



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

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INSURED HEALTH PLANS AVAILABLE TO INDIVIDUALS AND SMALL GROUPS EFFECTIVE ON OR AFTER JANUARY 1, 2021

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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] 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, 2021**

1. AllWays Health Partners, Inc.¹

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^{i, ii}</u>	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION <u>AHP HMO Member Handbook</u> <i>Options:</i>	CompleteHMOMM v.1		
Complete HMO 20/40		Platinum	YES
Complete HMO 25/50		Gold	YES
Complete HMO 1500 35%		Gold	YES
Complete HMO 2000 25/50/300		Silver	YES
Complete HMO HSA 2000 30/60 Enhanced FlexRx		Silver	YES**
Complete HMO 2700		Bronze	YES
Complete HMO 25/40		Platinum	NO
Complete HMO 500		Gold	NO
Complete HMO 750		Gold	NO
Complete HMO 1000 30%		Gold	NO
Complete HMO 1000 25/40		Gold	NO
Complete HMO 1000 25/40 with Care Complement		Gold	NO
Complete HMO 1500		Gold	NO
Complete HMO 2000 25/40		Gold	NO
Complete HMO 2000 25/40 with Care Complement		Gold	NO
Complete HMO 2000 25/45		Silver	NO
Complete HMO 2000 25/45 with Care Complement		Silver	NO
Complete HMO 2000 25/50/300 with Care Complement		Silver	NO
Complete HMO 2000 35%		Silver	NO
Complete HMO 2500 25/50		Silver	NO
Complete HMO 2500 25/50 with Care Complement		Silver	NO
Complete HMO 3000		Silver	NO
Complete HMO 3000 with Care Complement		Silver	NO
Complete HMO 4500		Bronze	NO
Complete HMO HSA 2000 Enhanced FlexRx		Silver	NO
Complete HMO HSA 2500 30/45 Enhanced FlexRx		Silver	NO
Complete HMO HSA 3000 Enhanced FlexRx		Silver	NO
Complete HMO HSA 3000 ER 250 Enhanced FlexRX		Silver	NO

¹ As allowed by law, AllWays Health Plan, Inc. requires groups with five or fewer eligible employees to enroll through the following intermediaries: Health Services Administrators (866) 474-0101 and Small Business Service Bureau (800) 222-3434.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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Complete HMO HSA 3600 Enhanced FlexRx Silver NO

(AllWays Health Partners, Inc. (cont'd))

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> ^{i, ii}	<u>Offered thru the Connector</u>
<u><i>AHP HMO Member Handbook</i></u>	ChoiceETHMOMM v.1	CompleteHMOMM v.1	
<i>Options:</i>			
Choice Easy Tier HMO 500		Gold	NO
Choice Easy Tier HMO 1000		Gold	NO
Choice Easy Tier HMO 1500		Gold	NO
Choice Easy Tier HMO 1500 10%/30%		Gold	NO
Choice Easy Tier HMO 2000		Gold	NO
Choice Easy Tier HMO 2500		Silver	NO
Choice Easy Tier HMO 2500 15%/35%		Silver	NO
Choice Easy Tier HMO 3000		Silver	NO
<u><i>AHP HMO Member Handbook</i></u>	SelectHMOMM v.1		
<i>Options:</i>			
Select HMO 2000 25/50/300		Silver	YES**
Select HMO 2000 25/50/300 II		Silver	YES*
INSURED PREFERRED PROVIDER PLAN			
<u><i>AHP PPO Member Handbook</i></u>	CompletePPOPLUSMM_v1		
<i>Options:</i>			
Complete PPO Plus 500		Gold	NO
Complete PPO Plus 750		Gold	NO
Complete PPO Plus 1000 30%		Gold	NO
Complete PPO Plus 1000 25/40		Gold	NO
Complete PPO Plus 1000 25/40 with Care Complement		Gold	NO
Complete PPO Plus 1500		Gold	NO
Complete PPO Plus 2000 35%		Silver	NO
Complete PPO Plus 2000 25/40		Gold	NO
Complete PPO Plus 2000 25/40 with Care Complement		Gold	NO
Complete PPO Plus 2000 25/45		Silver	NO
Complete PPO Plus 2000 25/45 with Care Complement		Silver	NO
Complete PPO Plus 2500 25/50		Silver	NO
Complete PPO Plus 2500 25/50 with Care Complement		Silver	NO
Complete PPO Plus 2000 25/50/300		Silver	YES**
Complete PPO Plus 3000		Silver	NO
Complete PPO Plus 3000 with Care Component		Silver	NO
Complete PPO Plus HSA 2000 Enhanced FlexRx		Silver	NO

