

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

- 1. AETNA HEALTH INC.**
151 Farmington Avenue
Hartford, CT 06156
(800) 872-3862

Type:	IPA
For-Profit:	Yes
NAIC #	95236

**LARGE GROUP
HEALTH MAINTENANCE ORGANIZATION**

Closed Network Product

HMO Certificate of Coverage

Form #

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

Dual Certificate Product

HMO Certificate of Coverage

Form #

HI COC00010 03; 00020 03;00030
02;00040 03;00050 03;00060 02;00070
03;00080 03;00090 03;00100 03;00110
03;00120 03;00130 02;00140 03;00150
02;00160 03;00170 03;00180 03;00190 02
HO COC00010 03;00020 01;00030
02;00040 03;00050 02;00060 02;00070
03;00080 02;00090 03;00100 03;00110
03;00120 03;00130 02;00140 03;00150
02;00160 03;00170 03;00180 03

Aetna Health Insurance Company Certificate

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

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

**LARGE GROUP
HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product
HMO BLUE NETWORK**

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

HMO Blue ^{1,2}
HMO Blue \$1,000 Deductible ^{1,2}
HMO Blue \$2,000 Deductible ^{1,2}
HMO Blue Enhanced Value ^{1,2}
HMO Blue Premier Value ^{1,2}
HMO Blue Value Plus ^{1,2}

HMO BLUE OPTIONS NETWORK (v. 5) ³ HMO (1-1-13) January 1, 2017
HMO Blue Options ²
HMO Blue Options Deductible ²

HMO BLUE SELECT NETWORK ⁴ HMO (1-1-13) January 1, 2017
HMO Blue Select
Access Blue Select Saver \$2,000 ⁵
HMO Blue Select \$1,000 Deductible
HMO Blue Select \$1,000 Deductible with Copayment
HMO Blue Select \$2,000 Deductible
HMO Blue Select \$2,000 Deductible with Copayment
HMO Blue Select \$3,000 Deductible

¹ These plan designs are also offered with the **HMO Blue with Hospital Choice Cost Sharing Network**; members pay different levels of copayments and/or coinsurance depending on the tier of the general hospital furnishing covered services. Please call the carrier directly if you have any questions about the participation of your acute care facility within the HMO Blue with Hospital Choice Cost Sharing Network.

² These plan designs are not available to groups of 51-99 employees.

³ The **HMO Blue Options Network primary care providers and general hospitals fall into different tiers**; members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier level of your primary care provider or acute care facility within the HMO Blue Options Network.

⁴ **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.

⁵ This plan design is not available to groups of 100 or more employees.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

Closed Network Product

Form #

HMO BLUE NEW ENGLAND NETWORK

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

Access Blue New England Basic Saver ²
Access Blue New England Basic Saver II
Access Blue New England Enhanced Value ^{2, 6}
Access Blue New England Saver \$1,500
Access Blue New England Saver \$2,000
Access Blue New England Saver \$2,500
Access Blue New England Saver \$3,000
Access Blue New England Basic \$2,000 ^{2, 6}
HMO Blue New England ^{2, 6}
HMO Blue New England \$500 Deductible ⁶
HMO Blue New England \$1,000 Deductible ⁶
HMO Blue New England \$1,000 Deductible with Coinsurance ⁶
HMO Blue New England \$1,000 Deductible with Copayment ⁵
HMO Blue New England \$1,500 Deductible ⁶
HMO Blue New England \$2,000 Deductible ⁶
HMO Blue New England \$2,000 Deductible with Copayment ⁵
HMO Blue New England \$3,000 Deductible ⁶
HMO Blue New England Basic Coinsurance
HMO Blue New England Basic Copayment
HMO Blue New England Enhanced Value ⁶
HMO Blue New England Premier Value ⁶
HMO Blue New England Premier Value with Coinsurance ^{2, 6}
HMO Blue New England Value ^{2, 6}
HMO Blue New England Value Plus ⁶

**HMO BLUE NEW ENGLAND OPTIONS ⁷
NETWORK (v. 5)**

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

HMO Blue New England Options ²
HMO Blue New England Options Deductible
HMO Blue New England Options Deductible II
HMO Blue New England Options Deductible III

⁶ These plan designs are also offered with the **HMO Blue New England with Hospital Choice Cost Sharing Network**; members pay different levels of copayments and/or coinsurance depending on the tier of the general hospital furnishing covered services. Please call the carrier directly if you have any questions about the participation of your acute care facility within the HMO Blue New England with Hospital Choice Cost Sharing Network.

