



Health Connector Update Open Enrollment 2022

MTF Meetings October 2021

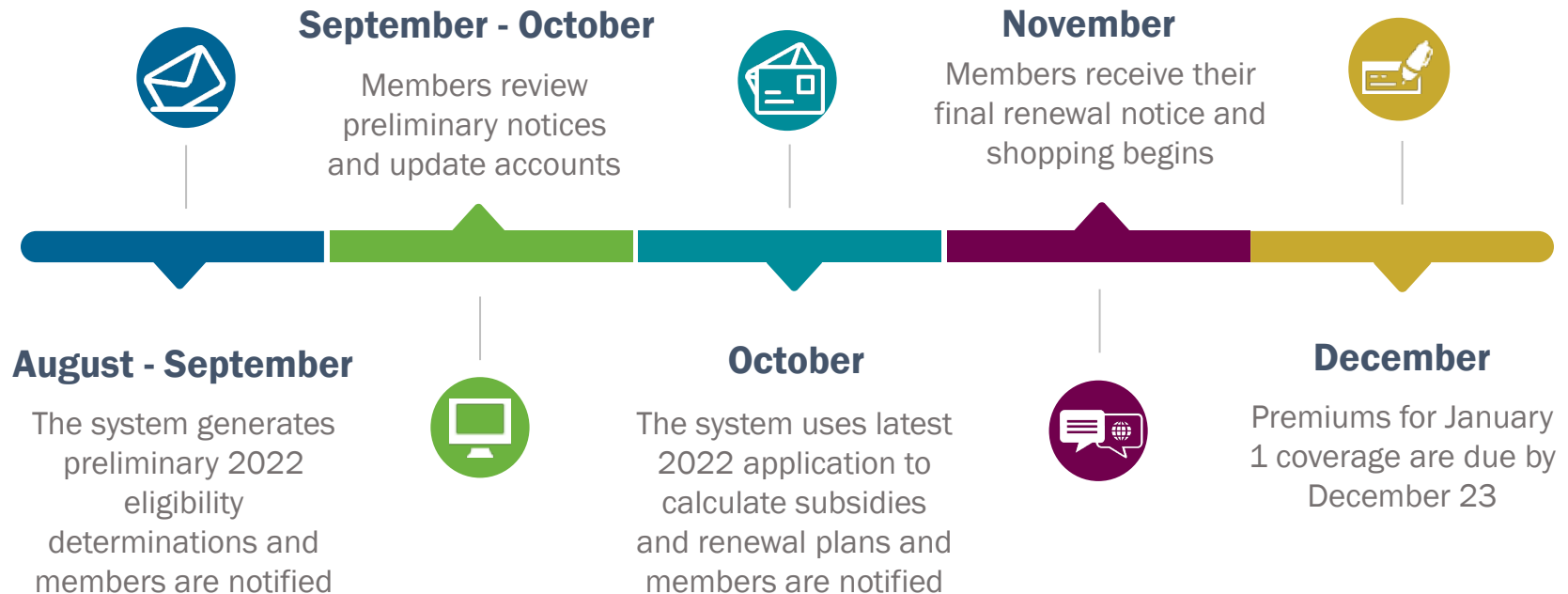
Open Enrollment 2022

The Health Connector's Open Enrollment for coverage year 2022 begins on November 1st :

- Open Enrollment is the time of year when any new members can apply for coverage and current members' coverage is renewed for the upcoming year. Everyone can shop for plans and choose the coverage that is best for them
- The Health Connector remains committed to offering our members and new enrollees a stable and well supported enrollment experience
- Many of the processes and timelines for Open Enrollment 2022 will be the same as previous years. However, this year there will be some operational changes in consideration of the ongoing Federal Public Health Emergency and CMS guidance

Open Enrollment 2021 Timeline

Open Enrollment activities are well underway, with all members having already received notices about their projected 2022 eligibility.




Renewal into a Health Connector Plan

The Health Connector follows guidelines to place members into their medical and dental plans each year.

