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# Conditional Award of the 2019 Seal of Approval (VOTE)

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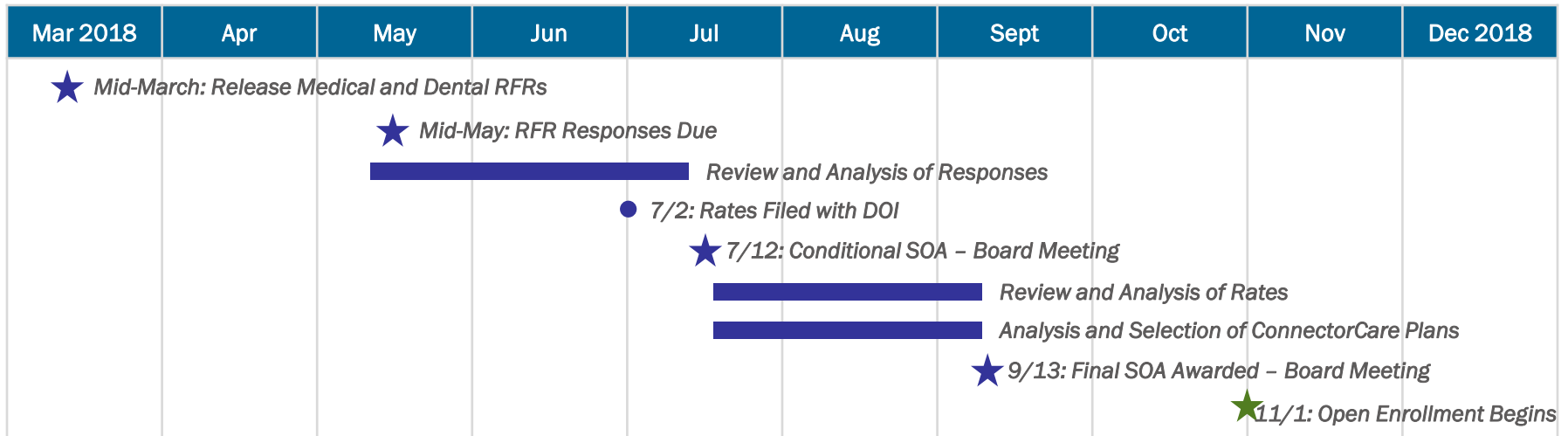
Board of Directors Meeting, July 12, 2018

# 2019 Conditional Seal of Approval



**Today we will ask the Board to allow further consideration of the proposed plans 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 2019 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 2019 SOA, after the Division of Insurance (DOI) completes its form and rate filing review process and Health Connector staff complete review of the value the plans offer to our Marketplace



# 2019 Product Goals and Strategies



***The Health Connector designed its 2019 product shelf to meet shifting member needs and respond to federal dynamics, with strategies tailored to different groups of members.***

Goal	Responsive Strategy
1. Maintain affordability and sustainability for the ConnectorCare program	<ul style="list-style-type: none"> <li>• Maintain existing ConnectorCare program design with no member-facing changes</li> <li>• Offer a non-group Silver tier that is better equipped to offer a sustainable ConnectorCare program by limiting the availability of Non-standard Silver plans</li> <li>• In partnership with the Division of Insurance, permit ConnectorCare carriers to continue a “load” on non-group Silver premiums to offset the absence of federal cost-sharing reductions (CSRs)</li> </ul>
2. Offer choice for unsubsidized non-group members seeking alternatives to Silver plans affected by price increases associated with federal CSR withdrawal	<ul style="list-style-type: none"> <li>• Expand Standard plan offerings to support unsubsidized individuals seeking alternatives to these high-premium “CSR-loaded” Silver plans                             <ul style="list-style-type: none"> <li>– Requirement of Low Gold offering</li> <li>– Requirement of Standard High Bronze offering (no waivers permitted)</li> </ul> </li> </ul>
3. Offer new choices to meet the unique needs of new Health Connector for Business members	<ul style="list-style-type: none"> <li>• Expand Standard plan offerings to support the needs of small groups and their employees                             <ul style="list-style-type: none"> <li>– Requirement of Standard Low Silver HSA-compatible offering</li> <li>– Requirement of PPO offering</li> </ul> </li> </ul>
4. Improve member experience with value, quality, and transparency initiatives	<ul style="list-style-type: none"> <li>• Continue existing quality and value initiatives</li> </ul>

The background is a light green color with several large, white, abstract shapes. On the left side, there is a large white arc that curves from the bottom towards the top. In the center, there are two white rectangular shapes, one above and one below, which appear to be part of a larger white structure or logo.

