



# COMMONWEALTH OF MASSACHUSETTS

## Office of Consumer Affairs and Business Regulation

### DIVISION OF INSURANCE

1000 Washington Street, Suite 810 • Boston, MA 02118-6200

(617) 521-7794 Toll-free (877) 563-4467

<http://www.mass.gov/doi>

**CHARLES D. BAKER**  
GOVERNOR

**KARYN E. POLITO**  
LIEUTENANT GOVERNOR

**JAY ASH**  
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ECONOMIC DEVELOPMENT

**JOHN C. CHAPMAN**  
UNDERSECRETARY OF CONSUMER AFFAIRS  
AND BUSINESS REGULATION

**GARY D. ANDERSON**  
ACTING COMMISSIONER OF INSURANCE

## INSURED HEALTH PLANS AVAILABLE TO INDIVIDUALS AND SMALL GROUPS EFFECTIVE ON OR AFTER JANUARY 1, 2018

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The following provides basic information regarding the carriers and plans that eligible individuals and eligible small groups may purchase in Massachusetts. Consider contacting one of the listed carriers, your broker or the Massachusetts Health Connector (“Connector”) [1-877-MA-ENROLL or [www.mahealthconnector.org](http://www.mahealthconnector.org)] for further information concerning eligibility, costs and coverage options that may fit your personal needs.

**Insured Health Plans Available to Individuals and Small Groups**  
**Effective on or after January 1, 2018**

**1. Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.**

101 Huntington Avenue, Suite 1300  
 Boston, MA 02199-7611

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> <sup>i, ii</sup>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b> <b><u>HMO Blue</u></b>	HMO (1-1-18) & hSoB-0118.RANGES		
<i>Options:</i>			
HMO Blue Premium		Platinum	YES
HMO Blue \$1,000 Deductible		Gold	YES
HMO Blue New England Premier Value		Gold	NO
HMO Blue Select \$1,000 Deductible		Gold	NO
HMO Blue Select \$2,000 Deductible		Gold	NO
HMO Blue New England \$1,000 Deductible		Gold	NO
HMO Blue New England \$2,000 Deductible		Gold	NO
HMO Blue Basic		Silver	YES
HMO Blue New England Basic Copayment		Silver	NO
HMO Blue New England \$1,000 Deductible with Copayment		Silver	NO
HMO Blue New England \$2,000 Deductible with Copayment		Silver	NO
HMO Blue New England \$3,000 Deductible		Silver	NO
HMO Blue Basic Deductible		Bronze	YES
HMO Blue New England Basic Saver		Bronze	NO
HMO Blue New England Saver \$2,000		Bronze	NO
HMO Blue New England Saver \$3,000		Bronze	NO
HMO Blue Essential		Catastrophic	YES
<b><u>HMO Blue Select Network<sup>1</sup></u></b>	HMO (1-1-18) & hSoB-0118.RANGES		
<i>Options:</i>			
HMO Blue Select \$1,000 Deductible		Gold	NO
HMO Blue Select \$1,000 Deductible with Copayment		Silver	NO
HMO Blue Select \$2,000 Deductible		Gold	NO
HMO Blue Select \$2,000 Deductible with Copayment		Silver	NO

<sup>1</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>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups**  
**Effective on or after January 1, 2018**

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

<b><u>Product Name</u></b>	<b><u>Form</u></b>	<b><u>Metallic Level</u><sup>i, ii</sup></b>	<b><u>Offered thru the Connector</u></b>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
HMO Blue Select \$3,000 Deductible		Silver	NO
HMO Blue Select Saver \$2,000		Bronze	NO
<b><u>HMO Blue New England with Hospital Choice Cost Sharing Network</u><sup>3</sup></b>	HMO (1-1-18) & hSoB-0118.RANGES		
<b><u>Options:</u></b>			
HMO Blue New England Premier Value with HCCS		Gold	NO
HMO Blue New England \$500 Deductible with HCCS		Gold	NO
HMO Blue New England \$1,000 Deductible with HCCS		Gold	NO
HMO Blue New England \$1,500 Deductible with HCCS		Gold	NO
HMO Blue New England \$2,000 Deductible with HCCS		Gold	NO
HMO Blue New England \$3,000 Deductible with HCCS		Silver	NO
<b><u>HMO Blue New England Options Network</u><sup>2</sup></b>	HMO (1-1-18) & hSoB-0118.RANGES		
<b><u>Options:</u></b>			
HMO Blue New England Options Deductible III		Gold	NO
HMO Blue New England Options Deductible II		Silver	NO

<sup>2</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.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups  
Effective on or after January 1, 2018**

