



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

One South Station • Boston, MA 02110 - 2208  
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<http://www.mass.gov/doi>

**DEVAL L. PATRICK**  
GOVERNOR

**TIMOTHY P. MURRAY**  
LIEUTENANT GOVERNOR

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ECONOMIC DEVELOPMENT

**BARBARA ANTHONY**  
UNDERSECRETARY OF CONSUMER AFFAIRS  
AND BUSINESS REGULATION

**NONNIE S. BURNES**  
COMMISSIONER OF INSURANCE

**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

| <b>Product Name</b>                    | <b>Form #</b>         | <b>Also offered thru<br/>Connector</b> |
|--|-----------------------|--|
| <b>INDEMNITY PLAN</b>                  |                       |  |
| Traditional Choice [Group]             | GR-9                  | No                                     |
| Traditional Choice [Individual]        | GR-96479 & GR-96479-1 | No                                     |
| <b>INSURED PREFERRED PROVIDER PLAN</b> |                       |  |
| 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

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

| <b>Product Name</b>                         | <b>Form #</b>  | <b>Also offered thru Connector</b> |
|---|--|------------------------------------|
| <b>INDEMNITY PLAN</b>                       |  |                                    |
| Comprehensive Major Medical                 | BCBS INDEM (1-1-06 REV.)                             | No                                 |
|   | BCBS INDEM NGRP (7-1-07) <sup>1</sup>                |                                    |
| Comprehensive Major Medical \$500 Option    |  |                                    |
| <b>INSURED PREFERRED PROVIDER PLAN</b>      |  |                                    |
| Blue Care Elect                             | Blue Care Elect (1-1-06 REV.)                        |                                    |
|   | Blue Care Elect NGRP (7-1-07)                        |                                    |
| Preferred 100 Option <sup>2</sup>           | w RX STD (9-22-04)/RX STD NGRP (7-1-07) <sup>1</sup> | No                                 |
| Value Plus Option                           | w RX STD (9-22-04)/RX STD NGRP (7-1-07) <sup>1</sup> | No                                 |
| Enhanced Value Option                       | w RX STD (9-22-04)/RX STD NGRP (7-1-07) <sup>1</sup> | No                                 |
| Preferred 90 with Copay Option              | w RX STD (9-22-04)/RX STD NGRP (7-1-07) <sup>1</sup> | No                                 |
| Preferred 80 with Copay Option <sup>3</sup> | w RX STD (9-22-04)/RX STD NGRP (7-1-07) <sup>1</sup> | No                                 |
| \$2000 Deductible Option <sup>3</sup>       | w RX STD (9-22-04)/RX STD NGRP (7-1-07) <sup>1</sup> | No                                 |
| \$3000 Deductible Option                    | w RX STD (9-22-04)/RX STD NGRP (7-1-07) <sup>1</sup> | 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 |

| <b>Product Name</b>                    | <b>Form #</b>                             | <b>Also offered thru Connector</b> |
|--|---|------------------------------------|
| <b>HEALTH MAINTENANCE ORGANIZATION</b> |   |                                    |
| <b>Access Blue</b>                     |   |                                    |
| Access Blue Value Plus                 | ACCESS BLUE (1-1-06 REV.)                 | No                                 |
| Access Blue Enhanced Value             | ACCESS BLUE NGRP (7-1-07) <sup>1</sup>    | Yes                                |
| Access Blue Basic                      |   | No                                 |
| Access Blue Basic \$2000               |   | No                                 |
| Access Blue Saver                      |   | No                                 |
| <b>Access Blue New England</b>         |   |                                    |
| Access Blue New England Enhanced Value | ACCESS BLUE NE (1-1-09)                   | No                                 |
|  | ACCESS BLUE NE NGRP (1-1-09) <sup>1</sup> |                                    |
| <b>HMO Blue</b>                        |   |                                    |
| HMO Blue \$10 Copay <sup>2</sup>       | HMO BLUE (1-1-06 REV.)                    | No                                 |
| HMO Blue Premium                       | HMO BLUE NGRP (7-1-07) <sup>1</sup>       | Yes                                |
| HMO Blue Value Plus                    |   | No                                 |
| HMO Blue Enhanced Value                |   | No                                 |

<sup>1</sup> This non-group form is to be offered to individuals only for administrative ease, but is exactly the same as what is offered to small groups.

<sup>2</sup> Carrier notified the Division that it intends to discontinue to offer the filed plan as of April 1, 2009.

<sup>3</sup> Carrier notified the Division that it intends to discontinue to offer the filed plan as of January 1, 2009.

