2015 Qualified Health and Dental Plan Seal of Approval

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Seal of Approval Background

MASSACHUSETTS HEALTH CONNECTOR

- Each year, the Board awards the Seal of Approval (SoA) to plans that meet the Health Connector's standards for sale to individuals and small businesses
- Our SoA is designed to ensure consumers have access to health and dental plans that offer high quality and good value on a product shelf that empowers them to shop for the plan that best fits their needs
- We design our product shelves to promote an apples-to-apples shopping experience, but we also invite Issuers to offer non-standardized plans or innovative network designs to meet the needs of all variety of consumers, including brokers and small businesses, so they too can take advantage of the benefits of shopping through the Health Connector
- Today, we offer up to 24 Qualified Dental Plans (QDPs) from five dental Issuers and up to 114 Qualified Health Plans (QHPs) (including Catastrophic Plans) from 10 medical Issuers
- With the upcoming SoA, we invite all Issuers to recertify their current plans through us and welcome new Issuers interested in participating in the Health Connector's marketplace

Launch of the 2015 SoA

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- We are seeking Board approval today to launch the 2015 SoA for QHPs and QDPs to be offered through the Health Connector next year
- For the 2015 SoA, we propose a two-part process:
  - An invitation to existing Issuers to extend their current contracts
    - As part of this extension, currently participating Issuers may participate in a streamlined recertification of their QHPs and QDPs that received the Health Connector's SoA for 2014
    - In addition, existing Issuers may propose new plans for initial certification
  - The release of a formal Request for Responses (RFR) for any new Issuer(s) that wish to offer plans through the Health Connector
- As the recertification process will enable the Health Connector and the Division of Insurance (DOI) to rely on certain Issuer and plan filings from the 2014 SoA, to the extent there are no material changes, the filing deadline for Issuers responding to the 2015 SoA RFR will differ from the filing deadline for Issuers responding to the 2015 SoA contract extension invitation

2015 Seal of Approval: Goals

- Continue the vision of the 2014 Seal of Approval
  - Be a trusted source of value for consumers and small businesses
  - Continue to serve as a platform for innovation and competition
  - Engage the market and become a major force for broader reform of the health care system
- Largely retain existing standardized plan designs with minor changes required to comply with the Affordable Care Act (ACA)
  - The existing plan designs were developed for the 2014 SoA based upon detailed market analysis, support from our independent actuaries and input from our Issuers
    - We believe these products continue to strike an appropriate balance in our market while complying with new requirements under the ACA on value and benefits
    - Moreover, maintaining our core standardized product shelf for a second consecutive year will allow us to learn even more as we think about modifications for 2016
  - The 2015 Federal Notice of Benefit and Payment Parameters rule requires small changes to Catastrophic plans and the pediatric dental Essential Health Benefit (EHB)
    - For Catastrophic plans, the rule revises the allowable medical maximum out-of-pocket (MOOP); this revision will occur annually, as the annual deductible and allowable MOOP for the Catastrophic Plan must equal the annual limit on cost-sharing under IRS guidelines for Health Savings Account (HSA) – compatible high deductible health plans (HDHPs)
    - For dental plans, the rule revises the allowable MOOPs for the pediatric dental benefit

Overview of 2015 Seal of Approval Requirements

	ACA Standards for QH/DPs	Health Connector SoA Requirements
QHPs	▪ Licensure and accreditation ▪ Network adequacy ▪ Service Area (prohibition on "cherry-picking" against under-served markets) ▪ EHB, cost-sharing limits and actuarial value requirements ▪ Premium Review ▪ Fair marketing practice	▪ Must offer standardized plans: 2 Platinum, 3 Gold, 1 Silver, 1 Bronze - At least one each on broadest commercial network - Option to propose non-standardized plans (certain Issuers required to propose tiered-network plans) ▪ Must propose a catastrophic plan ▪ Must propose a "wrap-compatible" Silver plan ▪ Option to identify plans to be offered through the Dual/Triple small group program
QDPs	▪ Transparency of coverage ▪ All other requirements necessary for DOI approval	▪ Must offer standardized plans: pediatric only, high, and low ▪ Option to propose non-standardized plans

QHP/QDP Certification & Recertification

Consistent with the 2014 SoA, QHP/QDP certification and re-certification will be achieved through a close collaboration between the Health Connector and the DOI.

Key QHP Certification Category	Certification Approach
Issuer licensure and accreditation	• Leverage existing DOI process
Plan design	• DOI review as certification baseline • Subject to additional Health Connector requirements
Premium review	• DOI quarterly rate review process • Health Connector review for competitive Issuer/plan selection
Network adequacy	• Market-wide standard enforced by the DOI • DOI has augmented its standard to align with the ACA (adding review for Essential Community Providers)
Service Area	• QHP-specific requirement; reviewed by Health Connector
Marketing, Quality & Transparency of coverage	• Market-wide standards largely in place

- Although the Health Connector envisions a streamlined recertification process for existing QHP and QDP Issuers, all plans proposed to be offered as part of the 2015 SoA will continue to be subject to Health Connector review and approval by the Board

2015 Seal of Approval

Qualified Health Plan (QHP) Requirements

ConnectorCare Framework & Requirements

Qualified Dental Plan (QDP) Requirements

Administrative Fee

Review of 2014 QHP SoA

The 2014 SoA was an ambitious undertaking for the Health Connector that, among other things, introduced a new QHP product suite.

