



Preparing for the Health Connector's Open Enrollment for plan year 2024

MTF Presentations

October 2023

What to expect during this MTF meeting

The Health Connector team will:

- Review the Health Connector's Open Enrollment timeline
- Identify changes or special considerations to be aware of for the upcoming plan year
- Discuss the carrier and ConnectorCare expansion that will be available to members for plan year 2024
- Review the available health and dental plans for 2024 by region, including any changes for the upcoming year, and
- Show you where to find shopping tools and updated resources.





Health Connector Open Enrollment Timeline

Health Connector Annual Redeterminations & Renewals Processes for OE 2024

The Health Connector's Redetermination and Renewal Processes are a set of activities that happen each year before and during the Health Connector's Open Enrollment period.

- Individuals with health insurance coverage through the Health Connector have their eligibility redetermined so that they can be renewed into coverage for the upcoming year.



Preliminary Eligibility Notices (cont'd)

Preliminary Eligibility notices encourage members to update their eligibility application for 2024 or the current year if needed.

Remember, if the changes a member shares are for this year, make sure to update their 2023 application. If the member expects that information to also be true next year, please apply those changes to their 2024 application and submit them as well.

*Assisters can access samples of subsidized and unsubsidized member notices any time, log into the [Learning Management System \(LMS\)](#) and review the items in the **Open Enrollment 2024** folder.*

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



Sample Member
123 Sample Road
Sometown, MA 00000

July 07, 2023
XXXXXXXXXX

Notice Name: Preliminary Eligibility Determination
Notice ID: ELG_REN
Member ID: XXXXXXXXXXXXX
Ref ID: RefID_XXXXXXXXXXXX

Important 2024 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 2024 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 2024.

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 2024 Income Range and Federal Poverty Level (FPL) listed below.

Final Eligibility and Renewal

In October a Final Eligibility and Renewal notice is sent to all households with at least one eligible and enrolled Health Connector health plan member that continues to be eligible for a Health Connector plan the following year.

- This notice will include the health plan name and premium for the upcoming year, and their APTC amount.
- The Health Connector follows guidelines to place members into their dental and medical plans each year.
- Those who were determined eligible but not enrolled and got a 2024 application will get a 2024 eligibility notice during this timeframe. It will not include any renewal information.

Open Enrollment begins on November 1st.

- For coverage effective January 1, 2024, payment is due on December 23, 2023.

Final Eligibility Notice (cont'd)

Final Eligibility notices tell members that its time to renew their insurance coverage for the next year.

- Someone can stay in the same plan that their currently enrolled in or shop for a new plan.
- This notice includes steps a member should take as well as important dates for them to be aware of.

It's time to renew your insurance coverage for 2023. If you want to stay enrolled in your current plan or a similar plan that we've chosen for you, just pay your monthly premium when you get your bill for January coverage.

You can choose to shop for a new plan during Open Enrollment. The Open Enrollment period starts November 1. You may be able to save money on your health coverage for next year if you shop and compare your options during Open Enrollment.

What you need to do:

1. **Review your information for 2023.** Please look at your program eligibility, renewal plan information, and the amount of any monthly tax credit you will receive next year. If any of this information doesn't look right to you, please let us know as soon as possible
2. **Compare any plan changes** for 2023 with our online Plan Compare tool at: www.MAhealthconnector.org/compare-plans
3. **Shop during Open Enrollment.** You may be able to save on the cost of your health plan for next year by comparing your available options for 2023
4. **Keep paying your monthly premium bill** by the 23rd of every month
5. **Send us documents as proof** of your information. Please follow the instructions in the letter that we sent you and send in your proof by its due date

Important Dates:

- **November 1, 2022.** First date to start shopping and comparing plans at MAhealthconnector.org.
- **December 23, 2022.** Pay your premium by this date to enroll in the plan you want for January.
- **January 1, 2023.** The first day of your new 2023 coverage. If there have been any changes to your program eligibility, January 1 is the date when those changes will start.

Medicare Reminders:

Health Connector members who are identified as Medicare eligible in their 2024 application will lose access to State and Federal subsidies.

- They can remain in an unsubsidized Health Connector plan through the end of the calendar year.
- These individuals will not be renewed for the upcoming year (they will lose their Health Connector health plan at the end of the calendar year).
- If they are enrolled in a Health Connector Dental plan, they will be eligible to stay enrolled in Dental for the next year.

When a Health Connector member is found to be enrolled in Medicare they are no longer eligible for the same Health Connector benefits.

As a best practice, once someone is *eligible* for Medicare, they should take action to enroll as soon as possible. They also need to disenroll from Health Connector coverage as this does not happen automatically. Taking these actions will help them avoid paying Medicare penalties for late enrollment and also help avoid being responsible for paying back any Advance Premium Tax Credits (APTCs) used for Health Connector coverage. Individuals do not qualify for APTCs once they become eligible for Medicare.

There is an exception to this rule. People who must pay for Medicare Part A have the option to stay enrolled in a Health Connector plan and continue receiving any subsidies they qualify for or to take Medicare and leave Health Connector coverage. Continue on to read the Health Connector's general guidance about helping someone newly enrolled in Medicare. There are also more details about Health Connector policies, procedures, some basic Medicare information, including where to direct people for more help and you can learn more about those who may be in an exception situation.

Health Connector policies and processes:

Subsidized Health Connector coverage. If someone is enrolled in health insurance coverage that meets Minimum Essential Coverage (MEC) standards, such as Medicare Part A, they are not eligible for subsidized Health Connector coverage. If someone is found to be enrolled in Medicare during the calendar year, they will lose eligibility for subsidies through the Health Connector for the rest of the year.

Unsubsidized Health Connector coverage. Individuals enrolled in Medicare Part A cannot sign up for new coverage through the Health Connector, including unsubsidized coverage. In addition, those enrolled in Medicare can no longer renew their unsubsidized coverage through the Health Connector. This is because Medicare rules prohibit selling Medicare enrollees coverage that duplicates the benefits they receive from Medicare.

