



Harvard Pilgrim
Health Care

a Point32Health company

2025 Massachusetts Small Group Product Guide





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2025 Massachusetts Plan Offerings

For employers with 1 to 50 full time equivalent employees

Massachusetts Small Group Plans - effective from January 1 - December 31, 2025.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum ¹ (Individual/Family)	Co- insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing ²	
														Retail	Mail
HMO															
HMO 20 - Flex Metal level - Platinum MD0000201427 RX0000201233 DN0000201175	\$20 copay/\$40 copay Copay waived for first non-routine PCP visit	None	\$2,500/\$5,000 Embedded	None	\$125 copay	\$40 copay	\$400 copay	Flex Provider: \$150 copay Other: \$500 copay	Flex Provider: Covered in full Other: \$40 copay	\$30 copay	Non-hospital based: \$100 copay Hospital based: \$200 copay	Non-hospital based: \$20 copay Hospital based: \$40 copay	\$40 copay	\$5/\$25/\$40/\$60/20% (TS: \$250 coinsurance max)	\$10/\$50/\$80/\$180/20% (TS: \$750 coinsurance max)
														Rx Out-of-Pocket Maximum: \$750/\$1,500	
HMO 500 - Flex Metal level - Gold MD0000201446 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$500/\$1,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 1000 - Flex Metal level - Gold MD0000201458 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 1500 - Flex Metal level - Gold MD0000201431 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 1500 Value - Flex Metal level - Gold MD0000201432 RX0000201235 DN0000201185	\$40 copay/\$75 copay	\$1,500/\$3,000 Embedded	\$8,700/\$17,400 Embedded	20%	Deductible then 20%	\$75 copay	Deductible then 20%	Flex Provider: \$200 copay Other: Deductible then 20%	Flex Provider: Covered in full Other: Deductible then 20%	Deductible then 20%	Non-hospital based: \$250 copay Hospital based: Deductible then 20%	Non-hospital based: \$35 copay Hospital based: Deductible then 20%	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 2000 - Flex Metal level - Gold MD0000201433 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 2000 Value - Flex Metal level - Silver MD0000201436 RX0000201236 DN0000201177	\$55 copay/\$75 copay	\$2,000/\$4,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: \$25 copay Other: Deductible then \$75 copay	Deductible then \$100 copay	Non-hospital based: \$750 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (TS: \$500 coinsurance max)	\$10/\$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (TS: \$1,500 coinsurance max)
														Rx Deductible ³ : \$250/\$500	
HMO 2500 - Flex Metal level - Gold MD0000201434 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,500/\$5,000 Embedded	\$7,000/\$14,000 Embedded	None	\$500 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (TS: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (TS: \$750 coinsurance max)
HMO 3000 - Flex Metal level - Silver MD0000201437 RX0000201237 DN0000201177	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$500 copay Other: Deductible then \$1,000 copay	Flex Provider: Covered in full Other: Deductible then \$100 copay	Deductible then \$150 copay	Non-hospital based: \$350 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
HMO 4000 - Flex Metal level - Silver MD0000201445 RX0000201237 DN0000201177	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$4,000/\$8,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$500 copay	\$75 copay	Deductible then \$750 copay	Flex Provider: \$350 copay Other: Deductible then \$750 copay	Flex Provider: Covered in full Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$750 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
HMO 5000 - Flex Metal level - Silver MD0000201438 RX0000201237 DN0000201177	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$5,000/\$10,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$500 copay	\$75 copay	Deductible then \$750 copay	Flex Provider: \$350 copay Other: Deductible then \$750 copay	Flex Provider: Covered in full Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$750 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (TS: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (TS: \$1,500 coinsurance max)
HMO 6000 Value - Flex Metal level - Bronze MD0000201459 RX0000201238 DN0000201177	\$55 Copay	\$6,000/\$12,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$1,500 copay	\$70 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then Covered in Full Other: Deductible then \$1,500 copay	Flex Provider: \$55 copay Other: Deductible then \$100 copay	\$350 copay	Non-hospital based: Deductible then \$1,000 copay Hospital based: Deductible then \$1,500 copay	Non-hospital based: \$55 copay Hospital based: Deductible then \$150 copay	\$50 copay	\$0/\$50/Deductible then \$80/Deductible then \$120/Deductible then 50% (TS: \$500 coinsurance max)	\$0/\$100/Deductible then \$160/Deductible then \$360/Deductible then 50% (TS: \$1,500 coinsurance max)

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

² Preventive Rx applies for all HSA plans.

³ Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

*Offered only on the Connector for individuals, per state guidelines.

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														Retail	Mail
HMO HSA															
HMO HSA 2000 - Flex Metal level - Silver MD0000201414 RX0000201239 DN0000201178	Deductible then \$35 copay/Deductible then \$55 copay	\$2,000/\$4,000 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$500 copay	Deductible then \$55 copay	Deductible then \$500 copay	Flex Provider: Deductible then \$75 copay Other: Deductible then \$300 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$100 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 2500 - Flex Metal level - Silver MD0000201447 RX0000201240 DN0000201178	Deductible then \$35 copay/Deductible then \$55 copay	\$2,500/\$5,000 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$500 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 3000 - Flex Metal level - Silver MD0000201428 RX0000201241 DN0000201178	Deductible then \$35 copay/Deductible then \$55 copay	\$3,000/\$6,000 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 3400 - Flex Metal level - Silver MD0000201429 RX0000201242 DN0000201178	Deductible then \$35 copay/Deductible then \$55 copay	\$3,400/\$6,800 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 4000 - Flex Metal level - Bronze MD0000201430 RX0000201243 DN0000201178	Deductible then \$75 copay/Deductible then \$150 copay	\$4,000/\$8,000 Embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$1,500 copay	Deductible then \$150 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$750 copay Other: Deductible then \$1,000 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$350 copay	Non-hospital based: Deductible then \$500 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$150 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
Focus HMO															
Focus HMO 1000 Metal level - Gold MD0000201448 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non- routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 1500 Metal level - Gold MD0000201449 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non- routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 2000 Metal level - Gold MD0000201450 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non- routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 2500 Metal level - Gold MD0000201435 RX0000201234 DN0000201176	\$25 copay/\$50 copay Copay waived for first non- routine PCP visit	\$2,500/\$5,000 Embedded	\$7,000/\$14,000 Embedded	None	\$500 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 3000 Metal level - Silver MD0000201451 RX0000201237 DN0000201177	\$50 copay/\$75 copay Copay waived for first non- routine PCP visit	\$3,000/\$6,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Deductible then \$550 copay	Deductible then \$75 copay	Deductible then \$75 copay	Deductible then \$450 copay	Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
Focus HMO HSA 3400 Metal level - Silver MD0000201415 RX0000201244 DN0000201179	Deductible then \$35 copay/Deductible then \$55 copay	\$3,400/\$6,800 Non-embedded	\$7,000/\$14,000 Embedded	20%	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then 20%	Deductible then \$250 copay	Deductible then \$75 copay	Deductible then \$55 copay	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

² Preventive Rx applies for all HSA plans.

³ Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

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														Retail	Mail
PPO Access															
PPO Access 20 - Flex Metal level - Platinum MD0000201439 RX0000201233 DN0000201183	IN: \$20 copay/\$40 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: None OON: \$500/\$1,000 Embedded	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000 Embedded	IN: None OON: 20%	IN: \$125 copay OON: Same as IN	IN: \$40 copay OON: Deductible then 20%	IN: \$400 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: \$500 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: \$40 copay OON: Deductible then 20%	IN: \$30 copay OON: Deductible then 20%	IN: Non-hospital based: \$100 copay Hospital based: \$200 copay OON: Deductible then 20%	IN: Non-hospital based: \$20 copay Hospital based: \$40 copay OON: Deductible then 20%	IN: \$40 copay OON: Deductible then 20%	\$5/\$25/\$40/\$60/20% (T5: \$250 coinsurance max)	\$10/\$50/\$80/\$180/20% (T5: \$750 coinsurance max)
														Rx Out-of-Pocket Maximum: \$750/\$1,500	
PPO Access 500 - Flex Metal level - Gold MD0000201440 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$500/\$1,000 OON: \$1,000/\$2,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
PPO Access 1000 - Flex Metal level - Gold MD0000201441 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
PPO Access 1500 - Flex (NEW) Metal level - Gold MD0000201442 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
PPO Access 1500 Value - Flex Metal level - Silver MD0000201452 RX0000201237 DN0000201180	IN: Deductible then \$50 copay/ Deductible then \$75 copay OON: Deductible then 20%	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$9,200/\$18,400 OON: \$18,400/\$36,800 Embedded	IN: None OON: 20%	IN: Deductible then \$350 copay OON: Same as IN	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$50 copay, Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
PPO Access 2000 - Flex Metal level - Gold MD0000201443 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
PPO Access 2000 Value - Flex Metal level - Silver MD0000201444 RX0000201237 DN0000201180	IN: Deductible then \$30 copay/ Deductible then \$55 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$9,200/\$18,400 OON: \$18,400/\$36,800 Embedded	IN: None OON: 20%	IN: Deductible then \$350 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: \$250 copay Other: Deductible then \$500 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$200 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
PPO Access 2500 - Flex Metal level - Gold MD0000201453 RX0000201234 DN0000201184	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$500 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
PPO Access 3000 - Flex Metal level - Silver MD0000201454 RX0000201237 DN0000201180	IN: \$50 copay/\$75 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$9,200/\$18,400 OON: \$18,400/\$36,800 Embedded	IN: None OON: 20%	IN: Deductible then \$1,000 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$100 copay OON: Deductible then 20%	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Non-hospital based: \$350 copay Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
PPO Access 4000 - Flex Metal level - Silver MD0000201455 RX0000201237 DN0000201180	IN: \$50 copay/\$75 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$4,000/\$8,000 OON: \$8,000/\$16,000 Embedded	IN: \$9,200/\$18,400 OON: \$18,400/\$36,800 Embedded	IN: None OON: 20%	IN: Deductible then \$500 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: \$350 copay Other: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay, Hospital based: Deductible then \$750 copay OON: Deductible then 20%	IN: Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

² Preventive Rx applies for all HSA plans.

³ Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

*Offered only on the Connector for individuals, per state guidelines.

Massachusetts Small Group Plans - effective from January 1 - December 31, 2025.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum ¹ (Individual/Family)	Co- insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing ²	
														Retail	Mail
PPO Access HSA															
PPO Access HSA 3000 - Flex Metal level - Silver MD0000201456 RX0000201451 DN0000201181	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Non-embedded	IN: \$8,050/\$16,100 OON: \$16,100/\$32,200 Embedded	IN: None OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$400 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$400 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
PPO Access HSA 3400 - Flex Metal level - Silver MD0000201460 RX0000201242 DN0000201181	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,400/6,800 OON: \$6,800/\$13,600 Non-embedded	IN: \$8,050/\$16,100 OON: \$16,100/\$32,200 Embedded	IN: None OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$400 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$400 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
PPO Access HSA 5000 - Flex Metal level - Bronze MD0000201457 RX0000201245 DN0000201187	IN: Deductible then \$75 copay/Deductible then \$150 copay OON: Deductible then 20%	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000 Embedded	IN: \$8,050/\$16,100 OON: \$16,100/\$32,200 Embedded	IN: None OON: 20%	IN: Deductible then \$1,500 copay OON: Same as IN	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Deductible then \$1,500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$500 copay, Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$65 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

² Preventive Rx applies for all HSA plans.

³ Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

*Offered only on the Connector for individuals, per state guidelines.

