



2015 Qualified Health and Dental Plan Conditional Seal of Approval (VOTE)

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Board of Directors Meeting, July 10, 2014

2015 Seal of Approval Timeline

- We are seeking Board approval today to award the conditional Seal of Approval (SoA) for health and dental benefit plans to be offered through the Health Connector in 2015
- All plans that receive the conditional SoA will be considered for the award of final SoA in September, which requires compliance with all applicable Division of Insurance (DOI) requirements as well as final approval by this Board

Mar 2014	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
★ 3/28: 2015 SoA Launch		★ 5/15: RFR Responses Due from new Issuers							
			★ 6/1: Recertification Responses Due from existing Issuers						
				★ 7/1: Premium rate filing due to DOI					
				★ (Today) Conditional SoA Awarded					
						★ September: Final SoA Awarded			
								★ 11/15 Open Enrollment Begins	

2015 Seal of Approval: Goals

Our primary goal for the 2015 Seal of Approval (SoA) is to continue the vision laid out in 2014 to support access to affordable, comprehensive coverage and provide continuity and stability for the Health Connector's members.

- Be a trusted source of value for consumers and small businesses by providing a vibrant platform of well-designed, market-leading products that allows for a simple, transparent and consumer-centric shopping experience
- Largely retain existing standardized plan designs with minor modifications required to comply with additional changes promulgated pursuant to the Affordable Care Act (ACA)
 - The 2015 Federal Notice of Benefit and Payment Parameters rule requires small changes to Catastrophic plans and the pediatric dental Essential Health Benefit (EHB)
- Continue to serve as a platform for innovation and competition by offering high-value non-standardized plan designs
- Participate in the market as a major force for broader reform of the health care system

Overall Results

We are extremely pleased with the initial responses to the SoA for 2015; they indicate that carriers continue to see the Health Connector as an important channel for serving residents of the Commonwealth.

- This year's SoA elicited responses from all 10 existing Qualified Health Plan (QHP) Issuers, one new QHP Issuer and all five existing Qualified Dental Plan (QDP) Issuers
- All existing QDP Issuers will continue to offer their existing plan designs through the 2015 benefit year, with the ACA-required change to allowable maximum out-of-pocket (MOOPs) for the pediatric dental benefit
- All existing QHP Issuers committed to continue to offer all standardized plans on their broadest commercial network
- In addition, three QHP Issuers have proposed new non-standardized plans, and two QHP Issuers have proposed plans on new networks

