



2020 Health and Dental Plan Proposed Seal of Approval (SOA)

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SOA 2020: Overview

The proposed 2020 Seal of Approval (SOA) responds to continued uncertainty with a focus on stability.

- The SOA for Plan Year (PY) 2019 was highly dynamic, with significant product shelf changes aimed at ensuring a successful Open Enrollment:
 - Responding to the continued impact of federal cost-sharing reduction (CSR) withdrawal, with the goal of protecting both ConnectorCare and unsubsidized members impacted by “loaded” silver plans
 - Expanding products for Health Connector for Business, with the introduction of plans tailored to small groups
- In addition, the Health Connector has faced continued federal uncertainty leading up to PY 2020
- As a result, the Health Connector proposes a relatively stable shelf for 2020, with modest shifts to address enrollee feedback, meet federal requirements, and offer clarity to carriers about expectations. This approach will provide:
 - Time to gauge enrollee reaction to last year’s product shelf changes
 - Opportunity for the Health Connector and carriers to refine aspects of past years’ SOA to improve the enrollee experience



Qualified Health Plans

2020 Health Plan Shelf

The Health Connector introduced new plan requirements in PY 2019 to support the needs of unsubsidized non-group members and small employers. The Health Connector recommends continuing these requirements for PY 2020.

- Carriers will continue to be required to propose, on their broadest commercial network, at least one standardized plan on each of the platinum, gold, silver, and bronze tiers for both non-group and small group
- In addition, carriers will continue to be required to propose:
 - A low gold (~76% actuarial value or “AV”) for both non-group and small group, with the aim of providing unsubsidized members alternatives to premium-loaded silver plans
 - A low silver (~69% AV), Health Savings Account (HSA) plan for small groups, in response small employer feedback requesting a wider array of HSA-compatible offerings
 - A PPO plan for small groups, in response to small employer feedback seeking a coverage solution for out-of-state employees



2020 Health Plan Shelf (cont'd.)

The Health Connector proposes modest tweaks to certain Standard plans to account for changes in the federal Actuarial Value Calculator.

- Each year, the Health Connector must ensure that its plan designs remain consistent with the parameters of the federal Actuarial Value Calculator (AVC):
 - Platinum and High Gold plan designs remain the same
 - Low Gold and High Silver plan designs require increases to the out-of-pocket maximum limit (MOOP) and certain co-pays
 - Low Silver plan designs require increases to the MOOP and several co-pays
 - Bronze plan designs require increases to the MOOP, deductibles, and several co-pays
- The Health Connector's proposed changes to these plans aim to maximize enrollee continuity year-over-year, with modest tweaks across a similar plan design structure, rather than concentrating cost-sharing increases in any one given area

2020 Health Plan Shelf (cont'd.)

The Health Connector proposes the following additional plan parameters:

- Standardized Plans
 - Because the Health Connector is still gauging the introduction of “low gold” offerings, carriers may continue to use either the standardized design or submit an alternative design for consideration
 - Carriers must propose a catastrophic plan, but may request a waiver if the Health Connector receives a sufficient number of plans per zip code
 - Carriers may continue to submit one additional version of each plan offered on a different network
- Non-Standardized Plans
 - Carriers may continue to propose up to 3 non-standard plans (inclusive of network variation), across the platinum, gold, silver small group, and bronze tiers
 - The Health Connector proposes continuing existing requirements on the actuarial value of non-standardized plans:
 - Non-standard platinum and gold plans may have an AV within the full federal range
 - Non-standard bronze and silver plans may not have an AV below 58% or 68%, respectively
- Other
 - Carriers may not offer “frozen” plans, in an effort to maintain a selective product shelf
 - Carriers must continue to offer “employee choice” options for small group at existing metallic tiers

ConnectorCare and Non-Group Silver Strategy

The Health Connector proposes to continue to allow only standard silver plans on the non-group shelf in support of ConnectorCare.

