



2023 Health and Dental Plan Proposed Seal of Approval

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Seal of Approval 2023: Overview

The proposed Plan Year (PY) 2023 Seal of Approval (SOA) priorities are guided by the Health Connector’s strategic plan and its equity framework, and its commitment to member-centeredness.

- SOA 2023 priorities include coverage and cost-sharing improvements, small group product shelf changes to expand plan options and value, and ConnectorCare program enhancements

Area of Focus	Proposed 2023 SOA Initiative
Product Shelf	<ul style="list-style-type: none"> • Update 2023 standard plan designs according to 2023 Actuarial Value Calculator (AVC) • Adjust to federal changes to low gold plan AVs • Strengthen PPO plan designs • Expand PPO availability to one-level choice model • Facilitate Tufts/HPHC merger of their on-exchange coverage
Coverage and Cost-Sharing	<ul style="list-style-type: none"> • Set cost-sharing to \$0 for certain services/drugs for key chronic conditions in ConnectorCare, to advance CCA’s health equity objectives • Promote coverage of additional mental health provider types, aligning with the EOHHS Behavioral Health Roadmap • Engage with carriers and advocacy groups to make coverage and access improvements in other priority areas such as maternal health and gender-affirming care
Quality	<ul style="list-style-type: none"> • Focus on reducing health and health care disparities in carriers’ Quality Improvement Strategies (QIS) • Add Quality Rating System (QRS) star ratings to HIX shopping experience for OE 2023
ConnectorCare	<ul style="list-style-type: none"> • Reduce cost-sharing to \$0 for certain services and medications, described above • Expand to all carrier participation in ConnectorCare program effective PY 2024, with preparation activities in PY 2023

- The Health Connector received responses from the public its SOA Request for Information (RFI) in January and incorporated respondents’ feedback into the proposals within where possible

Centering Health Equity in Seal of Approval 2023

Health Connector staff continue to take steps to center health equity and racial equity in its work, including the Seal of Approval process.

Health equity problem	Targeted Seal of Approval response
<ul style="list-style-type: none"> Health disparities in health status and chronic conditions by race and ethnic group 	<ul style="list-style-type: none"> Zeroing out cost sharing in ConnectorCare for high-value medications needed for treatment of four select chronic conditions disproportionately affecting communities of color: <ul style="list-style-type: none"> ➤ Diabetes ➤ Asthma ➤ Coronary artery disease ➤ Hypertension Eliminating cost sharing for PCP sick visits in ConnectorCare program to ease access to care setting where many chronic conditions are managed
<ul style="list-style-type: none"> Disparities in foregone care due to cost reported by communities of color 	
<ul style="list-style-type: none"> Inequities in medical debt by race and ethnic groups 	<ul style="list-style-type: none"> Steps in 2023 Seal of Approval to require full carrier participation in ConnectorCare starting in 2024
<ul style="list-style-type: none"> Inequities among CCA enrollees in ability to access full range of carrier and provider choices based on income/subsidy eligibility 	
<ul style="list-style-type: none"> Disparities by race and ethnic group and LGBTQ+ status in mental health disorder incidence and/or access to behavioral health care 	<ul style="list-style-type: none"> Encouragement of carriers to incorporate recovery coaches and certified peer specialists into members' treatment Will require carriers to contract with Community Behavioral Health Centers for earliest plan year in which they are implemented
<ul style="list-style-type: none"> Inconsistent or unclear access to gender affirming care and/or care for transgender residents 	<ul style="list-style-type: none"> Requiring carriers to enhance gender-affirming care case management expertise and work toward establishment of gender-affirming care advisory councils



Proposed 2023 Product Shelf

Proposed 2023 Product Shelf: Standard Plans

The Health Connector recommends updating some standard plan designs, as well as strengthening certain small group offerings, within an otherwise steady product shelf.

