



BULLETIN HC-90
NOVEMBER 1, 2012

TO: ALL INSURANCE COMPANIES, FRATERNAL BENEFIT SOCIETIES, HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS AND HEALTH CARE CENTERS THAT DELIVER OR ISSUE INDIVIDUAL AND SMALL EMPLOYER GROUP HEALTH INSURANCE POLICIES IN CONNECTICUT

RE: FILING REQUIREMENTS FOR INDIVIDUAL AND SMALL EMPLOYER GROUP HEALTH INSURANCE POLICIES SUBJECT TO THE AFFORDABLE CARE ACT

The Connecticut Insurance Department (CID) anticipates a large volume of filings to be made for health insurance policies subject to the requirements of the Affordable Care Act (ACA) effective January 1, 2014. These requirements pertain to filings for the Connecticut Health Insurance Exchange (HIX) as well as policies to be sold in the commercial market. All policy forms are subject to prior approval, but CID will provide some flexibility regarding the timing of health filings subject to this bulletin to facilitate the process and meet the needs of HIX.

Essential Health Benefit Plans

The State has selected the benchmark plan to set the essential health benefits for 2014 and 2015. The listing of coverages is provided as an appendix to this bulletin. All plans in the individual and small employer group markets both inside and outside of the exchange are required to provide coverage for the essential health benefits. A copy of the selected benchmark plan can be found on the Department website.

Form Filings

CID is requiring that complete contracts be filed for all individual and small group policies or certificates subject to this bulletin to be issued on or after January 1, 2014 both in and out of HIX. To facilitate the plan management functions of HIX, a separate submission should be made for forms to be offered in the exchange, and the form number must include the prefix "HIX" for easy identification. The forms for the exchange must not contain any variable language. To ensure forms are approved prior to being filed with HIX, CID requests that filings of policies and certificates for plans to be offered in HIX be made in November 2012. Filings will be reviewed in the order received.

Submissions of policies and certificates to be offered outside of HIX may be filed at a later date allowing no less than 3 months prior to the date marketing of the product will begin. If a form is to be

issued outside of HIX that was submitted or approved for HIX, a red-lined version of the HIX form should be filed with a reference to the HIX filing including the state tracking number if available. The same form number excluding the prefix "HIX" should be used. Variable language is acceptable in the form filings for offerings outside of HIX provided all variability is thoroughly explained.

Schedules of benefits can no longer be filed with variable language for products offered inside or outside of the exchange. Separate schedules of benefits must be filed for each unique offering and be assigned a unique form number that incorporates a prefix that identifies the metal tier. For uniformity, the prefixes should be B, S, G, and P for bronze, silver, gold and platinum levels. The specific cost sharing for that offering must be provided along with the Actuarial Value. The filing should include a certification by a member of the American Academy of Actuaries regarding the calculation of the actuarial values of the metal levels.

Since the Center for Consumer Information and Insurance Oversight (CCIIO) has not yet published their calculator for determining the actuarial value of the essential health benefits, policy forms and certificates may be filed without the schedule of benefits so as not to delay the review and approval of these forms. The schedules of benefits may be filed at a later date with a target date not later than January, 2013.

Rate Filings

Rate filings should be made in accordance with Bulletin HC-81-2 and HC-88 if applicable. Generally, policy form and rate filings are not approved until both filings are complete. For the health insurance policies subject to this bulletin, CID will approve the form filings in advance of required rate filings for products to be made available on January 1, 2014. In addition once a rate filing is submitted to CID, carriers may submit corresponding rates to the Exchange for set up and testing with notice that such rates are subject to approval by CID. In no circumstance can an unapproved rate be offered during an open enrollment period.

QUESTIONS

Please contact the Insurance Department Life and Health Division at cid.lh@ct.gov with any questions.



