

2018 Massachusetts Merged Market Benefit Designs

The following are the Massachusetts Merged Market Benefit Designs for 2018.

Please Note:

- Featured cost sharing for members who use Flex facilities for General Laboratory and Day Surgery services
- Family Deductible: For plans with \$2,000 individual deductible or less, the standard has changed for the family deductible from 2x the individual deductible to 2.5x individual deductible
- Embedded Pediatric Dental: For Standard Connector plans, Core Coverage, and plans with a \$3,000 individual deductible, the Out-of-Pocket Maximum for the Pediatric Dental benefit will be included in the medical OOPM. - All HSA plans will include preventative RX
- All plans are Plan Year, except Affordable HMO 25 - Flex, Focus Network MA - Affordable 25, and Affordable PPO 25 - Flex (Calendar Year)
- Introduction of new plans, as noted on the grid. For discontinued plans, please see page 16
- Affordable 40 plans are mapped to new Best Buy 500 - Flex plans
- For Core Coverage HMO 1750 and 3000, Emergency Room will fall under the deductible
- All plans are Medicare Minimum Creditable and Massachusetts Minimum Creditable compliant



Affordable HMO Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Affordable HMO 25 - Flex	\$25/\$40	None/None	\$1,700/\$3,400	None	\$125	Hosp: \$40	IP: \$1,000	Labs: Flex Provider: CIF Others: \$40	\$125	\$25	\$40	Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max)	50% coinsurance
Platinum						Freestand: \$40						Mail: \$12.50/\$62.50/\$100/\$180/20% (T5 \$750/script max)	No Deductible
MD0000004607						Conv: \$25	Day: Flex Provider: \$150 Others: \$500	X-Rays: \$40				RX OOPM: \$1,000/\$2,000	Dental OOPM: \$1,350/\$2,700
RX0000001291		N/A	Embedded										DN0000010123

Best Buy HMO Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HMO 500 - Flex (New Plan)	\$25/\$40	\$500/\$1,250	\$5,750/\$11,500	None	\$300	Hosp: \$40	IP: Ded then \$200	Labs: Flex Provider: CIF Others: Ded then \$40	Ded then \$200	Ded then \$25	\$40	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max)	50% coinsurance
Gold						Freestand: \$40						Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max)	No Deductible
MD0000004618						Conv: \$25	Day: Flex Provider: \$50 Others: Ded then \$200	X-Rays: Ded then \$40				Medical OOPM applies	Dental OOPM: \$1,350/\$2,700
RX0000001600		Embedded	Embedded										DN0000010098
Best Buy HMO 1000 - Flex	\$25/\$40	\$1,000/\$2,500	\$5,750/\$11,500	None	\$300	Hosp: \$40	IP: Ded then \$200	Labs: Flex Provider: CIF Others: Ded then \$40	Ded then \$200	Ded then \$25	\$40	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max)	50% coinsurance
Gold						Freestand: \$40						Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max)	No Deductible
MD0000004608						Conv: \$25	Day: Flex Provider: \$50 Others: Ded then \$200	X-Rays: Ded then \$40				Medical OOPM applies	Dental OOPM: \$1,350/\$2,700
RX0000001600		Embedded	Embedded										DN0000010098

Best Buy HMO Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HMO 1000 with Coinsurance - Flex Gold MD0000004609 RX0000001601	\$30/\$50	\$1,000/\$2,500	\$5,250/\$10,500	20%	\$400	Hosp: \$50 Freestand: \$50 Conv: \$30	IP: Ded then 20% Day: Flex Provider: \$150 Others: Ded then 20%	Labs: Flex Provider: CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	Ded then 20%	\$50	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max) Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max) Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010098
Best Buy HMO 2000 - Flex Gold MD0000004610 RX0000001600	\$25/\$40	\$2,000/\$5,000	\$5,750/\$11,500	None	\$300	Hosp: \$40 Freestand: \$40 Conv: \$25	IP: Ded then \$250 Day: Flex Provider: \$75 Others: Ded then \$200	Labs: Flex Provider: CIF Others: Ded then \$40 X-Rays: Ded then \$40	Ded then \$200	Ded then \$25	\$40	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max) Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max) Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010098
Best Buy HMO 2000 with Coinsurance - Flex Gold MD0000004611 RX0000001602	\$35/\$65	\$2,000/\$5,000	\$6,800/\$13,600	20%	\$500	Hosp: \$65 Freestand: \$65 Conv: \$35	IP: Ded then 20% Day: Flex Provider: \$150 Others: Ded then 20%	Labs: Flex Provider: CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	Ded then 20%	\$50	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max) Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max) Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$550/\$1,100 DN0000000329
Best Buy HMO 2000 with Copayment - Flex (New Plan) Silver MD0000004619 RX0000001609	\$35/\$55	\$2,000/\$5,000	\$6,800/\$13,600	None	\$1,000	Hosp: \$55 Freestand: \$55 Conv: \$35	IP: Ded then \$1,000 Day: Flex Provider: \$250 Others: Ded then \$1,000	Labs: Flex Provider: CIF Others: Ded then \$55 X-Rays: Ded then \$55	Ded then \$1,000	Ded then \$35	\$50	Retail: \$5/\$30/\$80/\$110/20% (T5 \$500/script max) Mail: \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max) Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$550/\$1,100 DN0000000329

