

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**1. AETNA HEALTH INC.**

151 Farmington Avenue  
Hartford, CT 06156  
(800) 872-3862

Type:	IPA
For-Profit:	Yes
NAIC #	95236

**LARGE GROUP  
HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

HMO Certificate of Coverage

**Form #**

HI COC00010 03; 00020 03;00030  
02;00040 03;00050 03;00060 02;00070  
03;00080 03;00090 03;00100 03;00110  
03;00120 03;00130 02;00140 03;00150  
02;00160 03;00170 03;00180 03;00190 02

**Dual Certificate Product**

HMO Certificate of Coverage

**Form #**

HI COC00010 03; 00020 03;00030  
02;00040 03;00050 03;00060 02;00070  
03;00080 03;00090 03;00100 03;00110  
03;00120 03;00130 02;00140 03;00150  
02;00160 03;00170 03;00180 03;00190 02

Aetna Health Insurance Company Certificate

HO COC00010 03;00020 01;00030  
02;00040 03;00050 02;00060 02;00070  
03;00080 02;00090 03;00100 03;00110  
03;00120 03;00130 02;00140 03;00150  
02;00160 03;00170 03;00180 03

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

<b>2. BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS HMO BLUE, INC.</b> 101 Huntington Avenue, Suite 1300 Boston, MA 02199-7611 (800) 262-BLUE (2583)	Type:	IPA and Staff
	For-Profit:	No
	NAIC #	12219

**\*\*\*HMO BLUE OFFERS HEALTH PLANS WITH DIFFERENT PROVIDER NETWORKS. PLEASE CALL HMO BLUE DIRECTLY IF YOU HAVE ANY QUESTIONS ABOUT YOUR PROVIDER'S PARTICIPATION IN ANY OF HMO BLUE NETWORKS.\*\*\***

**LARGE GROUP  
HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product  
HMO BLUE NETWORK**

**Form #**  
HMO (1-1-13) January 1, 2017

HMO Blue <sup>8,9</sup>  
HMO Blue \$1,000 Deductible <sup>8,9</sup>  
HMO Blue \$2,000 Deductible <sup>8,9</sup>  
HMO Blue Enhanced Value <sup>8,9</sup>  
HMO Blue Premier Value <sup>8,9</sup>  
HMO Blue Value Plus <sup>8,9</sup>

**HMO BLUE OPTIONS NETWORK (v. 5) <sup>10</sup>** HMO (1-1-13) January 1, 2017  
HMO Blue Options <sup>9</sup>  
HMO Blue Options Deductible <sup>9</sup>

**HMO BLUE SELECT NETWORK <sup>11</sup>** HMO (1-1-13) January 1, 2017  
HMO Blue Select  
Access Blue Select Saver \$2,000 <sup>12</sup>  
HMO Blue Select \$1,000 Deductible  
HMO Blue Select \$1,000 Deductible with Copayment  
HMO Blue Select \$2,000 Deductible  
HMO Blue Select \$2,000 Deductible with Copayment  
HMO Blue Select \$3,000 Deductible

<sup>8</sup> These plan designs are also offered with the **HMO Blue with Hospital Choice Cost Sharing Network**; members pay different levels of copayments and/or coinsurance depending on the tier of the general hospital furnishing covered services. Please call the carrier directly if you have any questions about the participation of your acute care facility within the HMO Blue with Hospital Choice Cost Sharing Network.

<sup>9</sup> These plan designs are not available to groups of 51-99 employees.

<sup>10</sup> The **HMO Blue Options Network primary care providers and general hospitals fall into different tiers**; members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier level of your primary care provider or acute care facility within the HMO Blue Options Network.

<sup>11</sup> **The HMO Blue Select Network provides access to a network that is smaller than the HMO Blue Network**; members have access to network benefits only from the Providers in the HMO Blue Select Network. Please call the carrier directly if you have any questions about whether the HMO Blue Select is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

<sup>12</sup> This plan design is not available to groups of 100 or more employees.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**(Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. (cont'd))**

**Closed Network Product**

**Form #**

**HMO BLUE NEW ENGLAND NETWORK**

HMO (1-1-13) January 1, 2017

Access Blue New England Basic Saver <sup>9</sup>  
Access Blue New England Basic Saver II  
Access Blue New England Enhanced Value <sup>9, 13</sup>  
Access Blue New England Saver \$1,500  
Access Blue New England Saver \$2,000  
Access Blue New England Saver \$2,500  
Access Blue New England Saver \$3,000  
Access Blue New England Basic \$2,000 <sup>9, 13</sup>  
HMO Blue New England <sup>9, 13</sup>  
HMO Blue New England \$500 Deductible <sup>13</sup>  
HMO Blue New England \$1,000 Deductible <sup>13</sup>  
HMO Blue New England \$1,000 Deductible with Coinsurance <sup>13</sup>  
HMO Blue New England \$1,000 Deductible with Copayment <sup>12</sup>  
HMO Blue New England \$1,500 Deductible <sup>13</sup>  
HMO Blue New England \$2,000 Deductible <sup>13</sup>  
HMO Blue New England \$2,000 Deductible with Copayment <sup>12</sup>  
HMO Blue New England \$3,000 Deductible <sup>13</sup>  
HMO Blue New England Basic Coinsurance  
HMO Blue New England Basic Copayment  
HMO Blue New England Enhanced Value <sup>13</sup>  
HMO Blue New England Premier Value <sup>13</sup>  
HMO Blue New England Premier Value with Coinsurance <sup>9,13</sup>  
HMO Blue New England Value <sup>9, 13</sup>  
HMO Blue New England Value Plus <sup>13</sup>

**HMO BLUE NEW ENGLAND OPTIONS <sup>14</sup>  
NETWORK (v. 5)**

HMO (1-1-13) January 1, 2017

HMO Blue New England Options <sup>9</sup>  
HMO Blue New England Options Deductible  
HMO Blue New England Options Deductible II  
HMO Blue New England Options Deductible III

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<sup>13</sup> These plan designs are also offered with the **HMO Blue New England with Hospital Choice Cost Sharing Network**; members pay different levels of copayments and/or coinsurance depending on the tier of the general hospital furnishing covered services. Please call the carrier directly if you have any questions about the participation of your acute care facility within the HMO Blue New England with Hospital Choice Cost Sharing Network.

