



# **Final Award of the 2023 Seal of Approval (VOTE)**

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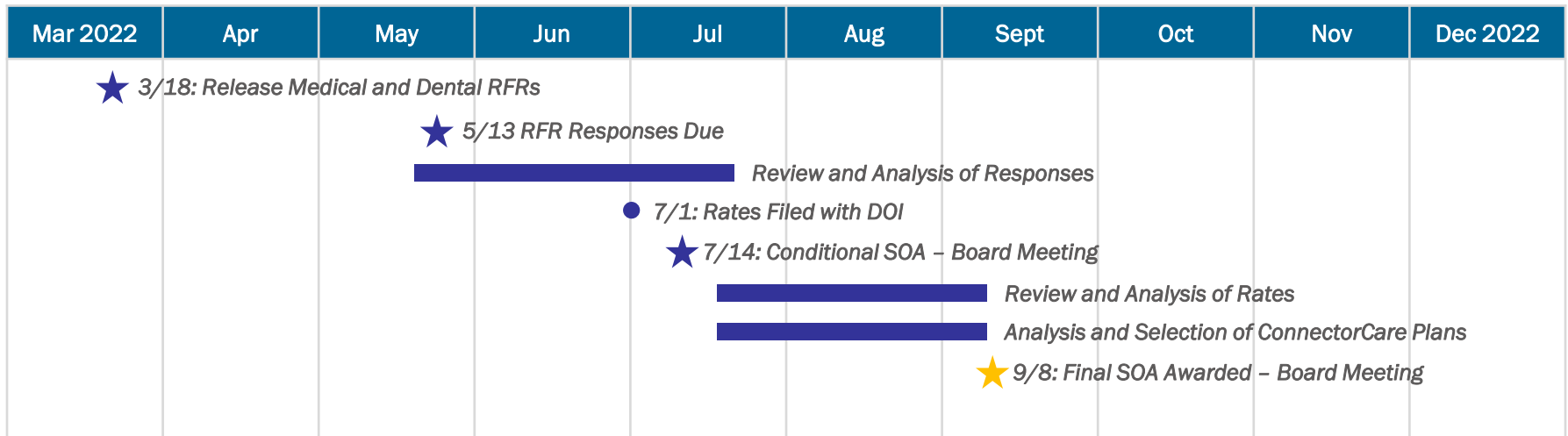
Actuary

Board of Directors Meeting, September 8, 2022

# 2023 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 2023 Plan Year (PY), as well as our recommendation for the PY 2023 ConnectorCare program.

- A vote today authorizing the Final SOA allows us to offer these plans for sale through the Health Connector for coverage starting January 1, 2023



# 2023 Seal of Approval: Market Response Overview

The proposed final 2023 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 percent of the Federal Poverty Level (FPL)
- A broad choice of carriers and plans for individuals above 300 percent FPL and small group enrollees, with:
  - Eight medical carriers submitting a total of 45 non-group and 57 small group Qualified Health Plans (QHPs)
  - Two dental carriers submitting a total of 12 Qualified Dental Plans (QDPs) for on-Exchange sale\*

## Average Changes in Health Connector Premiums (without member aging): 2022-2023

Merged Market Total <sup>1</sup>	Unsubsidized & APTC-only Medical Plans <sup>2</sup>	ConnectorCare Base Silver Medical Plans <sup>3</sup>	Dental Plans <sup>4</sup>
	85,474 members <sup>5</sup>	140,055 members	108,158 members

\* Consistent with Plan Year 2022, two additional carriers are recommended for certification of off-Exchange Qualified Dental Plans, for a total of 19 plans

<sup>1</sup> For 2023, the total Division of Insurance merged market enrollment-weighted base rate change without member aging for 2023 non-group and Q1 2023 small group, inclusive of the Health Connector, is 6.6%

<sup>2</sup> Enrollment-weighted non-group premium change without member aging (~1.7%), assumes mapping to 2023 renewal plan

<sup>3</sup> Enrollment-weighted non-group premium change from 2022 base silver plan to 2023 base silver plan without member aging (~1.7%); premium increases not directly reflected in ConnectorCare enrollee contributions

<sup>4</sup> Enrollment-weighted non-group average premiums

<sup>5</sup> Enrollment data as of August 2022

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 circular weight. The graphic is semi-transparent and occupies the upper two-thirds of the slide.

