



Preview: 2025 Seal of Approval

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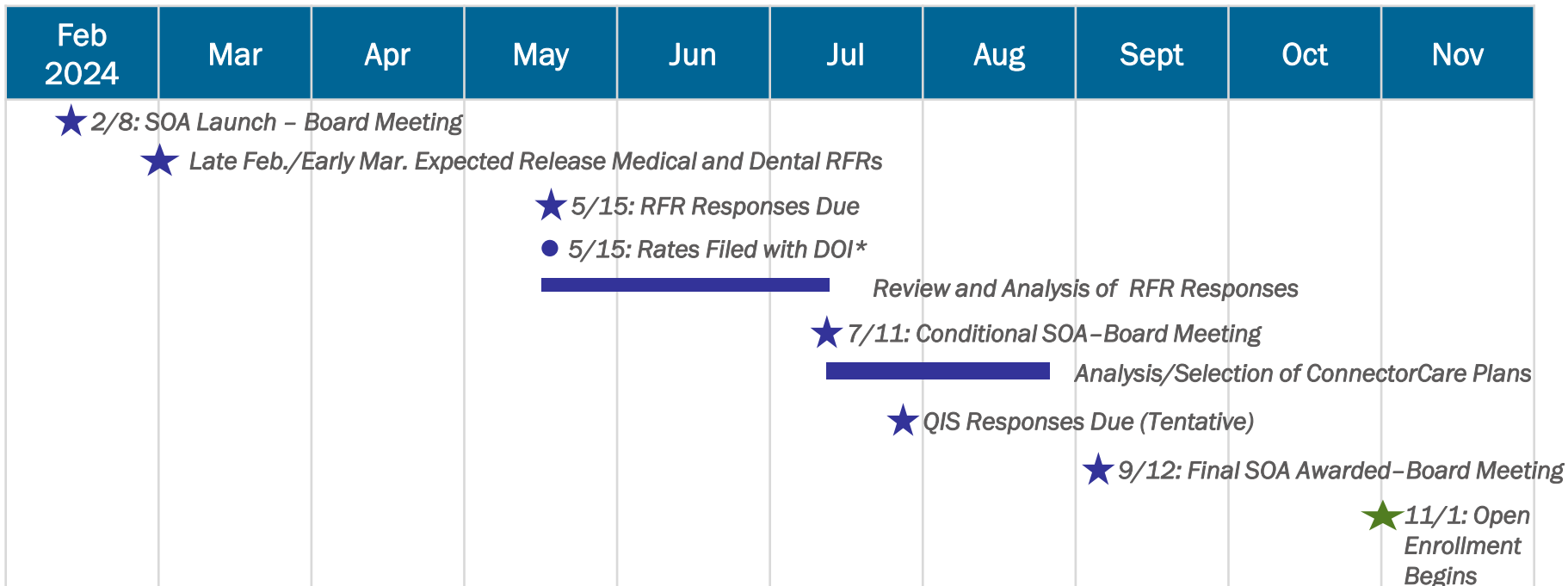
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Chief of Policy

Board of Directors Meeting, February 8, 2024

Plan Year 2025 Seal of Approval (SOA)

- Seal of Approval is the reoccurring annual process to obtain proposals from health and dental carriers to offer plans for sale through the Health Connector
- The process relies upon close collaboration between the Health Connector and the Division of Insurance (DOI) to ensure that all plans certified as Qualified Health Plans and Qualified Dental Plans meet necessary state and federal requirements
- Our focus today is previewing Plan Year 2025 Seal of Approval, for coverage effective dates starting January 1, 2025, which will be available to consumers at Open Enrollment starting on November 1, 2024



*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.

Overview

The plan year 2025 Seal of Approval (SOA) RFR is targeted for a Q1 2024 release and will prioritize stability for members and carriers while maintaining a focus on equity and affordability.

