



2023 Virtual Broker Training

Access Health Connecticut

Thanks for joining us today!

Please remain muted until we begin our
session in just 5 minutes!



Agenda

- **Team Introductions**
- **Call Center Updates**
- **Policy Changes**
- **Medicaid Extension**
- **Small Business & Dental**
- **OE 10 & 2023 Certification**
- **Marketing & Outreach Updates**
- **Broker Portal Enhancements & Broker 101**

Broker Support Team

Introductions

Debra Eastman

- Enrollment Manager
 - Manages the Broker & CAC Support Team
 - Manages Call Center Relationship



Broker & CAC Support Supervisors

Team Supervisor



Glorivee Garcia

Team Lead



Barton Graham

Support Representatives



Darwin Jurado



Stephany Manzueta



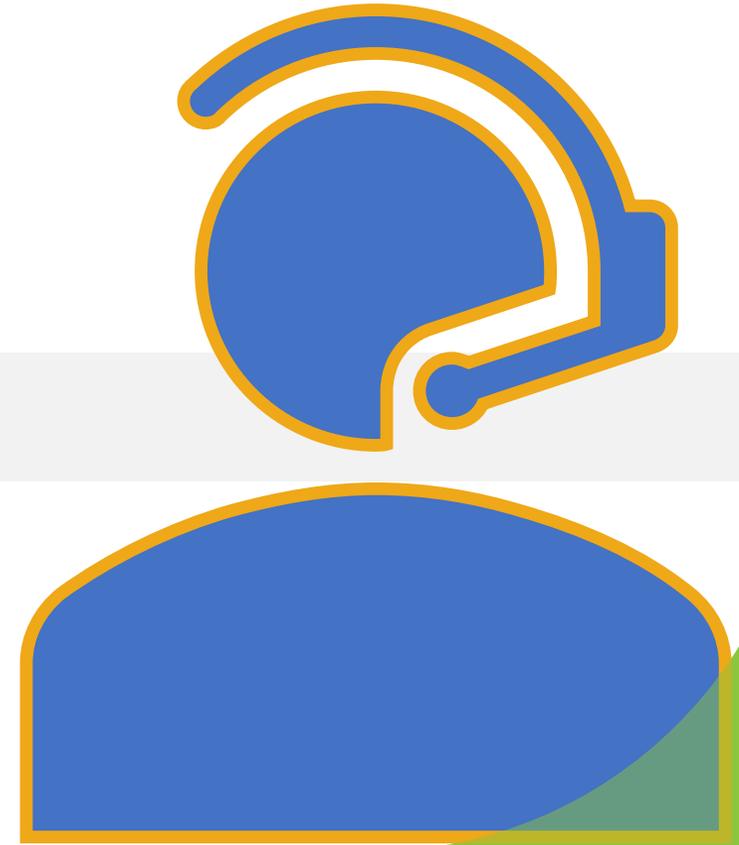
Alexandra Rivera

Call Center Updates



Call Center Statistics

- 338,000 calls were handled in Q1-Q2 2022.
- 92% of consumers were satisfied with the service they received in the Call Center
- 95% of CCR's continue to work from home
- In-office location in Bristol, CT
- Transitioned to new company TTEC in Aug 2022



Strategic Step Up through TTEC

Customer Experience as a Service (CXaaS)

TTEC's end-to-end Customer Experience as a Service (CXaaS) platform combines the technology, talent, and services to build effortless experiences for customers and employees alike. Get the agile tools to transform your total experience—one stage at a time.

[EXPLORE THE POWER OF CXAAS →](#)

Contact Center Operations

Onshore, offshore, nearshore, or at home with virtual software, we equip clients with the facilities, people, processes, and modern omnichannel technologies that build value across every interaction on all channels. For almost four decades, we've been helping our clients manage their front office and back office systems with a combination of human and automated solutions. Whether you need help operating business as usual or managing a seasonal surge, we combine the latest technology with proven approaches to keep things running.

35+ Years
Contact center
Outsourcing
experience

42
Languages
supported

+70
Client
NPS



Open Enrollment Preparedness

- Currently recruiting, hiring, and training new agents for OE10.
- Increase from 120 agents to 300 in OE
- 5 waves of intakes from July to October
- 4 weeks of classroom training, 2 weeks of nesting
- Extended call center hours for OE
- Annual recertification of CCR's and Supervisors
- Call Center Hours for OE10:
 - **Monday -Friday hours will be 8AM-7 PM,**
 - **Selected Saturdays, 12/15 8AM-Midnight 1/15 9AM-Midnight**



Individual & Small Group Markets: Plan Year 2023

Plan Management
September 2022

Access Health CT

Connecticut's Health Insurance Exchange aka "On Exchange"

- Through AHCT, individuals, families and businesses can shop, compare and enroll in QHP (medical) and SADP (dental) plans from brand name insurance companies
- This is the only place where individuals can receive financial assistance to offset monthly premiums (premium tax credits) and/or cost sharing reductions (reduced copays/coinsurance amounts) through Federal and State funded programs

Types of Plans Offered

Qualified Health Plans (QHPs) – Medical Products Offered

Health Maintenance Organization (HMO): You are required to utilize doctors within the specified network and must select a primary care physician (PCP). Referrals are required to see a specialist. Only covers emergency services when out-of-network.

Point of Service (POS): You are required to utilize doctors within the specified network and will be required to select a primary care physician (PCP). Referrals are required to see a specialist. Out-of-network doctors are covered at a higher copay or coinsurance amount.

Exclusive Provider Organization (EPO): You are required to utilize doctors within the specified network but generally networks are more expansive than an HMO network. They may or may not require referrals from a primary care physician. Only covers emergency services when out-of-network.

Preferred Provider Organization (PPO): This plan offers in and out-of-network coverage. Out-of-network doctors are covered at a higher copay or coinsurance amount. It allows you to see specialists and out-of-network doctors without a referral.

Carriers offering QHPs

- **Individual Market**
 - Anthem – HMO & PPO
 - CBI - POS
 - CICI – POS & EPO
- **Small Group Market**
 - Anthem - PPO
 - CBI - POS

Types of Plans Offered

Stand-Alone Dental Plans (SADPs) – Dental Products Offered

SADP (Dental)

Preferred Provider Organization (PPO): This plan offers in and out-of-network coverage. Out-of-network doctors are covered at a higher copay or coinsurance amount.

Carriers offering SADP

- **Individual Market**
 - Anthem
 - CICI
- **Small Group Market**
 - Anthem
 - CICI

2023 Plan Offerings

QHP - Carrier Summary

Individual Market

| Plan Count | Anthem | CBI | CICI |
|--------------------|----------------------|--------------------------------------|-------------------|
| Total 2022 Plans | 10 | 11 | 6 |
| New Plans | 2 | 0 | 0 |
| Discontinued Plans | 1 | 3 | 0 |
| Total 2023 Plans | 11 | 8 | 6 |
| Renewal Activity | * 1 plan crosswalked | 3 discontinued plans NOT crosswalked | All plans renewed |

*Anthem Gold HMO BlueCare Prime with Added Dental and Vision Benefits (HIOS 86545CT1230026) Crosswalked to new plan Gold HMO BlueCare Prime with Added Dental and Vision Benefits (HIOS 86545CT1230027)

Small Group Market

| Plan Count | Anthem | CBI |
|--------------------|-------------------|-------------------|
| Total 2022 Plans | 5 | 6 |
| New Plans | 0 | 0 |
| Discontinued Plans | 0 | 1 |
| Total 2023 Plans | 5 | 5 |
| Renewal Activity | All plans renewed | All plans renewed |

2023 Plan Offerings

SADP - Carrier Summary

Individual Market

| Plan Count | Anthem | CICI |
|--------------------|-------------------|-------------------|
| Total 2022 Plans | 4 | 0 |
| New Plans | 0 | 2 |
| Discontinued Plans | 0 | 0 |
| Total 2023 Plans | 4 | 2 |
| Renewal Activity | All plans renewed | New plan offering |

Small Group Market

| Plan Count | Anthem | CICI |
|--------------------|-------------------|-------------------|
| Total 2022 Plans | 2 | 0 |
| New Plans | 0 | 2 |
| Discontinued Plans | 0 | 0 |
| Total 2023 Plans | 2 | 2 |
| Renewal Activity | All plans renewed | New plan offering |

*****NEW 2023*****

CICI is now offering 2 dental plans in the individual and small group markets!

2023 Plans Offered thru AHCT

Individual Market QHPs

| Individual Market | 'On-Exchange' Permitted Number of Plans per Carrier | | 'On-Exchange' Submitted Plans | | | |
|-------------------|---|----------------------------|-------------------------------|----------|----------|-----------|
| | Standardized (Required) | Non-Standard (Optional) | Anthem | CBI | CICI | Total |
| Catastrophic | N/A | 1 | 1 | 1 | | 2 |
| Bronze | 2 | 3 | 5 | 3 | 2 | 10 |
| Silver | 1 | 0 | 1 | 1 | 1 | 3 |
| Gold | 1 | 3 | 4 | 3 | 2 | 9 |
| Platinum | N/A | 2 | | | 1 | 1 |
| Total | 4 | Up to 9 | 11 | 8 | 6 | 25 |

| | Avg. Amt. Consumer Pays * | Avg. Amt Carrier Pays |
|-----------------|---------------------------|-----------------------|
| Bronze | 40% | 60% |
| Silver | 30% | 70% |
| Gold | 20% | 80% |
| Platinum | 10% | 90% |

*Actuarial Values for a plan is the average amount a consumer might pay during the year. A consumer could pay more or less depending on plan selection and which types of services are utilized throughout the year.

Catastrophic plans:

- Generally available only to those who are under 30 years of age at the time of enrollment
- Enrollees do not qualify for Premium Tax Credits

2023 Plans Offered thru AHCT

QHP Small Group Market

| Small Group Market | 'On-Exchange' Permitted Number of Plans per Carrier | | 'On-Exchange' Submitted Plans | | |
|--------------------|---|-----------------|-------------------------------|----------|-----------|
| | Required* | Optional | Anthem | CBI | Total |
| Bronze | 2 | 2 | 2 | 2 | 4 |
| Silver | 2 | 4 | 2 | 2 | 4 |
| Gold | 1 | 5 | 1 | 1 | 2 |
| Platinum | N/A | 4 | | | 0 |
| Total | 5 | Up to 15 | 5 | 5 | 10 |

*Plans that are required

- Must include coverage for out-of-network
- Must include pediatric dental Essential Health Benefits
- Must not require a "gatekeeper"

2023 QHP Individual Market Landscape

Information obtained from CID website:
<https://www.catalog.state.ct.us/cid/portalApps/HCFiling2023.aspx>

| Metal Level | | | | | | | |
|--------------|-----------------|--------------|--------|--------|------|----------|-------|
| Carrier | Exchange Status | Catastrophic | Bronze | Silver | Gold | Platinum | Total |
| Anthem | Off | 1 | 2 | 2 | 2 | | 7 |
| Anthem | On | 1 | 5 | 1 | 4 | | 11 |
| CBI | On | 1 | 3 | 1 | 3 | | 8 |
| CICI | On | | 2 | 1 | 2 | 1 | 6 |
| CICI | Off | | | 4 | | | 4 |
| CCI | Off | | 3 | 2 | 1 | | 6 |
| Total | | 3 | 15 | 11 | 12 | 1 | 42 |

| Product Type | | | | | | |
|--------------|-----------------|-----|-----|-----|-----|-------|
| Carrier | Exchange Status | HMO | POS | EPO | PPO | Total |
| Anthem | Off | 7 | | | | 7 |
| Anthem | On | 5 | | | 6 | 11 |
| CBI | On | | 8 | | | 8 |
| CICI | On | | 5 | 1 | | 6 |
| CICI | Off | | 4 | | | 4 |
| CCI | Off | 4 | 2 | | | 6 |
| Total | | 16 | 19 | 1 | 6 | 42 |

60% of plans filed in the Individual Market to be offered through AHCT

POS products continue to be the predominant product offered.

2023 QHP Small Group Market Landscape

| Metal Level | | | | | | | Product Type | | | | |
|--------------|-----------------|--------|--------|------|----------|-------|--------------|-----|-----|-----|-------|
| Carrier | Exchange Status | Bronze | Silver | Gold | Platinum | Total | HMO | POS | EPO | PPO | Total |
| Anthem | Off | 4 | 8 | 10 | 2 | 24 | 12 | | | 12 | 24 |
| Anthem | On | 2 | 2 | 1 | | 5 | | | | 5 | 5 |
| CBI | On | 2 | 2 | 1 | | 5 | | 5 | | | 5 |
| Aetna | Off | | 1 | | | 1 | | | 1 | | 1 |
| Cigna | Off | 5 | 8 | 6 | 1 | 20 | | | | 20 | 20 |
| CCI | Off | 1 | 1 | 1 | | 3 | 3 | | | | 3 |
| CICI | Off | 3 | 5 | 5 | 1 | 14 | | 14 | | | 14 |
| OCT | Off | 5 | 30 | 19 | | 54 | 54 | | | | 54 |
| OHI | Off | 3 | 9 | 10 | 3 | 25 | | | | 25 | 25 |
| United | Off | 4 | 13 | 13 | 2 | 32 | | 10 | 22 | | 32 |
| Total | | 29 | 79 | 66 | 9 | 183 | 69 | 29 | 23 | 62 | 183 |

Information obtained from CID website:
<https://www.catalog.state.ct.us/cid/portal Apps/HCfiling2023.aspx>

Majority of plans filed in the Small Group Market to be offered “Off-Exchange”

Table above reflects all plans included in CID rate dispositions released on September 2, 2022
 Some plans may not be actively marketed or could be available only through specific arrangements (e.g., CBIA, MEHIP)

2023 Plan Offerings

Drivers of QHP Plan Changes – Dept. of Health and Human Services (HHS)

- **Actuarial Value (AV) Calculator updates**
 - Claim data updated and trended for 2023 (not done in prior year)
 - Demographic weights updated to reflect anticipated populations
 - Narrowing of de Minimis ranges (thresholds) for all metal levels
- **Impact -**
 - All standardized plans (except the Bronze HSA plan) were out of compliance for 2023, cost share changes were required to meet new AV ranges
 - Non-Standardized plans were also impacted by these changes resulting in modifications to cost share amounts

2023 Renewal Activity & Plan Changes

QHP Individual Market

| HIOS Plan ID | 2022 Plan Marketing Name | Renewal Status | 2023 Plan Marketing Name | High Level In-Network Plan Design Changes |
|----------------|---|----------------|---|---|
| 86545CT1230005 | Catastrophic HMO Pathway Enhanced | Renewed | Catastrophic HMO Pathway Enhanced | Increased Deductible & MOOP |
| 76962CT0010002 | Choice Catastrophic POS with Dental | Renewed | Choice Catastrophic POS with Dental | Increased Deductible & MOOP |
| 86545CT1330002 | Bronze PPO Standard Pathway | Renewed | Bronze PPO Standard Pathway | See "Standard Plan Design" slide |
| 86545CT1330009 | Bronze PPO Standard Pathway for HSA | Renewed | Bronze PPO Standard Pathway for HSA | See "Standard Plan Design" slide |
| 86545CT1230025 | Bronze HMO BlueCare Prime with Added Dental and Vision Benefits | Renewed | Bronze HMO BlueCare Prime with Added Dental and Vision Benefits | Increased MOOP, Spec, & UC. Adult Dental copay to coinsurance. |
| 86545CT1230013 | Bronze HMO Pathway Enhanced Tiered | Renewed | Bronze HMO Pathway Enhanced Tiered | Increased MOOP, Spec, & UC |
| 76962CT0010001 | Choice Bronze Standard POS | Renewed | Choice Bronze Standard POS | See "Standard Plan Design" slide |
| 76962CT0010011 | Choice Bronze Standard POS HSA | Renewed | Choice Bronze Standard POS HSA | See "Standard Plan Design" slide |
| 76962CT0010027 | Choice Bronze Alternative POS with Dental | Renewed | Choice Bronze Alternative POS with Dental | Increased Deductible & MOOP |
| 94815CT0050003 | FlexPOS Bronze Standard | Renewed | FlexPOS Bronze Standard | See "Standard Plan Design" slide |
| 94815CT0050004 | FlexPOS Bronze Standard HSA | Renewed | FlexPOS Bronze Standard HSA | See "Standard Plan Design" slide |
| 86545CT1330021 | | New | Bronze PPO Pathway Enhanced Value PCP | - |
| 86545CT1330001 | Silver PPO Standard Pathway | Renewed | Silver PPO Standard Pathway | See "Standard Plan Design" slide |
| 76962CT0010005 | Choice Silver Standard POS | Renewed | Choice Silver Standard POS | See "Standard Plan Design" slide |
| 94815CT0050005 | FlexPOS Silver Standard | Renewed | FlexPOS Silver Standard | See "Standard Plan Design" slide |
| 86545CT1330003 | Gold PPO Standard Pathway | Renewed | Gold PPO Standard Pathway | See "Standard Plan Design" slide |
| 86545CT1230027 | Gold HMO BlueCare Prime | Renewed | Gold HMO BlueCare Prime with Added Dental and Vision Benefits | Name change, Increased Ded, MOOP, & Spec. Added Adult Dental. |
| 86545CT1230016 | Gold HMO Pathway Enhanced Tiered | Renewed | Gold HMO Pathway Enhanced Tiered | Increased MOOP |
| 76962CT0010006 | Choice Gold Standard POS | Renewed | Choice Gold Standard POS | See "Standard Plan Design" slide |
| 76962CT0010026 | Choice Gold Alternative POS with Dental | Renewed | Choice Gold Alternative POS with Dental | Increased MOOP |
| 76962CT0030001 | Choice Gold Alternative POS | Renewed | Choice Gold Alternative POS | Increased MOOP, Spec, & Rx Ded & cost share |
| 94815CT0050002 | FlexPOS Gold Standard | Renewed | FlexPOS Gold Standard | See "Standard Plan Design" slide |
| 94815CT0060001 | Compass EPO Gold Alternative | Renewed | Compass EPO Gold Alternative | Decreased Deductible & Increased MOOP |
| 86545CT1330020 | | New | Gold PPO Pathway with Added Dental and Vision Benefits | - |
| 94815CT0050001 | FlexPOS Platinum Alternative | Renewed | FlexPOS Platinum Alternative | Lab cost share increased by \$5 |
| 76962CT0010023 | Passage Bronze Alternative PCP POS | Discontinued | | N/A |
| 76962CT0030002 | Choice Bronze Alternative POS | Discontinued | | N/A |
| 86545CT1230026 | Gold HMO BlueCare Prime with Added Dental and Vision Benefits | Discontinued | | Crosswalked to Gold HMO BlueCare Prime with Added Dental and Vision Benefits (86545CT1230027) |
| 76962CT0040001 | Compass Gold Alternative POS | Discontinued | | N/A |

Net change for 2023: 1 less Bronze & Gold Plan
25 QHPs offered in 2023 (27 in 2022)

2023 Renewal Activity & Plan Changes

QHP Small Group Market

| HIOS Plan ID | 2022 Plan Marketing Name | Renewal Status | 2023 Plan Marketing Name | High Level In-Network Plan Design Changes |
|----------------|-----------------------------|----------------|-----------------------------|--|
| 86545CT1260015 | Bronze Pathway CT PPO w HSA | Renewed | Bronze Pathway CT PPO w HSA | Increasd Ded & MOOP. Rx and Pediatric Dental \$0 cost share after Ded. |
| 86545CT1260016 | Bronze Pathway CT PPO | Renewed | Bronze Pathway CT PPO | Increased Ded & MOOP |
| 76962CT0020004 | Choice Bronze POS HSA | Renewed | Choice Bronze POS HSA | Increased Deductible, MOOP & Rx |
| 76962CT0020005 | Choice Bronze POS | Renewed | Choice Bronze POS | Increased Deductible, MOOP, PCP, Lab, & Rx |
| 86545CT1260014 | Silver Pathway CT PPO w HSA | Renewed | Silver Pathway CT PPO w HSA | Increased PCP, Spec, Rx, OP Services, & UC |
| 86545CT1260013 | Silver Pathway CT PPO | Renewed | Silver Pathway CT PPO | Increased Ded, MOOP, PCP, Spec, Rx, OP Services, & UC |
| 76962CT0020003 | Choice Silver POS HSA | Renewed | Choice Silver POS HSA | No change |
| 76962CT0020006 | Choice Silver B POS | Renewed | Choice Silver POS | Name Change, Increased Deductible, MOOP, PCP, Spec, & Rx |
| 86545CT1260012 | Gold Pathway CT PPO | Renewed | Gold Pathway CT PPO | Increased MOOP, Spec, & Rx |
| 76962CT0020001 | Passage Gold POS PCP | Renewed | Passage Gold POS PCP | Increased MOOP |
| 76962CT0020002 | Choice Silver A POS | Discontinued | | N/A |

Net change for 2023: 1 less Silver Plan
10 QHPs offered in 2023 (11 in 2022)

2023 Renewal Activity & Plan Changes

SADP

Individual Market

| HIOS Plan ID | 2022 Plan Marketing Name | Renewal Status | 2023 Plan Marketing Name | High Level In-Network Plan Design Changes |
|----------------|---------------------------------|----------------|-----------------------------------|---|
| 86545CT1400003 | Anthem Dental Family | Renewed | Anthem Dental Family | None |
| 86545CT1400004 | Anthem Dental Family Enhanced | Renewed | Anthem Dental Family Enhanced | None |
| 86545CT1400005 | Anthem Dental Family Value | Renewed | Anthem Dental Family Value | None |
| 86545CT1400006 | Anthem Dental Family Preventive | Renewed | Anthem Dental Family Preventive | None |
| 94815CT0070001 | | New | ConnectiCare Standard Dental Plan | - |
| 94815CT0070002 | | New | ConnectiCare Basic Dental Plan | - |

Small Group Market

| HIOS Plan ID | 2022 Plan Marketing Name | Renewal Status | 2023 Plan Marketing Name | High Level In-Network Plan Design Changes |
|----------------|-------------------------------|----------------|-----------------------------------|---|
| 86545CT1370003 | Anthem Dental Family | Renewed | Anthem Dental Family | None |
| 86545CT1370004 | Anthem Dental Family Enhanced | Renewed | Anthem Dental Family Enhanced | None |
| 94815CT0080001 | | New | ConnectiCare Standard Dental Plan | - |
| 94815CT0080002 | | New | ConnectiCare Basic Dental Plan | - |

2023 Dental Plans - Highlights

What is covered?

