

1 CHECK US OUT
Call 1-877-MA-ENROLL
TTY for hearing or speech
impaired callers: 888-213-8163
www.MAhealthconnector.org

2 PICK A PLAN
Options 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

3 SIGN UP
Online or by phone!

GET A YAP

Health plans designed especially for 18-26 year-olds, a Commonwealth Choice exclusive.

What's a YAP?

The Health Connector offers Commonwealth Choice Young Adult Plan (YAP) options - health insurance for those age 18 - 26.

Why should I get a YAP?

Health insurance is now required in Massachusetts – and now there are significant penalties if you don't have it.

Besides, “#*!(%i@**&!” happens. So get the health coverage that you need.

It's EASY to get. It's AFFORDABLE.

We can help you with your options.



Commonwealth Choice *Your Connection to Good Health*

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Commonwealth Choice Summary of Benefits *

YOUNG ADULT PLANS (with prescription drug coverage)

Benefit / Feature	Blue Cross Blue Shield of Massachusetts	Fallon Community Health Plan	Harvard Pilgrim Health Plan	Health New England	Neighborhood Health Plan	Tufts Health Plan
	Essential Blue YA with Prescription Drug Coverage	FCHP Select Care	Harvard Pilgrim Pulse Plan with Rx	MyHNE Young Adult Plan (with pharmacy coverage)	NHPGreen Select	Advantage HMO Select Young Adult (with pharmacy coverage) Limited choice of doctors & hospitals
Annual Deductible (individual)	\$250	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
Annual Out-of-Pocket Maximum (individual) **	\$5,000	\$5,000	\$5,000	\$3,000	\$5,000	\$5,000
Annual Benefit Maximum	Unlimited	\$100,000	\$50,000	\$100,000 (no maximum on pharmacy)	\$50,000	\$50,000
What you pay for covered services (copays, deductibles, and co-insurance)						
OFFICE VISITS						
Adult routine physical	\$10 if your PCP is Tier 1, or \$50 if your PCP is Tier 2	No charge	\$25 for first 3 medical care office visits; next visits are subject to the deductible; then 20% co-insurance	No charge	\$25	\$35
Routine gynecological (GYN) exam	\$10 if your PCP is Tier 1, or \$50 if your PCP is Tier 2	No charge	same as above	No charge	\$25	\$35
Routine vision exam	\$10 if your PCP is Tier 1, or \$50 if your PCP is Tier 2	\$25	same as above	No charge	\$25	\$35
Other Primary Care Physician (PCP) office visit	\$25 if your PCP is Tier 1, or \$50 if your PCP is Tier 2	\$25	same as above	\$30	\$25	\$35
Specialist office visit	\$25 if your PCP is Tier 1, or \$50 if your PCP is Tier 2	\$40	same as above	\$40 after deductible	\$25	\$50
LABORATORY + IMAGING						
Diagnostic lab	30% after deductible if your PCP is Tier 1, or 60% after deductible if your PCP is Tier 2	25% co-insurance after deductible	20% co-insurance after deductible	\$0 after deductible	20% co-insurance after deductible	\$0 after deductible
Diagnostic X-ray	30% after deductible if your PCP is Tier 1, or 60% after deductible if your PCP is Tier 2	25% co-insurance after deductible	20% co-insurance after deductible	\$0 after deductible	20% co-insurance after deductible	\$0 after deductible
Diagnostic CT / MRI / MRA / PET scan	30% after deductible if your PCP is Tier 1, or 60% after deductible if your PCP is Tier 2	25% co-insurance after deductible	20% co-insurance after deductible	\$0 after deductible	20% co-insurance after deductible	\$0 after deductible
PRESCRIPTION DRUGS (Rx):						
Separate Rx deductible	None	None	\$250 (for Tiers 2 and 3)	None	\$100	\$250
Tier 1 - (primarily generic)	\$15	\$10	\$15	\$10	\$15 after Rx deductible	\$20 after Rx deductible
Retail Tier 2 - (preferred brand)	50% co-insurance	\$50	50% co-insurance after Rx deductible	\$30	50% co-insurance after Rx deductible	\$50 after Rx deductible
(up to 30 day supply) *** Tier 3 - (non-preferred brand)	50% co-insurance	\$100	50% co-insurance after Rx deductible	100% of HNE's discounted rate	50% co-insurance after Rx deductible	\$75 after Rx deductible
Rx notes	BlueValue Rx formulary			HNE Performance Formulary		Generic focused formulary; Mail order mandatory for maintenance drugs
EMERGENCY						
Emergency room visit (waived if admitted)	\$250 if your PCP is Tier 1, or \$350 if your PCP is Tier 2	\$100	\$250	\$100 after deductible	\$100 after deductible	\$200
INPATIENT HOSPITAL						
General hospital	30% after deductible if your PCP is Tier 1, or 60% after deductible if your PCP is Tier 2	25% co-insurance after deductible	20% co-insurance after deductible	\$500 per admission after deductible	20% co-insurance after deductible	\$0 after deductible
OUTPATIENT SURGERY						
Outpatient surgery	30% after deductible if your PCP is Tier 1, or 60% after deductible if your PCP is Tier 2	25% co-insurance after deductible	20% co-insurance after deductible	\$250 after deductible	20% co-insurance after deductible	\$0 after deductible
MENTAL HEALTH SERVICES (BIOLOGICALLY-BASED)						
Mental health outpatient office visit	\$25 if your PCP is Tier 1, or \$50 if your PCP is Tier 2	\$25	\$25 for up to 3 mental health, drug, or alcohol rehabilitation office visits per individual; next visits are subject to the deductible; then 20% co-insurance	\$30	\$25	\$35
Mental health inpatient admission	30% after deductible if your PCP is Tier 1, or 60% after deductible if your PCP is Tier 2	No charge	20% co-insurance after deductible	\$500 per admission after deductible	No charge	\$0 after deductible

* 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.

***Young Adult Plans are also available *without* prescription drug coverage. 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.