

Health New England Small Group Plan Comparison Chart 2017 - HMO

	Basic HMO					Value HMO					Premium HMO		
Health New England HMO Plans	Wise 3000/10% HDHP	Wise Max 3000 HDHP	Bronze 1	Wise 2000/20% HDHP	Wise Max HDHP	Essential 3000	Essential 2000	Essential 1500	Essential 1000	Essential 500	Focus	ChoicePlus	Health Max
Pediatric Dental Included	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric Vision Included	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible	\$3,000 per individual	\$3,000 per individual	medical \$2,750 Rx \$250	\$2,000 per individual	\$2,000 per individual	\$3,000 per individual	\$2,000 per individual	\$1,500 per individual	\$1,000 per individual	\$500 per individual	N/A	N/A	N/A
	\$6,000 per family*	\$6,000 per family*	medical \$5,500 Rx \$500	\$4,000 per family**	\$4,000 per family**	\$6,000 per family	\$4,000 per family	\$3,000 per family	\$2,000 per family	\$1,000 per family			
Out-of-Pocket Maximum	\$6,000 per individual	\$6,000 per individual	\$7,150 per individual	\$6,000 per individual	\$5,000 per individual	\$6,800 per individual	\$5,000 per individual	\$5,000 per individual	\$5,000 per individual	\$5,000 per individual	\$2,000 per individual	\$2,000 per individual	\$3,000 per individual
	\$12,000 per family	\$12,000 per family	\$14,300 per family	\$12,000 per family	\$10,000 per family	\$13,600 per family	\$10,000 per family	\$10,000 per family	\$10,000 per family	\$10,000 per family	\$4,000 per family	\$4,000 per family	\$6,000 per family
Doctor's Office	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services
	PCP: \$25 after deductible	\$0 after deductible for all other office visits	\$25 after deductible	PCP: \$25 after deductible	\$0 after deductible for all other office visits	PCP: \$30	\$25 all other office visits	\$25 all other office visits	\$25 all other office visits	\$20 all other office visits	\$25 all other office visits	PCP: \$20	PCP: \$15
	specialist: \$35 after deductible		specialist: \$40 after deductible	specialist: \$35 after deductible		specialist: \$60						specialist: \$40	specialist: \$15
Emergency Room (Waived if admitted directly from ER)	\$100 after deductible	\$0 after deductible	\$500 after deductible	\$100 after deductible	\$0 after deductible	\$200 per visit	\$200 per visit	\$200 per visit	\$200 per visit	\$150 per visit	\$150 per visit	\$100 per visit	\$100 per visit
Urgent Care	\$35 after deductible	\$0 after deductible	\$40 after deductible	\$35 after deductible	\$0 after deductible	\$60	\$25	\$25	\$25	\$20	\$25	\$40	\$15
Teledoc®	\$25 after deductible	\$0 after deductible	\$25 after deductible	\$25 after deductible	\$0 after deductible	\$30	\$25	\$25	\$25	\$20	\$25	\$20	\$15
Lab Services	10% after deductible	\$0 after deductible	\$50 after deductible	20% after deductible	\$0 after deductible	\$30	\$0	\$25	\$25	\$0	\$0	\$0	\$0
X-Ray	10% after deductible	\$0 after deductible	\$175 after deductible	20% after deductible	\$0 after deductible	\$50 after deductible	\$0 after deductible	\$50 after deductible	\$50 after deductible	\$0 after deductible	\$0	\$0	\$0
Sleep Studies and High-Cost Diagnostic Tests: CT Scans, MRI, MRA, PET Scans, & Nuclear Cardiac	10% after deductible	\$0 after deductible	\$1,000 after deductible	20% after deductible	\$0 after deductible	\$150 after deductible	\$100 after deductible	\$100 after deductible	\$75 after deductible	\$75 after deductible	\$150	\$75	\$25
Outpatient Surgical Services	10% after deductible	\$0 after deductible	\$750 after deductible	20% after deductible	\$0 after deductible	\$250 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$500	\$250	\$0
Hospital Stay	10% after deductible	\$0 after deductible	\$1,000 after deductible	20% after deductible	\$0 after deductible	\$500 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$1,000	\$500	\$0
RX Option 1	\$10/25/45 after deductible	\$15/50/100 after deductible	\$25/75/100 after Rx deductible	\$20/50/75 after deductible	\$10/25/75 after deductible	\$15/50/100	\$15/30/50	\$10/50/100	\$15/50/100	\$10/30/60	\$15/30/50	\$15/30/50	\$20/50/75
	mail order: \$20/50/135 after deductible	mail order: \$30/100/300 after deductible	mail order: \$50/150/300 after Rx deductible	mail order: \$40/100/225 after deductible	mail order: \$20/50/225 after deductible	mail order: \$30/100/300	mail order: \$30/60/150	mail order: \$20/100/300	mail order: \$30/100/300	mail order: \$20/60/180	mail order: \$30/60/150	mail order: \$30/60/150	mail order: \$40/100/225
RX Option 2	N/A	\$20/50/75 after deductible	N/A	\$15/50/75 after deductible	\$15/25/50 after deductible	N/A	\$15/50/75	\$15/50/100	\$20/50/75	\$15/30/50	\$15/50/75	\$15/50/75	\$20/50/100
		mail order: \$40/100/225 after deductible		mail order: \$30/100/225 after deductible	mail order: \$30/100/225		mail order: \$30/100/300	mail order: \$40/100/225	mail order: \$30/100/225	mail order: \$40/100/300			

