

[Reset all filters](#)

8 benefits packages (What's a benefits package?); 66 plans

Sort plans by Benefits package

Review plans. Narrow your choices. Select up to 3 plans to compare.

Doctor / Provider

Search for your doctor...  
Only show plans that include your doctor, nurse practitioner, hospital or health center.

Annual Deductible

- \$2,000 indiv./\$4,000 fam.
- \$1,750 indiv./\$3,500 fam.
- \$1,500 indiv./\$3,000 fam.
- \$1,000 indiv./\$2,000 fam.
- \$250 indiv./\$500 fam.
- No annual deductible

[What's annual deductible?](#)

Co-Insurance

Show plans with co-insurance?

Yes  No

[What's co-insurance?](#)

Monthly Premium

- Less than \$1,200
- \$1,201 - \$1,300
- \$1,301 - \$1,400
- \$1,401 - \$1,500
- \$1,501 - \$1,600
- Greater than \$1,600

Benefits Packages

- Bronze Low
- Bronze Medium
- Bronze High
- Bronze Other
- Silver Low
- Silver High
- Silver Other
- Gold

Insurance Carrier

- BMC HealthNet Plan
- Blue Cross Blue Shield of Massachusetts
- CeltiCare
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Neighborhood Health Plan
- Network Health

	Monthly Cost	Annual Deductible	Annual Out of Pocket Max.	Doctor Visit	Generic Rx	Emergency Room	Hospital Stay
<b>STANDARD BENEFITS FOR ALL BRONZE LOW PLANS</b>							
<b>Bronze Low</b> <sup>?</sup> 10 plans	as low as <b>\$1,246</b> <a href="#">See Plans</a>	\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	annual deductible, then \$25 copay	annual deductible, then \$15 copay	annual deductible, then \$100 copay	annual deductible, then 20% co-insurance
<b>STANDARD BENEFITS FOR ALL BRONZE MEDIUM PLANS</b>							
<b>Bronze Medium</b> <sup>?</sup> 10 plans	as low as <b>\$1,374</b> <a href="#">See Plans</a>	\$2,000 (ind.) \$4,000 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$30 copay	\$10 copay	annual deductible, then \$150 copay	annual deductible, then \$500 copay
<b>STANDARD BENEFITS FOR ALL BRONZE HIGH PLANS</b>							
<b>Bronze High</b> <sup>?</sup> 10 plans	as low as <b>\$1,456</b> <a href="#">See Plans</a>	\$250 (ind.) \$500 (fam.)	\$5,000 (ind.) \$10,000 (fam.)	\$25 copay	\$15 copay	\$150 copay	annual deductible, then 35% co-insurance
<b>Bronze Other</b> <sup>?</sup> 4 plans							
	as low as <b>\$1,188</b> <a href="#">See Plans</a>	Be sure to check all benefits closely as they differ from plan to plan.					
<b>STANDARD BENEFITS FOR ALL SILVER LOW PLANS</b>							
<b>Silver Low</b> <sup>?</sup> 10 plans	as low as <b>\$1,801</b> <a href="#">See Plans</a>	\$1,000 (ind.) \$2,000 (fam.)	\$2,000 (ind.) \$4,000 (fam.)	\$20 copay	\$15 copay	annual deductible, then \$100 copay	annual deductible, then no copay
<b>STANDARD BENEFITS FOR ALL SILVER HIGH PLANS</b>							
<b>Silver High</b> <sup>?</sup> 10 plans	as low as <b>\$2,014</b> <a href="#">See Plans</a>	None	\$2,000 (ind.) \$4,000 (fam.)	\$25 copay	\$15 copay	\$100 copay	\$500 copay
<b>Silver Other</b> <sup>?</sup> 4 plans							
	as low as <b>\$1,654</b> <a href="#">See Plans</a>	Be sure to check all benefits closely as they differ from plan to plan.					
<b>STANDARD BENEFITS FOR ALL GOLD PLANS</b>							
<b>Gold</b> <sup>?</sup> 8 plans	as low as <b>\$2,244</b> <a href="#">See Plans</a>	None	None	\$20 copay	\$15 copay	\$75 copay	\$150 copay

Continue

**Questions?** Call 1-877-MA-ENROLL (1-877-623-6765), toll-free, Monday - Friday between 8:30 a.m. and 5:00 p.m.  
People who are hearing or speech impaired can use our TTY service by calling 1-888-213-8163.