## 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)

### HEALTH MAINTENANCE ORGANIZATION

(cont'd)

|   |     |
|---|-----|
| HMO Blue Value                                | No  |
| HMO Blue Value w/BasicRx                      | Yes |
| HMO Blue Premier Value                        | No  |
| HMO Blue Premier Value w/ coins. <sup>4</sup> | No  |
| HMO Blue Basic Value                          | Yes |
| HMO Blue \$500 Deductible <sup>5</sup>        | No  |
| HMO Blue \$1000 Deductible                    | No  |
| HMO Blue \$2000 Deductible                    | No  |
| HMO Blue Preferences \$600 Copay <sup>2</sup> | No  |
| HMO Blue Options                              | No  |

### HMO Blue New England

HMO BLUE NE (1-1-06 REV.)  
HMO BLUE NE NGRP (7-1-07) <sup>1</sup>

|  |    |
|--|----|
| HMO Blue New England \$10 Copay <sup>2</sup>             | No |
| HMO Blue New England Value Plus                          | No |
| HMO Blue New England Enhanced Value                      | No |
| HMO Blue New England Value                               | No |
| HMO Blue New England Premier Value                       | No |
| HMO Blue New England Premier Value w/coins. <sup>4</sup> | No |
| HMO Blue New England \$500 Deductible <sup>5</sup>       | No |
| HMO Blue New England \$1000 Deductible                   | No |
| HMO Blue New England Options                             | No |

### INSURED PREFERRED PROVIDER PLAN

#### Preferred Blue PPO

PRF BLUE PPO (1-1-08) and  
PRF BLUE PPO NGRP (1-1-08) <sup>1</sup>

|  |    |
|--|----|
| Preferred Blue PPO Deductible                              | No |
| Preferred Blue PPO \$2000 Deductible <sup>5</sup>          | No |
| Preferred Blue PPO 80 with Copay <sup>5</sup>              | No |
| Preferred Blue PPO Basic \$2000                            | No |
| Preferred Blue PPO Saver                                   | No |
| Preferred Blue PPO Saver (alternate option)                | No |
| Preferred Blue PPO Saver (alternate option 2) <sup>5</sup> | No |
| Preferred Blue PPO Options                                 | No |

### DUAL CERTIFICATE

#### Blue Choice

|                        |   |
|------------------------|---|
| Blue Choice Value Plus | No  |
|                        | BC-HMO BLUE (1-1-06 REV.) and<br>BC-INDEM (1-1-06 REV.)<br>BC-HMO BLUE NGRP (7-1-07) and<br>BC-INDEM NGRP (7-1-07) <sup>1</sup> |

#### Blue Choice New England

|                                    |   |
|------------------------------------|---|
| Blue Choice New England Value Plus | No  |
|                                    | BC-HMO BLUE NE (1-1-06 REV.)<br>and BCNE-INDEM (1-1-06 REV.)<br>BC-HMO BLUE NE NGRP (7-1-07)<br>and BCNE-INDEM NGRP (7-1-07) <sup>1</sup> |

<sup>4</sup> Carrier notified the Division that it intends to offer the filed plan as of April 1, 2009.

<sup>5</sup> Carrier notified the Division that it intends to begin offering the filed plan as of January 1, 2009.

**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)

**5. The Chesapeake Life Insurance Company<sup>6</sup>**

P.O. Box 982010  
North Richland Hills, Texas 76180

Group and Individual Sales  
Attn. Kathy Melish (508) 668-1951

| Product Name  | Form #               | Also offered thru Connector |
|---|----------------------|-----------------------------|
| <b>INSURED PREFERRED PROVIDER PLAN</b><br>CareChoice Plus HSA<br>Preferred Provider Comprehensive Major Medical | CH-26039-C (SSMB) MA | No                          |

**6. ConnectiCare of Massachusetts, Inc.<sup>7</sup>**

175 Scott Swamp Road, P.O. Box 4050  
Farmington, CT 06034-4050

Group Sales (800) 723-2986  
Individual Sales (800) 723-2986

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

**7. 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 |
|--|------------|-----------------------------|
| <b>HEALTH MAINTENANCE ORGANIZATION<br/>SELECT CARE NETWORK</b> |            |                             |
| 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                          |

<sup>6</sup> As allowed by law, The Chesapeake Life Insurance Company requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediaries: The National Association for the Self-Employed, Capitol Center, 1235 South Main Street, Suite 100, Grapevine, TX 76051, the Americans for Financial Security, P.O. Box 141268, Irving, TX 75062 and Alliance for Affordable Services, P.O. Box 141268 Irving TX, 75062.

