



**GROUP INSURANCE COMMISSION  
FY18 EMPLOYEE/NON-MEDICARE PLAN BENEFIT COMPARISON  
February 14, 2017**

**Employee/Non-Medicare Fully-Insured Plans**

Gray Column represents current FY17 design. White Column represents FY18 design.

Health Plan	Fallon Direct Care FY17	Fallon Direct Care FY18	Fallon Select Care FY17	Fallon Select Care FY18	Health New England FY17	Health New England FY18	Neighborhood FY17	Neighborhood FY18
<b>Medical Deductible</b>								
Individual/Family	\$300/\$900	\$550/\$1,100	\$300/\$900	\$550/\$1,100	\$300/\$900	\$500/\$1,000	\$300/\$900	\$500/\$1,000
<b>PCP Office Visit (medical deductible does NOT apply)</b>								
Tier 1	\$15 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
<b>Specialist Office Visit (medical deductible does NOT apply)</b>								
Tier 1	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
Tier 2	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
Tier 3	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit
<b>ER (medical deductible applies)</b>								
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Retail Clinic/Urgent Care Center (medical deductible does NOT apply)</b>								
	\$15 copay	\$15 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay

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Health Plan	Fallon Direct Care FY17	Fallon Direct Care FY18	Fallon Select Care FY17	Fallon Select Care FY18	Health New England FY17	Health New England FY18	Neighborhood FY17	Neighborhood FY18
<b>Inpatient Hospital Care (medical deductible applies)</b>								
Tier 1	\$275 per Admission	\$275 per Admission	\$275 per Admission	\$275 per Admission	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission
Tier 2	No tiering	No tiering	\$500 per Admission	\$500 per Admission	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	\$1,500 per Admission	\$1,500 per Admission	No tiering	No tiering	No tiering	No tiering
<b>Outpatient Surgery (medical deductible applies)</b>								
Tier 1	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
<b>High Tech Imaging (MRI, PT, CT scans) Maximum of one copay per day (medical deductible applies)</b>								
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Pharmacy Deductible*</b>								
	None	N/A	None	N/A	None	\$100/\$200	None	\$100/\$200
<b>Pharmacy – Retail: up to a 30-day supply (pharmacy deductible applies)</b>								
Tier 1	\$10	\$10	\$10	\$10*	\$10	\$10	\$10	\$10
Tier 2	\$30	\$30	\$30	\$30*	\$30	\$30	\$30	\$30
Tier 3	\$65	\$65	\$65	\$65*	\$65	\$65	\$65	\$65
<b>Pharmacy – Mail Order: up to a 90-day supply (pharmacy deductible applies)</b>								
Tier 1	\$25	\$25	\$25	\$25*	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75*	\$75	\$75	\$75	\$75
Tier 3	\$165	\$165	\$165	\$165*	\$165	\$165	\$165	\$165
<b>Outpatient Behavioral Health/Substance Use Disorder Care (medical deductible does NOT apply)</b>								
	\$15 per visit	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
<b>Preventive Services (medical deductible does NOT apply)</b>								
	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
<b>Out-of-Pocket Maximum**</b>								
Overall	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000

\* Pharmacy deductible does NOT apply to generic buprenorphine-naloxone, naloxone, and naltrexone products; oral chemotherapy; and preventive care medications covered under the ACA.

\*\* All medical, prescription drug, and behavioral health copays, coinsurance, and deductibles apply to the out-of-pocket maximum

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 FEBRUARY 14, 2017

**Employee/Non-Medicare – Self-Insured Plans**

Gray Column represents current FY17 design. White Column represents FY18 design.

Health Plan	Harvard Pilgrim Independence (POS) FY17	Harvard Pilgrim Independence (POS) FY18	Harvard Pilgrim Primary Choice FY17	Harvard Pilgrim Primary Choice FY18	Tufts Navigator (POS) FY17	Tufts Navigator (POS) FY18	Tufts Spirit FY17	Tufts Spirit FY18
<b>In-Network Medical Deductible</b>								
Individual/Family	\$300/\$900	\$500/\$1,000	\$300/\$900	\$500/\$1,000	\$300/\$900	\$500/\$1,000	\$300/\$900	\$500/\$1,000
<b>PCP Office Visit (medical deductible does NOT apply)</b>								
Tier 1	\$20 per visit	\$10 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$10 per visit	\$20 per visit	\$20 per visit
Tier 2	No tiering	\$20 per visit	No tiering	No tiering	No tiering	\$20 per visit	No tiering	No tiering
Tier 3	No tiering	\$40 per visit	No tiering	No tiering	No tiering	\$40 per visit	No tiering	No tiering
<b>Specialist Office Visit (medical deductible does NOT apply)</b>								
Tier 1	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
Tier 2	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
Tier 3	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit
<b>ER (medical deductible applies)</b>								
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Retail Clinic/Urgent Care Center (medical deductible does NOT apply)</b>								
	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
<b>Inpatient Hospital Care (medical deductible applies)</b>								
Tier 1	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission	\$300 per admission	\$300 per admission
Tier 2	\$500 per admission	\$500 per admission	\$500 per admission	\$500 per admission	\$500 per admission	\$500 per admission	\$700 per admission	\$700 per admission
Tier 3	\$1,500 per admission	\$1,500 per admission	No Tier 3	No Tier 3	\$1,500 per admission	\$1,500 per admission	No Tier 3	No Tier 3

