



Final Award of 2016 Seal of Approval (VOTE)

HEATHER CLORAN

Associate Director of Program and Product Strategy

ASHLEY HAGUE

Deputy Executive Director, Strategy and External Affairs

BRIAN SCHUETZ

Director of Program and Product Strategy

Board of Directors Meeting, September 10, 2015

2016 Seal of Approval Timeline



- Today we share our recommendation for the award of the Final Seal of Approval (SOA) for health and dental benefit plans to be offered for sale through the Health Connector in 2016 for coverage starting January 1, 2016
- We will also be detailing our recommendation for the 2016 ConnectorCare program, including the selected carriers, regions and member contributions

Mar 2015	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec 2015
★ 3/28: 2015 SOA Launch		★ 5/15: RFR Responses Due from new Issuers	★ 6/1: Recertification Responses Due from existing Issuers	★ 7/9: Conditional SOA Awarded	★ 8/15: Premium rate filing due to DOI	★ TODAY: Final SOA Awarded		★ 11/1 Open Enrollment Begins	

2016 SOA Highlights: Product Shelf



For 2016, we sought to simplify the consumer shopping experience by reducing the total number of plans available.

- In July, we presented to you the responses we received from our returning 11 medical and 5 dental carriers, and proposed awarding the conditional SOA to:
 - 25 Qualified Dental Plans (QDPs) (comparable to 2015)
 - 84 Qualified Health Plans (QHPs), a **34% reduction from 2015** (126 plans)
 - Included 14 proposed Bronze plans, accepted for the conditional SOA subject to additional review
- Today, we are presenting you with our recommendation for the final award of the 2016 SOA, which reflects additional analysis based on the final plan designs and rates put on file by the Division of Insurance for the 2016 benefit year
 - 25 QDPs for final SOA (recommendation remains unchanged)
 - 83 QHPs for final SOA (recommendation modified to confirm acceptance of Bronze plans)
 - 13 Bronze plans, reflecting updated Bronze plan designs, including one carrier's election to withdraw their plan, as permissible by the RFR
 - 7 ConnectorCare plans, based on a review of program needs and silver rates

2016 SOA Highlights: Renewals and Rates



- More than 90% of our members will be renewed into the same plan for 2016
 - The remainder are in plans being closed by carriers who will be mapped to a similar plan offered by their same carrier
- Unsubsidized/Advance Premium Tax Credit (APTC)-only members will see an increase in premiums, similar to the broader merged market, while dental members will see a small decrease

Average Changes in Premium: 2015 to 2016¹

Merged Market (Division of Insurance)	Health – Unsubsidized/APTC-only		ConnectorCare ²	Dental
	Platinum, Gold & Silver	Bronze		
	~38,000 members	~10,000 members		
			~120,000 members	~42,000 members
	 6.3%	 7.8%	 2.1%	 1.4%

¹ Weighted by enrollment

² Change in underlying selected Silver plan premiums,
not directly reflected in member contributions

SOA Review Process



	Affordable Care Act (ACA) Standards	Health Connector SOA Requirements
QHPs	<ul style="list-style-type: none"> Licensure and accreditation Network adequacy Service Area (prohibition on “cherry-picking” against under-served markets) Essential Health Benefit (EHB), cost-sharing limits and actuarial value (AV) requirements Premium review Fair marketing practice Transparency of coverage Quality Improvement Strategy (QIS), Quality Reporting Standards (QRS) and QHP Enrollee Satisfaction Survey 	<ul style="list-style-type: none"> Product portfolio: <ul style="list-style-type: none"> Must offer one Platinum, two Gold, one Silver – each on broadest commercial with option of one additional alternative network Option to propose up to three non-standardized plans Must submit one Bronze plan of their own design for consideration; may request to withdraw if Health Connector receives at least two other Bronze plans per service area Issuers may be permitted to propose one additional version on a different network for a maximum of two possible Bronze plans Must propose a Catastrophic plan, but may request to withdraw if Health Connector receives at least two other Catastrophic plans per Service Area Must propose a “wrap-compatible” Silver plan for the ConnectorCare program that complies with the Health Connector’s network adequacy requirements for this population; plans may be offered on an any network type, including a narrower network, or a network that is broader than their standard commercial network
QDPs	<ul style="list-style-type: none"> All other requirements necessary for Division of Insurance (DOI) approval 	<ul style="list-style-type: none"> Product portfolio: <ul style="list-style-type: none"> Must offer one plan for each standardized plan design: Pediatric-only, Family High and Family Low Option to propose three non-standardized plans



Qualified Dental Plan (QDP) Recommendation

Qualified Dental Plans: Proposed Product Shelf



- All five Issuers have submitted at least one offering for each of the required three standardized plan designs: Pediatric-only, Family High and Family Low
- Six non-standardized plan designs have been proposed by three Issuers, five of which were offered in 2015, with one new plan design: the Delta Dental EPO Family Basic Exclusive Network

Issuers	Non-Group (NG)	Small Group (SG)	Standardized Plans				Non-Standardized Plans				All Plans
			Pedi	High	Low	Total	Pedi	High	Low	Total	
Altus Dental	√	√	1	1	1	3				0	3
Delta Dental of MA	√	√	3	2	2	7	2		1	3	10
Blue Cross Blue Shield of MA (BCBSMA)		√	1	1	1	3	1			1	4
Guardian		√	1	1	1	3				0	3
MetLife		√	1	1	1	3		1	1	2	5

	Standardized Plans	Non-Standardized Plans	All Plans
Non-Group	10	3	13
Small Group	19	6	25

Qualified Dental Plans: Standardized Plan Premiums



	Altus	BCBSMA	Delta Dental - EPO	Delta Dental - PPO	Delta Dental - Premier	Guardian	MetLife
Non-Group							
<i>Enrollment</i>	9,048	n/a	36,192			n/a	n/a
<i>Pediatric-only</i>	\$39.05	n/a	\$35.11	\$41.45	\$56.29	n/a	n/a
<i>Family High</i>	\$44.90	n/a	\$36.68	n/a	\$57.58	n/a	n/a
<i>Family Low</i>	\$30.64	n/a	\$21.14	n/a	\$39.01	n/a	n/a
Small Group							
<i>Enrollment</i>	38	27	342			12	106
<i>Pediatric-only</i>	\$29.74	\$38.13	\$21.98	\$30.17	\$40.44	\$38.53	\$28.36
<i>Family High</i>	\$31.80	\$41.81	\$23.95	n/a	\$37.63	\$36.41	\$28.50
<i>Family Low</i>	\$23.74	\$37.54	\$16.62	n/a	\$28.67	\$29.75	\$33.06

Note: The 2016 weighted average premiums for the standardized plan designs are based on enrollment data submitted to the DOI, by carrier and market. Enrollment as of September 1, 2015.



Qualified Health Plan (QHP) Recommendation

Qualified Health Plans: 2016 Product Shelf



- Standardization remains at the core of the Health Connector's 2016 QHP product shelf
 - Eleven carriers submitted standardized plans on their broadest commercial networks
 - Two carriers are offering standardized plan designs on additional networks: Harvard Pilgrim Health Care (Focus) and Fallon Community Health Plan (Direct, Community Care)
- Non-standardized plans represent approximately 30% of the proposed 2016 QHP shelf
 - One Platinum, seven Gold, and seven Silver non-standardized plans; approximately half previously offered in 2015
 - Ten Issuers are offering non-standardized Bronze plans on their broadest commercial networks (CeltiCare has withdrawn its Bronze plan from consideration for 2016)
 - Harvard Pilgrim, Fallon and Minuteman are each proposing two Bronze plans, for a total of 13 Bronze plans
- Two carriers have elected to offer frozen plans (eligible for renewal, but closed to new enrollment for 2016)
 - Harvard Pilgrim (Focus Network – MA Best Buy HMO 2000 and Best Buy H.S.A. PPO 2000 with coinsurance) and Minuteman (MyDoc Bronze Plus)

Qualified Health Plans: Proposed Plan Counts



The responses to this year's SOA resulted in a 34% reduction in health plans offered through the Health Connector.

2015 / 2016	Standardized	Non-standardized	Total
Platinum	26 / 12	2 / 1	28 / 13
Gold	39 / 25	11 / 7	50 / 32
Silver	15 / 12	7 / 7	22 / 19
Bronze	14 / n/a	2 / 13	16 / 13
Catastrophic	10 / 6	n/a / n/a	10 / 6
Total	104 / 55	22 / 28	126 / 83

Note: Counts depict all plans approved/proposed for SOA. For 2015, counts include plans available to small group and/or non-group shoppers. 2016 plan counts are for plans available to new small group and/or non-group shoppers and do not include frozen plans.

Qualified Health Plans: Non-Group Premiums



Average Changes in Premium: 2015 to 2016¹

Platinum	Gold	Silver	Bronze	Catastrophic
9.3%	7.3%	7.6%	2.2%	7.4%

Premium Ranges by Tier: 2015²

2015 Rates	Platinum	Gold	Silver	Bronze	Catastrophic
Highest	\$700.70	\$545.71	\$451.50	\$356.06	\$293.18
Lowest	\$348.61	\$283.70	\$235.53	\$200.66	\$135.63
Mean	\$506.77	\$420.66	\$327.92	\$282.72	\$243.34

Premium Ranges by Tier: 2016²

2016 Rates	Platinum	Gold	Silver	Bronze	Catastrophic
Highest	\$754.94	\$539.77	\$457.29	\$328.63	\$261.82
Lowest	\$355.53	\$284.89	\$260.53	\$228.39	\$159.86
Mean	\$530.17	\$424.93	\$322.89	\$275.21	\$229.02

¹ Weighted by enrollment

² Premiums reflect a 42 year-old individual in Worcester

Qualified Health Plans: Bronze Plans In Detail



- All 2015 Bronze plans must be closed because they no longer meet the actuarial value (AV) requirements (60% +/-2%) under the updated Federal AV calculator
 - Carriers were required to propose new Bronze plans with much higher cost sharing than any plans previously offered through the Health Connector. At the request of the Division of Insurance, a number of carriers modified their Bronze plan designs since the Conditional SOA
 - With the increase in cost sharing we expected a reduction in rates, but there was an increase in 2016 Bronze plan premiums

Mapping	Plan Design	Premiums
Bronze to Bronze	Major increase in out-of-pocket costs (+\$1,000 deductible)	2.2% increase ¹
Bronze to Silver	Small decrease in out-of-pocket costs	24.1% increase¹

