



Harvard Pilgrim
Health Care

a Point32Health company

Delivering Quality Care

Massachusetts Individual & Family Product Guide
Plans available On and Off Connector

Plan Year 2025





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Enrolling and Renewing



Important dates

2024 Open Enrollment* November 1, 2024 – January 23, 2025

Please review our plans and make your selection by December 23, 2024 for coverage on January 1.

New members:

You can review our plan options and enroll directly on our website, visit harvardpilgrim.org today. Our plans offer great care, coverage and benefits.

Current members:

Your renewal package will include a recommended health plan for the upcoming year. If you are happy with the plan we have recommended, just pay your new premium by January 1 - and you're all set.

If you would like to review other available health plans from Harvard Pilgrim, visit harvardpilgrim.org/renew today.

If you purchased your health plan through the Connector, the state-run marketplace, visit mahealthconnector.org.



* You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify for a Special Enrollment Period, please visit harvardpilgrim.org to review the eligibility guidelines and submit your enrollment.

Core Health Plan Benefits

All Harvard Pilgrim plans offer access to comprehensive and high-quality care including some of these great benefits, programs and services.

1. Acupuncture and chiropractic care—unlimited visits
2. Mental health and substance use disorder treatment
3. Emergency and urgent care
4. Routine eye exams for adults and children
5. Hospitalization, inpatient services, such as surgery
6. Prenatal, maternity and newborn care
7. Prescription drug coverage including generic and over-the-counter medications
8. Rehabilitative and habilitative services and devices like hospital beds, crutches and physical/occupational therapy
9. Wellness Exams, routine screenings and tests
10. Virtual care delivered by licensed medical and behavioral health providers
11. Wellness-focused discounts and savings including fitness reimbursements
12. Laboratory, radiology and diagnostic services
13. Pediatric dental* and vision hardware coverage for children up to age 19
14. Childbirth class reimbursement

All plans include either 3-tier or 5-tier prescription drug coverage through our Pharmacy Benefits Manager, OptumRx. The lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. As always, members will pay the lesser of the drug cost or the applicable cost share. Members can get prescriptions from more than 67,000 pharmacies nationwide or shipped to their home through our mail order pharmacy program.

We also cover certain generic **over-the-counter drugs** on our formulary. With a prescription from a provider, members will pay Tier 1 Rx cost sharing for certain drugs including cough, cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations.

Questions about our prescription drug program?

Visit harvardpilgrim.org/rx to learn more. Select the year and the plan (e.g., 2025 Core MA 5-Tier) to:



See which drugs are covered



Find nearby in-network pharmacies



Look up drug prices



Get details on home delivery, and more!

* Pediatric dental coverage for children up to age 19 is optional.

Programs and Services to Maximize Your Well-being

These programs and services are included with your plan at no additional cost.

Living Well EverydaySM

Our free online community is packed with activities, tracking tools, well-being challenges and more. **Earn points and entries for monthly gift card drawings.** Visit harvardpilgrim.org/wellbeingforall today. And be sure to check out harvardpilgrim.org/livingwellathome for our online wellness classes.

Clinical care team support

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our clinical care team of nurses, social workers, pharmacists and health coaches can guide you to better health. Learn more at harvardpilgrim.org/clinicalcareteam today. Available for members via the MyConnect mobile app or by phone.

Integrated Behavioral Health

Harvard Pilgrim members can access a comprehensive network of medical and behavioral health care providers, along with innovative programs and services, to improve both physical and mental well-being in traditional and virtual settings. Our dedicated team will guide you from the first phone call to aftercare planning, to ensure that you receive “whole-person” care through an integrated approach.

Behavioral health service navigation

Our specially trained service navigators provide personalized help to navigate the complex health care system, locate providers, connect to internal supports and programs, and learn more about innovative tools and services.

Care management programs

Our licensed care managers work with you and your providers to ensure optimal health and functioning through a variety of care management programs, including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support.

Behavioral health programs and services

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents, and adults:

- Virtual therapy services
- Quick and easy access to specialty providers

Substance use treatment services are available through multiple network providers, including Better Life Partners. Members are supported after inpatient treatment by our internal Addiction Recovery Care Management Team.

