

Massachusetts Plans - 2019



		HOSPITAL COPAY		HOSPITAL DEDUCTIBLE	UPFRONT DEDUCTIBLE			
Year Type	Calendar	Calendar	Contract	Contract	Calendar	Contract	Contract	
Product Name	Choice Mass HMO Copay \$40	Choice Mass POS Copay \$40	Choice Mass HMO Copay \$2000/\$4000	Choice Mass HMO Copay \$1750/\$3500 ded.	Choice Mass HMO Copay \$2000/\$4000 ded.	Choice Mass HMO Copay \$2000/\$4000 ded.	Choice Mass HMO HSA Copay \$3000/\$6000 ded.	
Ded. (Individual/Family)	N/A	N/A	\$2,000 / \$4,000	\$1,750 / \$3,500	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000	
Maximum Out Of Pocket (Individual/Family)	\$7,400 / \$14,800	\$7,400 / \$14,800	\$6,350 / \$12,700	\$7,000 / \$14,000	\$7,900 / \$15,800	\$7,900 / \$15,800	\$5,500 / \$11,000	
In-Network	Primary Care Services	\$40	\$40	\$30	\$30 after PD	\$30 after PD	\$30 after PD	\$25 after PD
	Specialist Services	\$50	\$50	\$45	\$45 after PD	\$45 after PD	\$45 after PD	\$40 after PD
	Walk-In/ Urgent Care Center	\$75	\$75	\$75	\$75 after PD	\$75 after PD	\$75 after PD	\$75 after PD
	Emergency Room	\$200	\$200	\$200	\$150 after PD	\$200 after PD	\$200 after PD	\$100 after PD
	Ambulatory Surgical Center	\$250	\$250	\$500 after PD	\$500 after PD	\$500 after PD	\$500 after PD	\$250 after PD
	Hospital Outpatient Facilities	\$500	\$500	\$500 after PD	\$500 after PD	\$500 after PD	\$500 after PD	\$250 after PD
	Inpatient Hospital Services	\$500 day / \$1,000 per admission	\$500 day / \$1,000 per admission	\$500 per admission after PD	\$500 day / \$1,000 per admit after PD	\$500 day / \$1,000 per admit after PD	\$500 day / \$1,000 per admit after PD	\$250 per admission after PD
Out-Of-Network	Ded. (Individual/Family)	N/A	\$2,500 / \$7,500	N/A	N/A	N/A	N/A	N/A
	Coinsurance	N/A	20% after PD	N/A	N/A	N/A	N/A	N/A
	Maximum Out Of Pocket (Individual/Family)	N/A	\$10,000 / \$30,000	N/A	N/A	N/A	N/A	N/A
Pharmacy Description	Preferred Rx: \$30/\$50/50% (\$250 max)	Preferred Rx: \$30/\$50/50% (\$250 max)	Preferred Rx: \$20/\$30/50% (\$250 max)	Preferred Rx: \$30/\$50/50% (\$250 max)	Preferred Rx: \$25/\$50/50% (\$250 max)	Preferred Rx: \$25/\$50/50% (\$250 max)	Preferred Rx: \$20/\$40/50% (\$250 max) all after PD	

Coverage is provided by and services are administered as follows: In Massachusetts, Group HMO & POS coverage is underwritten by ConnectiCare of Massachusetts, Inc.