# **Qualified Health Plans: Unsubsidized and APTC-Only**

# QHPs: Overview

**The PY 2023 product shelf is mostly stable compared to PY 2022 but with the departure of one carrier, and one notable change to ConnectorCare geographic coverage.**

- 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 several member-facing carrier changes for 2023
  - As part of the Tufts-Harvard Pilgrim (HPHC) merger to Point32Health, all 2022 members in Tufts Premier plans will transition to an HPHC plan in 2023
  - Health New England (HNE) will withdraw its ConnectorCare participation in Worcester County
  - AllWays Health Partners will be renamed Mass General Brigham Health Plan in 2023
  - BMC HealthNet Plan will be renamed WellSense Health Plan
- ConnectorCare plans in 2023 will newly include zero cost-sharing for certain medications associated with chronic conditions as part of the Health Connector's ongoing health equity initiatives



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

On average, unsubsidized and APTC-only non-group members will experience a 7.6 percent rate increase before aging, and 9.3 percent after accounting for aging, though increases vary by metallic tier.

Unsubsidized & APTC-only Average Changes in Premium by Tier, before Subsidies: 2022 to 2023 <sup>1,2</sup>

	Platinum	Gold	Silver	Bronze	Catastrophic
	2,892 members	9,215 members	35,947 members	36,820 members	600 members
All Plans (without "aging")	6.4%	9.3%	4.9%	10.3%	9.8%
All Plans (with "aging")	8.2%	11.1%	6.6%	12.1%	11.8%

<sup>1</sup> Non-group enrollment data from August 2022

<sup>2</sup> Enrollment-weighted premium change with and without member aging (~1.7%); assumes mapping to 2023 renewal plan

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

Premium changes vary by carrier compared to average increases.

Unsubsidized & APTC-only Average Changes in Premium by Carrier: 2022 to 2023

Carriers	Membership Share <sup>1</sup>	Premium Change (without aging) <sup>2</sup>	Premium Change (with aging) <sup>2</sup>	Example of 2023 Silver Plan Monthly Premium <sup>3</sup>
Tufts Health Plan – Direct	50%	5.5%	7.2%	\$449.75
WellSense (BMC HealthNet Plan)	14%	9.9%	11.7%	\$449.09
Harvard Pilgrim Health Care	14%	7.8%	9.6%	\$559.21
Blue Cross Blue Shield	7%	9.8%	11.6%	\$662.87
MGB Health Plan (AllWays Health Partners)	7%	9.2%	11.0%	\$526.24
Health New England	5%	11.9%	13.6%	\$517.39
Fallon Health	2%	8.4%	10.1%	\$454.79
UnitedHealthcare	0.5%	6.3%	7.8%	\$674.73
<b>OVERALL</b>	<b>100%</b>	<b>7.6%</b>	<b>9.3%</b>	

<sup>1</sup> Enrollment data as of August 2022

<sup>2</sup> Enrollment-weighted non-group premium change (2022 actuals to 2023 calculated) with and without member aging (~1.7%); assumes mapping to 2023 renewal plan

<sup>3</sup> 2023 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 \$690.33. United's premium in the table reflects a Boston-area premium as United is only offered in the Boston area.



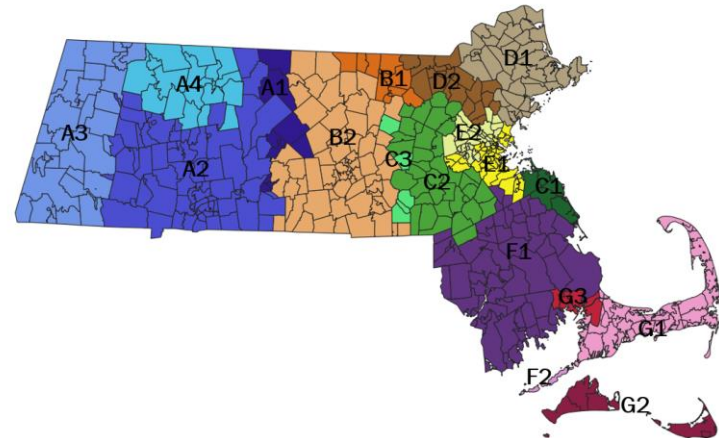
**Qualified Health Plans:  
ConnectorCare**



# 2023 ConnectorCare Program Design

**The 2023 ConnectorCare program landscape reflects 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 will continue to offer ConnectorCare coverage in PY 2023
- HNE will withdraw its ConnectorCare participation in Worcester County
  - HNE's 2022 Worcester County ConnectorCare membership – approximately 4,000 members – will be auto-renewed into the lowest-cost ConnectorCare plan available to them in 2023, which, for the majority of Worcester County members, will be BMCHP/WellSense
  - Tufts Direct and Fallon will be the additional ConnectorCare offerings available to members in Worcester County in 2023, and members can shop for a ConnectorCare plan from one of these carriers if they choose
- Additionally, Fallon will newly cover Middlesex County in full beginning in 2023
- Health Connector staff continue to work with new ConnectorCare program carrier entrants in preparation for 2024 participation