<sup>14</sup> **The HMO Blue New England Options Network primary care providers and general hospitals fall into different tiers**; members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier level of your primary care provider or acute care facility within the HMO Blue New England Options Network.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**(Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. (cont'd))**

**Dual Certificate Product**

**Form #s**

Point of Service

Health Maintenance Organization Subscriber

Certificate (in-network)

HMO (1-1-13) January 1, 2017

Indemnity Plan Subscriber Certificate  
(out-of-network)

BCBS (1-1-13) January 1, 2017

**HMO BLUE NETWORK**

Blue Choice <sup>9</sup>

Blue Choice Value Plus <sup>9</sup>

**HMO BLUE NEW ENGLAND NETWORK**

Blue Choice New England <sup>9</sup>

Blue Choice New England Value Plus

**Insured Preferred Provider Plan Product**

**Form#**

**PREFERRED BLUE PPO NETWORK**

HMO-PPO (1-1-13) January 1, 2017

Preferred Blue PPO 80 with Copay <sup>15</sup>

Preferred Blue PPO \$500 Deductible <sup>15</sup>

Preferred Blue PPO \$1,000 Deductible <sup>15</sup>

Preferred Blue PPO \$2,000 Deductible <sup>15</sup>

Preferred Blue PPO Basic \$2,000 <sup>15</sup>

Preferred Blue PPO Basic Coinsurance <sup>15</sup>

Preferred Blue PPO Basic Copayment

Preferred Blue PPO Basic Saver

Preferred Blue PPO Saver \$1,500

Preferred Blue PPO Saver \$2,000

Preferred Blue PPO Saver \$2,900

**PREFERRED BLUE PPO OPTIONS <sup>16</sup>  
NETWORK (v. 5)**

HMO-PPO (1-1-13) January 1, 2017

Preferred Blue PPO Options

Preferred Blue PPO Options Deductible II

Preferred Blue PPO Options Deductible III

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<sup>15</sup> These plan designs are also offered with the **Preferred Blue PPO with Hospital Choice Cost Sharing Network**; members pay different levels of copayments and/or coinsurance depending on the tier of the in-network general hospital furnishing covered services. Please call the carrier directly if you have any questions about the participation of your acute care facility within the Preferred Blue PPO with Hospital Choice Cost Sharing Network.

<sup>16</sup> **Preferred Blue PPO Options Network primary care in-network providers and in-network general hospitals fall into different tiers**; members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the in-network provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier level of your primary care provider or acute care facility within the Preferred Blue PPO Options Network.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

(Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. (cont'd))

**SMALL GROUP/INDIVIDUAL**

Group Sales (800) 262-BLUE (2583); Individual Sales (800) 422-3545

**HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

**Form #**

**HMO BLUE NETWORK**

HMO (1-1-18) & hSoB-0118.RANGES

HMO Blue Premium

HMO Blue \$1,000 Deductible

HMO Blue New England Premier Value

HMO Blue Select \$1,000 Deductible

HMO Blue Select \$2,000 Deductible

HMO Blue New England \$1,000 Deductible

HMO Blue New England \$2,000 Deductible

HMO Blue Basic

HMO Blue New England Basic Copayment

HMO Blue New England \$1,000 Deductible with Copayment

HMO Blue New England \$2,000 Deductible with Copayment

HMO Blue New England \$3,000 Deductible

HMO Blue Basic Deductible

HMO Blue New England Basic Saver

HMO Blue New England Saver \$2,000

HMO Blue New England Saver \$3,000

HMO Blue Essential

**HMO BLUE SELECT NETWORK <sup>11</sup>**

HMO (1-1-18) & hSoB-0118.RANGES

HMO Blue Select \$1,000 Deductible

HMO Blue Select \$1,000 Deductible with Copayment

HMO Blue Select \$2,000 Deductible

HMO Blue Select \$2,000 Deductible with Copayment

HMO Blue Select \$3,000 Deductible

HMO Blue Select Saver \$2,000

**HMO BLUE NEW ENGLAND WITH  
HOSPITAL CHOICE COST SHARING  
NETWORK <sup>13</sup>**

HMO (1-1-18) & hSoB-0118.RANGES

HMO Blue New England Premier Value with HCCS

HMO Blue New England \$500 Deductible with HCCS

HMO Blue New England \$1,000 Deductible with HCCS

HMO Blue New England \$1,500 Deductible with HCCS

HMO Blue New England \$2,000 Deductible with HCCS

HMO Blue New England \$3,000 Deductible with HCCS

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

(Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. (cont'd))

**Closed Network Product**

**HMO BLUE NEW ENGLAND OPTIONS  
NETWORK** (v. 5) <sup>14</sup>

HMO Blue New England Options Deductible II

HMO Blue New England Options Deductible III

**Form #**

HMO (1-1-18) & hSoB-0118.RANGES

**Insured Preferred Provider Plan Product**

**PREFERRED BLUE PPO NETWORK**

Preferred Blue PPO \$1,000 Deductible

Preferred Blue PPO \$2,000 Deductible

Preferred Blue PPO Basic \$2,000

Preferred Blue PPO Basic Saver

Preferred Blue PPO Saver \$2,000

Preferred Blue PPO Saver \$3,000

Preferred Blue PPO \$3,000 Deductible

**Form #**

HMO-PPO (1-1-18) & hppoSoB-0118.RANGES

**PREFERRED BLUE PPO WITH HOSPITAL  
CHOICE COST SHARING NETWORK** <sup>15</sup>

Preferred Blue PPO \$500 Deductible with HCCS

Preferred Blue PPO \$1,000 Deductible with HCCS

Preferred Blue PPO \$2,000 Deductible with HCCS

Preferred Blue PPO Basic \$3,000 Deductible with HCCS

HMO-PPO (1-1-18) & hppoSoB-0118.RANGES

**PREFERRED BLUE PPO OPTIONS  
NETWORK** (v. 5) <sup>16</sup>

Preferred Blue PPO Options Deductible II

Preferred Blue PPO Options Deductible III

HMO-PPO (1-1-18) & hppoSoB-0118.RANGES

**MEDICARE**

Tel. (800) 678-2265

Massachusetts residents may enroll in Medicare Advantage Plans as well as Part D Prescription Drug Plans with the Centers for Medicare and Medicaid Services ("CMS"). For further information regarding HMO Blue's plan offerings please contact the above telephone number or visit the following Medicare website - <https://www.medicare.gov/find-a-plan/questions/home.aspx>.

