



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

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**CARRIERS OFFERING HEALTH BENEFIT PLANS
 TO INDIVIDUALS AND
 SMALL GROUPS (1 TO 50 ELIGIBLE EMPLOYEES)**

(Health Plans that are Qualified Medical Insurance Plans for the
 Insurance Partnership Program and Family Assistance Program)

1. Aetna Life Insurance Company

151 Farmington Avenue
 Hartford, CT 06156

Group and Individual Sales (609) 524-7780
 Dorothea Vlahos (800) 234-8454 x82377

Product Name	Form #	Also offered thru Connector
INDEMNITY PLAN		
Traditional Choice [Group]	GR-9	No
Traditional Choice [Individual]	GR-96479 & GR-96479-1	No
INSURED PREFERRED PROVIDER PLAN		
Open Choice [Group]	GR-9	No
Open Choice [Individual]	GR-96478 & GR-96478-1	No

2. Aetna Health Inc./Aetna Health Insurance Company

151 Farmington Avenue
 Hartford, CT 06156

Group and Individual Sales (609) 524-7780
 Dorothea Vlahos (800) 234-8454 x82377

Product Name	Form #	Also offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
HMO Certificate of Coverage [Group]	HMO/MA COC-2 (05/01) & HMO/MA SOB-1 (10/03)	No
HMO Certificate of Coverage [Individual]	HMO/MA IND COC-3 (07/07) & HMO MA IND SB-3 (07/07)	No
DUAL CERTIFICATE		
HMO Certificate of Coverage (in-network) [Group]	HMO/MA COC-2 (05/01) & HMO/MA SOB-1 (10/03)	No
Aetna Health Ins. Co. Cert. (out-of-ntwk) [Group] Quality Point of Service	CHI/MA INSCT-2-A (7/01) & CHI/MA SBQPOS-1 (10-03) or	
USAccess	CHI/MA SBQNET-3 (11-01)	No
HMO Certificate of Coverage (in-network) [Individual]	HMO/MA IND COC-3 (07/07) & HMO MA IND SB-3 (07/07)	No
Aetna Health Ins. Co. Cert. (out-of-ntwk) [Individual]	AHIC/MA IND INSCT (07/07) & AHIC MA IND SB (07/07)	No

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

3. Blue Cross and Blue Shield of Massachusetts, Inc.

401 Park Drive, Landmark Center	Group Sales	(800) 262-BLUE
Boston, MA 02215	Individual Sales	(800) 422-3545

Product Name	Form #	Also offered thru Connector
INDEMNITY PLAN		
Indemnity Plan Subscriber Certificate	BCBS (10-1-2009)	No
INSURED PREFERRED PROVIDER PLAN		
Blue Care Elect Preferred Provider Plan Subscriber Certificate	BCBS-PPO (10-1-2009)	No

4. Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

401 Park Drive, Landmark Center	Group Sales	(800) 262-BLUE
Boston, MA 02215	Individual Sales	(800) 422-3545

Product Name	Form #	Also offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
Health Maintenance Organization Subscriber Certificate	HMO (10-1-2009)	Yes
INSURED PREFERRED PROVIDER PLAN		
Preferred Blue PPO	PPO (10-1-2009)	No
DUAL CERTIFICATE		
Blue Choice		
Health Maintenance Organization Subscriber Certificate	HMO (10-1-2009)	No
Indemnity Plan Subscriber Certificate	BCBS (10-1-2009)	

5. ConnectiCare of Massachusetts, Inc. ¹

175 Scott Swamp Road, P.O. Box 4050	Group Sales	(800) 723-2986
Farmington, CT 06034-4050	Individual Sales	(800) 723-2986

Product Name	Form #	Also offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
CMI HMO Deductible Open Access	CMI/HMO Deductible 01 (1/2007)	No
CMI HMO Open Access	CMI/HMO 01 (1/2007)	No
INSURED PREFERRED PROVIDER PLAN		
CMI POS Open Access	CMI/POS 01 (1/2007)	No

¹ Service area includes Hampden, Hampshire and Franklin, parts of Berkshire and Worcester counties.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

6. Fallon Community Health Plan, Inc.

10 Chestnut Street
Worcester, MA 01608-2810

Merged Market Unit (888) 797-3247
(800) 333-2535 x79097
(508) 799-2100 x79097

*****FALLON OFFERS HEALTH PLANS WITH TWO DIFFERENT PROVIDER NETWORKS. PLEASE CALL FALLON DIRECTLY IF YOU HAVE ANY QUESTIONS ABOUT WHETHER YOUR PROVIDER PARTICIPATES IN EACH NETWORK.*****

