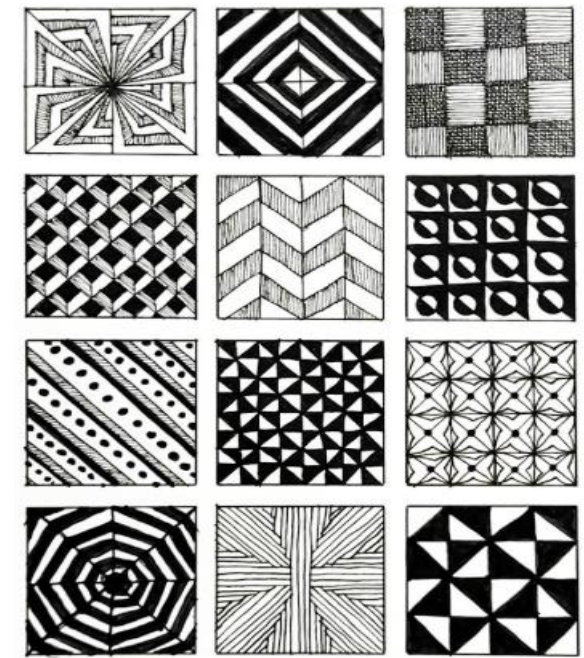


Release 47

Going live: October 10, 2025



#	Tickets	Title	Slide #
1	PT-18323	HIX Call Center Worker should have read access to Manage SEP quick link	3
2	PT-18893	Add Pay Now link allowing consumers to pay their 1st month premium	4
3	PT-19095	Clicking Proceed to Renewal is not allowing consumer to Proceed	14
4	PT-20158	End Enhance Premium Tax Credit Assessments for 2026	16
5	PT-19920	Utilize Single Year FTR Codes for Verification and Eligibility Purposes	On hold
6	PT-19922	Roll Back Annual Income Verifications to a 90 Day Period	17
7	PT-19921	Open Annual Income Verifications for Income Returned of Less Than 100% of FPL	On hold
8	PT-19923	Create Annual Income Verifications Even When Hub Cannot Provide Positive Verification	On hold
9	PT-20191	End APTC Eligibility for Households Under 100% of the FPL	18
10	PT-20294	Combine Pediatric and Adult Dental and Vision Tabs	19
11	PT-20295	Add "2 visits per year" to label	19
12	PT-20155	Add new Dental carrier to the HIX system	22
13	PT-19919	Remove the Expanded Categories of Lawful Presence	23
14	PT-19841	ICHRA Enhancements #2	24
15	PT-19267	Allow Tax Filers to consent to receiving their 1095A tax forms electronically	25



On hold – The change is going into the system. However, it's a flag implementation, it can be turned "ON" when or if the proposed change occurs. Right now, those changes are "OFF."

HIX Call Center Worker should have read access to Manage SEP Quicklink

Call Center staff will now have read-only access to view the Manage SEP VCL screen in the Worker Portal. History can be viewed. The drop-down menu choices are the same as the VCL Quick Link (Not verified, Verified, Provided, Failed, etc.)

access health CT

DEVELOPMENT

Welcome dev1 ccuser01

LOGOUT

Account Home

HOME

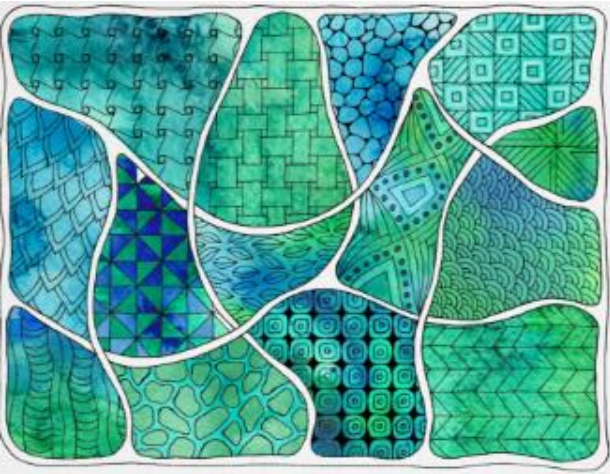
FAQ

Verification Checklist

Household Member

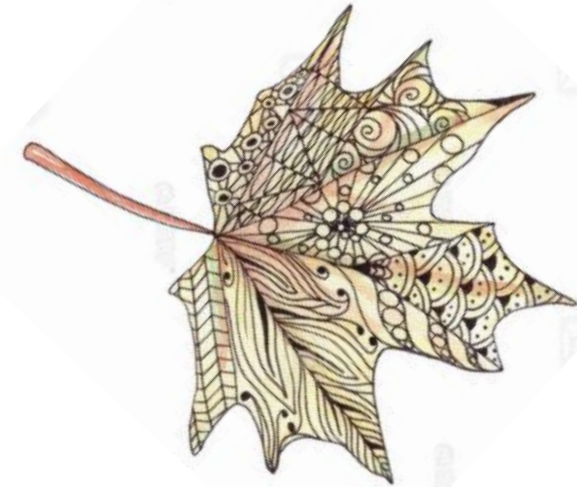
	Verification Type	
ppClientAA test	Proof of Move to Connecticut	<div>Not Verified</div> <div>View History</div>
Created Date : 09/05/2024		Due Date : 10/05/2024
		Initiate Date :

Cancel



Add Pay Now link allowing consumers to pay their 1st month premium

1. The "Pay Now" button will appear in **Consumer Portal** for both **Health and Dental Plans** for **Connecticare** and only the **initial premium payment**.
 - a) On the 'Plan Summary' screens.
 - b) On the 'Account home Dashboard' in Enrollment details section.
2. Pay Now functionality will be available starting **2026 Plan Year for Connecticare**.
3. "Pay Now" button will not display for below enrollments:
 - a) Covered CT
 - b) One of the household members has ICHRA enrollment
 - c) When the Responsible Amount is \$0
 - d) Email ID is not present
 - e) Enrollment status is 'Confirmed'
4. The "Pay Now" button will be displayed on below conditions:
 - a) If enrollment status is 'Initiated' (applicant enrolled but has not made first payment) and the subscriber's Email ID is present, then it will display "Pay Now".
 - b) If there is an APTC, then there is another check to display "Pay Now" when sum of individual's premium less APTC amount > \$0.
 - c) Only verified SEP member premiums will be shown.