⁷ **The HMO Blue New England Options Network primary care providers and general hospitals fall into different tiers**; members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier level of your primary care provider or acute care facility within the HMO Blue New England Options Network.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

Dual Certificate Product

Form #s

Point of Service

Health Maintenance Organization Subscriber

Certificate (in-network)

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

Indemnity Plan Subscriber Certificate
(out-of-network)

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

HMO BLUE NETWORK

Blue Choice ²

Blue Choice Value Plus ²

HMO BLUE NEW ENGLAND NETWORK

Blue Choice New England ²

Blue Choice New England Value Plus

Insured Preferred Provider Plan Product

Form#

PREFERRED BLUE PPO NETWORK

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

Preferred Blue PPO 80 with Copay ⁸

Preferred Blue PPO \$500 Deductible ⁸

Preferred Blue PPO \$1,000 Deductible ⁸

Preferred Blue PPO \$2,000 Deductible ⁸

Preferred Blue PPO Basic \$2,000 ⁸

Preferred Blue PPO Basic Coinsurance ⁸

Preferred Blue PPO Basic Copayment

Preferred Blue PPO Basic Saver

Preferred Blue PPO Saver \$1,500

Preferred Blue PPO Saver \$2,000

Preferred Blue PPO Saver \$2,900

**PREFERRED BLUE PPO OPTIONS ⁹
NETWORK (v. 5)**

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

Preferred Blue PPO Options

Preferred Blue PPO Options Deductible II

Preferred Blue PPO Options Deductible III

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

⁹ **Preferred Blue PPO Options Network primary care in-network providers and in-network general hospitals fall into different tiers**; members pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the in-network provider delivering a covered service or supply. Please call the carrier directly if you have any questions about the tier level of your primary care provider or acute care facility within the Preferred Blue PPO Options Network.

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

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

SMALL GROUP/INDIVIDUAL

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

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

Form #

HMO BLUE NETWORK

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

Access Blue Basic

Access Blue Basic Saver

HMO Blue \$1,000 Deductible

HMO Blue \$2,000 Deductible

HMO Blue Basic Copayment

HMO Blue Basic Deductible

HMO Blue Essential

HMO Blue Premium

HMO BLUE SELECT NETWORK ⁴

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

Access Blue Select Saver \$2,000

HMO Blue Select \$1,000 Deductible

HMO Blue Select \$1,000 Deductible with Copayment

HMO Blue Select \$2,000 Deductible

HMO Blue Select \$2,000 Deductible with Copayment

HMO Blue Select \$3,000 Deductible

HMO BLUE NEW ENGLAND NETWORK

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

Access Blue New England Basic \$2,000

Access Blue New England Basic Saver

Access Blue New England Basic Saver II

Access Blue New England Saver

Access Blue New England Saver \$2,000

Access Blue New England Saver \$2,500

Access Blue New England Saver \$3,000

HMO Blue New England \$500 Deductible

HMO Blue New England \$1,000 Deductible

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

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

HMO Blue New England \$1,500 Deductible

HMO Blue New England \$2,000 Deductible

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

HMO Blue New England \$3,000 Deductible

HMO Blue New England Basic Coinsurance

HMO Blue New England Basic Copayment

HMO Blue New England Enhanced Value

HMO Blue New England Premier Value

HMO Blue New England Premier Value with Coinsurance

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

**HMO BLUE NEW ENGLAND WITH
HOSPITAL CHOICE COST SHARING
NETWORK ⁶**

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

Access Blue New England Basic \$2,000 with HCCS
HMO Blue New England \$500 Deductible with HCCS
HMO Blue New England \$1,000 Deductible with HCCS
HMO Blue New England \$1,000 Deductible with Coinsurance and HCCS
HMO Blue New England \$1,000 Deductible with Copayment and HCCS
HMO Blue New England \$1,500 Deductible with HCCS
HMO Blue New England \$2,000 Deductible with HCCS
HMO Blue New England \$3,000 Deductible with HCCS
HMO Blue New England Premier Value with HCCS
HMO Blue New England Premier Value with Coinsurance and HCCS

**HMO BLUE NEW ENGLAND OPTIONS
NETWORK (v. 5) ⁷**

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

HMO Blue New England Options Deductible
HMO Blue New England Options Deductible II
HMO Blue New England Options Deductible III

**Insured Preferred Provider Plan Product
PREFERRED BLUE PPO NETWORK**

Form #

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

Preferred Blue PPO \$500 Deductible
Preferred Blue PPO \$1,000 Deductible
Preferred Blue PPO \$2,000 Deductible
Preferred Blue PPO Basic \$2,000
Preferred Blue PPO Basic Coinsurance
Preferred Blue PPO Basic Copayment
Preferred Blue PPO Basic Saver
Preferred Blue PPO Saver \$1,500
Preferred Blue PPO Saver \$2,000
Preferred Blue PPO Saver \$3,000

**PREFERRED BLUE PPO WITH HOSPITAL
CHOICE COST SHARING NETWORK ⁸**

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

Preferred Blue PPO \$500 Deductible with HCCS
Preferred Blue PPO \$1,000 Deductible with HCCS
Preferred Blue PPO \$2,000 Deductible with HCCS
Preferred Blue PPO Basic \$2,000 with HCCS

**PREFERRED BLUE PPO OPTIONS
NETWORK (v. 5) ⁹**

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

Preferred Blue PPO Options
Preferred Blue PPO Options Deductible II
Preferred Blue PPO Options Deductible III

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

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

MEDICARE

Tel. (800) 678-2265

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

Group Medicare Wraparound

Managed Blue for Seniors

Form #

MBSR (1-1-06 Rev.)