<sup>7</sup> 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)

### HEALTH MAINTENANCE ORGANIZATION

#### SELECT CARE NETWORK (cont'd)

|  |            |     |
|--|------------|-----|
| 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 <sup>8</sup>

|  |            |     |
|--|------------|-----|
| 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  |
| 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  |

## 8. Fallon Health & Life Assurance Company

|                          |                    |                       |
|--------------------------|--------------------|-----------------------|
| 10 Chestnut Street       | Merged Market Unit | (888) 797-3247        |
| Worcester, MA 01608-2810 |                    | (800) 333-2535 x79097 |
|                          |                    | (508) 799-2100 x79097 |

| Product Name                           | Form #     | Also offered thru Connector |
|--|------------|-----------------------------|
| <b>INSURED PREFERRED PROVIDER PLAN</b> |            |                             |
| 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                          |

<sup>8</sup> 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)

### INSURED PREFERRED PROVIDER PLAN

(cont'd)

|  |            |    |
|--|------------|----|
| 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 |

## 9. Harvard Pilgrim Health Care, Inc.<sup>9</sup>

93 Worcester Street

Wellesley, MA 02481-9181

Group Sales

(800) 848-9995

Individual Sales

(800) 848-9995

| Product Name                             | Form #                              | Also offered thru<br>Connector |
|--|-------------------------------------|--------------------------------|
| <b>HEALTH MAINTENANCE ORGANIZATION</b>   |                                     |                                |
| Value HMO 15 (Plan Name 05)              | 610/MAHMO2001; 113                  | No                             |
| Affordable HMO 20 (Plan Name W5)         | 610/MAHMO2001; 113                  | No                             |
| 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                            |
| <b>INSURED PREFERRED PROVIDER PLAN</b>   |                                     |                                |
| 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;<br>MABBPPOS0B81 REV1 | No                             |
| Best Buy PPO 1000 (Plan Name OE)         | 611/MAPPO0701; 592                  | No                             |
| Best Buy PPO 2000 (Plan Name 84)         | 611/MAPPO0701;<br>MABBPPOS0B84 REV1 | No                             |

<sup>9</sup> 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, Small Business Service Bureau (800) 222-5678 and Northeast Business Trust (800) 464-0039.

**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)

**10. Health New England, Inc.<sup>10</sup>**

One Monarch Place  
Springfield MA 01144

Group Sales (800) 842-4464  
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 |
|--|-------------------------|-----------------------------|
| <b>HEALTH MAINTENANCE ORGANIZATION</b>               |                         |                             |
| <b>HEALTH NEW ENGLAND NETWORK (STANDARD NETWORK)</b> |                         |                             |
| HNE HMO Option 1 <sup>Max</sup>                      | HNEHMO-06               | No                          |
| HNE Principle <sup>Max</sup>                         | HNEHMO-06               | No                          |
| HNE Health <sup>Plus</sup>                           | HNEHMO-06               | Yes                         |
| HNE Health   | HNEHMO-06               | No                          |
| HNE Principle <sup>Max</sup>                         | HNEHMO-06               | No                          |
| HNE Complete <sup>Max</sup>                          | HNEHMO-06               | No                          |
| HNE Complete <sup>Plus</sup>                         | HNEHMO-06               | No                          |
| HNE Complete <sup>Plus</sup>                         | HNEHMO-06               | No                          |
| HNE Choice   | HNEHMO-06               | No                          |
| HNE Choice <sup>Max</sup>                            | HNEHMO-06               | No                          |
| HNE Choice   | HNEHMO-06               | No                          |
| HNE Focus  | HNEHMO-06               | No                          |
| HNE Essential <sup>Max</sup>                         | HNEHMO with DED-06      | Yes                         |
| HNE Essential <sup>Plus</sup>                        | HNEHMO with DED-06      | No                          |
| HNE Wise <sup>Max</sup>                              | HNEHMO with HIGHDED-06  | No                          |
| HNE Wise <sup>Plus</sup>                             | HNEHMO with HIGHDED-06  | Yes                         |
| <b>HNE ALLIANCE NETWORK<sup>11</sup></b>             |                         |                             |
| HNE Principle Alliance                               | HPNHMO-17 <sup>12</sup> | Yes                         |
| <b>INSURED PREFERRED PROVIDER PLAN</b>               |                         |                             |
| 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 <sup>PPO</sup>           | HNE/PHCS-PPO-06         | No                          |
| HNE Wise   | HNE/PHCS-PPO Saver-06   | No                          |
| HNE Premier PPO-Complete National                    | PHCS-PPO-06             | No                          |

<sup>10</sup> 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 and Northeast Business Trust (800) 464-0039.

