ConnectorCare Health Plans

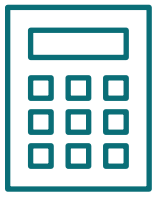
MASSACHUSETTS HEALTH CONNECTOR

Use this guide to help you choose a ConnectorCare health insurance plan for 2027 through the Massachusetts Health Connector.



Step 1: Know which plans are available to you

First, you'll need to know which plans are available to you, based on where you live. You can find the list of ConnectorCare plans available in your area on the letter that came with this guide. You can also find this information in your online account at **MAhealthconnector.org**.



Step 2: Compare monthly premium costs

Your ConnectorCare plan choices have different monthly premium costs, depending on the insurance company offering the plan. **Covered benefits are the same for all ConnectorCare plans, but out-of-pocket costs may be different based on Plan Type.**



Step 3: Check for your providers and prescription medicines

It's very important to check to see if providers you want to use for care (such as doctors, hospitals, or health centers) and any prescription medicines you need are covered by a plan before you enroll. To find out which ConnectorCare plans cover your providers and prescription medicines, use our online tool at **PlanFinder.MAhealthconnector.org.**



Step 4: Choose your new plan and enroll

Once you choose a plan, you can enroll online at **MAhealthconnector.org**, or call Customer Service to enroll by phone. You'll need to pay your first premium (if you have one) to complete enrollment. Payment is always due by the **23rd** of the month before your coverage begins.

Questions?

Visit **MAhealthconnector.org** or call **1-877-MA-ENROLL** (1-877-623-6765) or TTY: 711.

Questions to help you get started

Write down your answers to the questions below before you start shopping for health insurance. Your answers will help you decide which ConnectorCare health plans are best.

1. Do you have prescription medications that you and anyone on your plan take regularly? If so, for each medicine write:

   Medicine 1 exact name _____

   The number of pills or dose that you have filled at the pharmacy each month _____

   Medicine 2 exact name _____

   The number of pills or dose that you have filled at the pharmacy each month _____

   Before you enroll in a plan, check to make sure the plan covers all of your medicines and find out what their cost would be.

2. Are there any doctors or specialists that you or anyone on your plan will want to be able to see for appointments? If so, list those doctors here. _____

   _____

3. Do you have a hospital or health center that you or anyone on your plan will want to be able to go to if you need care? If so, what is the name of the hospital or health center? _____

   _____

   Before you enroll in a plan, check to make sure the providers you want are in the plan's network.

Glossary of Terms

Below is a list of terms you will see and hear when choosing your health plan. These terms may be new to you. Learning them will help you better understand your health insurance.

Co-insurance If a health care service has co-insurance, you pay a percentage (part) of the cost for that service. Usually, you start to pay co-insurance after you meet your deductible. It is not a fixed cost like a co-pay. The amount you pay depends on the total cost of the service.

Co-pay A fixed price you pay when you get certain health care services. Not all services require a co-pay.

Health care services Health care services are things like going to the doctor, getting a prescription filled, or having an operation.

Maximum out-of-pocket cost (MOOP) The most you pay in one year for health care services. Once you pay this, your plan pays for all of your covered services for the rest for the year.

Plan Type There are different ConnectorCare Plan Types that you may qualify for, based on your household size and income. All of the plans in each Plan Type have the same costs for covered benefits.

Premium The amount you pay each month for your health insurance. You must pay your premium every month, whether or not you use health care services. Your premium will always be due by the 23rd of the month.

Primary Care Physician (PCP) The primary (main) doctor that you go to for care. If you need a specialist, your PCP will coordinate that care and give you a referral.

Provider network A provider network is a group of doctors, hospitals and other providers that works with the health plan to give you care. Before you enroll, make sure any providers you want to use are in the plan's provider network. If you get care from a provider that is not in the plan's network, you could have to pay out-of-pocket for all or part of the costs.

Answers to help you choose a plan

These commonly asked questions can help you understand the different plans and costs, and help you decide which plan is right for you.