Best Buy HMO Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HMO 3000 - Flex	\$40/\$60	\$3,000/\$6,000	\$7,350/\$14,700	None	\$450	Hosp: \$60	IP: Ded then \$1,000	Labs: Flex Provider: CIF Others: Ded then \$60	Ded then \$350	Ded then \$40	\$50	Retail: \$5/\$30/\$80/\$110/20% (T5 \$500/script max)	50% coinsurance
Silver						Freestand: \$60						Mail: \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max)	No Deductible
MD0000004620						Conv: \$40	Day: Flex Provider: \$200 Others: Ded then \$500	X-Rays: Ded then \$60				Medical OOPM applies	Dental OOPM: Medical OOPM applies
RX0000001608		Embedded	Embedded										DN0000000316

Core Coverage Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Core Coverage HMO 1750 - Flex Gold MD0000004616 RX0000001607	\$35 for the first 3 visits per mem (6 per fam). All other visits Ded then 20%	\$1,750/\$3,500	\$7,350/\$14,700	20%	Ded then \$250	Hosp: \$35 for the first 3 visits per mem (6 per fam). All other visits Ded then 20% Freestand: \$35 for the first 3 visits per mem (6 per fam). All other visits Ded then 20% Conv: \$35 for the first 3 visits per mem (6 per fam). All other visits Ded then 20%	IP: Ded then 20% Day: Flex Provider: \$150 Others: Ded then 20%	Labs: Flex Provider: CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 20%	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 20%	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max) Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max)	50% coinsurance No Deductible Dental OOPM: Medical OOPM applies DN0000000316
Core Coverage HMO 3000 - Flex Silver MD0000004617 RX0000001608	\$35 for the first 3 visits per mem (6 per fam). All other visits Ded then 30%	\$3,000/\$6,000	\$7,350/\$14,700	30%	Ded then \$250	Hosp: \$35 for the first 3 visits per mem (6 per fam). All other visits Ded then 30% Freestand: \$35 for the first 3 visits per mem (6 per fam). All other visits Ded then 30% Conv: \$35 for the first 3 visits per mem (6 per fam). All other visits Ded then 30%	IP: Ded then 30% Day: Flex Provider: \$150 Others: Ded then 30%	Labs: Flex Provider: CIF Others: Ded then 30% X-Rays: Ded then 30%	Ded then 30%	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 30%	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 30%	Retail: \$5/\$30/\$80/\$110/20% (T5 \$500/script max) Mail: \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max)	50% coinsurance No Deductible Dental OOPM: Medical OOPM applies DN0000000316

Best Buy HSA HMO Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HSA HMO 2000 - Flex Gold MD0000004612 RX0000001603	Ded then CIF	\$2,000/\$5,000	\$5,250/\$10,500	None	Ded then CIF	Hosp: Ded then CIF Freestand: Ded then CIF Conv: Ded then CIF	IP: Ded then CIF Day: Flex Provider/ Others: Ded then CIF	Labs: Flex Provider: Ded then CIF Others: Ded then \$10 X-Rays: Ded then \$10	Ded then CIF	Ded then CIF	Ded then CIF	Retail: Ded then \$5/\$30/\$60/\$90/20% (T5 \$250/script max) Mail: Ded then \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max) Medical OOPM applies Preventive RX applies to Retail & Mail	50% coinsurance No Deductible Dental OOPM: \$1,300/\$2,600 DN000000167
Best Buy HSA HMO 2000 with Coinsurance - Flex Silver MD0000004613 RX0000001604	Ded then \$30/\$45	\$2,000/\$5,000	\$6,250/\$12,500	20%	Ded then \$400	Hosp: Ded then \$45 Freestand: Ded then \$45 Conv: Ded then \$30	IP: Ded then 20% Day: Flex Provider: Ded then CIF Others: Ded then 20%	Labs: Flex Provider: Ded then CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Retail: Ded then \$5/\$30/\$80/\$110/20% (T5 \$500/script max) Mail: Ded then \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max) Medical OOPM applies Preventive RX applies to Retail & Mail	50% coinsurance No Deductible Dental OOPM: \$400/\$800 DN0000000330
Best Buy HSA HMO 2000 with Cost Share - Flex (New Plan) Silver MD0000004621 RX0000001610	Ded then \$35/\$55	\$2,000/\$5,000	\$6,000/\$12,000	None	Ded then \$400	Hosp: Ded then \$55 Freestand: Ded then \$55 Conv: Ded then \$35	IP: Ded then \$500 Day: Flex Provider: Ded then CIF Others: Ded then \$250	Labs: Flex Provider: Ded then CIF Others: Ded then \$55 X-Rays: Ded then \$55	Ded then \$200	Ded then \$35	Ded then \$50	Retail: Ded then \$5/\$30/\$80/\$110/20% (T5 \$500/script max) Mail: Ded then \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max) Medical OOPM applies Preventive RX applies to Retail & Mail	50% coinsurance No Deductible Dental OOPM: \$650/\$1,300 DN0000000331