IMPORTANT – Only the Consumer Portal has this feature. Release 48 will have changes to the Worker Portal. In the meantime, CCRs have no role in “Pay Now”. However, they can refer members to the Consumer Portal and make sure the member’s application has their current email address. You will see “Pay Now” on the WP screens but only because WP and CP share the enrollment screens.

Add Pay Now link allowing consumers to pay their 1st month premium, continued

5. A validation message is displayed on 'Plan Summary' page (first step Plan Summary and final Plan Summary) when "Pay Now" is showing.

Your policy is not active until you make the first month's payment with the issuer. To make your first payment, click the red "Pay Now" button below. Please note that Access Health CT does not collect payments and does not link you to the issuer system with the exception of this first-time payment. Please contact the issuer for all questions regarding payments.

6. An alert is displayed on 'Account Home Dashboard' if the "Pay Now" button is applicable for the application.

Activate Your Coverage

Your coverage is not active until you make your first month's payment. If you would like to make that payment now, please click [here](#).

Click of '[here](#)' expands the 'Enrollment Details' section.

7. When the user clicks on "Pay Now", a warning pop-up will be displayed with the text "You are about to be directed to an external website, which will open in a new browser window." Two buttons give the choice of "Return to Access Health CT" or "Continue to External Website". When user clicks on "Continue to External Website", carrier URL page will be opened in a new tab/new window.

Add Pay Now link allowing consumers to pay their 1st month premium, continued

8. On 'Plan Summary' page, a validation message will be displayed when Email ID is not present but all other conditions to show "Pay Now" button are met.

Your policy is not active until you make the first month's payment with the issuer. The issuer's online payment system requires an email address. Please provide an email address [here](#) for a link to the issuer's payment system.

When clicking on the hyperlink the consumer will land on 'Update Contact Information' screen.

9. On 'Account Home Dashboard' page, a validation message will be displayed when Email ID is not present but all other conditions to show "Pay Now" button are met.

Your policy is not active until you make the first month's payment with the issuer.

The issuer's online payment system requires an email address. Please provide an email address [here](#) for a link to the issuer's payment system.

When clicking on the hyperlink the consumer will land on 'Update Contact Information' screen.

Important Takeaway: For this process to work for the consumer, we need their email address. The carrier requires the email to send back a receipt confirmation.

Add Pay Now link allowing consumers to pay their 1st month premium, continued

Language Help

Enrollment

Congratulations! You've completed your application. Here's a summary of your enrollment:

Your policy is not active until you make the first month's payment with the issuer. To make your first payment, click the red "Pay Now" button below. Please note that Access Health CT does not collect payments and does not link you to the issuer system with the exception of this first time payment. Please contact the issuer for all questions regarding payments.

Plan Summary

Applicant Name

Kyle Chadwik

Date Received

January 1, 2026

Your Current Enrollment

Health

ConnectiCare

Benefits, Inc.

175 Scott Swamp Road, Farmington, CT 06032, Phone 800-251-7722, <https://main.myconnecticare.com/contact-us>

Choice Gold Standard POS ([View Coverage Summary](#))

Plan year 2026

Monthly Premium For Household

\$207.32

Pay Now

(After APIC of \$657.00) Selected Monthly Advanced Premium: \$207.32

January 1, 2026 to December 31, 2026

Enrolled Member:

Kyle Chadwik

Enrollment Status

Enrolled - Pending Payment

Individual Monthly Premium:
(without tax credit)

\$864.32

Coverage Effective Date:

February 1, 2026

Coverage End Date:

December 31, 2026

Dental

ConnectiCare

Benefits, Inc.

175 Scott Swamp Road, Farmington, CT 06032, Phone 800-251-7722, <https://main.myconnecticare.com/contact-us>

Choice Basic Dental Plan ([View Coverage Summary](#))

Plan year 2026

Monthly Premium For Household

\$26.95

Pay Now

Enrolled Member:

Kyle Chadwik

Enrollment Status

Enrolled - Pending Payment

Individual Monthly Premium:

\$26.95

Coverage Effective Date:

February 1, 2026

Coverage End Date:

December 31, 2026

Add Pay Now link allowing consumers to pay their 1st month premium, continued

Hi, Leonie Ali | Log Out | Español

access health CT


Account Home

Alert!

4


You may need to provide important documents!

There is/are (4) document(s) we need. [See what you need to provide.](#)



Has any of your contact information changed? Help us stay in touch!

Click on "Edit My Settings" then click "Update Contact Information" to update your phone number, email or mailing address.



Activate Your Coverage

Your coverage is not active until you make your first month's payment. If you would like to make that payment now, please click [here](#).

I want to...

Report Income or

Update Covered CT

See What I Need to

Add Pay Now link allowing consumers to pay their 1st month premium, continued

My Insurance/Current Enrollment

Enrollment Details [-]

Health

ConnectiCare 175 Scott Swamp Road, Farmington, CT 06032, Phone 800-251-7722, <https://main.myconnecticare.com/contact-us>

Choice Bronze Standard POS [View Coverage Summary](#) [Plan year 2026](#)

Monthly Premium For Household **\$97.20** **Pay Now**

(After APTC of \$1,081.00) Selected Monthly Advanced Premium

Enrolled Member:	BSDPaynow pone	Enrolled Member:	Ptwo bedpaynw
Enrollment Status:	Enrolled - Pending Payment	Enrollment Status:	Enrolled - Pending Payment
Individual Monthly Premium: <small>(without tax credit)</small>	\$593.04	Individual Monthly Premium: <small>(without tax credit)</small>	\$589.16
Coverage Effective Date:	Coverage End Date:	Coverage Effective Date:	Coverage End Date:
February 01, 2026	December 31, 2026	February 01, 2026	December 31, 2026