**Group Medicare Wraparound**

Managed Blue for Seniors

**Form #**

MBSR (1-1-06 Rev.)

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**3. BOSTON MEDICAL CENTER  
HEALTH PLAN, INC.<sup>17</sup>**

Schrafft's City Center  
529 Main Street, Suite 500  
Charlestown, MA 02129

Type:	Network
For-Profit:	No
NAIC #	13203

**SMALL GROUP/INDIVIDUAL**

Sales/Member Services Department: (855)833-8120

**HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

BMC HealthNet Plan Platinum

BMC HealthNet Plan Gold

BMC HealthNet Plan Silver A II

BMC HealthNet Plan Silver B II

BMC HealthNet Plan Silver A<sup>18</sup>

BMC HealthNet Plan Silver B<sup>18</sup>

BMC HealthNet Plan Bronze

**Form #**

BMCHP-QHP2018ver.1

BMC HealthNet Plan Employer Choice Direct

BMCHP-EmpChoiceDirect2018ver.1

BMC HealthNet Plan Platinum A Direct

BMC HealthNet Plan Gold Direct

BMC HealthNet Plan Silver A Direct

BMC HealthNet Plan Silver B Direct

BMC HealthNet Plan Bronze Direct

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<sup>17</sup> As permitted by law, Boston Medical Center Health Plan, Inc. requires individuals and groups with five or fewer eligible employees to enroll through the Massachusetts Health Connector ("Connector") in the Qualified Health Plan Products.

<sup>18</sup> BMC HealthNet Plan Silver A and Silver B products (Form#: BMCHP-INTQHPSILVERINDVL2018VER.1) are available to eligible individuals only off-Connector through BMCHP's administrator (intermediary) Health Services Administrators by calling 1-781-228-2222 or 1-877-777-4414 or online at [www.hsinsurance.com](http://www.hsinsurance.com).

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

4.	<b>CONNECTICARE OF MASSACHUSETTS, INC.</b> 175 Scott Swamp Road Farmington, CT 06032 (800) 251-7722	<b>Type: IPA</b>	For-Profit:	Yes
		NAIC #		95299
	<b>LARGE GROUP HEALTH MAINTENANCE ORGANIZATION</b>			
	<u><b>Closed Network Product</b></u>	<u><b>Form #</b></u>		
	HMO Open Access Plan	CMI/HMO OA/BS 01 (1/2017)		
	HMO DEDUCTIBLE Open Access	CMI/HMO OA/BS 01 (1/2017)		
	<u><b>Insured Preferred Provider Plan Product</b></u>	<u><b>Form #</b></u>		
	Point of Service Open Access Plan	CMI/POS OA/BS 01 (1/2017)		
	Large Group Deductible Option	CMI/POS OA/BS 01 (1/2017)		
	<b>SMALL GROUP/INDIVIDUAL HEALTH MAINTENANCE ORGANIZATION</b>			
	Group Sales 1-800-251-7722			
	Individual Sales 1-800-251-7722			
	<u><b>Closed Network Product</b></u>	<u><b>Form #</b></u>		
	<u><b>HMO Open Access</b></u>	CMI/HMO OA/BS 01 (1/2018)		
	Choice Mass HMO Copay \$40			
	Choice Mass HMO Copay \$2000/\$4000			
	Choice Mass HMO Copay \$1750/\$3500			
	Choice Mass HMO Copay \$2500/\$5000			
	Choice Mass HMO Copay \$2500/\$5000			
	Choice Mass HMO HSA Copay \$3000/\$6000	CMI/HMO OA HDHP/BS 01 (01/20178)		
	<u><b>Insured Preferred Provider Plan Product</b></u>	<u><b>Form #</b></u>		
	Choice Mass POS Copay \$40	CMI/POS OA/BS 01 (1/2018)		



**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**5. FALLON COMMUNITY  
HEALTH PLAN, INC.**

10 Chestnut Street  
Worcester, MA 01608-2810  
(800) 333-2535

Type:	Group
For-Profit:	No
NAIC #	95541

**\*\*\*FALLON OFFERS HEALTH PLANS WITH DIFFERENT PROVIDER NETWORKS. PLEASE CALL FALLON DIRECTLY IF YOU HAVE ANY QUESTIONS ABOUT YOUR PROVIDER'S PARTICIPATION IN ANY OF FALLON'S NETWORKS.\*\*\***

**LARGE GROUP  
HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

**Form #**

**SELECT CARE NETWORK <sup>19</sup>**

Select Care

15-730-026

**DIRECT CARE NETWORK <sup>20</sup>**

Direct Care

15-730-027

**STEWARD COMMUNITY CARE NETWORK <sup>21</sup>**

Steward Community Care

15-730-028

**TIERED CHOICE NETWORK <sup>22</sup>**

Tiered Choice

13-670-040

**SMALL GROUP/INDIVIDUAL**

Merge Market Unit: (888) 797-3247, (800) 333-2535 x79097 or (508) 799-2100 x79097

**HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

**Form #**

**SELECT CARE NETWORK**

17-730-007

Select Care Platinum Connector

Select Care Copay 500

Select Care Deductible 1000 Classic

Select Care Copay 1000 Hybrid

Select Care Gold Connector B

<sup>19</sup> **The Select Care Network is Fallon's most comprehensive provider network.** Please call the carrier directly if you have any questions about whether the Select Care Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Select Care Network.

<sup>20</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.

<sup>21</sup> **The Steward Community Care Network is different than Select Care Network.** Please call the carrier directly if you have any questions about whether the Steward Community Care Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Steward Community Care Network.

