



Access Health Connecticut

High Deductible Health Plan Task Force Discussion
December 18, 2019

About Access Health CT (AHCT)

- **Access Health Connecticut is a place where individuals, families and small businesses can shop, compare and enroll in quality healthcare plans from brand-name insurance companies.**
 - And it's the only place to qualify for financial help, to lower consumer costs.
- **Open enrollment for 2020 plans has been extended through January 15, 2020**

AHCT Vision and Mission

AHCT Vision

- The CT Health Exchange supports health reform efforts at the state and national level that provide CT residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.

AHCT Mission

- To increase the number of insured residents, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and provider that give them the best value.

AHCT Values in Action

At Access Health CT, it is with our customers and our employees in mind that we seek to promote these collective values and to live by these behaviors. Our culture of acceptance welcomes and values everyone. We challenge the status quo to find new ways to grow and improve our community, our company and ourselves. Our people take pride in the service we provide, and in the spirit of the common good that we share.

Authenticity

Act with sincerity,
credibility and
self-awareness.

Integrity

Commit to
doing the right
thing with
genuine intention.

Excellence

Aim high and
challenge the
status quo.

Ownership

Take responsibility
and initiative.

One Team

Collaborate to
succeed.

Passion

Dedication
to creating
opportunities for
greater health
and well-being.

Connecticut Insured Population Estimates

Category	Insured Estimate	Reference
Civilian noninstitutionalized population (insured estimate)	3,336,919	American Community Survey estimate*
Projected enrollment Individual market	111,002	Carrier Rate Filings (Insured plans)**
Projected enrollment Small Group market	120,080	Carrier Rate Filings (Insured plans)**
SUBTOTAL	3,105,837	SUBTOTAL
Medicare	633,696	American Community Survey estimate***
Medicaid	725,230	American Community Survey estimate***
VA	56,670	American Community Survey estimate***
Estimated remainder (presumably large group/self-insured)	1,690,241	

* ACS data table ID S2701 for Connecticut (2018 1-year estimate)

**Projected enrollment information extracted from Unified Rate Review Template (URRT) included in carrier rate filings submitted to Connecticut Insurance Department (CID) for 2020
Exhibits available at: <https://www.catalog.state.ct.us/cid/portalApps/HCFiling2020.aspx>

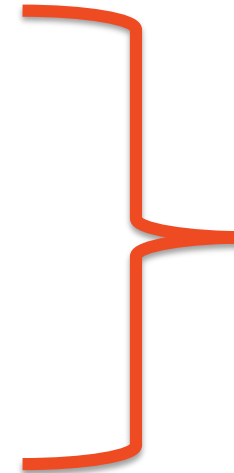
***ACS data table ID S2704 for Connecticut (2018 1-year estimate)

- Individual Market projected enrollment for 6 HSA compatible plans filed with CID for 2020: 22,625

Plan Design, Consumer Education and Decision Support Tools

2020 AHCT Standard Plans That Do Not Qualify as HDHP: Example 1

	AHCT 2020 Standard Gold
Plan Overview	In-Network (INET) Member Pays
Medical Deductible: Individual	\$1,300
Prescription Drug (Rx) Deductible: Individual	\$50
Out-of-Pocket (OOP) Maximum: Individual	\$5,250
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$20 copayment per visit
Specialist Office Visits	\$40 copayment per visit
Tier 1 Prescription Drugs (Retail)	\$5 copayment per script
Urgent Care Center or Facility	\$50 copayment per visit



Feature compared to IRS guidance:

IRS guidance pertains to 'in-network'

Below the minimum annual deductible threshold outlined in IRS guidance

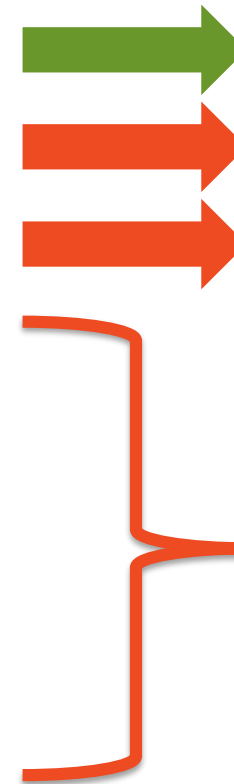
Separate Rx deductible is less than threshold per IRS guidance

