



Conditional Award of 2016 Seal of Approval (VOTE)

HEATHER CLORAN

Associate Director of Program and Product Strategy

ASHLEY HAGUE

Deputy Executive Director, Strategy and External Affairs

BRIAN SCHUETZ

Director of Program and Product Strategy

Board of Directors Meeting, July 9, 2015

2016 Seal of Approval: Timeline



- Today we will be asking the Board to allow further consideration to those plans that we received in response to the Seal of Approval (SoA) Request for Responses (RFR) issued in March
- A vote today authorizing the Conditional SoA allows us to consider these plans for sale through the Health Connector for the 2016 benefit year; it is not an indication of expected approval, but rather a signal to the market of the types of plans we are considering for sale
- We will return to the Board in September seeking a final award of the 2016 SoA, after the Division of Insurance (DOI) completes its form and rate filing review process and Health Connector staff complete their review of the value the plans offer to our Marketplace

Mar 2016	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
★ 3/13: 2016 SoA Launch		★ 5/15: RFR (Request for Responses) responses due from Issuers		★ 7/3: Premium rate filing due to DOI		★ (Today) Conditional SoA Awarded	★ 9/7: Final SoA Awarded		
								★ 11/1 Open Enrollment Begins	

2016 Seal of Approval: Goals



A significant goal for the 2016 Seal of Approval is to simplify the consumer shopping experience by offering relatively fewer plan choices, thereby further empowering consumers to find the plan that best fits their needs.

- As part of the 2016 SoA, the Health Connector made several key changes to the Qualified Health Plan (QHP) and Qualified Dental Plan (QDP) product shelves
- The goal of these changes was to make consumer choice more simple by reducing the total number of plans allowable on the Health Connector's shelf
- To achieve this outcome, we eliminated two standardized plan designs from our required health plan product shelf and limited the total number of non-standardized or alternative network health and dental products available through the Health Connector

Preliminary Results



We are encouraged with initial responses to the SoA for 2016; they indicate that carriers continue to see the Health Connector as an important channel for serving residents of the Commonwealth.

- This year's SoA elicited responses from all 11 existing QHP Issuers and all five existing QDP Issuers
- As a result of the reduction in standardized plan designs and overall plan submission limits, the QHP shelf available for the Board's consideration has already been reduced from 126 plans in 2015 to 81 plans; a reduction of ~30%
- In addition, even with new requirements that permit each QDP to offer up to three non-standardized dental plans, only one QDP Issuer proposed offering a new non-standardized plan, while all participating Issuers proposed to offer their existing 2015 plans without significant modification



Plan Review Process and Approach

Seal of Approval Requirements Overview



	Affordable Care Act (ACA) Standards	Health Connector SoA Requirements
QHPs	<ul style="list-style-type: none"> Licensure and accreditation Network adequacy Service Area (prohibition on “cherry-picking” against under-served markets) Essential Health Benefit (EHB), cost-sharing limits and actuarial value (AV) requirements Premium review Fair marketing practice Transparency of coverage Quality Improvement Strategy (QIS), Quality Reporting Standards (QRS) and QHP Enrollee Satisfaction Survey 	<ul style="list-style-type: none"> Product portfolio: <ul style="list-style-type: none"> Must offer one Platinum, two Gold, one Silver – each on broadest commercial with option of one additional alternative network Option to propose up to three non-standardized plans Must submit one Bronze plan of their own design for consideration; may request to withdraw if Health Connector receives at least two other Bronze plans per service area Issuers may be permitted to propose one additional version on a different network for a maximum of two possible Bronze plans Must propose a Catastrophic plan, but may request to withdraw if Health Connector receives at least two other Catastrophic plans per Service Area Must propose a “wrap-compatible” Silver plan for the ConnectorCare program that complies with the Health Connector’s network adequacy requirements for this population; plans may be offered on an any network type, including a narrower network, or a network that is broader than their standard commercial network
QDPs	<ul style="list-style-type: none"> All other requirements necessary for DOI approval 	<ul style="list-style-type: none"> Product portfolio: <ul style="list-style-type: none"> Must offer one plan for each standardized plan design: Pediatric-only, Family High and Family Low Option to propose three Non-standardized plans

Seal of Approval Review Process



- Health Connector staff and independent, third-party support (Gorman Actuarial and Boston Benefit Partners), in collaboration with DOI, reviewed the proposed products to ensure that, subject to final approval, proposed plans comply with the Health Connector's minimum RFR requirements
- A key relevant factor, premium value, is not yet available at this stage
 - All QHPs must follow the market-wide DOI rate review process, which approves base rates, plan adjustments and rating factors
 - Rate filings were due on July 3, 2015 for coverage effective January 1, 2016, with small group and dental rates subject to quarterly rate review throughout the year
- The final SoA recommendation in September will include all final premiums as well as staff's recommendation of which plans should be selected, including those plans that will be specially selected to serve the ConnectorCare population
 - Selection of ConnectorCare plans is based on a review of price competitiveness of base Silver tier plans among other factors, including the ability of an Issuer to serve the ConnectorCare population



**Qualified Dental Plan (QDP)
Recommendation**

2016 Qualified Dental Plan Overview



All five existing QDP Issuers responded to the 2016 SoA, submitting a total of 13 plans for the non-group shelf and 25 plans for the small group shelf, an increase of one plan compared to 2015.

