

2025 Massachusetts Plan Offerings

For employers with 1 to 50 full time equivalent employees

Massachusetts Small Group Plans - effective from January 1 - December 31, 2025.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum ¹ (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing ²	
														Retail	Mail
HMO															
HMO 20 - Flex Metal level - Platinum MD0000201427 RX0000201233 DN0000201175	\$20 copay/\$40 copay Copay waived for first non-routine PCP visit	None	\$2,500/\$5,000 Embedded	None	\$125 copay	\$40 copay	\$400 copay	Flex Provider: \$150 copay Other: \$500 copay	Flex Provider: Covered in full Other: \$40 copay	\$30 copay	Non-hospital based: \$100 copay Hospital based: \$200 copay	Non-hospital based: \$20 copay Hospital based: \$40 copay	\$40 copay	\$5/\$25/\$40/\$60/20% (TS: \$250 coinsurance max)	\$10/\$50/\$80/\$180/20% (TS: \$750 coinsurance max)
Rx Out-of-Pocket Maximum: \$750/\$1,500															
HMO 500 - Flex Metal level - Gold MD0000201446 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$500/\$1,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 1000 - Flex Metal level - Gold MD0000201458 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 1500 - Flex Metal level - Gold MD0000201431 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 1500 Value - Flex Metal level - Gold MD0000201432 RX0000201235 DN0000201185	\$40 copay/\$75 copay	\$1,500/\$3,000 Embedded	\$8,700/\$17,400 Embedded	20%	Deductible then 20%	\$75 copay	Deductible then 20%	Flex Provider: \$200 copay Other: Deductible then 20%	Flex Provider: Covered in full Other: Deductible then 20%	Deductible then 20%	Non-hospital based: \$250 copay Hospital based: Deductible then 20%	Non-hospital based: \$35 copay Hospital based: Deductible then 20%	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 2000 - Flex Metal level - Gold MD0000201433 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 2000 Value - Flex Metal level - Silver MD0000201436 RX0000201236 DN0000201177	\$55 copay/\$75 copay	\$2,000/\$4,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: \$25 copay Other: Deductible then \$75 copay	Deductible then \$100 copay	Non-hospital based: \$750 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (TS: \$500 coinsurance max)	\$10/\$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (TS: \$1,500 coinsurance max)
Rx Deductible ³ : \$250/\$500															
HMO 2500 - Flex Metal level - Gold MD0000201434 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,500/\$5,000 Embedded	\$7,000/\$14,000 Embedded	None	\$500 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 3000 - Flex Metal level - Silver MD0000201437 RX0000201237 DN0000201177	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$500 copay Other: Deductible then \$1,000 copay	Flex Provider: Covered in full Other: Deductible then \$100 copay	Deductible then \$150 copay	Non-hospital based: \$350 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
HMO 4000 - Flex Metal level - Silver MD0000201445 RX0000201237 DN0000201177	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$4,000/\$8,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$500 copay	\$75 copay	Deductible then \$750 copay	Flex Provider: \$350 copay Other: Deductible then \$750 copay	Flex Provider: Covered in full Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$750 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
HMO 5000 - Flex Metal level - Silver MD0000201438 RX0000201237 DN0000201177	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$5,000/\$10,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$500 copay	\$75 copay	Deductible then \$750 copay	Flex Provider: \$350 copay Other: Deductible then \$750 copay	Flex Provider: Covered in full Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$750 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
HMO 6000 Value - Flex Metal level - Bronze MD0000201459 RX0000201238 DN0000201177	\$55 Copay	\$6,000/\$12,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$1,500 copay	\$70 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then Covered in Full Other: Deductible then \$1,500 copay	Flex Provider: \$55 copay Other: Deductible then \$100 copay	\$350 copay	Non-hospital based: Deductible then \$1,000 copay Hospital based: Deductible then \$1,500 copay	Non-hospital based: \$55 copay Hospital based: Deductible then \$150 copay	\$50 copay	\$0/\$50/Deductible then \$80/Deductible then \$120/Deductible then 50% (TS: \$500 coinsurance max)	\$0/\$100/Deductible then \$160/Deductible then \$360/Deductible then 50% (TS: \$1,500 coinsurance max)

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

² Preventive Rx applies for all HSA plans.

³ Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

*Offered only on the Connector for individuals, per state guidelines.