Better Life Partners services are available in Massachusetts, New Hampshire, Maine and Vermont. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

For assistance with accessing these innovative programs and services, please call the number on the back of your member ID card.

If you're experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away. Harvard Pilgrim, a Point32Health company, complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Ways to Save Money

We have tools and programs designed to help you save.



Doctor on Demand

Our telehealth service connects you with licensed medical care providers via your smartphone, tablet or computer. Members receive convenient and private care from their home or any location.

Available to members traveling internationally Excluding U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.

With our non-HSA plans, you won't pay any cost share for urgent care virtual visits with Doctor On Demand providers.

doctorondemand.com/harvardpilgrim



Reduce My Costs

With this program, members can pay less in out-of-pocket expenses and may also be eligible for a reward if they choose a more affordable option. And if they're already seeing a lower-cost provider, members receive a reward just for calling.*

- Compare provider costs and inform them of the lower-cost providers in their area
- Assist with scheduling or rescheduling their appointment and help with any paperwork

Call **855-772-8366** or use the **chat feature** to speak with a Reduce My Costs nurse.

harvardpilgrim.org/reducecosts



Wellness Discounts and Savings

Save on a variety of products and services that can help you stay healthy:

- Vision and hearing
- Dental
- Smoking cessation
- Healthy eating and fitness
- Holistic wellness
- Family and senior care

harvardpilgrim.org/discounts

* Rewards are considered taxable income; please consult with your tax advisor. Certain services may require a referral and/or prior authorization before you can receive services from the lower-cost provider. To ensure the services will be covered, refer to your plan documents or call us at 888-333-4742.



Enhanced Rewards Program

Enroll in the Living Well Program and earn up to \$120 in gift cards by participating in fun and interactive well-being programs such as stress management classes, healthy eating, financial literacy, and self-care.

You'll earn rewards incrementally, so the more you participate in the program, the more rewards you earn. Subscribers can achieve up to eight levels, at \$15 each, for a total of \$120 in gift cards each year.¹

Covered dependents or employees who are not Harvard Pilgrim members can participate in a separate program where they can earn points towards monthly gift card drawings.



Fitness Reimbursement

Members can get reimbursement for a fitness club membership or virtual fitness subscription and/or costs paid toward a fitness tracker. Up to two members on a family plan can be reimbursed. One member is eligible for reimbursement of \$150 or one month of fitness club membership or virtual fitness subscription (whichever is greater), or up to \$150 toward the cost of a fitness tracker. A second covered family member (dependent or spouse) can also be reimbursed up to \$150 for fitness club membership or virtual fitness subscription and/or a fitness tracker.²

> Visit harvardpilgrim.org/fitnessreimbursement to access the fitness reimbursement form.

¹ Effective January 1, 2025, rewards will also be available to fully-insured small group and individual members across all of the states in which we operate: MA, NH, ME and RI. Rewards may be taxable, please consult with your tax adviser.

² There is a \$300 maximum reimbursement per family contract for up to two members on the Harvard Pilgrim policy with a maximum of \$150 per member per calendar year. Restrictions apply. Reimbursement may be considered taxable income; consult your tax advisor.

Which Plan is Best for You

Harvard Pilgrim offers a number of plan options to meet your needs and budget. When choosing a plan, consider several factors:

- Do you frequently go to the doctor or need medical treatment?
- Is having the flexibility to see doctors outside the network important to you?
- Do you regularly take medication? Or take several medications?
- Do you prefer a higher premium and lower payments when you receive treatment? Or lower premiums and higher payments?

NEW for 2025: PPO Access

In 2025, our PPO plans will transition to the PPO Access network. This new network offers comprehensive care and coverage from our extensive, network of doctors, specialists and hospitals, ensuring members receive access to top-quality care.

The PPO Access plan network offers members:

- The same robust regional network of 154 hospitals and 88,000+ doctors and specialists throughout Massachusetts, Rhode Island, New Hampshire, Vermont and Maine.
- A nationwide network with more than 1.1 million doctors and specialists and 4,500 hospitals
- And the great benefits, programs, and services offered by Harvard Pilgrim.

It's easy to confirm if your current providers are part of the PPO Access plan network.

