






Health Connector - Health Insurance for the Residents of Massachusetts

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Compare plan details then choose a plan to enroll in or go back to view others.

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Insurance Carrier	 CeltiCare	 Fallon Community Health Plan	 Harvard Pilgrim Health Care
NCQA Rating	— N/A — Not yet rated - new insurer	 4 out of 4 stars View insurer's report card	 4 out of 4 stars View insurer's report card
Benefits Package	Bronze Medium	Silver Low SMALLER NETWORK	Gold
About Benefits Package	<p>About Bronze Medium</p> <ul style="list-style-type: none"> Higher annual deductibles compared to Bronze High. No deductible for visits to your doctor. Separate deductible for prescription drugs. Prescription copays are lower for most generics, higher for most brand-name drugs. Always check the details of a plan before you buy it. 	<p>About Silver Low</p> <ul style="list-style-type: none"> Lower annual deductible compared to Bronze Medium and Bronze Low. No deductible for visits to the doctor. No separate Prescription Drug deductible. Prescription copays are lower for most generics, higher for most brand-name drugs. Always check the details of a plan before you buy it. 	<p>About Gold</p> <ul style="list-style-type: none"> No annual deductible. Most benefits do not have co-insurance. Lower copays for prescriptions or medical services than most other plans. Prescription copays are lower for most generics, higher for most brand-name drugs. Always check the details of a plan before you buy it.
Plan Name	CeltiCare Saver 2000	Steward Community Care Premium Saver 1000 Plus	Harvard Pilgrim Gold 20
Provider Network	CeltiCare Direct	FCHP Steward Community Care HMO	Harvard Pilgrim Full Network

Doctor / provider acceptance

Find out whether your doctor, nurse practitioner or health clinic accepts the plan(s) you're viewing.

[Search For Your Doctor](#)

Plan details	Download Plan Details	Download Plan Details	Download Plan Details
Premium	\$1,373.80	\$1,898.00	\$3,004.17

Provider Network Disclosure

Provider network disclosure	This is a General Provider Network plan. If you purchase this plan, you will receive services through the broadest network of health care providers offered by this insurer.	This is a Limited Provider Network plan. If you purchase this plan, you: <ul style="list-style-type: none"> Will receive an ID card displaying the network name and the word "limited" Cannot cancel early or switch plans due to changes in the provider network Will have access to fewer providers, compared to this insurer's General Provider Network Know there is a doctor/provider acceptance tool (above) and understand that services are covered with listed providers only Accept responsibility for choosing a provider in your plan's network before you receive care Will have to find a new provider if your current provider is not in this plan's 	This is a General Provider Network plan. If you purchase this plan, you will receive services through the broadest network of health care providers offered by this insurer.
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network

- Acknowledge that you were offered the [Division of Insurance's Consumer Guide\(PDF\)](#)

? Annual Deductible ¹

Per person	\$2,000	\$1,000	None
Family total	\$4,000	\$2,000	None
The Annual Deductible is on a "plan year" or "calendar year"	Plan year	Calendar year	Not applicable

? Annual Out-Of-Pocket (OOP) Maximum ²

Per person	\$5,000	\$2,000	Unlimited
Family total	\$10,000	\$4,000	Unlimited
The Annual Out-of-Pocket Maximum is on a "plan year" or "calendar year"	Plan year	Calendar year	Not applicable

Costs that count towards OOP maximum

Office visit: Adult routine physical	Not applicable	Not applicable	Not applicable
Office visit: Routine gynecological (GYN) exam	Not applicable	Not applicable	Not applicable
Office visit: Well-child care	Not applicable	Not applicable	Not applicable
Office visit: All other visits to Primary Care Provider (PCP)	Yes	Yes	Not applicable
Office visit: Specialist	Yes	Yes (excluding mental and behavioral health, dental and chiropractic services)	Not applicable
Prescription Drugs (Rx)	No	No	Not applicable
Emergency Room	Yes	Yes	Not applicable
Hospital care: Inpatient	Yes	Yes (excluding mental and behavioral health)	Not applicable
Outpatient surgery	Yes	Yes	Not applicable

? Annual Benefit Maximum ³**Unlimited****Unlimited****Unlimited****? Routine Medical Office Visits**

Subject to annual deductible	No	No	Not applicable
Adult routine physical	\$0	\$0	\$0
Routine gynecological (GYN) exam	\$0	\$0	\$0
Well-child care	\$0	\$0	\$0

? Routine Vision

Subject to annual deductible	No	No	Not applicable
Routine vision exam	\$30	\$0	\$20
One vision exam per	per 12 months	per 12 months	per 24 months

? Other Primary Care Provider (PCP) Office Visits

Subject to annual deductible	No	No	Not applicable
Other PCP office visits	\$30	\$20	\$20