- Consistent with their 2015 proposals, all five Issuers submitted proposals for the small group shelf while two of the five Issuers also submitted plans for the non-group shelf
- All Issuers proposed at least one plan for recertification for each of the three standardized plan designs
 - Additionally, Delta Dental proposed for recertification the standardized plans on alternative networks currently offer in 2015
- All 2015 non-standardized plans have been submitted for recertification as well, along with one new non-standardized plan from Delta Dental

2016 Qualified Dental Plan Standardized Plan Designs



Plan Feature/Service	Pediatric Dental EHB	Family High	Family Low
Plan Year Deductible	\$50	\$50/\$150	\$50/\$150
Deductible Applies to:	Major and Minor Restorative	Major & Minor Restorative	Major & Minor Restorative
Plan Year Max (>=19 only)	N/A	\$1,250	\$750
Plan Year Annual Maximum Out-of-Pocket (MOOP) <19 Only	\$350 (1 child)	\$350 (1 child)/ \$700 (2+ children)	\$350 (1 child)/ \$700 (2+ children)
Preventive & Diagnostic Co-Insurance In/Out-of-Network	0%/20%	0%/20%	0%/20%
Minor Restorative Co-Insurance In/Out-of-Network	25%/45%	25%/45%	25%/45%
Major Restorative Co-Insurance In/Out-of-Network	50%/70%	50%/70%	50%/70% No Major Restorative >=19
Medically Necessary Orthodontia, <19 only, In/Out-of-Network	50%/70%	50%/70%	50%/70%
Non-Medically Necessary Orthodontia, <19 only, In/Out-of-Network	N/A	N/A	N/A

Proposed New 2016 Non-Standardized Qualified Dental Plan



- Delta Dental EPO Family Basic Exclusive Network Plan: offers differentiation compared to the standardized Low plan by increasing cost sharing for minor and major services and limiting access to in-network only providers. Preventative services are covered in full by the plan

Benefits	Low Family Standard	Delta Dental EPO Family Basic Exclusive Network Plan
Plan Year Deductible Individual/Family	\$50/\$150	\$100/\$300
Deductible Applies to:	Major & Minor Restorative	Major & Minor Restorative
Plan Year Max (>=19 only)	\$750	\$750
Plan Year MOOP <19 Only	\$350 (1 child)/ \$700 (2+ children)	\$350 (1 child)/ \$700 (2+ children)
Preventive & Diagnostic Co-Insurance In/Out-of-Network (OON)	0%/20%	0% In-Network Only
Minor Restorative Co-Insurance In/OON	25%/45%	<19-EHB-60% In-Network Only >=19-70% In-Network Only
Major Restorative Co-Insurance In/OON	50%/70% No Major Restorative >=19	60% In-Network Only No Major Restorative >=19
Medically Necessary Orthodontia, <19 only, In/OON	50%/70%	60% In-Network Only

Potential 2016 Qualified Dental Plan Product Shelf



The charts below outline the QDP product shelf proposed for the Health Connector's consideration for 2016.

Issuers	Non-Group (NG)	Small Group (SG)	Standardized Plans				Non-Standardized Plans				All Plans
			Pedi	High	Low	Total	Pedi	High	Low	Total	
Altus Dental	√	√	1	1	1	3				0	3
Delta Dental of MA	√	√	3	2	2	7	2		1	3	10
Blue Cross Blue Shield of MA (BCBSMA)		√	1	1	1	3	1			1	4
Guardian		√	1	1	1	3				0	3
MetLife		√	1	1	1	3		1	1	2	5

	Standardized Plans	Non-Standardized Plans	All Plans
Non-Group	10	3	13
Small Group	19	6	25



Qualified Health Plan (QHP) Recommendation

2016 Qualified Health Plan Overview



All 11 existing QHP Issuers responded to the 2016 SoA, submitting a total of 81 plans for the non-group shelf and 76 plans for the small group shelf, at minimum a 30% reduction from 2015.