- As you will recall, the ACA effectuated many new market reforms in 2014 to promote a more transparent and consumer-friendly market, including requirements that plans sold in the small and non-group markets cover certain EHBs and align with federally-defined actuarial value (AV) and metallic tier requirements:
  - Platinum: 90% (+/- 2%)
  - Gold: 80% (+/- 2%)
  - Silver: 70% (+/- 2%)
  - Bronze: 60% (+/- 2%)
- In addition to aligning our product shelf with the new ACA requirements, the Health Connector also leveraged the 2014 SoA as an opportunity to strengthen our product shelf by working with Gorman Actuarial to perform a detailed analysis of popular plans in the small and non-group market. Based on the findings from this analysis and feedback received from Issuers, the 2014 SoA introduced:
  - New standardized plan designs
  - Tiered-network plans
  - Expanded product choice, in particular for small groups, by allowing up to a defined maximum of non-standardized plans

Review of 2014 QHP Product Shelf

Qualified Health Plans		Total	QHPs by Metallic Tier			
			Plat	Gold	Silver	Bronze
Standardized plans	Required	70	20	30	10	10
	Optional	16	4	6	3	3
	Subtotal	**86**	**24**	**36**	**13**	**13**
Non-standardized plans	Small Group	19	2	10	5	2
	Non-Group	14	0	9	3	2
	Subtotal	**19**	**2**	**10**	**5**	**2**
Subtotal Approved (by Metallic Tier)		**105**	**26**	**46**	**18**	**15**
Catastrophic Plans		**9***				
Total Approved		**114**				

- The 114 approved plans represent 23 unique plan designs:
  - 7 unique standardized plans;
  - 1 unique catastrophic plan; and
  - 15 unique non-standardized plans

* The 9 Catastrophic Plans are offered by 7 Issuers, with Fallon Community Health Plan offering their Catastrophic Plan on 3 distinct provider networks

QHP Non-Group Enrollment

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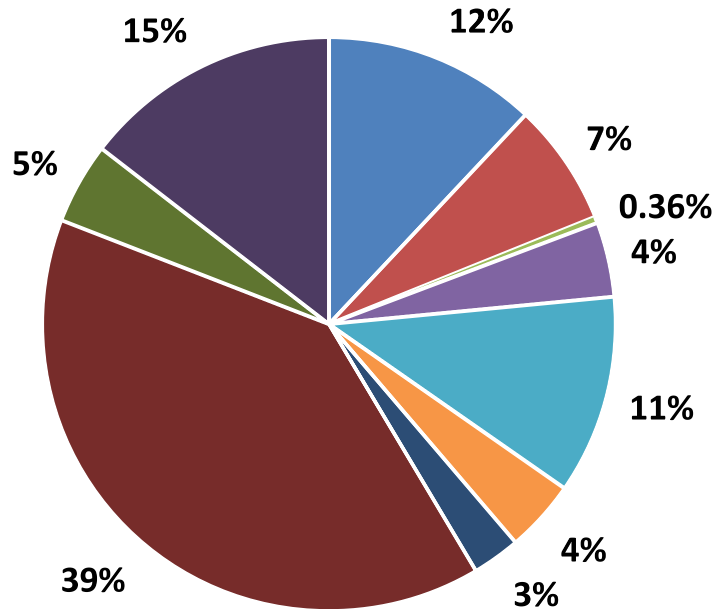