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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**(AllWays Health Partners, Inc.
(cont'd))**

Complete PPO Plus HSA 2500 30/45 Enhanced FlexRx	Silver	NO
Complete PPO Plus HSA 3000 Enhanced FlexRx	Silver	NO
Complete PPO Plus HSA 3600 Enhanced FlexRx	Silver	NO
Complete PPO Plus 4500	Bronze	NO

**available to Individuals only through Health Connector*

***available to Small Groups only through Health Connector*

AHP PPO Member Handbook

ChoiceETPPOPLUSMM_v1

Options:

Choice Easy Tier PPO Plus 500	Gold	NO
Choice Easy Tier PPO Plus 1000	Gold	NO
Choice Easy Tier PPO Plus 1500	Gold	NO
Choice Easy Tier PPO Plus 1500 10%/30%	Gold	NO
Choice Easy Tier PPO Plus 2000	Gold	NO
Choice Easy Tier PPO Plus 2500 15%/35%	Silver	NO
Choice Easy Tier PPO Plus 3000	Silver	NO

- ⁱ See last page for a description of metallic level and eligibility for each plan.
- ⁱⁱ 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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2. 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> ^{i, ii}	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION			
<u>HMO Blue and HMO Blue New England Network</u>			
Options:			
HMO Blue Premium	HMO (1-1-20) & hSoB-0121.RANGES	Platinum	YES
HMO Blue Deductible with Copayment		Gold	YES
HMO Blue Basic		Silver	YES
HMO Blue Saver		Silver	YES
HMO Blue Basic Deductible		Bronze	YES
HMO Blue Copayment		Gold	YES
HMO Blue Essential		Catastrophic	YES
HMO Blue New England Premier Value		Gold	NO
HMO Blue New England \$2,000 Deductible		Gold	NO
HMO Blue New England \$1,000 Deductible with Copayment		Gold	NO
HMO Blue New England \$2,000 Deductible with Copayment		Silver	NO
HMO Blue New England \$3,000 Deductible		Silver	NO
HMO Blue New England \$4,500 Deductible		Silver	NO
HMO Blue New England Basic Copayment		Silver	NO
HMO Blue New England Saver \$2,000		Silver	NO
HMO Blue New England Saver \$3,000		Silver	NO
HMO Blue New England Saver \$4,500		Silver	NO
HMO Blue New England Basic Saver		Silver	No
HMO Blue New England Total Deductible with Rx		Gold	NO
<u>HMO Blue Select Network²</u>			
Options:			
HMO Blue Select \$1,000 Deductible	HMO (1-1-20) & hSoB-0121.RANGES	Gold	NO
HMO Blue Select \$1,000 Deductible with Copayment		Gold	NO
HMO Blue Select \$2,000 Deductible		Gold	NO
HMO Blue Select \$2,000 Deductible with Copayment		Silver	NO

² **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.

ⁱ See last page for a description of metallic level and eligibility for each plan.

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> ^{i, ii}	<u>Offered thru the Connector</u>
HMO Blue Select \$3,000 Deductible		Silver	NO
HMO Blue Select Saver \$2,000		Silver	NO
<u>HMO Blue New England with Hospital Choice Cost Sharing Network</u> ³ <i>Options:</i>	HMO (1-1-20) & hSoB-0121.RANGES		
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
HMO Blue New England Saver \$3,000 with HCCS		Silver	NO
<u>HMO Blue New England Options Network</u> ³ <i>Options:</i>	HMO (1-1-20) & hoptSoB-0121.RANGES		
HMO Blue New England Options Deductible III		Gold	NO
HMO Blue New England Options Deductible II		Gold	NO

³ **The HMO Blue New England with Hospital Choice Cost Sharing Network tiers general hospitals**; members pay different levels of copayments and/or coinsurance depending on the tier of the 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.

⁴ **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.