- All Health Connector eligible and enrolled QHP (health plan) members who continue to be eligible on January 1 will be auto renewed into a plan
- During Open Enrollment, members can shop for and select new plans for the next year if they do not want to be renewed into their current plan

Health Connector Processing Center
P. O. Box 4404
Taunton, MA 02780



August 17, 2021
71642661

Sample Member
111 Main Street
Sampletown, MA 01234

Notice Name: Preliminary Eligibility Determination
Notice ID: ELG_REN
Member ID: XXXXXXXXXX
Ref ID: Re_XXXXXXXXXXXX

Important 2022 Eligibility Information

Dear Sample Member,

We need to make sure all of the information we have about you is right for next year.

It will be time to renew your Health Connector health insurance coverage for 2022 soon. Before we can renew your coverage, we need to make sure we have the right information about your household.

Please read this information carefully and follow all steps in this letter, so that you can get the right health coverage for 2022.

Step 1

Check your household income range to see if it looks right

For privacy reasons, we can't show the exact dollar amount for your income. Instead, we show your expected income as a range, and as a percentage of the Federal Poverty Level (FPL). Compare the Expected 2022 Income Range and Federal Poverty Level (FPL) listed below.

Household Member	Date of Birth	Current Program Eligibility	Expected 2022 Program Eligibility	Current Income Range and FPL	Expected 2022 Income Range and FPL
Sample Member	September 29, 1965	ConnectorCare Plan Type 1 with Advance Premium Tax Credit	ConnectorCare Plan Type 1 with Advance Premium Tax Credit	Between \$0 and \$12,760 (94.04% of the FPL)	Between \$0 and \$12,880 (93.17% of the FPL)

■ If the range shown doesn't look right based on your income, please update your information in your account as soon as possible.

Member Communications: Renewals and Open Enrollment

Throughout the renewal process, the Health Connector ensures member awareness of changes and deadlines, as well as the availability of support.

It's time to get ready for Open Enrollment

Open Enrollment starts November 1, 2021



Open Enrollment is the time of year when you can renew your plan or shop for a new one. Before Open Enrollment starts, we'll check to see if you qualify for the same type of health coverage for 2022.

Take the steps below to get ready for Open Enrollment and help make sure you have the right coverage and costs for next year:

- **Review your account information.** If your income has changed since you last updated your account, it's important to change that information now. If your income is lower now, you may be able to enroll in a lower-cost plan
- **Send us proof documents.** If we've asked you to send proof of your information, please send in your documents now. If you update information in your account, you may be asked to send in proof at that time

We'll send you more information about renewing your health plan for 2022 as Open Enrollment gets closer.

Late August – Early September

Update your information

You can make changes through your online account, through one of our community partner organizations, or by calling Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773.

To find a community partner organization, go to www.MAhealthconnector.org/here-to-help

We'll send you an eligibility letter with information about the programs we think you may qualify for in 2022, based on the most recent information that we have.

October – Early November

Review your renewal plan

Starting November 1, you can review 2022 plan details:

- Review your renewal plan's benefits and costs, including the monthly premium.
- Be sure your providers, such as doctors or hospitals, are in the plan's network.

We'll send you a 2022 renewal packet. The packet will tell you if your current plan is available for 2022.

November 1 – January 23

Shop if you want to change plans

It's important to compare your options during Open Enrollment because monthly premiums, other costs, and provider networks may be changing for 2022. You can shop for and choose a plan online at www.MAhealthconnector.org during Open Enrollment, starting November 1. This year, Open Enrollment will end on **January 23**.

Open Enrollment starts November 1. This is the time when you can shop and compare plans for 2022.

Get help online
Learn more online at www.MAhealthconnector.org

Get help by phone
Call Customer Service at 1-877-MA-ENROLL (1-877-623-6765), or TTY 1-877-623-7773. For health and safety reasons, our walk-in centers will stay closed until they can safely open again.

Get help from a community partner
Our Navigator program partners with trusted community organizations. Depending on the organization, you can get in-person help by appointment, or by phone or video chat. Learn more at www.MAhealthconnector.org/Navigators

URGENT: Update your account now



You may still be able to get a lower-cost health plan for 2022

Your Health Connector health insurance is expected to cost much more next year because your eligibility changed for 2022. You may be able to keep lower-cost coverage for next year but you will need to update your information to see if you still qualify.

