MEMORANDUM

To: Health Connector Board of Directors
Cc: Louis Gutierrez, Executive Director
From: Ashley Hague, Deputy Executive Director, Strategy & External Affairs
Brian Schuetz, Director, Program and Product Strategy
Heather Cloran, Associate Director, Program & Product Strategy
Michael Norton, Senior Manager of External Affairs & Carrier Relations
Date: September 4, 2015
Re: Final Award of the 2016 Seal of Approval

On March 13th, 2015, the Health Connector issued its 2016 Seal of Approval (SoA) Request for Responses (RFR) to solicit Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) to be offered through the Health Connector, the Commonwealth's Affordable Care Act (ACA)-compliant Marketplace, for coverage beginning in 2016. The purpose of this memorandum is to provide the Health Connector Board of Directors with staff's recommendation on the final award of the 2016 SoA to selected QHPs and QDPs and a recommendation for those Issuers selected to participate in the Health Connector's ConnectorCare program.

INTRODUCTION AND EXECUTIVE SUMMARY

In July, the Health Connector Board of Directors voted to award the conditional SoA for 2016 to a selected group of QHPs and QDPs. Since that time, Health Connector staff have worked with the Division of Insurance (DOI) to complete the review process for these plans.

This memorandum presents the Health Connector staff's recommendation for final award of the 2016 SoA to plans offered by eleven (11) medical Issuers and five (5) dental Issuers. Building upon the review conducted for the award of the conditional SoA, the award of the final SoA is based upon a portfolio review of each of the QHPs and QDPs that received the conditional SoA. The final SoA includes a recommendation of a subset of Issuers to be wrap, or "ConnectorCare" Issuers, which have been subject to an additional level of review.

2016 SEAL OF APPROVAL

The 2016 SoA reflects the Health Connector's continued vision of supporting access to high quality, affordable coverage while providing continuity and stability for the Health Connector's members. Issuers seeking the Health Connector's SoA for 2016 were required to demonstrate compliance with certain minimum ACA-certification requirements, including:

- **Licensure and Accreditation:** Plan Issuers must be licensed and in good standing with the DOI
- **Plan Benefit & Cost Sharing Requirements:** Plans must provide coverage for the ten (10) statutorily prescribed Essential Health Benefits (EHB) categories and include coverage in alignment with the state's EHB benchmark plan selection. Plan designs must comply with federal cost-sharing limits, metallic tier and Actuarial Value (AV) requirements. QHPs must cover all

state mandated benefits and meet Minimum Credible Coverage (MCC) standards. QDPs must cover the Pediatric Dental EHB Benchmark Plan benefits, meet reasonable limits on cost-sharing and comply with AV requirements (70% or 85% +/- 2%)

- **Network Adequacy:** Plans must demonstrate inclusion of a sufficient number and distribution of providers, including Essential Community Providers
- **Service Area:** Plans must include Service Areas that cover a minimum geographic area and are established without regard to racial, ethnic, language or health-status related factors
- **Marketing:** Issuers must comply with state requirements related to marketing of plans and may not employ marketing practices that discourage enrollment of individuals with significant health needs in QHPs. The Health Connector enforces this requirement as part of its contracting process with QHPs
- **Federal Quality Standards:** Issuers must meet the applicable federal requirements regarding the submission of Quality Improvement Strategy activities, the submission of enrollee satisfaction survey and meeting the requirements of quality reporting standards
- **Rating Methodology and Premium Review:** All proposed plans must meet state and federal requirements related to rate development methodology and permissible rate increases

Furthermore, Issuers seeking the Health Connector's 2016 SoA as a QHP (as opposed to a QDP) must also meet the following Health Connector requirements:

- **Standardized Plan Offerings:** Issuers must offer at least one plan on their broadest commercial network that conforms to each of the four (4) standardized plan designs (one (1) Platinum, two (2) Gold, one (1) Silver). Issuers may propose one (1) additional version of each plan offered on a different network (*e.g.*, narrower or tiered) for a maximum of eight (8) possible standardized plans offered
- **Bronze Plan Offering:** Carriers must propose one (1) Bronze plan of their own design on their broadest commercial network, with the option to withdraw the offer if a sufficient number of Bronze plans are available in each zip code. Issuers may propose one (1) additional version of their proposed Bronze plan offered on a different network (*e.g.*, narrower or tiered) for a total of two (2) Bronze plans
- **Catastrophic Product Offerings:** Issuers must propose at least one (1) Catastrophic Plan design with the option to withdraw the offer if a sufficient number of Catastrophic plans are available in each zip code
- **Wrap-Compatible Plan Offerings:** Issuers must propose one (1) Wrap-Compatible Silver Plan that may be offered on its broadest commercial network, on a narrower or limited network, or on a network that is broader than its broadest commercial network. The network proposed for a Wrap-Compatible Plan is required to meet Wrap Plan Network access requirements, as defined by the Health Connector
- **Non-Standardized Product Offerings:** Issuers are permitted to propose up to three (3) Non-standardized Plans, inclusive of network variation limitations. Specifically, Issuers may offer each of these plans on any of their networks (*i.e.*, there is not a broadest network requirement for the Non-standardized shelf), but if they choose to offer one plan design on more than one network, each additional network will count toward their maximum of three (3) allowable Non-standardized plans

Issuers seeking the Health Connector's 2016 SoA as a QDP (as opposed to a QHP) must comply with all ACA certification requirements and the following additional Health Connector requirements:

- **Standardized Plan Offerings:** Issuers must offer at least one (1) plan on all of the Standardized plan designs, and are permitted to propose up to three (3) Non-standardized plans
- **Small- and Non-Group Market Offerings:** Issuers must offer small-group products if they offer these outside of the Health Connector, and non-group products if they offer these outside of the Health Connector

QUALIFIED HEALTH PLAN PORTFOLIO

The Health Connector's Seal of Approval process is conducted in conjunction with the DOI's annual review process. As part of this process, the DOI reviews and approves all plans and premium rates proposed for the merged market, of which the Health Connector's QHPs are a subset. Specifically, the DOI reviews Issuers' compliance with market-level base rates, plan-specific adjustment factors and individual rating factor requirements and reviews any proposed rate increases for reasonableness.

QHP Standardized Plan Submissions

All eleven (11) medical Issuers responding to the QHP SoA proposed at least one plan for each of the four (4) Standardized plan designs on the Issuer's broadest commercial network. Plan designs included prescribed cost-sharing amounts across nine (9) benefit categories, as defined by the Health Connector. As a result of changes to the 2016 federal AV calculator, the Health Connector eliminated the existing standardization requirement on the Bronze tier for 2016 and required that carriers submit Non-standardized Bronze plans of their own design for the Health Connector's consideration.

