



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, 2024

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The following provides a list of all comprehensive health insurance plans available for purchase by individuals and small groups in Massachusetts from licensed health insurance companies. Consumers and small business interested in learning more about eligibility, costs and coverage options that may fit personal needs should contact one of the listed carriers, a licensed broker or the Massachusetts Health Connector ("Connector") [1-877-MA-ENROLL or www.mahealthconnector.org] for further information.

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2024**

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> ^{i, ii}	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION			
<u>HMO Blue and HMO Blue New England Network</u>			
		HMO (1-1-22) & hSoB-0124.RANGES	
Options:			
HMO Blue Premium		Platinum	YES
HMO Blue Deductible with Copayment		Gold	YES
HMO Blue Basic		Silver	YES
HMO Blue Saver		Silver	YES ^{1a}
HMO Blue Basic II		Silver	YES ^{1b}
HMO Blue Basic Deductible		Bronze	YES
HMO Blue Copayment		Gold	YES
HMO Blue Essential ⁱⁱ		Catastrophic ⁱⁱ	YES
HMO Blue New England Premier Value		Gold	NO
HMO Blue New England \$2,000 Deductible		Gold	NO
HMO Blue New England \$1,000 Deductiblewith Copayment		Gold	NO
HMO Blue New England \$1,500 Deductiblewith Copayment		Gold	NO
HMO Blue New England \$2,000 Deductiblewith Copayment		Silver	NO
HMO Blue New England \$3,000 Deductible		Silver	NO
HMO Blue New England \$3,000 Deductiblewith Copayment		Silver	NO
HMO Blue New England \$4,500 Deductible		Silver	NO
HMO Blue New England \$5,000 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

^{1a} Made available to Individuals and small groups; on the Connector only offered to small groups.

^{1b} Made available to small groups; on the Connector only offered to Individuals.
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
Effective on or after January 1, 2024**

(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>
<u>HMO Blue Select Network</u>²			
	HMO (1-1-22) & hSoB-0124.RANGES		
Options:			
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
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			
	HMO (1-1-22) & hSoB-0124.RANGES		
Options:			
HMO Blue New England \$500 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>⁴			
	HMO (1-1-22) & hoptSoB-0124.RANGES		
Options:			
HMO Blue New England Options Deductible III		Gold	NO
HMO Blue New England Options Deductible II		Gold	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.

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)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2024**

(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 (1-1-22) & hppoSoB-0124.RANGES		
<i>Options:</i>			
Preferred Blue PPO \$1,500 Deductible		Silver	NO
Preferred Blue PPO \$2,500 Deductible		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 \$4,500 Deductible		Bronze	NO
Preferred Blue PPO Saver with Copayment		Silver	YES ⁵
 <u>Preferred Blue PPO Hospital Choice Cost Sharing Network</u> ⁶	 HMO-PPO (1-1-22) & hppoSoB-0124.RANGES		
<i>Options:</i>			
Preferred Blue PPO \$500 Deductible with HCCS		Gold	NO
Preferred Blue PPO \$3,000 Deductible with HCCS		Silver	NO
 <u>Advantage Blue Preferred</u>	 HMO-EPO (1-1-23) & hepoSoB-0124.RANGES		
<i>Options:</i>			
Advantage Blue Preferred EPO \$2,000 Deductible		Silver	NO
Advantage Blue Preferred EPO \$3,000 Deductible		Silver	NO
Advantage Blue Preferred EPO Saver \$2,000		Silver	NO

⁵ Made available to Individuals and small groups; on the Connector only offered to small groups.