Product Name	Form #	Also offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
SELECT CARE NETWORK		
FCHP Select Care Premier I	05-670-148	No
FCHP Select Care Premier II	05-670-148	No
FCHP Select Care Premier Value	05-670-148	Yes
FCHP Select Care Premium Saver I	05-670-148	No
FCHP Select Care Premium Saver II	05-670-148	No
FCHP Select Care Premium Saver Value I	05-670-148	No
FCHP Select Care Premium Saver Value II	05-670-148	No
FCHP Select Care Premium Saver Basic I	05-670-148	No
FCHP Select Care Premium Saver Basic II	05-670-148	No
FCHP Select Care Premium Saver 500	05-670-148	Yes
FCHP Select Care Premium Saver 1000	05-670-148	No
FCHP Select Care Premium Saver 1500	05-670-148	No
FCHP Select Care Premium Saver 2000	05-670-148	No
FCHP Select Care Premium Saver 2000 w/\$500 inp. copay	05-670-148	Yes
FCHP Select Care Choice 1250	05-670-148	No
FCHP Select Care Choice 1500	05-670-148	No
FCHP Select Care Choice 2000	05-670-148	No
FCHP Select Care 65/35	05-670-148	No
FCHP Select Care Merit Choice Plan	05-670-148	No
DIRECT CARE NETWORK ²		
FCHP Direct Care Premier I	05-670-151	No
FCHP Direct Care Premier II	05-670-151	No
FCHP Direct Care Premier Value	05-670-151	No
FCHP Direct Care Premium Saver I	05-670-151	No
FCHP Direct Care Premium Saver II	05-670-151	No
FCHP Direct Care Premium Saver Value I	05-670-151	No
FCHP Direct Care Premium Saver Value II	05-670-151	No
FCHP Direct Care Premium Saver Basic	05-670-151	No
FCHP Direct Care Premium Saver Basic II	05-670-151	No

² The Direct Care Network is different than Select Care Network. Please call the carrier directly if you have any questions about whether the Direct Care Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Direct Care Network.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

(Fallon Community Health Plan, Inc. (cont'd))

FCHP Direct Care Premium Saver 500	05-670-151	Yes
FCHP Direct Care Premium Saver 1000	05-670-151	No
FCHP Direct Care Premium Saver 1500	05-670-151	No
FCHP Direct Care Premium Saver 2000	05-670-151	No
FCHP Direct Care Premium Saver 2000 w/\$500 inp. copay	05-670-151	Yes
FCHP Direct Care Choice 1250	05-670-151	No
FCHP Direct Care Choice 1500	05-670-151	No
FCHP Direct Care Choice 2000	05-670-151	No
FCHP Direct Care 65/35	05-670-151	No
FCHP Direct Care Merit Choice Plan	05-670-151	No

7. Fallon Health & Life Assurance Company

10 Chestnut Street
Worcester, MA 01608-2810

Merged Market Unit (888) 797-3247
(800) 333-2535 x79097
(508) 799-2100 x79097

Product Name	Form #	Also offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
Preferred Care Premier I	05-670-155	No
Preferred Care Premier II	05-670-155	No
Preferred Care 500 90/70	05-670-155	No
Preferred Care 1000 80/60	05-670-155	No
Preferred Care Premier Value	05-670-155	No
Preferred Care Premium Saver I	05-670-155	No
Preferred Care Premium Saver II	05-670-155	No
Preferred Care Premium Saver Value I	05-670-155	No
Preferred Care Premium Saver Value II	05-670-155	No
Preferred Care Premium Saver Basic I	05-670-155	No
Preferred Care Premium Saver Basic II	05-670-155	No
Preferred Care Premium Saver 500	05-670-155	No
Preferred Care Premium Saver 1000	05-670-155	No
Preferred Care Premium Saver 1500	05-670-155	No
Preferred Care Premium Saver 2000	05-670-155	No
Preferred Care Premium Saver 2000 w/ \$500 copay	05-670-155	No
Preferred Care Choice 1250	05-670-155	No
Preferred Care Choice 1500	05-670-155	No
Preferred Care Choice 2000	05-670-155	No

8. Harvard Pilgrim Health Care, Inc.³

93 Worcester Street
Wellesley, MA 02481-9181

Group Sales (800) 848-9995
Individual Sales (800) 848-9995

Product Name	Form #	Also offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
Value HMO 15 (Plan Name 05)	610/MAHMO2001; 113	No
Affordable HMO 20 (Plan Name W5)	610/MAHMO2001; 113	No

(Harvard Pilgrim Health Care, Inc. (cont'd))