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

**3. BOSTON MEDICAL CENTER
HEALTH PLAN, INC.¹⁰**

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

Type:	Network
For-Profit:	No
NAIC #	13203

SMALL GROUP/INDIVIDUAL

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

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

HealthNet Plan

- BMC HealthNet Plan Platinum A
- BMC HealthNet Plan Gold A
- BMC HealthNet Plan Gold B
- BMC HealthNet Plan Silver A
- BMC HealthNet Plan Bronze A

Form #

BMCHP-QHP2017ver.1

HealthNet Plan Employer Choice Direct

- BMC HealthNet Plan Platinum A Direct
- BMC HealthNet Plan Gold A Direct
- BMC HealthNet Plan Gold B Direct
- BMC HealthNet Plan Silver Direct
- BMC HealthNet Plan Bronze Direct

BMCHP-EmpChoiceDirect2017ver.1

¹⁰ As permitted by law, Boston Medical Center Health Plan, Inc. requires individuals and groups with five or fewer eligible employees to enroll through the Massachusetts Health Connector ("Connector") in the Qualified Health Plan Products.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

**4. CELTICARE HEALTH PLAN OF
MASSACHUSETTS, INC.**

200 West Street, Suite 250
Waltham, MA 02451
(877) 687-1186

Type:	Network
For-Profit:	Yes
NAIC #	13632

SMALL GROUP/INDIVIDUAL

HEALTH MAINTENANCE ORGANIZATION

Sales (877) 687-1186

Closed Network Product

Ambetter Health Insurance Plans

Ambetter Platinum Care 1 (2017)

Ambetter Secure Care 5 (2017)

Ambetter Balanced Care 14 (2017)

Form #

CHP-HIMFY2017 &CHP-HIMFY2017-SG

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

**5. CONNECTICARE OF
MASSACHUSETTS, INC.**

175 Scott Swamp Road
Farmington, CT 06032
(800) 251-7722

Type:	IPA
For-Profit:	Yes
NAIC #	95299

**LARGE GROUP
HEALTH MAINTENANCE ORGANIZATION**

Closed Network Product

HMO Open Access Plan
HMO DEDUCTIBLE Open Access

Form #

CMI/HMO OA/BS 01 (1/2017)
CMI/HMO OA/BS 01 (1/2017)

Insured Preferred Provider Plan Product

Point of Service Open Access Plan
Large Group Deductible Option

Form #

CMI/POS OA/BS 01 (1/2017)
CMI/POS OA/BS 01 (1/2017)

**SMALL GROUP/INDIVIDUAL
HEALTH MAINTENANCE ORGANIZATION**

Group/Individual Sales (800) 251-7722

Closed Network Product

HMO Open Access
MAH-OA-40/50-500D-CAL-2017
MAH-OA-30/45-2000HospDed-CNT-2017
MAH-OA-750UP-30/45-CNT-2017
MAH-OA-1750Upfront-30/45-CAL-2017
MAH-OA-1750Upfront-30/45-CNT-2017
MAH-OA-2500Upfront-30/45-CAL-2017
MAH-OA-2500Upfront-30/45-CNT-2017

Form #

CMI/HMO OA/BS 01 (1/2017)

HMO Open Access HDHP

CMI/HMO OA HDHP/BS 01 (01/2017)
MAH-OA-HSA-3000I/6000F-CNT-2017

Insured Preferred Provider Plan Product

Point of Service

Form #

CMI/POS OA/BS 01 (1/2017)
MAP-OA-40/50-500D-CAL-2017

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

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

Type:	Group
For-Profit:	No
NAIC #	95541

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

**LARGE GROUP
HEALTH MAINTENANCE ORGANIZATION**

Closed Network Product

Form #

SELECT CARE NETWORK ¹¹

Select Care

15-730-026

DIRECT CARE NETWORK ¹²

Direct Care

15-730-027

STEWARD COMMUNITY CARE NETWORK ¹³

Steward Community Care

15-730-028

TIERED CHOICE NETWORK ¹⁴

Tiered Choice

13-670-040

SMALL GROUP/INDIVIDUAL

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

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

Form #

SELECT CARE NETWORK

Select Care Copay 1000 Hybrid

15-730-026

Select Care Copay 500

Select Care Deductible 1000 Classic

Select Care Platinum Connector

Select Care Gold Connector A

Select Care Deductible 1200 Hybrid

¹¹ **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.

