

Town of Hingham  
HPHC HMO

Fiscal Year 2017 Plan Designs

Plan Design Element	HPHC Current Benefit	MIA BCBS Benchmark I Benefit	MIA BCBS Benchmark II Benefit	GIC Tufts Navigator POS Benefit
Calendar Year Deductible	\$250/\$750	\$250/\$750	\$300/\$900	Authorized (In - Network) \$300/\$900
Maximum Out-of-Pocket	\$2,000/\$4,000(Medical) \$3,000/\$6,000(RX)	\$2,500/\$5,000(Medical) \$1,000/\$2,000(RX)	\$2,500/\$5,000(Medical) \$1,000/\$2,000(RX)	Unauthorized (Out-of-Network) \$450/\$900
Physician Office Visits	\$20	\$20	\$20	20% after unauthorized deductible
First Office Visits	\$25/\$35/\$45	\$35	\$60	20% after unauthorized deductible
Emergency Room Visits	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 then authorized deductible
Inpatient Admission	\$300 after deductible (General Hospital) \$700 after deductible (Higher Cost Share Hospital)	\$300 after deductible (General Hospital) \$700 after deductible (Higher Cost Share Hospital)	\$275 after deductible (General Hospital) \$1,500 after deductible (Higher Cost Share Hospital)	Limit to one inpatient copays per member per quarter then 100% Inpatient Copays Tiers \$275/\$500/\$1,500
Outpatient Surgery	\$150 after deductible	\$150 after deductible	\$250 after deductible	Limit to four \$250 copays per member then 100%
Hi-Tech Imaging	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 then authorized deductible
Prescription Drugs-Retail				
Tier I	\$10	\$10	\$10	Not Covered
Tier II	\$25	\$25	\$30	Not Covered
Tier III	\$50	\$50	\$65	Not Covered
Prescription Drugs-Mail				
Tier I	\$20	\$20	\$25	Not Covered
Tier II	\$50	\$50	\$75	Not Covered
Tier III	\$110	\$110	\$165	Not Covered

High level benefit comparison only. Consult subscriber certificate for complete plan design details.

Plan Design Element	BCBS Current Benefit	MIA BCBS Benchmark I Benefit	MIA BCBS Benchmark II Benefit	GIC Tufts Navigator POS Benefit	Unauthorized (Out-of-Network)
Calendar Year Deductible	\$250/\$750	\$250/\$750	\$300/\$900	Authorized (In - Network) \$300/\$900	Unauthorized (Out-of-Network) \$450/\$900
Maximum Out-of-Pocket	\$2,000/\$4,000 (Medical) \$3,000/\$6,000 (Rx)	\$2,500/\$5,000 (Medical) \$1,000/\$2,000 (Rx)	\$2,500/\$5,000 (Medical) \$1,000/\$2,000 (Rx)	\$5,000/\$10,000 (Medical/RX)	\$5,000/\$10,000 (Medical/RX)
Physician Office Visits	\$20	\$20	\$20	\$20	20% after unauthorized deductible
Specialist Office Visits	\$35	\$35	\$60	\$30/\$50/\$90	20% after unauthorized deductible
Emergency Room Visits	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 then authorized deductible Limit to one inpatient copays per member per quarter then 100%.	\$100 then authorized deductible
Inpatient Admission	\$300 after deductible (General Hospital) \$700 after deductible (Higher Cost Share Hospital)	\$300 after deductible (General Hospital) \$700 after deductible (Higher Cost Share Hospital)	\$275 after deductible (General Hospital) \$1,500 after deductible (Higher Cost Share Hospital)	Inpatient Copays Tiers \$275/\$500/\$1,500	20% after unauthorized deductible
Outpatient Surgery	\$150 after deductible \$100 after deductible	\$150 after deductible \$100 after deductible	\$250 after deductible \$100 after deductible	Limit to four \$250 copays per member then 100% \$100 then authorized deductible	N/A
Hi-Tech Imaging	\$10	\$10	\$10	\$10	Not Covered
Prescription Drugs-Retail	Tier I \$25 Tier II \$50 Tier III \$50	Tier I \$25 Tier II \$50 Tier III \$50	\$30 \$65	\$30 \$65	Not Covered Not Covered
Prescription Drugs-Mail	Tier I \$20 Tier II \$50 Tier III \$110	\$20 \$50 \$110	\$25 \$75 \$165	\$25 \$75 \$165	Not Covered Not Covered Not Covered

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Plan Design Element	BCBS Current Benefit		MIA BCBS Benchmark I Benefit		MIA BCBS Benchmark II Benefit		GIC Tufts Navigator POS Benefit	
	(In - Network)	(Out-of-Network)	(In - Network)	(Out-of-Network)	(In - Network)	(Out-of-Network)	Authorized (In - Network)	Unauthorized (Out-of-Network)
Calendar Year Deductible	\$250/\$750	\$250/\$750	\$250/\$750	\$400/\$800	\$300/\$900	\$400/\$800	\$300/\$900	\$450/\$900
Maximum Out-of-Pocket	\$2,000(\$4,000)(Medical) \$3,000(\$6,000)(RX)	\$2,000(\$4,000)(Medical) \$3,000(\$6,000)(RX)	\$2,500(\$5,000)(Medical) \$1,000(\$2,000)(RX)	\$4,000(\$8,000)	\$2,500(\$5,000)(Medical) \$1,000(\$2,000)(RX)	\$4,000(\$8,000)	\$5,000(\$10,000)(Medical/RX)	\$5,000(\$10,000)(Medical/RX)
Physician Office Visits	\$20/\$35	20% after deductible	\$20	20% after deductible	\$20	20% after deductible	\$20	20% after unauthorized deductible
Specialist Office Visits	\$20/\$35	20% after deductible	\$35	20% after deductible	\$60	20% after deductible	\$30/\$60/\$90	20% after unauthorized deductible
Emergency Room Visits	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 after deductible	\$100 then authorized deductible	\$100 then authorized deductible
Inpatient Admission	\$300 after deductible (General Hospital) \$700 after deductible (Higher Cost Share Hospital)	20% after deductible	\$300 after deductible (General Hospital) \$700 after deductible (Higher Cost Share Hospital)	20% after deductible	\$275 after deductible (General Hospital) \$1,500 after deductible (Higher Cost Share Hospital)	20% after deductible	Limit to one Inpatient copays per member per quarter Inpatient Copays: tiers \$275/\$500/\$1,500	20% after unauthorized deductible
Outpatient Surgery	\$150 after deductible	20% after deductible	\$150 after deductible	20% after deductible	\$250 after deductible	20% after deductible	Limit to four \$250 copays per member then 100%	N/A
Hi-Tech Imaging	\$100 after deductible	20% after deductible	\$100 after deductible	20% after deductible	\$100 after deductible	20% after deductible	\$100 then authorized deductible	20% after unauthorized deductible
Prescription Drugs-Retail								
Tier I	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered	\$10	Not Covered
Tier II	\$25	Not Covered	\$25	Not Covered	\$30	Not Covered	\$30	Not Covered
Tier III	\$30	Not Covered	\$50	Not Covered	\$85	Not Covered	\$85	Not Covered
Prescription Drugs-Mall								
Tier I	\$20	Not Covered	\$20	Not Covered	\$25	Not Covered	\$25	Not Covered
Tier II	\$50	Not Covered	\$50	Not Covered	\$75	Not Covered	\$75	Not Covered
Tier III	\$110	Not Covered	\$110	Not Covered	\$165	Not Covered	\$165	Not Covered

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