- All Issuers proposed at least one plan for each of the four standardized plan designs on the Issuer's broadest commercial network
 - Additionally, both Fallon Community Health Plan and Harvard Pilgrim Health Care proposed standardized plans on alternative networks
- Issuers submitted 27 non-standardized plans, including 20 new non-standardized plans for 2016
 - The majority of these new non-standardized plans are Bronze tier offerings, per the RFR requirements
 - In addition, Harvard Pilgrim Health Care has submitted two non-standardized plans offered in 2015 as "frozen plans" for 2016 (*i.e.*, not accepting new enrollments)
- All Issuers submitted Catastrophic plans, with five Issuers electing to waive their Catastrophic plan offering

2016 Qualified Health Plan Standardized Plan Designs



In order to streamline the 2016 product shelf, a standardized Gold and a standardized Platinum plan were removed from the shelf. Modest benefit changes were made to align with the updated 2016 federal AV calculator. Note, while Bronze was eliminated from the standardized shelf, it was transitioned to a non-standardized tier.

Plan Feature/ Service	Cost-Sharing			
	Platinum A	Gold A	Gold B	Silver
Annual Deductible (Individual/Family)	N/A	\$500	\$1,000	\$2,000
	N/A	\$1,000	\$2,000	\$4,000
Annual Maximum Out-of-Pocket (MOOP) (Individual/Family)	\$2,000	\$3,000	\$5,000	\$6,850
	\$4,000	\$6,000	\$10,000	\$13,700
Primary Care Physician (PCP) Office Visits	\$25	\$20	\$30	\$30
Specialist Office Visits	\$40	\$35	\$45	\$50
Emergency Room	\$150	30% ✓	\$150 ✓	\$500 ✓
Inpatient Hospitalization	\$500	30% ✓	\$500 ✓	\$1,000 ✓
High-Cost Imaging	\$150	30% ✓	\$200 ✓	\$500 ✓
Outpatient Surgery	\$500	30% ✓	\$250 ✓	\$750 ✓
Prescription Drug	Retail Tier 1	\$15	\$15	\$20
	Retail Tier 2	\$30	50% ✓	\$30
	Retail Tier 3	\$50	50% ✓	\$50
	Mail Tier 1	\$30	\$30	\$40
	Mail Tier 2	\$60	50% ✓	\$60
	Mail Tier 3	\$150	50% ✓	\$150
2016 Final FAVC	91.99%	81.32%	81.45%	71.86%

A check mark (✓) indicates that this benefit is subject to the annual deductible

Proposed New 2016 Non-Standardized Qualified Health Plans



Issuer	Plans Offered (Excluding Bronze Plans – see next slides)
<p>Health New England (HNE) (1 Platinum, 2 Gold)</p>	<p>Platinum – HNE Essential 500: Offers differentiation compared to standardized Platinum plan. Includes \$500 deductible that applies to inpatient, outpatient surgery and high cost imaging, higher out of pocket maximum at \$5,000 and lower office visit copays of \$20 for Primary Care Physician (PCP) and specialists.</p> <p>Gold – HNE Essential 2000: Offers differentiation compared to standardized Gold plans with a higher deductible of \$2,000, but lower cost share for inpatient and outpatient surgery with no charge after deductible.</p> <p>Gold – HNE Wise Max HDHP: Offers differentiation compared to standardized Gold plans with a higher deductible of \$2,000 for an individual contract. With the exception of prescription drugs, no cost sharing after deductible is met for most services. This plan is also Health Savings Account (HSA) compatible.</p>
<p>Fallon Community Health Plan (1 Gold offered on 2 networks)</p>	<p>Gold – Direct/Select Care Deductible 2000 Hybrid: Offers differentiation compared to standardized Gold plans with a higher deductible of \$2,000 and MOOP of \$6,850, but lower cost share for office visits \$5/15.</p>
<p>Minuteman Health (1 Silver)</p>	<p>Silver – MyDoc PPO Select Silver HSA 2000: Offers an additional HSA compatible plan to the shelf. Provides differentiation compared to standardized Silver plan as the plan combines a mix deductible and coinsurance cost-sharing compared to the standard Silver plan which only includes copayments after the deductible.</p>
<p>Neighborhood Health Plan (1 Silver)</p>	<p>Silver – NHP Prime HMO Silver Simplicity: Offers differentiation compared to the standardized Silver plan as the plan applies 35% coinsurance for most services, with the exception of office visits and tier 1 prescriptions.</p>
<p>Tufts Health Plan - Direct (1 Silver)</p>	<p>Silver – Direct Silver 2000 with Coinsurance: Offers differentiation compared to the standard Silver plan as the \$2,000 deductible applies to most services with the exception of office visits, outpatient surgery and Emergency Room visits. Twenty percent coinsurance applies to specialist office visits, inpatient and high cost imaging, and 50% coinsurance applies to tier 2 and 3 prescriptions.</p>

