



Final Award of the 2022 Seal of Approval (VOTE)

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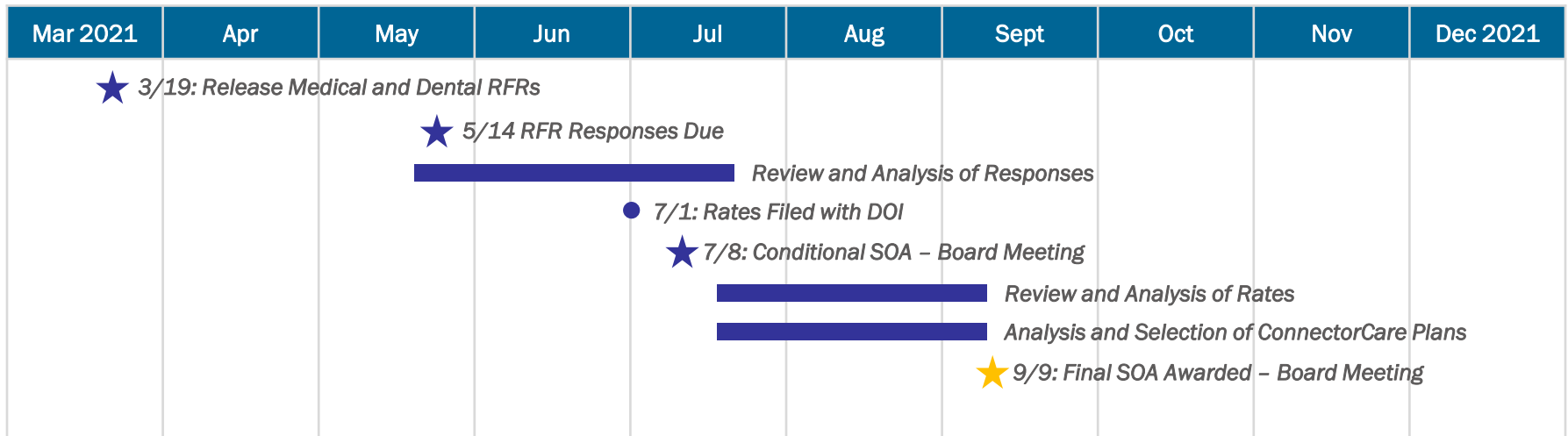
EDITH BOUCHER CALVAO, FSA, MAAA
Actuary

Board of Directors Meeting, September 9, 2021

2022 Final Seal of Approval

Today, staff share their recommendation for the award of the Final Seal of Approval (SOA) for Qualified Health and Dental Plans for the 2022 Plan Year (PY), as well as our recommendation for the PY 2022 ConnectorCare program.

- A vote today authorizing the Final SOA allows us to offer these plans for sale through the Health Connector starting January 1, 2022



2022 Seal of Approval: Market Response Overview

The proposed final 2022 Qualified Health and Dental Plan shelves will offer a range of plan designs, carriers, and premiums that seek to prioritize affordable, comprehensive coverage for members. The shelf features:

- A proposed ConnectorCare program design that continues to offer affordable choice for enrollees <300% of the Federal Poverty Level (FPL)
- A broad choice of carriers and plans for individuals above 300% FPL and small group enrollees, with:
 - 9 medical carriers submitting a total of 52 non-group and 64 small group Qualified Health Plans (QHPs)
 - 2 dental carriers submitting a total of 12 Qualified Dental Plans (QDPs) for on-Exchange sale*
- Moderate premium changes, though with variation among carriers

Average Changes in Health Connector Premiums (without member aging): 2021-2022

Merged Market Total ¹	Unsubsidized & APTC-only Medical Plans ²	ConnectorCare Base Silver Medical Plans ³	Dental Plans ⁴
	85,138 members ⁵	186,769 members	120,200 members
6.9%	6.9%	6.6%	-1.0%

* Consistent with Plan Year 2021, two additional carriers are recommended for certification of off-Exchange Qualified Dental Plans, for a total of 19 plans