Massachusetts Small Group Plans - effective from January 1 - December 31, 2025.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum ¹ (Individual/Family)	Co- insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing ²	
														Retail	Mail
Connector Plans															
Standard Platinum - Flex MD0000201392 RX0000201220 DN0000201163	\$20 copay/\$40 copay	None	\$3,000/\$6,000 Embedded	None	\$150 copay	\$40 copay	\$500 copay	Flex Provider: \$100 copay Other: \$250 copay	Covered in full	Covered in full	Non-hospital based: \$50 copay Hospital based: \$150 copay	Non-hospital based: \$20 copay Hospital based: \$40 copay	\$40 copay	\$10/\$25/\$50	\$20/\$50/\$150
Standard High Gold MD0000201393 RX0000201222 DN0000201165	\$20 copay/\$40 copay	\$1,000/\$2,000 Embedded	\$6,000/\$12,000 Embedded	None	\$250 copay	\$40 copay	Deductible then \$200	Deductible then \$100	Deductible then \$25 copay	Deductible then \$35 copay	Deductible then \$150 copay	\$40 copay	\$50 copay	\$25/\$45/Deductible then \$75	\$50/\$90/Deductible then \$225
Standard Silver MD0000201394 RX0000201223 DN0000201166	\$25 copay/\$60 copay	\$2,000/\$4,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/\$55/Deductible then \$75	\$60/\$110/Deductible then \$225
Standard Silver II (On-Exchange IND Only)* MD0000201395 RX0000201223 DN0000201166	\$25 copay/\$60 copay	\$2,000/\$4,000 Embedded	\$9,200/\$18,400 Embedded	None	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/\$55/Deductible then \$75	\$60/\$110/Deductible then \$225
Standard Low Silver HSA - Flex MD0000201404 RX0000201227 DN0000201170	Deductible then \$30 copay/Deductible then \$60 copay	\$2,000/\$4,000 Non-embedded	\$7,050/\$14,100 Embedded	None	Deductible then \$300 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay	Deductible then \$75 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay	Non-hospital based: Deductible then \$30 copay Hospital based: Deductible then \$60 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315
Standard High Bronze HSA - Flex MD0000201398 RX0000201228 DN0000201171	Deductible then \$60 copay/Deductible then \$90 copay	\$3,600/\$7,200 Embedded	\$8,000/\$16,000 Embedded	None	Deductible then \$875 copay	Deductible then \$90 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$55 copay	Deductible then \$135 copay	Non-hospital based: Deductible then \$500 copay Hospital based: Deductible then \$750 copay	Non-hospital based: Deductible then \$60 copay Hospital based: Deductible then \$90 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$120/Deductible then \$200	Deductible then \$60/Deductible then \$240/Deductible then \$600
HMO 2000 Value II - Flex Metal level - Gold MD0000201399 RX0000201229 DN0000201172	\$25 copay/\$50 copay	\$2,000/\$4,000 Embedded	\$5,650/\$11,300 Embedded	None	Deductible then \$350 copay	\$55 copay	Deductible then \$750 copay	Flex Provider: \$250 copay Other: Deductible then \$500 copay	Flex Provider: \$20 copay Other: Deductible then \$50 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: \$50 copay	\$50 copay	\$30/Deductible then \$60/Deductible then \$125	\$60/Deductible then \$120/Deductible then \$375
HMO 3500 - Flex Metal level - Bronze MD0000201401 RX0000201231 DN0000201174	Deductible then \$40 copay/Deductible then \$65 copay	\$3,500/\$7,000 Embedded	\$8,500/\$17,000 Embedded	20%	Deductible then \$1,500 copay	Deductible then \$65 copay	Deductible then 20%	Flex Provider: Deductible then \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: Ded then \$25 copay Others: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: Deductible then \$500 copay Hospital-based: Deductible then \$1,000 copay	Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$65 copay	Deductible then \$50 copay	\$5/\$30/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	\$10/\$60/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
PPO Access HSA 2000 - Flex Metal level - Silver MD0000201400 RX0000201230 DN0000201173	IN: Deductible then \$30 copay/Deductible then \$60 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Non-embedded	IN: \$7,050/\$14,100 OON: \$14,100/\$28,200 Embedded	IN: None OON: 20%	IN: Deductible then \$300 copay OON: Same as IN	IN: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$30 copay, Hospital based: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315

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³ Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

*Offered only on the Connector for individuals, per state guidelines.

Side-by-Side Grid

[illegible]

 = Plans are valid plan pairings

The maximum deductible spread between plans is limited to \$1,500.

All PPO offerings are limited to the same or greater deductible than the HMO plan (\$1,500 limit applies).

A group must have and maintain 6 benefit eligible employees to offer two plans.

A group must have and maintain 20 enrolled subscribers to offer three plans

A PPO plan may be added to a group of 2 or more benefit eligible employees as a second plan for Out of Area members when the primary group plan is a Flex or Standard Plan.

Focus plans can only be paired with other Focus plans.