Best Buy HSA HMO Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HSA HMO 3000 - Flex Silver MD0000004614 RX0000001605	Ded then CIF	\$3,000/\$6,000	\$6,000/\$12,000	None	Ded then CIF	Hosp: Ded then CIF Freestand: Ded then CIF Conv: Ded then CIF	IP: Ded then CIF Day: Flex Provider/ Others: Ded then CIF	Labs: Flex Provider: Ded then CIF Others: Ded then \$20 X-Rays: Ded then \$20	Ded then CIF	Ded then CIF	Ded then CIF	Retail: Ded then \$5/\$30/\$80/\$110/20% (T5 \$500/script max) Mail: Ded then \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max) Medical OOPM applies Preventive RX applies to Retail & Mail	50% coinsurance No Deductible Dental OOPM: \$650/\$1,300 DN0000000331
Best Buy HSA HMO 3000 with Cost Share - Flex (New Plan) Silver MD0000004622 RX0000001605	Ded then \$35/\$55	\$3,000/\$6,000	\$6,000/\$12,000	None	Ded then \$400	Hosp: Ded then \$55 Freestand: Ded then \$55 Conv: Ded then \$35	IP: Ded then \$500 Day: Flex Provider: Ded then CIF Others: Ded then \$250	Labs: Flex Provider: Ded then CIF Others: Ded then \$55 X-Rays: Ded then \$55	Ded then \$200	Ded then \$35	Ded then \$50	Retail: Ded then \$5/\$30/\$80/\$110/20% (T5 \$500/script max) Mail: Ded then \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max) Medical OOPM applies Preventive RX applies to Retail & Mail	50% coinsurance No Deductible Dental OOPM: \$650/\$1,300 DN0000000331
Best Buy HSA HMO 3100 - Flex Bronze MD0000004615 RX0000001606	Ded then \$40/\$65	\$3,100/\$6,200	\$6,400/\$12,800	None	Ded then \$750	Hosp: Ded then \$65 Freestand: Ded then \$65 Conv: Ded then \$40	IP: Ded then 20% Day: Flex Provider: Ded then \$250 Others: Ded then \$1,000	Labs: Flex Provider: Ded then CIF Others: Ded then \$65 X-Rays: Ded then \$65	Ded then \$750	Ded then \$40	Ded then \$50	Retail: Ded then \$5/\$30/50%/50%/50% (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max) Mail: Ded then \$12.50/\$75/50%/50%/50% (T3 \$312.50/script max, T4 \$750/script max, T5 \$1,500/script max) Medical OOPM applies Preventive RX applies to Retail & Mail	50% coinsurance No Deductible Dental OOPM: \$250/\$500 DN0000000332

Focus HMO Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Focus Network MA - Affordable HMO 25 Platinum MD0000004623 RX0000001291	\$25/\$40	None/None	\$1,700/\$3,400	None	\$125	Hosp: \$40 Freestand: \$40 Conv: \$25	IP: \$1,000 Day: \$500	\$40	\$125	\$25	\$40	Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: \$12.50/\$62.50/\$100/\$180/20% (T5 \$750/script max) RX OOPM: \$1,000/\$2,000	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010123
Focus Network MA - Best Buy HSA HMO 3100 Bronze MD0000004624 RX0000001606	Ded then \$40/\$65	\$3,100/\$6,200	\$6,400/\$12,800	None	Ded then \$750	Hosp: Ded then \$65 Freestand: Ded then \$65 Conv: Ded then \$40	IP: Ded then 20% Day: Ded then \$1,000	Labs: Ded then \$65 X-Rays: Ded then \$65	Ded then \$750	Ded then \$40	Ded then \$50	Retail: Ded then \$5/\$30/50%/50%/50% (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max) Mail: Ded then \$12.50/\$75/50%/50%/50% (T3 \$312.50/script max, T4 \$750/script max, T5 \$1,500/script max) Medical OOPM applies Preventive RX applies to Retail & Mail	50% coinsurance No Deductible Dental OOPM: \$250/\$500 DN0000000332