OOP is less than maximum threshold outlined in IRS guidance

Deductible does not apply to these services...under a HDHP, all services except for preventive care must be subject to plan deductible to be in accordance with IRS guidance





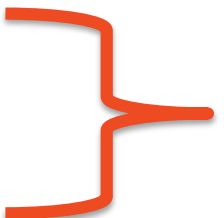
2020 AHCT Standard Plans That Do Not Qualify as HDHP: Example 2

	AHCT 2020 Standard Silver
Plan Overview	In-Network (INET) Member Pays
Medical Deductible: Individual	\$4,300
Prescription Drug (Rx) Deductible: Individual	\$250
Out-of-Pocket (OOP) Maximum: Individual	\$8,150
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$40 copayment per visit
Specialist Office Visits	\$60 copayment per visit
Tier 1 Prescription Drugs (Retail)	\$10 copayment per script
Urgent Care Center or Facility	\$75 copayment per visit



Feature compared to IRS guidance:
IRS guidance pertains to 'in-network'
Meets the minimum annual deductible threshold outlined in IRS guidance
Separate Rx deductible is less than threshold per IRS guidance
OOP is greater than maximum threshold outlined in IRS guidance
Deductible does not apply to these services...under a HDHP, all services except for preventive care must be subject to plan deductible to be in accordance with IRS guidance

2020 AHCT Standard Plans That Do Not Qualify as HDHP: Example 3

	AHCT 2020 Standard Bronze		Feature compared to IRS guidance:
Plan Overview	In-Network (INET) Member Pays		IRS guidance pertains to 'in-network'
Medical/Prescription Drug Deductible: Individual	\$6,200		Meets minimum annual deductible threshold outlined in IRS guidance
Out-of-Pocket (OOP) Maximum: Individual	\$8,150		OOP is greater than threshold outlined in IRS guidance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	\$40 copayment per visit		Deductible does not apply to these services...under a HDHP, all services except for preventive care must be subject to plan deductible to be in accordance with IRS guidance
Specialist Office Visits	\$60 copayment per visit after INET plan deductible is met		Service subject to plan deductible in accordance with IRS guidance
Tier 1 Prescription Drugs (Retail)	\$10 copayment per script		Deductible does not apply to these services...under a HDHP, all services except for preventive care must be subject to plan deductible to be in accordance with IRS guidance
Urgent Care Center or Facility	\$75 copayment per visit		



2020 AHCT Standard Plan That Does Qualify as HDHP

	AHCT 2020 Standard Bronze HSA		Feature compared to IRS guidance:
Plan Overview	In-Network (INET) Member Pays		IRS guidance pertains to 'in-network'
Medical/Prescription Drug Deductible: Individual	\$5,685	→	Meets minimum annual deductible threshold outlined in IRS guidance
Out-of-Pocket (OOP) Maximum: Individual	\$6,550	→	OOP is less than maximum threshold outlined in IRS guidance
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	10% coinsurance per visit after INET plan deductible is met	}	Services subject to plan deductible in accordance with IRS guidance
Specialist Office Visits	10% coinsurance per visit after INET plan deductible is met		
Tier 1 Prescription Drugs (Retail)	10% coinsurance per visit after INET plan deductible is met		
Urgent Care Center or Facility	10% coinsurance per visit after INET plan deductible is met		

AHCT Consumer Education: Examples

Campaign: “Choose.Use.Be Well”

Access Health CT Launches ‘Choose. Use. Be Well.’ Campaign

Bi-lingual campaign focuses on preventive care and benefits of using plan benefits

- The campaign highlights the importance of *Choosing* a Primary Care Physician (PCP), *Using* the preventive services included in the plans, so that residents can *Be Well* and live a healthier life.
- Connecticut residents can use a tool to find a doctor or get more information by visiting ChooseUseBeWell.com.