Proposal Summary & Recommendation

Plan Review Process and Approach

Qualified Dental Plan (QDP) Recommendation

Qualified Health Plan (QHP) Recommendation

Consumer Shopping Considerations

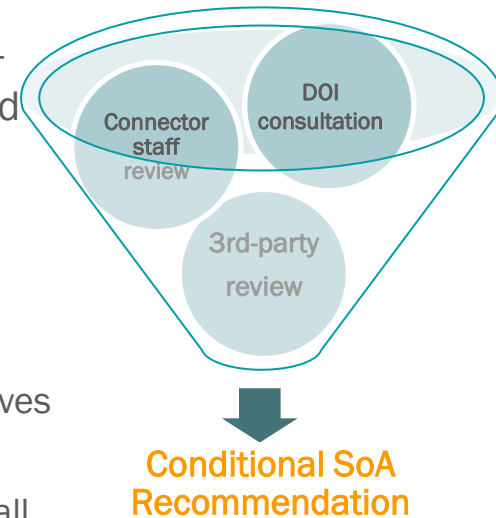
Next Steps and Board Vote

SoA Requirement Overview

	ACA Standards for QH/DPs	Health Connector SoA Requirements
QHPs	<ul style="list-style-type: none"> • Licensure and accreditation • Network adequacy • Service Area (prohibition on “cherry-picking” against under-served markets) • Essential Health Benefit (EHB), cost-sharing limits and actuarial value (AV) requirements • Premium Review • Fair marketing practice • Transparency of coverage • All other requirements necessary for Division of Insurance (DOI) approval 	<ul style="list-style-type: none"> • Must offer at least 1 plan on broadest commercial network for each standardized plan design <ul style="list-style-type: none"> – 2 Platinum, 3 Gold, 1 Silver, 1 Bronze • Option to propose up to 7 non-standardized plans (certain Issuers required to propose tiered-network plans) • Each Issuer is required to propose a catastrophic plan, but may request to withdraw if the Health Connector receives at least 2 other Catastrophic plans per Service Area from Issuers that do not wish to withdraw • Each Issuer is required to propose a “wrap-compatible” Silver plan for the ConnectorCare program that complies with the Health Connector’s Network Adequacy requirements for this population; plans may be offered on an any network type, including a narrower network, or a network that is broader than their standard commercial network
QDPs		<ul style="list-style-type: none"> • Must offer standardized plans <ul style="list-style-type: none"> – Pediatric only, high, and low • Option to propose non-standardized plans

SoA Review Process

- Connector staff, in close collaboration with DOI and independent, third-party support (Gorman Actuarial and Boston Benefit Partners), reviewed the proposed products to ensure that, subject to final approval, all SoA plans comply with DOI requirements and guidelines and the Health Connector's minimum portfolio requirements
- A key relevant factor, premium value, is not yet available at this stage
 - All QHPs must follow the market-wide DOI rate review process, which approves base rates, plan adjustments and rating factors
 - Rate filings were due on July 1st for coverage effective 1/1/2015, with small group and QDP rates subject to quarterly rate review throughout the year
- Absent 2015 rates, conditional SoA takes into consideration 2014 premiums for those existing plans currently available through the Health Connector and anticipated premium value associated with newly proposed plan designs
- The final SoA recommendation in September will include the proposed plans' premiums as well as staff's recommendation of which plans should be selected for serving the ConnectorCare population
 - Selection of ConnectorCare plans is based on a review of price competitiveness on the Silver tier as well as the ability of an Issuer to serve that population



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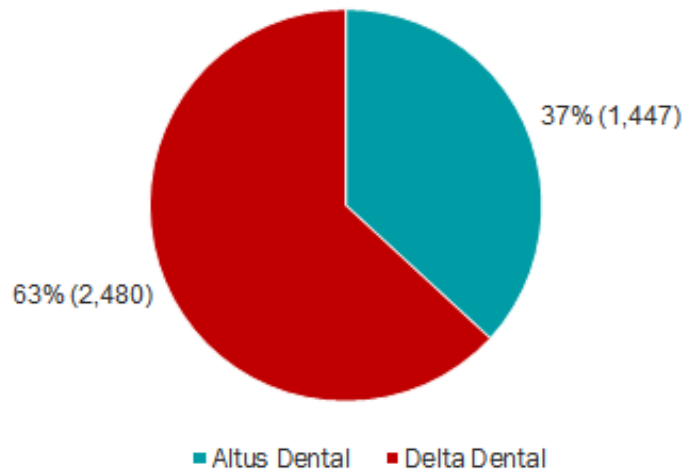
2015 QDP Standardized Plan Parameters



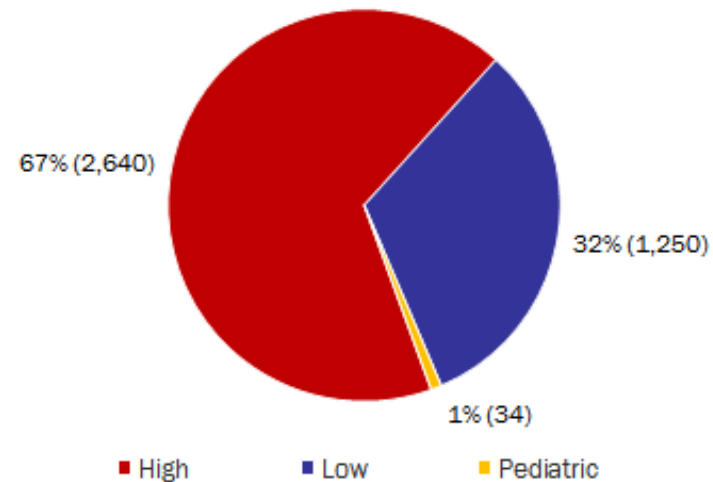
PLAN FEATURE/ SERVICE	PEDIATRIC DENTAL EHB	FAMILY HIGH	FAMILY LOW
Plan Year Deductible	\$50	\$50/\$150	\$50/\$150
Deductible Applies to:	Major and Minor Restorative	Major & Minor Restorative	Major & Minor Restorative
Plan Year Max (>=19 only)	N/A	\$1,250	\$750
Plan Year MOOP <19 Only	\$350 (1 child)	\$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

