



Health Connector Update Open Enrollment 2023

MTF Meetings October 2022

Open Enrollment 2023

The Health Connector is ready to support members and applicants during Open Enrollment for 2023 plans, which begins November 1, 2022 and ends January 23, 2023.

- Open Enrollment is the time of year when any new members can apply for coverage and current members' coverage is renewed for the upcoming year. Everyone can shop for plans and choose the coverage that is best for them
- The Health Connector remains committed to offering our members and new enrollees a stable and well supported enrollment experience
- Many of the processes and timelines for Open Enrollment 2023 will be the same as previous years. However, there are some special considerations that members and anyone helping members should be aware of during this open enrollment



Special Considerations

Special Considerations (slide 2 of 5)

Failure to Reconcile (FTR) Changes

- Due to the ongoing Federal Public Health Emergency, the Health Connector will not be checking for FTR for OE 2023
- Like last year, members that fail to reconcile (FTR), will not lose tax credits in 2023
- This year, the IRS will not send FTR indicators and the Health Connector will not use FTR as part of its renewal process
- Members and applicants should file Form 8962 with their taxes for 2022
- Relief from tax credit reconciliation was limited to the 2020 tax year only, so they should plan to file Form 8962 with their 2022 taxes in the spring

Special Considerations (slide 3 of 5)

Automatic Enrollment

- The Health Connector continues to automatically enroll individuals who have opted-in to automatic enrollment if they qualify for a \$0 plan
- Individuals who are eligible but not enrolled for a \$0 plan in 2023 and who have checked that box will be automatically enrolled in a plan for January
- This includes if they became eligible for a \$0 plan for 2023 but are not eligible for a \$0 plan in 2022
- Applicants can change plans after auto-enrollment occurs if they prefer a different carrier

Special Considerations (slide 4 of 5)

Mixed Households

- Due to the ongoing federal public health emergency, there are special considerations for MassHealth members
- Like last year, members who are part of mixed households (households with both Health Connector & MassHealth members) received a preliminary eligibility notice from the Health Connector and may receive a renewal form from MassHealth
- As the Public Health Emergency continues, in certain circumstances those who are currently receiving MassHealth will not lose benefits; however, they may be asked to complete a renewal online or return a renewal form
- This change will allow members to continue in their coverage until the public health emergency expires
- Encourage members to update their applications for 2022 and 2023 and return or respond to any notice received from the Health Connector or MassHealth

Special Considerations (slide 5 of 5)

American Rescue Plan /Inflation Reduction Act Updates

- Some of the savings that consumers were able to take advantage of due to the American Rescue Plan have been extended through the Inflation Reduction Act
- Specifically, the enhanced subsidies for all enrollees, including those over 400 percent of FPL, will continue for an additional three years
- However, the enhanced benefit for those who were receiving unemployment benefits did not continue beyond 2021

Special Considerations for Open Enrollment 2022

Income Considerations

- Due to the PHE, the reasonable compatibility rules increased to 20%, and if the consumers income is within that threshold, the Health Connector and MassHealth will accept the applicant's self-attested income and consider it verified. This means that applicants are less likely to be sent an RFI asking for proof of income, to receive a pre-populated MassHealth renewal, or to experience eligibility changes as part of Health Connector
- If you are working with a member whose account shows “unknown” income, edit their application and walk through the income section to confirm everything is up to date, then resubmit the application
- These members will likely receive a request for income verification after you submit the application. Please remind members to send this proof as soon as possible to ensure they maintain their subsidies into 2022
- It's important to review an applicant's income to make sure that it still accurately reflects what they expect to earn, both for this year and next year



Health and Dental Plans for Coverage Year 2023

Seal of Approval

Each year, the Health Connector conducts a comprehensive review of Health and Dental Plans proposed by health and dental carriers to be sold in the upcoming year on MAhealthconnector.org. This review and process is known as the Seal of Approval process.

- The Health Connector works closely with the MA Division of Insurance, which is responsible for reviewing the rates (premiums) for plans sold through the Health Connector

Overview of 2023 SoA Results

The final 2023 Qualified Health and Dental Plans will offer a range of plan designs, carriers, and premiums that seek to prioritize affordable, comprehensive coverage for members. Features include:

- A ConnectorCare program design that continues to offer affordable choice for enrollees <300% of the Federal Poverty Level (FPL)
- A broad choice of carriers and plans for individuals above 300% FPL and small group enrollees, with:
 - Eight medical carriers submitting a total of 45 non-group and 57 small group Qualified Health Plans (QHPs)
 - Two dental carriers submitting a total of 12 Qualified Dental Plans (QDPs) for on-Exchange sale
- The PY 2023 product shelf is mostly stable compared to PY 2022 but with the departure of one carrier, and one notable change to ConnectorCare geographic coverage
- ConnectorCare plans in 2023 will newly include zero cost-sharing for certain medications associated with chronic conditions as part of the Health Connector's ongoing health equity initiatives

QHPs: Carrier and Plan Changes

There are several member-facing carrier and plan changes for 2023.

