



**Health New England**  
*Where you matter.*

## 2023 Plan Comparison

# Small Group & Non Group PPO

For plans beginning on or after 1/1/2023

Enclosed are the benefits, related costs and coverage for our 2023 Small Group & Non Group PPO plans.

### PPO plans include:

- 5-tier pharmacy plan designs
- 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 Small Group & Non Group Plan Comparison Chart — PPO

For plans beginning on or after 1/1/2023

PLAN NAME			DEDUCTIBLE (IND/FAM)	OUT-OF-POCKET MAXIMUM (IND/FAM)	PCP	SPECIALIST/ URGENT CARE	TELADOC® <sup>†</sup> (GENERAL MEDICAL)	EMERGENCY ROOM <sup>1</sup>	OUTPATIENT SURGICAL SERVICES	INPATIENT HOSPITAL	LAB SERVICES	X-RAY	HIGH-COST DIAGNOSTIC IMAGING <sup>2</sup>	ACUPUNCTURE/ CHIRO	RX OPTIONS <sup>4</sup>
Wise High Deductible Health Plans															
PPO Wise Saver 3450 National HDHP	Silver	In-Plan <sup>3</sup>	\$3,450/ \$6,900	\$6,300/ \$12,600	\$25 after deductible	\$50 after deductible	\$0 after deductible	\$300 after deductible	\$250 after deductible	\$500 after deductible	\$25 after deductible	\$50 after deductible	\$500 after deductible	\$20 after deductible	\$10/35/60/100/125 after deductible
		Out-of-Plan		\$8,000/ \$16,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$10/35/60 after deductible plus 20%	
PPO Wise 3000/10% National HDHP	Silver	In-Plan <sup>3</sup>	\$3,000/ \$6,000	\$7,000/ \$14,000	\$25 after deductible	\$35 after deductible	\$0 after deductible	\$300 after deductible	10% after deductible	10% after deductible	\$25 after deductible	10% after deductible	10% after deductible	\$20 after deductible	\$30/80/125/150/200 after deductible
		Out-of-Plan		\$7,500/ \$15,000	20% after deductible	20% after deductible			30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	20% after deductible	\$30/80/125/150/200 after deductible plus 20%
PPO Wise Max 3000 National HDHP	Gold	In-Plan <sup>3</sup>	\$3,000/ \$6,000	\$5,000/ \$10,000	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$10/35/60/100/125 after deductible
		Out-of-Plan		\$7,500/ \$15,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$10/35/60 after deductible plus 20%
PPO Wise Max 2000 National HDHP	Gold	In-Plan <sup>3</sup>	\$2,000/ \$4,000*	\$5,000/ \$10,000	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$25/50/75/100/150 after deductible
		Out-of-Plan		\$7,500/ \$15,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$25/50/75 after deductible plus 20%
Thrive Health Plans: Options for a Variety of Health Care Needs															
PPO Thrive Bronze National	Bronze	In-Plan <sup>3</sup>	\$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
		Out-of-Plan		\$10,000/ \$20,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$30/100/150 after deductible plus 20%
PPO Thrive Silver 3000 National	Silver	In-Plan <sup>3</sup>	\$3,000/ \$6,000	\$7,800/ \$15,600	\$20	\$30 after deductible	\$0 after deductible	\$500 after deductible	\$1,000 after deductible	\$1,000 after deductible	\$50 after deductible	\$100 after deductible	\$500 after deductible	\$20	\$20/50/150/200/250 deductible applies to tier 2–5 drugs
		Out-of-Plan		\$10,000/ \$20,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20%