³ As allowed by law, Harvard Pilgrim Health Care, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (800) 696-8167 and Small Business Service Bureau (800) 222-5678.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

Affordable HMO 25 (Plan Name W6)	610/MAHMO2001; 113	No
Tiered Copayment HMO 15 (Plan Name 5-LC)	610/MAHMO2001; 115	Yes
Tiered Copayment HMO 20 (Plan Name 0C)	610/MAHMO2001; 115	No
Tiered Copayment HMO 30 (Plan Name 8-LC)	610/MAHMO2001; 115	Yes
Best Buy HMO 500 (Plan Name 19)	610/MAHMO2001; 114	No
Best Buy HMO 1000 Plan Name 0D)	610/MAHMO2001; 114	Yes
Best Buy HMO 2000 (Plan Name 70)	610/MAHMO2001; 114	No
Core Coverage HMO (Plan Name 0H)	610/MAHMO2001; 591	No
Core Coverage 1750 HMO (Plan Name 6-LC)	610/MAHMO2001; 776	Yes

INSURED PREFERRED PROVIDER PLAN

Value PPO 15 (Plan Name 07)	611/MAPPO0701; 100	No
Affordable PPO 20 (Plan Name V8)	611/MAPPO0701; 100	No
Affordable PPO 25 (Plan Name AQ)	611/MAPPO0701; 100	No
Best Buy PPO 500 (Plan Name 81)	611/MAPPO0701; MABBPOS0B81 REV1	No
Best Buy PPO 1000 (Plan Name OE)	611/MAPPO0701; 592	No
Best Buy PPO 2000 (Plan Name 84)	611/MAPPO0701; MABBPOS0B84 REV1	No

9. Health New England, Inc. ⁴

One Monarch Place	Group Sales	(800) 842-4464
Springfield MA 01144	Individual Sales	(800) 842-4464

*****HEALTH NEW ENGLAND OFFERS HEALTH PLANS WITH TWO DIFFERENT PROVIDER NETWORKS. PLEASE CALL HEALTH NEW ENGLAND DIRECTLY IF YOU HAVE ANY QUESTIONS ABOUT WHETHER YOUR PROVIDER PARTICIPATES IN EACH NETWORK.*****

Product Name	Form #	Also offered thru Connector
HEALTH MAINTENANCE ORGANIZATION HEALTH NEW ENGLAND NETWORK (STANDARD NETWORK)		
HNE HMO Option 1 _{Max}	HNEHMO-06	No
HNE Principle _{Max}	HNEHMO-06	No
HNE Health _{Plus}	HNEHMO-06	Yes
HNE Health	HNEHMO-06	No
HNE Principle	HNEHMO-06	No
HNE Complete _{Max}	HNEHMO-06	No
HNE Complete _{Plus}	HNEHMO-06	No
HNE Complete _{Plus}	HNEHMO-06	No
HNE Choice	HNEHMO-06	No
HNE Choice	HNEHMO-06	No
HNE Choice _{Max}	HNEHMO-06	No
HNE Focus	HNEHMO-06	No

(Health New England, Inc. (cont'd))

⁴ As allowed by law, HNE requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediaries: Massachusetts Business Association (781) 848-4950 and Small Business Service Bureau (508) 756-3513.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

HNE Essential ^{Max}	HNEHMO with DED-06	Yes
HNE Essential ^{Plus}	HNEHMO with DED-06	No
HNE Wise ^{Max}	HNEHMO with HIGHDED-06	No
HNE Wise ^{Plus}	HNEHMO with HIGHDED-06	Yes

HNE ALLIANCE NETWORK⁵

HNE Principle Alliance	HPNHMO-17 ⁶	Yes
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INSURED PREFERRED PROVIDER PLAN

HNE Premier PPO-Premium Plan	HNE/PHCS-PPO-06	No
HNE Premier PPO-Value Plan	HNE/PHCS-PPO-06	No
HNE Premier PPO-Basic Plan	HNE/PHCS-PPO-06	No
HNE Premier PPO- Mid Option	HNE/PHCS-PPO-06	No
HNE Premier PPO- Low Option	HNE/PHCS-PPO-06	No
HNE Wise ^{PPO}	HNE/PHCS-PPO Saver-06	No
HNE Premier PPO-Complete National	PHCS-PPO-06	No
HNE Premier PPO-Focus National	PHCS-PPO-06	No
HNE PPO Complete	HNEPPO-06	No
HNE PPO Focus	HNEPPO-06	No