Individual Market

| HIOS Plan ID | Plan Marketing Name | Adult | | | | Pediatric | | | |
|----------------|-----------------------------------|-------------------------|----------------|----------------|-------|-------------------------|----------------|----------------|-------|
| | | Routine Dental Services | Basic Services | Major Services | Ortho | Routine Dental Services | Basic Services | Major Services | Ortho |
| 86545CT1400005 | Anthem Dental Family Value | Yes | Yes | No | No | Yes | Yes | Yes | Yes |
| 86545CT1400003 | Anthem Dental Family | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 86545CT1400004 | Anthem Dental Family Enhanced | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 86545CT1400006 | Anthem Dental Family Preventive | Yes | No | No | No | Yes | Yes | Yes | Yes |
| 94815CT0070001 | ConnectiCare Standard Dental Plan | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 94815CT0070002 | ConnectiCare Basic Dental Plan | Yes | No | No | No | Yes | Yes | Yes | Yes |

Small Group Market

| HIOS Plan ID | Plan Marketing Name | Adult | | | | Pediatric | | | |
|----------------|-----------------------------------|-------------------------|----------------|----------------|-------|-------------------------|----------------|----------------|-------|
| | | Routine Dental Services | Basic Services | Major Services | Ortho | Routine Dental Services | Basic Services | Major Services | Ortho |
| 86545CT1370003 | Anthem Dental Family | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 86545CT1370004 | Anthem Dental Family Enhanced | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 94815CT0080001 | ConnectiCare Standard Dental Plan | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 94815CT0080002 | ConnectiCare Basic Dental Plan | Yes | No | No | No | Yes | Yes | Yes | Yes |

2023 Plan Highlights

By Carrier & Market

Individual Market

| Anthem | CBI | CICI |
|---|---|---|
| <ul style="list-style-type: none">- Removed Elective Abortion coverage from 6 QHPs- Only carrier excluding Elective Abortion from specific plans- Offers 3 QHP's with limited adult dental coverage- Added 2 new plans - 1 Bronze and 1 Gold- Discontinued & Cross-walked 1 QHP Gold plan | <ul style="list-style-type: none">- All QHPs include Elective Abortion- Offers 3 QHP's with limited adult dental coverage- Will only offer the Choice network- Discontinued 3 plans – no crosswalk | <ul style="list-style-type: none">- Continues to offer a Platinum plan- Now offers SADPs |

Small Group Market

| Anthem | CBI | CICI |
|--|---|--|
| <ul style="list-style-type: none">- No changes | <ul style="list-style-type: none">- Discontinued 1 plan | <ul style="list-style-type: none">- Now offers SADPs |

Tools

September 2022

2023 Standardized Plan Design - QHP

| 2023 Standard Bronze (Non-HSA) | | |
|--|---|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| <i>Deductible: Individual (medical & Rx)</i> | \$6,550 | \$13,100 |
| Deductible: Family (medical & Rx) | \$13,100 | \$26,200 |
| <i>Out-of-Pocket Maximum: Individual</i> | \$8,800 | \$17,600 |
| Out-of-Pocket Maximum: Family | \$17,600 | \$35,200 |
| Provider Office Visits | | |
| <i>Preventive Visit (Adult/Child)</i> | \$0 | 50% coinsurance |
| <i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i> | \$50 copayment per visit | 50% coinsurance per visit after OON deductible |
| <i>Specialist Office Visits</i> | \$70 copayment per visit after INET deductible | 50% coinsurance per visit after OON deductible |
| Outpatient Diagnostic Services | | |
| <i>Advanced Radiology (CT/PET Scan, MRI)</i> | \$75 copay per service after INET deductible up to a combined annual maximum of \$375 for MRI and CT scans; \$400 for PET scans | 50% coinsurance per service after OON deductible |
| <i>Laboratory Services</i> | \$20 copayment per service | 50% coinsurance per service after OON deductible |
| <i>Non-Advanced Radiology (X-ray, Diagnostic)</i> | \$40 copayment per service after INET deductible | 50% coinsurance per service after OON deductible |
| Mammography Ultrasound | \$20 copayment per service after INET deductible | 50% coinsurance per service after OON deductible |
| Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription) | | |
| <i>Tier 1</i> | \$20 copayment per prescription | 50% coinsurance per prescription after OON deductible |
| <i>Tier 2</i> | 50% coinsurance per prescription after INET deductible | 50% coinsurance per prescription after OON deductible |
| <i>Tier 3</i> | 50% coinsurance per prescription after INET deductible | 50% coinsurance per prescription after OON deductible |
| <i>Tier 4</i> | 50% coinsurance up to a maximum of \$500 per prescription after INET deductible | 50% coinsurance per prescription after OON deductible |
| Outpatient Rehabilitative and Habilitative Services | | |
| <i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$30 copayment per visit after INET deductible | 50% coinsurance per visit after OON deductible |
| <i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$30 copayment per visit after INET deductible | 50% coinsurance per visit after OON deductible |

| 2023 Standard Bronze (Non-HSA) | | |
|--|---|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Other Services | | |
| Chiropractic Services (up to 20 visits per calendar year) | \$50 copayment per visit after INET deductible | 50% coinsurance per visit after OON deductible |
| Diabetic Supplies & Equipment | 40% coinsurance per equipment/supply after INET deductible | 50% coinsurance per equipment / supply after OON deductible |
| Durable Medical Equipment | 40% coinsurance per DME item after INET deductible | 50% coinsurance per DME item after OON deductible |
| Home Health Care Services (up to 100 visits per calendar year) | 25% coinsurance per visit after separate \$50 deductible | 25% coinsurance per visit after separate \$50 deductible |
| <i>Outpatient Services (in a hospital or ambulatory facility)</i> | \$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center) | 50% coinsurance per visit after OON deductible |
| Hospital Services | | |
| <i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) *(skilled nursing facility stay is limited to 90 days per calendar year)</i> | \$500 copayment per day to a maximum of \$1,000 per admission after INET deductible | 50% coinsurance per admission after OON deductible |
| Emergency and Urgent Care | | |
| Ambulance Services | \$0 copay after INET deductible | \$0 copay after INET deductible |
| <i>Emergency Room</i> | \$450 copayment per visit after INET deductible | \$450 copayment per visit after INET deductible |
| Urgent Care Center or Facility | \$75 copayment per visit | 50% coinsurance per visit after OON deductible |
| Pediatric Dental Care (covered persons up to age 26) | | |
| Diagnostic & Preventive | \$0 copay | 50% coinsurance per visit after OON deductible |
| Basic Services | 45% coinsurance per visit after INET deductible | 50% coinsurance per visit after OON deductible |
| Major Services | 50% coinsurance per visit after INET deductible | 50% coinsurance per visit after OON deductible |
| Orthodontia Services (medically necessary only) | 50% coinsurance per visit after INET deductible | 50% coinsurance per visit after OON deductible |
| Pediatric Vision Care (covered persons up to age 26) | | |
| Prescription Eye Glasses (one pair of frames & lenses per calendar year) | \$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection | 50% coinsurance per visit after OON deductible |
| Routine Eye Exam by Specialist (one exam per calendar year) | \$70 copayment per visit after INET deductible | 50% coinsurance per visit after OON deductible |

Green shading represents change from 2022 Plan Year
 Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

| 2023 Standard Bronze HSA | | |
|--|---|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| <i>Deductible: Individual (medical & Rx)</i> | \$6,500 | \$13,000 |
| Deductible: Family (medical & Rx) | \$13,000 | \$26,000 |
| <i>Out-of-Pocket Maximum: Individual</i> | \$7,000 | \$14,000 |
| Out-of-Pocket Maximum: Family | \$14,000 | \$28,000 |
| Provider Office Visits | | |
| <i>Preventive Visit (Adult/Child)</i> | \$0 | 50% coinsurance |
| <i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i> | 20% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON deductible |
| <i>Specialist Office Visits</i> | 20% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON deductible |
| Outpatient Diagnostic Services | | |
| <i>Advanced Radiology (CT/PET Scan, MRI)</i> | 20% coinsurance per service after INET plan deductible is met | 50% coinsurance per service after OON deductible |
| <i>Laboratory Services</i> | 20% coinsurance per service after INET plan deductible is met | 50% coinsurance per service after OON deductible |
| <i>Non-Advanced Radiology (X-ray, Diagnostic)</i> | 20% coinsurance per service after INET plan deductible is met | 50% coinsurance per service after OON deductible |
| Mammography Ultrasound | 20% coinsurance per service after INET plan deductible is met | 50% coinsurance per service after OON deductible |
| Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription) | | |
| <i>Tier 1</i> | 20% coinsurance per prescription after INET plan deductible is met | 50% coinsurance per prescription after OON plan deductible is met |
| <i>Tier 2</i> | 25% coinsurance per prescription after INET plan deductible is met | 50% coinsurance per prescription after OON plan deductible is met |
| <i>Tier 3</i> | 30% coinsurance per prescription after INET plan deductible is met | 50% coinsurance per prescription after OON plan deductible is met |
| <i>Tier 4</i> | 30% coinsurance up to a maximum of \$500 per prescription after INET plan deductible is met | 50% coinsurance per prescription after OON plan deductible is met |
| Outpatient Rehabilitative and Habilitative Services | | |
| <i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | 20% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON plan deductible is met |
| <i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | 20% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON plan deductible is met |

| 2023 Standard Bronze HSA | | |
|---|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Other Services | | |
| Chiropractic Services (up to 20 visits per calendar year) | 20% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON plan deductible is met |
| Diabetic Supplies & Equipment | 20% coinsurance per equipment/supply after INET plan deductible is met | 50% coinsurance per equipment/supply after OON plan deductible is met |
| Durable Medical Equipment | 20% coinsurance per DME item after INET plan deductible is met | 50% coinsurance per DME item after OON plan deductible is met |
| Home Health Care Services (up to 100 visits per calendar year) | 20% coinsurance per visit after INET plan deductible is met | 25% coinsurance per visit after OON plan deductible is met |
| <i>Outpatient Services (in a hospital or ambulatory facility)</i> | 20% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON plan deductible is met |
| Hospital Services | | |
| <i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) (skilled nursing facility stay is limited to 90 days per calendar year)</i> | 20% coinsurance per admission after INET plan deductible is met | 50% coinsurance per admission after OON plan deductible is met |
| Emergency and Urgent Care | | |
| Ambulance Services | 20% coinsurance per service after INET plan deductible is met | 20% coinsurance per service after INET plan deductible is met |
| <i>Emergency Room</i> | 20% coinsurance per service after INET plan deductible is met | 20% coinsurance per service after INET plan deductible is met |
| Urgent Care Center or Facility | 20% coinsurance per service after INET plan deductible is met | 50% coinsurance per visit after OON plan deductible is met |
| Pediatric Dental Care (covered persons up to age 26) | | |
| Diagnostic & Preventive | \$0 copay | 50% coinsurance per visit after OON plan deductible is met |
| Basic Services | 40% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON plan deductible is met |
| Major Services | 50% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON plan deductible is met |
| Orthodontia Services (medically necessary only) | 50% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON plan deductible is met |
| Pediatric Vision Care (covered persons up to age 26) | | |
| Prescription Eye Glasses (one pair of frames & lenses per calendar year) | Lenses: \$0 copayment after INET plan deductible is met; Collection frame: \$0 copayment after INET plan deductible is met; Non-collection frame: members choosing to upgrade from a collection frame to a non-collection frame will be given a credit substantially equal to the cost of the collection frame and will be entitled to any discount negotiated by the carrier with the retailer. | 50% coinsurance per visit after OON deductible |
| Routine Eye Exam by Specialist (one exam per calendar year) | 20% coinsurance per visit after INET plan deductible is met | 50% coinsurance per visit after OON plan deductible is met |

Green shading represents change from 2022 Plan Year
 Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

| 2023 Standard Silver - 70% AV | | |
|--|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| <i>Deductible: Individual (medical)</i> | \$5,000 | \$10,000 |
| Deductible: Family (medical) | \$10,000 | \$20,000 |
| <i>Deductible: Individual (prescription)</i> | \$250 | \$500 |
| Deductible: Family (prescription) | \$500 | \$1,000 |
| <i>Out-of-Pocket Maximum: Individual</i> | \$9,100 | \$18,200 |
| Out-of-Pocket Maximum: Family | \$18,200 | \$36,400 |
| Provider Office Visits | | |
| <i>Preventive Visit (Adult/Child)</i> | \$0 | 40% coinsurance |
| <i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i> | \$40 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| <i>Specialist Office Visits</i> | \$60 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Outpatient Diagnostic Services | | |
| <i>Advanced Radiology (CT/PET Scan, MRI)</i> | \$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans | 40% coinsurance per service after OON medical deductible |
| <i>Laboratory Services</i> | \$20 copayment per service | 40% coinsurance per service after OON medical deductible |
| <i>Non-Advanced Radiology (X-ray, Diagnostic)</i> | \$40 copayment per service after INET deductible | 40% coinsurance per service after OON medical deductible |
| Mammography Ultrasound | \$20 copayment per service | 40% coinsurance per service after OON medical deductible |
| Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription) | | |
| <i>Tier 1</i> | \$10 copayment per prescription | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 2</i> | \$45 copayment per prescription after INET prescription drug deductible | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 3</i> | \$70 copayment per prescription after INET prescription drug deductible | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 4</i> | 20% coinsurance up to a maximum of \$200 per prescription after INET prescription drug deductible | 40% coinsurance per prescription after OON prescription drug deductible |
| Outpatient Rehabilitative and Habilitative Services | | |
| <i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$30 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| <i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$30 copayment per visit | 40% coinsurance per visit after OON medical deductible |

| 2023 Standard Silver - 70% AV | | |
|---|---|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Other Services | | |
| Chiropractic Services (up to 20 visits per calendar year) | \$50 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Diabetic Supplies & Equipment | 40% coinsurance per equipment / supply | 40% coinsurance per equipment / supply after OON medical deductible |
| Durable Medical Equipment | 40% coinsurance per DME item | 40% coinsurance per DME item after OON medical deductible |
| Home Health Care Services (up to 100 visits per calendar year) | \$0 copay | 25% coinsurance per visit after separate \$50 deductible |
| <i>Outpatient Services (in a hospital or ambulatory facility)</i> | \$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center) | 40% coinsurance per visit after OON medical deductible |
| Hospital Services | | |
| <i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) (skilled nursing facility stay is limited to 90 days per calendar year)</i> | \$500 copayment per day to a maximum of \$2,000 per admission after INET plan deductible | 40% coinsurance per admission after OON medical deductible |
| Emergency and Urgent Care | | |
| Ambulance Services | \$0 copay | \$0 copay |
| <i>Emergency Room</i> | \$450 copayment per visit after INET medical deductible | \$450 copayment per visit after INET medical deductible |
| Urgent Care Center or Facility | \$75 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Pediatric Dental Care (covered persons up to age 26) | | |
| Diagnostic & Preventive | \$0 copay | 50% coinsurance per visit after OON medical deductible |
| Basic Services | 40% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Major Services | 50% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Orthodontia Services (medically necessary only) | 50% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Pediatric Vision Care (covered persons up to age 26) | | |
| Prescription Eye Glasses (one pair of frames & lenses per calendar year) | \$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection | 50% coinsurance per visit after OON deductible |
| Routine Eye Exam by Specialist (one exam per calendar year) | \$60 copayment per visit | 40% coinsurance per visit after OON medical deductible |

Green shading represents change from 2022 Plan Year

Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

| 2023 Standard Silver - 73% AV | | |
|--|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| <i>Deductible: Individual (medical)</i> | \$4,750 | \$10,000 |
| Deductible: Family (medical) | \$9,500 | \$20,000 |
| <i>Deductible: Individual (prescription)</i> | \$250 | \$500 |
| Deductible: Family (prescription) | \$500 | \$1,000 |
| <i>Out-of-Pocket Maximum: Individual</i> | \$7,250 | \$18,200 |
| Out-of-Pocket Maximum: Family | \$14,500 | \$36,400 |
| Provider Office Visits | | |
| <i>Preventive Visit (Adult/Child)</i> | \$0 | 40% coinsurance |
| <i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i> | \$40 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| <i>Specialist Office Visits</i> | \$60 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Outpatient Diagnostic Services | | |
| <i>Advanced Radiology (CT/PET Scan, MRI)</i> | \$75 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans | 40% coinsurance per service after OON medical deductible |
| <i>Laboratory Services</i> | \$20 copayment per service | 40% coinsurance per service after OON medical deductible |
| <i>Non-Advanced Radiology (X-ray, Diagnostic)</i> | \$40 copayment per service after INET deductible | 40% coinsurance per service after OON medical deductible |
| Mammography Ultrasound | \$20 copayment per service | 40% coinsurance per service after OON medical deductible |
| Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription) | | |
| <i>Tier 1</i> | \$10 copayment per prescription | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 2</i> | \$45 copayment per prescription after INET prescription drug deductible | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 3</i> | \$70 copayment per prescription after INET prescription drug deductible | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 4</i> | 20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible | 40% coinsurance per prescription after OON prescription drug deductible |
| Outpatient Rehabilitative and Habilitative Services | | |
| <i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$30 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| <i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$30 copayment per visit | 40% coinsurance per visit after OON medical deductible |

| 2023 Standard Silver - 73% AV | | |
|---|---|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Other Services | | |
| Chiropractic Services (up to 20 visits per calendar year) | \$50 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Diabetic Supplies & Equipment | 40% coinsurance per equipment / supply | 40% coinsurance per equipment / supply after OON medical deductible |
| Durable Medical Equipment | 40% coinsurance per DME item | 40% coinsurance per DME item after OON medical deductible |
| Home Health Care Services (up to 100 visits per calendar year) | \$0 copay | 25% coinsurance per visit after separate \$50 deductible |
| <i>Outpatient Services (in a hospital or ambulatory facility)</i> | \$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center) | 40% coinsurance per visit after OON medical deductible |
| Hospital Services | | |
| <i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) (skilled nursing facility stay is limited to 90 days per calendar year)</i> | \$500 copayment per day to a maximum of \$2,000 per admission after INET plan deductible | 40% coinsurance per admission after OON medical deductible |
| Emergency and Urgent Care | | |
| Ambulance Services | \$0 copay | \$0 copay |
| <i>Emergency Room</i> | \$450 copayment per visit after INET medical deductible | \$450 copayment per visit after INET medical deductible |
| Urgent Care Center or Facility | \$75 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Pediatric Dental Care (covered persons up to age 26) | | |
| Diagnostic & Preventive | \$0 copay | 50% coinsurance per visit after OON medical deductible |
| Basic Services | 40% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Major Services | 50% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Orthodontia Services (medically necessary only) | 50% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Pediatric Vision Care (covered persons up to age 26) | | |
| Prescription Eye Glasses (one pair of frames & lenses per calendar year) | \$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection | 50% coinsurance per visit after OON deductible |
| Routine Eye Exam by Specialist (one exam per calendar year) | \$60 copayment per visit | 40% coinsurance per visit after OON medical deductible |