2025 Massachusetts Small Group Overview of Plan Changes

2024		2025 Mapped		
2024 Plan ID	2024 Product Name	2025 Plan ID	2025 Product Name	2024 to 2025 Changes
HMO				
MD0000201128	HMO 20 - Flex	MD0000201427	HMO 20 - Flex	No Changes
MD0000201129	HMO 500 - Flex	MD0000201446	HMO 500 - Flex	No Changes
MD0000201130	HMO 1000 - Flex	MD0000201458	HMO 1000 - Flex	No Changes
MD0000201131	HMO 1500 - Flex	MD0000201431	HMO 1500 - Flex	No Changes
MD0000201132	HMO 2000 - Flex	MD0000201433	HMO 2000 - Flex	No Changes
MD0000201133	HMO 2500 - Flex	MD0000201434	HMO 2500 - Flex	ER increased to \$500
MD0000201134	HMO 1500 with Coinsurance - Flex	MD0000201432	HMO 1500 Value - Flex	OOPM increased to \$8,700/\$17,400
MD0000201135	HMO 2000 with Coinsurance - Flex	MD0000201434	HMO 2500 - Flex	DISCONTINUING HMO 2000 with Coinsurance - Flex
MD0000201136	HMO 2000 Value - Flex	MD0000201436	HMO 2000 Value - Flex	OOPM decreased to \$9,200/\$18,400
MD0000201137	HMO 3000 - Flex	MD0000201437	HMO 3000 - Flex	OOPM decreased to \$9,200/\$18,400
MD0000201138	HMO 4000 - Flex	MD0000201445	HMO 4000 - Flex	OOPM decreased to \$9,200/\$18,400
MD0000201139	HMO 5000 - Flex	MD0000201438	HMO 5000 - Flex	OOPM decreased to \$9,200/\$18,400
MD0000201140	HMO 6000 Value - Flex	MD0000201459	HMO 6000 Value - Flex	<ul style="list-style-type: none"> OOPM decreased to \$9,200/\$18,400 OV, Flex-Lab, and Non-Hospital PT/OT/ST increased to \$55 RX T3 & T4 changed to \$80 after deductible and \$120 after deductible, respectively
HMO HSA				
MD0000201141	HMO HSA 2000 - Flex	MD0000201414	HMO HSA 2000 - Flex	No Changes
MD0000201142	HMO HSA 2500 - Flex	MD0000201447	HMO HSA 2500 - Flex	ER increased to \$500 after deductible
MD0000201143	HMO HSA 3000 - Flex	MD0000201428	HMO HSA 3000 - Flex	No Changes
MD0000201144	HMO HSA 3400 - Flex	MD0000201429	HMO HSA 3400 - Flex	<ul style="list-style-type: none"> In-network coinsurance removed Inpatient changed to \$400 after deductible
MD0000201145	HMO HSA 4000 - Flex	MD0000201430	HMO HSA 4000 - Flex	RX T3 & T4 changed to 45% coinsurance after deductible
Focus HMO & Focus HMO HSA				
MD0000201146	Focus HMO 1000	MD0000201448	Focus HMO 1000	No Changes
MD0000201147	Focus HMO 1500	MD0000201449	Focus HMO 1500	No Changes
MD0000201148	Focus HMO 2000	MD0000201450	Focus HMO 2000	No Changes
MD0000201149	Focus HMO 2500	MD0000201435	Focus HMO 2500	<ul style="list-style-type: none"> OOPM increased to \$7,000/\$14,000 ER increased to \$500
MD0000201150	Focus HMO 3000	MD0000201451	Focus HMO 3000	OOPM decreased to \$9,200/\$18,400
MD0000201151	Focus HMO HSA 3400	MD0000201415	Focus HMO HSA 3400	No Changes