For 2016, two (2) Issuers elected to offer their Standardized plan designs on additional networks: Harvard Pilgrim Health Care (HPHC) and Fallon Community Health Plan (FCHP). HPHC proposed a Standardized Gold plan on one (1) additional network beyond its broadest commercial network: its Focus network. FCHP continues to propose offering Standardized plans on one (1) additional network beyond its broadest commercial network: its Direct Care network.

Health Connector staff recommend awarding the Final Seal of Approval to all proposed Standardized plan submissions.

QHP Non-Standardized Plan Submissions

For 2016, Issuers submitted a total of 30 Non-standardized plans for consideration. Twenty-one of these submissions are new for 2016, while the remaining 10 were previously offered in 2015. Of those previously offered, the Neighborhood Health Plan (NHP) Gold plan (NHP Prime HMO 1500/3000 25/40) is the continuation of the "Gold C" Standardized plan discontinued for 2015, and the FCHP Silver (Fallon Community Care Silver A) is the third network variant of the 2016 Silver A Standardized plan design.

The Health Connector team, working with experts from Oliver Wyman Actuarial Consulting, conducted a benefit design differences analysis to determine if the proposed Platinum, Gold and Silver Non-standard plan offerings were materially different in design compared to the Standard offerings. All of the non-standard plans were found to offer material differences, with the most significant variation found in the cost sharing design for prescription drugs.

Health Connector staff sought to examine the broader market popularity of the proposed Non-standardized plans, however, all of the newly proposed Non-standardized plans are new to the merged market and, as such, enrollment statistics are not available.

Non-Standardized Platinum Plans

One (1) new Non-standardized Platinum plan was submitted for the 2016 SoA. This proposed plan was offered by Health New England (HNE). No 2015 Non-standardized Platinum plans were submitted for certification in 2016.

Based on the results of the differences analysis, Health Connector staff have determined that the proposed Non-standardized Platinum plan offers materially different designs from the standardized Platinum plan design and recommend awarding the Final Seal of Approval to this plan.

Plan Feature/ Service		Platinum Standard	Health New England [1]
Plan Marketing Name		Standardized Plan Parameters	HNE Essential 500
Annual Deductible (Individual/Family)		N/A	**$500**
		N/A	**$1,000**
Annual Out-of-Pocket Maximum (Individual/Family)		$2,000	**$5,000**
		$4,000	**$10,000**
PCP Office Visits		$25	**$20**
Specialist Office Visits		$40	**$20**
Emergency Room		$150	$150
Inpatient Hospitalization		$500	**$0 √**
High-Cost Imaging		$150	**$75 √**
Outpatient Surgery		$500	**$0 √**
Prescription Drug	Retail Tier 1	$15	$15
	Retail Tier 2	$30	$30
	Retail Tier 3	$50	$50

Costs in bold indicate the plan design feature is different from any of the standardized plan designs for the same benefit. Check (√) indicates that this benefit is subject to the annual deductible. [1] Indicates new plan to 2016 shelf.

Non-Standardized Gold Plans

The Health Connector received seven (7) proposed Non-standardized Gold plans from four (4) Issuers. HNE has proposed two new (2) plans on the Issuer's broadest commercial network, while FCHP has proposed one (1) new plan on two (2) networks: Select and Direct. HPHC proposed two (2) plans and NHP proposed one (1) plan currently offered in 2015.

Based on the results of the differences analysis, Health Connector staff have determined that the proposed non-standardized Gold plans offer materially different designs from the standardized Gold plan designs and recommend awarding the Final Seal of Approval to these plans.

Plan Feature/ Service		Gold A Standard	Gold B Standard	Health New England [1]	Health New England [1]	Fallon [1]
Plan Marketing Name		Standardized Plan Parameters	Standardized Plan Parameters	HNE Essential 2000	HNE Wise Max HDHP	FCHP Direct/Select Care Deductible 2000 Hybrid
Annual Deductible (Individual/Family)		$500	$1,000	**$2,000**	**$2,000**	**$2,000**
		$1,000	$2,000	**$4,000**	**$4,000**	**$4,000**
Annual Out-of-Pocket Maximum (Individual/Family)		$3,000	$5,000	$5,000	$5,000	**$6,850**
		$6,000	$10,000	$10,000	$10,000	**$13,700**
PCP Office Visits		$20	$30	**$20**	**$0 √**	**$5**
Specialist Office Visits		$35	$45	**$20**	**$0 √**	**$15**
Emergency Room		30% √	$150 √	**$150**	**$0 √**	**$250**
Inpatient Hospitalization		30% √	$500 √	**$0 √**	**$0 √**	**$1000 √**
High-Cost Imaging		30% √	$200 √	**$100 √**	**$0 √**	**$300 √**
Outpatient Surgery		30% √	$250 √	**$0 √**	**$0 √**	**$500 √**
Prescription Drug	Retail Tier 1	$15	$20	$15	**$15 √**	**$5**
	Retail Tier 2	50% √	$30	**$50**	**$25 √**	$30
	Retail Tier 3	50% √	$50	**$75**	**$50 √**	50% √

Plan Feature/ Service	Gold A Standard	Gold B Standard	Health New England [1]	Health New England [1]	Fallon 1	Harvard Pilgrim	Harvard Pilgrim	Neighborhood Health Plan
Plan Marketing Name	Standardized Plan Parameters	Standardized Plan Parameters	HNE Essential 2000	HNE Wise Max HDHP	FCHP Direct/Select Care Deductible 2000 Hybrid	HPHC Best Buy HMO 1000	HPHC Best Buy HMO 2000	NHP Prime HMO 1500/3000 25/40
Annual Deductible (Individual/Family)	$500	$1,000	$2,000	**$2,000**	**$2,000**	$1,000	**$2,000**	**$1,500**
	$1,000	$2,000	$4,000	**$4,000**	**$4,000**	$2,000	**$4,000**	**$3,000**
Annual Out-of-Pocket Maximum (Individual/Family)	$3,000	$5,000	**$5,000**	**$5,000**	$6,850	**$5,250**	**$5,250**	$5,000
	$6,000	$10,000	**$10,000**	**$10,000**	$13,700	**$10,500**	**$10,500**	$10,000
PCP Office Visits	$20	$30	**$20**	**$0 √**	**$5**	**$25**	**$25**	**$25**
Specialist Office	$35	$45	**$20**	**$0 √**	**$15**	**$40**	**$40**	**$40**

Visits									
Emergency Room		30% √	$150 √	**$150**	**$0 √**	$250	**$250**	**$250**	$150 √
Inpatient Hospitalization		30% √	$500 √	**$0 √**	**$0 √**	**$1000 √**	**$250 √**	**$250 √**	**$250 √**
High-Cost Imaging		30% √	$200 √	$100 √	$0 √	**$300 √**	$200 √	$200 √	**$150 √**
Outpatient Surgery		30% √	$250 √	**$0 √**	**$0 √**	**$500 √**	0 √	0 √	**$250 √**
Prescription Drug	Retail Tier 1	$15	$20	**$15**	**$15 √**	$5	**$5**	**$5**	$15
	Retail Tier 2	50% √	$30	**$50**	**$25 √**	**$30**	**$50**	**$40**	**$25**
	Retail Tier 3	50% √	$50	**$75**	**$50 √**	50% √	**$70**	**$70**	$50

Costs in bold indicate the plan design feature is different from any of the standardized plan designs for the same benefit. Check (√) indicates that this benefit is subject to the annual deductible. [1] Indicates new plan to 2016 shelf.