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>PREFERRED PROVIDER PLAN</b>			
<b><u>Preferred Blue PPO</u></b>	HMO-PPO (1-1-18) & hppoSoB-0118.RANGES		
<b><u>Options:</u></b>			
Preferred Blue PPO \$1,000 Deductible		Silver	NO
Preferred Blue PPO \$2,000 Deductible		Silver	NO
Preferred Blue PPO Basic \$2,000		Silver	NO
Preferred Blue PPO Basic Saver		Bronze	NO
Preferred Blue PPO Saver \$2,000		Bronze	NO
Preferred Blue PPO Saver \$3,000		Bronze	NO
Preferred Blue PPO \$3,000 Deductible		Bronze	NO
 <b><u>Preferred Blue PPO</u></b>	 HMO-PPO (1-1-18) & hppoSoB-0118.RANGES		
<b><u>Hospital Choice Cost Sharing Network<sup>3</sup></u></b>			
<b><u>Options:</u></b>			
Preferred Blue PPO \$500 Deductible with HCCS		Gold	NO
Preferred Blue PPO \$1,000 Deductible with HCCS		Silver	NO
Preferred Blue PPO \$2,000 Deductible with HCCS		Silver	NO
Preferred Blue PPO \$3,000 Deductible with HCCS		Bronze	NO
 <b><u>Preferred Blue PPO Options Network<sup>4</sup></u></b>	 HMO-PPO (1-1-18) & hppoSoB-0118.RANGES		
<b><u>Options:</u></b>			
Preferred Blue PPO Options Deductible II		Silver	NO
Preferred Blue PPO Options Deductible III		Gold	NO

<sup>3</sup> **The Preferred Blue PPO Hospital Choice Cost Share Network tiers in-network general hospitals;** members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the in-network 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 Hospital Choice Cost Share Network.

<sup>4</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.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups**  
**Effective on or after January 1, 2018**

**2. Boston Medical Center Health Plan, Inc.**

(d/b/a Boston Medical Center HealthNet Plan)  
 Schrafft's City Center  
 529 Main Street, Suite 500  
 Charlestown, MA 02129

Member Services (855)833-8120

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b><u>BMC HealthNet Plan<sup>5</sup></u></b>	BMCHP-QHP2018ver.1		
<b>Eligible Individual and Small Groups:</b>			
BMC HealthNet Plan Platinum		Platinum	YES
BMC HealthNet Plan Gold		Gold	YES
BMC HealthNet Plan Silver A II		Silver	YES
BMC HealthNet Plan Silver B II		Silver	YES
BMC HealthNet Plan Silver A <sup>6</sup>		Silver	YES
BMC HealthNet Plan Silver B <sup>6</sup>		Silver	YES
BMC HealthNet Plan Bronze		Bronze	YES
<b><u>BMC HealthNet Plan Employer Choice Direct<sup>7</sup></u></b>			
	BMCHP-EmpChoiceDirect2018ver.1		
<b>Small Groups (6-50 eligible employees):</b>			
BMC HealthNet Plan Platinum Direct		Platinum	NO
BMC HealthNet Plan Gold Direct		Gold	NO
BMC HealthNet Plan Silver A Direct		Silver	NO
BMC HealthNet Plan Silver B Direct		Silver	NO
BMC HealthNet Plan Bronze Direct		Bronze	NO

<sup>5</sup> As permitted by law, Boston Medical Center Health Plan, Inc. ("BMCHP") 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>6</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.hsainurance.com](http://www.hsainurance.com).

<sup>7</sup> Eligible small groups with between 6-50 eligible employees may contact BMCHP directly to purchase the same product designs that are offered on the Connector but identified as BMC HealthNet Plan Employer Choice Direct; certificates issued will reflect group specific provisions.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups**  
**Effective on or after January 1, 2018**

**3. ConnectiCare of Massachusetts, Inc.**

175 Scott Swamp Road  
Farmington, CT 06032

Group Sales 1-800-251-7722  
Individual Sales 1-800-251-7722

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b><u>HMO Open Access</u></b>	CMI/HMO OA/BS 01 (1/2018)		
<b><u>Options:</u></b>			
Choice Mass HMO Copay \$40		Gold	NO
Choice Mass HMO Copay \$2000/\$4000 ded.		Gold	NO
Choice Mass HMO Copay \$1750/\$3500 ded.		Silver	NO
Choice Mass HMO Copay \$2500/\$5000 ded.		Silver	NO
Choice Mass HMO Copay \$2500/\$5000 ded.		Silver	NO
<b><u>HMO Open Access HDHP</u></b>	CMI/HMO OA HDHP/BS 01 (01/2018)		
Choice Mass HMO HAS Copay \$3000/\$6000 ded.		Silver	NO
<b>PREFERRED PROVIDER PLAN</b>			
<b><u>Point of Service</u></b>	CMI/POS OA/BS 01 (1/2018)		
Choice Mass POS Copay \$40		Gold	NO

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups**  
**Effective on or after January 1, 2018**