HARTFORD, Conn. (May 20, 2019)—Access Health CT (AHCT) today announced the launch of the new “Choose. Use. Be Well.” campaign to help educate Connecticut residents about the importance of preventive care and plan benefit utilization.

AHCT Flyer: “After you enroll”

Get the most from your healthcare coverage

Start by choosing a primary care doctor from your insurance company's provider directory, and schedule your annual checkup. Make sure you:

- ☐ Take advantage of key in-network preventive care visits, which are covered 100% and can help you stay healthy
- ☐ Use in-network providers and benefits whenever possible
- ☐ Save money with generic drugs and mail-order programs if offered
- ☐ Call your insurance company directly with questions or to learn more about resources available to you
- ☐ Always pay your premiums on time to avoid coverage delays or lapses

AccessHealthCT.com | Follow us on:



accesshealthct.com

The screenshot shows the accesshealthct.com website. At the top, there is a logo with the text 'access health CT' and a stylized sunburst icon. To the right of the logo are links for 'Create Account' and 'Sign In', and a search bar. Below the logo, there is a navigation bar with four buttons: 'Get Health Coverage' (blue), 'Learn More' (green), and 'Find Help' (orange, highlighted with a red box). Below the navigation bar, there is a progress bar with four steps: 'Step 1: Enter Basic Information' (highlighted with a red box), 'Step 2: Browse Insurance Plans' (highlighted with a red box), 'Step 3: Apply for Health Coverage', and 'Step 4: Confirm Plans'. Below the progress bar, there is a form titled 'Tell us about yourself' with a blue header. The form contains the following fields: 'Does this person need health coverage?' with radio buttons for 'Yes' (selected) and 'No'; 'County of the applicant?' with a dropdown menu showing 'Select'; 'What is the age of the applicant?' with a text input field; 'Coverage year?' with a dropdown menu showing '2020'; and 'Additional Information' section with the text 'For detailed pricing, please provide the optional information below.' and 'Is the applicant pregnant?' with radio buttons for 'Yes' and 'No' (selected). A note at the bottom right of the form states 'Fields marked with * are required.'

access health CT

Create Account | Sign In

Search

Get Health Coverage Learn More Find Help

Step 1: Enter Basic Information Step 2: Browse Insurance Plans Step 3: Apply for Health Coverage Step 4: Confirm Plans

Tell us about yourself Fields marked with * are required.

Does this person need **health coverage**?
☒ Yes ☐ No

County of the applicant? *
Select

What is the **age** of the applicant? *

Coverage **year**? *
2020

Additional Information
For detailed pricing, please provide the optional information below.

Is the applicant **pregnant**?
☐ Yes ☒ No

Learn about plans and coverage options

Step 1: Enter basic information that will help to identify the plans available where you live and if you qualify for financial assistance

Step 2: Browse the health insurance plans to review the coverage and costs

Find Help: Call a broker for help in selecting a plan or go to an enrollment center for help in completing the application

Can give consumer information to determine which plan may best suit their needs

Phase 1: Enter information on expected number of doctor visits, laboratory and imaging tests, surgeries or procedures and prescription drugs

Create Account | Sign In

Search

Get Health Coverage

Learn More

Find Help

Step 1: Enter Basic Information

Step 2: Browse Insurance Plans

Step 3: Apply for Health Coverage

Step 4: Confirm Plans

Estimate Your Healthcare Expenses For The Year

Skip to See Plans >

▼ Your total cost includes:

Monthly Premiums Your monthly premium payment x 12 months (reduced by any premium tax credit you qualify for)	+	Yearly Deductible The amount you pay each year before the plan pays anything. From \$0 to several thousand dollars, depending on the plan.	+	Copayments & Coinsurance Charges (a set dollar amount or percentage) each time you visit a doctor, get care, or buy a prescription drug.	=	Total Cost Estimate Total estimated cost based on answers about expected care and prescriptions.
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Plans with the lowest monthly payment (premium) aren't always the cheapest plan for you and your family. Let us know how you think you and your family might use your plan in 2020. Your answers will not impact your payments and will never be shared or stored.