- This requirement was introduced in PY 2019 to improve the ConnectorCare program's stability in the wake of the withdrawal of federal Cost-Sharing Reductions (CSRs)
- The benefits of the standard silver requirement include:
 - Minimize state CSR liability as the program was previously based on non-standardized silver plans with coinsurance and actuarial values hovering around 68% to keep rates low
 - Improve value to enrollee by offering a plan with similar premium but lower cost sharing
 - Safeguard ConnectorCare members who “downgrade” into the base silver plans after losing eligibility for ConnectorCare from plans with high coinsurance
- Maintaining this approach for PY 2020 would continue to offer the same benefits, without any member disruption

Geographic Access Initiatives

To support ongoing access across the Commonwealth, the Health Connector proposes modest adjustments to service area and network requirements.

- Service Area Requirements
 - For PY 2019, there were few restrictions on a carrier’s ability to offer a limited service area on-Exchange
 - To prevent contraction in service areas, the Health Connector proposes limiting carriers’ ability to retract geographic coverage area beyond PY 2019 service areas, with limited exceptions
- Network Requirements
 - Current ConnectorCare standards allow a carrier to participate in a given county only if they contract with at least one acute care hospital in the county
 - While this requirement remains important for enrollee access to care, it can serve as a barrier to ConnectorCare participation in some regions where carriers generally meet DOI standards for network adequacy and already serve unsubsidized and APTC-only members in the region, but an acute care hospital is just over the county line, preventing ConnectorCare participation by the carrier in the region
 - The Health Connector proposes testing a limited exception process to this standard, only where:
 - The carrier’s provider network is otherwise approved to serve QHPs in the requested zip codes
 - The carrier demonstrates reasonable access to acute inpatient services in close proximity to a county boundary (e.g., enrollees are within 20 miles of a hospital)

Access to Care Initiatives

The Health Connector continues to support behavioral health and value-based access initiatives, in keeping with the Commonwealth's policy goals.

- The Health Connector recommends building upon efforts aimed at combating opioid use:
 - Today, ConnectorCare carriers are required to provide key treatments for opioid use disorder at zero dollar cost sharing for ConnectorCare enrollees, and all carriers are required to submit a Quality Improvement Strategy (QIS) related to substance use disorder
 - New for 2020, the Health Connector recommends gauging carrier progress through participation in a behavioral health survey, which will measure impact of the ConnectorCare cost-sharing intervention and carrier coverage of other leading-edge behavioral health interventions
- The Health Connector also recommends extending steps toward value-based insurance design to improve affordability at the point of care:
 - Today, carriers may reduce cost-sharing for select providers, sites-of-service, services, or prescription drugs below the standard cost-sharing levels set by the Health Connector or offer other financial incentives to enrollees to encourage high-value care
 - New for 2020, the Health Connector recommends requiring carriers that make VBID-like options available off-Exchange (*i.e.*, cost-sharing reductions for particular sites-of-service) available on-Exchange, to ensure parity for Health Connector enrollees

Member Experience Initiatives

Together with DOI, the Health Connector expects to engage in closer review of plan and network benefits to ensure greater consistency among plans.

- The Health Connector expects to engage in closer review of plan design in PY 2020, including:
 - Surveying carriers on cost-sharing for non-standardized benefits to determine whether there is a need for additional standardization
 - Partnering with DOI on a new required attestation that formulary benefit design is non-discriminatory
- In addition, the Health Connector is reviving closer monitoring of network adequacy information, including:
 - Renewed focus on reviewing carrier network access reports and network-related enrollee grievances
 - Leveraging geographic mapping capabilities to gauge enrollee access to provider networks in real-time



