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# **Conditional Award of the 2017 Seal of Approval (VOTE)**

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Chief Actuary

Board of Directors Meeting, July 14, 2016

# 2017 Conditional Seal of Approval



***Today we will ask the Board to allow further consideration of the proposed plans we received in response to the Seal of Approval (SOA) Request for Responses (RFR) issued in March.***

- A vote today authorizing the Conditional SOA allows us to consider these plans for sale through the Health Connector for the 2017 benefit year; it is not an indication of expected approval, but rather a signal to the market of the types of plans we are considering for sale
- We will return to the Board in September seeking a final award of the 2017 SOA, after the Division of Insurance (DOI) completes its form and rate filing review process and Health Connector staff complete their review of the value the plans offer to our Marketplace

Mar 2016	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec 2016
<ul style="list-style-type: none"> <li>● 3/10: SOA Kickoff – Board Meeting</li> <li>★ 3/18: Release Medical and Dental RFRs</li> </ul>		<ul style="list-style-type: none"> <li>★ 5/13: RFR Responses Due</li> </ul>		<ul style="list-style-type: none"> <li>★ 7/14: Conditional SOA – Board Meeting (TODAY)</li> </ul>		<ul style="list-style-type: none"> <li>★ 9/8: Final SOA Awarded – Board Meeting</li> </ul>		<ul style="list-style-type: none"> <li>★ 11/1: Open Enrollment Begins</li> </ul>	

# 2017 Seal of Approval Overview



***Through the 2017 Seal of Approval (SOA), the Health Connector has worked to further simplify the consumer shopping experience by streamlining our product offerings and bolstering the ability to conduct “apples-to-apples” comparison shopping.***

- As part of the 2017 SOA, we made several key changes to the Qualified Health Plan (QHP) and Qualified Dental Plan (QDP) product shelves aimed at achieving these goals
  - We eliminated the second standardized Gold plan design, standardized the Bronze tier and standardized additional cost sharing categories
  - Overall, we focused the number of allowable plan offerings on our QHP product shelf and instituted a cap on the number of allowable offerings on our QDP shelf
- We also leveraged this year’s SOA to begin influencing the product design of plans in our marketplace to address the health needs of our members, through pediatric dental coverage and opioid use disorder therapy; for future years, we also plan to address chronic disease management through value-based insurance design (VBID)

# Key Certification Criteria

***In addition to compliance with the product shelf and other programmatic requirements, responding carriers are also required to satisfy each of the certification elements outlined below.***

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

# Review Process



***The Conditional Seal of Approval is a key step in the process of selecting the medical and dental plans that will be available to consumers in 2017.***

- Health Connector staff have reviewed the proposed submissions and products to ensure that, subject to final approval, the plans comply with the Health Connector's requirements
- A key relevant factor – premium – is not yet available
  - All QHPs and QDPs must follow the market-wide DOI rate review process, which approves base rates, plan adjustments and rating factors
  - Preliminary rate filings were due to DOI on July 5, 2016, for coverage effective January 1, 2017, with small group and dental rates subject to quarterly rate review throughout the year
- The final SOA recommendation in September will include all final premiums as well as staff's recommendation of which plans should be selected, including those plans that will be specially selected to serve the ConnectorCare population
  - Selection of ConnectorCare plans is based on a review of price competitiveness of base Silver tier plans, among other factors, including the ability of an Issuer to serve the ConnectorCare population
  - The analysis and recommendation will also consider whether and at what level to premium smooth the selected ConnectorCare plans



# **Qualified Health Plan Recommendation**

# Qualified Health Plans Overview



***Ten (10) medical carriers responded to the 2017 SOA, submitting a total of sixty-two (62) QHPs for the non-group and small group shelves.***

- As required, all carriers proposed at least one (1) plan for each of the four (4) standardized plan designs on the Issuer's broadest commercial network
  - Fallon Health proposed standardized plans on alternative networks
  - Three carriers requested to waive offering the standardized Bronze plan
- Issuers submitted twenty-eight (28) non-standardized plans, including five (5) new non-standardized plans for 2017
- Fallon Health has submitted four (4) non-standardized plans offered in 2016 as “frozen plans” for 2017 (i.e., not accepting new enrollments)
- All Issuers submitted Catastrophic plans as required, with six (6) Issuers requesting to waive their Catastrophic plan offering

## Changes from 2016

- No new carrier entrants
- Twenty-nine (29) plans from eleven (11) carriers have been closed for 2017<sup>1</sup>
- One (1) carrier offering on the non-group shelf in 2016 has not resubmitted for 2017 - UnitedHealthcare

<sup>1</sup> Includes UnitedHealthcare plans

# Qualified Health Plans Overview (cont'd)



***Carriers have elected to close twenty-nine (29) plans for 2017, covering approximately 27% of our Unsubsidized and APTC-only membership.***

- Five (5) of the closures result from to the decision of UnitedHealthcare to not submit plans for the 2017 SOA
- Six (6) issuers elected not to resubmit the Gold A design for 2017
  - Three (3) carriers proposed this design with minor modifications as a non-standardized offering, and one (1) carrier proposed freezing this design for 2017
- A significant majority of the impacted membership are in three plans:
  - HPHC “Best Buy HSA PPO 2000 with Coinsurance” [Silver]<sup>1</sup>: ~5,000 members
  - NHP “Prime HMO 1500/3000 25/40 with \$5 Low-Cost Generic Rx” [Silver]: ~1,000 members
  - NHP “Prime HMO HSA 2750/5500 50/75 with \$5 Low-Cost Generic Rx” [Bronze]: ~2,600 members

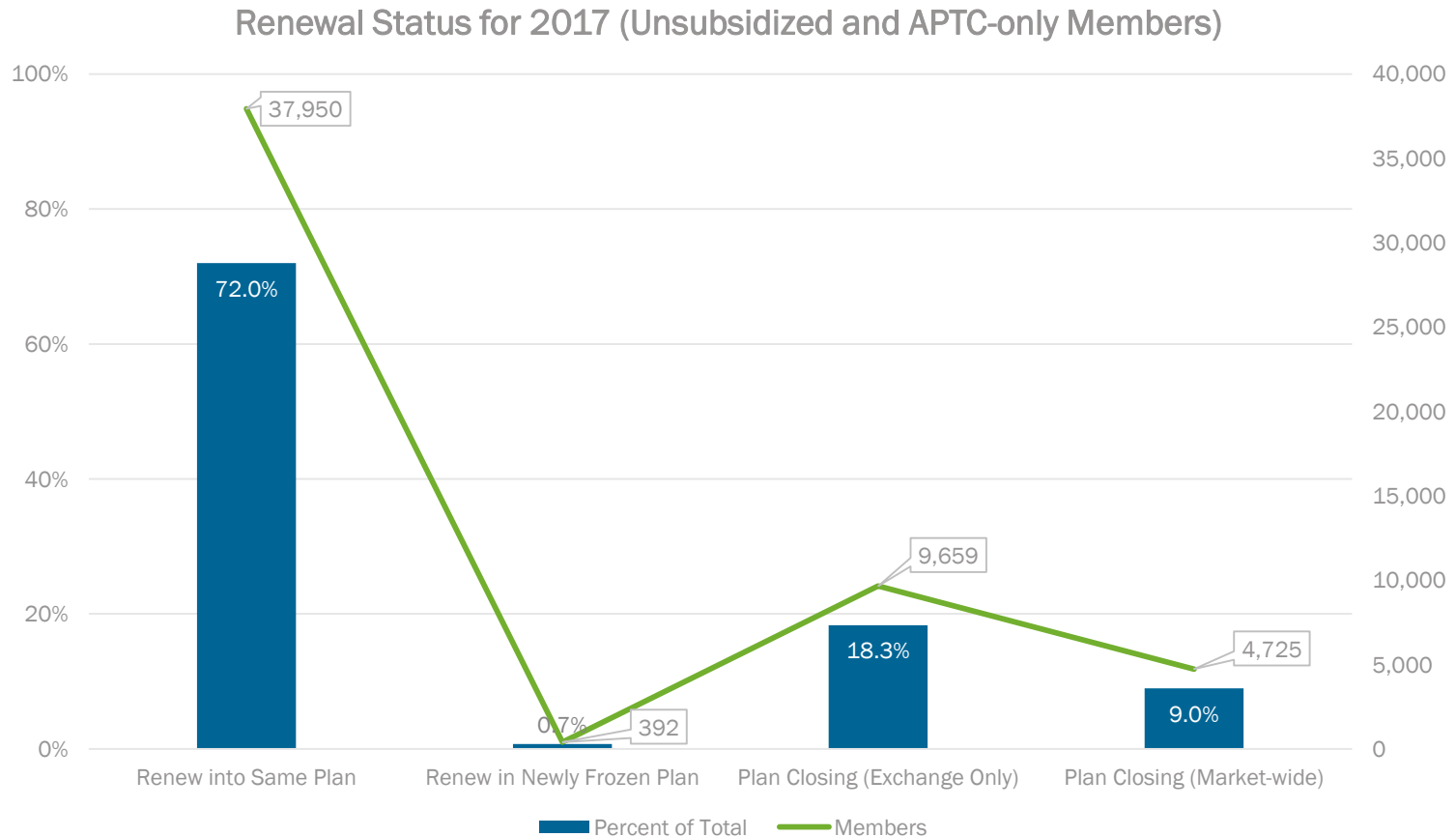
<sup>1</sup> This plan was frozen for 2016.