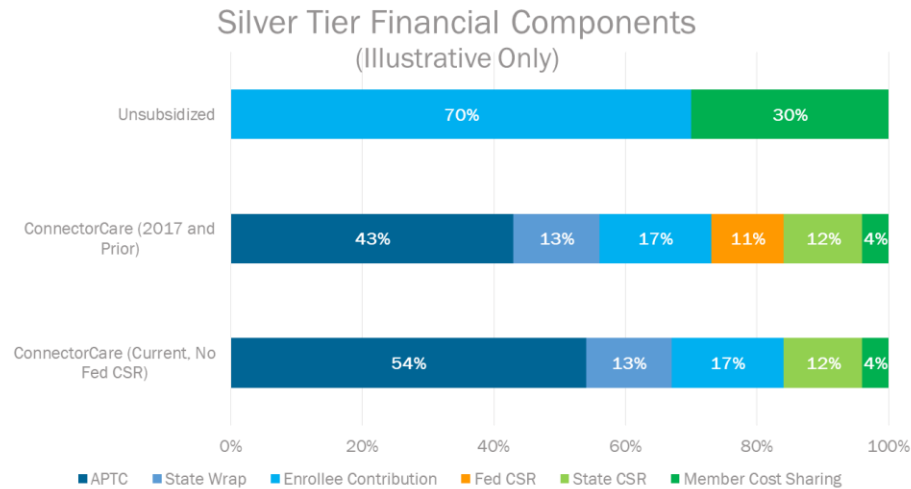
# **ConnectorCare Overview and Standard Silver Shift**

# Background: The ConnectorCare Program



*ConnectorCare is a program unique to Massachusetts, serving non-Medicaid eligible individuals up to 300 percent of the Federal Poverty Level (FPL) and offering low monthly premiums and point-of-service costs to members.*

- The ConnectorCare program uses a carrier's lowest-cost Silver tier plan as the base and enriches it with premium and cost-sharing subsidies from the state, in addition to federal tax credits
- The program incorporates multiple financial sources that must, in total, cover the full cost of coverage:
  - Premium: Federal premium tax credits, state premium subsidy, and enrollee contributions
  - Cost Sharing: State CSRs and member payments at point of coverage (prior to 2018, also federal CSRs)



# ConnectorCare Member Premiums and Cost-Sharing



*ConnectorCare member premium contributions and cost-sharing vary by income level.*

- ConnectorCare enrollees make premium contributions on a sliding scale based on income, in base amounts ranging from \$0 to \$126/monthly for 2018 to align with the Commonwealth's affordability schedule
  - Plan Type 1 and 2A members are not charged a premium if they enroll in the lowest-cost carrier available to them
- ConnectorCare enrollees can choose among up to four carriers in 2018, but may pay more based on the plan they select
- ConnectorCare plans have no deductibles or coinsurance

CONNECTORCARE BENEFITS & CO-PAYS			
Plan Type	Plan Type 1	Plan Types 2A & 2B	Plan Types 3A & 3B
Medical Maximum Out-of-Pocket (Individual/ Family)	\$0	\$750/\$1,500	\$1,500/\$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)	\$250/\$500	\$500/\$1,000	\$750/\$1,500
Preventive Care/Screening/Immunization	\$0	\$0	\$0
Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)	\$0	\$10	\$15
Specialist Office Visit	\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	\$0	\$10	\$15
Rehabilitative Speech Therapy	\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$0	\$10	\$20
Emergency Room Services	\$0	\$50	\$100
Outpatient Surgery	\$0	\$50	\$125
All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)	\$0	\$50	\$250
High Cost Imaging (CT/PET Scans, MRIs, etc.)	\$0	\$30	\$60
Laboratory Outpatient and Professional Services	\$0	\$0	\$0
X-Rays and Diagnostic Imaging	\$0	\$0	\$0
Skilled Nursing Facility	\$0	\$0	\$0
Retail Prescription Drugs:			
Generics	\$1	\$10	\$12.50
Preferred Brand Drugs	\$3.65	\$20	\$25
Non-Preferred Brand Drugs	\$3.65	\$40	\$50
Specialty High Cost Drugs	\$3.65	\$40	\$50

ConnectorCare Member Contribution Range Across Regions, 2018

Carriers	Plan Type 1 <=100% FPL	Plan Type 2A 100%-150% FPL	Plan Type 2B 150%-200% FPL	Plan Type 3A 200%-250% FPL	Plan Type 3B 250%-300% FPL
Lowest Cost	\$0	\$0	\$44	\$84	\$126
2 <sup>nd</sup> Lowest Cost	\$0 - \$147	\$0 - \$147	\$44 - \$195	\$84 - \$238	\$126 - \$285
3 <sup>rd</sup> Lowest Cost	\$13 - \$224	\$13 - \$237	\$57 - \$287	\$97 - \$330	\$139 - \$377
4 <sup>th</sup> Lowest Cost	\$116 - \$169	\$116 - \$169	\$161 - \$218	\$203 - \$262	\$248 - \$309