¹ For 2022, the total Division of Insurance merged market enrollment-weighted premium change without member aging, inclusive of the Health Connector, is 6.9%

² Enrollment-weighted non-group premium change without member aging (~2%), assumes mapping to 2022 renewal plan

³ Enrollment-weighted non-group premium change from 2021 base silver plan to 2022 base silver plan without member aging (~2%); premium increases not directly reflected in ConnectorCare enrollee contributions

⁴ Enrollment-weighted non-group average premiums

⁵ Enrollment data as of August 2021

A faint, light blue graphic of a scale of justice is visible in the background of the slide. It features a central vertical pillar with a curved arm extending from the top, holding a horizontal beam. The scale is positioned on the left side of the slide, with the right side being a plain light blue background.

Qualified Health Plans: Unsubsidized and APTC-Only

QHPs: Overview

The PY 2022 product shelf is mostly stable compared to PY 2021 for unsubsidized and Advance Premium Tax Credit members as well as for ConnectorCare membership.

- As in prior plan years, carriers continue to be required to offer standard platinum, high gold, high silver, low silver (small group only) and bronze plans, and a PPO plan for small groups, as well as a low gold non-standardized plan
- There are no new carrier entrants or departures for PY 2022
- The only new plans or plan closures are due to Fallon's change in market and product strategy resulting in a smaller plan portfolio, but Fallon will continue to offer all required products and continue participation in the ConnectorCare program on the same network and service area as 2021
- QHPs in 2022 will include expanded coverage of insulin delivery methods at low copays, improving upon the Health Connector's existing equity-driven insulin initiative



QHPs: Fallon Plan Changes

All new plans and plan closures in 2022 reflect Fallon’s change in market and product strategy. Staff have worked closely with the carrier to plan for a smooth transition for affected Health Connector members.

- Fallon is closing all plans on its two broadest commercial market networks, Select Care and Direct Care, and going forward will offer only plans on its narrower network, Community Care, its present network for the ConnectorCare program
- Approximately 1,600 unsubsidized and APTC-only members will be impacted by Fallon’s plan closures in 2022
- Most of these members will be auto-renewed into the Community Care plan within their current metallic tier, while some will be auto-renewed into the lowest-cost plan available to them from a different carrier
- Fallon’s 2022 plans will include a “network alert” in the online shopping pages to make individuals aware that the network is smaller
- The Health Connector and Fallon are sending letters and emails to impacted members to ensure they check coverage of their providers and select a plan that meets their needs
- Fallon’s PY 2022 product changes do not impact the ConnectorCare program; Fallon will continue to participate with the same provider network and coverage area as PY 2022



[Health Connector Open Enrollment](#) is **November 1 through January 23**. This is the time of year when members can choose shop and compare their plan choices and decide if they want to change plans for 2022.

Fallon Health changes for 2022

Starting in 2022, Fallon Health will no longer offer their Direct and Select network plans through the Health Connector. Fallon Health Community Care network plans may still be available in some areas of Massachusetts.

Members who had been enrolled in a Fallon Health Direct or Select network plan may be renewed into a new health plan from a different insurance company for 2022 if Fallon Health Community Care is not available in their service area.

For more information about these changes, please [contact Fallon Health](#).

QHPs: Unsubsidized & APTC-only Non-Group Premium Changes

On average, unsubsidized and APTC-only non-group members will experience a 6.9% rate increase before aging, and 8.5% after accounting for aging, though increases vary by metallic tier.

Unsubsidized & APTC-only Average Changes in Premium by Tier, before Subsidies: 2021 to 2022 ^{1,2}

	Platinum	Gold	Silver	Bronze	Catastrophic
	3,173 members	9,574 members	33,462 members	38,208 members	721 members
All Plans (without "aging")	6.6%	6.4%	5.9%	8.1%	6.8%
All Plans (with "aging")	8.4%	8.1%	7.5%	9.9%	9.1%

¹ Non-group enrollment data from August 2021

² Enrollment-weighted premium change with and without member aging (~2%); assumes mapping to 2022 renewal plan

QHPs: Unsubsidized & APTC-only Non-Group Premium Changes (cont'd)

Premium changes vary significantly by carrier, compared to average increases.