# Qualified Health Plans Overview (cont'd)



***A significant majority of the current Unsubsidized and APTC-only membership will be able to renew into their same plan for 2017, assuming we accept the current proposals.***



# Qualified Health Plans Overview (cont'd)



*The chart below outlines the QHP product shelf proposed for the Health Connector's consideration for 2017.*

Issuers	Platinum	Gold	Silver	Bronze	Catastrophic	Total
Blue Cross Blue Shield	1	1	1	1	1	5
BMC HealthNet Plan	1	1	2	1	0	5
CeltiCare Health	1	1	1	0	0	3
Fallon Health	2	3 (+2 frozen)	4	2 (+2 frozen)	1	12 (+4 frozen)
Health New England	1	4	1	0	0	6
Harvard Pilgrim Health Care	1	2	2	1	0	6
Minuteman Health	2	1	2	2	1	8
Neighborhood Health Plan	1	2	2	1	0	6
Tufts Health Plan - Direct	1	2	2	1	1	7
Tufts Health Plan - Premier	1	1	1	1	0	4
<b>TOTAL</b>	<b>12</b>	<b>18</b> (+2 frozen)	<b>18</b>	<b>10</b> (+2 frozen)	<b>4</b>	<b>62</b> (+4 frozen)

# Qualified Health Plans Overview (cont'd)



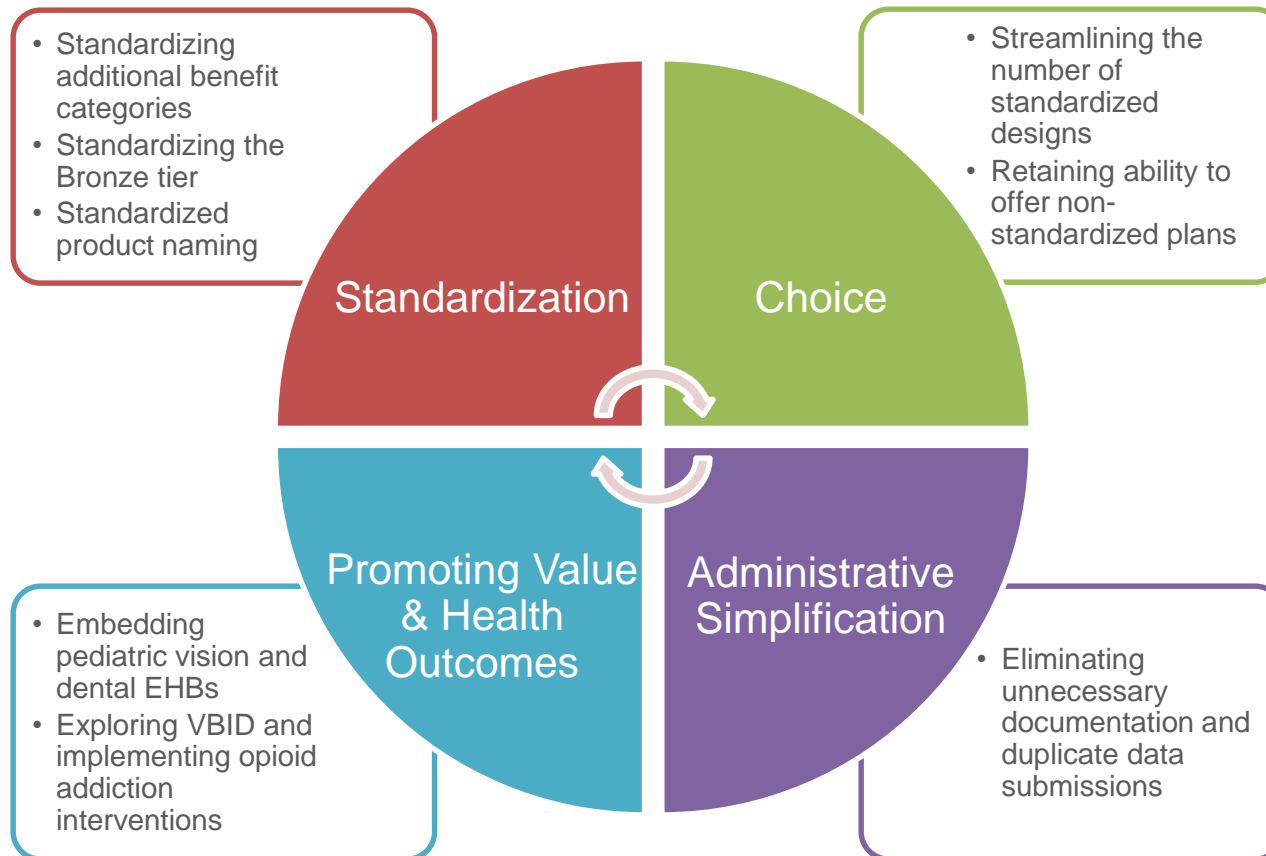
*The responses to this year's SOA result in a 25% reduction in health plans offered through the Health Connector compared to 2016.*

	2016	2017	Standardized	Non-standardized	Total
Platinum	12	11	1	1	13
Gold	25	11	7	7	32
Silver	12	11	7	7	19
Bronze	n/a	8	13	2	13
Catastrophic	6	4	n/a	n/a	6
<b>Total</b>	<b>55</b>	<b>45</b>	<b>28</b>	<b>17</b>	<b>83</b>
					<b>62</b>

Note: Counts depict all plans approved/submitted for SOA. Counts include plans available/proposed to new small group and/or non-group shoppers and do not include frozen plans.

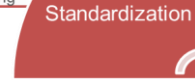
# 2017 QHP Product Shelf Goals

*The 2017 QHP product shelf requirements seek to balance innovation and diversity while responding to requests to simplify and streamline the product offerings.*



# 2017 Goals: Standardization

- Standardizing additional benefit categories
- Standardizing the Bronze tier
- Standardized product naming



***The 2017 SOA introduced a number of changes to the structure and detail of the Health Connector's standardized plan designs to support customer decision making.***

- For 2017, we again standardized the Bronze tier, offering carriers the choice of two standardized options to propose
  - The Standard #1 plan meets MCC requirements and uses co-pays for most major services; the Standard #2 design is HSA-compatible
  - Carriers were required to submit the Bronze Standard #1 design, but had the option to replace it with the Bronze Standard #2 (HSA-compatible) design if a sufficient number of Standard #1 designs were received
  - All carriers elected to submit the Bronze Standard #1 plan design
- Three (3) carriers have requested to waive offering a Bronze plan for 2017: CeltiCare Health, Health New England and Tufts Health Plan – Premier
  - No zip codes would have fewer than four (4) carriers available, exceeding the target of a minimum of two (2) carriers per zip code
  - Staff recommend approving all Bronze plan waivers

# 2017 Goals: Standardization

- Standardizing additional benefit categories
- Standardizing the Bronze tier
- Standardized product naming



*This year's SOA also increased the number of cost-sharing categories that we standardize to enhance the “apples-to-apples” comparison shopping experience.*

- We increased the number of standardized cost-sharing categories from fourteen (14) to twenty-one (21)
  - All submitted standardized plans adhered to the expanded set of standardized cost-sharing features
- We also required inclusion of a “Standard” identifier preceding the plan marketing name to highlight for shoppers when they were reviewing a standard plan that could be compared across the metallic tier
  - All carrier submissions included the enhanced plan names

The screenshot shows a web interface titled "Find a Health Plan". It includes a search bar, a "Compare 0 Plans" button, and a "Find a Provider" button. Below the search bar, there are three health plans listed, each with a "Standard Silver" identifier highlighted in yellow. The plans are from TUFTS Health Plan and include details such as monthly premium, annual deductibles, and estimated out-of-pocket costs.