¹² **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.

¹³ **The Steward Community Care Network is different than Select Care Network.** Please call the carrier directly if you have any questions about whether the Steward Community Care Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Steward Community Care Network.

¹⁴ In **the FCHP Tiered Choice Plan providers and hospitals fall into different tiers;** members pay different levels of copayments, coinsurance and deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about whether the FCHP Tiered Choice Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility within the network.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

Closed Network Product

Form #

SELECT CARE NETWORK

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

15-730-026

DIRECT CARE NETWORK ¹⁵

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

15-730-027

COMMUNITY CARE NETWORK ¹⁶

Community Care Silver Coinsurance 35%

16-670-014

¹⁵ **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.

¹⁶ **Fallon Health Community Care Network provides access to a network that is smaller than Fallon's Select or Direct Provider networks.** Members have access to network benefits only from the Providers in the FCHP Community Care Network. Please call the carrier directly if you have any questions about whether the FCHP Community Care Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

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

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

MEDICARE

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

Medicare Advantage Plans

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

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

7. HARVARD PILGRIM HEALTH CARE, INC. 93 Worcester Street Wellesley, MA 02481-9181 (800) 848-9995	Type: For-Profit: NAIC #	Group No 96911
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*****HARVARD PILGRIM OFFERS HEALTH PLANS WITH DIFFERENT PROVIDER NETWORKS. PLEASE CALL HARVARD PILGRIM DIRECTLY IF YOU HAVE ANY QUESTIONS ABOUT WHETHER YOUR PROVIDER PARTICIPATES IN HARVARD PILGRIM'S NETWORKS.*****

**LARGE GROUP
HEALTH MAINTENANCE ORGANIZATION**

Closed Network Product

THE HARVARD PILGRIM NETWORK ¹⁷
Core Coverage HMO

Form #

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

Best Buy HSA HMO
Best Buy HSA Tiered Copayment HMO

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

THE HARVARD PILGRIM FOCUS NETWORKSM – MA ¹⁸

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

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

THE HARVARD CHOICENET NETWORK ¹⁹

Closed Network

ChoiceNet Best Buy Tiered Copayment HMO

Form #

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

¹⁷ **The Harvard Pilgrim Network is HPHC's most comprehensive provider network.** Please call the carrier directly if you have any questions about whether the Harvard Pilgrim Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Harvard Pilgrim Network.

¹⁸ **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.

¹⁹ **Harvard's ChoiceNet Network Tiered Plan providers and hospitals fall into different tiers;** members pay different levels of copayments, coinsurance and deductibles depending on the tier of the provider delivering a covered service or supply. Please call the carrier directly if you have any questions about whether the ChoiceNet Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility within the network.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

HOSPITAL PREFERSM NETWORK²⁰

Hospital Prefer Best Buy HMO	1456_07 & SOB 1560_03
Hospital Prefer Best Buy Tiered Copayment HMO	RX Options: 1148_07; 1240_07; 1779_03 RX SOB Options: 1149_03; 1241_03

Insured Preferred Provider Plan Product

Standard PPO	<u>Form#</u> 1133_09 & SOB 1561_03
Best Buy PPO	RX Options: 1148_07; 1240_07; 1779_03
Tiered Copayment PPO	RX SOB Options: 1149_03; 1241_03
Best Buy Tiered Copayment PPO	

Dual Certificate Product

In-Network POS	<u>Form #</u> 1126_04 & SOB 1127_05
In-Network Best Buy POS	RX Options: 1148_07; 1240_07; 1779_03
In-Network Tiered Copayment POS	RX SOB Options: 1149_03; 1241_03
In-Network Best Buy Tiered Copayment POS	

HPHC Insurance Company, Inc.
Out-of-Network POS

1128_05 & SOB 1129_05

SMALL GROUP/INDIVIDUAL

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

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

THE HARVARD PILGRIM NETWORK

Individual Plans

Standard Platinum	<u>Form #</u> 1120_08; 2393; 1779_03
Affordable HMO 25	1120_08; 1565_04; 1779_03
Standard Gold	1120_08; 2394; 1779_03
Affordable HMO 40	1120_08; 1565_04; 1779_03
Best Buy HMO 1000	1120_08; 1565_04; 1779_03
Best Buy HMO 1000 with Coinsurance	1120_08; 1565_04; 1779_03
Best Buy HMO 2000	1120_08; 2405; 1779_03
Standard Silver	1120_08; 2395; 1779_03
Best Buy HMO 2000 with Coinsurance	1120_08; 1565_04; 1779_03
Best Buy HSA HMO 2000	1469_08; 1611_03; 1779_03
Best Buy HSA HMO 2000 with Coins.	1469_08; 1611_03; 1779_03
Best Buy HMO 3000	1120_08; 1565_04; 1779_03
Best Buy HSA HMO 3000	1469_08; 1611_03; 1779_03
Core Coverage HMO 1750	1120_08; 2401; 1779_03
Core Coverage HMO 3000	1120_08; 1567_03; 1779_03