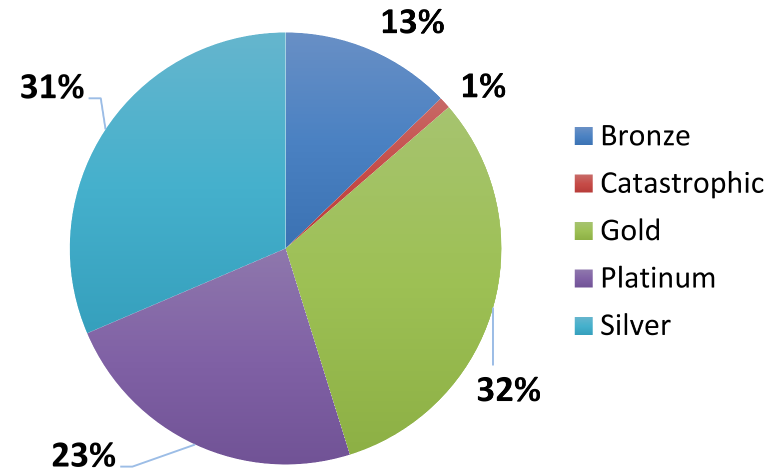

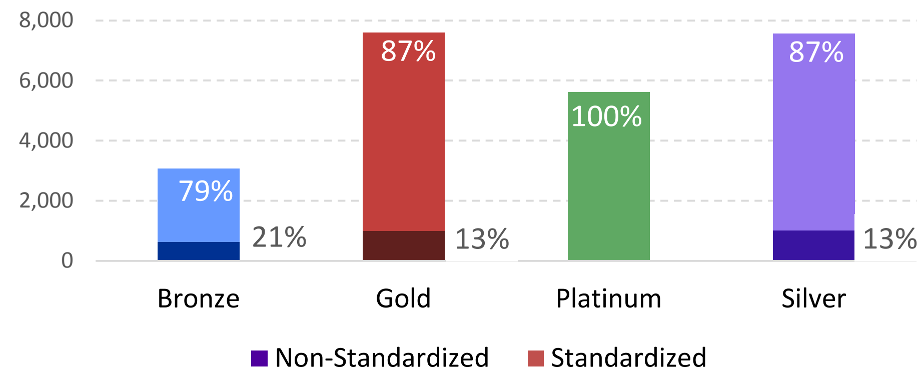

* *Paid enrollment as of March 24, 2014*

2015 QHP Issuer Participation Requirements

- Consistent with the terms of the 2014 SoA, Issuers seeking the 2015 SoA are required to:
  - Offer seven (7) standardized plans in all four metallic tiers (Platinum, Gold, Silver, Bronze) on the Issuer's broadest commercial provider network
    - Issuers may offer their standardized Silver plan on a network that is broader than their standard commercial network if that plan is identified by the Issuer as their wrap-compatible plan offered for participation in the ConnectorCare program
  - Propose to offer at least one Catastrophic Plan with the option to withdraw if two (2) or more Issuers commit to offering a Catastrophic Plan in each zip code
    - New Issuers responding to the 2015 SoA RFR are required to propose a Catastrophic Plan and may indicate in their submission an intent to withdraw should the Health Connector receive a sufficient number of Catastrophic Plans in each zip code
    - The Health Connector currently offers at least two (2) Catastrophic Plans in each zip code, therefore, existing Issuers that opted to withdraw their proposed Catastrophic Plan in 2014 are not required to propose a Catastrophic Plan as part of their recertification process
    - However, the Health Connector reserves the right to require all Issuers (existing and new) to offer a Catastrophic Plan in the event the Health Connector receives an insufficient number of Catastrophic Plans in each zip code in 2015

2015 QHP Issuer Participation Requirements (cont'd)

- Consistent with the 2014 SoA requirements (cont'd):
  - Offer a tiered network plan if they offer tiered plans in the merged market and have more than 1,000 members enrolled in such plans as of January 1, 2014
    - Existing Issuers seeking recertification are subject to this requirement and must propose a tiered network plan if their membership in tiered plans exceeds the threshold requirement as of 2014
  - All Issuers must commit to serving the subsidized population if selected as a ConnectorCare Issuer
- Furthermore, existing and new Issuers are invited to propose:
  - Additional standardized products, which may be offered on narrower or tiered provider networks or with slightly different benefits
  - Up to seven (7) non-standardized plans on any network type
    - As part of the recertification process, existing Issuers may propose new non-standardized plans for the Health Connector's consideration. Newly proposed plans must meet all QHP certification requirements

2015 QHP Small Group Product Options

- Small groups will continue to have access to all QHPs offered through the Marketplace (except Catastrophic plans), including both standardized plans and non-standardized plans
  - As with the 2014 SoA, new and existing Issuers will continue to have the option to propose additional non-standardized plans for the small-group shelf only, to further enhance the breadth of the SHOP portfolio
  - As part of the recertification process, existing Issuers may re-identify plans to be offered through the Dual/Triple option
- The Health Connector currently offers small group health insurance on a sole source platform and is working to implement employee choice models for 2015

Sole Source (Currently Offered)

Carrier/Plan

	A	B	C	D	E
Plat					
Gold					
Silver					
Bronze					

Employee Choice (Required by the ACA)

Carrier/Plan

	A	B	C	D	E
P					
G					
S					
B					

Dual-Triple (Optional for Carriers)

Carrier/Plan

	A	B	C	D	E
P					
G					
S					
B					

2014/2015 QHP Standardized Plan Parameters

Plan Feature/ Service		Cost-Sharing						
		PLAT A	PLAT B	GOLD A	GOLD B	GOLD C	SILVER	BRONZE
Annual Deductible (family = 2x)		N/A	$500	$500	$1,000	$1,500	$2,000	$2,000
		N/A	$1,000	$1,000	$2,000	$3,000	$4,000	$4,000
Annual Out-of-Pocket Maximum (family = 2x)		$2,000	$1,500	$3,000	$5,000	$5,000	$6,350	$6,350
		$4,000	$3,000	$6,000	$10,000	$10,000	$12,700	$12,700
PCP Office Visits		$25	$20	$20	$30	$25	$30	$50 √
Specialist Office Visits		$40	$35	$35	$45	$40	$50	$75 √
Emergency Room		$150	$100 √	30% √	$150 √	$150 √	$350 √	$750 √
Inpatient Hospitalization		$500	$0 √	30% √	$500 √	$250 √	$1,000 √	$1,000 √
High-Cost Imaging		$150	$100 √	30% √	$200 √	$150 √	$400 √	$1,000 √
Outpatient Surgery		$500	$0 √	30% √	$250 √	$250 √	$750 √	$1,000 √
Prescription Drug (mail order = 2x)	Retail Tier 1	$15	$15	$15	$20	$15	$20	$30 √
	Retail Tier 2	$30	$25	50% √	$30	$25	$40	50% √
	Retail Tier 3	$50	$45	50% √	$50	$50	$70	50% √
	Mail Tier 1	$30	$30	$30	$40	$30	$40	$60 √
	Mail Tier 2	$60	$50	50% √	$60	$50	$80	50% √
	Mail Tier 3	$150	$135	50% √	$150	$150	$210	50% √

