



# 2022 Health and Dental Plan Proposed Seal of Approval (SOA)

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# Seal of Approval 2022: Overview

The proposed Plan Year 2022 Seal of Approval (SOA) prioritizes improvements to the member experience by implementing safeguards in product design, benefit coverage, and network monitoring, within an overall stable product shelf.

- Health Connector staff’s recommended Plan Year (PY) 2022 priorities reflect alignment with the goals of the Health Connector’s Strategic Plan and its equity framework

Strategic Plan Area of Focus	Proposed 2022 SOA Initiative
Improve coverage and experience for unsubsidized and APTC-only members	<ul style="list-style-type: none"> <li>Improve first-dollar affordability in some standard plans allowed by stability in the federal actuarial value (AV) calculator</li> </ul>
Strengthen the ConnectorCare program	<ul style="list-style-type: none"> <li>Enhance network monitoring and protections</li> </ul>
Improve overall member experience	<ul style="list-style-type: none"> <li>Expand insulin access requirement</li> </ul>
Better serve the small group market in Massachusetts	<ul style="list-style-type: none"> <li>Strengthen certain non-standard plan offerings to ensure on-exchange plans are of high value to members</li> </ul>
Cover the remaining uninsured	<ul style="list-style-type: none"> <li>The proposed initiatives seek to make Health Connector coverage an attractive, affordable, and safe option for the uninsured or people buying “gray-market” plans</li> </ul>
Equity framework underpinning areas of focus	<ul style="list-style-type: none"> <li>Promote health equity focus in carrier activities</li> <li>Health equity lens is also applied to other priorities throughout, such as formulary improvement efforts and on insulin access</li> </ul>

- In addition, the 2022 SOA is prepared to adapt to changes in carrier strategy or federal policy that would impact the upcoming plan year



# **Summary of Product Shelf**

# 2022 Health Plan Shelf: Overview

The Health Connector recommends a product strategy focused on improving first-dollar affordability in some standard plans, as well as strengthening certain non-standard plan offerings, within an otherwise steady product shelf.

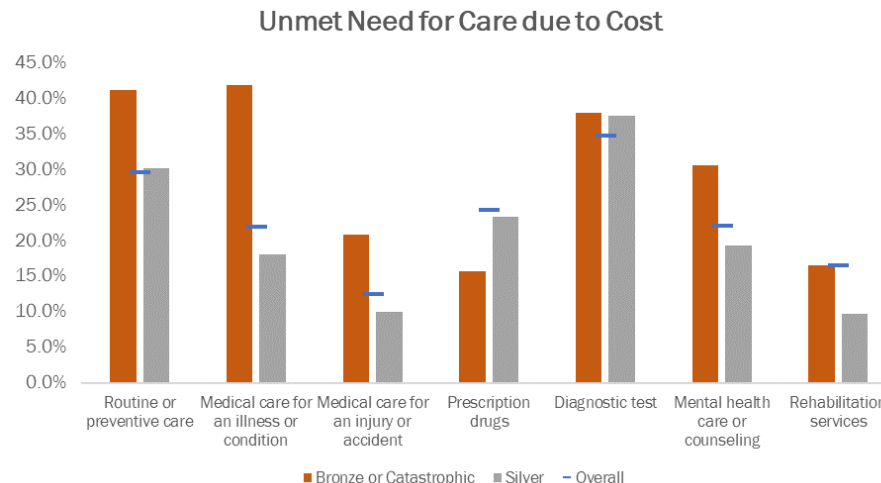
	Platinum	High Gold	Low Gold	High Silver	Low Silver	Bronze	PPO
Standard design required?	Yes	Yes	No standard design, but non-standard offering required below 76.50 percent AV	Yes	Yes	Yes, but choice between two designs	No standard design, but must be Gold or Silver
Changes to PY 21 design?*	No	No	Deductible and coinsurance limits	<ul style="list-style-type: none"> <li>Increased MOOP in line with federal indexed amount</li> <li>Some decreased copays</li> </ul>	Increased MOOP	<ul style="list-style-type: none"> <li>Increased MOOPs in line with federal indexed amount</li> <li>Decreased deductibles</li> <li>Some decreased copays</li> </ul>	Deductible and coinsurance limits
Non-group required?	Yes	Yes	Yes	Yes (and no non-standard Silver plans permitted)	No	Yes	No
Small group required?	Yes	Yes	Yes	Yes (non-standard Silver plans permitted)	Yes	Yes	Yes

\*Bold indicates changes from PY21.