Green shading represents change from 2022 Plan Year
 Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

| 2023 Standard Silver - 87% AV | | |
|--|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| <i>Deductible: Individual (medical)</i> | \$675 | \$10,000 |
| Deductible: Family (medical) | \$1,350 | \$20,000 |
| <i>Deductible: Individual (prescription)</i> | \$50 | \$500 |
| Deductible: Family (prescription) | \$100 | \$1,000 |
| <i>Out-of-Pocket Maximum: Individual</i> | \$3,000 | \$18,200 |
| Out-of-Pocket Maximum: Family | \$6,000 | \$36,400 |
| Provider Office Visits | | |
| <i>Preventive Visit (Adult/Child)</i> | \$0 | 40% coinsurance |
| <i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i> | \$20 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| <i>Specialist Office Visits</i> | \$45 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Outpatient Diagnostic Services | | |
| <i>Advanced Radiology (CT/PET Scan, MRI)</i> | \$60 copayment per service up to a combined annual maximum of \$360 for MRI and CAT scans; \$400 for PET scans | 40% coinsurance per service after OON medical deductible |
| <i>Laboratory Services</i> | \$10 copayment per service | 40% coinsurance per service after OON medical deductible |
| <i>Non-Advanced Radiology (X-ray, Diagnostic)</i> | \$30 copayment per service after INET deductible | 40% coinsurance per service after OON medical deductible |
| Mammography Ultrasound | \$20 copayment per service | 40% coinsurance per service after OON medical deductible |
| Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription) | | |
| <i>Tier 1</i> | \$10 copayment per prescription | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 2</i> | \$25 copayment per prescription | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 3</i> | \$40 copayment per prescription after INET prescription drug deductible | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 4</i> | 20% coinsurance up to a maximum of \$60 per prescription after INET prescription drug deductible | 40% coinsurance per prescription after OON prescription drug deductible |
| Outpatient Rehabilitative and Habilitative Services | | |
| <i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$20 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| <i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$20 copayment per visit | 40% coinsurance per visit after OON medical deductible |

| 2023 Standard Silver - 87% AV | | |
|---|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Other Services | | |
| Chiropractic Services (up to 20 visits per calendar year) | \$35 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Diabetic Supplies & Equipment | 40% coinsurance per equipment / supply | 40% coinsurance per equipment / supply after OON medical deductible |
| Durable Medical Equipment | 40% coinsurance per DME item | 40% coinsurance per DME item after OON medical deductible |
| Home Health Care Services (up to 100 visits per calendar year) | \$0 copay | 25% coinsurance per visit after separate \$50 deductible |
| <i>Outpatient Services (in a hospital or ambulatory facility)</i> | \$100 copayment after INET plan deductible (Outpatient Hospital Facility); \$60 copayment after INET plan deductible (Ambulatory Surgery Center) | 40% coinsurance per visit after OON medical deductible |
| Hospital Services | | |
| <i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*) (skilled nursing facility stay is limited to 90 days per calendar year)</i> | \$100 copayment per day to a maximum of \$400 per admission after INET plan deductible | 40% coinsurance per admission after OON medical deductible |
| Emergency and Urgent Care | | |
| Ambulance Services | \$0 copay | \$0 copay |
| <i>Emergency Room</i> | \$150 copayment per visit after INET medical deductible | \$150 copayment per visit after INET medical deductible |
| Urgent Care Center or Facility | \$35 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Pediatric Dental Care (covered persons up to age 26) | | |
| Diagnostic & Preventive | \$0 copay | 50% coinsurance per visit after OON medical deductible |
| Basic Services | 40% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Major Services | 50% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Orthodontia Services (medically necessary only) | 50% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Pediatric Vision Care (covered persons up to age 26) | | |
| Prescription Eye Glasses (one pair of frames & lenses per calendar year) | \$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection | 50% coinsurance per visit after OON deductible |
| Routine Eye Exam by Specialist (one exam per calendar year) | \$45 copayment per visit | 40% coinsurance per visit after OON medical deductible |

Green shading represents change from 2022 Plan Year

Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

| 2023 Standard Silver - 94% AV | | |
|--|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| <i>Deductible: Individual (medical)</i> | \$0 | \$10,000 |
| Deductible: Family (medical) | \$0 | \$20,000 |
| <i>Deductible: Individual (prescription)</i> | \$0 | \$500 |
| Deductible: Family (prescription) | \$0 | \$1,000 |
| <i>Out-of-Pocket Maximum: Individual</i> | \$950 | \$18,200 |
| Out-of-Pocket Maximum: Family | \$1,900 | \$36,400 |
| Provider Office Visits | | |
| <i>Preventive Visit (Adult/Child)</i> | \$0 | 40% coinsurance |
| <i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i> | \$10 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| <i>Specialist Office Visits</i> | \$30 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Outpatient Diagnostic Services | | |
| <i>Advanced Radiology (CT/PET Scan, MRI)</i> | \$50 copayment per service up to a combined annual maximum of \$350 for MRI and CAT scans; \$400 for PET scans | 40% coinsurance per service after OON medical deductible |
| <i>Laboratory Services</i> | \$10 copayment per service | 40% coinsurance per service after OON medical deductible |
| <i>Non-Advanced Radiology (X-ray, Diagnostic)</i> | \$25 copayment per service | 40% coinsurance per service after OON medical deductible |
| Mammography Ultrasound | \$20 copayment per service | 40% coinsurance per service after OON medical deductible |
| Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription) | | |
| <i>Tier 1</i> | \$5 copayment per prescription | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 2</i> | \$10 copayment per prescription | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 3</i> | \$30 copayment per prescription | 40% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 4</i> | 20% coinsurance up to a maximum of \$60 per prescription | 40% coinsurance per prescription after OON prescription drug deductible |
| Outpatient Rehabilitative and Habilitative Services | | |
| <i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$20 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| <i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$20 copayment per visit | 40% coinsurance per visit after OON medical deductible |

| 2023 Standard Silver - 94% AV | | |
|--|---|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Other Services | | |
| Chiropractic Services (up to 20 visits per calendar year) | \$30 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Diabetic Supplies & Equipment | 40% coinsurance per equipment / supply | 40% coinsurance per equipment / supply after OON medical deductible |
| Durable Medical Equipment | 40% coinsurance per DME item | 40% coinsurance per DME item after OON medical deductible |
| Home Health Care Services (up to 100 visits per calendar year) | \$0 copay | 25% coinsurance per visit after separate \$50 deductible |
| <i>Outpatient Services (in a hospital or ambulatory facility)</i> | \$75 copayment (Outpatient Hospital Facility); \$45 copayment (Ambulatory Surgery Center) | 40% coinsurance per visit after OON medical deductible |
| Hospital Services | | |
| <i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*)</i> <i>*(skilled nursing facility stay is limited to 90 days per calendar year)</i> | \$75 copayment per day to a maximum of \$300 per admission | 40% coinsurance per admission after OON medical deductible |
| Emergency and Urgent Care | | |
| Ambulance Services | \$0 copay | \$0 copay |
| <i>Emergency Room</i> | \$50 copayment per visit | \$50 copayment per visit |
| Urgent Care Center or Facility | \$25 copayment per visit | 40% coinsurance per visit after OON medical deductible |
| Pediatric Dental Care (covered persons up to age 26) | | |
| Diagnostic & Preventive | \$0 copay | 50% coinsurance per visit after OON medical deductible |
| Basic Services | 40% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Major Services | 50% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Orthodontia Services (medically necessary only) | 50% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Pediatric Vision Care (covered persons up to age 26) | | |
| Prescription Eye Glasses (one pair of frames & lenses per calendar year) | \$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection | 50% coinsurance per visit after OON deductible |
| Routine Eye Exam by Specialist (one exam per calendar year) | \$30 copayment per visit | 40% coinsurance per visit after OON medical deductible |

Green shading represents change from 2022 Plan Year
 Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - QHP

| 2023 Standard Gold | | |
|--|--|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| <i>Deductible: Individual (medical)</i> | \$1,300 | \$3,000 |
| Deductible: Family (medical) | \$2,600 | \$6,000 |
| <i>Deductible: Individual (prescription)</i> | \$50 | \$350 |
| Deductible: Family (prescription) | \$100 | \$700 |
| <i>Out-of-Pocket Maximum: Individual</i> | \$6,000 | \$12,000 |
| Out-of-Pocket Maximum: Family | \$12,000 | \$24,000 |
| Provider Office Visits | | |
| <i>Preventive Visit (Adult/Child)</i> | \$0 | 30% coinsurance |
| <i>Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)</i> | \$20 copayment per visit | 30% coinsurance per visit after OON medical deductible |
| <i>Specialist Office Visits</i> | \$40 copayment per visit | 30% coinsurance per visit after OON medical deductible |
| Outpatient Diagnostic Services | | |
| <i>Advanced Radiology (CT/PET Scan, MRI)</i> | \$65 copayment per service up to a combined annual maximum of \$375 for MRI and CAT scans; \$400 for PET scans | 30% coinsurance per service after OON medical deductible |
| <i>Laboratory Services</i> | \$10 copayment per service after INET medical deductible | 30% coinsurance per service after OON medical deductible |
| <i>Non-Advanced Radiology (X-ray, Diagnostic)</i> | \$40 copayment per service after INET medical deductible | 30% coinsurance per service after OON medical deductible |
| Mammography Ultrasound | \$20 copayment per service | 30% coinsurance per service after OON medical deductible |
| Prescription Drugs - Retail Pharmacy (up to 30 day supply per prescription) | | |
| <i>Tier 1</i> | \$5 copayment per prescription | 30% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 2</i> | \$35 copayment per prescription | 30% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 3</i> | \$60 copayment per prescription | 30% coinsurance per prescription after OON prescription drug deductible |
| <i>Tier 4</i> | 20% coinsurance up to a maximum of \$100 per prescription after INET prescription drug deductible | 30% coinsurance per prescription after OON prescription drug deductible |
| Outpatient Rehabilitative and Habilitative Services | | |
| <i>Speech Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$20 copayment per visit | 30% coinsurance per visit after OON medical deductible |
| <i>Physical and Occupational Therapy (40 visits per calendar year limit combined for PT/ST/OT)</i> | \$20 copayment per visit | 30% coinsurance per visit after OON medical deductible |

| 2023 Standard Gold | | |
|--|---|---|
| Plan Overview | In-Network (INET) Member Pays | Out-of-Network (OON) Member Pays |
| Other Services | | |
| Chiropractic Services (up to 20 visits per calendar year) | \$40 copayment per visit | 30% coinsurance per visit after OON medical deductible |
| Diabetic Supplies & Equipment | 30% coinsurance per equipment/supply | 30% coinsurance per equipment / supply after OON medical deductible |
| Durable Medical Equipment | 30% coinsurance per DME item | 30% coinsurance per DME item after OON medical deductible |
| Home Health Care Services (up to 100 visits per calendar year) | \$0 copay | 25% coinsurance per visit after separate \$50 deductible |
| <i>Outpatient Services (in a hospital or ambulatory facility)</i> | \$500 copayment after INET plan deductible (Outpatient Hospital Facility); \$300 copayment after INET plan deductible (Ambulatory Surgery Center) | 30% coinsurance per visit after OON medical deductible |
| Hospital Services | | |
| <i>Inpatient Hospital Services (including MH, SA, maternity, hospice and skilled nursing facility*)</i> <i>*(skilled nursing facility stay is limited to 90 days per calendar year)</i> | \$500 copayment per day to a maximum of \$1,000 per admission after INET plan deductible | 30% coinsurance per admission after OON medical deductible |
| Emergency and Urgent Care | | |
| Ambulance Services | \$0 copay | \$0 copay |
| <i>Emergency Room</i> | \$400 copayment per visit | \$400 copayment per visit |
| Urgent Care Center or Facility | \$50 copayment per visit | 30% coinsurance per visit after OON medical deductible |
| Pediatric Dental Care (covered persons up to age 26) | | |
| Diagnostic & Preventive | \$0 copay | 50% coinsurance per visit after OON medical deductible |
| Basic Services | 20% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Major Services | 40% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Orthodontia Services (medically necessary only) | 50% coinsurance per visit | 50% coinsurance per visit after OON medical deductible |
| Pediatric Vision Care (covered persons up to age 26) | | |
| Prescription Eye Glasses (one pair of frames & lenses per calendar year) | \$0 copay for Lenses; \$0 copay for Collection frame; Substantially equal credit for non-collection frame selection | 50% coinsurance per visit after OON deductible |
| Routine Eye Exam by Specialist (one exam per calendar year) | \$40 copayment per visit | 30% coinsurance per visit after OON medical deductible |

Green shading represents change from 2022 Plan Year
 Blue italic font signifies field included in Actuarial Value Calculator

2023 Standardized Plan Design - SADP

| Plan Overview | In-Network (INET) Member Pays |
|---|---|
| Deductible (<i>Does not apply to Preventive & Diagnostic Services</i>) | \$60 per member, up to 3 family members |
| Out-of-Pocket Maximum * | |
| For one child | \$350 |
| Two or more children | \$700 |
| Diagnostic Services | |
| Oral Exams (<i>twice per year</i>) | \$0 |
| X-Rays | |
| Periapicals (<i>four per year</i>) | |
| Bitewing Radiographs (<i>once every year</i>) | |
| Panoramic or Complete Series (<i>once every three years</i>) | |
| Preventive Services | |
| Cleanings (<i>twice per year</i>) | \$0 |
| Periodontal Scaling and Root Planing | |
| Periodontal Maintenance <i>(once every 3 months following periodontic surgery)</i> | |
| Fluoride * (<i>twice per year</i>) | |
| Sealants * | |

| Plan Overview | In-Network (INET) Member Pays |
|--|----------------------------------|
| Basic Services | |
| Filings | 20% after deductible is met |
| Simple Extractions | |
| Major Services | |
| Surgical Extractions | 40% after deductible is met |
| Endodontic Therapy (i.e., Root Canal Treatment) | |
| Periodontal Therapy | |
| Crowns and Cast Restorations | |
| Prosthodontics (Complete and Partial Dentures; Fixed Bridgework) | |
| Other Services | |
| Medically-Necessary Orthodontic Services * | 50% after deductible is met |
| Waiting Periods and Plan Maximums (<i>for covered persons not eligible for dependent child benefit</i>) | |
| Applicable Waiting Period for Benefit | |
| Diagnostic and Preventive Services | No waiting period |
| Basic Services | 6 months [^] |
| Major Services | 12 months [^] |
| [^] Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan. | |
| Plan Maximum | \$2,000 per member |

*For child, stepchild, or other dependent child until end of plan year once dependent turns 26.

Training & Noverant

(Learning Management System)

Training Topics

- LMS Certification
- Completed SEP certification in July/August?
 - Need to recertify this fall for Open Enrollment
- Annual Income Verification Update
- Dental Standalone Enrollment
 - Brief review today
 - List of plan names
 - Dental training will be part of the certification
 - Carrier contacts

LMS Certification

Annual Broker Certification will be available online for Open Enrollment 2023. Open Enrollment begins November 1.

Please note that you must certify with AHCT in the fall of 2022 for Open Enrollment, in order to write business for 2023 qualified health plans, even if you certified for Special Enrollment earlier this year.

LMS Certification

Steps towards Certification

1. Between September 15 and 19, broker agreements will be available in the Noverant Learning Management System (LMS).
2. You may receive a “Welcome” email from the AHCT Noverant LMS, which will allow you to access the LMS. The email would be from ahct@noverant.com.
3. Use the link in the email and log into the LMS using your username and password.
4. Read and sign your broker agreement electronically, using your username and password. Once you have signed your agreement and it has been approved, your certification training will be made available.
5. You will then receive a second email from ahct@noverant.com to access your online training. You will generally receive the second email from the LMS within a few business days.
6. You can begin your online training the week of September 19. We encourage you to complete your certificate before the start of open enrollment on November 1. The last day to access AHCT certification is November 10, 2022.
7. You must pass the assessment with 80% or better to certify with AHCT. You will have up to 2 attempts.

LMS Certification



If you have questions specific to the annual certification online trainings, please email the Learning Center at LearningCenter.AHCT@ct.gov.

Recent Change to Annual Income VCL Threshold



An individual's eligibility to enroll in coverage and receive subsidies is based on the self-attested information in their application. If the Federal Data Services Hub (FDSH) cannot confirm the consumer's attestations, the consumer will receive a notice requesting additional documents. If the consumer does not verify their attestation or their documentation fails, they could lose their subsidy or coverage.

- A pass/fail test is performed by comparing the income documentation to the consumer's annual income attestation in the HIX application.
 - If the documentation calculates to be within a 50% annual income threshold, the verification checklist item (VCL) will pass.
 - Please note that if the consumer's annual income attestation *is greater* than what the federal and state electronic sources return, they will not be required to verify their annual income.
 - *The annual income verification discrepancy threshold is now 50%. It was set at 20% previously.*
- This only applies to annual income verifications. The monthly income threshold is still set at 20%.

2023 Dental Highlights

Consumers will be able to enroll in dental coverage through the Access Health CT application for Open Enrollment 2023.

Dental is being integrated into the HIX system alongside health.

Consumers will now have a single shopping experience for purchasing their health and dental plans.



More Information about Dental Enrollment

During the last week of October, prior to the start of OE, consumers will be able to window shop and preview health and dental plans in the HIX system.

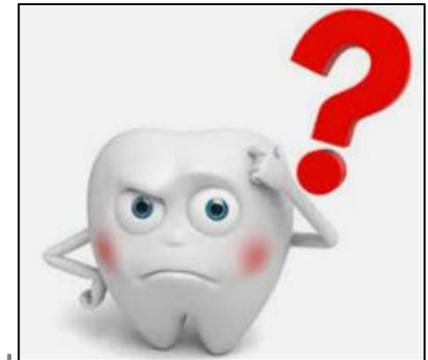
Consumers can use the HIX Consumer Portal or call the Contact Center for assistance with enrollment.

Those with 2022 dental plans will need to actively enroll for 2023. NOTE: There are no auto-renewals for 2022 dental plans.

Enrollment outside of OE requires a SEP and the QLE will require verification documents.

Many of the notices have been updated and contain dental information.

The separate AHCT (Softheon) Dental Platform will sunset February 2023. CCRs and Brokers will no longer have access to the separate dental plan site as of January 2023 to access 2022 plans.



Broker Information

If you made the connection with your client (creating the client and broker connection is covered in another module), you will be able to:

- Help your clients choose both healthcare programs and dental programs in a single application and eligibility analysis.
- Become the broker of record for your client, so your information gets transmitted to the carriers, and you'll get commissions for these accounts.
- Access your clients' health and dental accounts in one system.

Eligibility and Enrollment Options



- ✓ Consumers have a choice of QHP and Dental, QHP only, or Dental only.
- ✓ As with qualified health plans (QHPs), consumers would select a single dental plan for the family or household.
- ✓ Remember, there are no subsidies offered for dental plans (i.e., no APTC or CSR for dental plans). There are no metal plans for dental.
- ✓ During the enrollment steps, you will be able to skip either the Health insurance shopping screens OR skip the Dental insurance shopping screens.

Already have Dental Benefits?

- If a consumer is enrolled in **HUSKY**, *dental plans are not available*. Dental benefits are already a part of HUSKY Health programs.
- All QHPs offered through the exchange include **pediatric dental** which covers routine, basic, major dental benefits and orthodontic benefits for children to age 26.
- **A few of the QHPs** offer limited dental benefits.
- **Covered CT** has dental benefits.



There will be an Alert on the Dental shopping screens, alerting consumers that they or someone in their family may already have dental benefits. The Dental shopping screens will not appear for HUSKY clients.

QHPs with Dental Benefits

The list below identifies the 2023 health plans with “limited” dental coverage for adults. Limited equates to coverage for routine services only. Basic, Major and Orthopedic services are NOT covered for adults under these plans.