<sup>22</sup> In **the FCHP Tiered Choice Plan providers and hospitals fall into different tiers;** members pay different levels of copayments, coinsurance and deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about whether the FCHP Tiered Choice Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility within the network.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

**Closed Network Product**

**SELECT CARE NETWORK <sup>19</sup>**

**Form #**

17-730-007

Select Care Deductible 1500 Classic  
Select Care Deductible 2000 Classic  
Select Care Deductible 3000 Classic  
Select Care Deductible 1200 Hybrid  
Select Care Deductible 2000 Hybrid  
Select Care Silver Connector  
Select Care Silver Connector II  
Select Care Deductible 2000 Low  
Select Care Coinsurance 35%  
Select Care QHD 2000 H S A  
Select Care QHD 3000 H S A  
Select Care Bronze Connector  
Select Care Bronze Deductible 3000

**DIRECT CARE NETWORK <sup>20</sup>**

17-730-008

Direct Care Platinum Connector  
Direct Care Copay 500  
Direct Care Deductible 1000 Classic  
Direct Care Copay 1000 Hybrid  
Direct Care Gold Connector B  
Direct Care Deductible 1500 Classic  
Direct Care Deductible 2000 Classic  
Direct Care Deductible 3000 Classic  
Direct Care Deductible 1200 Hybrid  
Direct Care Deductible 2000 Hybrid  
Direct Care Silver Connector  
Direct Care Silver Connector II  
Direct Care Deductible 2000 Low  
Direct Care Coinsurance 35%  
Direct Care QHD 2000 H S A  
Direct Care QHD 3000 H S A  
Direct Care Bronze Connector  
Direct Care Bronze Deductible 3000  
Direct Care Catastrophic Plan

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

**Closed Network Product**

**Form #**

**COMMUNITY CARE NETWORK <sup>23</sup>**

Community Care Silver Coinsurance 35%

16-670-014

Community Care Silver Coinsurance 35% II

**MEDICARE**

Tel. (800) 868-5200 (ask for Senior Plan Office)

Medicare Advantage Plans

Massachusetts residents may enroll in Medicare Advantage Plans as well as Part D Prescription Drug Plans with the Centers for Medicare and Medicaid Services ("CMS"). For further information regarding FCHP plan offerings please contact the above telephone number or visit the following Medicare website - <https://www.medicare.gov/find-a-plan/questions/home.aspx>.

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<sup>23</sup> **Fallon Health Community Care Network provides access to a network that is smaller than Fallon's Select or Direct Provider networks.** Members have access to network benefits only from the Providers in the FCHP Community Care Network. Please call the carrier directly if you have any questions about whether the FCHP Community Care Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**6. HARVARD PILGRIM  
HEALTH CARE, INC.**

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

Type:	Group
For-Profit:	No
NAIC #	96911

**\*\*\*HARVARD PILGRIM OFFERS HEALTH PLANS WITH DIFFERENT PROVIDER NETWORKS. PLEASE CALL HARVARD PILGRIM DIRECTLY IF YOU HAVE ANY QUESTIONS ABOUT WHETHER YOUR PROVIDER PARTICIPATES IN HARVARD PILGRIM'S NETWORKS.\*\*\***

**LARGE GROUP  
HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

**THE HARVARD PILGRIM NETWORK <sup>24</sup>**

Core Coverage HMO

**Form #**

1116\_09 & SOB 1558\_03  
RX Options: 1148\_07; 1240\_07; 1779\_03  
RX SOB Options: 1149\_03; 1241\_03

Best Buy HSA HMO  
Best Buy HSA Tiered Copayment HMO

1470\_08 & SOB 1610\_03  
RX Options: 1148\_07; 1240\_07; 1779\_03  
RX SOB Options: 1149\_03; 1241\_03

**THE HARVARD PILGRIM FOCUS NETWORK<sup>SM</sup> – MA <sup>25</sup>**

Focus Network HMO  
Focus Network Best Buy HMO  
Focus Network Tiered Copayment HMO

1268\_09 & SOB 1557\_03  
RX Options: 1148\_07; 1240\_07; 1779\_03  
RX SOB Options: 1149\_03; 1241\_03

**THE HARVARD CHOICENET NETWORK <sup>26</sup>**

**Closed Network**

ChoiceNet Best Buy Tiered Copayment HMO

**Form #**

1376\_08 & SOB 1559\_04  
RX Options: 1148\_07; 1240\_07; 1779\_03  
RX SOB Options: 1149\_03; 1241\_03

<sup>24</sup> **The Harvard Pilgrim Network is HPHC's most comprehensive provider network.** Please call the carrier directly if you have any questions about whether the Harvard Pilgrim Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Harvard Pilgrim Network.

<sup>25</sup> **The Harvard Pilgrim Focus Network<sup>SM</sup> – MA is different than the Harvard Pilgrim Network.** Please call the carrier directly if you have any questions about whether the Harvard Pilgrim Focus Network<sup>SM</sup> – MA is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Harvard Pilgrim Focus Network<sup>SM</sup> – MA.

<sup>26</sup> **Harvard's ChoiceNet Network Tiered Plan providers and hospitals fall into different tiers;** members pay different levels of copayments, coinsurance and deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about whether the ChoiceNet Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility within the network.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

**Closed Network Product**

**HOSPITAL PREFER<sup>SM</sup> NETWORK <sup>27</sup>**

Hospital Prefer Best Buy HMO

Hospital Prefer Best Buy Tiered Copayment HMO

**Form #**

1456\_07 & SOB 1560\_03

RX Options: 1148\_07; 1240\_07; 1779\_03

RX SOB Options: 1149\_03; 1241\_03

**Insured Preferred Provider Plan Product**

Standard PPO

Best Buy PPO

Tiered Copayment PPO

Best Buy Tiered Copayment PPO

**Form#**

1133\_09 & SOB 1561\_03

RX Options: 1148\_07; 1240\_07; 1779\_03

RX SOB Options: 1149\_03; 1241\_03

**Dual Certificate Product**

In-Network POS

In-Network Best Buy POS

In-Network Tiered Copayment POS

In-Network Best Buy Tiered Copayment POS

**Form #**

1126\_04 & SOB 1127\_05

RX Options: 1148\_07; 1240\_07; 1779\_03

RX SOB Options: 1149\_03; 1241\_03

HPHC Insurance Company, Inc.

