



# 2023 Small Group Plans

for Massachusetts

ConnectiCare<sup>®</sup>

# Over 20 Years of Serving Massachusetts

For 2023, we're proud to offer 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 and delivering 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 shipping for home delivery of 90-day supplies of many maintenance prescription medicines.
- Coverage for out-of-network care (higher cost-shares may apply).
- Teladoc® Primary360 offers primary care, behavioral health, and dermatology services through phone, video, or messaging through a mobile app.<sup>1</sup> Members can virtually see the same provider throughout their care with no limitation on the number of visits. Teladoc also provides help for non-emergency conditions 24/7 and prescription medicines when medically necessary through on-demand general medical physician services.
- Our enhanced member portal allows members to manage health care anytime from anywhere by going to **[my.connecticare.com/ccimember/s/login](https://my.connecticare.com/ccimember/s/login)**. On the portal, members can navigate through a new, user-friendly dashboard, view claims history and payment summaries, access wellness resources, and more.

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.

## 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.

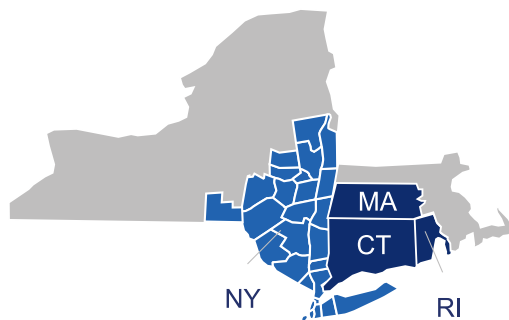


\*ConnectiCare of Massachusetts, Inc. was licensed as an HMO in Massachusetts on July 1, 2000.

<sup>1</sup>Telemedicine is not appropriate for all covered services, and restrictions apply. Not all services available 24/7.

## 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 tristate area.



Regional network coverage includes all of CT 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 Hospital
- Mercy Medical Center
- Berkshire Health Systems

## 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 online wellness programs for employer groups – 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, and family, and manage 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 psychosocial-behavioral factors that influence individuals' lifestyle choices.

# Choice plans

Plan name

2023 Calendar Year	2023 Calendar Year
Choice Mass HMO Copay \$30	Choice Mass POS Copay \$30
Hampden, Hampshire, Berkshire, and Franklin Counties in MA, all of CT, parts of RI, and NY through EmblemHealth Prime Network	
\$0	\$0
\$8,500 per member \$17,000 per family	\$8,500 per member \$17,000 per family
No charge	No charge
\$30 copayment/visit	\$30 copayment/visit
Primary Care, Mental Health, and General Medical Services: No charge Dermatologist: \$60 copayment/visit	Primary Care, Mental Health, and General Medical Services: No charge Dermatologist: \$60 copayment/visit
\$60 copayment/visit	\$60 copayment/visit
\$30 copayment/visit	\$30 copayment/visit
\$50 copayment/visit	\$50 copayment/visit
\$100 copayment/visit	\$100 copayment/visit
\$400 copayment/visit	\$400 copayment/visit
\$500 copayment/day up to \$1,000 per admission	\$500 copayment/day up to \$1,000 per admission
\$500 copayment/visit	\$500 copayment/visit
\$250 copayment/visit	\$250 copayment/visit
\$15 copayment/visit	\$15 copayment/visit
\$60 copayment/visit	\$60 copayment/visit
\$200 copayment/visit	\$200 copayment/visit
Not covered	\$2,500 per member \$7,500 per family
Not covered	20% coinsurance after plan deductible
Not covered	\$10,000 per member \$30,000 per family
None	None
\$30 copayment/prescription	\$30 copayment/prescription
50% coinsurance up to a maximum of \$300 per prescription	50% coinsurance up to a maximum of \$300 per prescription
\$60 copayment/prescription	\$60 copayment/prescription
50% coinsurance up to a maximum of \$300 per prescription	50% coinsurance up to a maximum of \$300 per prescription
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)
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)

<sup>1</sup>Telemedicine is not appropriate for all covered services, and restrictions apply. Primary care — members must be 18 or older.

<sup>2</sup>Subject to limitations.