Both subsidized and unsubsidized Health Connector members who are identified as enrolled in Medicare during the Health Connector Redeterminations and Renewals process, or Health Connector members who update their application to report that they have Medicare, can expect to:

- Stay enrolled in a Health Connector health plan (QHP) through the end of current benefit year only
 - Those found to be eligible for Medicare for the upcoming year are able to keep their subsidies through the end of the current calendar year.
 - Those who update their current year application with Medicare will lose their access to subsidies sooner.
- Lose their Health Connector coverage for the upcoming year
- Continue their enrollment in Dental plans
- Potentially renew coverage in their same unsubsidized plan directly through their carrier, if the carrier offers the same policy off-Exchange (outside of the Health Connector)

Medicare beneficiaries can also purchase a Medicare Supplement or Medicare Advantage plan to supplement Medicare coverage. Medicare Supplement plans are continuously open while Medicare Advantage plans are open for enrollment at specific times. These plans are available through insurance carriers; the Health Connector does not offer these types of plans.

More Considerations

Failure to Reconcile (FTR)

Members that fail to reconcile (FTR), will not lose tax credits in 2024.

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 2023 if they believe they should receive additional premium tax credits beyond what they received in advance.

Going forward, we will be using two years of tax filing information about a consumer to determine if they are eligible to continue receiving their tax credits. More information about this will be reviewed during tax season.

Mixed Households

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.

As the MassHealth renewals process continues, encourage members to update their applications for 2023 and 2024 as needed and submit requested documents or respond to any notice received from the Health Connector or MassHealth.



Special Considerations for Plan Year 2024

Considerations for MassHealth members

As MassHealth continues their renewal process, many people whose MassHealth coverage ends may qualify for financial help to lower their monthly premium amounts

The Health Connector is the only place you can access state and federal subsidies.

- The ConnectorCare program combines federal subsidies and adds other state subsidies to offer low monthly premiums and point-of-service cost sharing.
- If you are not eligible for the ConnectorCare program, you may still qualify for federal advance premium tax credits (APTC) to lower your premium bill.
- If you enroll in a plan through the Health Connector, you know that all plans meet state and federal standards.

Payment help available through the Health Connector

Advance Premium Tax Credits (APTC)

- APTC lower the premium amount you pay each month.
- The IRS sends your tax credit directly to your insurance company, so you'll pay less each month.
- You can apply some or all your tax credit to your monthly premium payment.

ConnectorCare Program

- Uses federal advance premium tax credits (APTC) plus MA state funds to help reduce the monthly premium amount you pay.
- Has low monthly premiums, low out-of-pocket costs, and no deductibles.
- Depending on the plan type you qualify for, the premium (monthly cost) could be as low as \$0 to \$255 per month.

Pilot expansion of ConnectorCare reshapes affordability and plan options through the Health Connector

The Health Connector Board of Directors recently approved regulatory changes that will expand access to the Marketplace's landmark ConnectorCare program through a two-year pilot program

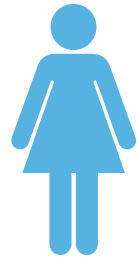
- The ConnectorCare expansion that is part of the state budget increases the income limits in the program up to 500 percent of the federal poverty level, up from the current limit of 300 percent.
- Over 38,000 existing Health Connector members may be eligible to access ConnectorCare through the pilot, based on current income information as of September 2023
- These changes create the largest state-level expansion in health care affordability since the Health Connector was created in 2006 and means people can access plans that deliver important benefits, while saving thousands of dollars a year on the cost of health care.

More choices in plan year 2024

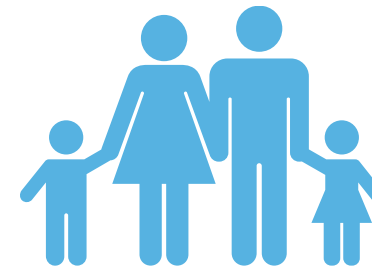
- All health insurance companies who participate in the Health Connector will offer plans in ConnectorCare starting in 2024.
- In addition to Fallon Health, Health New England, Mass General Brigham Health Plan, Tufts Health Plan, and WellSense Health Plan, these companies will also offer plans: Blue Cross Blue Shield of Massachusetts, Harvard Pilgrim Health Care, and UnitedHealthcare.
- These changes will be in place when open enrollment starts on **November 1**.

What this means for Massachusetts residents in 2024

ConnectorCare has much lower premiums and co-pays and no deductible.



For an **individual**, the change increases the income limit for ConnectorCare from \$43,470 to \$72,900 for 2024.



For a **family of four**, the change increases the income limit for ConnectorCare from \$90,000 to \$150,000 for 2024.

What is the approach for implementation?

The Health Connector will add two plan subgroups to the ConnectorCare program's "Plan Type 3."

- ConnectorCare members are currently split into **three** Plan Types based on their income, each reflecting a different set of point-of-service cost sharing.
- Within Plan Types 2 and 3, members are further broken into two groups 2A/2B, and 3A/3B. Enrollee contributions are determined at this more granular level to provide targeted premium support.
- System limitations prevent the addition of more benefit designs, so the approach for the expansion pilot is to add two additional subgroups to the Plan Type 3 benefit design (3C/3D).

Financial help

2024 ConnectorCare lowest-cost monthly premiums by plan type

	Plan Type 1	Plan Type 2		Plan Type 3			
Subgroups	n/a	2A	2B	3A	3B	3C	3D
Income range (% FPL)	0-100%	100.01- 150%	150.01- 200%	200.01- 250%	250.01- 300%	300.01- 400%	400.01- 500%
Minimum 2024 monthly premium	\$0	\$0	\$49	\$96	\$142	\$219	\$255

Health Connector plans

All the plans sold through the Health Connector meet state and federal standards for coverage

Qualified health and dental plans

Choose from a variety of plans in your area from the leading insurance companies in Massachusetts.