2016 Bronze Qualified Health Plans



- As a result of changes to the federal Actuarial Value (AV) calculator, 2015 Bronze plan designs have a 2016 AV of ~67% and can no longer be sold as either a Bronze or Silver plan (Bronze plans must have a 60% +/-2%, Silver 70% +/-2%)
 - All 11 Issuers have submitted Bronze QHPs for 2016, with significant variations in plan design, all meeting the 60% +/- 2% AV requirement
- Health Connector staff have reviewed the 2016 Bronze plan offerings and, while they meet the AV requirements, these plans offer a lower level of benefits compared to any non-Catastrophic plans previously offered by the Health Connector
- Example plan designs (full list provided in appendix) include:
 - \$2,000 deductible (individual)/\$6,850 MOOP, with 50% coinsurance on most services and a \$2,000 copay on inpatient care
 - \$2,750 deductible (individual)/\$6,550 MOOP, with copays ranging from \$50 for primary care visits to \$1,000 per stay for inpatient hospitalizations, emergency department visits and high-cost imaging
 - \$6,800 deductible (individual)/\$6,800 MOOP

2016 Bronze Qualified Health Plans (cont'd)



- An important factor in membership retention during Massachusetts' first ACA renewal period is easing the default renewal processes for existing members. Health Connector staff are not comfortable with default renewals that result in members having materially less coverage, simply because the tier is still labeled “Bronze”, and are recommending that members:
 - Be offered a default renewal into plans of comparable actuarial value to their 2015 plan
 - Be informed of the choices they have
 - Be allowed to change that default renewal should they choose
- In addition, the current shopping portal sorts on price and does not incorporate decision support tools that educate consumers on deductibles, MOOPs or coinsurance. As a result, were the Health Connector to offer these plans for 2016, we would want to revisit the way we display the plans and the tools we provide consumers before they purchase Bronze coverage, assuming they are not otherwise served by a licensed insurance producer/Broker

2016 Bronze Qualified Health Plans (cont'd)



- Before making a final recommendation on whether the Board should consider offering any or all of the Bronze plans proposed by the Issuers for 2016, we will review the final rates and plans authorized by DOI for sale in 2016 to assess the premium and benefit value that they may bring to our shelf
- Staff will bring this recommendation to the Board at the September 2015 Board meeting

Potential 2016 Qualified Health Plan Product Shelf



The chart below outlines the QHP product shelf proposed by our current Issuers for the Health Connector's consideration for 2016.

Issuers	Non-Group Shelf						Small Group				
	Cat	Bronze	Silver	Gold	Plat	Total	Bronze	Silver	Gold	Plat	Total
Blue Cross Blue Shield	1	1	1	2	1	6	1	1	2	1	5
BMC HealthNet Plan	0	1	1	2	1	5	1	1	2	1	5
CeltiCare	0	1	1	2	1	5	1	1	2	1	5
Fallon Community Health Plan	1	1	1+2√	3+3	1+1	7+6	1+1	1+2	3+3	1+1	6+7
Harvard Pilgrim Health Care	0	1	2 (2 frozen)	4+1	1	8+1 (2 frozen)	2	2 (2 frozen)	4+1	1	9+1 (2 frozen)
Health New England	1	2	1	4	2	9	1	1	4	2	8
Minuteman Health	1	1	3	2	1	8	2	3	2	1	8
Neighborhood Health Plan	1	1	3	3	1	9	1	3	3	1	8
Tufts Health Plan - Direct	0	1	2	2	1	6	1	2	2	1	6
Tufts Health Plan - Premier	1	1	1	2	1	6	1	1	2	1	5
United HealthCare	0	1	1	2	1	5	1	1	2	1	5
Total	6	12	19 (2 frozen)	32	13	81 (2 frozen)	12	19 (2 frozen)	32	13	76 (2 frozen)

√“+” indicates additional networks



Next Steps

Seal of Approval: Next Steps



- We will work closely with the Board through the summer to develop recommendations for final award of the SoA
 - Issuers must demonstrate compliance with all DOI requirements, including completion of premium rate review and willingness to execute a contract with the Health Connector
 - Our final recommendation will be based on confirmation that all SoA plans offer good value to our consumers
 - The final SoA will also incorporate selection of ConnectorCare Plans based on price competition among the lowest-cost Silver plans proposed by each Issuer, network adequacy, experience and ability to serve the population, value-added benefits and overall value, among other factors
- Throughout the summer and into the fall, Health Connector staff will also continue to engage the Board in the development of our strategic approach for the 2017 Seal of Approval and beyond

A large, white, stylized plus sign is centered on a light green background. The plus sign is composed of two thick, rounded rectangular bars that intersect at their centers. The word "Vote" is written in a bold, dark blue font, positioned in the lower-left quadrant of the image, overlapping the bottom-left arm of the plus sign.

