CONNECTICUT HEALTH INSURANCE EXCHANGE

Policy: ESSENTIAL HEALTH BENEFITS BENCHMARK PLAN

The Exchange shall select an Essential Health Benefits Benchmark Plan ("Benchmark Plan") for adoption in accordance with the requirements of the Affordable Care Act ("ACA") and Public Act 11-53.

Procedure:

A. **Advisory Committee.** The Exchange shall appoint an advisory committee to be known as the Health Plan Benefits and Qualifications Advisory Committee (the "Committee"), comprised of no less than ten (10) and no more than fifteen (15) members, including representatives from the Exchange Board and a broad range of stakeholders, including, without limitation, consumer advocates, health care providers, small businesses and insurance providers.

The Committee will be co-chaired by a member of the Exchange Board and a member from the stakeholder community. The Board's Consumer Experience and Outreach Advisory Committee shall provide recommendations as appropriate to assist the Health Plan Benefits and Qualifications Committee in its deliberations. A stakeholder member from the Consumer Experience and Outreach Advisory Committee shall also serve as a stakeholder member of the Health Plan Benefits and Qualifications Advisory Committee. The Connecticut Department of Insurance shall designate a subject matter expert to work with the Committee and assistance will be provided to the Committee by the staff of the Exchange.

The Committee will meet at such times and places as the Co-Chairperson from the Exchange's Board shall designate. All meetings will be open to the public and notice of all meetings will be published on the Exchange's website. A majority of the Committee's membership shall constitute a quorum for the transaction of the Committee's business, and the vote of a majority of those present at a meeting at which a quorum is present shall be necessary to decide any questions to be voted on by the Committee. A transcript or minutes of all meetings and a record of all votes of the Committee shall be kept and published on the Exchange's website.

Members of the public will be afforded an opportunity to address the Committee during a public comment section of the Committee's meetings, but will not be allowed to participate in the Committee's discussions or deliberations. Written comments may be submitted by any interested party at any time to the Exchange, directed to the attention of: Julie Lyons, Director of Policy and Plan Management, Connecticut Health Insurance Exchange, 450 Capitol Avenue, Hartford, CT 06106.

The Co-Chairperson from the Exchange's Board shall report to the Exchange Board on the activities of the Committee at each meeting of the Board of the Exchange.

B. **Benchmark Plan.** Among other things, the Committee is charged with making recommendations to the Board of the Exchange on Qualified Health Plans and on Qualified Health Plan certification criteria for plans eligible to be offered through the Exchange beginning October 1, 2013. Such recommendations are to include recommendations on the selection of a Benchmark Plan that will be used to define the essential health benefits ("EHB") for plans offered in Connecticut. The Benchmark Plan selected for determining the state's EHB must cover (either directly or through supplemental plans) each of the 10 statutory categories of EHB under section 1302 of the ACA. Health insurance plans not covering these services will not be considered adequate health insurance and will not be offered through the Exchange.

The Consumer Experience and Outreach Advisory Committee is tasked to assist the Committee by also reviewing the Essential Health Benefits Benchmark Plan options and making its recommendations to the Committee. The Committee shall evaluate recommendations and options and recommend to the Exchange's Board of Directors a Benchmark Plan. In developing its recommendations, the Committee is to take into consideration the following:

Affordability is essential to the ability of Connecticut residents to secure and maintain access to health care and health insurance. The Exchange needs to offer consumers a meaningful choice of high-value Qualified Health Plans that meet the diverse needs of Connecticut residents and businesses and that take into account the state-mandated coverage described in Chapter 700c of the Connecticut General Statutes. Such plans may not be designed in ways that discriminate based on age, disability or expected length of life, but must consider the health care needs of diverse segments of the population. The Exchange should promote competition among health insurers based on price, quality and service. The Exchange should offer Qualified Health Plans that allow consumers to receive care from diverse networks of physicians, hospitals and other health care providers, including providers that serve underserved areas of the state. Plans offered through the Exchange should promote wellness and health improvement.

In making its recommendation to the Board on the Benchmark Plan, the Committee is directed to weigh costs and premium affordability in determining initial EHB coverage and to follow the guidance provided by (i) the Center for Consumer Information and Insurance Oversight (CCIIO) of the Center for Medicare & Medicaid Services (CMS) in its Essential Health Benefits Bulletin, issued on December 16, 2011, (ii) the Department of Health and Human Services in its related FAQ on Essential Health Benefits, (iii) the provisions of the ACA; (iv) March 27, 2012, Fed. Reg., Vol 77, No. 59 Rules and Regulations; and (v) Public Act 11-53 as amended from time to time.