Here are some reasons your eligibility may have changed and next steps to take:

- ✓ **Has your income changed?**
You will need to tell us what your income is now. After you submit your new information, we may ask you to send us proof. To learn more about updating your income, go to: www.MAhealthconnector.org/update-income
- ✓ **Did you file a federal income tax return?**
If you didn't file a tax return for any of the years you received a monthly health insurance tax credit, you will need to file a federal income tax return with the IRS online **right away**. After you file, you can update your account information in the "Past Tax Credits" section to tell us you filed all returns. To learn more about filing your taxes, go to: www.MAhealthconnector.org/taxes
- ✓ **Do you need to verify your income?**
If we couldn't verify (prove) your income for next year, you will see your expected 2022 income and Federal Poverty Level (FPL) as "Unknown" on the letter we sent you about your eligibility and in your online account. If this applies to you, you will need to confirm that your information is still the same or tell us what your new income is. You can find instructions for confirming your income at: www.MAhealthconnector.org/confirm-income



ACT NOW
Update your account to keep your coverage affordable for 2022

Need help?

You can get help updating your information. Call Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773.

Or get help with a community partner organization at www.MAhealthconnector.org/here-to-help

Special Considerations for Open Enrollment 2022

Loss of Subsidies

- More individuals than usual may see an “unknown” income for 2022, which results in loss of Health Connector subsidies
- This is due to more individuals having amended 2020 tax returns, which causes the income to reflect as “unknown” when the Health Connector performs a data check
- If you are working with a member whose account shows “unknown” income, edit their application and walk through the income section to confirm everything is up to date, then resubmit the application
- These members will likely receive a request for income verification after you submit the application. Please remind members to send this proof as soon as possible to ensure they maintain their subsidies into 2022

Special Considerations for Open Enrollment 2022

Failure to Reconcile Changes

- Members that fail to reconcile (FTR), will not lose tax credits in 2022
- The IRS has instructed taxpayers who would have owed excess APTC not to include Form 8962 with their income tax filing for 2020, which would normally result in FTR being reported to the Health Connector
- This year, the IRS will not send FTR indicators and the Health Connector will not use FTR as part of its renewal process
- Members and applicants should file Form 8962 with their taxes for 2020 if they believe they should receive additional premium tax credits beyond what they received in advance
- Relief from tax credit reconciliation was limited to the 2020 tax year only, so they should plan to file Form 8962 with their 2021 taxes in the spring
- To read more about guidance recently issued by CMS regarding healthcare.gov's approach to FTR, please visit <https://www.cms.gov/CCIIO/Resources/Regulations-andGuidance/FTR-flexibilities-2021-and-2022.pdf>

Special Considerations for Open Enrollment 2022

Mixed Households

- This year, members who are part of mixed households (households with both Health Connector & MassHealth members) will receive a preliminary eligibility notice from the Health Connector and may receive a renewal form from MassHealth
- MassHealth will maintain coverage for individuals during the COVID-19 federal public health emergency, and through the end of the month in which such federal public health emergency period ends, as defined by current federal guidance ([Review federal guidance and MassHealth Tiers](#))
- However, members with time limited HSN, HSN Dental only, CMSP only, and CHIP aged-out individuals will not be eligible for continuous coverage through the public health emergency. These members will downgrade or terminate based on regular program determination rules
- Encourage members to update their applications for 2021 and 2022 and return or respond to any notice received from the Health Connector or MassHealth

Special Considerations for Open Enrollment 2022

American Rescue Plan Unemployment Benefits

- Due to the American Rescue Plan, \$0 ConnectorCare plans are available through end of 2021 for those who've received unemployment income during 2021 when they get their coverage through the Health Connector
- Those currently receiving unemployment benefits or who received benefits in 2021 who were enrolled in a no- or low-monthly cost ConnectorCare plan may see a preliminary eligibility notice for an unsubsidized plan in 2022. This is due to the expiration of help provided through the American Rescue Plan at the end of 2021
- Enhanced subsidies for all enrollees, including those over 400% FPL will continue through 2022

To review all the Health Connector talking points for OE22, please see the MTF email that was sent on 9/7/21

Customer Service Supports for Open Enrollment

Health Connector walk in centers will continue to be closed at this time

- Certain Navigator Organizations will have some additional capacity to serve members, but with limited in-person opportunities
- For the most up to date Customer Service Information (including hours) go to:
<https://www.mahealthconnector.org/about/contact>


Enrollment, Billing and Payment

Enrollment into a health plan is not complete until premium payment has been received and processed