# Standard Plan Design Improvements

## Health Connector staff propose to make cost-sharing changes in standard Silver and Bronze plan designs in 2022.

- As the federal government did not make changes to the PY22 AV calculator, the Health Connector does not need to make cost-sharing changes for the upcoming year
- However, an increase in CMS's proposed maximum allowed Maximum Out-of-Pocket (MOOP) over PY21, which Health Connector standard silver and bronze plans follow each year, allows for decreased cost-sharing in plan designs
- Given member affordability challenges and growing membership in bronze plans in particular, staff propose to lower copays in the standard Silver plan, and lower copays and deductibles in the standard Bronze designs (*Please see Appendix 1*)
- Services selected for lowered copays are responsive to findings from Health Connector member survey research and CHIA data showing areas of highest affordability concerns and unmet medical need



# Additional Plan Shelf Parameters

**In addition to standard plan changes, Health Connector staff propose to continue requiring Low Gold and PPO plans, but within new plan design parameters.**

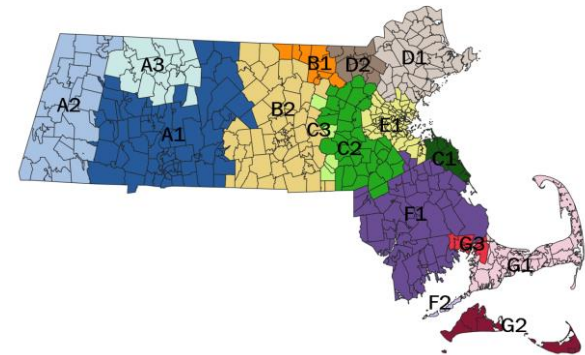
- The Health Connector requires all carriers to offer a “Low Gold” plan between 76.00-76.50% Actuarial Value (AV), as well as a PPO plan for small groups only
- These offerings can be non-standard designs, allowing carriers flexibility in plan design for these required plan types
- While the Health Connector recognizes the importance of carrier flexibility in non-standard plan offerings, it is important that Health Connector members have a choice of competitive designs from carriers
- To ensure on-exchange plans are of high value to our members, staff propose to introduce new plan design parameters for Low Gold and PPO plans, capping deductible and coinsurance amounts
  - This is of particular importance for the Health Connector for Business shelf to ensure parity among carriers’ PPO offerings

# Proposed ConnectorCare Program

**Staff do not recommend significant changes to the ConnectorCare program for 2022 at this time, though new processes are recommended to improve preparedness for significant network changes.**

- Material changes to ConnectorCare plan networks in PY21 highlighted an opportunity for strengthened requirements to support members experiencing disrupted provider relationships. In response, staff recommend the PY22 SOA include:
  - Enhanced internal network monitoring capabilities using network data extracts from provider search tool and GIS mapping ability with member and provider data
  - Required carrier description of continuity of care protocols and escalated case information in SOA submission to manage member issues after provider terminations
  - Required carrier notification to the Health Connector of material network additions (in addition to existing notification requirement for terminations) and associated provider search data updates
- Staff will keep the Board apprised of significant changes or challenges to the ConnectorCare program upon receipt of carriers' SOA submissions in May

**PY21 ConnectorCare Regions**





# **PY 2022 Initiatives to Improve Quality and Value**



# Quality and Value Initiatives with Equity Focus: High-Value Medications

**The 2022 SOA proposes to improve upon the Health Connector's existing insulin initiative by requiring expanded coverage of insulin delivery methods at low copays.**