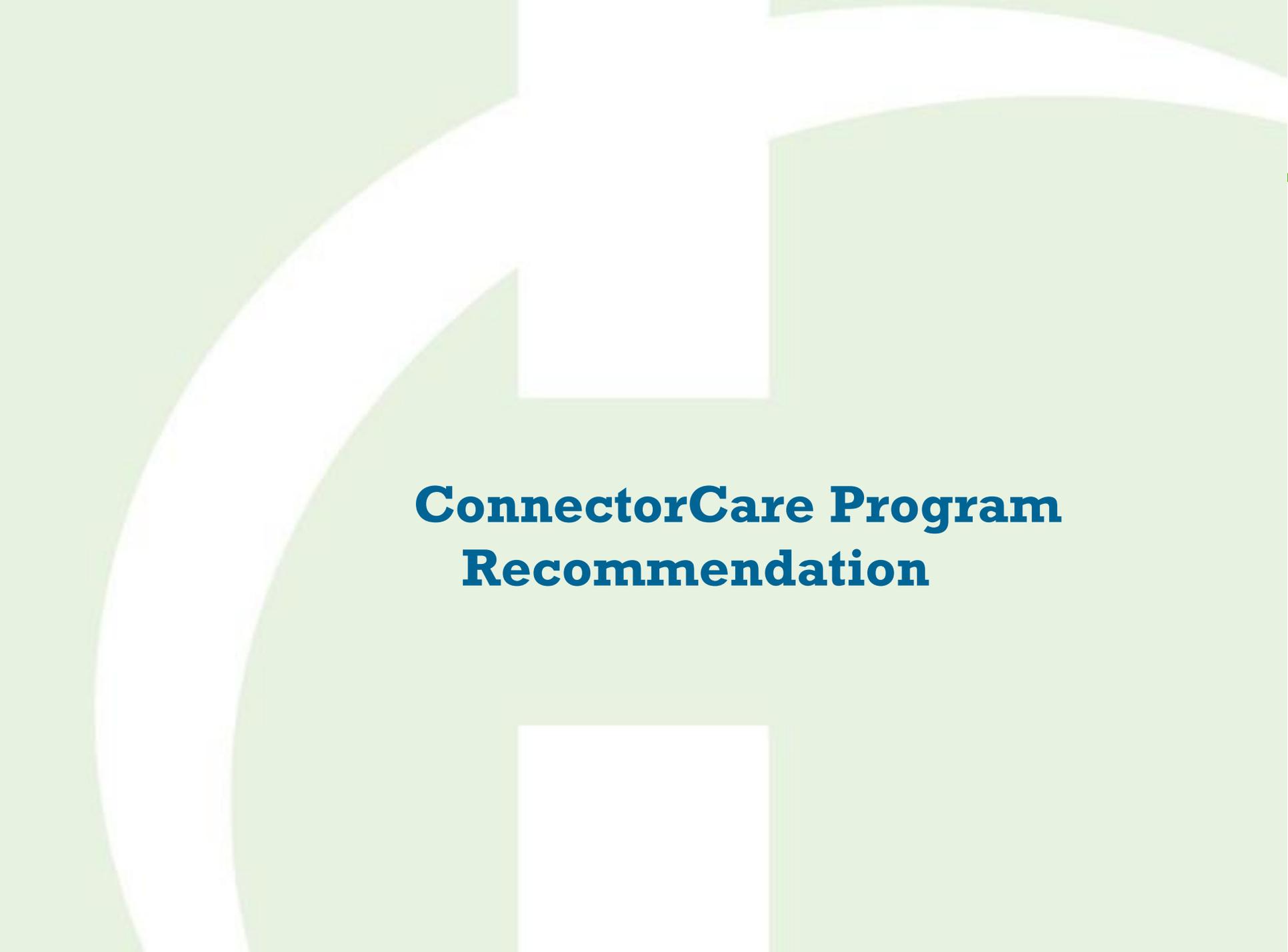
- We initially considered mapping 2015 Bronze members to 2016 Silver plans to retain similar plan design features, but we now plan to map to 2016 Bronze as a result of the rate changes
- To mitigate consumer impact/confusion, we will be sending a special communication to all 2015 Bronze subscribers explaining the mapping, highlighting the changes in the Bronze cost sharing and encouraging shopping/comparing plans for 2016, including Silver options

¹ Weighted by enrollment

Qualified Health Plans: Shopping Changes for Open Enrollment



- Changes to provide additional information and reduce consumer confusion for Platinum, Bronze and Catastrophic plans include:
 - Presetting the shopping filters to show Silver and Gold plans by default (with pop-up message explaining this pre-filtering and how additional metallic tiers can be shown)
 - Pop-up messages:
 - Bronze check out – reminder to review cost sharing and ensure that they can afford these out-of-pocket costs
 - Catastrophic check out – highlighting limited benefits and inability to apply APTC
- Introducing a stand-alone provider search tool to help consumers find providers and determine which plans include those providers within their network
 - Users will be able to access the provider search tool through hyperlinks made available on informational and shopping pages

The background is a light green color with several large, white, abstract shapes that resemble stylized letters or curves. One prominent shape on the left is a large, white, curved line that starts near the bottom and goes up towards the top. Another shape is a white vertical bar in the upper center. There are also other white curved lines and shapes scattered across the background.

ConnectorCare Program Recommendation

ConnectorCare Recommendation: Overview



- As part of the SOA process, we also recommend the carriers who will participate in the ConnectorCare program, which offers state premium and cost-sharing subsidies for low income individuals under 300% of the Federal Poverty Level (FPL)
 - We gave balanced consideration to a number of factors, including price competitiveness but also ability to serve the population, among others
- The 2016 ConnectorCare program recommendation is designed to maximize stability and ease of renewal for the vast majority of the Health Connector's ~120,000 ConnectorCare members
- As such, staff propose:
 - Renewing with the existing seven ConnectorCare carriers:
 - BMC HealthNet Plan, CeltiCare, Fallon Community Health Plan, Health New England, Minuteman, Neighborhood Health Plan, Tufts Health Plan Direct
 - Same carriers in the same geographic regions, allowing members to passively renew into same carrier,¹ reducing member friction and risk of loss of coverage
 - Maintaining existing premium structure for all plan types, ensuring access to a broad array of provider networks

¹ Assumes no change in member's residential address

ConnectorCare Recommendation: Overview (cont'd)



- Competition to participate in the ConnectorCare program has resulted in a 2.1% decrease¹ in underlying selected Silver plan premiums
 - This decrease was driven by selection of a new, lower cost Silver plan design (5.9% lower¹ than 2015 Silver) from Tufts Health Plan Direct, which covers 57% of current ConnectorCare members
- This decrease in underlying premiums has a positive impact on the member contributions for many current enrollees

Changes in ConnectorCare Monthly Member Contributions ²				
Reduction	No Change	Increase <\$5	Increase \$5 - \$10	Increase >\$10
~25,000 members	~22,000 members	~35,000 members	~18,000 members	~6,700 members

¹ Weighted by enrollment

² Member counts based on August 2015 ConnectorCare enrollment

ConnectorCare Proposed Enrollee Contribution Schedule



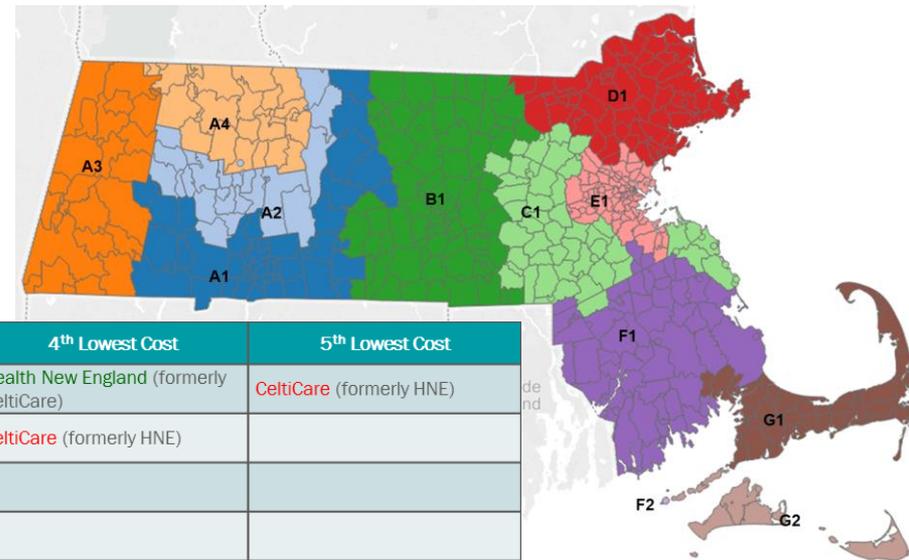
- The base member contribution for enrollees selecting the lowest-cost ConnectorCare plan in their region is developed in accordance with the Massachusetts Affordability Schedule
 - Plan Type I members will not be charged a premium, regardless of which plan they choose