Non-Standardized Silver Plans

The Health Connector received seven (7) proposed Non-standardized Silver plans from four (4) Issuers: Minuteman, NHP, Fallon, and Tufts Health Plan – Direct (formerly known as Tufts Network Health). Minuteman, NHP and Tufts Health Plan – Direct each proposed one (1) new Non-standardized Silver plan for a total of three (3) new Silver plans. HPHC, Minuteman, Fallon, and NHP each proposed one (1) plan currently offered in 2015 for a total of four (4) existing Silver plans.

Based on the results of the differences analysis, Health Connector staff have determined that the proposed non-standardized Silver plans offer materially different designs from the standardized Silver plan design and recommend awarding the Final Seal of Approval to this plan.

Plan Feature/ Service	Silver A (Standard)	Fallon	Harvard Pilgrim	Neighborhood Health Plan	Minuteman	Minuteman [1]	Neighborhood Health Plan [1]	Tufts Network Health [1]
Plan Marketing Name	Standardized Plan Parameters	Fallon Community Care Silver A	HPHC Coverage 1750	NHP 1750/3500 50/75	Minuteman MyDoc HMO Silver Plus	Minuteman MyDoc PPO Select Silver HSA 2000	NHP Prime HMO Silver Simplicity	Tufts Network Health Direct Silver 2000 with Coinsurance
Annual	$2,000	$2,000	**$1,750**	**$1,750**	$2,000	$2,000	$2,000	$2,000

Deductible (Individual/Family)								
	$4,000	$4,000	**$3,500**	**$3,500**	$4,000	$4,000	$4,000	$4,000
Annual Out-of-Pocket Maximum (Individual/Family)	$6,850	$6,850	**$5,250**	**$5,000**	$6,850	**$5,550**	$6,850	$6,850
	$13,700	$13,700	**$10,500**	**$10,000**	$13,700	**$11,000**	$13,700	$13,700
PCP Office Visits	$30	$30	**$30** before ded then 20% after ded	**$50**	**$15 √**	**$30√**	$30	**$50**
Specialist Office Visits	$50	$50	**$30 before** ded then 20% after ded	**$75**	**$45 √**	**$45√**	$50	**20%√**
Emergency Room	$500 √	$500 √	**$250**	**$750**	**$350 √**	**20%√**	**35%√**	**$500√**
Inpatient Hospitalization	$1,000 √	$1,000 √	**20% √**	$1,000 √	$1,000 √	**20%√**	**35%√**	**20%√**
High-Cost Imaging	$500 √	$500 √	**20% √**	**$1,000 √**	**$400 √**	**20%√**	**35%√**	**20%√**
Outpatient Surgery	$750 √	$750 √	**20% √**	**$1,000 √**	**$750 √**	**20%√**	**35%√**	**$750√**
Retail Tier 1	$20	$20	**$5**	**$30**	**$13**	**$20√**	**$30**	**$30√**
Retail Tier 2	$50	$50	**$80**	$50	**$30 √**	**50%√**	**35%√**	**50%√**
Retail Tier 3	$75	$75	**$110**	**$80**	**$50 √**	**50%√**	**35%√**	**50%√**

Plan Feature/ Service	Silver A (Standard)	Minuteman [1]	Neighborhood Health Plan [1]	Tufts Network Health [1]
Plan Marketing Name	Standardized Plan Parameters	Minuteman MyDoc PPO Select Silver HSA 2000	NHP Prime HMO Silver Simplicity	Tufts Network Health Direct Silver 2000 with Coinsurance
Annual Deductible (Individual/Family)	$2,000	$2,000	$2,000	$2,000
	$4,000	$4,000	$4,000	$4,000
Annual Out-of-Pocket Maximum (Individual/Family)	$6,850	**$5,550**	$6,850	$6,850
	$13,700	**$11,000**	$13,700	$13,700

PCP Office Visits		$30	**$30√**	$30	**$50**
Specialist Office Visits		$50	**$45√**	$50	**20%√**
Emergency Room		$500 √	**20%√**	**35%√**	**$500√**
Inpatient Hospitalization		$1,000 √	**20%√**	**35%√**	**20%√**
High-Cost Imaging		$500 √	**20%√**	**35%√**	**20%√**
Outpatient Surgery		$750 √	**20%√**	**35%√**	**$750√**
Prescription Drug	Retail Tier 1	$20	**$20√**	**$30**	**$30√**
	Retail Tier 2	$50	**50%√**	**35%√**	**50%√**
	Retail Tier 3	$75	**50%√**	**35%√**	**50%√**

Costs in bold indicate the plan design feature is different from any of the standardized plan designs for the same benefit. Check (√) indicates that this benefit is subject to the annual deductible. [1] Indicates new plan to 2016 shelf.

Non-Standardized Bronze Plans

As a result of the changes in the federal actuarial value calculator, the Health Connector requested and received thirteen (13) Bronze submissions from all eleven (11) medical carriers. Subsequent to the Conditional Seal of Approval, the DOI requested that five (5) carriers modify the benefit designs of their Bronze plan offerings and resubmit for approval. While the specific benefit design changes varied between plans, this resubmission generally resulted in the reduction of some key cost-sharing features (*i.e.*, a decrease in cost sharing favorable to the consumer), most notably the deductible. These changes have resulted in a set of plan designs that, while offering lower levels of benefits compared to any prior plans offered by the Health Connector, provide acceptable levels of benefits to consumers.

The Health Connector, however, will be enhancing the online shopping experience and customer service training to increase consumer awareness of the benefit designs of the 2016 Bronze plans, as well as conducting additional outreach activities for consumers renewing from 2015 Bronze plans.

In addition, since the Conditional SOA, Celticare requested to withdraw their Bronze submission. In accordance with the withdrawal provisions in the Request for Responses, the Health Connector has approved Celticare's request to withdraw its Bronze plan.