- With clear data indicating cost barriers to care, Health Connector staff focused on ways to remove barriers to life-saving treatment in PY21 and required carriers to offer members access to at least one of each major type of insulin at a \$30 copay (or lower) in all standard plans
- Staff propose to expand this initiative in PY22 via added protection in standard plan designs to promote insulin affordability and mitigate racial and socioeconomic disparities in diabetes management
- The Health Connector recognizes type 2 diabetes disproportionately impacts Black and Hispanic communities
  - At a national level, compared with white adults, the prevalence of diabetes is 77 percent higher among Black adults and 66% higher among Hispanic adults. In Massachusetts, 12.3 percent of Black residents and 11.7 percent of Hispanic residents have a diagnosis of diabetes compared to 8.7 percent of white residents\*
- Structural racial inequity in type 2 diabetes is associated with disparities in diabetes control, elevated rates of diabetes-related complications, and higher health care costs
  - In Massachusetts, Black residents are twice as likely to die from a diabetes-related complication, and three times as likely to experience an emergency department visit for diabetes, compared to white residents\*

# Quality and Value Initiatives with Equity Focus: High-Value Medications (cont'd)

**In addition to expanded insulin coverage, the Health Connector also proposes the continued requirement of zero cost-sharing opioid use disorder medication in ConnectorCare.**

- With the significant increase in cost for insulin in recent years, increases in out-of-pocket cost-sharing have disproportionately impacted low-income residents and communities of color
  - In a 2019 study, one quarter of patients reported using less insulin than prescribed due to high costs, with Black and low-income patients more likely to report rationing insulin\*
- Building on the PY21 insulin initiative, staff propose to newly require coverage of insulin pen injectors at Tier 1 cost-sharing from all carriers, in addition to insulin vials
  - This new requirement aligns with patient-centered clinical guidelines. It would facilitate improved drug safety and disease control through the elimination of mathematical calculation and manual dexterity that is required when delivering insulin in a syringe/vial form
  - This change would also promote parity in insulin access across carriers
- Staff are also coordinating with DOI in formulary non-discrimination review
- Additionally, the Health Connector will continue to require ConnectorCare carriers to provide key treatments for opioid use disorder at zero-dollar cost sharing for ConnectorCare enrollees

# Quality and Value Initiatives:

## Quality Improvement and Behavioral Health

**Staff propose to bring a heightened equity focus to the PY22 SOA by introducing new carrier activities focused on quality initiatives, data improvements, and support of statewide behavioral health efforts.**

- The 2022 SOA will promote a focus on disparity reduction in carriers' Quality Improvement Strategies
- The Health Connector will collaborate with carriers to improve the quality and completeness of race and ethnicity data, laying groundwork to assess areas of concern and future policy focus
- The 2022 SOA also plans to encourage carriers to begin the process of achieving the NCQA Multicultural Health Care distinction in PY22, an additional accreditation from NCQA focused on reducing health disparities
- Health Connector staff are working with EHS and will use the SOA to support EHS's Behavioral Health Roadmap, including qualitative data collection from carriers to inform implementation and signal of expected contracting with new behavioral health provider types in future plan years