1. What benefits do the health plans cover?



All of the ConnectorCare health plans you can choose offer these **health benefits:**

- **Outpatient care** – Treatment you get without being admitted to a hospital
- **Inpatient care** – Treatment you get in the hospital
- **Emergency room** – Treatment you get in an emergency room
- **Prenatal and postnatal care** – Care before and after your baby is born
- **Mental health and substance use disorder services** – This includes behavioral health treatment, counseling, and psychotherapy
- **Prescription drugs** – These are medications prescribed by your physician that you take at home
- **Services and items to help you recover if you are injured, or have a disability or chronic condition** – This includes physical and occupational therapy, speech-language pathology, psychiatric rehabilitation, and more
- **Lab tests** – These include tests such as blood work or Pap smears
- **Preventive services** – Services to help keep you healthy, like counseling, screenings, and vaccines
- **Pediatric services** – Services for children, including vision care

2. How do the health plans differ?

Differences between plans include:

- Which health insurance company offers the plan
- Provider networks (the doctor, hospitals, and other providers in the plan)
- Monthly premium
- Prescription medicines covered by the plan

In **Questions to help you get started**, you wrote the names of prescription medicines, doctors, and hospitals you want to be sure are in the plan you choose. Before you enroll, go to **PlanFinder.MAhealthconnector.org** and use our online tools to make sure the providers you want and the medicines you need are in the plan's network. You can use this tool to check the cost of your prescriptions. You can also call the insurance company directly for this information.

Note: When you search or call an insurance company to ask about a provider, be sure to give the plan's full name.

3. What kinds of costs do ConnectorCare health plans have?

There are three kinds of costs in ConnectorCare health plans:

- **Premium:** This is the cost you pay each month, whether or not you use health care services. You will pay your monthly premium bill to the Health Connector. The premium is always due by the 23rd of the month. To find out more about payments, visit **MAhealthconnector.org/how-to-pay**
- **Co-pay:** This is the cost you pay at the time you get certain health care services.
- **Maximum out-of-pocket cost (MOOP):** This is the most you pay in one year for health care services. Once you pay this amount, your plan will pay for all of your covered services for the rest of the year. For ConnectorCare, there is a MOOP for the cost of prescription medications and a separate MOOP for the costs of other health care services.

Compare ConnectorCare health plans

The cost of ConnectorCare plans is based on your Plan Type and health insurance company. These charts show a sample of ConnnectorCare monthly premiums and co-pays. See the full list of benefits and co-pays at **MAhealthconnector.org**.

2027 Monthly ConnectorCare Plan Premiums (per person)

Plan Type	2A	2B	3A	3B	3C
Lowest cost plan	$0	$55	$107	$158	$242

ConnectorCare Benefits and Co-pays

Benefit	Plan Type 2A & 2B	Plan Type 3A, 3B & 3C
Medical maximum out-of-pocket (individual / family)	$750 / $1,500	$1,500 / $3,000
Prescription drug maximum out-of-pocket (individual / family)	$500 / $1,000	$750 / $1,500
Preventive care / screening / immunization	$0	$0
Primary care visit to treat injury or illness (except for x-rays, Well Baby, and preventative care visits)	$5	$10
Specialist office visit	$20	$25
Mental / behavioral health and substance abuse disorder outpatient services	$5	$10
Rehabilitative speech therapy	$10	$20
Rehabilitative occupational and rehabilitative physical therapy	$10	$20
Emergency room services	$50	$100
Urgent care	$20	$25
Outpatient surgery	$50	$125
All inpatient hospital services (including mental / behavioral health and substance abuse disorder services)	$50	$250
High cost imaging (CT / PET scans, MRIs, etc.)	$30	$60
Laboratory outpatient and professional services	$10	$15
X-rays and diagnostic imaging	$10	$15
Skilled nursing facility	$50	$250
Retail prescription drugs:		
Generics	$10	$15
Preferred brand drugs	$20	$30
Non-preferred brand drugs	$40	$50
Specialty high cost drugs	$40	$50