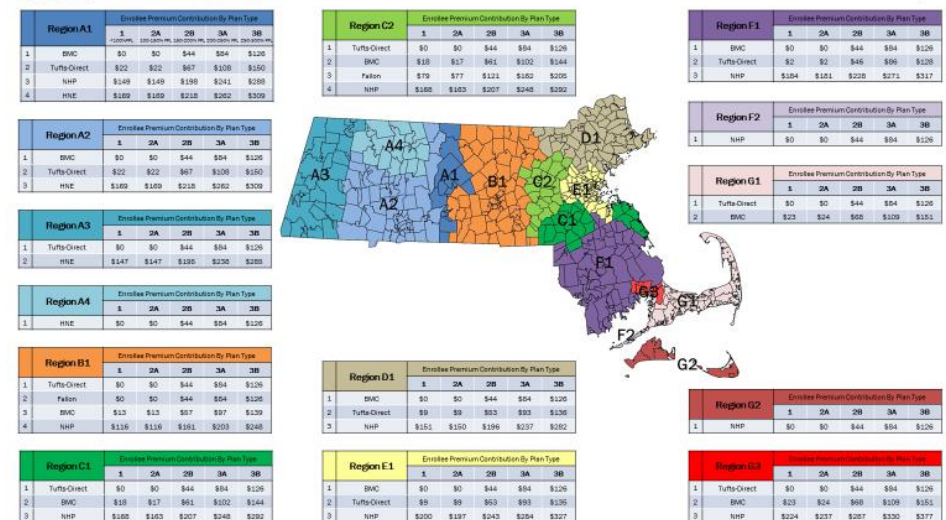
# ConnectorCare Geographic Availability and Premium Design



**Groupings of ConnectorCare carriers are available to enrollees based on the configuration of carriers within a set of zip codes in each rating region, based on carriers' service areas and ConnectorCare network access standards. Enrollee premium contributions are based on the average rate and membership in each subsection.**

- The lowest-cost unsubsidized Silver tier premium in each sub-region is subsidized to the affordability schedule (\$0 for PT1 and 2A, \$44 for PT2B, \$84 for PT3A, and \$126 for PT3B for 2018)
  - For 2019, the amount for PT3A members will be updated to \$85
- A ConnectorCare member may pay less than the premiums provided here if their APTC amount is sufficiently higher to further reduce their contribution as calculated
- The Health Connector will return to the Board in September with the proposed design of the 2019 ConnectorCare program

MASSACHUSETTS HEALTH CONNECTOR 2018 ConnectorCare Enrollee Contributions (FINAL)



# ConnectorCare Program and Base Silver Plans



***On the back end, each ConnectorCare plan is built from a foundation of “ConnectorCare compatible” Silver plans that meet Health Connector specifications. These commercial plans are then enriched according to program standards.***

- Selection of carriers for participation in the ConnectorCare program is based, in part, on the price competitiveness of the underlying Silver plan’s premium
- Competition for membership in the ConnectorCare program, and the price-sensitive shopping behavior of ConnectorCare members, has historically incentivized some carriers to design and aggressively price their Silver tier products
- As the ConnectorCare program incentivizes low premium rates from carriers, in 2018 and prior, the program was based largely upon Non-standardized Silver plans that rely on coinsurance to keep rates low
  - These plans have been problematic for ConnectorCare members who “downgrade” into the base Silver plans after losing eligibility for ConnectorCare, as members are faced with high coinsurance
  - Further, low premiums on the Silver tier do not maximize APTCs, which are key in a landscape without federal CSRs, and result in increased “back-end” liability for the Commonwealth in the form of state cost-sharing subsidies
- In response to the federal government’s withdrawal of CSRs for Plan Year 2018, the Health Connector partnered with the Division of Insurance and carriers to permit a premium “load” (i.e. higher premiums) on ConnectorCare carriers’ non-group Silver tier plans to offset the loss – a change in the landscape that spurred the Health Connector to revisit its approach to ConnectorCare-compatible plans



# Standard Silver Shift in 2019

***In response to these dynamics, the Health Connector limited 2019 non-group Silver offerings to Standard plans only, with high actuarial value and no coinsurance.***

- The shift to the Standard Silver design will minimize state cost-sharing reduction liability and will not impact ConnectorCare members, as their copays are those provided in a prior slide regardless of the underlying base Silver plan
- This approach creates trade-offs, yielding longer-term stability but also some near-term disruption
- We will discuss in later slides the closure of these four Non-standard Silver plans which will require member mapping to the Standard Silver plans from their carrier upon renewal
  - ConnectorCare members in these plans will not experience any changes as a result of this shift
  - Unsubsidized members and APTC-only members in these plans are already likely to be impacted by premium increases and movement to other plans, given the higher premiums of CSR-loaded silver plans
  - The approximately 12,000 unsubsidized and APTC-only members in these closing Silver plans will be supported by enhanced member communications and decision-support tools to continue to reinforce the message that unsubsidized members currently enrolled in Silver tier plans should review other options, including Low Gold and High Bronze offerings



# **Qualified Health Plan (QHP) Submissions**

# Qualified Health Plans: Overview



***Nine (9) medical carriers responded to the 2019 Seal of Approval (SOA), submitting a total of fifty-seven (57) non-group, and seventy (70) small group, Qualified Health Plans (QHPs).***

- In recent years, the Health Connector has maintained uniformity across the non-group and small group shelves, but for 2019, product offering requirements differ slightly in response to new Silver tier and small group needs
  - For 2019, one additional plan (Low Gold) is required for both non-group and small group
  - For 2019, two additional plans (Standard Low Silver and PPO) are required for the small group shelf only
- As in 2018, ConnectorCare carriers will “load” all their Silver tier non-group plans with an additional percentage of premium to offset the loss of federal CSRs