## 2023 Small Group & Non Group Plan Comparison Chart — PPO

For plans beginning on or after 1/1/2023

Plan Name			Deductible (IND/FAM)	Out-of-Pocket Maximum (IND/FAM)	PCP	Specialist/ Urgent Care	TELADOC® <sup>†</sup> (General Medical)	Emergency Room <sup>1</sup>	Outpatient Surgical Services	Inpatient Hospital	Lab Services	X-Ray	High-Cost Diagnostic Imaging <sup>2</sup>	Acupuncture/ Chiro	Rx Options <sup>4</sup>
Connector Health Plan															
★ New Plan	Silver	In-Plan <sup>3</sup>	\$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 2–3 drugs
PPO Silver A National		Out-of-Plan		\$10,000/ \$20,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20%	\$30/60/90 deductible applies to tier 2–3 drugs plus 20%	
Core Traditional Deductible Health Plans: Ideal for Cost-Focused Employers															
PPO Core 2000 Copay National	Silver	In-Plan <sup>3</sup>	\$2,000/ \$4,000	\$8,700/ \$17,400	\$30	\$60	\$0	\$500 after deductible	\$500 after deductible	\$750 after deductible	\$75 after deductible	\$200 after deductible	\$500 after deductible	\$20	\$30/80/125/150/200 deductible applies to tier 2–5 drugs
		Out-of-Plan		\$10,000/ \$20,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$30/80/125 after deductible plus 20%	
PPO Core 2000 National	Gold	In-Plan <sup>3</sup>	\$2,000/ \$4,000	\$6,500/ \$13,000	\$25	\$50	\$0	\$300	\$250 after deductible	\$500 after deductible	\$10 after deductible	\$10 after deductible	\$100 after deductible	\$20	\$25/50/150/200/250
		Out-of-Plan		\$7,500/ \$15,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$25/50/150 plus 20%	
Essential Traditional Deductible Health Plans: Ideal for Benefit-Focused Employers															
PPO Essential 5000 National	Silver	In-Plan <sup>3</sup>	\$5,000/ \$10,000	\$8,700/ \$17,400	\$40 first copay waived	\$60	\$0	\$500 after deductible	\$500 after deductible	\$500 after deductible	\$40	\$75 after deductible	\$300 after deductible	\$20	\$30/80/125/150/200
		Out-of-Plan		\$10,000/ \$20,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$30/80/125 plus 20%
PPO Essential 3000 National	Gold	In-Plan <sup>3</sup>	\$3,000/ \$6,000	\$6,000/ \$12,000	\$25	\$40	\$0	\$500 after deductible	\$100 after deductible	\$100 after deductible	\$40	\$50 after deductible	\$300 after deductible	\$20	\$30/80/125/150/200
		Out-of-Plan		\$8,000/ \$16,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$30/80/125 plus 20%
PPO Essential 2000 National	Gold	In-Plan <sup>3</sup>	\$2,000/ \$4,000	\$6,000/ \$12,000	\$25	\$40	\$0	\$250	\$50 after deductible	\$100 after deductible	\$25	\$50 after deductible	\$100 after deductible	\$20	\$30/80/125/150/200
		Out-of-Plan		\$7,500/ \$15,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$30/80/125 plus 20%

PLAN NAME			DEDUCTIBLE (IND/FAM)	OUT-OF-POCKET MAXIMUM (IND/FAM)	PCP	SPECIALIST/ URGENT CARE	TELADOC® <sup>†</sup> (GENERAL MEDICAL)	EMERGENCY ROOM <sup>1</sup>	OUTPATIENT SURGICAL SERVICES	INPATIENT HOSPITAL	LAB SERVICES	X-RAY	HIGH-COST DIAGNOSTIC IMAGING <sup>2</sup>	ACUPUNCTURE/ CHIRO	RX OPTIONS <sup>4</sup>
Essential Traditional Deductible Health Plans: Ideal for Benefit-Focused Employers															
PPO Essential 1000 National	Gold	In-Plan <sup>3</sup>	\$1,000/ \$2,000	\$6,000/ \$12,000	\$25	\$40	\$0	\$250	\$100 after deductible	\$100 after deductible	\$25	\$50 after deductible	\$100 after deductible	\$20	\$30/80/125/150/200
		Out-of-Plan		\$7,500/ \$15,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$30/80/125 plus 20%
PPO Essential 500 National	Platinum	In-Plan <sup>3</sup>	\$500/ \$1,000	\$5,000/ \$10,000	\$20	\$20	\$0	\$150	\$0 after deductible	\$0 after deductible	\$0	\$0 after deductible	\$75 after deductible	\$20	\$20/50/75/100/150
		Out-of-Plan		\$6,000/ \$12,000	20% after deductible	20% after deductible			20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$20/50/75 plus 20%

## All plans meet Minimum Creditable Coverage and Medicare Part D Creditable Coverage

In-Plan networks consist of Health New England Commercial network within our service area, MultiPlan's PHCS in New England (CT, MA, ME, NH, RI, and VT) and UnitedHealthcare Options PPO network outside of New England.

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>†</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. Copays may apply to Teladoc for behavioral health.

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

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

<sup>3</sup> When services are rendered by a provider not contracted with Health New England, MultiPlan's PHCS network or UnitedHealthcare Options PPO network within their service areas, members are covered at the out-of-plan level of benefits.