**4. Fallon Community Health Plan, Inc.<sup>8</sup>**

10 Chestnut Street  
Worcester, MA 01608-2810

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b><u>FCHP Select Care Network</u><sup>9</sup></b>	17-730-007		
<b><i>Options:</i></b>			
Select Care Platinum Connector		Platinum	YES
Select Care Copay 500		Platinum	NO
Select Care Deductible 1000 Classic		Platinum	NO
Select Care Copay 1000 Hybrid		Platinum	NO
Select Care Gold Connector B		Gold	YES
Select Care Deductible 1500 Classic		Gold	NO
Select Care Deductible 2000 Classic		Gold	NO
Select Care Deductible 3000 Classic		Gold	NO
Select Care Deductible 1200 Hybrid		Gold	NO
Select Care Deductible 2000 Hybrid		Gold	YES
Select Care Silver Connector		Silver	YES
Select Care Silver Connector II		Silver	YES
Select Care Deductible 2000 Low		Silver	NO
Select Care Coinsurance 35%		Silver	NO
Select Care QHD 2000 H S A		Silver	NO
Select Care QHD 3000 H S A		Silver	NO
Select Care Bronze Connector		Bronze	YES
Select Care Bronze Deductible 3000		Bronze	NO

<sup>8</sup> Fallon offers insured health plans with different provider networks. Please call Fallon directly if you have any questions about your provider's participation in any of the Fallon networks.

<sup>9</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>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups**  
**Effective on or after January 1, 2018**

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b><u>FCHP Direct Care Network</u><sup>10</sup></b>	17-730-008		
<b><u>Options:</u></b>			
Direct Care Platinum Connector		Platinum	YES
Direct Care Copay 500		Platinum	NO
Direct Care Deductible 1000 Classic		Platinum	NO
Direct Care Copay 1000 Hybrid		Platinum	NO
Direct Care Gold Connector B		Gold	YES
Direct Care Deductible 1500 Classic		Gold	NO
Direct Care Deductible 2000 Classic		Gold	NO
Direct Care Deductible 3000 Classic		Gold	NO
Direct Care Deductible 1200 Hybrid		Gold	NO
Direct Care Deductible 2000 Hybrid		Gold	YES
Direct Care Silver Connector		Silver	YES
Direct Care Silver Connector II		Silver	YES
Direct Care Deductible 2000 Low		Silver	NO
Direct Care Coinsurance 35%		Silver	NO
Direct Care QHD 2000 H S A		Silver	NO
Direct Care QHD 3000 H S A		Silver	NO
Direct Care Bronze Connector		Bronze	YES
Direct Care Bronze Deductible 3000		Bronze	NO
Direct Care Catastrophic Plan		Catastrophic	YES
<b><u>FCHP Community Care Network</u><sup>11</sup></b>	16-670-014		
<b><u>Options:</u></b>			
Community Care Silver Coinsurance 35%		Silver	YES
Community Care Silver Coinsurance 35% II		Silver	YES

<sup>10</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>11</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.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].



**Insured Health Plans Available to Individuals and Small Groups**  
**Effective on or after January 1, 2018**

**5. Fallon Health & Life Assurance Company, Inc.**

10 Chestnut Street  
Worcester, MA 01608-2810

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>PREFERRED PROVIDER PLAN</b>			
<u><i>Fallon Preferred Care</i></u>	17-670-001		
<u><i>Options:</i></u>			
Preferred Care Deductible 2000 Low		Silver	NO
Preferred Care QHD 2000 H S A		Silver	NO

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups**  
**Effective on or after January 1, 2018**

**6. Harvard Pilgrim Health Care, Inc.<sup>12, 13</sup>**

93 Worcester Street  
Wellesley, MA 02481-9181

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b>THE HARVARD PILGRIM HMO FOR INDIVIDUAL MEMBERS Benefit Handbook</b>			
<i>Options:</i>			
Standard Platinum	1120_10; SOB 2485	Platinum	Yes
Affordable HMO 25 - Flex	1120_10; SOB 1565_05	Platinum	NO
Standard Gold	1120_10; SOB 2486	Gold	Yes
Best Buy HMO 500 - Flex	1120_10; SOB 1565_05	Gold	NO
Best Buy HMO 1000 - Flex	1120_10; SOB 1565_05	Gold	NO
Best Buy HMO 1000 with Coins. - Flex	1120_10; SOB 1565_05	Gold	NO
Best Buy HMO 2000 - Flex	1120_10; SOB 1565_05	Gold	NO
Best Buy HMO 2000 with Coins. - Flex	1120_10; SOB 1565_05	Gold	NO
Core Coverage HMO 1750 - Flex	1120_10; SOB 1567_04	Gold	NO
Core Coverage HMO 3000 - Flex	1120_10; SOB 1567_04	Silver	NO
Standard Silver	1120_10; SOB 2487	Silver	Yes
Best Buy HMO 2000 with Copay - Flex	1120_10; SOB 1565_05	Silver	NO
Best Buy HMO 3000 - Flex	1120_10; SOB 1565_05	Silver	NO
Standard Bronze	1120_10; SOB 2488	Bronze	Yes
<b>THE HARVARD PILGRIM BEST BUY HSA HMO FOR INDIVIDUAL Handbook</b>			
<i>Options:</i>			
Best Buy HSA HMO 2000 - Flex	1469_10; 1611_04	Gold	NO
Best Buy HSA HMO 2000 with Coins. - Flex	1469_10; 1611_04	Silver	NO
Best Buy HSA HMO 3000 - Flex	1469_10; 1611_04	Silver	NO
Best Buy HSA HMO 2000 w/Cost Share Flex	1469_10; 1611_04	Silver	NO
Best Buy HSA HMO 3000 w/Cost Share Flex	1469_10; 1611_04	Silver	NO
Best Buy HSA HMO 3100 - Flex	1469_10; 1611_04	Bronze	NO