Qualified Dental Plans

2020 Dental Plan Shelf

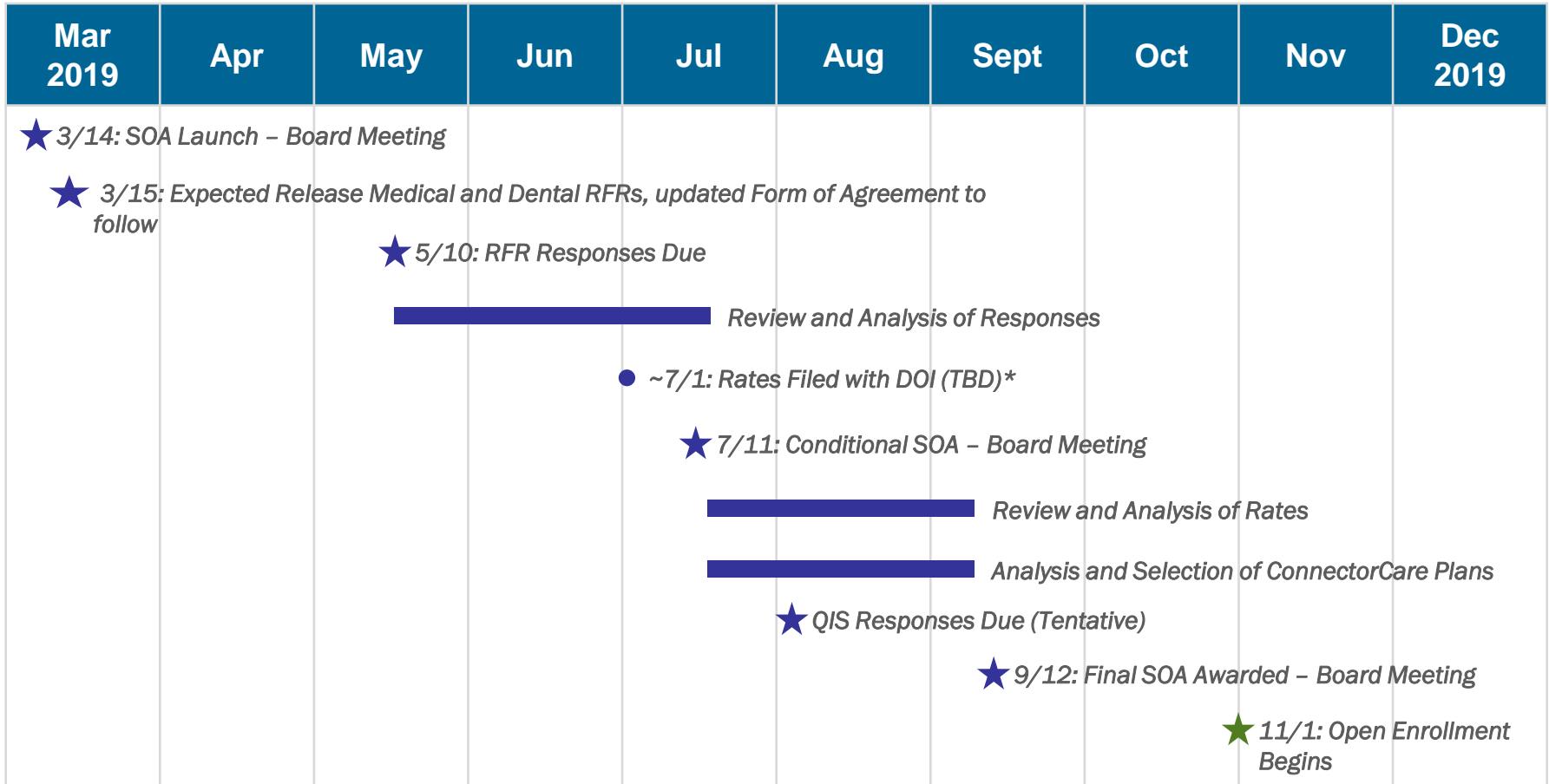
The Health Connector seeks a stable approach to dental offerings while implementing improvements to the dental enrollee experience.