- As part of the Tufts-Harvard Pilgrim (HPHC) merger to Point32Health, all 2022 members in Tufts Premier plans will transition to an HPHC plan in 2023
 - Beginning January 1, 2023, Tufts Premier will no longer offer plans and all 2022 Tufts Premier members – approximately 8,300 non-group and 1,000 small group – will be renewed into the analogous HPHC plan within their same metallic tier
 - This does not represent a change for Tufts Direct, which will continue its current unsubsidized, APTC-only, ConnectorCare, and small group offerings
 - Plans will continue to be tied to their legacy brands; HPHC and Tufts Direct will maintain the same branding in 2023 despite being part of the larger Point32Health company
- Health New England (HNE) will withdraw its ConnectorCare participation in Worcester County, discussed in greater detail in the ConnectorCare section

QHPs: Carrier and Plan Changes (cont'd)

Tufts Direct and HNE will each close one plan in 2023, and AllWays and BMCHP will rebrand to new carrier names.

- Tufts Direct will close its non-standardized Bronze plan in 2023
 - Existing members (approximately 3,400 non-group and 20 small group) will be renewed into Tufts Direct's standardized Bronze plan
- HNE will waive its Catastrophic plan offering in 2023
 - Eligible individuals would have one fewer Catastrophic offering available to them compared to 2022, and HNE's approximately 80 Catastrophic plan members would be auto-renewed into the lowest-cost Catastrophic plan available to them
 - BCBS and Tufts Direct will continue offering Catastrophic plans in 2023
- AllWays Health Partners will become Mass General Brigham Health Plan in 2023, and BMC HealthNet Plan will be renamed WellSense Health Plan
 - These changes reflect updates to the carriers' names, plan names, and logos, but have no impact to underlying product offerings
 - Health Connector staff are working with the carriers on communications to mitigate member confusion associated with the name changes

Shopping Display Changes

Members will see Quality Rating System (QRS) star ratings for each carrier when shopping for a plan beginning in Open Enrollment.

- The Quality Rating System (QRS) **is an initiative by CMS aiming** to help consumers compare medical care covered by different health plans, as well as the member-reported experiences of service by health plans
- QRS star ratings are currently available for shoppers' review on a standalone Health Connector web page
- Beginning with the 2023 Open Enrollment period, the HIX system will display carriers' QRS stars for consumers' consideration integrated into the shopping pages when shopping for a health plan. **Each carrier will have a unique rating.**

Plan Type 	Overall Rating	Medical Care	Member Experience	Plan Administration
HMO	 5 STARS	 4 STARS	 4 STARS	 5 STARS

QHPs: Unsubsidized & APTC-only Non-Group Premium Changes

On average, unsubsidized and APTC-only non-group members will experience a 7.6 percent rate increase before aging, and 9.3 percent after accounting for aging, though increases vary by metallic tier.

Unsubsidized & APTC-only Average Changes in Premium by Tier, before Subsidies: 2022 to 2023 ^{1,2}

	Platinum	Gold	Silver	Bronze	Catastrophic
	2,892 members	9,215 members	35,947 members	36,820 members	600 members
All Plans (without "aging")	6.4%	9.3%	4.9%	10.3%	9.8%
All Plans (with "aging")	8.2%	11.1%	6.6%	12.1%	11.8%

¹ Non-group enrollment data from August 2022

² Enrollment-weighted premium change with and without member aging (~1.7%); assumes mapping to 2023 renewal plan