Thomas B. Leonardi
Insurance Commissioner

2014-2015 Essential Health Benefits in Connecticut

SERVICE	LIMIT
Outpatient Services	
PCP Office Visits (non-preventive)	
Specialist Office Visits	
Outpatient Surgery Physician/Surgical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Home Health Care Services	100 visits/year
Emergency Services	
Emergency Room	
Emergency Transportation/Ambulance	per state mandate*
Walk-in/Urgent Care Centers	
Hospitalization	
Inpatient Hospital (Facility & Provider Services)	
Skilled Nursing/Rehabilitation Facility	90 days/year
Hospice	life expectancy of 6 months or less
Residential Treatment Facilities	
Mental Health and Substance Use Disorder Services	
Mental/Nervous and Substance Abuse Services	Same as any other illness
Rehabilitative and Habilitative Services and Devices	
Outpatient Rehabilitation Services (PT/OT/ST)	40 visits(combined)/year
Cardiac Rehabilitation	
Chiropractic Visits	20 visits/year
Durable Medical Equipment	
Prosthetics	
Ostomy Appliances and Supplies	per state mandate*
Diabetic Equipment and Supplies	
Wound care supplies	per state mandate*
Disposable Medical Supplies	
Hearing Aids	for children under 12 ; 1/every 24 months
Surgically Implanted Hearing Devices	
Wigs	per state mandate*
Birth to Three	per state mandate*
Prescription Drugs	
Laboratory and Imaging Services	
Laboratory services	
Non-advanced radiology	
Advanced imaging (includes MRI, PET, CAT, nuclear cardiology)	
Preventive and Wellness Services and Chronic Disease	
Adult Physical Exam	ages 22-49 every 1-3 years and age 50 1/year as recommended by physician
Preventive Services	Based USPSTF A and B Recommendations
Prenatal and Postnatal Care	
Infant/Pediatric Physical Exam	In accordance with national guidelines
Routine Immunizations	In accordance with national guidelines
Routine Gynecological Exam	1/year
Screening for gestational diabetes	in pregnant women between 24 and 28 weeks of gestation and at first prenatal visit for high risk of diabetes
Human Papillomavirus Testing	Women aged 30+; 1/every 3 years
Counseling for Sexually Transmitted Infections	For women 1/year
Counseling and Screening for HIV	For women 1/year
Contraceptive Methods and Counseling	For women
Breastfeeding Support, Supplies and Counseling	For women
Screening and Counseling for Interpersonal and Domestic Violence	For women 1/year
Preventive Lab Services	Complete blood count & urinalysis once/year
Baseline Routine Mammography	1 between ages 35-39 ; 1/year age 40+
Adult Routine Vision Exam	1/year
Routine Cancer Screenings	In accordance with national guidelines

*Since PPACA prohibits annual dollar limits, any dollar limits in state mandates no longer apply

2014-2015 Essential Health Benefits in Connecticut

SERVICE	LIMIT
Blood lead screening and risk assessment	per state mandate*
Bone density	1/every 23 months
Pediatric Hearing Screening	under age 19 as part of physical
Other Services	
Craniofacial Disorders	per state mandate*
Oral Surgery for Treatment of Tumors, Cysts, Injuries, Treatments of Fractures Including TMJ and TMD	TMJ for demonstrable joint disease only
Dental Anesthesia	per state mandate*
Reconstructive Surgery	To correct serious disfigurement or deformity resulting from illness or injury, surgical removal of tumor, or treatment of leukemia; For correction of congenital anomaly restoring physical or mechanical function
Maternity	
Mastectomy	per state mandate*
Breast Reconstructive Surgery after Mastectomy Including on Non-diseased Breast to Produce a Symmetrical Appearance	per state mandate*
Breast prosthetics	per state mandate*
Breast Implant Removal	per state mandate*
Autism Coverage	per state mandate*
Clinical Trials	per state mandate*
Solid Organ and Bone Marrow Transplants	
Medically Necessary Donor Expenses and Tests	
Transportation, Lodging and Meal Expense for Transplants	up to \$10,000 per episode (initial evaluation until sooner of discharge or cleared to return home)
Lyme Disease Treatment	per state mandate*
Allergy Testing	Up to \$315 every 2 years
Diabetes Education	per state mandate*
Sterilization	
Casts and Dressings	
Renal Dialysis	
Sleep Studies	1 complete study/lifetime
Pain Management	per state mandate*
Neuropsychological Testing	per state mandate*
Accidental Ingestion of a Controlled Drug	per state mandate*
Diseases and Abnormalities of the Eye	Annual retina exams for members with glaucoma or diabetic retinopathy
Corneal Pachymetry	1 complete test/lifetime
Infertility	per state mandate*
Genetic Testing	For members who have or are suspected of having a clinical genetic disorder
Specialized Formula	per state mandate*
Nutritional Counseling	2 visits/year
Enteral or Intravenous Nutritional Therapy	
Modified Food Products for Inherited Metabolic Disease	per state mandate*
Pediatric Vision Care	
Routine Eye Exam	1 exam/year
Lenses	1 pair/year
Frames	1 frame/year
Contact lenses	1 fitting and set of lenses/year
Pediatric Oral Care	
Exams	1 every 6 months
Bitewings	1 time/year
Other X-rays	
Sealants	On premolar and molar teeth
Fluoride treatments including topical therapeutic fluoride varnish application	For clients with moderate to high risk of dental decay

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2014-2015 Essential Health Benefits in Connecticut

SERVICE	LIMIT
Access for Baby Care Early Dental Examination and Fluoride Varnish where an oral health screen, oral health education and fluoride varnish are applied to children's teeth during well child examinations	up to 4 years of age
Dental Orthodontia (under age of 19)	
Replacement Retainer	Limited to one time per lifetime
Amalgam and Composite Restorations (Fillings)	
Fixed Prosthodontics: Crowns, Inlays and Onlays	
Recement Bridges, Crowns Inlays & Space Maintainers	
Removable Prosthodontics: Full or Partial Dentures	
Repair, Relining and Rebasing Dentures	
Intermediate Endodontic Services	
Major Endodontic Services: Root Canal Treatment, Retreatment of root canal therapy; apicoectomy; apexification	
Oral Surgery: Surgical Extraction, including impacted teeth	
Non-surgical Extraction	
Periodontal Surgery and Services	
Space Maintainers	
General Anesthesia and Sedation	
Miscellaneous Adjunctive Procedures	

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