



Supplemental Materials for the 2019 Seal of Approval

Board of Directors Meeting, September 13, 2018

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. "HCB" indicates this plan will be marketed to small group.</i> | Platinum | High Gold | *New* Low Gold | High Silver | *New* Low Silver (HSA) (HCB) | 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% | |

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 | \$5,000 | |
| 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 | \$45 ✓ | |
| 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 | \$5 |
| | 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 | \$6,350 | \$7,900 | |
| | \$15,800 | \$13,400 | \$12,700 | \$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 ✓ | \$30 ✓ | |
| | Retail Tier 2 | \$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% | |

ConnectorCare: 2019 Plan Designs



CONNECTORCARE BENEFITS & COPAYS

| 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 |

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 |

2019 ConnectorCare Enrollee Contributions

| Region A1 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | | 1 <small><100%FPL</small> | 2A <small>100-150% FPL</small> | 2B <small>150-200% FPL</small> | 3A <small>200-250% FPL</small> | 3B <small>250-300% FPL</small> |
| 1 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 3 | HNE | \$122 | \$121 | \$168 | \$210 | \$254 |
| 4 | AllWays Health Partners | \$159 | \$157 | \$205 | \$248 | \$293 |

| Region A2 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|--------------|--------------------------------------------|-------|-------|-------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 3 | HNE | \$122 | \$121 | \$168 | \$210 | \$254 |

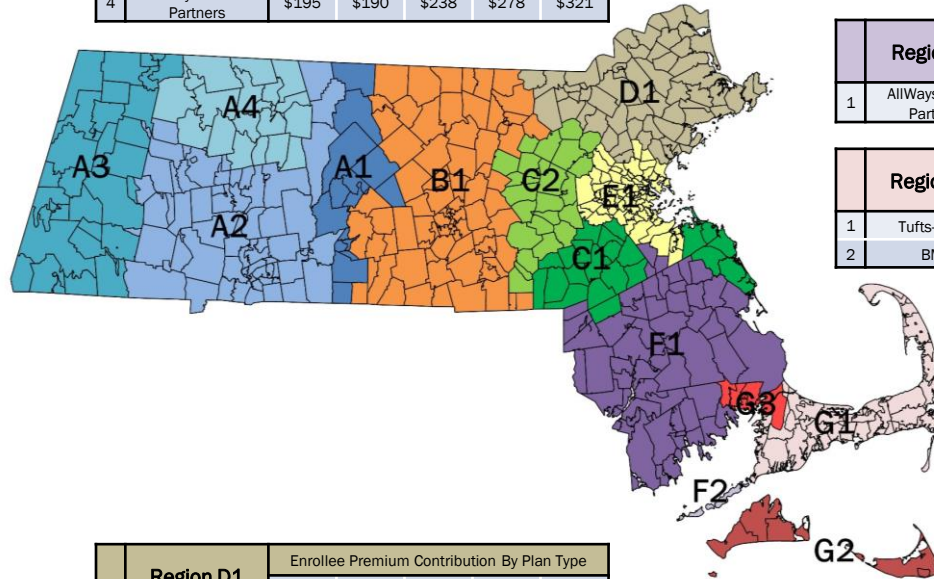
| Region A3 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|--------------|--------------------------------------------|-------|-------|-------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | HNE | \$72 | \$116 | \$165 | \$208 | \$251 |

| Region A4 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-----|--------------------------------------------|-----|------|------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | HNE | \$0 | \$0 | \$44 | \$85 | \$126 |

| Region B1 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-------|-------|-------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | Fallon | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | Tufts Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 3 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |
| 4 | AllWays Health Partners | \$156 | \$157 | \$205 | \$246 | \$291 |

| Region C1 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-------|-------|-------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |
| 3 | AllWays Health Partners | \$195 | \$190 | \$238 | \$278 | \$321 |

| Region C2 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-------|-------|-------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |
| 3 | Fallon | \$72 | \$74 | \$119 | \$160 | \$201 |
| 4 | AllWays Health Partners | \$195 | \$190 | \$238 | \$278 | \$321 |



| Region D1 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-------|-------|-------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |
| 3 | AllWays Health Partners | \$168 | \$168 | \$215 | \$256 | \$300 |

| Region E1 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-------|-------|-------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |
| 3 | AllWays Health Partners | \$224 | \$221 | \$267 | \$308 | \$349 |

| Region F1 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-------|-------|-------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |
| 3 | AllWays Health Partners | \$211 | \$210 | \$257 | \$299 | \$344 |

| Region F2 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-----|------|------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | AllWays Health Partners | \$0 | \$0 | \$44 | \$85 | \$126 |

| Region G1 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|--------------|--------------------------------------------|-----|------|------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |

| Region G2 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-----|------|------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | AllWays Health Partners | \$0 | \$0 | \$44 | \$85 | \$126 |

| Region G3 | | Enrollee Premium Contribution By Plan Type | | | | |
|-----------|-------------------------|--------------------------------------------|-------|-------|-------|-------|
| | | 1 | 2A | 2B | 3A | 3B |
| 1 | Tufts-Direct | \$0 | \$0 | \$44 | \$85 | \$126 |
| 2 | BMC | \$0 | \$0 | \$44 | \$85 | \$126 |
| 3 | AllWays Health Partners | \$235 | \$276 | \$323 | \$366 | \$413 |