2023 Standard Qualified Health Plan Designs

Plan Feature/ Service		Platinum	High Gold	High Silver	Low Silver (HSA compatible, Small Group Only)	Bronze #1	Bronze #2 (HSA compatible)
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>							
Annual Deductible – Combined		\$0	\$0	\$2,000	\$2,000	\$2,850	\$3,300
		\$0	\$0	\$4,000	\$4,000	\$5,700	\$6,600
Annual Deductible – Medical		N/A	N/A	N/A	N/A	N/A	N/A
		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
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum		\$3,000	\$5,000	\$9,100	\$7,050	\$9,100	\$7,500
		\$6,000	\$10,000	\$18,200	\$14,100	\$18,200	\$15,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$30	\$30	Deductible then \$30	Deductible then \$30	Deductible then \$60
Specialist Office Visits		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Urgent Care		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Emergency Room		\$150	\$350	Deductible then \$350	Deductible then \$300	Deductible then \$400	Deductible then \$875
Emergency Transportation		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Skilled Nursing Facility		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Durable Medical Equipment		20 percent	20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Laboratory Outpatient and Professional Services		\$0	\$25	Deductible then \$50	Deductible then \$60	Deductible then \$50	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$75	Deductible then \$75	Deductible then \$100	Deductible then \$135
High-Cost Imaging		\$150	\$250	Deductible then \$350	Deductible then \$500	Deductible then \$350	Deductible then \$750
Outpatient Surgery: Ambulatory Surgery Center		\$250	\$500	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$10	\$30	\$30	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$60	Deductible then \$60	Deductible then \$60	Deductible then \$65	Deductible then \$120
	Retail Tier 3	\$50	\$90	Deductible then \$90	Deductible then \$105	Deductible then \$100	Deductible then \$200
	Mail Tier 1	\$20	\$60	\$60	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$120	Deductible then \$120	Deductible then \$120	Deductible then \$130	Deductible then \$240
	Mail Tier 3	\$150	\$270	Deductible then \$270	Deductible then \$315	Deductible then \$300	Deductible then \$600
Federal Actuarial Value Calculator		89.88 percent	81.97 percent	71.94 percent	70.62 percent	64.97 percent	64.94 percent

Bold indicates changes from 2022.

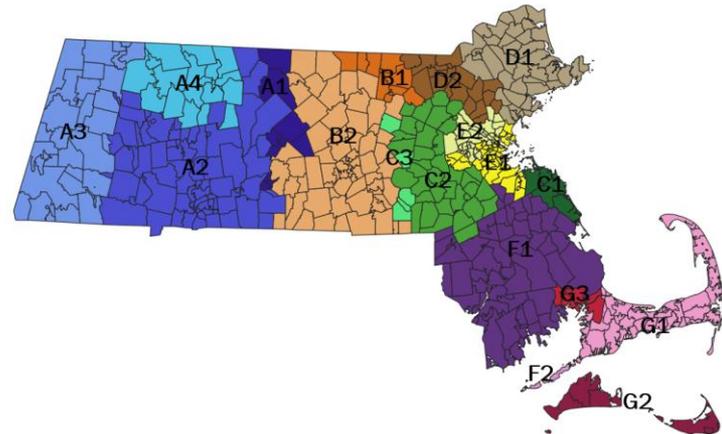


Qualified Health Plans: ConnectorCare

2023 ConnectorCare Program Design

The 2023 ConnectorCare program landscape reflects two changes to carrier geographic participation compared to 2022.

- AllWays Health Partners/Mass General Brigham Health Plan, BMC HealthNet Plan/WellSense Health Plan, Fallon Health, Health New England, and Tufts Direct will continue to offer ConnectorCare coverage in PY 2023
- HNE will withdraw its ConnectorCare participation in Worcester County
 - HNE's 2022 Worcester County ConnectorCare membership – approximately 4,000 members – will be auto-renewed into the lowest-cost ConnectorCare plan available to them in 2023, which, for the majority of Worcester County members, will be BMCHP/WellSense
 - Tufts Direct and Fallon will be the additional ConnectorCare offerings available to members in Worcester County in 2023, and members can shop for a ConnectorCare plan from one of these carriers if they choose
- Additionally, Fallon will newly cover Middlesex County in full beginning in 2023
- ConnectorCare plans in 2023 will newly include \$0 cost-sharing for some medications for diabetes, asthma, hypertension, and coronary artery disease
- Beginning in 2023, ConnectorCare plans will have \$0 cost-sharing for PCP sick visits and outpatient mental health visits



2023 ConnectorCare Program Design (cont'd)

The 2023 ConnectorCare enrollee contributions are designed to promote competitive pricing, balanced with increased affordability and choice for members.