2024		2025 Mapped		
2024 Plan ID	2024 Product Name	2025 Plan ID	2025 Product Name	2024 to 2025 Changes
PPO Access				
MD0000201152	PPO 20 - Flex	MD0000201439	PPO Access 20 - Flex	No Changes
MD0000201153	PPO 500 - Flex	MD0000201440	PPO Access 500 - Flex	No Changes
MD0000201154	PPO 1000 - Flex	MD0000201441	PPO Access 1000 - Flex	No Changes
MD0000201155	PPO 1500 - Flex	MD0000201452	PPO Access 1500 Value - Flex	<ul style="list-style-type: none"> In-network OOPM decreased to \$9,200/\$18,400 Non-Flex Day Surgery increased to \$300 after deductible Imaging changed to Non-Hospital: \$200 Hospital: \$300 after deductible
		MD0000201442	PPO Access 1500 - Flex	NEW 2025 PLAN
MD0000201156	PPO 2000 - Flex	MD0000201443	PPO Access 2000 - Flex	No Changes
MD0000201158	PPO 2000 Value - Flex	MD0000201444	PPO Access 2000 Value - Flex	In-network OOPM decreased to \$9,200/\$18,400
MD0000201157	PPO 2500 - Flex	MD0000201453	PPO Access 2500 - Flex	ER increased to \$500
MD0000201159	PPO 3000 - Flex	MD0000201454	PPO Access 3000 - Flex	In-network OOPM decreased to \$9,200/\$18,400
MD0000201160	PPO 4000 - Flex	MD0000201455	PPO Access 4000 - Flex	In-network OOPM decreased to \$9,200/\$18,400
PPO Access HSA				
MD0000201161	PPO HSA 3000 - Flex	MD0000201456	PPO Access HSA 3000 - Flex	No Changes
MD0000201162	PPO HSA 3400 - Flex	MD0000201460	PPO Access HSA 3400 - Flex	<ul style="list-style-type: none"> In-network coinsurance removed In-network Inpatient changed to \$400 after deductible
MD0000201163	PPO HSA 5000 - Flex	MD0000201457	PPO Access HSA 5000 - Flex	No Changes
Connector Plans				
MD0000201122	Standard Platinum - Flex	MD0000201392	Standard Platinum - Flex	No Changes
MD0000201116	Standard High Gold	MD0000201393	Standard High Gold	<ul style="list-style-type: none"> \$1,000/\$2,000 deductible added OV decreased to \$20/\$40 Inpatient changed to \$200 after deductible Day Surgery changed to \$100 after deductible Labs changed to \$25 after deductible X-Rays changed to \$35 after deductible Imaging changed to \$150 after deductible PT/OT/ST decreased to \$40 RX changed to \$25/\$45/\$75 after deductible
MD0000201117	Standard Silver	MD0000201394	Standard Silver	OOPM decreased to \$9,200/\$18,400
MD0000201125	Standard Low Silver HSA - Flex	MD0000201404	Standard Low Silver HSA - Flex	No Changes
MD0000201126	Standard High Bronze HSA - Flex	MD0000201398	Standard High Bronze HSA - Flex	No Changes
MD0000201123	HMO 2000 Low - Flex	MD0000201399	HMO 2000 Value II - Flex	<ul style="list-style-type: none"> OOPM increased to \$5,650/\$11,300 ER increased to \$350 after deductible Non-Hospital Imaging increased to \$200
MD0000201127	PPO HSA 2000 - Flex	MD0000201400	PPO Access HSA 2000 - Flex	No Changes
MD0000201124	HMO 3500 - Flex	MD0000201401	HMO 3500 - Flex	No Changes

What You Need to Know for 2025

Massachusetts Small Group¹

Enhancements, updates and reminders effective Jan. 1, unless otherwise noted.

Plan Updates	Details
Discontinued Plans	HMO 2000 with coinsurance Standard High Gold is discontinued but will be mapped to the Connectors new Standard Gold Plan.
New Plans	<ul style="list-style-type: none">• PPO Access 1500 - Flex• PPO Access 1500 Value - Flex (replacing 2024's PPO 1500) <small>* Value Plans are streamlined for cost effectiveness.</small>
Focus Network Tier Changes	The Focus provider network, which includes over 55,000 participating doctors and clinicians, plus 54 hospitals, is expanding to include UMass Memorial Medical Center and Sturdy Memorial Hospital, effective January 1, 2025.
Benefits Updates	Details
Behavioral Health	<p>Grow Therapy: Provides virtual and in-person outpatient therapy and medication management for a wide range of behavioral health needs. This program helps to ensure timely and personalized care for members ages 6+. Available to all Harvard Pilgrim plan members.</p> <p>Autism Care Provider: Offers a full suite of services and therapies in the Northeast region for children with autism and other developmental differences. Their integrated approach helps ensure effective and efficient care tailored to each child's unique needs.</p> <small>*Autism Care Partners services are located in Massachusetts, New Hampshire, Rhode Island, Connecticut, New York, and Vermont.</small> <p>Behavioral Health Service Navigators: Our team of Service Navigators provide personalized support and guidance to health plan members seeking behavioral health resources, education and providers. Available to all Harvard Pilgrim plan members.</p>
Exclusive Member Perks	<p>NEW Living Well with Enhanced Rewards: Members can enroll and earn up to \$120 in gift cards by participating in fun and interactive well-being programs such as stress management classes, healthy eating, financial literacy, and self-care. Effective January 1, 2025, this program is available to fully insured small group and individual members in Massachusetts, New Hampshire, Maine and Rhode Island..</p>

¹ Small Group market segment is 1-50 full time equivalents.

