



**Commonwealth Choice  
2013  
Seal of Approval**

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**Board of Directors Meeting  
September 13, 2012**



# Agenda

- Current Commonwealth Choice Product Shelf
- 2013 Seal of Approval (SoA)
  - Requirements
  - Product Evaluation
  - Web Shopping Update & Decision Support Tools
- Staff Seal of Approval Recommendation



# Current Commonwealth Choice Product Shelf

- Commonwealth Choice currently offers eligible individuals and small businesses up to 77 health benefit plans (including Young Adult Plans) from the state's eight leading health insurance carriers
- Under the current Commonwealth Choice contract (July 1, 2011 through December 31, 2012), carriers must:
  - Participate in all Commonwealth Choice programs, including Business Express, Individual/Family, Young Adult Plan\* and Voluntary Plan
  - Offer plans in all six benefit packages for non-YAP plans (under three tiers: Gold, Silver, Bronze) and if eligible, all four benefit packages for YAP plans
  - Provide plans that meet the Health Connector's standardized plan design specifications for each benefit package
  - Offer standardized products on their broadest commercial provider network
    - Carriers are permitted to offer additional plans on narrower networks (in tandem with their broad networks)

\* For carriers with 5,000 or more commercial enrollees



# Current Commonwealth Choice Product Shelf (cont'd)

- The Health Connector has required benefit standardization in Commonwealth Choice to facilitate apples-to-apples comparison shopping among health insurance options
- For purposes of standardization, the Health Connector has prescribed point-of-service cost-sharing for the following categories:
  - Annual deductible
  - Annual out-of-pocket maximum
  - Primary care provider (PCP) office visit
  - Diagnostic x-ray or laboratory test
  - Outpatient surgery
  - Hospitalization
  - Prescription drugs (Rx)
  - Emergency room visit



# 2013 Seal of Approval: Goals

- Retain standardization as the core of Commonwealth Choice product offering
  - Standardization presents a choice of benefit packages within a format that facilitates easy comparison shopping
- Ensure a product portfolio that keeps pace with the market, including evolving market preferences in plan design, by incorporating some non-standardized products in our shelf
- **Leverage the 2013 SoA as an opportunity to further explore the appropriate balance between standardization and choice, as we prepare for implementing the Affordable Care Act**



# 2013 Seal of Approval: Requirements

- Consistent with current Commonwealth Choice program rules, the 2013 SoA continues to require carriers to:
  - Participate in all Commonwealth Choice programs
  - Provide plans that meet the current standardized plan design specifications on all benefit packages on the broadest commercial provider network offered by the carrier
- Additionally, we invited carriers to propose:
  - One or more standardized plans on narrower networks (as previously permitted); and
  - One or more non-standardized products that add value to consumers and meaningful diversity to the Health Connector shelf
- All products proposed by carriers are subject to review by the Health Connector and ultimately approval by the Board



# 2013 Seal of Approval: Carrier Responses

- All eight existing Commonwealth Choice carriers agreed to comply with the Health Connector's requirement to:
  - Participate in all Commonwealth Choice programs (*e.g.*, Individual/Family, Young Adult Plans [if eligible], Voluntary Plan and Business Express); and
  - Offer all standardized benefit packages on their broadest commercial provider networks
- The Health Connector received a response from a new entrant, Network Health (NWH), which agreed to:
  - Participate in all Commonwealth Choice programs for which NWH is eligible\* (*i.e.*, Individual/Family, Voluntary Plan and Business Express); and
  - Offer all six standardized benefit packages on its broadest commercial provider network, effective April 1, 2013

\* Network Health has less than 5,000 commercial members and is therefore ineligible to offer a Young Adult Plan