Unsubsidized & APTC-only Average Changes in Premium by Carrier: 2021 to 2022

Carriers	Membership Share ¹	Premium Change (without aging) ²	Premium Change (with aging) ²	Example of 2022 Silver Plan Premium ³
Tufts Health Plan – Direct	52%	9.2%	11.0%	\$456.08
BMC HealthNet Plan	14%	6.4%	7.9%	\$411.21
Tufts Health Plan – Premier	10%	5.5%	7.3%	\$511.53
Blue Cross Blue Shield	7%	3.4%	5.1%	\$624.64
AllWays Health Partners	6%	1.8%	3.4%	\$487.71
Health New England	5%	14.7%	16.2%	\$438.38
Harvard Pilgrim Health Care	3%	3.2%	4.7%	\$557.48
Fallon Health	3%	-1.9%	-0.3%	\$426.68
UnitedHealthcare	0.6%	8.7%	10.4%	\$646.02
OVERALL	100%	6.9%	8.5%	

¹ Enrollment data as of August 2021

² Enrollment-weighted non-group premium change (2021 actuals to 2022 calculated) with and without member aging (~2%); assumes mapping to 2022 renewal plan

³ 2022 silver premium for an unsubsidized 40-year-old in Worcester for all carriers except AllWays and United. AllWays' premium in the table reflects AllWays' smaller network plan (ConnectorCare base silver) in the Boston area as that plan is not available in Worcester. The premium for AllWays' broader network silver plan that is available in Worcester is \$642.35. United's premium in the table reflects a Boston-area premium as United is only offered in the Boston area.

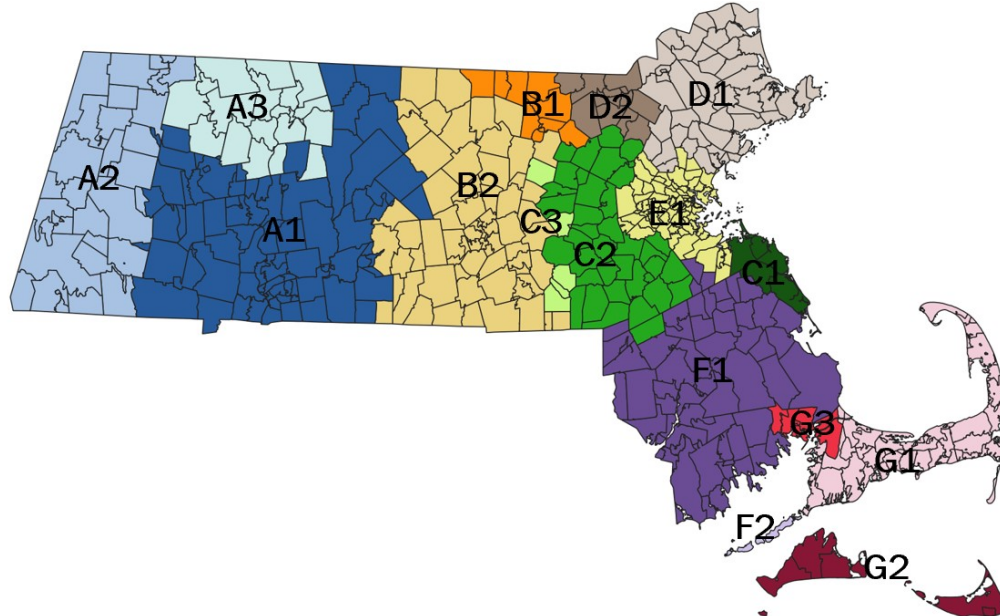


Qualified Health Plans: ConnectorCare

2022 ConnectorCare Program Design

The 2022 ConnectorCare program landscape is stable compared to 2021, with no changes to carrier geographic participation or material provider network composition.