<sup>12</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>13</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.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

**Insured Health Plans Available to Individuals and Small Groups**  
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**(Harvard Pilgrim Health Care, Inc. (cont'd))**

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> <sup>i, ii</sup>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b>THE HARVARD PILGRIM HMO Benefit Handbook [GROUP]</b>			
<i>Options:</i>			
Standard Platinum	1116_11; 2485	Platinum	YES
Affordable HMO 25 - Flex	1116_11; SOB 1565_05	Platinum	NO
Standard Bronze	1116_11; 2488	Bronze	YES
Standard Gold	1116_11; 2486	Gold	YES
Best Buy HMO 1000 - Flex	1116_11; SOB 1565_05	Gold	NO
Best Buy HMO 1000 with Coins. - Flex	1116_11; SOB 1565_05	Gold	NO
Best Buy HMO 2000 - Flex	1116_11; SOB 1565_05	Gold	NO
Best Buy HMO 2000 with Coins. - Flex	1116_11; SOB 1565_05	Gold	NO
Core Coverage HMO 1750 - Flex	1116_11; SOB 1567_04	Gold	NO
Best Buy HMO 500 - Flex	1116_11; SOB 1565_05	Gold	NO
Core Coverage HMO 3000 - Flex	1116_11; SOB 1567_04	Silver	NO
Standard Silver	1116_11; 2487	Silver	YES
Best Buy HMO 2000 with Copay - Flex	1116_11; SOB 1565_05	Silver	NO
Best Buy HMO 3000 - Flex	1116_11; SOB 1565_05	Silver	NO
<b>THE HARVARD PILGRIM BEST BUY HSA HMO Handbook [GROUP]</b>			
<i>Options:</i>			
Best Buy HSA HMO 2000 - Flex	1470_10; 1611_04	Gold	NO
Best Buy HSA HMO 2000 with Coins. - Flex	1470_10; 1611_04	Silver	NO
Best Buy HSA HMO 3000 - Flex	1470_10; 1611_04	Silver	NO
Best Buy HSA HMO 2000 w/ Cost Share Flex	1470_10; 1611_04	Silver	NO
Best Buy HSA HMO 3000 w/ Cost Share Flex	1470_10; 1611_04	Silver	NO
Best Buy HSA HMO 3100 - Flex	1470_10; 1611_04	Bronze	NO
<b>THE HARVARD PILGRIM FOCUS FOR INDIVIDUAL MEMBERS Handbook <sup>14</sup></b>			
<i>Options:</i>			
Focus Network - Affordable HMO 25	1269_11; SOB 1566_04	Platinum	NO
Focus Network - Best Buy HSA HMO 3100	1269_11; SOB 1566_04	Bronze	NO

