



Health Connector Health and Dental Plans for 2019

MA Health Care Learning Series Conference Calls
October 2018

Learning Objectives

After reviewing this information, you will be able to:

- Describe the Health Connector's Seal of Approval (SOA) process
- Explain the Health and Dental Plans that will be available for 2019 on MAhealthconnector.org
- Describe changes made to Health Connector shopping pages
- Discuss the key changes to be aware of when helping consumers shop for coverage in their area



Section 1: Plan Standards and the Seal of Approval (SOA) Process

QHPs and QDPs

All of the Health and Dental plans available on [Mahealthconnector.org](https://mahealthconnector.org) meet the requirements set by the state and federal government. All of the Health Connector plans are Qualified Health Plans (QHPs) and Qualified Dental Plans.

What are Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs)?

- **QHP:** A health benefit plan that is approved by the MA Division of Insurance (DOI) for meeting all state and federal requirements, including **limits on cost-sharing (e.g., deductibles, copayments, and out-of-pocket maximum amounts)** and **coverage of essential health benefits**, and has received the Health Connector's Seal of Approval (SOA) as meeting certain standards regarding quality, value, and coverage
- **QDP:** A dental benefit plan that is approved by the MA Division of Insurance (DOI) for meeting all state and federal requirements, **including reasonable limits on cost-sharing and coverage of the pediatric oral services essential health benefit**, and has received the Health Connector's SOA as meeting certain standards regarding quality, value, and coverage

Health Connector Plan Offerings

Nongroup Unsubsidized Plans	<ul style="list-style-type: none">• Qualified Health Plans (QHPs), which are unsubsidized plans, available for eligible individuals and families
Nongroup Subsidized Plans	<ul style="list-style-type: none">• ConnectorCare plans are QHPs that incorporate federal advance premium tax credits (APTC) and state subsidies for those with incomes between 0%-300% FPL• APTC's available for those with incomes between 300%-400% FPL
Catastrophic Plans	<ul style="list-style-type: none">• Health plans for young adults, up to age 30 or individuals over 30 with a financial hardship exemption from the U.S. Dept. of Health and Human Services. These plans do not generally cover services before the deductible is met
Small Group Plans	<ul style="list-style-type: none">• Health Connector for Business plans are QHPs for small businesses with 50 or fewer employees• Small business tax credits available to qualified small businesses
Dental Plans	<ul style="list-style-type: none">• Dental plans, referred to as Qualified Dental Plans (QDPs) for eligible individuals and small groups• Some dental benefits may be embedded in Health Plans or offered as a Stand-Alone Plan by dental issuers

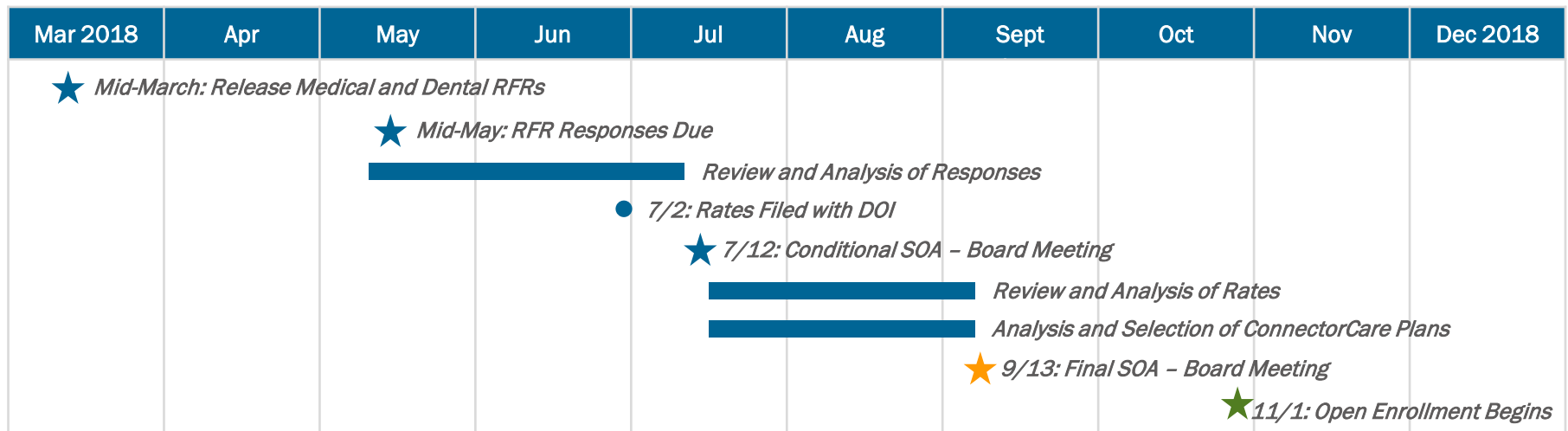
Nongroup and Small Group Coverage Standards