SOA 2024

- All carrier participation in ConnectorCare
- ConnectorCare expansion to 500 percent FPL
- Adjustment of provider network and service area rules to promote parity
- Promotion of underutilized, zero cost-share preventive and forgone care benefits

SOA 2025

- Emphasis on Healey-Driscoll Administration priority health equity areas of maternal and cardiometabolic health
- Highlighting affordable coverage for small businesses
- Potential federal network adequacy requirements implementation

SOA 2026

- Potential need to account for end of federal APTC enhancements
- Ongoing alignment with MassHealth and Group Insurance Commission to amplify impact in pursuing Healey-Driscoll Administration health equity and affordability goals; streamline standards for carriers
- Further review of premium smoothing methodology for ConnectorCare

Request for Information

A Request for Information to help inform SOA 2025 strategy issued in December garnered responses for Health Connector consideration from a varied set of stakeholders.

- Respondents included medical carriers, consumer advocates, community-based organization and brokers
- Overall, responses shared the Health Connector's interest in advancing maternal and cardiometabolic health and pointed to a variety of existing programs designed to support those initiatives. Respondents also noted the ongoing need for equitable access to the programs and providers that specialize in maternal and cardiometabolic health
- Many respondents noted broader market challenges related to provider pricing and workforce, with a particular emphasis on workforce shortages in primary care and behavioral health, and suggested telehealth as a mitigating option
- Feedback related to affordability for small businesses encouraged allowance of alternative plan designs, suggested additional education about existing Health Connector for Business (HCB) programs, and continued support for the role of brokers in decision making

Equity in Focus: Maternal and Cardiometabolic Health

The 2025 SOA will highlight key areas of health equity focus for health care agencies across the Healey-Driscoll Administration.

Maternal Health

- Carriers will be asked to report data on key maternal health measures
- Quality measure data will be reviewed to identify gaps and inform potential future policy
- Convene stakeholder workgroup to discuss shared and impactful challenges to maternal health outcomes, and to identify priority initiatives

Cardiometabolic Health

- Carriers will be asked to report data on key cardiometabolic measures
- Quality measure data will be reviewed to identify gaps and inform potential future policy
- Carriers asked to report data on GLP-1 agonists coverage approach and utilization

Foundational Support, across Equity Focused Topics

Carriers and the Health Connector will work together to:

- Promote variety of available cardiometabolic and maternal health clinical/support programs via educational initiatives (microsite, print, member outreach, etc.)
- Highlight and promote relevant social determinants of health resources; state-run, community-based, etc.
- Highlight available preventive and forgone care benefits impacting low income and underserved populations (e.g., zero-cost sharing for selected screenings, chronic condition Rx)

Affordability for Small Groups

For 2025, the Health Connector will provide additional information for small businesses to help them take advantage of especially price competitive plans available through the Health Connector for Business platform.

- Health Connector for Business already offers high-quality plans from the state’s leading health insurance carriers and offers premium savings for wellness program participation and unique employee choice models
- In addition to highlighting these features, the Health Connector for Business shopping experience will highlight ‘value plans’ that have lower-than-market-average premiums for their network type (e.g., HMO vs. PPO) and metallic tier to help employers identify plans that are “beating the market”
- Employers can use this information alongside other health plan data, and in consultation with their brokers where applicable, to identify opportunities to meet employees needs at a price point that works for them

Network Adequacy - Background

Federal network adequacy standards for 2025 are in flux, creating some temporary unknowns for the SOA 2025 process.

- Today, DOI assesses network adequacy for all merged market plans, including QHPs, based on a review of carrier-provided geo-access maps demonstrating members have access to timely coverage based on “reference to reasonable criteria used by the Carrier”*
- The Health Connector has additional standards for ConnectorCare plans and uses geo-access maps provided by carriers to determine whether the standards have been met (see appendix for current state)
- CMS recently proposed regulatory amendments aligning State-based Marketplace network adequacy standards with time and distance standards applied in the federal Marketplace and would require quantitative network adequacy reviews for plan years beginning on or after January 1, 2025
 - The Health Connector’s ConnectorCare network adequacy standards are more stringent than CMS’s in some cases, but do not include as many provider types
 - CMS will likely not finalize the rules until after the 2025 SOA RFR is published

Federal Network Adequacy Standards

Given uncertainty and timing constraints, the Health Connector intends to maintain existing network adequacy provisions in the forthcoming 2025 SOA and later amend based on any finalized federal regulations, while continuing to plan for proposed changes.

