

2026 Massachusetts Small Group Overview of Plan Changes

Portfolio-Wide Changes

- Increase in copays for Outpatient Surgery on most plans
- Increase in Durable Medical Equipment coinsurance (excludes Glucose Monitors, Insulin Pumps)
 - For non-HSA plans, pharmacy will include a separate deductible
- Deductible included for ER, Urgent Care, Flex Labs, ABA and Non-Hospital Imaging on all plans
 - Non-Hospital PT/OT/ST now follows Specialist cost sharing, plus deductible
 - Hospital PT/OT/ST copay increased on most plans
 - Deductible now standard on all T5 RX plans
- Pharmacy copay increased to \$150 for T3, \$225 for T4 (T4 increased to \$250 for Silver plans)

2025		2026 Mapped		
2025 Plan ID	2025 Product Name	2026 Plan ID	2026 Product Name	2025 to 2026 Changes
HMO & HMO HSA				
MD0000201427	HMO 20 - Flex	MD0000201669	HMO 25 - Flex	<ul style="list-style-type: none"> • OV increased to \$25/\$45 • Inpatient changed to \$500 • ER increased to \$350 • Hospital Imaging changed to \$300 • Increased RX T3 and T4 to \$45 and \$160 copay, respectively
MD0000201446	HMO 500 - Flex	MD0000201678	HMO 1000 - Flex	Discontinuing - Refer to HMO 1000 - Flex for new cost sharing
MD0000201458	HMO 1000 - Flex	MD0000201678	HMO 1000 - Flex	<ul style="list-style-type: none"> • Increased ER, Hospital-based Imaging copay to \$500 • Increased Inpatient copay to \$750
MD0000201431	HMO 1500 - Flex	MD0000201679	HMO 1500 - Flex	<ul style="list-style-type: none"> • Increased ER, Hospital-based Imaging copay to \$500 • Increased Inpatient copay to \$750
MD0000201433	HMO 2000 - Flex	MD0000201680	HMO 2000 - Flex	<ul style="list-style-type: none"> • OOPM increased to \$6,650/\$13,300 • Increased ER, Hospital-based Imaging copay to \$500 • Increased Inpatient copay to \$750 • Increased non-Flex Lab copay to \$75
MD0000201432	HMO 1500 Value - Flex	MD0000201681	HMO 2500 - Flex	Discontinuing - Refer to HMO 2500 - Flex for new cost sharing
MD0000201436	HMO 2000 Value - Flex	MD0000201670	HMO 2000 Value - Flex	<ul style="list-style-type: none"> • OV increased to \$60/\$80 • OOPM increased to \$9,750/19,500