# 2023 ConnectorCare Program Design (cont'd)

The proposed 2023 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 2023 premiums, relative to rank ordering in 2022, for each ConnectorCare region
- 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
- Consistent with 2022 methodology, 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	2nd Lowest Cost	3rd Lowest Cost	4th Lowest Cost
A1	TD	WellSense		
A2	TD	WellSense	HNE	
A3	TD	HNE		
A4	HNE			
B1	WellSense	TD	Fallon	MGB
B2	WellSense	TD	Fallon	
C1	TD	WellSense	MGB	
C2	TD	WellSense	Fallon	MGB
C3	TD	WellSense	Fallon	
D1	TD	WellSense	MGB	
D2	TD	Fallon	WellSense	MGB
E1	TD	WellSense	MGB	
E2	TD	WellSense	Fallon	MGB
F1	TD	WellSense	MGB	
F2	MGB			
G1	TD	WellSense		
G2	MGB			
G3	TD	WellSense	MGB	



# **Qualified Dental Plans**

# QDPs: Overview and Premium Changes

The Qualified Dental Plan shelf also remains stable from PY 2022, with the same 12 plans available from two carriers and an average decrease in premiums of 0.1 percent.

Non-group Dental  
Average Changes in Premium by Tier: 2022 to 2023 <sup>1</sup>

Family High	Family Low	Pediatric-only
28,491 members <sup>2</sup>	79,531 members	136 members
-0.1%	-0.2%	-5.2%

Small Group Dental  
Average Changes in Premium by Tier: 2022 to 2023 <sup>1</sup>

Family High	Family Low
3,115 members <sup>2</sup>	1,321 members
2.1%	-3.4%

Dental Average Changes in Premium by Carrier: 2022-2023

Carriers	Non-group Membership Share <sup>2</sup>	Non-Group Premium Change <sup>1</sup>	Small Group Membership Share <sup>2</sup>	Small Group Premium Change <sup>1</sup>
Altus Dental	13%	-8.1%	9%	5.5%
Delta Dental of MA	87%	1.6%	91%	0.4%
OVERALL				-0.1%

<sup>1</sup> Enrollment-weighted average premiums for plans sold through the Health Connector only.

<sup>2</sup> Enrollment as of August 2022



## **Next Steps and Early PY 2024 Planning**

# Next Steps and 2024 Planning

**In addition to preparations for the 2023 Open Enrollment period, staff are developing 2024 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 2024 planning is underway, including continuing to build upon the Health Connector's existing health equity initiatives in recent plan years, as well as ongoing implementation work to expand the ConnectorCare program
- The 2024 SOA Request for Responses will be released in March 2023, 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 2023 Final Seal of Approval to all QHPs and QDPs recommended herein, 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