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

Catastrophic Plan Design Changes

- Catastrophic Plans have federally-defined plan-design parameters:
  - Must meet QHP certification requirements, including coverage of EHBs with the exception of pediatric dental benefits;
  - Deductible must be equal to the maximum out-of-pocket costs at the annual level of the HSA limit; and
  - Must cover preventive care visits in full (*i.e.*, without cost-sharing) and at least three (3) non-preventive primary care office visits without applying toward the deductible
    - All other services must be subject to the deductible
- The 2015 Notice of Benefit and Payment Parameters final rule increased the allowable maximum out-of-pocket from $6,350 (ind)/$12,700 (fam) to $6,600 (ind)/$13,200 (fam) for Plans effective January 1, 2015

Benefit/Service	Cost-Sharing
Annual Deductible (family=2x)	$6,600
Annual MOOP (family=2x)	$6,600
Preventive Services	Covered in full
Office Visits	$35 or 50% coinsurance (whichever is lower)

2015 Seal of Approval

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Qualified Dental Plan (QDP) Requirements

Administrative Fee

Review of Current ConnectorCare Issuers

As part of the 2014 SoA, the Health Connector selected a sub-set of QHP Issuers to serve the ConnectorCare population.

- Boston Medical Center HealthNet Plan
- CeltiCare
- Fallon Community Health Plan
- Health New England
- Neighborhood Health Plan
- Network Health
- Minuteman Health

Wrap Plans	Region A	Region B	Region C	Region D	Region E	Region F	Region G
	Western MA (010, 013)	Central MA (014, 016)	Metro West (017, 020)	Northeast (018, 019)	Boston/Greater Boston (021, 022 , 024)	Southeast (023 , 027)	Cape/Islands (025, 026)
Lowest	NWH	NHP	BMCHP	BMCHP	BMCHP	BMCHP	BMCHP
2nd Lowest	BMCHP	NWH	NWH	NHP	NWH	NWH	NWH
3rd Lowest	NHP	CeltiCare	NHP	MM	NHP	MM	NHP
4th Lowest	CeltiCare	BMCHP	MM	NWH	CeltiCare	NHP	-
5th Lowest	HNE	FCHP Dir.	CeltiCare	CeltiCare	MM	CeltiCare	-

ConnectorCare Framework & Requirements

- As reviewed during the launch and subsequent award of the 2014 SoA, the ConnectorCare program has been designed to replicate the successful Commonwealth Care program, including its benefits, premiums and cost-sharing
- To do so, the Commonwealth is investing additional state dollars to "wrap" ACA tax credits and subsidies for the population earning up to 300% FPL that is eligible for coverage through the Health Connector
- To maximize affordability of the ConnectorCare program for the Commonwealth, the Health Connector continues to leverage elements of the Commonwealth Care procurement model and will again select a sub-set of qualified Issuers with the most competitive pricing in the merged market to offer ConnectorCare plans in 2015
  - Consistent with the Health Connector's selection process in 2014, the Health Connector will also consider network adequacy, experience and ability to serve this population, value-added benefits (*e.g.*, tobacco cessation coverage) and overall value, among other factors

ConnectorCare Framework & Requirements (cont'd)

- As the Health Connector will be reselecting a sub-set of qualified Issuers to serve the ConnectorCare population in 2015, existing ConnectorCare Issuers may not be re-selected to serve the ConnectorCare population in 2015 in any or all current zip codes
- In the event an existing ConnectorCare Issuer is no longer available in one or more zip codes in 2015, currently enrolled members will need to transfer to a new Issuer upon renewal in order to maintain their full "wrap" benefits
  - To support member transition, the Health Connector will actively message the enrolled population and will provide an open enrollment packet, similar to those mailed during Commonwealth Care open enrollment periods, informing enrollees of new plan options
  - Similarly, the Health Connector will actively message existing enrollees of any change to their current health plan's premium in a given zip code to ensure enrollees have adequate notice and time to select a new, lower cost plan if desired

2015 Seal of Approval

Qualified Health Plan (QHP) Requirements

ConnectorCare Framework & Requirements

Qualified Dental Plan (QDP) Requirements

Administrative Fee

Review of 2014 QDP SoA

The 2014 SoA introduced, for the first time, dental plans to the Health Connector's product shelf.

- Providing pediatric dental coverage, which is a component of EHBs, is a requirement for an ACA-compliant Marketplace
  - The Marketplace can meet the ACA requirement of offering pediatric dental coverage through standalone dental plans
- As previously discussed, we believe that offering standalone dental plans is not only important from a compliance perspective, but also provides an opportunity for the Health Connector to help address unmet market needs for dental coverage
  - The Massachusetts dental market is primarily served by standalone Issuers
  - The Marketplace is positioned to help promote access to affordable dental plans to individuals and small businesses
  - Standalone dental Issuers are interested in leveraging the Health Connector for streamlined distribution
- Health Connector staff worked with Boston Benefit Partners and independent actuaries to develop a standardized product portfolio that, to the extent possible, reflected plan designs prevalent in the dental market while also pursuing plan options that addressed under-served market needs (*e.g.*, pediatric plans that provide EHB coverage and low-cost plans that provide basic coverage at affordable price points)

