



Health New England
Where you matter.

2024 Plan Comparison **INTERMEDIARY**

For plans beginning on or after 1/1/2024

Enclosed are the benefits, related costs and coverage for our 2024 INTERMEDIARY plans.

Intermediary plans include:

- 5-tier pharmacy plan designs
- No referrals for in-plan specialists
- \$0 preventive services
- Worldwide emergency care
- Pediatric dental and vision
- 24/7 access to Teladoc® for medical and behavioral health
- Wellness reimbursements of up to \$200 per individual plan and \$400 per family plan per calendar year towards services such as: bike shares; community supported agriculture (CSA) or farm shares; personal trainer fees; qualifying fitness clubs and Weight Watchers®; school and town sports; and wellness/mindfulness/nutrition classes and apps
- Massage reimbursement for up to 2 one-hour visits per family per calendar year
- Acupuncture: 12 visits per member per calendar year

To learn more, visit **healthnewengland.org** or call us at (413) 787-4000 or (800) 842-4464.

2024 Intermediary Plan Comparison Chart

For plans beginning on or after 1/1/2024

PLAN NAME	METALLIC TIER	DEDUCTIBLE (IND/FAM)	OUT-OF-POCKET MAXIMUM (IND/FAM)	PCP	SPECIALIST/ URGENT CARE	TELADOC [†] (GENERAL MEDICAL)	EMERGENCY ROOM ¹	OUTPATIENT SURGICAL SERVICES	INPATIENT HOSPITAL	LAB SERVICES	X-RAY	HIGH-COST DIAGNOSTIC IMAGING ²	ACUPUNCTURE/ CHIRO	RX OPTIONS
Wise High Deductible Health Plans														
Wise Saver 3450 HDHP	Silver	\$3,450/ \$6,900	\$6,300/ \$12,600	\$25 after deductible	\$50 after deductible	\$0 after deductible	\$300 after deductible	\$250 after deductible	\$500 after deductible	\$25 after deductible	\$50 after deductible	\$500 after deductible	\$20 after deductible	\$10/35/60/100/125 after deductible
Wise Max 3000 HDHP	Gold	\$3,000/ \$6,000*	\$7,000/ \$14,000	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$10/35/60/100/125 after deductible
Wise Max 2000 HDHP	Gold	\$2,000/ \$4,000*	\$7,000/ \$14,000	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$30/80/125/150/200 after deductible
Thrive Health Plans: Options for a Variety of Health Care Needs														
Thrive Bronze	Bronze	\$3,500/ \$7,000	\$8,200/ \$16,400	\$30 after deductible	\$50 after deductible	\$0 after deductible	\$750 after deductible	\$1,000 after deductible	\$1,000 after deductible	\$100 after deductible	\$200 after deductible	\$1,000 after deductible	\$20 after deductible	\$30/100/150/200/250 deductible applies to tier 2–5 drugs ‡
Thrive Silver 3000	Silver	\$3,000/ \$6,000	\$7,800/ \$15,600	\$20	\$30 after deductible	\$0	\$500 after deductible	\$1,000 after deductible	\$1,000 after deductible	\$50 after deductible	\$100 after deductible	\$500 after deductible	\$20	\$20/50/150/200/250 deductible applies to tier 2–5 drugs
Thrive Gold 2000	Gold	\$2,000/ \$4,000	\$8,200/ \$16,400	\$10	\$30	\$0	\$500 after deductible	\$1,000 after deductible	\$1,000 after deductible	\$25	\$50 after deductible	\$500 after deductible	\$20	\$10/50/150/200/250
Thrive Platinum Copay	Platinum	N/A	\$5,000/ \$10,000	\$10 first copay waived	\$10	\$0	\$300	\$750	\$750	\$0	\$0	\$500	\$20	\$10/25/50/100/200

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Core Traditional Deductible Health Plans: Cost-Focused														
Core 3000	Silver	\$3,000/ \$6,000	\$7,800/ \$15,600	\$40 first copay waived	\$60 after deductible	\$0	\$500 after deductible	\$500 after deductible	\$1,000 after deductible	\$100 after deductible	\$200 after deductible	\$500 after deductible	\$20 after deductible	\$30/80/125/150/200 deductible applies to tier 2–5 drugs
Core 2000 Copay	Silver	\$2,000/ \$4,000	\$8,700/ \$17,400	\$30	\$60	\$0	\$500 after deductible	\$500 after deductible	\$750 after deductible	\$75 after deductible	\$200 after deductible	\$500 after deductible	\$20	\$30/80/125/150/200 deductible applies to tier 2–5 drugs
Core 2500	Gold	\$2,500/ \$5,000	\$6,500/ \$13,000	\$25	\$50	\$0	\$250 after deductible	\$100 after deductible	\$200 after deductible	\$25	\$25 after deductible	\$100 after deductible	\$20	\$25/50/150/200/250
Essential Traditional Deductible Health Plans: Benefit-Focused														
Essential 4000	Silver	\$4,000/ \$8,000	\$9,100/ \$18,200	\$40	\$60	\$0	\$500 after deductible	\$500 after deductible	\$500 after deductible	\$40	\$50 after deductible	\$300 after deductible	\$20	\$30/80/125/150/200
Essential 3000	Gold	\$3,000/ \$6,000	\$6,000/ \$12,000	\$25	\$40	\$0	\$500	\$100 after deductible	\$100 after deductible	\$40	\$50 after deductible	\$300 after deductible	\$20	\$30/80/125/150/200
Essential 2000	Gold	\$2,000/ \$4,000	\$6,000/ \$12,000	\$25	\$40	\$0	\$250	\$50 after deductible	\$100 after deductible	\$25	\$50 after deductible	\$100 after deductible	\$20	\$30/80/125/150/200
Premium Health Plans with No Deductible														
Choice Plus	Platinum	N/A	\$2,000/ \$4,000	\$20	\$40	\$0	\$150	\$250	\$500	\$0	\$0	\$150	\$20	\$20/50/75/100/150
Connector Health Plans														
Silver A	Silver	\$2,000/ \$4,000	\$9,450/ \$18,900	\$25	\$60	\$0	\$350 after deductible	\$500 after deductible	\$1000 after deductible	\$25 after deductible	\$50 after deductible	\$350 after deductible	\$20	\$30/55/75 deductible applies to tier 3 drugs

All plans meet Minimum Creditable Coverage

The out-of-pocket maximum is the most you pay for cost sharing for Essential Health Benefits during a year, then your plan begins to pay 100% of the allowed amount for those Essential Health Benefits.

All HDHPs have embedded deductibles. Once any individual on the family plan has met the individual deductible, the plan will begin to pay benefits for that individual.

**This HDHP has an embedded deductible of \$3,200 for individuals on a family plan.*

† Use Teladoc®, our telehealth benefit, for virtual urgent care visits with a board certified physician via phone, mobile app or online video consultation to treat non-emergency medical issues. Copays may apply to Teladoc for behavioral health.

‡ This prescription drug coverage and benefit plan combination does not meet the requirements for Medicare Part D Creditable Coverage. Employer funded HRAs are not included in the actuarial testing and may allow the plan to meet creditable coverage.

¹ Waived if admitted directly from ER.

² CT Scans, MRI, MRA, PET Scans & Nuclear Cardiac, Sleep Studies