

Massachusetts Intermediary Benefit Designs

Second Quarter - 2017

The following are the Massachusetts Intermediary Benefit Designs for the Second Quarter of 2017.

Please note:

- Best Buy HSA HMO 2000 & Best Buy HSA HMO 3000 do not have additional cost sharing after deductible
- All plans are Plan Year, except Affordable HMO 25 (Calendar Year)
- All plans are Medicare Minimum Creditable compliant and Mass Minimum Creditable compliant
- Introduction of new plans, as noted on the grid. For discontinued plans, please see Page 7
- There is no limit to number of Chiropractic visits
- All plans have telemedicine benefit for urgent care available at Primary Care Provider cost sharing
- 3-Tier Pharmacy plans, Core Coverage HMO 1750 and Best Buy HMO 2000
- All plans include Pedi-Vision benefit
- All plans may be sold with or without Pedi-Dental benefit, except the 3-Tier Pharmacy plans which must include Pedi-Dental benefit
- Separate benefit limits for PT/OT based on rehabilitative and habilitative services (60 visits each)
- All plans include cost sharing for labs and x-rays, except Standard Platinum



Harvard Pilgrim
Health Care

Affordable HMO Plans											
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER/Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST (60 visits combined PT/OT)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Affordable HMO 25 Platinum MD0000004360/RX0000001291	\$25/\$40	None/None	\$2,000/\$4,000 Embedded	None	ER: \$125 UC: \$40 Conv: \$25	IP: \$1,000 Day: \$500	\$25	\$125	\$25	Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: \$12.50/\$62.50/\$100/\$180/20% (T5 \$750/script max) RX OOPM: \$1,000/\$2,000	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010123
Affordable HMO 40 Gold MD0000004383/RX0000010868	\$40/\$60	None/None	\$3,000/\$6,000 Embedded	None	ER: \$300 UC: \$60 Conv: \$40	IP: \$1,000 Day: \$750	\$40	\$300	\$40	Retail: \$5/\$25/\$75/\$100/20% (T5 \$250/script max) Mail: \$12.50/\$62.50/\$187.50/\$300/20% (T5 \$750/script max) RX OOPM: \$2,000/\$4,000	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010098

Best Buy HMO Plans											
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER/Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST (60 visits combined PT/OT)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HMO 1000 Gold MD0000004363/RX0000001295	\$25/\$40	\$1,000/\$2,000 Embedded	\$5,250/\$10,500 Embedded	None	ER: \$200 UC: \$40 Conv: \$25	IP: Ded then CIF Day: Ded then CIF	Ded then \$25	Ded then \$200	Ded then \$25	Retail: \$5/\$25/\$50/\$70/20% (T5 \$250/script max) Mail: \$12.50/\$62.50/\$125/\$210/20% (T5 \$750/script max) RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010098
Best Buy HMO 1000 with Coinsurance Gold MD0000004371/RX0000010863 New Plan	\$30/\$50	\$1,000/\$2,000 Embedded	\$5,250/\$10,500 Embedded	20%	ER: \$300 UC: \$50 Conv: \$30	IP: Ded then 20% Day: Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Retail: \$5/\$25/\$60/\$90/20% (T5 \$250/script max) Mail: \$12.50/\$62.50/\$150/\$270/20% (T5 \$750/script max) RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010098
Best Buy HMO 2000 Gold MD0000004359/RX0000001293	\$25/\$40	\$2,000/\$4,000 Embedded	\$5,250/\$10,500 Embedded	None	ER: \$200 UC: \$40 Conv: \$25	IP: Ded then \$250 Day: Ded then \$200	Ded then \$25	Ded then \$200	Ded then \$25	Retail: \$5/\$15/\$40/\$70/20% (T5 \$250/script max) Mail: \$12.50/\$37.50/\$100/\$210/20% (T5 \$750/script max) RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010098
Best Buy HMO 2000 with Coinsurance Silver MD0000004369/RX0000010862	\$35/\$65	\$2,000/\$4,000 Embedded	\$6,300/\$12,600 Embedded	20%	ER: \$500 UC: \$65 Conv: \$35	IP: Ded then 20% Day: Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Retail: \$5/\$25/\$80/\$100/20% (T5 \$350/script max) Mail: \$12.50/\$62.50/\$200/\$300/20% (T5 \$1,050/script max) RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$850/\$1,700 DN000000266
Best Buy HMO 3000 Silver MD0000004367/RX0000001071	\$30/\$50	\$3,000/\$6,000 Embedded	\$5,250/\$10,500 Embedded	None	ER: \$300 UC: \$50 Conv: \$30	IP: Ded then \$500 Day: Ded then \$500	Ded then \$30	Ded then \$300	Ded then \$30	Retail: \$5/\$25/\$75/\$100/20% (T5 \$350/script max) Mail: \$12.50/\$62.50/\$187.50/\$300/20% (T5 \$1,050/script max) RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010098