Medical Service	Anticipated Use
Expected Doctor Office Visits:	<div>Preventative Care Only</div> <div>1-2</div> <div>3-4</div> <div>5+</div>
Expected Lab and Imaging Tests:	<div>Preventative Care Only</div> <div>1-2</div> <div>3-4</div> <div>5+</div>
Expected Surgeries or Procedures:	<div>0</div> <div>1-2</div> <div>3-4</div> <div>5+</div>
Expected Nights in Hospital:	<div>0</div> <div>1-2</div> <div>3-4</div> <div>5+</div>
Expected Prescription Drugs Used Per Month:	<div>Limited use for an acute illness</div> <div>1-2</div> <div>3-4</div> <div>5+</div>

Phase 1

Step 2: Browse Insurance Plans

Consumer Decision Support Tool

Phase 2: Enter names of doctors

Phase 3: Enter names of prescription drugs

Phase 2

Phase 3

Step 1: Enter Basic Information Step 2: Browse Insurance Plans Step 3: Apply for Health Coverage Step 4: Confirm Plans

Is There A Doctor That You Would Like Covered By Your New Plan? [Skip to See Plans >](#)

We can check if a plan includes your doctors in their network. Add up to 5 doctors below and we will check for you.

of

The health plans list of providers changes daily. Call your doctor or provider to be sure they are in the network for the plan you are considering, and also make sure the doctor or provider is in the plan network at the location you prefer. Networks change from plan to plan -- do not assume that a doctor or provider is in the network for all plans offered by a particular insurance company. Access Health CT makes no warranties regarding the accuracy of the provider directories on this website. The provider information comes directly from the insurance company for each health plan network.

By checking "Next", you acknowledge that you understand: The results in the tool are an estimate. This tool is not intended to be your only source of information for health insurance decisions. You should consider all relevant facts in choosing a health insurance plan, including whether your doctors accept the insurance and are in the plan network, and the coverage for necessary prescription drugs.

[< Back](#) [Reset](#) [Next >](#)

Step 1: Enter Basic Information Step 2: Browse Insurance Plans Step 3: Apply for Health Coverage Step 4: Confirm Plans

Are There Any Prescription Drugs You Want Covered By Your New Plan? [Skip to See Plans >](#)

We can check to see if a plan covers your prescription drugs. Add up to 5 prescriptions below and we will check for you.

Selected Prescription Drugs

Note: The health plan's drug formulary may change during the year so your coverage for a specific medication may change. Please check with the insurance company for the most up-to-date information. Some drugs covered by health plans may not be listed for this search, even though they are covered by the plan. Please be sure to always check the plan's formulary with the insurance company to confirm drug coverage.

This information will not be stored and will not be shared with any third party or insurance company. This tool is anonymous, and the information you provide will not have any effect on your insurance premiums, cost sharing or eligibility for coverage.

[< Back](#) [Reset](#) [Next >](#)

An indicator will display for each entry to show whether the plan includes the doctor and/or prescription drug

Choice Bronze Alternative POS with Dental

METAL LEVEL: Bronze [Click for Plan Details](#)

ConnectiCare Total Cost Estimate: Medium

PLAN QUALITY RATING: ★★☆☆

Estimated Monthly Premium	Annual Out-Of-Pocket Max	Emergency Room	Primary Care Visit	Annual Deductible
\$423.45	\$8150	45%	\$40	\$5400

Selected Doctors + Add Doctor

Thomas Jones

Selected Prescription Drugs + Add Drug

CRESTOR 10 MG Oral Tablet (Generic Available)

amLODIPine besylate 10 MG / benazepril HCl 20 MG Oral Capsule

[Click Here For Detailed Plan Documents \(PDF\)](#)