? Specialist Office Visits






Subject to annual deductible	No	No	Not applicable
Specialist	\$45	\$40	\$50

? Laboratory + Imaging: Outpatient

Subject to annual deductible	Yes	Yes	Not applicable
Diagnostic lab	deductible, then \$0	deductible, then \$0	\$25
Subject to annual deductible	Yes	Yes	Not applicable
Diagnostic X-ray	deductible, then \$0	deductible, then \$0	\$25
Subject to annual deductible	Yes	Yes	Not applicable
Diagnostic CT/ MRI/ MRA/ PET scan	deductible, then \$0	deductible, then \$150	\$150

? Prescription drugs (Rx) ⁸

Subject to annual deductible	No (since there is an Rx deductible)	No	Not applicable
Prescription drug deductible (also called an "Rx deductible")	\$250 per individual, \$500 per family (for Tiers 2 and 3 ; for Retail and Mail order)	None	None
Rx out-of-pocket maximum (which is separate from the "overall" out-of-pocket maximum)	None	None	None
Retail drugs (up to 30 day supply)			
Tier 1 (low cost medications; mostly generic)	\$10	\$15	\$15
Tier 2 (medium cost medications; generic and brand-name)	Rx deductible, then \$30	\$30	\$30
Tier 3 (high cost medications; mostly brand-name)	Rx deductible, then \$50	\$50	\$50
Tier 4 (highest cost medications; mostly brand-name)	Not applicable	Not applicable	Not applicable
Special rules/features			
Mail order drugs (up to 90 day supply)			
Tier 1 (low cost medications; mostly generic)	\$20	\$30	\$30
Tier 2 (medium cost medications; generic and brand-name)	Rx deductible, then \$60	\$60	\$60
Tier 3 (high cost medications; mostly brand-name)	Rx deductible, then \$90	\$150	\$150
Tier 4 (highest cost medications; mostly brand-name)	Not applicable	Not applicable	Not applicable
Special rules/features			Mail order required for 90 day supply
? Emergency			
Subject to annual deductible	Yes	Yes	Not applicable
Emergency room (waived if admitted)	deductible, then \$150	deductible, then \$100	\$75
Subject to annual deductible	Yes	Yes	Not applicable
Ambulance	deductible, then \$0	Deductible, then \$0	\$0
? Hospital Care: Inpatient			
Subject to annual deductible	Yes	Yes	Not applicable
Inpatient hospitalization (semi-private room and board)	deductible, then \$500 per admission	deductible, then \$0	\$150 per admission
Subject to annual deductible	Yes	Yes	Not applicable
Skilled nursing facility (SNF)	deductible, then \$500 per admission	deductible, then \$0	\$150 per admission
Skilled nursing facility (SNF) limits	100 days per plan year	100 days per calendar year	100 days per calendar year
Subject to annual deductible	Yes	Yes	Not applicable
Rehabilitation hospital	deductible, then \$500 per admission	deductible, then \$0	\$150 per admission
Rehabilitation hospital limits	60 days per plan year	100 days per calendar year	60 days per calendar year
? Outpatient Surgery: In hospital or surgical day care unit			
Subject to annual deductible	Yes	Yes	Not applicable
Outpatient surgery	deductible, then \$250 per surgery	deductible, then \$0	\$150 per surgery
? Physical therapy			
Subject to annual deductible	Yes	Yes	Not applicable
Physical therapy (PT)	deductible, then \$30	deductible, then \$20	\$20
Physical therapy limits (benefit may be combined with occupational therapy (OT) benefit)	60 visits per plan year(PT/OT combined)	60 visits per calendar year(PT/OT combined)	20 visits per calendar year
Speech therapy limits	No day or dollar limit	No day or dollar limit	No day or dollar limit
Cardiac rehabilitation limits	No day or dollar limit	No day or dollar limit	No day or dollar limit
? Mental Health Benefits: Biologically based conditions ⁴			
Subject to annual deductible	No	No	Not applicable
MH outpatient office visit (for biologically based conditions)	\$30	\$20	\$20
Subject to annual deductible	Yes	No	Not applicable