ⁱ See last page for a description of metallic level and eligibility for each plan.

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> ^{i, ii}	<u>Offered thru the Connector</u>
PREFERRED PROVIDER PLAN			
<u>Preferred Blue PPO</u>	HMO-PPO (1-1-20) & hppoSoB-0121.RANGES		
<i>Options:</i>			
Preferred Blue PPO \$1,500 Deductible		Silver	NO
Preferred Blue PPO \$2,000 Deductible		Silver	NO
Preferred Blue PPO Basic Saver		Silver	NO
Preferred Blue PPO Saver \$2,000		Silver	NO
Preferred Blue PPO Saver \$3,000		Silver	NO
Preferred Blue PPO Saver \$4,500		Silver	NO
Preferred Blue PPO \$3,000 Deductible		Silver	NO
Preferred Blue PPO \$4,500 Deductible		Bronze	NO
Preferred Blue PPO Deductible with Coinsurance		Silver	YES
<u>Preferred Blue PPO Hospital Choice Cost Sharing Network⁴</u>	HMO-PPO (1-1-20) & hppoSoB-0121.RANGES		
<i>Options:</i>			
Preferred Blue PPO \$500 Deductible with HCCS		Gold	NO
Preferred Blue PPO \$2,000 Deductible with HCCS		Silver	NO
Preferred Blue PPO \$3,000 Deductible with HCCS		Silver	NO

⁴ **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.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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3. Boston Medical Center Health Plan, Inc.⁵

(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</u> ^{i, ii}	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION <u>BMC HealthNet Plan [Employer Choice Direct⁶]</u>	BMCHP-QHP2019ver.1 [BMCHP – EmpChoiceDirect2019ver.1]		
BMC HealthNet Plan Platinum [Direct ⁶]		Platinum	YES
BMC HealthNet Plan Gold [Direct ⁶]		Gold	YES
BMC HealthNet Plan Silver A II		Silver	YES ⁷
BMC HealthNet Plan Silver A [Direct ⁶]		Silver	YES ⁸
BMC HealthNet Plan Silver B [Direct ⁶]		Silver	YES ⁹
BMC HealthNet Plan Bronze [Direct ⁶]		Bronze	YES
BMC HealthNet Plan Low Gold [Direct ⁶]		Gold	YES
BMC HealthNet Plan Low Silver [Direct ⁶]		Silver	YES ^{10, 11}

⁵ 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 or if an individual 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.

⁶ When offered to eligible small groups off-Connector, products are marketed with Employer Choice Direct Name.

⁷ Only marketed to individuals on the Connector.

⁸ Only marketed to small employers on the Connector.

⁹ Only marketed to small employers on the Connector.

¹⁰ When issued to eligible small groups off-Connector, issued under form BMCHP-EmpChoiceDirect2019ver.1 rather than identical form BMCHP-QHP2019ver issued for those enrolling through the Connector.

¹¹ Only marketed to small employers on the Connector.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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4. 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</u> ^{i, ii}	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION			
<u>HMO Open Access</u>	CMI/HMO OA/BS 01 (1/2019)		
<i>Options:</i>			
Choice Mass HMO Copay \$40		Gold	NO
Choice Mass HMO Copay \$2000/\$4000.		Gold	NO
Choice Mass HMO Copay \$2000/\$4000 ded.		Silver	NO
Choice Mass HMO HSA \$3,000/\$6,000		Silver	NO
<u>HMO Open Access HDHP</u>			
Choice Mass HMO HSA Copay \$3000/\$6000 ded.	CMI/HMO OA HDHP/BS 01 (01/2019)	Silver	NO
PREFERRED PROVIDER PLAN			
<u>Point of Service</u>	CMI/POS OA/BS 01 (1/2019)		
Choice Mass POS Copay \$40		Gold	NO
Choice Mass POS Copay \$3,000/\$6,000		Silver	NO
<u>Point of Service HDHP</u>			
Choice Mass POS HSA \$2,500/\$5,000		Silver	NO
Choice Mass POS HSA \$4,500/\$9,000		Silver	NO
Choice Mass POS HSA \$5,600/\$11,200		Bronze	NO

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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5. Fallon Community Health Plan, Inc.¹²

