

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.

1-877-MA-ENROLL (623-6765)

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

www.MAhealthconnector.org



Silver 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 **SILVER** plans offered through Commonwealth Choice. **GOLD, BRONZE** 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)

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

The Health Connector: Your Connection to Good Health

Commonwealth Choice Summary of Benefits* • SILVER

Commonwealth Choice Summary of Benefits* • SILVER

Benefit / Feature	Blue Cross Blue Shield of Massachusetts	Blue Cross Blue Shield of Massachusetts	Fallon Community Health Plan	Fallon Community Health Plan	Harvard Pilgrim Health Care	Harvard Pilgrim Health Care	Health New England	Health New England	Neighborhood Health Plan	Neighborhood Health Plan	Tufts Health Plan	Tufts Health Plan	Benefit / Feature			
	<i>Access Blue Enhanced Value (with BasicRx)</i>	<i>HMO Blue Value with BasicRx</i>	<i>FCHP Direct Care</i>	<i>FCHP Select Care</i>	<i>Harvard Pilgrim Best Buy HMO 1000</i>	<i>Harvard Pilgrim Tiered Copayment HMO 30</i>	<i>HNE EssentialMax</i>	<i>HNE Principle Alliance</i> Primary Care Physicians are only located in Hampden, Hampshire, Franklin counties	<i>NHPTwo Select</i>	<i>NHPTwo</i>	<i>Advantage HMO Select 750</i> Limited choice of doctors & hospitals	<i>HMO Select 20</i> Limited choice of doctors & hospitals				
Annual Deductible (individual / family)	None / None	None / None	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000	None / None	\$1,000 / \$2,000	None / None	None / None	None / None	\$750 / \$1,500	None / None	Annual Deductible (individual / family)			
Annual Out-of-Pocket Maximum (individual / family) **	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$500 / \$1,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$5,000 / \$10,000	\$5,000 / \$10,000	Annual Out-of-Pocket Maximum (individual / family) **			
Annual Benefit Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	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	No charge	\$25	No charge	No charge	\$20	\$30	No charge	No charge	\$25	\$25	\$15	\$20	Adult routine physical	OFFICE VISITS	
	Routine gynecological (GYN) exam	\$20	\$25	No charge	No charge	\$20	\$30	No charge	No charge	\$25	\$25	\$15	\$20	Routine gynecological (GYN) exam		
	Well-child care	No charge	\$25	No charge	No charge	\$20	\$30	No charge	No charge	\$25	\$25	\$15	\$20	Well-child care		
	Routine vision exam	\$20	\$25	\$20	\$20	\$20	\$30	No charge	No charge	\$25	\$25	\$15	\$20	Routine vision exam		
	Other Primary Care Physician (PCP) office visit	\$20	\$25	\$20	\$20	\$20	\$30	\$20	\$15	\$25	\$25	\$15	\$20	Other Primary Care Physician (PCP) office visit		
	Specialist office visit	\$30	\$25	\$20	\$20	\$20	\$50	\$40	\$15	\$25	\$25	\$25	\$35	Specialist office visit		
LABORATORY + IMAGING	Diagnostic lab	No charge	No charge	\$0 after deductible	\$0 after deductible	\$0 after deductible	No charge	No charge	No charge	No charge	No charge	No charge	\$0 after deductible	No charge	Diagnostic lab	LABORATORY + IMAGING
	Diagnostic X-ray	No charge	No charge	\$0 after deductible	\$0 after deductible	\$0 after deductible	No charge	\$0 after deductible	No charge	No charge	No charge	No charge	\$0 after deductible	No charge	Diagnostic X-ray	
	Diagnostic CT / MRI / MRA / PET scan	\$50	\$75	\$0 after deductible	\$0 after deductible	\$0 after deductible	No charge	\$100 after deductible	No charge	No charge	No charge	No charge	\$0 after deductible	\$100	Diagnostic CT / MRI / MRA / PET scan	
