

2022 ConnectiCare

Small Group Plans for Massachusetts



We mean health.

Over 20 years of serving Massachusetts

For 2022, we're proud to offer a breadth of plan choices that include employee health and wellness programs.

One feature comes with every ConnectiCare plan – and that is our commitment to supporting patients' relationships with their doctors, deliver caring, personal service that inspires our customers' loyalty.

Benefits your employees need

Access to health care is important. Eligible small groups and individuals can choose from plans with options that include:

- Low copays and no deductibles for important services like primary and specialist care, mental health, and urgent care visits.
- Pharmacy benefits with low copays for preferred generic and preferred brand name drugs.
- Ability for members to open and save tax-free in health savings accounts (HSAs) and health reimbursement accounts (HRAs) with integrated administration through HealthEquity®.
- Free home delivery of 90-day supplies of many maintenance prescription medicines.
- Coverage for out-of-network care (higher cost shares may apply).

We can help

Our Client & Broker Services team welcomes calls and can answer your questions and help select from the plans described inside. Call us at **800-723-2986**, Monday-Friday, 8 a.m. to 5 p.m.

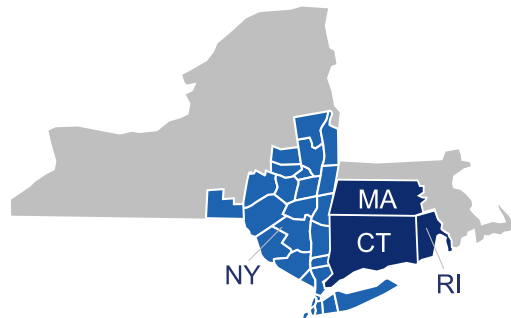
And, of course, all plans cover – at no added cost to the member – important **preventive care** benefits including annual checkups, cancer screenings, flu shots and other immunizations.



*ConnectiCare of Massachusetts, Inc. was licensed as an HMO in Massachusetts on July 1, 2000.

Coverage from the Pioneer Valley to the Berkshires – and beyond

Members of Choice Mass HMO and POS plans can visit doctors and facilities close to home and in close-by communities in the tri-state area.



Regional network coverage includes all of Connecticut and parts of MA, NY, and RI.

In western Massachusetts, members can visit these leading health care organizations and affiliated medical practices:

- Baystate Health
- Holyoke Medical Center
- Shriners Hospitals for Children
- Cooley Dickinson Health Care
- Mercy Medical Center
- Berkshire Health Systems

New wellness rewards to improve employee health

The stresses of the past couple of years have made it even more clear: staying well also means taking care of other things, like sleep, diet, and mental health. We're introducing for employer groups online wellness programs – at no extra charge.

The **rewards program** helps employees:

- 1 Understand their health risks through a health assessment – and receive a personalized action plan to learn how to reduce those risks.
- 2 Participate in a group challenge that encourages them to start (or continue) a habit of regular physical activity.
- 3 Take action toward better habits in exercise, sleep, and diet.
- 4 Learn how to practice mindfulness and improve their ability to cope with work, everyday life, family, and managing health conditions.

Employees who take the health assessment, complete the physical activity challenge and receive their preventive physical exam can earn a \$75 rewards card to use at a popular online or retail business. Spouses and dependents are also eligible to participate.

The programs were developed by WellSpark Health, a ConnectiCare affiliate. WellSpark wellness programs are based on clinical evidence and understanding of the psycho-social-behavioral factors that influence individuals' lifestyle choices.