⁶ 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
Effective on or after January 1, 2024**

**2. Boston Medical Center Health Plan,
Inc.⁷ (d/b/a WellSense Health 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^{i, ii}</u>	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION			
<u>WellSense Health Plan [Employer ChoiceDirect⁸]</u>	WellSense-QHP2023ver.1 [WellSense – EmpChoiceDirect2023ver.1]		
WellSense Clarity Platinum 0 Deductible [Direct ⁸]		Platinum	YES
WellSense Clarity Gold 0 Deductible [Direct ⁸]		Gold	YES
WellSense Clarity Silver 2000 [Direct ⁸]		Silver	YES ⁹
WellSense Clarity Bronze 3600 [Direct ⁸]		Bronze	YES
WellSense Clarity Silver 3000 [Direct ⁸]		Silver	YES ⁹
WellSense Clarity Silver 2000 II		Silver	YES ¹⁰
WellSense Clarity Gold 1500 [Direct ⁸]		Gold	YES

⁷ As permitted by law, Boston Medical Center Health Plan, Inc. d/b/a WellSense Health Plan (“WellSense”) requires individuals and groups with five or fewer eligible employees to enroll through the Massachusetts Health Connector (“Connector”) in the Qualified Health Plan Products.

⁸ When offered to eligible small groups off-Connector, products are marketed with Employer Choice Direct name issued under form WellSense-EmpChoiceDirect2023ver.1.

⁹ Made available to individuals off-Connector through WellSense’s administrator (intermediary), Health Services Administrators, by calling 1-781-228-2222 or 1- 877-777-4414 or online at www.hsainsurance.com.

¹⁰ Made available to individuals and small groups; on the Connector only offered to individuals.

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
Effective on or after January 1, 2024**

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</u> ^{i, ii}	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION			
<u>HMO</u>			
	CMI/HMO Deductible SG 01 (1/2024)		
	CMI/HMO SG 01 (1/2024)		
Options:			
Choice Mass HMO Copay \$30		Gold	NO
Choice Mass HMO Copay \$2,000/\$4,000		Gold	NO
Choice Mass HMO Copay \$2,500/\$5,000 ded.		Silver	NO
 PREFERRED PROVIDER PLAN			
<u>Point of Service</u>			
	CMI/POS SG 01 (1/2024)		
Choice Mass POS Copay \$30		Gold	NO
 <u>Point of Service HDHP</u>			
	CMI/POSHDHPHSA SG 01 (1/2024)		
Choice Mass POS HSA \$2,500/\$5,000		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
Effective on or after January 1, 2024**

4. Fallon Community Health Plan, Inc.¹¹

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 Community Care Network</u>¹²	22-670-008		
Options:			
Community Care Connector Platinum		Platinum	YES
Community Care Connector High Gold		Gold	YES
Community Care Connector Low Gold		Gold	YES
Community Care Connector High Silver II		Silver	YES ¹³
Community Care Connector High Silver		Silver	YES ¹⁴
Community Care Connector Low Silver HSA		Silver	YES ¹⁴
Community Care Connector Bronze #1		Bronze	YES

¹¹ As allowed by law, Fallon requires groups with five or fewer eligible employees as well as individuals to enroll through the following intermediaries: Massachusetts Health Connector (877) 623-6765.

¹² Fallon Health Community Care Network is a limited network available in Suffolk, Berkshire, Middlesex and Worcester counties, parts of Norfolk County, and in one town in Bristol County (Mansfield); 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.

¹³ Made available to individuals and small groups; on the Connector only offered to individuals.

¹⁴ Made available to individuals and small groups; on the Connector only offered to small groups.

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
Effective on or after January 1, 2024**