All approved health and dental plans must meet Actuarial Value (AV) and Metallic Tier requirements and must include a minimum set of certain benefits called Essential Health Benefits (EHB).

Actuarial Value	Metallic Tier	Essential Health Benefits
<p>The percentage of total average costs for covered benefits that a plan will cover</p> <p><i>E.g., A plan with a 60% AV would, on average, cover 60% of all costs for covered benefits incurred by an individual, while the member pays the other 40% of costs through their deductible and other cost sharing</i></p>	<p>Each Federally defined Metallic Tier is designed to provide a different balance of premiums and cost sharing:</p> <ul style="list-style-type: none">▪ Platinum: average 90% AV▪ Gold: average 80% AV▪ Silver: average 70% AV▪ Bronze: average 60% AV	<p>Health and dental benefits, specified by the ACA, which are required to be covered by every plan in the small and nongroup market</p> <p><i>(i.e., emergency services, maternity care, prescription drugs)</i></p>

2019 Seal of Approval: Timeline

- 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
- On Thursday, September 13, 2018, the Health Connector's Board of Directors approved the health and dental plans to be sold on Mahealthconnector.org effective January 1, 2019. This approval includes unsubsidized health, dental and the plans that are part of the 2019 ConnectorCare program



Key Certification Criteria

The Health Connector works closely with the MA Division of Insurance to ensure carriers meet all certification criteria before approving for on-exchange sale.

High Level Criteria	Key Certification Elements	CCA	DOI
Carrier Qualifications	Licensure		✓
	Solvency		✓
	State Accreditation		✓
	Federal/Exchange Accreditation	✓	
Product and Benefit Design	Cover all Essential Health Benefits (EHBs)		✓
	Comply with all state and federal requirements		✓
	Non-discriminatory plan designs		✓
	Meet Minimum Creditable Coverage standards	✓	
Premium and Rating Methodology	Obtain applicable regulatory approval		✓
	Identification of lowest cost Silver plan(s)	✓	
Network Adequacy	Must meet defined network adequacy standards (ConnectorCare only for CCA review)	✓	✓
	Must include sufficient number of Essential Community Providers		✓
	Must meet defined Service Area Standards	✓	
Marketing	Must comply with state marketing law(s)		✓
Quality Standards	Must meet federal requirements re: Quality Improvement Strategy work	✓	
	Compliance with enrollee satisfaction survey and quality reporting standards	✓	
Non-discrimination	Compliance with non-discrimination requirements	✓	
Contract & Regulatory Compliance	Be in good standing with all Health Connector contract and regulatory requirements	✓	

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Section 2: Health and Dental Plans for 2019

Overview of 2019 SOA Results



The 2019 Qualified Health and Dental Plan shelves will offer a range of plan designs, carriers, and premiums, featuring:

- A steady ConnectorCare program design that continues to offer affordable choice
- A broader choice of carriers and plans for unsubsidized nongroup and small group enrollees, with:
 - Nine medical carriers submitting a total of 57 non-group and 70 small group Qualified Health Plans (QHPs)
 - Two dental carriers submitting a total of 12 Qualified Dental Plans (QDPs) for on-Exchange sale
- Modest premium changes that align with underlying trend (with the exception of planned shifts to buffer ConnectorCare from recent federal changes), reflecting the Commonwealth's commitment to actively promoting a stable insurance market

Carrier Participation Overview



The Health Connector will have steady carrier participation in 2019, with the same carriers as 2018, as well as a new entrant.