## Key Carrier Changes

- One new carrier entrant, UnitedHealthcare, submitted for the 2019 SOA. United last participated on exchange in Plan Year (PY) 2016
- Tufts Premier has communicated its intent to extend its SOA offerings to small group by April 1, 2019
- At this time, we do not foresee any carrier exits or “bare” regions for PY 2019

# Qualified Health Plans: Overview (Non-Group)



*The chart below outlines the fifty-seven (57) non-group QHPs proposed for the Health Connector's consideration for 2019, a net increase of five (5) plans from 2018.*

Non-Group 2019							
Issuers	Platinum	Gold	Silver	Bronze	Catastrophic*	Total 2019	Total 2018 for Comparison
Blue Cross Blue Shield	1	2	1	1	1	6	5
BMC HealthNet Plan	1	2	1	1	0	5	5
Fallon Health	2	5	3	2	1	13	12
Health New England	1	2	1	2	0	6	7
Harvard Pilgrim Health Care	1	2	1	1	0	5	4
Neighborhood Health Plan	1	2	1	1	0	5	7
Tufts Health Plan - Direct	1	2	1	2	1	7	8
Tufts Health Plan - Premier	1	2	1	1	0	5	4
United	1	2	1	1	0	5	N/A
<b>Total 2019</b>	<b>10</b>	<b>21</b>	<b>11</b>	<b>12</b>	<b>3</b>	<b>57</b>	
<b>Total 2018 for Comparison</b>	<b>9</b>	<b>16</b>	<b>14</b>	<b>10</b>	<b>3</b>	<b>52</b>	

\*Excludes Catastrophic plans requested for withdrawal – subject to Board approval.

# Qualified Health Plans: Overview (Small Group)



*The chart below outlines the seventy (70) small group QHPs proposed for the Health Connector's consideration for 2019, a net increase of twenty-one (21) compared to 2018.*

Small Group 2019							
Issuers	Platinum	Gold	Silver	Bronze	Catastrophic	Total	Total 2018 for Comparison
Blue Cross Blue Shield	1	2	3	1	N/A	7	4
BMC HealthNet Plan	1	2	3	1	N/A	7	5
Fallon Health	2	5	6	2	N/A	15	11
Health New England	1	3	2	2	N/A	8	7
Harvard Pilgrim Health Care	1	3	2	1	N/A	7	4
Neighborhood Health Plan	1	2	3	1	N/A	7	7
Tufts Health Plan - Direct	1	2	2	2	N/A	7	7
Tufts Health Plan - Premier	1	2	2	1	N/A	6	4
United	1	2	2	1	N/A	6	N/A
<b>Total</b>	<b>10</b>	<b>23</b>	<b>25</b>	<b>12</b>	<b>N/A</b>	<b>70</b>	
<i>Total 2018 for Comparison</i>	<b>9</b>	<b>16</b>	<b>14</b>	<b>10</b>	<b>N/A</b>	<b>49</b>	

# Qualified Health Plans: New Plans for 2019 (Non-Group)



## *Carriers have proposed fourteen (14) new non-group plans for 2019.*

- Carriers' new non-group offerings are mostly due to the Health Connector's new Low Gold plan requirement developed in response to CSR dynamics, which may be either a Standard or Non-standard offering

Carrier	# New	Reason(s)
BCBS	1	Low Gold requirement
BMCHP	1	Low Gold requirement
Fallon	2	Low Gold requirement, and Standard silver design on additional network
HNE	2	Low Gold requirement, and addition of a Non-standard Bronze plan
HPHC	1	Low Gold requirement
Tufts Direct	1	Low Gold requirement
Tufts Premier	1	Low Gold requirement
United	5	New carrier, with one each of the required Standard designs
<b>TOTAL</b>	<b>14</b>	

# Qualified Health Plans: New Plans for 2019 (Small Group)



## *Carriers have proposed twenty-nine (29) new small group plans for 2019.*

- Carriers' new small group offerings are mostly due to the Health Connector's new requirements developed in response to small business and broker feedback (Low Gold plan, Low Silver plan, and PPO)

Carrier	# New	Reason(s)
BCBS	3	Low Gold requirement; Low Silver HSA requirement; and PPO requirement
BMCHP	2	Low Gold requirement; Low Silver HSA requirement
Fallon	5	Low Gold requirement; Standard Silver design on additional network; Low Silver HSA requirement, and choice to offer on two networks; and PPO requirement
HNE	4	Low Gold requirement; Low Silver HSA requirement; addition of a Non-standard Bronze plan; and PPO requirement
HPHC	3	Low Gold requirement; Low Silver HSA requirement; and PPO requirement
NHP	2	Low Silver HSA requirement and PPO requirement
Tufts Direct	2	Low Gold requirement and Low Silver HSA requirement
Tufts Premier	2	Low Gold requirement and Low Silver HSA requirement
United	6	New carrier, with one each of the required Standard designs
<b>TOTAL</b>	<b>29</b>	

# Qualified Health Plans: Small Group PPOs



***In order to expand the product options available through Health Connector for Business to better reflect employer market needs, carriers were required to submit a PPO for the 2019 SOA.***

- Carriers that offer a PPO product off-Exchange must offer a PPO in their small group offerings
- The PPO may be either Standardized or Non-standardized, but must be available at either the Silver or Gold tiers, given that these are the most popular products for small employers