²⁰ **Harvard's Hospital PreferSM Network tiers only acute care hospitals and their affiliates;** members may pay different levels of copayments, coinsurance and/or deductibles depending on the tier of the acute care hospitals/affiliate delivering a covered service or supply. The approved service area includes all Massachusetts counties except Barnstable, Dukes, Franklin and Nantucket Counties. Please call the carrier directly if you have any questions about whether the Hospital PreferSM Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

THE HARVARD PILGRIM NETWORK

Closed Network Product

Form #

Individual Plans

Standard Bronze	1120_08; 2400; 1779_03
Best Buy HSA HMO 3100	1469_08; 1611_03; 1779_03

Group Plans

Standard Platinum	1116_09; 2393; 1779_03
Affordable HMO 25	1116_09; 1565_04; 1779_03
Standard Gold	1116_09; 2394; 1779_03
Affordable HMO 40	1116_09; 1565_04; 1779_03
Best Buy HMO 1000	1116_09; 1565_04; 1779_03
Best Buy HMO 1000 with Coinsurance	1116_09; 1565_04; 1779_03
Best Buy HMO 2000	1116_09; 2405; 1779_03
Standard Silver	1116_09; 2395; 1779_03
Best Buy HMO 2000 with Coinsurance	1116_09; 1565_04; 1779_03
Best Buy HSA HMO 2000	1470_08; 1611_03; 1779_03
Best Buy HSA HMO 2000 with Coins.	1470_08; 1611_03; 1779_03
Best Buy HMO 3000	1116_09; 1116_09; 1779_03
Best Buy HSA HMO 3000	1470_08; 1611_03; 1779_03
Core Coverage HMO 1750	1116_09; 2401; 1779_03
Core Coverage HMO 3000	1116_09; 1567_03; 1779_03
Standard Bronze	1116_09; 2400; 1779_03
Best Buy HSA HMO 3100	1470_08; 1611_03; 1779_03

THE HARVARD PILGRIM FOCUS NETWORKSM – MA

Individual Plans

Focus Network MA - Affordable HMO 25	1269_09; 1566_03; 1779_03
Focus Network MA - Best Buy HSA HMO 3100	1269_09; 1566_03; 1779_03

Group Plans

Focus Network MA - Affordable HMO 25	1268_09; 1566_03; 1779_03
Focus Network MA - Best Buy HSA HMO 3100	1268_09; 1566_03; 1779_03

Insured Preferred Provider Plan Product

Form #

Individual Plans

Affordable PPO 25	1138_09; 1569_03; 1779_03
Affordable PPO 40	1138_09; 1569_03; 1779_03
Best Buy PPO 1000	1138_09; 1569_03; 1779_03
Best Buy PPO 1000 with Coinsurance	1138_09; 1569_03; 1779_03
Best Buy PPO 2000	1138_09; 1569_03; 1779_03
Best Buy HSA PPO 2000	1829_02; 1826_02; 1779_03
Best Buy PPO 2000 with Coinsurance	1138_09; 1569_03; 1779_03
Best Buy PPO 3000	1138_09; 1569_03; 1779_03
Best Buy HSA PPO 3000	1829_02; 1826_02; 1779_03
Best Buy HSA PPO 3100	1829_02; 1826_02; 1779_03

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

<u>Insured Preferred Provider Plan Product</u>	<u>Form #</u>
<u>Group Plans</u>	
Affordable PPO 25	1133_09; 1569_03; 1779_03
Affordable PPO 40	1133_09; 1569_03; 1779_03
Best Buy PPO 1000	1133_09; 1569_03; 1779_03
Best Buy PPO 1000 with Coinsurance	1133_09; 1569_03; 1779_03
Best Buy PPO 2000	1133_09; 1569_03; 1779_03
Best Buy HSA PPO 2000	1824_02; 1826_02; 1779_03
Best Buy PPO 2000 with Coinsurance	1133_09; 1569_03; 1779_03
Best Buy PPO 3000	1133_09; 1569_03; 1779_03
Best Buy HSA PPO 3000	1824_02; 1826_02; 1779_03
Best Buy HSA PPO 3100	1824_02; 1826_02; 1779_03