+ Add to Compare **APPLY**

Plans display whether the doctor or prescription drug are included in a plan

Bronze PPO Pathway X

METAL LEVEL: Bronze [Click for Plan Details](#)

Anthem BlueCross BlueShield Total Cost Estimate: Medium

PLAN QUALITY RATING: ★★☆☆

Estimated Monthly Premium	Annual Out-Of-Pocket Max	Emergency Room	Primary Care Visit	Annual Deductible
\$497.10	\$8150	50%	\$30	\$6500

Selected Doctors + Add Doctor

Thomas Jones

Selected Prescription Drugs + Add Drug

CRESTOR 10 MG Oral Tablet (Generic Available)

amLODIPine besylate 10 MG / benazepril HCl 20 MG Oral Capsule

[Click Here For Detailed Plan Documents \(PDF\)](#)

+ Add to Compare **APPLY**

Step 2: Browse Insurance Plans

Browse to look at plan cost sharing

Cost sharing for health insurance plans differs by benefit and type of plan

All plans are reviewed and approved by the Connecticut Insurance Department before they can be displayed on the AHCT website

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Choice Bronze Alternative POS with Dental

METAL LEVEL: Bronze [Click for Plan Details](#)

ConnectiCare

PLAN QUALITY RATING: ★★☆☆

Estimated Monthly Premium	Annual Out-Of-Pocket Max	Emergency Room	Primary Care Visit	Annual Deductible
\$423.45	\$8150	45%	\$40	\$5400

Selected Doctors [+ Add Doctor](#)

Selected Prescription Drugs [+ Add Drug](#)

[Click Here For Detailed Plan Documents \(PDF\)](#)

[+ Add to Compare](#) [APPLY](#)

Benefits	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Provider Office Visits		
Adult/Pediatric Preventive Visits	No cost	50% coinsurance per visit
Primary Care Provider Office Visits (includes services for illness, injury, follow-up care and consultations)	At a Sanitas Medical Center: No cost All other in-network: \$40 copayment per visit	50% coinsurance per visit after OON plan deductible is met
Specialist Office Visits	\$60 copayment per visit after INET plan deductible is met	50% coinsurance per visit after OON plan deductible is met
Mental Health and Substance Abuse Office Visits	\$60 copayment per visit	50% coinsurance per visit after OON plan deductible is met

Bronze PPO Pathway X

METAL LEVEL: Bronze [Click for Plan Details](#)

Anthem BlueCross BlueShield

PLAN QUALITY RATING: ★★☆☆

Estimated Monthly Premium	Annual Out-Of-Pocket Max	Emergency Room	Primary Care Visit	Annual Deductible
\$497.10	\$8150	50%	\$30	\$6500

Selected Doctors [+ Add Doctor](#)

Selected Prescription Drugs [+ Add Drug](#)

[Click Here For Detailed Plan Documents \(PDF\)](#)

Benefit	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Provider Office Visits		
Adult/Pediatric Preventive Visits	No Cost	50% Coinsurance per visit
Primary Care Provider Office Visits (includes services for illness, injury, follow-up care and consultations)	\$30 Copayment per visit	50% Coinsurance after OON plan Deductible is met
Online Web Visits	\$10 Copayment per online visit	50% Coinsurance after OON plan Deductible is met
Specialist Office Visits	\$70 Copayment per visit after INET plan Deductible is met	50% Coinsurance after OON plan Deductible is met
Mental Health and Substance Abuse Office Visits	0% Coinsurance per visit after INET plan Deductible is met	50% Coinsurance after OON plan Deductible is met

Step 2: Browse Insurance Plans

Browse to look at
in-network
providers

Link from AHCT
website to the
carrier's own online
provider directory

Choice Bronze Alternative POS with Dental

METAL LEVEL: Bronze

[Click for Plan Details](#)

ConnectiCare

PLAN QUALITY RATING: ★★★★★

Estimated Monthly Premium	Annual Out-Of-Pocket Max	Emergency Room	Primary Care Visit	Annual Deductible
\$423.45	\$8150	45%	\$40	\$5400