- In November 2023, the U.S. Department of Health and Human Services (HHS) proposed regulations applying time and distance network adequacy standards for State-based Marketplace plans; it is unlikely the regulations will be finalized prior to publication of the 2025 RFR

Scenario 1: Rule is finalized as proposed	Scenario 2: Rule is not finalized as proposed
<ul style="list-style-type: none">• Amend RFR when regulation is finalized• Work with carriers and DOI to implement for 2025	<ul style="list-style-type: none">• Assess changes and respond based on type of change:<ul style="list-style-type: none">• Modified standards: Health Connector will work with carriers and DOI to assess change and implement for 2025• Modified timeline: Maintain status quo for 2025 and use any additional time to work with carriers and DOI on implementation• Changes not adopted: Maintain status quo for 2025 and consider options for the future

Network Tiering Options

Carriers will be provided the option of offering a new, non-standard plan design: broadest provider network with a two-tiered in-network benefit.

- Each in-network tier would have differentiated cost sharing to incentivize utilization at lower cost providers/settings
- Applicable to all non-silver metal levels in both non-group and group offerings
- Plans to be designed and priced in compliance with relevant laws and regulations governing tiered network plans
- The ability to offer a plan of this configuration would be an option, not a requirement



ConnectorCare

Equity in Focus: Drug Co-pays

In addition to continuing prior years' elimination of targeted drug co-pays, the Health Connector will eliminate all prescription drug co-pays for ConnectorCare enrollees below the poverty line.

- ConnectorCare Plan Type 1 enrollees are legal immigrants with income below the poverty line whose immigration status does not qualify them for Medicaid coverage
- Historically, co-pays for Plan Type 1 mirrored co-pays for MassHealth to create parity for individuals at the same income levels across both programs and ranged from \$1 to \$3.65
- MassHealth eliminated prescription drug co-pays during the pandemic and plans to continue this policy going forward, and the Health Connector will again seek to mirror this approach

Proposed ConnectorCare Premium “Smoothing” Strategy 2025 and Beyond

Refining premium smoothing policies for ConnectorCare program design can be a multi-year effort to pursue the Board’s preferred policy goals in a way that is responsive to market dynamics and member experience.

2025

- Further reduce smoothing available to higher cost ConnectorCare plans
 - In 2024, plans more than \$375 more expensive than the lowest cost plan did not qualify for smoothing, unless there were fewer than three smoothed plans in a region in addition to the lowest-cost plan
 - For 2025, this would be reduced to \$250 more expensive than the lowest cost plan, unless there were fewer than two smoothed plans in a region in addition to the lowest-cost plan
- Maintain steady-state approach to lower-cost plans, as enhanced APTCs continue to minimize the impact of smoothing in this tier

2026 and beyond

- Consider further reducing smoothing available to high-cost plans based on impact of initial reductions
- Consider structural changes to address premium “noise” among lower-cost plans
- Consider program adjustments necessary to account for changes in market dynamics, such as extension of federal tax credit enhancements
- Consultation with the Board, researchers, and carriers to determine pathway forward

Proposed 2025 ConnectorCare Enrollee Contributions

Health Connector staff propose the following Plan Year 2025 enrollee contribution amounts for each ConnectorCare plan type.

- Enrollee contributions are based on a 3.3 percent inflation assumption, consistent with the recently released 2024 Federal Poverty Level (FPL) data
- Note: Health Connector staff plan to further assess emerging 2024 Open Enrollment data, most notably for the ConnectorCare expansion population. If that analysis supports adjustments to 2025 enrollee contributions, Health Connector staff will return to the Board with an updated enrollee contribution proposal

	Plan Type 1	Plan Type 2		Plan Type 3			
Subgroups	n/a	2A	2B	3A	3B	3C	3D
Income range (% FPL)	0-100%	100.01-150%	150.01-200%	200.01-250%	250.01-300%	300.01-400%	400.01-500%
2024 Minimum enrollee contribution	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2025 Minimum enrollee contribution	\$0	\$0	\$51	\$99	\$147	\$226	\$264

Next Steps

Health Connector staff are working towards issuance of the RFR by end of February or early March.