- Standardized Plans
 - Carriers will continue to be required to offer one offering for each of the required three standardized plan designs: Pediatric-only, Family High and Family Low
 - Carriers may continue to submit one additional version of each plan offered on a different network
 - Carriers may seek a waiver of standardized small group QDPs, provided the Health Connector determines there is sufficient choice available for enrollees
- Non-Standardized Plans
 - Carriers may continue to submit up to three non-standardized dental plans, inclusive of network variation




Proposed SOA 2020 Timeline

Proposed SOA Timeline



*Rate filing deadlines will be communicated to carriers by the Division of Insurance. All dates subject to change. Changes to dates published on CommBUYS will be amended and re-posted to CommBUYS.



Appendix 1: Proposed SOA 2020 Standard Plan Designs

2019-2020: Standard Platinum

No change recommended or required.

Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible</i>		2020 Platinum
Annual Deductible – Combined		\$0
		\$0
Annual Deductible – Medical		N/A
		N/A
Annual Deductible – Prescription Drugs		N/A
		N/A
Annual Out-of-Pocket Maximum		\$3,000
		\$6,000
Primary Care Provider (PCP) Office Visits		\$20
Specialist Office Visits		\$40
Emergency Room		\$150
Urgent Care		\$40
Inpatient Hospitalization		\$500
Skilled Nursing Facility		\$500
Durable Medical Equipment		20%
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40
Laboratory Outpatient and Professional Services		\$0
X-rays and Diagnostic Imaging		\$0
High-Cost Imaging		\$150
Outpatient Surgery: Ambulatory Surgery Center		\$250
Outpatient Surgery: Physician/Surgical Services		\$0
Prescription Drug	Retail Tier 1	\$10
	Retail Tier 2	\$25
	Retail Tier 3	\$50
	Mail Tier 1	\$20
	Mail Tier 2	\$50
	Mail Tier 3	\$150
Federal Actuarial Value Calculator		89.38%

2019-2020 : Standard High Gold

**No change
recommended or
required.**

Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible</i>		2020 High Gold
Annual Deductible – Combined		N/A
		N/A
Annual Deductible – Medical		\$1,000
		\$2,000
Annual Deductible – Prescription Drugs		\$0
		\$0
Annual Out-of-Pocket Maximum		\$5,000
		\$10,000
Primary Care Provider (PCP) Office Visits		\$25
Specialist Office Visits		\$45
Emergency Room		\$150 ✓
Urgent Care		\$45
Inpatient Hospitalization		\$500 ✓
Skilled Nursing Facility		\$500 ✓
Durable Medical Equipment		20% ✓
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$45
Laboratory Outpatient and Professional Services		\$25 ✓
X-rays and Diagnostic Imaging		\$25 ✓
High-Cost Imaging		\$200 ✓
Outpatient Surgery: Ambulatory Surgery Center		\$250 ✓
Outpatient Surgery: Physician/Surgical Services		\$0 ✓
Prescription Drug	Retail Tier 1	\$20
	Retail Tier 2	\$40
	Retail Tier 3	\$60
	Mail Tier 1	\$40
	Mail Tier 2	\$80
	Mail Tier 3	\$180
Federal Actuarial Value Calculator		81.30%

2019-2020 : Standard Low Gold

Changes noted in bold are recommended to meet federal AV requirements, with the goal of maintaining premium affordability while spreading needed cost-sharing increases across the same cost-sharing structure.