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														Retail	Mail
HMO HSA															
HMO HSA 2000 - Flex Metal level - Silver MD0000201414 RX0000201239 DN0000201178	Deductible then \$35 copay/Deductible then \$55 copay	\$2,000/\$4,000 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$500 copay	Deductible then \$55 copay	Deductible then \$500 copay	Flex Provider: Deductible then \$75 copay Other: Deductible then \$300 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$100 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 2500 - Flex Metal level - Silver MD0000201447 RX0000201240 DN0000201178	Deductible then \$35 copay/Deductible then \$55 copay	\$2,500/\$5,000 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$500 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 3000 - Flex Metal level - Silver MD0000201428 RX0000201241 DN0000201178	Deductible then \$35 copay/Deductible then \$55 copay	\$3,000/\$6,000 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 3400 - Flex Metal level - Silver MD0000201429 RX0000201242 DN0000201178	Deductible then \$35 copay/Deductible then \$55 copay	\$3,400/\$6,800 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 4000 - Flex Metal level - Bronze MD0000201430 RX0000201243 DN0000201178	Deductible then \$75 copay/Deductible then \$150 copay	\$4,000/\$8,000 Embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$1,500 copay	Deductible then \$150 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$750 copay Other: Deductible then \$1,000 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$350 copay	Non-hospital based: Deductible then \$500 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$150 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
Focus HMO															
Focus HMO 1000 Metal level - Gold MD0000201448 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non- routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 1500 Metal level - Gold MD0000201449 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non- routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 2000 Metal level - Gold MD0000201450 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non- routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 2500 Metal level - Gold MD0000201435 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non- routine PCP visit	\$2,500/\$5,000 Embedded	\$7,000/\$14,000 Embedded	None	\$500 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 3000 Metal level - Silver MD0000201451 RX0000201237 DN0000201177	\$50 copay/\$75 copay Copay waived for first non- routine PCP visit	\$3,000/\$6,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Deductible then \$550 copay	Deductible then \$75 copay	Deductible then \$75 copay	Deductible then \$450 copay	Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
Focus HMO HSA 3400 Metal level - Silver MD0000201415 RX0000201244 DN0000201179	Deductible then \$35 copay/Deductible then \$55 copay	\$3,400/\$6,800 Non-embedded	\$7,000/\$14,000 Embedded	20%	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then 20%	Deductible then \$250 copay	Deductible then \$75 copay	Deductible then \$55 copay	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)

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														Retail	Mail
PPO Access															
PPO Access 20 - Flex Metal level - Platinum MD0000201439 RX0000201233 DN0000201183	IN: \$20 copay/\$40 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: None OON: \$500/\$1,000 Embedded	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000 Embedded	IN: None OON: 20%	IN: \$125 copay OON: Same as IN	IN: \$40 copay OON: Deductible then 20%	IN: \$400 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: \$500 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: \$40 copay OON: Deductible then 20%	IN: \$30 copay OON: Deductible then 20%	IN: Non-hospital based: \$100 copay Hospital based: \$200 copay OON: Deductible then 20%	IN: Non-hospital based: \$20 copay Hospital based: \$40 copay OON: Deductible then 20%	IN: \$40 copay OON: Deductible then 20%	\$5/\$25/\$40/\$60/20% (TS: \$250 coinsurance max)	\$10/\$50/\$80/\$180/20% (TS: \$750 coinsurance max)
Rx Out-of-Pocket Maximum: \$750/\$1,500															
PPO Access 500 - Flex Metal level - Gold MD0000201440 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$500/\$1,000 OON: \$1,000/\$2,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
PPO Access 1000 - Flex Metal level - Gold MD0000201441 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
PPO Access 1500 - Flex (NEW) Metal level - Gold MD0000201442 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
PPO Access 1500 Value - Flex Metal level - Silver MD0000201452 RX0000201237 DN0000201180	IN: Deductible then \$50 copay/Deductible then \$75 copay OON: Deductible then 20%	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$9,200/\$18,400 OON: \$18,400/\$36,800 Embedded	IN: None OON: 20%	IN: Deductible then \$750 copay OON: Same as IN	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$50 copay, Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
PPO Access 2000 - Flex Metal level - Gold MD0000201443 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
PPO Access 2000 Value - Flex Metal level - Silver MD0000201444 RX0000201237 DN0000201180	IN: Deductible then \$30 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$9,200/\$18,400 OON: \$18,400/\$36,800 Embedded	IN: None OON: 20%	IN: Deductible then \$350 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: \$250 copay Other: Deductible then \$500 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$200 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
PPO Access 2500 - Flex Metal level - Gold MD0000201453 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$500 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
PPO Access 3000 - Flex Metal level - Silver MD0000201454 RX0000201237 DN0000201180	IN: \$50 copay/\$75 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$9,200/\$18,400 OON: \$18,400/\$36,800 Embedded	IN: None OON: 20%	IN: Deductible then \$1,000 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$100 copay OON: Deductible then 20%	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Non-hospital based: \$350 copay Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
PPO Access 4000 - Flex Metal level - Silver MD0000201455 RX0000201237 DN0000201180	IN: \$50 copay/\$75 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$4,000/\$8,000 OON: \$8,000/\$16,000 Embedded	IN: \$9,200/\$18,400 OON: \$18,400/\$36,800 Embedded	IN: None OON: 20%	IN: Deductible then \$500 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: \$350 copay Other: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay, Hospital based: Deductible then \$750 copay OON: Deductible then 20%	IN: Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