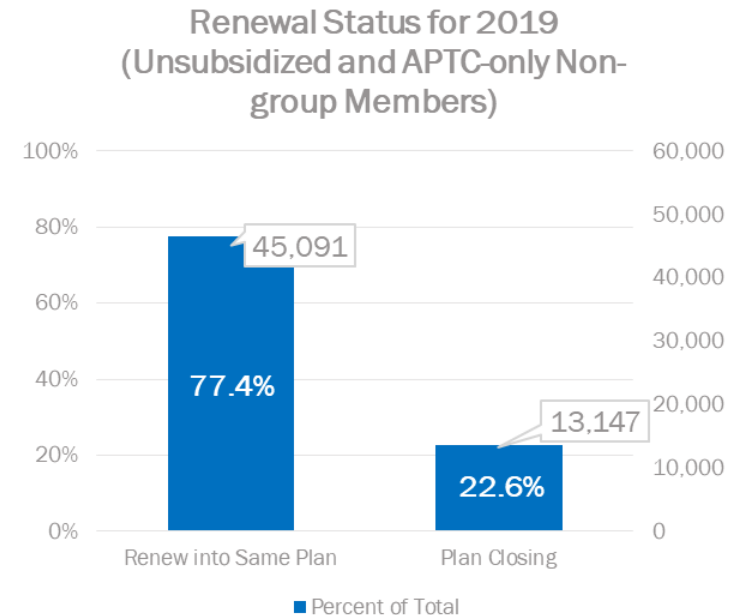
Carrier	Metallic Tier	PPO Plan Name
BCBS	Silver	Non-standard: Preferred Blue PPO Deductible with Coinsurance
Fallon	Silver	Non-standard: Preferred Care Deductible 2000 Low
HNE	Gold	Non-standard: HNE PPO Essential 1000 National
HPHC	Gold	Non-standard: PPO 2000 - Flex
NHP	Silver	Standard Silver: NHP Prime PPO Plus 2000/4000 30/55 FlexRx 6-Tier
United	Gold	Standard Gold: UHC Choice Plus Gold 1000



# Qualified Health Plans: Closed Plans

***Nine non-group plans previously offered in 2018 have been closed for 2019, covering approximately 13,000 members, or 23% of unsubsidized and APTC-only non-group enrollees.***

- Carriers that submitted for 2019 have closed nine previously-offered Non-standard plans, mostly due to the Health Connector’s required closure of Non-standard Silver plans, a policy shift to maximize ConnectorCare design in a post-CSR era and ensure that “downgraded” ConnectorCare members do not face coinsurance
  - BMCHP has closed one plan (Silver), impacting 3,428 members
  - Fallon Health has closed one plan (Silver), impacting 370 members
  - HNE has closed three plans (Gold), impacting 561 members
  - NHP has closed two plans (Silver), impacting 1,815 members
  - Tufts Health Direct has closed two plans (Gold and Silver), impacting 6,973 members
- Existing members in these products will be automatically mapped at renewal into a plan from the same carrier and metallic tier
- Four of these closing Non-standard plans serve as carriers’ base ConnectorCare Silver plans
  - ConnectorCare members enrolled with these carriers will shift to a different underlying plan for 2019, but their front-end cost-sharing will not be impacted



*Note: All enrollment data as of May 2018. Unless otherwise noted, all enrollment data is unsubsidized and APTC-only members.*

# Qualified Health Plans: Waivers and Frozen Plans



## *Carrier requests for waivers of offering Catastrophic plans were consistent with 2018.*

- Six (6) carriers submitted requests to waive offering a Catastrophic plan: BMCHP, HNE, HPHC, NHP, Tufts Premier, and United
  - These are the same existing carriers that waived their Catastrophic offerings in 2018
  - As a result, 35 zip codes would have fewer than the target of a minimum of two carriers per zip code
  - The SOA provides flexibility to have fewer than two plans per zip code and, as no existing Catastrophic members would be displaced, staff recommend approving all of the Catastrophic plan waivers, in keeping with past years' approach and the availability of similar Bronze offerings
- The Health Connector did not permit carriers to request to waive their Bronze plan offerings in 2019, in response to CSR dynamics
- No carriers have requested “frozen” status for 2019 for any previously-offered plans



# **Qualified Dental Plans**

# Qualified Dental Plans: Overview



## *The proposed 2019 dental shelf is unchanged from 2018.*

- Overall, carriers again proposed nineteen (19) plans for the small group shelf and twelve (12) plans for the non-group shelf
  - Two (2) existing carriers proposed to offer plans to the Health Connector market: Altus Dental and Delta Dental of MA
  - Two (2) additional carriers proposed to waive on-Exchange sale, consistent with last year's approach and sufficient on-Exchange QDP participation
- All carriers submitted the required one (1) plan for each of the three (3) Standardized plan designs: Family High, Family Low and Pediatric-only
  - One (1) carrier, Delta Dental, proposed each of its Standardized plans on one (1) alternative network
- Carriers submitted four (4) non-standardized QDPs for 2019, all previously offered in 2018
  - Delta Dental proposed three (3) Non-standardized plans and Blue Cross Blue Shield of MA proposed one (1) Non-standardized plan