10 Chestnut Street
Worcester, MA 01608-2810

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> ^{i, ii}	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION <u>FCHP Select Care Network</u>¹³	19-730-047		
Options:			
Select Care Platinum Connector		Platinum	YES
Select Care Copay 1000		Platinum	NO
Select Care Gold Connector High		Gold	YES
Select Care Gold Connector Low		Gold	YES
Select Care Deductible 2000 Low		Silver	NO
Select Care Deductible 1250		Gold	NO
Select Care Deductible 2000 High		Gold	NO
Select Care Deductible 3000 High		Gold	NO
Select Care Silver Connector		Silver	YES
Select Care Silver Connector II		Silver	YES
Select Care Silver Connector Low HSA		Silver	YES
Select Care Deductible 5000 Low		Silver	NO
Select Care QHD 2000 HSA		Silver	NO
Select Care QHD 3000 HSA		Silver	NO
Select Care Bronze Connector #1		Bronze	YES
Select Care Bronze Deductible 3000		Bronze	NO
Select Care Bronze Deductible 5000		Bronze	NO

¹² 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.

¹³ **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.

ⁱ See last page for a description of metallic level and eligibility for each plan.

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> ^{i, ii}	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION <u>FCHP Direct Care Network</u>¹⁴	19-730-048		
Options:			
Direct Care Platinum Connector		Platinum	YES
Direct Care Copay 1000		Platinum	NO
Direct Care Gold Connector Low		Gold	YES
Direct Care Gold Connector High		Gold	YES
Direct Care Deductible 2000 High		Gold	NO
Direct Care Deductible 3000 High		Gold	NO
Direct Care Deductible 1250		Gold	NO
Direct Care Silver Connector		Silver	YES
Direct Care Silver Connector II		Silver	YES
Direct Care Silver Connector Low HSA		Silver	YES
Direct Care Deductible 2000 Low		Silver	NO
Direct Care Deductible 5000 Low		Silver	NO
Direct Care QHD 2000 HSA		Silver	NO
Direct Care QHD 3000 HSA		Silver	NO
Direct Care Bronze Connector #1		Bronze	YES
Direct Care Bronze Deductible 3000		Bronze	NO
Direct Care Bronze Deductible 5000		Bronze	NO
Direct Care Catastrophic Plan		Catastrophic	YES
<u>FCHP Community Care Network</u>¹⁵	20-670-011		
Options:			
Community Care Silver Connector		Silver	YES
Community Care Silver Connector II		Silver	YES

¹⁴ **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.

¹⁵ **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.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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6. Fallon Health & Life Assurance Company, Inc.

10 Chestnut Street
Worcester, MA 01608-2810

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level^{i, ii}</u>	<u>Offered thru the Connector</u>
PREFERRED PROVIDER PLAN <u>Fallon Preferred Care</u>	19-670-034		
Options:			
Preferred Care Deductible 2000 Low		Silver	YES
Preferred Care QHD 2000 has		Silver	NO

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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7. Harvard Pilgrim Health Care, Inc.^{16, 17}

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</u> ^{i, ii}	<u>Offered thru the Connector</u>
TRADITIONAL HMO			
<u>CLOSED NETWORK PRODUCTS</u>			
<u>Harvard Pilgrim Health Care Network</u>			
THE HARVARD PILGRIM HMO Benefit Handbook	2544_03		
[THE HARVARD PILGRIM HMO FOR INDIVIDUAL MEMBERS Benefit Handbook	1120_14]		
<i>Options:</i>			
Standard Platinum Flex	SOB 2665	Platinum	YES
HMO 25 - Flex	SOB 1565_09	Platinum	NO
Standard High Gold Flex	SOB 2666	Gold	YES
HMO 500 - Flex	SOB 1565_09	Gold	NO
HMO 1000 - Flex	SOB 1565_09	Gold	NO
HMO 1500 - Flex	SOB 1565_09	Gold	NO
HMO 1750 Core - Flex	SOB 1567_08	Gold	NO
HMO 2000 - Flex	SOB 1565_09	Gold	NO
HMO 2000 Low - Flex	SOB 2667	Gold	YES
HMO 2000 with Coins. - Flex	SOB 1565_09	Gold	NO
Standard Silver	SOB 2668	Silver	YES
HMO 2000 Value - Flex	SOB 1565_09	Silver	NO
HMO 3000 - Flex	SOB 1565_09	Silver	NO
HMO 3500 - Flex	SOB 2676	Bronze	YES
HMO 3500 Core - Flex	SOB 1567_08	Silver	NO
Standard High Bronze	SOB 2670	Bronze	YES

¹⁶ 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.

