

Connecticut Health Insurance Exchange Makes Major Strides in Setting Criteria for Qualified Health Plans

--Emphasis on Easy-to-Understand Comprehensive Benefits and Preventative Services--

HARTFORD, Conn., Jan. 29, 2013 /PRNewswire/ -- The Connecticut Health Insurance Exchange (the Exchange) made steps in improving standard plan designs for products sold in the new marketplace beginning in October 2013. By setting specific, consistent criteria for plans offered in each of the Exchange's coverage tiers (bronze, silver, gold, and platinum), it will be easier for consumers to evaluate truly comparable products, improving transparency in benefits and coverage and highlighting overall value.

Earlier this month, it was announced that nine insurance carriers submitted non-binding letters expressing their interest in joining the Exchange. Participating carriers will be required to submit plans which conform to the standard plan designs, but will also be allowed to sell an additional product offering in each tier which does not fit the design, in an effort to encourage product innovation and increase consumer choice.

The new criteria, approved by the Exchange Board of Directors, reflect a consensus of a wide range of stakeholders including providers, brokers, small business owners, and consumer representatives, in addition to substantial input and guidance given by the Exchange's Advisory Committees. All plans will provide comprehensive coverage, and preventative services will be provided at no extra cost beyond premium payment.

The goal of the new standard plan design criteria is to improve:

- **Simplicity** – Standard plans should be simple to understand and to administer.
- **Consumer Focus** – Enable consumers to get the basic care they need with the minimum cash expense.
- **Primary Care Emphasis** – Encourage people to seek preventative care to help maintain their health.

"Our goal is to improve the insurance evaluation process for CT consumers, and with it offer an example for the nation's other health exchange systems," said Kevin Counihan, Chief Executive Officer of the Exchange. "By raising our standards to include simpler, consumer focused plans with a primary care emphasis, we are ensuring the best choices for our state's residents."

The Board of Directors also approved three additional silver metal plans that will be available to lower income households. These are designed to reduce out-of-pocket costs. All seven designs--the four standard tiers and three additional silver metal tiers--will have both premiums and out-of-pocket expenditures subsidized.

Once carriers finalize their plans, they will begin filing and reviewing them with the Connecticut Insurance Department (CID). The CID must approve all forms and rates before a plan may be certified by the Exchange. At the conclusion of the process, expected to be in the third quarter of 2013, carriers who meet or exceed all the requirements will be announced.

About the Connecticut Health Insurance Exchange

The Connecticut Health Insurance Exchange (the Exchange) was created by the Connecticut Legislature in 2011 and is a quasi-public agency to satisfy requirements of the federal Affordable Care Act. The mission of the Connecticut Health Insurance Exchange is to increase the number of insured residents in Connecticut, promote health, lower costs and eliminate health disparities. Its vision is to provide an on-line eligibility, shopping and enrollment experience for state residents and small businesses.

The Exchange will ensure that participating health plans available during October 2013 open enrollment meet certain standards and facilitate competition and choices by rating the quality of each plan. Individuals and families

buying coverage through exchanges may qualify for premium tax credits. The exchanges also will coordinate eligibility and enrollment with state Medicaid and Children's Health Insurance Programs. More information is available by visiting www.ct.gov/hix

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