- Visit [harvardpilgrim.org/providerdirectory](https://www.harvardpilgrim.org/providerdirectory)
- Select "PPO ACCESS"
- Search according to your preferences.

Types of Plans

HMO

- Care within Harvard Pilgrim's network
- Select a PCP and get referrals for specialist visits

PPO Access

- Care within Harvard Pilgrim's network
- No need for referrals
- Option to go out of network and pay more in out-of-pocket expenses

Limited Network (Focus)*

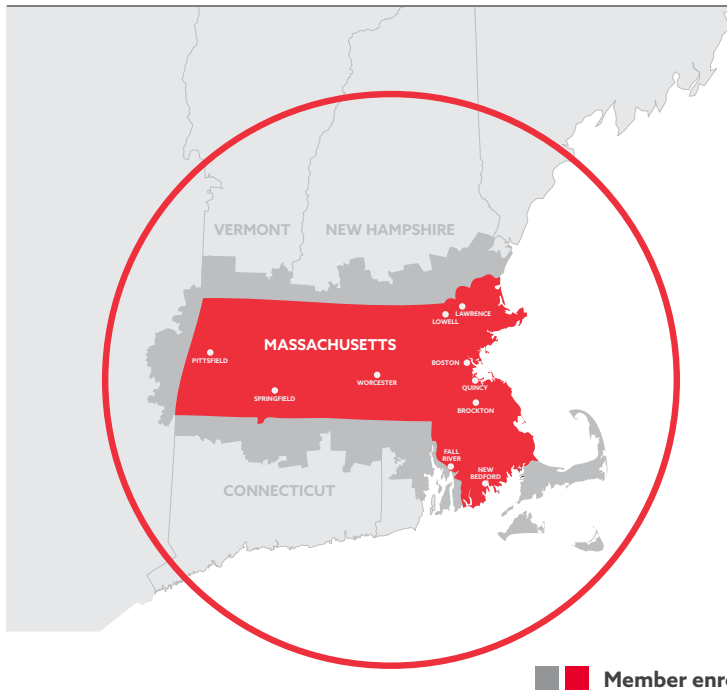
- HMO
- Lower-premium plan featuring a limited network of our high-performance providers

Qualified High Deductible

- HMO or PPO
- Meet a deductible before services are covered
- Some plans can be combined with a health savings account (HSA) to help you meet deductible and other out-of-pocket expenses

Save Money with Focus HMO Plans

These plans feature a select network of Massachusetts' leading health professionals and hospitals.* Focus HMO plans are designed help you lower costs and offer premium savings compared to our full-network plans.



■ Member enrollment area

Features include:



Comprehensive HMO coverage with care from our extensive, high-performance network of providers across Massachusetts



Nearly 54 hospitals and 55,000 doctors and other clinicians and 22,000 Behavioral Health providers, across the state

How it works

- Members choose a PCP from the participating providers across Massachusetts
- Specialty care is available with a referral from the PCP to a Focus specialist
- Referrals are not necessary for some services, such as routine eye exams and most gynecological care

To find Focus doctors and hospitals

1. Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) and select Find a Provider
2. Under Tiered/Limited Plans, select Focus Network - MA HMO

*These plans provide access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In these plans, members have coverage only from providers in the network specific to their plan. Members should search the provider directory by plan name for a list of providers. They may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

2025 Massachusetts Plan Offerings

For individuals and families

2025 Massachusetts Individual 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.

2025 Massachusetts Individual 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 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 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/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)

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.

2025 Massachusetts Individual 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															
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% (T5: \$250 coinsurance max)	\$10/\$50/\$80/\$180/20% (T5: \$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% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$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% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$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% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$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% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$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% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$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% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$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% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$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% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$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% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)

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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 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)

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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

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.

Key Insurance Terms

Premium

This is the monthly cost of your health insurance coverage and plan.

Cost sharing

Your out-of-pocket costs for services included within your health plan including copayments, deductibles, and coinsurance.

Copayments

A fixed dollar amount that you pay for certain covered benefits.

Deductible

The amount you owe or pay out-of-pocket during a coverage period (always one year) for certain covered benefits before your plan begins to pay.