¹⁷ 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.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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>Products Name</u>	<u>Form</u>	<u>Metallic Level</u> ^{i, ii}	<u>Offered thru the Connector</u>
THE HARVARD PILGRIM HMO HSA Handbook	2545_03		
[THE HARVARD PILGRIM BEST BUY HAS HMO FOR INDIVIDUAL Handbook	1469_14]		
<i>Options:</i>			
HMO HSA 2000 - Flex	1611_08	Silver	NO
HMO HSA 3000 - Flex	1611_08	Silver	NO
HMO HSA 3400 - Flex	1611_08	Silver	NO
Standard Low Silver HSA - Flex	2669	Silver	YES ¹⁸
 <u>Harvard Pilgrim Health Care Focus Network</u>¹⁹			
THE HARVARD PILGRIM FOCUS HMO Handbook	2546_03		
[THE HARVARD PILGRIM FOCUS HMO FOR INDIVIDUAL MEMBERS Handbook	1269_15] ²⁰		
<i>Options:</i>			
Focus HMO 25	SOB 1566_08	Platinum	NO
Focus HMO 1500	SOB 1566_08	Gold	NO
Focus HMO HSA 3400	SOB 1566_08	Silver	NO

¹⁸ Offered to small groups only through the Connector.

¹⁹ **The Harvard Pilgrim Focus Networksm – MA is different than the Harvard Pilgrim Network.** Please call the carrier directly if you have any questions about whether the Harvard Pilgrim Focus Networksm – MA is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Harvard Pilgrim Focus Networksm – MA.

²⁰ Offered to small groups only through the Connector.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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>Products Name</u>	<u>Form</u>	<u>Metallic Level</u> ^{i, ii}	<u>Offered thru the Connector</u>
<u>PREFERRED PROVIDER PLAN PRODUCTS</u>			
THE HARVARD PILGRIM PPO PLAN Handbook	2547_03		
[THE HARVARD PILGRIM PPO PLAN FOR INDIVIDUAL MEMBERS Handbook	1138-15]		
<i>Options:</i>			
PPO 25 - Flex	SOB 1569_08	Platinum	NO
PPO 500 - Flex	SOB 1569_08	Gold	NO
PPO 1000 - Flex	SOB 1569_08	Gold	NO
PPO 1500 - Flex	SOB 1569_08	Gold	NO
PPO 2000 - Flex	SOB 2674	Gold	YES ²¹
PPO 2000 with Coinsurance - Flex	SOB 1569_08	Gold	NO
PPO 3000 - Flex	SOB 1569_08	Silver	NO
THE HARVARD PILGRIM PPO HSA PLAN Handbook			
[THE HARVARD PILGRIM PPO HSA PLAN FOR INDIVIDUAL MEMBERS Handbook	1824_08		
1829_08]			
<i>Options:</i>			
PPO HSA 2000 - Flex	SOB 1826_07	Silver	NO
PPO HSA 3000 - Flex	SOB 1826_07	Silver	NO
PPO HSA 3400 - Flex	SOB 1826_07	Silver	NO

²¹ Offered to small groups only through the Connector.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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. Health New England, Inc.²²

