



Health New England
Where you matter.

2025 Plan Comparison

Small Group & Non Group HMO

For plans beginning on or after 1/1/2025

Enclosed are the benefits, related costs and coverage for our 2025 Small Group & Non Group HMO plans.

HMO 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 \$300 per individual plan and \$600 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.

2025 Small Group & Non Group Plan Comparison Chart — HMO

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PLAN NAME	METALLIC TIER	DEDUCTIBLE (IND/FAM)	OUT-OF-POCKET MAXIMUM (IND/FAM)	PCP	SPECIALIST/ URGENT CARE	TELADOC® † (GENERAL MEDICAL)	EMERGENCY ROOM¹	OUTPATIENT SURGICAL SERVICES	INPATIENT HOSPITAL	LAB SERVICES	X-RAY	HIGH-COST DIAGNOSTIC IMAGING²	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 3000/10% HDHP	Silver	\$3,000/ \$6,000*	\$7,000/ \$14,000	\$25 after deductible	\$50 after deductible	\$0 after deductible	\$300 after deductible	10% after deductible	10% after deductible	\$30 after deductible	10% after deductible	10% after deductible	\$20 after deductible	\$30/80/125/150/200 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, first copay waived	\$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	\$8,700/ \$17,400	\$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: Ideal for Cost-Focused Employers														
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: Ideal For Benefit-Focused Employers														
Essential 5000	Silver	\$5,000/ \$10,000	\$8,850/ \$17,700	\$45 first copay waived	\$60	\$0	\$500 after deductible	\$500 after deductible	\$500 after deductible	\$40	\$75 after deductible	\$300 after deductible	\$20	\$30/80/125/150/200
Essential 4000	Silver	\$4,000/ \$8,000	\$8,850/ \$17,700	\$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 after deductible	\$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	\$500 after deductible	\$50 after deductible	\$100 after deductible	\$25	\$50 after deductible	\$100 after deductible	\$20	\$30/80/125/150/200
Essential 1000	Gold	\$1,000/ \$2,000	\$6,000/ \$12,000	\$25	\$40	\$0	\$500 after deductible	\$100 after deductible	\$100 after deductible	\$25	\$50 after deductible	\$100 after deductible	\$20	\$30/80/125/150/200
Essential 500	Platinum	\$500/ \$1,000	\$5,000/ \$10,000	\$20	\$20	\$0	\$150	\$0 after deductible	\$0 after deductible	\$0	\$0 after deductible	\$75 after deductible	\$20	\$20/50/75/100/150

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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														
Thrive Bronze	Bronze	\$3,500/ \$7,000	\$8,200/ \$16,400	\$30 after deductible, first copay waived	\$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‡
Bronze 2 HDHP	Bronze	\$3,600/ \$7,200	\$8,000/ \$16,000	\$60 after deductible	\$90 after deductible	\$0 after deductible	\$875 after deductible	\$500 after deductible	\$1,500 after deductible	\$55 after deductible	\$135 after deductible	\$750 after deductible	\$20 after deductible	\$30/120/200‡ after deductible
Silver 2000 HDHP	Silver	\$2,000/ \$4,000*	\$7,050/ \$14,100	\$30 after deductible	\$60 after deductible	\$0 after deductible	\$300 after deductible	\$500 after deductible	\$750 after deductible	\$60 after deductible	\$75 after deductible	\$500 after deductible	\$20 after deductible	\$30/60/105 after deductible
Silver A	Silver	\$2,000/ \$4,000	\$9,200/ \$18,400	\$25	\$60	\$0	\$350 after deductible	\$500 after deductible	\$1,000 after deductible	\$25 after deductible	\$50 after deductible	\$350 after deductible	\$20	\$30/55/75 deductible applies to tier 3 drugs
Thrive Gold 2000	Gold	\$2,000/ \$4,000	\$8,700/ \$17,400	\$10	\$30	\$0	\$500 after deductible	\$1000 after deductible	\$1000 after deductible	\$25 after deductible	\$50 after deductible	\$500 after deductible	\$20	\$10/50/150/200/250
★ New Plan														
Gold A	Gold	\$1,000/ \$2,000	\$6,000/ \$12,000	\$20	\$40	\$0	\$250	\$100 after deductible	\$200 after deductible	\$25 after deductible	\$35 after deductible	\$150 after deductible	\$20	\$25/45/75 deductible applies to tier 3 drugs
Platinum A	Platinum	N/A	\$3,000/ \$6,000	\$20	\$40	\$0	\$150	\$250	\$500	\$0	\$0	\$150	\$20	\$10/25/50

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.

**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.*

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 \$3,300 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.

¹ Waived if admitted directly from ER.

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