- In 2019, one new carrier will sell QHPs on both the nongroup and small group platforms, with an additional carrier rejoining the small group platform
 - **UnitedHealthcare** is preparing to join the nongroup and small group platforms for January 1, 2019 effective dates
 - United will only offer plans in the metro Boston area
 - **Tufts Premier** is preparing to join the small group platform for April 1, 2019 effective dates
- Neighborhood Health Plan (NHP) is rebranding under a new name, **AllWays Health Partners**
 - The carrier does not anticipate any substantive product changes, but plan names are expected to reflect AllWays Health Partners for January 1 effective dates
 - Renewing members will see “Neighborhood Health Plan” as their current carrier/plan name, and “AllWays Health Partners” as their 2019 carrier/plan name
 - NHP is also changing behavioral health vendors, from Beacon in 2018 to Optum in 2019

NHP Will be Doing Business as AllWays Health Partners



- Remind members of NHP's brand change and that NHP will be doing business as AllWays Health Partners

Health Insurance Renewal Information

Household Member	Date of Birth	2019 Program Eligibility	Current Health Plan Name	2019 Renewal Health Plan Name	Same plan as 2018?	Date Coverage Renews
		Health Connector Plan (No financial help)	Neighborhood Health Plan/Standard Platinum: NHP Prime HMO 20/40 FlexRx 6-Tier	AllWays Health Partners/Standard Platinum: Complete HMO 20/40	Yes	January 1, 2019
		Health Connector Plan (No financial help)	Neighborhood Health Plan/Standard Platinum: NHP Prime HMO 20/40 FlexRx 6-Tier	AllWays Health Partners/Standard Platinum: Complete HMO 20/40	Yes	January 2019

Your new monthly premium for 2019

2019 Renewal Plan Monthly Premium: \$1370.06 (amount you pay each month)

- This is the amount your household will pay each month if you stay enrolled in the 2019 health insurance renewal plan listed above.

- Members currently enrolled in NHP will receive notices displaying Neighborhood Health Plan as the Current plan and AllWays Health Partners as the Renewal plan

Health Insurance Renewal Information

Household Member	Date of Birth	2019 Program Eligibility	Current Health Plan Name	2019 Renewal Health Plan Name	Same plan as 2018?	Date Coverage Renews
		ConnectorCare Plan Type 3A with Advanced Premium Tax Credit	Neighborhood Health Plan ConnectorCare	AllWays Health Partners ConnectorCare	Yes	January 1, 2019

Your new monthly premium for 2019

2019 Renewal Plan Monthly Premium: \$308.00 (amount you pay each month)

- This is the amount your household will pay each month if you stay enrolled in the 2019 health insurance renewal plan listed above.
- There are other ConnectorCare plans available to you for 2019. You can see the names and monthly costs for other ConnectorCare plans in the "Other available ConnectorCare plans" section of this letter.
- Your monthly premium is lower than the actual plan cost because it is reduced by a monthly tax credit.

Tax credit information for 2019

2019 Maximum Advance Premium Tax Credit Amount: \$289.00 per month

This is the amount of tax credit that will be used to lower your premium each month for 2019