Vote

The Health Connector recommends allowing the 2016 Conditional Seal of Approval to enable consideration of all recommended standardized and non-standardized QHPs and QDPs proposed by the following Issuers:

- ***Altus Dental***
- ***Blue Cross Blue Shield of MA***
- ***BMC HealthNet Plan***
- ***CeltiCare Health Plan***
- ***Delta Dental of MA***
- ***Fallon Health***
- ***Guardian***
- ***Harvard Pilgrim Health Care***
- ***Health New England***
- ***MetLife***
- ***Minuteman Health***
- ***Neighborhood Health Plan***
- ***Tufts Health Plan – Network Health***
- ***Tufts Health Plan***
- ***UnitedHealthcare***



Appendix: Non-Standardized QHP/QDP Plan Design Details

Non-Standard Plans: Platinum (New)



Plan Feature/Service	Platinum A (Standard)	Health New England ¹
Plan Marketing Name	Standardized Plan	HNE Essential 500
2016 AV	91.99%	88.53%
Annual Deductible (Individual/Family)	N/A	\$500
	N/A	\$1,000
Annual Out-of-Pocket Maximum (Individual/Family)	\$2,000	\$5,000
	\$4,000	\$10,000
PCP Office Visits	\$25	\$20
Specialist Office Visits	\$40	\$20
Emergency Room	\$150	\$150
Inpatient Hospitalization	\$500	\$0 ✓
High-Cost Imaging	\$150	\$75 ✓
Outpatient Surgery	\$500	\$0 ✓
Prescription Drug	Retail Tier 1	\$15
	Retail Tier 2	\$30
	Retail Tier 3	\$50

Costs in **bold** indicate the plan design feature is different from any of the standardized plan designs for the same benefit. Check (✓) indicates that this benefit is subject to the annual deductible. Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise.

¹ Indicates new plan to 2016 shelf.

Non-Standard Plans: Gold (Existing)



Plan Feature/Service		Gold A Standard	Gold B Standard	Harvard Pilgrim Health Plan	Harvard Pilgrim Health Plan	Neighborhood Health Plan
Plan Marketing Name		Standardized Plan	Standardized Plan	HPHC Best Buy HMO 1000	HPHC Best Buy HMO 2000	NHP Prime HMO 1500/3000 25/40
2016 AV		81.32%	81.45%	81.98%	78.41%	78.06%
Annual Deductible (Individual/Family)		\$500	\$1,000	\$1,000	\$2,000	\$1,500
		\$1,000	\$2,000	\$2,000	\$4,000	\$3,000
Annual Out-of-Pocket Maximum (Individual/Family)		\$3,000	\$5,000	\$5,250	\$5,250	\$5,000
		\$6,000	\$10,000	\$10,500	\$10,500	\$10,000
PCP Office Visits		\$20	\$30	\$25	\$25	\$25
Specialist Office Visits		\$35	\$45	\$40	\$40	\$40
Emergency Room		30% [√]	\$150 [√]	\$250	\$250	\$150 [√]
Inpatient Hospitalization		30% [√]	\$500 [√]	\$250 [√]	\$250 [√]	\$250 [√]
High-Cost Imaging		30% [√]	\$200 [√]	\$200 [√]	\$200 [√]	\$150 [√]
Outpatient Surgery		30% [√]	\$250 [√]	\$0 [√]	\$0 [√]	\$250 [√]
Prescription Drug	Retail Tier 1	\$15	\$20	\$5	\$5	\$15
	Retail Tier 2	50% [√]	\$30	\$50	\$40	\$25
	Retail Tier 3	50% [√]	\$50	\$70	\$70	\$50

Costs in **bold** indicate the plan design feature is different from any of the standardized plan designs for the same benefit. Check ([√]) indicates that this benefit is subject to the annual deductible. Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise.

¹ Indicates new plan to 2016 shelf.

Non-Standard Plans: Gold (New)



Plan Feature/ Service		Gold A Standard	Gold B Standard	Health New England ¹	Health New England ¹	Fallon Community Health Plan ¹
Plan Marketing Name		Standardized Plan	Standardized Plan	HNE Essential 2000	HNE Wise Max HDHP	FCHP Direct/Select Care Deductible 2000 Hybrid
2016 AV		81.32%	81.45%	80.30%	78.17%	78.76%
Annual Deductible (Individual/Family)		\$500	\$1,000	\$2,000	\$2,000	\$2,000
		\$1,000	\$2,000	\$4,000	\$4,000	\$4,000
Annual Out-of-Pocket Maximum (Individual/Family)		\$3,000	\$5,000	\$5,000	\$5,000	\$6,850
		\$6,000	\$10,000	\$10,000	\$10,000	\$13,700
PCP Office Visits		\$20	\$30	\$20	\$0 ✓	\$5
Specialist Office Visits		\$35	\$45	\$20	\$0 ✓	\$15
Emergency Room		30% ✓	\$150 ✓	\$150	\$0 ✓	\$250
Inpatient Hospitalization		30% ✓	\$500 ✓	\$0 ✓	\$0 ✓	\$1000 ✓
High-Cost Imaging		30% ✓	\$200 ✓	\$100 ✓	\$0 ✓	\$300 ✓
Outpatient Surgery		30% ✓	\$250 ✓	\$0 ✓	\$0 ✓	\$500 ✓
Prescription Drug	Retail Tier 1	\$15	\$20	\$15	\$15 ✓	\$5
	Retail Tier 2	50% ✓	\$30	\$50	\$25 ✓	\$30
	Retail Tier 3	50% ✓	\$50	\$75	\$50 ✓	50% ✓

Costs in **bold** indicate the plan design feature is different from any of the standardized plan designs for the same benefit. Check (✓) indicates that this benefit is subject to the annual deductible. Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise.