5. Harvard Pilgrim Health Care, Inc. (a Point32Health company)^{15,16}

1 Wellness Way
Canton, MA 02021

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 CLOSED NETWORK PRODUCTS			
<u>Harvard Pilgrim Health Care Network</u>			
THE HARVARD PILGRIM HMO Benefit Handbook	2544_10		
[THE HARVARD PILGRIM HMO FOR INDIVIDUAL MEMBERS Benefit Handbook	1120-21]		
Options:			
Standard Platinum Flex	SOB 2903	Platinum	YES
HMO 20 - Flex	SOB 1565_14	Platinum	NO
Standard High Gold	SOB 2904	Gold	YES
HMO 500 - Flex	SOB 1565_14	Gold	NO
HMO 1000 - Flex	SOB 1565_14	Gold	NO
HMO 1500 - Flex	SOB 1565_14	Gold	NO
HMO 1500 with Coins. Flex	SOB 1565_14	Gold	NO
HMO 2000 - Flex	SOB 1565_14	Gold	NO
HMO 2000 Low - Flex	SOB 2908	Gold	YES
HMO 2000 with Coins. - Flex	SOB 1565_14	Gold	NO
Standard Silver	SOB 2905	Silver	YES
Standard Silver II	SOB 2930	Silver	YES
HMO 2000 Value - Flex	SOB 1565_14	Silver	NO
HMO 2500 - Flex	SOB 1565_14	Gold	NO
HMO 3000 - Flex	SOB 1565_14	Silver	NO
HMO 3500 - Flex	SOB 2910	Bronze	YES
HMO 4000 Flex	SOB 1565_14	Silver	NO
HMO 5000 Flex	SOB_1565_14	Silver	NO
HMO 6000 Value - Flex	SOB_1565_14	Bronze	YES
Standard ConnectorCare 1	SOB 2911	Silver-CSR	YES ¹⁷
Standard ConnectorCare 2	SOB 2912	Silver-CSR	YES ¹⁷
Standard ConnectorCare 3	SOB 2913	Silver-CSR	YES ¹⁷

¹⁵ 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.

¹⁶ 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.

¹⁷ On the Connector only offered to individuals.

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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(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_10		
[THE HARVARD PILGRIM BEST BUY HSA HMO FOR INDIVIDUAL Handbook	1469-21]		
Options:			
Standard High Bronze HSA Flex	2907	Bronze	YES
HMO HSA 2000 - Flex	1611-13	Silver	NO
HMO HSA 2500 - Flex	1611_13	Silver	NO
HMO HSA 3000 - Flex	1611_13	Silver	NO
HMO HSA 3400 - Flex	1611_13	Silver	NO
HMO HSA 4000 – Flex	1611_13	Bronze	NO
Standard Low Silver HSA - Flex	2906	Silver	YES ¹⁸

Harvard Pilgrim Health Care Focus Network¹⁹

THE HARVARD PILGRIM FOCUS HMO Handbook	2546_10		
[THE HARVARD PILGRIM FOCUS HMO FOR INDIVIDUAL MEMBERS Handbook	1269-22]		

Options:

Focus HMO 1000	SOB 2842_03	Gold	NO
Focus HMO 1500	SOB 2842_03	Gold	NO
Focus HMO 2000	SOB 2842_03	Gold	NO
Focus HMO 2500	SOB 2842_03	Gold	NO
Focus HMO 3000	SOB 2842_03	Silver	NO
Focus HMO HSA 3400	SOB 1566_13	Silver	NO

¹⁸ Made available to individuals and small groups; on the Connector only offered to small groups.

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.

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
Effective on or after January 1, 2024**

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

<u>Products Name</u>	<u>Form</u>	<u>Metallic Level^{i, ii}</u>	<u>Offered thru the Connector</u>
<u>PREFERRED PROVIDER PLAN PRODUCTS</u>			
THE HARVARD PILGRIM PPO PLAN Handbook	2547_10		
[THE HARVARD PILGRIM PPO PLAN FOR INDIVIDUAL MEMBERS Handbook	1138_22]		
<i>Options:</i>			
PPO 20 - Flex	SOB 1569_13	Platinum	NO
PPO 500 - Flex	SOB 1569_13	Gold	NO
PPO 1000 - Flex	SOB 1569_13	Gold	NO
PPO 1500 – Flex	SOB 1569_13	Silver	NO
PPO 2000 - Flex	SOB 1569_13	Gold	NO
PPO 2000 Value – Flex	SOB 1569_13	Silver	NO
PPO 2500 – Flex	SOB 1569_13	Gold	NO
PPO 3000 – Flex	SOB 1569_13	Silver	NO
PPO 4000 – Flex	SOB 1569_13	Silver	NO
THE HARVARD PILGRIM PPO HSA PLAN Handbook	1824-15		
[THE HARVARD PILGRIM PPO HSA PLAN FOR INDIVIDUAL MEMBERS Handbook	1829_15]		
<i>Options:</i>			
PPO HSA 2000 - Flex	SOB 2909	Silver	YES ²⁰
PPO HSA 3000 - Flex	SOB 1826_12	Silver	NO
PPO HSA 3400 - Flex	SOB 1826_12	Silver	NO