- Anyone seeking coverage for January 1 must enroll in and pay for coverage by December 23rd
- The Health Connector sends the bill for January 1 coverage during the first week of December. This bill is based on a member's final program eligibility determination
- If an existing member switches plans and wants to see those changes reflected in their December bill, the member must shop for their new plan by November 23rd
- If a member receives a bill for a premium they were not expecting, they still have until December 23rd to:
 - Review and update their 2021 application, or shop for a lower cost plan before January 1 coverage

Payment Reminders

- If an existing member is changing insurance carriers, the member receives a quote that reflects that the member selected a new carrier, and they must submit payment to start coverage in this new plan
- Members will keep the same Member ID even if they select a new carrier
- If the member is staying in the same plan, member should be aware of any premium change and pay the new premium by December 23rd
- Payment for coverage starting on January 1st is due on December 23rd
- Premium payments can be made:
 - Online through the payment center
 - By mail
 - By phone (new: pay by phone option)

	[Carrier Name]	Primary member	Member ID	Bill date
	[Carrier Address]	John Smith	7XXXXXXX	December 1, 2019
	[Carrier City], [ST] [ZipCode]	Insurer: Blue Cross Blue Shield of MA		
		Plan name: Standard High Gold: HMO Blue \$1,000 Deductible SBC		

JOHN SMITH
123 Main Street
Apartment 456
Lawrence, MA 01840

1243

Total due
\$120.00
Please pay by
Dec 23, 2019

◀ You are enrolled in AutoPay.
We will withdraw \$120.00 on Dec 22, 2019.





Account activity

Plan's monthly premium	<XXX.XX>
Advance Premium Tax Credit	- <XXX.XX>
ConnectorCare subsidy:	- <XXX.XX>
Your monthly premium:	\$ <XXX.XX>
Last statement balance:	<XXX.XX>
Payments received <DateRange>:	
<Payment A>	- <XXX.XX>
<Payment B>	- <XXX.XX>
<Payment C>	- <XXX.XX>
<Payment D>	- <XXX.XX>
Total due from last statement:	\$ <XXX.XX>
Fees and discounts	
<Discount A>	- <XX.XX>
Adjustments	
<Refund A>	- <XX.XX>
Total fees, discounts, and adjustments:	\$ <XXX.XX>
What you owe by <Date>:	\$ <XXX.XX>

Pay this bill to start your new health coverage.
This bill is for your **January 2020** health plan through the Health Connector.

Important messages about your account:
You only need to pay the amount due on this bill for this month. Because you were given a Hardship Waiver, you won't need to pay some of your past due premiums.

Ways to pay your bill:

-  **Online:** MAhealthconnector.org
-  **Phone:** 1-877-MA-ENROLL (1-877-623-6765)
-  **Mail:** Health Connector
PO Box 412612
Boston, MA 02241-2612
-  **In person:** Bring a check or money order to one of our walk-in centers, listed on the other side.

For more information on how to make a Health Connector payment go to:
<https://www.mahealthconnector.org/how-to-pay>



Health and Dental Plans for Coverage Year 2022

Seal of Approval

Each year, the Health Connector conducts a comprehensive review of Health and Dental Plans proposed by health and dental carriers to be sold in the upcoming year on MAhealthconnector.org. This review and process is known as the Seal of Approval process.

- The Health Connector works closely with the MA Division of Insurance, who is responsible for reviewing the rates (premiums) for each plan sold through the Health Connector, among other responsibilities related to ensuring that health insurance plans are acceptable to sell on Exchange

Overview of 2022 SoA Results

The final 2022 Qualified Health and Dental Plan will offer a range of plan designs, carriers, and premiums that seek to prioritize affordable, comprehensive coverage for members. Features include:

- A ConnectorCare program design that continues to offer affordable choice for enrollees <300% of the Federal Poverty Level (FPL)
- A broad choice of carriers and plans for individuals above 300% FPL and small group enrollees, with:
 - **9 medical carriers** submitting a total of **52** non-group and **64** small group Qualified Health Plans (QHPs)
 - **2 dental carriers** submitting a total of **12** Qualified Dental Plans (QDPs) for on-Exchange sale*
- Moderate premium changes, though with variation among carriers
- There are no new carrier entrants or departures for PY 2022
- The only new plans or plan closures are with Fallon. Fallon will continue to offer all required products and continue participation in the ConnectorCare program on the same network and service area as 2021
- QHPs in 2022 will include expanded coverage of insulin delivery methods at low copays, improving upon the Health Connector's existing equity-driven insulin initiative

QHPs: Fallon Plan Changes

All new plans and plan closures in 2022 reflect Fallon's closure of its two broader networks.