10. HPHC Insurance Company, Inc.⁷

93 Worcester Street	Group Sales	(800) 848-9995
Wellesley, MA 02481-9181	Individual Sales	(800) 848-9995

Product Name	Form #	Also offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
Best Buy HSA PPO 1500 (Plan Name GJ)	612/310; 311	No
Best Buy HSA PPO 1500 w/in-network coins. (Plan Name GM)	612/310; 311	No
Best Buy HSA PPO 2000 (Plan Name GK)	612/310; 311	No
Best Buy HSA PPO 2000 w/in-network coins. (Plan Name GN)	612/310; 311	No
Best Buy HSA PPO 3000 (Plan Name GL)	612/310; 311	No
Best Buy HSA PPO 3000 w/in-network coins. (Plan Name GO)	612/310; 311	No

⁵ The HNE Alliance Network is different than the HMO primary care provider network. Please call the carrier directly if you have any questions about whether the HNE Alliance Network is specifically available in your area and whether your primary care provider participates within the HNE Alliance network.

⁶ Form# HPNHMO 17 replaces the previously approved Form# HNEHMO 06.

⁷ As allowed by law, HPHC Insurance Company, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (781) 848-4950 and Small Business Service Bureau (508) 756-3513.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

11. John Alden Life Insurance Company

501 West Michigan	Group Sales	(888) 875-8053
Milwaukee, WI 53203	Individual Sales	(888) 875-8053

Product Name	Form #	Also offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
JAHP PPO	J-4000	No
JAHP HSA	J-4000	No

12. Neighborhood Health Plan, Inc.⁸

253 Summer Street	Group Sales	(617) 772-5663
Boston, MA 02210-1120	Individual Sales	(800) 462-5449

*****NEIGHBORHOOD HEALTH PLAN OFFERS HEALTH PLANS WITH TWO DIFFERENT PROVIDER NETWORKS. PLEASE CALL NEIGHBORHOOD HEALTH PLAN DIRECTLY IF YOU HAVE ANY QUESTIONS ABOUT WHETHER YOUR PROVIDER PARTICIPATES IN EACH NETWORK.*****

Product Name	Form #	Also offered thru Connector
HEALTH MAINTENANCE ORGANIZATION NEIGHBORHOOD HEALTH PLAN NETWORK (STANDARD NETWORK)		
NHP Care 5	BCEOC-0701.0, 6NB1	No
NHP Care 10	BCEOC-0701.0, 6NB2	No
NHP Care 15	BCEOC-0701.0, 6HVP	No
NHP Care 20/75	BCEOC-0701.0, 620D	No
NHP Care 20/100	BCEOC-0701.0, 620E	No
NHP Care 25	BCEOC-0701.0, 625E	No
NHP Care 1000	BCEOC-0701.0, 61KE	No
NHP Care Classic	BCEOC-0701.0, 6NCO	No
NHP Care One – Version 2008	BCEOC-0701.0, NHPBC08	Yes
NHP Care Two	BCEOC-0701.0, NHPBC02	Yes
NHP SELECT NETWORK		
NHP Care Two Select	BCEOC-0701.0, NHPBC03	Yes
NHP Care Three Select	BCEOC-0701.0, NHPBC04	Yes

13. Time Insurance Company

501 West Michigan	Group Sales	(888) 875-8053
Milwaukee, WI 53203	Individual Sales	(888) 875-8053

Product Name	Form #	Also offered thru Connector
INDEMNITY PLAN		
Group Portfolio	20735	No

⁸ As allowed by law, Neighborhood Health Plan, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (800) 696-8167 or (781) 848-4950, Small Business Service Bureau (800) 548-6900 or (508) 756-3153 x157, U.S. Federation of Small Business, Inc. (800) 637-3331 x111, and National Association of Socially Responsible Organizations (781) 308-3306.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

(Time Insurance Company (cont'd))

INSURED PREFERRED PROVIDER PLAN

Group Portfolio with a PPO Option 20735 No

14. Tufts Associated Health Maintenance Organization, Inc.⁹

(d/b/a) Tufts Health Plan Group Sales (800) 208-8013
 705 Mount Auburn Street Individual Sales (800) 957-6596
 Watertown, MA 02472-1508

*****TUFTS OFFERS HEALTH PLANS WITH TWO DIFFERENT PROVIDER NETWORKS. PLEASE CALL TUFTS DIRECTLY IF YOU HAVE ANY QUESTIONS ABOUT WHETHER YOUR PROVIDER PARTICIPATES IN EACH NETWORK.*****