- Standard Plan Design

- Health Connector staff propose to increase the Maximum Out-of-Pocket amounts of standard silver and bronze plans to the allowed 2023 maximum of \$9,100, as well as increase the standard bronze deductible to the 2023 Minimum Creditable Coverage maximum of \$2,850, consistent with prior years' annual updates
- Changes to the 2023 federal actuarial value (AV) calculator necessitate some cost-sharing increases on the standard gold and high silver designs
- As adjustments made by CMS in the 2023 AV calculator mean that bronze cost-sharing can decrease compared to 2022 while remaining within the allowable bronze AV range, staff propose reducing standard bronze plans' cost-sharing for many services
- In addition to existing survey research, staff worked with its communications research vendor to conduct a series of member interviews on standard plan design to help inform 2023 plan development
- Staff are also tracking an issue with the 2023 Notice of Benefit and Payment Parameters (NBPP) that would impact the allowed AVs of carriers' current low gold plan designs



Proposed 2023 Product Shelf: Small Group and Carrier Changes

The 2023 Seal of Approval intends to improve small group PPO plan designs and expand their availability in employee choice models. Staff are also preparing to facilitate merged carrier offerings.

- Health Connector for Business Offerings
 - Feedback from employers, employees, and brokers suggests Health Connector for Business consumers are not satisfied with the PPO plan designs offered and their limited availability
 - In response, Health Connector staff propose to strengthen PPO plan designs by requiring carriers' PPOs to be a standard plan or the carrier's low gold plan design, making it a "companion plan" to an HMO on the shelf
 - In addition, staff propose to expand PPO availability to the one-level employee choice model; PPOs are currently only offered in the one-carrier model
- Carrier Changes
 - Staff planning is underway for facilitation of the Tufts/HPHC merger
 - Preparations will include activities across the organization, such as systems testing; provider network comparison as needed; notice and communications planning; among others



PY 2023 Initiatives to Improve Value and Quality

New Member Benefits to Promote Value, Equity, and Access

As a primary component of the Health Connector’s equity work, the 2023 SOA proposes to alleviate cost-sharing burdens with Value-based Insurance Design (VBID) initiatives particularly in the ConnectorCare program, with a focus on disparate health outcomes experienced by people of color.

	VBID Area of Focus	Description
All CCA members	Recovery Coaches and Certified Peer Specialists	Encourage coverage for these EHS BH Roadmap services, with \$0 cost sharing where covered
ConnectorCare members	Reduced Cost Sharing for Tier 1 Insulin	Provide \$0 cost sharing for Tier 1 insulin in ConnectorCare
	Reductions in ConnectorCare Cost Sharing for PCP Sick Visits and Mental Health Outpatient Visits	Reduce PCP sick visit copays to \$0, which helps reduce care management access barriers for members with chronic conditions; mirror \$0 for mental health outpatient visits for parity
	Reductions in ConnectorCare Cost Sharing for Certain Conditions	Provide \$0 cost sharing for commonly used medications for diabetes (non-insulin), coronary artery disease, hypertension, and asthma

Value Initiatives: Mental Health and Substance Use Disorder (SUD)

Health Connector staff, in support of EHS's Behavioral Health Roadmap and in line with RFI respondents' suggestions, recommend coverage and cost-sharing improvements for behavioral health and SUD.

- National data indicate that racial and ethnic minorities have less access to behavioral health care and medication than other groups, and when they are able to access care, it is of lower quality. National data also indicate a greater incidence of mental health and substance use disorders among LGBTQ+ populations
- The Massachusetts Department of Public Health (DPH) reported that opioid-related overdose deaths increased for Hispanic and Black non-Hispanic communities between 2018 and 2020, a trend expected to continue in 2021
- A 2021 NIH study found that Non-Hispanic Black individuals in four U.S. states experienced a 38 percent increase in the rate of opioid overdose deaths from 2018 to 2019, while the rates for other race and ethnicity groups held steady or decreased
- The 2023 SOA will encourage carriers to incorporate recovery coaches and certified peer specialists into members' treatment, ensuring they are included in all instances in which they are part of an organization or program providing recovery services
- Health Connector staff recommend requiring carriers to contract with Community Behavioral Health Centers (CBHCs), in line with the EHS BH Roadmap, for the earliest plan year in which they are implemented
- 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, first introduced in Plan Year 2017

Value Initiatives: Diabetes and Hypertension

Health Connector staff intend to reduce cost-sharing in the ConnectorCare program for commonly used medications for diabetes, hypertension, coronary artery disease, and asthma, as well as PCP ‘sick visits’ as diabetes, for example, is chiefly managed in a primary care setting with occasional specialist support.