ConnectorCare Member Contribution Range Across Regions

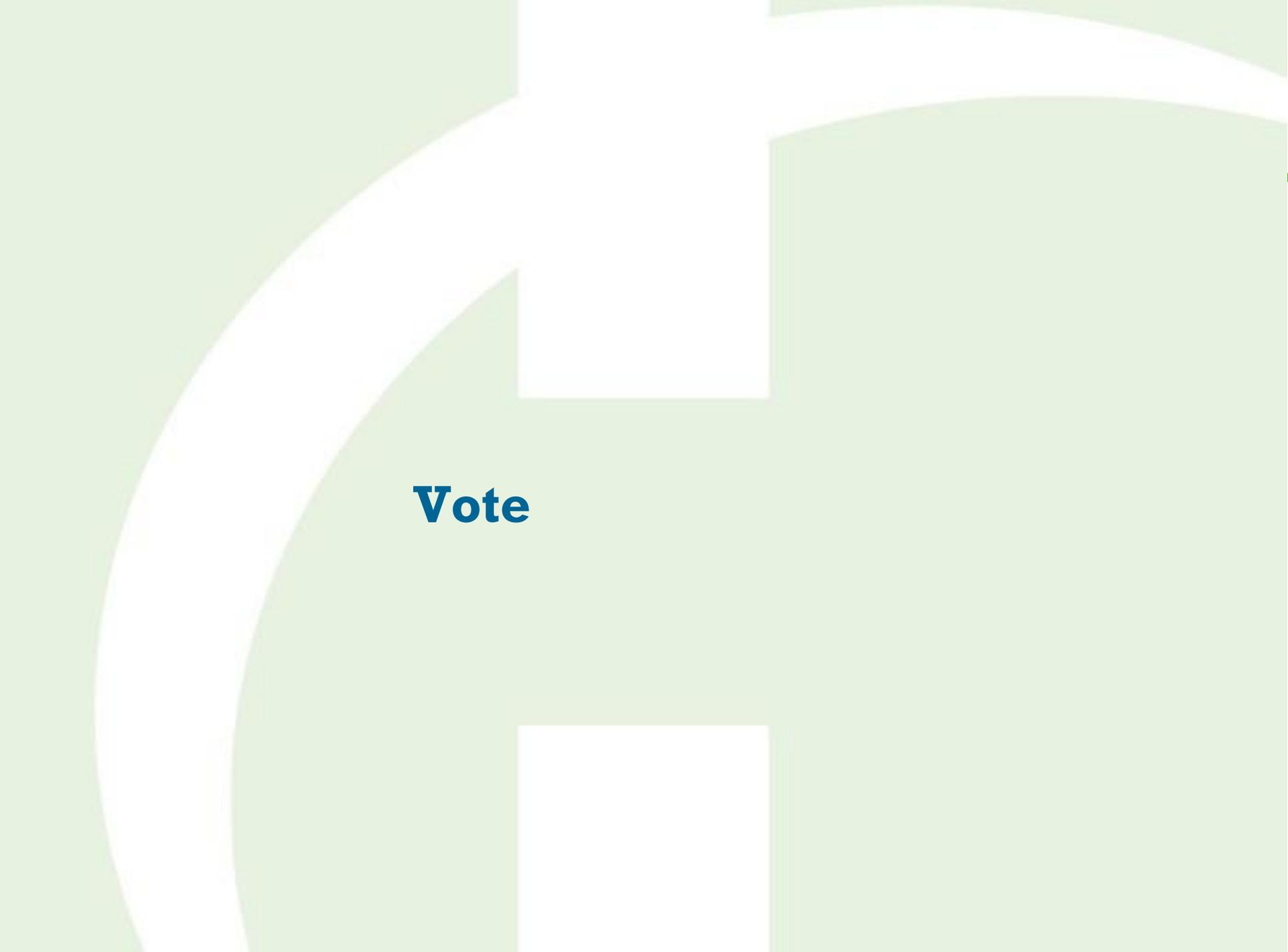
	Plan Type I ≤100% FPL	Plan Type IIA 100%-150% FPL	Plan Type IIB 150%-200% FPL	Plan Type IIIA 200%-250% FPL	Plan Type IIIB 250%-300% FPL
Lowest Cost	\$0	\$0	\$43	\$82	\$123
2 nd Lowest Cost	\$0	\$1 - \$20	\$45 - \$71	\$86 - \$147	\$127 - \$193
3 rd Lowest Cost	\$0	\$3 - \$28	\$47 - \$71	\$91 - \$174	\$133 - \$221
4 th Lowest Cost	\$0	\$9 - \$28	\$55 - \$83	\$111 - \$174	\$153 - \$221
5 th Lowest Cost	\$0	\$14 - \$29	\$63 - \$85	\$129 - \$179	\$173 - \$226

ConnectorCare Recommendation: Proposed Issuers

- Carriers indicated in **GREEN** have moved to a lower cost position relative to 2015, while carriers indicated in **RED** have moved to a higher cost position. Prior carrier in rank order position is noted in parentheses.



Cluster	Lowest Cost	2 nd Lowest Cost	3 rd Lowest Cost	4 th Lowest Cost	5 th Lowest Cost
A1	Tufts - Direct	BMC-HealthNet	Neighborhood	Health New England (formerly CeltiCare)	CeltiCare (formerly HNE)
A2	Tufts - Direct	BMC-HealthNet	Health New England (formerly CeltiCare)	CeltiCare (formerly HNE)	
A3	Tufts - Direct	Health New England (formerly CeltiCare)	CeltiCare (formerly HNE)		
A4	Health New England (formerly CeltiCare)	CeltiCare (formerly HNE)			
B1	Tufts - Direct (formerly NHP)	Neighborhood (formerly CeltiCare)	Fallon (Community) (formerly THP)	BMC-HealthNet (formerly FCHP)	CeltiCare (formerly BMCHP)
C1	Tufts - Direct	Minuteman (formerly BMCHP)	BMC-HealthNet (formerly MM)	Neighborhood (formerly CeltiCare)	CeltiCare (formerly NHP)
D1	BMC-HealthNet	Tufts - Direct (formerly MM)	Minuteman (formerly THP)	Neighborhood	CeltiCare
E1	Tufts - Direct	BMC-HealthNet	Minuteman	Neighborhood	CeltiCare
F1	Tufts - Direct	BMC-HealthNet	Minuteman	CeltiCare	Neighborhood
F2	CeltiCare	Neighborhood			
G1	Tufts - Direct (formerly BMCHP)	BMC-HealthNet (formerly THP)	Neighborhood	CeltiCare	
G2	Neighborhood				

A large white plus sign is centered on a light green background. The plus sign is composed of two thick, white rectangular bars that intersect at their centers. The background is a solid, light green color.

Vote

The Health Connector recommends awarding the 2016 Final Seal of Approval to all recommended standardized and non-standardized QHPs and QDPs proposed by the following Issuers:

- ***Altus Dental***
- ***Blue Cross Blue Shield of MA***
- ***BMC HealthNet Plan***
- ***CeltiCare Health Plan***
- ***Delta Dental of MA***
- ***Fallon Health***
- ***Guardian***
- ***Harvard Pilgrim Health Care***
- ***Health New England***
- ***MetLife***
- ***Minuteman Health***
- ***Neighborhood Health Plan***
- ***Tufts Health Plan – Direct***
- ***Tufts Health Plan – Premier***
- ***UnitedHealthcare***

The background is a solid light green color. A large, white, stylized letter 'A' is centered on the page. The 'A' is composed of a vertical bar on the left, a vertical bar on the right, and a horizontal bar at the top. The horizontal bar is slightly curved at its ends. The overall design is minimalist and modern.

Appendix

2016 ConnectorCare Plan Parameters



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

2016 QHP Standardized Plan Parameters



Plan Feature/ Service		Cost-Sharing			
		Platinum A	Gold A	Gold B	Silver
Annual Deductible (Individual/Family)		N/A	\$500	\$1,000	\$2,000
		N/A	\$1,000	\$2,000	\$4,000
Annual Maximum Out-of-Pocket (MOOP) (Individual/Family)		\$2,000	\$3,000	\$5,000	\$6,850
		\$4,000	\$6,000	\$10,000	\$13,700
Primary Care Physician (PCP) Office Visits		\$25	\$20	\$30	\$30
Specialist Office Visits		\$40	\$35	\$45	\$50
Emergency Room		\$150	30% √	\$150 √	\$500 √
Inpatient Hospitalization		\$500	30% √	\$500 √	\$1,000 √
High-Cost Imaging		\$150	30% √	\$200 √	\$500 √
Outpatient Surgery		\$500	30% √	\$250 √	\$750 √
Prescription Drug	Retail Tier 1	\$15	\$15	\$20	\$20
	Retail Tier 2	\$30	50% √	\$30	\$50
	Retail Tier 3	\$50	50% √	\$50	\$75
	Mail Tier 1	\$30	\$30	\$40	\$40
	Mail Tier 2	\$60	50% √	\$60	\$100
	Mail Tier 3	\$150	50% √	\$150	\$225
2016 Final FAVC		91.99%	81.32%	81.45%	71.86%

Note: A check mark (√) indicates that this benefit is subject to the annual deductible

2016 QDP Standardized Plan Parameters



Plan Feature/Service	Pediatric Dental EHB	Family High	Family Low
Plan Year Deductible	\$50	\$50/\$150	\$50/\$150
Deductible Applies to:	Major and Minor Restorative	Major & Minor Restorative	Major & Minor Restorative
Plan Year Max (>=19 only)	N/A	\$1,250	\$750
Plan Year Annual Maximum Out-of-Pocket (MOOP) <19 Only	\$350 (1 child)	\$350 (1 child)/ \$700 (2+ children)	\$350 (1 child)/ \$700 (2+ children)
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%	50%/70% No Major Restorative >=19
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

2016 Bronze Plans – Updated Submissions



Plan Feature/ Service	2015 Bronze Standard	Neighborhood Health Plan		Boston Medical Center HealthNet		Tufts Health Plan - Direct		
		Initial	Revised	Initial	Revised	Initial	Revised	
Plan Marketing Name	Standardized Plan	NHP Prime HMO HSA (2750/5500 50/75 with \$5 Low-Cost Generic Rx)	NHP Prime HMO HSA (2750/5500 50/75 with \$5 Low-Cost Generic Rx)	Bronze A	Bronze A	Direct Bronze with Coinsurance	Direct Bronze with Coinsurance	
Annual Maximum Out-of-Pocket (MOOP) Medical and Rx	\$6,350/\$12,700	\$6,550/\$13,100	\$6,550/\$13,100	\$6,850/\$13,700	\$6,550/\$13,100	\$6,850/\$13,700	\$6,550/\$13,100	
Annual Deductible Medical and Rx	\$2,000/\$4,000	\$2,750/\$5,500	\$2,750/\$5,500	\$2,000/\$4,000	\$2,500/\$5,000	\$4,500/\$9,000	\$3,350/\$6,700	
Annual Prescription Drug Deductible	NA	NA	NA	NA	NA	NA	NA	
Primary Care Visit to Treat an Injury or Illness	\$50 ✓	\$50 ✓	\$50 ✓	50% ✓	\$50 ✓	\$50 ✓	\$50 ✓	
Specialist Visit	\$75 ✓	\$75 ✓	\$75 ✓	50% ✓	\$75 ✓	\$75 ✓	\$75 ✓	
Emergency Room Services	\$750 ✓	\$1,000 ✓	\$1,000 ✓	50% ✓	\$750 ✓	\$750 ✓	\$1,000 ✓	
All Inpatient Hospital Services (inc. MHSA)	\$1,000 ✓	\$1,000 ✓	\$1,000 ✓	\$2,000 ✓	\$1,000 ✓	30% ✓	30% ✓	
High-Cost Imaging (CT/PET Scans, MRIs)	\$1,000 ✓	\$1,000 ✓	\$1,000 ✓	50% ✓	\$1,000 ✓	\$1,000 ✓	\$1,000 ✓	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$1,000 ✓	\$500 ✓	\$500 ✓	50% ✓	\$1,000 ✓	\$1,000 ✓	\$1,000 ✓	
Prescription Drug	Retail Tier 1	\$30 ✓	\$60 ✓	\$60 ✓	\$30 ✓	\$35 ✓	\$30 ✓	\$50 ✓
	Retail Tier 2	50% ✓	\$100 ✓	\$80 ✓	50% ✓	50% ✓	50% ✓	\$100 ✓
	Retail Tier 3	50% ✓	\$150 ✓	\$100 ✓	50% ✓	50% ✓	50% ✓	\$150 ✓
	Retail Tier 4	\$60 ✓	\$150 ✓	\$100 ✓	50% ✓	50% ✓	50% ✓	\$150 ✓