<sup>14</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>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> <sup>i, ii</sup>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b>THE HARVARD PILGRIM FOCUS HMO Handbook [Group] <sup>14</sup></b>			
<i>Options:</i>			
Focus Network - Affordable HMO 25	1268_11; SOB 1566_04	Platinum	NO
Focus Network - Best Buy HSA HMO 3100	1268_11; SOB 1566_04	Bronze	NO
<b>PREFERRED PROVIDER PLAN</b>			
<b>THE HARVARD PILGRIM PPO PLAN FOR INDIVIDUAL MEMBERS Handbook</b>			
<i>Options:</i>			
Affordable PPO 25 - Flex	1138_11; SOB 1569_04	Platinum	NO
Best Buy PPO 1000 - Flex	1138_11; SOB 1569_04	Gold	NO
Best Buy PPO 500 - Flex	1138_11; SOB 1569_04	Gold	NO
Best Buy PPO 1000 with Coinsurance - Flex	1138_11; SOB 1569_04	Gold	NO
Best Buy PPO 2000 - Flex	1138_11; SOB 1569_04	Gold	NO
Best Buy PPO 2000 with Coinsurance - Flex	1138_11; SOB 1569_04	Gold	NO
Best Buy PPO 3000 - Flex	1138_11; SOB 1569_04	Silver	NO
Best Buy PPO 2000 with Copayment - Flex	1138_11; SOB 1569_04	Silver	NO
<b>THE HARVARD PILGRIM BEST BUY HSA PPO PLAN FOR INDIVIDUAL MEMBERS Handbook</b>			
<i>Options:</i>			
Best Buy HSA PPO 2000 - Flex	1829_04; SOB 1826_03	Gold	NO
Best Buy HSA PPO 2000 with Cost Share - Flex	1829_04; SOB 1826_03	Silver	NO
Best Buy HSA PPO 2000 with Coinsurance - Flex	1829_04; SOB 1826_03	Silver	NO
Best Buy HSA PPO 3000 - Flex	1829_04; SOB 1826_03	Silver	NO
Best Buy HSA PPO 3000 with Cost Share - Flex	1829_04; SOB 1826_03	Silver	NO
Best Buy HSA PPO 3100 - Flex	1829_04; SOB 1826_03	Bronze	NO
<b>THE HARVARD PILGRIM PPO PLAN Handbook [Group]</b>			
<i>Options:</i>			
Affordable PPO 25 - Flex	1133_11; SOB 1569_04	Platinum	NO
Best Buy PPO 1000 - Flex	1133_11; SOB 1569_04	Gold	NO
Best Buy PPO 500 - Flex	1133_11; SOB 1569_04	Gold	NO

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> <sup>i, ii</sup>	<u>Offered thru the Connector</u>
Best Buy PPO 1000 with Coinsurance - Flex	1133_11; SOB 1569_04	Gold	NO
Best Buy PPO 2000 - Flex	1133_11; SOB 1569_04	Gold	NO
Best Buy PPO 2000 with Coinsurance - Flex	1133_11; SOB 1569_04	Gold	NO
Best Buy PPO 3000 - Flex	1133_11; SOB 1569_04	Silver	NO
Best Buy PPO 2000 with Copayment - Flex	1133_11; SOB 1569_04	Silver	NO
<b>THE HARVARD PILGRIM BEST BUY HSA PLAN Handbook [Group]</b>			
<i>Options:</i>			
Best Buy HSA PPO 2000 - Flex	1824_04; SOB 1826_03	Gold	NO
Best Buy HSA PPO 2000 with Cost Share - Flex	1824_04; SOB 1826_03	Silver	NO
Best Buy HSA PPO 2000 with Coinsurance - Flex	1824_04; SOB 1826_03	Silver	NO
Best Buy HSA PPO 3000 - Flex	1824_04; SOB 1826_03	Silver	NO
Best Buy HSA PPO 3000 with Cost Share - Flex	1824_04; SOB 1826_03	Silver	NO
Best Buy HSA PPO 3100 - Flex	1824_04; SOB 1826_03	Bronze	NO

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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**7. Health New England, Inc.<sup>15</sup>**

One Monarch Place  
Springfield MA 01144

Group Sales (800) 842-4464  
Individual Sales (800) 842-4464

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b><u>HNE Evidence of Coverage</u></b>			
<b><u>Options:</u></b>			
HNE Platinum A	HNEHMO-06	Platinum	YES
HNE Health Max	HNEHMO-06	Platinum	NO
HNE Choice Plus	HNEHMO-06	Platinum	NO
HNE Focus	HNEHMO-06	Platinum	NO
HNE Gold A	HNEHMOwithDED-06	Gold	YES
HNE Gold B	HNEHMOwithDED-06	Gold	YES
HNE Essential 500	HNEHMOwithDED-06	Platinum	NO
HNE Essential 1000	HNEHMOwithDED-06	Gold	NO
HNE Essential 1500	HNEHMOwithDED-06	Gold	NO
HNE Essential 2000	HNEHMOwithDED-06	Gold	YES
HNE Essential 3000	HNEHMOwithDED-06	Silver	NO
HNE Wise Max HDHP	HNEHMOwithHIGHDED-06	Gold	YES
HNE Silver A	HNEHMOwithDED-06	Silver	YES
HNE Silver A II	HNEHMOwithDED-06	Silver	YES
HNE Wise Max 3000 HDHP	HNEHMOwithHIGHDED-06	Silver	NO
HNE Wise 2000/20% HDHP	HNEHMOwithHIGHDED-06	Silver	NO
HNE Bronze 2 HDHP	HNEHMOwithHIGHDED-06	Bronze	YES
HNE Wise Saver 3450 HDHP	HNEHMOwithHIGHDED-06	Bronze	NO
<b>PREFERRED PROVIDER PLAN</b>			
<b><u>HNE PPO Essential</u></b>			
<b><u>Options:</u></b>			
HNE PPO Essential 500 Local	HNE-PPO-06 HNE/PHCS-PPO-06	Platinum	NO
HNE PPO Essential 500 National	HNE-PPO-06 HNE/PHCS-PPO-06	Platinum	NO
HNE PPO Essential 1000 Local	HNE-PPO-06 HNE/PHCS-PPO-06	Gold	NO
HNE PPO Essential 1000 National	HNE-PPO-06 HNE/PHCS-PPO-06	Gold	NO
HNE PPO Essential 2000 Local	HNE-PPO-06 HNE/PHCS-PPO-06	Gold	NO
HNE PPO Wise HDHP	HNE/PHCS-PPO Saver-06	Gold	NO
HNE PPO Wise Max 3000 HDHP	HNE/PHCS-PPO Saver-06	Silver	NO
HNE PPO Wise 2000/20% HDHP	HNE/PHCS-PPO Saver-06	Silver	NO
HNE PPO Wise 3000/10% HDHP	HNE/PHCS-PPO Saver-06	Silver	NO
HNE PPO Wise Saver 3450 HDHP National	HNE/PHCS-PPO Saver-06	Bronze	NO