# **Possible External Changes**

# Carrier and Policy Changes

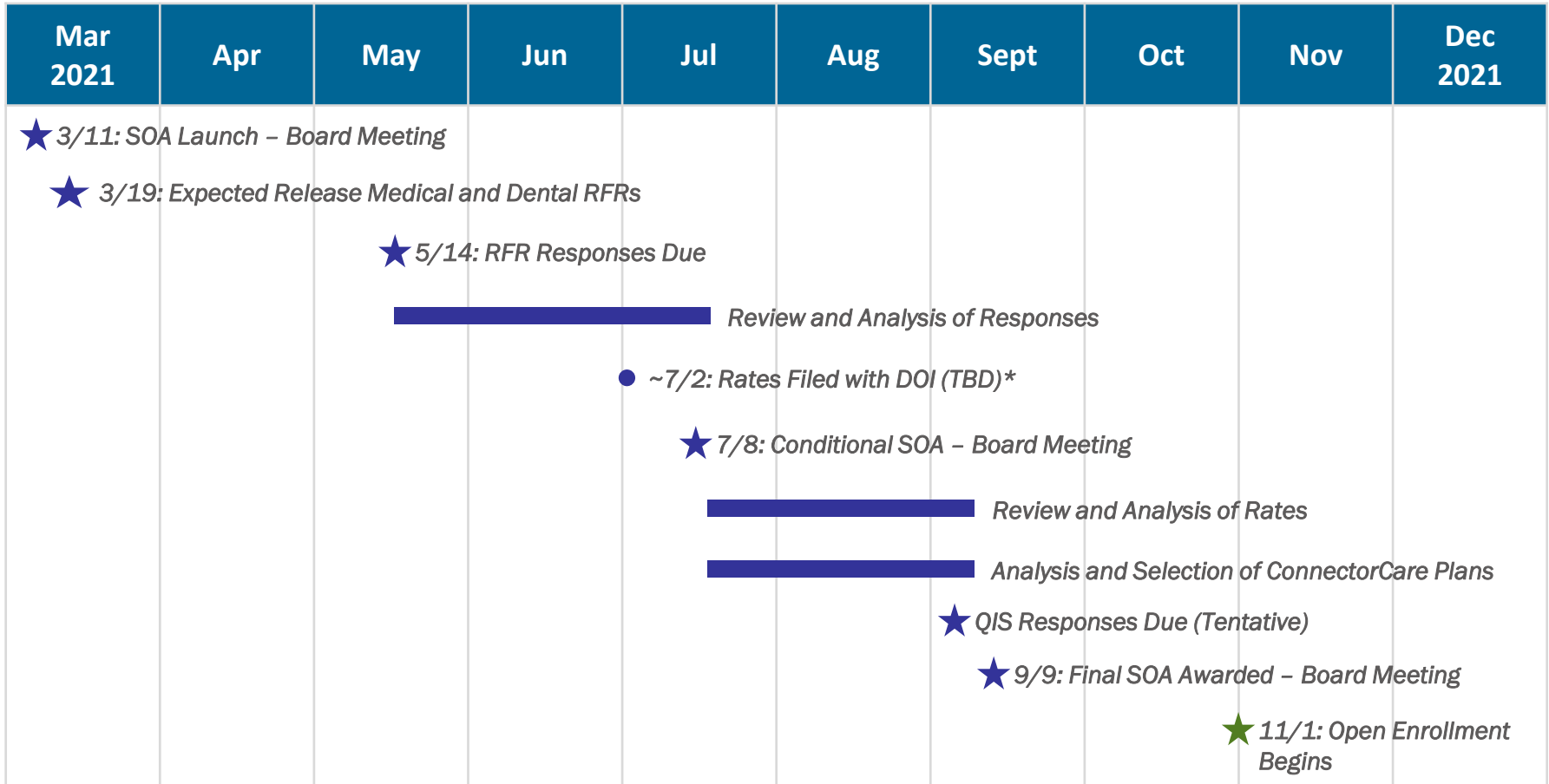
**The PY22 SOA will adapt to any changes in carrier strategy or federal policy that may need careful analysis and management.**

- Staff are prepared to review any impacts of proposed carrier network or licensure changes on the ConnectorCare program in particular and engage the Board during the review process in the summer
- Staff are also beginning preparations for a PY23 implementation of the Tufts/HPHC merger
  - While the carrier indicates Health Connector plans will not be impacted by the merger until PY23, staff will begin preparing for implementation during the PY22 SOA cycle
- With a new federal administration, staff are prepared to adjust to required or allowed federal policy changes, including:
  - Implementation of expanded APTC
  - Changes to premium adjustment percentage in forthcoming final Notice of Benefit and Payment Parameters that could impact draft standard plan designs' MOOPs and deductibles



# **Proposed SOA 2022 Timeline**

# Proposed SOA Timeline



\*Rate filing deadlines will be communicated to carriers by the Division of Insurance.  
 All dates subject to change. Changes to dates published on CommBUYS will be amended and re-posted to CommBUYS.