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Massachusetts Small Group Plans - effective from January 1 - December 31, 2025.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum ¹ (Individual/Family)	Co- insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing ²	
														Retail	Mail
PPO Access HSA															
PPO Access HSA 3000 - Flex Metal level - Silver MD0000201456 RX0000201451 DN0000201181	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Non-embedded	IN: \$8,050/\$16,100 OON: \$16,100/\$32,200 Embedded	IN: None OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$400 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$400 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
PPO Access HSA 3400 - Flex Metal level - Silver MD0000201460 RX0000201242 DN0000201181	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,400/6,800 OON: \$6,800/\$13,600 Non-embedded	IN: \$8,050/\$16,100 OON: \$16,100/\$32,200 Embedded	IN: None OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$400 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$400 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
PPO Access HSA 5000 - Flex Metal level - Bronze MD0000201457 RX0000201245 DN0000201187	IN: Deductible then \$75 copay/Deductible then \$150 copay OON: Deductible then 20%	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Embedded	IN: \$8,050/\$16,100 OON: \$16,100/\$32,200 Embedded	IN: None OON: 20%	IN: Deductible then \$1,500 copay OON: Same as IN	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Deductible then \$1,500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$500 copay, Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$65 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)

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Massachusetts Small Group Plans - effective from January 1 - December 31, 2025.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum ¹ (Individual/Family)	Co- insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing ²	
														Retail	Mail
Connector Plans															
Standard Platinum - Flex MD0000201392 RX0000201220 DN0000201163	\$20 copay/\$40 copay	None	\$3,000/\$6,000 Embedded	None	\$150 copay	\$40 copay	\$500 copay	Flex Provider: \$100 copay Other: \$250 copay	Covered in full	Covered in full	Non-hospital based: \$50 copay Hospital based: \$150 copay	Non-hospital based: \$20 copay Hospital based: \$40 copay	\$40 copay	\$10/\$25/\$50	\$20/\$50/\$150
Standard High Gold MD0000201393 RX0000201222 DN0000201165	\$20 copay/\$40 copay	\$1,000/\$2,000 Embedded	\$6,000/\$12,000 Embedded	None	\$250 copay	\$40 copay	Deductible then \$200	Deductible then \$100	Deductible then \$25 copay	Deductible then \$35 copay	Deductible then \$150 copay	\$40 copay	\$50 copay	\$25/\$45/Deductible then \$75	\$50/\$90/Deductible then \$225
Standard Silver MD0000201394 RX0000201223 DN0000201166	\$25 copay/\$60 copay	\$2,000/\$4,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/\$55/Deductible then \$75	\$60/\$110/Deductible then \$225
Standard Silver II (On-Exchange IND Only)* MD0000201395 RX0000201223 DN0000201166	\$25 copay/\$60 copay	\$2,000/\$4,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/\$55/Deductible then \$75	\$60/\$110/Deductible then \$225
Standard Low Silver HSA - Flex MD0000201404 RX0000201227 DN0000201170	Deductible then \$30 copay/Deductible then \$60 copay	\$2,000/\$4,000 Non-embedded	\$7,050/\$14,100 Embedded	None	Deductible then \$300 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay	Deductible then \$75 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay	Non-hospital based: Deductible then \$30 copay Hospital based: Deductible then \$60 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315
Standard High Bronze HSA - Flex MD0000201398 RX0000201228 DN0000201171	Deductible then \$60 copay/Deductible then \$90 copay	\$3,600/\$7,200 Embedded	\$8,000/\$16,000 Embedded	None	Deductible then \$875 copay	Deductible then \$90 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$55 copay	Deductible then \$135 copay	Non-hospital based: Deductible then \$500 copay Hospital based: Deductible then \$750 copay	Non-hospital based: Deductible then \$60 copay Hospital based: Deductible then \$90 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$120/Deductible then \$200	Deductible then \$60/Deductible then \$240/Deductible then \$600
HMO 2000 Value II - Flex Metal level - Gold MD0000201399 RX0000201229 DN0000201172	\$25 copay/\$50 copay	\$2,000/\$4,000 Embedded	\$5,650/\$11,300 Embedded	None	Deductible then \$350 copay	\$55 copay	Deductible then \$750 copay	Flex Provider: \$250 copay Other: Deductible then \$500 copay	Flex Provider: \$20 copay Other: Deductible then \$50 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: \$50 copay	\$50 copay	\$30/Deductible then \$60/Deductible then \$125	\$60/Deductible then \$120/Deductible then \$375
HMO 3500 - Flex Metal level - Bronze MD0000201401 RX0000201231 DN0000201174	Deductible then \$40 copay/Deductible then \$65 copay	\$3,500/\$7,000 Embedded	\$8,500/\$17,000 Embedded	20%	Deductible then \$1,500 copay	Deductible then \$65 copay	Deductible then 20%	Flex Provider: Deductible then \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: Ded then \$25 copay Others: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: Deductible then \$500 copay Hospital-based: Deductible then \$1,000 copay	Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$65 copay	Deductible then \$50 copay	\$5/\$30/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	\$10/\$60/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
PPO Access HSA 2000 - Flex Metal level - Silver MD0000201400 RX0000201230 DN0000201173	IN: Deductible then \$30 copay/Deductible then \$60 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Non-embedded	IN: \$7,050/\$14,100 OON: \$14,100/\$28,200 Embedded	IN: None OON: 20%	IN: Deductible then \$300 copay OON: Same as IN	IN: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$30 copay, Hospital based: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315

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