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ConnectorCare Program

ConnectorCare Overview

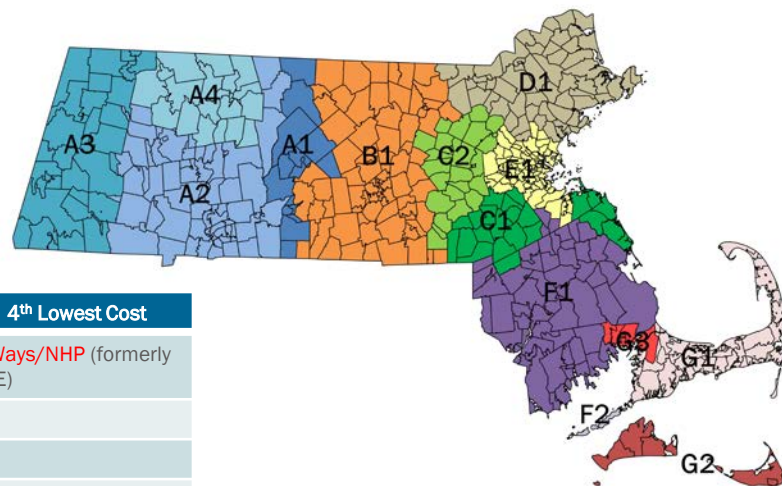


ConnectorCare will have stable health insurance carrier participation and offer statewide coverage and access to two or more carriers in many regions.

- Similar to past years, all ConnectorCare members will have access to at least one ConnectorCare plan at the Affordability Schedule-defined monthly cost
- The Health Connector is also expanding access in many regions to a second ConnectorCare plan at the same Affordability Schedule-defined monthly cost
 - With a few exception regions (A3–Berkshire, A4 – Franklin, F2 – Dukes, G2 - Nantucket)
At this time, health insurance carrier availability and pricing do not support additional choice

ConnectorCare Carriers by Region

Carriers indicated in **GREEN** have moved to a lower cost position relative to 2018, while carriers indicated in **RED** have moved to a higher cost position. Prior carrier in rank order position is noted in parentheses.



Region	Lowest Cost	2 nd Lowest Cost	3 rd Lowest Cost	4 th Lowest Cost
A1	BMCHP	Tufts-Direct	HNE (formerly AllWays/NHP)	AllWays/NHP (formerly HNE)
A2	BMCHP	Tufts-Direct	HNE	
A3	Tufts-Direct	HNE		
A4	HNE			
B1	Fallon (formerly Tufts-Direct)	Tufts-Direct (formerly Fallon)	BMCHP	AllWays/NHP
C1	Tufts-Direct	BMCHP	AllWays/NHP	
C2	Tufts-Direct	BMCHP	Fallon	AllWays/NHP
D1	Tufts-Direct (formerly BMCHP)	BMCHP (formerly Tufts-Direct)	AllWays/NHP	
E1	Tufts-Direct (formerly BMCHP)	BMCHP (formerly Tufts-Direct)	AllWays/NHP	
F1	Tufts-Direct (formerly BMCHP)	BMCHP (formerly Tufts-Direct)	AllWays/NHP	
F2	AllWays/NHP			
G1	Tufts-Direct	BMCHP		
G2	AllWays/NHP			
G3	Tufts-Direct	BMCHP	AllWays/NHP	

ConnectorCare Premiums by Region



Region A1		Enrollee Premium Contribution By Plan Type				
		1 *100% FPL	2A 100-150% FPL	2B 150-200% FPL	3A 200-250% FPL	3B 250-300% FPL
1	BMC	\$0	\$0	\$44	\$85	\$126
2	Tufts-Direct	\$0	\$0	\$44	\$85	\$126
3	HNE	\$122	\$121	\$188	\$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	\$188	\$210	\$254