2023 Contract Year	2023 Contract Year	2023 Contract Year
Choice Mass HMO Copay \$2,000/\$4,000	Choice Mass HMO Copay \$2,500/\$5,000	Choice Mass POS Copay \$3,000/\$6,000
<b>Hampden, Hampshire, Berkshire, and Franklin Counties in MA, all of CT, parts of RI, and NY through EmblemHealth Prime Network</b>		
\$2,000 per member \$4,000 per family	\$2,500 per member \$5,000 per family	\$3,000 per member \$6,000 per family
\$7,000 per member \$14,000 per family	\$8,000 per member \$16,000 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	\$35 copayment/visit; deductible does not apply
<b>Primary Care, Mental Health, and General Medical Services:</b> No charge <b>Dermatologist:</b> \$50 copayment/visit; deductible does not apply	<b>Primary Care, Mental Health, and General Medical Services:</b> No charge <b>Dermatologist:</b> \$60 copayment/visit after plan deductible	<b>Primary Care, Mental Health, and General Medical Services:</b> No charge <b>Dermatologist:</b> \$65 copayment/visit; deductible does not apply
\$50 copayment/visit; deductible does not apply	\$60 copayment/visit after plan deductible	\$65 copayment/visit; deductible does not apply
\$30 copayment/visit; deductible does not apply	\$30 copayment/visit after plan deductible	\$35 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	\$150 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	\$500 copayment/day up to \$1,000 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	\$25 copayment/visit after plan deductible
\$50 copayment/visit; deductible does not apply	\$50 copayment/visit after plan deductible	\$65 copayment/visit after plan deductible
\$200 copayment/visit after plan deductible	\$200 copayment/visit after plan deductible	\$300 copayment/visit after plan deductible
Not covered	Not covered	\$6,000 per member \$12,000 per family
Not covered	Not covered	30% coinsurance after plan deductible
Not covered	Not covered	\$9,000 per member \$18,000 per family
None	None	None
\$30 copayment/prescription; deductible does not apply	\$30 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
\$60 copayment/prescription; deductible does not apply	\$60 copayment/prescription; deductible does not apply	\$80 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

2023 Contract Year	2023 Contract Year
Choice Mass POS HSA Copay \$2,500/\$5,000	Choice Mass POS HSA Copay \$4,500/\$9,000
Hampden, Hampshire, Berkshire, and Franklin Counties in MA, all of CT, parts of RI, and NY through EmblemHealth Prime Network	
\$2,500 per member \$5,000 per family	\$4,500 per member \$9,000 per family
\$7,050 per member \$14,100 per family	\$6,400 per member \$12,800 per family
No charge	No charge
\$30 copayment/visit after plan deductible	\$35 copayment/visit after plan deductible
<b>Primary Care, Mental Health, and General Medical Services:</b> 0% coinsurance after plan deductible <b>Dermatologist:</b> \$50 copayment/visit after plan deductible	<b>Primary Care, Mental Health, and General Medical Services:</b> 0% coinsurance after plan deductible <b>Dermatologist:</b> \$60 copayment/visit after plan deductible
\$50 copayment/visit after plan deductible	\$60 copayment/visit after plan deductible
\$30 copayment/visit after plan deductible	\$35 copayment/visit after plan deductible
\$25 copayment/visit; deductible does not apply	\$25 copayment/visit; deductible does not apply
\$100 copayment/visit after plan deductible	\$100 copayment/visit after plan deductible
\$300 copayment/visit after plan deductible	\$300 copayment/visit after plan deductible
\$250 copayment/day up to \$1,000 per admission after plan deductible	\$250 copayment/day up to \$500 per admission after plan deductible
\$250 copayment/visit after plan deductible	\$250 copayment/visit after plan deductible
\$250 copayment/visit after plan deductible	\$250 copayment/visit after plan deductible
\$25 copayment/visit after plan deductible	\$25 copayment/visit after plan deductible
\$50 copayment/visit after plan deductible	\$60 copayment/visit after plan deductible
\$250 copayment/visit after plan deductible	\$200 copayment/visit after plan deductible
\$6,000 per member \$12,000 per family	\$7,000 per member \$14,000 per family
30% coinsurance after plan deductible	30% coinsurance after plan deductible
\$9,000 per member \$18,000 per family	\$10,000 per member \$20,000 per family
Included in plan deductible	Included in plan deductible
\$40 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
\$60 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 \$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)

<sup>1</sup>Telemedicine is not appropriate for all covered services, and restrictions apply. Primary care — members must be 18 or older.

<sup>2</sup>Subject to limitations.

## Notes

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ConnectiCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-251-7722 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-251-7722 (TTY: 711). ConnectiCare and its affiliates make no representations as to the taxability of the Gift Cards, nor any warranties, express or implied, regarding their merchantability or fitness for a particular purpose.

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