

Massachusetts Plans - 2020



		HOSPITAL COPAY		HOSPITAL DEDUCTIBLE	UPFRONT DEDUCTIBLE	
Year Type		Calendar	Calendar	Contract	Calendar	Contract
Product Name		Choice Mass HMO Copay \$40	Choice Mass POS Copay \$40	Choice Mass HMO Copay \$2000/\$4000	Choice Mass HMO Copay \$2000/\$4000 ded.	Choice Mass HMO Copay \$2000/\$4000 ded.
Deductible		N/A	N/A	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Maximum Out Of Pocket (Individual/Family)		\$7,900 / \$15,800	\$7,900 / \$15,800	\$7,000 / \$14,000	\$7,900 / \$15,800	\$7,900 / \$15,800
In-Network	Primary care services	\$40	\$40	\$30	\$30 after PD	\$30 after PD
	Mental health and substance abuse office visits	\$40	\$40	\$30	\$30 after PD	\$30 after PD
	Specialist services	\$60	\$60	\$60	\$60 after PD	\$60 after PD
	Walk-In/ Urgent Care Center	\$100	\$100	\$100	\$100 after PD	\$100 after PD
	Emergency Room	\$400	\$400	\$400	\$400 after PD	\$400 after PD
	Ambulatory Surgical Center	\$250	\$250	\$500 after PD	\$500 after PD	\$500 after PD
	Hospital-outpatient treatment	\$500	\$500	\$500 after PD	\$500 after PD	\$500 after PD
	Hospital-inpatient treatment	\$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
Out-Of-Network	Deductible	N/A	\$2,500 / \$7,500	N/A	N/A	N/A
	Coinsurance	N/A	20% after PD	N/A	N/A	N/A
	Maximum Out Of Pocket (Individual/Family)	N/A	\$10,000 / \$30,000	N/A	N/A	N/A
Pharmacy Description		Preferred Rx: \$30/\$60/50% (\$350 max)	Preferred Rx: \$30/\$60/50% (\$350 max)	Preferred Rx: \$30/\$60/50% (\$350 max)	Preferred Rx: \$30/\$60/50% (\$350 max)	Preferred Rx: \$30/\$60/50% (\$350 max)

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