MONTHLY PREMIUM	CARRIER DETAILS	PLAN DETAILS	ANNUAL DEDUCTIBLES	EST. OUT-OF-POCKET COSTS	INCLUDED BENEFITS
\$238. <sup>62</sup>	TUFTS Health Plan Select to compare	<b>Standard Silver:</b> Direct silver 2000 with Coinsurance Preferred Drug List HMO/SILVER	Individual \$2,000.00 Family \$4,000.00	Individual \$6,850.00 Family \$13,700.00	Rx, [icon], [icon]
\$259. <sup>96</sup>	TUFTS Health Plan Select to compare	<b>Standard Silver:</b> Direct silver 2000 Preferred Drug List HMO/SILVER	Individual \$2,000.00 Family \$4,000.00	Individual \$6,850.00 Family \$13,700.00	Rx, [icon], [icon]
\$383. <sup>81</sup>	TUFTS Health Plan Select to compare	<b>Standard Silver:</b> Premier silver 2000 Preferred Drug List HMO/SILVER	Individual \$2,000.00 Family \$4,000.00	Individual \$6,850.00 Family \$13,700.00	Rx, [icon], [icon]

# 2017 Goals: Standardization (cont'd)

- Standardizing additional benefit categories
- Standardizing the Bronze tier
- Standardized product naming



Plan Feature/ Service <i>A check mark (✓) indicates that this benefit is subject to the annual deductible</i>	Platinum	Gold	Silver	Bronze #1	Bronze #2	
Annual Deductible – Combined	N/A	\$1,000	\$2,000	N/A	N/A	
	N/A	\$2,000	\$4,000	N/A	N/A	
Annual Deductible – Medical	N/A	N/A	N/A	\$2,750	\$1,500	
	N/A	N/A	N/A	\$5,500	\$3,000	
Annual Deductible – Prescription Drugs	N/A	N/A	N/A	\$250	\$1,500	
	N/A	N/A	N/A	\$500	\$3,000	
Annual Out-of-Pocket Maximum	\$3,000	\$5,000	\$7,150	\$7,150	\$6,550	
	\$6,000	\$10,000	\$14,300	\$14,300	\$13,100	
Primary Care Provider (PCP) Office Visits	\$25	\$30	\$30	\$25 ✓	\$25 ✓	
Specialist Office Visits	\$40	\$45	\$50	\$40 ✓	\$50 ✓	
Emergency Room	\$150	\$150 ✓	\$700 ✓	\$500 ✓	\$750 ✓	
Urgent Care*	\$40	\$45	\$50	\$40 ✓	\$50 ✓	
Inpatient Hospitalization	\$500	\$500 ✓	\$1,000 ✓	\$1,000 ✓	\$1,000 ✓	
Skilled Nursing Facility	\$500	\$500 ✓	\$1,000 ✓	\$1,000 ✓	\$1,000 ✓	
Durable Medical Equipment	20%	20% ✓	20% ✓	20% ✓	20% ✓	
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$45	\$50	\$40 ✓	\$50 ✓	
Laboratory Outpatient and Professional Services	\$0	\$20 ✓	\$25 ✓	\$50 ✓	\$50 ✓	
X-rays and Diagnostic Imaging	\$0	\$20 ✓	\$25 ✓	\$175 ✓	\$175 ✓	
High-Cost Imaging	\$150	\$200 ✓	\$500 ✓	\$1,000 ✓	\$1,000 ✓	
Outpatient Surgery: Ambulatory Surgery Center	\$500	\$250 ✓	\$750 ✓	\$750 ✓	\$1,000 ✓	
Outpatient Surgery: Physician/Surgical Services	\$0	\$0 ✓	\$0 ✓	\$0 ✓	\$0 ✓	
Prescription Drug	Retail Tier 1	\$15	\$20	\$20	\$25 ✓	\$40 ✓
	Retail Tier 2	\$30	\$30	\$60	\$75 ✓	\$100 ✓
	Retail Tier 3	\$50	\$50	\$90	\$100 ✓	\$150 ✓
	Mail Tier 1	\$30	\$40	\$40	\$50 ✓	\$80 ✓
	Mail Tier 2	\$60	\$60	\$120	\$150 ✓	\$200 ✓
	Mail Tier 3	\$150	\$150	\$270	\$300 ✓	\$450 ✓
2017 Final FAVC	91.73%	81.43%	71.81%	61.86%	61.90%	

\*Plan features/services in green are newly standardized for 2017.

# 2017 Goals: Choice



***For 2017, we sought to balance choice and access to innovative plan designs against the need for simplicity.***

- We eliminated the requirement that carriers must offer a second standardized Gold plan, the 2016 “Gold A” design, allowing carriers the flexibility to, at their discretion, continue to offer this design as a non-standard or frozen plan for 2017
  - Three (3) carriers proposed this design with minor modifications as a non-standardized offering, and one (1) carrier proposed freezing this design for 2017
- Carriers had the option to submit up to three (3) non-standardized plans, inclusive of network variation limitations
  - Eight (8) carriers proposed twenty-eight (28) non-standardized offerings for 2017, including four (4) new designs (see Appendix)
  - Overall, carriers used approximately half (57%) of the available non-standardized plan options, comparable to 2016 (54%)
  - Of the carriers offering non-standardized plans, three (3) have proposed the maximum number allowable: Fallon Health, Health New England and Minuteman



# 2017 Goals: Choice (cont'd)



- Carriers were required to submit a Catastrophic plan, but had the option to request the withdrawal of that offering if a sufficient number of Catastrophic plans were offered for each zip code
  - Six (6) carriers submitted requests to waive offering the Catastrophic plan (higher than prior SOA submissions): BMCHP, CeltiCare, HNE, HPHC, NHP and Tufts – Premier
  - As a result, thirty-five (35) zip codes would have fewer than the target of a minimum of two (2) carriers per zip code
  - The SOA provides flexibility to have less than two (2) plans per zip code and, based on the limited member impact identified (11 current members), staff recommend approving all of the Catastrophic plan waivers
- Carriers also had the option to submit any plan offered in 2016 for “Frozen” status in 2017, which would not count against a carrier’s plan submission limits for 2017
  - One (1) carrier proposed four (4) frozen plans for 2017 (see Appendix)

# 2017 Goals: Choice (cont'd)



***Carriers proposed five (5) new non-standardized plans on the Platinum, Silver and Bronze tiers for 2017.***

Carrier	New Non-standardized Plans
Boston Medical Center HealthNet Plan	<b>BMC HealthNet Plan Silver B [Silver]:</b> Higher deductible (\$3,000/\$6,000) compared to the standard design and applying coinsurance to many services
Fallon Health	<b>Select Care Silver Coinsurance 35% [Silver]:</b> Same deductible and maximum out-of-pocket (MOOP) as standard, but using coinsurance for many services
	<b>Community Care Silver Coinsurance 35% [Silver]:</b> Alternative network offering of the Silver coinsurance plan design
Minuteman Health	<b>MyDoc HMO Platinum Extra Value [Platinum]:</b> Significantly lower cost sharing on high frequency services like office visits (PCP and specialist), urgent care and generic drugs compared to the standard design, with high costs for inpatient hospitalizations, ED visits and skilled nursing facilities
	<b>MyDoc HMO Bronze 2500 [Bronze]:</b> A combined medical/prescription drug deductible plan, moderate variation in cost sharing for some services (urgent care, emergency room), but with generic drugs not subject to the deductible

# 2017 Goals: Choice (cont'd)



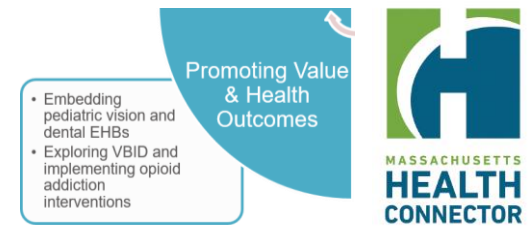
## 2017 Product Shelf: Maximum vs. Actual Plan Offerings, All Carriers

