



Conditional Award of the 2023 Seal of Approval (VOTE)

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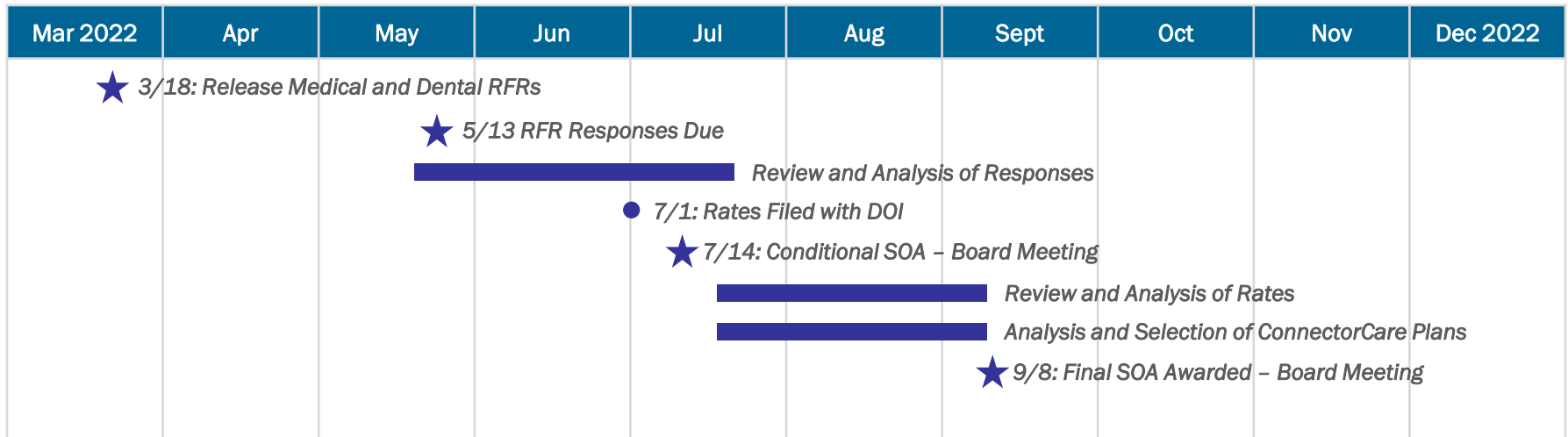
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Board of Directors Meeting, July 14, 2022

2023 Conditional Seal of Approval

Staff request the Health Connector Board of Directors 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 staff to consider these plans for sale through the Health Connector for the 2023 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 to Massachusetts residents
- Staff will return to the Board in September seeking a final award of the 2023 SOA, after the Division of Insurance (DOI) completes its form and rate filing review process and Health Connector staff complete review of the value the plans offer to our Marketplace



Refresher on 2023 Product Goals and Strategies

The Health Connector's 2023 SOA requirements were guided by its strategic plan and equity framework, with a continued focus on improving the member experience within an overall stable product shelf.

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

Area of Focus	Refresher: 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 carrier merger and branding changes
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 the Health Connector's health equity objectives• Promote coverage of additional mental health provider types, aligning with the EOHHS Behavioral Health Roadmap• Seek carrier feedback regarding coverage and access improvements in other priority areas such as maternal health and gender-affirming care for future SOA policy development
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



Qualified Health Plan (QHP) Submissions

Qualified Health Plans: Overview

Eight medical carriers responded to the 2023 Seal of Approval, submitting a total of 45 non-group, and 57 small group, Qualified Health Plans (QHPs).

- Carriers continue to be required to offer standard platinum, high gold, high silver, low silver (small group only) and bronze plans; a non-standard low gold plan; and a PPO plan for small groups
 - The Health Connector continues to require that carriers offer a non-standard low gold plan within a prescribed AV range
- There are several member-facing carrier changes for 2023
 - As part of the Tufts-Harvard Pilgrim merger to Point32Health, all 2022 members in Tufts Premier plans will transition to an HPHC plan in 2023
 - AllWays Health Partners will be renamed Mass General Brigham Health Plan in 2023
 - BMC HealthNet Plan will be renamed WellSense Health Plan
- As in previous plan years, ConnectorCare carriers will continue to “load” their silver tier non-group plans with an additional percentage of premium to offset the loss of federal cost-sharing reductions



Qualified Health Plans: Overview (Non-Group)

The chart below outlines the 45 non-group QHPs proposed for the Health Connector's consideration for 2023, a net decrease of seven plans from 2022.