²⁰ Made available to individuals and small groups; on the Connector only offered to small groups.

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
Effective on or after January 1, 2024**

6. Health New England, Inc.²¹

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^{i, ii}</u>	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION			
<u>HNE HMO Plans</u>			
Options:			
HNE Platinum A	HNEHMO-06	Platinum	YES
HNE Choice Plus	HNEHMO-06	Platinum	NO
HNE Gold	HNEHMO-06	Gold	YES
HNE Essential 500	HNEHMOwithDED-06	Platinum	NO
HNE Essential 1000	HNEHMOwithDED-06	Gold	NO
HNE Essential 2000	HNEHMOwithDED-06	Gold	NO
HNE Core 2000 Copay	HNEHMOwithDED-06	Silver	NO
HNE Core 2000	HNEHMOwithDED-06	Gold	NO
HNE Core 2500	HNEHMOwithDED-06	Gold	NO
HNE Thrive Gold 2000	HNEHMOwithDED-06	Gold	YES
HNE Essential 3000	HNEHMOwithDED-06	Gold	NO
HNE Essential 4000	HNEHMOwithDED-06	Silver	NO
HNE Essential 5000	HNEHMOwithDED-06	Silver	NO
HNE Core 3000	HNEHMOwithDED-06	Silver	NO
HNE Silver A	HNEHMOwithDED-06	Silver	YES
HNE Silver A II	HNEHMOwithDED-06	Silver	YES
HNE Silver 2000 HDHP	HNEHMOwithHIGHDED-06	Silver	YES
HNE Wise Max 2000 HDHP	HNEHMOwithHIGHDED-06	Gold	NO
HNE Wise Max 3000 HDHP	HNEHMOwithHIGHDED-06	Gold	NO
HNE Wise 3000/10% HDHP	HNEHMOwithHIGHDED-06	Silver	NO
HNE Bronze 2 HDHP	HNEHMOwithHIGHDED-06	Bronze	YES
HNE Wise Saver 3450 HDHP	HNEHMOwithHIGHDED-06	Silver	NO
HNE Thrive Bronze	HNEHMOwithDED-06	Bronze	YES
HNE Thrive Silver 3000	HNEHMOwithDED-06	Silver	NO
HNE Thrive Platinum Copay	HNEHMO-06	Platinum	NO

²¹ 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)].

**Insured Health Plans Available to Individuals and Small Groups
Effective on or after January 1, 2024**

(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 Essential 1000 National	HNE/PHCS-PPO-06	Gold	NO
HNE PPO Core 2000 Copay National	HNE/PHCS-PPO-06	Silver	NO
HNE PPO Core 2000 National	HNE/PHCS-PPO-06	Gold	NO
HNE PPO Essential 500 National	HNE/PHCS-PPO-06	Platinum	NO
HNE PPO Silver A National	HNE/PHCS-PPO-06	Silver	YES ²²
HNE PPO Essential 2000 National	HNE/PHCS-PPO-06	Gold	NO
HNE PPO Essential 3000 National	HNE/PHCS-PPO-06	Gold	NO
HNE PPO Essential 5000 National	HNE/PHCS-PPO-06	Silver	NO
HNE PPO Thrive Bronze National	HNE/PHCS-PPO-06	Bronze	NO
HNE PPO Thrive Silver 3000 National	HNE/PHCS-PPO-06	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	Gold	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

²² Made available to individuals and small groups; on the Connector only offered to small groups.