# 2013 Seal of Approval: Carrier Responses (cont'd)

- The Health Connector also received proposals from four of the existing Commonwealth Choice carriers to offer additional plans:
  - Fallon Community Health Plan proposed to offer each of the five standardized Silver and Bronze plans on an additional provider network – Steward Community Care Network
    - As such, Fallon would be offering three provider networks (Select Care, Direct Care, and Steward Community Care) for the standardized Silver and Bronze plans
  - Fallon also proposed two non-standardized plans on its three provider networks – for a total of six Fallon non-standardized plans
  - Harvard Pilgrim proposed to offer one non-standardized plan on its broadest commercial network
  - Health New England and Neighborhood Health Plan each proposed two non-standardized plans on their broadest commercial networks
- As a result, the Health Connector received a total of 22 new products
  - 11 standardized plans and 11 non-standardized plans
  - The 11 non-standardized plans include seven unique benefit designs, two of which (offered by Fallon) are offered on three different networks
- Many proposed non-standardized plans have demonstrated market appeal



# 2013 Seal of Approval: Commonwealth Choice Future Product Shelf

	Existing Standardized Plans	Proposed Standardized Plans	Proposed Non-Standardized Plans	Total
Broadest Commercial Network	BCBSMA (6) BMCHP (6) CeltiCare (6) FCHP (6) HPHC (6) HNE (6) NHP (6) THP (6)	NWH (6)	FCHP (2) HPHC (1) HNE (2) NHP (2)	61
Narrower Network	FCHP (5)	FCHP (5)	FCHP (4)	14
Young Adult Plans	BCBSMA (4) FCHP (4) HPHC (4) HNE (4) NHP (4) THP (4)			24
<b>Total Plans</b>	<b>77</b>	<b>11</b>	<b>11</b>	<b>99</b>



# Non-Standardized Plans: Actuarial Value and Product Tier Placement

- Informed by independent actuarial analysis (by Wakely Consulting Group), an Actuarial Value (AV) along with a comparable standardized benefit tier were determined for each proposed non-standardized plan

<b>Carrier</b>	<b>Plan Name</b>	<b>Actuarial Value*</b>	<b>"Like" Tier &amp; Package</b>
FCHP	Premium Saver 1000	78.1%	Silver Low
FCHP	Premium Saver 2000/500 II	67.4%	Bronze Medium
HPHC	Core Coverage 1750 HMO	71.5%	Bronze Medium
HNE	HMO Essential 1000	81.7%	Silver High
HNE	HMO Essential 2000	76.8%	Silver Low
NHP	Plan Year 500	82.5%	Silver High
NHP	Plan Year 1500	75.1%	Silver Low

\* Provided by Wakely Consulting Group



# Non-Standardized Plans: Product Design Differentiation

***Wakely reviewed all proposed non-standardized plans and reported no concerns of "discriminatory" plan design (also reviewed by DOI)***

	Network	Tier	Key Benefit Design Differentiation (compared with the closest standardized plan)
<b>FCHP:</b> Premium Saver 1000	Broad	Silver Low	<ul style="list-style-type: none"> <li>- Higher OOP maximum</li> <li>- Higher cost-sharing for certain benefits (e.g., Rx, hospitalization)</li> <li>- No cost-sharing for mental health/substance abuse hospitalization</li> </ul>
	Narrower (Direct)		
	Narrower (Steward)		
<b>FCHP:</b> Premium Saver 2000/500 II	Broad	Bronze Med	<ul style="list-style-type: none"> <li>- Lower office visit co-pays</li> <li>- Elimination of Rx deductible</li> <li>- Introduction of 4-tier Rx</li> </ul>
	Narrower (Direct)		
	Narrower (Steward)		
<b>HPHC:</b> Core Coverage 1750 HMO	Broad	Bronze Med	<ul style="list-style-type: none"> <li>- Lower Annual Deductible and office visit co-pay</li> <li>- Introduction of 4-tier Rx</li> <li>- Co-insurance for many services (e.g., hospitalization, labs, imaging)</li> </ul>
<b>HNE:</b> Essential 1000	Broad	Silver High	<ul style="list-style-type: none"> <li>- Addition of annual deductible</li> <li>- Co-pays in place of coinsurance (e.g., Rx, hospitalization, ER visits)</li> </ul>
<b>HNE:</b> Essential 2000	Broad	Silver Low	<ul style="list-style-type: none"> <li>- Higher annual deductible and OOP maximum</li> <li>- Lower high tech imaging co-pay</li> <li>- Lower tier 1 Rx co-pay</li> </ul>
<b>NHP:</b> Plan Year 500	Broad	Silver High	<ul style="list-style-type: none"> <li>- Addition of annual Deductible</li> <li>- Lower office visit co-pay</li> <li>- Co-pay instead of co-insurance for Rx</li> </ul>
<b>NHP:</b> Plan Year 1500	Broad	Silver Low	<ul style="list-style-type: none"> <li>- Higher annual deductible and OOP maximum</li> <li>- Higher cost sharing for certain services (e.g., Rx, lab and X-ray, hospitalization and outpatient surgery)</li> </ul>



