Large Group Standard Health Plans
New York

2010 and 2011
Massachusetts Health Care Reform Creditable/Non-Creditable Comparison

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Plan Name and Contract Code	2010		2011	
	Creditable	Not Creditable	Creditable	Not Creditable
Medical Standalone Products				
HMO / Direct HMO – Options 2-8, 11-14	X		X	
Direct POS – Options 1-63	X		X	
Direct Share POS – Options 1-5	X		X	
EPO – All options	X		X	
EPO with IN-Network Deductible/Coinsurance - All Options	X		X	
PRISM EPO – All Options	X		X	
PRISM EPO with IN-Network Deductible/Coinsurance – Options 2A-2G, 2I-2K, 2M-2O	X		X	
PRISM EPO with IN-Network Deductible/Coinsurance – Options 2H, 2L, 2P	X		X	
PPO – All Options	X		X	
PPO with IN-Network Deductible/Coinsurance – All Options	X		X	
PRISM PPO – All options	X		X	
PRISM PPO with IN-Network Deductible/Coinsurance – All Options except 20% coins w/$20,000 stoploss INN	X		X	
PRISM PPO with IN-Network Costsharing –20% coins w/$20,000 stoploss INN	X		X	
Total Blue HRA	X		X	
Total Blue H.S.A	X		X	
Rx Programs (*Preferred Generic does not impact test results)				
$5/$15/$25, with $0 Deductible (HMO*, PPO, EPO, D.POS)	X		X	
$5/$15/$25, with $50 Deductible (HMO*, PPO, EPO, D.POS)	X		X	
$5/$15/$25, with $100 Deductible (HMO*, PPO, EPO, D.POS)	X		X	

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	Creditable	Not Creditable	Creditable	Not Creditable
$5/$15/$25, with $150 Deductible (HMO*, PPO, EPO, D.POS)	X		X	
$5/$15/$25, with $250 Deductible (D.POS)	X		X	
$5/$15/$25, with $500 Deductible (D.POS)		X		X
$5/$20/$40, with $0 Deductible (HMO*, EPO, PPO, Dir POS)	X		X	
$5/$20/$40, with $50 Deductible (HMO*, EPO, PPO, Dir POS)	X		X	
$5/$20/$40, with $100 Deductible (HMO*, EPO, PPO, Dir POS)	X		X	
$5/$20/$40, with $150 Deductible (HMO*, EPO, PPO, Dir POS)	X		X	
$5/$20/$40, with $250 Deductible (Dir POS)	X		X	
$5/$20/$40, with $500 Deductible (Dir POS)		X		X
$10/$20/$30, with $0 Deductible (HMO*, EPO,PPO, Dir POS)	X		X	
$10/$20/$30, with $50 Deductible (HMO*, EPO,PPO, Dir POS)	X		X	
$10/$20/$30, with $100 Deductible (HMO*, EPO,PPO, Dir POS)	X		X	
$10/$20/$30, with $150 Deductible (HMO*, EPO,PPO, Dir POS)	X		X	
$10/$20/$30, with $250 Deductible (HMO*, Dir POS)	X		X	
$10/$20/$30, with $500 Deductible (HMO*, Dir POS)		X		X
$10/$20/$40, with $0 Deductible (HMO*, EPO,PPO, Dir POS, D.S. POS)	X		X	
$10/$20/$40, with $50 Deductible (HMO*, EPO,PPO, Dir POS, D.S. POS)	X		X	
$10/$20/$40, with $100 Deductible(HMO*, EPO,PPO, Dir POS, D.S. POS)	X		X	

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	Creditable	Not Creditable	Creditable	Not Creditable
$10/$20/$40, with $150 Deductible (HMO*, EPO,PPO, Dir POS, D.S. POS)	X		X	
$10/$20/$40, with $250 Deductible (Dir POS, D.S. POS)	X		X	
$10/$20/$40, with $500 Deductible (Dir POS, D.S. POS)		X		X
$10/$20/$40 Integrated HRA/H.S.A. Ded and or Coinsurance	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	

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	Creditable	Not Creditable	Creditable	Not Creditable
$10/$25/$50, with $0 Deductible (PRISM EPO/PPO, HMO*, EPO, PPO, Dir POS, D.S. POS)	X		X	
$10/$30/$50, integrated with HSA Deductible & Coinsurance (Total Blue opts 1-6)	X		X	
$10/$30/$50, integrated with HSA Deductible & 100% Coinsurance. (Total Blue opts 7 & 8). Once deductible met Rx covered at 100%.	X		X	
$10/$35/$70 with $0 Deductible (PRISM EPO/PPO, HMO*, Dir POS, D.S. POS)	X		X	
$10/$35/$70 with $50 Deductible (PRISM EPO/PPO, HMO*, Dir POS, D.S. POS)	X		X	
$10/$35/$70 with $100 Deductible (PRISM EPO/PPO, HMO*, Dir POS, D.S. POS)	X		X	
$10/$35/$70, with $150 Deductible (HMO*, Dir POS, D. S POS)	X		X	
$10/$35/$70, with $250 Deductible (PRISM EPO/PPO, HMO*, Dir POS, D.S. POS)	X		X	
$10/$35/$70, with $500 Deductible (PRISM EPO/PPO, HMO*, Dir POS, D.S. POS)		X		X
$10/$35/$70 with $2,000 benefit max with $0 Deductible (PRISM EPO/PPO)		X		X
$10/$35/$70 with $2,000 benefit max with $50 Deductible (PRISM EPO/PPO)		X		X
$10/$35/$70 with $2,000 benefit max with $100 Deductible (PRISM EPO/PPO)		X		X
$10/$35/$70 with $2,000 benefit max with $250 Deductible (PRISM EPO/PPO)		X		X

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	Creditable	Not Creditable	Creditable	Not Creditable
$10/$35/$70 with $2,000 benefit max with $500 Deductible (PRISM EPO/PPO)		X		X
$15 Generic Only; 50% for mandated drugs, No Deductible (PRISM EPO/PPO, HMO, Dir POS, D.S. POS)		X		X
$10 Generic Only; 50% for mandated drugs to $3,000 OOP, then $50 Copay after OOP, No Deductible (PRISM EPO/PPO, HMO, Dir POS, D.S. POS)		X		X

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