Health plans with Advance Premium Tax Credits (APTC)

People can qualify for tax credits to reduce their cost of monthly premiums.

ConnectorCare plans

People in more income levels who meet other eligibility requirements may now qualify for low- or no-cost health insurance coverage.



Health Connector Health and Dental Plans for Plan Year 2024

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.
- As part of the Seal of Approval, the Health Connector is responsible for:
 - Designing the cost sharing requirements of plans
 - Policies to improve equity, including removing cost-sharing on certain prescriptions
 - Ensuring all service regions of the Commonwealth have access to a variety of plans
 - Confirming all plans meet DOI's requirements for health insurance

Overview of 2024 SoA Results

The final 2024 Qualified Health and Dental Plans will offer a range of plan designs, carriers, and premiums that seek to prioritize affordable, comprehensive coverage for members. Features include:

- An expanded ConnectorCare program that now offers affordable choice for enrollees with incomes at or below 500% of the Federal Poverty Level (FPL).
- New ConnectorCare carrier entrants.
- A broad choice of carriers and plans for individuals above 500% FPL and small group enrollees, with:
 - Eight medical carriers submitting a total of 46 non-group and 56 small group Qualified Health Plans (QHPs).
 - Two dental carriers submitting a total of 12 Qualified Dental Plans (QDPs) for on-Exchange sale.

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

On average, unsubsidized and APTC-only non-group members will experience a 3.8 percent rate increase before aging, and 5.5 percent after accounting for aging, though increases vary by metallic tier.

Unsubsidized & APTC-only Average Changes in Premium by Tier, before Subsidies: 2023 to 2024 ^{1,2}

	Platinum	Gold	Silver	Bronze	Catastrophic	Total
	2,270	7,581	19,534	24,861	589	54,835
All Plans without “aging”	-1.0%	3.0%	8.4%	0.9%	0.7%	3.8%
All Plans with “aging”	0.7%	4.7%	10.2%	2.5%	2.4%	5.5%

¹ Non-group enrollment data from August 2023

² Enrollment-weighted premium change with and without member aging (1.7%); assumes mapping to 2024 renewal plan

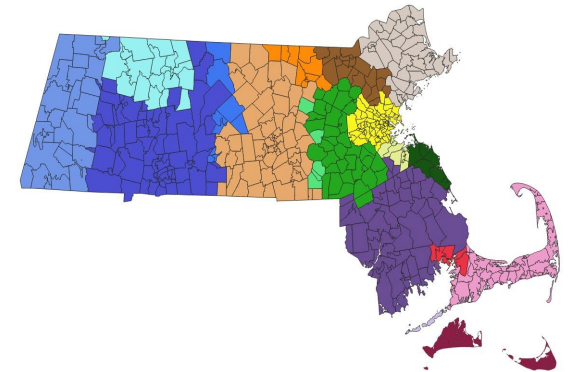
2024 QHP Standardized Designs

Plan Feature/ Service <i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>		Platinum	High Gold	High Silver	Low Silver (HSA compatible, Small Group Only)	Bronze #1	Bronze #2 (HSA compatible)
Annual Deductible – Combined		\$0	\$0	\$2,000	\$2,000	\$2,850	\$3,600
		\$0	\$0	\$4,000	\$4,000	\$5,700	\$7,200
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	\$6,000	\$9,450	\$7,050	\$9,450	\$8,000
		\$6,000	\$12,000	\$18,900	\$14,100	\$18,900	\$16,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$30	\$25	Deductible then \$30	Deductible then \$30	Deductible then \$60
Specialist Office Visits		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Urgent Care		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Emergency Room		\$150	\$350	Deductible then \$350	Deductible then \$300	Deductible then \$400	Deductible then \$875
Emergency Transportation		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Skilled Nursing Facility		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
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	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Laboratory Outpatient and Professional Services		\$0	\$25	Deductible then \$25	Deductible then \$60	Deductible then \$50	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$50	Deductible then \$75	Deductible then \$100	Deductible then \$135
High-Cost Imaging		\$150	\$250	Deductible then \$350	Deductible then \$500	Deductible then \$350	Deductible then \$750
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	\$30	\$30	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$60	\$55	Deductible then \$60	Deductible then \$65	Deductible then \$120
	Retail Tier 3	\$50	\$90	Deductible then \$75	Deductible then \$105	Deductible then \$100	Deductible then \$200
	Mail Tier 1	\$20	\$60	\$60	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$120	\$110	Deductible then \$120	Deductible then \$130	Deductible then \$240
	Mail Tier 3	\$150	\$270	Deductible then \$225	Deductible then \$315	Deductible then \$300	Deductible then \$600
Federal Actuarial Value Calculator		90.35 percent	81.62%	71.82%	71.66 percent	64.74 percent	64.98 percent

2024 ConnectorCare Program Design

The 2024 ConnectorCare program landscape reflects significant expansions in carrier participation and eligibility thresholds.

- New carrier entrants Blue Cross Blue Shield (BCBS), Harvard Pilgrim Health Care (HPHC), United, and Massachusetts General Brigham Health Plan's (MGBHP's) Complete network will join existing ConnectorCare carriers, Fallon, MGBHP-Select, Health New England, Tufts Direct, and WellSense in 2024.
- All ConnectorCare members will have access to the new plans, which means the members with income between 301-500% FPL will have access to all carriers.