MEDICARE

Tel. (800) 848-9995

Medicare Advantage Plans

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

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

8. HEALTH NEW ENGLAND, INC.

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

Type:	IPA
For-Profit:	No
NAIC #	95673

**LARGE GROUP
HEALTH MAINTENANCE ORGANIZATION**

Closed Network

HNE Health^{Max}
HNE Health^{Plus}
HNE Principle
HNE Complete^{Max}
HNE Complete
HNE Complete^{Plus}
HNE Choice^{Plus}
HNE Choice
HNE Focus
HNE HMO Platinum A
HNE Essential^{Max}
HNE Wise^{Max}
HNE Wise^{Max 3000}
HNE Wise^{Plus}
HNE Wise^{Plus 3000}
HNE Wise^{2000/20%}
HNE Wise^{3000/10%}
HNE HMO Bronze A
HNE HMO Bronze²⁰⁰⁰
HNE HMO Essential¹⁵⁰⁰
HNE HMO Essential¹⁰⁰⁰
HNE HMO Essential¹⁵⁰⁰
HNE HMO Essential²⁰⁰⁰
HNE HMO Essential³⁰⁰⁰
HNE HMO Gold A
HNE HMO Gold B
HNE HMO SILVER A

Form #

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

Insured Preferred Provider Plan Product

HNE Premier PPO
HNE Advantage Plus
HNE Wise^{PPO}
HNE PPO Essential⁵⁰⁰-National
HNE PPO Essential¹⁰⁰⁰-National
HNE PPO Essential¹⁵⁰⁰-National
HNE PPO Essential²⁰⁰⁰-National
HNE PPO Essential³⁰⁰⁰-National
HNE PPO WISE^{Max-3000} National
HNE PPO WISE^{Plus-3000} National
HNE PPO WISE^{2000/20%} National

Form #

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

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

Insured Preferred Provider Plan Product

HNE PPO WISE^{3000/10%} National
HNE PPO Essential⁵⁰⁰
HNE PPO Essential¹⁰⁰⁰
HNE PPO Essential¹⁵⁰⁰
HNE PPO Essential²⁰⁰⁰

Form #

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

SMALL GROUP/INDIVIDUAL

Group & Individual Sales (800) 842-4464

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

HNE Platinum A
HNE Health^{Max}
HNE Choice^{Plus}
HNE Focus
HNE Gold A
HNE Gold B
HNE Essential⁵⁰⁰
HNE Essential¹⁰⁰⁰
HNE Essential¹⁵⁰⁰
HNE Essential²⁰⁰⁰
HNE Essential³⁰⁰⁰
HNE Silver A
HNE Wise^{2000/20%}
HNE Wise^{Max 3000}
HNE Wise^{Max HDHP}
HNE Wise^{3000/10% HDHP}
HNE Bronze 1

Form #

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

Insured Preferred Provider Plan Product

HNE PPO Essential⁵⁰⁰ Local
HNE PPO Essential⁵⁰⁰ National
HNE PPO Essential¹⁰⁰⁰ Local
HNE PPO Essential¹⁰⁰⁰ National
HNE PPO Essential²⁰⁰⁰ National
HNE PPO Wise^{HDHP}
HNE PPO Wise^{2000/20% HDHP}
HNE PPO Wise^{Max 3000 HDHP}
HNE PPO Wise^{3000/10% HDHP}

Form #

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

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

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

MEDICARE

Tel. (800) 842-4464

Medicare Advantage Plans

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

Group Medicare Wraparound

HNE MedPlus PPO

HNE MedPlus HMO

Form #

HNE/PHCS/PPO-07-Medicare-Grp

HNEHMO-07-Medicare-Grp

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

9. MINUTEMAN HEALTH, INC.

P.O. Box 120025
Boston, MA 02112-0025
(781) 952-2080

Type:	Network
For-Profit:	No
NAIC #	15010

**LARGE GROUP
HEALTH MAINTENANCE ORGANIZATION**

Closed Network Product

MyDoc HMO Platinum Basic
MyDoc HMO Gold 1000
MyDoc HMO Gold 1500
MyDoc HMO Gold 1500 Plus
MyDoc HMO Gold 2000
MyDoc HMO Gold 2050
MyDoc HMO Gold Basic
MyDoc HMO Gold Plus
MyDoc HMO Silver 1500
MyDoc HMO Silver HSA 1500
MyDoc HMO Silver 1750
MyDoc HMO Silver Basic 2050
MyDoc HMO Silver HSA 3000
MyDoc HMO Bronze 1750
MyDoc HMO Bronze Plus
MyDoc HMO Bronze 2050
MyDoc HMO Bronze 2050 HSA
MyDoc HMO Bronze HSA 3350