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</u> ^{i, ii}	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION			
<u>HNE HMO Plans</u>			
<u>Options:</u>			
HNE Platinum A	HNEHMO-06	Platinum	YES
HNE Choice Plus 20/50/75	HNEHMO-06	Platinum	NO
HNE Gold	HNEHMOwithDED-06	Gold	YES
HNE Essential 500 20/50/75	HNEHMOwithDED-06	Platinum	NO
HNE Essential 1000 30/80/125	HNEHMOwithDED-06	Gold	NO
HNE Essential 1500 30/85/125	HNEHMOwithDED-06	Gold	NO
HNE Essential 2000 20/60/80	HNEHMOwithDED-06	Gold	NO
HMO Essential 2000 30/80/125	HNEHMOwithDED-06		
HNE Core 2000 Copay 30/80/125	HNEHMOwithDED-06	Gold	NO
HNE Core 2000 25/50/150	HNEHMOwithDED-06	Gold	NO
HNE Core 2500 25/50/100	HNEHMOwithDED-06	Gold	NO
HNE Core 2000/20% 30/60/90	HNEHMOwithDED-06	Gold	NO
HNE Gold 2000	HNEHMOwithDED-06	Gold	YES
HNE Essential 3000 35/80/125	HNEHMOwithDED-06	Silver	NO
HNE Essential 4000	HNEHMOwithDED-06	Silver	NO
HNE Core 3000	HNEHMOwithDED-06	Silver	NO
HNE Core 3000/20% 30/80/125	HNEHMOwithDED-06	Silver	NO
HNE Silver A	HNEHMOwithDED-06	Silver	YES
HNE Silver A II	HNEHMOwithDED-06	Silver	NO
HNE Silver 2000 HDHP	HNEHMOwithHIGHDED-06	Silver	YES
HNE Wise Max 3000 HDHP	HNEHMOwithHIGHDED-06	Silver	NO
HNE Wise 2000/20% HDHP 30/80/125	HNEHMOwithHIGHDED-06	Silver	NO
HNE Wise 3000/10% HDHP 30/60/90	HNEHMOwithHIGHDED-06	Silver	NO
HNE Bronze 2 HDHP	HNEHMOwithHIGHDED-06	Bronze	YES
HNE Wise Saver 3450 HDHP 10/35/60	HNEHMOwithHIGHDED-06	Silver	NO
HNE Thrive Bronze		Bronze	YES
HNE Thrive Silver 3000		Silver	NO
HNE Thrive Gold 2000		Gold	NO
HNE Thrive Platinum Copay		Platinum	NO

²² As allowed by law, HNE requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediaries: Massachusetts Health Connector (877) 623-6765 and Health Services Administrators (877) 777-4414

ⁱ See last page for a description of metallic level and eligibility for each plan.

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> ^{i, ii}	<u>Offered thru the Connector</u>
PREFERRED PROVIDER PLAN			
<u>HNE PPO Plans</u>			
<i>Options:</i>			
HNE PPO Core 2000 Copay National	HNE/PHCS-PPO-06	Gold	NO
HNE PPO Core 2000 National 25/50/150			
HNE PPO Essential 500 National 20/50/75		Platinum	NO
HNE PPO Essential 1000 National	HNE/PHCS-PPO-06	Gold	YES
HNE PPO Essential 2000 Local	HNE-PPO-06	Gold	NO
HNE PPO Essential 2000 National 20/60/80		Gold	NO
HNE PPO Essential 2000 National 30/80/125		Gold	NO
HNE PPO Essential 3000 National 35/80/125		Silver	NO
HNE PPO Thrive Bronze National		Bronze	NO
HNE PPO Thrive Silver 3000 National		Silver	NO
HNE PPO Wise Max 2000 HDHP National	HNE/PHCS-PPO Saver-06	Gold	NO
HNE PPO Wise Max 3000 HDHP National	HNE/PHCS-PPO Saver-06	Silver	NO
HNE PPO Wise 2000/20% HDHP National	HNE/PHCS-PPO Saver-06	Silver	NO
HNE PPO Wise 3000/10% HDHP National	HNE/PHCS-PPO Saver-06	Silver	NO
HNE PPO Wise Saver 3450 HDHP National	HNE/PHCS-PPO Saver-06	Silver	NO

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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9. HPHC Insurance Company, Inc.²³

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^{i, ii}</u>	<u>Offered thru the Connector</u>
PREFERRED PROVIDER PLAN			
<u>PPO HSA</u>			
PPO HSA 5000 – Flex			
Group	2548_03; SOB 1613_09	Bronze	NO
Individual	1141_15; SOB 1613_09	Bronze	NO

²³ 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.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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10. Tufts Associated Health Maintenance Organization, Inc.²⁴