<sup>15</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.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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**8. HPHC Insurance Company, Inc.<sup>16</sup>**

93 Worcester Street  
Wellesley, MA 02481-9181

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>PREFERRED PROVIDER PLAN</b>			
<b><u>Best Buy HSA PPO</u></b>			
Best Buy HSA PPO 4500 - Flex			
Group	1139_13; SOB 1613_05	Bronze	NO
Individual	1141_11; SOB 1613_05	Bronze	NO

<sup>16</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 and Small Business Service Bureau (508) 756-3513.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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**9. Neighborhood Health Plan, Inc.<sup>17</sup>**

399 Revolution Dr., Suite #810  
 Somerville, MA 02210-1120

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b><u>NHP HMO Member Handbook</u></b>	NHPHMOMM v.5		
<b><u>Options:</u></b>			
NHP Prime HMO 20/40 FlexRx 6-Tier		Platinum	YES
NHP Prime HMO 500/1000 25/40 FlexRx 6-Tier		Gold	NO
NHP Prime HMO 750/1500 30/45 FlexRx 6-Tier		Gold	NO
NHP Prime HMO 1000/2000 20/35 30% FlexRx 6-Tier		Gold	YES
NHP Prime HMO 1000/2000 25/40 FlexRx 6-Tier		Gold	NO
NHP Prime HMO 1000/2000 30/45 FlexRx 6-Tier		Gold	YES
NHP Prime HMO 1500/3000 25/40 FlexRx 6-Tier		Gold	NO
NHP Prime HMO 2000/4000 25/40 FlexRx 6-Tier		Gold	NO
NHP Prime HMO 2000/4000 30/50 FlexRx 6-Tier		Silver	YES
NHP Prime HMO 2000/4000 30/50 FlexRx 6-Tier II		Silver	YES
NHP Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier		Silver	YES
NHP Prime HMO 2000/4000 30/50 35% FlexRx 6-Tier II		Silver	YES
NHP Prime HMO 2500/5000 40/60 FlexRx 6-Tier		Silver	NO
NHP Prime HMO HSA 2500/5000 FlexRx 6-Tier		Silver	NO
NHP Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier <sup>18</sup>		Silver	YES
NHP Prime HMO 3000/6000 30/50 35% FlexRx 6-Tier II <sup>18</sup>		Silver	YES
NHP Prime HMO HSA 3000/6000 FlexRx 6-Tier		Silver	NO
NHP Prime HMO 2500/5000 30/50 FlexRx 6-Tier		Bronze	YES
NHP Prime HMO 3000/6000 25/40 FlexRx 6-Tier		Bronze	NO
<b>INSURED PREFERRED PROVIDER PLAN</b>			
<b><u>NHP PPO Member Handbook</u></b>	PPOMM v1		
<b><u>Options:</u></b>			
NHP Prime PPO Plus 500/1000 25/40 FlexRx 6-Tier		Gold	NO
NHP Prime PPO Plus 750/1500 30/45 FlexRx 6-Tier		Gold	NO
NHP Prime PPO Plus 1000/2000 20/35 30% FlexRx 6-Tier		Gold	NO
NHP Prime PPO Plus 1000/2000 25/40 FlexRx 6-Tier		Gold	NO
NHP Prime PPO Plus 1000/2000 30/45 FlexRx 6-Tier		Gold	NO
NHP Prime PPO Plus 1500/3000 25/40 FlexRx 6-Tier		Gold	NO
NHP Prime PPO Plus 2000/4000 25/40 FlexRx 6-Tier		Gold	NO

<sup>17</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>18</sup> Plan unavailable to residents living in the Hampden and Barnstable counties.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].