ConnectorCare: 2024 Plan Designs

Plan Type		Plan Type 1	Plan Types 2A & 2B	Plan Types 3A, 3B, 3C, & 3D
Medical Maximum Out-of-Pocket (Individual/ Family)		\$0	\$750/\$1,500	\$1,500/\$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)		\$250/\$500	\$500/\$1,000	\$750/\$1,500
Preventive Care/Screening/Immunization		\$0	\$0	\$0
Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)		\$0	\$0	\$0
Specialist Office Visit		\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$0	\$0	\$0
Rehabilitative Speech Therapy		\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$0	\$10	\$20
Emergency Room Services		\$0	\$50	\$100
Urgent Care		\$0	\$18	\$22
Outpatient Surgery		\$0	\$50	\$125
All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)		\$0	\$50	\$250
High-Cost Imaging (CT/PET Scans, MRIs, etc.)		\$0	\$30	\$60
Laboratory Outpatient and Professional Services		\$0	\$0	\$0
X-Rays and Diagnostic Imaging		\$0	\$0	\$0
Skilled Nursing Facility		\$0	\$0	\$0
Retail Prescription Drugs:	Generics	\$1	\$10	\$12.50
	Preferred Brand Drugs	\$3.65	\$20	\$25
	Non-Preferred Brand Drugs	\$3.65	\$40	\$50
	Specialty High-Cost Drugs	\$3.65	\$40	\$50

2024 ConnectorCare Carriers by Cost and Region

ConnectorCare carriers by underlying 2024 premiums and region. Carriers in **green** have moved to a lower cost position relative to 2023; carriers in **red** have moved to a higher cost position

Region	Lowest Cost	2 nd Lowest Cost	3 rd Lowest Cost	4 th Lowest Cost	5 th Lowest Cost	6 th Lowest Cost	7 th Lowest Cost	8 th Lowest Cost
A1	WellSense	Tufts Direct	Fallon Health	Health New England	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United
A2	WellSense	Tufts Direct	Health New England	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United	
A3	Tufts Direct	Fallon Health	Health New England	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United	
A4	Tufts Direct	Health New England	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United		
B1	WellSense	Fallon Health	Tufts Direct	MGBHP (Select Network)	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United
B2	WellSense	Fallon Health	Tufts Direct	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United	
C1	WellSense	Tufts Direct	MGBHP (Select Network)	MGBHP (Complete Network)	Harvard Pilgrim	Blue Cross Blue Shield of MA	United	
C2	WellSense	Tufts Direct	Fallon Health	MGBHP (Select Network)	MGBHP (Complete Network)	Harvard Pilgrim	Blue Cross Blue Shield of MA	United
C3	WellSense	Tufts Direct	Fallon Health	MGBHP (Complete Network)	Harvard Pilgrim	Blue Cross Blue Shield of MA	United	
D1	WellSense	Tufts Direct	MGBHP (Select Network)	MGBHP (Complete Network)	Harvard Pilgrim	Blue Cross Blue Shield of MA	United	
D2	WellSense	Tufts Direct	Fallon Health	MGBHP (Select Network)	MGBHP (Complete Network)	Harvard Pilgrim	Blue Cross Blue Shield of MA	United
E1	WellSense	Tufts Direct	Fallon Health	MGBHP (Select Network)	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United
E2	WellSense	Tufts Direct	MGBHP (Select Network)	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United	
F1	WellSense	Tufts Direct	MGBHP (Select Network)	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United	
F2	MGBHP (Select Network)	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United			
G1	WellSense	Tufts Direct	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United		
G2	MGBHP (Select Network)	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United			
G3	WellSense	Tufts Direct	MGBHP (Select Network)	Harvard Pilgrim	MGBHP (Complete Network)	Blue Cross Blue Shield of MA	United	

PY 2024 ConnectorCare Enrollee Contributions* (Page 1 of 2)

	Region A1	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$249	\$286
3	Fallon	\$0	\$0	\$49	\$101	\$185	\$273	\$310
4	HNE	\$65	\$63	\$109	\$204	\$291	\$385	\$425
5	HPHC	\$118	\$114	\$180	\$300	\$392	\$495	\$537
6	MGB Complete	\$134	\$130	\$203	\$330	\$423	\$529	\$573
7	BCBS	\$359	\$348	\$390	\$452	\$539	\$623	\$669
8	United	\$471	\$457	\$504	\$565	\$655	\$740	\$788

	Region B1	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Fallon	\$0	\$0	\$49	\$96	\$166	\$249	\$287
3	Tufts Direct	\$0	\$0	\$49	\$96	\$178	\$264	\$301
4	MGB Select	\$69	\$65	\$111	\$208	\$294	\$385	\$427
5	HPHC	\$119	\$112	\$177	\$296	\$386	\$482	\$529
6	MGB Complete	\$146	\$138	\$213	\$344	\$436	\$536	\$585
7	BCBS	\$415	\$391	\$435	\$496	\$582	\$657	\$710
8	United	\$484	\$456	\$502	\$564	\$650	\$724	\$781

	Region C3	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$246	\$283
3	Fallon	\$0	\$0	\$49	\$101	\$185	\$270	\$308
4	MGB Complete	\$167	\$159	\$238	\$376	\$469	\$569	\$617
5	HPHC	\$169	\$160	\$240	\$378	\$472	\$572	\$620
6	BCBS	\$520	\$492	\$531	\$589	\$676	\$747	\$801
7	United	\$575	\$545	\$584	\$643	\$730	\$801	\$857

	Region A2	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$249	\$286
3	HNE	\$65	\$63	\$109	\$204	\$291	\$385	\$425
4	HPHC	\$118	\$114	\$180	\$300	\$392	\$495	\$537
5	MGB Complete	\$134	\$130	\$203	\$330	\$423	\$529	\$573
6	BCBS	\$359	\$348	\$390	\$452	\$539	\$623	\$669
7	United	\$471	\$457	\$504	\$565	\$655	\$740	\$788