Affordable PPO Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Affordable PPO 25 - Flex Platinum MD0000004625 RX0000001291	IN: \$25/\$40 OON: Ded then 20%	IN: None/None OON: \$500/\$1,000	IN: \$1,700/\$3,400 OON: \$3,000/\$6,000	IN: None OON: 20%	IN/OON: \$125	IN: Hosp: \$40 IN: Freestand: \$40 IN: Conv: \$25 OON: Ded then 20%	IN: IP: \$1,000 IN: Day: Flex Provider: \$150 Others: \$500 OON: Ded then 20%	IN: Labs: Flex Provider: CIF Others: \$40 IN: X-Rays: \$40 OON: Ded then 20%	IN: \$125 OON: Ded then 20%	IN: \$25 OON: Ded then 20%	IN: \$40 OON: Ded then 20%	Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: \$12.50/\$62.50/\$100/\$180/20% (T5 \$750/script max) RX OOPM: \$1,000/\$2,000	IN/OON: 50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 (Combined IN/OON) DN0000010124

Best Buy PPO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy PPO 500 - Flex (New Plan)	IN: \$25/\$40	IN: \$500/\$1,250	IN: \$5,750/\$11,500	IN: None	IN/OON: \$300	IN: Hosp: \$40	IN: IP: Ded then \$200	IN: Labs: Flex Provider: CIF Others: Ded then \$40	IN: Ded then \$200	IN: Ded then \$25	IN: \$40	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max)	IN/OON: 50% coinsurance
Gold						IN: Freestand: \$40						Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max)	No Deductible
MD0000004627	OON: Ded then 20%	OON: \$1,250/\$2,500	OON: \$11,500/\$23,000	OON: 20%		IN: Conv: \$25	IN: Day: Flex Provider: \$50 Others: Ded then \$200	IN: X-Rays: Ded then \$40	OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%	Medical OOPM applies	Dental OOPM: \$1,350/\$2,700 (Combined IN/OON)
RX0000001600		Embedded	Embedded			OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%					DN0000010125
Best Buy PPO 1000 - Flex	IN: \$25/\$40	IN: \$1,000/\$2,500	IN: \$5,750/\$11,500	IN: None	IN/OON: \$300	IN: Hosp: \$40	IN: IP: Ded then \$200	IN: Labs: Flex Provider: CIF Others: Ded then \$40	IN: Ded then \$200	IN: Ded then \$25	IN: \$40	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max)	IN/OON: 50% coinsurance
Gold						IN: Freestand: \$40						Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max)	No Deductible
MD0000004626	OON: Ded then 20%	OON: \$2,500/\$5,000	OON: \$11,500/\$23,000	OON: 20%		IN: Conv: \$25	IN: Day: Flex Provider: \$50 Others: Ded then \$200	IN: X-Rays: Ded then \$40	OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%	Medical OOPM applies	Dental OOPM: \$1,350/\$2,700 (Combined IN/OON)
RX0000001600		Embedded	Embedded			OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%					DN0000010125
Best Buy PPO 1000 with Coinsurance - Flex	IN: \$30/\$50	IN: \$1,000/\$2,500	IN: \$5,250/\$10,500	IN: 20%	IN/OON: \$400	IN: Hosp: \$50	IN: IP: Ded then 20%	IN: Labs: Flex Provider: CIF Others: Ded then 20%	IN: Ded then 20%	IN: Ded then 20%	IN: \$50	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max)	IN/OON: 50% coinsurance
Gold						IN: Freestand: \$50						Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max)	No Deductible
MD0000004628	OON: Ded then 20%	OON: \$2,500/\$5,000	OON: \$10,500/\$21,000	OON: 40%		IN: Conv: \$30	IN: Day: Flex Provider: \$150 Others: Ded then 20%	IN: X-Rays: Ded then 20%	OON: Ded then 40%	OON: Ded then 40%	OON: Ded then 20%	Medical OOPM applies	Dental OOPM: \$1,350/\$2,700 (Combined IN/OON)
RX0000001601		Embedded	Embedded			OON: Ded then 20%	OON: Ded then 40%	OON: Ded then 40%					DN0000010125

