

TOWN OF WELLESLEY – RATE SAVER PLAN COMPARISON -- effective July 1, 2014

	SUBSCRIBER CO-PAY AMOUNTS BY PLAN			
PLAN FEATURES	HARVARD PILGRIM EPO RATE-SAVER	FALLON EPO RATE SAVER DIRECTCARE & SELECTCARE	TUFTS "NAVIGATOR" TIERED NETWORK EPO RATE-SAVER	NETWORK BLUE NEW ENGLAND TIERED NETWORK – RATE SAVER
GENERAL				
Lifetime Benefit Maximum	None	None	None	None
Deductibles for Non-network Services	None	None	None	None
Coinsurance Out-of-Network	None	None	None	None
Out-of-Pocket Maximum (OOP) If applicable, once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for remainder of plan year. NOTE: Prescription co-pays do not count towards the OOP maximum.	\$2,000 Individual/ \$4,000 Family per year	\$1,000 Individual/ \$2,000 Family per plan year	\$2,000 Individual/ \$4,000 Family per plan year	\$2,000 Individual/ \$4,000 Family
Family Covered	Spouse, dependents and adult children up to age 26	Spouse, dependents and adult children up to age 26	Spouse, dependents and adult children up to age 26	Spouse, dependents and adult children up to age 26
Selection of Primary Care Physician (PCP)	Member must select	Member must select	No selection required	Member must select
Specialist Referrals	PCP must refer	PCP must refer	No referral required	PCP must refer
Pre-existing conditions	No restrictions	No restrictions	No restrictions	No restrictions

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Providers of Service	HARVARD PILGRIM providers except in emergencies	<u>SELECTCARE</u> – An expansive network that includes physician practices, community-based hospitals and medical facilities across the state that encompasses more than 17,000 providers and 50 hospitals. <u>DIRECTCARE</u> – A tailored network custom-built around several of the state’s premier provider groups and community-based hospitals. See below for more information on providers.	TUFTS HEALTH PLAN providers except in emergencies	HMO Blue providers in all 6 New England states except in emergencies Hospital tiers: Tier 1: Enhanced Tier 2: Standard Tier 3: Basic

DirectCare members have access to providers including Acton Medical Associates; Charles River Medical Associates; Southboro Medical Group; Reliant/Atrius Medical Groups; Highland Healthcare Associates IPA; Lahey Clinic; Lawrence General IPA; Lowell General PHO; Mount Auburn Cambridge IPA; Tufts Medical Center PO; and Northeast PHO. **SelectCare** members have access to all DirectCare providers as well as thousands of private practice physicians in Central, Northern, Eastern and Southeastern Massachusetts, including Harvard Vanguard Medical Associates; and South Shore Medical Center.

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INPATIENT SERVICES			See Tufts and Blue Cross Blue Shield plan materials for details on hospital tiers.	
General Hospital (semi-private room & board & ancillary services)	\$250 co-pay	\$250 co-pay (out of pocket maximum: 4 co-pays per year)	Tier 1: \$150 co-pay Tier 2: \$250 co-pay	Enhanced: \$250 co-pay Standard: \$500 co-pay Basic: \$500 co-pay Out of state: \$250 co-pay
Mental Hospital/ Substance Abuse Facility (semi-private room & board & ancillary services)	\$250 co-pay	None	\$150 co-pay	\$250 co-pay
Physician Services	None	None	None	None (Hospital co-pay applies)
Skilled Nursing Facility	Covered in full up to 100 days per calendar year after \$250 co-pay per admission	Covered in full up to 100 days per calendar year after \$250 co-pay per admission	Covered in full up to 100 days per calendar year	Covered in full up to 100 days per year
Newborn Well Baby Care	None	None	None	None

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OUTPATIENT SERVICES				
ER Visits for Emergency or Accident Care	\$75 co-pay (waived if admitted) in Service Area	\$75 co-pay (Inpatient co-pay applies if admitted)	\$75 co-pay (Inpatient co-pay applies if admitted)	\$75 co-pay (Inpatient co-pay applies if admitted)
Outpatient Surgery in a day surgery facility or hospital	\$125 co-pay per outpatient surgery	\$125 co-pay per outpatient surgery	\$125 co-pay per outpatient surgery	Enhanced: \$150 co-pay Standard: \$250 co-pay Basic: \$250 co-pay Out of state: \$150 co-pay
CT, MRI and PET Scans	None	None	\$75 co-pay	General Hospitals: Enhanced: \$75 co-pay Standard: \$150 co-pay Basic: \$150 co-pay Other providers: \$75 co-pay
Hemodialysis	None	None	None	None
Physical Therapy	\$20 co-pay (short-term) up to 90 consecutive days per condition	\$20 co-pay up to 20 visits per calendar year	Speech and short-term PT/OT \$20 co-pay per visit; 30 visits per calendar year	\$45 co-pay up to 60 visits per calendar year