Selected Doctors [+ Add Doctor](#)

Selected Prescription Drugs [+ Add Drug](#)

[Click Here For Detailed Plan Documents \(PDF\)](#)

[+ Add to Compare](#) [APPLY](#)

ConnectiCare Benefits, Inc.
Plan Summary
Choice Bronze Alternative POS with Dental

[Print](#) [Apply](#)

Plan Overview

- Estimated Monthly Premium
- Health Care Provider [Search Providers](#)

Link to carrier
external website

Bronze PPO Pathway X

METAL LEVEL: Bronze

[Click for Plan Details](#)

Anthem BlueCross BlueShield

PLAN QUALITY RATING: ★★★★★

Estimated Monthly Premium	Annual Out-Of-Pocket Max	Emergency Room	Primary Care Visit	Annual Deductible
\$497.10	\$8150	50%	\$30	\$6500

Selected Doctors [+ Add Doctor](#)

Selected Prescription Drugs [+ Add Drug](#)

[Click Here For Detailed Plan Documents \(PDF\)](#)

[+ Add to Compare](#) [APPLY](#)

Anthem Blue Cross and Blue Shield
Plan Summary
Bronze PPO Pathway X

[Print](#) [Apply](#)

Plan Overview

- Estimated Monthly Premium
- Health Care Provider [Search Providers](#)

Link to carrier
external website

Enrollment Information

accesshealthct.com

What do I need to enroll?

Get organized by checking off each item. For more information about what you need to provide, visit [Learn.AccessHealthCT.com/Verification-Help](https://www.accesshealthct.com/Verification-Help)

- ☐ **Social Security numbers** for all family members who need coverage
- ☐ **Citizenship or immigration status** and certificate of naturalization or immigration document number, if applicable
- ☐ **Tax returns for previous years**, to estimate annual Modified Adjusted Gross Income (MAGI)
- ☐ **Employer information and recent paychecks or profit and loss statement** (if self-employed), to estimate annual Modified Adjusted Gross Income (MAGI)
- ☐ **Healthcare coverage information** like policy numbers for any current health insurance plans covering members of your household, and information about employer-sponsored health plans for which you or anyone in your household may be eligible

How do I enroll?

To shop, compare and enroll:

- [AccessHealthCT.com](https://www.accesshealthct.com) and click **Compare Plans**

Find Us – Find free in-person enrollment help:

- [Learn.AccessHealthCT.com/Findus](https://www.accesshealthct.com/Findus)

Find Brokers and Enrollment Specialists:

- [AccessHealthCT.com](https://www.accesshealthct.com) and click **Find Help**

Phone: 1-855-392-2428

- Monday - Friday: 8am - 8pm
- Saturdays: 9am - 3pm

We're here to help... and all help is free.



Step 3: Apply for Health Coverage

Have the information handy that is used to identify the plans available where you live and if you qualify for financial assistance

access health CT

Apply for Coverage

accesshealthct.com

Step 3: Apply for Health Coverage

Step 4: Confirm Plan

access health CT

Create Account | Sign In

Search

Get Health Coverage Learn More Find Help

Step 1: Enter Basic Information Step 2: Browse Insurance Plans Step 3: Apply for Health Coverage Step 4: Confirm Plans

Tell us about yourself Fields marked with * are required.

Does this person need **health coverage**?
☒ Yes ☐ No

County of the applicant? *
Select

What is the **age** of the applicant? *

Coverage **year**? *
2020

Additional Information
For detailed pricing, please provide the optional information below.