Plan Feature/ Service <i>A check mark (✓) Indicates this benefit is subject to the annual deductible</i>	2019 Low Gold	2020 Low Gold	
Annual Deductible – Combined	N/A	N/A	
	N/A	N/A	
Annual Deductible – Medical	\$2,000	\$2,000	
	\$4,000	\$4,000	
Annual Deductible – Prescription Drugs	\$250	\$250	
	\$500	\$500	
Annual Out-of-Pocket Maximum	\$5,500	\$5,600	
	\$11,000	\$11,200	
Primary Care Provider (PCP) Office Visits	\$30	\$30	
Specialist Office Visits	\$50	\$55	
Emergency Room	\$350	\$350 ✓	
Urgent Care	\$50	\$55	
Inpatient Hospitalization	\$750 ✓	\$750 ✓	
Skilled Nursing Facility	\$750 ✓	\$750 ✓	
Durable Medical Equipment	20% ✓	20% ✓	
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	\$55	
Laboratory Outpatient and Professional Services	\$50 ✓	\$50 ✓	
X-rays and Diagnostic Imaging	\$50 ✓	\$75 ✓	
High-Cost Imaging	\$250 ✓	\$300 ✓	
Outpatient Surgery: Ambulatory Surgery Center	\$500 ✓	\$500 ✓	
Outpatient Surgery: Physician/Surgical Services	\$0 ✓	\$0 ✓	
Prescription Drug	Retail Tier 1	\$25	\$25
	Retail Tier 2	\$50 ✓	\$50 ✓
	Retail Tier 3	\$100 ✓	\$125 ✓
	Mail Tier 1	\$50	\$50
	Mail Tier 2	\$100 ✓	\$100 ✓
	Mail Tier 3	\$300 ✓	\$375 ✓
Federal Actuarial Value Calculator	76.11%	76.04%	

2019-2020 : Standard High Silver

Changes noted in bold are recommended to meet federal AV requirements, with the goal of maintaining a high AV while spreading needed cost-sharing increases across the same cost-sharing structure.

Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible</i>		2019 High Silver	2020 High Silver
Annual Deductible – Combined		\$2,000	\$2,000
		\$4,000	\$4,000
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$7,900	\$8,200
		\$15,800	\$16,400
Primary Care Provider (PCP) Office Visits		\$30	\$30
Specialist Office Visits		\$55	\$60
Emergency Room		\$300 ✓	\$300 ✓
Urgent Care		\$55	\$60
Inpatient Hospitalization		\$1,000 ✓	\$1,000 ✓
Skilled Nursing Facility		\$1,000 ✓	\$1,000 ✓
Durable Medical Equipment		20% ✓	20% ✓
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$55	\$60
Laboratory Outpatient and Professional Services		\$50 ✓	\$60 ✓
X-rays and Diagnostic Imaging		\$50 ✓	\$75 ✓
High-Cost Imaging		\$500 ✓	\$500 ✓
Outpatient Surgery: Ambulatory Surgery Center		\$500 ✓	\$500 ✓
Outpatient Surgery: Physician/Surgical Services		\$0 ✓	\$0 ✓
Prescription Drug	Retail Tier 1	\$25	\$30
	Retail Tier 2	\$50	\$60
	Retail Tier 3	\$75 ✓	\$100 ✓
	Mail Tier 1	\$50	\$60
	Mail Tier 2	\$100	\$120
	Mail Tier 3	\$225 ✓	\$300 ✓
Federal Actuarial Value Calculator		71.97%	71.95%

2019-2020 : Standard Low Silver (HSA-Compatible)*

Changes noted in bold are recommended to meet federal AV requirements, with the goal of maintaining premium affordability while spreading needed cost-sharing increases across the same cost-sharing structure.

*Additional changes may be required based on forthcoming guidance regarding federal limits for HSAs.

Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible</i>		2019 Low Silver	2020 Low Silver
Annual Deductible – Combined		\$2,000	\$2,000
		\$4,000	\$4,000
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$6,700	\$6,850
		\$13,400	\$13,700
Primary Care Provider (PCP) Office Visits		\$25 ✓	\$30 ✓
Specialist Office Visits		\$50 ✓	\$60 ✓
Emergency Room		\$250 ✓	\$300 ✓
Urgent Care		\$50 ✓	\$60 ✓
Inpatient Hospitalization		\$500 ✓	\$750 ✓
Skilled Nursing Facility		\$500 ✓	\$750 ✓
Durable Medical Equipment		20% ✓	20% ✓
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50 ✓	\$60 ✓
Laboratory Outpatient and Professional Services		\$50 ✓	\$60 ✓
X-rays and Diagnostic Imaging		\$50 ✓	\$75 ✓
High-Cost Imaging		\$250 ✓	\$500 ✓
Outpatient Surgery: Ambulatory Surgery Center		\$250 ✓	\$500 ✓
Outpatient Surgery: Physician/Surgical Services		\$0 ✓	\$0 ✓
Prescription Drug	Retail Tier 1	\$25 ✓	\$30 ✓
	Retail Tier 2	\$50 ✓	\$60 ✓
	Retail Tier 3	\$100 ✓	\$105 ✓
	Mail Tier 1	\$50 ✓	\$60 ✓
	Mail Tier 2	\$100 ✓	\$120 ✓
	Mail Tier 3	\$300 ✓	\$315 ✓
Federal Actuarial Value Calculator		69.44%	69.42%

