



## Town of Shrewsbury

MASSACHUSETTS 01545-5398

February 24, 2016 (Revised)

To: Insurance Advisory Committee (IAC)  
From: Daniel J. Morgado  
Re: Next Meeting

The IAC will meet on **Wednesday, March 2, 2016 at 3:00 PM** in the Selectmen's Meeting Room to consider the following:

### AGENDA

1. Call to Order.
2. Introductions.
3. Accept minutes of October 28, 2015 (attached).
4. Report of the Town Manager
  - a. Review of the February 24, 2016, memo to the IAC outlining actions taken at the WSHG Board Meeting of February 23, 2016.
  - b. Presentation of the FY 2017 Health Insurance Program (HIP) renewal proposal
  - c. Discussion on the FY 2018 HIP and the current status of the GIC
5. Action of the Insurance Advisory Committee relative to a recommendation regarding the Active Employee and Non-Medicare Eligible Retiree HIP renewal for FY 2017 (draft letter attached)
6. Other business
7. Set next meeting date
8. Adjourn.

Please advise with any questions.

Cc Union/Association Presidents  
Interested Parties  
Michael Hale  
Carolyn Marcotte  
Mary Thompson

Kristen Las  
Christine Fowler  
Barbara Malone  
Patrick Collins

Referenced materials

Minutes of October 28, 2015

Memo to the IAC dated February 25, 2016

**Insurance Advisory Committee  
October 28, 2015  
Selectmen's Meeting Room**

PRESENT:

Member(s)	Organization(s)
David Hodgerney (Chairman)	Firefighters & Fire Captains (IAFF)
Ryan Chartrand	Police Patrol Officers (IBPO) Police Superior Officers Association Police Dispatchers (Teamsters)
Robert Marengo	Public Works (SEIU) Custodians (AFSCME)
Scott Stark	SELCO (IBEW)
Brian Liporto; Noreen Christie; Chuck Allen	Shrewsbury Education Association (MTA) Shrewsbury Paraprofessional Association (MTA) Assistant Principals (MTA)
Norman Ludovico; Robert Tozeski	Non-Unionized Employees
Robert Pine	Retirees

GROUPS NOT REPRESENTED: Patti Saniuk (Cafeteria - AFSCME), Larry Leone (SEIU)

ALSO PRESENT: Christine Fowler, Kristen Las, Daniel Morgado, Michael Hale, Patrick Collins, Ronald Patenaude (SEIU)

Mr. Hodgerney convened the meeting at 3:03 PM working off of a meeting notice and agenda dated October 19, 2015.

Introductions were made.

On a motion by Mr. Pine, second by Mr. Stark, the minutes of the October 6, 2015, meeting were approved. All in favor.

Mr. Morgado reviewed his memo of October 19, 2015, which reported on the discussions that took place at the October 19, 2015, WSHG Steering Committee meeting. He advised that a full

board meeting will take place on November 24<sup>th</sup> to consider the question of amending the joint purchase agreement. He advised that if the amendments can be made relative to leaving communities paying the run out of claims then the pressure to leave the WSHG on July 1, 2016 is reduced greatly. The current proposal has the run out paid for one month for a June 30<sup>th</sup> withdrawal and 100% of the run out for a December 31 withdrawal.

Mr. Morgado handed out a sheet entitled "Options for the Fiscal Year 2017 HIP" dated October 28, 2015. He advised that if the changes can be effected then Option 1 is what he will propose. Otherwise, options 4 (Fallon only) and 5 (MIIA only) should be explored.

The next meeting of the IAC will take place after the November 24<sup>th</sup> meeting.

After a period of discussion, the meeting adjourned at 3:40 PM.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Daniel J. Morgado". The signature is fluid and cursive, with a large initial "D" and "M".

Daniel J. Morgado  
Town Manager

Referenced Materials

Meeting notice with attachments dated October 19, 2015

Minutes of the October 6, 2015, IAC meeting

Memo dated October 19, 2015, to the IAC

Sheet entitled "Options for the Fiscal Year 2017 HIP" dated October 28, 2015



**Town of Shrewsbury**  
MASSACHUSETTS 01545-5398

March 2, 2016

**DRAFT**

Mr. Moira E. Miller, Chair  
Board of Selectmen  
100 Maple Avenue  
Shrewsbury, MA 01545

Dear Mr. Kane:

At our meeting on Wednesday, March 2, 2016, the Insurance Advisory Committee (IAC) met with Mr. Morgado to review the proposed changes to the active employee and non-Medicare eligible retiree health insurance plans, effective July 1, 2016.

The current state of the Town's Health Insurance Program (HIP) and proposed changes are as outlined in Mr. Morgado's memo to the IAC dated February 24, 2016 (attached).

After considering these proposals, the IAC voted to recommend to the Board of Selectmen that the changes be adopted as proposed which are:

1. A renewal of all plans with the monthly premium amounts and contribution ratios as shown on the attached. We note that there is no change in contribution ratios from the current health insurance program.
2. Renew the existing program requiring employees hired and new non-Medicare eligible retirees after July 1, 2014 required to be enrolled in one of the Benchmark Plans. All other existing active employees and non-Medicare eligible retirees may remain on the Rate Saver Plans for Fiscal Year 2017 or they may option for the Benchmark plans.
3. Adjust employee/retiree contributions based on the premium adjustments to be effective July 1, 2017. The current contribution ratios remain as they are.
4. Increase co-pay and deductible amounts to meet certain GIC levels on the Benchmark plans as approved by the WSHG Board.
5. The limited dental benefit offered under the Fallon plan design remains but we are aware that this remains a year to year matter and could change in Fiscal Year 2018.
6. We note that the Fallon Out-of-Pocket maximums will remain at their current level for another year but we can expect this to change for Fiscal Year 2018.

March 2, 2016  
Ms. Moira Miller, Chair  
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I'm available should you have any questions.