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2025 Plan ID	2025 Product Name	2026 Plan ID	2026 Product Name	2025 to 2026 Changes
HMO & HMO HSA				
MD0000201434	HMO 2500 - Flex	MD0000201681	HMO 2500 - Flex	<ul style="list-style-type: none"> • OV increased to \$40/\$60 • OOPM increased to \$9,750/19,500 • Increased ER copay to \$500 • Increased Inpatient, Hospital-based Imaging copay to \$750 • Increased non-Flex Lab copay to \$75
MD0000201437	HMO 3000 - Flex	MD0000201682	HMO 3000 - Flex	<ul style="list-style-type: none"> • OV increased to \$55/\$80 • OOPM increased to \$9,750/19,500
MD0000201445	HMO 4000 - Flex	MD0000201671	HMO 4000 - Flex	<ul style="list-style-type: none"> • OV increased to \$55/\$80 after deductible • Increased ER copay to \$600 • Increased X-ray, non-Flex Lab copay to \$100 • Increased Inpatient copay to \$1,500
MD0000201438	HMO 5000 - Flex	MD0000201683	HMO 5000 - Flex	<ul style="list-style-type: none"> • OV increased to \$55/\$80 • OOPM increased to \$9,750/19,500
MD0000201459	HMO 6000 Value - Flex	MD0000201683	HMO 5000 - Flex	Discontinuing - Refer to HMO 5000 - FLEX for new cost sharing
MD0000201414	HMO HSA 2000 - Flex	MD0000201672	HMO HSA 2000 - Flex	<ul style="list-style-type: none"> • OV increased to \$40/\$60 after deductible • Inpatient increased to \$750
MD0000201447	HMO HSA 2500 - Flex	MD0000201673	HMO HSA 3000 - Flex	Discontinuing - Refer to HMO HSA 3000 - FLEX for new cost sharing
MD0000201428	HMO HSA 3000 - Flex	MD0000201673	HMO HSA 3000 - Flex	<ul style="list-style-type: none"> • OV increased to \$40/\$60 after deductible • Inpatient increased to \$750 • ER, Hospital-based Imaging increased to \$500
MD0000201429	HMO HSA 3400 - Flex	MD0000201694	HMO HSA 3400 - Flex	<ul style="list-style-type: none"> • OV increased to \$40/\$60 after deductible • Inpatient increased to \$750 • ER, Hospital-based Imaging increased to \$500
MD0000201430	HMO HSA 4000 - Flex	MD0000201686	HMO HSA 4000 - Flex	OV increased to \$80/\$155 after deductible
Focus Network HMO & Focus Network HMO HSA				
MD0000201448	Focus HMO 1000	MD0000201674	Focus Network HMO 1000	<ul style="list-style-type: none"> • Inpatient changed to \$750 • ER increased to \$500 • Hospital Imaging changed to \$300
MD0000201449	Focus HMO 1500	MD0000201687	Focus Network HMO 2000	Discontinuing - Refer to Focus Network HMO 2000 for new cost sharing
MD0000201450	Focus HMO 2000	MD0000201687	Focus Network HMO 2000	<ul style="list-style-type: none"> • OOPM increased to \$6,700/\$13,400 • Inpatient changed to \$750 • ER increased to \$500 • Hospital Imaging changed to \$300"
MD0000201435	Focus HMO 2500	MD0000201688	Focus Network HMO 3000	Discontinuing - Refer to Focus Network HMO 3000 for new cost sharing
MD0000201451	Focus HMO 3000	MD0000201688	Focus Network HMO 3000	<ul style="list-style-type: none"> • OV increased to \$55/\$80 • OOPM increased to \$9,750/\$19,500 • Hospital Imaging changed to \$500"
MD0000201415	Focus HMO HSA 3400	MD0000201675	Focus Network HMO HSA 3400	<ul style="list-style-type: none"> • OV increased to \$40/\$60 after deductible • ER, Hospital Imaging copay increased to \$500