Eight (8) of the Issuers proposed a single Bronze plan on their largest commercial network. Minuteman proposed two unique (2) plans, MyDoc HMO Bronze 2050 H.S.A and MyDoc HMO Bronze Plus. Fallon and HPHC are each proposing one design plan on two networks; Fallon on the Select and Direct networks and HPHC on their HMO and PPO offerings.

With the removal of standardized Bronze plan design for 2016, each of the proposed non-standardized Bronze plans offers meaningful choice to consumers and Health Connector staff recommend awarding the Final Seal of Approval to these plans.

Plan Feature/ Service	Neighborhood Health Plan[1]	Blue Cross Blue Shield[1]	Health New England[1]	Harvard Pilgrim[1]	Minuteman[1]	Minuteman[1]
Plan Marketing Name	NHP Prime	BCBS-Access	HNE-Bronze	HPHC-Best	Minuteman-	Minuteman-

					HMO HSA (2750/5500 50/75 with $5 Low-Cost Generic Rx	Blue Saver II	2000	Buy HSA HMO 3100/Best Buy HSA PPO 3100	MyDoc HMO Bronze 2050 H.S.A	MyDoc HMO Bronze Value
Annual Maximum Out-of-Pocket (MOOP) Medical and Rx		$6,550/$13,100	$6,550/$13,100	$6,850/$13,700	$6,200/$12,400	$6,550 per individual contract $6,850 per person $13,100 per group (family contract)	$6,850/$13,700
Annual Deductible Medical and Rx		$2,750/ $5,500	$3,350/ $6,550	$2,000/ $4,000	$3,100/ $6,200	$2,050/ $4,100	$1,900/ $3,800
Annual Prescription Drug Deductible		NA	NA	$0	N/A	NA	$250/$500
Primary Care Visit to Treat an Injury or Illness		$50 √	$60 √	$75 √	$40 √	$50 √	$50
Specialist Visit		$75 √	$75 √	$50 √	$65 √	$80 √	$80 √
Emergency Room Services		$1,000 √	$1,000 √	$1,000 √	$750 √	$750 √	$750 √
All Inpatient Hospital Services (inc. MHSA)		$1,000 √	$1,000 √	$1,000 √	20% √	$1,000 √	35% √
High-Cost Imaging (CT/PET Scans, MRIs)		$1,000 √	$1,000 √	$1,000 √	$750 √	$1,000 √	$1,000 √
Outpatient Facility Fee (*e.g.*, Ambulatory Surgery Center)		$500 √	$1,000 √	$1,000 √	$1,000 √	35% √	35% √
Prescription Drug	Retail Tier 1	$60 √	$50 √	$25	$5 √	$30 √	$30
	Retail Tier 2	$80 √	$125 √	50%	50% √	50% √	50% √
	Retail Tier 3	$100 √	$175 √	50%	50% √	50% √	50% √
	Retail Tier 4	$100 √	$175 √	50%	50% √	50% √	50% √

Plan Feature/ Service		Boston Medical Center HealthNet[1]	Tufts Network Health[1]	Tufts Health Plan[1]	Fallon[1]	United Health Care[1]
Plan Marketing Name		BMC HealthNet Plan - Bronze A	Tufts Direct Bronze with Coinsurance	Tufts Premier Bronze Saver 3300 with Coinsurance	Select/Direct Care Bronze Deductible 3000	United-Bronze Choice H.S.A. 5500
Annual Maximum Out-of-Pocket (MOOP) Medical and Rx		$6,550/$13,100	$6550 /$13,100	$6,550/$13,100	$6,850/$13,700	$6,500/$13,000
Annual Deductible Medical and Rx		$2,500/$5,000	$3,350/$6,700	$3,300/$6,660	$3,000/$6,000	$5,500/$11,000
Annual Prescription Drug Deductible		NA	NA	NA	NA	NA
Primary Care Visit to Treat an Injury or Illness		$50 √	$50 √	$40 √	$60	0 √
Specialist Visit		$75 √	$75 √	$65 √	$75	0 √
Emergency Room Services		$750 √	$1000 √	$750 √	35% √	0 √
All Inpatient Hospital Services (inc. MHSA)		$1000 √	30% √	$1000 √	$1000 √	0 √
High-Cost Imaging (CT/PET Scans, MRIs)		$1000 √	$1000 √	$750 √	$850 √	0 √
Outpatient Facility Fee (*e.g.*, Ambulatory Surgery Center)		$1000 √	$1000 √	$500 √	35% √	0 √
Prescription Drug	Retail Tier 1	$35 √	$50 √	$25√	$40	$20 √
	Retail Tier 2	50% √	$100 √	$75√	$100	$40 √
	Retail Tier 3	50% √	$150 √	$100√	$100	$250 √
	Retail Tier 4	50% √	$150 √	$100√	$100	$250 √

Check (√) indicates that this benefit is subject to the annual deductible. [1] *Indicates new plan to 2016 shelf.*

<u>Frozen Plans</u>

HPHC and Minuteman have requested to offer 2015 plans as "frozen" offerings in 2016. A frozen plan is one which is closed for new enrollment in 2016, but individuals who are enrolled in the plan for 2015 can renew for 2016 and, where allowed by Health Connector policy, make life event changes in the plan. HPHC is proposing to freeze two (2) plans: Focus Network – MA Best Buy HMO 2000 and Best Buy H.S.A. PPO 2000 with coinsurance. Minuteman is proposing to freeze one (1) plan: MyDoc Bronze Plus. Collectively, these plans cover more than 12,000 existing members, nearly a quarter of the Health Connector's unsubsidized and Advance Premium Tax Credit (APTC)-only enrollment. Freezing these plans reduces member disruption and, as such, Health Connector staff recommend awarding the Final Seal of Approval to these plans as frozen offerings.

