

2026 Massachusetts Plan Offerings

For employers with 1 to 50 full time equivalent employees

Massachusetts Small Group Plans - effective from January 1 - December 31, 2026.

This is only a summary of plans. For more complete information, please refer to the [Schedule of Benefits](#).

Plan Name	Deductible ¹ (Ind/Fam)	Out-of-Pocket Maximum ¹ (Ind/Fam)	Office Visit (PCP/Specialist)	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Pharmacy - Retail	Pharmacy - Mail
HMO														
HMO 25 - Flex (Platinum) MD0000201669 RX0000201356 DN0000201294	None	\$2,500/\$5,000	\$25 copay/\$45 copay	\$350 copay	\$40 copay	\$500 copay	Flex: \$250 copay Other: \$500 copay	Flex: Covered in Full Other: \$40 copay	\$30 copay	Non-Hospital: \$100 copay Hospital: \$300 copay	Non-Hospital: \$45 copay Hospital: \$75 copay	\$40 copay	\$5/\$25/\$45/\$160/20% (TS: \$250 coinsurance max)	\$10/\$50/\$90/\$480/20% (TS: \$750 coinsurance max)
Rx Out-of-Pocket Maximum: \$750/\$1,500 (Ind/Fam)														
HMO 1000 - Flex (Gold) MD0000201678 RX0000201357 DN0000201295	\$1,000/\$2,000	\$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (TS: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (TS: \$750 coinsurance max)
Rx Deductible: \$200 - For Each Member														
HMO 1500 - Flex (Gold) MD0000201679 RX0000201357 DN0000201295	\$1,500/\$3,000	\$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (TS: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (TS: \$750 coinsurance max)
Rx Deductible: \$200 - For Each Member														
HMO 2000 - Flex (Gold) MD0000201680 RX0000201358 DN0000201296	\$2,000/\$4,000	\$6,650/\$13,300	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (TS: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (TS: \$750 coinsurance max)
Rx Deductible: \$200 - For Each Member														
HMO 2000 Value - Flex (Silver) MD0000201670 RX0000201359 DN0000201297	\$2,000/\$4,000	\$9,750/\$19,500	\$60 copay/\$80 copay	Deductible then \$1,000 copay	Deductible then \$80 copay	Deductible then \$1,000 copay	Flex: \$250 copay Other: Deductible then \$1,000 copay	Flex: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$750 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (TS: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (TS: \$1,500 coinsurance max)
Rx Deductible: \$250/\$500 (Ind/Fam)														
HMO 2500 - Flex (Silver) MD0000201681 RX0000201360 DN0000201297	\$2,500/\$5,000	\$9,750/\$19,500	\$40 copay/\$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (TS: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (TS: \$1,500 coinsurance max)
Rx Deductible: \$200 - For Each Member														
HMO 3000 - Flex (Silver) MD0000201682 RX0000201360 DN0000201297	\$3,000/\$6,000	\$9,750/\$19,500	\$55 copay/\$80 copay	Deductible then \$1,000 copay	Deductible then \$80 copay	Deductible then \$1,000 copay	Flex: \$500 copay Other: Deductible then \$1,000 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$150 copay	Non-Hospital: Deductible then \$350 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (TS: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (TS: \$1,500 coinsurance max)
Rx Deductible: \$200 - For Each Member														
HMO 4000 - Flex (Bronze) MD0000201671 RX0000201360 DN0000201297	\$4,000/\$8,000	\$9,750/\$19,500	Deductible then \$55 copay/Deductible then \$80 copay	Deductible then \$600 copay	Deductible then \$80 copay	Deductible then \$1,500 copay	Flex: Deductible then \$350 copay Other: Deductible then \$750 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (TS: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (TS: \$1,500 coinsurance max)
Rx Deductible: \$200 - For Each Member														
HMO 5000 - Flex (Silver) MD0000201683 RX0000201360 DN0000201297	\$5,000/\$10,000	\$9,750/\$19,500	\$55 copay/\$80 copay	Deductible then \$500 copay	Deductible then \$80 copay	Deductible then \$750 copay	Flex: \$500 copay Other: Deductible then \$750 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (TS: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (TS: \$1,500 coinsurance max)
Rx Deductible: \$200 - For Each Member														

¹ All plans have embedded out-of-pocket maximums. All non-HSA plans have embedded deductible.
All HSA plans have non-embedded deductible, except HMO HSA 4000, PPO Access HSA 5000 and National Access EPO HSA 4000.
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.