- The Health Connector is working to accelerate its Seal of Approval timelines in recognition of the earlier DOI rate filing deadlines and other carrier timing considerations, targeting a late February or early March release
- Staff will return to the Board in July with information on responses to the RFR and recommendations for the preliminary Seal of Approval Board vote
- Staff will begin planning for the 2026 Seal of Approval in parallel to ensure time for deliberation on complex policy topics



Appendix: Proposed Plan Designs

Proposed Draft 2025 QHP Standardized Designs

Plan Feature/ Service <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>		DRAFT 2025 Platinum	DRAFT 2025 High Gold	DRAFT 2025 High Silver	DRAFT 2025 Low Silver (HSA compatible, Small Group Only)	DRAFT 2025 Bronze #1	DRAFT 2025 Bronze #2 (HSA compatible) Option 1
		Annual Deductible – Combined	\$0	\$1,000	\$2,000	\$2,000	\$2,850
Annual Deductible – Medical	\$0	\$2,000	\$4,000	\$4,000	\$5,700	\$7,200	
Annual Deductible – Prescription Drugs	N/A	N/A	N/A	N/A	N/A	N/A	
Annual Out-of-Pocket Maximum	N/A	N/A	N/A	N/A	N/A	N/A	
Annual Out-of-Pocket Maximum	\$3,000	\$6,000	\$9,200	\$7,050	\$9,200	\$8,000	
Annual Out-of-Pocket Maximum	\$6,000	\$12,000	\$18,400	\$14,100	\$18,400	\$16,000	
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services	\$20	\$20	\$25	Deductible then \$30	Deductible then \$30	Deductible then \$60	
Specialist Office Visits	\$40	\$40	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90	
Urgent Care	\$40	\$40	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90	
Emergency Room	\$150	\$250	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	Deductible then \$200	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500	
Skilled Nursing Facility	\$500	Deductible then \$200	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	\$40	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90	
Laboratory Outpatient and Professional Services	\$0	Deductible then \$25	Deductible then \$25	Deductible then \$60	Deductible then \$50	Deductible then \$55	
X-rays and Diagnostic Imaging	\$0	Deductible then \$35	Deductible then \$50	Deductible then \$75	Deductible then \$100	Deductible then \$135	
High-Cost Imaging	\$150	Deductible then \$150	Deductible then \$350	Deductible then \$500	Deductible then \$350	Deductible then \$750	
Outpatient Surgery: Ambulatory Surgery Center	\$250	Deductible then \$100	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500	
Outpatient Surgery: Physician/Surgical Services	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	
Prescription Drug	Retail Tier 1	\$10	\$25	\$30	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$45	\$55	Deductible then \$60	Deductible then \$65	Deductible then \$120
	Retail Tier 3	\$50	\$75	Deductible then \$75	Deductible then \$105	Deductible then \$100	Deductible then \$200
	Mail Tier 1	\$20	\$50	\$60	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$90	\$110	Deductible then \$120	Deductible then \$130	Deductible then \$240
	Mail Tier 3	\$150	\$225	Deductible then \$225	Deductible then \$315	Deductible then \$300	Deductible then \$600
Federal Actuarial Value Calculator	90.51 percent	81.56 percent	71.34 percent	71.66 percent	64.64 percent	64.41 percent	