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PPO Access				
MD0000201439	PPO Access 20 - Flex	MD0000201684	PPO Access 25 - Flex	<ul style="list-style-type: none"> • OV increased to \$25/\$45 • Inpatient changed to \$500 • ER increased to \$350 • Hospital Imaging changed to \$300 • Increased RX T3 and T4 to \$45 and \$160 copay, respectively
MD0000201440	PPO Access 500 - Flex	MD0000201689	PPO Access 1000 - Flex	Discontinuing - Refer to PPO Access 1000 - Flex for new cost sharing
MD0000201441	PPO Access 1000 - Flex	MD0000201689	PPO Access 1000 - Flex	<ul style="list-style-type: none"> • Increased ER, Hospital-based Imaging copay to \$500 • Increased Inpatient copay to \$750
MD0000201452	PPO Access 1500 Value - Flex	MD0000201685	PPO Access 2000 Value - Flex	Discontinuing - Refer to PPO Access 2000 Value - Flex for new cost sharing
MD0000201442	PPO Access 1500 - Flex	MD0000201690	PPO Access 1500 - Flex	<ul style="list-style-type: none"> • Increased ER, Hospital-based Imaging copay to \$500 • Increased Inpatient copay to \$750
MD0000201443	PPO Access 2000 - Flex	MD0000201676	PPO Access 2000 - Flex	<ul style="list-style-type: none"> • Increased ER, Hospital-based Imaging copay to \$500 • Increased Inpatient copay to \$750 • Increased non-Flex Lab copay to \$75
MD0000201444	PPO Access 2000 Value - Flex	MD0000201685	PPO Access 2000 Value - Flex	<ul style="list-style-type: none"> • OV increased to \$35/\$60 after deductible • OOPM increased to \$9,750/19,500 • Increased ER, Hospital-based Imaging copay to \$500
MD0000201453	PPO Access 2500 - Flex	MD0000201746	National Access EPO 2000	Discontinuing - Refer to National Access EPO 2000 for new cost sharing
MD0000201454	PPO Access 3000 - Flex	MD0000201691	PPO Access 3000 - Flex	OV increased to \$60/\$80
MD0000201455	PPO Access 4000 - Flex	MD0000201692	PPO Access 4000 - Flex	<ul style="list-style-type: none"> • OV increased to \$55/\$80 after deductible • Increased ER copay to \$600 • Increased X-ray, non-Flex Lab copay to \$100 • Deductible added to Chiro/Acupuncture • Increased Inpatient copay to \$1,500
PPO Access HSA				
MD0000201456	PPO Access HSA 3000 - Flex	MD0000201677	PPO Access HSA 3000 - Flex	<ul style="list-style-type: none"> • OV increased to \$40/\$60 after deductible • Increased ER, Hospital-based Imaging copay to \$500 • Increased Non-hospital-based Imaging copay to \$250 • Increased Inpatient copay to \$750
MD0000201460	PPO Access HSA 3400 - Flex	MD0000201745	National Access EPO HSA 4000	Discontinuing - Refer to National Access EPO HSA 4000 for new cost sharing
MD0000201457	PPO Access HSA 5000 - Flex	MD0000201693	PPO Access HSA 5000 - Flex	OV increased to \$80/\$155 after deductible

2025

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National Access EPO

MD0000201746 National Access EPO 2000 New 2026 Plan

MD0000201747 National Access EPO 3000 New 2026 Plan

MD0000201745 National Access EPO HSA 4000 New 2026 Plan

Connector Plans

MD0000201392 Standard Platinum - Flex **MD0000201610** Standard Platinum - Flex No Changes

MD0000201393 Standard High Gold **MD0000201611** Standard High Gold

- OOPM increased to \$7,000/\$14,000
- Inpatient copay increased to \$300
- Day Surgery copay increased to \$150

MD0000201394 Standard Silver **MD0000201612** Standard Silver

- OOPM increased to \$10,150/\$20,300
- Lab copay increased to \$30
- X-Ray copay increased to \$60

MD0000201404 Standard Low Silver HSA - Flex **MD0000201618** Standard Low Silver HSA - Flex

- Deductible increased to \$2,500/\$5,000
- OOPM increased to \$8,450/\$16,900

MD0000201398 Standard High Bronze HSA - Flex **MD0000201619** Standard High Bronze HSA - Flex

- Deductible increased to \$3,800/\$7,600
- OOPM increased to \$8,450/\$16,900

MD0000201399 HMO 2000 Value II - Flex **MD0000201615** HMO 2000 Value II - Flex

- OOPM increased to \$5,750/\$11,500
- ER, Hosptial-based Imaging copay increased to \$500
- Non-Flex Lab increased to \$75

MD0000201400 PPO Access HSA 2000 - Flex **MD0000201621** PPO Access HSA 2500 - Flex

- Deductible increased to \$2,500/\$5,000
- OOPM increased to \$8,450/\$16,900

MD0000201401 HMO 3500 - Flex **MD0000201622** HMO 3500 - Flex

- OV increased to \$45/\$70
- X-Rays copay increased to \$100



For a complete list of plan options and cost sharing scan the QR code