Dental

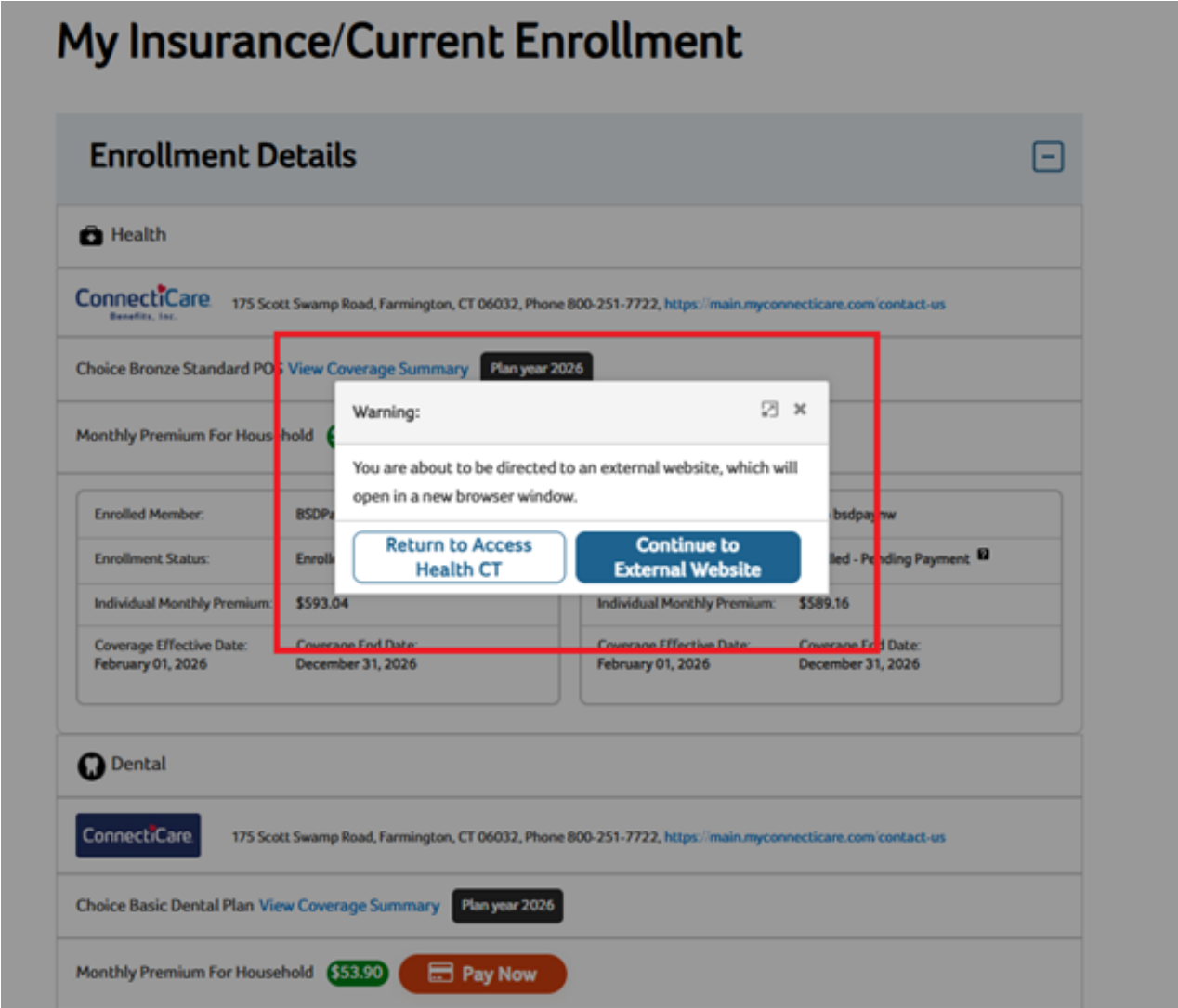
ConnectiCare 175 Scott Swamp Road, Farmington, CT 06032, Phone 800-251-7722, <https://main.myconnecticare.com/contact-us>

Choice Basic Dental Plan [View Coverage Summary](#) [Plan year 2026](#)

Monthly Premium For Household **\$53.95** **Pay Now**

Enrolled Member:	BSDPaynow pone	Enrolled Member:	Ptwo bedpaynw
Enrollment Status:	Enrolled - Pending Payment	Enrollment Status:	Enrolled - Pending Payment
Individual Monthly Premium:	\$26.95	Individual Monthly Premium:	\$26.95
Coverage Effective Date:	Coverage End Date:	Coverage Effective Date:	Coverage End Date:
February 01, 2026	December 31, 2026	February 01, 2026	December 31, 2026

Add Pay Now link allowing consumers to pay their 1st month premium, continued



Add Pay Now link allowing consumers to pay their 1st month premium, continued

access health CT

Enroll Now

Hi, Darren Marks | [Log Out](#) | [Español](#) | [Account Home](#)

Application

Eligibility

Enrollment

Language Help

Enrollment

Live Chat

Congratulations! You've completed your application. Here's a summary of your enrollment:

⚠️ Your policy is not active until you make the first month's payment with the issuer. The issuer's online payment system requires an email address. Please provide an email address [here](#) for a link to the issuer's payment system.

Plan Summary

Applicant Name

Applicant Date Received

Darren Marks

November 1, 2025

Your Current Enrollment

Health

ConnectiCare

175 Scott Swamp Road, Farmington, CT 06032, Phone 800-251-7722, <https://main.myconnecticare.com/contact-us>

Choice Bronze Alternative EPO

[View Coverage Summary](#)

Plan year 2026

Monthly Premium For Household

\$1,069.72

Enrolled Member:

Alex ASMIT

Enrollment Status

Enrolled - Pending Payment

Individual Monthly Premium:

\$534.86

Coverage Effective Date:

January 1, 2026

Coverage End Date:

December 31, 2026

Enrolled Member:

Darren Marks

Enrollment Status

Enrolled - Pending Payment

Individual Monthly Premium:

\$534.86

Coverage Effective Date:

January 1, 2026

Coverage End Date:

December 31, 2026

access health CT

11

Add Pay Now link allowing consumers to pay their 1st month premium, continued

Alert!