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Preventive Care Office Visit- Primary Care Physician (PCP)	None	None	None	None
Medical Care Office Visit-PCP	\$20 co-pay per visit	\$20 co-pay per visit	\$20 co-pay per visit	Enhanced: \$15 co-pay Standard: \$25 co-pay Basic: \$45 co-pay Out of state: \$15 co-pay
Office Visit Mental Health/Substance Abuse (<i>Mental Health co-pays excluded from OOP max</i>)	\$20 co-pay per visit	\$20 co-pay per visit	\$20 co-pay per visit	\$15 co-pay per visit
Office Visit- Specialist	\$35 co-pay per visit	\$35 co-pay per visit	\$35 co-pay per visit	\$45 co-pay per visit
OB/GYN Exam	\$20 co-pay per visit	\$20 co-pay per visit	\$20 co-pay per visit	\$45 co-pay per visit
GYN Preventive Office Visit	None	None	None	None
Diagnostic X-ray and Lab	None	None	None	None
Routine Vision Exam	\$20 co-pay per visit; one visit per calendar year. No co-pay for children under age 5	\$None; one visit every 12 months	\$20 co-pay per visit; one visit per calendar year	None; one visit every 24 months

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Pre-admission testing	None	None	None	None
Maternity Care visits	None	Pre-natal: \$20 co-pay first visit only Post-natal: \$20 co-pay per visit	Nothing for prenatal and postnatal outpatient care	None
Dental Services	Preventive dental for children under age 12 when authorized by PCP: up to two exams per calendar year, including cleaning, fluoride treatment and x-rays. Initial emergency treatment (within 72 hrs of injury) necessary to repair oral injuries. Extraction of impacted teeth.	Family dental coverage: \$10 co-pay for exam, cleaning, x-rays every 6 mos. Variable co-pays for minor restorative (fillings). 25-50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	Preventive dental for children under age 12: Periodic oral exam, cleaning, fluoride treatment once every six months. X-rays: full mouth once every 5 years, bitewing x-rays once every 6 months, and periapicals as needed. Must use participating dentist.	No coverage
OTHER FEATURES				
Private duty nursing <i>when medically necessary</i>	None	None	None	None

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Home Health Care	None	None	None	None
Hospice Care	None	None	None	None
Durable Medical Equipment	20% of HPHC cost	None 20% coinsurance for prosthetic limbs that replace, in whole or in part, an arm or leg	20% coinsurance	Covered in full up to \$750 per calendar year Prosthetics covered in full
Ambulance <i>when medically necessary</i>	None	None	None	None
Radiation Therapy	None	None	None	None
Chemotherapy	None	None	None	None
Chiropractic Visits (<i>Co-pays excluded from OOP max</i>)	\$20 co-pay per visit; 12 visit maximum per calendar year	\$20 co-pay per visit; up to 12 visits per calendar year not to exceed \$500 per calendar year	\$20 co-pay per visit; up to 12 visits per calendar year	\$45 co-pay per visit; 12 visits maximum per calendar year

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Prescription Drugs (Inpatient drugs paid in full)	<p><u>Retail Pharmacy:</u> Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$45 co-pay (up to a 30-day supply)</p> <p><u>Mail Order:</u> (90-day supply) Tier 1: \$20 co-pay Tier 2: \$50 co-pay Tier 3: \$90 co-pay</p>	<p><u>Retail Pharmacy:</u> Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$45 co-pay (up to a 30-day supply)</p> <p><u>Mail Order:</u> (90-day supply) Tier 1: \$20 co-pay Tier 2: \$50 co-pay Tier 3: \$90 co-pay</p>	<p><u>Retail Pharmacy:</u> Tier 1: \$10 co-pay Tier 2: \$25 co-pay Tier 3: \$45 co-pay (up to a 30-day supply)</p> <p><u>Mail Order:</u> (90-day supply) Tier 1: \$20 co-pay Tier 2: \$50 co-pay Tier 3: \$90 co-pay</p>	<p><u>Retail Pharmacy:</u> Tier 1: \$15 co-pay Tier 2: \$30 co-pay Tier 3: \$50 co-pay (up to a 30-day supply)</p> <p><u>Mail Order:</u> (90-day supply) Tier 1: \$30 co-pay Tier 2: \$60 co-pay Tier 3: \$100 co-pay</p>
FITNESS				
Fitness Programs	<p>Fitness reimbursement up to \$150 per subscriber at a Health & Fitness club per calendar year. Must be an active member of HCHP for at least 4 months and an active member of the health facility for at least 4 months. See plan materials for details.</p> <p>Discount at IFCN-affiliated clubs. Discount at Weight Watchers®</p>	<p><i>It Fits!</i> Program reimburses up to \$400 per family contract (\$200 for individual contracts) towards health club memberships, Pilates, yoga classes, Weight Watchers® programs, and local & school sports programs and fitness-related equipment (new, purchased from retail store). Other discounts also available. See plan materials for details. Direct Care: \$250 individual/\$500 family</p>	<p>Fitness reimbursement up to \$150 per subscriber at a Health & Fitness club, including exercise classes, per calendar year. See plan materials for details.</p> <p>Jenny Craig discounts: free 30 day program, 25% off a premium/metabolic program</p> <p>Nutrisystem discount: 12% discount off current promotional price of Core or Select program</p>	<p>Up to \$300 reimbursement toward membership or exercise classes at a health club. See plan materials for details.</p> <p>Enroll in a qualified Weight Watchers® or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.</p>

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