Proposed Platinum Design

- No changes to the 2024 design recommended

Plan Feature/ Service		2024 Platinum	DRAFT 2025 Platinum
<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
		\$0	\$0
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		\$3,000	\$3,000
		\$6,000	\$6,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$20
Specialist Office Visits		\$40	\$40
Urgent Care		\$40	\$40
Emergency Room		\$150	\$150
Emergency Transportation		\$0	\$0
Inpatient Hospitalization		\$500	\$500
Skilled Nursing Facility		\$500	\$500
Durable Medical Equipment		20 percent	20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40	\$40
Laboratory Outpatient and Professional Services		\$0	\$0
X-rays and Diagnostic Imaging		\$0	\$0
High-Cost Imaging		\$150	\$150
Outpatient Surgery: Ambulatory Surgery Center		\$250	\$250
Outpatient Surgery: Physician/Surgical Services		\$0	\$0
Prescription Drug	Retail Tier 1	\$10	\$10
	Retail Tier 2	\$25	\$25
	Retail Tier 3	\$50	\$50
	Mail Tier 1	\$20	\$20
	Mail Tier 2	\$50	\$50
	Mail Tier 3	\$150	\$150
Federal Actuarial Value Calculator		90.35 percent	90.51 percent

Proposed Gold Design

- Staff propose adding a deductible to the High Gold design to make it more competitive with off-Exchange plans

Plan Feature/ Service		2024 High Gold	DRAFT 2025 High Gold
Annual Deductible – Combined		\$0	\$1,000
		\$0	\$2,000
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		\$6,000	\$6,000
		\$12,000	\$12,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$30	\$20
Specialist Office Visits		\$55	\$40
Urgent Care		\$55	\$40
Emergency Room		\$350	\$250
Emergency Transportation		\$0	\$0
Inpatient Hospitalization		\$750	Deductible then \$200
Skilled Nursing Facility		\$750	Deductible then \$200
Durable Medical Equipment		20 percent	20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$55	\$40
Laboratory Outpatient and Professional Services		\$25	Deductible then \$25
X-rays and Diagnostic Imaging		\$75	Deductible then \$35
High-Cost Imaging		\$250	Deductible then \$150
Outpatient Surgery: Ambulatory Surgery Center		\$500	Deductible then \$100
Outpatient Surgery: Physician/Surgical Services		\$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$30	\$25
	Retail Tier 2	\$60	\$45
	Retail Tier 3	\$90	\$75
	Mail Tier 1	\$60	\$50
	Mail Tier 2	\$120	\$90
	Mail Tier 3	\$270	\$225
Federal Actuarial Value Calculator		81.62 percent	81.56 percent

Proposed High Silver

- No changes except reduction in the out-of-pocket maximum, consistent with federal guidance

Plan Feature/ Service		2024 High Silver	DRAFT 2025 High Silver
<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		\$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		\$9,450	\$9,200
		\$18,900	\$18,400
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$25	\$25
Specialist Office Visits		\$60	\$60
Urgent Care		\$60	\$60
Emergency Room		Deductible then \$350	Deductible then \$350
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$1,000	Deductible then \$1,000
Skilled Nursing Facility		Deductible then \$1,000	Deductible then \$1,000
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$60	\$60
Laboratory Outpatient and Professional Services		Deductible then \$25	Deductible then \$25
X-rays and Diagnostic Imaging		Deductible then \$50	Deductible then \$50
High-Cost Imaging		Deductible then \$350	Deductible then \$350
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$30	\$30
	Retail Tier 2	\$55	\$55
	Retail Tier 3	Deductible then \$75	Deductible then \$75
	Mail Tier 1	\$60	\$60
	Mail Tier 2	\$110	\$110
	Mail Tier 3	Deductible then \$225	Deductible then \$225
Federal Actuarial Value Calculator		71.82 percent	71.34 percent

Proposed Low Silver (Small Group Only)

- No changes to the 2024 design recommended

Plan Feature/ Service		2024 Low Silver (HSA compatible, Small Group Only)	DRAFT 2025 Low Silver (HSA compatible, Small Group Only)
<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		\$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		\$7,050	\$7,050
		\$14,100	\$14,100
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$30	Deductible then \$30
Specialist Office Visits		Deductible then \$60	Deductible then \$60
Urgent Care		Deductible then \$60	Deductible then \$60
Emergency Room		Deductible then \$300	Deductible then \$300
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$750	Deductible then \$750
Skilled Nursing Facility		Deductible then \$750	Deductible then \$750
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$60	Deductible then \$60
Laboratory Outpatient and Professional Services		Deductible then \$60	Deductible then \$60
X-rays and Diagnostic Imaging		Deductible then \$75	Deductible then \$75
High-Cost Imaging		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	Deductible then \$30	Deductible then \$30
	Retail Tier 2	Deductible then \$60	Deductible then \$60
	Retail Tier 3	Deductible then \$105	Deductible then \$105
	Mail Tier 1	Deductible then \$60	Deductible then \$60
	Mail Tier 2	Deductible then \$120	Deductible then \$120
	Mail Tier 3	Deductible then \$315	Deductible then \$315
Federal Actuarial Value Calculator		71.66 percent	71.66 percent