2019-2020 : Standard Bronze #1

Changes noted in bold are recommended to meet federal AV requirements, with the goal of maintaining a high AV while spreading needed cost-sharing increases across the same cost-sharing structure.

Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible</i>		2019 Bronze #1	2020 Bronze #1
Annual Deductible – Combined		\$2,750	\$2,900
		\$5,500	\$5,800
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$7,900	\$8,200
		\$15,800	\$16,400
Primary Care Provider (PCP) Office Visits		\$25 ✓	\$30 ✓
Specialist Office Visits		\$50 ✓	\$60 ✓
Emergency Room		\$250 ✓	\$300 ✓
Urgent Care		\$50 ✓	\$60 ✓
Inpatient Hospitalization		\$750 ✓	\$750 ✓
Skilled Nursing Facility		\$750 ✓	\$750 ✓
Durable Medical Equipment		20% ✓	20% ✓
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50 ✓	\$60 ✓
Laboratory Outpatient and Professional Services		\$50 ✓	\$60 ✓
X-rays and Diagnostic Imaging		\$50 ✓	\$75 ✓
High-Cost Imaging		\$500 ✓	\$500 ✓
Outpatient Surgery: Ambulatory Surgery Center		\$500 ✓	\$500 ✓
Outpatient Surgery: Physician/Surgical Services		\$0 ✓	\$0 ✓
Prescription Drug	Retail Tier 1	\$25	\$30
	Retail Tier 2	\$50 ✓	\$60 ✓
	Retail Tier 3	\$100 ✓	\$125 ✓
	Mail Tier 1	\$50	\$60
	Mail Tier 2	\$100 ✓	\$120 ✓
	Mail Tier 3	\$300 ✓	\$375 ✓
Federal Actuarial Value Calculator		64.99%	64.95%

2019-2020 : Standard Bronze #2 (HSA-Compatible)*

Changes noted in bold are recommended to meet federal AV requirements, with the goal of maintaining premium affordability while spreading needed cost-sharing increases across the same cost-sharing structure.

*Additional changes may be required based on forthcoming guidance regarding federal limits for HSAs.

Plan Feature/ Service <i>A check mark (✓) indicates this benefit is subject to the annual deductible</i>	2019 Bronze #2	2020 Bronze #2	
Annual Deductible – Combined	\$3,300	\$3,500	
	\$6,600	\$7,000	
Annual Deductible – Medical	N/A	N/A	
	N/A	N/A	
Annual Deductible – Prescription Drugs	N/A	N/A	
	N/A	N/A	
Annual Out-of-Pocket Maximum	\$6,700	\$6,850	
	\$13,400	\$13,700	
Primary Care Provider (PCP) Office Visits	\$25 ✓	\$45 ✓	
Specialist Office Visits	\$50 ✓	\$75 ✓	
Emergency Room	\$250 ✓	\$300 ✓	
Urgent Care	\$50 ✓	\$75 ✓	
Inpatient Hospitalization	\$750 ✓	\$750 ✓	
Skilled Nursing Facility	\$750 ✓	\$750 ✓	
Durable Medical Equipment	20% ✓	20% ✓	
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50 ✓	\$75 ✓	
Laboratory Outpatient and Professional Services	\$50 ✓	\$60 ✓	
X-rays and Diagnostic Imaging	\$50 ✓	\$75 ✓	
High-Cost Imaging	\$500 ✓	\$500 ✓	
Outpatient Surgery: Ambulatory Surgery Center	\$500 ✓	\$500 ✓	
Outpatient Surgery: Physician/Surgical Services	\$0 ✓	\$0 ✓	
Prescription Drug	Retail Tier 1	\$25 ✓	\$35 ✓
	Retail Tier 2	\$50 ✓	\$75 ✓
	Retail Tier 3	\$100 ✓	\$150 ✓
	Mail Tier 1	\$50 ✓	\$70 ✓
	Mail Tier 2	\$100 ✓	\$150 ✓
	Mail Tier 3	\$300 ✓	\$450 ✓
Federal Actuarial Value Calculator	64.98%	64.95%	