▪ Diabetes

- In 2015, it was estimated that 8.9 percent of Massachusetts residents had diabetes, with higher proportions of disease among Black and Hispanic residents
- Black residents also have twice the rate of diabetes-related mortality and four times as many diabetes-related emergency room visits compared to White non-Hispanic residents
- Building on the Health Connector’s existing initiative requiring insulins at Tier 1 cost-sharing, staff propose providing Tier 1 insulin at \$0 cost sharing in ConnectorCare
- In addition, Health Connector staff propose \$0 cost-sharing in ConnectorCare for two highly effective non-insulin medications for patients with Type 2 Diabetes

▪ Hypertension

- By age 55, 75 percent of both Black men and women have already developed hypertension, compared to 55 percent of white men and 40 percent of white women
- Health Connector staff propose \$0 cost-sharing for ConnectorCare members for three first-line generic medications used for treating hypertension

Value Initiatives: Coronary Artery Disease and Asthma

▪ Coronary Artery Disease

- Coronary Artery Disease and cardiovascular disease in general account for nearly 40 percent of the disparity in life expectancy between blacks and whites
- Health Connector staff propose \$0 cost-sharing for ConnectorCare members for two generic medications, one of which is one of the most widely prescribed medications in the United States

▪ Asthma

- Black, Hispanic, and American Indian/Alaska Native communities have the highest rates of asthma-related disease, death, and hospitalizations
- Health Connector staff propose \$0 cost-sharing for ConnectorCare members for two generic inhaled medications, one brand inhaler, and one generic oral medication, to treat mild to severe asthma

Sources: <https://www.heart.org/-/media/Files/About-Us/Policy-Research/Fact-Sheets/FACTS-CVD-and-Health-Equity.pdf>;
<https://www.aafa.org/media/2743/asthma-disparities-in-america-burden-on-racial-ethnic-minorities.pdf>

Additional Coverage Priorities

The Health Connector proposes to use the 2023 SOA, informed by SOA RFI responses, to take steps to improve coverage in other areas of priority such as maternal health and gender-affirming care.

- Health Connector staff plan to continue to engage in statewide doula coverage efforts and plan to ask carriers to report efforts to close maternal health outcomes disparities based on race in their SOA responses
- The Health Connector received robust and thoughtful RFI responses from the transgender health advocacy community that informed 2023 Seal of Approval recommendations
 - The Health Connector recommends requiring carriers to enhance gender-affirming care case management expertise and work toward establishment of gender-affirming care advisory councils
 - The Health Connector plans to ask carriers information regarding how they ensure members are treated in a respectful, nondiscriminatory manner in their SOA responses
- Behavioral health advocacy groups and providers suggested the Health Connector review QHPs for mental health parity
 - Health Connector staff will explore ways to enhance oversight of insurance plan design regarding mental health parity
- The Health Connector will engage with these communities and organizations and the Division of Insurance to identify ways the Seal of Approval can support ongoing policy efforts in the future

Quality Initiatives

The proposed 2023 Seal of Approval includes improvements to two federally-required quality initiatives.

- Quality Improvement Strategy

- Carriers are required to report on Quality Improvement Strategies (QIS) to the Health Connector annually
- The Federally Facilitated Marketplace will require carriers to explicitly aim to reduce health and health care disparities in their 2023 QIS initiatives
- Staff propose to require this of Health Connector carriers as well

- Quality Rating System

- The Quality Rating System (QRS) aims to help consumers compare medical care covered by different health plans, as well as the member-reported experiences of service by health plans

Plan Type	Overall Rating	Medical Care	Member Experience	Plan Administration
HMO	★★★★★ 5 STARS	★★★★☆ 4 STARS	★★★★☆ 4 STARS	★★★★★ 5 STARS

- QRS star ratings are currently available for shoppers' review on a standalone Health Connector web page
- Beginning with the 2023 Open Enrollment period, the HIX system will display carriers' QRS stars for consumers' consideration integrated into the shopping pages when shopping for a health plan
- Staff have begun work with IT vendors on implementation and will engage carriers as work progresses



ConnectorCare

ConnectorCare Participation

Given the equity issues and program fragility caused by partial carrier participation, the proposed 2023 SOA will lay the groundwork for required ConnectorCare program participation from all carriers in Plan Year 2024.