MAXIMUM		Standard (Broadest Network)	Standard (Other Network)	Non-Standard	Other
	Platinum	10	10	30	n/a
	Gold	10	10		n/a
	Silver	10	10		n/a
	Bronze	10	10		n/a
	Catastrophic	n/a	n/a	n/a	10
<b>Total (120)</b>	<b>40</b>	<b>40</b>	<b>30</b>	<b>10</b>	

ACTUAL		Standard (Broadest Network)	Standard (Other Network)	Non-Standard	Other
	Platinum	10	1	17	n/a
	Gold	10	1		n/a
	Silver	10	1		n/a
	Bronze	7	1		n/a
	Catastrophic	n/a	n/a	n/a	4
<b>Total (62)</b>	<b>37</b>	<b>4</b>	<b>17</b>	<b>4</b>	

% of MAXIMUM		Standard (Broadest Network)	Standard (Other Network)	Non-Standard	Other
	Platinum	100%	10%	57%	n/a
	Gold	100%	10%		n/a
	Silver	100%	10%		n/a
	Bronze	70%	10%		n/a
	Catastrophic	n/a	n/a	n/a	40%
<b>Total (52%)</b>	<b>93%</b>	<b>10%</b>	<b>57%</b>	<b>40%</b>	

# 2017 Goals: Promoting Value and Health Outcomes



***As part of the Commonwealth's efforts to address the opioid crisis, the Health Connector, coordinating with the Opioid Prevention Task Force, added requirements to the 2017 SOA related to opioid use, prevention and treatment.***

- 2017 ConnectorCare plans will include new requirements that will:
  - Reduce member cost burdens for key treatments for medication-assisted treatment (MAT) and associated services, as well as opioid antagonists; and
  - Enhance access to Clinical Stabilization Service level of care
- Issuers will also be responding to a joint Division of Insurance (DOI)/Health Connector Opioid Use Prevention and Treatment questionnaire in July 2017
- We will return at the September Board meeting to further discuss the implementation of these new requirements, as well as review carriers' responses to the questionnaire, as part of the ConnectorCare plan selection recommendation

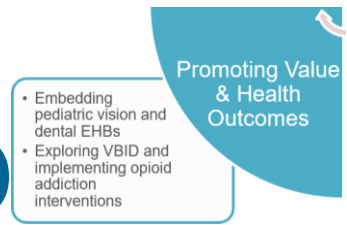
# 2017 Goals: Promoting Value and Health Outcomes (cont'd)



***We also required the inclusion of pediatric vision and dental essential health benefit (EHB) coverage as part of all QHPs.***

- Pediatric vision EHB coverage
  - Carriers were required to include pediatric vision EHB coverage as a required benefit for all QHPs in accordance with federal requirements
  - All carriers indicated that they will include the pediatric vision EHB benefits for 2017
- Pediatric dental EHB coverage
  - The inclusion of pediatric dental EHB coverage would move the Health Connector into parity with the off-exchange market and ensure access to these important pediatric services
  - In March, the Board directed staff to make the inclusion of pediatric dental EHB coverage a requirement for all QHPs in the 2017 SOA, with flexibility as to the specific mechanism used
  - All carriers indicated that they will include the pediatric dental EHB benefits for 2017, with one carrier highlighting operational challenges (with a proposal to mitigate)

# 2017 Goals: Promoting Value and Health Outcomes (cont'd)



***As part of our planning for SOA 2018 and beyond, we sought carrier comments regarding strategies and targets for value-based insurance design (VBID) in future Health Connector products.***

- All carriers offered responses that highlighted their agreement in the value of VBID approaches, and most offered an example of a VBID element in their current products. Common themes included:
  - Cost sharing and formulary design to encourage lower cost/generic/preferred prescription medication alternatives for chronic conditions
  - Low- to no-cost sharing for screening, monitoring and maintenance provider visits for specific conditions
  - Use of telemedicine and telephonic outreach to promote wellness and chronic condition management
- For carriers that recommended target conditions, the responses were largely consistent:
  - Asthma
  - Chronic Obstructive Pulmonary Disease
  - Coronary artery disease or risk for cardiovascular disease
  - Diabetes
  - Depression
  - Maternal Child Health/High Risk Pregnancy
  - Obesity
- One carrier also highlighted a “rewards-based approach,” which provides members dollar rewards for completing healthy behaviors that they are able to use towards plan cost sharing
- We will come back to the Board later this year as part of our SOA 2018 planning activities to review the responses and discuss ways we can incorporate VBID principles into the 2018 product strategy

# 2017 Goals: Administrative Simplification



***We made substantive changes to the submission requirements and formats to reduce the burden on carriers and simplify the Health Connector's analysis and administration.***

- Modified the formats of the transmittal letter, plan and rate information submissions to improve ease of completion and data accuracy
  - Improved the speed and accuracy of the Health Connector team's review and analysis
- For medical carriers, we are leveraging the carrier's existing provider search submissions for network analysis activities
  - We are developing new analytical tools to improve our ability to examine geographic distribution of membership and providers
- Carrier feedback has been positive, citing clear submission formats and reduced workload



# **Qualified Dental Plan Recommendation**



# Qualified Dental Plans Overview

***For the non-group dental shelf, the proposed 2017 plans are largely unchanged from 2016, while on the small group shelf, the number of carriers and plans is reduced from last year.***

- Three (3) existing carriers proposed to offer plans to the small group market: Altus Dental, Blue Cross Blue Shield and Delta Dental
- Two (2) existing carriers also proposed to offer plans to the non-group market: Altus Dental and Delta Dental of MA
- Overall, carriers proposed sixteen (16) plans for the small group shelf and twelve (12) plans for the non-group shelf

## Changes from 2016

- No new carrier entrants or new plans have been submitted
- Two (2) carriers offering on the small group shelf in 2016 have not resubmitted for 2017: Guardian and MetLife
  - Guardian has requested permission to submit for 2017 after the published deadlines
- One (1) plan from the non-group shelf, and nine (9) plans from the small group shelf have been closed for 2017<sup>1</sup>

<sup>1</sup> Includes Guardian and MetLife plans

# Qualified Dental Plans Overview (cont'd)



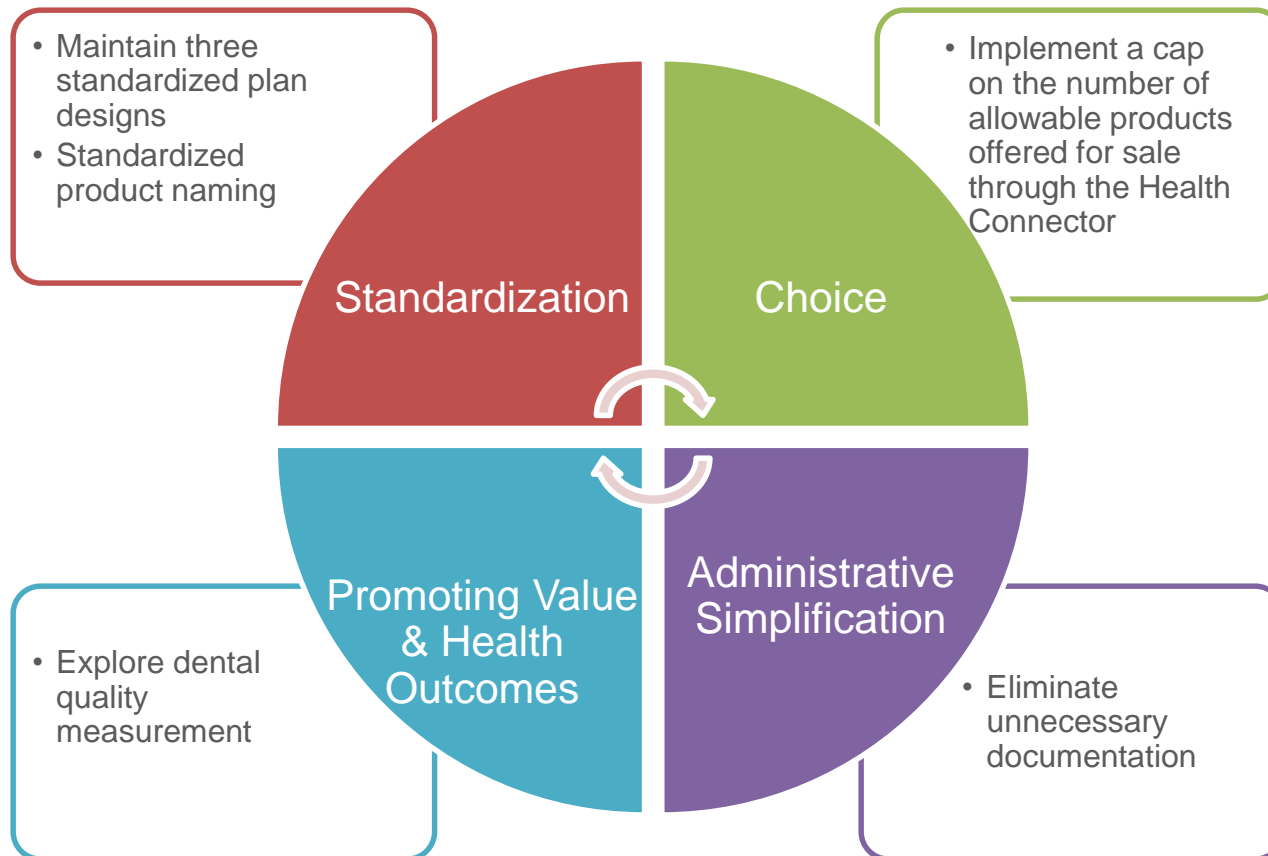
*The charts below outline the QDP product shelf proposed for the Health Connector's consideration for 2017.*