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
Effective on or after January 1, 2024**

7. HPHC Insurance Company, Inc. (a Point32Health company)²³

1 Wellness Way
Canton, MA 02021

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_10; SOB 1613_14	Bronze	NO
Individual	1141-22; SOB 1613-14	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
Effective on or after January 1, 2024**

8. Mass General Brigham Health Plan, Inc.²⁴

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</u> ^{i, ii}	<u>Offered thru the Connector</u>
HEALTH MAINTENANCE ORGANIZATION <u>MGBHP HMO Member Handbook</u>	CompleteHMOMM v.1		
Options:			
Complete HMO 20/40		Platinum	YES
Complete HMO 30/55		Gold	YES
Complete HMO 1000 35%		Gold	YES
Complete HMO 2000 25/60		Silver	YES ²⁵
Complete HMO 2000 25/60 II		Silver	YES ²⁶
Complete HMO HSA 2000 30/60 Enhanced FlexRx		Silver	YES ²⁵
Complete HMO 2850		Bronze	YES
Complete HMO 20/40 with Care Compliment		Platinum	NO
Complete HMO 500 with Care Compliment		Gold	NO
Complete HMO 1000 25/50/350 with Care Compliment		Gold	NO
Complete HMO 1000 10%/30% with Care Compliment		Gold	NO
Complete HMO 1500 25/50 ER350 with Care Complement		Gold	NO
Complete HMO 2000 20/40/400 with Care Complement		Gold	NO
Complete HMO 2000 30/60/1000 with Care Compliment		Silver	NO
Complete HMO 2000 25/60 with Care Complement		Silver	NO
Complete HMO 2500 15%/35% with Care Compliment		Silver	NO
Complete HMO 2500 30/55/500 with Care Complement		Silver	NO
Complete HMO 3000 40/55/500 with Care Complement		Silver	NO
Complete HMO 3500 with Care Complement		Silver	NO
Complete HMO 4000 35/45/750 10% with Care Complement		Bronze	NO
Complete HMO 5000 35/45/750 10% with Care Complement		Bronze	NO
Complete HMO HSA 2500 30/45/450 Enhanced FlexRx		Silver	NO
Complete HMO HSA-E 3200 Enhanced FlexRx		Silver	NO
Complete HMO HSA-E 3200 ER350 Enhanced FlexRx		Silver	NO
Complete HMO HSA-E 3600 35/50/600 Enhanced FlexRx		Silver	NO

²⁴ As allowed by law, Mass General Brigham 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.

²⁵ Made available to Individuals and small groups; on the Connector only offered to small groups.

²⁶ Made available to Individuals and small groups; on the Connector only offered to individuals.

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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(Mass General Brigham Health Plan, Inc. cont'd)

<u>Product Name</u>	<u>Form</u>	<u>Metallic Level</u> ^{i, ii}	<u>Offered thru the Connector</u>
<u>MGBHP HMO Member Handbook</u>			
Options:			
Choice Easy Tier HMO 500 with Care Compliment	ChoiceETHMOMM v.1	Gold	NO
Choice Easy Tier HMO 1000 25/40/300 with Care Complement		Gold	NO
Choice Easy Tier HMO 1500 with Care Compliment		Gold	NO
Choice Easy Tier HMO 2000 25/40 with Care Complement		Gold	NO
Choice Easy Tier HMO 2500 with Care Compliment		Silver	NO
Choice Easy Tier HMO 2500 15%/35% with Care Compliment		Silver	NO
Choice Easy Tier HMO 3000 with Care Compliment		Silver	NO
<u>MGBHP HMO Member Handbook</u>			
Options:			
Select HMO 30/55	SelectHMOMM v.1	Gold	YES ²⁷
Select HMO 2000 25/60 II		Silver	YES ²⁸
<u>MGBHP HMO Member Handbook</u>			
Options:			
Allies Choice HMO 1000 25/50/350 with Care Complement	AlliesCHHMOMM v.1	Gold	NO
Allies Choice HMO 1500 25/50 ER350 with Care Complement		Gold	NO
Allies Choice HMO 2000 20/40/400 with Care Complement		Gold	NO
Allies Choice HMO 3000 40/55/500 with Care Complement		Silver	NO
INSURED PREFERRED PROVIDER PLAN			
<u>MGBHP PPO Member Handbook</u>			
Options:			
Complete PPO Plus 500 with Care Compliment	CompletePPOPLUSMM_v1	Gold	NO
Complete PPO Plus 1000 10%/30% with Care Compliment		Gold	NO
Complete PPO Plus 1000 25/50/350 with Care Complement		Gold	NO