4

You may need to provide important documents!
There is/are (4) document(s) we need. [See what you need to provide.](#)

⚠

Has any of your contact information changed? Help us stay in touch!
Click on "Edit My Settings" then click "Update Contact Information" to update your phone number, email or mailing address.

⚠

Your policy is not active until you make the first month's payment with the issuer
The issuer's online payment system requires an email address. Please provide an email address [here](#) for a link to the issuer's payment system.

I want to...

Report Income or Household Changes >

Update Covered CT Preference >

See What I Need to Provide >

4

Add Pay Now link allowing consumers to pay their 1st month premium, continued

Health

ConnectiCare

Benefits, Inc.

175 Scott Swamp Road, Farmington, CT 06032, Phone 800-251-7722, <https://main.myconnecticare.com/contact-us>

Choice Silver Standard POS ([View Coverage Summary](#))

Plan year 2026

Monthly Premium For Household **\$1.81**

Pay Now

(After APTC of \$783.77) Selected Monthly Advanced Premium Tax Credit effective January 1, 2026 to December 31, 2026

Enrolled Member:	Stan Stan
Enrollment Status	Enrolled - Pending Payment
Individual Monthly Premium: (without tax credit)	\$785.58
Coverage Effective Date:	Coverage End Date:
January 1, 2026	December 31, 2026

Warning:

You are about to be directed to an external website, which will open in a new browser window.

Return to Access Health CT

Continue to External Website

Anthem

108 Leigus Road, Wallingford, CT 06492, Phone 855-738-6644, <http://www.anthem.com>

Silver PPO Standard Pathway ([View Coverage Summary](#))

Plan year 2025

Monthly Premium For Household **\$6.53**

(After APTC of \$580.00) Selected Monthly Advanced Premium Tax Credit effective December 1, 2025 to December 31, 2025

Enrolled Member:	Stan Stan
Enrollment Status	Enrolled - Pending Payment
Individual Monthly Premium: (without tax credit)	\$586.53

Clicking Proceed to Renewal is not Allowing Consumer to Proceed

HIX will now allow consumers to proceed with the renewal flow in the Consumer Portal when an application is an “Unsubsidized” application or “Subsidized” application and the answers to Covered CT questions are “Null” or “Don’t Know”.

1. When the consumer logs into their Consumer Portal during the renewal time, below are the steps:



Step 1: They land on the Account Home dashboard with a tile “Report a Change for <current year>/ Renew Coverage for <Next Year>”

Step 2: Click on ‘Report a Change for current year/ Renew Coverage for next year’.

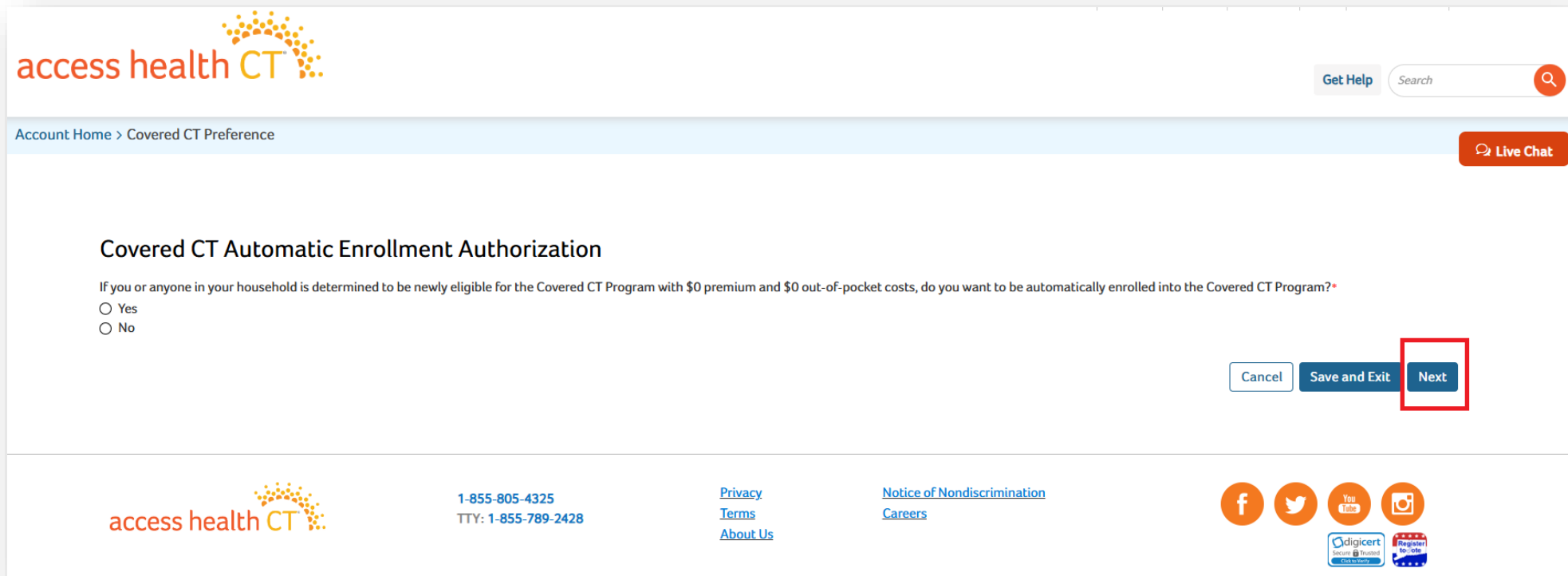
Step 3: Consumer will land on the ‘Covered CT Automatic Enrollment Authorization’ page (next slide).