# **Appendix 1: Draft PY22 Plan Designs**



# Draft 2022 QHP Standardized Designs

Plan Feature/ Service <i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>		Platinum	High Gold	High Silver	Low Silver (HSA compatible, Small Group Only)	Bronze #1	Bronze #2 (HSA compatible)
Annual Deductible – Combined		\$0	\$0	\$2,000	\$2,000	<b>\$2,500</b>	<b>\$3,200</b>
		\$0	\$0	\$4,000	\$4,000	<b>\$5,000</b>	<b>\$6,400</b>
Annual Deductible – Medical		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum		\$3,000	\$5,000	<b>\$9,100</b>	<b>\$7,050</b>	<b>\$9,100</b>	<b>\$7,050</b>
		\$6,000	\$10,000	<b>\$18,200</b>	<b>\$14,100</b>	<b>\$18,200</b>	<b>\$14,100</b>
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$25	<b>\$20</b>	Deductible then \$30	<b>Deductible then \$35</b>	Deductible then \$100
Specialist Office Visits		\$40	\$50	<b>\$45</b>	Deductible then \$60	<b>Deductible then \$75</b>	Deductible then \$150
Urgent Care		\$40	\$50	<b>\$45</b>	Deductible then \$60	<b>Deductible then \$75</b>	Deductible then \$150
Emergency Room		\$150	\$300	Deductible then \$300	Deductible then \$300	Deductible then \$750	Deductible then \$1,750
Emergency Transportation		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		\$500	\$750	<b>Deductible then \$750</b>	Deductible then \$750	<b>Deductible then \$1,000</b>	Deductible then \$2,000
Skilled Nursing Facility		\$500	\$750	<b>Deductible then \$750</b>	Deductible then \$750	<b>Deductible then \$1,000</b>	Deductible then \$2,000
Durable Medical Equipment		20 percent	20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40	\$50	<b>\$45</b>	Deductible then \$60	<b>Deductible then \$75</b>	Deductible then \$150
Laboratory Outpatient and Professional Services		\$0	\$50	<b>Deductible then \$45</b>	Deductible then \$60	Deductible then \$75	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$75	Deductible then \$75	Deductible then \$100	Deductible then \$140
High-Cost Imaging		\$150	\$400	<b>Deductible then \$350</b>	Deductible then \$500	<b>Deductible then \$800</b>	Deductible then \$1,000
Outpatient Surgery: Ambulatory Surgery Center		\$250	\$500	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$10	\$25	\$25	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$50	\$50	Deductible then \$60	Deductible then \$100	Deductible then \$150
	Retail Tier 3	\$50	\$75	Deductible then \$75	Deductible then \$105	Deductible then \$150	Deductible then \$225
	Mail Tier 1	\$20	\$50	\$50	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$100	\$100	Deductible then \$120	Deductible then \$200	Deductible then \$300
	Mail Tier 3	\$150	\$225	Deductible then \$225	Deductible then \$315	Deductible then \$450	Deductible then \$675
Federal Actuarial Value Calculator		89.25 percent	81.40 percent	71.97 percent	<b>68.85 percent</b>	<b>64.97 percent</b>	<b>64.96 percent</b>