Issuers	Non-Group	Small Group	Standardized Plans				Non-Standardized Plans				All Plans
			High	Low	Pedi	Total	High	Low	Pedi	Total	
<i>Altus Dental</i>	✓	✓	1	1	1	3	-	-	-	0	3
<i>Blue Cross Blue Shield of MA</i>		✓	1	1	1	3	-	-	1	1	4
<i>Delta Dental of MA</i>	✓	✓	2	2	2	6	-	1	2	3	9

	Standardized Plans	Non-Standardized Plans	All Plans
<i>Non-Group</i>	9	3	12
<i>Small Group</i>	12	4	16

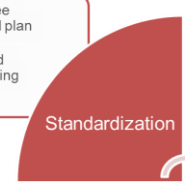
# 2017 QDP Product Shelf Goals

*The proposed 2017 Qualified Dental Plan (QDP) product shelf requirements seek to align the dental shelf with the requirements set for QHPs.*



# 2017 Goals: Standardization

- Maintain three standardized plan designs
- Standardized product naming



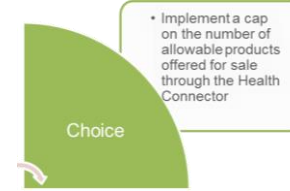
***For 2017, the Health Connector has aligned the QDP product shelf requirements with the medical shelf.***

- Carriers continue to be required to offer (1) one plan for each of the required three (3) standardized plan designs: Family High, Family Low and Pediatric-only

Plan Feature/ Service	Family High	Family Low	Pediatric-only
Plan Year Deductible	\$50/\$150	\$50/\$150	\$50
Deductible Applies to	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative
Plan Year Max (>=19 only)	\$1,250	\$750	N/A
Plan Year MOOP <19 Only	\$350 (1 child) \$700 (2+ children)	\$350 (1 child) \$700 (2+ children)	\$350 (1 child)
Preventive & Diagnostic Co-Insurance (In/out-of-Network)	0%/20%	0%/20%	0%/20%
Minor Restorative Co-Insurance (In/out-of-Network)	25%/45%	25%/45%	25%/45%
Major Restorative Co-Insurance (In/out-of-Network)	50%/70%	50%/70% No Major Restorative >=19	50%/70%
Medically Necessary Orthodontia, <19 only (In/out-of-Network)	50%/70%	50%/70%	50%/70%
Non-Medically Necessary Orthodontia, <19 only (In/out-of-Network)	N/A	N/A	N/A

- Carriers are permitted to submit no more than one (1) additional version of each plan on a different network
  - One (1) carrier, Delta Dental, proposed each of its standardized plans on one (1) alternative network
- We also required inclusion of a “Standard” identifier and the plan’s tier preceding the plan marketing name
  - All carrier submissions include the enhanced plan names

# 2017 Goals: Choice



***As with medical plans, non-standardized QDPs offer carriers design flexibility, which we seek to balance with a simple consumer experience.***

- Carriers may continue to submit no more than three (3) non-standardized QDPs and, newly for 2017, this limit is inclusive of network variation
  - Delta Dental proposed three (3) non-standardized plans and Blue Cross Blue Shield of MA proposed one (1) non-standardized plan, all previously offered in 2016
- Carriers may submit any plan offered in 2016 for “Frozen” status in 2017, which will not count against a carrier’s plan submission limits for 2017
  - No dental carriers proposed to freeze plans for 2017

# 2017 Goals: Choice (cont'd)



## 2017 Product Shelf: Maximum vs. Actual Plan Offerings, Non-group Carriers

MAXIMUM		Standard (Broadest Network)	Standard (Other Network)	Non-Standard
	Family High	2	2	6
	Family Low	2	2	
	Pediatric-only	2	2	
<b>Total (18)</b>	<b>6</b>	<b>6</b>	<b>6</b>	

ACTUAL		Standard (Broadest Network)	Standard (Other Network)	Non-Standard
	Family High	2	1	3
	Family Low	2	1	
	Pediatric-only	2	1	
<b>Total (12)</b>	<b>6</b>	<b>3</b>	<b>3</b>	

% of MAXIMUM		Standard (Broadest Network)	Standard (Other Network)	Non-Standard
	Family High	100%	50%	50%
	Family Low	100%	50%	
	Pediatric-only	100%	50%	
<b>Total (67%)</b>	<b>100%</b>	<b>50%</b>	<b>50%</b>	

# 2017 Goals: Value & Health Outcomes



*As part of our planning for SOA 2018 and beyond, we sought carrier comments regarding methods to measure and report on the quality of outcomes as a means to improve oral health.*

## Current Carrier Quality Measurement Activities

- Annual member satisfaction survey
- Topical Fluoride Quality Improvement Program: Percentage of higher-risk children who receive at least one topical fluoride treatment every six months resulting in at least two topical fluoride treatments during a benefit year

## Carrier Recommendations for Future Measurements

- Feasibility evaluation of implementing some standardized quality measures from the Dental Quality Alliance
- Common measurement tools and reporting protocols for all carriers
- Measures that are a good “proxy of quality” and meaningful to consumers

### Recommended measures:

% children who accessed dental services in a year, with specific focus on children under age 3

% children at elevated cavity risk who received fluoride treatments

% children at elevated cavity risk who received sealants (on first or second molars)