- Fallon is closing all plans on its two broadest commercial market networks, Select Care and Direct Care, and going forward will offer only plans on its narrower network, Community Care, the network for the ConnectorCare program
- Approximately 1,600 unsubsidized and APTC-only members will be impacted by Fallon's plan closures in 2022
- Most of these members will be auto-renewed into the Community Care plan within their current metallic tier, while some will be auto-renewed into the lowest-cost plan available to them from a different carrier
- Fallon's 2022 plans will include a "network alert" in the online shopping pages to make individuals aware that the network is smaller
- The Health Connector and Fallon are sending letters and emails to impacted members to ensure they check coverage of their providers and select a plan that meets their needs
- Fallon's PY 2022 product changes do not impact the ConnectorCare program; Fallon will continue to participate with the same provider network and coverage area as PY 2022

Your plan with Fallon Health will have fewer network providers in 2022

Dear [Member name],

It's almost time to make your health plan choices for 2022. Your Fallon Health plan will have **fewer** network providers next year. Providers include doctors and hospitals.

It is very important to find out if the providers you use now will be in your plan's network in 2022. If they are no longer in the plan, you might want to change plans during Open Enrollment. You may be able to find a health plan from another insurance company that has the providers you need.

You can change plans during Open Enrollment

Open Enrollment will start on November 1, 2021. This is the time of year when you can change plans for any reason. If you need help comparing your plan choices, call us at **1-877 MA ENROLL** (1-877-623-6765) or TTY: 1-877-623-7773. You can also find ways to get help during Open Enrollment at www.MAhealthconnector.org/here-to-help.



[Health Connector Open Enrollment](#) is **November 1 through January 23**. This is the time of year when members can choose shop and compare their plan choices and decide if they want to change plans for 2022.

Fallon Health changes for 2022

Starting in 2022, Fallon Health will no longer offer their Direct and Select network plans through the Health Connector. Fallon Health Community Care network plans may still be available in some areas of Massachusetts.

Members who had been enrolled in a Fallon Health Direct or Select network plan may be renewed into a new health plan from a different insurance company for 2022 if Fallon Health Community Care is not available in their service area.

For more information about these changes, please [contact Fallon Health](#).

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

On average, unsubsidized and APTC-only non-group members will experience a 6.9% rate increase before aging, and 8.5% after accounting for aging, though increases vary by metallic tier.

Unsubsidized & APTC-only Average Changes in Premium by Tier, before Subsidies: 2021 to 2022 ^{1,2}

	Platinum	Gold	Silver	Bronze	Catastrophic
	3,173 members	9,574 members	33,462 members	38,208 members	721 members
All Plans (without “aging”)	6.6%	6.4%	5.9%	8.1%	6.8%
All Plans (with “aging”)	8.4%	8.1%	7.5%	9.9%	9.1%

¹ Non-group enrollment data from August 2021

² Enrollment-weighted premium change with and without member aging (~2%); assumes mapping to 2022 renewal plan