Best Buy PPO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy PPO 2000 - Flex Gold MD0000004629 RX0000001600	IN: \$25/\$40 OON: Ded then 20%	IN: \$2,000/\$5,000 OON: \$5,000/\$10,000	IN: \$5,750/\$11,500 OON: \$11,500/\$23,000	IN: None OON: 20%	IN/OON: \$300	IN: Hosp: \$40 IN: Conv: \$25 OON: Ded then 20%	IN: IP: Ded then \$250 IN: Day: Flex Provider: \$75 Others: Ded then \$200 OON: Ded then 20%	IN: Labs: Flex Provider: CIF Others: Ded then \$40 IN: X-Rays: Ded then \$40 OON: Ded then 20%	IN: Ded then \$200 OON: Ded then 20%	IN: Ded then \$25 OON: Ded then 20%	IN: \$40 OON: Ded then 20%	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max) Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max) Medical OOPM applies	IN/OON: 50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 (Combined IN/OON) DN0000010125
Best Buy PPO 2000 with Coinsurance - Flex Gold MD0000004630 RX0000001602	IN: \$35/\$65 OON: Ded then 20%	IN: \$2,000/\$5,000 OON: \$5,000/\$10,000	IN: \$6,800/\$13,600 OON: \$13,600/\$27,200	IN: 20% OON: 40%	IN/OON: \$500	IN: Hosp: \$65 IN: Conv: \$35 OON: Ded then 20%	IN: IP: Ded then 20% IN: Day: Flex Provider: \$150 Others: Ded then 20% OON: Ded then 40%	IN: Labs: Flex Provider: CIF Others: Ded then 20% IN: X-Rays: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: \$50 OON: Ded then 20%	Retail: \$5/\$30/\$60/\$90/20% (T5 \$250/script max) Mail: \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max) Medical OOPM applies	IN/OON: 50% coinsurance No Deductible Dental OOPM: \$550/\$1,100 (Combined IN/OON) DN0000000336
Best Buy PPO 2000 with Copayment - Flex (New Plan) Silver MD0000004632 RX0000001609	IN: \$35/\$55 OON: Ded then 20%	IN: \$2,000/\$5,000 OON: \$5,000/\$10,000	IN: \$6,800/\$13,600 OON: \$13,600/\$27,200	IN: None OON: 20%	IN/OON: \$1,000	IN: Hosp: \$55 IN: Conv: \$35 OON: Ded then 20%	IN: IP: Ded then \$1,000 IN: Day: Flex Provider: \$250 Others: Ded then \$1,000 OON: Ded then 20%	IN: Labs: Flex Provider: CIF Others: Ded then \$55 IN: X-Rays: Ded then \$55 OON: Ded then 20%	IN: Ded then \$1,000 OON: Ded then 20%	IN: Ded then \$35 OON: Ded then 20%	IN: \$50 OON: Ded then 20%	Retail: \$5/\$30/\$80/\$110/20% (T5 \$500/script max) Mail: \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max) Medical OOPM applies	IN/OON: 50% coinsurance No Deductible Dental OOPM: \$550/\$1,100 (Combined IN/OON) DN0000000336

Best Buy PPO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy PPO 3000 - Flex	IN: \$40/\$60	IN: \$3,000/\$6,000	IN: \$7,350/\$14,700	IN: None	IN/OON: \$450	IN: Hosp: \$60	IN: IP: Ded then \$1,000	IN: Labs: Flex Provider: CIF Others: Ded then \$60	IN: Ded then \$350	IN: Ded then \$40	IN: \$50	Retail: \$5/\$30/\$80/\$110/20% (T5 \$500/script max)	IN/OON: 50% coinsurance
Silver						IN: Freestand: \$60						Mail: \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max)	No Deductible
MD0000004631	OON: Ded then 20%	OON: \$6,000/\$12,000	OON: \$14,700/\$29,400	OON: 20%		IN: Conv: \$40	IN: Day: Flex Provider: \$200 Others: Ded then \$500	IN: X-Rays: Ded then \$60	OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%	Medical OOPM applies	Dental OOPM: Medical OOPM applies
RX0000001608		Embedded	Embedded			OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%					DN0000000337