Anthem

| | |
|----------------|---|
| 86545CT1230025 | Bronze HMO BlueCare Prime with Added Dental and Vision Benefits |
| 86545CT1230027 | Gold HMO BlueCare Prime with Added Dental and Vision Benefits |
| 86545CT1330020 | Gold PPO Pathway with Added Dental and Vision Benefits |

ConnectiCare Benefit Inc. (CBI)

| | |
|----------------|---|
| 76962CT0010026 | Choice Gold Alternative POS with Dental |
| 76962CT0010027 | Choice Bronze Alternative POS with Dental |
| 76962CT0010002 | Choice Catastrophic POS with Dental |

ConnectiCare Insurance Company Inc. (CICI)

NONE

Stand-alone Dental Plans

The following are the dental plans for 2023:

Anthem 2023 Individual Dental Plans

- Anthem Dental Family Value
- Anthem Dental Family
- Anthem Dental Family Enhanced
- Anthem Dental Family Preventative

CICI 2023 Individual Dental Plans

- ConnectiCare Standard Dental Plan
- ConnectiCare Basic Dental Plan

Carrier Information

| Health and Dental Exchange Policies | | |
|--|---|--|
| Anthem | Call: 1- 855-738-6644 | Visit: Anthem.com |
| ConnectiCare Benefits, Inc. & ConnectiCare Insurance Company, Inc. | Call: 1-800-723-2986 for help renewing or shopping for a plan Call: 1-800-251-7722 for member services | Visit: ConnectiCare.com Also, in person at a ConnectiCare center. For locations and hours go to VisitConnectiCare.com |

Noverant Refresher & Updates

- Welcome email
- Sign on process
- Updating the Profile
- Electronic agreement
- Refreshed module content
- Certification Assessment (test) requires 80% or higher to pass
- Deadline to complete: **11/10/22**

Access Health CT 2023 Certification Instructions

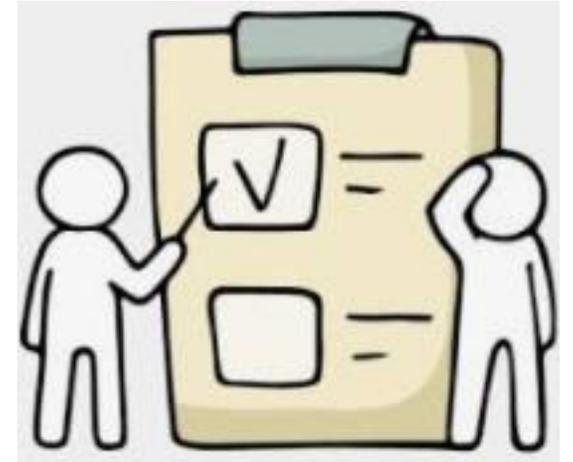
How to use the Learning Management System to:

1. Review Agreement and Sign-off
2. Complete eLearning and Assessment



Agenda

- ✓ Learning Management System (LMS) Overview
- ✓ Log In
- ✓ Update Your User Profile
- ✓ Your Home Page
- ✓ How to Sign the Agreement
- ✓ How to Complete Your Training
- ✓ How to Obtain Your Assessment Grade
- ✓ Your Transcript
- ✓ Log Off
- ✓ Possible IT Issues



LMS Overview

The 2023 Certification requires that you complete your training using the Access Health CT Learning Management System (LMS). At this point in the certification process:

- You should have received a **Welcome Email** with your log-in information (username and temporary password) for the LMS.
- The **Welcome Email** will have arrived from this address: ahct@noverant.com. If you don't find it in your regular email, look for it in your Junk or Spam folders. If you still can't find it, send an email to: LearningCenter.AHCT@ct.gov
- You can log into the LMS Home Page, (the Username and Password are the same that you used to login) where you will find:
 - ✓ **Agreement** (contract between you and AHCT, you will need to sign this electronically using your LMS log in credentials)
 - ✓ A copy of these instructions
- You will only get access to the Training after you have completed the agreement and the AHCT Broker/CAC Support Team has checked and verified your credentials.

To be certified, you must complete all of the Training and pass the Assessment with a score of 80% or better.



LMS Login

1. To Log into the LMS enter:
 - **Username** (which is your email address)
 - **Password** (from the email you received)
 - Click **Login**
2. Use the **Forgot Password?** link to receive a new password, if:
 - You forgot your password,
 - Your password has expired, or
 - You never received a temporary password.

AHCT Learning Center
Noverant Online - Enterprise

access health CT

Username:
Password:
Forgot Password?
Login

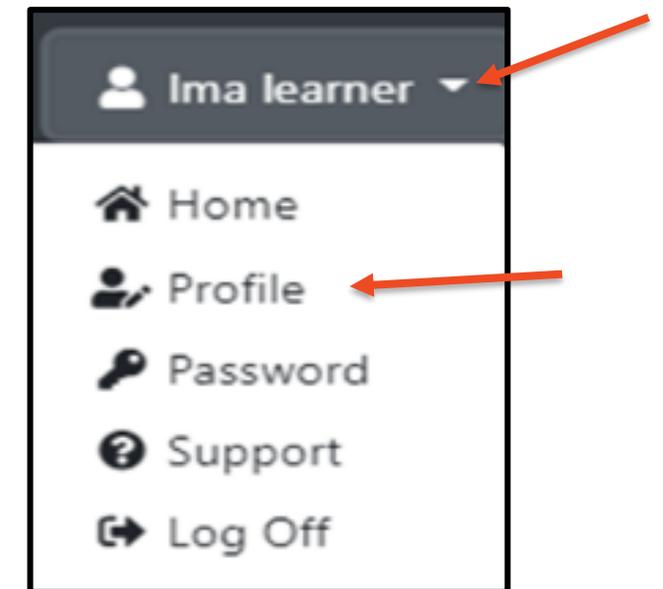
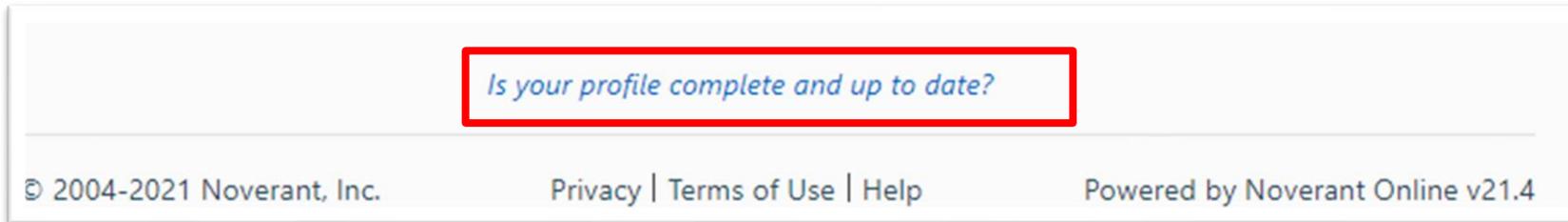
© 2004-2020 Noverant, Inc. Privacy | Terms of Use Help Powered by Noverant Online v20.7

Note: Click the link to review the **Privacy and Terms of Use Policies**.
If you run into an issue or need assistance with logging into the system, click **Help**.

How to Access Your User Profile

There are two ways to access your **Profile**.

- There is a link at the bottom of the LMS home page or
- At the top right-hand corner there is a drop down below your name.



How to Update Your User Profile

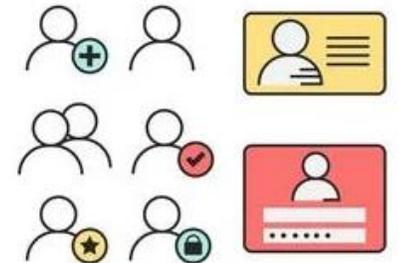
Make sure your User Profile is current and updated.

CACs must make sure the **Company/Agency** is correct and list a **Manager or Supervisor**, if applicable.

Brokers must complete **all** of the following fields to receive certification training:

- Broker NPN No.
- License Expire Date (MM/DD/YYYY)
- Symantec ID
- Answer Yes/No if you have current Carrier Appointments
- Answer Yes/No in the appropriate fields to indicate which Plan you will be selling:

Individual Business, Small Business and/or Dental (complete all that apply)



How to Update Your User Profile, continued

User Profile for Ima learner

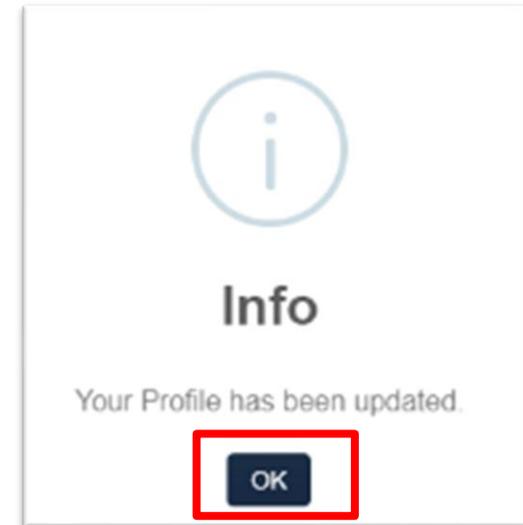
| | | | |
|--------------------------------|--|---------------------------|--|
| Company/Agency | <input type="text" value="Access Health CT"/> | State/Province | <input type="text" value="CT"/> |
| Business email * | <input type="text" value="imalearner@"/> | Zip/Postal Code | <input type="text" value="06103"/> |
| Work Phone | <input type="text"/> | Country | <input type="text" value="United States"/> |
| Connecticare Appointment (Y/N) | <input type="text"/> | Dental (Y/N) | <input type="text"/> |
| Broker License No. | <input type="text"/> | Manager or Supervisor | <input type="text"/> |
| License Expire Date | <input type="text"/> | Individual Business (Y/N) | <input type="text"/> |
| Symantec ID | <input type="text"/> | Anthem Appointment (Y/N) | <input type="text"/> |
| Business Address | <input type="text" value="280 Trumbull Street, 15th floor"/> | Small Business (Y/N) | <input type="text"/> |
| City | <input type="text" value="Hartford"/> | | |

Profile Photo

Image File

No file selected

1. Verify that all the information is current. Your email address must be your current business or work email address.
2. Once your Profile is updated, click the **Submit** button.
3. Then confirm by clicking the **OK** button.
4. You will be automatically brought back to the home page.



Accessing Your Home Page

You can access your **Home** page from anywhere in the LMS by clicking the tab on the left-hand side of your screen.

The screenshot shows the AHCT Learning Center home page. At the top left, a 'Home' tab is highlighted with a red box and an arrow pointing to it from the text 'Training status'. Below this, a navigation bar contains four buttons: 'AHCT', 'BROKER', 'COMMUNITY PARTNERS', and 'SMALL BIZ'. An arrow points from the text 'Links to additional information. The AHCT button will bring you to the AHCT website.' to the 'AHCT' button. The main content area is titled 'Welcome to AHCT Learning Center' and features several widgets. A 'Required Training' widget shows '36 Total Completions' and '0 Required Training - 0 Items' with a message 'You have no incomplete assignments!'. An arrow points from the text 'Required Training' to this widget. Other widgets include 'Completions (Past 30 Days)' (1), 'Expirations (Next 90 Days)' (0), 'My Calendar', 'My Records', and 'Announcements - 0' (No Current Announcements). The footer contains copyright information, privacy/terms links, and 'Powered by Noverant Online v21.4'.

Training status

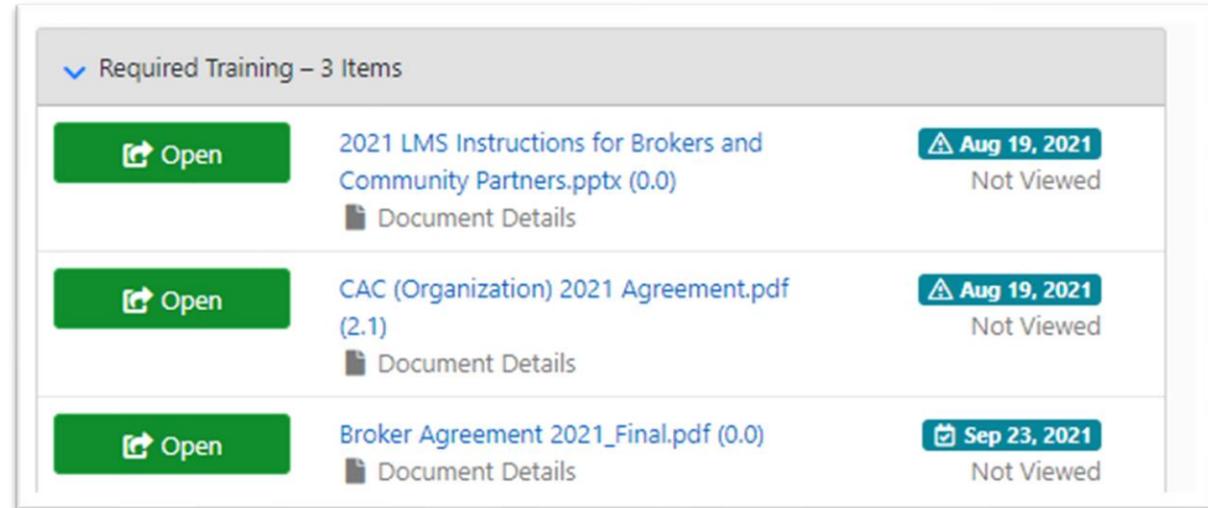
Links to additional information. The AHCT button will bring you to the AHCT website.

Required Training

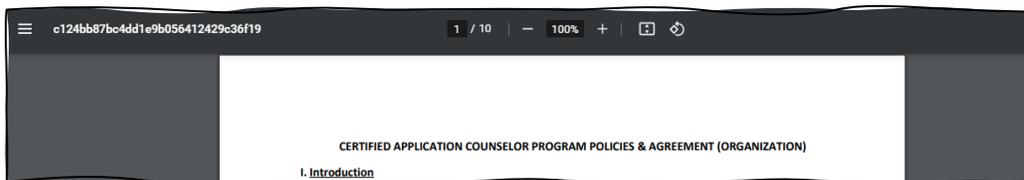
How to Sign the Agreement

To complete your **Agreement**:

1. Click **Open** next to the **2022 Agreement**.
2. The **2022 Agreement** will open in a new window or get downloaded to the lower left corner of your computer.
3. Read and close the agreement. You will be brought to the **Electronic Signature Required** page. Type in your Username (email address) and Password. Click **Submit**.



Depending on your role, you will see the document specific to your role.



A screenshot of the 'Electronic Signature Required' page. It features a yellow warning box with text, followed by 'Username' and 'Password' input fields, and a 'Submit' button.

Electronic Signature Required

By entering your username and password, you agree to be bound by the terms and conditions set forth in the CAC (Individual) 2021 Agreement.pdf.

Username: imalearner

Password:

Submit

What's Next?

After signing the agreement, your appointments are verified. Once verified, you will receive a Welcome Email and the training and assessment are added to your account for you to complete.

Brokers who have signed the 2022 Agreement but have not met all the requirements will not get access to the training and the assessment. Go to your profile, check and update:

- Valid broker NPN #
- Expiration date
- Appointments with **all** carriers



IMPORTANT!

Note: After the agreement sign off is completed, please continue with this PowerPoint presentation to learn more about how to finish your AHCT certification.

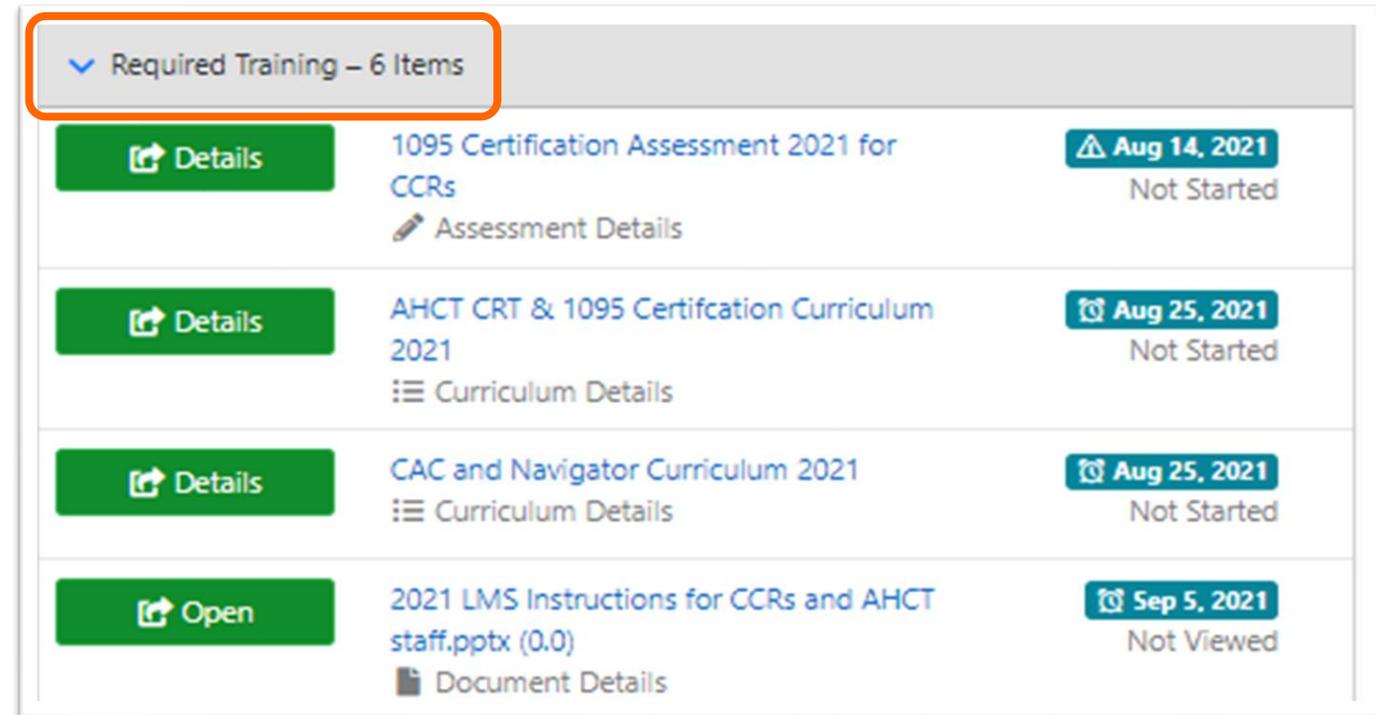
How to Complete Your Training

Back at the home page, you will see the **Required Training** that has been assigned to you.

Your training will be a cluster of items called a curriculum, that can include:

- Documents
- E-Learnings
- Assessments

Begin with the item that has the **earliest due date**.



| Required Training – 6 Items | | |
|-----------------------------|---|------------------------------------|
| Details | 1095 Certification Assessment 2021 for CCRs <small>Assessment Details</small> | Aug 14, 2021 Not Started |
| Details | AHCT CRT & 1095 Certification Curriculum 2021 <small>Curriculum Details</small> | Aug 25, 2021 Not Started |
| Details | CAC and Navigator Curriculum 2021 <small>Curriculum Details</small> | Aug 25, 2021 Not Started |
| Open | 2021 LMS Instructions for CCRs and AHCT staff.pptx (0.0) <small>Document Details</small> | Sep 5, 2021 Not Viewed |

How to Complete Your Training, continued

1. Click the **Details** button to bring you to the Curriculum Details page.

Curriculum Details

Name New Broker Curriculum 2021

Description Curriculum aimed at independent brokers who are new to AHCT.

More Information

Status Not Started

Total Credits 0.0

Sub-Assignments

| Type | Name | Status | Due Date |
|------------|---|-------------|--------------|
| E-Learning | A1 Introduction to the Affordable Care Act 2021 | Not Started | Sep 26, 2021 |
| E-Learning | A2 Call Center 2021 | Not Started | Sep 26, 2021 |
| E-Learning | C Introduction to Eligibility 2021 | Not Started | Sep 26, 2021 |
| E-Learning | D Introduction to Modified Adjusted Gross Income 2021 | Not Started | Sep 26, 2021 |
| E-Learning | E Citizenship and Immigration 2021 | Not Started | Sep 26, 2021 |

Required Training – 6 Items

- Details** 1095 Certification Assessment 2021 for CCRs **Aug 14, 2021**
Not Started
Assessment Details
- Details** AHCT CRT & 1095 Certification Curriculum 2021 **Aug 25, 2021**
Not Started
Curriculum Details
- Details** CAC and Navigator Curriculum 2021 **Aug 25, 2021**
Not Started
Curriculum Details
- Open** 2021 LMS Instructions for CCRs and AHCT staff.pptx (0.0) **Sep 5, 2021**
Not Viewed
Document Details

2. Scroll down to the **Sub-Assignments** listing.
3. Your training items will be listed in the order that they should be completed.
4. Click on the [blue link](#) for the first E-Learning item.