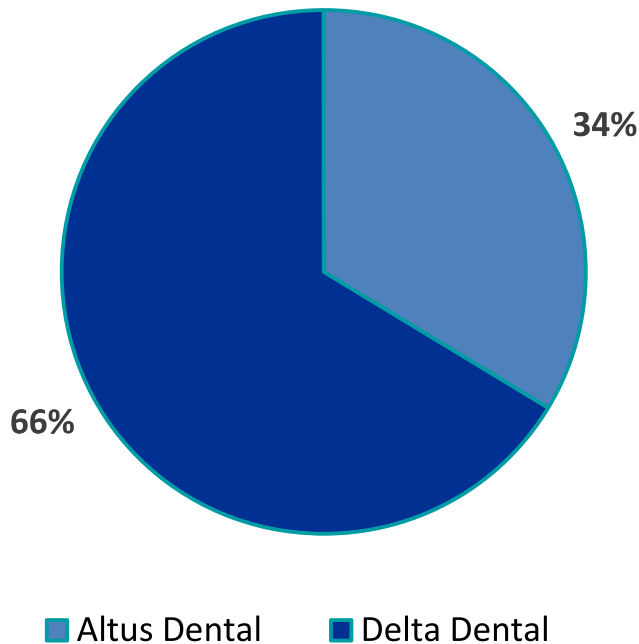
Review of 2014 QDP Product Shelf

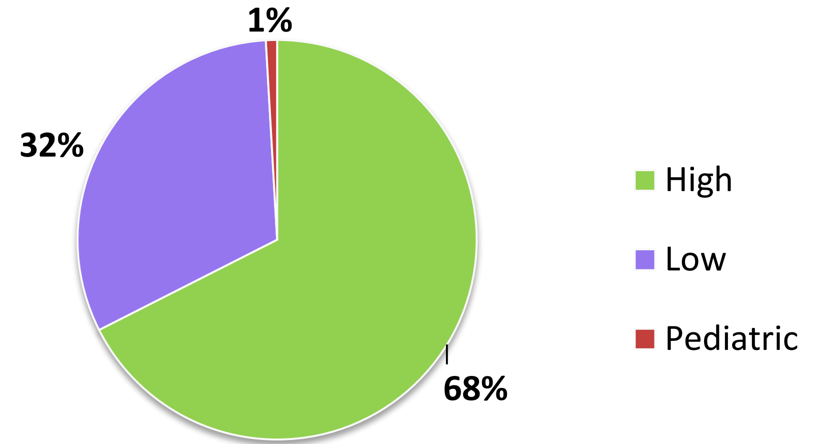
Qualified Dental Plans		Total	QDP Configurations		
			Pedi	High	Low
Standardized Plans	Non-Group & Small Group*	10	4	3	3
	Small Group only	9	3	3	3
	Subtotal	**19**	**7**	**6**	**6**
Non-Standardized Plans	Non-Group & Small Group	2	2	--	--
	Small Group only	3	1	1	1
	Subtotal	**5**	**3**	**1**	**1**
Total Approved		**24**			

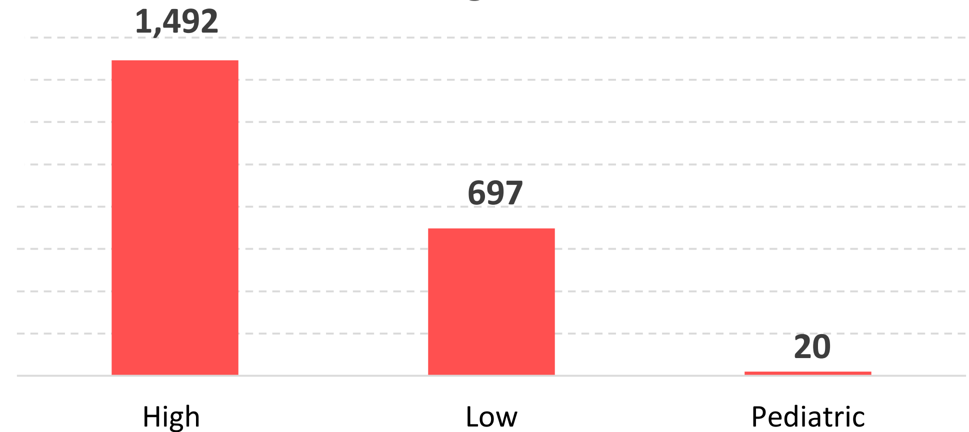
- The 24 approved plans represent 8 unique plan designs:
  - 3 unique standardized plans
  - 5 unique non-standardized plans

* Delta Dental offers 4 additional Standardized plans on distinct provider networks (2 additional Pedi plans, 1 additional High plan and 1 additional Low plan)

