

2027 Massachusetts Individual Plan Offerings

Massachusetts Individual Plans - Effective from January 1 - December 31, 2027.
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) MD0000201848 RX0000201451 DN0000201354	None	\$3,500/\$7,000	Designated VPCP: \$0 Other: \$25/\$45	\$350	\$45	\$500	Flex: \$250 Other: \$500	Flex: \$0 Other: \$40	\$30	Non-Hospital: \$100 Hospital: \$300	Non-Hospital: \$45 Hospital: \$75	\$45	\$5/\$25/\$45/\$160/50% (T5: \$350 coinsurance max)	\$10/\$50/\$90/\$480/50% (T5: \$1,050 coinsurance max)
													Rx Out-of-Pocket Maximum: \$750/\$1,500 (Ind/Fam)	
HMO 1000 - Flex (Gold) MD0000201849 RX0000201452 DN0000201355	\$1,000/\$2,000	\$9,000/\$18,000	Designated VPCP: \$0 Other: \$25/\$50	Ded then \$500	\$100	Ded then \$750	Flex: Ded then \$250 Other: Ded then \$500	Flex: Ded Other: Ded then \$45	Ded then \$50	Non-Hospital: Ded then \$250 Hospital: Ded then \$500	Non-Hospital: Ded then \$50 Hospital: Ded then \$75	\$50	\$5/\$40/\$150/\$225/50% (T5: \$350 coinsurance max)	\$10/\$80/\$300/\$675/50% (T5: \$1,050 coinsurance max)
HMO 2000 - Flex (Gold) MD0000201851 RX0000201453 DN0000201356	\$2,000/\$4,000	\$8,800/\$17,600	Designated VPCP: \$0 Other: \$25/\$50	Ded then \$500	\$100	Ded then \$750	Flex: Ded then \$250 Other: Ded then \$500	Flex: Ded Other: Ded then \$75	Ded then \$50	Non-Hospital: Ded then \$250 Hospital: Ded then \$500	Non-Hospital: Ded then \$50 Hospital: Ded then \$75	\$50	\$5/\$40/\$150/\$225/50% (T5: \$350 coinsurance max)	\$10/\$80/\$300/\$675/50% (T5: \$1,050 coinsurance max)
HMO HSA ²														
HMO HSA 4000 - Flex (Bronze) MD0000201859 RX0000201469 DN0000201370	\$4,000/\$8,000	\$8,700/\$17,400	Designated VPCP: Ded then \$0 Other: Ded then \$80/ Ded then \$155	Ded then \$1,500	Ded then \$155	Ded then \$1,500	Flex: Ded then \$750 Other: Ded then \$1,000	Flex: Ded then \$45 Other: Ded then \$75	Ded then \$350	Non-Hospital: Ded then \$500 Hospital: Ded then \$1,000	Non-Hospital: Ded then \$155 Hospital: Ded then \$175	Ded then \$50	Ded then \$5/Ded then \$40/Ded then 45%/Ded then 45%/Ded then 50% (T3: \$125/coinsurance max, T4: \$250 coinsurance max, T5: \$500 coinsurance max)	Ded then \$10/Ded then \$80/Ded then 45%/Ded then 45%/Ded then 50% (T3: \$250/coinsurance max, T4: \$750 coinsurance max, T5: \$1,500 coinsurance max)
													Medical Ded Applies to Rx	
Focus HMO														
Focus Network HMO 1000 (Gold) MD0000201860 RX0000201453 DN0000201356	\$1,000/\$2,000	\$8,800/\$17,600	Designated VPCP: \$0 Other: \$25/\$50	Ded then \$500	\$100	Ded then \$750	Ded then \$500	Ded then \$25	Ded then \$50	Ded then \$300	Ded then \$50	\$50	\$5/\$40/\$150/\$225/50% (T5: \$350 coinsurance max)	\$10/\$80/\$300/\$675/50% (T5: \$1,050 coinsurance max)
Focus Network HMO 2000 (Gold) MD0000201861 RX0000201453 DN0000201356	\$2,000/\$4,000	\$8,800/\$17,600	Designated VPCP: \$0 Other: \$25/\$50	Ded then \$500	\$100	Ded then \$750	Ded then \$500	Ded then \$25	Ded then \$50	Ded then \$300	Ded then \$50	\$50	\$5/\$40/\$150/\$225/50% (T5: \$350 coinsurance max)	\$10/\$80/\$300/\$675/50% (T5: \$1,050 coinsurance max)
Focus Network HMO 3000 ³ (Silver) MD0000201862 RX0000201454 DN0000201368	\$3,000/\$6,000	\$12,000/\$24,000	Designated VPCP: \$0 Other: \$45/\$80	Ded then \$1,000	\$100	Ded then \$1,000	Ded then \$550	Ded then \$75	Ded then \$75	Ded then \$500	Ded then \$80	\$50	\$5/\$40/Ded then \$150/Ded then \$250/Ded then 50% (T5: \$500 coinsurance max)	\$10/\$80/Ded then \$300/Ded then \$750/Ded then 50% (T5: \$1,500 coinsurance max)
													Rx Ded: \$200 - For Each Member	

¹ All plans have embedded out-of-pocket maximums. All non-HSA plans have embedded deductible (Ded).
All HSA plans have non-embedded Ded. 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.

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