

Getting Connected is as Simple as 1-2-3:

Compare Commonwealth Choice health insurance options. **GOLD, SILVER, BRONZE** and **YOUNG ADULT** benefit options are available from:

- Blue Cross Blue Shield of Massachusetts
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Health New England
- Neighborhood Health Plan
- Tufts Health Plan

Select the Commonwealth Choice option that best meets your budget and needs.

Enroll in a plan online at www.MAhealthconnector.org or by phone at 1-877-MA-ENROLL (623-6765)

TTY for hearing or speech impaired callers: 888-213-8163



Commonwealth Choice *Your Connection to Good Health*

Most Massachusetts adults are required to have health insurance or pay a significant tax penalty. Find the right plan with the help of the state's Health Connector.

We're your connection to comprehensive health insurance. Compare benefits and prices from brand-name health plans.

With the Health Connector's **Commonwealth Choice** plans, you have options.

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Bronze Plans

Welcome to the Health Connector!

Most Massachusetts adults are required to have health insurance or pay a significant tax penalty.

Health insurance is a big decision. That's why the state created the Health Connector!

We're working to make health insurance easier to get and more affordable. Only the plans that get our Seal of Approval can be called Commonwealth Choice. We'll help you get the tools and the facts that you need to compare, select and enroll in the right health plan.

Choose from:

- Blue Cross Blue Shield of Massachusetts
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Health New England
- Neighborhood Health Plan
- Tufts Health Plan

This brochure summarizes the **BRONZE** plans offered through Commonwealth Choice. **GOLD, SILVER,** and **YOUNG ADULT** plans are also available.

The Health Connector also offers low or no-cost plans for qualified Massachusetts residents. We can let you know if you qualify.



Check out the Commonwealth Choice plans on-line at www.MAhealthconnector.org or call us toll-free at 1-877-MA-ENROLL (623-6765)

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The Health Connector: Your Connection to Good Health

Commonwealth Choice Summary of Benefits* • BRONZE

	Blue Cross Blue Shield of Massachusetts	Fallon Community Health Plan	Fallon Community Health Plan	Harvard Pilgrim Health Care	Health New England	Neighborhood Health Plan	Tufts Health Plan		
	HMO Blue Basic Value	FCHP Direct Care	FCHP Select Care	Harvard Pilgrim Core Coverage 1750	HNE WisePlus	NHPThree Select	Advantage HMO Select 2000		
Benefit / Feature	Limited choice of doctors & hospitals							Benefit / Feature	
Annual Deductible (individual / family)	\$250 / \$500	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,750 / \$3,500	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	Annual Deductible (individual / family)	
Annual Out-of-Pocket Maximum (individual / family) **	\$5,000 / \$10,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000	Out-of-Pocket Max. (individual / family) **	
Annual Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Annual Benefit Maximum	
What you pay for covered services (copays, deductibles, and co-insurance)									
OFFICE VISITS									
Adult routine physical	\$15	No charge	No charge	\$25 copay up to 3 medical care office visits per individual (or 6 per family); next visits are subject to the deductible; then 20% co-insurance	No charge	\$25	\$40	Adult routine physical	
Routine gynecological (GYN) exam	\$15	No charge	No charge	same as above	No charge	\$25	\$40	Routine gynecological (GYN) exam	
Well-child care	\$15	No charge	No charge	same as above	No charge	\$25	\$40	Well-child care	
Routine vision exam	\$15	\$25	\$25	same as above	No charge	\$25	\$40	Routine vision exam	
Other Primary Care Physician (PCP) office visit	\$25	\$25	\$25	same as above	\$25 after deductible	\$25	\$40	Other Primary Care Physician (PCP) office visit	
Specialist office visit	\$40	\$40	\$40	same as above	\$25 after deductible	\$25	\$60	Specialist office visit	
LABORATORY + IMAGING									
Diagnostic lab	35% co-insurance after deductible	\$0 after deductible	\$0 after deductible	20% co-insurance after deductible	\$0 after deductible	20% co-insurance after deductible	\$0 after deductible	Diagnostic lab	
Diagnostic X-ray	35% co-insurance after deductible	\$0 after deductible	\$0 after deductible	20% co-insurance after deductible	\$0 after deductible	20% co-insurance after deductible	\$0 after deductible	Diagnostic X-ray	
Diagnostic CT / MRI / MRA / PET scan	35% co-insurance after deductible	\$0 after deductible	\$0 after deductible	20% co-insurance after deductible	\$0 after deductible	20% co-insurance after deductible	\$0 after deductible	Diagnostic CT / MRI / MRA / PET scan	
PRESCRIPTION DRUGS (Rx):									
Separate Rx deductible	\$250 per member per plan year, \$500 per family per plan year (for Tiers 2 and 3)	None	None	\$250 per individual, \$500 per family (for Retail Tiers 2 and 3)	None	\$100 per individual, \$200 per family	\$250 per individual, \$500 per family	Separate Rx deductible	
Retail (up to 30 day supply) ***									
Tier 1 - (primarily generic)	\$15	\$10	\$10	\$15	\$10 after deductible	\$15 after Rx deductible	\$20 after Rx deductible	Tier 1 - (primarily generic)	
Tier 2 - (preferred brand)	50% co-insurance after Rx deductible	\$50	\$50	50% co-insurance after Rx deductible	\$30 after deductible	50% co-insurance after Rx deductible	\$50 after Rx deductible	Tier 2 - (preferred brand)	
Tier 3 - (non-preferred brand)	50% co-insurance after Rx deductible	\$100	\$100	50% co-insurance after Rx deductible	\$60 after deductible	50% co-insurance after Rx deductible	\$75 after Rx deductible	Tier 3 - (non-preferred brand)	
Rx notes	BlueValue Rx formulary						Generic focused formulary; Mail order mandatory for maintenance drugs	Rx notes	
EMERGENCY	Emergency room visit (waived if admitted)	\$150	\$100	\$100	\$250	\$75 after deductible	\$100 after deductible	\$200	Emergency room visit
INPATIENT HOSPITAL	General hospital	35% co-insurance after deductible	\$500 per admission after deductible	\$500 per admission after deductible	20% co-insurance after deductible	\$500 per admission after deductible	20% co-insurance after deductible	\$0 after deductible	General hospital
OUTPATIENT SURGERY	Outpatient surgery	35% co-insurance after deductible	\$250 after deductible	\$250 after deductible	20% co-insurance after deductible	\$250 after deductible	20% co-insurance after deductible	\$0 after deductible	Outpatient surgery
MENTAL HEALTH SERVICES (BIOLOGICALLY-BASED)									
Mental health outpatient office visit	\$25	\$25	\$25	\$25 copay for up to 3 mental health, drug, or alcohol rehabilitation office visits per individual (or 6 per family); next visits are subject to the deductible; then 20% co-insurance	\$25 after deductible	\$25	\$40	Mental health outpatient office visit	
Mental health inpatient admission	35% co-insurance after deductible	No charge	No charge	20% co-insurance after deductible	\$500 per admission after deductible	No charge	\$0 after deductible	Mental health inpatient admission	

* This chart is intended to be a summary and not a comprehensive explanation of benefits. For a full explanation of coverage, please call the Health Connector at 1-877-MA-ENROLL (623-6765) or visit us on-line at www.MAhealthconnector.org

** Please note that not all services apply to the Out-of-Pocket Maximum.

*** Important note: some plans limit or exclude benefits for certain drugs or classes of drugs. Make sure you understand how any drugs you take will be covered before selecting a plan. All Bronze plans offer a mail order prescription drug program.