Current QDP Non-Group Enrollment by Issuer and Benefit Level

QDP Non-Group Enrollment by Issuer



QDP Non-Group Enrollment by Benefit Configuration



* Paid enrollment as of June 29, 2014

Proposed 2015 QDP Product Shelf

- Aside from one change, all existing dental carriers submitted the same product shelf for consideration of the 2015 SoA with some network expansions
- The only required plan design change for 2015 is a decrease in the pediatric dental EHB MOOP, which resulted in some minor non-standard plan design changes to meet AV requirements

Issuers	Small group only	Both NG and SG	Standardized Plans				Non-Standardized Plans				All Plans
			Total	Configurations			Total	Configurations			
				Pedi	High	Low		Pedi	High	Low	
Altus Dental		√	3	1	1	1					3
BCBSMA	√		3	1	1	1	1	1			4
Delta Dental of MA		√	7	3	2	2	2	2			9
Guardian	√		3	1	1	1					3
MetLife	√		3	1	1	1	2		1	1	5
Final SoA	Small group only		9				3				12
	Both NG and SG		10				2				12
	Total		19				5				24
	Unique Plan Designs*		3				5				8

- The 24 approved plans represent 8 unique plan designs:
 - 3 unique standardized plans
 - 5 unique non-standardized plans

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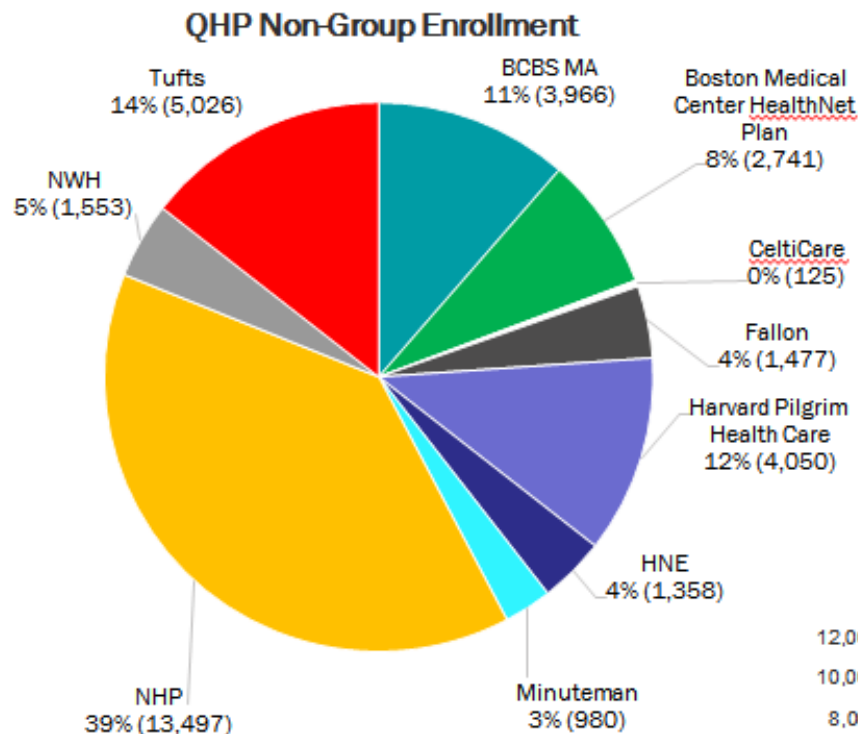
Next Steps and Board Vote