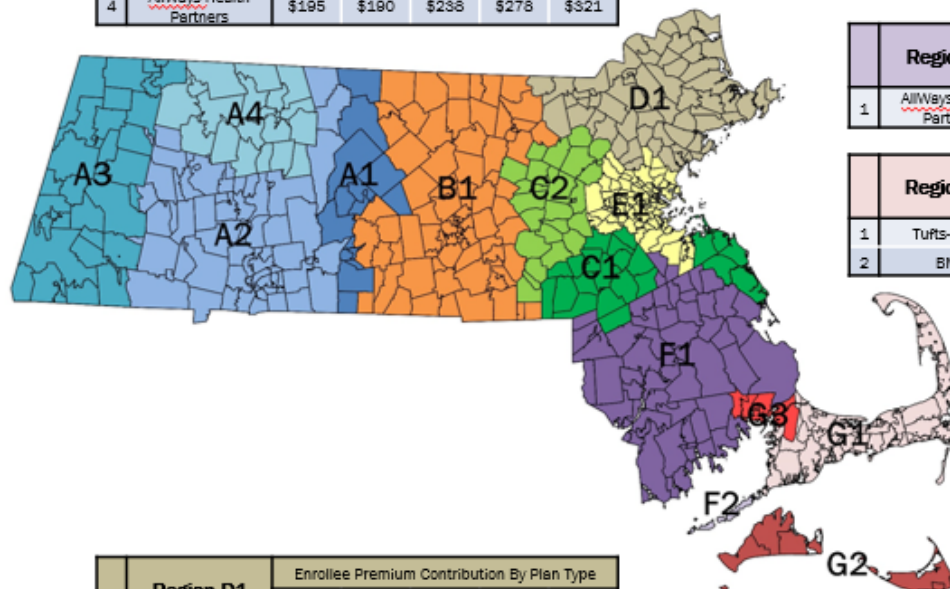
Region A3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts-Direct	\$0	\$0	\$44	\$85	\$126
2	HNE	\$72	\$116	\$185	\$208	\$251

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	\$248	\$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	\$180	\$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	\$188	\$188	\$215	\$258	\$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	\$287	\$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	\$278	\$323	\$368	\$413

ConnectorCare 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



Unsubsidized and APTC-Only Qualified Health Plans

Qualified Health Plans: Nongroup Overview

There are 57 nongroup QHPs approved for 2019, a net increase of five plans from 2018.

- This increase reflects expanded low gold and bronze offerings as an alternative to silver plans impacted by federal CSR withdrawal
- This increase also features expanded carrier choice, with United rejoining the shelf

Nongroup 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/AllWays Health Partners	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
Total 2019	10	21	11	12	3	57	
Total 2018 for Comparison	9	16	14	10	3	52	

Silver Plan Closings

Unsubsidized and APTC-only enrollees in these Non-standard Silver plans will be mapped to Standard Silver plans upon renewal.

- If these enrollees choose to remain in their renewal plan they will see an average premium increase of 6.6%:
 - The new Standard silver plans will feature a richer copay design, rather than coinsurance
 - New gold and bronze options will provide an alternative at a relatively close actuarial value – all affected enrollees will have a choice of at least eight gold plans and at least four bronze plans

Carrier	2018 Plan Name	Members*		Average Premium Impact
		Unsubsidized	APTC-Only	
BMCHP	Non-Standard: BMC HealthNet Plan Silver B II	2,611	1,394	9.3%
Fallon	Non-Standard: Community Care Silver Coinsurance 35% II	204	216	2.0%
NHP/ AllWays	Non-Standard: NHP Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier II	395	231	9.7%
	Non-Standard: NHP Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier II	695	500	4.9%
Tufts Direct	Non-Standard: Direct Silver 2500 with Coinsurance II	4,134	2,846	5.5%
TOTAL		8,009	5,191	6.6%

**Unsubsidized and APTC-only membership as of August 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%

Review of Plan Features / Services

Plan Feature/ Service

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.

Annual Deductible – Combined

Annual Deductible – Medical

Annual Deductible – Prescription Drugs

Annual Out-of-Pocket Maximum

Primary Care Provider (PCP) Office Visits

Specialist Office Visits

Emergency Room

Urgent Care

Inpatient Hospitalization

Skilled Nursing Facility

Durable Medical Equipment

Rehabilitative Occupational and Rehabilitative Physical Therapy

Laboratory Outpatient and Professional Services

X-rays and Diagnostic Imaging

High-Cost Imaging

Outpatient Surgery: Ambulatory Surgery Center

Outpatient Surgery: Physician/Surgical Services

Retail Tier 1

Retail Tier 2

Retail Tier 3

Mail Tier 1

Mail Tier 2

Mail Tier 3

Federal Actuarial Value Calculator

When helping a consumer shop for an unsubsidized health insurance plan, becoming familiar with the structure of the plan designs and the costs associated with each of the available features and services is useful.