Benefits Updates	Details
Health and Nutrition	Good Measures Healthy Weight Program: Offers individualized coaching by registered dietitians for employees who want to eat healthier, lose weight, or prevent or manage a nutrition-related health condition. The Good Measures Healthy Weight program has been available to eligible members, including all fully insured members, since June 2024.
Maternal Health & Family Support	Virtual Pregnancy and Parenting Classes: Get 1 Month Free, followed by 25% off your annual membership to Tinyhood. Learn everything you need to know about birth, baby, and beyond. Tinyhood offers a wide array of education and topics such as childbirth, baby care, infant and child CPR, sleep, potty training, toddler behavior and much more. Available since July 1, 2024, for commercial fully insured and self-insured members.
Pharmacy	<p>2025 Pharmacy Program Updates & Formularies: 2025 Drug lists and formularies will be available online in the fall.</p> <p>NEW Core formulary in Massachusetts: Effective upon the anniversary renewal date and beginning January 1, 2025, we are introducing the Core formulary for the Small Group and Individual Markets in Massachusetts to replace the current Value formulary. This flexible approach benefits the member from a cost and access perspective.</p> <p>NEW Manufacturer Copay Cards: Effective January 1, 2025, Harvard Pilgrim will implement a manufacturer copay card program with our partner, OptumRx. Also known as coupons, copay cards are issued by drug manufacturers and are designed to help members pay for out-of-pocket costs for specialty and high-cost medications. (For all Commercial fully insured businesses).</p>
PPO Access Network	NEW: Effective January 1, 2025, PPO plans will transition to the PPO Access network. This new network offers comprehensive care and coverage from our extensive, network of doctors, specialists and hospitals, ensuring members receive access to top-quality care.
Reminders	Details
Diabetic Care	Glucose monitors, insulin pumps, and infusion devices are at no-cost to members on non-HSA plans. Members on HSA plans will be subject to deductible first for their cost sharing.
Family-centered Care	LGBTQ+ Health from Included Health offers whole person care focused on LGBTQ+ members and their needs, while working within their health plan ecosystem to ensure members feel safe, understood and supported.
Fertility Benefits	Harvard Pilgrim members will have benefits for fertility diagnostic care, fertility treatment, and fertility preservation services. Coverage may be subject to carrier guidelines and limitations.
Free PCP & Behavioral Health Visit	Most members on non-HSA plans will get access to one (1) (non-routine) PCP and one (1) behavioral health visit.

Reminders	Details
Pharmacy Benefit Manager (PBM)	OptumRx offers a fully integrated PBM including retail, specialty and mail order services to Harvard Pilgrim members. Members have access to a wide network of pharmacies and a cost-saving mail order program.
Cost share for urgent care visits through Doctor On Demand	Members enrolled in non-HSA plans are not required to pay cost share for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be billed for these visits, and they will apply toward the in-network deductible.
Dependents living Out-of-Area	We cover emergency care and urgent care for all HMO out-of-area dependent members. This is consistent with all other HMO plans for members who are traveling outside their plan's enrollment area.
Provider Networks	We offer a robust New England network of nearly 110,000+ providers and access to a seamless nationwide solution of more than 1.7 million providers through UnitedHealthcare.

All Harvard Pilgrim plans offer access to comprehensive and high-quality care including some of these great benefits, programs and services. Please check your plan benefit documents for complete details:

- Acupuncture and chiropractic care – unlimited visits
- Behavioral health providers, resources and digital tools – including substance use disorder (SUD) services
- Emergency services when medically necessary
- Eye exams for adults and children
- Pediatric dental coverage
- Pediatric eyeglasses and vision hardware
- Prenatal, maternity and newborn care
- Prescription drug coverage – including Tier 1 cost share for over-the-counter (OTC) medications like cold, cough, and allergy when prescribed by a provider
- Rehabilitative services and devices like hospital beds, crutches and physical/occupational therapy
- Savings programs like Reduce My Costs where members can save and earn rewards when selecting a high-quality cost-effective provider for outpatient services or diagnostic tests such as a mammogram, MRI, or colonoscopy
- Virtual care delivered by telehealth providers including Doctors on Demand for non-emergency care and advice
- Wellness education, programs, services and fitness reimbursements up to \$150 (individual subscriber) or up to \$300 (family coverage)

➤ Questions? Contact your Harvard Pilgrim account executive for more details.