QHP Standardized Plan Parameters

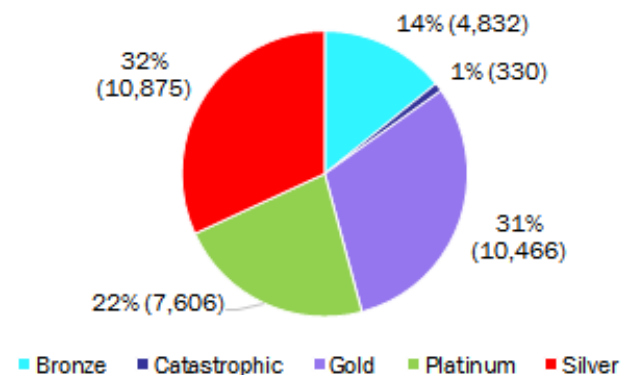
We did not propose any changes to the standardized plan designs for the 2015 SoA relative to 2014 requirements.

Plan Feature/ Service		Cost-Sharing						
		PLAT A	PLAT B	GOLD A	GOLD B	GOLD C	SILVER	BRONZE*
Annual Deductible (family = 2x)		N/A	\$500	\$500	\$1,000	\$1,500	\$2,000	\$2,000
Annual OOP Max (family = 2x)		\$2,000	\$1,500	\$3,000	\$5,000	\$5,000	\$6,350	\$6,350
PCP Office Visits		\$25	\$20	\$20	\$30	\$25	\$30	\$50 ✓
Specialist Office Visits		\$40	\$35	\$35	\$45	\$40	\$50	\$75 ✓
Emergency Room		\$150	\$100 ✓	30% ✓	\$150 ✓	\$150 ✓	\$350 ✓	\$750 ✓
Inpatient Hospitalization		\$500	\$0 ✓	30% ✓	\$500 ✓	\$250 ✓	\$1,000 ✓	\$1,000 ✓
High-Cost Imaging		\$150	\$100 ✓	30% ✓	\$200 ✓	\$150 ✓	\$400 ✓	\$1,000 ✓
Outpatient Surgery		\$500	\$0 ✓	30% ✓	\$250 ✓	\$250 ✓	\$750 ✓	\$1,000 ✓
Prescription Drug (mail order = 2x)	Retail Tier 1	\$15	\$15	\$15	\$20	\$15	\$20	\$30 ✓
	Retail Tier 2	\$30	\$25	50% ✓	\$30	\$25	\$40	50% ✓
	Retail Tier 3	\$50	\$45	50% ✓	\$50	\$50	\$70	50% ✓
	Mail Tier 1	\$30	\$30	\$30	\$40	\$30	\$40	\$60 ✓
	Mail Tier 2	\$60	\$50	50% ✓	\$60	\$50	\$80	50% ✓
	Mail Tier 3	\$150	\$135	50% ✓	\$150	\$150	\$210	50% ✓

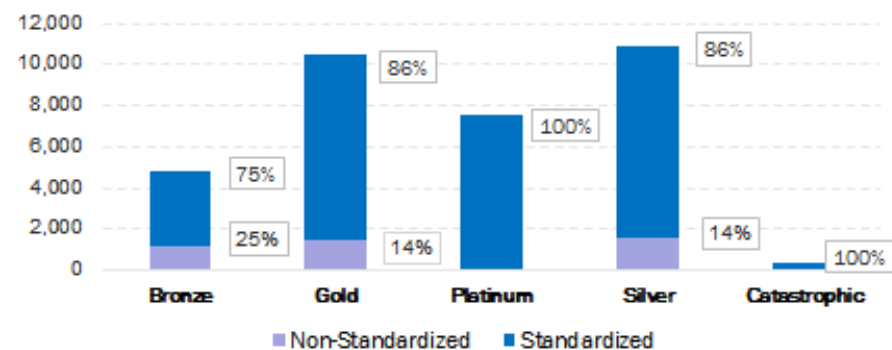
Current QHP Non-Group Enrollment by Issuer, Metallic Tier and Standardized vs. Non-Standardized