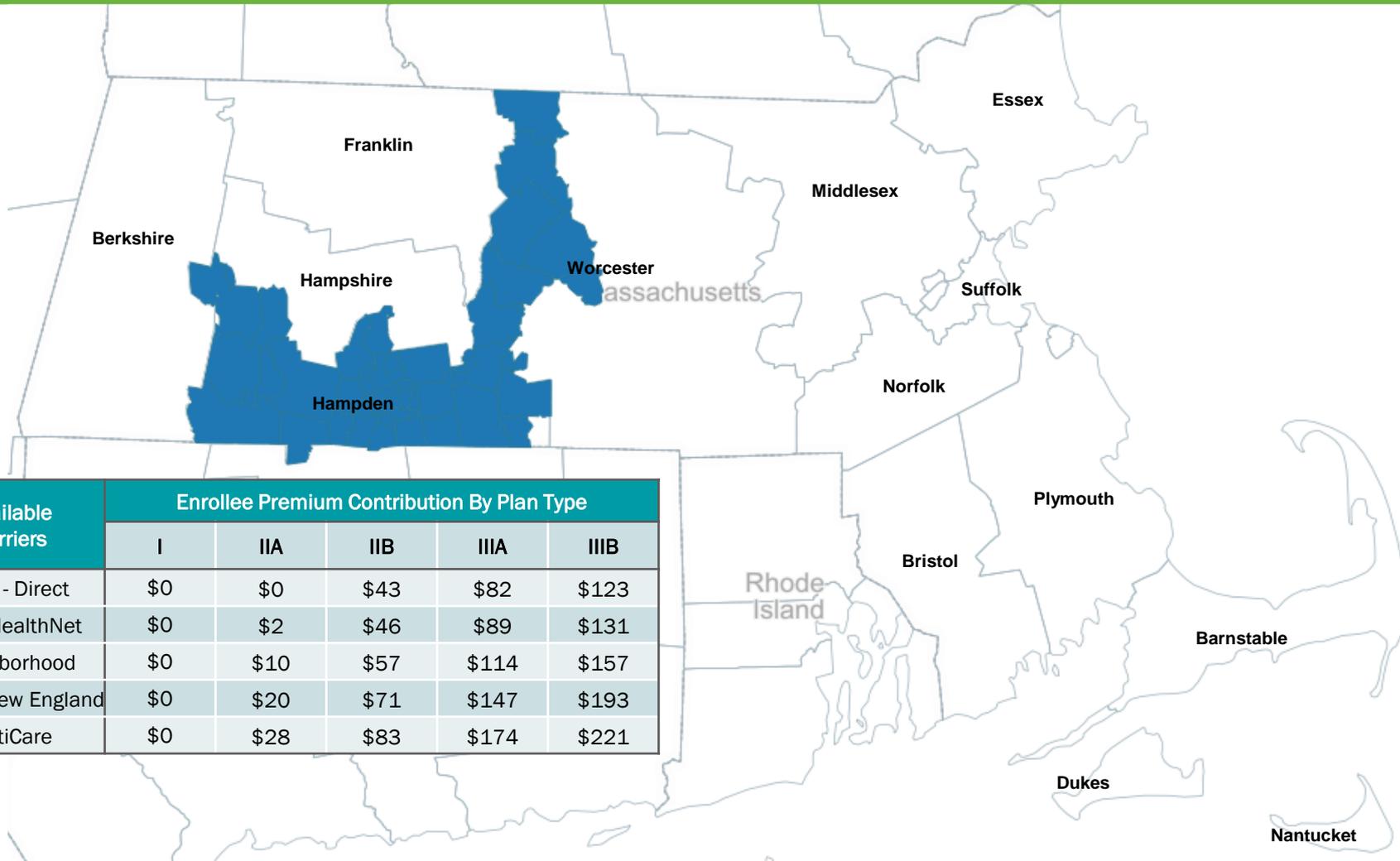
Note: A check mark (✓) indicates that this benefit is subject to the annual deductible

2016 Bronze Plans – Updated Submissions (cont'd)

Plan Feature/ Service	2015 Bronze Standard	Tufts Health Plan - Premier		Fallon Community Health Plan		
		Initial	Revised	Initial	Revised	
Plan Marketing Name	Standardized Plan	Premier Bronze Saver 4500 with Coinsurance	Premier Bronze Saver 3300 with Coinsurance	Direct Care Bronze QHD 4500 H S A/Select Care Bronze QHD 4500 H S A	Select/Direct Care Bronze Deductible 3000	
Annual Maximum Out-of-Pocket (MOOP) Medical and Rx	\$6,350/\$12,700	\$6,450/\$12,900	\$6,550/\$13,100	\$6,550/\$13,100	\$6,850/\$13,700	
Annual Deductible Medical and Rx	\$2,000/\$4,000	\$4,500/\$9,000	\$3300/\$6660	\$4,500/\$9,000	\$3,000/\$6,000	
Annual Prescription Drug Deductible	NA	NA	NA	NA	NA	
Primary Care Visit to Treat an Injury or Illness	\$50 ✓	30% ✓	\$40 ✓	\$55 ✓	60	
Specialist Visit	\$75 ✓	30% ✓	\$65 ✓	\$70 ✓	75	
Emergency Room Services	\$750 ✓	30% ✓	\$750 ✓	\$1,000 ✓	35% ✓	
All Inpatient Hospital Services (inc. MHSA)	\$1,000 ✓	30% ✓	\$1,000 ✓	\$1,000 ✓	\$1,000 ✓	
High-Cost Imaging (CT/PET Scans, MRIs)	\$1,000 ✓	30% ✓	\$750 ✓	\$750 ✓	\$850 ✓	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$1,000 ✓	30% ✓	\$500 ✓	\$1,000 ✓	35% ✓	
Prescription Drug	Retail Tier 1	\$30 ✓	30% ✓	\$25 ✓	\$40 ✓	\$40
	Retail Tier 2	50% ✓	30% ✓	\$75 ✓	\$75 ✓	\$100
	Retail Tier 3	50% ✓	30% ✓	\$100 ✓	50% ✓	\$100
	Retail Tier 4	\$60 ✓	30% ✓	\$100 ✓	50% ✓	\$100

Note: A check mark (✓) indicates that this benefit is subject to the annual deductible

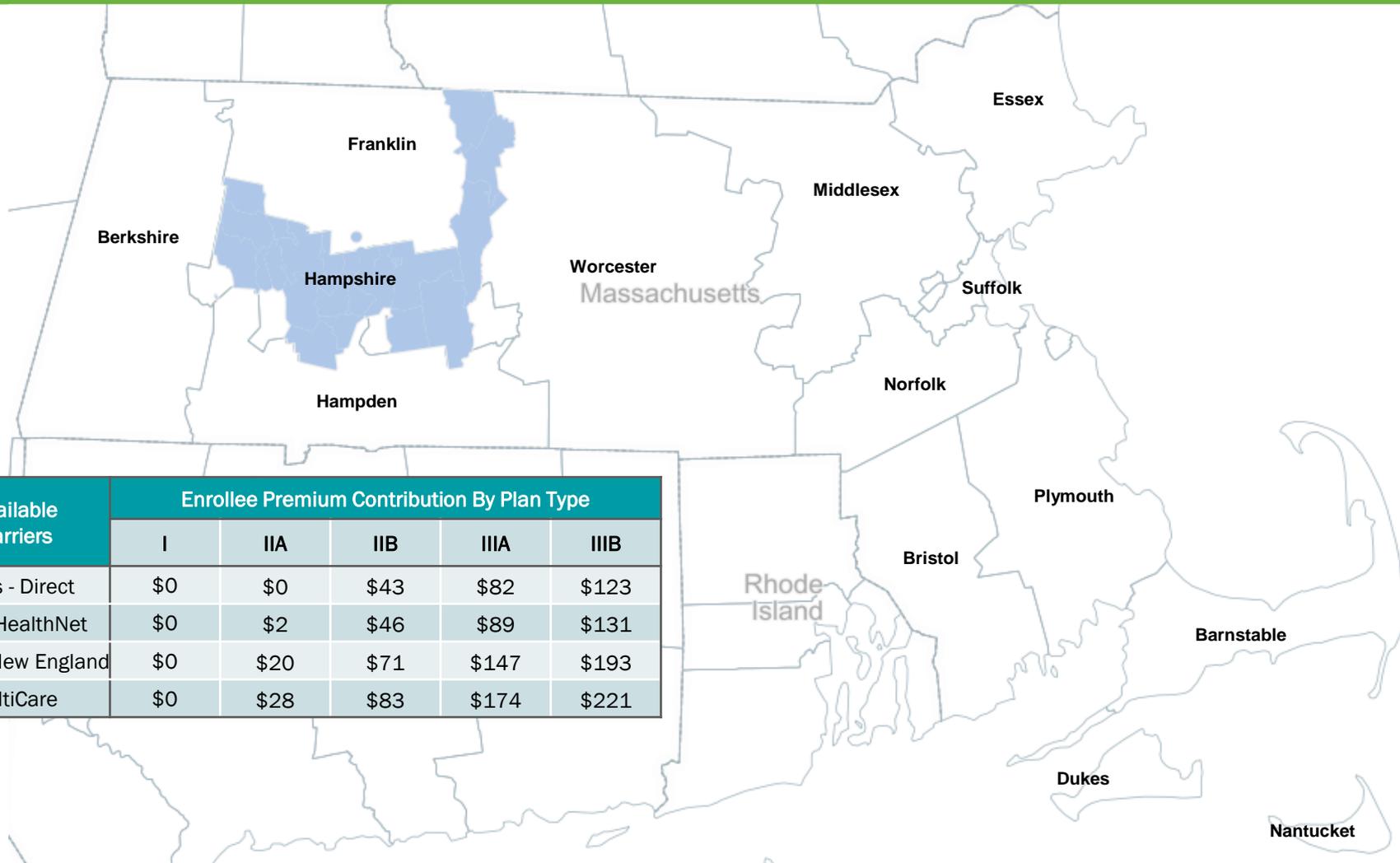
ConnectorCare Region A1



■ A1

	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	Tufts - Direct	\$0	\$0	\$43	\$82	\$123
2	BMC-HealthNet	\$0	\$2	\$46	\$89	\$131
3	Neighborhood	\$0	\$10	\$57	\$114	\$157
4	Health New England	\$0	\$20	\$71	\$147	\$193
5	CeltiCare	\$0	\$28	\$83	\$174	\$221