How to Complete Your Training, continued

5. On the **E-Learning Details** page, click **Open** to launch the module.
6. Click **Start** to begin the training module.
7. You will find Navigating instructions on the second page of every module.



Note: If you have any difficulty and need assistance, please send an email to the AHCT Training Department at: learningcenter.ahct@ct.gov.

LMS Tips and Reminders



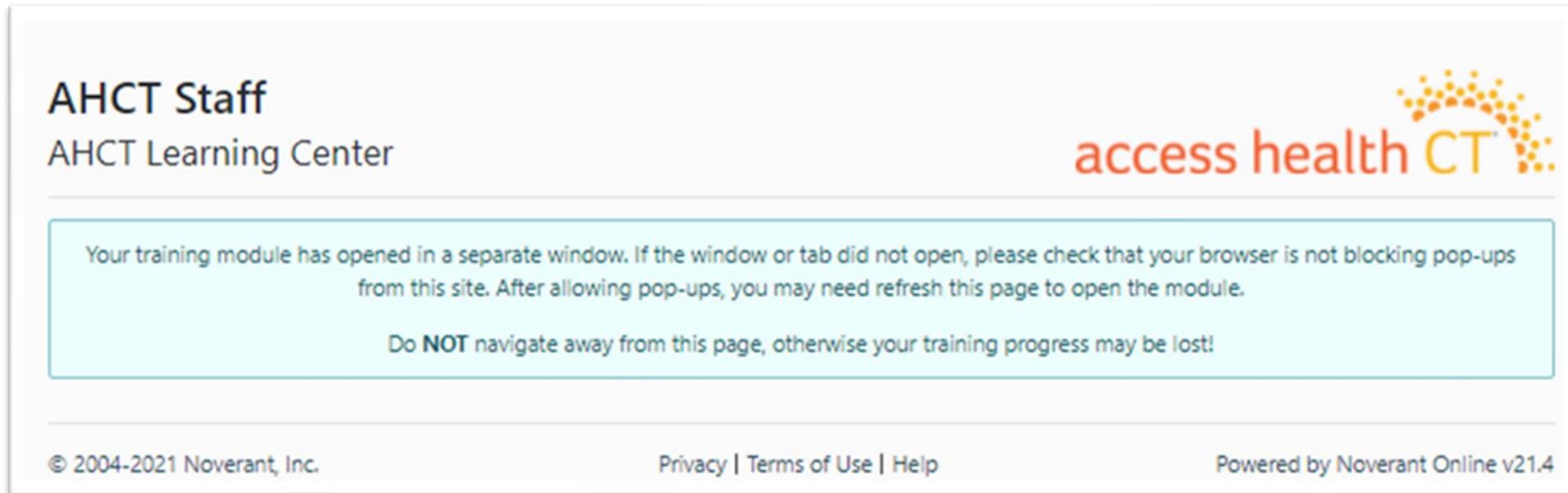
- **Do not select the X on the browser window at any point during the Training!**
- To exit properly, click on **Click Here to Exit/Save and Close**, in the upper right-hand corner of the module screen.
- If you need to exit the module early, the LMS will remember where you left off. The status column will show “In Progress”. When you return to the module, you will continue from the point you had left.
- Knowledge Checks are only practice questions, your answers are not recorded.
- **Return to Home to continue and follow previous instructions.** Make sure to complete all the sub-assignments located under each curriculum heading.
- Open the sub-assignments (modules) that have the status of **Not Started**.
 - **Prerequisite Not Met** indicates that another module needs to be completed.
 - **Complete** means it is done!

| Sub-Assignments | | | | Actions |
|-----------------|---|-------------|--------------|---------|
| Type | Name | Status | Due Date | |
| E-Learning | R2 Voter Registration 2021 | Not Started | Sep 12, 2021 | |
| E-Learning | S Introduction to Medicare 2021 | Not Started | Sep 12, 2021 | |
| E-Learning | B Introduction to Health Insurance 2021 | In Progress | Sep 12, 2021 | |
| E-Learning | A1 Introduction to the Affordable Care Act 2021 | Complete | | |
| E-Learning | A2 Call Center 2021 | Complete | | |
| E-Learning | C Introduction to Eligibility 2021 | Complete | | |

If you should see this message...

You might see this warning message if your browser is blocking pop-ups from this site.

- ✓ Check to see if the module opened in a new window. If so, continue training in new window.
- ✓ Check that your browser is not blocking pop-ups from this site. If so, change settings to allow pop-ups.
- ✓ You may need to refresh the page to open the module.

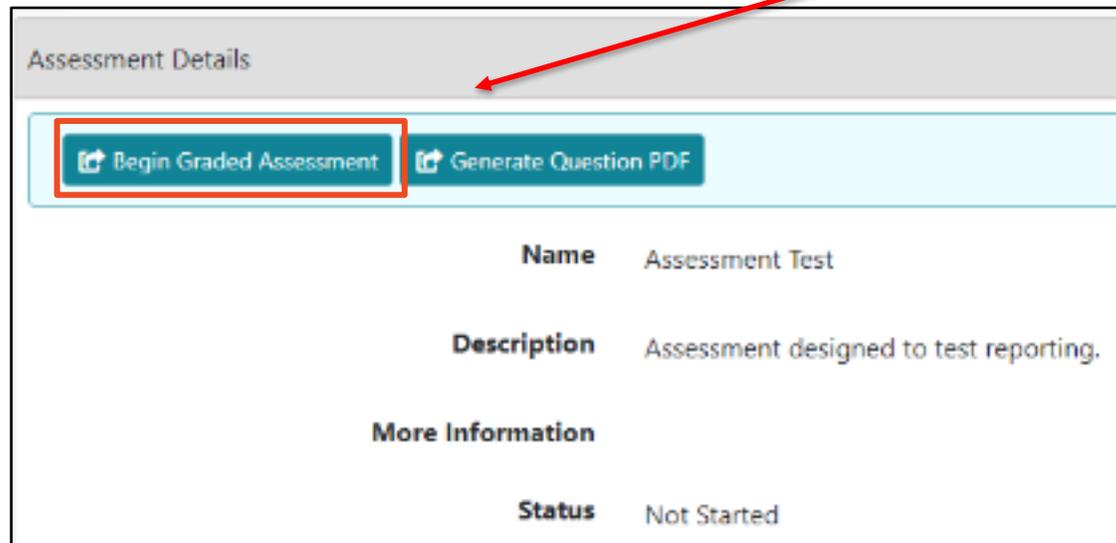
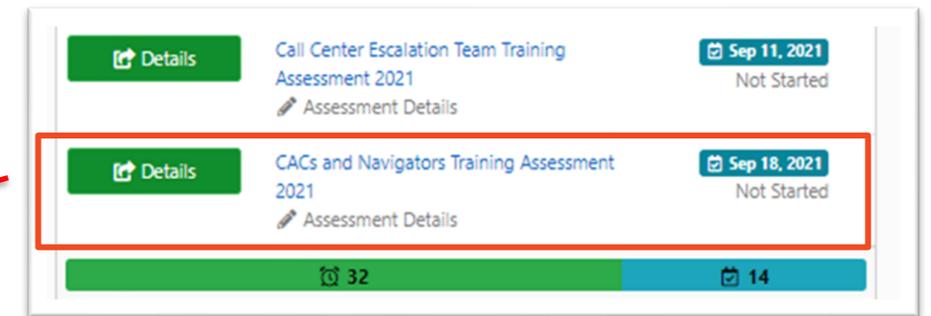


The screenshot shows a web page header for "AHCT Staff" and "AHCT Learning Center" on the left, and the "access health CT" logo on the right. A central light blue box contains the following text: "Your training module has opened in a separate window. If the window or tab did not open, please check that your browser is not blocking pop-ups from this site. After allowing pop-ups, you may need refresh this page to open the module. Do NOT navigate away from this page, otherwise your training progress may be lost!". The footer includes "© 2004-2021 Noverant, Inc.", "Privacy | Terms of Use | Help", and "Powered by Noverant Online v21.4".

How to Complete Your Assessment

You can begin your **Assessment** after you have completed all the training modules.

1. Click **Details** to go into the assessment.
2. From the Assessment Details page, select **Begin Graded Assessment**.



Do not click the button,
Generate Question PDF!

How to Complete Your Assessment

3. Read each question carefully.
4. Answer each question accurately.
5. Click **Save and Continue** to go to the next question.
6. Click **Save and Exit** when:
 - You need to stop and continue at a different time, or
 - You have answered all the questions and are finished.

The screenshot displays the AHCT Staff assessment interface. At the top left, it says "AHCT Staff" and "AHCT Learning Center". On the top right is the "access health CT" logo. The main content area shows "Question 7 of 20" with a "Pool: default" and the text: "The consumer will receive a 1095 A even if they had a QHP through AHCT for only one month." To the right, under "Answers (2 Choices)", there are two options: "a) True" (selected) and "b) False". Below the question and answer area are four navigation buttons: "First Unanswered", "Previous", "Save and Continue" (highlighted with a red box), and "Save and Exit" (highlighted with a purple box). At the bottom, there is a "Questions" progress bar showing 6 completed (green) and 14 incomplete (red) questions. Below the bar is a row of 20 numbered buttons, with buttons 1-6 green and 7-20 red. At the very bottom, there is a footer with "© 2004-2021 Noverant, Inc.", "Privacy | Terms of Use | Help", and "Powered by Noverant Online v21.4".

Why did I receive a prerequisite message?

You did not complete all the Required Training and you cannot start the Assessment. Some training items have prerequisites attached and must be completed prior to moving on to the next item. You cannot start the Assessment without completing the Prerequisites. You have not completed the curriculum if you have not completed all the modules.

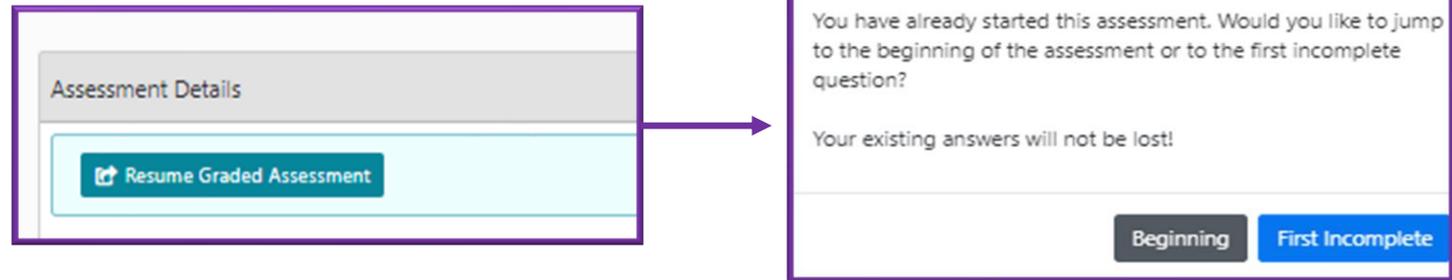
1. Go back to the Home Page to restart start the curriculum.
2. Click Details to take you to the Curriculum Details and Sub-Assignment Page.
3. Look for the incomplete E-Learning modules that show a status of Not Started or In Progress.
4. Complete those modules.
5. Make sure each E-Learning module reads Complete.

The screenshot shows the AHCT Learning Center interface. At the top right is the 'access health CT' logo. Below the header, a pink message box states: 'You have not completed the following prerequisites for this assessment: R1 Voter Registration for the Call Center 2021, C Introduction to Eligibility 2021, U1 EDI File 2021, U3 Grace Periods Cancellations and Effective Dates 2021, U5 AAIR Training 2021, D Introduction to Modified Adjusted Gross Income 2021, U2 WP Advanced Training Admin Tool Part 1 2021. You can Begin Graded Assessment only after completing the prerequisites.' Below this, a card for 'AHCT CRT & 1095 Certification Curriculum 2021' is shown with a 'Details' button and a status of 'In Progress' with a due date of 'Aug 25, 2021'. A red arrow points from the prerequisite message to this card. Below the card is a 'Sub-Assignments' table with an 'Actions' button. The table lists several E-Learning modules with their status and due dates.

| Type | Name | Status | Due Date |
|------------|---|-------------|--------------|
| E-Learning | R2 Voter Registration 2021 | Not Started | Sep 12, 2021 |
| E-Learning | S Introduction to Medicare 2021 | Not Started | Sep 12, 2021 |
| E-Learning | B Introduction to Health Insurance 2021 | In Progress | Sep 12, 2021 |
| E-Learning | A1 Introduction to the Affordable Care Act 2021 | Complete | |
| E-Learning | A2 Call Center 2021 | Complete | |
| E-Learning | C Introduction to Eligibility 2021 | Complete | |

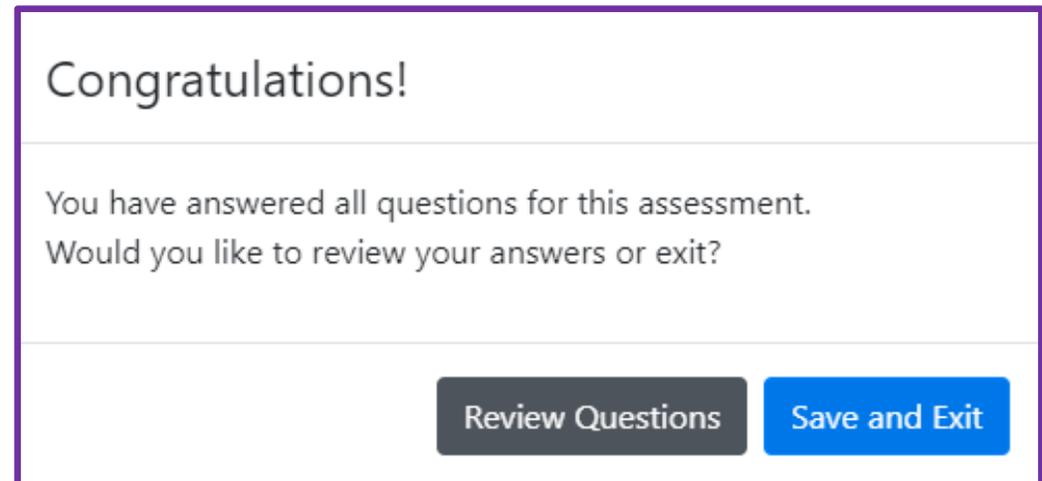
Resume Assessment or Review Questions

If you return to the assessment to finish, click **Resume Graded Assessment** and choose where to restart. It could be back to the **Beginning** or the **First Incomplete**.



When you have answered all the questions you can **Save and Exit** or **Review Questions**. If you want to review your answers you must do so before you click Save and Exit.

Click **Save and Exit** if you have completed all the questions in your assessment! Now let's get your grade.



How to Obtain Your Assessment Grade

1. Select **Grade** to see your overall score. In this example, the learner got an 100%.
2. Select **Review** to see the answers you provided during the assessment. You will only be able to do this step IF you passed or completed all your attempts and received the final grade.

Assessment Details

[Review](#) [Change Grade](#)

Assessment Details

[Resume Graded Assessment](#) [Generate Question PDF](#) [Grade](#)

More Information

| | |
|---------------|----------|
| Status | Complete |
| Grade | 100.0 |
| Passing Score | 80.0 |

1. What does Fred do? [1.0 / 1.0 point]

| | |
|----------------------------------|---|
| <input type="radio"/> a) Eat | <input type="radio"/> b) Sleep |
| <input type="radio"/> c) Play | <input checked="" type="radio"/> d) All of the above |

3. What is Fred's birthday? [0.0 / 1.0 point]

| | |
|--|---|
| <input type="radio"/> a) December 1 | <input checked="" type="radio"/> b) December 2 |
| <input type="radio"/> c) December 3 | <input type="radio"/> d) December 7 |

Accessing Your Transcript

Click on the **My Records** button on the Home page, to view your **Transcript**. Your **Transcript** shows the status of all the required training.

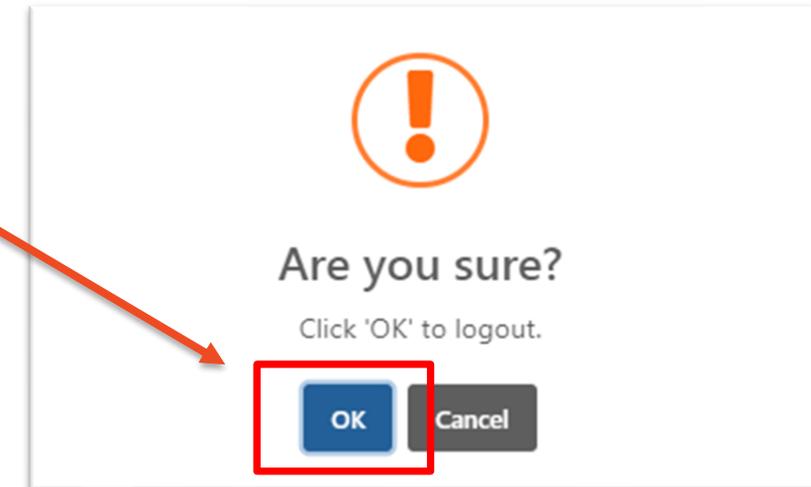
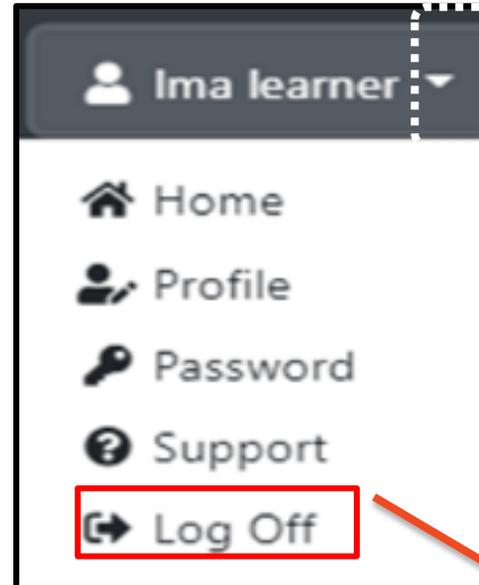
The screenshot shows the AHCT Learning Center Home page. At the top, there is a navigation bar with buttons for AHCT, BROKER, COMMUNITY PARTNERS, and SMALL BIZ. Below this, a 'Welcome to AHCT Learning Center' message is displayed. On the left, there are three green boxes showing statistics: 57 Total Completions, 1 Completions (Past 30 Days), and 0 Expirations (Past 90 Days). On the right, there are two buttons: 'My Calendar' and 'My Records', with the latter highlighted by a red box. An orange arrow points from the 'My Records' button to the Transcript table in the next image.

| Type | Name | Revision | Status | Due Date | Completion Date | |
|------------|--|----------|----------|--------------|---------------------------|--|
| Assessment | 1095 Durational Certification Assessment | | Complete | Jan 10, 2020 | Jan 6, 2020 2:19 PM EST | |
| Assessment | Call Center Test Only for Certification 2020 | | Complete | Aug 31, 2019 | Feb 5, 2020 6:59 PM EST | |
| Assessment | Call Center Test Only for Certification 2021 | | Complete | Jul 11, 2020 | Jul 9, 2020 12:26 PM EDT | |
| Assessment | Call Center Test Only for Certification 2021 | | Complete | Aug 7, 2020 | Aug 3, 2020 9:54 AM EDT | |
| Assessment | Dental Knowledge Check | | Complete | Apr 10, 2020 | Apr 6, 2020 2:00 PM EDT | |
| Assessment | Dental Knowledge Check | | Complete | Apr 16, 2020 | Mar 31, 2020 2:26 PM EDT | |
| Assessment | Interim CAC Training Assessment | | Complete | Sep 5, 2019 | Jul 22, 2019 11:43 AM EDT | |

LMS Log Off

To Log Off the LMS:

1. Click on the dropdown button or on your Username located at the top right-hand corner of the screen.
2. Scroll down and select **Log Off**.
3. Click **OK**, when the system asks, “Are You Sure?”