Out-of-Network POS

1128\_05 & SOB 1129\_05

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<sup>27</sup> **Harvard's Hospital Prefer<sup>SM</sup> Network tiers only acute care hospitals and their affiliates**; members may pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the acute care hospitals/affiliate delivering a covered service or supply. The approved service area includes all Massachusetts counties except Barnstable, Dukes, Franklin and Nantucket Counties. Please call the carrier directly if you have any questions about whether the Hospital Prefer<sup>SM</sup> Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**SMALL GROUP/INDIVIDUAL** <sup>28, 29</sup>

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

**HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

**Form #**

**THE HARVARD PILGRIM NETWORK**

**Individual Plans**

Standard Platinum	1120_10; SOB 2485
Affordable HMO 25 - Flex	1120_10; SOB 1565_05
Standard Gold	1120_10; SOB 2486
Best Buy HMO 500 - Flex	1120_10; SOB 1565_05
Best Buy HMO 1000 - Flex	1120_10; SOB 1565_05
Best Buy HMO 1000 with Coins. - Flex	1120_10; SOB 1565_05
Best Buy HMO 2000 - Flex	1120_10; SOB 1565_05
Best Buy HMO 2000 with Coins. - Flex	1120_10; SOB 1565_05
Core Coverage HMO 1750 - Flex	1120_10; SOB 1567_04
Core Coverage HMO 3000 - Flex	1120_10; SOB 1567_04
Standard Silver	1120_10; SOB 2487
Best Buy HMO 2000 with Copay - Flex	1120_10; SOB 1565_05

**Closed Network Product**

**Form #**

**THE HARVARD PILGRIM NETWORK**

**Individual Plans**

Best Buy HMO 3000 - Flex	1120_10; SOB 1565_05
Standard Bronze	1120_10; SOB 2488

**Group Plans**

Standard Platinum	1116_11; 2485
Affordable HMO 25 - Flex	1116_11; SOB 1565_05
Standard Bronze	1116_11; 2488
Standard Gold	1116_11; 2486
Best Buy HMO 1000 - Flex	1116_11; SOB 1565_05
Best Buy HMO 1000 with Coins. - Flex	1116_11; SOB 1565_05
Best Buy HMO 2000 - Flex	1116_11; SOB 1565_05
Best Buy HMO 2000 with Coins. - Flex	1116_11; SOB 1565_05
Core Coverage HMO 1750 - Flex	1116_11; SOB 1567_04
Best Buy HMO 500 - Flex	1116_11; SOB 1565_05
Core Coverage HMO 3000 - Flex	1116_11; SOB 1567_04
Standard Silver	1116_11; 2487
Best Buy HMO 2000 with Copay - Flex	1116_11; SOB 1565_05
Best Buy HMO 3000 - Flex	1116_11; SOB 1565_05

<sup>28</sup> As allowed by law, Harvard Pilgrim Health Care, Inc. ("HPHC") requires groups with five or fewer eligible employees to enroll through the following intermediaries: Health Services Administrators ("HSA") (781) 848-4950 and Small Business Service Bureau (508) 756-3513.

<sup>29</sup> Harvard Pilgrim Health Care, Inc. ("HPHC") off-Connector plans may exclude pediatric dental benefits only when HPHC is reasonably assured that the individual or group has in place an Exchange-certified stand-alone dental plan.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

**THE HARVARD PILGRIM BEST BUY HSA HMO**

**Closed Network Product**

**Form #**

**Individual Plans**

Best Buy HSA HMO 2000 - Flex	1469_10; 1611_04
Best Buy HSA HMO 2000 with Coins. - Flex	1469_10; 1611_04
Best Buy HSA HMO 3000 - Flex	1469_10; 1611_04
Best Buy HSA HMO 2000 w/Cost Share Flex	1469_10; 1611_04
Best Buy HSA HMO 3000 w/Cost Share Flex	1469_10; 1611_04
Best Buy HSA HMO 3100 - Flex	1469_10; 1611_04

**Group Plans**

Best Buy HSA HMO 2000 - Flex	1470_10; 1611_04
Best Buy HSA HMO 2000 with Coins. - Flex	1470_10; 1611_04
Best Buy HSA HMO 3000 - Flex	1470_10; 1611_04
Best Buy HSA HMO 2000 w/ Cost Share Flex	1470_10; 1611_04
Best Buy HSA HMO 3000 w/ Cost Share Flex	1470_10; 1611_04
Best Buy HSA HMO 3100 - Flex	1470_10; 1611_04

**THE HARVARD PILGRIM FOCUS NETWORK<sup>SM</sup> – MA<sup>25</sup>**

**Closed Network Product**

**Form #**

**Individual Plans**

Focus Network - Affordable HMO 25	1269_11; SOB 1566_04
Focus Network - Best Buy HSA HMO 3100	1269_11; SOB 1566_04

**Group Plans**

Focus Network MA - Affordable HMO 25	1268_11; SOB 1566_04
Focus Network MA - Best Buy HSA HMO 3100	1268_11; SOB 1566_04

**THE HARVARD PILGRIM PPO PLAN**

**Insured Preferred Provider Plan Product**

**Form #**

**Individual Plans**

Affordable PPO 25 - Flex	1138_11; SOB 1569_04
Best Buy PPO 1000 - Flex	1138_11; SOB 1569_04
Best Buy PPO 500 - Flex	1138_11; SOB 1569_04
Best Buy PPO 1000 with Coinsurance - Flex	1138_11; SOB 1569_04
Best Buy PPO 2000 - Flex	1138_11; SOB 1569_04
Best Buy PPO 2000 with Coinsurance - Flex	1138_11; SOB 1569_04
Best Buy PPO 3000 - Flex	1138_11; SOB 1569_04
Best Buy PPO 2000 with Copayment - Flex	1138_11; SOB 1569_04

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

**THE HARVARD PILGRIM PPO PLAN**

**Insured Preferred Provider Plan Product**

**Form #**

**Group Plans**

Affordable PPO 25 - Flex	1133_11; SOB 1569_04
Best Buy PPO 1000 - Flex	1133_11; SOB 1569_04
Best Buy PPO 500 - Flex	1133_11; SOB 1569_04
Best Buy PPO 1000 with Coinsurance - Flex	1133_11; SOB 1569_04
Best Buy PPO 2000 - Flex	1133_11; SOB 1569_04
Best Buy PPO 2000 with Coinsurance - Flex	1133_11; SOB 1569_04
Best Buy PPO 3000 - Flex	1133_11; SOB 1569_04
Best Buy PPO 2000 with Copayment - Flex	1133_11; SOB 1569_04