# 2021-2022: Platinum

Plan Feature/ Service		2021 Platinum	2022 Platinum
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>			
Annual Deductible – Combined		\$0	\$0
		\$0	\$0
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$3,000	\$3,000
		\$6,000	\$6,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$20
Specialist Office Visits		\$40	\$40
Urgent Care		\$40	\$40
Emergency Room		\$150	\$150
Emergency Transportation		\$0	\$0
Inpatient Hospitalization		\$500	\$500
Skilled Nursing Facility		\$500	\$500
Durable Medical Equipment		20 percent	20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40	\$40
Laboratory Outpatient and Professional Services		\$0	\$0
X-rays and Diagnostic Imaging		\$0	\$0
High-Cost Imaging		\$150	\$150
Outpatient Surgery: Ambulatory Surgery Center		\$250	\$250
Outpatient Surgery: Physician/Surgical Services		\$0	\$0
Prescription Drug	Retail Tier 1	\$10	\$10
	Retail Tier 2	\$25	\$25
	Retail Tier 3	\$50	\$50
	Mail Tier 1	\$20	\$20
	Mail Tier 2	\$50	\$50
	Mail Tier 3	\$150	\$150
Federal Actuarial Value Calculator		89.25 percent	89.25 percent

# 2021-2022: High Gold

Plan Feature/ Service		2021 High Gold	2022 High Gold
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>			
Annual Deductible – Combined		\$0	\$0
		\$0	\$0
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$5,000	\$5,000
		\$10,000	\$10,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$25	\$25
Specialist Office Visits		\$50	\$50
Urgent Care		\$50	\$50
Emergency Room		\$300	\$300
Emergency Transportation		\$0	\$0
Inpatient Hospitalization		\$750	\$750
Skilled Nursing Facility		\$750	\$750
Durable Medical Equipment		20 percent	20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50	\$50
Laboratory Outpatient and Professional Services		\$50	\$50
X-rays and Diagnostic Imaging		\$75	\$75
High-Cost Imaging		\$400	\$400
Outpatient Surgery: Ambulatory Surgery Center		\$500	\$500
Outpatient Surgery: Physician/Surgical Services		\$0	\$0
Prescription Drug	Retail Tier 1	\$25	\$25
	Retail Tier 2	\$50	\$50
	Retail Tier 3	\$75	\$75
	Mail Tier 1	\$50	\$50
	Mail Tier 2	\$100	\$100
	Mail Tier 3	\$225	\$225
Federal Actuarial Value Calculator		81.40 percent	81.40 percent

# 2021-2022: High Silver

Plan Feature/ Service		2021 High Silver	2022 High Silver
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>			
Annual Deductible – Combined		\$2,000	\$2,000
		\$4,000	\$4,000
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$8,550	<b>\$9,100</b>
		\$17,100	<b>\$18,200</b>
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$25	<b>\$20</b>
Specialist Office Visits		\$50	<b>\$45</b>
Urgent Care		\$50	<b>\$45</b>
Emergency Room		Deductible then \$300	Deductible then \$300
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$1,000	<b>Deductible then \$750</b>
Skilled Nursing Facility		Deductible then \$1,000	<b>Deductible then \$750</b>
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50	<b>\$45</b>
Laboratory Outpatient and Professional Services		Deductible then \$50	<b>Deductible then \$45</b>
X-rays and Diagnostic Imaging		Deductible then \$75	Deductible then \$75
High-Cost Imaging		Deductible then \$400	<b>Deductible then \$350</b>
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$25	\$25
	Retail Tier 2	\$50	\$50
	Retail Tier 3	Deductible then \$75	Deductible then \$75
	Mail Tier 1	\$50	\$50
	Mail Tier 2	\$100	\$100
	Mail Tier 3	Deductible then \$225	Deductible then \$225
Federal Actuarial Value Calculator		71.97 percent	71.97 percent