*All plans listed here are both Massachusetts MCC & Medicare MCC.

Plan Name	Deductible ¹ (Ind/Fam)	Out-of-Pocket Maximum ¹ (Ind/Fam)	Office Visit (PCP/Specialist)	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Pharmacy - Retail	Pharmacy - Mail
HMO HSA														
HMO HSA 2000 - Flex (Silver) MD0000201672 RX0000201361 DN0000201298	\$2,000/\$4,000	\$8,050/\$16,100	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$55 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/ Deductible then \$30/ Deductible then \$150/ Deductible then \$250/ Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/ Deductible then \$60/ Deductible then \$300/ Deductible then \$750/ Deductible then 20% (T5: \$1,500 coinsurance max)
Medical Deductible Applies to Rx														
HMO HSA 3000 - Flex (Silver) MD0000201673 RX0000201362 DN0000201298	\$3,000/\$6,000	\$8,050/\$16,100	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/ Deductible then \$30/ Deductible then \$150/ Deductible then \$250/ Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/ Deductible then \$60/ Deductible then \$300/ Deductible then \$750/ Deductible then 20% (T5: \$1,500 coinsurance max)
Medical Deductible Applies to Rx														
HMO HSA 3400 - Flex (Silver) MD0000201694 RX0000201364 DN0000201298	\$3,400/\$6,800	\$8,050/\$16,100	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/ Deductible then \$30/ Deductible then \$150/ Deductible then \$250/ Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/ Deductible then \$60/ Deductible then \$300/ Deductible then \$750/ Deductible then 20% (T5: \$1,500 coinsurance max)
Medical Deductible Applies to Rx														
HMO HSA 4000 - Flex (Bronze) MD0000201686 RX0000201365 DN0000201298	\$4,000/\$8,000 Embedded	\$8,050/\$16,100	Deductible then \$80 copay/ Deductible then \$155 copay	Deductible then \$1,500 copay	Deductible then \$155 copay	Deductible then \$1,500 copay	Flex: Deductible then \$750 copay Other: Deductible then \$1,000 copay	Flex: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$350 copay	Non-Hospital: Deductible then \$500 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$155 copay Hospital: Deductible then \$175 copay	Deductible then \$50 copay	Deductible then \$5/ Deductible then \$30/ Deductible then 45%/ 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)
Medical Deductible Applies to Rx														
Focus HMO														
Focus Network HMO 1000 (Gold) MD0000201674 RX0000201357 DN0000201295	\$1,000/\$2,000	\$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	\$50 copay	Deductible then \$750 copay	Deductible then \$500 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$300 copay	Deductible then \$50 copay	\$50 copay	\$5/\$30/ Deductible then \$150/ Deductible then \$225/ Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/ Deductible then \$300/ Deductible then \$675/ Deductible then 20% (T5: \$750 coinsurance max)
Rx Deductible: \$200 - For Each Member														
Focus Network HMO 2000 (Gold) MD0000201687 RX0000201363 DN0000201299	\$2,000/\$4,000	\$6,700/\$13,400	\$25 copay/\$50 copay	Deductible then \$500 copay	\$50 copay	Deductible then \$750 copay	Deductible then \$500 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$300 copay	Deductible then \$50 copay	\$50 copay	\$5/\$30/ Deductible then \$150/ Deductible then \$225/ Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/ Deductible then \$300/ Deductible then \$675/ Deductible then 20% (T5: \$750 coinsurance max)
Rx Deductible: \$200 - For Each Member														
Focus Network HMO 3000 (Silver) MD0000201688 RX0000201360 DN0000201297	\$3,000/\$6,000	\$9,750/\$19,500	\$55 copay/\$80 copay	Deductible then \$1,000 copay	\$80 copay	Deductible then \$1,000 copay	Deductible then \$550 copay	Deductible then \$75 copay	Deductible then \$75 copay	Deductible then \$500 copay	Deductible then \$80 copay	\$50 copay	\$5/\$30/ Deductible then \$150/ Deductible then \$250/ Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/ Deductible then \$300/ Deductible then \$750/ Deductible then 20% (T5: \$1,500 coinsurance max)
Rx Deductible: \$200 - For Each Member														
Focus Network HMO HSA 3400 (Silver) MD0000201675 RX0000201366 DN0000201300	\$3,400/\$6,800	\$7,000/\$14,000	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then 20%	Deductible then \$500 copay	Deductible then \$75 copay	Deductible then \$55 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$50 copay	Deductible then \$5/ Deductible then \$30/ Deductible then \$150/ Deductible then \$250/ Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/ Deductible then \$60/ Deductible then \$300/ Deductible then \$750/ Deductible then 20% (T5: \$1,500 coinsurance max)
Medical Deductible Applies to Rx														

