



2024 Small Group Plans

for Massachusetts

ConnectiCare[®]

Serving Massachusetts for Over 20 Years

We're proud to offer plan choices that include employee health and wellness programs.

One feature comes with every ConnectiCare plan — our commitment to support patient relationships with their doctors and deliver caring, personal service that inspires our customers' loyalty.

Benefits Your Employees Need

Quality health care that meets your employees' needs 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 ConnectiCare members to save money for health care expenses 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.* Members can see the same provider virtually 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 services.
- Our member portal lets users manage health care anytime from anywhere by going to my.connecticare.com. Members get a user-friendly dashboard to view claims history and payment summaries, access wellness resources, and more.

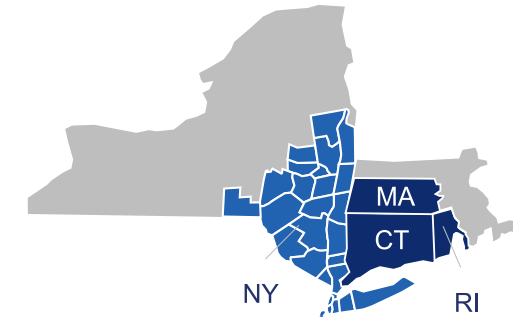
And, of course, all plans cover important **preventive care** benefits — at no added cost to the member — including annual checkups, cancer screenings, flu vaccines, and other immunizations.



*Telemedicine is not appropriate for all covered services, and restrictions apply. Not all services are 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 Connecticut and parts of Maine, New York, and Rhode Island.

Members who live in western Massachusetts 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 stress of the past couple of years have made it even more clear that staying well also means taking care of sleep, diet, and mental health. To help support these areas, 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 reward card to use at a popular online or retail store. Spouses and dependents can also participate.