Truly yours

David Hodgerney, Chairman  
Insurance Advisory Committee

Cc IAC Members

Summary of FY 2016 Health Insurance Program  
Current Program

Plan	Type	Premium	Town Share	Percent	Employee/ Retiree Share	Percent	# of Participants	% of Plans	Town Share (Annual)	Employee/ Retiree Share (Annual)	Total	Town Share Budget	Employee/ Retiree Share Budget	Total	
Harvard Pilgrim PPO	Family	\$5,036.00	\$2,518.00	50.00%	\$2,518.00	50.00%	0	0.00%	\$30,216.00	\$30,216.00	\$60,432.00	\$0.00	\$0.00	\$0.00	
	Individual	\$2,268.00	\$1,134.00	50.00%	\$1,134.00	50.00%	4	0.46%	\$13,608.00	\$13,608.00	\$27,216.00	\$54,432.00	\$54,432.00	\$108,864.00	
Tufts POS	Family	\$5,036.00	\$2,518.00	50.00%	\$2,518.00	50.00%	0	0.00%	\$30,216.00	\$30,216.00	\$60,432.00	\$0.00	\$0.00	\$0.00	
	Individual	\$2,268.00	\$1,134.00	50.00%	\$1,134.00	50.00%	0	0.00%	\$13,608.00	\$13,608.00	\$27,216.00	\$0.00	\$0.00	\$0.00	
Blue Choice Rate Saver EPO	Family	\$2,261.00	\$1,356.60	60.00%	\$904.40	40.00%	3	0.35%	\$16,279.20	\$10,852.80	\$27,132.00	\$48,837.60	\$32,558.40	\$81,396.00	
	Individual	\$843.00	\$505.80	60.00%	\$337.20	40.00%	3	0.35%	\$6,069.60	\$4,046.40	\$10,116.00	\$18,208.80	\$12,139.20	\$30,348.00	
Tufts Navigator Rate Saver EPO	Family	\$2,088.00	\$1,252.80	60.00%	\$835.20	40.00%	4	0.46%	\$15,033.60	\$10,022.40	\$25,056.00	\$60,134.40	\$40,089.60	\$100,224.00	
	Individual	\$797.00	\$478.20	60.00%	\$318.80	40.00%	4	0.46%	\$5,738.40	\$3,825.60	\$9,564.00	\$22,953.60	\$15,302.40	\$38,256.00	
HPHC Rate Saver EPO	Family	\$1,918.00	\$1,150.80	60.00%	\$767.20	40.00%	22	2.55%	\$13,809.60	\$9,206.40	\$23,016.00	\$303,811.20	\$202,540.80	\$506,352.00	
	Individual	\$736.00	\$441.60	60.00%	\$294.40	40.00%	49	5.68%	\$5,299.20	\$3,532.80	\$8,832.00	\$259,660.80	\$173,107.20	\$432,768.00	
Fallon Select Rate Saver EPO*	Family	\$1,647.00	\$1,177.61	71.50%	\$469.40	28.50%	354	41.07%	\$14,131.26	\$5,632.74	\$19,764.00	\$5,002,466.04	\$1,993,989.96	\$6,996,456.00	
	Individual	\$611.00	\$436.87	71.50%	\$174.14	28.50%	168	19.49%	\$5,242.38	\$2,089.62	\$7,332.00	\$880,719.84	\$351,056.16	\$1,231,776.00	
Fallon Direct Rate Saver EPO*	Family	\$1,531.00	\$1,171.22	76.50%	\$359.79	23.50%	67	7.77%	\$14,054.58	\$4,317.42	\$18,372.00	\$941,656.86	\$289,267.14	\$1,230,924.00	
	Individual	\$570.00	\$436.05	76.50%	\$133.95	23.50%	47	5.45%	\$5,232.60	\$1,607.40	\$6,840.00	\$245,932.20	\$75,547.80	\$321,480.00	
Blue Cross Blue Shield Benchmark	Family	\$2,181.00	\$1,308.60	60.00%	\$872.40	40.00%	2	0.23%	\$15,703.20	\$10,468.80	\$26,172.00	\$31,406.40	\$20,937.60	\$52,344.00	
	Individual	\$814.00	\$488.40	60.00%	\$325.60	40.00%	6	0.70%	\$5,860.80	\$3,907.20	\$9,768.00	\$35,164.80	\$23,443.20	\$58,608.00	
Tufts Benchmark	Family	\$2,015.00	\$1,209.00	60.00%	\$806.00	40.00%	0	0.00%	\$14,508.00	\$9,672.00	\$24,180.00	\$0.00	\$0.00	\$0.00	
	Individual	\$769.00	\$461.40	60.00%	\$307.60	40.00%	1	0.12%	\$5,536.80	\$3,691.20	\$9,228.00	\$5,536.80	\$3,691.20	\$9,228.00	
HPHC Benchmark	Family	\$1,851.00	\$1,110.60	60.00%	\$740.40	40.00%	2	0.23%	\$13,327.20	\$8,884.80	\$22,212.00	\$26,654.40	\$17,769.60	\$44,424.00	
	Individual	\$709.00	\$425.40	60.00%	\$283.60	40.00%	5	0.58%	\$5,104.80	\$3,403.20	\$8,508.00	\$25,524.00	\$17,016.00	\$42,540.00	
Fallon Select Benchmark	Family	\$1,591.00	\$1,161.43	73.00%	\$429.57	27.00%	33	3.83%	\$13,937.16	\$5,154.84	\$19,092.00	\$459,926.28	\$170,109.72	\$630,036.00	
	Individual	\$591.00	\$431.43	73.00%	\$159.57	27.00%	47	5.45%	\$5,177.16	\$1,914.84	\$7,092.00	\$243,326.52	\$89,997.48	\$333,324.00	
Fallon Direct Benchmark	Family	\$1,480.00	\$1,154.40	78.00%	\$325.60	22.00%	15	1.74%	\$13,852.80	\$3,907.20	\$17,760.00	\$207,792.00	\$58,608.00	\$266,400.00	
	Individual	\$550.00	\$429.00	78.00%	\$121.00	22.00%	26	3.02%	\$5,148.00	\$1,452.00	\$6,600.00	\$133,848.00	\$37,752.00	\$171,600.00	
							<b>Benchmark Subscribers</b>	<b>137</b>	862	100%	<b>Fallon Makes Up</b>	<b>87.82%</b>	\$7,838,813.34	\$3,240,030.66	\$11,078,844.00
											<b># of Plans</b>	<b>757</b>	70.75%	29.25%	
Harvard Pilgrim Medicare Enhance	Retiree	\$342.00	\$171.00	50.00%	\$171.00	50.00%	174	42.54%	\$2,052.00	\$2,052.00	\$4,104.00	\$357,048.00	\$357,048.00	\$714,096.00	
BC/BS Medex II	Retiree	\$360.00	\$180.00	50.00%	\$180.00	50.00%	22	5.38%	\$2,160.00	\$2,160.00	\$4,320.00	\$47,520.00	\$47,520.00	\$95,040.00	
Tufts Medicare Prime Suptmt Plus	Retiree	\$321.00	\$160.50	50.00%	\$160.50	50.00%	58	14.18%	\$1,926.00	\$1,926.00	\$3,852.00	\$111,708.00	\$111,708.00	\$223,416.00	
BC/BS Managed Blue for Seniors	Retiree	\$313.20	\$187.92	60.00%	\$125.28	40.00%	9	2.20%	\$2,255.04	\$1,503.36	\$3,758.40	\$20,295.36	\$13,530.24	\$33,825.60	
Fallon Senior	Retiree	\$310.00	\$227.85	73.50%	\$82.15	26.50%	97	23.72%	\$1,367.10	\$492.90	\$1,860.00	\$132,608.70	\$47,811.30	\$180,420.00	
Tufts Medicare Preferred**	Retiree	\$267.00	\$196.25	73.50%	\$70.76	26.50%	49	11.98%	\$1,177.47	\$424.53	\$1,602.00	\$57,696.03	\$20,801.97	\$78,498.00	
Enrollments shown above include SELCO and Surviving Spouses (22±)								409		<b>Fallon Makes Up</b>	<b>23.72%</b>	\$726,876.09	\$598,419.51	\$1,325,295.60	
											<b># of Plans (was 158)</b>	<b>97</b>	54.85%	45.15%	
								1,271				\$8,565,689.43	\$3,838,450.17	\$12,404,139.60	
												69.06%	30.94%		