- The chart to the right shows ConnectorCare carrier positions based on underlying 2023 premiums, relative to rank ordering in 2022, for each ConnectorCare region
- Carriers in **green** have moved to a lower cost position relative to 2022; carriers in **red** have moved to a higher cost position
- ConnectorCare enrollee premium contributions are included in the ConnectorCare regional map
- ConnectorCare members, regardless of where they reside, will have access to at least one ConnectorCare plan at the Affordability Schedule-defined monthly cost
- Consistent with 2022 methodology, additional modest premium stabilization is designed to assist members enrolling in slightly higher-cost plans that meet price and network breadth qualifications, while reflecting the rank order of underlying premium rates to promote competition
 - For equity purposes, this approach concentrates assistance to the lowest income populations within ConnectorCare

Region	Lowest Cost	2 nd Lowest Cost	3 rd Lowest Cost	4 th Lowest Cost
A1	TD	WellSense		
A2	TD	WellSense	HNE	
A3	TD	HNE		
A4	HNE			
B1	WellSense	TD	Fallon	MGB
B2	WellSense	TD	Fallon	
C1	TD	WellSense	MGB	
C2	TD	WellSense	Fallon	MGB
C3	TD	WellSense	Fallon	
D1	TD	WellSense	MGB	
D2	TD	Fallon	WellSense	MGB
E1	TD	WellSense	MGB	
E2	TD	WellSense	Fallon	MGB
F1	TD	WellSense	MGB	
F2	MGB			
G1	TD	WellSense		
G2	MGB			
G3	TD	WellSense	MGB	

ConnectorCare: 2023 Plan Designs

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	\$0	\$0
Specialist Office Visit		\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$0	\$0	\$0
Rehabilitative Speech Therapy		\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$0	\$10	\$20
Emergency Room Services		\$0	\$50	\$100
Urgent Care		\$0	\$18	\$22
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

PY 2023 ConnectorCare Enrollee Contributions*

Region A1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146

Region A2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146
3	HNE	\$49	\$47	\$87	\$168	\$237

Region A3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	HNE	\$0	\$0	\$48	\$93	\$152

Region A4		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	HNE	\$0	\$0	\$48	\$93	\$137

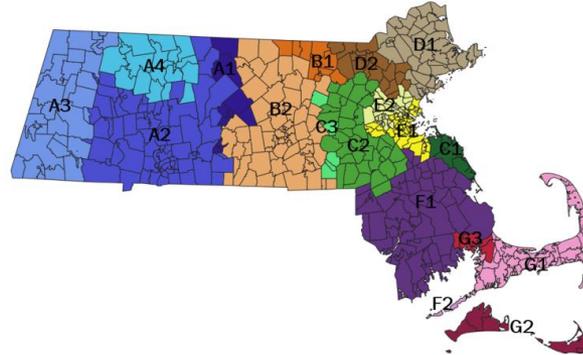
Region B1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	WellSense	\$0	\$0	\$48	\$93	\$137
2	Tufts Direct	\$0	\$0	\$48	\$93	\$138
3	Fallon	\$0	\$0	\$48	\$93	\$143
4	MGB Health Plan	\$37	\$35	\$75	\$149	\$205

Region B2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	WellSense	\$0	\$0	\$48	\$93	\$137
2	Tufts Direct	\$0	\$0	\$48	\$93	\$138
3	Fallon	\$0	\$0	\$48	\$93	\$143

Region C1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$148
3	MGB Health Plan	\$57	\$55	\$97	\$180	\$252

Region C2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$148
3	Fallon	\$0	\$0	\$48	\$95	\$163
4	MGB Health Plan	\$57	\$55	\$97	\$180	\$252

Region C3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$148
3	Fallon	\$0	\$0	\$48	\$95	\$163



Region D1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$147
3	MGB Health Plan	\$50	\$49	\$89	\$172	\$240

Region D2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	Fallon	\$0	\$0	\$48	\$93	\$146
3	WellSense	\$0	\$0	\$48	\$93	\$147
4	MGB Health Plan	\$54	\$52	\$96	\$179	\$240

Region E1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146
3	MGB Health Plan	\$70	\$68	\$117	\$207	\$277

Region E2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146
3	Fallon	\$0	\$0	\$48	\$95	\$162
4	MGB Health Plan	\$70	\$68	\$117	\$207	\$277

Region F1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146
3	MGB Health Plan	\$69	\$66	\$114	\$204	\$275

Region F2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	MGB Health Plan	\$0	\$0	\$48	\$93	\$137

Region G1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$155

Region G2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	MGB Health Plan	\$0	\$0	\$48	\$93	\$137

Region G3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$155
3	MGB Health Plan	\$68	\$69	\$114	\$206	\$288

*Enrollee contribution amounts represent the maximum a member would pay based on their sub-region, plan type, and carrier chosen. Actual enrollee contributions may be lower according to a member's specific age, sub-region, and income particularly as a result of increased APTC via the American Rescue Plan/Inflation Reduction Act.