<sup>11</sup> 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.

<sup>12</sup> Form# HPNHMO 17 replaces the previously approved Form# HNEHMO 06.

**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)

**INSURED PREFERRED PROVIDER PLAN  
(cont'd)**

|                                |             |    |
|--------------------------------|-------------|----|
| HNE Premier PPO-Focus National | PHCS-PPO-06 | No |
| HNE PPO Complete               | HNEPPO-06   | No |
| HNE PPO Focus                  | HNEPPO-06   | No |

**11. HPHC Insurance Company, Inc.** <sup>13</sup>

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

| <b>Product Name</b>                                      | <b>Form #</b> | <b>Also offered thru Connector</b> |
|--|---------------|------------------------------------|
| <b>INSURED PREFERRED PROVIDER PLAN</b>                   |               |                                    |
| 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                                 |

**12. John Alden Life Insurance Company**

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

| <b>Product Name</b>                    | <b>Form #</b> | <b>Also offered thru Connector</b> |
|--|---------------|------------------------------------|
| <b>INSURED PREFERRED PROVIDER PLAN</b> |               |                                    |
| JAHP PPO                               | J-4000        | No                                 |
| JAHP HSA                               | J-4000        | No                                 |

**13. The MEGA Life and Health Insurance Company** <sup>14</sup>

|                                   |                            |                |
|-----------------------------------|----------------------------|----------------|
| P.O. Box 982010                   | Group and Individual Sales |                |
| North Richland Hills, Texas 76180 | Attn. Steve Hatem          | (603) 329-4218 |

| <b>Product Name</b>  | <b>Form #</b>      | <b>Also offered thru Connector</b> |
|--|--------------------|------------------------------------|
| <b>INDEMNITY PLAN</b>  |                    |                                    |
| Signature Benefit Plan – Catastrophic Hospital Expense Plan                                      | 25876-C-MA (07/07) | No                                 |
| <b>INSURED PREFERRED PROVIDER PLAN</b>   |                    |                                    |
| CareChoice Plus HSA Preferred Provider Comprehensive Major Medical Expense Insurance Certificate | 26039-C (SSMB) MA  | No                                 |

<sup>13</sup> 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, Small Business Service Bureau (508) 756-3513 and Northeast Business Trust (800) 464-0039.

<sup>14</sup> As allowed by law, The MEGA Life and Health Insurance Company requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediaries: The National Association for the Self-Employed, Capitol Center, 1235 South Main Street, Suite 100, Grapevine, TX 76051, the Americans for Financial Security, P.O. Box 141268, Irving, TX 75062 and Alliance for Affordable Services, P.O. Box 141268 Irving TX, 75062.

**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)

**14. The Mid-West Life Insurance Company of Tennessee <sup>15</sup>**

P.O. Box 982010  
North Richland Hills, Texas 76180

Group and Individual Sales  
Attn. Kathy Melish (508) 668-1951

| Product Name  | Form #                | Also offered thru Connector |
|---|-----------------------|-----------------------------|
| <b>INDEMNITY PLAN</b>   |                       |                             |
| Cover America Plus –<br>Basic Hospital/Medical-Surgical Expense Plan            | MW-25906-C-MA (07/07) | No                          |
| Cover America Together –<br>Catastrophic Major Medical Expense Plan             | MW-25939-C-MA (07/07) | No                          |
| <b>INSURED PREFERRED PROVIDER PLAN</b>  |                       |                             |
| Mid-West Platinum PPO –<br>Hospital Surgical Plan w/Preferred Provider Benefits | MW-SG528-4-MA (07/07) | No                          |

**15. Neighborhood Health Plan, Inc. <sup>16</sup>**

253 Summer Street  
Boston, MA 02210-1120

Group Sales (617) 772-5663  
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 |
|--|-----------------------|-----------------------------|
| <b>HEALTH MAINTENANCE ORGANIZATION<br/>NEIGHBORHOOD HEALTH PLAN NETWORK<br/>(STANDARD NETWORK)</b> |                       |                             |
| 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                         |

<sup>15</sup> As allowed by law, The Mid-West Life Insurance Company of Tennessee requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediary: Alliance for Affordable Services, P.O. Box 141268 Irving TX, 75062, The National Association for the Self-Employed, Capitol Center, 1235 South Main Street, Suite 100, Grapevine, TX 76051 and the Americans for Financial Security, P.O. Box 141268, Irving, TX 75062.