Non-Group 2023*							
Issuers	Platinum	Gold	Silver	Bronze	Catastrophic*	Total 2023	Total 2022 for Comparison
AllWays Health Partners/Mass General Brigham Health Plan	1	2	2	1	0	6	6
Blue Cross Blue Shield	1	2	1	1	1	6	6
BMCHP/WellSense Health Plan	1	2	1	1	0	5	5
Fallon Health	1	2	1	1	0	5	5
Health New England	1	2	1	2	0	6	7
Harvard Pilgrim Health Care	1	2	1	2	0	6	6
Tufts Health Plan - Direct	1	2	1	1	1	6	7
United	1	2	1	1	0	5	5
Total 2023	8	16	9	10	2	45	
Total 2022 for Comparison	9	18	10	12	3	52	

*Excludes Catastrophic plans requested for withdrawal – subject to Board approval.

Qualified Health Plans: Overview (Small Group)

The chart below outlines the 57 small group QHPs proposed for the Health Connector's consideration for 2023, a net decrease of seven plans from 2022.

Small Group 2023							
Issuers	Platinum	Gold	Silver	Bronze	Catastrophic	Total 2023	Total 2022 for Comparison
AllWays Health Partners/Mass General Brigham Health Plan	1	2	4	1	N/A	8	8
Blue Cross Blue Shield	1	2	3	1	N/A	7	7
BMCHP/WellSense Health Plan	1	2	3	1	N/A	7	7
Fallon Health	1	2	2	1	N/A	6	6
Health New England	1	2	3	2	N/A	8	8
Harvard Pilgrim Health Care	1	2	3	2	N/A	8	8
Tufts Health Plan - Direct	1	2	2	1	N/A	6	7
United	1	3	2	1	N/A	7	6
Total 2023	8	17	22	10	N/A	57	
<i>Total 2022 for Comparison</i>	9	20	23	12	N/A	64	

Qualified Health Plans: New and Closing Plans & Carrier Changes

Most plan closures in 2023 reflect the transition of Tufts Premier membership to HPHC plans.

Carrier	# New Non-Group	Reason(s)	# New Small Group	Reason(s)
United	N/A	N/A	1	Adding gold HMO plan according to 2023 requirement that PPOs must have companion HMO plan

Carrier	# Closed Non-Group	Reason(s)	# Closed Small Group	Reason(s)
HNE	1	Request to waive catastrophic plan offering	N/A	N/A
Tufts Direct	1	Closing non-standard bronze plan	1	Closing non-standard bronze plan
Tufts Premier	5	Closing all plans and mapping membership to HPHC plans	7	Closing all plans and mapping membership to HPHC plans

- Beginning January 1, 2023, Tufts Premier will no longer offer plans and all 2022 Tufts Premier members – approximately 8,300 non-group and 1,000 small group – will be renewed into the analogous HPHC plan within their same metallic tier
- This does not represent a change for Tufts Direct, which will continue its current unsubsidized, APTC-only, ConnectorCare, and small group offerings
- Plans will continue to be tied to their legacy brands; HPHC and Tufts Direct will maintain the same branding in 2023 despite being part of the larger Point32Health company

Qualified Health Plans: New and Closing Plans & Carrier Changes (cont'd)

Tufts Direct and HNE each expect to close one plan in 2023, and AllWays and BMCHP will rebrand to new carrier names.