Qualified Dental Plans

Qualified Dental Plans: 2023 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

Qualified Dental Plans: Plan Counts

Plan Year 2023 (No change from PY 2022)							
Carriers	Non-Group	Small Group	Intent to sell on exchange	High	Low	Pedi	Total
<i>Altus Dental</i>	✓	✓	✓	1	1	1	3
<i>Blue Cross Blue Shield of MA*</i>		✓		1	1	2	4
<i>Delta Dental of MA</i>	✓	✓	✓	2	3	4	9
<i>Guardian*</i>		✓		1	1	1	3
TOTAL				5	6	8	19

*Blue Cross Blue Shield and Guardian have submitted plans for certification for the small group market, but as in 2022, are recommended for a waiver of sales through the Health Connector given sufficiency of existing choice



Key Takeaways for Plan Coverage Year 2023

Key Takeaways for Plan Coverage Year 2023

- The ConnectorCare program design continues to offer affordable choice for enrollees <300% of the Federal Poverty Level (FPL)
- A broad choice of carriers and plans for individuals above 300% FPL and small group enrollees, with:
 - Eight medical carriers submitting a total of 45 non-group and 57 small group QHPs
 - Two dental carriers submitting a total of 12 QDPs for on-Exchange sale
 - Premium changes that vary among carriers
- As part of the Tufts-Harvard Pilgrim (HPHC) merger to Point32Health, all 2022 members in Tufts Premier plans will transition to an HPHC plan in 2023
- AllWays Health Partners will be renamed Mass General Brigham Health Plan in 2023 and BMC HealthNet Plan will be renamed WellSense Health Plan
 - These changes reflect updates to the carriers' names, plan names, and logos, but have no impact to underlying product offerings
- ConnectorCare plans in 2023 will newly include zero cost-sharing for certain medications associated with chronic conditions as part of the Health Connector's ongoing health equity initiatives, as well as zero cost-sharing for PCP sick visits and mental health outpatient visits

Key Takeaways for Plan Coverage Year 2023 (cont'd)

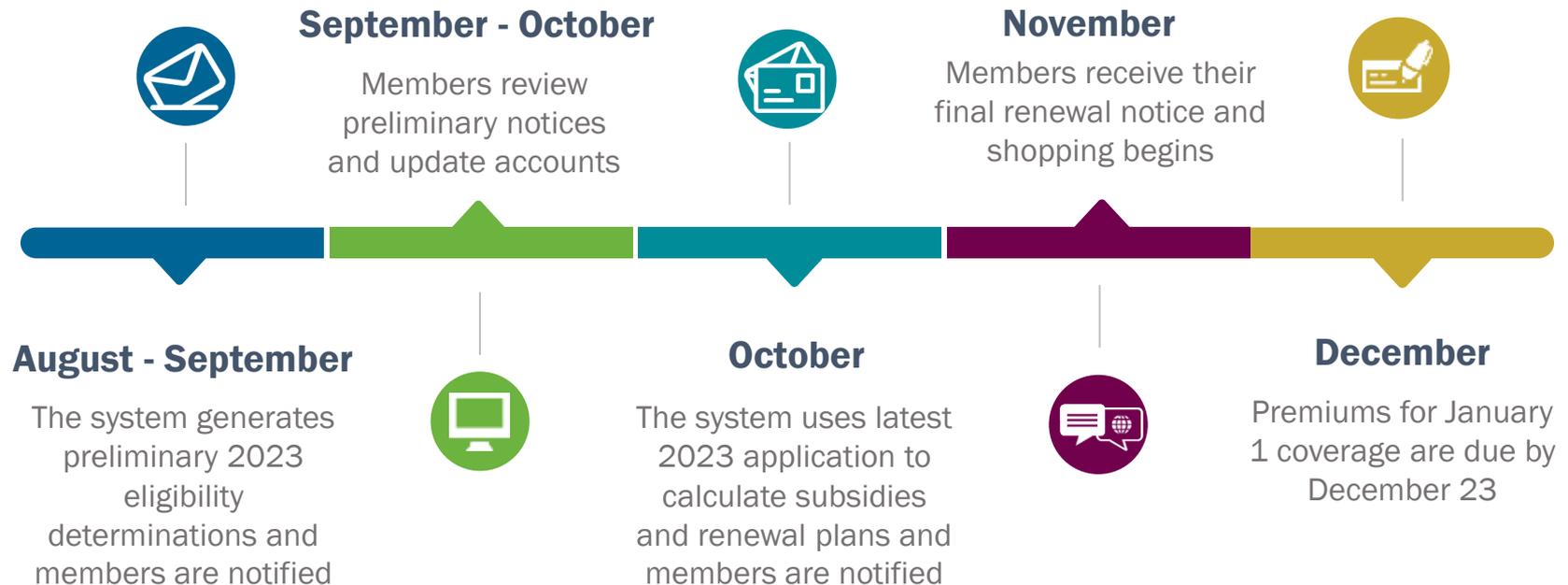
- Health New England (HNE) will withdraw its ConnectorCare participation in Worcester County, and those members will be mapped to the lowest-cost ConnectorCare plan available, which will be BMCHP/WellSense for most members
- When helping ConnectorCare members, note that the enrollee contribution amounts displayed in the ConnectorCare map represent the maximum a member would pay based on their sub-region, plan type, and carrier chosen
 - Actual enrollee contributions may be lower according to a member's specific age, sub-region, and income due to increased APTC via the American Rescue Plan/Inflation Reduction Act
- Use the **Get an Estimate Tool** <https://betterhealthconnector.com/get-an-estimate> to preview what plans and savings may be available to the members you are helping