- a. If consumer clicks on “Cancel”, it will route them back to the ‘Account Home Dashboard’. This will not trigger a renewal application.
- b. If consumer clicks on “Save and Exit”, it will route them back to the ‘Account Home Dashboard’. This will not trigger a renewal application.
- c. If the “Next” button is clicked, it will land the user on the ‘Renew Your Coverage’ Information Screen and data will be stored for the latest determined application.

Note - There is no back button on ‘Renew your Coverage’ page. Consumer will have to go to the dashboard to update Covered CT preference.

Clicking Proceed to Renewal is not Allowing Consumer to Proceed, continued

2. When application is “**Subsidized**” and the answer to the Covered CT question is “**No**” or “**Yes**”, when consumer clicks on 'Proceed to Renewal' button on Application Change screen (load Renewal Change) the system will allow consumer to proceed further.
3. When application is “**Unsubsidized**” and when consumer clicks on 'Proceed to Renewal' button on Application Change screen (load Renewal Change) the system will allow consumer to proceed further.



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Get Help Search

Account Home > Covered CT Preference Live Chat

Covered CT Automatic Enrollment Authorization

If you or anyone in your household is determined to be newly eligible for the Covered CT Program with \$0 premium and \$0 out-of-pocket costs, do you want to be automatically enrolled into the Covered CT Program?*

☐ Yes
☐ No

Cancel Save and Exit Next

access health CT

1-855-805-4325
TTY: 1-855-789-2428

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digicert eSignatures

End Enhance Premium Tax Credit Assessments for 2026

Changes are:

- 1. Households with incomes greater than 400% of the Federal Poverty Level (FPL) will no longer be eligible for premium tax credits starting Plan year 2026.
- 2. The contribution percentages have changed effective January 1, 2026.

Examples of the changes for Hartford residents

Consumer's Income Household of 1, age 62	Monthly APTC for 2025	Monthly APTC for 2026
\$64,000	\$973	none

Consumer's Income Household of 2, both 55	Monthly APTC for 2025	Monthly APTC for 2026
\$85,000	\$1,611	none

Consumer's Income Household of 4, family ages are 37, 34, 10, 4	Monthly APTC for 2025	Monthly APTC for 2026
\$129,000	\$1,063	none



Roll Back Annual Income Verifications to a 90 Day Period

Reasonable Opportunity Period (ROP) for an Annual Income VCL has changed from 150 days (plus 5-day disregard) to 90 days (plus the 5-day disregard). This would be for applications created as of Open Enrollment.

For existing applications existing in system and having a VCL trigger date before go-live, they will follow the current ROP for an Annual Income VCL that is 150 days.

Notice Changes:

1. Notices 1302, 1317, 1324, 1325 will be updated to specify 90-day period instead of 150-day for income verification.
2. Notice 1325 Notice has been updated to say “This is your Last Reminder” for the households with only open Annual Income VCLs.

Enrollment < 10/10/2025 150-day ROP +5

Enrollment as of or after 10/10/2025 90-day ROP +5



End APTC Eligibility for Households Under 100% of the FPL

Changes to APTC rules start Plan Year 2026 and will deny APTC for individuals under 100% FPL even if they have been disqualified for Medicaid due to their immigration status (qualified non-citizen or QNC and 5-year bar). Starting Plan Year 2026, APTC will be denied for households under 100% FPL.

This applies to initial applications, change report applications, and renewals.

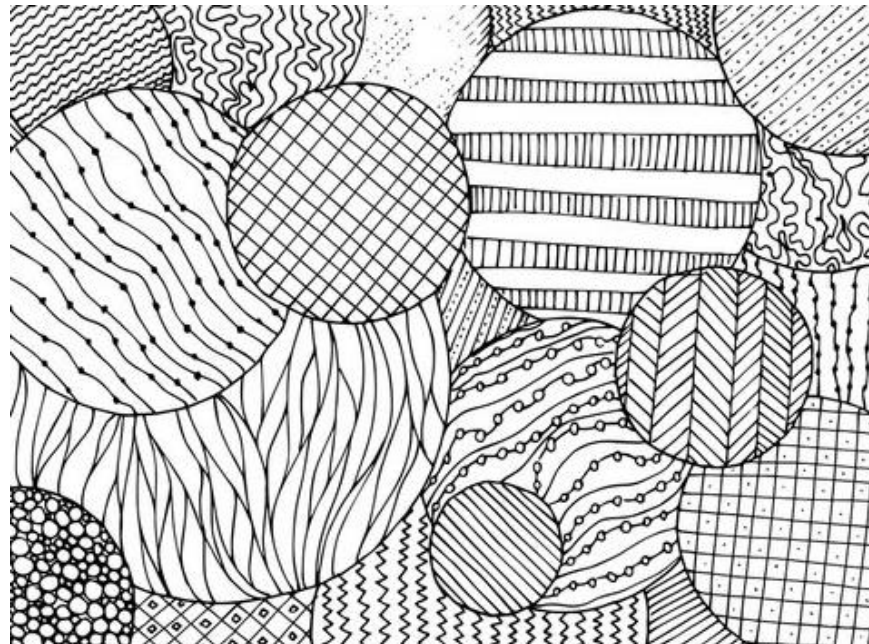


Combine Pediatric and Adult Dental and Vision Tabs

Add "2 visits per year" to label

Changes have been made to the Plan Details and Plan Compare screens on the anonymous browsing and shopping flow. This is for both the Worker Portal and the Consumer Portal.

- Adult Dental Care and Pediatric Dental Care will be combined and labeled as “Dental Care: Member Pays.”
- Adult Vision Care and Pediatric Vision Care will be combined and labeled as “Vision Care: Member Pays.”