## **Next Steps**



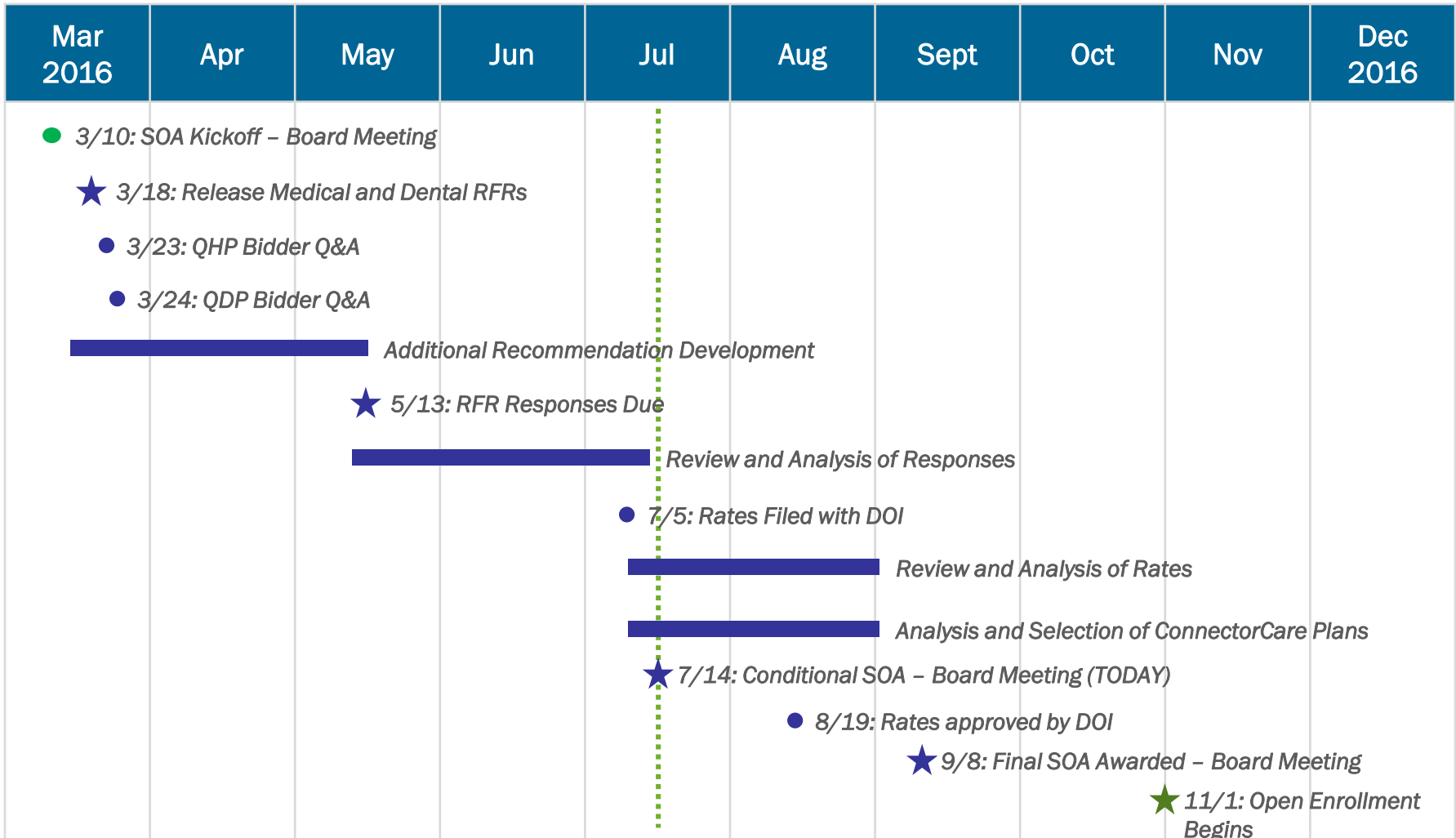
# 2017 Seal of Approval: Next Steps



***The Conditional Seal of Approval is an important step in the process, but more data and analysis, particularly regarding value, is required before the 2017 product shelves are finalized.***

- We will work closely with the Board through the summer to develop recommendations for final award of the SOA
  - Issuers must demonstrate compliance with all DOI requirements, including 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 offer good value to our consumers
  - The final SOA will also incorporate selection of ConnectorCare Plans based on price competition among the lowest-cost Silver plans proposed by each Issuer, network adequacy, experience and ability to serve the population, value-added benefits and overall value, among other factors
- Throughout the summer and into the fall, Health Connector staff will also continue to engage the Board in the development of our strategic approach for the 2018 Seal of Approval and beyond

# Seal of Approval Timeline



All dates subject to change. Changes to dates published on CommBUYS will be amended and re-posted to CommBUYS.

A large, white, stylized plus sign is centered on a light green background. The plus sign is composed of two thick, rounded rectangular bars that intersect at their centers. The word "Vote" is written in a bold, dark blue font, positioned in the lower-left quadrant of the plus sign's central intersection.

**Vote**

***The Health Connector recommends allowing the 2017 Conditional Seal of Approval to enable consideration of all recommended standardized and non-standardized QHPs and QDPs proposed by the following carriers:***

- ***Altus Dental***
- ***Blue Cross Blue Shield of MA***
- ***Boston Medical Center HealthNet Plan***
- ***CeltiCare Health***
- ***Delta Dental of MA***
- ***Fallon Health***
- ***Harvard Pilgrim Health Care***
- ***Health New England***
- ***Minuteman Health***
- ***Neighborhood Health Plan***
- ***Tufts Health Plan – Direct***
- ***Tufts Health Plan – Premier***

***The Health Connector recommends allowing staff to evaluate Guardian's request to submit for the 2017 Seal of Approval after the published deadlines.***



# **Appendix: Non-standardized QHPs**

# Proposed 2017 Non-standardized QHPs – Platinum



Plan Feature/ Service <i>A check mark (✓) indicates that this benefit is subject to the annual deductible</i>		Platinum Standard	Minuteman MyDoc HMO Platinum Extra Value
Annual Deductible – Combined		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$3,000	<b>\$6,000</b>
		\$6,000	<b>\$12,000</b>
PCP Office Visits		\$25	<b>\$5</b>
Specialist Office Visits		\$40	<b>\$15</b>
Emergency Room		\$150	<b>\$250</b>
Urgent Care		\$40	<b>\$5</b>
Inpatient Hospitalization		\$500	<b>\$1,000</b>
Skilled Nursing Facility		\$500	<b>\$1,000</b>
Durable Medical Equipment		20%	20%
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40	<b>\$15</b>
Laboratory Outpatient and Professional Services		\$0	<b>\$25</b>
X-rays and Diagnostic Imaging		\$0	<b>\$50</b>
High-Cost Imaging		\$150	<b>\$250</b>
Outpatient Surgery: Ambulatory Surgery Center		\$500	\$500
Outpatient Surgery: Physician/Surgical Services		\$0	\$0
Prescription Drug	Retail Tier 1	\$15	<b>\$5</b>
	Retail Tier 2	\$30	<b>\$25</b>
	Retail Tier 3	\$50	<b>\$50</b>
	Mail Tier 1	\$30	<b>\$10</b>
	Mail Tier 2	\$60	<b>\$50</b>
	Mail Tier 3	\$150	<b>\$100</b>
2017 Final FAVC		91.73%	<b>91.12%</b>

# Proposed 2017 Non-standardized QHPs – Gold



Plan Feature/ Service <i>A check mark (✓) indicates that this benefit is subject to the annual deductible</i>	Gold Standard	Fallon Direct Care Deductible Hybrid 2000	HNE Gold A	HNE Essential 2000	HNE Wise Max HDHP	
Annual Deductible – Combined	\$1,000	\$2,000	\$500	\$2,000	\$2,000	
	\$2,000	\$4,000	\$1,000	\$4,000	\$4,000	
Annual Out-of-Pocket Maximum	\$5,000	\$6,850	\$5,000	\$5,000	\$5,000	
	\$10,000	\$13,700	\$10,000	\$10,000	\$10,000	
PCP Office Visits	\$30	\$5	\$20	\$25	\$0 ✓	
Specialist Office Visits	\$45	\$15	\$35	\$25	\$0 ✓	
Emergency Room	\$150 ✓	\$250	30% ✓	\$200	\$0 ✓	
Urgent Care	\$45	\$5	\$40	\$25	\$0 ✓	
Inpatient Hospitalization	\$500 ✓	\$1,000 ✓	30% ✓	\$0 ✓	\$0 ✓	
Skilled Nursing Facility	\$500 ✓	\$10,000 ✓	30% ✓	\$0 ✓	\$0 ✓	
Durable Medical Equipment	20% ✓	20%	20%	20%	\$0 ✓	
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$45	\$15	\$35 ✓	\$25 ✓	\$0 ✓	
Laboratory Outpatient and Professional Services	\$20 ✓	\$0	\$20	\$0	\$0 ✓	
X-rays and Diagnostic Imaging	\$20 ✓	\$0	\$20 ✓	\$0 ✓	\$0 ✓	
High-Cost Imaging	\$200 ✓	\$350 ✓	30% ✓	\$100 ✓	\$0 ✓	
Outpatient Surgery: Ambulatory Surgery Center	\$250 ✓	\$500 ✓	30% ✓	\$0 ✓	\$0 ✓	
Outpatient Surgery: Physician/Surgical Services	\$0 ✓	\$0 ✓	\$0 ✓	\$0 ✓	\$0 ✓	
Prescription Drug	Retail Tier 1	\$20	\$5	\$15	\$15	\$15 ✓
	Retail Tier 2	\$30	\$30	\$50	\$50	\$25 ✓
	Retail Tier 3	\$50	50%	\$100	\$75	\$50 ✓
	Mail Tier 1	\$40	\$10	\$30	\$30	\$30 ✓
	Mail Tier 2	\$60	\$60	\$100	\$100	\$50 ✓
	Mail Tier 3	\$150	50%	\$200	\$150	\$100 ✓
2017 Final FAVC	81.43%	80.59%	81.68%	80.63%	79.13%	