Core Coverage HMO Plans											
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER/Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST (60 visits combined PT/OT)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Core Coverage HMO 1750 Silver MD0000004330/RX0000010857	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 20%	\$1,750/\$3,500	\$6,400/\$12,800	20%	ER: \$250 UC: \$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 20% Conv: \$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 20%	IP: Ded then 20% Day: Ded then 20%	Ded then 20%	Ded then 20%	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 20%	Retail: \$5/\$25/\$80/\$110/20% (T5 \$500/script max) Mail: \$12.50/\$62.50/\$200/\$330/20% (T5 \$1,500/script max) RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$750/\$1,500 DN0000000255
Core Coverage HMO 3000 Silver MD0000004365/RX0000001312	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 10%	\$3,000/\$6,000	\$5,250/\$10,500	10%	ER: \$250 UC: \$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 10% Conv: \$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 10%	IP: Ded then 10% Day: Ded then 10%	Ded then 10%	Ded then 10%	\$35 Copay for the first 3 visits per mem (6 per fam). All other visits Ded then 10%	Retail: \$5/\$25/\$80/\$110/20% (T5 \$500/script max) Mail: \$12.50/\$62.50/\$200/\$330/20% (T5 \$1,500/script max) RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$1,350/\$2,700 DN0000010098

Best Buy HSA HMO Plans											
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER/Urgent Care	Inpatient/Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST (60 visits combined PT/OT)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Best Buy HSA HMO 2000 Gold MD0000004373/RX0000010867 New Plan	Ded then CIF	\$2,000/\$4,000	\$5,250/\$10,500	None	ER: Ded then CIF UC: Ded then CIF Conv: Ded then CIF	IP: Ded then CIF Day: Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Retail: Ded then \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: Ded then \$12.50/\$62.50/\$100/\$180/20% (T5 \$750/script max) RX OOPM: Medical OOPM applies Preventive RX applies to Retail & Mail	50% coinsurance No Deductible Dental OOPM: \$1,300/\$2,600 DN0000000167
Best Buy HSA HMO 3000 Silver MD0000004375/RX0000010866 New Plan	Ded then CIF	\$3,000/\$6,000	\$6,000/\$12,000	None	ER: Ded then CIF UC: Ded then CIF Conv: Ded then CIF	IP: Ded then CIF Day: Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Retail: Ded then \$5/\$25/\$65/\$90/20% (T5 \$350/script max) Mail: Ded then \$12.50/\$62.50/\$162.50/\$270/20% (T5 \$1,050/script max) RX OOPM: Medical OOPM applies Preventive RX applies to Retail & Mail	50% coinsurance No Deductible Dental OOPM: \$550/\$1,100 DN0000000166
Best Buy HSA HMO 3100 Bronze MD0000004377/RX0000010866	Ded then \$40/\$65	\$3,100/\$6,200	\$6,400/\$12,800	None	ER: Ded then \$750 UC: Ded then \$65 Conv: Ded then \$40	IP: Ded then 20% Day: Ded then \$1,000	Ded then \$40	Ded then \$750	Ded then \$40	Retail: Ded then \$5/\$25/50%/50%/50% (T3 \$250/script max, T4 \$250/script max, T5 \$250/script max) Mail: Ded then \$12.50/\$62.50/50%/50%/50% (T3 \$625/script max, T4 \$625/script max, T5 \$750/script max) RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: \$150/\$300 DN0000000257