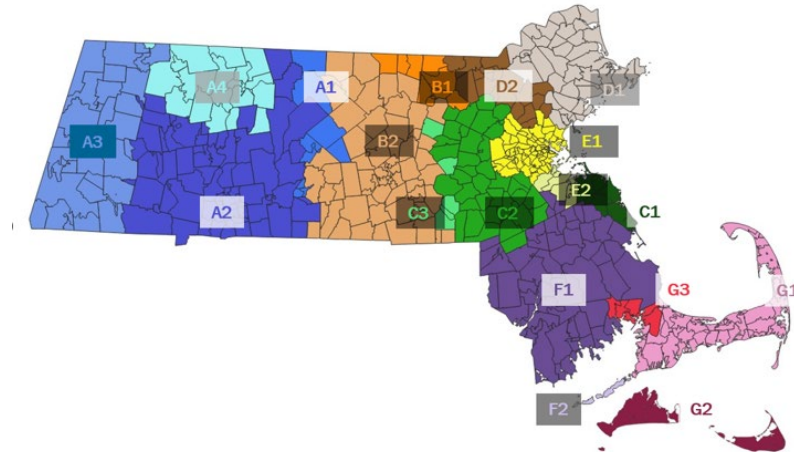
	Region B2	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Fallon	\$0	\$0	\$49	\$96	\$166	\$249	\$287
3	Tufts Direct	\$0	\$0	\$49	\$96	\$178	\$264	\$301
4	HPHC	\$119	\$112	\$177	\$296	\$386	\$482	\$529
5	MGB Complete	\$146	\$138	\$213	\$344	\$436	\$536	\$585
6	BCBS	\$415	\$391	\$435	\$496	\$582	\$657	\$710
7	United	\$484	\$456	\$502	\$564	\$650	\$724	\$781

	Region A3	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	Tufts Direct	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Fallon	\$0	\$0	\$49	\$96	\$162	\$243	\$279
3	HNE	\$54	\$53	\$95	\$185	\$266	\$355	\$394
4	HPHC	\$107	\$104	\$167	\$281	\$367	\$465	\$506
5	MGB Complete	\$124	\$120	\$189	\$312	\$398	\$499	\$542
6	BCBS	\$169	\$164	\$251	\$394	\$484	\$593	\$638
7	United	\$450	\$436	\$482	\$544	\$627	\$710	\$757

	Region C1	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$246	\$283
3	MGB Select	\$89	\$85	\$136	\$241	\$328	\$419	\$462
4	MGB Complete	\$167	\$159	\$238	\$376	\$469	\$569	\$617
5	HPHC	\$169	\$160	\$240	\$378	\$472	\$572	\$620
6	BCBS	\$520	\$492	\$531	\$589	\$676	\$747	\$801
7	United	\$575	\$545	\$584	\$643	\$730	\$801	\$857

	Region A4	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	Tufts Direct	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	HNE	\$2	\$2	\$49	\$96	\$162	\$265	\$364
3	HPHC	\$54	\$53	\$94	\$179	\$263	\$375	\$476
4	MGB Complete	\$71	\$69	\$116	\$209	\$294	\$409	\$511
5	BCBS	\$116	\$112	\$178	\$291	\$380	\$503	\$607
6	United	\$344	\$334	\$375	\$437	\$524	\$620	\$727

	Region C2	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$246	\$283
3	Fallon	\$0	\$0	\$49	\$101	\$185	\$270	\$308
4	MGB Select	\$89	\$85	\$136	\$241	\$328	\$419	\$462
5	MGB Complete	\$167	\$159	\$238	\$376	\$469	\$569	\$617
6	HPHC	\$169	\$160	\$240	\$378	\$472	\$572	\$620
7	BCBS	\$520	\$492	\$531	\$589	\$676	\$747	\$801
8	United	\$575	\$545	\$584	\$643	\$730	\$801	\$857



*Enrollee contribution amounts represent the **maximum** a member would pay based on their sub-region, plan type, and carrier chosen. Actual enrollee contributions may be lower according to a member's specific age, sub-region, and income particularly because of increased APTC via the American Rescue Plan/Inflation Reduction Act.

PY 2024 ConnectorCare Enrollee Contributions* (Page 2 of 2)

	Region D1	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$246	\$283
3	MGB Select	\$78	\$77	\$128	\$229	\$316	\$405	\$449
4	MGB Complete	\$150	\$146	\$226	\$360	\$451	\$550	\$599
5	HPHC	\$171	\$167	\$256	\$400	\$493	\$594	\$645
6	BCBS	\$475	\$463	\$512	\$571	\$656	\$728	\$784
7	United	\$496	\$484	\$534	\$593	\$678	\$750	\$807

	Region F1	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$246	\$284
3	MGB Select	\$98	\$97	\$153	\$265	\$353	\$445	\$499
4	HPHC	\$172	\$169	\$253	\$399	\$491	\$593	\$660
5	MGB Complete	\$347	\$341	\$376	\$440	\$523	\$596	\$664
6	BCBS	\$489	\$482	\$520	\$584	\$668	\$740	\$819
7	United	\$512	\$504	\$542	\$607	\$691	\$762	\$844

	Region G3	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$164	\$245	\$282
3	MGB Select	\$103	\$105	\$168	\$282	\$368	\$462	\$505
4	HPHC	\$169	\$173	\$264	\$409	\$499	\$602	\$650
5	MGB Complete	\$369	\$377	\$422	\$480	\$560	\$634	\$683
6	BCBS	\$476	\$485	\$535	\$593	\$673	\$746	\$799
7	United	\$496	\$506	\$557	\$615	\$694	\$767	\$821

	Region D2	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$246	\$283
3	Fallon	\$0	\$0	\$49	\$98	\$181	\$265	\$303
4	MGB Select	\$78	\$77	\$128	\$229	\$316	\$405	\$449
5	MGB Complete	\$150	\$146	\$226	\$360	\$451	\$550	\$599
6	HPHC	\$171	\$167	\$256	\$400	\$493	\$594	\$645
7	BCBS	\$475	\$463	\$512	\$571	\$656	\$728	\$784
8	United	\$496	\$484	\$534	\$593	\$678	\$750	\$807