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^{i,ii}</u>	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION			
Tufts Network			
<u>Tufts Health Plan HMO Value Options:</u>	EC-MASSHMO-002 Ed. 1-2019		
Premier Platinum		Platinum	NO
Standard Platinum Premier Platinum		Platinum	YES
Advantage HMO 500		Gold	NO
Advantage HMO 1000		Gold	NO
Premier Gold		Gold	NO
Premier Gold 2000		Gold	NO
Standard High Gold Premier Gold		Gold	YES
Non-Standard Low Gold Premier Gold 2000		Gold	YES
Advantage HMO 1500		Gold	NO
Advantage HMO 1500 (90%)		Gold	NO
Advantage HMO 2000		Gold	NO
Advantage HMO 2000 (80%)		Gold	NO
Advantage HMO 2500		Gold	NO
Premier Silver 2000		Silver	NO
Premier Silver Saver 2000 ²⁵		Silver	NO
Premier Silver Saver 2000 (Small Group Only)		Silver	YES
Standard Silver Premier Silver 2000		Silver	YES
Advantage HMO Saver 2000		Silver	NO
Advantage Basic HMO 2000		Silver	NO
Advantage HMO Saver 2500		Silver	NO
Advantage HMO 3000		Silver	NO
Advantage HMO Saver 3000		Silver	NO
Advantage HMO Saver 3600		Bronze	NO
Advantage HMO 4000		Silver	NO
Advantage HMO 5000		Silver	NO
Essential Advantage HMO 2000		Gold	NO

²⁴ 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.

²⁵

ⁱ See last page for a description of metallic level and eligibility for each plan.

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

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level^{i,ii}</u>	<u>Offered thru the Connector</u>
Essential Advantage HMO 2500		Gold	NO
Premier Bronze Saver 3600		Bronze	NO
Standard High Bronze HSA Premier Bronze Saver 3600		Bronze	YES
HEALTH MAINTENANCE ORGANIZATION			
<u>Tufts Health Plan HMO Basic</u>	EC-MASSHMO-003 Ed. 1-2019		
HMO Basic		Platinum	NO
Tufts Select Network²⁶			
<u>Advantage HMO</u>	EC-MASSHMO-002 Ed. 1-2019		
Select Advantage HMO 1000		Gold	NO
Select Advantage HMO 1500		Gold	NO
Select Advantage HMO 2000		Gold	NO
Select Advantage HMO 2500		Gold	NO
Select Advantage HMO 3000		Silver	NO
Select Advantage HMO 4000		Silver	NO
Select Advantage HMO 5000		Silver	NO
Your Choice Tiered Network²⁷			
<u>Tufts Health Plan HMO Value</u>	EC-MASSHMO-002 Ed. 1-2019		
Your Choice HMO 1000		Gold	NO
Your Choice HMO 1500		Gold	NO
Your Choice HMO 2000		Gold	NO
Your Choice HMO 3000		Silver	NO
Your Choice HMO Copay (65%)		Gold	NO
<u>Tufts Health Plan HMO Value</u>	EC-MASSHMO-002 Ed. 1-2019		
Steward Community Choice 1000 Gold		Gold	NO

²⁶ **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.

²⁷ **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.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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.^{28, 29}

705 Mount Auburn Street
Watertown, MA 02472-1508

Member Services (888) 257-1985

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level^{i, ii}</u>	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION			
<u><i>Tufts Health Direct Network</i></u>	Tufts Health Direct 2021 EOC		
Direct Platinum		Platinum	YES
Direct Gold		Gold	YES
Direct Gold 2000		Gold	YES
Direct Silver 2000 – Small Group		Silver	YES
Direct Silver 2000 – Individual		Silver	NO
Direct Silver 2000 HSA – Small Group		Silver	YES
Direct Silver 2000 HSA – Individual		Silver	NO
Direct Silver 2000 II – Small Group		Silver	NO
Direct Silver 2000 II – Individual		Silver	YES
Direct Silver 2500 with Coinsurance		Silver	NO
Direct Bronze 2700		Bronze	YES
Direct Bronze 3550 with Coinsurance		Bronze	YES
Direct Catastrophic		Catastrophic	YES

²⁸ 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.