Best Buy HSA PPO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HSA PPO 2000 - Flex Gold MD0000004633 RX0000001603	IN: Ded then CIF OON: Ded then 20%	IN: \$2,000/\$5,000 OON: \$5,000/\$10,000 Non-Embedded	IN: \$5,250/\$10,500 OON: \$10,500/\$21,000 Embedded	IN: None OON: 20%	IN/OON: Ded then CIF	IN: Hosp: Ded then CIF IN: Freestand: Ded then CIF IN: Conv: Ded then CIF OON: Ded then 20%	IN: IP: Ded then CIF IN: Day: Flex Provider/ Others: Ded then CIF OON: Ded then 20%	IN: Labs: Flex Provider: Ded then CIF Others: Ded then \$10 IN: X-Rays: Ded then \$10 OON: Ded then 20%	IN: Ded then CIF OON: Ded then 20%	IN: Ded then CIF OON: Ded then 20%	IN: Ded then CIF OON: Ded then 20%	Retail: Ded then \$5/\$30/\$60/\$90/20% (T5 \$250/script max) Mail: Ded then \$12.50/\$75/\$150/\$270/20% (T5 \$750/script max) Medical OOPM applies Preventive RX applies to Retail & Mail	IN/OON: 50% coinsurance No Deductible Dental OOPM: \$1,300/\$2,600 (Combined IN/OON) DN0000000168
Best Buy HSA PPO 2000 with Coinsurance - Flex (New Plan) Silver MD0000004635 RX0000001604	IN: Ded then \$30/\$45 OON: Ded then 20%	IN: \$2,000/\$5,000 OON: \$5,000/\$10,000 Non-Embedded	IN: \$6,250/\$12,500 OON: \$12,500/\$25,000 Embedded	IN: 20% OON: 40%	IN/OON: Ded then \$400	IN: Hosp: Ded then \$45 IN: Freestand: Ded then \$45 IN: Conv: Ded then \$30 OON: Ded then 20%	IN: IP: Ded then 20% IN: Day: Flex Provider: Ded then CIF Others: Ded then 20% OON: Ded then 40%	IN: Labs: Flex Provider: Ded then CIF Others: Ded then 20% IN: X-Rays: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	Retail: Ded then \$5/\$30/\$80/\$110/20% (T5 \$500/script max) Mail: Ded then \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max) Medical OOPM applies Preventive RX applies to Retail & Mail	IN/OON: 50% coinsurance No Deductible Dental OOPM: \$400/\$800 (Combined IN/OON) DN0000000339

Best Buy HSA PPO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HSA PPO 2000 with Cost Share - Flex (New Plan)	IN: Ded then \$35/\$55	IN: \$2,000/\$5,000	IN: \$6,000/\$12,000	IN: None	IN/OON: Ded then \$400	IN: Hosp: Ded then \$55	IN: IP: Ded then \$500	IN: Labs: Flex Provider: Ded then CIF Others: Ded then \$55	IN: Ded then \$200	IN: Ded then \$35	IN: Ded then \$50	Retail: Ded then \$5/\$30/\$80/\$110/20% (T5 \$500/script max)	IN/OON: 50% coinsurance
Silver						IN: Freestand: Ded then \$55						Mail: Ded then \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max)	No Deductible
MD0000004634	OON: Ded then 20%	OON: \$5,000/\$10,000	OON: \$12,000/\$24,000	OON: 20%		IN: Conv: Ded then \$35	IN: Day: Flex Provider: Ded then CIF Others: Ded then \$250	IN: X-Rays: Ded then \$55	OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%	Medical OOPM applies	Dental OOPM: \$650/\$1,300 (Combined IN/OON)
RX0000001610		Non-Embedded	Embedded			OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%				Preventive RX applies to Retail & Mail	DN0000000340
Best Buy HSA PPO 3000 - Flex	IN: Ded then CIF	IN: \$3,000/\$6,000	IN: \$6,000/\$12,000	IN: None	IN/OON: Ded then CIF	IN: Hosp: Ded then CIF	IN: IP: Ded then CIF	IN: Labs: Flex Provider: Ded then CIF Others: Ded then \$20	IN: Ded then CIF	IN: Ded then CIF	IN: Ded then CIF	Retail: Ded then \$5/\$30/\$80/\$110/20% (T5 \$500/script max)	IN/OON: 50% coinsurance
Silver						IN: Freestand: Ded then CIF						Mail: Ded then \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max)	No Deductible
MD0000004636	OON: Ded then 20%	OON: \$6,000/\$12,000	OON: \$12,000/\$24,000	OON: 20%		IN: Conv: Ded then CIF	IN: Day: Flex Provider/ Others: Ded then CIF	IN: X-Rays: Ded then \$20	OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%	Medical OOPM applies	Dental OOPM: \$650/\$1,300 (Combined IN/OON)
RX0000001605		Non-Embedded	Embedded			OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%				Preventive RX applies to Retail & Mail	DN0000000340

