



## 2023 Plan Comparison

# Connector

For plans beginning on or after 1/1/2023

Enclosed are the benefits, related costs and coverage for our 2023 Connector plans.

### In addition, all of our plans include:

- 5-Tier pharmacy options available on some plans.
- No referrals for in-plan specialists
- \$0 preventive services
- Worldwide emergency care
- Pediatric dental and vision
- 24/7 access to Teladoc® for medical and behavioral health
- Wellness reimbursements of up to \$200 per individual plan and \$400 per family plan per calendar year towards services such as: bike shares; community supported agriculture (CSA) or farm shares; personal trainer fees; qualifying fitness clubs and Weight Watchers®; school and town sports; and wellness/mindfulness/nutrition classes and apps
- Massage reimbursement for up to 2 one-hour visits per family per calendar year
- Acupuncture: 12 visits per member per calendar year

To learn more, visit [healthnewengland.org](https://healthnewengland.org) or call us at (413) 787-4000 or (800) 842-4464.

# 2023 Massachusetts Health Connector Plan Comparison Chart

For plans beginning on or after 1/1/2023

PLAN NAME	METALLIC TIER	DEDUCTIBLE (IND/FAM)	OUT-OF-POCKET MAXIMUM (IND/FAM)	PCP	SPECIALIST	TELADOC <sup>†</sup> (GENERAL MEDICAL)	EMERGENCY ROOM <sup>1</sup>	OUTPATIENT SURGICAL SERVICES	HOSPITAL STAY	LAB SERVICES	X-RAY	HIGH-COST DIAGNOSTIC IMAGING <sup>2</sup>	ACUPUNCTURE/ CHIRO	RX OPTION
Connector Health Plans														
★ New Plan														
PPO Silver A National (groups only)	Silver	\$2,000/ \$4,000	\$9,100/ \$18,200	\$30	\$60	\$0	\$350 after deductible	\$500 after deductible	\$1,000 after deductible	\$50 after deductible	\$75 after deductible	\$75 after deductible	\$20	\$30/60/90 deductible applies to tier 2 and 3 drugs
			Out of Network \$10,000/ \$20,000	Out of Network 20% after deductible	Out of Network 20% after deductible			Out of Network 20% after deductible	Out of Network 20% after deductible	Out of Network 20% after deductible	Out of Network 20% after deductible	Out of Network 20% after deductible	Out of Network 20% after deductible	Out of Network \$30/60/90 deductible applies to tier 2 and 3 drugs + 20%
Thrive Bronze	Bronze	\$3,500/ \$7,000	\$8,200/ \$16,400	\$30 after deductible	\$50 after deductible	\$0 after deductible	\$750 after deductible	\$1,000 after deductible	\$1,000 after deductible	\$100 after deductible	\$200 after deductible	\$1,000 after deductible	\$20 after deductible	\$30/100/150/200/250 deductible applies to tier 2–5 drugs
Bronze 2 HDHP	Bronze	\$3,300/ \$6,600	\$7,500/ \$15,000	\$60 after deductible	\$90 after deductible	\$0 after deductible	\$875 after deductible	\$500 after deductible	\$1,500 after deductible	\$55 after deductible	\$135 after deductible	\$750 after deductible	\$20 after deductible	\$30/120/200 <sup>‡</sup> after deductible
Silver 2000 HDHP (groups only)	Silver	\$2,000/ \$4,000*	\$7,050/ \$14,100	\$30 after deductible	\$60 after deductible	\$0 after deductible	\$300 after deductible	\$500 after deductible	\$750 after deductible	\$60 after deductible	\$75 after deductible	\$500 after deductible	\$20 after deductible	\$30/60/105 after deductible
Silver A (groups only)	Silver	\$2,000/ \$4,000	\$9,100/ \$18,200	\$30	\$60	\$0	\$350 after deductible	\$500 after deductible	\$1,000 after deductible	\$50 after deductible	\$75 after deductible	\$350 after deductible	\$20	\$30/60/90 deductible applies to tier 2 and 3 drugs
Silver A II (individual only)	Silver	\$2,000/ \$4,000	\$9,100/ \$18,200	\$30	\$60	\$0	\$350 after deductible	\$500 after deductible	\$1,000 after deductible	\$50 after deductible	\$75 after deductible	\$350 after deductible	\$20	\$30/60/90 deductible applies to tier 2 and 3 drugs
★ New Plan														
Thrive Gold 2000	Gold	\$2,000/ \$4,000	\$7,800/ \$15,600	\$10	\$20	\$0	\$500 after deductible	\$1,000 after deductible	\$1,000 after deductible	\$25	\$50 after deductible	\$500 after deductible	\$20	\$10/50/150/200/250
Gold	Gold	N/A	\$5,000/ \$10,000	\$30	\$55	\$0	\$350	\$500	\$750	\$25	\$75	\$250	\$20	\$30/60/90

PLAN NAME	METALLIC TIER	DEDUCTIBLE (IND/FAM)	OUT-OF-POCKET MAXIMUM (IND/FAM)	PCP	SPECIALIST	TELADOC <sup>†</sup> (GENERAL MEDICAL)	EMERGENCY ROOM <sup>1</sup>	OUTPATIENT SURGICAL SERVICES	HOSPITAL STAY	LAB SERVICES	X-RAY	HIGH-COST DIAGNOSTIC IMAGING <sup>2</sup>	ACUPUNCTURE/ CHIRO	RX OPTION
Platinum A	Platinum	N/A	\$3,000/ \$6,000	\$20	\$40	\$0	\$150	\$250	\$500	\$0	\$0	\$150	\$20	\$10/25/50
<b>ConnectorCare Health Plans</b>														
ConnectorCare 1 (individual only)	N/A	N/A	Medical \$0/\$0 Rx Maximum Out-of-Pocket \$250/\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1/3.65/3.65
ConnectorCare 2 (individual only)	N/A	N/A	Medical \$750/\$1,500 Rx \$500/\$1,000	\$0	\$18	\$0	\$50	\$50	\$50/\$0	\$0	\$0	\$30	\$20	\$10/20/40
ConnectorCare 3 (individual only)	N/A	N/A	Medical \$1,500/\$3,000 Rx \$750/\$1,500	\$0	\$22	\$0	\$100	\$125	\$250/\$0	\$0	\$0	\$60	\$20	\$12.50/25/50

**All plans meet Minimum Creditable Coverage.**

The out-of-pocket maximum is the most you pay for cost sharing for Essential Health Benefits during a year, then your plan begins to pay 100% of the allowed amount for those Essential Health Benefits.

All HDHPs have embedded deductibles. Once any individual on the family plan has met the individual deductible, the plan will begin to pay benefits for that individual.

\* This HDHP has an embedded deductible of \$3,000 for individuals on a family plan.

<sup>1</sup> Waived if admitted directly from ER.

<sup>2</sup> CT Scans, MRI, MRA, PET Scans & Nuclear Cardiac, Sleep Studies

<sup>†</sup> Use Teladoc®, our telehealth benefit, for virtual urgent care visits with a board certified physician via phone, mobile app or online video consultation to treat non-emergency medical issues.

<sup>‡</sup> This prescription drug coverage and benefit plan combination does not meet the requirements for Medicare Part D Creditable Coverage. Employer funded HRAs are not included in the actuarial testing and may allow the plan to meet creditable coverage.