Proposed Bronze #1

- No changes except reduction in the out-of-pocket maximum, consistent with federal guidance

Plan Feature/ Service		2024 Bronze #1	DRAFT 2025 Bronze #1
<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		\$2,850	\$2,850
		\$5,700	\$5,700
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		\$9,450	\$9,200
		\$18,900	\$18,400
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$30	Deductible then \$30
Specialist Office Visits		Deductible then \$65	Deductible then \$65
Urgent Care		Deductible then \$65	Deductible then \$65
Emergency Room		Deductible then \$400	Deductible then \$400
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$1,000	Deductible then \$1,000
Skilled Nursing Facility		Deductible then \$1,000	Deductible then \$1,000
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$65	Deductible then \$65
Laboratory Outpatient and Professional Services		Deductible then \$50	Deductible then \$50
X-rays and Diagnostic Imaging		Deductible then \$100	Deductible then \$100
High-Cost Imaging		Deductible then \$350	Deductible then \$350
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$30	\$30
	Retail Tier 2	Deductible then \$65	Deductible then \$65
	Retail Tier 3	Deductible then \$100	Deductible then \$100
	Mail Tier 1	\$60	\$60
	Mail Tier 2	Deductible then \$130	Deductible then \$130
	Mail Tier 3	Deductible then \$300	Deductible then \$300
Federal Actuarial Value Calculator		64.74 percent	64.64 percent

Proposed Bronze # 2 (HSA Compatible)

- No changes to the 2024 design recommended

Plan Feature/ Service		2024 Bronze #2 (HSA compatible)	DRAFT 2025 Bronze #2 (HSA compatible) Option 1
<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		\$3,600 \$7,200	\$3,600 \$7,200
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		\$8,000 \$16,000	\$8,000 \$16,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$60	Deductible then \$60
Specialist Office Visits		Deductible then \$90	Deductible then \$90
Urgent Care		Deductible then \$90	Deductible then \$90
Emergency Room		Deductible then \$875	Deductible then \$875
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$1,500	Deductible then \$1,500
Skilled Nursing Facility		Deductible then \$1,500	Deductible then \$1,500
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$90	Deductible then \$90
Laboratory Outpatient and Professional Services		Deductible then \$55	Deductible then \$55
X-rays and Diagnostic Imaging		Deductible then \$135	Deductible then \$135
High-Cost Imaging		Deductible then \$750	Deductible then \$750
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	Deductible then \$30	Deductible then \$30
	Retail Tier 2	Deductible then \$120	Deductible then \$120
	Retail Tier 3	Deductible then \$200	Deductible then \$200
	Mail Tier 1	Deductible then \$60	Deductible then \$60
	Mail Tier 2	Deductible then \$240	Deductible then \$240
	Mail Tier 3	Deductible then \$600	Deductible then \$600
Federal Actuarial Value Calculator		64.98 percent	64.41 percent

Proposed 2025 Dental 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 percent/20 percent	0 percent/20 percent	0 percent/20 percent
Minor Restorative Co-Insurance (In/out-of-Network)	25 percent/45 percent	25 percent/45 percent	25 percent/45 percent
Major Restorative Co-Insurance (In/out-of-Network)	50 percent/70 percent	50 percent/70 percent No Major Restorative >=19	50 percent/70 percent
Medically Necessary Orthodontia, <19 only (In/out-of-Network)	50 percent/70 percent	50 percent/70 percent	50 percent/70 percent
Non-Medically Necessary Orthodontia, <19 only (In/out-of-Network)	N/A	N/A	N/A

Note: Standard QDP designs are unchanged from 2024.