¹ Indicates new plan to 2016 shelf.

Non-Standard Plans: Silver (New)



Plan Feature/ Service	Silver A (Standard)	Minuteman Health ¹	Neighborhood Health Plan ¹	Tufts Health Plan ¹
Plan Marketing Name	Standardized Plan	MyDoc PPO Select Silver HSA 2000	NHP Prime HMO Silver Simplicity	Direct Silver 2000 with Coinsurance
2016 AV	71.86%	68.15%	68.10%	68.09%
Annual Deductible (Individual/Family)	\$2,000	\$2,000	\$2,000	\$2,000
	\$4,000	\$4,000	\$4,000	\$4,000
Annual Out-of-Pocket Maximum (Individual/Family)	\$6,850	\$5,550	\$6,850	\$6,850
	\$13,700	\$11,000	\$13,700	\$13,700
PCP Office Visits	\$30	\$30 ✓	\$30	\$50
Specialist Office Visits	\$50	\$45 ✓	\$50	20% ✓
Emergency Room	\$500 ✓	20% ✓	35% ✓	\$500 ✓
Inpatient Hospitalization	\$1,000 ✓	20% ✓	35% ✓	20% ✓
High-Cost Imaging	\$500 ✓	20% ✓	35% ✓	20% ✓
Outpatient Surgery	\$750 ✓	20% ✓	35% ✓	\$750 ✓
Prescription Drug	Retail Tier 1	\$20	\$20 ✓	\$30
	Retail Tier 2	\$50	50% ✓	35% ✓
	Retail Tier 3	\$75	50% ✓	35% ✓

Costs in **bold** indicate the plan design feature is different from any of the standardized plan designs for the same benefit. Check (✓) indicates that this benefit is subject to the annual deductible. Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise.

¹ Indicates new plan to 2016 shelf.

Non-Standard Plans: Silver (Existing)



Plan Feature/ Service		Silver A (Standard)	Fallon Community Health Plan	Harvard Pilgrim Health Care	Neighborhood Health Plan	Minuteman Health
Plan Marketing Name		Standardized Plan	Fallon Community Care Silver A	HPHC Coverage 1750	NHP 1750/3500 50/75	MyDoc HMO Silver Plus
2016 AV		71.86%	71.77%	71.98%	69.73%	68.03%
Annual Deductible (Individual/Family)		\$2,000	\$2,000	\$1,750	\$1,750	\$2,000
		\$4,000	\$4,000	\$3,500	\$3,500	\$4,000
Annual Out-of-Pocket Maximum (Individual/Family)		\$6,850	\$6,850	\$5,250	\$5,000	\$6,850
		\$13,700	\$13,700	\$10,500	\$10,000	\$13,700
PCP Office Visits		\$30	\$30	\$30 before ded then 20% after ded	\$50	\$15 ✓
Specialist Office Visits		\$50	\$50	\$30 before ded then 20% after ded	\$75	\$45 ✓
Emergency Room		\$500 ✓	\$500 ✓	\$250	\$750	\$350 ✓
Inpatient Hospitalization		\$1,000 ✓	\$1,000 ✓	20% ✓	\$1,000 ✓	\$1,000 ✓
High-Cost Imaging		\$500 ✓	\$500 ✓	20% ✓	\$1,000 ✓	\$400 ✓
Outpatient Surgery		\$750 ✓	\$750 ✓	20% ✓	\$1,000 ✓	\$750 ✓
Prescription Drug	Retail Tier 1	\$20	\$20	\$5	\$30	\$13
	Retail Tier 2	\$50	\$50	\$80	\$50	\$30 ✓
	Retail Tier 3	\$75	\$75	\$110	\$80	\$50 ✓

Costs in **bold** indicate the plan design feature is different from any of the standardized plan designs for the same benefit. Check (✓) indicates that this benefit is subject to the annual deductible. Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise.

¹ Indicates new plan to 2016 shelf.