¹ All plans have embedded out-of-pocket maximums. All non-HSA plans have embedded deductible. All HSA plans have non-embedded deductible, except HMO HSA 4000, PPO Access HSA 5000 and National Access EPO HSA 4000. 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.

*All plans listed here are both Massachusetts MCC & Medicare MCC.

Massachusetts Small Group Plans - effective from January 1 - December 31, 2026.

This is only a summary of plans. For more complete information, please refer to the [Schedule of Benefits](#).

Plan Name	Deductible ¹ (Ind/Fam)	Out-of-Pocket Maximum ¹ (Ind/Fam)	Office Visit (PCP/Specialist)	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Pharmacy - Retail	Pharmacy - Mail	
PPO Access															
PPO Access 25 - Flex (Platinum) MD0000201684 RX0000201356 DN0000201301	IN: None	IN: \$2,500/\$5,000	\$25 copay/\$45 copay	\$350 copay	\$40 copay	\$ 500 copay	Flex: \$250 copay Other: \$500 copay	Flex: Covered in Full Other: \$40 copay	\$30 copay	Non-Hospital: \$100 copay Hospital: \$300 copay	Non-Hospital: \$45 copay Hospital: \$75 copay	\$40 copay	\$5/\$25/\$45/\$160/20% (T5: \$250 coinsurance max)	\$10/\$50/\$90/\$480/20% (T5: \$750 coinsurance max)	
	OON: \$500/\$1,000	OON: \$5,000/\$10,000	OON: Deductible then 20% (ER is Same as INN)									Rx Out-of-Pocket Maximum: \$750/\$1,500 (Ind/Fam)			
PPO Access 1000 - Flex (Gold) MD0000201689 RX0000201357 DN0000201302	IN: \$1,000/\$2,000	IN: \$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)	
	OON: \$2,000/\$4,000	OON: \$14,000/\$28,000	OON: Deductible then 20% (ER is Same as INN)									Rx Deductible: \$200 - For Each Member			
PPO Access 1500 - Flex (Gold) MD0000201690 RX0000201357 DN0000201302	IN: \$1,500/\$3,000	IN: \$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)	
	OON: \$3,000/\$6,000	OON: \$14,000/\$28,000	OON: Deductible then 20% (ER is Same as INN)									Rx Deductible: \$200 - For Each Member			
PPO Access 2000 - Flex (Gold) MD0000201676 RX0000201358 DN0000201303	IN: \$2,000/\$4,000	IN: \$6,650/\$13,300	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)	
	OON: \$4,000/\$8,000	OON: \$13,300/\$26,600	OON: Deductible then 20% (ER is Same as INN)									Rx Deductible: \$200 - For Each Member			
PPO Access 2000 Value - Flex (Silver) MD0000201685 RX0000201359 DN0000201304	IN: \$2,000/\$4,000	IN: \$9,750/\$19,500	Deductible then \$35 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)	
	OON: \$4,000/\$8,000	OON: \$19,500/\$39,000	OON: Deductible then 20% (ER is Same as INN)									Rx Deductible: \$250/\$500 (Ind/Fam)			
PPO Access 3000 - Flex (Silver) MD0000201691 RX0000201360 DN0000201304	IN: \$3,000/\$6,000	IN: \$9,750/\$19,500	\$60 copay/\$80 copay	Deductible then \$1,000 copay	Deductible then \$80 copay	Deductible then \$1,000 copay	Flex: \$500 copay Other: Deductible then \$1,000 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$150 copay	Non-Hospital: Deductible then \$350 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)	
	OON: \$6,000/\$12,000	OON: \$19,500/\$39,000	OON: Deductible then 20% (ER is Same as INN)									Rx Deductible: \$200 - For Each Member			
PPO Access 4000 - Flex (Bronze) MD0000201692 RX0000201367 DN0000201305	IN: \$4,000/\$8,000	IN: \$9,750/\$19,500	Deductible then \$55 copay/ Deductible then \$80 copay	Deductible then \$600 copay	Deductible then \$80 copay	Deductible then \$1,500 copay	Flex: Deductible then \$350 copay Other: Deductible then \$750 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	Deductible then \$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)	
	OON: \$8,000/\$16,000	OON: \$18,400/\$36,800	OON: Deductible then 20% (ER is Same as INN)									Rx Deductible: \$200 - For Each Member			
PPO Access HSA															
PPO Access HSA 3000 - Flex (Silver) MD0000201677 RX0000201368 DN0000201306	IN: \$3,000/\$6,000	IN: \$8,050/\$16,100	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)	
	OON: \$6,000/\$12,000	OON: \$16,100/\$32,200	OON: Deductible then 20% (ER is Same as INN)									Medical Deductible Applies to Rx			
PPO Access HSA 5000 - Flex (Bronze) MD0000201693 RX0000201369 DN0000201307	IN: \$5,000/\$10,000 Embedded	IN: \$8,050/\$16,100	Deductible then \$80 copay/ Deductible then \$155 copay	Deductible then \$1,500 copay	Deductible then \$155	Deductible then \$1,500 copay	Flex: Deductible then \$500 copay Other: Deductible then \$1,000 copay	Flex: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$150 copay	Non-Hospital: Deductible then \$500 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$155 copay Hospital: Deductible then \$175 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then 45%/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)	
	OON: \$10,000/\$20,000	OON: \$16,100/\$32,200	OON: Deductible then 20% (ER is Same as INN)									Medical Deductible Applies to Rx			