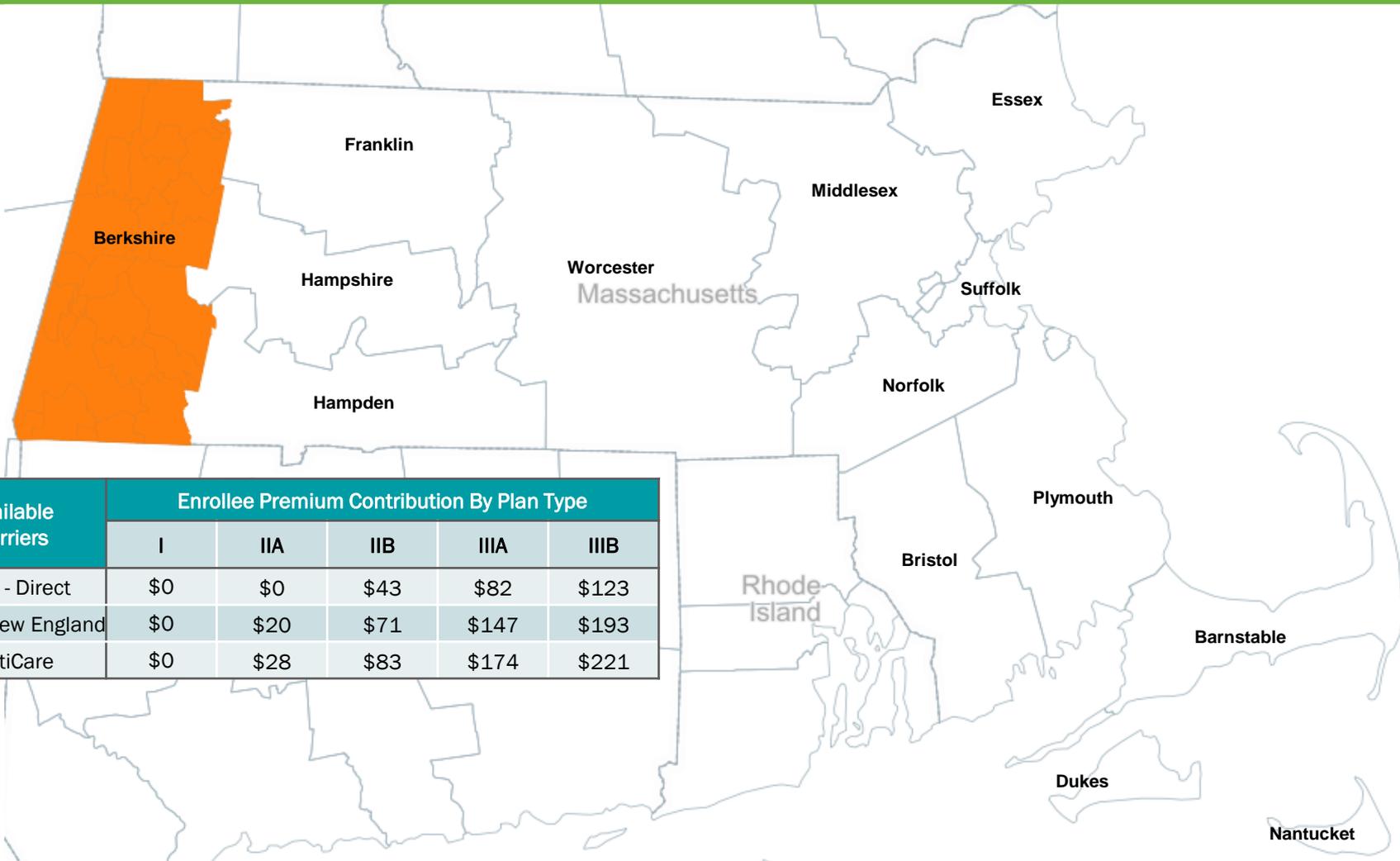
ConnectorCare Region A2



A2

	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	Tufts - Direct	\$0	\$0	\$43	\$82	\$123
2	BMC-HealthNet	\$0	\$2	\$46	\$89	\$131
3	Health New England	\$0	\$20	\$71	\$147	\$193
4	CeltiCare	\$0	\$28	\$83	\$174	\$221

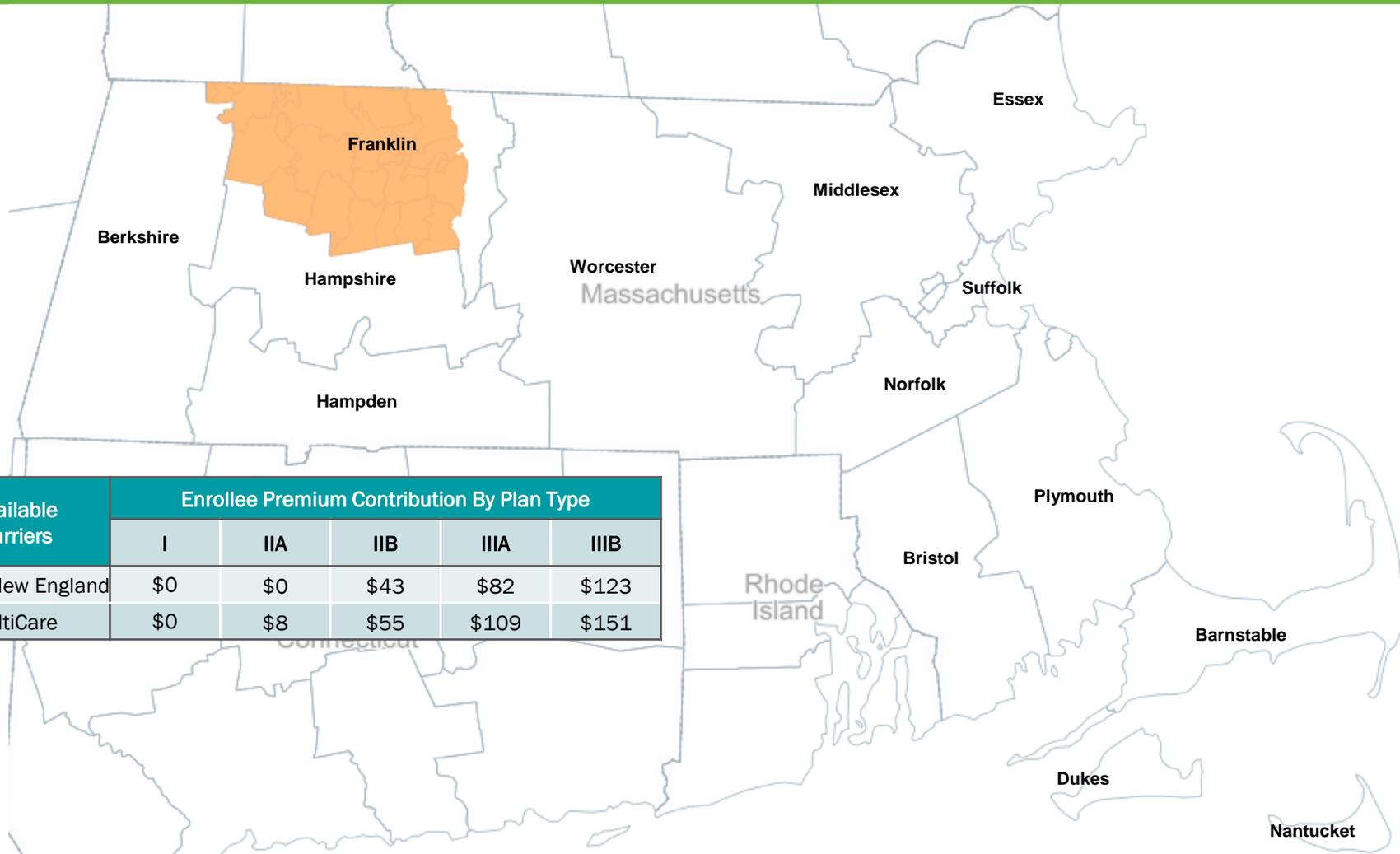
ConnectorCare Region A3



A3

	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	Tufts - Direct	\$0	\$0	\$43	\$82	\$123
2	Health New England	\$0	\$20	\$71	\$147	\$193
3	CeltiCare	\$0	\$28	\$83	\$174	\$221