**TOWN OF SHREWSBURY  
WEST SUBURBAN HEALTH GROUP ACTIVE PLANS 2016-2017**

**JUNE PAYROLL CHANGES FOR JULY 1, 2016 OPEN-ENROLLMENT**

% PAID TOWN/EMP	PLAN TYPE	TOTAL MONTHLY	TOWN MONTHLY	TOWN 26 P/R BI-WEEKLY*	TOWN 21 P/R BI-WEEKLY**	TOWN WEEKLY*	EMPLOYEE MONTHLY	EMP. 26 P/R BI-WEEKLY*	EMP. 21P/R BI-WEEKLY**	EMPLOYEE WEEKLY*	COBRA
<b>INDEMNITY PLANS</b>											
<b>Harvard Pilgrim PPO</b>											
50/50	FAMILY	\$5,187.00	\$2,593.50	\$1,197.00	\$1,482.00	\$598.50	\$2,593.50	\$1,197.00	\$1,482.00	\$598.50	\$5,290.74
50/50	FAMILY (SS)	\$5,187.00	\$2,593.50	\$1,197.00	\$1,482.00	\$598.50	\$2,593.50	\$1,197.00	\$1,482.00	\$598.50	
50/50	INDIVIDUAL	\$2,336.00	\$1,168.00	\$539.08	\$667.43	\$269.54	\$1,168.00	\$539.08	\$667.43	\$269.54	\$2,382.72
50/50	INDIVIDUAL (SS)	\$2,336.00	\$1,168.00	\$539.08	\$667.43	\$269.54	\$1,168.00	\$539.08	\$667.43	\$269.54	
<b>RATE SAVER HMO PLANS</b>											
Effective 7/1/2014 Rate Saver plans are not available to new Active Employees and Non-Medicare Eligible Retirees											
<b>BLUE OPTIONS RATE SAVER EPO</b>											
60/40	FAMILY	\$2,374.00	\$1,424.40	\$657.42	\$813.94	\$328.71	\$949.60	\$438.28	\$542.63	\$219.14	\$2,421.48
50/50	FAMILY (SS)	\$2,374.00	\$1,187.00	\$547.85	\$678.29	\$273.92	\$1,187.00	\$547.85	\$678.29	\$273.92	
60/40	INDIVIDUAL	\$885.00	\$531.00	\$245.08	\$303.43	\$122.54	\$354.00	\$163.38	\$202.29	\$81.69	\$902.70
50/50	INDIVIDUAL (SS)	\$885.00	\$442.50	\$204.23	\$252.86	\$102.12	\$442.50	\$204.23	\$252.86	\$102.12	
<b>TUFTS NAVIGATOR RATE SAVER EPO</b>											
60/40	FAMILY	\$2,203.00	\$1,321.80	\$610.06	\$755.31	\$305.03	\$881.20	\$406.71	\$503.54	\$203.35	\$2,247.06
50/50	FAMILY (SS)	\$2,203.00	\$1,101.50	\$508.38	\$629.43	\$254.19	\$1,101.50	\$508.38	\$629.43	\$254.19	
60/40	INDIVIDUAL	\$841.00	\$504.60	\$232.89	\$288.34	\$116.45	\$336.40	\$155.26	\$192.23	\$77.63	\$857.82
50/50	INDIVIDUAL (SS)	\$841.00	\$420.50	\$194.08	\$240.29	\$97.04	\$420.50	\$194.08	\$240.29	\$97.04	
<b>HPHC RATE SAVER EPO</b>											
60/40	FAMILY	\$2,081.00	\$1,248.60	\$576.28	\$713.49	\$288.14	\$832.40	\$384.18	\$475.66	\$192.09	\$2,122.62
50/50	FAMILY (SS)	\$2,081.00	\$1,040.50	\$480.23	\$594.57	\$240.12	\$1,040.50	\$480.23	\$594.57	\$240.12	
60/40	INDIVIDUAL	\$799.00	\$479.40	\$221.26	\$273.94	\$110.63	\$319.60	\$147.51	\$182.63	\$73.75	\$814.98
50/50	INDIVIDUAL (SS)	\$799.00	\$399.50	\$184.38	\$228.29	\$92.19	\$399.50	\$184.38	\$228.29	\$92.19	
<b>FALLON SELECT RATE SAVER EPO</b>											
71.5/28.5	FAMILY	\$1,721.00	\$1,230.52	\$567.93	\$703.15	\$283.97	\$490.49	\$226.38	\$280.28	\$113.19	\$1,755.42
50/50	FAMILY (SS)	\$1,721.00	\$860.50	\$397.15	\$491.71	\$198.58	\$860.50	\$397.15	\$491.71	\$198.58	
71.5/28.5	INDIVIDUAL	\$639.00	\$456.89	\$210.87	\$261.08	\$105.44	\$182.12	\$84.05	\$104.07	\$42.03	\$651.78
50/50	INDIVIDUAL (SS)	\$639.00	\$319.50	\$147.46	\$182.57	\$73.73	\$319.50	\$147.46	\$182.57	\$73.73	
<b>FALLON DIRECT RATE SAVER EPO</b>											
76.5/23.5	FAMILY	\$1,600.00	\$1,224.00	\$564.92	\$699.43	\$282.46	\$376.00	\$173.54	\$214.86	\$86.77	\$1,632.00
50/50	FAMILY (SS)	\$1,600.00	\$800.00	\$369.23	\$457.14	\$184.62	\$800.00	\$369.23	\$457.14	\$184.62	
76.5/23.5	INDIVIDUAL	\$596.00	\$455.94	\$210.43	\$260.54	\$105.22	\$140.06	\$64.64	\$80.03	\$32.32	\$607.92
50/50	INDIVIDUAL (SS)	\$596.00	\$298.00	\$137.54	\$170.29	\$68.77	\$298.00	\$137.54	\$170.29	\$68.77	

(SS) REPRESENTS SURVIVING SPOUSE

\* PLEASE NOTE BI-WEEKLY & WEEKLY DEDUCTIONS ARE BASED ON 26 & 52 WEEK PAYROLLS RESPECTIVELY.