# 2013 Seal of Approval: Web Shopping Considerations

- The core concept and key advantage of our web shopping model is the organization of plans by benefit tiers, which provides a transparent and simplified shopping experience
- With the potential introduction of new, non-standardized plans, our goal is to maintain a web shopping experience that is comprehensible and easy-to-navigate
- We propose to display non-standardized plans within their corresponding metallic tiers as suggested by the actuarial review, alongside the standardized products
  - For example, the HPHC Core Coverage 1750 HMO (AV = 71.5%) is closest to the Bronze Medium benefit package. This product will be included in a new “Bronze Other” category and displayed as part of the Bronze tier



# 2013 Seal of Approval: Web Shopping Considerations (cont'd)

Doctor / Hospital

- Dr. Smith  
Accepts 45 of 63 plans shown. Remove
- Dr. Jones  
Accepts 15 of 63 plans shown. Remove
- Dr. Powell  
Accepts 25 of 63 plans shown. Remove

Checking the checkbox next to the provider will hide all plans the provider does NOT accept.

Add another one

Annual Deductible

- \$2,000 indiv. | \$4,000 fam.
- \$1,750 indiv. | \$3,500 fam.
- \$1,500 indiv. | \$3,000 fam.
- \$1,000 indiv. | \$2,000 fam.
- \$500 indiv. | \$1,000 fam.
- \$250 indiv. | \$500 fam.
- No annual deductible

What's annual deductible?

Co-Insurance

Show plans with co-insurance?

- Yes
- No

What's co-insurance?

Monthly Premium

- Less than \$300
- \$301 - \$400
- \$401 - \$500
- \$501 - \$600
- Greater than \$600