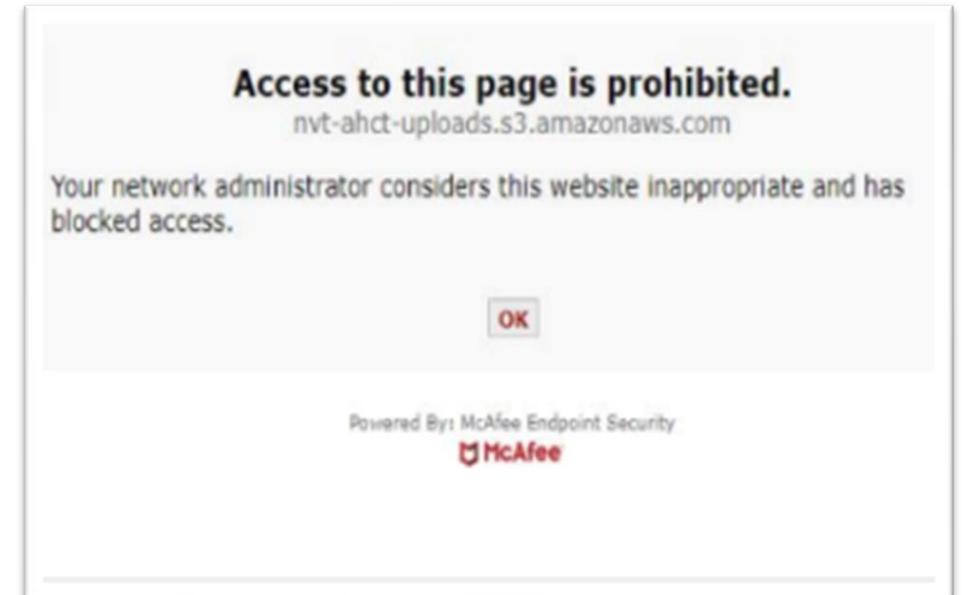
Watch Out for Several LMS Issues

- **Issues with Document Downloads**
- **Unsupported Browser – Internet Explorer**
- **Course Completion Issue – Gray Screen**

Issues with Document Downloads

If you get the McAfee error message (example shown on the right), follow the instructions below for how to fix this issue.

1. First, try using a different browser (e.g. If you use Chrome, try Firefox, or Safari)
2. If that doesn't work, you need to open an incognito/private window in the browser you are using.
3. To get the private window, follow these keystrokes:
 - ❖ **Google Chrome:** Hit [ctrl] + [shift]+ [n] on your keyboard to open a "New Incognito Window".
 - ❖ **Internet Explorer:** Hit [ctrl] + [shift] + [p] on your keyboard to open "New InPrivate Window".
 - ❖ **Mozilla Firefox:** Hit [ctrl] + [shift] + [p] on your keyboard to open a "New Private Window".
 - ❖ **Safari:** Hit [command] + [shift] + [n] + or [option] + [shift] + [n] on your keyboard to open "New Incognito Window"



Unsupported Browser: Internet Explorer

Beginning August 17, 2021, Microsoft 365 apps and services will no longer support Internet Explorer 11 (IE11).

- You might see a warning message if you are using an unsupported browser reminding you that IE11 support is ending.
- To navigate the training successfully, we recommend you stop using IE11 on your desktop and laptops and transition to:
 - ✓ Chrome
 - ✓ Edge
 - ✓ Firefox
- Check with Microsoft if you have any questions.

Course Completion Issue – Gray Screen

There have been some difficulties with some elearning modules not closing properly at the end of the program.

You may find this warning message on the second to last page.

If so, then click on “OK” and then click on “Next Page” to go to the last page.

The screenshot shows a web application interface. At the top, there is a red header with the text "Voter Registration 2023" on the left and "Click Here to Exit /Save and Close" on the right. Below the header, there is a white navigation bar with the "access health CT" logo on the left and a "Summary" button in the center. A dark gray warning message box is overlaid on the page, containing the text: "An embedded page at ahctcdn.noverant.com says LMSSetValue Error: cmi.success_status to [completed] Data Model Element Type Mismatch". There is an "OK" button at the bottom right of the warning box. Below the warning box, there is a paragraph of text: "Always remember to ask consumers if they are interested in registering to vote at the end of the Access Health CT HIX application, enter their response, and assist as necessary." At the bottom of the page, there is a red footer with "Home" on the left, "<Back | Page 12 of 13 | Next>" in the center, and the "access health CT" logo on the right.



Course Completion Issue – Gray Screen continued

On the last page, click on

“Click Here to Exit/Save and Close”.

Voter Registration 2023

[Click Here to Exit /Save and Close](#)

access health CT

Conclusion

Thank you for completing this e-learning training!

Click the **Click Here to Exit/Save and Close** (upper right corner of the screen) to submit your results and close this window.



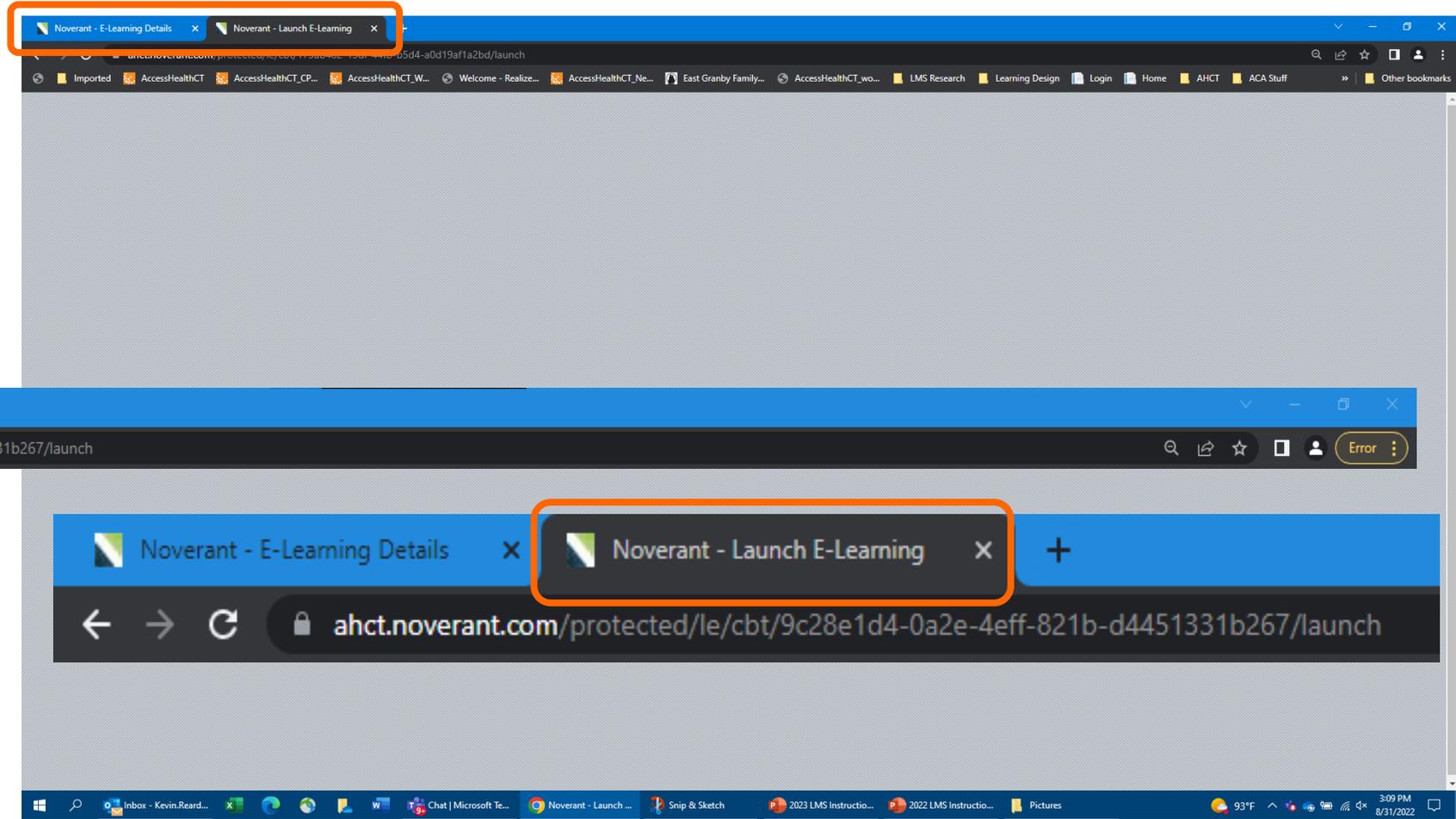
[Home](#)

[<Back](#) | Page 13 of 13

access health CT

Course Completion Issue – Gray Screen continued

You may be taken to a blank screen that looks like this after clicking on “Click Here to Exit/Save and Close”.

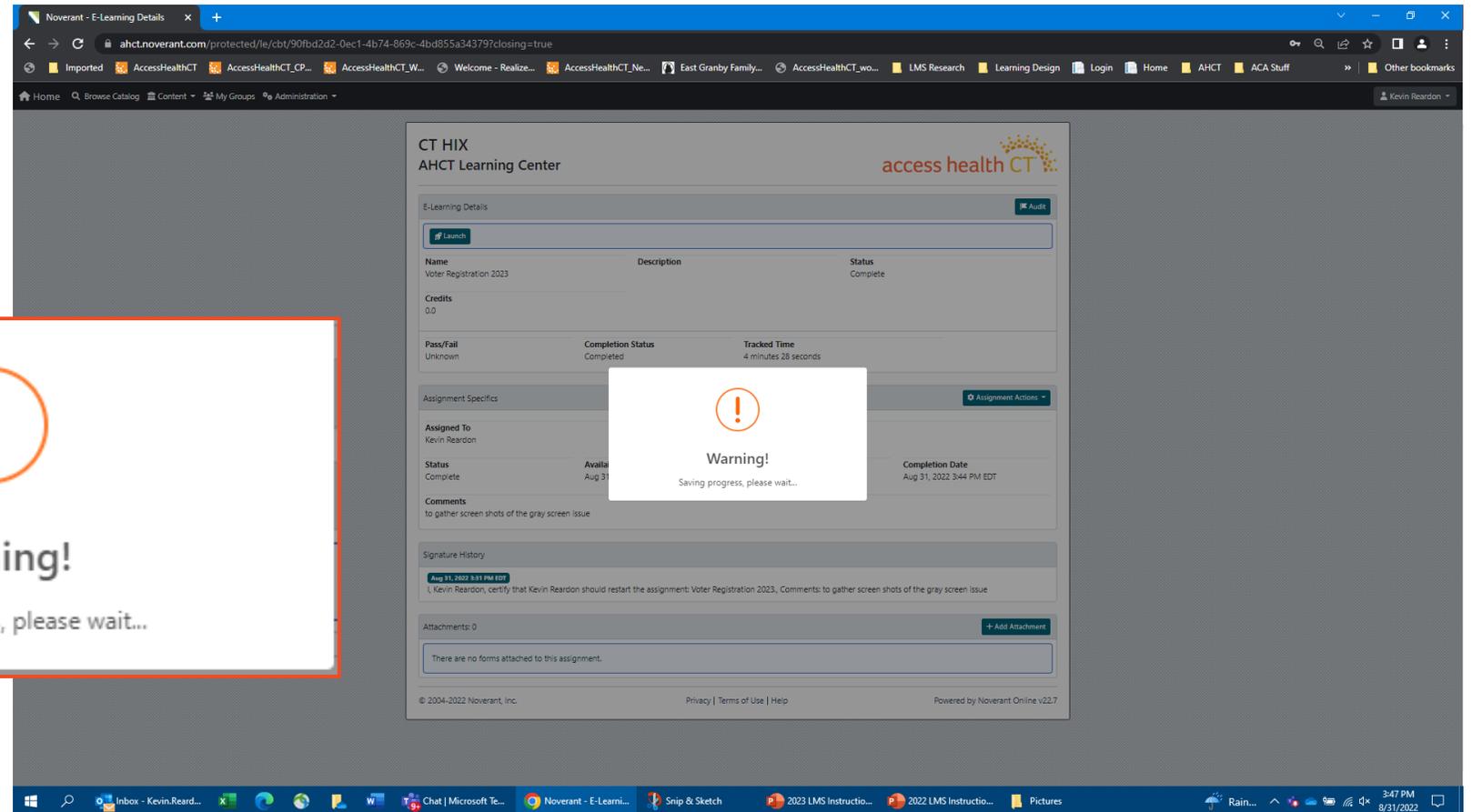
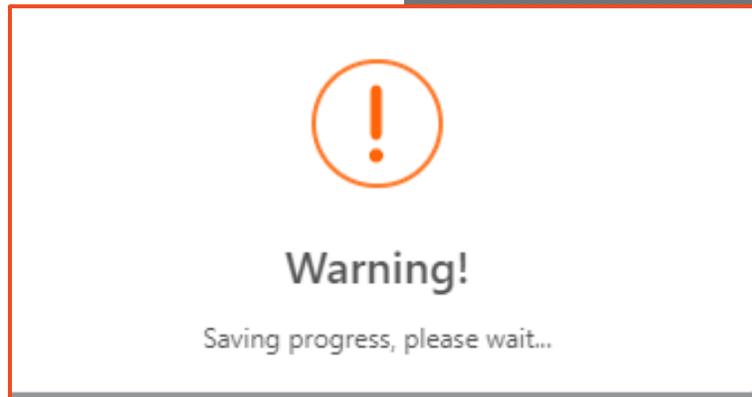


Your next step is to close the browser tab containing the gray screen by clicking on the “X”. (Close the tab named Noverant – Launch E-Learning X)

Course Completion Issue – Gray Screen continued

The gray screen will close, and you'll next see the E-Learning Details page.

The page will be updating the status of your progress, so don't close it.

A screenshot of a web browser displaying the "E-Learning Details" page for "CT HIX AHCT Learning Center". The page shows a table with columns for Name, Description, Status, Credits, Pass/Fail, Completion Status, and Tracked Time. A "Warning!" dialog box is overlaid on the page, displaying the text "Warning! Saving progress, please wait...". The page also includes sections for "Assignment Specifics", "Signature History", and "Attachments". The browser's address bar shows the URL "ahct.noverant.com/protected/le/cb/90fd2d2-0ec1-4b74-869c-4bd855a34379?closing=true". The Windows taskbar at the bottom shows the time as 3:47 PM on 8/31/2022.

Course Completion Issue – Gray Screen continued

After updating your progress, the LMS returns you to the E-Learning Details page for the module you just completed.

Make note of the change in the Status to “Complete”.

Click on the “Home” button (in the top left corner of the screen) to return to your account home page.

CT HIX
AHCT Learning Center

access health CT

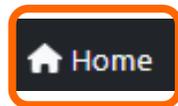
E-Learning Details Audit

Launch

| Name | Description | Status |
|-------------------------|-------------|----------|
| Voter Registration 2023 | | Complete |

Credits
0.0

| Pass/Fail | Completion Status | Tracked Time |
|-----------|-------------------|----------------------|
| Unknown | Completed | 4 minutes 28 seconds |



**You have completed the LMS Instructions!
Good Luck With Your Certification Training!**



Our Values

Authenticity

Act with sincerity, credibility,
& self-awareness

- Be genuine and kind, empathetic and ethical
- Engage in constructive and actionable dialogue
- Contribute to creating a positive, fun, and friendly environment
- Be yourself; balance work, family, community, and self

Integrity

Commit to doing the right thing with genuine intention

- Create an environment of open and honest communication
- Act in the best interest of employees and customers
- Deliver on commitments

Excellence

Aim high & challenge the status quo

- Create opportunities to learn and grow
- Be knowledgeable and well informed
- Be innovative and resourceful
- Be open to new ideas; seek new perspectives
- Transform mistakes into learning experiences
- Exceed expectations

Ownership

Take responsibility & initiative

- Embrace your superpower to create unique solutions
- Seek out knowledge and develop skills
- Be accountable for behaviors and actions
- Focus until you finish



One Team

Collaborate to succeed

- Trust each other
- Respect and listen to others
- Foster team spirit
- Celebrate success and each other

Passion

Dedication to creating opportunities for greater health & well-being

- Commit to benefiting the lives of others
- Embrace challenges to overcome obstacles
- Demonstrate loyalty to our mission and vision

Policy Refreshers

Medicare Populations

- **The highest percentage of AHCT's QHP enrollment is made up of adults age 55-64**
- **Things to note about QHP enrollment and Medicare coverage:**
 1. AHCT will not automatically terminate QHP when someone becomes eligible for Medicare
 2. Once Medicare eligible, no longer eligible for APTCs
 3. Exchange qualified health plans are not Medicare supplements. Medicare eligible clients may be better served by Medicare supplement plans.

COBRA Reminders

- Employees who are losing coverage through their employer are usually offered COBRA coverage
- Access Health CT is an option for these employees (SEP)
- AHCT Training Dept. offers presentations to organizations as an option to learn more about what's offered through AHCT

Important notes for those considering COBRA

- Know the deadlines and when to enroll
- Understand the full cost of COBRA before enrolling (without employer contributions)
- Consider options on Exchange before taking COBRA

The Inflation Reduction Act

- The Inflation Reduction Act (formerly known as The American Rescue Plan Act of 2021) (ARP) signed into law on March 11 by President Biden, will make health insurance coverage more affordable and accessible for many residents by virtually eliminating or vastly reducing monthly payments (premiums) for many people with low and moderate incomes who enroll through Access Health CT; and providing new financial help for people with somewhat higher incomes who can face high premiums.
- Financial help available through Access Health CT will be significantly greater for people at virtually every income level. Many people who buy their health insurance through Access Health CT will become eligible to receive increased financial help (known as premium tax credits) to reduce their portion of monthly premiums or may be eligible to receive financial help for the first time.

What to know about Premium Tax Credits & Eligibility

To qualify the consumer:

- Must enroll in coverage through Access Health CT
- Cannot be eligible for other affordable healthcare coverage through your employer or a government program, such as HUSKY Health (Medicaid/CHIP)
- Must be a resident of Connecticut and not in prison

Individuals or families are eligible for financial help, or Premium Tax Credits* (PTC), based on:

- Annual Income: Household's total expected income for the year
- Household size: Total number of people in the household that file taxes together

The Inflation Reduction Act(cont.)

- The average savings per household will be \$116.05 per month, or \$1,392.57 per year
- Households with annual income over \$51,040 or 400% of the Federal Poverty Level (FPL) will be newly eligible for financial help through Access Health CT and will see an average monthly savings of over \$500 per month or \$6,200 per year.
- Taxpayers that are eligible for or that collected Unemployment Insurance (UI) benefits at any time in 2021, will be automatically considered to have an annual income at 133% of the Federal Poverty Level (\$12,880) and will be eligible for a nearly \$0 premium benchmark silver plan with comprehensive cost sharing subsidies this year.

The Covered Connecticut Program

- Beginning July 1, 2021 and again revised July 1, 2022, Some Connecticut residents that meet specific eligibility requirements are paying \$0 for their health insurance coverage, thanks to the new Covered Connecticut Program created by the State of Connecticut. The Covered Connecticut Program provides health insurance coverage, dental coverage and Non-Emergency Medical Transportation (NEMT) administered by the Connecticut Department of Social Services.
- For eligible Connecticut residents enrolled in the Covered Connecticut Program, the State of Connecticut pays the customer's portion of the monthly payment (premium) directly to their insurance company (Anthem, ConnectiCare Benefits, Inc. and ConnectiCare Insurance Company, Inc.) and also pays for the cost-sharing amounts (deductibles, co-pays, co-insurance and maximum out-of-pocket costs) that customers would typically have to pay with a health insurance plan.

Eligibility Requirements:

1. Have a household annual income that is up to or equal to 175% of the Federal Poverty Level (FPL)
2. Be eligible for APTCs and Cost Sharing Reductions
3. Use 100% of their APTCs and CSRs along with the expanded American Rescue Plan financial assistance
4. Be enrolled in a Silver Level Plan

**If household income makes consumers eligible for HUSKY Health/Medicaid, they will not be able to enroll in the Covered Connecticut Program.*

Medicaid Extension

Currently, HHS has extended the Public Health Emergency (PHE) period through the end of the calendar year, to December 31, 2022. Based on the extension, eligible individuals will have their Medicaid/CHIP coverage extended through December 31, 2022 in HIX and ImpaCT.

However, it is possible that the PHE period may be ended anytime prior to December 31, 2022, which would also end Medicaid/CHIP coverage for individuals prior to December 31, 2022.