- Staff recommend that partial carrier participation in ConnectorCare is an approach that no longer serves in the best interests of the program and Health Connector members
- ConnectorCare comprises roughly 60 percent of the individual market, yet members do not currently have access to the full range of market choices (carriers and providers), contravening the spirit of the exchange model and the ACA
- Addressing this dynamic is important to the Health Connector from an equity perspective in light of the fact that the ConnectorCare program has a greater share of enrollees of color and immigrants than the rest of the individual market
- Expanded participation will:
 - **Make the program more equitable for members** and better reflect the Health Connector’s commitment to **connecting the public it serves to the full market**, and avoid operating a “two tier system” based on income
 - **Increase statewide access, competition, and stability** in the program by **protecting against the risk of members having minimal carrier options** or “bare counties.” (Thousands of ConnectorCare members currently have a choice of only 1 or 2 carriers in their region, leaving members with limited choices, and the program vulnerable to market shifts.)



ConnectorCare Participation (cont'd)

The 2023 SOA Request for Responses will include requirements in preparation for additional carrier participation in 2024.

- After considering implementation activities and associated timelines that would be required of both the Health Connector and carriers for successful execution, Health Connector staff intend to use the 2023 SOA to plan and outline requirements for all carrier ConnectorCare participation in 2024
- For example, the 2023 SOA RFR will:
 - Require carriers to submit action steps they will take during PY23 to join the program for PY24
 - Require carriers to implement a state Cost Sharing Reduction (CSR) reconciliation mechanism during PY23 in preparation for PY24
 - Require carriers to develop any policies and procedures they believe are necessary to join the ConnectorCare program and submit drafts to the Health Connector during PY23