Non-Group QHP Enrollment by Tier



QHP Non-Group Enrollment by Metallic Tier: Standardized vs. Non-Standardized Plans



* Paid enrollment as of June 29, 2014

Proposed 2015 QHP Product Shelf

- The major changes to the 2015 QHP Product Shelf for consideration include 3 net new proposed non-standardized plan designs, 2 new provider networks, and a proposed new Health Connector Issuer
- The below chart depicts the potential product shelf accessible to individuals and small businesses for 2015 through the Health Connector based upon staff recommendations

Non-group Only	Standardized Product Shelf	Non-Standardized Product Shelf
Platinum	26	2 (Small Group only)
Gold	39	11
Silver	15	7 (3 Small Group only, 4 both Small Group and Non-Group)
Bronze	14	2
Catastrophic	10	n/a
Total	104	22 Available to Small Group 17 Available to Non-Group

**For 2014, we currently have 95 Standardized Plans, 14 Non-Standardized Plans for Non-group, and 19 Non-Standardized Plans for Small Group*

Proposed New Non-Standardized Plans

Issuer	Proposal	Recommendation
Neighborhood (1 Gold Plan)	Gold Plan: Offers differentiation compared to Standardized Gold plans and NHP's other non-standardized Gold plan; higher deductible and MOOP, separate Rx MOOP; no cost after deductible for hospital-based services	Recommend for SG and NG
Fallon (2 Gold Plans each offered on 3 networks – proposed to replace 2 Gold Plans that Fallon is closing)	Gold Plan: Deductible and MOOP fall between Gold B and C; higher cost share for hospital-based services; lower OV and generic Rx co-pays; intended to be the “conversion” plan for Fallon’s existing non-standard Gold 1,000 Deductible plan which it has proposed to close	Recommend for SG and NG
	Gold Plan: Would have the highest deductible at the Gold tier; higher cost for deductible, ER, and in-patient compared to Gold C; intended to be the “conversion” plan for Fallon’s existing non-standard Gold 2,000 Deductible plan which it has proposed to close	Recommend for SG and NG
Harvard Pilgrim (1 existing SG Gold Plan on new network, 1 Silver Plan offered on 2 networks)	Gold Plan: Same as existing popular non-standard HMO 1,000 plan but offered on a narrower network; offers differentiation compared to Standardized Gold B: lower OV, HTI, in-patient, and out-patient co-pays; higher Rx and ER co-pays	Recommend for SG and NG
	Silver Plan: Similar to HPHC’s Best Buy HSA 2,000, but a non-HSA design; uses 20% co-insurance instead of copays for outpatient surgery and inpatient hospitalization. As the plan offers nuanced differentiation compared to the existing Best Buy HSA 2,000 plan, the Health Connector recommends this plan for the small group shelf only	Recommend for SG only
	Silver Plan: HMO 3,000 offers a unique design, as it would introduce the higher deductible to the Connector’s product shelf. The Health Connector would be interested in this plan for our small group shelf, however, we are unable to operationally support the sale of a plan offered in conjunction with a funded HRA, which would be required for this product to meet MCC requirements, as designed	Do not accept

New & Material Changes to Existing Issuer Provider Networks & Service Areas



Carrier	Network Summary
CeltiCare “Broad”	<ul style="list-style-type: none"> • Network changes • Excludes the Islands; continues coverage on the Cape (from Rate Region G) • Dropped Partners (no longer covers Mass General, Brigham & Women’s) and Dana Farber, but added Boston Medical Center
Fallon “Community Care”	<ul style="list-style-type: none"> • New network • Limited to Central MA (Worcester County) • Includes Reliant Medical Group, Harrington Hospital and PHO and Health Alliance Hospital • Meets ConnectorCare network adequacy requirements
HPHC “Focus”	<ul style="list-style-type: none"> • Existing network in the merged market • A narrower network relative to HPHC’s broad network (includes approximately 54 hospitals) • Of note, network does not include Brigham & Women’s, Brockton Hospital, Children’s Hospital, Cooley Dickenson, Mass Eye & Ear, Mass General and UMass • Does not cover Cape and Islands
HNE “Broad”	<ul style="list-style-type: none"> • Expansion to HNE’s existing network and service area • Previously covered only Pioneer Valley; has now expanded to cover all of Worcester County, which would cover all of Rate Region B and a portion of Rate Region C • Added Health Alliance hospitals (Fitchburg and Leominster), Clinton and Marlborough hospitals • With the expansion, HNE would offer 478 PCPs and 1,536 specialists in Worcester County