QDP Non-Group Enrollment







* *Paid enrollment as of March 25, 2014*

2015 QDP Issuer Participation Requirements

- Consistent with the terms of the 2014 SoA, Issuers seeking the 2015 SoA are required to:
  - Offer plans to both the non-group and small group segments, if the Issuer otherwise offers non-group dental products outside of the Health Connector
    - Existing Issuers seeking recertification are subject to this requirement and in the event an existing Issuer has entered the non-group market outside of the Health Connector since their award of the 2014 SoA, the Issuer must propose non-group plans to be offered through the Health Connector
  - Offer at least one (1) plan that conforms to the prescribed cost-sharing requirements for the Pediatric, High and Low dental plan designs
    - Existing Issuers seeking recertification are required to modify existing plan designs to meet the new EHB plan design allowable limits
- Furthermore, existing and new Issuers are invited to propose:
  - Additional non-standardized plans
    - As part of the recertification process, existing Issuers may propose new non-standardized plans for the Health Connector's consideration. Newly proposed plans must meet all QHP certification requirements

Embedded or Bundled Dental Offering

- As part of the 2014 SoA, Issuers were permitted to offer plans that included both the medical and dental components:
  - Embedded: one integrated benefit package
  - Bundled: two separate plans offered in tandem and priced as a bundle
- Although these models may come with certain advantages (*e.g.*, coordinated management of care and/or operational efficiency), they were not prevalent in the Massachusetts market prior to 2014 and the Health Connector saw little uptake of this opportunity by responding Issuers
  - Fallon Community Health Plan is the only Issuer to offer embedded products
  - No Issuers proposed bundled products
- Issuers participating in the 2015 SoA will continue to be invited to propose embedded plans for either initial or recertification
- As there has not been any expressed interest to date in the offering of bundled plans, the Health Connector will not be seeking bundled products as part of the 2015 SoA

Proposed QDP Standardized Plan Design Changes

- The 2015 Notice of Benefit and Payment Parameters final rule established the allowable maximum out-of-pocket (MOOP) for the Pediatric Dental EHB at $350 for 1 child/$700 for 2+ children
  - This is a change from the 2014 rule, which provided states with the flexibility to establish a “reasonable” maximum out-of-pocket. For the 2014 SoA, the Health Connector established a MOOP of $1,000 for 1 child/$2,000 for 2+ children based on market analysis
- In light of the revised limits the Health Connector engaged Boston Benefit Partners and a team of independent actuaries to assess the impact of the revised MOOPs
- Using updated claims data, the Health Connector has confirmed the existing EHB benefit with the new MOOP of $350/$700 remains within the allowable AV range (85% +/-2%), though at a slightly higher AV than the current plan with the $1,000/$2,000 MOOP
  - Based on feedback received from existing QDP issuers and projections provided by independent actuaries, the Health Connector anticipates the increase in AV may result in a modest increase in premium

Review of QDP Standardized Plan Design Requirements

- As with the QHP SoA, the Health Connector requires benefit standardization of dental plans to facilitate apples-to-apples comparison shopping among health insurance options
- For purposes of standardization, the Health Connector will continue to prescribed point-of-service cost-sharing for the following categories:
  - Type 1: Preventive & Diagnostic Covered Services (*e.g.*, oral exams, X-rays, cleaning, etc.)
  - Type 2: Basic Covered Services (*e.g.*, silver filings, white filings, root canals, tooth extractions, periodontal surgery, etc.)
  - Type 3: Major Restorative (*e.g.*, partial and complete dentures, fixed bridges and crowns)
  - Type 4: Medically Necessary Orthodontia (*e.g.*, severe and handicapping malocclusion)
    - Available for Pediatric EHB only

2015 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 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/OON	25%/45%	25%/45%	25%/45%
Major Restorative Co-Insurance In/OON	50%/70%	50%/70%	50%/70% No Major Restorative >=19
Medically Necessary Orthodontia, <19 only, In/OON	50%/70%	50%/70%	50%/70%
Non-Medically Necessary Orthodontia, <19 only, In/OON	N/A	N/A	N/A

2015 Seal of Approval

Qualified Health Plan (QHP) Requirements

Qualified Dental Plan (QDP) Requirements

QHP/QDP Certification

Administrative Fee

Administrative Fee

- As previously discussed with the Board, the Health Connector temporarily suspended charging Issuers an administrative fee for the 2014 calendar year
  - This hold on the administrative fee was made possible in large part by federal funding obtained through the Exchange Establishment Grant, which will fund the vast majority of operating costs for the 2014 calendar year
- As communicated in February 2013, it continues to be our intention to reinstate the Issuer administrative fee for 2015 and beyond and to assess fees on all new products, including QDPs
- Similar to what has been pursued by most other states and the federally-facilitated marketplace, an Issuer administrative fee is envisioned as the primary source of long-term revenue for the Marketplace
- At the same time, we continue to believe that it is vitally important for the Health Connector to achieve a competitive administrative fee structure, with the goal of minimizing burden on participating Issuers
- Our recommendation on the 2015 Issuer administrative fee will be influenced by, among other things, our decision with regard to the long-term HIX implementation plan. As such, we plan to come back before the Board with our recommendation at a later date, anticipated to be after the HIX decision is made and in advance of the 2015 SoA Issuer response due date

Next Steps: 2015 Seal of Approval Timeline

Mar 2014	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

- ★ *3/28: 2015 SoA Launch*
- ★ *4/26: Administrative fee recommendation*
- ★ *5/15: RFR Responses Due from new Issuers*
- ★ *6/1: Recertification Responses Due from existing Issuers*
- ★ *7/1: Premium rate filing due to DOI*
- ★ *July: Conditional SoA Awarded*
- ★ *September: Final SoA Awarded*
- ★ *11/15 Open Enrollment Begins*