PRESCRIPTION DRUG (Rx):	Separate Rx deductible	\$250 per member per plan year, \$500 per family per plan year (for Tiers 2 and 3)	\$250 per member per plan year, \$500 per family per plan year (for Tiers 2 and 3)	None	None	None	\$250 per individual, \$500 per family (for Retail Tiers 2 and 3)	None	None	None	None	\$250 per individual, \$500 per family	\$100 per individual, \$200 per family	Separate Rx deductible	PRESCRIPTION DRUGS (Rx):	
Retail (up to 30 day supply) ***	Tier 1 - (primarily generic)	\$15	\$15	\$10	\$10	\$15	\$15	\$10	\$10	\$15	\$15	\$10 after Rx deductible	\$10 after Rx deductible	Tier 1 - (primarily generic)	Retail *** (up to 30 day supply)	
	Tier 2 - (preferred brand)	50% co-insurance after Rx deductible	50% co-insurance after Rx deductible	\$25	\$25	\$30	\$30 after Rx deductible	\$30	\$30	50% co-insurance	50% co-insurance	\$30 after Rx deductible	\$25 after Rx deductible	Tier 2 - (preferred brand)		
	Tier 3 - (non-preferred brand)	50% co-insurance after Rx deductible	50% co-insurance after Rx deductible	\$50	\$50	\$50	\$50 after Rx deductible	100% of HNE's discounted rate	100% of HNE's discounted rate	50% co-insurance	50% co-insurance	\$45 after Rx deductible	\$45 after Rx deductible	Tier 3 - (non-preferred brand)		
	Rx notes	Blue Value Rx Formulary	Blue Value Rx Formulary					HNE Performance Formulary	HNE Performance Formulary	\$2,000 per individual or \$4,000 per family Rx Out-Of-Pocket Maximum	\$2,000 per individual or \$4,000 per family Rx Out-Of-Pocket Maximum	Generic focused formulary; Mail order mandatory for maintenance drugs	Generic focused formulary; Mail order mandatory for maintenance drugs	Rx notes		
EMERGENCY	Emergency room visit (waived if admitted)	\$75	\$100	\$100	\$100	\$100 after deductible	\$150	\$100 after deductible	\$50	\$100	\$100	\$200	\$150	Emergency room visit (waived if admitted)	EMERGENCY	
INPATIENT HOSPITAL	General hospital	\$500 per admission	\$500 per admission	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$1,000 per admission	\$0 after deductible	\$250 per admission	\$500 per day (up to \$2,000 per individual or \$4,000 per family maximum per calendar year)	\$500 per day (up to \$2,000 per individual or \$4,000 per family maximum per calendar year)	\$0 after deductible	\$600 per admission (up to \$2,400 per individual or \$4,800 per family per calendar year)	General hospital	INPATIENT HOSPITAL	
OUTPATIENT SURGERY	Outpatient Surgery	\$250	\$250	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$500	\$0 after deductible	\$150	\$500	\$500	\$0 after deductible	\$600 per surgery (up to \$2,400 per individual or \$4,800 per family per calendar year)	Outpatient Surgery	OUTPATIENT SURGERY	
MENTAL HEALTH SERVICES (BIOLOGICALLY-BASED)	Mental health outpatient office visit	\$20	\$25	\$20	\$20	\$20 for individual session; \$10 for group therapy	\$30 for individual session; \$10 for group therapy	\$20	\$15	\$25	\$25	\$15	\$20	Mental health outpatient office visit	MENTAL HEALTH SERVICES (BIOLOGICALLY-BASED)	
	Mental health inpatient admission	\$500 per admission	\$500 per admission	No charge	No charge	\$0 after deductible	\$1,000 per admission	\$0 after deductible	\$250 per admission	No charge	No charge	\$0 after deductible	\$600 per admission (up to \$2,400 per individual or \$4,800 per family per calendar year)	Mental health inpatient admission		

*This chart is intended to be a summary and not a comprehensive explanation of benefits. For a full explanation of benefits, 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 Silver plans offer a mail order prescription drug program.