New Entrant: UnitedHealthcare



Since launching the Health Connector's ACA-compliant SoA process in 2013, the Health Connector has 5 new participating Issuers, with 1 additional Issuer responding to the 2015 SoA.

- UnitedHealthcare (United) has participated in the Massachusetts merged market for nearly 20 years and has previously responded to the Health Connector's SoA
- For the 2015 SoA, United submitted a comprehensive proposal that met all core requirements on a new, statewide network
 - Our review of United's plans indicated some deviations from required benefits or designs, but we and DOI were able to work with United to correct these issues and have confirmed that United's offerings meet all EHB requirements and SoA standardized plan design requirements
 - The products United is offering are proposed on their new "Choice" network, an Exclusive Provider Organization (EPO) network
 - This network is the same network that supports their current PPO products in Massachusetts and will be offered state-wide without any referral requirements
 - Includes providers in 23 states, including all 5 New England states; majority of providers are Massachusetts-based (28,252 out of 28,488) with 74 Massachusetts hospitals, 9,782 PCPs and 17,875 Specialists
- We believe adding United to the Health Connector's shelf will present additional choice to our members, particularly in the Cape and Islands, and will offer our small businesses an additional option for employees that live in bordering New England states

New Entrant: UnitedHealthcare (cont'd)



- As part of our review of responses to the SoA, we look at the governance structure of a responding Issuer to understand whether they have existing or relevant prior relationships with the Health Connector or other state agencies
- Notably, United is a subsidiary of UnitedHealth Group, which is the parent organization of our current systems integrator, Optum/QSSI (Optum), which also has partial ownership ties with hCentive
- All relevant staff and all currently participating Issuers are aware of these relationships and of United's interest in participating in this year's SoA
- Moreover, the work Optum and hCentive are performing for us related to standing up our Exchange will not advantage United or disadvantage our other participating Issuers

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Consumer Shopping Considerations

Next Steps and Board Vote

2015 Seal of Approval: Web Shopping Considerations



- Both hCentive and the Federally Facilitated Marketplace (FFM) provide a streamlined shopping experience that is well tested in other states
 - Both platforms support filtering and sorting that supports comparison shopping for consumers, and both platforms have integrated dental shopping (although QDPs are only accessible to consumers purchasing QHPs as well)
- hCentive additionally provides the prospect to support the Health Connector's specific product shelf by modifying the shopping experience in the long term to provide additional decision support
 - We are also exploring some near-term opportunities
- The following slides review the hCentive shopping experience and how we might be able to tailor or supplement it to promote the unique features of our apples-to-apples value proposition

2015 Seal of Approval: Web Shopping Considerations (cont'd)

The base hCentive shopping platform offers helpful sorting and filtering tools.

- **Plan Selection Support:** Tooltips, scroll-over icons with onscreen text, are provided throughout the plan selection screens to give the user additional information
- **Filtering Plan Results:** A slider tool allows users to quickly adjust premiums, deductibles, and annual out-of-pocket costs within a range, and other filters allow users to narrow options by carrier or metallic tier
- **Comparing Plans:** Compare screens will allow the user to compare a minimum of two and maximum of three plan choices at a time and will display certain benefits for each plan, so that the user can make a more informed choice

Select Coverage Type

Individual and Family Plans

Bob

Quick Filters

Plan Quick Filters

Use the filters below to narrow your plan search results.