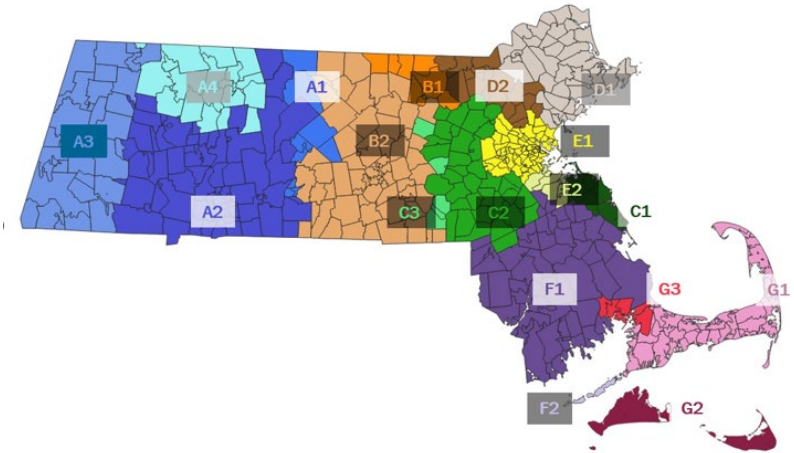
	Region F2	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	MGB Select	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	HPHC	\$0	\$0	\$49	\$96	\$158	\$262	\$361
3	MGB Complete	\$2	\$2	\$49	\$96	\$161	\$265	\$364
4	BCBS	\$73	\$72	\$119	\$213	\$296	\$409	\$520
5	United	\$84	\$83	\$134	\$233	\$317	\$432	\$544

	Region E1	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$247	\$285
3	Fallon	\$0	\$0	\$49	\$101	\$184	\$269	\$308
4	MGB Select	\$99	\$99	\$158	\$269	\$356	\$447	\$497
5	HPHC	\$165	\$165	\$251	\$393	\$483	\$580	\$639
6	MGB Complete	\$351	\$351	\$391	\$450	\$531	\$600	\$660
7	BCBS	\$494	\$494	\$539	\$598	\$678	\$744	\$813
8	United	\$566	\$566	\$614	\$672	\$753	\$817	\$890

	Region G1	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$164	\$245	\$282
3	HPHC	\$169	\$173	\$264	\$409	\$499	\$602	\$650
4	MGB Complete	\$185	\$188	\$286	\$439	\$529	\$634	\$683
5	BCBS	\$476	\$485	\$535	\$593	\$673	\$746	\$799
6	United	\$496	\$506	\$557	\$615	\$694	\$767	\$821

	Region E2	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	WellSense	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	Tufts Direct	\$0	\$0	\$49	\$96	\$165	\$247	\$285
3	MGB Select	\$99	\$99	\$158	\$269	\$356	\$447	\$497
4	HPHC	\$165	\$165	\$251	\$393	\$483	\$580	\$639
5	MGB Complete	\$351	\$351	\$391	\$450	\$531	\$600	\$660
6	BCBS	\$494	\$494	\$539	\$598	\$678	\$744	\$813
7	United	\$566	\$566	\$614	\$672	\$753	\$817	\$890

	Region G2	Enrollee Premium Contribution By Plan Type						
		1	2A	2B	3A	3B	3C	3D
1	MGB Select	\$0	\$0	\$49	\$96	\$142	\$219	\$255
2	HPHC	\$0	\$0	\$49	\$96	\$159	\$263	\$361
3	MGB Complete	\$16	\$16	\$49	\$110	\$190	\$295	\$394
4	BCBS	\$69	\$70	\$119	\$211	\$294	\$407	\$510
5	United	\$79	\$81	\$133	\$231	\$314	\$428	\$532



*Enrollee contribution amounts represent the **maximum** a member would pay based on their sub-region, plan type, and carrier chosen. Actual enrollee contributions may be lower according to a member's specific age, sub-region, and income particularly because of increased APTC via the American Rescue Plan/Inflation Reduction Act.

Qualified Dental Plans: 2024 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 2024 (No change from PY 2023)							
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 has submitted plans for certification for the small group market, but as in 2023, are recommended for a waiver of sales through the Health Connector given sufficiency of existing choice