### Carrier Changes

- No new carrier entrants or departures

# Qualified Dental Plans Overview (cont'd)



*The charts below outline the QDP product shelf proposed for the Health Connector's consideration for 2019.*

Issuers	Non-Group	Small Group	Intent to Sell On Exchange	Standardized Plans				Non-Standardized Plans				All Plans
				High	Low	Pedi	Total	High	Low	Pedi	Total	
<i>Altus Dental</i>	✓	✓	✓	1	1	1	3	-	-	-	0	3
<i>Blue Cross Blue Shield of MA</i>		✓		1	1	1	3	-	-	1	1	4
<i>Delta Dental of MA</i>	✓	✓	✓	2	2	2	6	-	1	2	3	9
<i>Guardian</i>		✓		1	1	1	3	-	-	-	0	3

	Standardized Plans	Non-Standardized Plans	All Plans
<i>Non-Group</i>	9	3	12
<i>Small Group</i>	15	4	19



## **Next Steps and Vote**

# 2019 Seal of Approval: Next Steps



***The Conditional Seal of Approval is an important step in the process, but more data and analysis, particularly regarding premiums, is required before the 2019 product shelves are finalized.***

- We will work closely with the Board throughout the summer to develop recommendations for final award of the Seal of Approval
  - Carriers must demonstrate compliance with all DOI requirements, including completion of premium rate review
  - Our final recommendation will be based on confirmation that all SOA plans offer good value to our consumers and carrier readiness to enter a contract with the Health Connector
  - The final SOA will also incorporate selection of ConnectorCare plans

***The Health Connector recommends allowing the 2019 Conditional Seal of Approval to enable consideration of all recommended Standardized and Non-standardized QHPs and QDPs proposed by the following carriers:***

- ***Altus Dental***
- ***Blue Cross Blue Shield of MA***
- ***Boston Medical Center HealthNet Plan***
- ***Delta Dental of MA***
- ***Fallon Health***
- ***Guardian***
- ***Harvard Pilgrim Health Care***
- ***Health New England***
- ***Neighborhood Health Plan***
- ***Tufts Health Plan – Direct***
- ***Tufts Health Plan – Premier***
- ***UnitedHealthcare***






# **Appendix: Standardized QHP Designs**

# Qualified Health Plans: 2019 Standardized Plan Designs



Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible. Bold indicates changes from 2018.</i>	Platinum	High Gold	*New* Low Gold	High Silver	*New* Low Silver (HSA)	Bronze #1	Bronze #2 (HSA)	
Annual Deductible – Combined	\$0	N/A	N/A	\$2,000	\$2,000	\$2,750	\$3,300	
	\$0	N/A	N/A	\$4,000	\$4,000	\$5,500	\$6,600	
Annual Deductible – Medical	N/A	\$1,000	\$2,000	N/A	N/A	N/A	N/A	
	N/A	\$2,000	\$4,000	N/A	N/A	N/A	N/A	
Annual Deductible – Prescription Drugs	N/A	\$0	\$250	N/A	N/A	N/A	N/A	
	N/A	\$0	\$500	N/A	N/A	N/A	N/A	
Annual Out-of-Pocket Maximum	\$3,000	\$5,000	\$5,500	\$7,900	\$6,700	\$7,900	\$6,700	
	\$6,000	\$10,000	\$11,000	\$15,800	\$13,400	\$15,800	\$13,400	
Primary Care Provider (PCP) Office Visits	\$20	\$25	\$30	\$30	\$25 ✓	\$25 ✓	\$25 ✓	
Specialist Office Visits	\$40	\$45	\$50	\$55	\$50 ✓	\$50 ✓	\$50 ✓	
Emergency Room	\$150	\$150 ✓	\$350	\$300 ✓	\$250 ✓	\$250 ✓	\$250 ✓	
Urgent Care	\$40	\$45	\$50	\$55	\$50 ✓	\$50 ✓	\$50 ✓	
Inpatient Hospitalization	\$500	\$500 ✓	\$750 ✓	\$1,000 ✓	\$500 ✓	\$750 ✓	\$750 ✓	
Skilled Nursing Facility	\$500	\$500 ✓	\$750 ✓	\$1,000 ✓	\$500 ✓	\$750 ✓	\$750 ✓	
Durable Medical Equipment	20%	20% ✓	20% ✓	20% ✓	20% ✓	20% ✓	20% ✓	
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$45	\$50	\$55	\$50 ✓	\$50 ✓	\$50 ✓	
Laboratory Outpatient and Professional Services	\$0	\$25 ✓	\$50 ✓	\$50 ✓	\$50 ✓	\$50 ✓	\$50 ✓	
X-rays and Diagnostic Imaging	\$0	\$25 ✓	\$50 ✓	\$50 ✓	\$50 ✓	\$50 ✓	\$50 ✓	
High-Cost Imaging	\$150	\$200 ✓	\$250 ✓	\$500 ✓	\$250 ✓	\$500 ✓	\$500 ✓	
Outpatient Surgery: Ambulatory Surgery Center	\$250	\$250 ✓	\$500 ✓	\$500 ✓	\$250 ✓	\$500 ✓	\$500 ✓	
Outpatient Surgery: Physician/Surgical Services	\$0	\$0 ✓	\$0 ✓	\$0 ✓	\$0 ✓	\$0 ✓	\$0 ✓	
Prescription Drug	Retail Tier 1	\$10	\$20	\$25	\$25	\$25 ✓	\$25	\$25 ✓
	Retail Tier 2	\$25	\$40	\$50 ✓	\$50	\$50 ✓	\$50 ✓	\$50 ✓
	Retail Tier 3	\$50	\$60	\$100 ✓	\$75 ✓	\$100 ✓	\$100 ✓	\$100 ✓
	Mail Tier 1	\$20	\$40	\$50	\$50	\$50 ✓	\$50	\$50 ✓
	Mail Tier 2	\$50	\$80	\$100 ✓	\$100	\$100 ✓	\$100 ✓	\$100 ✓
	Mail Tier 3	\$150	\$180	\$300 ✓	\$225 ✓	\$300 ✓	\$300 ✓	\$300 ✓
Federal Actuarial Value Calculator	88.82%	80.34%	76.11%	71.97%	69.44%	64.99%	64.98%	