Is the applicant **pregnant**?
☐ Yes ☒ No

access health CT

Find Help



Ask a question

We're Here to Help



Email Us



Live Chat



Brokers & Enrollment
Specialists



Enrollment
Locations & Events



FAQ's



Popular Topics

Look for a location
where enrollment
assistance is
available to
complete an
application or
select a plan

There is no charge
for enrollment
assistance

Annual Premium + MOOP Estimates*

2020 Standard Plan Premium and High-Level Cost Sharing in the Individual Market through AHCT

PLAN FEATURE → PLAN ↓	Deductible: Individual (Medical)	Deductible: Individual (Rx)	Maximum Out-of-Pocket (MOOP): Individual	Age 21		Age 45		Age 60	
				Annual Premium	Annual Premium + MOOP	Annual Premium	Annual Premium + MOOP	Annual Premium	Annual Premium + MOOP
Standard Gold - Carrier 1	\$1,300	\$50	\$5,250	\$9,485.64	\$14,735.64	\$13,697.28	\$18,947.28	\$25,744.08	\$30,994.08
Standard Gold - Carrier 2				\$7,160.64	\$12,410.64	\$10,339.92	\$15,589.92	\$19,434.00	\$24,684.00
Standard Silver 70% AV Level - Carrier 1	\$4,300	\$250	\$8,150	\$5,714.40	\$13,864.40	\$8,251.56	\$16,401.56	\$15,508.92	\$23,658.92
Standard Silver 70% AV Level - Carrier 2				\$5,571.48	\$13,721.48	\$8,045.16	\$16,195.16	\$15,120.96	\$23,270.96
Standard Bronze - Carrier 1	\$6,200	Included in Medical	\$8,150	\$4,953.84	\$13,103.84	\$7,153.32	\$15,303.32	\$13,444.68	\$21,594.68
Standard Bronze - Carrier 2				\$3,809.88	\$11,959.88	\$5,501.52	\$13,651.52	\$10,340.04	\$18,490.04
Standard Bronze HSA - Carrier 1	\$5,685	Included in Medical	\$6,550	\$4,767.36	\$11,317.36	\$6,884.04	\$13,434.04	\$12,938.64	\$19,488.64
Standard Bronze HSA - Carrier 2				\$4,092.00	\$10,642.00	\$5,908.80	\$12,458.80	\$11,105.64	\$17,655.64

*Non-subsidized enrollee residing in Fairfield County with income >250% FPL for 2020 with covered EHB in-network only claims exceeding \$8150 during the year

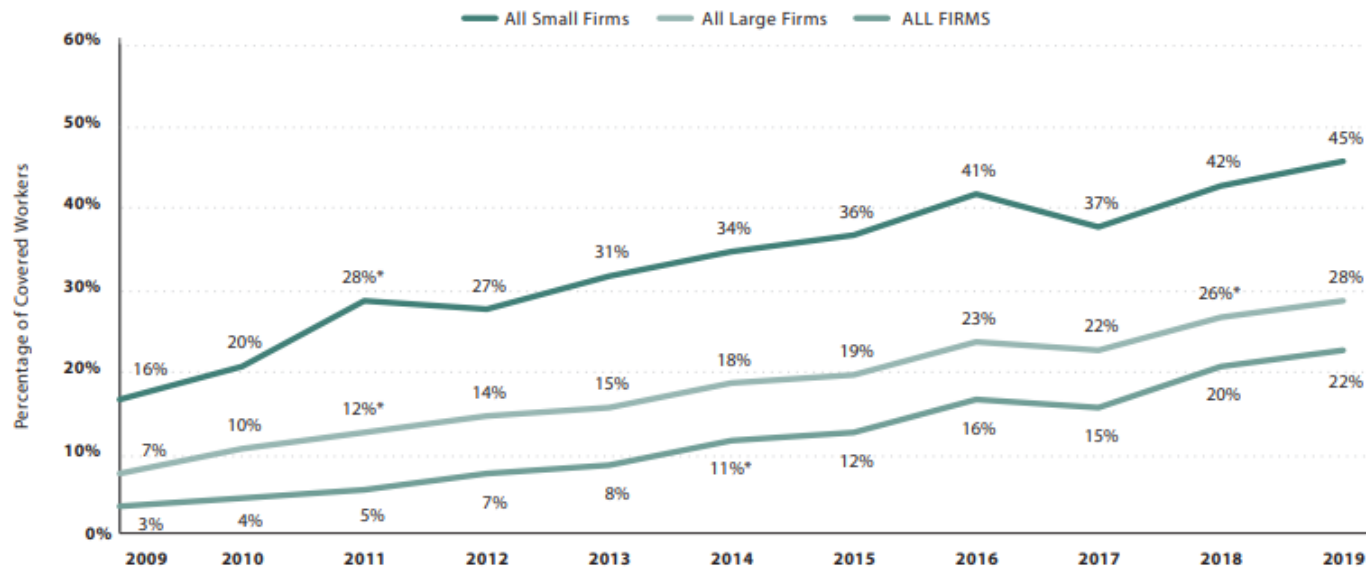
NOTE: Additional non-standard plans are available in the Individual Market through AHCT