2022 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	\$2,750	\$3,200
		\$0	\$0	\$4,000	\$4,000	\$5,500	\$6,400
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	\$8,700	\$7,050	\$8,700	\$7,050
		\$6,000	\$10,000	\$17,400	\$14,100	\$17,400	\$14,100
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$25	\$25	Deductible then \$30	Deductible then \$35	Deductible then \$100
Specialist Office Visits		\$40	\$50	\$50	Deductible then \$60	Deductible then \$75	Deductible then \$150
Urgent Care		\$40	\$50	\$50	Deductible then \$60	Deductible then \$75	Deductible then \$150
Emergency Room		\$150	\$300	Deductible then \$300	Deductible then \$300	Deductible then \$750	Deductible then \$1,750
Emergency Transportation		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		\$500	\$750	Deductible then \$750	Deductible then \$750	Deductible then \$1,200	Deductible then \$2,000
Skilled Nursing Facility		\$500	\$750	Deductible then \$750	Deductible then \$750	Deductible then \$1,200	Deductible then \$2,000
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	\$50	\$50	Deductible then \$60	Deductible then \$75	Deductible then \$150
Laboratory Outpatient and Professional Services		\$0	\$50	Deductible then \$45	Deductible then \$60	Deductible then \$75	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$75	Deductible then \$75	Deductible then \$100	Deductible then \$140
High-Cost Imaging		\$150	\$400	Deductible then \$375	Deductible then \$500	Deductible then \$800	Deductible then \$1,000
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	\$25	\$25	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$50	\$50	Deductible then \$60	Deductible then \$100	Deductible then \$150
	Retail Tier 3	\$50	\$75	Deductible then \$75	Deductible then \$105	Deductible then \$150	Deductible then \$225
	Mail Tier 1	\$20	\$50	\$50	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$100	\$100	Deductible then \$120	Deductible then \$200	Deductible then \$300
	Mail Tier 3	\$150	\$225	Deductible then \$225	Deductible then \$315	Deductible then \$450	Deductible then \$675
Federal Actuarial Value Calculator		89.25 percent	81.40 percent	71.97 percent	68.85 percent	64.97 percent	64.96 percent

Bold indicates changes from 2021.

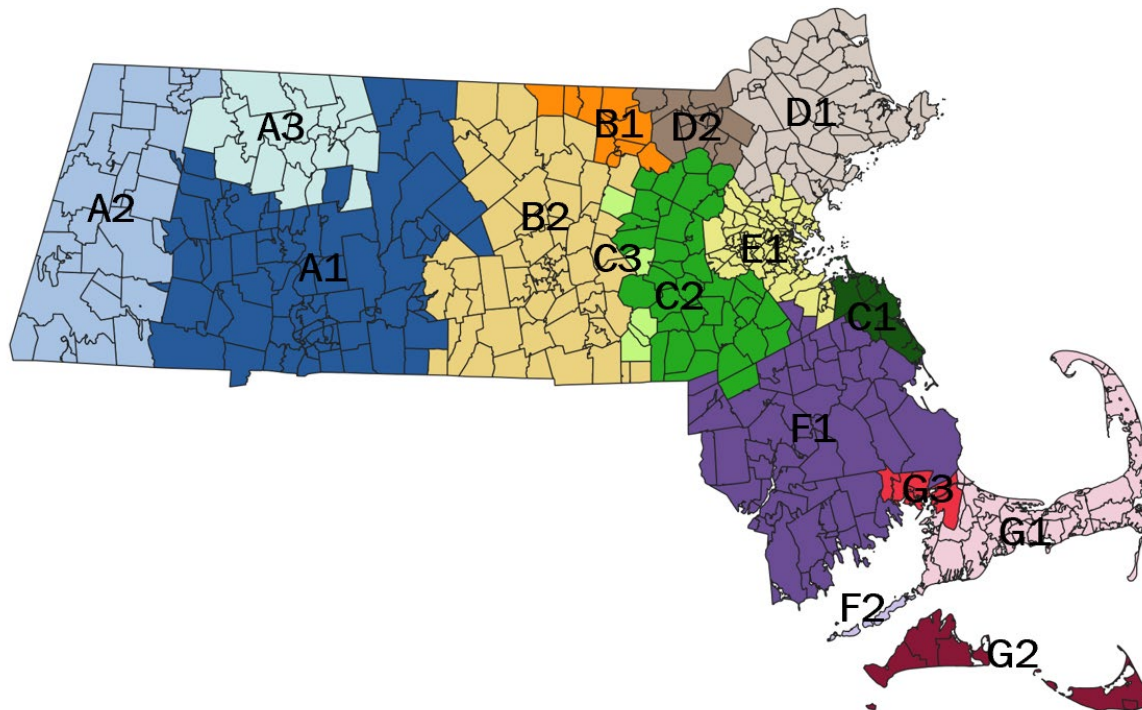


**Qualified Health Plans:
ConnectorCare**

2022 ConnectorCare Program Design

The 2022 ConnectorCare program landscape is stable compared to 2021, with no changes to carrier geographic participation or material provider network composition.