Benefits Packages

- Bronze Low
- Bronze Medium
- Bronze High

	Monthly Cost	Annual Deductible	Annual Out of Pocket Max.	Doctor Co-pay	Generic RX Co-pay	ER Co-pay	Hospital Stay Co-pay
<b>Bronze Low ?</b> 10 plans	as low as <b>\$225</b>	\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	annual deductible, then \$25 copay	annual deductible, then \$15 copay	annual deductible, then \$100 copay	annual deductible, then 20% co-insurance
Standard benefits for all Bronze Medium plans							
<b>Bronze Medium ?</b> 10 Plans		\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$30 copay	\$10 copay	annual deductible, then \$150 copay	annual deductible, then \$500 copay
<input type="checkbox"/> NETWORK HEALTH Bronze Plus	\$241 <sup>82</sup>	↑	↑	↑	↑	↑	↑
<input type="checkbox"/> Neighborhood Health Plan Choice Optimum 250	\$262 <sup>72</sup>	↑	↑	↑	↑	↑	↑
<input type="checkbox"/> Healthier Plan Bronze Plus	\$269 <sup>69</sup>	↑	↑	↑	↑	↑	↑
<input type="checkbox"/> CELTICARE Saver 250	\$306 <sup>36</sup>	↑	↑	↑	↑	↑	↑
<input type="checkbox"/> fallon community Steward Care Rx Saver 250	\$350 <sup>90</sup>	↑	↑	↑	↑	↑	↑
<input type="checkbox"/> TUFTS Health Plan Comm. Advantage HMO 250 with Coinsurance	\$358 <sup>97</sup>	↑	↑	↑	↑	↑	↑
<input type="checkbox"/> Harvard Pilgrim HealthCare Bronze HMO 250	\$358 <sup>25</sup>	↑	↑	↑	↑	↑	↑
<input type="checkbox"/> fallon community Direct Care Rx Saver 250	\$384 <sup>90</sup>	↑	↑	↑	↑	↑	↑
<input type="checkbox"/> MASSACHUSETTS HMO Blue Basic Value	\$422 <sup>84</sup>	↑	↑	↑	↑	↑	↑
<input type="checkbox"/> fallon community Select Care Rx Saver 250	\$438 <sup>90</sup>	↑	↑	↑	↑	↑	↑
Check up to 3 plans on this page to compare							
Standard benefits for all Bronze High plans							
<b>Bronze High ?</b> 10 Plans	as low as <b>\$237</b>	\$250 (ind.) \$500 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	\$15 copay	\$150 copay	annual deductible, then 35% co-insurance
Standard benefits for all Bronze Other plans							
<b>Bronze Other ?</b> 4 Plans							
<input type="checkbox"/> fallon community Steward Care PS 2000/500 II	\$286 <sup>90</sup>	\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	\$20 copay	annual deductible, then \$200 copay	annual deductible, then \$500 copay
<input type="checkbox"/> Harvard Pilgrim HealthCare Core Coverage 1750 HMO	\$288 <sup>48</sup>	\$1,750 (ind.) \$3,500 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	\$5 copay	\$250 copay	annual deductible, then 20% co-insurance
<input type="checkbox"/> fallon community Direct Care PS 2000/500 II	\$314 <sup>90</sup>	\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	\$20 copay	annual deductible, then \$200 copay	annual deductible, then \$500 copay
<input type="checkbox"/> fallon community Select Care PS 2000/500 II	\$356 <sup>90</sup>	\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	\$20 copay	annual deductible, then \$200 copay	annual deductible, then \$500 copay
Check up to 3 plans on this page to compare							

A new "Other" package will be added to the Silver tier and the Bronze tier.

An alert message states "Be sure to check all benefits closely as they differ from plan to plan."

The key cost-sharing features for each non-standardized plan will also be displayed, to further alert consumers to the differing plan designs.



# 2013 Seal of Approval: Web Shopping Considerations (cont'd)

Health Connector Health Insurance for Massachusetts Residents

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[Overview](#) [Find a Plan](#) [FAQ](#)

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- Narrow by Benefits Package
- Bronze Low
  - Bronze Medium
  - Bronze High
  - Bronze Other
  - Silver Low
  - Silver High
  - Silver Other
  - Gold
- Narrow by provider
- Enter your doctor...  
Only show plans that include your doctor, nurse practitioner, hospital or health center.
- Narrow by monthly cost
- Less than \$300 (10)
  - \$300 - \$400 (13)
  - \$400 - \$500 (5)
  - Greater than \$500 (2)
- Narrow by insurance carrier
- Blue Cross Blue Shield of Massachusetts (6)
  - Fallon Community Health Plan (6)
  - Harvard Pilgrim Health Care (6)
  - Health New England (6)
  - Tufts Health Plan (6)