**Appendix: New Non-  
standardized QHP Designs**

# Qualified Health Plans: New Non-standardized Gold



Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible. "HCB" indicates this plan will be marketed to small group.</i>	Standard High Gold	Standard Low Gold	Fallon Non-Standard	HNE Non-Standard	HPHC Non-Standard	
			Direct Care Gold Connector Low	HNE PPO Essential 1000 National (HCB)	PPO 2000 – Flex (HCB)	
Annual Deductible – Combined	N/A	N/A	\$2,000	N/A	N/A	
	N/A	N/A	\$4,000	N/A	N/A	
Annual Deductible – Medical	\$1,000	\$2,000	N/A	\$1,000	\$2,000	
	\$2,000	\$4,000	N/A	\$2,000	\$4,000	
Annual Deductible – Prescription Drugs	\$0	\$250	N/A	\$0	\$0	
	\$0	\$500	N/A	\$0	\$0	
Annual Out-of-Pocket Maximum	\$5,000	\$5,500	\$5,500	\$6,000	\$6,000	
	\$10,000	\$11,000	\$11,000	\$12,000	\$12,000	
Primary Care Provider (PCP) Office Visits	\$25	\$30	\$35	\$25	\$25	
Specialist Office Visits	\$45	\$50	\$55	\$40	\$45	
Emergency Room	\$150 ✓	\$350	\$350	\$250	\$300	
Urgent Care	\$45	\$50	\$55 ✓	\$40	\$45	
Inpatient Hospitalization	\$500 ✓	\$750 ✓	\$750 ✓	\$100 ✓	\$250 ✓	
Skilled Nursing Facility	\$500 ✓	\$750 ✓	\$750 ✓	\$100 ✓	\$250 ✓	
Durable Medical Equipment	20% ✓	20% ✓	20% ✓	20%	20% ✓	
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$45	\$50	\$55	\$40 ✓	\$25 ✓	
Laboratory Outpatient and Professional Services	\$25 ✓	\$50 ✓	\$50	\$25	\$34 ✓	
X-rays and Diagnostic Imaging	\$25 ✓	\$50 ✓	\$50	\$50 ✓	\$45 ✓	
High-Cost Imaging	\$200 ✓	\$250 ✓	\$250 ✓	\$75 ✓	\$200 ✓	
Outpatient Surgery: Ambulatory Surgery Center	\$250 ✓	\$500 ✓	\$500 ✓	\$50 ✓	\$194 ✓	
Outpatient Surgery: Physician/Surgical Services	\$0 ✓	\$0 ✓	\$0 ✓	\$0 ✓	\$0 ✓	
Prescription Drug	Retail Tier 1	\$20	\$25	\$25	\$20	\$18
	Retail Tier 2	\$40	\$50 ✓	\$50	\$50	\$60
	Retail Tier 3	\$60	\$100 ✓	\$100	\$75	\$100
	Mail Tier 1	\$40	\$50	\$50	\$40	\$36
	Mail Tier 2	\$80	\$100 ✓	\$100	\$100	\$120
	Mail Tier 3	\$180	\$300 ✓	\$300	\$225	\$300
Federal Actuarial Value Calculator	80.34%	76.11%	76.05%	81.70%	77.32%	