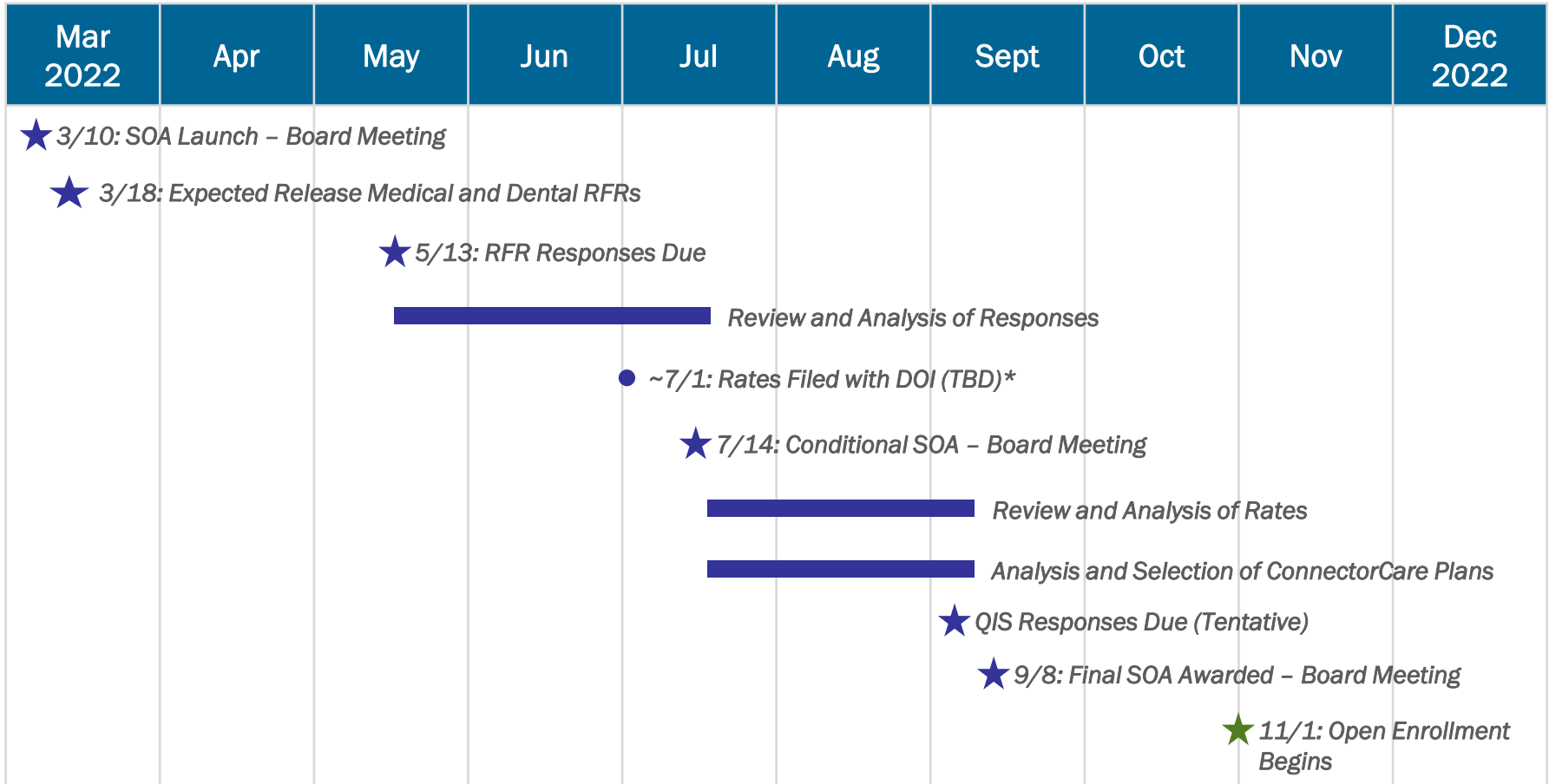


The Health Connector looks forward to bringing the full range of market choices and health care access opportunities afforded by the Massachusetts market to the full range of its membership, in keeping with the exchange model of enabling choice and access, and ensuring equity



Proposed SOA 2023 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 PY23 Plan Designs

2022-2023: Platinum

Plan Feature/ Service	2022 Platinum	2023 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	89.88 percent	

2022-2023: Gold Plan Options

Plan Feature/ Service	2022 High Gold	2023 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	\$30
Specialist Office Visits	\$50	\$55
Urgent Care	\$50	\$55
Emergency Room	\$300	\$350
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	\$55
Laboratory Outpatient and Professional Services	\$50	\$25
X-rays and Diagnostic Imaging	\$75	\$75
High-Cost Imaging	\$400	\$250
Outpatient Surgery: Ambulatory Surgery Center	\$500	\$500
Outpatient Surgery: Physician/Surgical Services	\$0	\$0
Prescription Drug	Retail Tier 1	\$25
	Retail Tier 2	\$50
	Retail Tier 3	\$75
	Mail Tier 1	\$50
	Mail Tier 2	\$100
	Mail Tier 3	\$225
Federal Actuarial Value Calculator	81.40 percent	81.97 percent

Bold indicates changes from PY22. Modeled using PY23 Draft AV calculator. Amounts subject to change

2022-2023: High Silver

Plan Feature/ Service		2022 High Silver	2023 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		\$8,700	\$9,100
		\$17,400	\$18,200
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$25	\$30
Specialist Office Visits		\$50	\$60
Urgent Care		\$50	\$60
Emergency Room		Deductible then \$300	Deductible then \$350
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$750	Deductible then \$1,000
Skilled Nursing Facility		Deductible then \$750	Deductible then \$1,000
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$50	\$60
Laboratory Outpatient and Professional Services		Deductible then \$45	Deductible then \$50
X-rays and Diagnostic Imaging		Deductible then \$75	Deductible then \$75
High-Cost Imaging		Deductible then \$375	Deductible then \$350
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	\$30
	Retail Tier 2	\$50	Deductible then \$60
	Retail Tier 3	Deductible then \$75	Deductible then \$90
	Mail Tier 1	\$50	\$60
	Mail Tier 2	\$100	Deductible then \$120
	Mail Tier 3	Deductible then \$225	Deductible then \$270
Federal Actuarial Value Calculator		71.97 percent	71.94 percent