Combine Pediatric and Adult Dental and Vision Tabs

Add "2 visits per year" to label, continued

Plan Summary

Anthem Blue Cross and Blue Shield
Bronze PPO Pathway HSA

Print

Buy

Other Services

Inpatient Hospital Services

Emergency and Urgent Care: Member Pays

Dental Care: Member Pays

Diagnostic and Preventive (Oral Exam, Cleaning, X-Ray) - 2 visits per year (Adult)

In-Network: Not Covered
Out-of-Network: Not Covered

Basic Restorative (Filling, Simple Extraction) (Adult)

In-Network: Not Covered
Out-of-Network: Not Covered

Major Restorative (Endodontic, Crown) (Adult)

In-Network: Not Covered
Out-of-Network: Not Covered

Orthodontic Services (Adult)

In-Network: Not Covered
Out-of-Network: Not Covered

Diagnostic and Preventive (Oral Exam, Cleaning, X-Ray) - 2 visits per year (Pediatric)

In-Network: \$0.00 Copay, deductible does not apply; 2 visits per year - applies to In-Network and Out-of-Network
Out-of-Network: \$0.00 Copay, deductible does not apply; 2 visits per year - applies to In-Network and Out-of-Network

Basic Restorative (Filling, Simple Extraction) (Pediatric)

In-Network: 40.00% Coinsurance after deductible
Out-of-Network: 40.00% Coinsurance after deductible

Major Restorative (Endodontic, Crown) (Pediatric)

In-Network: 50.00% Coinsurance after deductible
Out-of-Network: 50.00% Coinsurance after deductible

Orthodontic Services (Pediatric)

In-Network: 50.00% Coinsurance after deductible when medically necessary
Out-of-Network: 50.00% Coinsurance after deductible when medically necessary

Plan Summary

Anthem Blue Cross and Blue Shield
Bronze PPO Pathway HSA

Print

Buy

Orthodontic Services (Pediatric)

In-Network: 50.00% Coinsurance after deductible when medically necessary
Out-of-Network: 50.00% Coinsurance after deductible when medically necessary

Vision Care: Member Pays

Routine Eye Exam (Adult)

Routine Eye Exam (Pediatric)

Eye Glasses for Children

In-Network: \$40.00 Copay after deductible
Out-of-Network: 50.00% Coinsurance after deductible

In-Network: \$0.00 Copay after deductible
Out-of-Network: 50.00% Coinsurance after deductible



Plan Deductibles and Maximums: Member Pays

Additional Information



Combine Pediatric and Adult Dental and Vision Tabs

Add "2 visits per year" to label, continued

Dental

	Value Silver Standard POS (87% CSR)	Choice Silver Standard POS (87% CSR)
	 Remove from comparison Apply	 Remove from comparison Apply
Dental Care: Member Pays		
Diagnostic and Preventive (Oral Exam, Cleaning, X-Ray) - 2 visits per year (Adult)	In-Network: Not Covered Out-of-Network: Not Covered	In-Network: Not Covered Out-of-Network: Not Covered
Basic Restorative (Filling, Simple Extraction) (Adult)	In-Network: Not Covered Out-of-Network: Not Covered	In-Network: Not Covered Out-of-Network: Not Covered
Major Restorative (Endodontic, Crown) (Adult)	In-Network: Not Covered Out-of-Network: Not Covered	In-Network: Not Covered Out-of-Network: Not Covered
Orthodontic Services (Adult)	In-Network: Not Covered Out-of-Network: Not Covered	In-Network: Not Covered Out-of-Network: Not Covered
Diagnostic and Preventive (Oral Exam, Cleaning, X-Ray) - 2 visits per year (Pediatric)	In-Network: \$0.00 Copay, deductible does not apply Out-of-Network: 50.00% Coinsurance after deductible	In-Network: \$0.00 Copay, deductible does not apply Out-of-Network: 50.00% Coinsurance after deductible
Basic Restorative (Filling, Simple Extraction) (Pediatric)	In-Network: 40.00% Coinsurance, deductible does not apply Out-of-Network: 50.00% Coinsurance after deductible	In-Network: 40.00% Coinsurance, deductible does not apply Out-of-Network: 50.00% Coinsurance after deductible
Major Restorative (Endodontic, Crown) (Pediatric)	In-Network: 50.00% Coinsurance, deductible does not apply Out-of-Network: 50.00% Coinsurance after deductible	In-Network: 50.00% Coinsurance, deductible does not apply Out-of-Network: 50.00% Coinsurance after deductible
Orthodontic Services (Pediatric)	In-Network: 50.00% Coinsurance, deductible does not apply when medically necessary Out-of-Network: 50.00% Coinsurance after deductible when medically necessary	In-Network: 50.00% Coinsurance, deductible does not apply when medically necessary Out-of-Network: 50.00% Coinsurance after deductible when medically necessary
Vision Care: Member Pays		
Plan Deductibles and Maximums: Member Pays		
Additional Information		
Back to Plan Results		

Vision

	Value Silver Standard POS (87% CSR)	Choice Silver Standard POS (87% CSR)
	 Remove from comparison Apply	 Remove from comparison Apply
Vision Care: Member Pays		
Routine Eye Exam (Adult)	In-Network: \$50.00 Copay, deductible does not apply Out-of-Network: 40.00% Coinsurance after deductible	In-Network: \$50.00 Copay, deductible does not apply Out-of-Network: 40.00% Coinsurance after deductible
Routine Eye Exam (Pediatric)	In-Network: \$45.00 Copay, deductible does not apply Out-of-Network: 40.00% Coinsurance after deductible	In-Network: \$45.00 Copay, deductible does not apply Out-of-Network: 40.00% Coinsurance after deductible
Eye Glasses for Children	In-Network: \$0.00 Copay, deductible does not apply Out-of-Network: 50.00% Coinsurance after deductible	In-Network: \$0.00 Copay, deductible does not apply Out-of-Network: 50.00% Coinsurance after deductible
Plan Deductibles and Maximums: Member Pays		
Additional Information		
Back to Plan Results		

Add New Dental Carrier to the HIX system

Guardian Dental Plan will have all the existing features as the existing Dental plans for other carriers. This will be applicable **starting Plan Year 2026** for SE and OE period. This will be in both the Consumer Portal and the Worker Portal.

You're Shopping For 2026 Dental Plans – Select which individuals need coverage

☒ Mikky Steve

Need help understanding your plan benefits? Please click here for more info.

