:</b>	<b>\$77.00</b>

## My Contributions

Contribution	Monthly Amount
<b>Tax Subsidy :</b>	<b>\$10.00</b>

## Health Insider

## Exchange Planning Grant Report released.

This report, produced by Mercer Health and Benefits, LLC under contract with the Office of Policy and Management, provides projections and guidance related to the planning, research and data analytics that will help to establish the policy direction and implementation strategy for the States Health Insurance Exchange.

[View Full Story](#)

## Gov. Malloy unveils the Connecticut "Still Revolutionary" campaign

Governor Dannel P. Malloy, joined by Department of Economic and Community Development (DECD) Commissioner Catherine Smith, Deputy DECD Commissioner Kip Bergstrom and other state officials, today unveiled Connecticut's new branding campaign, entitled Still Revolutionary.

[View Full Story](#)

## Gov Malloy: State agencies moving to assist residents facing loss of unemployment benefits

Governor Dannel P. Malloy today directed Connecticut Department of Labor (DOL) Commissioner Glenn Marshall and Department of Social Services (DSS) Commissioner Roderick Bremby to begin implementing their plan to bring targeted services to individuals and families who are losing their unemployment benefits as a result of the states declining unemployment rate.

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