# 2021-2022: Low Silver (HSA)

Plan Feature/ Service		2021 Low Silver (HSA compatible, Small Group Only)	2022 Low Silver (HSA compatible, Small Group Only)
Annual Deductible – Combined		\$2,000	\$2,000
		\$4,000	\$4,000
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$6,850	<b>\$7,050</b>
		\$13,700	<b>\$14,100</b>
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$30	Deductible then \$30
Specialist Office Visits		Deductible then \$60	Deductible then \$60
Urgent Care		Deductible then \$60	Deductible then \$60
Emergency Room		Deductible then \$300	Deductible then \$300
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$750	Deductible then \$750
Skilled Nursing Facility		Deductible then \$750	Deductible then \$750
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$60	Deductible then \$60
Laboratory Outpatient and Professional Services		Deductible then \$60	Deductible then \$60
X-rays and Diagnostic Imaging		Deductible then \$75	Deductible then \$75
High-Cost Imaging		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	Deductible then \$30	Deductible then \$30
	Retail Tier 2	Deductible then \$60	Deductible then \$60
	Retail Tier 3	Deductible then \$105	Deductible then \$105
	Mail Tier 1	Deductible then \$60	Deductible then \$60
	Mail Tier 2	Deductible then \$120	Deductible then \$120
	Mail Tier 3	Deductible then \$315	Deductible then \$315
Federal Actuarial Value Calculator		69.10 percent	<b>68.85 percent</b>

Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.

# 2021-2022: High Bronze #1

Plan Feature/ Service		2021 Bronze #1	2022 Bronze #1
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>			
Annual Deductible – Combined		\$2,700	<b>\$2,500</b>
		\$5,400	<b>\$5,000</b>
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$8,550	<b>\$9,100</b>
		\$17,100	<b>\$18,200</b>
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$40	<b>Deductible then \$35</b>
Specialist Office Visits		Deductible then \$90	<b>Deductible then \$75</b>
Urgent Care		Deductible then \$90	<b>Deductible then \$75</b>
Emergency Room		Deductible then \$750	Deductible then \$750
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$1,200	<b>Deductible then \$1,000</b>
Skilled Nursing Facility		Deductible then \$1,200	<b>Deductible then \$1,000</b>
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$90	<b>Deductible then \$75</b>
Laboratory Outpatient and Professional Services		Deductible then \$75	Deductible then \$75
X-rays and Diagnostic Imaging		Deductible then \$100	Deductible then \$100
High-Cost Imaging		Deductible then \$1,000	<b>Deductible then \$800</b>
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$30	\$30
	Retail Tier 2	Deductible then \$100	Deductible then \$100
	Retail Tier 3	Deductible then \$150	Deductible then \$150
	Mail Tier 1	\$60	\$60
	Mail Tier 2	Deductible then \$200	Deductible then \$200
	Mail Tier 3	Deductible then \$450	Deductible then \$450
Federal Actuarial Value Calculator		64.98 percent	<b>64.97 percent</b>

# 2021-2022: High Bronze #2 (HSA)

Plan Feature/ Service		2021 Bronze #2 (HSA compatible)	2022 Bronze #2 (HSA compatible)
Annual Deductible – Combined		\$3,600	<b>\$3,200</b>
		<b>\$7,200</b>	<b>\$6,400</b>
Annual Deductible – Medical		N/A	N/A
		N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A
		N/A	N/A
Annual Out-of-Pocket Maximum		\$7,000	<b>\$7,050</b>
		<b>\$14,000</b>	<b>\$14,100</b>
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$100	Deductible then \$100
Specialist Office Visits		Deductible then \$150	Deductible then \$150
Urgent Care		Deductible then \$150	Deductible then \$150
Emergency Room		Deductible then \$1,750	Deductible then \$1,750
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$2,000	Deductible then \$2,000
Skilled Nursing Facility		Deductible then \$2,000	Deductible then \$2,000
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$150	Deductible then \$150
Laboratory Outpatient and Professional Services		Deductible then \$55	Deductible then \$55
X-rays and Diagnostic Imaging		Deductible then \$140	Deductible then \$140
High-Cost Imaging		Deductible then \$1,000	Deductible then \$1,000
Outpatient Surgery: Ambulatory Surgery Center		Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	Deductible then \$30	Deductible then \$30
	Retail Tier 2	Deductible then \$150	Deductible then \$150
	Retail Tier 3	Deductible then \$225	Deductible then \$225
	Mail Tier 1	Deductible then \$60	Deductible then \$60
	Mail Tier 2	Deductible then \$300	Deductible then \$300
	Mail Tier 3	Deductible then \$675	Deductible then \$675
Federal Actuarial Value Calculator		64.98 percent	<b>64.96 percent</b>