Reset All Apply Filter

Search by Providers

Provider Look-up

Only show plans that include:

MONTHLY PREMIUM

\$32⁰⁰ to \$448⁸³

\$32⁰⁰ \$448⁸³

Annual Deductible (Per Person)

\$0⁰⁰ to \$2,000⁰⁰

\$0⁰⁰ \$2,000⁰⁰

Annual Deductible (Per Family)

\$0⁰⁰ to \$4,000⁰⁰

\$0⁰⁰ \$4,000⁰⁰

Annual Out Of Pocket (Per Person)

\$0⁰⁰ to \$2,222⁰⁰

\$0⁰⁰ \$2,222⁰⁰

Annual Out Of Pocket (Per Family)

\$0⁰⁰ to \$10,800⁰⁰

\$0⁰⁰ \$10,800⁰⁰

Carriers

☐ Network Health

☐ Blue Cross Blue Shield of MA

Coverage Level

Select

Find a Medical Plan for Bob

Sort By

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

Compare 0 Plans

Back Save and Continue to Checkout

[View More Plans Here](#)

MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT OF POCKET COSTS	1-5 of 5
\$32 ⁰⁰		Access Blue Basic Preferred Drug List HMO/SILVER	\$2,000 ⁰⁰ / Person \$4,000 ⁰⁰ / Family	Annual Max. Costs \$0 ⁰⁰ / Person \$0 ⁰⁰ / Family Est. Costs based on Use N/A	
\$222 ¹⁴		Network Health Bronze Preferred Drug List HMO/BRONZE	\$2,000 ⁰⁰ / Person \$4,000 ⁰⁰ / Family	Annual Max. Costs \$0 ⁰⁰ / Person \$0 ⁰⁰ / Family Est. Costs based on Use N/A	
\$228 ⁰⁹		Network Health Silver Preferred Drug List HMO/SILVER	\$1,111 ⁰⁰ / Person \$4,000 ⁰⁰ / Family	Annual Max. Costs \$2,222 ⁰⁰ / Person \$10,800 ⁰⁰ / Family Est. Costs based on Use N/A	
\$330 ⁸⁸		Network Health Gold A Preferred Drug List HMO/GOLD	\$500 ⁰⁰ / Person \$1,000 ⁰⁰ / Family	Annual Max. Costs \$0 ⁰⁰ / Person \$0 ⁰⁰ / Family Est. Costs based on Use N/A	
\$448 ⁸³		Network Health Platinum A Preferred Drug List HMO/PLATINUM	Not Applicable/Person Not Applicable/Family	Annual Max. Costs \$1,500 ⁰⁰ / Person \$3,000 ⁰⁰ / Family Est. Costs based on Use N/A	

Back Save and Continue to Checkout

2015 Seal of Approval: Web Shopping Considerations (cont'd)

We are also exploring short-term and long-term opportunities to assist members as they navigate our product platform.

- Education through plan brochures and other materials: To supplement the hCentive shopping experience for the 2015 Open Enrollment, we will modify our existing plan brochures to highlight apples-to-apples comparisons within a metallic tier
- Indication of standardized vs. non-standardized plans, broad network vs. narrower network plans: We are exploring the possibility of including icons on screen to help users distinguish among the different options