Choice plans

Plan name	Calendar-year	Calendar-year
	Choice Mass HMO Copay \$40	Choice Mass POS Copay \$40
PLAN/MEDICAL DEDUCTIBLE		
Deductible (individual/family)	\$0	\$0
Maximum out-of-pocket limit (individual/family)	\$7,900 per member \$15,800 per family	\$7,900 per member \$15,800 per family
IN-NETWORK MEDICAL BENEFITS		
Preventive care/screenings/immunizations	No charge	No charge
Primary care services	\$40 copayment/visit	\$40 copayment/visit
Telemedicine visits through Teladoc®	No charge	No charge
Specialist services	\$60 copayment/visit	\$60 copayment/visit
Mental health and substance abuse office visits	\$40 copayment/visit	\$40 copayment/visit
Vision	\$50 copayment/visit	\$50 copayment/visit
Walk-in/urgent care center	\$100 copayment/visit	\$100 copayment/visit
Worldwide emergency coverage*	\$400 copayment/visit	\$400 copayment/visit
Hospital – inpatient treatment	\$500 copayment/day up to \$1,000 per admission	\$500 copayment/day up to \$1,000 per admission
Hospital – outpatient treatment	\$500 copayment/visit	\$500 copayment/visit
Outpatient surgery in freestanding locations	\$250 copayment/visit	\$250 copayment/visit
Lab services	\$25 copayment/visit	\$25 copayment/visit
X-rays	\$60 copayment/visit	\$60 copayment/visit
Advanced imaging (CT scans & MRI)	\$200 copayment/visit	\$200 copayment/visit
OUT-OF-NETWORK MEDICAL BENEFITS		
Deductible (individual/family)	Not covered	\$2,500 per member \$7,500 per family
Coinsurance	Not covered	20% coinsurance after plan deductible
Maximum out-of-pocket limit (individual/family)	Not covered	\$10,000 per member \$30,000 per family
PRESCRIPTION DRUG BENEFIT		
Prescription drug deductible (individual/family)	None	None
Tier 1 – Preferred generic drugs	\$30 copayment/ prescription	\$30 copayment/ prescription
Tier 2 – Non-preferred generic drugs	50% coinsurance up to a maximum of \$300 per prescription	50% coinsurance up to a maximum of \$300 per prescription
Tier 3 – Preferred brand drugs	\$60 copayment/ prescription	\$60 copayment/ prescription
Tier 4 – Non-preferred brand drugs	50% coinsurance up to a maximum of \$300 per prescription	50% coinsurance up to a maximum of \$300 per prescription
Tier 5 – Preferred specialty drugs	50% coinsurance up to a maximum of \$350 per prescription (specialty retail only)	50% coinsurance up to a maximum of \$350 per prescription (specialty retail only)
Tier 6 – Non-preferred specialty drugs	50% coinsurance up to a maximum of \$750 per prescription (specialty retail only)	50% coinsurance up to a maximum of \$750 per prescription (specialty retail only)

*Subject to limitations.

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Contract-year	Contract-year	Contract-year
Choice Mass HMO Copay \$2,000/\$4,000	Choice Mass HMO Copay \$2,000/\$4,000 ded.	Choice Mass HMO Copay \$2,500/\$5,000
\$2,000 per member \$4,000 per family	\$2,000 per member \$4,000 per family	\$2,500 per member \$5,000 per family
\$7,000 per member \$14,000 per family	\$7,900 per member \$15,800 per family	\$8,500 per member \$17,000 per family
No charge	No charge	No charge
\$30 copayment/visit; deductible does not apply	\$30 copayment/visit after plan deductible	\$45 copayment/visit; deductible does not apply
No charge	No charge	No charge
\$50 copayment/visit; deductible does not apply	\$60 copayment/visit after plan deductible	\$60 copayment/visit; deductible does not apply
\$30 copayment/visit; deductible does not apply	\$30 copayment/visit after plan deductible	\$45 copayment/visit; deductible does not apply
\$50 copayment/visit; deductible does not apply	\$50 copayment/visit; deductible does not apply	\$25 copayment/visit; deductible does not apply
\$100 copayment/visit; deductible does not apply	\$100 copayment/visit after plan deductible	\$100 copayment/visit; deductible does not apply
\$400 copayment/visit after plan deductible	\$400 copayment/visit after plan deductible	\$500 copayment/visit after plan deductible
\$500 copayment per admission after plan deductible	\$500 copayment/day up to \$1,000 per admission after plan deductible	\$1,000 copayment per admission after plan deductible
\$500 copayment/visit after plan deductible	\$500 copayment/visit after plan deductible	\$500 copayment/visit after plan deductible
\$500 copayment/visit after plan deductible	\$500 copayment/visit after plan deductible	\$500 copayment/visit after plan deductible
\$10 copayment/visit; deductible does not apply	\$10 copayment/visit after plan deductible	\$40 copayment/visit; deductible does not apply
\$50 copayment/visit; deductible does not apply	\$50 copayment/visit after plan deductible	\$100 copayment/visit after plan deductible
\$200 copayment/visit after plan deductible	\$200 copayment/visit after plan deductible	\$500 copayment/visit after plan deductible
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
None	None	None
\$30 copayment/ prescription deductible does not apply	\$30 copayment/ prescription deductible does not apply	\$25 copayment/ prescription; deductible does not apply
50% coinsurance up to a maximum of \$300 per prescription; deductible does not apply	50% coinsurance up to a maximum of \$300 per prescription; deductible does not apply	50% coinsurance up to a maximum of \$300 per prescription; deductible does not apply
\$60 copayment/ prescription deductible does not apply	\$60 copayment/ prescription deductible does not apply	\$40 copayment/ prescription; deductible does not apply
50% coinsurance up to a maximum of \$300 per prescription; deductible does not apply	50% coinsurance up to a maximum of \$300 per prescription; deductible does not apply	50% coinsurance up to a maximum of \$300 per prescription; deductible does not apply
50% coinsurance up to a maximum of \$500 per prescription; deductible does not apply (specialty retail only)	50% coinsurance up to a maximum of \$350 per prescription; deductible does not apply (specialty retail only)	50% coinsurance up to a maximum of \$250 per prescription; deductible does not apply (specialty retail only)
50% coinsurance up to a maximum of \$750 per prescription; deductible does not apply (specialty retail only)	50% coinsurance up to a maximum of \$750 per prescription; deductible does not apply (specialty retail only)	50% coinsurance up to a maximum of \$750 per prescription; deductible does not apply (specialty retail only)