\*\*SCHOOL EMPLOYEES PAID ON 21 BI-WEEKLY P/R (5 BI-WEEKLY SUMMER DEDUCTIONS ARE INCLUDED IN THE RATES)

**TURN OVER FOR ADDITIONAL RATES**

**TOWN OF SHREWSBURY  
WEST SUBURBAN HEALTH GROUP ACTIVE PLANS 2016-2017**

**JUNE PAYROLL CHANGES FOR JULY 1, 2016 OPEN-ENROLLMENT**

% PAID TOWN/EMP	PLAN TYPE	TOTAL MONTHLY	TOWN MONTHLY	TOWN 26 P/R BI-WEEKLY*	TOWN 21 P/R BI-WEEKLY**	TOWN WEEKLY*	EMPLOYEE MONTHLY	EMP. 26 P/R BI-WEEKLY*	EMP. 21P/R BI-WEEKLY**	EMPLOYEE WEEKLY*	COBRA
<b>BENCHMARK HMO PLANS</b>											
<b>BLUE CROSS NETWORK BLUE BENCHMARK</b>											
60/40	FAMILY	\$2,184.00	\$1,310.40	\$604.80	\$748.80	\$302.40	\$873.60	\$403.20	\$499.20	\$201.60	\$2,227.68
50/50	FAMILY (SS)	\$2,184.00	\$1,092.00	\$504.00	\$624.00	\$252.00	\$1,092.00	\$504.00	\$624.00	\$252.00	
60/40	INDIVIDUAL	\$814.00	\$488.40	\$225.42	\$279.09	\$112.71	\$325.60	\$150.28	\$186.06	\$75.14	\$830.28
50/50	INDIVIDUAL (SS)	\$814.00	\$407.00	\$187.85	\$232.57	\$93.92	\$407.00	\$187.85	\$232.57	\$93.92	
<b>TUFTS BENCHMARK</b>											
60/40	FAMILY	\$2,027.00	\$1,216.20	\$561.32	\$694.97	\$280.66	\$810.80	\$374.22	\$463.31	\$187.11	\$2,067.54
50/50	FAMILY (SS)	\$2,027.00	\$1,013.50	\$467.77	\$579.14	\$233.88	\$1,013.50	\$467.77	\$579.14	\$233.88	
60/40	INDIVIDUAL	\$774.00	\$464.40	\$214.34	\$265.37	\$107.17	\$309.60	\$142.89	\$176.91	\$71.45	\$789.48
50/50	INDIVIDUAL (SS)	\$774.00	\$387.00	\$178.62	\$221.14	\$89.31	\$387.00	\$178.62	\$221.14	\$89.31	
<b>HPHC BENCHMARK</b>											
60/40	FAMILY	\$1,915.00	\$1,149.00	\$530.31	\$656.57	\$265.15	\$766.00	\$353.54	\$437.71	\$176.77	\$1,953.30
50/50	FAMILY (SS)	\$1,915.00	\$957.50	\$441.92	\$547.14	\$220.96	\$957.50	\$441.92	\$547.14	\$220.96	
60/40	INDIVIDUAL	\$735.00	\$441.00	\$203.54	\$252.00	\$101.77	\$294.00	\$135.69	\$168.00	\$67.85	\$749.70
50/50	INDIVIDUAL (SS)	\$735.00	\$367.50	\$169.62	\$210.00	\$84.81	\$367.50	\$169.62	\$210.00	\$84.81	
<b>FALLON SELECT BENCHMARK</b>											
73/27	FAMILY	\$1,591.00	\$1,161.43	\$536.04	\$663.67	\$268.02	\$429.57	\$198.26	\$245.47	\$99.13	\$1,622.82
50/50	FAMILY (SS)	\$1,591.00	\$795.50	\$367.15	\$454.57	\$183.58	\$795.50	\$367.15	\$454.57	\$183.58	
73/27	INDIVIDUAL	\$591.00	\$431.43	\$199.12	\$246.53	\$99.56	\$159.57	\$73.65	\$91.18	\$36.82	\$602.82
50/50	INDIVIDUAL (SS)	\$591.00	\$295.50	\$136.38	\$168.86	\$68.19	\$295.50	\$136.38	\$168.86	\$68.19	
<b>FALLON DIRECT BENCHMARK</b>											
78/22	FAMILY	\$1,480.00	\$1,154.40	\$532.80	\$659.66	\$266.40	\$325.60	\$150.28	\$186.06	\$75.14	\$1,509.60
50/50	FAMILY (SS)	\$1,480.00	\$740.00	\$341.54	\$422.86	\$170.77	\$740.00	\$341.54	\$422.86	\$170.77	
78/22	INDIVIDUAL	\$550.00	\$429.00	\$198.00	\$245.14	\$99.00	\$121.00	\$55.85	\$69.14	\$27.92	\$561.00
50/50	INDIVIDUAL (SS)	\$550.00	\$275.00	\$126.92	\$157.14	\$63.46	\$275.00	\$126.92	\$157.14	\$63.46	

(SS) REPRESENTS SURVIVING SPOUSE

\* PLEASE NOTE BI-WEEKLY & WEEKLY DEDUCTIONS ARE BASED ON 26 & 52 WEEK PAYROLLS RESPECTIVELY.

\*\*SCHOOL EMPLOYEES PAID ON 21 BI-WEEKLY P/R (5 BI-WEEKLY SUMMER DEDUCTIONS ARE INCLUDED IN THE RATES)

**TURN OVER FOR ADDITIONAL RATES**

**West Suburban Health Group**

**Plan Design Changes for 7/1/16**

**HMO**

<b>WSHG Fallon Benchmark (FY16)</b>	
<i>Plan Design Feature</i>	<i>Current co-pays</i>
<b>Deductible</b>	
<i>Per member</i>	\$250
<i>Family of 2</i>	\$500
<i>Not-to-exceed per family</i>	\$750
<b>Inpatient copay</b>	\$300 Mental/SubAbuse-no copay
<b>Outpatient surgery copay</b>	\$150
<b>Specialist copays</b>	\$35
<b>Rx copays</b> (Mail copays are 2.0 x Retail except for Tier 3)	\$10/25/50 Retail; \$20/50/110 Mail.

<b>WSHG Fallon Benchmark (FY17)</b>	
<i>Plan Design Feature</i>	<i>Co-pays on 7/1/16</i>
<b>Deductible</b>	
<i>Per member</i>	\$300
<i>Family of 2</i>	\$600
<i>Not-to-exceed per family</i>	\$900
<b>Inpatient copay</b>	\$500
<b>Outpatient surgery copay</b>	\$250
<b>Specialist copays</b>	\$60
<b>Rx copays</b> (Mail copays are 2.5 x Retail)	\$10/30/65 Retail; \$25/75/165 Mail.

# West Suburban Health Group

## Plan Design Changes for 7/1/16

### HPHC HMO

WSHG HPHC Benchmark Plan (ChoiceNet) (FY16)	
Plan Design Feature	Current co-pays
<b>Deductible</b>	
<i>Per member</i>	\$250
<i>Family of 2</i>	\$500
<i>Not-to-exceed per family</i>	\$750
<b>Inpatient copay*</b>	\$300/300/700 Mental Sub Abuse is \$200
<b>Outpatient surgery copay</b>	\$150
<b>Specialist copays</b>	\$25/35/45
<b>Rx copays</b> (Mail copays are 2.0 x Retail except for Tier 3)	\$10/25/50 Retail; \$20/50/110 Mail.

WSHG HPHC Benchmark Plan (ChoiceNet) (FY17)	
Plan Design Feature	Co-pays on 7/1/16
<b>Deductible</b>	
<i>Per member</i>	\$300
<i>Family of 2</i>	\$600
<i>Not-to-exceed per family</i>	\$900
<b>Inpatient copay</b>	\$250/500/1500
<b>Outpatient surgery copay</b>	\$250
<b>Specialist copays</b>	\$30/60/90
<b>Rx copays</b> (Mail copays are 2.5 x Retail)	\$10/30/65 Retail; \$25/75/165 Mail.