3-Tier Pharmacy (Standard Connector) Plans											
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER/Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST (60 visits combined PT/OT)	RX Cost Share (Value Formulary)	Dental Cost Sharing
Standard Platinum Platinum MD0000004319/RX0000010845	\$25/\$40	None/None	\$3,000/\$6,000 Embedded	None	ER: \$150 UC: \$40 Conv: \$25	IP: \$500 Day: \$500	CIF	\$150	\$40	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: Medical OOPM applies DN0000000247
Standard Gold Gold MD0000004320/RX0000001300	\$30/\$45	\$1,000/\$2,000 Embedded	\$5,000/\$10,000 Embedded	None	ER: Ded then \$150 UC: \$45 Conv: \$30	IP: Ded then \$500 Day: Ded then \$250	Ded then \$20	Ded then \$200	\$45	Retail: \$20/\$30/\$50 Mail: \$40/\$60/\$150 RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: Medical OOPM applies DN0000000248
Standard Silver Silver MD0000004321/RX0000010846	\$30/\$50	\$2,000/\$4,000 Embedded	\$7,150/\$14,300 Embedded	None	ER: Ded then \$700 UC: \$50 Conv: \$30	IP: Ded then \$1,000 Day: Ded then \$750	Ded then \$25	Ded then \$500	\$50	Retail: \$20/\$60/\$90 Mail: \$40/\$120/\$270 RX OOPM: Medical OOPM applies	50% coinsurance No Deductible Dental OOPM: Medical OOPM applies DN0000000249

HPHC must receive complete applications including all required new business documents at least 10 days prior to the requested coverage effective date

Business Rules

Minimum Number of Participating Subscribers:

75% of those employees who are eligible for health benefits must participate in a group health plan sponsored by the employer (not necessarily those provided by HPHC). At least 51% of FTEs in the account must work within Massachusetts.

Minimum Enrollment Requirements (excluding waivers due to spousal or dependent coverage):

Group Size

1-5 FTEs:

6-100 FTEs (HMO):

Eligibility Requirements

100% of FTEs

Renewals: 50% of FTEs

75% for side by side options

Prospects: 75% of FTEs

Standard Connector (3 Tier Value Formulary) Business Rules:

These plans may only be offered alongside any other Standard Connector plan for groups with 6 or more Full Time Equivalents (FTEs).

HSA Business Rule:

Embedded OOPM: On a family contract each member has to only satisfy the individual OOPM and not the family OOPM.

Embedded Deductible: On a family contract each member has to only satisfy the individual deductible and not the family deductible. All our HSA plans have embedded OOPM and non-embedded deductible.

Massachusetts Minimum Creditable Coverage (MCC) standards:

All of the Small Group plans meet the Massachusetts Minimum Creditable Coverage (MCC) Standards.

Medicare Creditable Coverage (MCC) standards:

All of the Small Group Plans meet Medicare Creditable Coverage standards.

The following 2016 plans will be discontinued for 2017. Individuals, employers offering these plans, and their enrolled subscribers, will be notified.

- Best Buy HSA PPO 2000 (MD3834)
- Best Buy HSA PPO 2000 w/ Coinsurance (MD3834)
- Best Buy HSA PPO 2900 (MD 3835)
- Focus Network - MA Affordable 25 (MD3820)
- Focus Network - MA Affordable 40 (MD3821)
- Focus Network MA - Best Buy Copayment HMO 1000 (MD3806)

Notes: Please note that this document provides an overview of small group benefit designs only. Complete plan designs are defined in the applicable Evidence of Coverage (EOC). If there are discrepancies between this document and EOC, the terms of the EOC apply. For any questions on the application of these rules to a specific account, please call your HPHC representative.