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Appendix

2014 SoA Non-Standardized QHPs: Platinum

Plan Feature/ Service		Standardized Plans		NHP	
Plan Name		Platinum A	Platinum B	NHP Platinum Non-Standard 1	NHP Platinum Non-Standard 2
Network				Broadest	Broadest
Small Group only?				Small group only	Both
Annual Deductible (family=2x)		$0	$500	$500	$0
Annual MOOP (family=2x)		$2,000	$1,500	$2,000	$1,500
PCP Office Visits		$25	$20	$20	$25
Specialist Office Visits		$40	$35	$20	$25
Emergency Room		$150	$100 √	$100	$100
Inpatient Hospitalization		$500	$0 √	$0 √	$250
High-Cost Imaging		$150	$100 √	$0 √	$100
Outpatient Surgery		$500	$0 √	$0 √	$250
Prescription Drug	**Retail Tier 1**	$15	$15	$15	$15
	Retail Tier 2	$30	$25	$25	$30
	Retail Tier 3	$50	$45	$45	$50
	Mail Order Tier 1	$30	$30	$30	$30
	Mail Order Tier 2	$60	$50	$50	$60
	Mail Order Tier 3	$150	$135	$135	$150

Check mark (√) indicates that this benefit is subject to the annual deductible
Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise

2014 SoA Non-Standardized QHPs: Gold

Plan Feature/ Service		Standardized Plans			FCHP		HPHC		NHP
Plan Name		Gold A	Gold B	Gold C	1000 Deductible	2000 Deductible	Best Buy HMO 1000	Best Buy HSA PPO 1500	Gold Non- Std 1
Network					Broadest, Direct, Steward		Broadest		Broadest
Small Group only?					Both		SG only	Both	Both
Annual Deductible (family=2x)		$500	$1,000	$1,500	$1,000	$2,000	$1,000	$1,500	$500
Annual MOOP (family=2x)		$3,000	$5,000	$5,000	$5,000	$4,000	$5,000	$5,000	$5,000
PCP Office Visits		$20	$30	$25	$25	$25	$20	$0 √	$30
Specialist Office Visits		$35	$45	$40	$40	$40	$20	$0 √	$45
Emergency Room		30% √	$150√	$150√	$150 √	$200 √	$100 √	$0 √	$250 √
Inpatient Hospitalization		30% √	$500√	$250√	$500 √	$0 √	$0 √	$0 √	$500 √
High-Cost Imaging		30% √	$200√	$150√	$150 √	$0 √	$0 √	$0 √	$250 √
Outpatient Surgery		30% √	$250√	$250√	$250 √	$0 √	$0 √	$0 √	$250 √
Prescription Drug	Retail Tier 1	$15	$20	$15	$5/15	$5/15	$5/20	$5/20 √	$25
	Retail Tier 2	50% √	$30	$25	$40	$35	$30	$30 √	$40
	Retail Tier 3	50% √	$50	$50	$75	$60	$50	$50 √	$60
	Mail Order Tier 1	$30	$40	$30	$10/30	$10/30	$10/40	$10/40 √	$50
	Mail Order Tier 2	50% √	$60	$50	$80	$70	$60	$60 √	$80
	Mail Order Tier 3	50% √	$150	$150	$225	$180	$150	$150 √	$180

Check mark (√) indicates that this benefit is subject to the annual deductible
Annual Deductible and Annual Out-of-Pocket Maximum represent individual amounts; family amounts are twice individual amounts, unless stated otherwise

2014 SoA Non-Standardized QHPs: Gold

Plan Feature/ Service		Standardized Plans			BCBSMA	
Plan Marketing Name		Gold A	Gold B	Gold C	HMO Blue $500 Deductible with Hospital Choice	
Network					Tiered NW that covers broadest commercial	
Small Group only?					Both	
					Tier 1	**Tier 2**
Annual Deductible		$500	$1,000	$1,500	$500	
Annual Out-of-Pocket Maximum		$3,000	$5,000	$5,000	$5,000 (Rx: $1,000)	
PCP Office Visits		$20	$30	$25	$20	
Specialist Office Visits		$35	$45	$40	$35	
Emergency Room		30% √	$150√	$150√	$100 √	
Inpatient Hospitalization		30% √	$500√	$250√	$0 √	$1,000 √
High-Cost Imaging		30% √	$200√	$150√	$100 √	$550 √
Outpatient Surgery		30% √	$250√	$250√	$0 √	$1,000 √
Prescription Drug	**Retail Tier 1**	$15	$20	$15	$15	
	Retail Tier 2	50% √	$30	$25	$25	
	Retail Tier 3	50% √	$50	$50	$45	
	Mail Order Tier 1	$30	$40	$30	$30	
	Mail Order Tier 2	50% √	$60	$50	$50	
	Mail Order Tier 3	50% √	$150	$150	$135	

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2014 SoA Non-Standardized QHPs: Silver