# Qualified Health Plans: New Non-standardized Silver



Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible. "HCB" indicates this plan will be marketed to small group.</i>	Standard High Silver	Standard Low Silver	BCBS Non-Standard	Fallon Non-Standard	
			Preferred Blue PPO Deductible with Coinsurance (HCB)	Preferred Care Deductible 2000 Low (PPO) (HCB)	
Annual Deductible – Combined	\$2,000	\$2,000	\$3,000	N/A	
	\$4,000	\$4,000	\$6,000	N/A	
Annual Deductible – Medical	N/A	N/A	N/A	\$2,000	
	N/A	N/A	N/A	\$4,000	
Annual Deductible – Prescription Drugs	N/A	N/A	N/A	\$0	
	N/A	N/A	N/A	\$0	
Annual Out-of-Pocket Maximum	\$7,900	\$6,700	\$6,000	\$7,900	
	\$15,800	\$13,400	\$12,00	\$15,800	
Primary Care Provider (PCP) Office Visits	\$30	\$25 ✓	30% ✓	\$40 ✓	
Specialist Office Visits	\$55	\$50 ✓	30% ✓	\$65 ✓	
Emergency Room	\$300 ✓	\$250 ✓	30% ✓	\$700 ✓	
Urgent Care	\$55	\$50 ✓	30% ✓	\$65 ✓	
Inpatient Hospitalization	\$1,000 ✓	\$500 ✓	30% ✓	\$1,000 ✓	
Skilled Nursing Facility	\$1,000 ✓	\$500 ✓	30% ✓	\$1,000 ✓	
Durable Medical Equipment	20% ✓	20% ✓	30% ✓	30% ✓	
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$55	\$50 ✓	30% ✓	\$40 ✓	
Laboratory Outpatient and Professional Services	\$50 ✓	\$50 ✓	30% ✓	\$50 ✓	
X-rays and Diagnostic Imaging	\$50 ✓	\$50 ✓	30% ✓	\$100 ✓	
High-Cost Imaging	\$500 ✓	\$250 ✓	30% ✓	\$700 ✓	
Outpatient Surgery: Ambulatory Surgery Center	\$500 ✓	\$250 ✓	30% ✓	\$1,000 ✓	
Outpatient Surgery: Physician/Surgical Services	\$0 ✓	\$0 ✓	30% ✓	\$0 ✓	
Prescription Drug	Retail Tier 1	\$25	\$25 ✓	\$25	\$30 ✓
	Retail Tier 2	\$50	\$50 ✓	\$45 ✓	\$65 ✓
	Retail Tier 3	\$75 ✓	\$100 ✓	\$90 ✓	\$100 ✓
	Mail Tier 1	\$50	\$50 ✓	\$50	\$60 ✓
	Mail Tier 2	\$100	\$100 ✓	\$90 ✓	\$130 ✓
	Mail Tier 3	\$225 ✓	\$300 ✓	\$270 ✓	\$300 ✓
Federal Actuarial Value Calculator	71.97%	69.44%	68.28%	71.59%	

# Qualified Health Plans: New Non-standardized Bronze



Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible</i>		Standard Bronze #1	Standard Bronze #2 (HSA)	HNE Non-Standard
				HNE Wise Bronze HDHP
Annual Deductible – Combined		\$2,750	\$3,300	\$3,450
		\$5,500	\$6,600	\$6,900
Annual Deductible – Medical		N/A	N/A	N/A
		N/A	N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A	N/A
		N/A	N/A	N/A
Annual Out-of-Pocket Maximum		\$7,900	\$6,700	\$6,300
		\$15,800	\$13,400	\$12,600
Primary Care Provider (PCP) Office Visits		\$25 ✓	\$25 ✓	\$60 ✓
Specialist Office Visits		\$50 ✓	\$50 ✓	\$80 ✓
Emergency Room		\$250 ✓	\$250 ✓	\$1,000 ✓
Urgent Care		\$50 ✓	\$50 ✓	\$80 ✓
Inpatient Hospitalization		\$750 ✓	\$750 ✓	\$1,000 ✓
Skilled Nursing Facility		\$750 ✓	\$750 ✓	\$1,000 ✓
Durable Medical Equipment		20% ✓	20% ✓	20% ✓
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50 ✓	\$50 ✓	\$80 ✓
Laboratory Outpatient and Professional Services		\$50 ✓	\$50 ✓	\$60 ✓
X-rays and Diagnostic Imaging		\$50 ✓	\$50 ✓	\$60 ✓
High-Cost Imaging		\$500 ✓	\$500 ✓	\$1,000 ✓
Outpatient Surgery: Ambulatory Surgery Center		\$500 ✓	\$500 ✓	\$1,000 ✓
Outpatient Surgery: Physician/Surgical Services		\$0 ✓	\$0 ✓	\$0 ✓
Prescription Drug	Retail Tier 1	\$25	\$25 ✓	\$30 ✓
	Retail Tier 2	\$50 ✓	\$50 ✓	\$80 ✓
	Retail Tier 3	\$100 ✓	\$100 ✓	\$150 ✓
	Mail Tier 1	\$50	\$50 ✓	\$60 ✓
	Mail Tier 2	\$100 ✓	\$100 ✓	\$160 ✓
	Mail Tier 3	\$300 ✓	\$300 ✓	\$450 ✓
Federal Actuarial Value Calculator		64.99%	64.98%	64.10%



# **Appendix: Standardized QDP Designs**

# Qualified Dental Plans: 2019 Standardized Plan Designs



Plan Feature/ Service	Family High	Family Low	Pediatric-only
Plan Year Deductible	\$50/\$150	\$50/\$150	\$50
Deductible Applies to	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative
Plan Year Max (>=19 only)	\$1,250	\$750	N/A
Plan Year MOOP <19 Only	\$350 (1 child) \$700 (2+ children)	\$350 (1 child) \$700 (2+ children)	\$350 (1 child)
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% No Major Restorative >=19	50%/70%
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