Product Name	Form #	Also offered thru Connector
HEALTH MAINTENANCE ORGANIZATION TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION NETWORK (STANDARD NETWORK)		
HMO Premium Plan	EC-MASSHMO-001 Ed. 1-2009	No
HMO Value Plan	EC-MASSHMO-002 Ed. 1-2009	No
HMO Select 20 Option		Yes
HMO Basic Plan	EC-MASSHMO-003 Ed. 1-2009	No
TUFTS HEALTH PLAN SELECT NETWORK¹⁰		
HMO Premium Plan	EC-MASSHMO-001 Ed. 1-2009	Yes
HMO Select 10 Option		
HMO Value Plan	EC-MASSHMO-002 Ed. 1-2009	Yes
Advantage HMO Select 750 Option		
HMO Basic Plan	EC-MASSHMO-003 Ed. 1-2009	Yes
Advantage HMO Select 2000 Option		
INSURED PREFERRED PROVIDER PLAN		
PPO Plan Option	MA-PPO-001 Ed. 1-2009	No
Point of Service Option	CC-MAPOS-001 Ed. 1-2009	No

⁹ As allowed by law, Tufts Associated Health Maintenance Organization, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (800) 696-8167 or (781) 848-4950, North Central Massachusetts Chamber of Commerce (978) 353-7600, Small Business Service Bureau (800) 222-5678 or (508) 756-3513 or through the Connector if applicable. Individuals are not required to enroll through either an intermediary or the Connector.

¹⁰ The Tufts Health Plan Select Network is different than the Tufts Associated Health Maintenance Organization Network. Please call the carrier directly if you have any questions about whether the Tufts Health Plan Select Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates within the Tufts Health Plan Select Network.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

15. Tufts Insurance Company ¹¹

(d/b/a) Tufts Health Plan)	Group Sales	(800) 208-8013
705 Mount Auburn Street	Individual Sales	(800) 957-6596
Watertown, MA 02472-1508		

Product Name	Form #	Also offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
Advantage PPO	MA-TICOPPO-001 Ed. 1-2009	No

16. Union Security Insurance Company

501 West Michigan	Group Sales	(888) 875-8053
Milwaukee, WI 53203	Individual Sales	(888) 875-8053

Product Name	Form #	Also offered thru Connector
INDEMNITY PLAN		
Certificate of Group Medical Insurance	C61.100.SIG.MA	No
INSURED PREFERRED PROVIDER PLAN		
Preferred Provider Plan w/ HSA Option	C61.100.SIG.MA	No
Preferred Provider Plan w/ HealthCare Value Management, Inc.	C61.100.SIG.MA	No

17. United HealthCare Insurance Company

475 Kilvert Street	Group Sales	(888) 735-5842 Option 4
Warwick, RI 02886-1392	Individual Sales	(888) 735-5842 Option 4

Product Name	Form #	Also offered thru Connector
INSURED PREFERRED PROVIDER PLAN		
Choice Plus	CHOICEP.I.01.MA & COC.CER.I.07.MA.SB	No
Options PPO	OPTIONSPPO.I.01.MA & COC.CER.I.07.MA.SB	No
Options PPO 80/80	OPTIONS80/80.I.01.MA & COC.CER.I.07.MA.SB	No

¹¹ As allowed by law, Tufts Insurance Company requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association (800) 696-8167 or (781) 848-4950, North Central Massachusetts Chamber of Commerce (978) 353-7600, Small Business Service Bureau (800) 222-5678 or (508) 756-3513.

Carriers Offering Health Benefit Plans to Individuals and Small Groups (1 to 50 Eligible Employees)

(Health Plans that are Qualified Medical Insurance Plans for the Insurance Reimbursement Program and Family Assistance Program)

18. UnitedHealthcare of New England, Inc.

475 Kilvert Street
Warwick, RI 02886-1392

Group Sales (888) 735-5842 Option 4
Individual Sales (888) 735-5842 Option 4

Product Name	Form #	Also offered thru Connector
HEALTH MAINTENANCE ORGANIZATION		
Choice	CHOICE.H.01.MA & COC.CER.H.07.MA.SB	No
DUAL CERTIFICATE		
Choice Plus United HealthCare of New England, Inc. Choice Certificate of Coverage & United HealthCare Insurance Company Choice Plus Certificate of Coverage	Choice.H.01.MA & Plus.P.01.MA COC.CER.H.07.MA.SB & COC.CER.P.07.MA.SB	No

YOUNG ADULT PLAN INFORMATION

In addition to the above-noted plans, The Commonwealth Health Insurance Connector (“Connector”) will also offer Young Adult Plans. These plans are available to those 18-26 year olds who are uninsured. For further information regarding these plans, please contact the Connector directly at (617) 1-877-MA-ENROLL (1-877-623-6765) or visit their website at <http://www.mass.gov/connector>.