# Proposed 2017 Non-standardized QHPs – Gold (cont'd)



Plan Feature/ Service <i>A check mark (✓) indicates that this benefit is subject to the annual deductible</i>		Gold Standard	HPHC Best Buy HMO 2000	NHP PRIME HMO 500/1000 20/35 30% FLEXRX 4-TIER	Tufts Direct Gold 500 with Coinsurance
Annual Deductible – Combined		\$1,000	\$2,000	\$500	\$500
		\$2,000	\$4,000	\$1,000	\$1,000
Annual Out-of-Pocket Maximum		\$5,000	\$5,250	\$3,000	\$3,250
		\$10,000	\$10,500	\$6,000	\$6,500
PCP Office Visits		\$30	\$25	\$20	\$20
Specialist Office Visits		\$45	\$40	\$35	\$35
Emergency Room		\$150 ✓	\$200	30% ✓	30% ✓
Urgent Care		\$45	\$40	\$35	\$35
Inpatient Hospitalization		\$500 ✓	\$250 ✓	30% ✓	30% ✓
Skilled Nursing Facility		\$500 ✓	\$250 ✓	30% ✓	30% ✓
Durable Medical Equipment		20% ✓	20% ✓	30% ✓	30% ✓
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$45	\$25 ✓	\$35	\$35
Laboratory Outpatient and Professional Services		\$20 ✓	\$25 ✓	\$35 ✓	\$0
X-rays and Diagnostic Imaging		\$20 ✓	\$25 ✓	\$35 ✓	30% ✓
High-Cost Imaging		\$200 ✓	\$200 ✓	30% ✓	30% ✓
Outpatient Surgery: Ambulatory Surgery Center		\$250 ✓	\$200 ✓	30% ✓	30% ✓
Outpatient Surgery: Physician/Surgical Services		\$0 ✓	\$0 ✓	30% ✓	30% ✓
Prescription Drug	Retail Tier 1	\$20	\$15	\$15	\$15
	Retail Tier 2	\$30	\$40	50% ✓	50% ✓
	Retail Tier 3	\$50	\$70	50% ✓	50% ✓
	Mail Tier 1	\$40	\$30	\$30	\$30
	Mail Tier 2	\$60	\$80	50% ✓	50% ✓
	Mail Tier 3	\$150	\$140	50% ✓	50% ✓
2017 Final FAVC		81.43%	78.01%	81.32%	81.38%



# Proposed 2017 Non-standardized QHPs – Silver



Plan Feature/ Service <i>A check mark (✓) indicates that this benefit is subject to the annual deductible</i>		Silver Standard	BMC HealthNet Plan Silver B	Fallon Community Care Silver Coinsurance 35%	Fallon Select Care Silver Coinsurance 35%	HPHC Core Coverage HMO 1750
Annual Deductible – Combined		\$2,000	<b>\$3,000</b>	\$2,000	\$2,000	<b>\$1,750</b>
		\$4,000	<b>\$6,000</b>	\$4,000	\$4,000	<b>\$3,500</b>
Annual Out-of-Pocket Maximum		\$7,150	\$7,150	\$7,150	\$7,150	<b>\$6,400</b>
		\$14,300	\$14,300	\$14,300	\$14,300	<b>\$12,800</b>
PCP Office Visits		\$30	\$30	\$30	\$30	<b>\$35 before deductible, 20% after deductible ✓</b>
Specialist Office Visits		\$50	\$50	\$50	\$50	<b>\$35 before deductible, 20% after deductible ✓</b>
Emergency Room		\$700 ✓	<b>\$500 ✓</b>	<b>35% ✓</b>	<b>35% ✓</b>	<b>\$250</b>
Urgent Care		\$50	<b>25% ✓</b>	<b>\$30</b>	<b>\$30</b>	<b>\$35 before deductible, 20% after deductible ✓</b>
Inpatient Hospitalization		\$1,000 ✓	<b>25% ✓</b>	\$1,000 ✓	\$1,000 ✓	<b>20% ✓</b>
Skilled Nursing Facility		\$1,000 ✓	<b>25% ✓</b>	\$1,000 ✓	\$1,000 ✓	<b>20% ✓</b>
Durable Medical Equipment		20% ✓	<b>30% ✓</b>	<b>35% ✓</b>	<b>35% ✓</b>	<b>20% ✓</b>
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50	\$50	<b>\$50 ✓</b>	<b>\$50 ✓</b>	<b>\$35 before deductible, 20% after deductible ✓</b>
Laboratory Outpatient and Professional Services		\$25 ✓	<b>25% ✓</b>	<b>35% ✓</b>	<b>35% ✓</b>	<b>20% ✓</b>
X-rays and Diagnostic Imaging		\$25 ✓	<b>25% ✓</b>	<b>35% ✓</b>	<b>35% ✓</b>	<b>20% ✓</b>
High-Cost Imaging		\$500 ✓	<b>25% ✓</b>	\$500 ✓	\$500 ✓	<b>20% ✓</b>
Outpatient Surgery: Ambulatory Surgery Center		\$750 ✓	\$750 ✓	<b>35% ✓</b>	<b>35% ✓</b>	<b>20% ✓</b>
Outpatient Surgery: Physician/Surgical Services		\$0 ✓	\$0 ✓	<b>35% ✓</b>	<b>35% ✓</b>	<b>20% ✓</b>
Prescription Drug	Retail Tier 1	\$20	<b>\$30 ✓</b>	\$20	\$20	<b>\$5</b>
	Retail Tier 2	\$60	<b>35% ✓</b>	<b>50%</b>	<b>50%</b>	<b>\$80</b>
	Retail Tier 3	\$90	<b>35% ✓</b>	<b>50%</b>	<b>50%</b>	<b>\$110</b>
	Mail Tier 1	\$40	<b>\$60 ✓</b>	\$40	\$40	<b>\$10</b>
	Mail Tier 2	\$120	<b>35% ✓</b>	<b>50%</b>	<b>50%</b>	<b>\$160</b>
	Mail Tier 3	\$270	<b>35% ✓</b>	<b>50%</b>	<b>50%</b>	<b>\$220</b>
2017 Final FAVC		71.81%	<b>68.30%</b>	<b>69.39%</b>	<b>69.39%</b>	<b>71.99%</b>

# Proposed 2017 Non-standardized QHPs – Silver (cont'd)



Plan Feature/ Service <i>A check mark (✓) indicates that this benefit is subject to the annual deductible</i>	Silver Standard	Minuteman MyDoc HMO Silver Plus	NHP PRIME HMO 2000/4000 30/50 35% FLEXRX 4-TIER	Tufts Direct Silver 2200 with Coinsurance
Annual Deductible – Combined	\$2,000	\$2,000	\$2,000	<b>\$2,200</b>
	\$4,000	\$4,000	\$4,000	<b>\$4,400</b>
Annual Out-of-Pocket Maximum	\$7,150	\$7,150	<b>\$6,850</b>	\$7,150
	\$14,300	\$14,300	<b>\$13,700</b>	\$14,300
PCP Office Visits	\$30	<b>\$15</b> ✓	\$30	<b>\$50</b>
Specialist Office Visits	\$50	<b>\$45</b> ✓	\$50	<b>\$75</b> ✓
Emergency Room	\$700 ✓	<b>\$350</b> ✓	<b>35%</b> ✓	<b>\$500</b> ✓
Urgent Care	\$50	<b>\$15</b> ✓	\$50	<b>\$75</b> ✓
Inpatient Hospitalization	\$1,000 ✓	\$1000 ✓	<b>35%</b> ✓	<b>20%</b> ✓
Skilled Nursing Facility	\$1,000 ✓	\$1000 ✓	<b>35%</b> ✓	<b>20%</b> ✓
Durable Medical Equipment	20% ✓	20% ✓	<b>35%</b> ✓	<b>30%</b> ✓
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	<b>\$45</b> ✓	\$50	<b>\$75</b> ✓
Laboratory Outpatient and Professional Services	\$25 ✓	<b>\$50</b> ✓	<b>\$50</b> ✓	<b>\$0</b>
X-rays and Diagnostic Imaging	\$25 ✓	<b>\$150</b> ✓	<b>\$50</b> ✓	<b>20%</b> ✓
High-Cost Imaging	\$500 ✓	<b>\$400</b> ✓	<b>35%</b> ✓	<b>20%</b> ✓
Outpatient Surgery: Ambulatory Surgery Center	\$750 ✓	\$750 ✓	<b>35%</b> ✓	\$750 ✓
Outpatient Surgery: Physician/Surgical Services	\$0 ✓	\$0 ✓	<b>35%</b> ✓	\$0 ✓
Prescription Drug	Retail Tier 1	\$20	<b>\$13</b>	<b>\$30</b>
	Retail Tier 2	\$60	<b>\$30</b> ✓	<b>35%</b> ✓
	Retail Tier 3	\$90	<b>\$50</b> ✓	<b>35%</b> ✓
	Mail Tier 1	\$40	<b>\$26</b>	<b>\$60</b>
	Mail Tier 2	\$120	<b>\$60</b> ✓	<b>35%</b> ✓
	Mail Tier 3	\$270	<b>\$100</b> ✓	<b>35%</b> ✓
2017 Final FAVC	71.81%	<b>70.89%</b>	<b>68.88%</b>	<b>68.12%</b>