- AllWays Health Partners, BMC HealthNet Plan, Fallon Health, Health New England, and Tufts Direct will continue to offer ConnectorCare coverage, in the same regions, in PY 2022
- Staff continue to be interested in adding additional carriers to the ConnectorCare program in future plan years, particularly in areas with only one or two carriers, and policy development with a focus on equitable provider network access is ongoing for PY 2023 and beyond



2022 ConnectorCare Program Design (cont'd)

The proposed 2022 ConnectorCare enrollee contributions are designed to promote competitive pricing, balanced with increased affordability and choice for members.

- The chart to the right shows ConnectorCare carrier positions based on underlying 2022 premiums, relative to rank ordering in 2021, for each region in the map at right; carrier position is mostly unchanged from 2021
- Carriers in **green** have moved to a lower cost position relative to 2022; carriers in **red** have moved to a higher cost position
- The recommended ConnectorCare enrollee premium contributions are included in the ConnectorCare regional map in the Appendix
- ConnectorCare members, regardless of where they reside, will have access to at least one ConnectorCare plan at the Affordability Schedule-defined monthly cost
- Additional modest premium stabilization is designed to assist members enrolling in slightly higher-cost plans that meet price and network breadth qualifications, while reflecting the rank order of underlying premium rates to promote competition. For equity purposes, this approach concentrates assistance to the lowest income populations within ConnectorCare.

Region	Lowest Cost	2 nd Lowest Cost	3 rd Lowest Cost	4 th Lowest Cost
A1	BMCHP	TD	HNE	
A2	TD	HNE		
A3	HNE			
B1	BMCHP	FCHP	TD	AHP
B2	BMCHP	FCHP	HNE	TD
C1	BMCHP	TD	AHP	
C2	BMCHP	TD	FCHP	AHP
C3	BMCHP	TD	FCHP	HNE
D1	BMCHP	TD	AHP	
D2	BMCHP	FCHP	TD	AHP
E1	BMCHP	TD	AHP	
F1	BMCHP	TD	AHP	
F2	AHP			
G1	TD	BMCHP		
G2	AHP			
G3	TD	BMCHP	AHP	



Qualified Dental Plans

QDPs: Overview and Premium Changes

The Qualified Dental Plan shelf also remains stable from PY 2021, with the same 12 plans available from two carriers and an average decrease in premiums of 1.0%.

Non-group Dental
Average Changes in Premium by Tier: 2021 to 2022 ¹

Family High	Family Low	Pediatric-only
30,438 members ²	89,601 members	161 members
-1.0%	-1.1%	-2.1%

Small Group Dental
Average Changes in Premium by Tier: 2021 to 2022 ¹

Family High	Family Low
2,132 members ²	943 members
1.3%	1.3%

Dental Average Changes in Premium by Carrier: 2021-2022

Carriers	Non-group Membership Share ²	Non-Group Premium Change ¹	Small Group Membership Share ²	Small Group Premium Change ¹
Altus Dental	12%	-9.5%	12%	0.0%
Delta Dental of MA	88%	0.9%	88%	1.4%
OVERALL				-1.0%

¹ Enrollment-weighted average premiums for plans sold through the Health Connector only.

² Enrollment as of August 2021



Next Steps and Early PY 2023 Planning

Next Steps and 2023 Policy Exploration

In addition to preparations for the 2022 Open Enrollment period, staff are actively developing 2023 SOA policy priorities and seek Board feedback as policy development continues.

- A vote on today's final SOA will allow staff to proceed with use for QHPs and QDPs for activities in preparation for Open Enrollment, including APTC calculation, generation and mailing of renewal notices, and opening of shopping on November 1
- Early SOA 2023 policy development is underway, with priorities guided by health equity principles:
 - Strengthening the ConnectorCare program to ensure provider access options for enrollees are consistent with member centeredness and health equity goals
 - Alignment with areas of EOHHS's Behavioral Health roadmap
 - Coverage or cost-sharing requirements aimed at closing health outcome gaps based on racial disparities
 - Advancement of low-cost Medication Assisted Treatment coverage for opioid use disorders, building on the zero-dollar coverage program in ConnectorCare
- The 2023 SOA Request for Responses will be released in March 2022, and staff will seek Board member input over the next six months in advance of its release