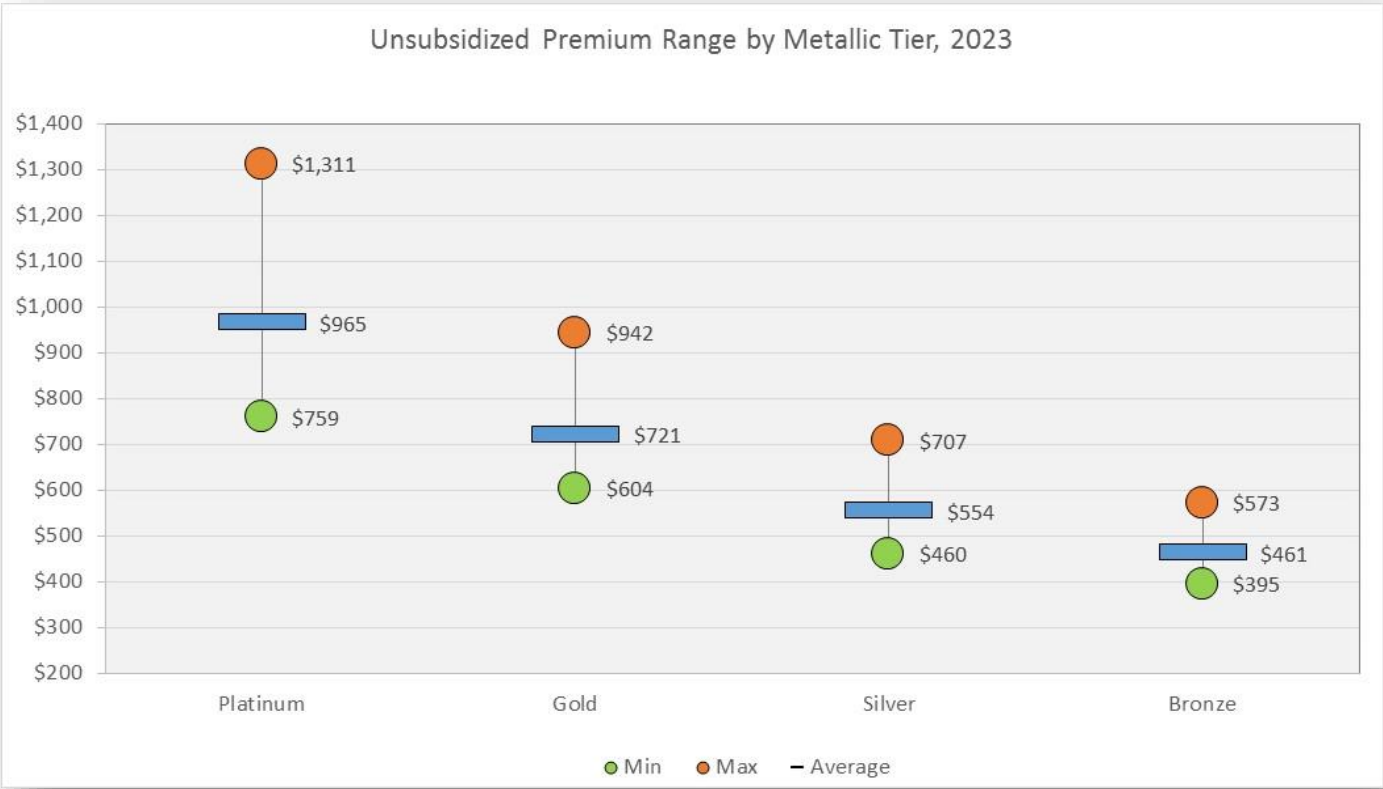
## **2023 Seal of Approval: Supplemental Materials**

# 2023 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	<b>\$2,850</b>	<b>\$3,300</b>
		\$0	\$0	\$4,000	\$4,000	<b>\$5,700</b>	<b>\$6,600</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>	\$7,050	<b>\$9,100</b>	<b>\$7,500</b>
		\$6,000	\$10,000	<b>\$18,200</b>	\$14,100	<b>\$18,200</b>	<b>\$15,000</b>
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	<b>\$30</b>	<b>\$30</b>	Deductible then \$30	<b>Deductible then \$30</b>	<b>Deductible then \$60</b>
Specialist Office Visits		\$40	<b>\$55</b>	<b>\$60</b>	Deductible then \$60	<b>Deductible then \$65</b>	<b>Deductible then \$90</b>
Urgent Care		\$40	<b>\$55</b>	<b>\$60</b>	Deductible then \$60	<b>Deductible then \$65</b>	<b>Deductible then \$90</b>
Emergency Room		\$150	<b>\$350</b>	<b>Deductible then \$350</b>	Deductible then \$300	<b>Deductible then \$400</b>	<b>Deductible then \$875</b>
Emergency Transportation		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		\$500	\$750	<b>Deductible then \$1,000</b>	Deductible then \$750	<b>Deductible then \$1,000</b>	<b>Deductible then \$1,500</b>
Skilled Nursing Facility		\$500	\$750	<b>Deductible then \$1,000</b>	Deductible then \$750	<b>Deductible then \$1,000</b>	<b>Deductible then \$1,500</b>
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	<b>\$55</b>	<b>\$60</b>	Deductible then \$60	<b>Deductible then \$65</b>	<b>Deductible then \$90</b>
Laboratory Outpatient and Professional Services		\$0	<b>\$25</b>	<b>Deductible then \$50</b>	Deductible then \$60	<b>Deductible then \$50</b>	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$75	Deductible then \$75	Deductible then \$100	<b>Deductible then \$135</b>
High-Cost Imaging		\$150	<b>\$250</b>	<b>Deductible then \$350</b>	Deductible then \$500	<b>Deductible then \$350</b>	<b>Deductible then \$750</b>
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	<b>\$30</b>	<b>\$30</b>	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	<b>\$60</b>	<b>Deductible then \$60</b>	Deductible then \$60	<b>Deductible then \$65</b>	<b>Deductible then \$120</b>
	Retail Tier 3	\$50	<b>\$90</b>	<b>Deductible then \$90</b>	Deductible then \$105	<b>Deductible then \$100</b>	<b>Deductible then \$200</b>
	Mail Tier 1	\$20	<b>\$60</b>	<b>\$60</b>	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	<b>\$120</b>	<b>Deductible then \$120</b>	Deductible then \$120	<b>Deductible then \$130</b>	<b>Deductible then \$240</b>
	Mail Tier 3	\$150	<b>\$270</b>	<b>Deductible then \$270</b>	Deductible then \$315	<b>Deductible then \$300</b>	<b>Deductible then \$600</b>
Federal Actuarial Value Calculator		89.88 percent	<b>81.97 percent</b>	<b>71.94 percent</b>	<b>70.62 percent</b>	64.97 percent	<b>64.94 percent</b>