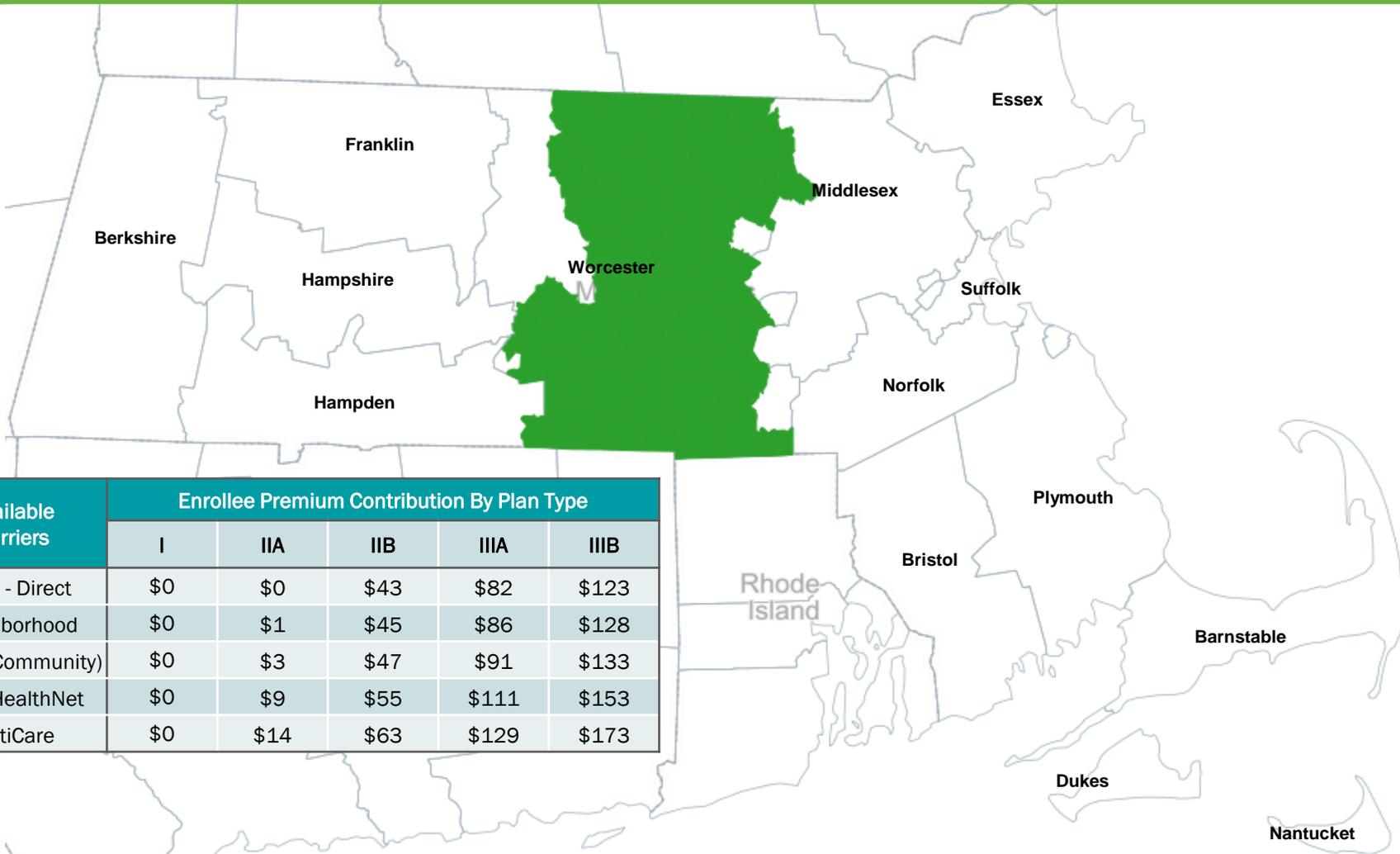
ConnectorCare Region A4



A4

	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	Health New England	\$0	\$0	\$43	\$82	\$123
2	CeltiCare	\$0	\$8	\$55	\$109	\$151

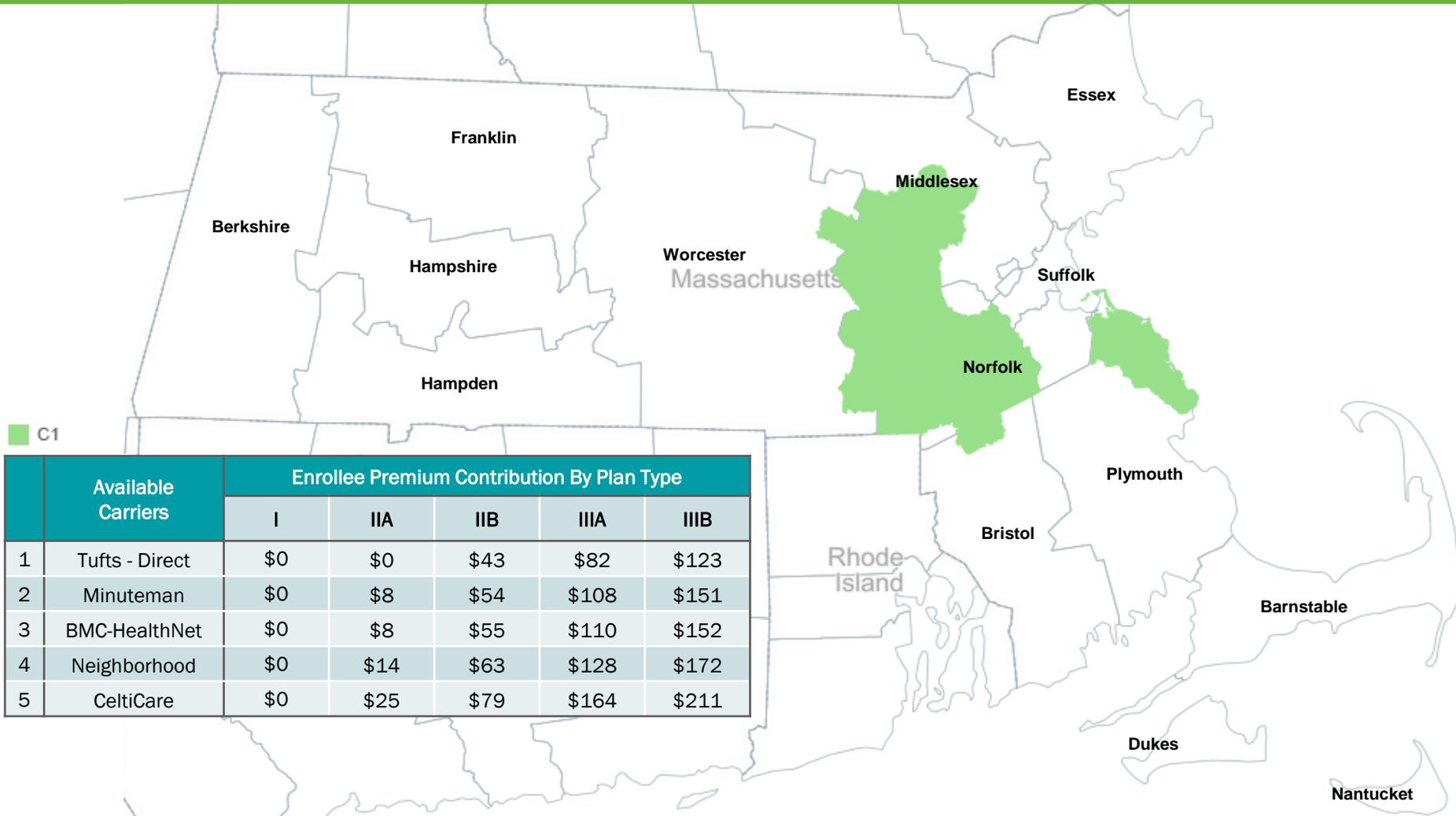
ConnectorCare Region B1



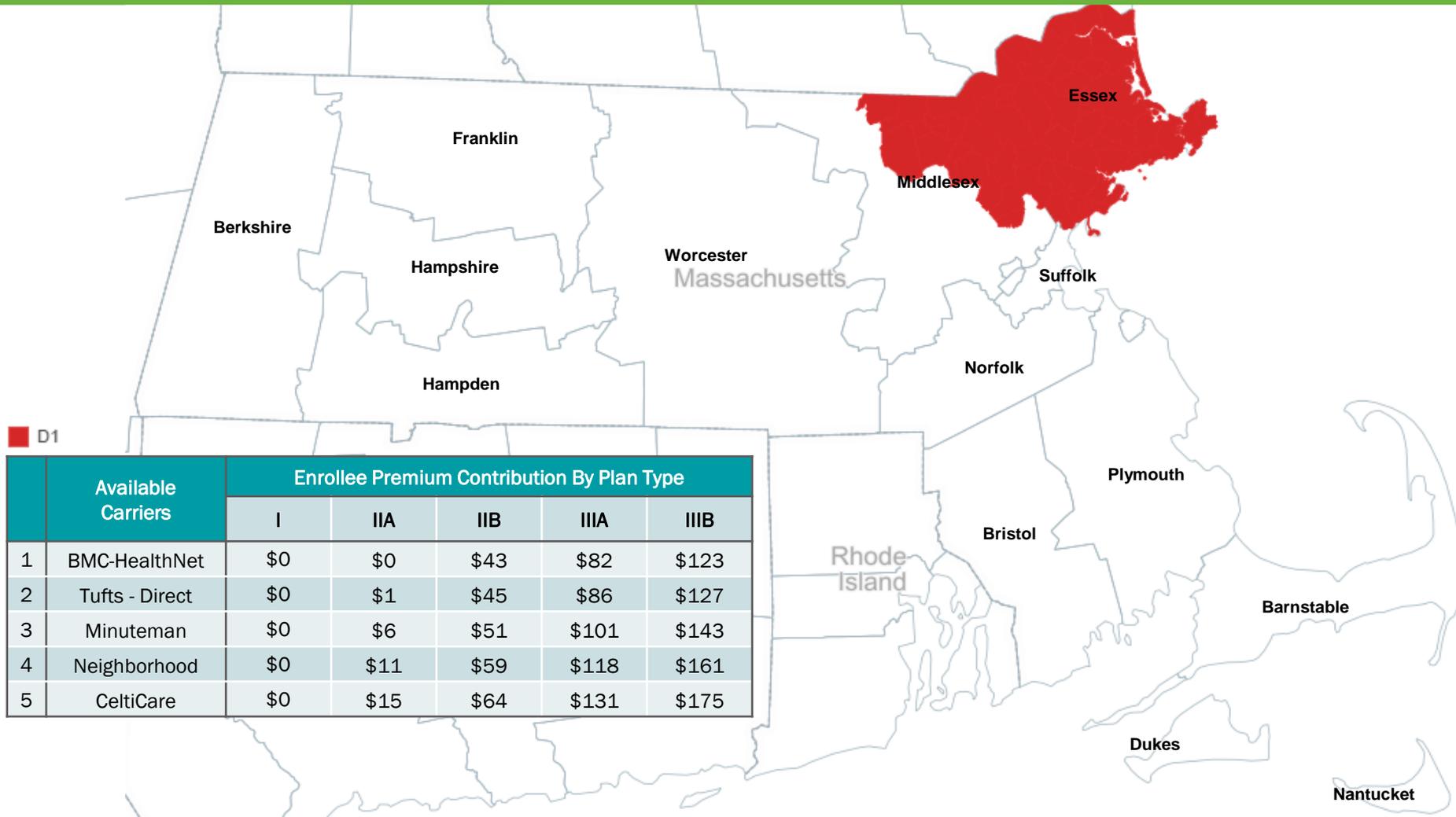
B1

	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	Tufts - Direct	\$0	\$0	\$43	\$82	\$123
2	Neighborhood	\$0	\$1	\$45	\$86	\$128
3	Fallon (Community)	\$0	\$3	\$47	\$91	\$133
4	BMC-HealthNet	\$0	\$9	\$55	\$111	\$153
5	CeltiCare	\$0	\$14	\$63	\$129	\$173