Form #

MHI-MAHMO-EOC-06302016

Insured Preferred Provider Plan Product

MyDoc PPO National Platinum Basic
MyDoc PPO National Gold 1000
MyDoc PPO National Gold 1500
MyDoc PPO National Gold 2000
MyDoc PPO National Gold Basic
MyDoc PPO National Silver 1750
MyDoc PPO National Silver Basic 2050
MyDoc PPO National Silver HSA 3000
MyDoc PPO National Bronze 1750

Form #

MHI-MAHMO-EOC-06302016

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

(Minuteman Health, Inc. (cont'd))

SMALL GROUP/INDIVIDUAL

Sales (781) 952-2080

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

MyDoc HMO Platinum Basic
MyDoc HMO Platinum Extra Value
MyDoc HMO Gold 1000
MyDoc HMO Gold 1500
MyDoc HMO Gold 2000
MyDoc HMO Gold 2050
MyDoc HMO Gold Basic
MyDoc HMO Gold Plus
MyDoc HMO Silver 1750
MyDoc HMO Silver Basic
MyDoc HMO Silver Basic 2050
MyDoc HMO Silver HSA 3000
MyDoc HMO Silver Plus
MyDoc HMO Bronze Standard
MyDoc HMO Bronze 1750
MyDoc HMO Bronze 2500
MyDoc HMO Bronze HSA 3400
MyDoc HMO Simple Care

Form #

MHI-MAHMO-EOC-06302016

Insured Preferred Provider Plan Product

MyDoc PPO National Platinum Basic
MyDoc PPO National Gold 1000
MyDoc PPO National Gold 1500
MyDoc PPO National Gold 2000
MyDoc PPO National Gold Basic
MyDoc PPO National Silver 1750
MyDoc PPO National Silver Basic 2050
MyDoc PPO National Silver HSA 2000
MyDoc PPO National Silver HSA 3000
MyDoc PPO National Bronze 1750
MyDoc PPO National Bronze HSA 3400

Form #

MHI-MAHMO-EOC-06302016

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

**10. NEIGHBORHOOD HEALTH
PLAN, INC.**

399 Revolution Drive, Suite 810
Somerville, MA 02145
(800) 433-5556

Type: Group

For-Profit:

No

NAIC #

11109

LARGE GROUP

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

Prime Solutions Large Group
NHP Care HMO for GIC

Form #

HMOLG v2
HMOLG/GICv3

Insured Preferred Provider Plan Product

NHP PPO Member Handbook

Form #

NHPPPOv4

SMALL GROUP/INDIVIDUAL

Group Sales (866) 643-8392; Individual Sales (800) 462-5449

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

NHP Prime HMO 25/40 FlexRx 4-Tier
NHP Prime HMO 25/25 FlexRx 4-Tier
NHP Prime HMO 500/1000 20/20 FlexRx 4-Tier
NHP Prime HMO 500/1000 20/35 FlexRx 4-Tier
NHP Prime HMO 25/25 100 FlexRx 4-Tier
NHP Prime HMO 500/1000 20/20/100 FlexRx 4-Tier
NHP Prime HMO 500/1000 20/35/100 FlexRx 4-Tier
NHP Prime HMO 500/1000 20/35 30% FlexRx 4-Tier
NHP Prime HMO 1000/2000 30/45 FlexRx 4-Tier
NHP Prime HMO 750/1500 30/45 FlexRx 4-Tier
NHP Prime HMO 1000/2000 25/40/150 FlexRx 4-Tier
NHP Prime HMO 1500/3000 25/40 FlexRx 4-Tier
NHP Prime HMO 2000/4000 25/40/150 FlexRx 4-Tier
NHP Prime HMO 2000/4000 30/50 FlexRx 4-Tier
NHP Prime HMO 2000/4000 30/50 35% FlexRx 4-Tier
NHP Prime HMO 1750/3500 50/75 FlexRx 4-Tier
NHP Prime HMO HSA 2000/4000 FlexRx 4-Tier
NHP Prime HMO HSA 2500/5000 FlexRx 4-Tier
NHP Prime HMO 3000/6000 25/40 FlexRx 4-Tier

Form #

NHPHMO MM v.5

Insured Preferred Provider Plan Product

NHP Prime PPO 1000/2000 25/40/150 FlexRx 4-Tier
NHP Prime PPO 1000/2000 30/45 FlexRx 4-Tier
NHP Prime PPO 1500/3000 25/40 FlexRx 4-Tier
NHP Prime PPO 2000/4000 30/50 FlexRx 4-Tier
NHP Prime PPO HSA 2000/4000 FlexRx 4-Tier
NHP Prime PPO HSA 2500/5000 FlexRx 4-Tier

Form #

NHPPPO v4

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

- | | |
|--|---|
| 11. TUFTS ASSOCIATED HEALTH
MAINTENANCE ORGANIZATION, INC.
705 Mount Auburn Street
Watertown, MA 02472-1508 | Type: IPA & Group
For-Profit: No
NAIC # 95688 |
|--|---|