- Tufts Direct will close its non-standardized Bronze plan in 2023
 - Existing members (approximately 3,400 non-group and 20 small group) will be renewed into Tufts Direct's standardized Bronze plan
- HNE has newly requested to waive its Catastrophic plan offering in 2023, and staff recommend approval of the request
 - Eligible individuals would have one fewer Catastrophic offering available to them compared to 2022, and HNE's approximately 80 Catastrophic plan members would be auto-renewed into the lowest-cost Catastrophic plan available to them
 - BCBS and Tufts Direct will continue offering Catastrophic plans in 2023; the remaining carriers submitted requests to waive their catastrophic plan offering
 - Given HNE's small Catastrophic plan membership and sufficient overall choice, with two Catastrophic plans available to most members, staff recommend granting all carriers' Catastrophic plan waiver requests
- AllWays Health Partners will become Mass General Brigham Health Plan in 2023, and BMC HealthNet Plan will be renamed WellSense Health Plan
 - These changes reflect updates to the carriers' names, plan names, and logos, but have no impact to underlying product offerings
 - Health Connector staff are working with the carriers on communications to mitigate member confusion associated with the name changes

Quality and Value Initiatives: Health Equity

The Health Connector sought narrative submissions from carriers on a range of topics to inform future policy development in the SOA.

- **Chronic Conditions:** The 2023 SOA requires ConnectorCare carriers to set the cost-sharing for certain medications for diabetes, hypertension, coronary artery disease, and asthma – chronic conditions disproportionately experienced by communities of color – to zero dollars for ConnectorCare members
 - All ConnectorCare carriers' SOA responses indicated adherence to this requirement, in addition to setting primary care and behavioral health outpatient visits in ConnectorCare plans to zero dollars
- **Maternal Health:** The 2023 SOA asked carriers to describe current or planned efforts aimed at closing racial and ethnic disparities in maternal health outcomes
 - Carriers described care management teams, particularly for members with high-risk pregnancies, dedicated to ensuring prenatal and postnatal care visits are scheduled and attended, and coordination with behavioral health services when needed for treatment of postpartum depression
 - Doula coverage is not yet widespread and is an area of policy consideration for a future SOA
- **Transgender Health:** Carriers also described their approach to improving transgender health and gender-affirming care practices in their SOA responses
 - Most carriers indicated they have care management teams or individuals with expertise and specialized training in transgender health and gender-affirming care on staff, and many have, or are in the process of establishing, transgender health advisory groups
- The Health Connector welcomes Board member feedback and suggestions as it works to move these important efforts forward and consider opportunities for the Health Connector to ensure consistency across carriers



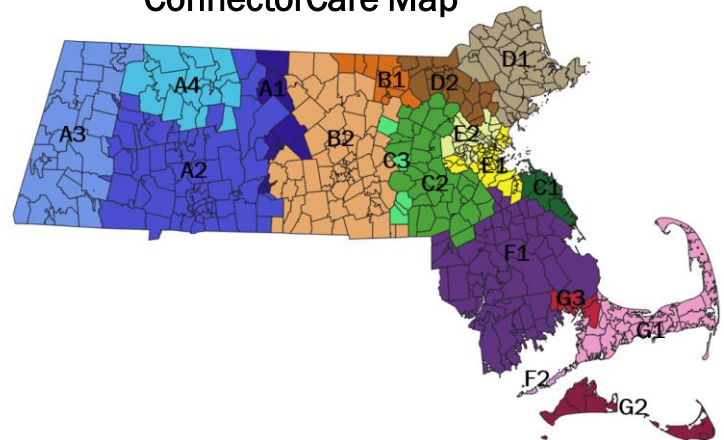
ConnectorCare Participation

2023 ConnectorCare Participation

Carriers' 2023 SOA submissions reflect two changes to carrier geographic participation compared to 2022.

- AllWays Health Partners/Mass General Brigham Health Plan, BMC HealthNet Plan/WellSense Health Plan, Fallon Health, Health New England, and Tufts Direct have proposed to again offer ConnectorCare coverage in PY 2023
- HNE expects to withdraw its ConnectorCare participation in Worcester County
 - HNE's 2022 Worcester County ConnectorCare membership – approximately 4,000 members – will be renewed into the lowest-cost ConnectorCare plan available to them in 2023
 - BMCHP/WellSense, Fallon, and Tufts Direct will be the additional ConnectorCare offerings available to members in Worcester County in 2023
- Additionally, Fallon has proposed a coverage area expansion into a larger portion of Middlesex County
- The 2023 SOA included a requirement that all carriers engage with the Health Connector to prepare for full carrier participation in the ConnectorCare program for PY 2024
 - Health Connector staff are working with the three new entrants – BCBS, HPHC, and United – on ConnectorCare implementation plans and will continue onboarding activities throughout 2022 and 2023
- The full design of the ConnectorCare program will be included in the Final SOA presentation to the Board in September following completion of Health Connector and DOI review, including premium rate review