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Health Plan	Harvard Pilgrim Independence (POS) FY17	Harvard Pilgrim Independence (POS) FY18	Harvard Pilgrim Primary Choice FY17	Harvard Pilgrim Primary Choice FY18	Tufts Navigator (POS) FY17	Tufts Navigator (POS) FY18	Tufts Spirit FY17	Tufts Spirit FY18
<b>Outpatient Surgery (medical deductible applies)</b>								
Tier 1	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence	\$250 per occurrence
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
<b>High Tech Imaging (MRI, PT, CT scans) Maximum of one copay per day (medical deductible applies)</b>								
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Pharmacy Deductible*</b>								
	None	\$100/\$200	None	\$100/\$200	None	\$100/\$200	None	\$100/\$200
<b>Pharmacy – Retail: up to a 30-day supply (pharmacy deductible applies)</b>								
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Tier 3	\$65	\$65	\$65	\$65	\$65	\$65	\$65	\$65
<b>Pharmacy – Mail Order: up to a 90-day supply (pharmacy deductible applies)</b>								
Tier 1	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Tier 3	\$165	\$165	\$165	\$165	\$165	\$165	\$165	\$165
<b>Outpatient Behavioral Health/Substance Use Disorder Care (medical deductible does NOT apply)</b>								
	\$20 per visit	\$10 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$10 per visit	\$20 per visit	\$20 per visit
<b>Preventive Services (medical deductible does NOT apply)</b>								
	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
<b>In-Network Out-of-Pocket Maximum**</b>								
Overall	\$5,000/ \$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/ \$10,000	\$5,000/\$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000
<b>Out-of-Network Out-of-Pocket Maximum</b>								
Overall	\$5,000/\$10,000***	\$5,000/\$10,000***	n/a	n/a	\$5,000/\$10,000***	\$5,000/\$10,000***	n/a	n/a
<b>Out-of-Network Deductible</b>								
Individual/Family	\$450/\$900	\$500/\$1,000	n/a	n/a	\$450/\$900	\$500/\$1,000	n/a	n/a

\* Pharmacy deductible does NOT apply to generic buprenorphine-naloxone, naloxone, and naltrexone products; oral chemotherapy; and preventive care medications covered under the ACA.

\*\* All medical, prescription drug, and behavioral health copays, coinsurance, and deductibles apply

\*\*\* All medical and behavioral health copays, coinsurance, and deductibles apply

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**Employee/Non-Medicare – Self-Insured Plans**

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Health Plan	UniCare Basic FY17	UniCare Basic FY18	UniCare PLUS FY17	UniCare PLUS FY18	UniCare CC FY17	UniCare CC FY18
<b>In-Network Medical Deductible</b>						
Individual/Family	\$300/\$900	\$500/\$1,000	\$300/\$900	\$500/\$1,000	\$300/\$900	\$500/\$1,000
<b>PCP Office Visit (medical deductible does NOT apply)</b>						
Tier 1	\$20 per visit	\$20 per visit	\$15*/\$20 per visit	\$15*/\$20 per visit	\$20 per visit	\$20 per visit
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
<b>Specialist Office Visit (medical deductible does NOT apply)</b>						
Tier 1	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
Tier 2	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit	\$60 per visit
Tier 3	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit	\$90 per visit
<b>ER (medical deductible applies)</b>						
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Retail Clinic/Urgent Care Center (medical deductible does NOT apply)</b>						
	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit

\* \$15 per visit copay applies to Centered Care PCP office visits only; all other PCP office visits are \$20 per visit