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

**LARGE GROUP
HEALTH MAINTENANCE ORGANIZATION**

**Closed Network Product
TUFTS NETWORK ²¹**

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

Form #

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

Insured Preferred Provider Plan Product

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

Form #

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

SMALL GROUP/INDIVIDUAL

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

HEALTH MAINTENANCE ORGANIZATION

**Closed Network Product
TUFTS NETWORK ²¹**

Tufts Health Plan HMO Value
HMO Value 250
Premier Platinum
Advantage HMO 500
Advantage HMO 1000
Premier Gold 1000
Advantage HMO 1500
Advantage HMO 1500 Saver
Advantage HMO 2000
Advantage HMO 1000 Low Option
Advantage HMO 1500 Low Option
Advantage HMO 2000 Low Option
Premier Silver 2000
Advantage HMO 2000 (65%)
Advantage HMO 2000 (80%)
Advantage HMO 2000 (90%)
Advantage HMO 2500

Form #

EC-MASSHMO-002 Ed. 1-2017

²¹ **The Tufts Network is Tufts' most comprehensive provider network.** Please call the carrier directly if you have any questions about whether the Tufts Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the Select Care Network.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

Form #

TUFTS NETWORK ²¹

Tufts Health Plan HMO Value
 Advantage HMO 2500 Saver
 Advantage HMO 3000
 Advantage HMO 3000 Saver
 Premier Bronze Saver 3300

EC-MASSHMO-002 Ed. 1-2017

Tufts Health Plan HMO Basic 25

EC-MASSHMO-003 Ed. 1-2017

TUFTS SELECT NETWORK ²²

Advantage HMO
 Select AHMO 500
 Select AHMO 1000
 Select AHMO 1500
 Select AHMO 2000

EC-MASSHMO-002 Ed. 1-2017

YOUR CHOICE TIERED NETWORK ²³

Tufts Health Plan HMO Value
 Your Choice 2-Tier Opt 8
 Your Choice 2-Tier Opt 9
 Your Choice 3-Tier Opt 9
 Your Choice 3-Tier Opt 10

EC-MASSHMO-002 Ed. 1-2017

STEWARD COMMUNITY CHOICE NETWORK ²⁴

Tufts Health Plan HMO Value
 Steward 1000
 Steward 1500
 Steward 2000

EC-MASSHMO-002 Ed. 1-2017

Insured Preferred Provider Plan Product

Form #

Tufts Health Plans PPO
 PPO Basic 25
 PPO Value 250

MA-PPO-001 Ed. 1-2017

²² **The Tufts Health Plan Select Network is different than the Tufts Associated Health Maintenance Organization Network.** Please call the carrier directly if you have any questions about whether the Tufts Health Plan Select Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates within the Tufts Health Plan Select Network.

²³ **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.

²⁴ **Tufts Steward Community Choice Network provides access to a network that is smaller than Tufts Network. Members have access to network benefits only from the Providers in the Steward Community Choice Network.** Please call the carrier directly if you have any questions about whether the Steward Community Choice Network is specifically available in your area as well as the participation of your primary care provider, specialist or acute care facility.

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

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

MEDICARE

Tel. (800) 246-2400

Medicare Advantage Plans

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

Group Medicare Wraparound

Tufts Medicare Complement (TMC) ²⁵

Form #

EC-MAMCP-001 Ed 1-2003

²⁵ An HMO product that provides supplemental coverage for the costs of HMO-provided services not reimbursed by Medicare. The plan is offered to employer groups.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

(d/b/a Network Health)^{26, 27}
101 Station Landing
Medford, MA 02155

Type:	Network
For-Profit:	No
NAIC #	67369

SMALL GROUP/INDIVIDUAL

Member Services (888) 257-1985

HEALTH MAINTENANCE ORGANIZATION

Closed Network Product

Network Health QHP Member Handbook

- Direct Platinum
- Direct Gold 500 with Coinsurance
- Direct Gold 1000
- Direct Silver 2000
- Direct Silver 2200 with Coinsurance
- Direct Bronze
- Direct Catastrophic

Form #

Tufts Health Direct 2017 EOC FINAL

²⁶ Effective July 1, 2014, Network Health, LLC converted from an LLC to a nonprofit corporation and upon conversion changed its name to Tufts Health Public Plans, Inc.

²⁷ Please call the carrier directly if you have any questions about whether the Network Health Choice Network is specifically available in your area and whether your primary care provider, specialist or acute care facility participates in the network.

**HEALTH MAINTENANCE ORGANIZATIONS
PRODUCT OFFERINGS IN MASSACHUSETTS**

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

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

Type:	IPA
For-Profit:	Yes
NAIC #	95149

MEDICARE

Tel. (800) 555-5757

AARP MedicareComplete Plans

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