**THE HARVARD PILGRIM BEST BUY HSA PPO PLAN**

**Individual Plans**

Best Buy HSA PPO 2000 - Flex	1829_04; SOB 1826_03
Best Buy HSA PPO 2000 with Cost Share - Flex	1829_04; SOB 1826_03
Best Buy HSA PPO 2000 with Coinsurance - Flex	1829_04; SOB 1826_03
Best Buy HSA PPO 3000 - Flex	1829_04; SOB 1826_03
Best Buy HSA PPO 3000 with Cost Share - Flex	1829_04; SOB 1826_03
Best Buy HSA PPO 3100 - Flex	1829_04; SOB 1826_03

**Group Plans**

Best Buy HSA PPO 2000 - Flex	1824_04; SOB 1826_03
Best Buy HSA PPO 2000 with Cost Share - Flex	1824_04; SOB 1826_03
Best Buy HSA PPO 2000 with Coinsurance - Flex	1824_04; SOB 1826_03
Best Buy HSA PPO 3000 - Flex	1824_04; SOB 1826_03
Best Buy HSA PPO 3000 with Cost Share - Flex	1824_04; SOB 1826_03
Best Buy HSA PPO 3100 - Flex	1824_04; SOB 1826_03

**MEDICARE**

Tel. (800) 848-9995

Medicare Advantage Plans

Massachusetts residents may enroll in Medicare Advantage Plans as well as Part D Prescription Drug Plans with the Centers for Medicare and Medicaid Services ("CMS"). For further information regarding Harvard's plan offerings please contact the above telephone number or visit the following Medicare website - <https://www.medicare.gov/find-a-plan/questions/home.aspx>



**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**7. HEALTH NEW ENGLAND, INC.**

One Monarch Place  
Springfield, MA 01144  
(800) 842-4464

Type:	IPA
For-Profit:	No
NAIC #	95673

**LARGE GROUP  
HEALTH MAINTENANCE ORGANIZATION**

**Closed Network**

HNE Health<sup>Max</sup>  
HNE Health<sup>Plus</sup>  
HNE Principle  
HNE Complete<sup>Max</sup>  
HNE Complete  
HNE Complete<sup>Plus</sup>  
HNE Choice<sup>Plus</sup>  
HNE Choice  
HNE Focus  
HNE HMO Platinum A  
HNE Essential<sup>Max</sup>  
HNE Wise<sup>Max</sup>  
HNE Wise<sup>Max 3000</sup>  
HNE Wise<sup>Plus</sup>  
HNE Wise<sup>Plus 3000</sup>  
HNE Wise<sup>2000/20%</sup>  
HNE Wise<sup>3000/10%</sup>  
HNE HMO Bronze A  
HNE HMO Bronze<sup>2000</sup>  
HNE HMO Essential<sup>1500</sup>  
HNE HMO Essential<sup>1000</sup>  
HNE HMO Essential<sup>1500</sup>  
HNE HMO Essential<sup>2000</sup>  
HNE HMO Essential<sup>3000</sup>  
HNE HMO Gold A  
HNE HMO Gold B  
HNE HMO SILVER A

**Form #**

HNE/HMO-06  
HNE/HMO-06  
HNE/HMO-06  
HNE/HMO-06  
HNE/HMO-06  
HNE/HMO-06  
HNE/HMO-06  
HNE/HMO-06  
HNEHMO-06  
HNE/HMO-06  
HNEHMOwithDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06

**Insured Preferred Provider Plan Product**

HNE Premier PPO  
HNE Advantage Plus  
HNE Wise<sup>PPO</sup>  
HNE PPO Essential<sup>500</sup>-National  
HNE PPO Essential<sup>1000</sup>-National  
HNE PPO Essential<sup>1500</sup>-National  
HNE PPO Essential<sup>2000</sup>-National  
HNE PPO Essential<sup>3000</sup>-National  
HNE PPO WISE<sup>Max-3000</sup> National

**Form #**

HNE/PHCS-PPO-06  
HNE/POSPLUS-06  
HNE/PHCS-PPOSaver-06  
HNE/PHCS-PPO-06  
HNE/PHCS-PPO-06  
HNE/PHCS-PPO-06  
HNE/PHCS-PPO-06  
HNE/PHCS-PPO-06  
HNE/PHCS-PPO-Saver-06

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

**Insured Preferred Provider Plan Product**

HNE PPO WISE <sup>Plus-3000</sup> National  
HNE PPO WISE <sup>2000/20%</sup> National  
HNE PPO WISE <sup>3000/10%</sup> National  
HNE PPO Essential <sup>500</sup>  
HNE PPO Essential <sup>1000</sup>  
HNE PPO Essential <sup>1500</sup>  
HNE PPO Essential <sup>2000</sup>

**Form #**

HNE/PHCS-PPO-Saver-06  
HNE/PHCS-PPO-Saver-06  
HNE/PHCS-PPO-Saver-06  
HNE-PPO-06  
HNE-PPO-06  
HNE-PPO-06  
HNE-PPO-06

**SMALL GROUP/INDIVIDUAL <sup>30</sup>**

Group Sales (800) 842-4464

Individual Sales (800) 842-4464

**HEALTH MAINTENANCE ORGANIZATION**

**Closed Network**

HNE Platinum A  
HNE Health Max  
HNE Choice Plus  
HNE Focus  
HNE Gold A  
HNE Gold B  
HNE Essential 500  
HNE Essential 1000  
HNE Essential 1500  
HNE Essential 2000  
HNE Essential 3000  
HNE Wise Max HDHP  
HNE Silver A  
HNE Silver A II  
HNE Wise Max 3000 HDHP  
HNE Wise 2000/20% HDHP  
HNE Bronze 2 HDHP  
HNE Wise Saver 3450 HDHP

**Form #**

HNEHMO-06  
HNEHMO-06  
HNEHMO-06  
HNEHMO-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithDED-06  
HNEHMOwithDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithHIGHDED-06  
HNEHMOwithHIGHDED-06

**Insured Preferred Provider Plan Product**

HNE PPO Essential 500 Local  
HNE PPO Essential 500 National  
HNE PPO Essential 1000 Local  
HNE PPO Essential 1000 National  
HNE PPO Essential 2000 Local  
HNE PPO Wise HDHP  
HNE PPO Wise Max 3000 HDHP  
HNE PPO Wise 2000/20% HDHP  
HNE PPO Wise 3000/10% HDHP  
HNE PPO Wise Saver 3450 HDHP National

**Form #**

HNE-PPO-06 HNE/PHCS-PPO-06  
HNE-PPO-06 HNE/PHCS-PPO-06  
HNE-PPO-06 HNE/PHCS-PPO-06  
HNE-PPO-06 HNE/PHCS-PPO-06  
HNE-PPO-06 HNE/PHCS-PPO-06  
HNE/PHCS-PPO Saver-06  
HNE/PHCS-PPO Saver-06  
HNE/PHCS-PPO Saver-06  
HNE/PHCS-PPO Saver-06  
HNE/PHCS-PPO Saver-06

<sup>30</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.

***HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS***

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

**MEDICARE**

Tel. (800) 842-4464

Medicare Advantage Plans

Massachusetts residents may enroll in Medicare Advantage Plans as well as Part D Prescription Drug Plans with the Centers for Medicare and Medicaid Services (“CMS”). For further information regarding Health New England’s plan offerings please contact the above telephone number or visit the following Medicare website – <https://www.medicare.gov/find-a-plan/questions/home.aspx>

**Group Medicare Wraparound**

HNE MedPlus PPO

HNE MedPlus HMO

**Form #**

HNE/PHCS/PPO-07-Medicare-Grp

HNEHMO-07-Medicare-Grp

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

<b>8. NEIGHBORHOOD HEALTH PLAN, INC.</b>	<b>Type:</b>	<b>Group</b>
399 Revolution Drive, Suite 810	For-Profit:	No
Somerville, MA 02145	NAIC #	11109
(800) 433-5556		

**LARGE GROUP  
HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

Prime Solutions Large Group  
NHP Care HMO for GIC

**Form #**

HMOLG v2  
HMOLG/GICv3

**Insured Preferred Provider Plan Product**

NHP PPO Member Handbook

**Form #**

NHPPPOv4

**SMALL GROUP/INDIVIDUAL <sup>31</sup>**

Group Sales (866) 643-8392  
Individual Sales (781) 228-2231 or (888) 806-1041

**HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

NHP Prime HMO 20/40 FlexRx 6-Tier  
NHP Prime HMO 500/1000 25/40 FlexRx 6-Tier  
NHP Prime HMO 750/1500 30/45 FlexRx 6-Tier  
NHP Prime HMO 1000/2000 20/35 30% FlexRx 6-Tier  
NHP Prime HMO 1000/2000 25/40 FlexRx 6-Tier  
NHP Prime HMO 1000/2000 30/45 FlexRx 6-Tier  
NHP Prime HMO 1500/3000 25/40 FlexRx 6-Tier  
NHP Prime HMO 2000/4000 25/40 FlexRx 6-Tier  
NHP Prime HMO 2000/4000 30/50 FlexRx 6-Tier  
NHP Prime HMO 2000/4000 30/50 FlexRx 6-Tier II  
NHP Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier  
NHP Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier II  
NHP Prime HMO 2500/5000 40/60 FlexRx 6-Tier  
NHP Prime HMO HSA 2500/5000 FlexRx 6-Tier  
NHP Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier <sup>32</sup>  
NHP Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier II <sup>32</sup>  
NHP Prime HMO HSA 3000/6000 FlexRx 6-Tier  
NHP Prime HMO 2500/5000 30/50 FlexRx 6-Tier  
NHP Prime HMO 3000/6000 25/40 FlexRx 6-Tier

**Form #**

NHPHMOMM v.5

<sup>31</sup> As allowed by law, Neighborhood Health Plan, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Health Services Administrators (866) 474-0101, Small Business Service Bureau (800) 222-3434, and U.S. Federation of Small Business, Inc. (800) 637-3331.

<sup>32</sup> Plan unavailable to residents living in the Hampden and Barnstable counties.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**(Neighborhood Health Plan, Inc. (cont'd))**

<b><u>Insured Preferred Provider Plan Product</u></b>	<b><u>Form #</u></b>
NHP Prime PPO Plus 500/1000 25/40 FlexRx 6-Tier	PPOMM v1
NHP Prime PPO Plus 750/1500 30/45 FlexRx 6-Tier	
NHP Prime PPO Plus 1000/2000 20/35 30% FlexRx 6-Tier	
NHP Prime PPO Plus 1000/2000 25/40 FlexRx 6-Tier	
NHP Prime PPO Plus 1000/2000 30/45 FlexRx 6-Tier	
NHP Prime PPO Plus 1500/3000 25/40 FlexRx 6-Tier	
NHP Prime PPO Plus 2000/4000 25/40 FlexRx 6-Tier	
NHP Prime PPO Plus HSA 3000/6000 FlexRx 6-Tier	
NHP Prime PPO Plus 3000/6000 25/40 FlexRx 6-Tier	
NHP Prime PPO Plus 2000/4000 30/50 FlexRx 6-Tier	
NHP Prime PPO Plus 2000/4000 30/50 35% FlexRx 6-Tier	
NHP Prime PPO Plus 2500/5000 40/60 FlexRx 6-Tier	
NHP Prime PPO Plus HSA 2500/5000 FlexRx 6-Tier	

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

<b>11. TUFTS ASSOCIATED HEALTH MAINTENANCE ORGANIZATION, INC.</b> 705 Mount Auburn Street Watertown, MA 02472-1508	Type: IPA & Group For-Profit: No NAIC #: 95688
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**\*\*\*TUFTS OFFERS HEALTH PLANS WITH DIFFERENT PROVIDER NETWORKS. PLEASE CALL TUFTS DIRECTLY IF YOU HAVE ANY QUESTIONS ABOUT YOUR PROVIDER'S PARTICIPATION IN ANY OF THE TUFTS NETWORKS.\*\*\***

**LARGE GROUP  
HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product  
TUFTS NETWORK <sup>33</sup>**

HMO Premium Benefit Plan  
HMO Value Benefit Plan  
HMO Basic Benefit Plan

**Form #**

EC-MASSHMO-001 Ed. 1-2017  
EC-MASSHMO-002 Ed. 1-2017  
EC-MASSHMO-003 Ed. 1-2017

**Insured Preferred Provider Plan Product**

Preferred Provider Option Certificate of Insurance  
Point of Service Option Certificate of Coverage