GOLD PLANS								
	GOLD A	GOLD B	GOLD C	OTHER GOLD PLANS				
Plan Name	Standardized plans offered by all carriers; plan names vary			FCHP	FCHP	HPHC Best Buy HSA PPO 1500**	NHP Prime HMO 500/1000 CY 30/45	BCBSMA HMO Blue \$500 Deductible with HCCS
Tier								Tier 1 Tier 2
Annual Deductible (individual/family)	\$500/ \$1,000	\$1,000/ \$2,000	\$1,500/ \$3,000	\$1,000/ \$2,000	\$2,000/ \$4,000	\$1,500/ \$3,000	\$500/ \$1,000	\$500/ \$1,000
Annual Maximum Out-of-Pocket (individual/family)	\$3,000/ \$6,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$4,000/ \$8,000	\$4,000/ \$8,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000 (Rx: \$1,000/ \$2,000)
PCP Office Visit	\$20	\$30	\$25	\$25	\$25	\$0	\$30	\$20
Specialist Office Visit	\$35	\$45	\$40	\$40	\$40	\$0	\$45	\$35
Emergency Room	30%	\$150	\$150	\$150	\$200	\$0	\$250	\$100
Inpatient Hospitalization	30%	\$500	\$250	\$500	\$0	\$0	\$500	\$0 \$1,000
High-Cost Imaging	30%	\$200	\$150	\$150	\$0	\$0	\$250	\$100 \$550
Outpatient Surgery	30%	\$250	\$250	\$250	\$0	\$0	\$250	\$0 \$1,000
Rx (mail order = 2x)	Retail Tier 1	\$15	\$20	\$15	\$5/\$15	\$5/\$15	\$5/\$20	\$25 \$15
	Retail Tier 2	50%	\$30	\$25	\$40	\$50	\$30	\$40 \$25
	Retail Tier 3	50%	\$50	\$50	\$75	\$100	\$50	\$60 \$45
	Mail Order Tier 1	\$30	\$40	\$30	\$10/\$30	\$10/\$30	\$10/\$40	\$50 \$30
	Mail Order Tier 2	50%	\$60	\$50	\$80	\$100	\$60	\$80 \$50
	Mail Order Tier 3	50%	\$150	\$150	\$225	\$300	\$150	\$180 \$135

Numbers in **bold type** indicate that this benefit is subject to the annual deductible

*FCHP offers all plans on three (3) provider networks: Select Care, Direct Care and Steward Community Care

**HPHC Best Buy HSA PPO 1500: The costs that are displayed above are the costs for in-network services

GOLD HEALTH PLANS

Carriers that offer at least one plan in the Gold tier include:

- Blue Cross Blue Shield of MA
- Boston Medical Center HealthNet Plan
- CeliCare Health Plan
- Fallon Community Health Plan (FCHP)
- Harvard Pilgrim Health Care (HPHC)
- Health New England
- Minuteman Health
- Neighborhood Health Plan
- Network Health
- Tufts Health Plan

2015 Seal of Approval: QDP Web Shopping Considerations



While it is critical that we minimize customization to ensure a successful launch for the fall, we are talking with hCentive about longer-term opportunities for additional user experience changes that will facilitate apples-to-apples comparison shopping and increase access to dental plans.

- For dental coverage, we are looking at ways to separate the QDP shopping experience so that individuals can purchase non-group dental online without having to purchase a QHP
 - Until then, we will continue to support the call-center based shopping solution we are using today to sell QHPs to individuals and families
- For medical coverage, we are thinking about ways to offer consumers additional decision-support tools
 - **Plan Sorting:** by metallic tier and price, groupings by standardized vs. non-standardized,
 - **Additional Explainer Text/Video Guides** with educational information about a specific topic (e.g., metallic tiers, co-insurance, provider networks, etc.), and video guides
 - **Fully Integrated Provider Search** with eHealth to give customers a seamless provider search experience
 - **Fully Integrated Out-of-Pocket Cost Calculator**

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Next Steps for Awarding the Final Seal of Approval



- We will work closely with the Board through late August/early September to develop recommendations for final award of the SoA
 - Issuers must demonstrate compliance with all DOI requirements, including successful completion of premium rate review and willingness to execute a contract with the Health Connector
 - Our final recommendation will be based on confirmation that all SoA plans are reasonably priced
- The final SoA will also incorporate selection of ConnectorCare Plans
 - ConnectorCare Plans are selected based on price competition among the lowest-cost Silver Plans proposed by each Issuer, network adequacy, experience and ability to serve this population, value-added benefits (e.g., tobacco cessation coverage) and overall value, among other factors
 - In consultation with DOI, Health Connector staff will validate the lowest-cost Silver Plan from each QHP Issuer and select up to five Issuers per region to offer ConnectorCare to qualified individuals

- The Health Connector recommends awarding the 2015 Conditional SoA to all recommended standardized and non-standardized QHPs and QDPs 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
 - Network Health
 - Tufts Health Plan
 - UnitedHealthcare