Plan Deductible: Employer Cost Shift

Employer Health Benefits 2019 ANNUAL SURVEY

FIGURE F

Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of \$2,000 or More for Single Coverage, by Firm Size, 2009-2019



* Estimate is statistically different from estimate for the previous year shown ($p < .05$)

NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers. These estimates include workers enrolled in HDHP/SOs and other plan types. Average general annual deductibles are for in-network providers.

SOURCE: KFF Employer Health Benefits Survey, 2018-2019; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2009-2017

“Employer Health Benefits
Summary on Findings”

*Kaiser Family Foundation:
September 2019*

Medical Loss Ratio (MLR)

- **The Affordable Care Act requires health insurance issuers to:**
 - submit data on the portion of premium (i.e., MLR) used to pay for covered medical services and quality improvement
 - spend at least 80% (Individual & Small Group Markets) or 85% (Large Group Market) of premium dollars on medical care/quality improvement, unless an alternate standard has been approved in the state
 - provide a rebate to customers when the MLR standard is not met

AHCT Input for HDHP Task Force

- Numerous AHCT health literacy initiatives include Healthy Chats, In-Home events, and Canvassing, to provide healthcare education to the community
- Navigators are trained and able to assist consumers with health coverage applications through AHCT including completing eligibility and enrollment forms
 - They do not provide recommendations on plan selection – licensed brokers perform this function
- **Federal regulations requiring pricing information be publicly available released November 15, 2019**
 - Calendar Year (CY) 2020 Outpatient Prospective Payment System (OPPS) & Ambulatory Surgical Center (ASC) Price Transparency Requirements for Hospitals to Make Standard Charges Public Final Rule
 - Transparency in Coverage Proposed Rule
- **AHCT standardized plans for the Individual Market are reviewed annually to comply with CMS guidance**
 - These typically include a focus on ensuring plans include some services not subject to the plan deductible and that provide consumers with choice to align with AHCT Mission
- **Cost sharing reduction (CSR) plans in the Individual Market through AHCT lower the amount a low-income consumer pays for deductibles, copayments, and coinsurance**
 - Included for Silver metal level plans and American Indian/Alaskan Native plans

AHCT Input for HDHP Task Force

- ACA requires preventive care not be subject to plan cost sharing, including for HDHPs
- Offering only HSA-compatible HDHPs through the Exchange is contrary to AHCT Mission to provide a marketplace that empowers consumers to choose the health plan and provider that give them the best value
- AHCT plans eligible for cost sharing reductions would not qualify as HSA-compatible HDHPs
- Consideration of funding of HSAs for subsidized enrollees should examine the possibility of plans not meeting IRS requirements to qualify for HSA (e.g., CSR plans) and potential impact of early withdrawal penalties
- For a plan to be considered a “HDHP”, it must meet IRS requirements
 - There are no HDHPs that are not HSA-compatible
- ACA regulations have addressed issues pertaining to value of prescription drug manufacturer coupons counting towards plan out-of-pocket maximum
 - FAQ released by DOL, HHS & IRS in August 2019 indicates the intent to include guidance on this topic in the HHS Notice of Benefit and Payment Parameters for 2021.