Vote

VOTE

The Health Connector recommends awarding the 2022 Final Seal of Approval to all recommended QHPs and QDPs proposed by the following carriers:

- AllWays Health Partners
- Altus Dental
- Blue Cross Blue Shield of MA
- Boston Medical Center HealthNet Plan
- Delta Dental of MA
- Fallon Health
- Guardian
- Harvard Pilgrim Health Care
- Health New England
- Tufts Health Plan – Direct
- Tufts Health Plan – Premier
- UnitedHealthcare



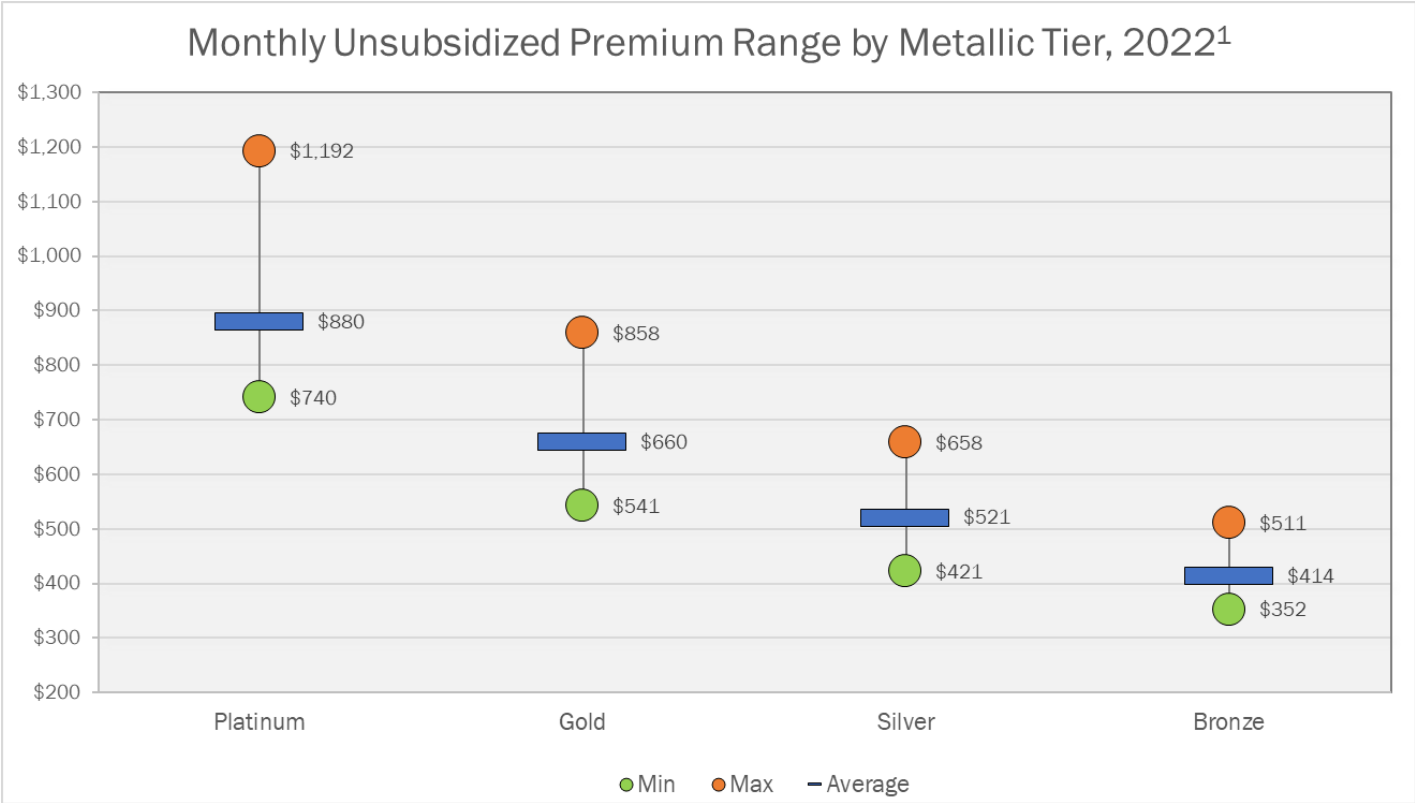
2022 Seal of Approval: Supplemental Materials