¹ All plans have embedded out-of-pocket maximums. All non-HSA plans have embedded deductible. All HSA plans have non-embedded deductible, except HMO HSA 4000, PPO Access HSA 5000 and National Access EPO HSA 4000. 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.

*All plans listed here are both Massachusetts MCC & Medicare MCC.

Massachusetts Small Group Plans - effective from January 1 - December 31, 2026.

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

Plan Name	Deductible ¹ (Ind/Fam)	Out-of-Pocket Maximum ¹ (Ind/Fam)	Office Visit (PCP/Specialist)	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Pharmacy - Retail	Pharmacy - Mail
National Access EPO														
National Access EPO 2000 (Silver) MD0000201746 RX0000201371 DN0000201325	\$2,000/\$4,000	\$9,750/\$19,500	\$25 copay/\$65 copay	Deductible then \$1,000 copay	Deductible then \$65 copay	Deductible then \$1,000 copay	Deductible then \$750 copay	Deductible then \$45 copay	Deductible then \$150 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$25 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$450/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
Rx Deductible: \$200 - For Each Member														
National Access EPO 3000 (Silver) MD0000201747 RX0000201398 DN0000201327	\$3,000/\$6,000	\$9,200/\$18,400	\$50 copay/\$75 copay	Deductible then \$1,000 copay	Deductible then \$75 copay	Deductible then \$1,000 copay	Deductible then \$750 copay	Deductible then \$75 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$25 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$450/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
Rx Deductible: \$200 - For Each Member														
National Access EPO HSA 4000 (Bronze) MD0000201745 RX0000201370 DN0000201326	\$4,000/\$8,000 Embedded	\$8,050/\$16,100	Deductible then \$50 copay/Deductible then \$75 copay	Deductible then \$1,000 copay	Deductible then \$75 copay	Deductible then \$1,000 copay	Deductible then \$750 copay	Deductible then \$75 copay	Deductible then \$350	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$25 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/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 50% (T3: \$250/coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
Medical Deductible Applies to Rx														
Connector Plans														
Standard Platinum - Flex MD0000201610 RX0000201325 DN0000201255	None	\$3,000/\$6,000	\$20 copay/\$40 copay	\$150 copay	\$40 copay	\$500 copay	Flex: \$100 copay Other: \$250 copay	Covered in Full	Covered in Full	Non-Hospital: \$50 copay Hospital: \$150 copay	Non-Hospital: \$20 copay Hospital: \$40 copay	\$40 copay	\$10/\$25/\$50	\$20/\$50/\$150
Standard High Gold MD0000201611 RX0000201326 DN0000201256	\$1,000/\$2,000	\$7,000/\$14,000	\$20 copay/\$40 copay	\$250 copay	\$40 copay	Deductible then \$300	Deductible then \$150 copay	Deductible then \$25 copay	Deductible then \$35 copay	Deductible then \$150 copay	\$40 copay	\$40 copay	\$25/\$45/Deductible then \$75	\$50/\$90/Deductible then \$225