1 benefit package (What's a benefit package?): 4 plans

Sort plans by **Monthly Cost**

	Monthly Cost	Annual Deductible	Annual Out of Pocket Max.	Doctor Co-pay	Generic RX Co-pay	ER Co-pay	Hospital Stay Co-pay
<input type="checkbox"/> Fallon Community Health Plan BRONZE OTHER Silver Care PS 2000/500 II <b>SMALLER FALLON NETWORK</b>	\$286 <sup>00</sup>	\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	None	\$200 copay	\$500 per admission
<input type="checkbox"/> Harvard Pilgrim Health Care Core Coverage 1750 HMO	\$288 <sup>48</sup>	\$1,750 (ind.) \$3,500 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	\$5 copay	\$250 copay	annual deductible, then 20% co-insurance
<input type="checkbox"/> Fallon Community Health Plan BRONZE OTHER Direct Care PS 2000/500 II <b>SMALLER FALLON NETWORK</b>	\$314 <sup>00</sup>	\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	None	\$200 copay	\$500 per admission
<input type="checkbox"/> Fallon Community Health Plan BRONZE OTHER Select Care PS 2000/500 II	\$356 <sup>00</sup>	\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	None	\$200 copay	\$500 per admission

Continue

Current network flags were modified to clarify that certain products are on "smaller" provider networks compared to the same carrier's broadest commercial network, which signals to shoppers that they should closely review the provider network.



# 2013 Seal of Approval: Decision Support Tools

- To further enhance the ease of shopping through our website, new decision support tools will be implemented by November 1, 2012 (for plans effective January 1, 2013)
- The new tools will enable shoppers to rapidly narrow the number of available plans by:
  - Provider
  - Annual deductible; and/or
  - Cost-sharing design (co-insurance vs. co-pay)
- We are also in the process of exploring the possibility of offering a cost calculator decision support tool as early as June 2013 (in time for a non-group open enrollment in July of 2013, if applicable)



# 2013 Seal of Approval: Decision Support Tools (cont'd)

The screenshot shows the Health Connector website interface. At the top, there is a navigation bar with the Health Connector logo and text "Health Insurance for Massachusetts Residents". Navigation links include "Home", "Find Insurance", "Health Care Reform", and "About Us". A secondary navigation bar includes "Overview", "Find a Plan", and "FAQ".

The main content area is titled "Get Started" and includes the text: "Let us help you or do it yourself. Compare plan options and find the plan that best meets your needs." Below this, there are two main options:

- Plan Helper**: A section highlighted with a red border. It describes a tool that helps narrow down choices by answering 3 simple questions. It includes a "Start Plan Helper" button.
- Go directly to View Plans**: A section for users who have done this before or know which plans they want to see. It includes a "View Plans" button.

An "Or" separator is placed between the two options. A red arrow points from a text box on the right to the "Start Plan Helper" button.

Below these options is a section titled "About Health Connector Plans" with the text: "To make finding your plan easier, we have grouped plans according to common spending patterns." This section features four columns representing different plan types:

- Young Adult**: Lower monthly premium, high out-of-pocket costs. A good option for young adults using low health services.
- Bronze**: Lower monthly premium, higher out-of-pocket costs. A good option for those using a low amount of health services.
- Silver**: Moderate out-of-pocket costs, higher monthly premium. A good option for those balancing premium and out-of-pocket expenses.
- Gold**: Lowest out-of-pocket costs, highest monthly premiums. A good option for those using a lot of health services.

Each column has a corresponding "See [Plan Type] Plans" button.

The new "Plan Helper" allows shoppers to filter plans by annual deductible, presence of co-insurance and certain providers.



# 2013 Seal of Approval: Decision Support Tools (cont'd)

Health Connector Health Insurance for Massachusetts Residents

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Home Find Insurance Health Care Reform About Us

Overview Find a Plan FAQ

Plan Helper: Providers

Providers Annual Deductible Co-Insurance

Health Plans Available 63 of 63

Do you have a doctor or provider you want to keep using?

This provider might be a hospital, a health center, a specialist, or a practice of several doctors.

Yes, I want to select a plan that allows me to keep my current provider(s).

No, I don't mind a new doctor.

I'm not sure. Skip for now.