2022-2023: Low Silver (HCB Only)

Plan Feature/ Service		2022 Low Silver (HSA compatible, Small Group Only)	2023 Low Silver (HSA compatible, Small Group Only)
<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		\$7,050	\$7,050
		\$14,100	\$14,100
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		68.85 percent	70.62 percent

2022-2023: High Bronze #1

Plan Feature/ Service		2022 Bronze #1	2023 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		\$2,750	\$2,850
		\$5,500	\$5,700
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		\$8,700	\$9,100
		\$17,400	\$18,200
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$35	Deductible then \$30
Specialist Office Visits		Deductible then \$75	Deductible then \$65
Urgent Care		Deductible then \$75	Deductible then \$65
Emergency Room		Deductible then \$750	Deductible then \$400
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$1,200	Deductible then \$1,000
Skilled Nursing Facility		Deductible then \$1,200	Deductible then \$1,000
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$75	Deductible then \$65
Laboratory Outpatient and Professional Services		Deductible then \$75	Deductible then \$50
X-rays and Diagnostic Imaging		Deductible then \$100	Deductible then \$100
High-Cost Imaging		Deductible then \$800	Deductible then \$350
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 \$65
	Retail Tier 3	Deductible then \$150	Deductible then \$100
	Mail Tier 1	\$60	\$60
	Mail Tier 2	Deductible then \$200	Deductible then \$130
	Mail Tier 3	Deductible then \$450	Deductible then \$300
Federal Actuarial Value Calculator		64.97 percent	64.97 percent

2022-2023: High Bronze #2

Plan Feature/ Service		2022 Bronze #2 (HSA compatible)	2023 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		\$3,200	\$3,300
		\$6,400	\$6,600
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		\$7,050	\$7,450
		\$14,100	\$14,900
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		Deductible then \$100	Deductible then \$60
Specialist Office Visits		Deductible then \$150	Deductible then \$90
Urgent Care		Deductible then \$150	Deductible then \$90
Emergency Room		Deductible then \$1,750	Deductible then \$1,000
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$2,000	Deductible then \$1,800
Skilled Nursing Facility		Deductible then \$2,000	Deductible then \$1,800
Durable Medical Equipment		Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		Deductible then \$150	Deductible then \$90
Laboratory Outpatient and Professional Services		Deductible then \$55	Deductible then \$55
X-rays and Diagnostic Imaging		Deductible then \$140	Deductible then \$135
High-Cost Imaging		Deductible then \$1,000	Deductible then \$750
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 \$120
	Retail Tier 3	Deductible then \$225	Deductible then \$200
	Mail Tier 1	Deductible then \$60	Deductible then \$60
	Mail Tier 2	Deductible then \$300	Deductible then \$240
	Mail Tier 3	Deductible then \$675	Deductible then \$600
Federal Actuarial Value Calculator		64.96 percent	64.94 percent

Bold indicates changes from PY22. Modeled using PY23 Draft AV calculator. Amounts subject to change

2022-2023: 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 2022.



Appendix 2: SOA Request for Information Respondents

SOA RFI Respondents

AllWays Health Partners	Mass General Brigham
Blue Cross Blue Shield MA	Institute for Clinical and Economic Review
Boston Medical Center HealthNet Plan	Harvard Center for Health Law and Policy Innovation
Fallon Health	Health Care for All
Health New England	MA Insulin4All
Point32 Health	Christine Dufresne - Certified doula
UnitedHealthcare	Transhealth Northampton
Association for Behavioral Healthcare	Mass League of Community Health Centers
Planned Parenthood	Mass Trans Health Coalition
	Health Law Advocates