Choice plans

Plan name	Contract-year	Contract-year
	Choice Mass POS Copay \$3,000/\$6,000	Choice Mass POS HSA \$2,500/\$5,000
PLAN/MEDICAL DEDUCTIBLE		
Deductible (individual/family)	\$3,000 per member \$6,000 per family	\$2,500 per member \$5,000 per family
Maximum out-of-pocket limit (individual/family)	\$8,500 per member \$17,000 per family	\$6,000 per member \$12,000 per family
IN-NETWORK MEDICAL BENEFITS		
Preventive care/screenings/immunizations	No charge	No charge
Primary care services	\$35 copayment/visit; deductible does not apply	\$30 copayment/visit after plan deductible
Telemedicine visits through Teladoc®	No charge	0% coinsurance after plan deductible
Specialist services	\$65 copayment/visit; deductible does not apply	\$50 copayment/visit after plan deductible
Mental health and substance abuse office visits	\$35 copayment/visit; deductible does not apply	\$30 copayment/visit after plan deductible
Vision	\$25 copayment/visit; deductible does not apply	\$25 copayment/visit; deductible does not apply
Walk-in/urgent care center	\$150 copayment/visit; deductible does not apply	\$100 copayment/visit after plan deductible
Worldwide emergency coverage*	\$500 copayment/visit after plan deductible	\$250 copayment/visit after plan deductible
Hospital – inpatient treatment	\$500 copayment/day up to \$2,000 per admission after plan deductible	\$250 copayment per admission after plan deductible
Hospital – outpatient treatment	\$500 copayment/visit after plan deductible	\$250 copayment/visit after plan deductible
Outpatient surgery in freestanding locations	\$500 copayment/visit after plan deductible	\$250 copayment/visit after plan deductible
Lab services	\$25 copayment/visit after plan deductible	\$25 copayment/visit after plan deductible
X-rays	\$65 copayment/visit after plan deductible	\$50 copayment/visit after plan deductible
Advanced imaging (CT scans & MRI)	\$300 copayment/visit after plan deductible	\$250 copayment/visit after plan deductible
OUT-OF-NETWORK MEDICAL BENEFITS		
Deductible (individual/family)	\$6,000 per member \$12,000 per family	\$6,000 per member \$12,000 per family
Coinsurance	30% coinsurance after plan deductible	30% coinsurance after plan deductible
Maximum out-of-pocket limit (individual/family)	\$9,000 per member \$18,000 per family	\$9,000 per member \$18,000 per family
PRESCRIPTION DRUG BENEFIT		
Prescription drug deductible (individual/family)	None	Included in Plan Deductible
Tier 1 – Preferred generic drugs	\$40 copayment/ prescription; deductible does not apply	\$20 copayment/prescription after plan deductible
Tier 2 – Non-preferred generic drugs	50% coinsurance up to a maximum of \$300 per prescription; deductible does not apply	50% coinsurance up to a maximum of \$300 per prescription after plan deductible
Tier 3 – Preferred brand drugs	\$80 copayment/prescription; deductible does not apply	\$40 copayment/prescription after plan deductible
Tier 4 – Non-preferred brand drugs	50% coinsurance up to a maximum of \$300 per prescription; deductible does not apply	50% coinsurance up to a maximum of \$300 per prescription after plan deductible
Tier 5 – Preferred specialty drugs	50% coinsurance up to a maximum of \$250 per prescription; deductible does not apply (specialty retail only)	50% coinsurance up to a maximum of \$250 per prescription after plan deductible (specialty retail only)
Tier 6 – Non-preferred specialty drugs	50% coinsurance up to a maximum of \$750 per prescription; deductible does not apply (specialty retail only)	50% coinsurance up to a maximum of \$750 per prescription after plan deductible (specialty retail only)