Health New England Small Group Plan Comparison Chart 2017 - PPO

Health New England PPO plans utilize the PHCS national network of over 4,500 hospitals, 70,000 ancillary care facilities and 700,000 health care providers.																		
Basic PPO									Value PPO									
Health New England PPO Plans	PPO Wise 3000/10% National HDHP		PPO Wise Max 3000 National HDHP		PPO Wise 2000/20% National HDHP		PPO Wise National HDHP		PPO Essential 2000 National		PPO Essential 1000 Local		PPO Essential 1000 National		PPO Essential 500 Local		PPO Essential 500 National	
	HNE & PHCS Network+	Out-of-Plan	HNE & PHCS Network+	Out-of-Plan	HNE & PHCS Network+	Out-of-Plan	HNE & PHCS Network+	Out-of-Plan	HNE & PHCS Network+	Out-of-Plan	HNE Network	Out-of-Plan	HNE & PHCS Network+	Out-of-Plan	HNE Network	Out-of-Plan	HNE & PHCS Network+	Out-of-Plan
Pediatric Dental Included	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Pediatric Vision Included	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Deductible	\$3,000 per individual		\$3,000 per individual		\$2,000 per individual		\$2,000 per individual		\$2,000 per individual		\$1,000 per individual		\$1,000 per individual		\$500 per individual		\$500 per individual	
	\$6,000 per family*		\$6,000 per family*		\$4,000 per family**		\$4,000 per family**		\$4,000 per family		\$2,000 per family		\$2,000 per family		\$1,000 per family		\$1,000 per family	
Out-of-Pocket Maximum	\$6,000 per individual	\$7,500 per individual	\$6,000 per individual	\$7,500 per individual	\$6,000 per individual	\$7,500 per individual	\$5,000 per individual	\$7,500 per individual	\$5,000 per individual	\$6,000 per individual	\$5,000 per individual	\$6,000 per individual	\$5,000 per individual	\$6,000 per individual	\$5,000 per individual	\$6,000 per individual	\$5,000 per individual	\$6,000 per individual
	\$12,000 per family	\$15,000 per family	\$12,000 per family	\$15,000 per family	\$12,000 per family	\$15,000 per family	\$10,000 per family	\$15,000 per family	\$10,000 per family	\$12,000 per family	\$10,000 per family	\$12,000 per family	\$10,000 per family	\$12,000 per family	\$10,000 per family	\$12,000 per family	\$10,000 per family	\$12,000 per family
Doctor's Office	\$0 preventive services	20% after deductible	\$0 preventive services	20% after deductible	\$0 preventive services	20% after deductible	\$0 preventive services	20% after deductible	\$0 preventive services	20% after deductible	\$0 preventive services	20% after deductible	\$0 preventive services	20% after deductible	\$0 preventive services	20% after deductible	\$0 preventive services	20% after deductible
	PCP: \$25 after deductible		\$0 after deductible for all other office visits		PCP: \$25 after deductible		\$0 after deductible for all other office visits		\$25 for all other office visits		\$25 for all other office visits		\$25 for all other office visits		\$20 for all other office visits		\$20 for all other office visits	
	specialist: \$35 after deductible				specialist: \$35 after deductible													
Emergency Room (Waived if admitted directly from ER)	\$100 after deductible	\$100 after deductible	\$0 after deductible	\$0 after deductible	\$100 after deductible	\$100 after deductible	\$0 after deductible	\$0 after deductible	\$200	\$200	\$200	\$200	\$200	\$200	\$150	\$150	\$150	\$150
Urgent Care	\$35 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$35 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$25	20% after deductible	\$25	20% after deductible	\$25	20% after deductible	\$20	20% after deductible	\$20	20% after deductible
Teladoc®	\$25 after deductible	N/A	\$0 after deductible	N/A	\$25 after deductible	N/A	\$0 after deductible	N/A	\$25	N/A	\$25	N/A	\$25	N/A	\$20	N/A	\$20	N/A
Lab Services	10% after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	30% after deductible	\$0 after deductible	20% after deductible	\$0	20% after deductible	\$25	20% after deductible	\$25	20% after deductible	\$0	20% after deductible	\$0	20% after deductible
X-Ray	10% after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	30% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$50 after deductible	20% after deductible	\$50 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible
Sleep Studies and High-Cost Diagnostic Tests: CT Scans, MRI, MRA, PET Scans, & Nuclear Cardiac	10% after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	30% after deductible	\$0 after deductible	20% after deductible	\$100 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$75 after deductible	20% after deductible
Outpatient Surgical Services	10% after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	30% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible
Hospital Stay	10% after deductible	30% after deductible	\$0 after deductible	20% after deductible	20% after deductible	30% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible
RX Option 1	\$10/25/45 after deductible		\$15/50/100 after deductible		\$20/50/75 after deductible		\$10/25/75 after deductible		\$15/30/50		\$15/50/100		\$15/50/100		\$10/30/60		\$10/30/60	
	mail order: \$20/50/135 after deductible		mail order: \$30/100/300 after deductible		mail order: \$40/100/225 after deductible		mail order: \$20/50/225 after deductible		mail order: \$30/60/150		mail order: \$30/100/300		mail order: \$30/100/300		mail order: \$20/60/180		mail order: \$20/60/180	
RX Option 2	N/A		\$20/50/75 after deductible		\$15/50/75 after deductible		\$15/25/50 after deductible		\$15/50/75		\$20/50/75		\$20/50/75		\$15/30/50		\$15/30/50	
			mail order: \$40/100/225 after deductible		mail order: \$30/100/225 after deductible		mail order: \$30/50/150 after deductible		mail order: \$30/100/225		mail order: \$40/100/225		mail order: \$40/100/225		mail order: \$30/60/150		mail order: \$30/60/150	