²⁹ Please call the carrier directly if you have any questions about whether the Tufts Health Direct Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the network.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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 Company³⁰

(d/b/aG4 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^{i, ii}</u>	<u>Offered thru the Connector</u>
PREFERRED PROVIDER PLAN			
<u>Advantage PPO</u>	MA-TICOPPO-001 Ed. 1-2019		
Advantage PPO 500		Gold	NO
Advantage PPO 1000		Gold	NO
Advantage PPO 1500		Silver	NO
Advantage PPO 2000		Silver	NO
Advantage PPO 2500		Silver	NO
Advantage PPO 1500 (90%)		Gold	NO
Advantage PPO 2000 (80%)		Gold	NO
Advantage PPO Saver 2000		Silver	NO
Advantage PPO Saver 2500		Silver	NO
Advantage PPO Saver 3000		Silver	NO
Advantage PPO Saver 5000		Silver	NO
Advantage PPO Saver 6900		Bronze	NO
Advantage PPO 3000		Silver	NO
Advantage PPO 4000		Silver	NO
Advantage PPO 5000		Silver	NO
Essential Advantage PPO 2000		Gold	NO
Essential Advantage PPO 2500		Gold	NO
Non-Standard Premier Silver PPO 4000 (Small Group Only)		Silver	YES
Premier Silver PPO Saver 4000		Silver	NO

³⁰ 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.

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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^{i,ii}</u>	<u>Offered thru the Connector</u>
EXCLUSIVE PROVIDER PLAN (“EPO”)			
	COC.INS.2018.SG.MA & SBN.NAVNXS.I.2018.SG.MA & SBN.CHC.I.2018.SG.MA		
<u><i>Navigate Plan</i></u>			
<i>Options:</i>			
Standard Platinum UHC Navigate Platinum 0		Platinum	YES
UHC Navigate Platinum 1000		Platinum	NO
Standard Low Gold UHC Navigate Gold 2000		Gold	YES
UHC Navigate Gold 1500		Gold	NO
UHC Navigate Gold 2000		Gold	NO
UHC Navigate Gold 3000		Gold	NO
Standard High Silver UHC Navigate Silver 2000		Silver	YES
Standard Low Silver UHC Navigate HSA Silver 2000		Silver	YES
Standard High Bronze UHC Navigate HSA Bronze 3600		Bronze	YES
<u><i>Choice Plan</i></u>			
<i>Options:</i>			
UHC Choice Gold 0		Gold	NO
UHC Choice Gold 1000		Gold	NO
UHC Choice Gold 1500		Gold	NO
UHC Choice Silver 3000		Silver	NO
UHC Choice HSA Silver 3500		Silver	NO
<u><i>NexusACO R Plan</i></u>			
<i>Options:</i>			
UHC NexusACO R Gold 2000		Gold	NO
UHC NexusACO R Gold 2500		Gold	NO
UHC NexusACO R HSA Gold 1850		Gold	NO
UHC NexusACO R HSA Silver 3000		Silver	NO
UHC NexusACO R Silver 3000		Silver	NO
UHC NexusACO R HSA Silver 3500		Silver	NO
PREFERRED PROVIDER PLAN			
	COC.INS.2018.SG.MA & SBN.CHP.I.2018.SG.MA		
<u><i>Choice Plus Plan</i></u>			
<i>Options:</i>			
UHC Choice Plus Platinum 0		Platinum	NO
UHC Choice Plus Platinum 500		Platinum	NO

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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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(UnitedHealthcare Insurance Company (cont'd))

Standard High Gold UHC Choice Plus Gold 0		Gold	YES
	COC21.INS.2018.SG.MA & SBN21.CHP.I.2018.SG.MA		

Choice Plus Plan

Options:

UHC Choice Plus Gold 1000		Gold	NO
UHC Choice Plus Gold 1500		Gold	NO
UHC Choice Plus Gold 2000		Gold	NO
UHC Choice Plus HSA Gold 2000		Gold	NO
UHC Choice Plus Gold 3000		Gold	NO
UHC Choice Plus Gold 5000		Gold	NO
UHC Choice Plus Silver 6000		Silver	NO
UHC Choice Plus Silver 2500		Silver	NO
UHC Choice Plus HSA Silver 2500		Silver	NO
UHC Choice Plus HSA Silver 3000		Silver	NO
UHC Choice Plus HSA Bronze 6000		Bronze	NO

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)].

ⁱ See last page for a description of metallic level and eligibility for each plan.

ⁱⁱ 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)].