Coinsurance

This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

Out-of-pocket maximum

This is a limit on the total amount of cost sharing you have to pay annually for covered benefits. This includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

Embedded deductible/ out-of-pocket maximum

All non-HSA plans contain embedded deductibles and out-of-pocket maximums (OOPM). Embedded deductible refers to a family plan that has two components, an individual deductible and a family deductible. The maximum contribution by an individual toward the family deductible is limited to the individual deductible amount and allows for the individual to receive benefits before the family component is met. When any number of members collectively meet the family deductible, services for the entire family are covered for the remainder of the year.

Embedded OOPM (Out of Pocket Maximum) refers to a family plan that has two components, an individual OOPM and a family OOPM. The maximum contribution by an individual toward the family OOPM is limited to the individual OOPM and once met, the individual has no additional cost sharing for the remainder of the year. When any number of members collectively meet the family OOPM, then all members have no additional cost sharing for the remainder of the year.

In-network

Generally, this describes coverage for care that HMO, POS and PPO members receive from participating providers in the plan's network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

Out-of-network

Out-of-network coverage applies to HMO, POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral. HMO members cannot receive care from out-of-network providers except in an emergency.

Tier

Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you'll save money when you see Tier 1 providers.

HSA (health savings account)

This is a savings account that can help you pay for qualified health care expenses. You need to have a federally qualified high deductible health plan to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

Important Legal Information

Excluded services from our plan

For a full list of services not covered, please refer to plan documents. Typically, exclusions include:

- Alternative services and treatments
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Routine foot care, except for members diagnosed with diabetes or systemic circulatory disease
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services that were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging
- Services or supplies provided by (1) anyone related to a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment, except as described in the policy
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation, except as outlined in your Benefit Handbook
- HMO only: Delivery outside the service area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery
- Over the counter hearing aids
- Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided, in accordance with applicable Medical Necessity
- Any service, supply or medication that is required by a third party that is not otherwise Medically Necessary (examples of a third party are an employer, an insurance company, a school or court)
- Services provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor

Limitations for Massachusetts individual plans

- Therapy services — Physical and occupational therapy — 60 combined visits per year
- Skilled nursing facility — 100 days per year
- Inpatient rehabilitation — 60 days per year
- Routine eye exam — 1 exam per year
- Wig — 1 synthetic monofilament wig per year

Broker compensation disclosure

Below are fees we pay to brokers and other entities to support enrollment for our plans:

Connector: Administrative fee: 2.5% of premium

eHealth: \$15 Per Member Per Month (PMPM)

HSA (non-group): \$39 Per Subscriber Per Month (PSPM)

SBSB (non-group): \$39 Per Subscriber Per Month (PSPM)

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

Civil Rights Compliance Officer

1 Wellness Way

Canton, MA 02021-1166

866-750-2074, TTY service: 711

Fax: 617-509-3085

Email: civil.rights@point32health.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

French (Français) ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

Greek (Ελληνικά) ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

Gujarati (ગુજરાતી) ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પરના નંબર પર કોલ કરો.

Haitian Creole (Kreyòl Ayisyen) ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

Hindi (हिंदी) ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी कार्ड पर दिए गए नंबर पर कॉल करें।

Italian (Italiano) ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

Khmer (ភាសាខ្មែរ) ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយភាសា ដែលឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមហៅទៅកាន់លេខនៅលើ ID កាតសមាជិករបស់អ្នក។

Korean (한국어) 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

Lao (ພາສາລາວ) ກະລຸນາຮັບຊາບ: ຖ້າທ່ານເວົ້າພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກິດ, ທ່ານສາມາດໃຊ້ບໍລິການດ້ານພາສາໄດ້ ໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໃຫ້ທ່ານເບິ່ງໃນບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

Polish (polski) UWAGA: Jeśli postugujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

Portuguese (Português) ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

Russian (Русский) ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

Spanish (Español) ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

Traditional Chinese (繁體中文) 注意事項：如果您講非英語的其他語言，我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

Vietnamese (Tiếng Việt) LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.

Contact us

Already a member?

866-890-6470 (Renewing your coverage)

877-907-4742 (Current plan benefit questions)

Not yet a member?

866-229-8821

TTY: **711**

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



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