Review of Plan Features / Services

Plan Feature/ Service

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.

Annual Deductible – Combined

Annual Deductible – Medical

Annual Deductible – Prescription Drugs

Annual Out-of-Pocket Maximum

Primary Care Provider (PCP) Office Visits

Specialist Office Visits

Emergency Room

Urgent Care

Inpatient Hospitalization

Skilled Nursing Facility

Durable Medical Equipment

Rehabilitative Occupational and Rehabilitative Physical Therapy

Laboratory Outpatient and Professional Services

X-rays and Diagnostic Imaging

High-Cost Imaging

Outpatient Surgery: Ambulatory Surgery Center

Outpatient Surgery: Physician/Surgical Services

Retail Tier 1

Retail Tier 2

Retail Tier 3

Mail Tier 1

Mail Tier 2

Mail Tier 3

Federal Actuarial Value Calculator

- The annual deductible is the amount a member will need to pay in a year before their health insurance plan pays for part or all of their covered services
- The annual out-of-pocket maximum is the most a member will pay in a year for services. After they reach this amount, their health plan pays for all costs of covered services

Review of Plan Features / Services

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 ✓

- 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

Review of Plan Features / Services

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 ✓

- A **dollar amount** next to one of the services in the chart (for example, Emergency Room \$150) is the **copay** a member pays for the service when they receive care
- A **percentage** next to one of the services in the chart (for example, Durable Medical Equipment 20%) is the **percentage** of the cost of the service the member pays when they receive care

Note: For more information about common health insurance terms refer to the Health Connector's shopping guides:

<https://www.mahealthconnector.org/help-center/resource-download-center>

The background features a large, light green circle on the left side, partially cut off by the edge. Overlaid on this is a large white cross that also extends beyond the top and bottom edges of the frame.

Qualified Dental Plans

QDPs: Overview

The Qualified Dental Plan shelf also remains stable from last year, with 12 plans available through the Health Connector.

- Altus Dental and Delta Dental have submitted plans for certification and sale through the Health Connector on both the nongroup and small group shelves
- Blue Cross Blue Shield and Guardian have submitted plans for certification for the small group market, but will not be sold through the Health Connector in 2019, consistent with 2018

Carriers	Nongroup	Small Group	For sale on Health Connector	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

QDPs: 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

A large, stylized white plus sign is centered on a light green background. The plus sign is composed of two thick, rounded rectangular bars that intersect at the center. The background is a solid light green color.

Section 3: Shopping Page Updates

Shopping Page Updates

The Health Connector will update shopping pages to better highlight the most important information. These changes will be introduced before Open Enrollment (OE).

Current









Find a Health Plan

Please note that the rates you pay may be lower than the amount displayed if you are eligible for financial assistance such as Advance Premium Tax Credits or reduced copays and deductibles. [Start your application](#) to see if you are eligible for any of these assistance programs.

Compare 0 Plans Sort By: Monthly Premium - Low to High Go

Apply for Coverage

1 to 10 of 44

MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT-OF-POCKET COSTS	INCLUDED BENEFITS
\$125. ⁷⁷	 Select to compare	Standard Bronze: BMC HealthNet Plan Bronze Preferred Drug List HMO/BRONZE	Individual \$2,500 Family \$5,000	Individual \$7,350. ⁰⁰ Family \$14,700. ⁰⁰	  
\$131. ¹⁶	 Select to compare	Tufts Health Direct Catastrophic Preferred Drug List HMO/CATASTROPHIC	Individual \$7,350 Family \$14,700	Individual \$7,350. ⁰⁰ Family \$14,700. ⁰⁰	  

Future



Find a Health Plan

Please note that the rates you pay may be lower than the amount displayed if you are eligible for financial assistance such as Advance Premium Tax Credits or reduced copays and deductibles. [Start your application](#) to see if you are eligible for any of these assistance programs.