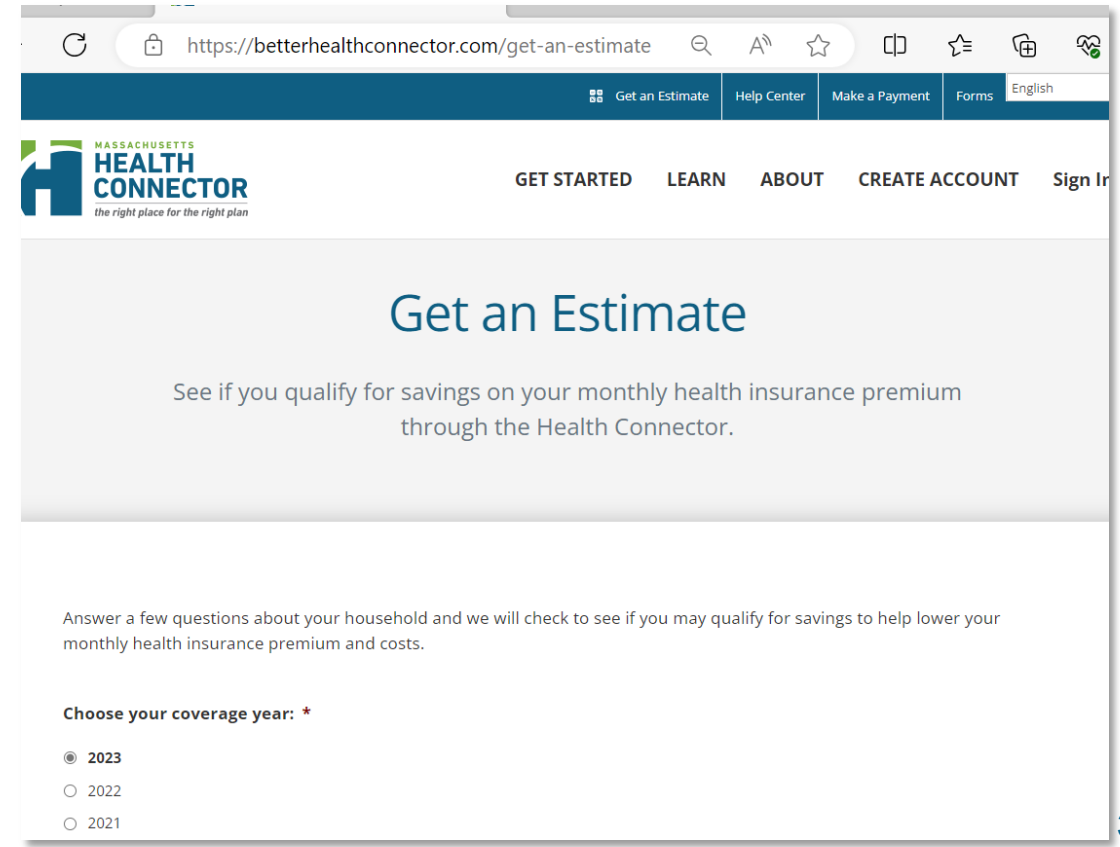
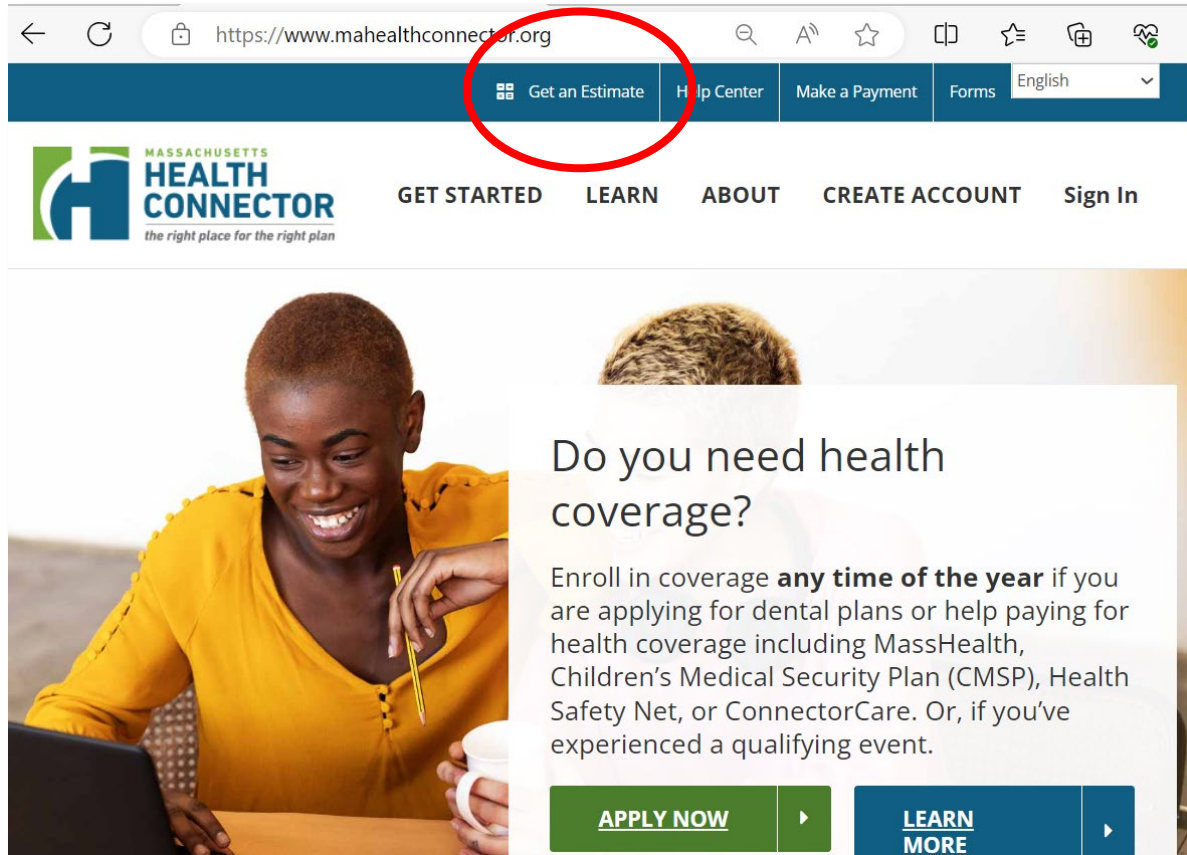