**Form #**

MA-PPO-001 Ed. 1-2017  
CC-MAPOS-001 Ed. 1-2017

**SMALL GROUP/INDIVIDUAL <sup>34</sup>**

Group Sales (800) 208-8013; Individual Sales (800) 957-6596

**HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product  
TUFTS NETWORK <sup>32</sup>**

**Tufts Health Plan HMO Value**

HMO Value Platinum  
Premier Platinum  
Standard Platinum Premier Platinum  
Advantage HMO 500 Gold  
Advantage HMO 1000 Gold  
Premier Gold 1000  
Standard Gold Premier Gold 1000  
Advantage HMO 1500 Gold  
Advantage HMO 1500 Low Option Gold  
Advantage HMO 2000 Gold  
Advantage HMO 2000 (80%) Gold  
Advantage HMO 2000 Low Option Gold

**Form #**

EC-MASSHMO-002 Ed. 1-2018

<sup>33</sup> **The Tufts Network is Tufts' most comprehensive provider network.** Please call the carrier directly if you have any questions about whether the Tufts Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Select Care Network.

<sup>34</sup> As allowed by law, Tufts Associated Health Maintenance Organization, Inc. ("Tufts") 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.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**(Tufts Associated Health Maintenance Organization, Inc. (cont'd))**

**Closed Network Product**

**TUFTS NETWORK <sup>33</sup>**

***Tufts Health Plan HMO Value***

Advantage HMO 2500 Gold

Premier Silver 2000

Standard Silver Premier Silver 2000

**Form #**

EC-MASSHMO-002 Ed. 1-2018

**HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

***Tufts Health Plan HMO Value***

Advantage HMO 1500 Saver Silver

Advantage HMO 2000 Saver Silver

Advantage Basic HMO 2000 Silver

Advantage HMO 2500 Saver Silver

Advantage HMO 3000 Silver

Advantage HMO 3000 Saver Silver

Balanced Advantage HMO 750

Balanced Advantage HMO 1250

Balanced Advantage HMO 1750

Essential Advantage HMO 2000

Essential Advantage HMO 2500

Premier Bronze 3000

Standard Bronze Premier Bronze 3000

**Form #**

EC-MASSHMO-002 Ed. 1-2018

**Closed Network Product**

**TUFTS NETWORK <sup>33</sup>**

***Tufts Health Plan HMO Basic***

HMO Basic Platinum

**Form #**

EC-MASSHMO-003 Ed. 1-2018

**TUFTS SELECT NETWORK <sup>35</sup>**

***Advantage HMO***

Select AHMO 1000

Select AHMO 1500

Select AHMO 2000

Select AHMO 2500

EC-MASSHMO-002 Ed. 1-2018

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<sup>35</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.

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**(Tufts Associated Health Maintenance Organization, Inc. (cont'd))**

**YOUR CHOICE TIERED NETWORK <sup>36</sup>**

**Closed Network Product**

**Tufts Health Plan HMO Value**

Your Choice MHO 1000 Gold

Your Choice MHO 1500 Gold

Your Choice MHO 2000 Gold

Your Choice MHO 3000 Silver

**Form #**

EC-MASSHMO-002 Ed. 1-2018

**STEWARD COMMUNITY CHOICE NETWORK <sup>37</sup>**

**Tufts Health Plan HMO Value**

EC-MASSHMO-002 Ed. 1-2018

Steward 1000

Steward 1500

Steward 2000

**Insured Preferred Provider Plan Product**

**Tufts Health Plans PPO**

PPO Basic Platinum

PPO Value Platinum

**Form #**

MA-PPO-001 Ed. 1-2018

**MEDICARE**

Tel. (800) 246-2400

Medicare Advantage Plans

Massachusetts residents may enroll in Medicare Advantage Plans as well as Part D Prescription Drug Plans with the Centers for Medicare and Medicaid Services ("CMS"). For further information regarding Tuft's plan offerings please contact the above telephone number or visit the following Medicare website - <https://www.medicare.gov/find-a-plan/questions/home.aspx>.

**Group Medicare Wraparound**

Tufts Medicare Complement (TMC) <sup>38</sup>

**Form #**

EC-MAMCP-001 Ed 1-2003

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<sup>36</sup> **Your Choice 2-tier and 3-tier network plan groups PCPs, specialists, hospitals and free standing medical centers into two or three tiers;** members may pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier of a particular provider.

<sup>37</sup> **Tufts Steward Community Choice Network provides access to a network that is smaller than Tufts Network. Members have access to network benefits only from the Providers in the Steward Community Choice Network.** Please call the carrier directly if you have any questions about whether the Steward Community Choice Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

<sup>38</sup> An HMO product that provides supplemental coverage for the costs of HMO-provided services not reimbursed by Medicare. The plan is offered to employer groups.



**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**12. TUFTS HEALTH PUBLIC  
PLANS, INC.**

705 Mount Auburn Street  
Watertown, MA 02472-1508  
Medford, MA 02155

Type:	Network
For-Profit:	No
NAIC #	67369

**SMALL GROUP/INDIVIDUAL**

Member Services (888) 257-1985

**HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product**

***Network Health QHP Member Handbook***

Direct Platinum

Direct Gold 750 with Coinsurance

Direct Gold 1000

Direct Silver 2000

Direct Silver 2000 II

Direct Silver 2500 with Coinsurance

Direct Silver 2500 with Coinsurance II

Direct Bronze 2500

Direct Bronze 3500 with Coinsurance

Direct Catastrophic

**Form #**

Tufts Health Direct 2018 EOC FINAL

**HEALTH MAINTENANCE ORGANIZATIONS  
PRODUCT OFFERINGS IN MASSACHUSETTS**

**13. UNITEDHEALTHCARE OF  
NEW ENGLAND, INC.**

475 Kilvert Street, Suite 310  
Warwick, RI 02886-1392  
(401) 737-6900

Type:	IPA
For-Profit:	Yes
NAIC #	95149

**MEDICARE**

Tel. (800) 555-5757

AARP MedicareComplete Plans

Massachusetts residents may enroll in Medicare Advantage Plans as well as Part D Prescription Drug Plans with the Centers for Medicare and Medicaid Services (“CMS”). For further information regarding UnitedHealthcare of New England, Inc.’s plan offerings please contact the above telephone number or visit the following Medicare website - <https://www.medicare.gov/find-a-plan/questions/home.aspx>.