²⁷ Made available to Individuals and small groups; on the Connector only available to small groups.

²⁸ Made available to individuals and small groups; on the Connector only offered to individuals.

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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(Mass General Brigham Health Plan, Inc.(cont'd))

Complete PPO Plus 1500 25/50 ER350 with Care Complement	Gold	NO
Complete PPO Plus 2000 20/40/400 with Care Complement	Gold	NO
Complete PPO Plus 2000 25/60	Silver	YES ²⁹
Complete PPO Plus 2000 30/60/1000 with Care Compliment	Silver	NO
Complete PPO Plus 2500 30/55/500 with Care Complement	Silver	NO
Complete PPO Plus 2500 15%/35% with Care Compliment	Silver	NO
Complete PPO Plus 3000 40/55/500 with Care Complement	Silver	NO
Complete PPO Plus 3500 with Care Compliment	Silver	NO
Complete PPO Plus 4000 35/45/750 10% with Care Compliment	Bronze	NO
Complete PPO Plus 5000 35/45/750 10% with Care Complement	Bronze	NO
Complete PPO Plus HSA 2500 30/45/450 Enhanced FlexRx	Silver	NO
Complete PPO Plus HSA-E 3200 Enhanced FlexRx	Silver	NO
Complete PPO Plus HSA-E 3600 35/50/600 Enhanced FlexRx	Silver	NO

MGBHP PPO Member Handbook

ChoiceETPPPOPLUSMM v.1

Options:

Choice Easy Tier PPO Plus 500 with Care Compliment	Gold	NO
Choice Easy Tier PPO Plus 1000 25/40/300 with Care Complement	Gold	NO
Choice Easy Tier PPO Plus 1500 with Care Compliment	Gold	NO
Choice Easy Tier PPO Plus 2000 25/40 with Care Complement	Gold	NO
Choice Easy Tier PPO Plus 2500 15%/35% with Care Compliment	Silver	NO
Choice Easy Tier PPO Plus 3000 with Care Compliment	Silver	NO

²⁹ Made available to Individuals and small groups; on the Connector only available to small groups.

- 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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9. Tufts Health Public Plans, Inc. (a Point32Health company)³⁰

1 Wellness Way
Canton, MA 02021

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>Tufts Health Direct Network</u>	EOC-Direct-001 Ed. 1-2024		
Tufts Health Direct Platinum		Platinum	YES
Tufts Health Direct Gold		Gold	YES
Tufts Health Direct Gold 1600		Gold	YES
Tufts Health Direct Silver 2000 – Small Group		Silver	YES
Tufts Health Direct Silver 2000 – Individual		Silver	NO
Tufts Health Direct Silver 2000 HSA – Small Group		Silver	YES
Tufts Health Direct Silver 2000 HSA – Individual		Silver	NO
Tufts Health Direct Silver 2000 II – Small Group		Silver	NO
Tufts Health Direct Silver 2000 II – Individual		Silver	YES
Direct Bronze 2850		Bronze	YES
Tufts Health Direct Catastrophic ⁱⁱ		Catastrophic ⁱⁱ	YES