Plan Feature/ Service		Silver A (Standard)	Harvard Pilgrim	Harvard Pilgrim	Minuteman
Plan Marketing Name		Standardized Plan Parameters	HPHC Focus Network MA - Best Buy HMO 2000	HPHC Best Buy HSA PPO 2000 with Coinsurance	MyDoc HMO Bronze Plus
Annual Deductible		$2,000	$2,000	$2,000	**$1,750**
(Individual/Family)		$4,000	$4,000	$4,000	**$3,500**
Annual Prescription Drug Deductible			NA	NA	**$250/$500**
Annual Out-of-Pocket Maximum		$6,850	**$5,250**	**$5,250**	**$6,600**
(Individual/Family)		$13,700	**$10,500**	**$10,500**	**$13,200**
PCP Office Visits		$30	**$35**	$30 √	**$50 √**
Specialist Office Visits		$50	**$65**	**$45 √**	**$80 √**
Emergency Room		$500 √	**$500**	**0***	**$750 √**
Inpatient Hospitalization		$1,000 √	**20% √**	**20% √**	**35% √**
High-Cost Imaging		$500 √	**20% √**	**20% √**	**$1000 √**
Outpatient Surgery		$750 √	**20% √**	**20% √**	**35% √**
Prescription Drug	Retail Tier 1	$20	**$25**	**$5 √**	**$30**
	Retail Tier 2	$50	**$80**	**$40 √**	**50% √**
	Retail Tier 3	$75	**$100**	**$60 √**	**50% √**

Costs in bold indicate the plan design feature is different from any of the standardized plan designs for the same benefit. Check (√) indicates that this benefit is subject to the annual deductible

QHP Premium Review

For unsubsidized QHPs and QDPs, rates for the plans offered by the Health Connector are reviewed and approved by the DOI. Premium rates across each of the standardized plans vary by Issuer, reflecting each Issuer's unique claims experience, rating methodology, provider network, etc. On average, the merged market-wide premium increase for the 2016 calendar year is 6.3%; the weighted average member premium increase for standardized QHPs offered through the Health Connector is 6.7%. The specific premium changes from 2015 to 2016 experienced by individual members will vary widely based on the specific premium increases/decreases for renewing plans, mapping to plans with different benefit designs for customers in closing plans, and geographic variations in rates.

The following charts illustrate the final premium rates for a forty-two (42) year old individual living in Worcester for calendar year 2016.

Platinum Plan Premiums

Carrier	2016 Plan Name	Premium
BCBSMA	HMO Blue Premium	$754.94
BMCHP	BMC HealthNet Plan Platinum A	$506.13
Celticare	Ambetter Platinum Care 1 (2016)	$513.05
FCHP	Direct Care Platinum Connector A	$519.04
FCHP	Select Care Platinum Connector A	$589.84
HNE	HNE Platinum A	$440.49
HNE	HNE Essential 500	$416.66
HPHC	Tiered Copayment HMO 25	$586.04
Minuteman	MyDoc HMO Platinum Basic	$355.53
NHP	NHP Prime HMO 25/40 with $5 Low-Cost Generic Rx	$403.28
Tufts - Direct	Direct Platinum	$528.01
Tufts - Premier	Premier Platinum	$652.98
UHC	Platinum Choice	$626.25

Gold Plan Premiums

Carrier	2016 Plan Name	Premium
BCBSMA	HMO Blue Basic Value	$510.70
BCBSMA	HMO Blue $1,000 Deductible	$524.90
BMCHP	BMC HealthNet Plan - Gold A	$393.86
BMCHP	BMC HealthNet Plan - Gold B	$390.13
Celticare	Ambetter Secure Care 4 (2016)	$408.59
Celticare	Ambetter Secure Care 5 (2016)	$427.43
FCHP	Direct Care Gold Connector A	$403.56
FCHP	Direct Care Gold Connector B	$442.01
FCHP	Direct Care Deductible 2000 Hybrid	$370.10
FCHP	Select Care Gold Connector A	$458.59
FCHP	Select Care Gold Connector B	$502.34
FCHP	Select Care Deductible 2000 Hybrid	$420.61
HNE	HNE Gold A	$379.71
HNE	HNE Gold B	$385.05
HNE	HNE Essential 2000	$326.70
HNE	HNE Wise Max HDHP	$284.89
HPHC	Best Buy Copayment HMO 1000	$513.26
HPHC	Best Buy Coinsurance HMO 500	$473.78
HPHC	Focus Network MA - Best Buy Copayment HMO 1000	$439.92
HPHC	Best Buy HMO 1000	$494.77
HPHC	Best Buy HMO 2000	$456.63
Minuteman	MyDoc HMO Gold Basic	$308.22
Minuteman	MyDoc HMO Gold Plus	$310.64
NHP	NHP Prime HMO 500/1000 20/35 30% with $5 Low-Cost Generic Rx	$344.29
NHP	NHP Prime HMO 1000/2000 30/45 with $5 Low-Cost Generic Rx	$351.14
NHP	NHP Prime HMO 1500/3000 25/40 with $5 Low-Cost Generic Rx	$345.23
Tufts - Direct	Direct Gold 500 with Coinsurance	$436.37
Tufts - Direct	Direct Gold 1000	$430.84
Tufts - Premier	Premier Gold 1000	$522.15
Tufts - Premier	Premier Gold 400 with Coinsurance	$505.27
UHC	Gold Choice 500	$496.28
UHC	Gold Choice 1000	$539.77

Silver Plan Premiums

Carrier	2016 Plan Name	Premium
BCBSMA	Access Blue Basic	$420.14
BMCHP	BMC HealthNet Plan - Silver A	$310.83
Celticare	Ambetter Balanced Care 14 (2016)	$330.57
FCHP	Direct Care Silver Connector A	$319.00
FCHP	Select Care Silver Connector A	$362.52
FCHP	Community Care Silver Connector A	$289.96
HNE	HNE Silver A	$284.40
HPHC	Best Buy Copayment HMO 2000	$434.10
HPHC	Core Coverage 1750 HMO	$352.32
HPHC	Focus Network - MA Best Buy HMO 2000 with coinsurance	$304.31
HPHC	Best Buy HSA PPO 2000 with Coinsurance	$270.99
Minuteman	MyDoc HMO Silver Basic	$269.82
Minuteman	MyDoc HMO Silver Plus	$260.53
Minuteman	MyDoc PPO Select Silver HSA 2000	$265.01
NHP	NHP Prime HMO 2000/4000 30/50 with $5 Low-Cost Generic Rx	$308.40
NHP	NHP Prime HMO 1750/3500 50/75 with $5 Low-Cost Generic Rx	$303.92
NHP	NHP Prime HMO Silver Simplicity	$284.69
Tufts - Direct	Direct Silver 2000 with Coinsurance	$279.86
Tufts - Direct	Direct Silver 2000	$304.88
Tufts - Premier	Premier Silver 2000	$367.11
UHC	Silver Choice 2000	$457.29

Bronze Plan Premiums

Carrier	2016 Plan Name	Premium
BCBSMA	Access Blue Saver II	$293.42
BMCHP	BMC HealthNet Plan - Bronze A	$245.21
FCHP	Direct Care Bronze Deductible 3000	$260.26
FCHP	Select Care Bronze Deductible 3000	$295.78
HNE	HNE Bronze 2000	$260.09
HPHC	Best Buy HSA HMO 3100	$310.05
HPHC	Best Buy HSA PPO 3100	$328.63
Minuteman	MyDoc HMO Bronze 2050 HSA	$239.42
Minuteman	MyDoc HMO Bronze Value	$228.39
Minuteman	MyDoc HMO Bronze Plus	$233.37
NHP	NHP Prime HMO HSA 2750/5500 50/75 with $5 Low-Cost Generic Rx	$243.94
Tufts - Direct	Direct Bronze with Coinsurance	$274.91
Tufts - Premier	Premier Bronze Saver 3300 with Coinsurance	$313.74
UHC	Bronze Choice HSA 5500	$325.77