Frozen Plans: Silver (Existing)



Plan Feature/ Service		Silver A (Standard)	Harvard Pilgrim Health Plan	Harvard Pilgrim Health Plan
Plan Marketing Name		Standardized Plan	HPHC Focus Network MA - Best Buy HMO 2000	HPHC Best Buy HSA PPO 2000 with Coinsurance
2016 AV		71.86%	71.93%	71.36%
Annual Deductible (Individual/Family)		\$2,000	\$2,000	\$2,000
		\$4,000	\$4,000	\$4,000
Annual Out-of-Pocket Maximum (Individual/Family)		\$6,850	\$5,250	\$5,250
		\$13,700	\$10,500	\$10,500
PCP Office Visits		\$30	\$35	\$30 ✓
Specialist Office Visits		\$50	\$65	\$45 ✓
Emergency Room		\$500 ✓	\$500	\$0 ✓
Inpatient Hospitalization		\$1,000 ✓	20% ✓	20% ✓
High-Cost Imaging		\$500 ✓	20% ✓	20% ✓
Outpatient Surgery		\$750 ✓	20% ✓	20% ✓
Prescription Drug	Retail Tier 1	\$20	\$25	\$5 ✓
	Retail Tier 2	\$50	\$80	\$40 ✓
	Retail Tier 3	\$75	\$100	\$60 ✓

Check (✓) indicates that this benefit is subject to the annual deductible. Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise.

¹ Indicates new plan to 2016 shelf.

Non-Standard Plans: Bronze (New)



Plan Feature/ Service	Blue Cross Blue Shield ¹	Health New England ¹	Harvard Pilgrim Health Care ¹	Neighborhood Health Plan ¹	Minuteman Health ¹	Minuteman Health ¹	
Plan Marketing Name	Access Blue Saver II	Bronze 2000	Best Buy HSA HMO 3100/Best Buy HSA PPO 3100	NHP Prime HMO HSA (2750/5500 50/75 with \$5 Low-Cost Generic Rx	MyDoc HMO Bronze 2050 H.S.A	MyDoc HMO Bronze Plus	
2016 AV	61.94%	61.76%	60.87%	61.56%	61.63%	61.40%	
Annual Deductible Medical and Rx	\$3,350/\$6,550	\$2,000/\$4,000	\$3,100/\$6,200	\$2,750/\$5,500	\$2,050/\$4,100	\$1,900/\$3,800	
Annual Prescription Drug Deductible	NA	NA	N/A	NA	NA	\$250/\$500	
Annual Maximum Out-of-Pocket (MOOP) Medical and Rx	\$6,550/\$13,100	\$6,850/\$13,700	\$6,200/\$12,400	\$6,550/\$13,100	\$6,550 per individual contract \$6,850 per person \$13,100 per group	\$6,850/\$13,700	
Primary Care Visit to Treat an Injury or Illness	\$60 ✓	\$75 ✓	\$40 ✓	\$50 ✓	\$50 ✓	\$50	
Specialist Visit	\$75 ✓	\$50 ✓	\$65 ✓	\$75 ✓	\$80 ✓	\$80 ✓	
Emergency Room Services	\$1,000 ✓	\$1,000 ✓	\$750 ✓	\$1,000 ✓	\$750 ✓	\$750 ✓	
All Inpatient Hospital Services	\$1,000 copay per stay ✓	\$1,000 ✓	20% ✓	\$1,000 copay per stay ✓	\$1,000 copay per stay ✓	35% ✓	
High-Cost Imaging	\$1,000 ✓	\$1,000 ✓	\$750 ✓	\$1,000 ✓	\$1,000 ✓	\$1,000 ✓	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$1,000 ✓	\$1,000 ✓	\$1,000 ✓	\$500 ✓	35% ✓	35% ✓	
Prescription Drug	Retail Tier 1	\$50 ✓	\$25	\$5 ✓	\$60 ✓	\$30 ✓	\$30
	Retail Tier 2	\$125 ✓	50%	50% ✓	\$100 ✓	50% ✓	50% ✓
	Retail Tier 3	\$175 ✓	50%	50% ✓	\$150 ✓	50% ✓	50% ✓
	Retail Tier 4	\$175 ✓	50%	50% ✓	\$150 ✓	50% ✓	50% ✓

Check (✓) indicates that this benefit is subject to the annual deductible. Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise.

¹ Indicates new plan to 2016 shelf.

Non-Standard Plans: Bronze (New)

(cont'd)