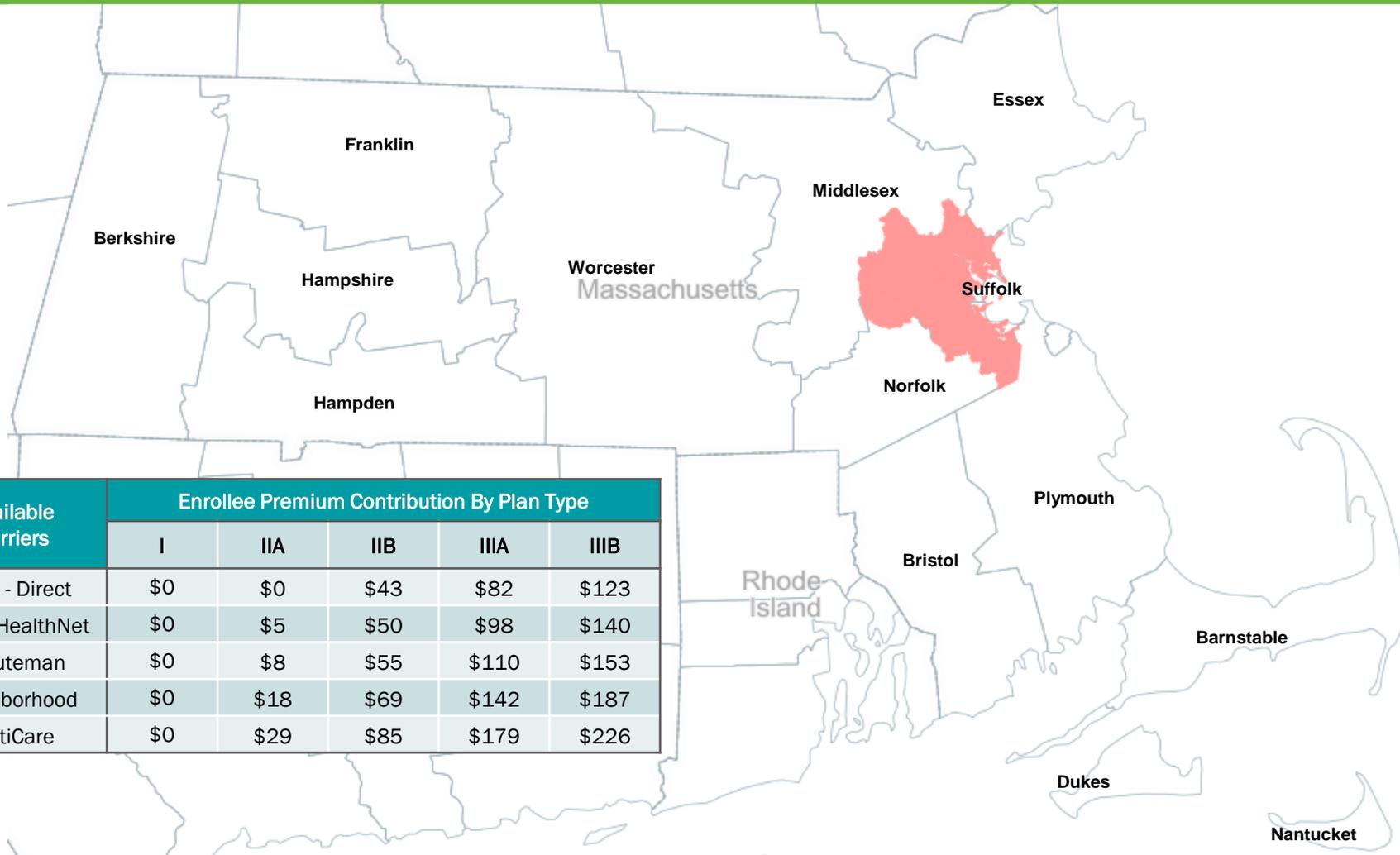
ConnectorCare Region C1



ConnectorCare Region D1



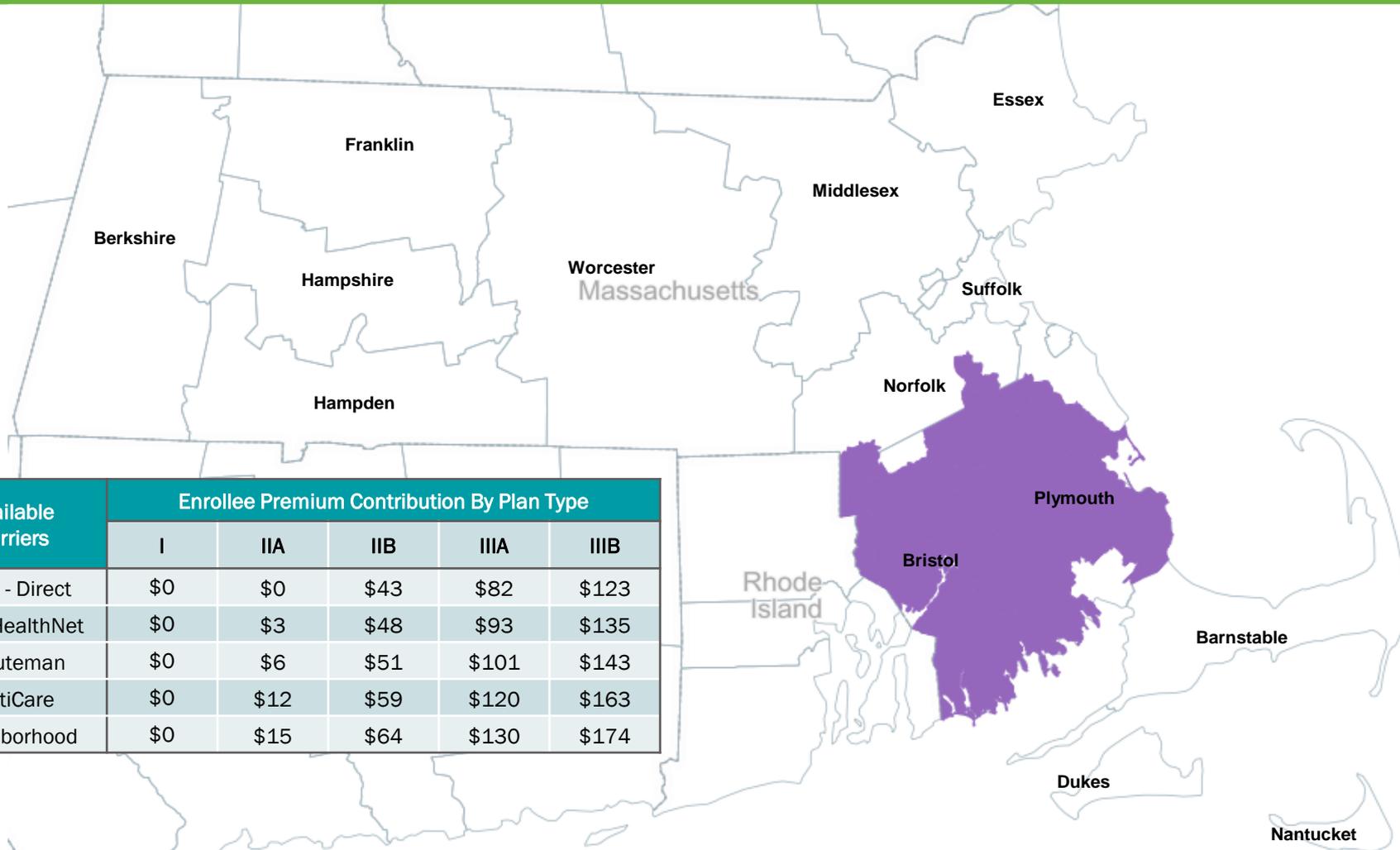
ConnectorCare Region E1



E1

	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	Tufts - Direct	\$0	\$0	\$43	\$82	\$123
2	BMC - HealthNet	\$0	\$5	\$50	\$98	\$140
3	Minuteman	\$0	\$8	\$55	\$110	\$153
4	Neighborhood	\$0	\$18	\$69	\$142	\$187
5	CeltiCare	\$0	\$29	\$85	\$179	\$226