Exceptions to the Medicaid Extension to Dec 31:

- voluntary termination
- relocation outside of CT
- ineligible immigration status after completing a SAVE verification
- age-out of HUSKY B
- death

Updates on the HUSKY ext. can be found at: <https://portal.ct.gov/HUSKY/Special-information-and-resources-for-HUSKY-Health-members-about-coronavirus>

Small Business & Dental



Why You Should Choose Access Health CT Small Business

access 
health CT
small business

Meet our team



John Carbone

Director, SHOP and Product Development



Jerome Chisolm

Business Development Manager for SHOP



Franco Barerro

Client Relationship Manager



Mark A. Spellman Jr.

Client Relationship Manager

access
health CT
small business

Flexible Eligibility



- Employers with 50 or fewer full-time equivalent (FTE) employees can obtain coverage through Access Health CT Small Business; sole proprietors cannot obtain coverage.
- Any employer that offers coverage must offer coverage to all full-time employees (employees who work an average of 30 hours per week), additionally, you may choose to offer coverage to part-time employees.

Ease of Comparison

- Access Health CT Small Business offers multiple metal levels of coverage and a variety of plans, including Health Savings Account (HSA) plan design options.
- We also offer plans that provide services not subject to the plan deductible, such as physician office visits or laboratory services.
- You have a choice of 11 plans from Anthem Blue Cross Blue Shield and ConnectiCare for 2022.

Metal Level Plan Types

| Metal Level | Plan |
|-------------|----------------------------|
| Gold | PPO, POS |
| Silver | PPO, PPO HSA, POS, POS HSA |
| Bronze | PPO, PPO HSA, POS, POS HSA |

Plan Summaries available at www.accesshealthctsmallbiz.com

access health CT
small business

For Businesses For Brokers

Resources ▾

Get a Quote Shop Plans

Insurance Basics ▸
Find definitions of industry terms and key details about group health insurance.

For Businesses ▸
Find articles and videos covering the latest health insurance options and requirements.

For Brokers ▸
Find materials, articles and videos to keep you up-to-date on plans and the industry.

Ready to offer group health insurance to your employees? So are we.

As Connecticut's official group health insurance marketplace for small businesses, we're here to help you understand your options and get the affordable, quality coverage you need.

Insurance for your small business

Support for insurance brokers

Choice



Choose a plan selection strategy that best meets your employees' needs.

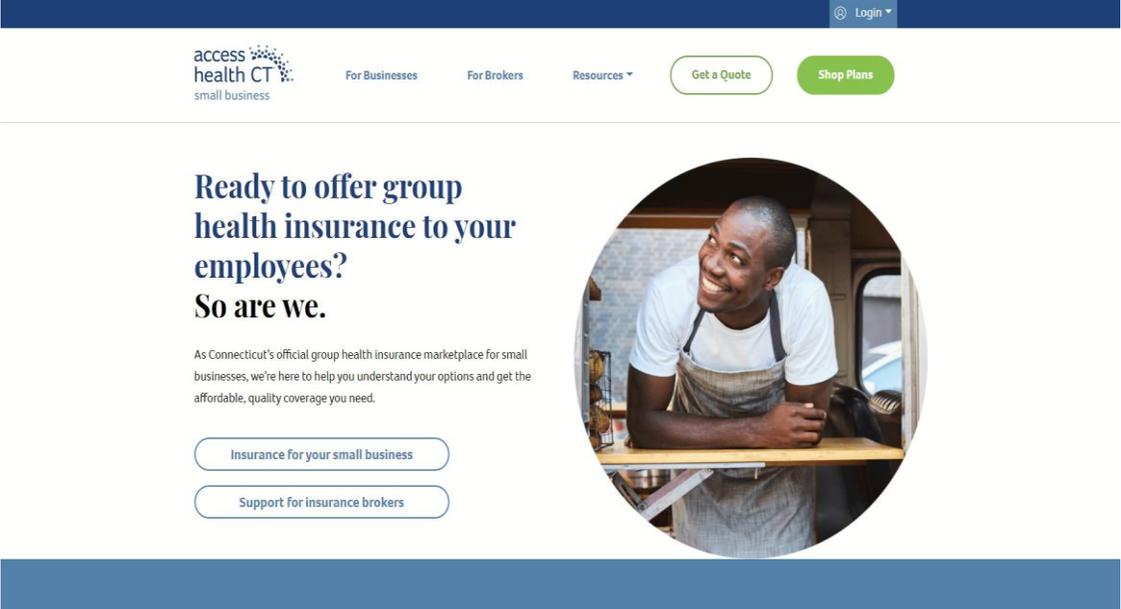
- **Vertical Choice:** Access to all plans that are available From the insurance company.
- **Horizontal Choice:** Access to plans in one metal level (all Silver plans).
- **Single Choice:** Employer chooses one plan for the group offering.

Simple Enrollment

Enroll online or using a simple paper form

Access Health CT Small Business uses universal enrollment forms. You will also receive an itemized bill.

For paper application please visit www.accesshealthctsmallbiz.com>Resources



The screenshot shows the homepage of the Access Health CT Small Business website. At the top, there is a dark blue navigation bar with a 'Login' button. Below this is a white header area containing the 'access health CT small business' logo on the left, and navigation links for 'For Businesses', 'For Brokers', and 'Resources' in the center. On the right side of the header are two buttons: 'Get a Quote' and 'Shop Plans'. The main content area features a large circular image of a smiling man in a white shirt and apron, leaning on a counter. To the left of the image, the text reads: 'Ready to offer group health insurance to your employees? So are we.' Below this text is a sub-headline: 'As Connecticut's official group health insurance marketplace for small businesses, we're here to help you understand your options and get the affordable, quality coverage you need.' At the bottom of the main content area are two buttons: 'Insurance for your small business' and 'Support for insurance brokers'.

Small Business Tax Credit

Tax credits may be available on your contribution to your employees' premium:

- **Small Business:** up to a 50% tax credit
- **Non-Profit Organizations:** up to a 35% tax credit

- *The small business owner's and immediate family members annual wages are not included in the average wage. Please refer to IRS FORMS 8941 (for profit) IRS FORM 990-T (tax exempt)*

Credits are only available for health plans purchased through Access Health CT. To qualify, your small business must:

- Have fewer than 25 full-time equivalent (FTE) employees.*
- Contribute at least 50% of each employee's insurance premium.
- Pay an average annual wage of less than \$58,000*

Small Business Healthcare Tax Credit calculator

available

Calculator available on <https://www.healthcare.gov/shop-calculators-taxcredit/>

Small Business Health Care Tax Credit Estimator

Step 1: Are you a tax-exempt employer?

The credit is refundable for tax-exempt employers, but is limited to the amount of the tax-exempt employer's payroll taxes withheld during the calendar year.

YES, I'M A TAX-EXEMPT EMPLOYER

NO, I'M NOT A TAX-EXEMPT EMPLOYER

Step 2: How many of your employees work 40 hours or more a week?

Full-time employees are employees who worked or who you expect to work the equivalent of 40 hours a week for 52 weeks (for a total of 2,080 hours each).

Full-time Employees

Find out [who should and shouldn't be included](#).

Step 3: How many hours will your part-time employees work during the applicable year?

Hours for part-time employees who worked or you expect to work less than 40 hours per week, but more than 120 days per year.

Part-time hours

If you're unsure of the number of part-time employee hours, use this [part-time employee worksheet](#) to enter hours for each employee.

Dental Insurance – For Small Groups

Access Health Small Business offers two stand-alone small group dental plans from Anthem Blue Cross Blue Shield:

- Anthem Dental Family
- Anthem Dental Family Enhanced



To enroll or for more information about small group dental insurance, please call 860-241-8445, or email SHOP.AHCT@ct.gov

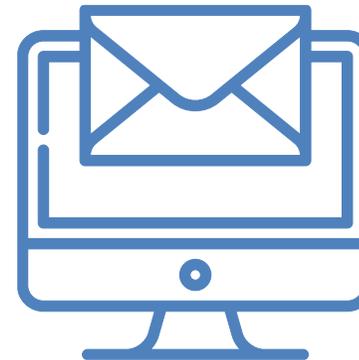
Dedicated Customer Service Support

Phone



860-241-8445

Email



SHOP.AHCT@ct.gov

To learn more, get a quote
or find a broker, visit:
AccessHealthCTSmallBiz.com

access 
health CT
small business

Outreach Updates for 2023

2 Decades in 2 Years





Why health disparities matter

- Our motivation
- Research findings
- Personal experiences
- Our future impact

What we've accomplished

- Health Equity and Outreach Department
- Broker Academy

Taking the next steps

- Health Equity Advisory Committee
- Collaborating with you

Results of our research

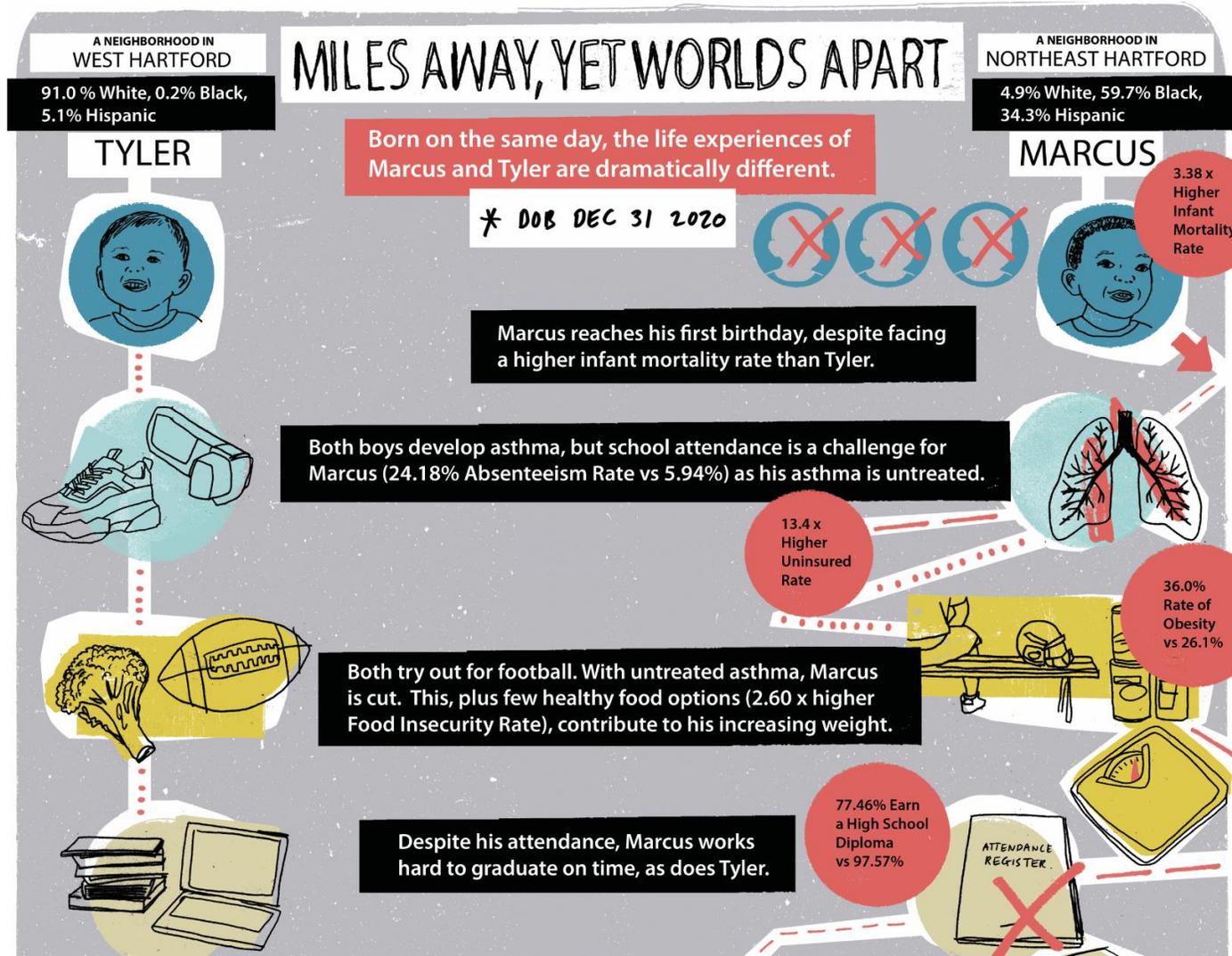


**CT ranks
among
the highest
in health
and wealth**

**CT has significant
health disparities
in low-income
communities**

- ✘ Especially true for communities of color
- ✘ Includes 20-year life-expectancy gap between White and Black males living miles apart

Putting names and faces to our findings

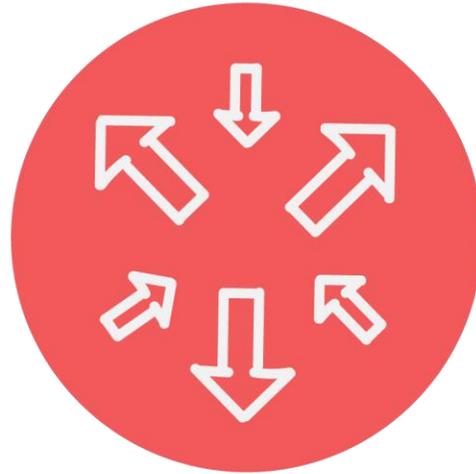


What we've accomplished

Strengthened the department's ability to engage



**Launched
webpage**



**Transitioned
outreach internally**



**Hired additional
team members**



**Integrated
new CRM**



Launched the Broker Academy

Innovative program
**that trains
and certifies**

15

new health
insurance
brokers per
cohort

**Established
a pathway**
for new, licensed
insurance brokers
to enter the
profession

**Builds
the skillset**
of those who
live & work in
**traditionally
underserved
communities**

Creates
**a diverse
insurance
broker**
community

Addresses income disparities
by introducing insurance brokerage
as a model of residual income

**Provides
access to
brokers in
communities
that have few,
if any, brokers**

Helps AHCT to
**build trust by
meeting members**
where they are

Taking the next steps

Partnerships With Purpose, Especially With You

AHCT's mission is in alignment with the empowering work of the community partners.

Together, we have an opportunity to meaningfully connect with Connecticut's residents—especially our most socially vulnerable populations—

to improve their health through the care they access and receive.

OE10 Enrollment Locations

Enrollment Locations:

- **Ferguson Library**

1 Public Library Plaza

Stamford

Monday – Friday 10:00am-6:00pm

- **Raymond Library**

840 Main Street

East Hartford

Monday - Friday 9:00am-5:00pm

Navigator Sites

- Community Renewal Team (CRT) – Hartford
- Community Health Center Association of CT (CHCACT)
Danbury, Willimantic, Norwich, New London
- Greater Bridgeport Area Prevention Program (GBAPP)
Bridgeport
- New Opportunities, Inc (NOI) Waterbury

Enrollment Fairs Statewide

- 14 OE Fairs M - TH 5:00 - 8:00
- 7 Sa & S 10:00 - 1:00

Enrollment Fairs

- **Open Enrollment**

- We are working on identifying top cities based on uninsured rate, African American pop, Latino pop, how well cities performed the past's years, and geographic spread. This list assumes the following things:
 - We would have ELs in Stamford & East Hartford
 - We will have 4Navigator sites
 - We will prioritize top performing sites while ensuring representation in each county.

Questions?



Marketing Updates

Preparing for 2023 Open Enrollment

Promoting Enrollment Year-Round

- Special Enrollment Period for Residents with Lower Income
- Covered Connecticut Program
- Qualifying Life Events
- **Key tactics:** direct mail, emails, one pagers, press releases, social media, toolkit updates



You May Qualify for \$0 Coverage through the Covered Connecticut Program

Covered Connecticut Program

Hi Customer,

Some Connecticut residents that meet specific eligibility requirements are paying \$0 for their health insurance coverage through Access Health CT, thanks to the new Covered Connecticut Program created by the State of Connecticut. The Covered Connecticut Program provides **no-cost** health insurance coverage, plus **no-cost** dental coverage and Non-Emergency Medical Transportation (NEMT) administered by the Connecticut Department of Social Services.

If you meet requirements for the **Covered Connecticut Program**, the State of Connecticut will pay your portion of the monthly payment (premium) directly to

Access Health CT August 31 at 8:00 AM · 🌐

You may qualify for low- or no-cost programs, including HUSKY Health and the Covered CT Program! And even if you do not qualify for these programs, you may still qualify for financial help to pay for the cost of health insurance.

Thanks to the Inflation Reduction Act, the enhanced subsidies that help CT residents pay for the cost of their monthly health insurance payments has now extended for three more years.

Visit AccessHealthCT.com to shop, compare and enroll in a quality... See more

You may still qualify for financial help to pay for the cost of health insurance

Connecting You to Quality Health Insurance Plans

access health CT logo. 2 Likes, 2 Shares. Like, Comment, Share.

Access Health CT 4h · 🌐

Find out if you qualify for \$0 health insurance through the Covered Connecticut Program – attend a free Enrollment Fair this Wednesday in Waterbury from 4-7 pm!

Access Health CT staff will answer your questions and help you enroll in quality, affordable healthcare coverage. Certified Brokers will be on-hand if you need a plan recommendation.

We will be hosting several enrollment fairs – there might be one near you! To register for this Enrollment Fair, or to get more inform... See more

Attend a Covered Connecticut Enrollment Fair

Waterbury Wed, Sept 7, 2022 4 - 7 pm

access health CT logo. Like, Comment, Share.

Open Enrollment 2023

- **Open Enrollment is November 1, 2022 – January 15, 2023**
- **Targeted, customized communications to renewing customers**
 - Encourage shopping & comparing
 - Reference their “Broker of Record” when possible
 - Connect customers with a Broker or CAC for help
 - Additional messaging for 2022 Dental customers
- **Broad, statewide efforts to engage CT residents**

Reaching Customers & Residents During the Open Enrollment Period

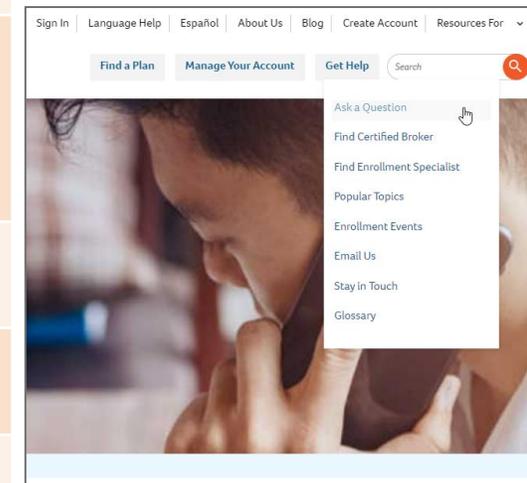
- **Direct Mail**
- **Emails**
- **Texts**
- **Social Media (organic & paid)**
- **Blog Posts**
- **Press Releases / Media**
- **Paid Advertisements (TV, radio, outdoor, etc.)**

Targets for Open Enrollment 2023

- **Retention:**
 - Retain current customers with health and/or dental plans
 - Engage & retain Certified Brokers, CACs and Community Partners
- **Acquisition:**
 - Former customers
 - Uninsured / under-insured CT residents
 - Leads (captured in digital, email, social, outreach)
 - Incomplete applications
 - Newly eligible (e.g. 26-year olds)

Key Broker & CAC Resources

| | |
|-------------------|---|
| Broker Page | AccessHealthCT.com/brokers |
| Community Page | AccessHealthCT.com/community and click 2022 CAC Updates |
| Knowledge Base | AccessHealthCT.com and click Ask a Question under Get Help -OR- Type a question in the search bar at AccessHealthCT.com |
| Toolkit | AccessHealthCT.com/toolkit |
| Blog | AccessHealthCT.com/blog |
| Email Newsletters | *Ask the Broker / CAC Support Team* |



From Our Toolkit

- The toolkit is your one-stop shop for marketing content
- We keep our toolkit updated with the latest enrollment opportunities, messaging, talking points, one pagers and more
- Visit AccessHealthCT.com/toolkit or find it on our homepage at AccessHealthCT.com under *Resources For > Toolkit*

From Our Toolkit, cont'd



Covered Connecticut Program

Some Connecticut residents who meet specific eligibility requirements are paying \$0 for their health insurance coverage through Access Health CT, thanks to the Covered Connecticut Program created by the State of Connecticut and administered by the Department of Social Services. The Covered Connecticut Program now includes dental benefits and non-emergency medical transportation.