Best Buy HSA PPO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HSA PPO 3000 with Cost Share - Flex (New Plan)	IN: Ded then \$35/\$55	IN: \$3,000/\$6,000	IN: \$6,000/\$12,000	IN: None	IN/OON: Ded then \$400	IN: Hosp: Ded then \$55	IN: IP: Ded then \$500	IN: Labs: Flex Provider: Ded then CIF Others: Ded then \$55	IN: Ded then \$200	IN: Ded then \$35	IN: Ded then \$50	Retail: Ded then \$5/\$30/\$80/\$110/20% (T5 \$500/script max)	IN/OON: 50% coinsurance
Silver						IN: Freestand: Ded then \$55						Mail: Ded then \$12.50/\$75/\$200/\$330/20% (T5 \$1,500/script max) Medical OOPM applies	No Deductible
MD0000004637	OON: Ded then 20%	OON: \$6,000/\$12,000	OON: \$12,000/\$24,000	OON: 20%		IN: Conv: Ded then \$35	IN: Day: Flex Provider: Ded then CIF Others: Ded then \$250	IN: X-Rays: Ded then \$55	OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%		Dental OOPM: \$650/\$1,300 (Combined IN/OON)
RX0000001605		Non-Embedded	Embedded			OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%				Preventive RX applies to Retail & Mail	DN0000000340
Best Buy HSA PPO 3100 - Flex	IN: Ded then \$40/\$65	IN: \$3,100/\$6,200	IN: \$6,400/\$12,800	IN: None	IN/OON: Ded then \$750	IN: Hosp: Ded then \$65	IN: IP: Ded then 20%	IN: Labs: Flex Provider: Ded then CIF Others: Ded then \$65	IN: Ded then \$750	IN: Ded then \$40	IN: Ded then \$50	Retail: Ded then \$5/\$30/50%/50%/50% (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)	IN/OON: 50% coinsurance
Bronze						IN: Freestand: Ded then \$65						Mail: Ded then \$12.50/\$75/50%/50%/50% (T3 \$312.50/script max, T4 \$750/script max, T5 \$1,500/script max) Medical OOPM applies	No Deductible
MD0000004638	OON: Ded then 20%	OON: \$6,100/\$12,200	OON: \$12,800/\$25,600	OON: 20%		IN: Conv: Ded then \$40	IN: Day: Flex Provider: Ded then \$250 Others: Ded then \$1,000	IN: X-Rays: Ded then \$65	OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%		Dental OOPM: \$250/\$500 (Combined IN/OON)
RX0000001606		Non-Embedded	Embedded			OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%				Preventive RX applies to Retail & Mail	DN0000000341
Best Buy HSA PPO 4500 - Flex	IN: Ded then \$40/\$65	IN: \$4,500/\$9,000	IN: \$6,400/\$12,800	IN: None	IN/OON: Ded then \$750	IN: Hosp: Ded then \$65	IN: IP: Ded then \$1,000	IN: Labs: Flex Provider: Ded then CIF Others: Ded then \$65	IN: Ded then \$750	IN: Ded then \$40	IN: Ded then \$50	Retail: Ded then \$5/\$30/50%/50%/50% (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)	IN/OON: 50% coinsurance
Bronze						IN: Freestand: Ded then \$65						Mail: Ded then \$12.50/\$75/50%/50%/50% (T3 \$312.50/script max, T4 \$750/script max, T5 \$1,500/script max) Medical OOPM applies	No Deductible
MD0000004639	OON: Ded then 20%	OON: \$7,500/\$15,000	OON: \$12,800/\$25,600	OON: 20%		IN: Conv: Ded then \$40	IN: Day: Flex Provider: Ded then \$250 Others: Ded then \$1,000	IN: X-Rays: Ded then \$65	OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%		Dental OOPM: \$250/\$500 (Combined IN/OON)
RX0000001614		Embedded	Embedded			OON: Ded then 20%	OON: Ded then 20%	OON: Ded then 20%				Preventive RX applies to Retail & Mail	DN0000000345

Standard Connector (3-Tier Pharmacy) Plans													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture (20 visits)/ Chiro (No Limit)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Standard Platinum Platinum MD0000004598 RX0000001592	\$20/\$40	None/None	\$3,000/\$6,000	None	\$150	Hosp: \$40 Freestand: \$40 Conv: \$20	IP: \$500 Day: \$250	CIF	\$150	\$40	\$40	Retail: \$10/\$25/\$50 Mail: \$20/\$50/\$150 Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: Medical OOPM applies DN0000000247
Standard Gold Gold MD0000004599 RX0000001300	\$30/\$45	\$1,000/\$2,000	\$5,000/\$10,000	None	Ded then \$150	Hosp: \$45 Freestand: \$45 Conv: \$30	IP: Ded then \$500 Day: Ded then \$250	Ded then \$20	Ded then \$200	\$45	\$45	Retail: \$20/\$30/\$50 Mail: \$40/\$60/\$150 Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: Medical OOPM applies DN0000000248
Standard Silver Silver MD0000004600 RX0000001593	\$30/\$50	\$2,000/\$4,000	\$7,350/\$14,700	None	Ded then \$700	Hosp: \$50 Freestand: \$50 Conv: \$30	IP: Ded then \$1,000 Day: Ded then \$750	Ded then \$25	Ded then \$500	\$50	\$50	Retail: \$20/\$60/\$90 (Ded applies to T3) Mail: \$40/\$120/\$270 (Ded applies to T3) Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: Medical OOPM applies DN0000000316
Standard Bronze Bronze MD0000004601 RX0000001594	Ded then \$30/\$50	\$2,500/\$5,000	\$7,350/\$14,700	None	Ded then \$700	Hosp: Ded then \$50 Freestand: Ded then \$50 Conv: Ded then \$30	IP: Ded then \$1,000 Day: Ded then \$750	Ded then \$25	Ded then \$500	Ded then \$50	\$50	Retail: \$20/\$60/\$90 (Ded applies to T2 and T3) Mail: \$40/\$120/\$270 (Ded applies to T2 and T3) Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: Medical OOPM applies DN0000000316