**Expected PY23
ConnectorCare Map**





Qualified Dental Plan (QDP) Submissions

Qualified Dental Plans: Overview

The proposed 2023 dental shelf is unchanged from 2022.

- Two existing carriers proposed to offer plans to the non-group market: Altus Dental and Delta Dental
- Four existing carriers proposed to offer plans to the small group market: Altus Dental, Blue Cross Blue Shield, Delta Dental and Guardian; however, BCBS and Guardian again requested to waive on-exchange sale
- There are no new carriers exits or entrants

Plan Year 23 (No change from PY 22)							
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



Next Steps and Vote

2023 Seal of Approval: Next Steps

The Conditional Seal of Approval is an important step in the process, but more data and analysis, particularly regarding premiums, is required before the 2023 product shelves are finalized.

- Health Connector staff will work throughout the summer to develop recommendations for the final award of the Seal of Approval for the Board's consideration
 - Carriers must demonstrate compliance with all DOI requirements, including completion of premium rate review
 - Our final recommendation will be based on confirmation that all SOA plans offer good value to our consumers, meet ConnectorCare network adequacy standards in all proposed coverage areas, and carrier readiness to enter a contract with the Health Connector

VOTE

The Health Connector recommends allowing the 2023 Conditional Seal of Approval to enable consideration of all recommended standardized and non-standardized QHPs and QDPs proposed by the following carriers:

- AllWays Health Partners Inc/Mass General Brigham Health Plan
- Altus Dental
- Blue Cross Blue Shield of MA
- Boston Medical Center HealthNet Plan/WellSense Health Plan
- Delta Dental of MA
- Fallon Health
- Guardian
- Harvard Pilgrim Health Care
- Health New England
- Tufts Health Plan Direct
- UnitedHealthcare



Appendix 1: **PY 2023 Standard 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: High Gold

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>		2022 High Gold	2023 High Gold
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	\$30
	Retail Tier 2	\$50	\$60
	Retail Tier 3	\$75	\$90
	Mail Tier 1	\$50	\$60
	Mail Tier 2	\$100	\$120
	Mail Tier 3	\$225	\$270
Federal Actuarial Value Calculator		81.40 percent	81.97 percent

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

Bold indicates changes from PY22. Modeled using PY23 Final AV calculator.

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	\$7,500
		\$14,100	\$15,000
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 \$875
Emergency Transportation		Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		Deductible then \$2,000	Deductible then \$1,500
Skilled Nursing Facility		Deductible then \$2,000	Deductible then \$1,500
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 Final AV calculator.

2023 Standard Qualified Dental 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 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: PY 2022 ConnectorCare Map for Reference

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

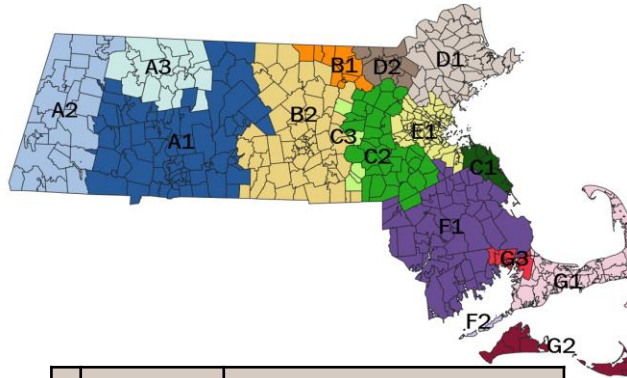
	Region B1	Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Fallon	\$0	\$0	\$47	\$90	\$149
3	Tufts Direct	\$22	\$21	\$50	\$115	\$183
4	AllWays Health Partners	\$32	\$31	\$63	\$134	\$202

	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.