MH inpatient admission (for biologically based conditions)	deductible, then \$500 per admission	\$100 per admission	\$150 per admission
Mental Health (MH): Non-biologically based conditions			
Subject to annual deductible	No	No	Not applicable
MH outpatient office visit (for non-biologically based conditions)	\$30	\$20	\$20
Limits for MH outpatient office visit (for non-biologically based conditions)	no limits	no limits	24 visits per calendar year
Subject to annual deductible	Yes	No	Not applicable
MH inpatient admission (for non-biologically based conditions)	deductible, then \$500 per admission	\$100 per admission	\$150 per admission
Limits for MH inpatient admission (for non-biologically based conditions)	no limits	no limits	60 days per calendar year
Durable Medical Equipment (DME)			
Subject to annual deductible	Yes	Yes	Not applicable
Separate DME deductible	None	None	None
DME	deductible, then \$0	deductible, then 30% co-insurance	20% co-insurance
DME limit	\$1,000 per plan year	no limit (except a \$350 limit for wigs)	no limit (except a \$350 limit for wigs)
Dental ⁷			
Subject to annual deductible	Not applicable	Not Applicable	Not applicable
Routine dental office visit for adults	not covered	not covered	not covered
Number of routine dental office visits covered for adults	Not applicable	Not Applicable	Not applicable
Subject to annual deductible	Not applicable	not applicable	Not applicable
Routine dental office visit for children	not covered	not covered	\$20
Number of routine dental office visits covered for children	Not applicable	Not applicable	Two visits per calendar year for children through age 12
Recommended Preventive Services			
Recommended preventive services	As a result of the Patient Protection and Affordable Care Act, plans will cover certain preventive services without any copays, deductibles, or co-insurance. For more details about which preventive services this includes, visit the federal government's website at: www.healthcare.gov	As a result of the Patient Protection and Affordable Care Act, plans will cover certain preventive services without any copays, deductibles, or co-insurance. For more details about which preventive services this includes, visit the federal government's website at: www.healthcare.gov	As a result of the Patient Protection and Affordable Care Act, plans will cover certain preventive services without any copays, deductibles, or co-insurance. For more details about which preventive services this includes, visit the federal government's website at: www.healthcare.gov
Plan details	Download Plan Details	Download Plan Details	Download Plan Details
Insurance Carrier	 CeltiCare	 Fallon Community Health Plan	 Harvard Pilgrim Health Care
NCQA Rating	Not yet rated - new insurer	 4 out of 4 stars View insurer's report card	 4 out of 4 stars View insurer's report card
Benefits Package	Bronze Medium	Silver Low SMALLER NETWORK	Gold
	By clicking Choose Plan, I acknowledge this plan's benefits and limitations. Choose Plan	By clicking Choose Plan, I acknowledge this plan's benefits and limitations. Choose Plan	By clicking Choose Plan, I acknowledge this plan's benefits and limitations. Choose Plan

¹¹The "Annual Deductible" is also referred to as the "deductible". Some plans may have a separate deductible for specific benefits. For example, some plans may have an annual deductible and a separate prescription drug deductible. If the annual deductible is on a "plan year", then the annual deductible will re-set on your anniversary date, or when you renew or choose a new plan. If the annual deductible is on a "calendar year", then the annual deductible will re-set on January 1 of each year, regardless of your anniversary date. Most plans that begin coverage after February 2013 will end on March 31, 2014 and members will need to renew or choose a new plan no later than March 24, 2014. If such a plan has an annual deductible that is on a "plan year," then the annual deductible will be prorated based on the total number of months of the policy. For example, if a plan has an annual deductible of \$2,000 for a full 12 months, then a plan that is effective for only 10 months—coverage from June 1, 2013 through March 31, 2014—will have a prorated annual deductible of approximately \$1,700. If a plan has an annual deductible that is on a "calendar year," then the annual deductible will reset on January 1, 2014.

¹²If the "Annual Out of Pocket (OOP) Maximum" is on a "plan year," then the OOP Maximum will re-set on your anniversary date, or when you renew or choose a new plan. If the

If the Annual Out-of-Pocket (OOP) maximum is on a plan year, then the OOP maximum will re-set on your anniversary date, or when you renew or choose a new plan. If the OOP Maximum is on a "calendar year", then the OOP Maximum will re-set on January 1 of each year, regardless of your anniversary date. In addition to the member costs for the nine services listed, there may be other member costs that count towards the OOP Maximum. Contact individual carriers if you have questions regarding the OOP Maximum. Most plans that begin coverage after February 2013 will end on March 31, 2014 and members will need to renew or choose a new plan no later than March 24, 2014. If such a plan has an OOP Maximum that is on a "plan year," then the OOP Maximum will be prorated based on the total number of months of the policy. For example, if the plan has an OOP Maximum of \$2,000 for a full 12 months, then a plan that is effective for only 10 months—coverage from June 1, 2013 through March 31, 2014—will have a prorated OOP Maximum of approximately \$1,700. If a plan has an OOP Maximum that is on a "calendar year," then the OOP Maximum will reset on January 1, 2014.

^[3] The "Annual Benefit Maximum" refers to the calendar year annual benefit maximum.

^[4] Biologically based mental conditions include conditions that are listed in Chapter 176G of Massachusetts General Laws <http://www.mass.gov/legis/laws/mgl/176g-4m.htm>

^[7] Only non-emergency dental benefits are described here. For coverage of emergency dental benefits, contact individual carriers. For more information regarding dental coverage, download the summary of benefits and coverage by clicking on the "Download Plan Details" link above.

^[8] For more information regarding Rx out-of-pocket maximum, download summary of benefits and coverage by clicking on the "Download Plan Details" link above.

The information shown above, including all quoted prices, is for informational purposes only. Later changes to the health insurer's own Evidence of Coverage or Plan Benefit Summaries may supersede it. Those documents and the insurance policy are the definitive source for detailed information on covered benefits, limitations and exclusions.



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