Member Communications, Supports and Reminders

Open Enrollment 2023 Timeline

Open Enrollment activities are well underway, with all members having already received notices about their projected 2023 eligibility.



Renewal into a Health Connector Plan

The Health Connector follows guidelines to place members into their medical and dental plans each year.

- All Health Connector eligible and enrolled QHP (health plan) members who continue to be eligible on January 1 will be auto renewed into a plan
- During Open Enrollment, members can shop for and select new plans for the next year if they do not want to be renewed into their current plan

Health Connector Processing Center
P. O. Box 4404
Taunton, MA 02780



September 15, 2022

Notice Name: Final Renewal Notice
Notice ID: AUTO_REN
Member ID
Ref ID

It's time to renew your insurance coverage for 2023. If you want to stay enrolled in your current plan or a similar plan that we've chosen for you, just pay your monthly premium when you get your bill for January coverage.

You can choose to shop for a new plan during Open Enrollment. The Open Enrollment period starts November 1. You may be able to save money on your health coverage for next year if you shop and compare your options during Open Enrollment.

What you need to do:

1. **Review your information for 2023.** Please look at your program eligibility, renewal plan information, and the amount of any monthly tax credit you will receive next year. If any of this information doesn't look right to you, please let us know as soon as possible
2. **Compare any plan changes** for 2023 with our online Plan Compare tool at: www.MAhealthconnector.org/compare-plans
3. **Shop during Open Enrollment.** You may be able to save on the cost of your health plan for next year by comparing your available options for 2023
4. **Keep paying your monthly premium bill** by the 23rd of every month
5. **Send us documents as proof** of your information. Please follow the instructions in the letter that we sent you and send in your proof by its due date

Important Dates:

- **November 1, 2022.** First date to start shopping and comparing plans at MAhealthconnector.org.
- **December 23, 2022.** Pay your premium by this date to enroll in the plan you want for January.
- **January 1, 2023.** The first day of your new 2023 coverage. If there have been any changes to your program eligibility, January 1 is the date when those changes will start.

Member Communications: Renewals and Open Enrollment

Throughout the renewal process, the Health Connector ensures member awareness of changes and deadlines, as well as the availability of support.

It's time to get ready for Open Enrollment

Open Enrollment starts November 1, 2022

Open Enrollment is the time of year when you can renew your plan or shop for a new one. Before Open Enrollment starts, we'll check to see if you qualify for the same type of health coverage for 2023.

Take the steps below to get ready for Open Enrollment and help make sure you have the right coverage and costs for next year:

- **Review your account information.** If your income has changed since you last updated your account, it's important to change that information now. If your income is lower now, you may be able to enroll in a lower-cost plan
- **Send us proof documents.** If we've asked you to send proof of your information, please send in your documents now. If you update information in your account, you may be asked to send in proof at that time

We'll send you more information about renewing your health plan for 2023 as Open Enrollment gets closer.

Late August – Early September

We'll send you an eligibility letter with information about the programs we think you may qualify for in 2023, based on the most recent information that we have.

Update your information

You can make changes through your online account, through one of our community partner organizations, or by calling Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773.

To find a community partner organization, go to www.MAhealthconnector.org/here-to-help



October – Early November

We'll send you a 2023 renewal packet. The packet will tell you if your current plan is available for 2023.

Review your renewal plan

Starting November 1, you can review 2023 plan details:

- Review your renewal plan's benefits and costs, including the monthly premium.
- Be sure your providers, such as doctors or hospitals, are in the plan's network.



November 1 – January 23

Open Enrollment starts November 1. This is the time when you can shop and compare plans for 2023.