<sup>16</sup> 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 1 (800) 696-8167 or (781) 228-2105, Small Business Service Bureau (800) 548-6900 or (508) 756-3153 x157, U.S. Federation of Small Business, Inc. (800) 637-3331 x111, National Association of Socially Responsible Organizations (781) 308-3306 and Northeast Business Trust (800) 464-0039.

**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)

**HEALTH MAINTENANCE ORGANIZATION  
NEIGHBORHOOD HEALTH PLAN SELECT  
NETWORK <sup>17</sup>**

|                       |                       |     |
|-----------------------|-----------------------|-----|
| NHP Care Two Select   | BCEOC-0701.0, NHPBC03 | Yes |
| NHP Care Three Select | BCEOC-0701.0, NHPBC04 | Yes |

**16. 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 |
|--|--------|-----------------------------|
| <b>INDEMNITY PLAN</b>                  |        |                             |
| Group Portfolio                        | 20735  | No                          |
| <b>INSURED PREFERRED PROVIDER PLAN</b> |        |                             |
| Group Portfolio with a PPO Option      | 20735  | No                          |

**17. Tufts Associated Health Maintenance Organization, Inc. <sup>18</sup>**

|                            |                  |                |
|----------------------------|------------------|----------------|
| (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 |
|--|---------------------------|-----------------------------|
| <b>HEALTH MAINTENANCE ORGANIZATION<br/>TUFTS ASSOCIATED HEALTH MAINTENANCE<br/>ORGANIZATION NETWORK (STANDARD<br/>NETWORK)</b> |                           |                             |
| 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                          |

<sup>17</sup> The NHP Select Network is different than the HMO primary care provider network. Please call the carrier directly if you have any questions about whether the NHP Select Network is specifically available in your area and whether your primary care provider participates within the NHP Select Network.

<sup>18</sup> 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/Northeast Business Trust (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.

## 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)

### TUFTS HEALTH PLAN SELECT NETWORK <sup>19</sup>

|                                  |                           |     |
|----------------------------------|---------------------------|-----|
| 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 |

## 18. Tufts Insurance Company <sup>20</sup>

|                            |                  |                |
|----------------------------|------------------|----------------|
| (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 |
|--|---------------------------|-----------------------------|
| <b>INSURED PREFERRED PROVIDER PLAN</b> |                           |                             |
| Advantage PPO                          | MA-TICOPPO-001 Ed. 1-2009 | No                          |

## 19. 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 |
|--|----------------|-----------------------------|
| <b>INDEMNITY PLAN</b>  |                |                             |
| Certificate of Group Medical Insurance                       | C61.100.SIG.MA | No                          |
| <b>INSURED PREFERRED PROVIDER PLAN</b>                       |                |                             |
| Preferred Provider Plan w/ HSA Option                        | C61.100.SIG.MA | No                          |
| Preferred Provider Plan w/ HealthCare Value Management, Inc. | C61.100.SIG.MA | No                          |

<sup>19</sup> 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.

<sup>20</sup> As allowed by law, Tufts Insurance Company requires groups with five or fewer eligible employees to enroll through the following intermediaries: Massachusetts Business Association/Northeast Business Trust (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)

**20. United HealthCare Insurance Company**

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 |
|--|--|-----------------------------|
| <b>INSURED PREFERRED PROVIDER PLAN</b> |  |                             |
| Choice Plus                            | CHOICEP.I.01.MA &<br>COC.CER.I.07.MA.SB      | No                          |
| Options PPO                            | OPTIONSPPO.I.01.MA &<br>COC.CER.I.07.MA.SB   | No                          |
| Options PPO 80/80                      | OPTIONS80/80.I.01.MA &<br>COC.CER.I.07.MA.SB | No                          |

**21. 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 |
|--|---|-----------------------------|
| <b>HEALTH MAINTENANCE ORGANIZATION</b>   |   |                             |
| Choice   | CHOICE.H.01.MA<br>COC.CER.H.07.MA.SB  | & No                        |
| <b>DUAL CERTIFICATE</b>  |   |                             |
| Choice Plus<br>United HealthCare of New England, Inc.<br>Choice Certificate of Coverage<br>&<br>United HealthCare Insurance Company<br>Choice Plus Certificate of Coverage | Choice.H.01.MA<br>&<br>Plus.P.01.MA<br>COC.CER.H.07.MA.SB &<br>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>.