2022 Standard Qualified Health Plan Designs

Plan Feature/ Service		Platinum	High Gold	High Silver	Low Silver (HSA compatible, Small Group Only)	Bronze #1	Bronze #2 (HSA compatible)
<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	\$2,000	\$2,000	\$2,750	\$3,200
		\$0	\$0	\$4,000	\$4,000	\$5,500	\$6,400
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	\$8,700	\$7,050	\$8,700	\$7,050
		\$6,000	\$10,000	\$17,400	\$14,100	\$17,400	\$14,100
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$25	\$25	Deductible then \$30	Deductible then \$35	Deductible then \$100
Specialist Office Visits		\$40	\$50	\$50	Deductible then \$60	Deductible then \$75	Deductible then \$150
Urgent Care		\$40	\$50	\$50	Deductible then \$60	Deductible then \$75	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	Deductible then \$750	Deductible then \$750	Deductible then \$1,200	Deductible then \$2,000
Skilled Nursing Facility		\$500	\$750	Deductible then \$750	Deductible then \$750	Deductible then \$1,200	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	\$50	Deductible then \$60	Deductible then \$75	Deductible then \$150
Laboratory Outpatient and Professional Services		\$0	\$50	Deductible then \$45	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	Deductible then \$375	Deductible then \$500	Deductible then \$800	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	68.85 percent	64.97 percent	64.96 percent

Bold indicates changes from 2021.

2022 Unsubsidized and APTC-Only Non-Group Premium Ranges



¹Premiums reflect an unsubsidized 42-year-old individual in Worcester

ConnectorCare: 2022 Plan Designs

CONNECTORCARE BENEFITS & COPAYS				
Plan Type		Plan Type 1	Plan Types 2A & 2B	Plan Types 3A & 3B
Medical Maximum Out-of-Pocket (Individual/ Family)		\$0	\$750/\$1,500	\$1,500/\$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)		\$250/\$500	\$500/\$1,000	\$750/\$1,500
Preventive Care/Screening/Immunization		\$0	\$0	\$0
Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)		\$0	\$10	\$15
Specialist Office Visit		\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$0	\$10	\$15
Rehabilitative Speech Therapy		\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$0	\$10	\$20
Emergency Room Services		\$0	\$50	\$100
Outpatient Surgery		\$0	\$50	\$125
All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)		\$0	\$50	\$250
High Cost Imaging (CT/PET Scans, MRIs, etc.)		\$0	\$30	\$60
Laboratory Outpatient and Professional Services		\$0	\$0	\$0
X-Rays and Diagnostic Imaging		\$0	\$0	\$0
Skilled Nursing Facility		\$0	\$0	\$0
Retail Prescription Drugs:	Generics	\$1	\$10	\$12.50
	Preferred Brand Drugs	\$3.65	\$20	\$25
	Non-Preferred Brand Drugs	\$3.65	\$40	\$50
	Specialty High Cost Drugs	\$3.65	\$40	\$50

PY 2022 ConnectorCare Enrollee Contributions*

Region A1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Tufts Direct	\$0	\$0	\$47	\$90	\$148
3	HNE	\$32	\$31	\$59	\$132	\$208

Region A2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$47	\$90	\$134
2	HNE	\$0	\$0	\$47	\$90	\$147

Region A3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	HNE	\$0	\$0	\$47	\$90	\$134