Compare Plans

Compare These Plans

Est. Maximum Monthly Premium

Annual Deductible

Sort By: Monthly Premium

Per Page: All

« Previous 1 Next »

10 of 10 plans

Clear All

No Filters Selected

Anthem Dental Family Preventive

Click for Plan Details

Anthem

Est. Maximum Monthly Premium: \$17.07

Annual Deductible Per Person: \$50

Diagnostic & Preventive Services: Covered

Basic Restorative Services: Covered

Major Restorative Services: Covered

Orthodontic Care: Covered

Selected Doctors: + Add Doctor

Click Here For Detailed Plan Documents (PDF)

+ Add to Compare Buy

Guardian Preventive for Families and Individuals

Click for Plan Details

Guardian

Est. Maximum Monthly Premium: \$21.78

Annual Deductible Per Person: \$50

Diagnostic & Preventive Services: Covered

Basic Restorative Services: Covered

Major Restorative Services: Covered

Orthodontic Care: Covered

Selected Doctors: + Add Doctor

Click Here For Detailed Plan Documents (PDF)

+ Add to Compare Buy

A decorative fractal pattern in the bottom left corner, featuring intricate, colorful geometric shapes in shades of blue, green, yellow, and red, resembling a stylized mandala or a complex geometric design.

access health CT

21

Remove the Expanded Categories of Lawful Presence

The hub will deny APTC eligibility for certain categories of immigrants. HIX will start using the Hub to check for Lawful Presence Verification (LPV). If the Hub returns the value “N” for LPV, they are not eligible for coverage thru the Marketplace. This will go into effect 10/10/2025.

This includes DACA immigrants: they are no longer eligible for QHP and/or APTC and Dental. They were termed in the HIX system 9/30/25. As of 10/10/2025 DACA immigrants will not be eligible for coverage thru the Marketplace.



ICHRA Enhancements #2

Individuals with ICHRA can be either eligible or ineligible for “Qualified Health Plan with Individual Coverage Health Reimbursement Arrangement” for the new year when renewals are run.

Notices 1304 and 1337 will be updated accordingly.



Allow Tax Filers to consent to receiving their 1095A tax forms electronically

AHCT will allow tax filers (who are primary applicants) to give consent to receiving their 1095-A Form electronically and no longer via mail.

Consumer Portal:

- There will be a new tile “Manage Form 1095-A Consent” on the Consumer Portal Account Home Dashboard (see later slides). The consent tile will display if there is a primary tax filer for the current year.
- After the tile is clicked, a new screen “Manage Form 1095-A Consent” will appear.
- There is an Electronic Form 1095-A Disclosure Statement hyperlink for the consumer to read.
- The consumer can then provide their consent to receiving the 1095-A Form electronically only. They would check off the box and click Confirm. They can request to still receive mailed copies.
- Consents can be withdrawn and provided again as many times as needed by the consumer.



Allow Tax Filers to consent to receiving their 1095A tax forms electronically, continued

Continue Application >	Update Covered CT Preference >	See What I Need to Provide > 5
Read My Messages > 1	Get My Tax Forms >	View Application Details >
Find Assistance >	Edit My Settings >	Manage Form 1095-A Consent >

Manage Form 1095-A Consent

By checking the below box and then clicking 'Confirm', you hereby:

(1) Certify that you have read and understood this [Electronic Form 1095-A Disclosure Statement](#) in its entirety; and

(2) authorize us to exclusively provide Form 1095-A to you electronically.

☐ Matt Daynes


We require the email address(es) of the below-named primary federal income tax return filer(s) to be able to electronically provide Form 1095-A to them via email. If you choose to enter their email address(es) in the below field(s), then we will email them to ask them to authorize us to email Form 1095-A to them. If we do not obtain their authorization, or if you do not enter their email address(es) in the below field(s), then we will mail Form 1095-A to them.

Email Address for Kate Daynes

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

The name will be grey until the Disclosure is read.

Allow Tax Filers to consent to receiving their 1095A tax forms electronically, continued



Manage Form 1095-A Consent


By checking the below box and then clicking 'Confirm', you have:

- (1) Certify that you have read and understood this [Electronic 1095-A Disclosure Statement](#)
- (2) authorize us to exclusively provide Form 1095-A to you electronically.

☐ Matt Daynes

We require the email address(es) of the below-named primary contact. We will email them to ask them to authorize us to email Form 1095-A to them.

Email Address for Kate Daynes



Electronic 1095-A Disclosure Statement

Form 1095-A is a tax form that we (Access Health CT) generally mail to consumers by January 31 of each year. We will mail you Form 1095-A if you or anyone in your household enrolled in a health insurance plan through Access Health CT for all or part of a year.

However, you can consent to receive Form 1095-A from us electronically rather than by mail. Your consent is voluntary and you do not need to provide it. If you do not consent, we will continue to mail Form 1095-A to you and upload a duplicate copy to your Access Health CT online account.

By authorizing us to exclusively provide Form 1095-A to you electronically, you understand that:

- Your consent applies to every original and corrected Form 1095-A we issue hereinafter, unless you withdraw your consent.
- We will upload each Form 1095-A to your Access Health CT online account.
- To view a Form 1095-A in your online account, you must use a MacOS or Windows computer or an Android or iOS mobile device, tablet, or other handheld device with internet access and access to an internet browser.
- You can continuously access each Form 1095-A for as long as you have access to your online account.
- You can withdraw your consent any time by logging in to your online account and clicking 'Manage Form 1095-A Consent.' Alternatively, you can withdraw your consent any time by submitting a withdrawal request by phone, email or mail to:

Access Health CT
PO Box 670
Manchester, CT 06045

Email: 1095A_Consent@ct.gov
Phone: 1-855-805-4325 (if you are deaf or hearing impaired, you may use the TTY at 1-855-789-2428 or contact us at 1-855-805-4325 with a relay operator)

- If you withdraw your consent, we will confirm your withdrawal in writing and the date it is effective. Withdrawal of your consent will be effective no later than five (5) calendar days after our receipt of your withdrawal.