Continue »

Exit Plan Helper & View Plans

Don't worry about getting everything right. You can revisit each decision later and change your mind.

- The "Plan Helper" will ask shoppers if **staying with the same provider** is important and direct shoppers to the provider lookup tool.
- The "Plan Helper" also offers educational information about provider networks (including a video).

## What is a Provider Network?

- Every health insurance plan has a group of doctors, nurse practitioners, hospitals and other health care providers that have agreed to provide certain covered benefits to its members. These groups are known as the "Provider Networks".
- A "General Provider Network" is the broadest network of health care providers offered by this insurance carrier.
- A "Limited Provider Network" has access to fewer providers, compared to this insurance carrier's "General Provider Network".



Health Connector Video: Provider Networks Explained  
See full text / accessible version

## Tips about Provider Network

- Some insurance carriers offer 2 or 3 different varieties of the same health plan where plan #1 is on the "Broad" network and plan #2 is on the "Smaller" network.
- If you're not looking for a specific provider, you may save some money by looking at "Limited Provider Network" plans.
- Even if you have providers you're interested in keeping, it may be worth looking at plans without them and considering the cost savings.



# 2013 Seal of Approval: Decision Support Tools (cont'd)

## Plan Helper: Annual Deductible

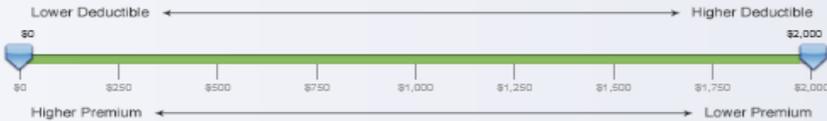
Providers Annual Deductible Co-Insurance

Health Plans Available 47 of 63

### How do you feel about an annual deductible?

Plans with higher deductibles usually have lower premiums and higher out-of-pocket costs when receiving services or medications (until you've paid your annual deductible).

Move the blue sliders below to set the range of your deductible (which will narrow the number of available plans). The dollar amounts below reflect the chosen deductible.



- I've moved the sliders to show my ideal range for my annual deductible.
- I'd like to skip this question.

Continue »

Exit Plan Helper & View Plans

Don't worry about getting everything right. You can revisit each decision later and change your mind.

The "Plan Helper" next asks shoppers if a low **annual deductible** is important, along with explaining how annual deductibles work.

### What is an Annual Deductible?

This is the amount that you or your family member(s) must pay before the insurance carrier will pay for covered services.

#### Important things to note:

- All plans have a maximum annual deductible amount. Once you have reached that maximum amount, your insurance carrier will pay for all services for the remainder of the year.
- Your monthly premiums and copayments will not count toward your deductible.
- When a plan has an annual deductible, it doesn't mean that you will pay the full cost of doctors visits or prescriptions but you may be responsible for a portion.



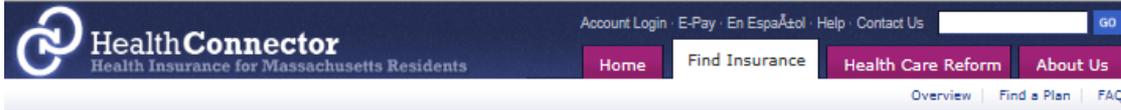
Health Connector Video: Annual Deductible Explained See full text / accessible version

### Tips about Annual Deductible

- Consider a high-deductible plan if your primary requirement is a low monthly premium.
- Choosing a high-deductible usually makes sense for healthier people who expect to use few services.
- Choosing a zero deductible plan will have a higher monthly premium, but may be the right choice for you.
- Keep in mind, there is always the risk of unplanned medical expenses.



# 2013 Seal of Approval: Decision Support Tools (cont'd)



Would you like to see plans that have co-insurance cost-sharing?

You may see lower premiums on plans that have co-insurance.