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

Choice plans

Plan name

| | 2024 Calendar Year | 2024 Calendar Year | 2024 Contract Year | 2024 Contract Year | 2024 Contract Year |
|---|--|---|--|---|--|
| | Choice Mass HMO Copay \$30 | Choice Mass POS Copay \$30 | Choice Mass HMO Copay \$2,000/\$4,000 | Choice Mass HMO Copay \$2,500/\$5,000 ded. | Choice Mass POS HSA Copay \$2,500/\$5,000 |
| NETWORK ACCESS | Hampden, Hampshire, Berkshire, and Franklin Counties in Massachusetts, all of Connecticut, parts of Rhode Island, and New York through EmblemHealth Prime Network | | Hampden, Hampshire, Berkshire, and Franklin Counties in Massachusetts, all of Connecticut, parts of Rhode Island, and New York through EmblemHealth Prime Network | | |
| PLAN/MEDICAL DEDUCTIBLE | | | | | |
| Deductible (individual/family) | \$0 | \$0 | \$2,000 per member \$4,000 per family | \$2,500 per member \$5,000 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 | \$8,500 per member \$17,000 per family | \$7,000 per member \$14,000 per family | \$8,000 per member \$16,000 per family | \$7,050 per member \$14,100 per family |
| IN-NETWORK MEDICAL BENEFITS | | | | | |
| Preventive care/screenings/immunizations | No charge | No charge | No charge | No charge | No charge |
| Primary care services | \$30 copayment/visit | \$30 copayment/visit | \$30 copayment/visit; deductible does not apply | \$30 copayment/visit after plan deductible | \$30 copayment/visit after plan deductible |
| Telemedicine visits through Teladoc ^{®1} | 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 | Primary care, mental health, and general medical services: No charge Dermatologist: \$50 copayment/visit; deductible does not apply | Primary care, mental health, and general medical services: No charge Dermatologist: \$60 copayment/visit after plan deductible | Primary care, mental health, and general medical services: 0% coinsurance after plan deductible Dermatologist: \$50 copayment/visit after plan deductible |
| Specialist services | \$60 copayment/visit | \$60 copayment/visit | \$50 copayment/visit; deductible does not apply | \$60 copayment/visit after plan deductible | \$50 copayment/visit after plan deductible |
| Mental health and substance use office visits | \$30 copayment/visit | \$30 copayment/visit | \$30 copayment/visit; deductible does not apply | \$30 copayment/visit after plan deductible | \$30 copayment/visit after plan deductible |
| Vision | \$50 copayment/visit | \$50 copayment/visit | \$50 copayment/visit; deductible does not apply | \$50 copayment/visit; deductible does not apply | \$25 copayment/visit; deductible does not apply |
| Walk-in/urgent care center | \$100 copayment/visit | \$100 copayment/visit | \$100 copayment/visit; deductible does not apply | \$100 copayment/visit after plan deductible | \$100 copayment/visit after plan deductible |
| Worldwide emergency coverage** | \$400 copayment/visit | \$400 copayment/visit | \$400 copayment/visit after plan deductible | \$400 copayment/visit after plan deductible | \$300 copayment/visit after plan deductible |
| Hospital – inpatient treatment | \$500 copayment/day up to \$1,000 per admission | \$500 copayment/day up to \$1,000 per admission | \$500 copayment per admission after plan deductible | \$500 copayment/day up to \$1,000 per admission after plan deductible | \$250 copayment/day up to \$1,000 per admission after plan deductible |
| Hospital – outpatient treatment | \$500 copayment/visit | \$500 copayment/visit | \$500 copayment/visit after plan deductible | \$500 copayment/visit after plan deductible | \$250 copayment/visit after plan deductible |
| Outpatient surgery in independent locations | \$250 copayment/visit | \$250 copayment/visit | \$500 copayment/visit after plan deductible | \$500 copayment/visit after plan deductible | \$250 copayment/visit after plan deductible |
| Lab services | \$15 copayment/visit | \$15 copayment/visit | \$10 copayment/visit; deductible does not apply | \$10 copayment/visit after plan deductible | \$25 copayment/visit after plan deductible |
| X-rays | \$60 copayment/visit | \$60 copayment/visit | \$50 copayment/visit; deductible does not apply | \$50 copayment/visit after plan deductible | \$50 copayment/visit after plan deductible |
| Advanced imaging (CT scans & MRI) | \$200 copayment/visit | \$200 copayment/visit | \$200 copayment/visit after plan deductible | \$200 copayment/visit after plan deductible | \$250 copayment/visit after plan deductible |
| OUT-OF-NETWORK MEDICAL BENEFITS | | | | | |
| Deductible (individual/family) | Not covered | \$2,500 per member \$7,500 per family | Not covered | Not covered | \$6,000 per member \$12,000 per family |
| Coinsurance | Not covered | 20% coinsurance after plan deductible | Not covered | Not covered | 30% coinsurance after plan deductible |
| Maximum out-of-pocket limit (individual/family) | Not covered | \$10,000 per member \$30,000 per family | Not covered | Not covered | \$9,000 per member \$18,000 per family |
| PRESCRIPTION DRUG BENEFIT | | | | | |
| Prescription drug deductible (individual/family) | None | None | None | None | Included in plan deductible |
| Tier 1 – Preferred generic drugs | \$30 copayment/prescription | \$30 copayment/prescription | \$30 copayment/prescription; deductible does not apply | \$30 copayment/prescription; deductible does not apply | \$40 copayment/prescription after plan deductible |
| 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 | 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 after plan deductible |
| Tier 3 – Preferred brand drugs | \$60 copayment/prescription | \$60 copayment/prescription | \$60 copayment/prescription; deductible does not apply | \$60 copayment/prescription; deductible does not apply | \$60 copayment/prescription after plan deductible |
| 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 | 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 after plan deductible |
| 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) | 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 after plan deductible (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) | 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 after plan deductible (specialty retail only) |

¹Telemedicine is not appropriate for all covered services and restrictions apply. For primary care, members must be 18 or older.

**Subject to limitations.



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