Close



Hi, Matt Daynes | [Log Out](#) | [Español](#) | [Account Home](#)

[Live Chat](#)

to enter their email address(es) in the below field(s), then we will mail Form 1095-A to them.

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

Allow Tax Filers to consent to receiving their 1095A tax forms electronically, continued

The consumer can withdraw their consent or terminate.

Worker Portal:

- A new quick link, “Withdraw 1095 Consent” will be visible (see later slides).
- If there is no consent information, there will be a message that there are no applicable members.
- If there is consent information, the screen will show the members who have provided their consent to receive the 1095-A Form electronically.
- The Cancel button will not save any changes performed and bring user back to the landing page.
- The Save button will save the Withdrawal Received Date if entered and save the actions made on the screen and bring the user back to the landing page.

Consumer Portal is used for the consent and Worker Portal is used for the consent withdrawal. **Release 48 will bring additional updates, processes, and responsibilities.**

There is a new notice, 1342, “Confirmation of Withdrawal of Consent to Exclusively Receive Form 1095-A Electronically.” It is available in both English and Spanish.

[Notice 1342](#)

Allow Tax Filers to consent to receiving their 1095A tax forms electronically, continued

HOMEFAQ

Primary Applicant: Matt DaynesApplication ID: 890192002

Apply

Applicant and Family

Household Relationships

Contact Information

Person Information

Income Information

Detailed Person Information

Family Health Coverage

Special Enrollment Questions

Confirm Application

View All

Application Information

Primary Applicant Information

Name Matt Daynes

Person ID 895862022

DSS Client ID

Broker

Broker Phone

AREP Name

AREP Phone

Application Details

Application Filing Date

Application ID 890192002

Document ID

Application Type Change Reporting

Applying for Subsidy Yes

Channel Online

Data Transfer

Quick Links

Manage VCL

Manage SEP VCL

Manage Citizenship/Immigration Status

Manage Case Comments

Manage Work Items

Create New Work Item

Manage Missing Information

Customer Summary Dashboard

Change Eligibility Determination

Manage Active Enrollment

Covered CT Preference

Update Contact Information

Manage Broker

Manage Authorized Representative

FMAP Details

Link/Unlink User ID

Primary Care Provider

Withdraw 1095 Consent

If there is no consent information, this message is displayed.

access health CT

Welcome HIX SuperUserLOGOUT

SIT1

Account Home

HOMEFAQ

Withdraw 1095 Consent

There are no household members on this application for whom this screen is applicable.

Back

access health CT

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Allow Tax Filers to consent to receiving their 1095A tax forms electronically, continued

Consent Date - Latest consent date either through application or Data fix.
Withdrawal Received Date - Editable Date field. Use the existing date validation for this date field.
Action - Clickable 'Withdraw Consent' button or withdrawal text or termination text.

access health CT

DEVELOPMENT

Welcome HIX SuperUser

LOGOUT

Account Home

HOME

FAQ

Withdraw 1095 Consent

Below members have provided their consent to receive 1095A electronically

Name	Date of Birth	Consent Date	Withdrawal Received Date	Action
Mini fdf fg	09/01/****	09/02/2025	<div>MM/DD/YYYY</div> <div></div>	<div>Withdraw Consent</div>
John ffg fgfg	08/29/****		<div>08/22/2025</div> <div></div>	Consent withdrawal processed on 09/02/2025.
Jsmine fdf fgfgdfgg	08/29/****		<div>MM/DD/YYYY</div> <div></div>	Consent terminated on 08/22/2025.

Cancel

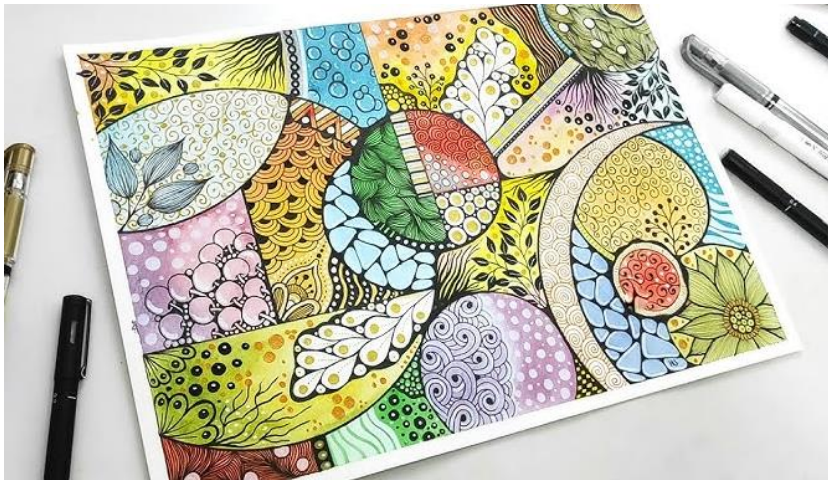
Save

Review

1. As of Open Enrollment, consumers can make their initial premium payment to (carrier) through the Consumer Portal.
2. In which of the following scenarios will the **Pay Now** button appear?
 - a) Covered CT
 - b) Enrollment status shows “Confirmed”, there is an email address, and premium is greater than \$0
 - c) Enrollment status shows “Initiated”, there is an email address, and premium is greater than \$0
 - d) When the amount due is \$0
 - e) No email address
 - f) ICHRA account
3. As of January 1, 2026, the enhanced subsidy ends. In other words, there is no APTC for incomes greater than _____% of the FPL.
4. As of October 10, the annual income verification period has changed from ____ days to ____ days.
5. Our new dental carrier is _____, and those plans will begin with plan year 2026.
6. As of MM/DD/YYYY, HIX will no longer allow DACA and other immigration statuses to apply or enroll through AHCT.



Questions?



A Zentangle is a meditative art method that involves drawing simple, repetitive patterns on small paper tiles to create intricate, abstract designs. The process is designed to be relaxing and focus-enhancing, promoting creativity, stress relief, and a sense of calm, with an emphasis on the process rather than a perfect outcome.