- Yes, I would like to see plans with co-insurance. *It seems unlikely I'll need to be admitted to the hospital this year or incur another high cost medical event.*
- No, I would like a plan *without* co-insurance.
- I'm not sure. Skip for now.

[Continue »](#)

[Exit Plan Helper & View Plans](#)

Don't worry about getting everything right. You can revisit each decision later and change your mind.

The final question asks whether shoppers would like to view plans that have **co-insurance** (with explanation).

### What is Co-Insurance?

Co-insurance is a way of meeting your share of health costs under some health insurance plans. Co-insurance is based on a percentage of the cost of a service.

For example: a plan may say that you pay 35% of the cost of a service. If a medical test costs \$100, you would pay \$35 for that test. The health plan will pay \$65.

### What is an Annual Out-of-Pocket Maximum?

This is a limit on how much you are required to pay each year for covered services through deductibles, co-insurance and certain co-payments. Some costs or services may be exempt.



Health Connector Video: Co-Insurance Explained  
[See full text / accessible version](#)

### Tips about Co-Insurance

- Co-insurance is the amount that you are responsible to pay for covered medical services after you've satisfied any co-payment or deductible required by your health insurance plan.
- Co-insurance generally applies to diagnostic x-rays, laboratory tests, outpatient surgeries, hospitalizations, and Tier 2 and 3 prescriptions.
- If you end up considering a plan that has co-insurance, make sure you refer to the plan's details to see what specific medical expenses you will need to pay co-insurance for.



# 2013 Seal of Approval: Decision Support Tools (cont'd)

The screenshot shows the Health Connector website interface for plan selection. The top navigation bar includes 'Home', 'Find Insurance', 'Health Care Reform', and 'About Us'. The main content area displays '10 benefits packages (What's a benefits package?): 67 plans'. A 'Plan Helper' pop-up window is overlaid on the page, containing the following text:

**Plan Helper Results**

The results you will see are based on your responses to the questions about Providers, Annual Deductible and Co-insurance.

If you want to see other plans, you can make changes using the checkboxes in the left column.

OK

The shopper will be automatically directed to a page that displays only those plans that meet the criteria identified by the "Plan Helper."



# 2013 Seal of Approval: Decision Support Tools (cont'd)

## Video Guides to Help You Compare Plan Options and Find the Plan that Best Meets Your Needs

These videos can help you understand what to look for when shopping for health insurance.

### Provider Networks Explained



[See full text / accessible version](#)

### Co-Insurance Explained



[See full text / accessible version](#)

### Annual Deductible Explained



[See full text / accessible version](#)

### Annual Out-of-Pocket Maximum Explained



[See full text / accessible version](#)

New video guides will be added to the Health Connector website.



# 2013 Seal of Approval Recommendation

- **The Health Connector recommends awarding the 2013 SoA to all proposed standardized and non-standardized plan designs**
- The 2013 SoA presents an important opportunity for us to work towards finding the right balance between standardization and diversity for the Commonwealth Choice shelf
  - We are striving for a product suite that is robustly responsive to the needs of small employers and individuals and reflected in a shopping experience that facilitates informed, value-driven product selection
  - We believe the refinements we have made to our shopping experience will maintain its strengths, but look forward to securing consumer feedback
- Each of the proposed plan designs offer value to consumers, as evidenced by the analysis performed by the Health Connector's Procurement Management Team with the support of an independent actuary
  - The non-standardized plans offer alternative benefit designs with meaningfully diverse features and, in many cases, demonstrated market appeal



# 2013 Seal of Approval Recommendation (cont'd)

- The Health Connector Staff recommends awarding the 2013 Seal of Approval to all plans proposed by the following carriers:
  - Blue Cross Blue Shield of Massachusetts
  - BMC HealthNet Plan
  - CeltiCare Health Plan
  - Fallon Community Health Plan
  - Harvard Pilgrim Health Care
  - Health New England
  - Neighborhood Health Plan
  - Network Health
  - Tufts Health Plan