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Health Plan	UniCare Basic FY17	UniCare Basic FY18	UniCare PLUS FY17	UniCare PLUS FY18	UniCare CC FY17	UniCare CC FY18
<b>Inpatient Hospital Care (medical deductible applies)</b>						
Tier 1	\$275 per admission	\$275 per admission	\$275 per admission	\$275 per admission	CC: \$275 per admission	CC: \$275 per admission
Tier 2	No tiering	No tiering	\$500 per admission	\$500 per admission	Non-CC: \$750 per admission, 20% coins.*	Non-CC: \$750 per admission, 20% coins.*
Tier 3	No tiering	No tiering	\$1,500 per admission	\$1,500 per admission		
<b>Outpatient Surgery (medical deductible applies)</b>						
Tier 1	\$250 per occurrence	\$250 per occurrence	\$110 per occurrence	\$110 per occurrence	CC: \$110 per occurrence	CC: \$110 per occurrence
Tier 2	No tiering	No tiering	\$110 per occurrence	\$110 per occurrence	Non-CC: \$250 per admission, 20% coins.*	Non-CC: \$250 per admission, 20% coins.*
Tier 3	No tiering	No tiering	\$250 per occurrence	\$250 per occurrence		
<b>High Tech Imaging (MRI, PT, CT scans) Maximum of one copay per day (medical deductible applies)</b>						
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Pharmacy Deductible**</b>						
	None	\$100/\$200	None	\$100/\$200	None	\$100/\$200
<b>Pharmacy – Retail: up to a 30-day supply (pharmacy deductible applies)</b>						
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$30	\$30	\$30	\$30	\$30	\$30
Tier 3	\$65	\$65	\$65	\$65	\$65	\$65
<b>Pharmacy – Mail Order: up to a 90-day supply (pharmacy deductible applies)</b>						
Tier 1	\$25	\$25	\$25	\$25	\$25	\$25
Tier 2	\$75	\$75	\$75	\$75	\$75	\$75
Tier 3	\$165	\$165	\$165	\$165	\$165	\$165
<b>Outpatient Behavioral Health/Substance Use Disorder Care (medical deductible does NOT apply)</b>						
	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
<b>Preventive Services (medical deductible does NOT apply)</b>						
	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered

\* \$5,000 coinsurance limit per person per plan year at non-Community Choice hospitals applies

\*\* Pharmacy deductible does NOT apply to generic buprenorphine-naloxone, naloxone, and naltrexone products; oral chemotherapy; and preventive care medications covered under the ACA.

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Health Plan	UniCare Basic FY17	UniCare Basic FY18	UniCare PLUS FY17	UniCare PLUS FY18	UniCare CC FY17	UniCare CC FY18
<b>In-Network Out-of-Pocket Maximum*</b>						
Medical + Behavioral Health	\$4,000/\$8,000**	\$4,000/\$8,000**	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000**	\$4,000/\$8,000**
Prescription Drug	\$1,500/\$3,000**	\$1,500/\$3,000**	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000**	\$1,500/\$3,000**
Overall	n/a	n/a	n/a	n/a	n/a	n/a
<b>Out-of-Network Out-of-Pocket Maximum***</b>						
Medical + Behavioral Health	n/a	n/a	\$5,000/\$10,000	\$5,000/\$10,000	n/a	n/a
Prescription Drug	n/a	n/a	n/a	n/a	n/a	n/a
Overall	n/a	n/a	n/a	n/a	n/a	n/a
<b>Out-of-Network Deductible****</b>						
Individual/Family	n/a	n/a	\$450/\$900	\$500/\$1,000	n/a	n/a

- \* All medical, prescription drug, and behavioral health copays, coinsurance, and deductibles apply
- \*\* Basic and Community Choice have a combined in and out-of-network out-of-pocket maximum
- \*\*\* All medical and behavioral health copays, coinsurance, and deductibles apply
- \*\*\*\* Basic and Community Choice have a combined in and out-of-network deductible.

**NOTES ON PROPOSED BENEFIT CHANGES NOT REFLECTED IN GRIDS**

**All Plans**

- To assist with the opioid epidemic, remove copayments and prior authorization for Medication Assisted Treatment for opioid dependence (generic buprenorphine-naloxone, naloxone, and naltrexone products) across the GIC's plans. These drugs are also not subject to the deductible.

**Tufts Health Plan**

- Change Spirit plan tiering and copayment structure to one based on provider group value instead of individual performance.
- Change Navigator plan tiering and copayment structure, from tiering specialists and hospitals individually to one based on provider group (PCPs, specialists, and inpatient hospitals) value.
- Reduce copay for Navigator outpatient behavioral health/substance use disorder care from \$20 per visit to \$10 per visit.

**Harvard Pilgrim Health Care**

- Change Primary Choice plan tiering and copayment structure to one based on provider group value instead of individual performance.
- Change Independence plan tiering and copayment structure, from tiering specialists and hospitals individually to one based on provider group (PCPs, specialists, and inpatient hospitals) value.
- Reduce copay for Independence outpatient behavioral health/substance use disorder care from \$20 per visit to \$10 per visit.
- Replace current formulary with closed Value 3-tier formulary.

**UniCare**

- Expand LiveHealth Online (telehealth benefit) to Basic and Community Choice plans at a \$15 co-pay.