Connector Plan Comparison 2017 - HMO



	Basic HMO		Value HMO			Premium HMO
Health New England Connector HMO Plans	Silver A	Wise Max HDHP	Essential 2000	Gold A	Gold B	Platinum A
Pediatric Dental Included	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric Vision Included	Yes	Yes	Yes	Yes	Yes	Yes
Deductible	\$2,000 per individual	\$2,000 per individual	\$2,000 per individual	\$500 per individual	\$1,000 per individual	N/A
	\$4,000 per family	\$4,000 per family*	\$4,000 per family	\$1,000 per family	\$2,000 per family	
Out-of-Pocket Maximum	\$7,150 per individual	\$5,000 per individual	\$5,000 per individual	\$5,000 per individual	\$5,000 per individual	\$3,000 per individual
	\$14,300 per family	\$10,000 per family	\$10,000 per family	\$10,000 per family	\$10,000 per family	\$6,000 per family
Doctor's Office	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services	\$0 preventive services
	PCP: \$30	\$0 after deductible	\$25 for all other office visits	PCP: \$20	PCP: \$30	PCP: \$25
	specialist: \$50			specialist: \$35	specialist: \$45	specialist: \$40
Emergency Room (Waived if admitted directly from ER)	\$700 after deductible	\$0 after deductible	\$200 per visit	30% coinsurance after deductible	\$150 after deductible	\$150 per visit
Urgent Care	\$50	\$0 after deductible	\$25	\$35	\$45	\$40
Teladoc®	\$30	\$0 after deductible	\$25	\$20	\$30	\$25
Lab Services	\$25 after deductible	\$0 after deductible	\$0	\$20	\$20 after deductible	\$0
X-Ray	\$25 after deductible	\$0 after deductible	\$0 after deductible	\$20 after deductible	\$20 after deductible	\$0
Sleep Studies and High-Cost Diagnostic Tests: CT Scans, MRI, MRA, PET Scans, & Nuclear Cardiac	\$500 after deductible	\$0 after deductible	\$100 after deductible	30% coinsurance after deductible	\$200 after deductible	\$150
Outpatient Surgery	\$750 after deductible	\$0 after deductible	\$0 after deductible	30% coinsurance after deductible	\$250 after deductible	\$500
Hospital Stay	\$1,000 after deductible	\$0 after deductible	\$0 after deductible	30% coinsurance after deductible	\$500 after deductible	\$500
RX Option	\$20/60/90	deductible then \$15/25/50	\$15/50/75	\$15/50/100	\$20/30/50	\$15/30/50
	mail order: \$40/120/270	mail order: deductible then \$30/50/150	mail order: \$30/100/225	mail order: \$30/100/300	mail order: \$40/60/150	mail order: \$30/60/150