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

<b><u>Product Name</u></b>	<b><u>Form</u></b>	<b><u>Metallic Level<sup>i, ii</sup></u></b>	<b><u>Offered thru the Connector</u></b>
NHP Prime PPO Plus HSA 3000/6000 FlexRx 6-Tier		Silver	NO
NHP Prime PPO Plus 3000/6000 25/40 FlexRx 6-Tier		Bronze	NO
NHP Prime PPO Plus 2000/4000 30/50 FlexRx 6-Tier		Silver	NO
NHP Prime PPO Plus 2000/4000 30/50 35% FlexRx 6-Tier		Silver	NO
NHP Prime PPO Plus 2500/5000 40/60 FlexRx 6-Tier		Silver	NO
NHP Prime PPO Plus HSA 2500/5000 FlexRx 6-Tier		Silver	NO

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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**10. Tufts Associated Health Maintenance Organization, Inc.<sup>19</sup>**

705 Mount Auburn Street  
Watertown, MA 02472-1508

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b>Tufts Network</b>			
<u><b>Tufts Health Plan HMO Value Options:</b></u>	EC-MASSHMO-002 Ed. 1-2018		
HMO Value Platinum		Platinum	NO
Premier Platinum		Platinum	NO
Standard Platinum Premier Platinum		Platinum	YES
Advantage HMO 500 Gold		Gold	NO
Advantage HMO 1000 Gold		Gold	NO
Premier Gold 1000		Gold	NO
Standard Gold Premier Gold 1000		Gold	YES
Advantage HMO 1500 Gold		Gold	NO
Advantage HMO 1500 Low Option Gold		Gold	NO
Advantage HMO 2000 Gold		Gold	NO
Advantage HMO 2000 (80%) Gold		Gold	NO
Advantage HMO 2000 Low Option Gold		Gold	NO
Advantage HMO 2500 Gold		Gold	NO
Premier Silver 2000		Silver	NO
Standard Silver Premier Silver 2000		Silver	YES
Advantage HMO 1500 Saver Silver		Silver	NO
Advantage HMO 2000 Saver Silver		Silver	NO
Advantage Basic HMO 2000 Silver		Silver	NO
Advantage HMO 2500 Saver Silver		Silver	NO
Advantage HMO 3000 Silver		Silver	NO
Advantage HMO 3000 Saver Silver		Silver	NO
Balanced Advantage HMO 750		Gold	NO
Balanced Advantage HMO 1250		Gold	NO
Balanced Advantage HMO 1750		Gold	NO
Essential Advantage HMO 2000		Gold	NO
Essential Advantage HMO 2500		Gold	NO
Premier Bronze 3000		Bronze	NO
Standard Bronze Premier Bronze 3000		Bronze	YES

<sup>19</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.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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

<b><u>Product Name</u></b>	<b><u>Form</u></b>	<b><u>Metallic Level<sup>i, ii</sup></u></b>	<b><u>Offered thru the Connector</u></b>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b><u>Tufts Health Plan HMO Basic</u></b>	EC-MASSHMO-003 Ed. 1-2018		
HMO Basic Platinum		Platinum	NO
<b>Tufts Select Network<sup>20</sup></b>			
<b><u>Advantage HMO</u></b>	EC-MASSHMO-002 Ed. 1-2018		
Select AHMO 1000		Gold	NO
Select AHMO 1500		Gold	NO
Select AHMO 2000		Gold	NO
Select AHMO 2500		Gold	NO
<b>Your Choice Tiered Network<sup>21</sup></b>			
<b><u>Tufts Health Plan HMO Value</u></b>	EC-MASSHMO-002 Ed. 1-2018		
Your Choice HMO 1000 Gold		Gold	NO
Your Choice HMO 1500 Gold		Gold	NO
Your Choice HMO 2000 Gold		Gold	NO
Your Choice HMO 3000 Silver		Silver	NO
<b>Steward Community Choice Network<sup>22</sup></b>			
<b><u>Tufts Health Plan HMO Value</u></b>	EC-MASSHMO-002 Ed. 1-2018		
Steward 1000		Gold	NO
Steward 1500		Gold	NO
Steward 2000		Gold	NO
<b>PREFERRED PROVIDER PLAN</b>			
<b><u>Tufts Health Plans PPO</u></b>	MA-PPO-001 Ed. 1-2018		
PPO Basic Platinum		Platinum	NO
PPO Value Platinum		Platinum	NO

<sup>20</sup> **The Tufts Health Plan Select Network is different than the Tufts 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>21</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>22</sup> **Tufts Steward Community Choice Network provides access to a network that is smaller than the 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>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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**11. Tufts Health Public Plans, Inc.**<sup>23, 24</sup>