**West Suburban Health Group**

**Plan Design Changes for 7/1/16**

**HMO**

<b>WSHG Tufts Benchmark (FY16)</b>		<b>WSHG Tufts Benchmark (FY17)</b>	
<i>Plan Design Feature</i>	<i>Current co-pays</i>	<i>Plan Design Feature</i>	<i>Co-pays on 7/1/16</i>
<b>Deductible</b>		<b>Deductible</b>	
<i>Per member</i>	\$250	<i>Per member</i>	\$300
<i>Family of 2</i>	\$500	<i>Family of 2</i>	\$600
<i>Not-to-exceed per family</i>	\$750	<i>Not-to-exceed per family</i>	\$900
<b>Inpatient copay</b>	\$300/\$700 Mental /Sub Abuse is \$150	<b>Inpatient copay</b>	\$500/1500 Mental /Sub Abuse is \$500
<b>Outpatient surgery copay</b>	\$150	<b>Outpatient surgery copay</b>	\$250
<b>Specialist copays</b>	\$35	<b>Specialist copays</b>	\$60
<b>Rx copays</b> (Mail copays are 2.0 x Retail )	\$10/25/50 Retail; \$20/50/110Mail.	<b>Rx copays</b> (Mail copays are 2.5 x Retail)	\$10/30/65 Retail; \$25/75/165 Mail.

**Total EST. Savings from moving to GIC Benchmark plan design but with \$250/\$500 inpt. co-pays:**

**West Suburban Health Group**

**Plan Design Changes for 7/1/16**

**BCBS HMO**

<b>WSHG Network Blue Benchmark (FY16)</b>	
<i>Plan Design Feature</i>	<i>Current co-pays</i>
<b>Deductible</b>	
<i>Per member</i>	\$250
<i>Family of 2</i>	\$500
<i>Not-to-exceed per family</i>	\$750
<b>Inpatient copay</b>	\$300/700 Mental Sub Abuse is \$300
<b>Outpatient surgery copay</b>	\$150
<b>Specialist copays</b>	\$35
<b>Rx copays</b> (Mail copays are 2.0 x Retail except for Tier 3)	\$10/25/50 Retail; \$20/50/110 Mail.

<b>WSHG Network Blue Benchmark (FY17)</b>	
<i>Plan Design Feature</i>	<i>Co-pays on 7/1/16</i>
<b>Deductible</b>	
<i>Per member</i>	\$300
<i>Family of 2</i>	\$600
<i>Not-to-exceed per family</i>	\$900
<b>Inpatient copay</b>	\$250/500/1500
<b>Outpatient surgery copay</b>	\$250
<b>Specialist copays</b>	\$30/60/90
<b>Rx copays</b> (Mail copays are 2.5 x Retail)	\$10/30/65 Retail; \$25/75/165 Mail.

WEST SUBURBAN HEALTH GROUP

Effective 07-01-2016

HEALTH PLAN COMPARISON CHART July 1, 2016

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BENEFIT	HARVARD PILGRIM HEALTH CARE				BLUE CROSS BLUE SHIELD		TUFTS HEALTH PLAN		FALLON COMMUNITY HEALTH PLAN	
	PPO		HMO RATE SAVER	CHOICENET BENCHMARK PLAN	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	BENCHMARK PLAN	EPO RATE SAVER (Navigator)	BENCHMARK PLAN	EPO RATE SAVER	BENCHMARK PLAN
	IN-NETWORK	OUT-OF-NETWORK								
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	
<b>Lifetime Benefit Maximum</b>	None	None	None	None	None	None	None	None	None	None
<b>Deductible - (Benchmark Plans only) applies to:</b> In-patient Admission; Out-patient Surgery; ER, High Tech Imaging (MRI, CT, & PET) and Diagnostic Tests & Procedures. Does not apply to office visits or pharmacy. Per plan year (July 1 to June 30) - See plan document for full details	None	IND \$100 / FAM \$200 per calendar year	None	IND \$300/ FAM \$900	None	IND \$300/ FAM \$900	None	IND \$300/ FAM \$900	None	IND \$300/ FAM \$900
<b>Out-of-Pocket (OOP) Maximum</b> - Once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for remainder of plan year. Effective July 1, 2015, out-of-pocket maximums for prescription copays have been added as required by ACA (in-network only).	<b>Medical</b> - \$2,000 per member \$4,000 per family per calendar year <b>Prescription</b> - \$2,000 per member \$4,000 per family per calendar year see plan for details	Not required per the ACA	<b>Medical</b> - \$2,000 per member \$4,000 per family per calendar year <b>Prescription</b> - \$2,000 per member \$4,000 per family per calendar year see plan for details	<b>Medical</b> - \$2,000 per member \$4,000 per family per calendar year <b>Prescription</b> - \$2,000 per member \$4,000 per family per calendar year see plan for details	<b>Medical</b> - \$2,000 per member \$4,000 per family per calendar year <b>Prescription</b> - \$2,000 per member \$4,000 per family per calendar year see plan for details	<b>Medical</b> - \$2,000 per member \$4,000 per family per calendar year <b>Prescription</b> - \$2,000 per member \$4,000 per family per calendar year see plan for details	<b>Medical</b> - \$2,000 per member \$4,000 per family per calendar year <b>Prescription</b> - \$2,000 per member \$4,000 per family per calendar year see plan for details	<b>Medical</b> - \$2,000 per member \$4,000 per family per calendar year <b>Prescription</b> - \$2,000 per member \$4,000 per family per calendar year see plan for details	<b>Medical &amp; Prescription Combined</b> - \$1,000 Individual \$2,000 Family per plan year	<b>Medical &amp; Prescription Combined</b> - \$2,000 Individual \$4,000 Family per plan year