Plan Feature/ Service		Std Plan	HPHC		Minuteman		
Plan Name		Silver	Core Coverage HMO 1750	Best Buy HSA PPO 2000	HMO Non-Std Silver 1	PPO Non-Std Silver 1	PPO Non-Std Silver 2
Network			Broadest		Broadest		Broadest
Small Group only?			Both		Both	SG only	SG only
Annual Deductible (family = 2x)		$2,000	$1,750	$2,000	$1,750		$2,000 (Rx:$250)
Annual MOOP (family = 2x)		$6,400	$5,000	$5,000	$6,350		$6,350 (Rx: $800)
PCP Office Visits		$30	$25 [1] √	$25 √	$15 [2] √		$30
Specialist Office Visits		$50	$25 [1] √	$25 √	$45 √		$50 √
Emergency Room		$350 √	$250	20% √	$350 √		$350 √
Inpatient Hospitalization		$1,000√	20% √	20% √	$1,000 √		$1,000 √
High-Cost Imaging		$400 √	20% √	20% √	$400 √		$400 √
Outpatient Surgery		$750 √	20% √	20% √	$750 √		$750 √
Prescription Drug	**Retail Tier 1**	$20	$5/20	$5/20 √	$10		$20
	Retail Tier 2	$40	50%	$30 √	$30 √		$40 √
	Retail Tier 3	$70	50%	$50 √	$50 √		$70 √
	Mail Order Tier 1	$40	$10/40	$10/40 √	$20		$40
	Mail Order Tier 2	$80	50%	$60 √	$60 √		$80 √
	Mail Order Tier 3	$210	50%	$150 √	$150 √		$210 √

[1] *$25 first 3 medical visits, subsequent visits subject to deductible/20% coinsurance*
[2] *$15 after deductible, 3 PCP visit copays before deductible*

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2014 SoA Non-Standardized QHPs: Bronze

Plan Feature/ Service		Std Plan	Minuteman	NHP
Plan Name		Bronze	HMO Non-Std Bronze 1	Non-Std Bronze 2
Network			Broadest	Broadest
Small Group only?			Both	Both
Annual Deductible (family=2x)		$2,000	$2,000 (Rx: $250)	$2,000 (Rx: 250)
Annual MOOP (family=2x)		$6,400	$6,350	$6,400
PCP Office Visits		$50 √	$50	$50 √
Specialist Office Visits		$75 √	$80 √	$80 √
Emergency Room		$750 √	$750 √	$750 √
Inpatient Hospitalization		$1,000 √	35% √	$1,000 √
High-Cost Imaging		$1,000 √	$1,000 √	$1,000 √
Outpatient Surgery		$1,000 √	35% √	$1,000 √
Prescription Drug	**Retail Tier 1**	$30 √	$30	$50 √
	Retail Tier 2	50% √	50% √	$80 √
	Retail Tier 3	50% √	50% √	$120 √
	Mail Order Tier 1	$60 √	$60	$100 √
	Mail Order Tier 2	50% √	50% √	$160 √
	Mail Order Tier 3	50% √	50% √	$360 √

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2014 SoA Non-Standardized QDPs: Pediatric

Plan Name	Pediatric EHB Std Plan	BCBSMA Dental Blue Pediatric Essential Benefits	Delta Dental EPO Pediatric Exclusive Network Plan	Delta Dental EPO Pediatric Basic
Network(s)	-	Dental Blue (Broadest)	EPO (Limited)	EPO (Limited)
Plan Year Deductible	$50	$50/$150*	$50	$75
Deductible Applies to:	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative
Plan Year Max (>=19 only)	N/A	N/A	N/A	N/A
Plan Year MOOP <19 Only	$1,000	$1,000/$2,000*	$1,000	$1,000
Preventive & Diagnostic Co-Insurance In/out-of-Network	0%/20%	0%/20%	0% No OON coverage	0%/20%
Minor Restorative Co-Insurance In/OON	25%/45%	25%/45%	25% No OON coverage	50%/70%
Major Restorative Co-Insurance In/OON	50%/70%	50%/70%	50% No OON coverage	50%/70%
Medically Necessary Orthodontia, <19 only, In/OON	50%/70%	50%/70%	50% No OON coverage	50%/70%
Non-Medically Necessary Orthodontia, <19 only, In/OON	N/A	N/A	N/A	N/A

2014 SoA Non-Standardized QDPs: Family

Plan Name	Family High	Family Low	MetLife Family – High Dental Plan with Enhanced Child Orthodontia	MetLife Family – Low Dental Plan with Enhanced Child Orthodontia
Network(s)	-	-	Broadest	Broadest
Plan Year Deductible	$50/$150*	$75	$50/$150	$75/$225
Deductible Applies to:	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative	Major and Minor Restorative
Plan Year Max (>=19 only)	N/A	N/A	$1,250 In-Network $1,000 OON	$1000 In-network $750 OON
Plan Year MOOP <19 Only	$1,000/$2,000*	$1,000	$1,000/$2,000	$1,000/$2,000
Preventive & Diagnostic Co-Insurance In/out-of-Network	0%/20%	0%/20%	0%/20%	0%/20%
Minor Restorative Co-Insurance In/OON	25%/45%	50%/70%	20%/40%	50%/50%
Major Restorative Co-Insurance In/OON	50%/70%	50%/70%	50%/70%	50%/70%
Medically Necessary Orthodontia, <19 only, In/OON	50%/70%	50%/70%	50%/50%	50%/50%
Non-Medically Necessary Orthodontia, <19 only, In/OON	N/A	N/A	50%/50% up to $1,000 lifetime max	50%/50% up to $1,000 lifetime max