Plan Feature/ Service	BMC HealthNet Plan ¹	Tufts Health Plan ¹	Tufts Health Plan ¹	United HealthCare ¹	CeltiCare ¹	Fallon Community Health Plan ¹	
Plan Marketing Name	BMC HealthNet Plan - Bronze A	Direct Bronze with Coinsurance	Premier Bronze Saver 4500 with Coinsurance	Bronze Choice H.S.A. 5500	Ambetter Essential Care 1 (2016)	Direct /Select Care Bronze QHD 4500 H S A	
2016 AV	61.54%	60.78%	61.74%	61.90%	60.12%	61.97%	
Annual Deductible Medical and Rx	\$2,000/\$4,000	\$4,500/\$9,000	\$4,500/\$9,000	\$5,500/\$11,000	\$6,800/\$13,600	\$4,500/\$9,000	
Annual Prescription Drug Deductible	NA	NA	NA	NA	NA	NA	
Annual Maximum Out-of-Pocket (MOOP) Medical and Rx	\$6,850/\$13,700	\$6,850/\$13,700	\$6,450/\$12,900	\$6,500/\$13,000	\$6,800/\$13,600	\$6,550/\$13,100	
Primary Care Visit to Treat an Injury or Illness	50% √	\$50 √	30% √	\$0 √	\$0 √	\$55 √	
Specialist Visit	50% √	\$75 √	30% √	\$0 √	\$0 √	\$70 √	
Emergency Room Services	50% √	\$750 √	30% √	\$0 √	\$0 √	\$1,000 √	
All Inpatient Hospital Services	\$2,000 copay per stay √	30% √	30% √	\$0 √	\$0 √	\$1,000 √	
High-Cost Imaging	50% √	\$1000 √	30% √	\$0 √	\$0 √	\$750 √	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	50% √	\$1,000 √	30% √	\$0 √	\$0 √	\$1,000 √	
Prescription Drug	Retail Tier 1	\$30 √	\$30 √	30% √	\$20 √	\$0 √	\$40 √
	Retail Tier 2	50% √	50% √	30% √	\$40 √	\$0 √	\$75 √
	Retail Tier 3	50% √	50% √	30% √	\$250 √	\$0 √	50% √
	Retail Tier 4	50% √	50% √	30% √	\$250 √	\$0 √	50% √

Check (√) indicates that this benefit is subject to the annual deductible. Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise.

¹ Indicates new plan to 2016 shelf.

Non-Standard Plans: Pediatric Dental (Existing)



Plan Feature/Service	Pediatric Dental EHB	Delta Dental	Delta Dental	Blue Cross Blue Shield
Plan Marketing Name	Standardized Plan	EPO Pediatric Basic	EPO Pediatric Exclusive Network Plan	Dental Blue Pediatric Essential Benefits
Plan Year Deductible	\$50	\$100	\$50	\$50
Deductible Applies to	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative
Plan Year Max (>=19 only)	N/A	N/A	N/A	N/A
Plan Year Annual Maximum Out-of-Pocket (MOOP) <19 Only	\$350 (1 child)	\$350 (1 child)	\$350 (1 child)	\$350 (1 child)
Preventive & Diagnostic Co-Insurance In/Out-of-Network	0%/20%	0%/20%	0% In-Network No Out-Of-Network	0% In-Network No Out-Of-Network
Minor Restorative Co-Insurance In/Out-of-Network	25%/45%	60%/70%	25% In-Network No Out-Of-Network	25% In-Network No Out-Of-Network
Major Restorative Co-Insurance In/Out-of-Network	50%/70%	60%/70%	50% In-Network No Out-Of-Network	50% In-Network No Out-Of-Network
Medically Necessary Orthodontia, <19 only, In/Out-of-Network	50%/70%	60%/70%	50% In-Network No Out-Of-Network	50% In-Network No Out-Of-Network

Costs in **bold** indicate the plan design feature is different from any of the standardized plan designs for the same benefit. otherwise.

Non-Standard Plans: Family Dental (Existing)



Plan Feature/Service	Low Family	MetLife	High Family	MetLife
Plan Marketing Name	Standardized Plan	Low Dental with Enhanced Child Orthodontia	Standardized Plan	High Dental with Enhanced Child Orthodontia
Plan Year Deductible	\$50/\$150	\$90/\$270	\$50/\$150	\$50/\$150
Deductible Applies to	Major & Minor Restorative	Major & Minor Restorative	Major & Minor Restorative	Major & Minor Restorative
Plan Year Max (>=19 only)	\$750	\$1,000 In-Network \$750 Out-of-Network	\$1,250	\$1,250 In-Network \$1,000 Out-of-Network
Plan Year Annual Maximum Out-of-Pocket (MOOP) <19 Only	\$350 (1 child)/ \$700 (2+ children)	\$350 (1 child)/ \$700 (2+ children)	\$350 (1 child)/ \$700 (2+ children)	\$350 (1 child)/ \$700 (2+ children)
Preventive & Diagnostic Co-Insurance In/Out-of-Network	0%/20%	0%/20%	0%/20%	0%/20%
Minor Restorative Co-Insurance In/Out-of-Network	25%/45%	50%/50%	25%/45%	20%/40%
Major Restorative Co-Insurance In/Out-of-Network	50%/70% No Major Restorative >=19	50%/70% Coverage for >=19	50%/70%	50%/70%
Medically Necessary Orthodontia, <19 only, In/Out-of-Network	50%/70%	50%/50%	50%/70%	50%/50%

Costs in **bold** indicate the plan design feature is different from any of the standardized plan designs for the same benefit, otherwise.