Compare 0 Plans Sort By: Best Match Go

Next

1 to 10 of 39

MONTHLY PREMIUM	CARRIER & PLAN DETAILS	ANNUAL DEDUCTIBLES	MAX. OUT-OF-POCKET COST
\$273. ⁵³	 Standard Bronze: NHP Prime HMO 2500/5000 30/50 FlexRx 6-Tier HMO/BRONZE See Plan Details Additional information from BMC HealthNet Plan	Individual \$3,000 Family \$6,000	Individual \$3,500 Family \$8,000
\$265. ⁵³	 Standard Bronze: NHP Prime HMO 2500/5000 30/50 FlexRx 6-Tier HMO/BRONZE	Individual \$3,000 Family \$6,000	Individual \$3,500 Family \$8,000


Select to compare This Plan Covers: 3 Providers - 4 Facilities - 1 Drugs

Shopping Page (cont'd)

For medical carriers, the shopping display, plan details, plan comparison, and integrated provider search tool will highlight tiered networks and concierge providers, if applicable.

Plan Details

[Back to Plan List](#)[Download in Excel](#)

MONTHLY PREMIUM	CARRIER & PLAN DETAILS	ANNUAL DEDUCTIBLES ⓘ	MAX. OUT-OF-POCKET COST ⓘ	
\$273.⁵³	 Standard Bronze: NHP Prime HMO 2500/5000 30/50 FlexRx 6-Tier HMO/BRONZE Additional Information from BMC HealthNet Plan	Individual \$3,000 Family \$6,000	Individual \$3,500 Family \$8,000	Add To Cart

Network Note

Preferred Providers covered in the plan

Provider Name	Accepting New Patients? ⓘ	Network Tier ⓘ	Concierge Provider Only? ⓘ
Rondey A Allen	Yes	Tier 1	Yes
Julie C Abert	Yes	Tier 2	No
Jessica M Anchor Samuels	No	Tier 1	Yes



Section 4: Key Takeaways for 2019

Key Takeaways for 2019

While members generally will not experience significant plan or rate changes in 2019, some members may need help navigating the areas highlighted below.

- NHP members will transition to the new brand “AllWays Health Partners”
- NHP/AllWays is changing behavioral health vendors from Beacon to Optum, possibly resulting in provider disruption for some members
- NHP/AllWays will have only one silver plan on its smaller geographic offering, resulting in a small number of members needing to change plans
- Unsubsidized/APTC-only nongroup silver enrollees in 2018 non-standard plans will see more generous benefits in 2019, but may experience higher premiums
- Although rate increases are modest on average for 2019, some members will experience higher-than-average rate increases
 - BMCHP Bronze
 - NHP Platinum and Gold
 - Fallon Platinum, Gold, Bronze, Catastrophic
 - Delta Family Low

Possible Member Scenarios

Scenario 1: A ConnectorCare member currently enrolled in NHP receives their renewal notice and is confused because their 2018 plan is “NHP ConnectorCare,” but their 2019 plan is “AllWays Health Partners ConnectorCare”

- This is just a carrier brand change from **NHP to AllWays**, and as long as the notice says that their plan is the same as 2018, nothing has changed about their benefits
- However, NHP/AllWays is changing behavioral health vendors from Beacon to Optum, so the assister could remind the member to check that their behavioral health provider is still covered in the new network after the transition

Possible Member Scenarios

Scenario 2: A Tufts Direct ConnectorCare PT 2A member in Springfield is confused because in 2018, their premium was \$22, but in 2019, their renewal notice says they will have a \$0 premium

- The Health Connector was able to add additional ConnectorCare plans at the lowest-cost rate for 2019, causing some members' premiums to decrease from 2018 to 2019
- As long as the notice says that their plan is the same as 2018, the assister can assure the member that nothing has changed about their benefits

Possible Member Scenarios

Scenario 3: An unsubsidized member was in BMCHP's non-standard silver B II plan in 2018 and was renewed into BMCHP's standard silver A II plan in 2019. They don't know why their plan was changed and think the premium increase is too high