# Proposed 2017 Non-standardized QHPs – Bronze



Plan Feature/ Service <i>A check mark (✓) indicates that this benefit is subject to the annual deductible</i>		Bronze Standard #1	Minuteman MyDoc HMO Bronze 2500	Tufts Premier Bronze Saver 3300
Annual Deductible – Combined		N/A	\$3,000	\$3,300
		N/A	\$6,000	\$6,600
Annual Deductible – Medical		\$2,750	N/A	N/A
		\$5,500	N/A	N/A
Annual Deductible – Prescription Drugs		\$250	N/A	N/A
		\$500	N/A	N/A
Annual Out-of-Pocket Maximum		\$7,150	\$7,150	\$6,550
		\$14,300	\$14,300	\$13,100
PCP Office Visits		\$25 ✓	\$25 ✓	\$40 ✓
Specialist Office Visits		\$40 ✓	\$50 ✓	\$65 ✓
Emergency Room		\$500 ✓	\$750 ✓	\$750 ✓
Urgent Care		\$40 ✓	\$25 ✓	\$65 ✓
Inpatient Hospitalization		\$1,000 ✓	\$1,000 ✓	\$1,000 ✓
Skilled Nursing Facility		\$1,000 ✓	\$1,000 ✓	\$0 ✓
Durable Medical Equipment		20% ✓	20% ✓	30% ✓
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40 ✓	\$50 ✓	\$65 ✓
Laboratory Outpatient and Professional Services		\$50 ✓	\$50 ✓	40% ✓
X-rays and Diagnostic Imaging		\$175 ✓	\$175 ✓	40% ✓
High-Cost Imaging		\$1,000 ✓	\$1,000 ✓	\$750 ✓
Outpatient Surgery: Ambulatory Surgery Center		\$750 ✓	\$1,000 ✓	\$1,000 ✓
Outpatient Surgery: Physician/Surgical Services		\$0 ✓	\$0 ✓	\$0 ✓
Prescription Drug	Retail Tier 1	\$25 ✓	\$30	\$35 ✓
	Retail Tier 2	\$75 ✓	\$75 ✓	\$100 ✓
	Retail Tier 3	\$100 ✓	\$100 ✓	\$150 ✓
	Mail Tier 1	\$50 ✓	\$60	\$70 ✓
	Mail Tier 2	\$150 ✓	\$150 ✓	\$200 ✓
	Mail Tier 3	\$300 ✓	\$200 ✓	\$300 ✓
2017 Final FAVC		61.86%	61.28%	TBD



# **Appendix: Frozen QHPs**

# Proposed 2017 Frozen QHPs



Plan Feature/ Service <i>A check mark (✓) indicates that this benefit is subject to the annual deductible</i>		Fallon Direct Care Gold Connector A	Fallon Select Care Gold Connector A	Fallon Direct Care Bronze Deductible 3000	Fallon Select Care Bronze Deductible 3000
Annual Deductible – Combined		\$500	\$500	\$3,000	\$3,000
		\$1,000	\$1,000	\$6,000	\$6,000
Annual Out-of-Pocket Maximum		\$3,000	\$3,000	\$7,150	\$7,150
		\$6,000	\$6,000	\$14,300	\$14,300
PCP Office Visits		\$20	\$20	\$60	\$60
Specialist Office Visits		\$35	\$35	\$75	\$75
Emergency Room		35% ✓	35% ✓	\$1,000 ✓	\$1,000 ✓
Urgent Care		\$20	\$20	\$60	\$60
Inpatient Hospitalization		30% ✓	30% ✓	\$1,000 ✓	\$1,000 ✓
Skilled Nursing Facility		30% ✓	30% ✓	\$1,000 ✓	\$1,000 ✓
Durable Medical Equipment		30% ✓	30% ✓	30% ✓	30% ✓
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$20 ✓	\$20 ✓	\$75 ✓	\$75 ✓
Laboratory Outpatient and Professional Services		35% ✓	35% ✓	\$50 ✓	\$50 ✓
X-rays and Diagnostic Imaging		35% ✓	35% ✓	\$175 ✓	\$175 ✓
High-Cost Imaging		35% ✓	35% ✓	\$850 ✓	\$850 ✓
Outpatient Surgery: Ambulatory Surgery Center		30% ✓	30% ✓	35% ✓	35% ✓
Outpatient Surgery: Physician/Surgical Services		30% ✓	30% ✓	35% ✓	35% ✓
Prescription Drug	Retail Tier 1	\$15	\$15	\$40	\$40
	Retail Tier 2	50% ✓	50% ✓	\$100	\$100
	Retail Tier 3	50% ✓	50% ✓	\$100	\$100
	Mail Tier 1	\$30	\$30	\$80	\$80
	Mail Tier 2	50% ✓	50% ✓	\$200	\$200
	Mail Tier 3	50% ✓	50% ✓	\$200	\$200
2017 Final FAVC		81.68%	81.68%	61.80%	61.80%

The background is a light green color with several large, white, abstract shapes. On the left side, there is a large white arc that curves from the bottom towards the top. In the center, there are two white rectangular shapes, one above and one below the text, which appear to be part of a larger graphic or logo.

# **Appendix: Non-standardized QDPs**

# Non-Standardized QDPs



Plan Feature/ Service	Pediatric-only Standard Design	Blue Cross Blue Shield Dental Blue Pediatric Essential Benefits	Delta Dental EPO Pediatric Basic	Delta Dental EPO Pediatric Exclusive Network Plan
Plan Year Deductible	\$50	\$50	\$100	\$50
Deductible Applies to	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative
Plan Year Max (>=19 only)	N/A	N/A	N/A	N/A
Plan Year MOOP <19 Only	\$350 (1 child)	\$350 (1 child)	\$350 (1 child)	\$350 (1 child)
Preventive & Diagnostic Co-Insurance In/out-of-Network	0%/20%	0% In-Network <b>No Out-Of-Network</b>	0%/20%	0% In-Network <b>No Out-Of-Network</b>
Minor Restorative Co-Insurance In/out-of-Network	25%/45%	25% In-Network <b>No Out-Of-Network</b>	<b>60%/70%</b>	25% In-Network <b>No Out-Of-Network</b>
Major Restorative Co-Insurance In/out-of-Network	50%/70%	50% In-Network <b>No Out-Of-Network</b>	<b>60%/70%</b>	50% In-Network <b>No Out-Of-Network</b>
Medically Necessary Orthodontia, <19 only, In/out-of-Network	50%/70%	50% In-Network No Out-Of-Network	<b>60%/70%</b>	50% In-Network <b>No Out-Of-Network</b>

Plan Feature/ Service	Family Low Standard Design	Delta Dental EPO Family Basic Exclusive Network Plan
Plan Year Deductible	\$50/\$150	\$100/\$300
Deductible Applies to	Major and Minor Restorative	Major & Minor Restorative
Plan Year Max (>=19 only)	\$750	\$750
Plan Year MOOP <19 Only	\$350 (1 child) \$700 (2+ children)	\$350 (1 child)/ \$700 (2+ children)
Preventive & Diagnostic Co-Insurance In/out-of-Network	0%/20%	0% In-Network, <b>No Out-Of-Network</b>
Minor Restorative Co-Insurance In/out-of-Network	25%/45%	<b>&lt;19-EHB-60% In-Network, No Out-Of-Network</b> <b>&gt;=19-70% In-Network, No Out-Of-Network</b>
Major Restorative Co-Insurance In/out-of-Network	50%/70% No Major Restorative >=19	<b>60% In-Network, No Out-Of-Network</b> No Major Restorative >=19
Medically Necessary Orthodontia, <19 only, In/out-of-Network	50%/70%	<b>60% In-Network, No Out-Of-Network</b>