Shop if you want to change plans

It's important to compare your options during Open Enrollment because monthly premiums, other costs, and provider networks may be changing for 2023. You can shop for and choose a plan online at www.MAhealthconnector.org during Open Enrollment, starting November 1. This year, Open Enrollment will end on **January 23**.



Get help online

Learn more online at www.MAhealthconnector.org



Get help by phone

Call Customer Service at 1-877-MA-ENROLL (1-877-623-6765), or TTY 1-877-623-7773. For health and safety reasons, our walk-in centers will stay closed until they can safely open again.



Get help from a community partner

Our Navigator program partners with trusted community organizations. Depending on the organization, you can get in-person help by appointment, or by phone or video chat. Learn more at www.MAhealthconnector.org/Navigators

Sample Inserts for Premium payers

Open Enrollment is here

November 1–January 23



If you shop and compare your options during Open Enrollment, you may find a health plan that **costs less** but still covers the benefits you need and the doctors you want. When you shop, be sure to look at:

- Monthly premium cost
- Costs for services
- Provider networks (doctors and hospitals in the plan)

There are many options for getting help with comparing plans for next year. Learn more at:

www.MAhealthconnector.org/here-to-help



La Inscripción abierta ya empezó

1° de noviembre al 23 de enero



Si usted busca para comprar y comparar sus opciones durante la Inscripción abierta, usted podrá encontrar un plan de salud que **cueste menos** pero que aún cubra los beneficios que usted necesite y los médicos que usted quiera. Cuando usted busque para comprar, asegúrese de tener en cuenta:

- El costo de la cuota mensual
- El costo de los servicios
- Las redes de proveedores (médicos y hospitales en el plan)

Hay muchas opciones para obtener ayuda para comparar planes para el próximo año. Entérese más en:

www.MAhealthconnector.org/here-to-help



October Collateral

Health Connector Processing Center
P.O. Box 4404
Taunton, MA 02780



[Recipient Name]
[Organization Name]
[Address Line 1]
[Address Line 2]
[City], [State] [Zip]

Health Connector Processing Center
P.O. Box 4404
Taunton, MA 02780



[Recipient Name]
[Organization Name]
[Address Line 1]
[Address Line 2]
[City], [State] [Zip]

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[City], [State] [Zip]

Health Connector Processing Center
P.O. Box 4404
Taunton, MA 02780



[Recipient Name]
[Organization Name]
[Address Line 1]
[Address Line 2]
[City], [State] [Zip]

[Date]

AllWays Health Now Mass General Health Plan

Dear [Member name],

Starting on January 1, 2023, AllWays
General Brigham Health Plan. This new
coverage or the provider network.

Mass General Brigham Health Plan will
Health Partners members with updated
January. There is nothing you need to

Need help?

- **Call Customer Service** at 1-877-777-7773.
- **We partner with community** coverage. Depending on the appointment, or by phone or www.MAhealthconnector.org.

Boston Medical HealthNet Plan WellSense Health

Dear [Member name],

As you may know, Boston Medical Center
WellSense Health Plan. This name change
coverage or the provider network.

WellSense Health Plan will reach out to
HealthNet members with updated information
nothing you need to do.

Need help?

- **Call Customer Service** at 1-877-777-7773.
- **We partner with community** coverage. Depending on the appointment, or by phone or video www.MAhealthconnector.org/Name

Important: Worcester County Connector Changes for 2023

Dear [Member name],

**Starting in 2023, Health New England (HNE) ConnectorCare
plans will no longer be available in Worcester County.**

ConnectorCare members in Worcester County who
New England plan will be moved into a new plan, which
lowest-cost ConnectorCare plan available for 2023.
not have the same network of doctors and hospitals.
members may decide to change plans during Open Enrollment.
sure their doctors and hospitals are in the new plan.

You can change plans during

Open Enrollment will start on November 1, 2022. You
can change plans for any reason. If you need help,
at **1-877-MA-ENROLL** (1-877-623-6765) or TTY: 1-877-777-7773.
ways to get help during Open Enrollment at www.MAhealthconnector.org.

Changes to Tufts Premier Health Plan

Dear [Member name],

Starting in 2023, Tufts Premier Health Plan will no longer be offering
health plans through the Massachusetts Health Connector. Members
who are currently enrolled in a Tufts Premier plan will be automatically
enrolled in a similar Harvard Pilgrim Health Care plan for 2023.

Members may decide to change plans during Open Enrollment to make
sure they are in the plan that best meets their needs of the next year.

You can change plans during Open Enrollment

Open Enrollment will start on November 1, 2022. This is the time of the year when you



Health Connector Call Center

For Open Enrollment 2023 the Health Connector’s Customer Service hours will include extended weekday hours and weekend hours on peak days surrounding December and January deadlines.