Catastrophic Plan Premiums

Carrier	2016 Plan Name	Premium
BCBSMA	HMO Blue Essential	$255.01
FCHP	Direct Care Catastrophic	$228.34
HNE	HNE Catastrophic	$235.77
Minuteman	MyDoc HMO Simple Care	$159.86
NHP	NHP Prime HMO 6850	$233.35
Tufts - Direct	Direct Catastrophic	$261.82

QUALIFIED DENTAL PLAN PORTFOLIO

The QDP certification process is similarly a joint effort between the Health Connector and the DOI. The DOI and the Health Connector together reviewed proposed premium rates and rate increases to ensure that Issuers were meeting premium standards for QDPs as described by the ACA. Specifically, the DOI and the Health Connector collectively reviewed proposed rates by plan, anticipated loss ratios, administrative expenses, rate factors, sample rate calculations, trend rates and descriptions of how base rates were generated. In addition, the Health Connector took a portfolio view of final rates for each QDP awarded the conditional SoA to determine whether the proposed premium continued to offer value to consumers.

QDP Standardized Plan Submissions

Plan designs for the Standardized Plans include prescribed benefits and cost-sharing amounts in the categories of deductibles, co-insurance, plan year maximums and MOOPs. The table below depicts the standardized cost-sharing features of each of the three (3) Standardized Plan designs.

Health Connector staff recommend awarding the Final Seal of Approval to all proposed standardized plan submissions.

Plan Feature/ Service	Pediatric Dental EHB	Family High	Family Low
Plan Year Deductible	$50	$50/$150	$50/$150
Deductible Applies to:	Major and Minor Restorative	Major & Minor Restorative	Major & Minor Restorative
Plan Year Max (>=19 only)	N/A	$1,250	$750
Plan Year MOOP <19 Only	$350 (1 child)	$350 (1 child)/ $700 (2+ children)	$350 (1 child)/ $700 (2+ children)
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%	50%/70% No Major Restorative >=19
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

QDP Non-Standardized Plan Submissions

Six (6) Non-Standardized Plan designs have been proposed by three (3) Issuers, five (5) of which are offered in 2015, with one (1) new plan design, the Delta Dental EPO Family Basic Exclusive Network. Consistent with the Health Connector's current offering of these plans, three (3) of these plans (offered by Delta Dental) will be offered on both the small group and non-group shelves while the remaining three (3) will only be available to small groups.

Pediatric Non-Standardized Plans

Plan Name	Pediatric Dental EHB	BCBSMA - Dental Blue Pediatric Essential Benefits	Delta Dental - Individual and Family EPO Pediatric Exclusive Network	Delta Dental - Individual and Family EPO Pediatric Basic
Network	–	Dental Blue (Broadest)	EPO (Limited)	EPO (Limited)
Plan Year Deductible	$50	$50/$150	$50	$100
Deductible Applies to:	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative	Major & Minor Restorative
Plan Year Max (>=19 only)	N/A	N/A	N/A	NA
Plan Year MOOP <19 Only	$350 (1 child)	$350 (1 child) $700 (2+ children)	$350 (1 child)	$350 (1 child)
Preventive & Diagnostic Co-Insurance In/out-of-Network	0%/20%	0%/100%	0%/100%	0%/20%
Minor Restorative Co-Insurance, In/OON	25%/45%	25%/100%	25%/100%	60%/70%
Major Restorative Co-Insurance, In/OON	50%/70%	50%/100%	50%/100%	60%/70%
Medically Necessary Orthodontia, <19 only, In/OON	50%/70%	50%/100%	50%/100%	60%/70%
Non-Medically Necessary Orthodontia, <19 only, In/OON	N/A	N/A	N/A	N/A

Family Non-Standardized Plans

Plan Name	Family High	Family Low	MetLife - High Dental Plan with Enhanced Child Orthdontia	MetLife - Low Dental Plan with Enhanced Child Orthdontia	Delta Dental EPO Family Basic Exclusive Network Plan[1]
Network	–	–	Broadest	Broadest	EPO (Limited)
Plan Year Deductible	$50/$150	$50/$150	$50/$150	$90/$270	$100/$300
Deductible Applies to:	Major & Minor Restorative	Major & Minor Restorative	Major & Minor Restorative	Major & Minor Restorative	Major & Minor Restorative
Plan Year Max (>=19 only)	$1,250	$750	$1,250 In-net/ $1,000 OON	$1,000 In-net/ $750 OON	$750
Plan Year MOOP <19 Only	$350 (1 child) $700 (2+ children)	$350 (1 child) $700 (2+ children)	$350 (1 child)/ $700 (2+ children	$350 (1 child)/ $700 (2+ children	$350 (1 child)/ $700 (2+ children
Preventive & Diagnostic Co-Insurance In/out-of-Network	0%/20%	0%/20%	0%/20%	0%/20%	0%/100%
Minor Restorative Co-Insurance, In/OON	25%/45%	25%/45%	20%/40%	50%/50%	60%/100%<19 70% /100% >=19
Major Restorative Co-Insurance, In/OON	50%/70%	50%/70% No Major Restorative >=19	50%/70%	50%/70%	60%/100%<19 No Major Restorative >=19
Medically Necessary Orthodontia, <19 only, In/OON	50%/70%	50%/70%	50%/50%	50%/50%	60%/100%
Non-Medically Necessary Orthodontia, <19 only, In/OON	N/A	N/A	N/A	N/A	N/A

Health Connector staff have determined that the proposed non-standardized QDP plans offer materially different designs from the standardized QDP plan design and recommend awarding the Final Seal of Approval to these plans.