# 2021-2022: Standard Qualified Dental Plans

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

*Note: Standard QDP designs are unchanged from 2021.*

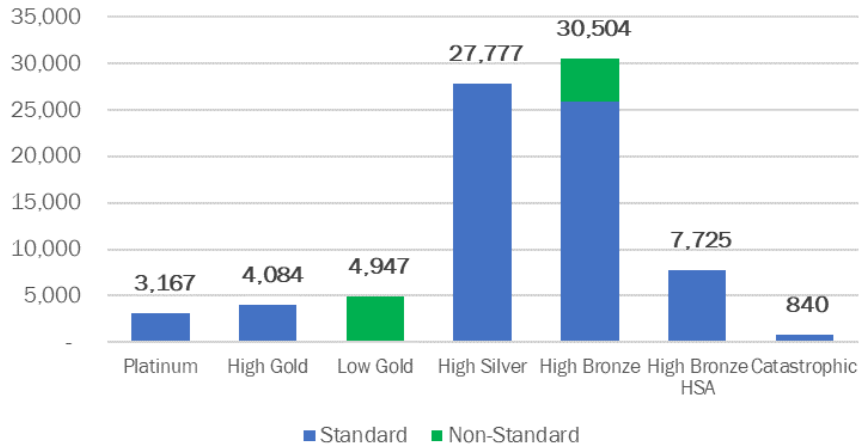




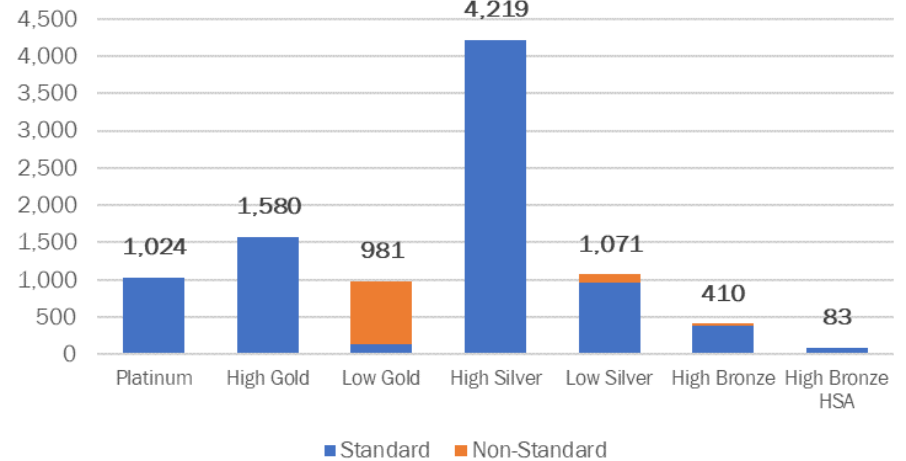
# **Appendix 2: Member Enrollment Snapshot**

# Health Plan Enrollment Snapshot: PY 2021

## Non-Group Unsubsidized and APTC-Only Enrollment



## Health Connector for Business Enrollment



### Non-Group data notes:

- Membership reflects enrollment as of 2/28/21
- “Low Gold” plans are within the Health Connector’s defined low Gold AV range of 76.0-76.5 percent
- “High Bronze” plans are those in the federally-allowed expanded Bronze AV range above 62 percent

### Small Group data notes:

- Membership reflects enrollment as of 3/1/21
- As small groups have rolling plan year enrollment, membership includes enrollees in both 2020 and 2021 plans
- “Low Gold” plans are within the Health Connector’s defined low Gold AV range of 76.0-76.5 percent
- “High Silver” plans reflect the Health Connector’s standard Silver plan design
- “Low Silver” plans either reflect the Health Connector’s 2020 and 2021 standard low Silver design, or have AVs at the low end of the allowed Silver AV range (~68 percent)
- “High Bronze” plans are those in the federally-allowed expanded Bronze AV range above 62 percent