Contact Center Hours of Operation	Open Enrollment 2023	Closed Enrollment
Monday – Friday	8 AM – 6 PM	8 AM – 6 PM
Extended Weekday Hours	8 AM – 8 PM Dec. 22, Dec. 23, Jan 20, & Jan. 23	N/A
Special Weekend Hours	10 AM – 4 PM Dec 17, Jan 21 & Jan. 22	N/A

Call Center Support

The Contact Center has implemented new features in 2022 that will be available to support member activity during Open Enrollment.

Virtual and Live Agent
Chat
(June 2022)

- **Chat virtual agent** provides members with general information, FAQs, and self-service
- **Chat live agents** provide support with eligibility, enrollment and payment inquiries, in line with the support provided by our Tier 1 phone agents
- We'll continue to monitor to identify additional enhancements that can be made to improve the member experience

Contact Center
Generated Text and
Email
(July 2022)

- Members who interact with the contact center can elect to receive **text messages or emails with updates** regarding their case or information regarding how to pay, where to find walk-in centers, how to submit RFI documentation, etc.
- We're exploring opportunities to expand on the text messaging functionality

Enhanced IVR
Payment Experience
(June 2022)

- Members can hear status and balance for current and future plans (including OE scenario where members may be inquiring about a current 2022 plan and a future 2023 plan)
- Members can pay for Health and Dental plans on one call and only enter banking information once

Enrollment, Billing and Payment

Enrollment into a health plan is not complete until premium payment has been received and processed

- Anyone seeking coverage for January 1 must enroll in and pay for coverage by December 23rd
- The Health Connector sends the bill for January 1 coverage during the first week of December. This bill is based on a member's final program eligibility determination
- If an existing member switches plans and wants to see those changes reflected in their December bill, the member must shop for their new plan by November 23rd
- If a member receives a bill for a premium they were not expecting, they still have until December 23rd to:
 - Review and update their 2023 application, or shop for a lower cost plan before January 1 coverage

Payment Reminders

- If an existing member is changing insurance carriers, the member receives a quote that reflects that the member selected a new carrier, and they must submit payment to start coverage in this new plan
- Members will keep the same Member ID even if they select a new carrier
- If the member is staying in the same plan, member should be aware of any premium change and pay the new premium by December 23rd
- Payment for coverage starting on January 1st is due on December 23rd
- Premium payments can be made:
 - Online through the payment center
 - By mail
 - By phone (new: pay by phone option)

	[Carrier Name]	Primary member	Member ID	Bill date
	[Carrier Address]	John Smith	7XXXXXXX	December 1, 2019
	[Carrier City], [ST] [ZipCode]	Insurer: Blue Cross Blue Shield of MA		
		Plan name: Standard High Gold: HMO Blue \$1,000 Deductible SBC		

JOHN SMITH
123 Main Street
Apartment 456
Lawrence, MA 01840

1243

Total due
\$120.00
Please pay by
Dec 23, 2019

◀ You are enrolled in AutoPay.
We will withdraw \$120.00 on Dec 22, 2019.

Account activity

Plan's monthly premium	<XXX.XX>
Advance Premium Tax Credit	- <XXX.XX>
ConnectorCare subsidy:	- <XXX.XX>
Your monthly premium:	\$ <XXX.XX>
Last statement balance:	<XXX.XX>
Payments received <DateRange>:	
<Payment A>	- <XXX.XX>
<Payment B>	- <XXX.XX>
<Payment C>	- <XXX.XX>
<Payment D>	- <XXX.XX>
Total due from last statement:	\$ <XXX.XX>
Fees and discounts	
<Discount A>	- <XX.XX>
Adjustments	
<Refund A>	- <XX.XX>
Total fees, discounts, and adjustments:	\$ <XXX.XX>
What you owe by <Date>:	\$ <XXX.XX>

Pay this bill to start your new health coverage.
This bill is for your **January 2020** health plan through the Health Connector.

Important messages about your account:
You only need to pay the amount due on this bill for this month. Because you were given a Hardship Waiver, you won't need to pay some of your past due premiums.

Ways to pay your bill:

- Online:** MAhealthconnector.org
- Phone:** 1-877-MA-ENROLL (1-877-623-6765)
- Mail:** Health Connector
PO Box 412612
Boston, MA 02241-2612
- In person:** Bring a check or money order to one of our walk-in centers, listed on the other side.

For more information on how to make a Health Connector payment go to:
<https://www.mahealthconnector.org/how-to-pay>