The 2016 weighted average premiums for the Standardized Plan designs based on enrollment data submitted to the DOI, by Issuer and market, are reflected in the chart below:

	Altus	BCBSMA	Delta Dental - EPO	Delta Dental - PPO	Delta Dental - Premier	Guardian	Metlife
Non-Group							
Pediatric-only	$39.05	n/a	$35.11	$41.45	$56.29	n/a	n/a
Family High	$44.90	n/a	$36.68	n/a	$57.58	n/a	n/a
Family Low	$30.64	n/a	$21.14	n/a	$39.01	n/a	n/a
Small Group							
Pediatric-only	$29.74	$38.13	$21.98	$30.17	$40.44	$38.53	$28.36
Family High	$31.80	$41.81	$23.95	n/a	$37.63	$36.41	$28.50
Family Low	$23.74	$37.54	$16.62	n/a	$28.67	$29.75	$33.06

SELECTION OF WRAP PLAN OR “CONNECTORCARE” ISSUERS

To maintain the coverage gains Massachusetts has made to date, and to keep coverage for this population as affordable as it is today, the Commonwealth continues to invest state funds to “wrap” the federal premium tax credits and cost sharing subsidies for this population through special QHPs selected as “ConnectorCare” plans.

Individuals are determined eligible for ConnectorCare “Plan Types” based on income: Plan Types 1, 2 or 3. Enrollee cost-sharing varies by Plan Type; thus Enrollees within a given income level will have access to the same co-pays, regardless of the ConnectorCare plan/carrier they choose. The plan designs for ConnectorCare plans by Plan Type for an individual Enrollee are as follows:

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

The ConnectorCare premium schedule will vary by sub-Plan Type (1, 2A, 2B, 3A, 3B). Enrollees in Plan Types 2B-3 who choose the least expensive ConnectorCare plan for their Plan Type will pay a base enrollee premium tied to their income level; enrollees who choose more expensive plans will pay higher premiums. The base enrollee premium set for the ConnectorCare program will be increased slightly from the 2015 amounts in line with the changes in the affordability schedule (PT1 $0, PT2A $0, PT2B $43, PT3A $82, PT3B $123). Note that ConnectorCare Plan Type 1 members will not be subject to premium, regardless of which plan they choose, but ConnectorCare Plan Type 2B members will be subject to premiums if they do not enroll in the lowest-cost-plan.

<u>ConnectorCare Issuer Selection Process</u>

In accordance with the SoA RFR requirements, every Issuer that responded to the RFR is required to offer a Silver Plan that could be wrapped by the Health Connector in accordance with the program design. Health Connector staff evaluated each Issuer's Silver Plans to determine which plans to recommend as ConnectorCare Plans.

In selecting Issuers to offer ConnectorCare plans, Health Connector staff gave consideration to the following factors in addition to ensuring each plan also met all other requirements of the SoA RFR (*e.g.*, network adequacy, licensure, etc.):

- Experience or ability to serve the population (*e.g.,* demonstrated prior experience in Massachusetts, or a clearly demonstrated understanding of the special needs of the population evidencing an ability to successfully serve the population)
- Value-added benefits (*e.g.*, tobacco cessation coverage; methadone treatment, etc.)
- Reasonable plan choice (*i.e.*, ensuring that in a given zip code there was a reasonable number of plans available to a potential member)
- Continuity of coverage (*i.e.*, the availability of the Issuer outside of the Health Connector, particularly in the MassHealth program for members transitioning between these programs)
- Premium and premium spread (*e.g.,* ensuring that premium spread is reasonable while still being competitive)
- Overall value

The Health Connector conducted this analysis on a region-by-region basis and at the zip code level, reviewing for each proposed Silver Plan. For each region, the Health Connector reviewed each Silver Plan separately against these considerations and then as a group by region so that the recommended ConnectorCare plans offered reasonable choice of plans for enrollees in the region; reasonable premium spread among the recommended plans; and continuity of coverage for transitioning members.

The ConnectorCare program uses a competitive bidding component for the selection of Silver Tier plans to select ConnectorCare Issuers. This competitive process has resulted in the reduction in the underlying Silver Tier plan premiums compared to those available through the 2015 ConnectorCare program, with a weighted average premium decrease of 2.1%.

ConnectorCare Plan Recommendations

After review of Issuer responses and final premiums, staff recommend the following Issuers to offer ConnectorCare plans in Massachusetts: Boston Medical Center HealthNet Plan (BMCHP), CeltiCare Health Plan of Massachusetts (CeltiCare), Fallon Community Health Plan (FCHP), Health New England (HNE), Minuteman Health (Minuteman), Neighborhood Health Plan (NHP), and Tufts Health Plan - Direct (Tufts - Direct).

The Issuers we are recommending for ConnectorCare in 2016 are not, in all cases, the five lowest-cost health plans in each region. Rather, the above-referenced selection criteria beyond premium were also taken into account to inform the recommendation. Reasons for not selecting a plan within the lowest-cost silver plans for this year most notably included network consideration for the subsidized population and experience serving this population.

The table below reflects the recommendation, based on all of the factors and evaluative processes described above, of the Issuers we propose to participate in the ConnectorCare Program (on a region-by-region basis). Note, these are not the premiums that the ConnectorCare member would pay; they are the premiums that the Commonwealth will subsidize on top of federal Premium Tax Credits and Cost-Sharing Reductions.

	Region A		Region B		Region C		Region D	
Lowest	THP - Direct	$245.52	THP - Direct	$279.85	THP - Direct	$251.87	BMCHP	$253.83
2nd	BMCHP	$253.31	NHP	$284.54	MM	$280.09	THP – Direct	$258.23
3rd	NHP	$280.38	FCHP Community	$289.81	BMCHP	$281.72	MM	$274.30
4th	HNE	$315.99	BMCHP	$310.69	NHP	$301.58	NHP	$292.49
5th	CC	$344.82	CC	$330.56	CC	$340.51	CC	$306.39

	Region E		Region F		Region G	
Lowest	THP - Direct	$253.14	THP - Direct	$252.64	THP - Direct	$252.64
2nd	BMCHP	$270.09	BMCHP	$264.94	BMCHP	$278.48
3rd	MM	$283.15	MM	$272.93	NHP	$316.19
4th	NHP	$317.78	CC	$293.48	CC	$325.61
5th	CC	$357.08	Neighborhood	$303.98		

**Premiums reflect a 42 year old individual for each region*

Geographic Comparison Between 2015 and 2016 ConnectorCare Plan Selections

The 2016 ConnectorCare program exactly replicates the 2015 program in the selection of geographic regions/clusters and the carriers available in those regions. The selection of the same carriers in the same geographic regions allows members to passively renew into same Issuer, ensuring that no member will be forced to change carriers. This also reduces member issues with physicians/hospitals no longer being available in the program and maximizes continuity as members transition between ConnectorCare and MassHealth.