- Their 2018 non-standard silver plan was closed due to the Health Connector's product requirements. Members will see that their renewal notice says that their 2019 plan is not the same as the 2018 plan
- If they don't want to remain in their 2019 standard plan, they could look at other options that might meet their coverage needs and be within their price range, such as a low gold or high bronze plan
- The assister could also suggest the member switch plans because their BMCHP silver plan has an extra premium added to it due to the loss of federal CSRs, but should note that the BMCHP silver plan network is broader than the network of all of BMCHP's other plans (platinum, gold, and bronze)

Health Connector Resources

In preparation for helping consumers shop during Open Enrollment 2019, download these member materials:

<https://www.mahealthconnector.org/help-center/resource-download-center>

Health Plan Shopping Guide



Use this guide to help you choose a health insurance plan through the Massachusetts Health Connector.



Step 1: Know which plans you qualify for

First, you'll need to know which plans are available to you. If you applied online, you'll be able to see your plan choices after you complete your application and click the **Find a Plan** button. If you applied by paper application or by phone, you can search for plans available in your area by going to [MAhealthconnector.org](https://www.mahealthconnector.org) and clicking on **Browse Plans** halfway down the homepage. You can also call Customer Service.



Step 2: Compare costs

The total cost of your coverage will include your monthly premium payments and your out-of-pocket costs. In general, the lower your monthly premium, the higher your out-of-pocket costs will be when you get covered services. You can find a list of benefits included in all Health Connector plans on page 4.

Our plans are organized by metallic tiers (levels) to make plan premiums and out-of-pocket costs easier to compare. Learn more about metallic tiers on page 5.

Use our worksheet on page 3 to see how much your out-of-pocket costs might be, based on health services you think you'll need during the plan year.



Step 3: Check the providers and prescription drugs covered by plans

Once you've narrowed your plan choices down, check to see if providers you want to use for care (such as doctors, hospitals, or health centers) and any prescription drugs you need are covered by a plan before you enroll. To find out which plans cover your providers and prescription drugs, use our online tool at [PlanFinder.MAhealthconnector.org](https://www.mahealthconnector.org).



Step 4: Choose your new plan and enroll!

After you've learned more about a plan's costs and checked to see if the providers you want are in its network, you will need to complete your enrollment. You can enroll online at [MAhealthconnector.org](https://www.mahealthconnector.org), or call Customer Service to enroll by phone. After you choose a plan, you'll need to pay your first premium to complete enrollment. Payment is always due by the **23rd** of the month before your coverage begins.



Can you get help paying for health insurance through the Health Connector?

You may qualify if you:

- ☒ Shop through the Massachusetts Health Connector
- ☒ Live in Massachusetts
- ☒ Are a U.S. citizen, national, lawfully present in the U.S.
- ☒ Have income that is 400% Poverty Level (FPL) or or low

You won't be able to qualify if you:



ConnectorCare Health Plans



ConnectorCare Health Plans: Affordable, high-quality coverage from the Health Connector

ConnectorCare plans have \$0 or low monthly premiums, low out-of-pocket costs, and no deductibles.

What kind of coverage do you get with ConnectorCare?

ConnectorCare plans offer great coverage with important benefits like doctor visits, prescription medications, and emergency care. **ConnectorCare plans have low monthly premiums, low co-pays, and no deductibles.** There are different ConnectorCare Plan Types, which are based on your income. All of the plans offered for each Plan Type will have the same benefits and co-pays for covered services. You can see the co-pays for different services in the chart on the next page. You can also see examples of the monthly premiums for each Plan Type.

ConnectorCare plans are offered by some of the leading insurers in the state. Each insurer's plan may have different doctors or hospitals in their provider networks. Before you enroll, use our online tools to see if see if the providers you want and the prescription drugs that you need are covered in the plan's network. You can find these tools at: [PlanFinder.MAhealthconnector.org](https://www.mahealthconnector.org).



Questions?