If you qualify, the State of Connecticut will pay your portion of the monthly payment (premium) directly to your insurance company (Anthem or ConnectiCare) and will also pay for the cost-sharing amounts that you would typically have to pay with a health insurance plan, such as deductibles, co-pays, co-insurance, and maximum out-of-pocket costs.

Who qualifies for the Covered Connecticut Program?
You must be a Connecticut resident and you must meet all program eligibility requirements in order to pay \$0 for your health insurance plan. You must:

- ✓ Have a household income up to and including 175% of the Federal Poverty Level (FPL) and not qualify for Medicaid because of income (see FPL chart below)
- ✓ Be eligible for financial help, including Advance Premium Tax Credits (APTCs) and Cost-Sharing Reductions (CSRs) and use 100% of the financial help available to you
- ✓ Be enrolled in a Silver-Level Plan

Federal Poverty Level (FPL) chart:

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 175% FPL | \$22,540 | \$30,485 | \$38,430 | \$46,375 | \$54,320 | \$62,265 | \$70,210 | \$78,155 |

How can you find out if you are eligible and enroll?
Complete an application at AccessHealthCT.com. If you're already enrolled in the Covered Connecticut Program, Access Health CT will automatically update your account beginning July 2022. If you're not already enrolled in the Covered Connecticut Program, Access Health CT will review your application to see if you qualify for the Covered Connecticut Program and automatically enroll any eligible customers by July 2022. Make sure Access Health CT has your most up-to-date household income and contact information. For free help enrolling or to find out if you are eligible for the program, call the call center at 1-855-805-4325. If you are deaf or hearing impaired, you may use the TTY at 1-855-789-2428 or contact us with a relay operator. The call center is available Monday through Friday, from 8 a.m. to 4 p.m.

 **access health CT**
Connecting you to quality health insurance plans.



New Special Enrollment Period for Residents with Lower Income

Access Health CT is committed to increasing access to affordable health insurance coverage. This New Special Enrollment Period for Residents with Lower Income will provide access to no-cost or very low-cost health insurance made possible by the American Rescue Plan Act (ARPA).

Who is eligible for the New Special Enrollment Period for Residents with Lower Income?

- ✓ New or returning customers who are not currently enrolled in a health insurance plan through Access Health CT
- ✓ Connecticut residents who are eligible for Advance Premium Tax Credits (APTCs) and have a household income at or below 150% of the Federal Poverty Level (FPL)

Here is a chart that can help you understand if you meet the income requirements:

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 150% FPL | \$19,320 | \$26,130 | \$32,940 | \$39,750 | \$46,560 | \$53,370 | \$60,180 | \$66,990 |

Important notes about availability:

- ✓ Offered only through Access Health CT as Connecticut's official health insurance exchange
- ✓ The American Rescue Plan Act (ARPA) makes health insurance coverage more affordable and accessible for many Connecticut residents by greatly reducing monthly payments (premiums) for many people who enroll through Access Health CT
- ✓ This Special Enrollment Period is open through Plan Year 2022, unless the enhanced subsidies are extended beyond 2022 through federal legislation
- ✓ Coverage will start on the first of the month following enrollment

How can you find out if you are eligible and enroll?
Call the Access Health CT call center: 1-855-805-4325. Operators are available Monday – Friday, from 8 a.m. – 4 p.m. If you are deaf or hearing impaired, you may use the TTY at 1-855-789-2428, or contact us with a relay operator.

 **access health CT**
Connecting you to quality health insurance plans.



Update your contact information

Get the latest news on your HUSKY/Medicaid coverage



See other resources at AccessHealthCT.com/toolkit

Questions? Ideas?

- **How can we help you to serve our customers?**
- **What information are you lacking?**
- **Do you have ideas for an event or partnership?**

Share your input with the Broker/CAC Support team!

Follow and Share @AccessHealthCT



Broker 101

Broker 101

- **Broker Portal Basics**
- **The Tango Process**
- **Self Service Client Lists**
- **Commission**

Broker Portal Basics

Logging into the Portal

Hi, Broker Support | [Log Out](#) | [About Us](#) | [Blog](#) | [Resources For](#) ▾

access health CT

[Get Help](#)

[Live Chat](#)

Security Code

How would you like to receive the Security Code

Send to Email
 Send by SMS
 Send by Voice Call

The pass code will be sent to your mobile at

Security Code*

[Validate >](#)

*Fields marked with * are required.*



VIP Access

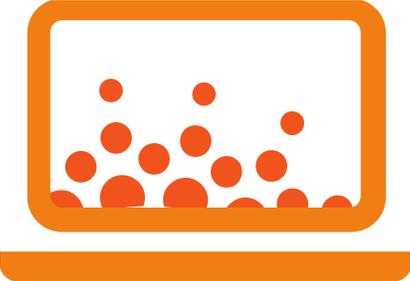
Credential ID
VSST50070110

Security Code 04
795823

Validation & ID Protection



Account Home



Account Home My Clients

Message Center View More

| Message | Date Received |
|--|---------------|
| Your password has been reset | 08/16/2022 |
| Your password has been reset | 08/04/2022 |
| Barton Graham has been accepted as a client | 06/29/2022 |
| Barton Graham has requested assistance | 06/29/2022 |
| Barton Graham has ended your assistance relationship | 06/23/2022 |

Quick Links

- [Change Account Settings](#)
- [My Clients](#)

Announcements

There are no announcements

Client Partnership Requests

| Person | Email | Date | Phone | Client Status | Action |
|---------------------------|-------|------|-------|---------------|--------|
| There are no new requests | | | | | |

Message Center – View More

The screenshot displays the Message Center interface. At the top, there are navigation links for 'Account Home' and 'My Clients'. A dropdown menu is open, showing options: 'All', 'Notice', and 'Change History'. Below this, a search bar is present with the text 'Welcome to your Inbox! Message Center'. The main content area features a table with columns: MESSAGE, DATE RECEIVED, MESSAGE TYPE, VIEW, and LANGUAGE. The table contains several rows of messages, all with 'Change History' as the message type. A second dropdown menu is open over the 'Year' filter, showing options from 2018 to 2022. The current year selected is 2022. The page number '1' is visible at the bottom of the table.

| MESSAGE | DATE RECEIVED | MESSAGE TYPE | VIEW | LANGUAGE |
|--|-----------------|----------------|------|----------|
| Your password has been reset | August 16, 2022 | Change History | | |
| Your password has been reset | August 04, 2022 | Change History | | |
| Barton Graham has been accepted as a client | June 29, 2022 | Change History | | |
| Barton Graham has requested assistance | June 29, 2022 | Change History | | |
| Barton Graham has ended your assistance relationship | June 23, 2022 | Change History | | |
| Barton Graham has been accepted as a client | June 22, 2022 | Change History | | |
| Barton Graham has requested assistance | June 22, 2022 | Change History | | |
| Your password has been reset | May 26, 2022 | Change History | | |
| Your contact information has been updated | March 05, 2022 | Change History | | |
| Your contact information has been updated | March 05, 2022 | Change History | | |

Change Account Settings

Account Home My Clients

[Back to Account Home](#)

Personal Information

General

User Name: bsupport
Password: *****
[Change Password](#)
[Change Security Question\(s\)](#)

Language

Preferred Language: English

Go Paperless: Yes No

Assistance Offered

In-Person Email Phone

Language(s) Spoken

[Change Language\(s\)](#)
Accepting New Customers?: Yes No

Certification Information

Certification Number: 2018
Certification Status: Active
Start Date: 2018/11/28
End Date: 2024/01/31
Account Number: 2018

Contact Information

Website: _____

Work: 280 Trumbull st
Hartford, Connecticut 06103

Mailing: 380 Trumbull 15fl
Hartford, Connecticut 06103

Email: AHCtbrokersupport@ct.gov
Preferred Phone Number: 860-241-8452
Organization: Access Health Ct

[Update Contact Information](#)

Provides Assistance for Special Enrollments?: Yes No

[Update](#)

Keep Your Info
Up to Date!

The Tango Process

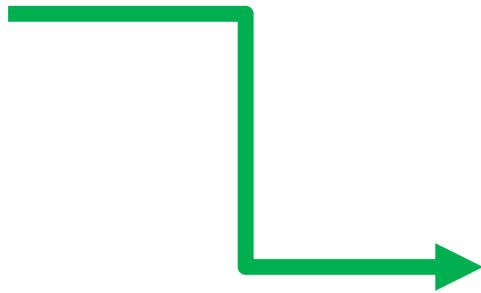


Tango Before Completing an Application

To ensure you receive proper commission, tango with the consumer
BEFORE you complete an application

The Consumer Account Home

Here you can view the consumer's enrollment history in the same Dashboard Format that was previously shown directly on the Account Home Page, as well as view and update PCP Information when applicable.



I want to...

| | | |
|---|---|---|
| Apply for Coverage > | See What I Need to Provide > | Read My Messages > |
| Get My Tax Forms > | View Application Details > | Manage My Assistance > |
| Edit My Settings > | | |

Additional Actions

[View Enrollment History](#)

[View My Primary Care Provider](#)

Before a consumer has Tangoed, this tile will read "Find Assistance"

A green circle highlights the 'Manage My Assistance >' tile in the dashboard, with a green arrow pointing from it to the 'Find Assistance >' tile on the right.

| |
|--------------------------------------|
| Find Assistance > |
|--------------------------------------|

The Get Help Tool

Assistance Search

Please enter information below to find an individual who can assist you.

I need...

- Help from an Enrollment Specialist (Certified Application Counselor) to answer my questions and help me enroll.
- A Certified Broker to help me select a health care plan for me and/or my family.

Zip Code

Eg: 06101

Last Name

Eg: Smith

Language Preference

-- Any --

Within Miles

5

Organization Name

-- Any --

Town/City

-- Any --

If you need immediate help, please contact the Call Center at: 1-855-805-4325. Individuals with a hearing disability, please call the TTY line at: 1-855-789-2428.
If you need assistance in a language other than English, you may contact us at the number above.

< Back

Search >

The Consumer View (part 1)

Search Results

NEED HELP CHOOSING A PLAN?

Our Certified Brokers can help you choose a private health plan (also known as Qualified Health Plan) at no cost. Simply call 1-855-805-4325.

 Live Chat

- For additional help from Certified Brokers, please see the list below.

1 Found, Displaying 1-1

« Previous **1** Next »

Search Results

| Name | Organization Name | Assistance Offered | Contact Information | Spoken Language(s) | Accepting New Customers? | Provides Assistance for Special Enrollments? | Action |
|---------------|-------------------|--------------------|---|--------------------|--------------------------|--|---|
| Access Health | Access Health Ct | In Person | 280 Trumbull st Hartford 06103 (860) 757-1605 | | YES | YES |  |

« Previous **1** Next »

If you need immediate help, please contact the Call Center at: 1-855-805-4325. Individuals with a hearing disability, please call the TTY line at: 1-855-789-2428.

If you need assistance in a language other than English, you may contact us at the number above.

[< Back](#)

The Consumer View (part 2)

Confirm your request ✖

| | |
|----------------------|------------------------------------|
| Name: | Access Health |
| Organization: | Access Health Ct |
| Address: | 280 Trumbull st, , Hartford, 06103 |
| Website: | |
| Email: | |
| Phone: | (860) 757-1605 |

[Go Back](#) [Confirm](#)

The Consumer View (part 3)

Account Home > Add Contact Information Live Chat

Add Contact Info

*Fields marked with * are required.*

Please complete the fields below. The Broker will use this information to contact you.

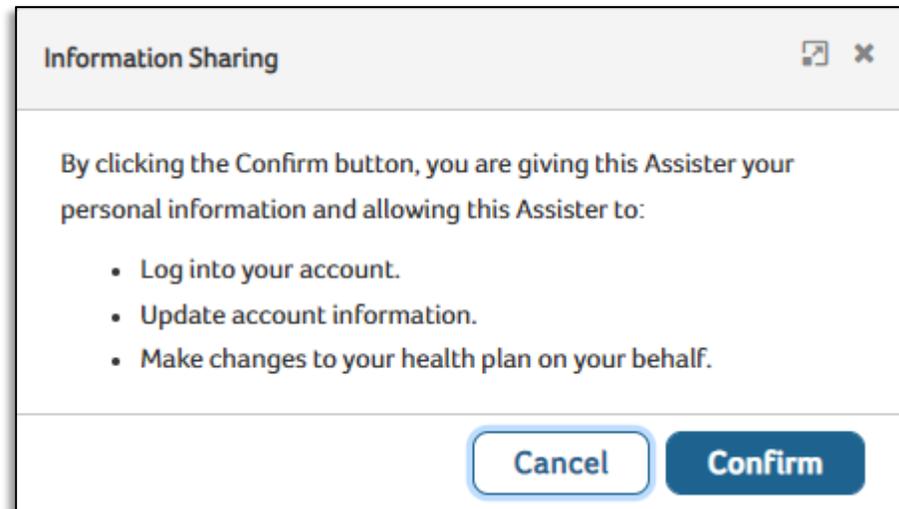
| | | |
|---|-----------------------------------|--|
| Phone Number* | Phone Type* | E-Mail Address |
| <input type="text" value="8602418452"/> | <input type="text" value="Work"/> | <input type="text" value="bartongraham@live.com"/> |

Note: If you have a current application, we used the contact information on file. Any updates made here will not be reflected in your account.

If you need immediate assistance with your application, please contact the call center at: 1-855-805-4325. Individuals with a hearing disability may contact the Call Center via the TTY line at: 1-855-789-2428.

[< Back](#) [Submit >](#)

The Consumer View (part 4)



Broker Action - Accept

| Client Partnership Requests | | | | | |
|-----------------------------|-----------------------|------------|--------------|--------------------|--|
| Person | Email | Date | Phone | Client Status | Action |
| Barton Graham | bartongraham@live.com | 09/12/2022 | 860-241-8452 | Enrollment Started | <input type="button" value="Accept"/> <input type="button" value="Decline"/> |

Broker Action- Decline

Decline Request

Please provide the reason(s) why you are unable to partner with Barton Graham at this time.

Reason:*

Select an Option

Comments:*

Select an Option

Select an Option

Client is geographically distant from my location

Unable to take on new clients

I do not speak the same language as this client

This client has special (disability) needs that I can't serve

Other

Self Service Client Lists & Commission

Choose Coverage Type

First Name

Last Name

Phone

Active Carrier Enrollment

Email Address

Coverage Type

Application Status

Client Since

[Export](#) [Reset](#) [Search >](#)

5 Found, Displaying 1-5

« Previous **1** Next »

My Clients

| Name | Email | Phone | Client Since | Open Enrollment/Renewal Date | Active Carrier Enrollment | Application Status | QHP Enrollees | Action |
|---------------|-------|-------|--------------|------------------------------|-----------------------------------|-------------------------|---------------|------------------------|
| Max Vestappen | | | 08/04/2022 | 12/01/2022 | Anthem Blue Cross and Blue Shield | Partially Enrolled | 1 | Remove |
| Max Vestappen | | | 08/04/2022 | 12/01/2022 | Anthem Blue Cross and Blue Shield | Partially Enrolled | 1 | Remove |
| Max Vestappen | | | 08/04/2022 | 12/01/2022 | Anthem Blue Cross and Blue Shield | Completed | 2 | Remove |
| max Vestappen | | | 11/02/2022 | 11/01/2022 | Anthem Blue Cross and Blue Shield | Completed | 1 | Remove |
| Max Vestappen | | | 08/04/2022 | | | Application Not Started | | Remove |

« Previous **1** Next »

Health/Dental

Refine By Carrier & Application Status

Account Home

First Name
Eg: John

Active Carrier Enrollment

- Anthem Blue Cross and Blue Shield
- ConnectiCare Benefits Inc
- ConnectiCare Benefits, Inc.
- ConnectiCare Insurance Company, Inc.
- HealthyCT
- HealthyCT Inc
- UnitedHealthcare

Account Home

First Name
Eg: John

Active Carrier Enrollment

Application Status

- Application Not Started
- Cancelled
- Completed
- Denied
- Determined
- Enrollment In Progress
- Enrollment Started
- Inactive
- In Process
- Partially Enrolled
- Submitted

| Name | Email | Phone |
|------|-------|-------|
|------|-------|-------|



Export Your Own Client Lists

Account Home My Clients

First Name: Eg: John
Last Name: Eg: Smith
Phone: Eg: 888-123-8888
Active Carrier Enrollment
Application Status: Application Not Started

Carrier name is only populated in the event the enrollee is actively enrolled with the carrier and their enrollment is not in a canceled, terminated, or renewed status.

Export Reset Search >

My Clients

| Name | Email | Phone | Client Since | Open Enrollment/Renewal Date | Active Carrier Enrollment [?] | Application Status | QHP Enrollees | Action |
|--------------------|-------|-------|--------------|------------------------------|--|-------------------------|---------------|--------|
| bill gates | | | 11/14/2019 | | | Application Not Started | | Remove |
| Luke Bajana | | | 11/14/2019 | | | Application Not Started | | Remove |
| Roberto Blundo | | | 11/14/2019 | | | Application Not Started | | Remove |
| Unenrolled Account | | | 02/27/2021 | | | Application Not Started | | Remove |
| Jim Halpert | | | 10/27/2021 | | | Application Not Started | | Remove |

Example of the Exported Client List

Client lists will export as excel spreadsheets with any filters you may have selected. You can save as many copies as needed with any different filter settings as you'd like.

| | A | B | C | D | E | F | G | H | I | J | K |
|----|--------------------------|-------------------------|------------------------|------------------|--------------|-----------------|---------------------------|-------------------------|-------------|------------------------------|---------------|
| | CONSUMER_USER_FIRST_NAME | CONSUMER_USER_LAST_NAME | CONSUMER_LOGIN_USER_ID | LOGICAL_APPLN_ID | CLIENT_SINCE | OE_RENEWAL_DATE | ACTIVE_CARRIER_ENROLLMENT | APPLN_STATUS | PHONE_NUMBE | | QHP_ENROLLEES |
| 1 | | | | | | | | | | | |
| 2 | Bill | Gates | testemail2480 | 10403037 | 07/19/2020 | 06/14/2022 | N/A | Determined | 8606708664 | kc.shailesh01@gmail.com | N/A |
| 3 | Marlude | Pierre-Louis | livetostrive2 | 10399891 | 05/14/2020 | 06/11/2022 | N/A | Determined | N/A | marludepierrelouis@gmail.com | N/A |
| 4 | Barton | Graham | bartonwgraham | 4985857 | 08/12/2021 | 11/07/2017 | N/A | Enrollment Started | 2034908566 | theicarusdescent@gmail.com | N/A |
| 5 | TestWarranty | ReleaseOne | testwarranty1.0 | 9465525 | 05/22/2020 | 06/05/2021 | N/A | Completed | N/A | N/A | N/A |
| 6 | bill | gates | prctest.nazhu43 | N/A | 11/14/2019 | N/A | N/A | Application Not Started | N/A | N/A | N/A |
| 7 | Luke | Bajana | lebajana | N/A | 11/14/2019 | N/A | N/A | Application Not Started | N/A | N/A | N/A |
| 8 | Roberto | Blundo | rab04004 | N/A | 11/14/2019 | N/A | N/A | Application Not Started | N/A | N/A | N/A |
| 9 | Unenrolled | Account | unenrolled | N/A | 02/27/2021 | N/A | N/A | Application Not Started | N/A | N/A | N/A |
| 10 | Jim | Halpert | bigjimh | N/A | 10/27/2021 | N/A | N/A | Application Not Started | N/A | N/A | N/A |
| 11 | | | | | | | | | | | |

Commission

- Please reach out to the Carriers for commission related issues.
- Any commission concerns returned from the carrier please reach out to the Broker Support Team IMMEDIATELY.

For commission related issues please sent requests to

AHCTbrokersupport@ct.gov

Resources

Contact Us

Email Inboxes:

- Broker Support : AHCTbrokersupport@ct.gov
- Broker Registration: BrokerRegistration.AHCT@ct.gov
- Compliance: BrokerCompliance.AHCT@ct.gov

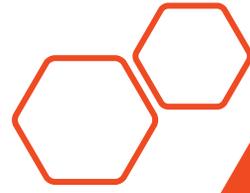
Broker Webpage:

<https://www.accesshealthct.com/brokers>

Quick Links

- [The Covered CT Program](#)
- [Non-Emergency Medical Transportation \(NEMT\)](#)
- [Symantec VIP Soft Token Installation Guide](#)

Q & A Segment





**Thank you for
joining!**