705 Mount Auburn Street  
Watertown, MA 02472-1508

Member Services (888) 257-1985

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> <sup>i, ii</sup>	<u>Offered thru the Connector</u>
<b>HEALTH MAINTENANCE ORGANIZATION</b>			
<b><u>Tufts Health Plan - OHP Member Handbook</u></b>			
	Tufts Health Direct 2018 EOC FINAL		
Direct Platinum		Platinum	YES
Direct Gold 750 with Coinsurance		Gold	YES
Direct Gold 1000		Gold	YES
Direct Silver 2000		Silver	YES
Direct Silver 2000 II		Silver	YES
Direct Silver 2500 with Coinsurance		Silver	YES
Direct Silver 2500 with Coinsurance II		Silver	YES
Direct Bronze 2500		Bronze	YES
Direct Bronze 3500 with Coinsurance		Bronze	YES
Direct Catastrophic		Catastrophic	YES

<sup>23</sup> Effective July 1, 2014, Network Health, LLC converted from a LLC to a nonprofit corporation, and upon this conversion changed its name to Tufts Health Public Plans, Inc.

<sup>24</sup> Please call the carrier directly if you have any questions about whether the Network Health Direct Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the network.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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**12. Tufts Insurance Company** <sup>25</sup>

(d/b/a Tufts Health Plan)  
 705 Mount Auburn Street  
 Watertown, MA 02472-1508

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> <sup>i, ii</sup>	<u>Offered thru the Connector</u>
<b>PREFERRED PROVIDER PLAN</b>			
<u><b>Advantage PPO</b></u>	MA-TICOPPO-001 Ed. 1-2018		
Advantage PPO 500 Gold		Gold	NO
Advantage PPO 1000 Gold		Gold	NO
Advantage PPO 1500 Gold		Gold	NO
Advantage PPO 2000 Gold		Gold	NO
Advantage PPO 2000 (80%) Gold		Gold	NO
Advantage PPO 2500 Gold		Gold	NO
Advantage PPO Saver 1500 Silver		Silver	NO
Advantage PPO Saver 2000 Silver		Silver	NO
Advantage PPO Saver 2500 Silver		Silver	NO
Advantage PPO Saver 3000 Silver		Silver	NO
Advantage PPO 3000 Silver		Silver	NO
Essential Advantage PPO 2000		Gold	NO
Essential Advantage PPO 2500		Gold	NO

<sup>25</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 (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.

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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**13. UnitedHealthcare Insurance Company**

475 Kilvert Street  
Warwick, RI 02886-1392

Group & Individual (888) 735-5842  
Sales Office

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level<sup>i, ii</sup></u>	<u>Offered thru the Connector</u>
<b>EXCLUSIVE PROVIDER PLAN ("EPO")</b>			
<u><b>Choice Plan</b></u>	COC.INS.2018.SG.MA & SBN.CHC.I.2018.SG.MA		
<u><b>Options:</b></u>			
Platinum Choice		Platinum	NO
Gold Choice 500		Gold	NO
Gold Choice 1000		Gold	NO
Silver Choice 2000		Silver	NO
Choice HSA 6100		Bronze	NO
<b>PREFERRED PROVIDER PLAN</b>			
<u><b>Choice Plus Plan</b></u>	COC.INS.2018.SG.MA & SBN.CHP.I.2018.SG.MA		
<u><b>Options:</b></u>			
Platinum Choice Plus 25		Platinum	NO
Platinum Choice Plus 250		Platinum	NO
Choice Plus 1750		Gold	NO
Choice Plus HSA 1750		Gold	NO
Choice Plus 2000 - Coins 100/80		Gold	NO
Choice Plus Motion HSA 2000		Gold	NO
Choice Plus 2000 Ded 2000/5000 Coin 80/60		Gold	NO
Choice Plus 2000 - Ded 2000/4000 Coins 80/60		Silver	NO
Choice Plus HSA 2500		Silver	NO
Choice Plus HSA 3000		Silver	NO
Choice Plus Motion HSA 3000		Silver	NO
Choice Plus HSA 6100		Bronze	NO

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].

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**Metallic Level (actuarial value categories)**

For plan years starting on or after January 1, 2014, the federal Affordable Care Act (“ACA”) requires that individual and small group market plans be within specific actuarial value categories. Actuarial value measures the percentage of total overall health care costs for the essential benefits covered by the health plan. ACA identifies specific actuarial value categories as "metal levels" specified as bronze, silver, gold and platinum.

Coverage levels are as follows:

Bronze	54-65 percent of the actuarial value;
Silver	66-72 percent of the actuarial value;
Gold	76-82 percent of the actuarial value; and
Platinum	86-92 percent of the actuarial value.

Catastrophic plans are not required to meet actuarial value targets but must have actuarial values below bronze. Eligibility is restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate. [refer to ACA §1302(e)(2)].

<sup>i</sup> See last page for a description of metallic level and eligibility for each plan.

<sup>ii</sup> Eligibility for catastrophic plans are restricted to either (1) young adults under age 30 prior to the start of the plan year or (2) individuals who have been deemed exempt from the individual mandate [refer to ACA §1302(e)(2)].