Connecticut

Sources of Insurance Coverage

*Source: KFF, Health Insurance Coverage of the Total Population, 2022*

**Medicare**
In Connecticut, around **499,300** residents are enrolled in Medicare, about 14% of the state’s population (2022 data). Of those, **59%** are enrolled in a Medicare Advantage plan. For Connecticut residents in the traditional Medicare program, the Connecticut Insurance Department (CID) regulates Medicare supplemental plans and provides consumer-facing information about plan options. A list of insurers authorized to sell Medicare supplemental policies is available [here](#).

**Medicaid and the Children’s Health Insurance Program (CHIP)**
In Connecticut, roughly **784,500** people are enrolled in Medicaid or CHIP, 22% of the population (2022 data). The state Medicaid program is called “HUSKY.” Connecticut adopted Medicaid...
expansion under the Affordable Care Act and covers childless adults under age 65 up to 138% of the federal poverty level (FPL). It currently covers over 364,000 low-income adults (June 2023 data). Connecticut Medicaid and CHIP cover children up to 323% of the federal poverty level (FPL). Approximately 36% of all births in Connecticut are covered by Medicaid (June 2023 data).

In Connecticut, the CHIP program is called “HUSKY B” and is operated as both an expansion of Medicaid and a separate CHIP-funded program. Medicaid covers children up to 201% FPL and CHIP fills in for children in households up to 323% FPL.

Currently, Connecticut also covers children under age 13 regardless of immigration status, if they would otherwise qualify for HUSKY programs, using state funds. Children enrolled by age 12—and, beginning in July 2024, children enrolled by age 15—are covered up to age 19.

In Connecticut, Medicaid and CHIP enrollees do not receive benefits via private managed care organizations (MCOs).

Employer-sponsored Insurance
In Connecticut, about 1.84 million people are covered by employer-sponsored insurance (ESI), or 53% of the total state population (2022 data). Approximately 46.9% of private-sector establishments in Connecticut offer ESI. However, offer rates vary significantly by size of firm. In Connecticut, 97.7% of large firms (50 or more employees) offer ESI, while only 27.3% of small employers offer ESI.

In Connecticut, approximately 41.2% of private sector businesses that offer health insurance self-fund at least one health plan. For large firms (50 or more employees) that offer health insurance, 64.1% self-fund at least one health plan.

Individual Market Insurance
Approximately 5% of Connecticut residents are enrolled in the individual market (2022 data). In 2023, 108,132 Connecticut residents selected a plan through the Affordable Care Act Marketplace, which in Connecticut is run by the state and is called “Access Health CT.” It is more challenging to ascertain enrollment numbers for off-Marketplace individual market enrollment.

Individual market health insurance (both on- and off-Marketplace) is regulated in Connecticut by the CID. The CID conducts oversight to ensure compliance with both state and federal health insurance laws.

Other Coverage
Some Connecticut residents are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers about 1%, or around 17,600 residents (2022 data).
The Uninsured
Approximately 5%, or about 180,700 Connecticut residents are uninsured (2022 data). Connecticut is among the fifteen states with the lowest uninsured rate in the country.

Among the non-elderly population: People of color are significantly more likely to be uninsured in Connecticut than White people. Hispanic residents have the highest uninsured rate (12.1%), followed by multiracial residents (8.9%) and Black residents (7.6%). White residents have the lowest uninsured rate (3.4%) among all racial groups, followed by Asian/Native Hawaiian and Pacific Islander residents (6.2%). Lack of insurance is also highly correlated with income. Approximately 10.5% of people in households earning under 100% FPL and 11.9% of people living in households earning between 100-199% FPL are uninsured in Connecticut, while just 3.1% of people living in households earning at or above 400% FPL are uninsured.

State Regulators: Connecticut
CMS is responsible for the oversight of Medicare Advantage plans. The CMS Regional Office for Connecticut is based in Boston. Media inquiries may be submitted here.

Connecticut Insurance Department (CID)
The Connecticut Insurance Department (CID) regulates the business of insurance in the state of Connecticut. For health insurance companies, CID is responsible for:

- **Licensure**: All insurers operating in the state must obtain a Certificate of Authority. Insurers must demonstrate that they are financially solvent and capable of paying claims. After initial certification, companies must file financial information with CID annually. Annual reports summarizing insurers’ financial statements are available here.
- **Form review**: CID reviews health insurers’ contracts and covered benefits to ensure that they comport with state and federal law, including state benefit mandates and network adequacy standards.
- **Rate review**: Health insurers offering plans to individuals and small employers (with fewer than 50 employees) must submit proposed premium rates to CID, and the agency has the authority to review and require adjustments of rates of individual and small-group market health plans. Insurers offering plans to large employers (with 50 or more employees) must also submit rates to CID for review.
- **Marketing**: CID is responsible for oversight of insurers’ marketing tactics and discouraging unfair or deceptive tactics. The agency also licenses and oversees insurance agents and brokers.
- **Enforcement**: CID has authority to enforce state and federal insurance laws. Enforcement tools can range from requesting a corrective action, issuing a cease and desist order, imposing fines, or seeking an injunction. Market conduct examination reports are available here. Consumers or providers can file complaints against insurers here.
• **Appeals**: Under the ACA, insurers must provide enrollees with an internal review of adverse benefit decisions and the right to an external, independent appeal. CID operates Connecticut’s external review system, and provides information to enrollees seeking an appeal [here](#).

**Connecticut Department of Social Services**

Connecticut’s Department of Social Services (DSS) runs the state’s Medicaid and CHIP programs. Connecticut does not contract with managed care organizations (MCOs), but it does contract with an “Administrative Service Organization” (ASO) to help administer the state Medicaid and CHIP programs, including utilization and quality management, benefit information, intensive care management services, provider network management, and collecting and reporting of data related to quality improvement and value-based care. DSS monitors ASO performance. Reports are available [here](#).

**Connecticut Office of the Healthcare Advocate**

The Connecticut Office of the Healthcare Advocate (OHA) helps consumers with issues related to their health care plans, including plan selection and enrollment, coverage and billing issues, problems with claim denials or prior authorization, the appeals process, and other matters concerning enrollee rights and responsibilities. Consumers can request assistance from OHA [here](#).

**Connecticut Attorney General**

The Connecticut Office of the Attorney General has a consumer protection section that investigates and litigates unfair trade practices. The Office also has an initiative to prevent health care fraud and abuse, and has investigated matters such as allegations of providers defrauding the state Medicaid program. People who believe they have identified false claims against medical assistance programs can file reports [here](#).

**Other Sources of Information**

**Health Insurance Navigators, Agents and Brokers** (collectively, “consumer assisters”)

Connecticut’s health insurance Marketplace (Access Health CT) provides grants to local organizations called “Navigators” that are tasked with assisting consumers, determining eligibility for coverage affordability programs, and helping consumers with post-enrollment questions. Consumers can also get answers to questions about the marketplace or help with enrollment from a Certified Application Counselor (CAC), also called an “Enrollment Specialist.” Connecticut-based insurance agents and brokers perform similar consumer assistance functions, but they are generally paid on a commission basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through [this page](#) on the Marketplace website.