Standard Silver MD0000201612 RX0000201327 DN0000201257	\$2,000/\$4,000	\$10,150/\$20,300	\$25 copay/\$60 copay	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$30 copay	Deductible then \$60 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/\$55/Deductible then \$75	\$60/\$110/Deductible then \$225
Standard Low Silver HSA - Flex MD0000201618 RX0000201331 DN0000201261	\$2,500/\$5,000	\$8,450/\$16,900	Deductible then \$30 copay/ Deductible then \$60 copay	Deductible then \$300 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible then \$20 copay Other: Deductible then \$60 copay	Deductible then \$75 copay	Non-Hospital: Deductible then \$200 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$30 copay Hospital: 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 MD0000201619 RX0000201332 DN0000201262	\$3,800/\$7,600	\$8,450/\$16,900	Deductible then \$60 copay/ Deductible then \$90 copay	Deductible then \$875 copay	Deductible then \$90 copay	Deductible then \$1,500 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible then \$25 copay Other: Deductible then \$55 copay	Deductible then \$135	Non-Hospital: Deductible then \$500 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$60 copay Hospital: 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 MD0000201615 RX0000201333 DN0000201263	\$2,000/\$4,000	\$5,750/\$11,500	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible then \$20 copay Other: Deductible then \$75 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$30/Deductible then \$150/Deductible then \$250	\$60/Deductible then \$300/Deductible then \$750
Rx Deductible: \$250/\$500 (Ind/Fam)														
HMO 3500 - Flex (Bronze) MD0000201622 RX0000201335 DN0000201293	\$3,500/\$7,000	\$8,900/\$17,800	Deductible then \$45 copay/ Deductible then \$70 copay	Deductible then \$1,500 copay	Deductible then \$70 copay	Deductible then 20%	Flex: Deductible then \$250 copay Other: Deductible then \$1,000 copay	Flex: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$500 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$70 copay Hospital: Deductible then \$100 copay	Deductible then \$50 copay	\$5/\$30/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 50% (T3: \$250/coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
PPO Access HSA 2500 - Flex MD0000201621 RX0000201334 DN0000201264	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000	IN: \$8,450/\$16,900 OON: \$16,900/\$33,800	Deductible then \$30/Deductible then \$60 copay	Deductible then \$300 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible then \$20 copay Other: Deductible then \$60 copay	Deductible then \$75 copay	Non-Hospital: Deductible then \$200 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$30 copay Hospital: 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
OON: Deductible then 20% (ER is Same as INN)														
Medical Deductible Applies to Rx														

¹ All plans have embedded out-of-pocket maximums. All non-HSA plans have embedded deductible. All HSA plans have non-embedded deductible, except HMO HSA 4000, PPO Access HSA 5000 and National Access EPO HSA 4000. 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.

*All plans listed here are both Massachusetts MCC & Medicare MCC.