Health Connector Shopping Tools & Resources

Shopping Tools

Anyone can easily check for plans and savings that may be available to them

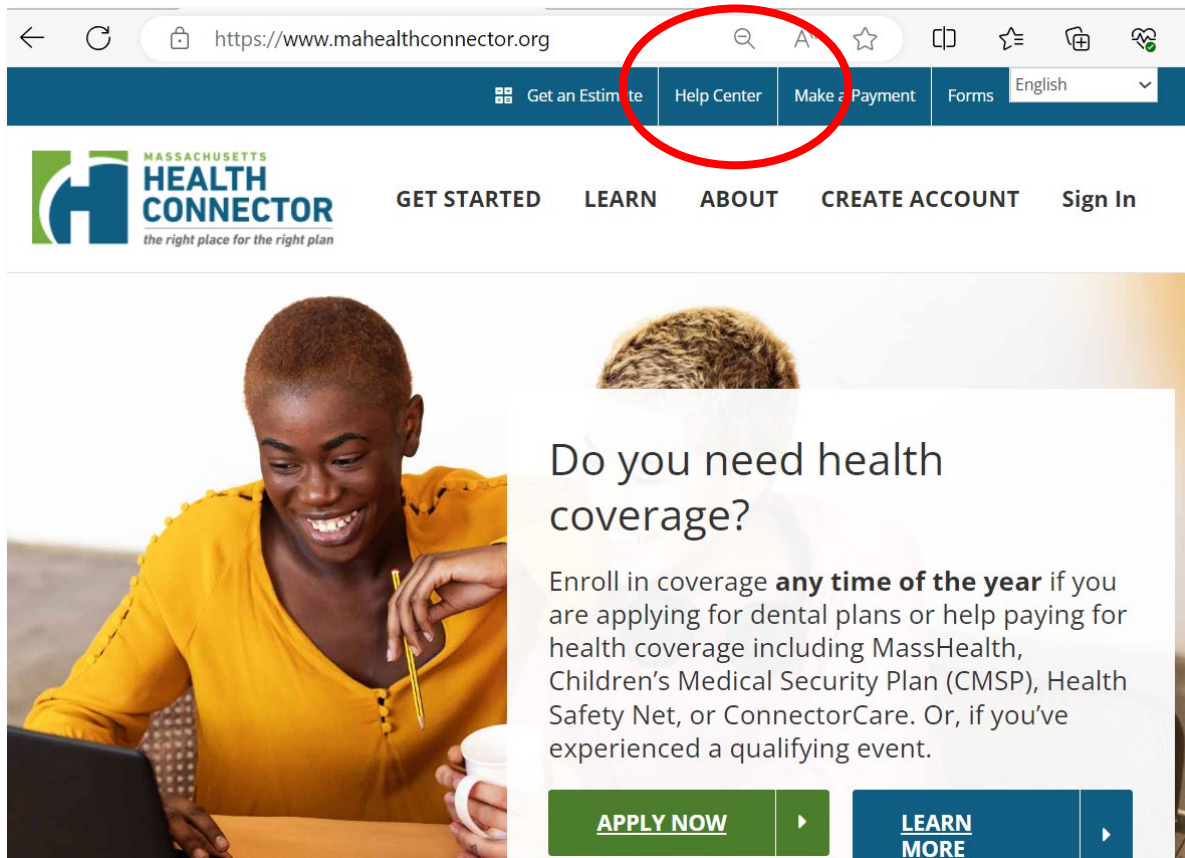
- From the Health Connector's website, choose **"Get an Estimate"** from the menu bar, select Individuals and Families **OR** link directly: [MAhealthconnector.org/get-an-estimate](https://mahealthconnector.org/get-an-estimate)



Updated Resources

After November 1st, Informational flyers will be updated to reflect Plan Year 2024

- From the Health Connector's website, choose "**Help Center**" from the menu bar, then select "**Resource Download Center**"



Consumer Guide to Subsidies



Can you get help paying for health insurance through the Health Connector? Download the guide to see if you may meet requirements to get help paying for health insurance.

[DOWNLOAD IN ENGLISH](#)

[DESCARGAR EN ESPAÑOL](#)

Plan Shopping Guides



ConnectorCare Plan Shopping Guide

Follow the steps in this guide to help you choose a ConnectorCare health insurance plan through the Massachusetts Health Connector.

[DOWNLOAD IN ENGLISH](#)

[DESCARGAR EN ESPAÑOL](#)

Additional Support Information

There are additional tools and informational guides available to use

The Plan Comparison tool lets someone compare providers, facilities and medications available from plans, this tool is available through someone's application or from “**Help Center**” then “**Resource Download Center**”

Learn all about the available Dental Plans available from the Health Connector [MAhealthconnector.org/dental](https://www.mahealthconnector.org/dental)

The screenshot shows the MA Health Connector website interface. At the top, there is a navigation bar with links for "Get an Estimate", "Help Center", "Make a Payment", and "Forms", along with a language dropdown set to "English". Below this is the main header with the "MASSACHUSETTS HEALTH CONNECTOR" logo and the tagline "the right place for the right plan". Navigation links include "GET STARTED", "LEARN", "ABOUT", "CREATE ACCOUNT", and "Sign In". The main content area is titled "Resource Download Center" and features a large heading "Health Connector Shopping and Resource Guides". Underneath, there is a section for the "Plan Finder Tool" which includes an illustration of five healthcare professionals and a text box stating: "The Plan Comparison Tool can help you see what providers, hospitals, health centers, and prescription drugs are covered by the health and dental plans available to you through the Massachusetts Health Connector." A prominent blue button at the bottom of this section reads "USE THE PLAN FINDER TOOL".

The screenshot displays the "Dental Coverage" page on the MA Health Connector website. The top navigation bar is consistent with the previous screenshot. The main header features the "MASSACHUSETTS HEALTH CONNECTOR" logo and the tagline "the right place for the right plan", followed by navigation links: "GET STARTED", "LEARN", "ABOUT", "CREATE ACCOUNT", and "Sign In". The page title is "Dental Coverage" and a breadcrumb trail shows "Home / Learn / Plan Information". A large photograph of a diverse family (a woman, a man, and two children) is featured on the left. To the right of the image, the text reads: "The Health Connector offers dental plans to meet most needs and budgets". Below this, it states: "There are plans for children only, and plans for families and adults. The information on this page will help you understand the different options and help you choose the best dental plan that meets your needs." Further down, it says: "Detailed information about specific plans is available by clicking on the boxes below. The plans are organized so that you can easily compare covered benefits and cost-sharing amounts, such as deductibles, co-pays, out-of-pocket maximums, and annual benefit maximums."

Key Takeaways for Plan Coverage Year 2024

- The ConnectorCare program is now available to individuals and families with incomes up to 500% FPL
 - As a reminder, ConnectorCare plans have **no deductible**
- The ConnectorCare carriers are expanding, with carrier entrants Blue Cross Blue Shield (BCBS), Harvard Pilgrim Health Care (HPHC), United, and Massachusetts General Brigham Health Plan's (MGBHP's) Complete network joining the program
- There will be a broad choice of carriers and plans for individuals above 500% FPL and small group enrollees, with:
 - Eight medical carriers submitting a total of 46 non-group and 56 small group Qualified Health Plans (QHPs)
 - Two dental carriers submitting a total of 12 Qualified Dental Plans (QDPs) for on-Exchange sale

Thank you