Bold indicates changes from 2022.

# 2023 Unsubsidized and APTC-Only Non-Group Premium Ranges



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

# ConnectorCare: 2023 Plan Designs

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	\$0	\$0
Specialist Office Visit		\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$0	\$0	\$0
Rehabilitative Speech Therapy		\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$0	\$10	\$20
Emergency Room Services		\$0	\$50	\$100
Urgent Care		\$0	\$18	\$22
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 2023 ConnectorCare Enrollee Contributions\*

Region A1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146

Region A2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146
3	HNE	\$49	\$47	\$87	\$168	\$237

Region A3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	HNE	\$0	\$0	\$48	\$93	\$152

Region A4		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	HNE	\$0	\$0	\$48	\$93	\$137

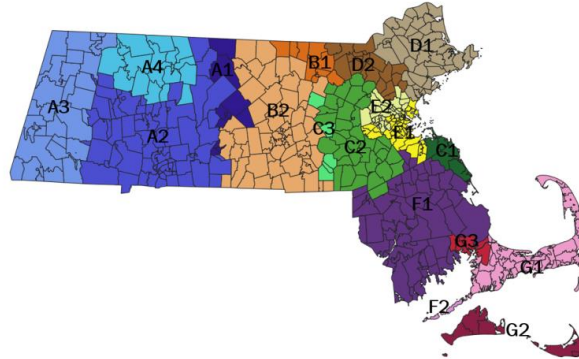
Region B1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	WellSense	\$0	\$0	\$48	\$93	\$137
2	Tufts Direct	\$0	\$0	\$48	\$93	\$138
3	Fallon	\$0	\$0	\$48	\$93	\$143
4	MGB Health Plan	\$37	\$35	\$75	\$149	\$205

Region B2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	WellSense	\$0	\$0	\$48	\$93	\$137
2	Tufts Direct	\$0	\$0	\$48	\$93	\$138
3	Fallon	\$0	\$0	\$48	\$93	\$143

Region C1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$148
3	MGB Health Plan	\$57	\$55	\$97	\$180	\$252

Region C2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$148
3	Fallon	\$0	\$0	\$48	\$95	\$163
4	MGB Health Plan	\$57	\$55	\$97	\$180	\$252

Region C3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$148
3	Fallon	\$0	\$0	\$48	\$95	\$163



Region D1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$147
3	MGB Health Plan	\$50	\$49	\$89	\$172	\$240

Region D2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	Fallon	\$0	\$0	\$48	\$93	\$146
3	WellSense	\$0	\$0	\$48	\$93	\$147
4	MGB Health Plan	\$54	\$52	\$96	\$179	\$240

Region E1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146
3	MGB Health Plan	\$70	\$68	\$117	\$207	\$277

Region E2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146
3	Fallon	\$0	\$0	\$48	\$95	\$162
4	MGB Health Plan	\$70	\$68	\$117	\$207	\$277

Region F1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$146
3	MGB Health Plan	\$69	\$66	\$114	\$204	\$275

Region F2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	MGB Health Plan	\$0	\$0	\$48	\$93	\$137

Region G1		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$155

Region G2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	MGB Health Plan	\$0	\$0	\$48	\$93	\$137

Region G3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	Tufts Direct	\$0	\$0	\$48	\$93	\$137
2	WellSense	\$0	\$0	\$48	\$93	\$155
3	MGB Health Plan	\$68	\$69	\$114	\$206	\$288

\*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 particularly as a result of increased APTC via the American Rescue Plan/Inflation Reduction Act.

# Qualified Dental Plans: 2023 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 2023 (No change from PY 2022)							
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
<b>TOTAL</b>				<b>5</b>	<b>6</b>	<b>8</b>	<b>19</b>

\*Blue Cross Blue Shield and Guardian have submitted plans for certification for the small group market, but as in 2022, are recommended for a waiver of sales through the Health Connector given sufficiency of existing choice