Business Rules

Harvard Pilgrim Health Care reserves the right to change premium rates at any time before the effective date of the policy if there is a change in applicable state laws or regulations. Changes to rates after the effective date of coverage are governed by the employer agreement.

All 2025 small group plans are plan year.

Minimum number of eligible employees

For groups with six or more eligible employees, 75% of those employees who are eligible for health benefits must participate. For groups with one to five eligible employees, 100% of eligible employees must participate.

Embedded deductible/out-of-pocket maximum

All non-HSA plans contain embedded deductibles and out-of-pocket maximums (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 toward 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. All 2025 small group plans have embedded OOPM. The maximum contribution by an individual toward 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.

Focus Network

Available for accounts located in the Focus Network service area. An employee and enrolling dependents must reside within the Focus Network employee enrollment area in order to enroll in the plan. A Focus plan can only be offered alongside another Focus plan. Focus plans can no longer be offered alongside a full network plan. Groups offering the Focus Network with membership outside of the network or expanded enrollment zip codes may offer a PPO plan with side-by-side rules.

Side-by-side plan options

For groups with six or more benefit eligible employees, dual options are available. For groups with 20 or more enrolled subscribers, triple options are available. For triple options, all plans must be allowable side by side.

Plans cannot be offered side by side with a plan with a significantly different level of cost sharing. Please reference the Side by Side Grid for allowable side by side combinations. Side-by-side options are not permitted for employers with fewer than six benefit eligible employees, except in cases when a PPO plan is offered exclusively for an out-of-area subscriber or dependent and approved by Harvard Pilgrim. A PPO may be offered exclusively for out-of-area members only.

Standard Connector plans may only be offered alongside any other plan offered on the Connector. This includes Standard Connector plans, PPO Access HSA 2000 - Flex, HMO 2000 Value II - Flex and HMO 3500 - Flex for groups with six or more benefit eligible employees. The Standard Connector plans must be purchased with pediatric dental.

Medicare Enhance

When Medicare Enhance is offered alongside a Harvard Pilgrim commercial plan, groups need only one Medicare Enhance subscriber. For groups offering Medicare Enhance on a fully insured basis with competitor Medicare products also offered, the competitor products must be comparable in benefits to Medicare Enhance. Groups will be community rated and may offer only one Medicare Enhance benefit package.

When Medicare Enhance is offered to groups for their working aged employees who are enrolled in Medicare Parts A and B, the groups must not have had more than 19 active employees (part-time, full-time or temporary) during the past two years. Groups that increase to more than 19 active employees must notify Harvard Pilgrim immediately. Also, the Medicare Enhance plan must be comparable to benefits of the active commercial product, and groups must sign the Medicare Enhance Employer Agreement.

Preventive medications with a high-deductible health plan

For members with a high-deductible health plan, the deductible will not apply to certain medications used for preventive care. However, the member will be required to pay the applicable copayment or coinsurance for the drug. The plan may change the listing of designated preventive medications from time to time. For a current list of designated preventive medications, please visit our website at [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx).

Important Legal Information

What's not covered on our MA Small Group plans.

For a full list of services not covered, please refer to plan documents. Typically, exclusions include:

- Alternative services and treatments
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Routine foot care, except for members diagnosed with diabetes or systemic circulatory disease
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs as provided by health benefits
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services that were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging
- Services or supplies provided by (1) anyone related to a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Private duty nursing
- Custodial care
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation, except as outlined in your Benefit Handbook.
- HMO only: Delivery outside the service area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery
- Over the counter hearing aids
- Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided, in accordance with applicable Medical Necessity Guidelines
- Any service, supply or medication that is required by a third party that is not otherwise Medically Necessary (examples of a third party are an employer, an insurance company, a school or court)
- Services provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor

Limitations for Massachusetts small group plans

- Physical therapy and occupational therapy — combined 60 visits per year
- Skilled nursing facility — 100 days per year
- Inpatient rehabilitation — 60 days per year
- Routine eye exam — 1 exam per year
- Wig — 1 synthetic monofilament wig per year

Contact us

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Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



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