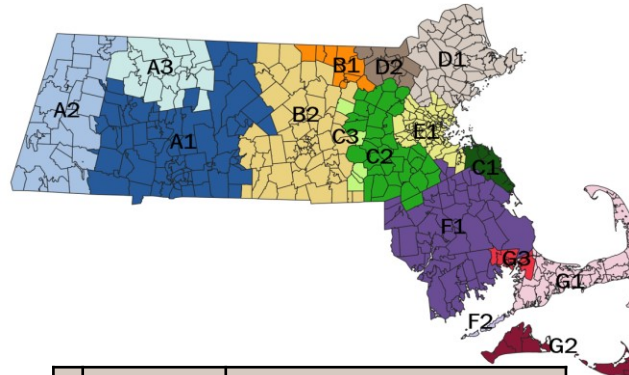
Region B1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Fallon	\$0	\$0	\$47	\$90	\$149
3	Tufts Direct	\$22	\$21	\$50	\$115	\$183
4	AllWays Health Partners	\$32	\$31	\$63	\$134	\$202

Region B2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Fallon	\$0	\$0	\$47	\$90	\$149
3	HNE	\$0	\$0	\$47	\$95	\$161
4	Tufts Direct	\$22	\$21	\$50	\$116	\$183

Region C1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Tufts Direct	\$0	\$0	\$47	\$90	\$148
3	AllWays Health Partners	\$43	\$40	\$72	\$149	\$225

Region C2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Tufts Direct	\$0	\$0	\$47	\$90	\$148
3	Fallon	\$0	\$0	\$47	\$90	\$156
4	AllWays Health Partners	\$43	\$40	\$72	\$149	\$225

Region C3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Tufts Direct	\$0	\$0	\$47	\$90	\$148
3	Fallon	\$0	\$0	\$47	\$90	\$156
4	HNE	\$27	\$25	\$51	\$121	\$196



Region D1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Tufts Direct	\$0	\$0	\$47	\$90	\$148
3	AllWays Health Partners	\$36	\$35	\$65	\$141	\$216

Region D2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Fallon	\$0	\$0	\$47	\$90	\$142
3	Tufts Direct	\$0	\$0	\$47	\$96	\$155
4	AllWays Health Partners	\$47	\$46	\$87	\$163	\$224

Region E1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Tufts Direct	\$0	\$0	\$47	\$90	\$148
3	AllWays Health Partners	\$53	\$52	\$89	\$172	\$248

Region F1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Tufts Direct	\$0	\$0	\$47	\$90	\$148
3	AllWays Health Partners	\$52	\$51	\$87	\$170	\$247

Region F2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	AllWays Health Partners	\$0	\$0	\$47	\$90	\$134

Region G1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$47	\$90	\$134
2	BMC	\$0	\$0	\$47	\$90	\$147

Region G2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	AllWays Health Partners	\$0	\$0	\$47	\$90	\$134

Region G3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$47	\$90	\$134
2	BMC	\$0	\$0	\$47	\$90	\$147
3	AllWays Health Partners	\$63	\$63	\$110	\$198	\$274

*Enrollee contribution amounts represent the maximum a member would pay based on their sub-region, plan type, and carrier chosen. Actual enrollee contributions may be lower according to a member's specific age, sub-region, and income. While this is consistent with prior years, a member may be more likely to pay less than the contributions published here in 2022 than in prior years due to increased APTC via the American Rescue Plan.

Qualified Dental Plans: 2022 Standardized Plan Designs

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

Qualified Dental Plans: Plan Counts

Plan Year 2022 (No change from PY 2021)							
Carriers	Non-Group	Small Group	Intent to sell on exchange	High	Low	Pedi	Total
<i>Altus Dental</i>	✓	✓	✓	1	1	1	3
<i>Blue Cross Blue Shield of MA*</i>		✓		1	1	2	4
<i>Delta Dental of MA</i>	✓	✓	✓	2	3	4	9
<i>Guardian*</i>		✓		1	1	1	3
TOTAL				5	6	8	19

*Blue Cross Blue Shield and Guardian have submitted plans for certification for the small group market, but as in 2021, are recommended for a waiver of sales through the Health Connector given sufficiency of existing choice