HPHC must receive complete applications including all required new business documents at least 10 days prior to the requested coverage effective date

Business Rules

Minimum Number of Participating Subscribers:

75% of those employees who are eligible for health benefits must participate in a group health plan sponsored by the employer (not necessarily those provided by HPHC). At least 51% of FTEs in the account must work within Massachusetts.

Minimum Enrollment Requirements (excluding waivers due to spousal or dependent coverage):

Group Size	Eligibility Requirements
1-5 FTEs:	100% of FTEs
6-50 FTEs (PPO):	75% of FTEs
6-50 FTEs (HMO):	Renewals: 50% of FTEs, 75% for side by side options Prospects: 75% of FTEs

Embedded Deductible/OOPM:

Embedded Deductible refers to a family plan that has two components, an individual deductible and a family deductible. The maximum contribution by an individual towards the family deductible is limited to the individual deductible amount and allows for the individual to receive benefits before the family component is met. When any number of members collectively meet the family deductible, services for the entire family are covered for the remainder of the year.

Embedded OOPM refers to a family plan that has two components, an individual OOPM and a family OOPM. The maximum contribution by an individual towards the family OOPM is limited to the individual OOPM and once met, has no additional cost sharing for the remainder of the year. When any number of members collectively meet the family OOPM, then all members have no additional cost sharing for the remainder of the year.

Non-Embedded Deductible/OOPM refer to family plans where no member is eligible for covered benefits until the family component is met. There is no limit on the individual contribution.

HRA Business Rules:

Employer's HRA contribution may not exceed 50% of the value of any Rx coinsurance amount under the related group health plan (the "50% Limit"). If the 50% limit is exceeded, HPHC may stop providing Employer's HRA claims information to the HRA administrative service provider and/or terminate the Employer Agreement. Employer's HRA contribution information provided to HPHC is subject to HPHC's audit and verification.

Standard Connector (3 Tier Value Formulary) Business Rules:

These plans may only be offered alongside any other Standard Connector plan for groups with 6 or more Full Time Equivalents (FTEs). A PPO plan may be offered exclusively for out-of-area subscribers regardless of group size. The Standard Connector plans must be purchased with pediatric dental coverage.

Focus Network Business Rules:

Available for accounts located in the Focus Network-MA Service area. An employee and enrolling dependents must reside within the Focus Network-MA Employee Enrollment Area in order to enroll in the plans.

HMO and PPO Side by Side Business Rules:

Side by side options are not permitted for employers with less than 6 Full Time Equivalents (FTEs) except in cases when a PPO plan is offered exclusively for out-of-area subscribers.

Dual and Triple Option Business Rules:

For 6 or more Full Time Equivalents (FTEs) dual option and for 20 or more FTEs triple option are available. With the exception of Standard Connector plans, any plan can be offered alongside any other plan.

All Plans Meet Massachusetts Minimum Creditable Coverage

The following 2017 plans will be discontinued for 2018. Employers offering these plans, and their enrolled subscribers, will be notified.

- Affordable HMO 40 (MD4383)

- Affordable PPO 40 (MD4384)

All Plans Meet Medicare Minimum Creditable Coverage

Due to a change in the cost sharing, these 2017 plans also require notification of discontinuation. Plans with the same name and similar benefits will be available in 2018.

- Core Coverage HMO 1750 (MD4330)

- Core Coverage HMO 3000 (MD4365)

Notes: Please note that this document provides an overview of small group benefit designs only. Complete plan designs are defined in the applicable Evidence of Coverage (EOC). If there are discrepancies between this document and EOC, the terms of the EOC apply. For any questions on the application of these rules to a specific account, please call your HPHC representative.