- AllWays Health Partners, BMC HealthNet Plan, Fallon Health, Health New England, and Tufts Direct will continue to offer ConnectorCare coverage, in the same regions, in PY 2022



2022 ConnectorCare Program Design (cont'd)

The 2022 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 2022 premiums, relative to rank ordering in 2021, for each region in the map at right; carrier position is mostly unchanged from 2021
- 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
- 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	2 nd Lowest Cost	3 rd Lowest Cost	4 th Lowest Cost
A1	BMCHP	TD	HNE	
A2	TD	HNE		
A3	HNE			
B1	BMCHP	FCHP	TD	AHP
B2	BMCHP	FCHP	HNE	TD
C1	BMCHP	TD	AHP	
C2	BMCHP	TD	FCHP	AHP
C3	BMCHP	TD	FCHP	HNE
D1	BMCHP	TD	AHP	
D2	BMCHP	FCHP	TD	AHP
E1	BMCHP	TD	AHP	
F1	BMCHP	TD	AHP	
F2	AHP			
G1	TD	BMCHP		
G2	AHP			
G3	TD	BMCHP	AHP	

ConnectorCare: 2022 Plan Designs

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

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 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 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 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

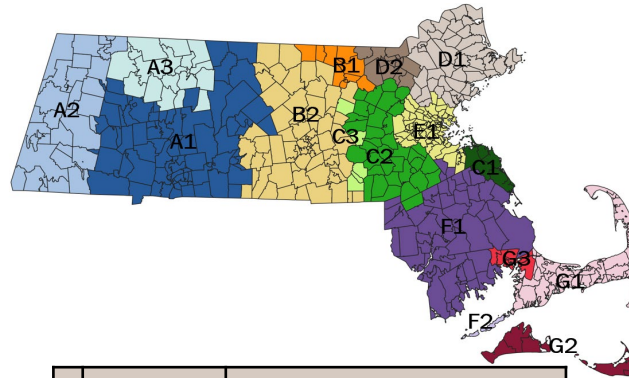
Region C3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	BMC	\$0	\$0	\$47	\$90	\$134
2	Tufts Direct	\$0	\$0	\$47	\$90	\$148
3	Fallon	\$0	\$0	\$47	\$90	\$156
4	HNE	\$27	\$25	\$51	\$121	\$196

Region 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 A3		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	HNE	\$0	\$0	\$47	\$90	\$134

Region F2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	AllWays Health Partners	\$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 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 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 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 G2		Enrollee Premium Contribution By Plan Type				
		1	2A	2B	3A	3B
1	AllWays Health Partners	\$0	\$0	\$47	\$90	\$134

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 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.



Qualified Dental Plans

Qualified Dental Plans: 2022 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 2022 (No change from PY 2021)							
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

*Blue Cross Blue Shield and Guardian have submitted plans for certification for the small group market, but as in 2021, are recommended for a waiver of sales through the Health Connector given sufficiency of existing choice



Key Takeaways for Plan Coverage Year 2022

Key Takeaways for Plan Coverage Year 2022

- The ConnectorCare program design continues to offer affordable choice for enrollees <300% of the Federal Poverty Level (FPL)
- A broad choice of carriers and plans for individuals above 300% FPL and small group enrollees, with:
 - **9 medical carriers** submitting a total of **52 non-group** and **64 small group** Qualified Health Plans (QHPs)
 - **2 dental carriers** submitting a total of **12** Qualified Dental Plans (QDPs) for on-Exchange sale*
- Moderate premium changes, though with variation among carriers
- There are no new carrier entrants or departures for PY 2022
- The only new plans or plan closures are due to Fallon who will no longer offer the Select or Direct Care program, but Fallon will continue to offer all required products through the Community Care network. Fallon will participate in the ConnectorCare program on the same network and service area as 2021
- QHPs in 2022 will include expanded coverage of insulin delivery methods at low copays, improving upon the Health Connector's existing equity-driven insulin initiative

Key Takeaways for Plan Coverage Year 2022

(cont'd)

- When helping ConnectorCare members, note that the enrollee contribution amounts displayed on slide # 19 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 due to increased APTC via the American Rescue Plan
- Use the new **Get an Estimate Tool** <https://betterhealthconnector.com/get-an-estimate> to preview what plans and savings may be available to the members you are helping



Questions?