³⁰ 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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10. 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</u> ^{i, ii}	<u>Offered thru the Connector</u>
EXCLUSIVE PROVIDER ORGANIZATION (EPO)			
<u>Navigate Plan</u>			
<u>Options:</u>			
Standard Platinum UHC Navigate Platinum 0		Platinum	YES
UHC Navigate Platinum 0		Platinum	NO
UHC Navigate Platinum 1000		Platinum	NO
Standard High Gold: UHC Navigate Gold 0		Gold	YES
UHC Navigate Gold 1500		Gold	NO
UHC Navigate Gold 2000		Gold	NO
UHC Navigate Gold 3000		Gold	NO
Low Gold: UHC Navigate Gold 2000		Gold	YES
Non-Standard Low Gold: UHC Navigate Gold 2000		Gold	YES
Standard High Silver: UHC Navigate Silver 2000		Silver	YES
Standard Silver: UHC Navigate Silver 2000		Silver	YES
UHC Navigate Silver 2000		Silver	NO
UHC Navigate HSA Silver 2000		Silver	NO
UHC Navigate Silver 4500		Silver	NO
Standard Low Silver HSA: UHC Navigate HSA Silver 2000		Silver	YES
Standard High Bronze HSA: UHC Navigate HSA Bronze 3600		Expanded Bronze	YES
UHC Navigate HSA Bronze 3300		Expanded Bronze	NO
<u>Choice Plan</u>			
<u>Options:</u>			
Standard High Gold: UHC Choice Gold 0		Gold	YES
UHC Choice Gold 0		Gold	NO
UHC Choice Gold 1000		Gold	NO
UHC Choice Gold 2000		Gold	NO
UHC Choice Gold 2500		Gold	NO
UHC Choice Gold 3000		Gold	NO
UHC Choice HSA Silver 3500		Silver	NO
UHC Choice Silver 4250		Silver	NO
UHC Choice Silver 5500		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)].

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UnitedHealthcare Insurance Company

(CONTINUED)

NexusACO R

Plan Options:

UHC NexusACO R Gold 1000	Gold	NO
UHC NexusACO R Gold 2000	Gold	NO
UHC NexusACO R HSA Gold 2250	Gold	NO
UHC NexusACO R Gold 2500	Gold	NO
UHC NexusACO R Gold 3000	Gold	NO
UHC NexusACO R HSA Silver 3500	Silver	NO
UHC NexusACO R Silver 3500	Silver	NO
UHC NexusACO R HSA Silver 4250	Silver	NO
UHC NexusACO R Silver 4250	Silver	NO
UHC NexusACO R Silver 6000	Silver	NO

PREFERRED PROVIDER ORGANIZATION (EPO)

COC21.INS.2018.SG.MA &
SBN21.CHP.I.2018.SG.MA

Choice Plus Plan

Options:

UHC Choice Plus Platinum 0	Platinum	NO
UHC Choice Plus Platinum 500	Platinum	NO
Standard High Gold UHC Choice Plus Gold 0	Gold	YES
UHC Choice Plus Gold 1000	Gold	NO
UHC Choice Plus Gold 1500	Gold	NO
UHC Choice Plus HSA Gold 2000	Gold	NO
UHC Choice Plus Gold 2000	Gold	NO
UHC Choice Plus Gold 3000	Gold	NO
UHC Choice Plus Gold 5000	Gold	NO
UHC Choice Plus HSA Silver 3000	Silver	NO
UHC Choice Plus HSA Silver 4000	Silver	NO
UHC Choice Plus Silver 4000	Silver	NO
UHC Choice Plus HSA Silver 4500	Silver	NO
UHC Choice Plus Silver 7000	Silver	NO
UHC Choice Plus HSA Bronze 6700	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)].

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Metallic Level (actuarial value categories)

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 (what you will pay compared to how much the health plan pays). The lower your premium, the more you pay in cost sharing. 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)].