2019-2020: Standard Qualified Dental Plans

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

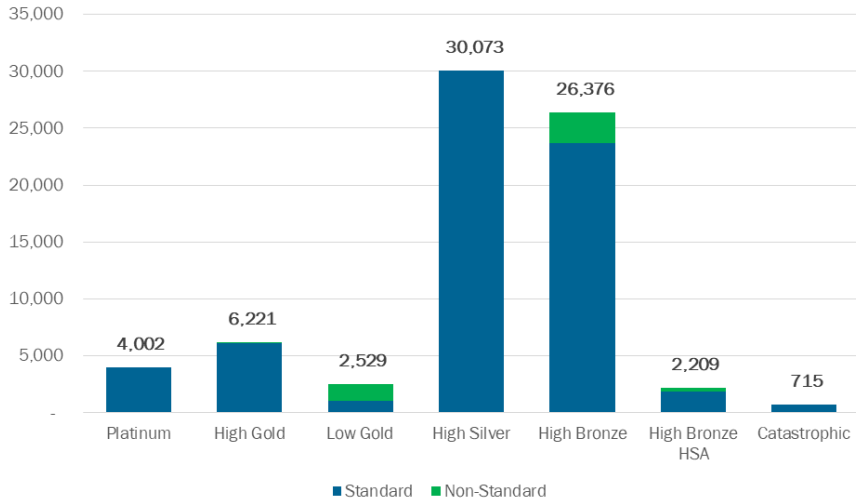
Note: Standard QDP designs are unchanged from 2019.



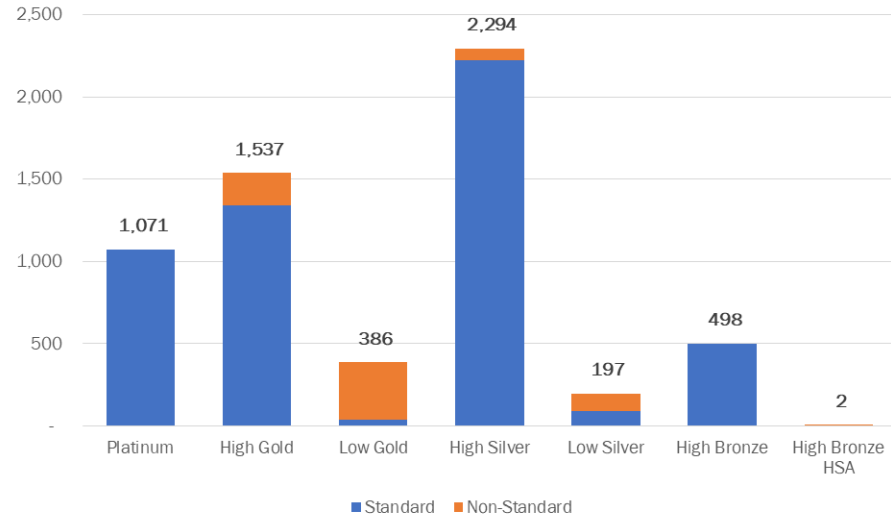
Appendix 2: Member Enrollment in PY 2019

Health Plan Enrollment Snapshot: PY 2019

Non-Group Unsubsidized and APTC-Only Enrollment



Health Connector for Business Enrollment



Non-Group data notes:

- Membership reflects March 2019 enrollment as of 3/8/2019
- “Low Gold” plans are within the Health Connector’s defined low gold AV range of 76.0-76.5%
- “High Bronze” plans are those in the federally-allowed expanded bronze AV range above 62%

Small Group data notes:

- Membership reflects February 2019 enrollment as of 3/5/2019
- As small groups have rolling plan year enrollment, membership includes enrollees in both 2018 and 2019 plans
- “Low Gold” plans are within the Health Connector’s defined low gold AV range of 76.0-76.5%
- “High Silver” plans reflect the Health Connector’s standard silver plan design
- “Low Silver” plans either reflect the Health Connector’s 2019 standard low silver design, or have AVs at the low end of the allowed silver AV range (~68%)
- “High Bronze” plans are those in the federally-allowed expanded bronze AV range above 62%



Appendix 3: **PY 2019 Reference Material**

2019 Product Shelf Overview

	2019 (Nongroup)	2019 (Small Group)
Platinum	~89%	~89%
Gold	High Gold: ~80%	High Gold: ~80%
	New in 2019 Low Gold: ~76%	*New in 2019* Low Gold: ~76%
Silver	High Silver: ~72%	High Silver: ~72%
		New in 2019 Low Silver HSA: ~69%
Bronze	High Bronze: ~65%	High Bronze: ~65%
	High Bronze HSA: ~65%	High Bronze HSA: ~65%

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%	

2019 ConnectorCare Enrollee Contributions

	Region A1	Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 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
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 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

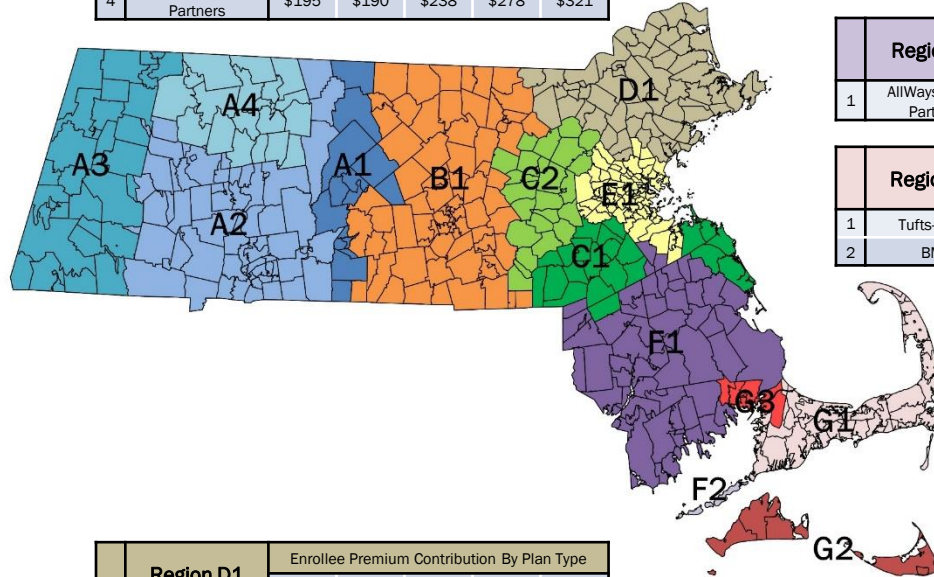
	Region A3	Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$126
2	HNE	\$72	\$116	\$165	\$208	\$251

	Region A4	Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
1	HNE	\$0	\$0	\$44	\$85	\$126

	Region B1	Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
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
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
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
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
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
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
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
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
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
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
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
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
1	AllWays Health Partners	\$0	\$0	\$44	\$85	\$126

	Region G1	Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
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
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
1	AllWays Health Partners	\$0	\$0	\$44	\$85	\$126

	Region G3	Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
		<small><100%FPL 100-150% FPL 150-200% FPL 200-250% FPL 250-300% FPL</small>				
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$126
2	BMC	\$0	\$0	\$44	\$85	\$126
3	AllWays Health Partners	\$235	\$276	\$323	\$366	\$413