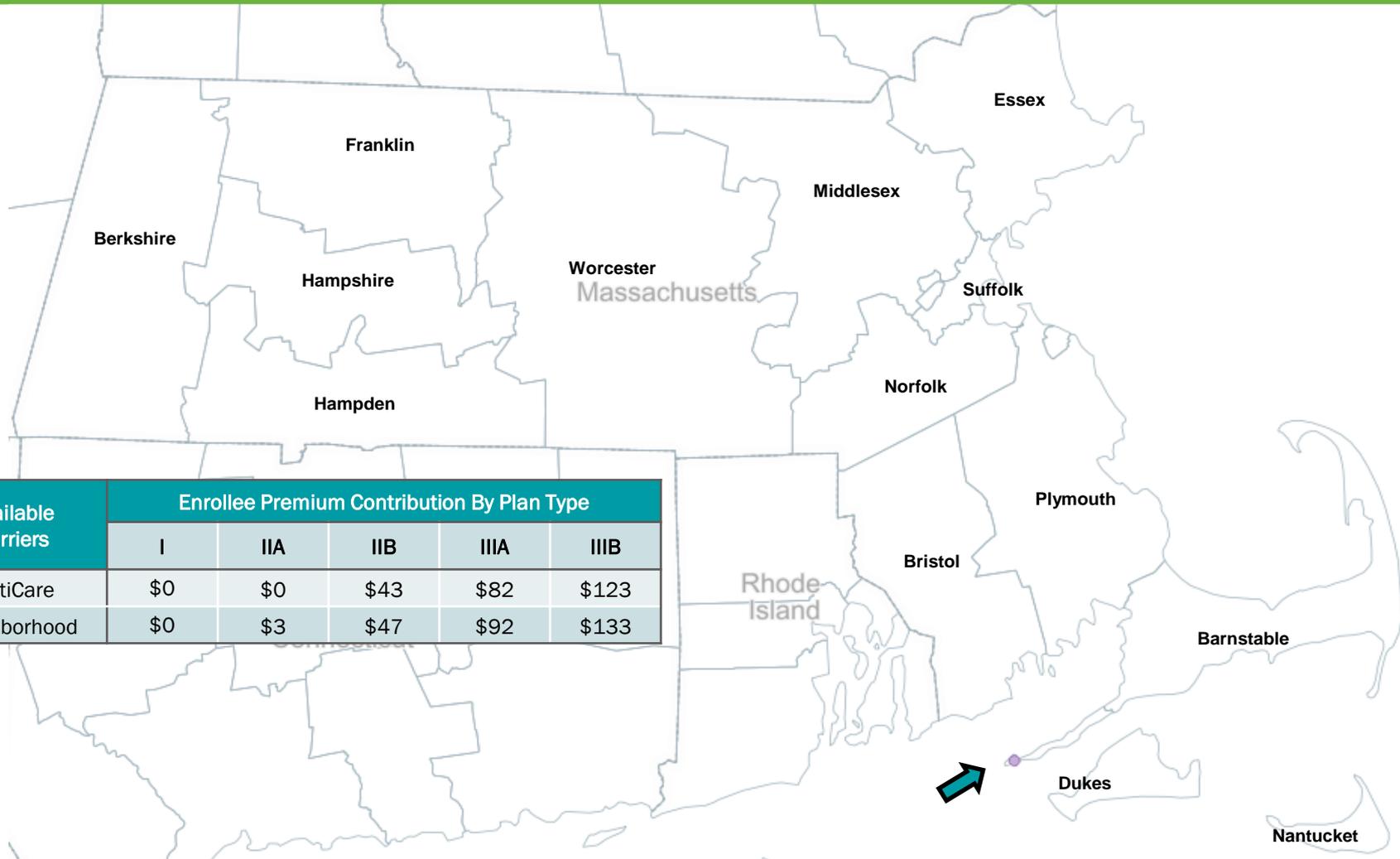
ConnectorCare Region F1



F1

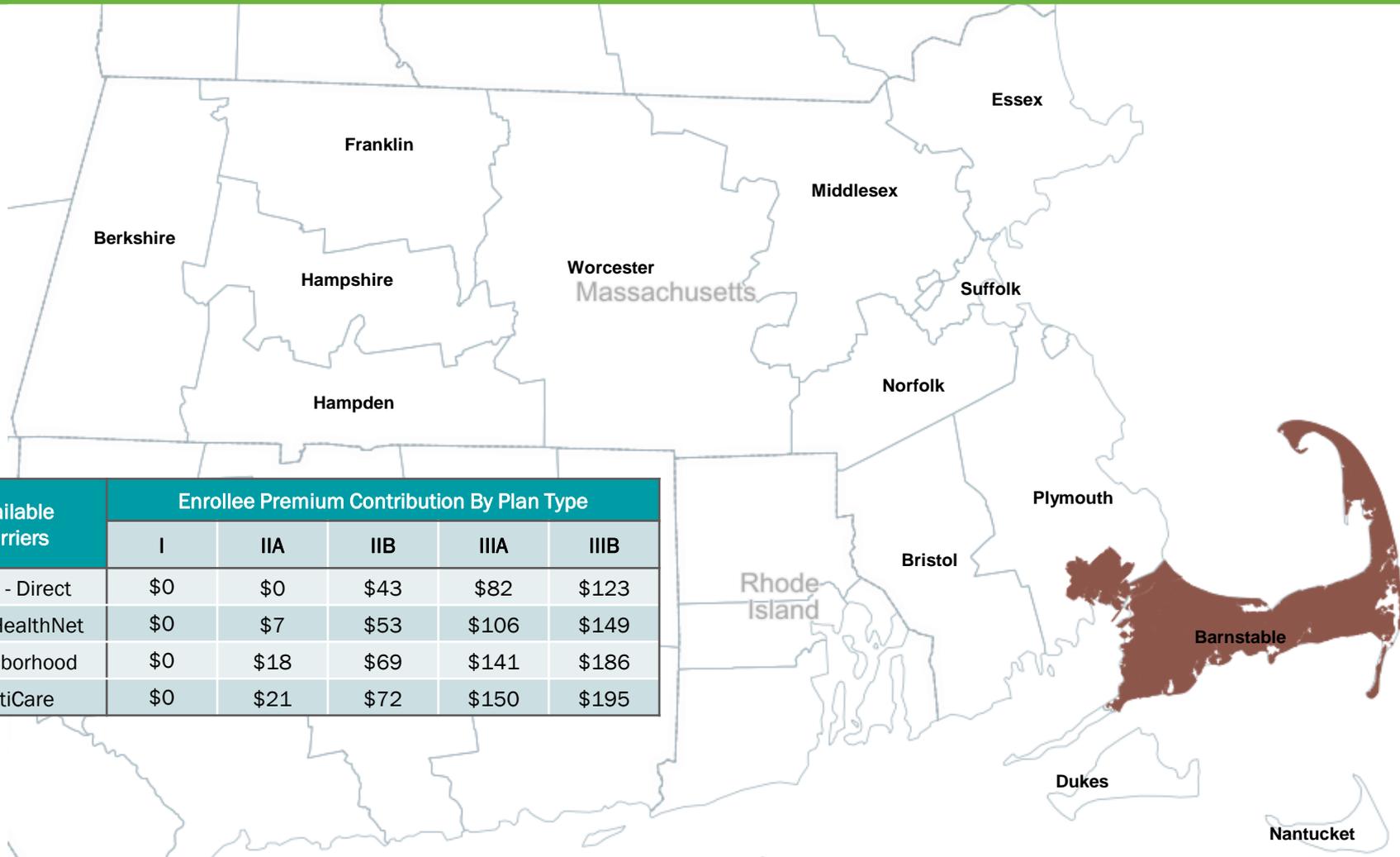
	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	Tufts - Direct	\$0	\$0	\$43	\$82	\$123
2	BMC-HealthNet	\$0	\$3	\$48	\$93	\$135
3	Minuteman	\$0	\$6	\$51	\$101	\$143
4	CeltiCare	\$0	\$12	\$59	\$120	\$163
5	Neighborhood	\$0	\$15	\$64	\$130	\$174

ConnectorCare Region F2



	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	CeltiCare	\$0	\$0	\$43	\$82	\$123
2	Neighborhood	\$0	\$3	\$47	\$92	\$133

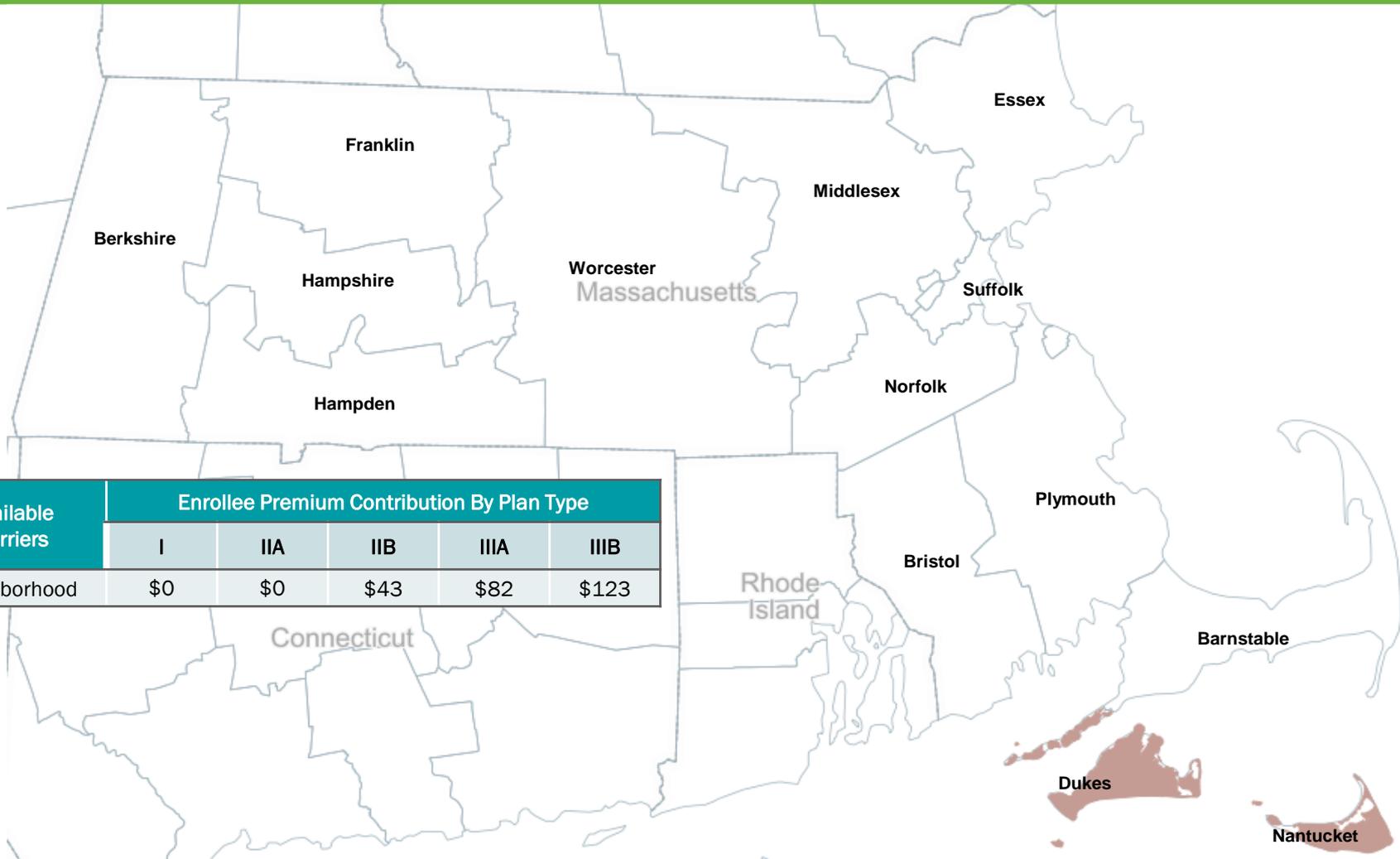
ConnectorCare Region G1



G1

	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	Tufts - Direct	\$0	\$0	\$43	\$82	\$123
2	BMC-HealthNet	\$0	\$7	\$53	\$106	\$149
3	Neighborhood	\$0	\$18	\$69	\$141	\$186
4	CeltiCare	\$0	\$21	\$72	\$150	\$195

ConnectorCare Region G2



G2

	Available Carriers	Enrollee Premium Contribution By Plan Type				
		I	IIA	IIB	IIIA	IIIB
1	Neighborhood	\$0	\$0	\$43	\$82	\$123