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Contract-year	Contract-year	Contract-year
Choice Mass HMO HSA \$3,000/\$6,000	Choice Mass POS HSA \$4,500/\$9,000	Choice Mass POS HSA \$5,600/\$11,200
\$3,000 per member \$6,000 per family	\$4,500 per member \$9,000 per family	\$5,600 per member \$11,200 per family
\$6,500 per member \$13,000 per family	\$6,000 per member \$12,000 per family	\$7,000 per member \$14,000 per family
No charge	No charge	No charge
\$25 copayment/visit after plan deductible	\$35 copayment/visit after plan deductible	\$50 copayment/visit after plan deductible
0% coinsurance after plan deductible	0% coinsurance after plan deductible	0% coinsurance after plan deductible
\$50 copayment/visit after plan deductible	\$60 copayment/visit after plan deductible	\$60 copayment/visit after plan deductible
\$25 copayment/visit after plan deductible	\$35 copayment/visit after plan deductible	\$50 copayment/visit after plan deductible
\$25 copayment/visit; deductible does not apply	\$25 copayment/visit; deductible does not apply	\$25 copayment/visit; deductible does not apply
\$75 copayment/visit after plan deductible	\$100 copayment/visit after plan deductible	\$100 copayment/visit after plan deductible
\$250 copayment/visit after plan deductible	\$250 copayment/visit after plan deductible	\$500 copayment/visit after plan deductible
\$100 copayment/day up to \$400 per admission after plan deductible	\$250 copayment per admission after plan deductible	\$500 copayment per admission after plan deductible
\$100 copayment/visit after plan deductible	\$250 copayment/visit after plan deductible	\$500 copayment/visit after plan deductible
\$100 copayment/visit after plan deductible	\$250 copayment/visit after plan deductible	\$500 copayment/visit after plan deductible
\$15 copayment/visit after plan deductible	\$25 copayment/visit after plan deductible	\$40 copayment/visit after plan deductible
\$50 copayment/visit after plan deductible	\$60 copayment/visit after plan deductible	\$60 copayment/visit after plan deductible
\$75 copayment/visit after plan deductible	\$200 copayment/visit after plan deductible	\$200 copayment/visit after plan deductible
Not covered	\$7,000 per member \$14,000 per family	\$10,000 per member \$20,000 per family
Not covered	30% coinsurance after plan deductible	30% coinsurance after plan deductible
Not covered	\$10,000 per member \$20,000 per family	\$15,000 per member \$30,000 per family
Included in Plan Deductible	Included in Plan Deductible	Included in Plan Deductible
\$25 copayment/prescription after plan deductible	\$25 copayment/prescription after plan deductible	\$40 copayment/prescription after plan deductible
50% coinsurance up to a maximum of \$300 per prescription after plan deductible	50% coinsurance up to a maximum of \$300 per prescription after plan deductible	50% coinsurance up to a maximum of \$300 per prescription after plan deductible
\$40 copayment/prescription after plan deductible	\$50 copayment/prescription after plan deductible	\$60 copayment/prescription after plan deductible
50% coinsurance up to a maximum of \$300 per prescription after plan deductible	50% coinsurance up to a maximum of \$300 per prescription after plan deductible	50% coinsurance up to a maximum of \$300 per prescription after plan deductible
50% coinsurance up to a maximum of \$250 per prescription after plan deductible (specialty retail only)	50% coinsurance up to a maximum of \$250 per prescription after plan deductible (specialty retail only)	50% coinsurance up to a maximum of \$250 per prescription after plan deductible (specialty retail only)
50% coinsurance up to a maximum of \$750 per prescription after plan deductible (specialty retail only)	50% coinsurance up to a maximum of \$750 per prescription after plan deductible (specialty retail only)	50% coinsurance up to a maximum of \$750 per prescription after plan deductible (specialty retail only)



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Coverage is provided by and services are administered as follows: In Massachusetts, Group HMO & POS coverage is underwritten by ConnectiCare of Massachusetts, Inc.