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	HARVARD PILGRIM HEALTH CARE				BLUE CROSS BLUE SHIELD		TUFTS HEALTH PLAN		FALLON COMMUNITY HEALTH PLAN	
	PPO		HMO RATE SAVER	CHOICENET BENCHMARK PLAN	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	BENCHMARK PLAN	EPO RATE SAVER (Navigator)	BENCHMARK PLAN	EPO RATE SAVER	BENCHMARK PLAN
	IN-NETWORK	OUT-OF-NETWORK								
BENEFIT	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>Family Covered</b>	Spouse; dependents; and adult children until age 26	Spouse; dependents; and adult children until 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	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	Spouse; dependents; and adult children up to age 26
<b>Selection of Primary Care Physician (PCP)</b>	Any PCP in network	No selection required	Member must select	Member must select	Member must select	Member must select	No selection required	No selection required	Member must select	Member must select
<b>Specialist Referrals</b>	Any HPHC Specialist	Any licensed specialist	PCP must refer	PCP must refer	PCP must refer	PCP must refer	No referral required	No referral required	PCP must refer	PCP must refer
<b>Providers of Service</b>	<b>HARVARD PILGRIM</b> providers - Members also have access to a wide range of participating providers through the Private Health Care Systems network while outside of MA, NH and ME	Any licensed provider; any hospital	<b>HARVARD PILGRIM</b> providers except in emergencies	<b>HARVARD PILGRIM</b> providers except in emergencies	<b>HMO BLUE</b> providers in all 6 New England states except in emergencies  Hospital Tiers: Tier 1: Enhanced Tier 2: Standard Tier 3: Basic	<b>HMO BLUE</b> providers in all 6 New England states except in emergencies	<b>TUFTS HEALTH PLAN</b> providers except in emergencies	<b>TUFTS HEALTH PLAN</b> providers except in emergencies	<b>**SELECT CARE -</b> An expansive network that includes physician practices, community-based hospitals and medical facilities across the Commonwealth. The network encompasses more than 40,000 providers and 60 hospitals.  <b>*DIRECTCARE -</b> A tailored network custom-built around several of the Commonwealth's premier provider groups and community-based hospitals. The network has more than 30,000 providers	<b>**SELECT CARE -</b> An expansive network that includes physician practices, community-based hospitals and medical facilities across the Commonwealth. The network encompasses more than 40,000 providers and 60 hospitals.  <b>*DIRECTCARE -</b> A tailored network custom-built around several of the Commonwealth's premier provider groups and community-based hospitals. The network has more than 30,000 providers
<b>Pre-existing Conditions</b>	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions	No restrictions

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BENEFIT	HARVARD PILGRIM HEALTH CARE				BLUE CROSS BLUE SHIELD		TUFTS HEALTH PLAN		FALLON COMMUNITY HEALTH PLAN	
	PPO		HMO RATE SAVER	CHOICENET BENCHMARK PLAN	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	BENCHMARK PLAN	EPO RATE SAVER (Navigator)	BENCHMARK PLAN	EPO RATE SAVER	BENCHMARK PLAN
	IN-NETWORK	OUT-OF-NETWORK								
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>INPATIENT</b>										
<b>General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and ancillary services)</b>	Nothing	20% coinsurance after deductible	\$250 copay	Deductible applies then: <b>Tier 1 : \$250</b> <b>Tier 2 : \$500</b> <b>Tier 3 : \$1500</b> NOTE-Mental Health/Substance Abuse <b>copay \$250</b>	Enhanced: \$250 copay Standard: \$500 copay Basic: \$500 copay Out-of-state copay: \$250 NOTE-Mental Health/Substance Abuse copay \$250	<b>Deductible , then Tier 1: \$500 copay Tier 2: 1500 copay</b>	Semi-private room & board & ancillary services Tier 1: \$150 copay Tier 2: \$250 copay NOTE-Mental Health/Substance Abuse copay \$150	Semi-private room & board & ancillary services <b>Tier 1: \$500 copay, then deductible applies Tier 2: \$1500 copay, then deductible applies NOTE-Mental Health/Substance Abuse copay \$500</b>	\$250 copay per admission (\$1,000 out-of-pocket maximum) No co-pay or deductible for Mental Hospital/Substance Abuse Facility	<b>\$500 copay</b> per admission, then deductible No co-pay or deductible for Mental Hospital/Substance Abuse Facility
<b>Physician Services</b>	Nothing	20% coinsurance after deductible	Nothing	Nothing	Nothing (Hospital copay applies)	Nothing	Nothing	Nothing	Nothing	Nothing, after deductible
<b>Skilled Nursing Facility</b>	Nothing up to 100 days per calendar year	20% coinsurance after deductible up to 100 days per calendar year	\$250 copayment for each admission, up to 100 days per year	Deductible applies, then 20% Coinsurance - Limited to 100 days per Plan Year	Nothing up to 100 days per year	Deductible, then covered in full	Covered in full up to 100 days per plan year	Covered in Full after Deductible, up to 100 days per plan year	\$250 copayment for each admission, up to 100 days per year	<b>\$500</b> copay per admission, then deductible Max of 100 days per year.
<b>Newborn Well Baby Care (Inpatient)</b>	Nothing	20% coinsurance after deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
<b>OUTPATIENT</b>										
<b>Emergency Room Visits for Emergency or Accident Care</b>	\$40 copay, waived if admitted	\$40 copay, waived if admitted	\$75 copay (Inpatient copay applies if admitted) in Service Area	Deductible applies, then \$100 Copay per visit. Copay is waived if admitted to the hospital directly from the emergency room, then Inpatient copay would apply	\$75 copay (Inpatient copay applies if admitted)	Deductible applies, then \$100 Copay per visit. Copay is waived if admitted to the hospital directly from the emergency room, then Inpatient copay would apply	\$75 copay (Inpatient copay applies if admitted)	\$100 copay, then deductible applies (Inpatient copay applies if admitted)	\$75 copay (waived if admitted then Inpatient copay applies)	\$100 copay, then deductible applies (waived if admitted, then Inpatient copay applies)

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BENEFIT	HARVARD PILGRIM HEALTH CARE				BLUE CROSS BLUE SHIELD		TUFTS HEALTH PLAN		FALLON COMMUNITY HEALTH PLAN	
	PPO		HMO RATE SAVER	CHOICENET BENCHMARK PLAN	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	BENCHMARK PLAN	EPO RATE SAVER (Navigator)	BENCHMARK PLAN	EPO RATE SAVER	BENCHMARK PLAN
	IN-NETWORK	OUT-OF-NETWORK								
<b>Emergency Care in Doctor's Office</b>	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<b>Outpatient Surgery in a Day Surgery facility or Hospital</b>	Nothing	20% coinsurance after deductible	\$125 copay per outpatient surgery	Deductible applies, then <b>\$250 copay</b> per visit	Enhanced: \$150 copay Standard: \$250 copay Basic: \$250 copay Out-of-State copay \$150	Deductible applies, then <b>\$250 copay</b> per visit	\$125 copay per outpatient surgery	<b>\$250 copay</b> per outpatient surgery, then deductible	\$125 copay per outpatient surgery	<b>\$250 copay</b> per outpatient surgery, then deductible
<b>CT, MRI and Pet Scans</b>	Nothing	20% coinsurance after deductible	Nothing	Deductible applies, then \$100 Copay per procedure	General Hospitals: Enhanced: \$75 copay Standard: \$150 copay Basic: \$150 Other Providers: \$75 copay	Deductible, then \$100 copay (scheduled outpatient)	\$75 copay *Copay will not be charged when a member has a cancer diagnosis	\$100 copay, then Deductible	Nothing	\$100 copay, then deductible
<b>Hemodialysis</b>	Nothing	20% coinsurance after deductible	Nothing	Non - hospital based - Deductible applies, then no charge Hospital based - See Inpatient Services	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full
<b>Physical Therapy</b>	\$5 copay per visit	20% coinsurance after deductible	\$20 copay (short-term); up to 90 consecutive days per condition	Copay: \$20 per visit - Limited to 30 visits per PlanYear	\$45 copay; up to 60 visits per calendar year	\$20 copay; up to 60 visits per calendar year	Speech and short-term PT/OT \$20 copay per visit; 30 visits per plan year	Speech and short-term PT/OT \$20 copay per visit; 30 visits per plan year	\$20 copay. PT / OT Max limit up to 60 visits per calendar year	\$20 copay. PT / OT Max limit up to 60 visits per calendar year
<b>Office Visits Primary Care Physician</b>	\$5 copay per visit	Not covered	\$20 copay per visit	\$20 copay per visit	Enhanced: \$15 copay Standard: \$25 copay Basic \$45 copay Out-of-state copay \$15	\$20 copay	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
<b>Preventive OV - PCP</b>	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing

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BENEFIT	HARVARD PILGRIM HEALTH CARE				BLUE CROSS BLUE SHIELD		TUFTS HEALTH PLAN		FALLON COMMUNITY HEALTH PLAN		
	PPO		HMO RATE SAVER	CHOICENET BENCHMARK PLAN	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	BENCHMARK PLAN	EPO RATE SAVER (Navigator)	BENCHMARK PLAN	EPO RATE SAVER	BENCHMARK PLAN	
	IN-NETWORK	OUT-OF-NETWORK									
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	
<b>Medical Care/Mental Health Care/Substance Abuse Care</b> <i>(Mental Health copays excluded from OOP max)</i>	\$5 copay per visit	20% coinsurance after deductible	\$20 copay per visit	\$20 copay per visit	Enhanced: \$15 copay Standard: \$25 copay Basic: \$45 copay Out-of-state copay: \$15 NOTE: Mental Health Care copay \$15	\$20 per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
<b>Office Visits Specialist</b>	\$5 copay per visit	20% coinsurance after deductible	\$35 copay per visit	<b>Tier 1 : \$30 copay per visit Tier 2: \$60 copay per visit Tier 3: \$90 copay per visit</b>	\$45 copay per visit	<b>\$60 copay per visit</b>	\$35 copay per visit	<b>\$60 copay</b> per visit	\$35 copay per visit	<b>\$60 copay</b> per visit	
<b>OB/GYN</b>	\$5 copay per visit	20% coinsurance after deductible	\$20 copay per visit	\$20 copay per visit	\$45 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit	\$20 copay per visit
<b>GYN-Preventive Office visit</b>	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
<b>Diagnostic X-ray and Lab</b>	Nothing	20% coinsurance after deductible	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	
<b>Routine Vision Exam</b>	\$5 copay per visit; one visit per calendar year. \$0 copay for children under 5 years of age  Eyewear discounts available at participating providers	20% coinsurance after deductible  Eyewear discounts available at participating providers	\$20 copay per visit; one visit per calendar year. \$0 copay for children under 5 years of age	\$20 copay per visit; one exam every 2 plan years \$0 copay for children under 5 years of age	\$0 copay; one visit every 24 months	\$0 copay; one visit every 12 months	\$20 copay per visit; one visit per plan year  Eyewear discounts available at participating providers	\$20 copay per visit; one visit per plan year  Eyewear discounts available at participating providers	\$0 copay per visit; one visit every 12 months  Eyewear discounts available at participating EYEMed providers	\$0 copay per visit; one visit every 12 months  Eyewear discounts available at participating EYEMed providers	
<b>Pre-Admission Testing -</b>	Nothing	20% coinsurance after deductible	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	

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	HARVARD PILGRIM HEALTH CARE				BLUE CROSS BLUE SHIELD		TUFTS HEALTH PLAN		FALLON COMMUNITY HEALTH PLAN	
	PPO		HMO RATE SAVER	CHOICENET BENCHMARK PLAN	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	BENCHMARK PLAN	EPO RATE SAVER (Navigator)	BENCHMARK PLAN	EPO RATE SAVER	BENCHMARK PLAN
	IN-NETWORK	OUT-OF-NETWORK								
BENEFIT	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>Maternity Care visits</b>	Nothing	20% coinsurance after deductible	Nothing	Nothing	Nothing	Nothing	Nothing for prenatal and postnatal outpatient care	Nothing for prenatal and postnatal outpatient care	Prenatal: \$20 copay first visit only; Post natal: \$20 copay per visit	Prenatal: \$20 copay first visit only; Post // \$20 copay per visit
<b>Dental Services</b>	<b>Children under age 14</b> - Covered in full for preventative care. <b>All members</b> - \$5 copay for extraction of impacted teeth and initial emergency treatment.	<b>Children under age 14</b> - 20% coinsurance after deductible for preventative care. <b>All members</b> - 20% coinsurance after deductible for extraction of impacted teeth and initial emergency treatment.	<b>Children under age 12</b> - Preventative dental when authorized by PCP; up to two exams per calendar year, including cleaning, fluoride treatment and x-rays. Initial emergency treatment (within 72 hours of injury) necessary to repair oral injuries. Extraction of impacted teeth.	Preventative dental for children up to age 13 - Tier 1 Copayment per visit up to two exams per calendar year, including cleaning, fluoride treatment and x-rays. Initial emergency treatment (within 72 hours of injury) necessary to repair oral injuries. Extraction of impacted teeth.	No coverage	<b>Children under age 12:</b> Preventive dental up to two exams per cal. yr., incl. Cleaning, fluoride treatment and x-rays. <b>All members:</b> Extraction of impacted teeth imbedded in the bone. Facility charges ONLY when a serious medical condition that requires admittance to a network hospital as inpatient in order for dental care to be safely performed.	<b>Children under age 12;</b> Preventative dental, periodic oral exam, cleaning, fluoride treatment once every six months. X-rays: Full mouth once every five years, bitewing x-rays once every six months, and periapicals as needed. MUST use participating dentist. Emergency Services - LIMITED TO X RAYS AND EMERGENCY ORAL SURGERY ER or OFFICE VISIT COPAY WILL APPLY	<b>Children under age 12;</b> Preventative dental, periodic oral exam, cleaning, fluoride treatment once every six months. X-rays: Full mouth once every five years, bitewing x-rays once every six months, and periapicals as needed. MUST use participating dentist. Emergency Services - LIMITED TO X RAYS AND EMERGENCY ORAL SURGERY ER or OFFICE VISIT COPAY WILL APPLY	<b>Family dental coverage:</b> \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	<b>Family dental coverage:</b> \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.
<b>OTHER FEATURES</b>										
<b>Private Duty Nursing</b> (only when medically necessary)	Nothing when medically necessary	20% coinsurance after deductible	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary

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BENEFIT	HARVARD PILGRIM HEALTH CARE				BLUE CROSS BLUE SHIELD		TUFTS HEALTH PLAN		FALLON COMMUNITY HEALTH PLAN	
	PPO		HMO RATE SAVER	CHOICENET BENCHMARK PLAN	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	BENCHMARK PLAN	EPO RATE SAVER (Navigator)	BENCHMARK PLAN	EPO RATE SAVER	BENCHMARK PLAN
	IN-NETWORK	OUT-OF-NETWORK								
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	
<b>Home Health Care</b>	Nothing	20% coinsurance after deductible	Nothing	Member cost sharing depends on types of services provided and tier placement of provider rendering services, as listed in the Schedule of Benefits. For example, for services provided by a physician, see "physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital - Inpatient Services."	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full
<b>Hospice Care</b>	Nothing	20% coinsurance after deductible	Nothing	Same as Home Health Care	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full
<b>Durable Medical Equipment</b>	20% of equipment cost to HPHC not to exceed a member's expense of \$1000,	Deductible, then 20% of equipment cost to HPHC not to exceed a member's expense of \$1000	20% of HPHC cost	Deductible, then covered in full	20% coinsurance  Prosthetics covered in full	Deductible, then 20% coinsurance  Deductible, then 20% coinsurance	80% Covered	Deductible, then covered in full	Nothing  20% coinsurance for prosthetic limbs which replace, in whole or in part, an arm or leg.	Deductible, then covered in full  20% coinsurance after the deductible for prosthetic limbs which replace, in whole or in part, an arm or leg.
<b>Ambulance</b>	Nothing, when medically necessary	Nothing, when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Nothing when medically necessary	Deductible then covered in full	Nothing when medically necessary	Deductible then covered in full	Nothing when medically necessary	Covered in full when medically necessary
<b>Radiation Therapy</b>	Nothing	20% coinsurance after deductible	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full	Nothing	Deductible, then covered in full

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BENEFIT	HARVARD PILGRIM HEALTH CARE				BLUE CROSS BLUE SHIELD		TUFTS HEALTH PLAN		FALLON COMMUNITY HEALTH PLAN		
	PPO		HMO RATE SAVER	CHOICENET BENCHMARK PLAN	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	BENCHMARK PLAN	EPO RATE SAVER (Navigator)	BENCHMARK PLAN	EPO RATE SAVER	BENCHMARK PLAN	
	IN-NETWORK	OUT-OF-NETWORK									YOU PAY
<b>Chemotherapy</b>	Nothing	20% coinsurance after deductible	Nothing	Deductible, then covered in full							
<b>Chiropractor Visits</b>	\$5 copay per visit, up to \$500 per calendar year	20% coinsurance after deductible	\$35 copay per visit. 12 visit maximum per calendar year	\$20 copay, 20 visits per plan year	\$45 copay per visit. 12 visits maximum per calendar year	\$20 copay per visit. 12 visits maximum per calendar year	\$20 copay per visit; up to 12 visits per calendar year	\$20 copay per visit; up to 12 visits per calendar year	\$20 copay per visit; up to 12 visits per calendar year.	\$20 copay per visit; up to 12 visits per calendar year.	
<b>Prescription Drugs</b> (Inpatient drugs paid in Co-pays do not count towards OOP Maximum)	Retail Pharmacy: Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay up to a 30 day supply  MedImpact Mail Order:  Tier 1: \$10 copay  Tier 2: \$20 copay Tier 3: \$75 copay up to a 90 day supply	Retail Pharmacy: Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay up to a 30 day supply  No mail order coverage except through MedImpact Mail Order	Retail Pharmacy: Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply)	Retail Pharmacy: Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay (up to a 30-day supply)	Retail Pharmacy: Tier 1: \$15.00 copay Tier 2: \$30.00 copay Tier 3: \$50.00 copay (up to a 30-day supply)	Retail Pharmacy: Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay (up to a 30-day supply)	Retail Pharmacy: Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply)	Retail Pharmacy: Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay (up to a 30-day supply)	Retail Pharmacy: Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply)	Retail Pharmacy: Tier 1: \$10.00 copay Tier 2: \$25.00 copay Tier 3: \$45.00 copay (up to a 30-day supply)	Retail Pharmacy: Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay (up to a 30-day supply)

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	HARVARD PILGRIM HEALTH CARE				BLUE CROSS BLUE SHIELD		TUFTS HEALTH PLAN		FALLON COMMUNITY HEALTH PLAN	
	PPO		HMO RATE SAVER	CHOICENET BENCHMARK PLAN	NETWORK BLUE NE OPTIONS TIERED NETWORK HMO RATE SAVER	BENCHMARK PLAN	EPO RATE SAVER (Navigator)	BENCHMARK PLAN	EPO RATE SAVER	BENCHMARK PLAN
	IN-NETWORK	OUT-OF-NETWORK								
BENEFIT	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Fitness Benefit	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement	Reimbursement
	<p>Fitness reimb up to <b>\$150</b> per subscriber at a Health &amp; Fitness club per calendar year. Must be an active member of HPHC 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>Discounts at IFCN-affiliated clubs. Discount at Weight Watchers®</p>	<p>Fitness reimb up to <b>\$150</b> per subscriber at a Health &amp; Fitness club per calendar year. Must be an active member of HPHC 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>Discounts at IFCN-affiliated clubs. Discount at Weight Watchers®</p>	<p>Fitness reimb up to <b>\$150</b> per subscriber at a Health &amp; Fitness club per calendar year. Must be an active member of HPHC 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>Discounts at IFCN-affiliated clubs. Discount at Weight Watchers®</p>	<p>Fitness reimb up to <b>\$150</b> per subscriber at a Health &amp; Fitness club per calendar year. Must be an active member of HPHC 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>Discounts at IFCN-affiliated clubs. Discount at Weight Watchers®</p>	<p>Up to <b>\$300</b> 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>	<p>Up to <b>\$300</b> 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>	<p>Fitness reimb up to <b>\$150</b> per subscriber at a Health &amp; 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 NUTRISYSTEM DISCOUNT: -12% DISCOUNT - OFF CURRENT PROMO -CORE OR SELECT PROGRAM</p>	<p>Fitness reimb up to <b>\$150</b> per subscriber at a Health &amp; 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 NUTRISYSTEM DISCOUNT: -12% DISCOUNT - OFF CURRENT PROMO -CORE OR SELECT PROGRAM</p>	<p>It Fits! Program reimburses families on Select Care up to <b>\$400</b> per family contract (<b>\$200</b> for individual contracts)and Direct Care members up to <b>\$500</b> per family contract (<b>\$250</b> for individual contracts) to use toward health club memberships, Pilates, Yoga classes Weight Watchers® programs, and local, school sports programs and now fitness related equipment.</p> <p>The equipment must be new, purchased from a retail store and not Craig's List or EBay. Other discounts also available. See plan materials for details.</p>	<p>It Fits! Program reimburses families on Select Care up to <b>\$400</b> per family contract (<b>\$200</b> for individual contracts)and Direct Care members up to <b>\$500</b> per family contract (<b>\$250</b> for individual contracts) to use toward health club memberships, Pilates, Yoga classes Weight Watchers® programs, and local, school sports programs and now fitness related equipment.</p> <p>The equipment must be new, purchased from a retail store and not Craig's List or EBay. Other discounts also available. See plan materials for details.</p>

\* **Fallon DirectCare** - Members now have access to Acton Medical Associates, Charles River Medical Associates and Southboro Medical Group, Fallon Clinic, Highland Healthcare Associates IPA, Lahey Clinic, Lawrence General IPA, Lowell General PHO, Mount Auburn Cambridge IPA, and Northeast PHO.

\*\***FCHP SelectCare** - Members have access to FCHP Clinic providers, as well as hundreds of private practice physicians in Central, Northern, Eastern and Southeastern, Massachusetts.