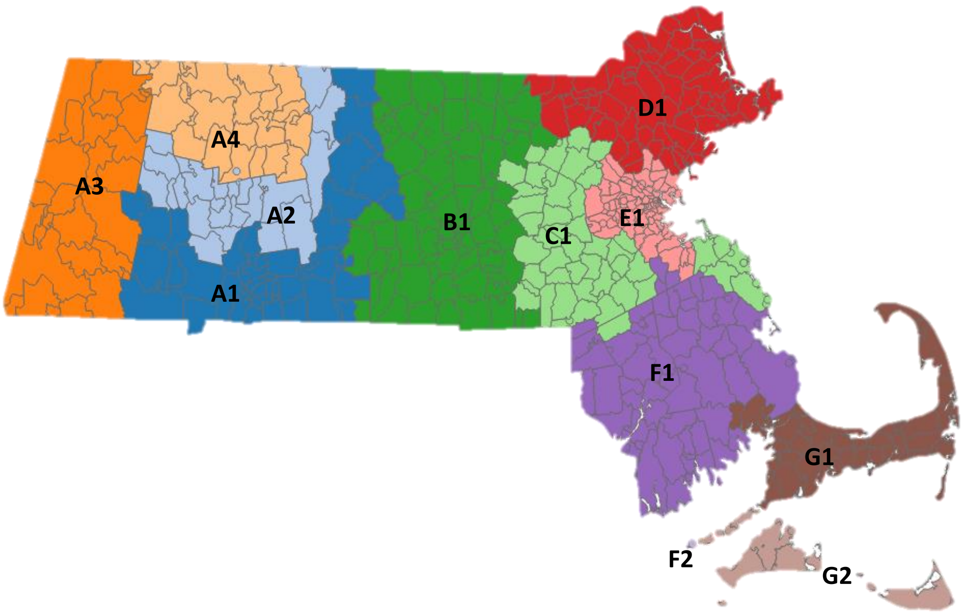
Of the Commonwealth's 687 ZIP Codes, the vast majority will have five (5) or four (4) ConnectorCare issuers, with 522 and 90 ZIP Codes respectively. Enrollees in all but 10 zip codes will have a choice of at least two (2) or more ConnectorCare Plans. The ten (10) ZIP Codes with only one (1) plan option are located on Nantucket and Marth's Vineyard, where network access to local health care facilities limits the selection of Issuers to Neighborhood Health Plan.

Enrollee Premium Contribution Schedule

The state's premium "wrap" contribution is based upon the cost of subsidizing the lowest-cost ConnectorCare plan in a given zip code to the corresponding Massachusetts Affordability Schedule base enrollee premium, minus the maximum amount of federal tax credits an individual will be able to apply to that plan based upon his or her income.

In addition to wrapping the lowest-cost ConnectorCare plan to the Affordability Schedule, we will also be applying an additional moderate subsidy to all other ConnectorCare plans to contain the spread of premium in a reasonable manner to make all participating plans more affordable to our members, ensuring access to a broad array of provider networks. This additional subsidization also helps to protect members against negative market premium impacts and dramatic premium changes for renewing members.

Actual member contributions vary by region, as the costs of the plans (even by the same Issuer) vary by region. Moreover, within a given region, not all ConnectorCare Plans will be available in all zip codes, as described above. So in some instances, the ConnectorCare premium for a given Issuer will vary within a single region, depending on what its relative positioning is in a given zip code. The tables below provide greater detail on premium at a region/cluster.



	Region A1	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Tufts - Direct	$0	$0	$43	$82	$123
2	BMC-HealthNet	$0	$2	$46	$89	$131
3	Neighborhood	$0	$10	$57	$114	$157
4	Health New England	$0	$20	$71	$147	$193
5	CeltiCare	$0	$28	$83	$174	$221

	Region A2	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Tufts - Direct	$0	$0	$43	$82	$123
2	BMC-HealthNet	$0	$2	$46	$89	$131
3	Health New England	$0	$20	$71	$147	$193
4	CeltiCare	$0	$28	$83	$174	$221

	Region A3	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Tufts - Direct	$0	$0	$43	$82	$123
2	Health New England	$0	$20	$71	$147	$193
3	CeltiCare	$0	$28	$83	$174	$221

	Region A4	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Health New England	$0	$0	$43	$82	$123
2	Celticare	$0	$8	$55	$109	$151

	Region B1	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Tufts - Direct	$0	$0	$43	$82	$123
2	Neighborhood	$0	$1	$45	$86	$128
3	Fallon (Community)	$0	$3	$47	$91	$133
4	BMC-HealthNet	$0	$9	$55	$111	$153
5	CeltiCare	$0	$14	$63	$129	$173

	Region C1	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Tufts - Direct	$0	$0	$43	$82	$123
2	Minuteman	$0	$8	$54	$108	$151
3	BMC-HealthNet	$0	$8	$55	$110	$152
4	Neighborhood	$0	$14	$63	$128	$172
5	CeltiCare	$0	$25	$79	$164	$211

	Region D1	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	BMC-HealthNet	$0	$0	$43	$82	$123
2	Tufts - Direct	$0	$1	$45	$86	$127
3	Minuteman	$0	$6	$51	$101	$143
4	Neighborhood	$0	$11	$59	$118	$161
5	CeltiCare	$0	$15	$64	$131	$175

	Region E1	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Tufts - Direct	$0	$0	$43	$82	$123
2	BMC-HealthNet	$0	$5	$50	$98	$140
3	Minuteman	$0	$8	$55	$110	$153
4	Neighborhood	$0	$18	$69	$142	$187
5	CeltiCare	$0	$29	$85	$179	$226

	Region F1	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Tufts - Direct	$0	$0	$43	$82	$123
2	BMC-HealthNet	$0	$3	$48	$93	$135
3	Minuteman	$0	$6	$51	$101	$143
4	CeltiCare	$0	$12	$59	$120	$163
5	Neighborhood	$0	$15	$64	$130	$174

	Region F2	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	CeltiCare	$0	$0	$43	$82	$123
5	Neighborhood	$0	$3	$47	$92	$133

	Region G1	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Tufts - Direct	$0	$0	$43	$82	$123
2	BMC-HealthNet	$0	$7	$53	$106	$149
3	Neighborhood	$0	$18	$69	$141	$186
4	CeltiCare	$0	$21	$72	$150	$195

	Region G2	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIB
1	Neighborhood	$0	$0	$43	$82	$123

CONCLUSION

At this time, Health Connector staff recommends awarding the final 2016 SoA to all proposed Standardized QHPs, Standardized QDPs and Non-Standardized QDPs and QHPs, as discussed, proposed by the following Issuers:

- Altus Dental
- Blue Cross Blue Shield of MA
- BMC HealthNet Plan
- CeltiCare Health Plan
- Delta Dental of MA
- Fallon Health
- Guardian
- Harvard Pilgrim Health Care
- Health New England
- MetLife
- Minuteman Health
- Neighborhood Health Plan
- Tufts Health Plan – Direct
- Tufts Health Plan – Premier
- UnitedHealthcare