

**Fiscal Year 2015 – 2016**



***MAYFLOWER MUNICIPAL  
HEALTH GROUP***

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HMO COMPARISON OF BENEFITS  
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**Comparison of the following HMO medical plans:**

**BCBSMA NETWORK BLUE NEW ENGLAND (NE) HMO RATE SAVER**

**HPHC HMO RATE SAVER**

**EFFECTIVE 7/1/2015**

**BCBSMA=BLUE CROSS BLUE SHIELD OF MASSACHUSETTS  
HPHC=HARVARD PILGRIM HEALTH CARE**

**EFFECTIVE 7/1/2015**

## FY16 Mayflower Municipal Health Group Plan Benefit Comparison Blue Cross Blue Shield and Harvard Pilgrim Health Care (HMO) Options

Effective 7-1-2015		BLUE CROSS BLUE SHIELD		HARVARD PILGRIM HEALTH CARE	
BENEFIT	NETWORK BLUE NEW ENGLAND (NE) HMO RATE SAVER		HPHC HMO RATE SAVER		
Deductible		None		None	
Maximum Out of Pocket (MOOP)-Plan Year		<p>\$2,000 per member/\$4,000 per family (per plan year) for Medical benefits <b>AND</b></p> <p><i>*\$3,000 per member/\$6,000 per family (per plan year) for prescription drug benefits</i></p> <p><b>MOOP is for all services except - premiums, balance-billed charges, and health care this plan doesn't cover. (*Affordable Care Act required change)</b></p>		<p>\$2,000 per member/\$4,000 per family (per plan year) for Medical benefits <b>AND</b></p> <p><i>*\$3,000 per member/\$6,000 per family (per plan year) for prescription drug benefits</i></p> <p><b>Out of pocket max. for all services (*Affordable Care Act required change)</b></p>	
Eligible Dependents		<p><b>Dependents up through the month dependent turns age 26</b>, regardless of the dependent's financial dependency, student status, or employment status. Must use in-network providers for most services except emergency.</p>		<p><b>Dependents up through the month dependent turns age 26</b>, regardless of the dependent's financial dependency, student status, or employment status. Must use in-network providers for most services except emergency.</p>	
Service Area- (check participating providers online)		<p>Service area includes the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine. Based on where selected PCP is located.</p>		<p>MA, NH, ME, RI, CT and VT</p>	

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BENEFIT	NETWORK BLUE NEW ENGLAND (NE) HMO RATE SAVER YOU PAY		HPHC HMO RATE SAVER YOU PAY	
<b><u>INPATIENT</u></b>				
General Hospital, Mental Hospital, Substance Abuse Facility (semi-private room and board and special services)	\$250 per admission (including maternity care)		\$250 per admission	
Physician Services, Surgical Charges, Anesthesia and Consultations.	Nothing		Nothing	
Skilled Nursing Facility	Nothing up to 100 days per member per <i>plan</i> year at a semi-private rate		Nothing up to 100 days per plan year at a semi-private rate for each benefit	
Rehabilitation Hospital	Nothing to 60 days per plan year benefit maximum		Covered in full when medically necessary and authorized by a plan physician - up to 60 days per plan year	
<b><u>OUTPATIENT HOSPITAL</u></b>				
Emergency Room Visits for Emergency or Accident Care	\$100 copay (waived if admitted)		\$100 copay (waived if admitted)	
OutPatient Surgery	\$150 per admission surgical facility, hospital, or surgical day care unit		\$150 per admission	
Radiation and Chemotherapy	Nothing		Nothing	
Diagnostic X-ray & Lab	Nothing		Nothing	

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	YOU PAY		YOU PAY	
<b>High Tech Radiology (MRI, CT, PT Scans)</b>	\$100 per category per date of service out of pocket maximum is \$375 per member per plan year		\$100 per date of service	
<b>Hemodialysis</b>	Nothing		Nothing	
<b>Physical Therapy</b>	\$35 copay to 60 visits per member per plan year.		\$20 co-pay per visit; 60 visits PT/OT per <u>plan</u> year	
<b><u>PHYSICIAN'S OFFICE</u></b>				
<b><u>PCP OV</u></b>				
Tier 1	\$20 copay		\$20 copay	
Tier 2	No tiering		No tiering	
Tier 3	No tiering		No tiering	
<b><u>Specialist OV</u></b>				
Tier 1	\$35 copay		\$35 copay	
Tier 2	No tiering		No tiering	
Tier 3	No tiering		No tiering	
<b>Mental Health Care, Substance Abuse Care</b>	\$20 copay		\$20 copay	
<b>Well Child Care- up to Age 19</b>	Nothing		Nothing	
<b>Adult Routine Physicals- Age 19 and over</b>	Nothing		Nothing	
<b>Routine GYN Exam- 1 visit per calendar year</b>	Nothing - 1 visit per plan year		Nothing	
<b>Routine Colonoscopy (without surgery)</b>	Nothing		Nothing	
<b>Routine Mammogram</b>	Nothing -One baseline mammogram during the 5-year period in which the member is age 35 - 39 and one mammogram each <u>plan</u> year from age 40 or older.		Nothing	

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	YOU PAY		YOU PAY	
<b>Routine Vision Exam</b> <b>Preventative Vision Exam</b>	Nothing - 1 visit per member every 12 months		\$20 copay/no copay for children up to age 5 (1 visit per plan year)	
<b>Family Planning Services</b>	Nothing		\$20 copay	
<b>OTHER OUTPATIENT</b>				
<b>Visiting Nurse</b> <b>Home Health Care</b>	Nothing		Nothing	
<b>Hospice Services</b>	Nothing		Member cost share depends on type of service provided	
<b>Cardiac Rehabilitation</b> (When medically necessary and authorized by a plan physician)	\$35 copay		\$35 copay	
<b>Durable Medical Equipment</b>	20% (no dollar max) (prosthetics at 0% with no maximum)		Covered in Full no benefit limit	
<b>Ambulance</b> (when medically necessary)	Nothing		Nothing	

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		YOU PAY		YOU PAY
Dental Care		Not covered		\$0 copay preventive care for children up to age 13; 2 visits per plan year including exam, cleaning, x-rays, & fluoride treatment; \$35 copay for extraction of unerupted teeth impacted in bone and initial emergency treatment. <b>THIS IS A PEDIATRIC DENTAL RIDER AND COVERAGE IS LIMITED SEE SUMMARY FOR DETAILS</b>
Chiropractor Visits		\$35 copay per visit		\$20 copay per visit -12 visits per plan year.
Hearing Aids		Nothing - \$2,000 per ear every 36 months for members up to age 22 Benefit limit		<i>No Charge Limited to \$2000 per hearing aid every 36 months for members up to the age of 22</i>
Acupuncture		\$35 copay per visit - 12 visits per member per plan year		<u><a href="http://hphcacu.wholehealthmd.com/HPHCACUsearchPractitioner.aspx">http://hphcacu.wholehealthmd.com/HPHCACUsearchPractitioner.aspx</a></u> <i>\$20 copay 12 visits per plan year at Participating providers</i>
Prescription Drugs		Formulary drugs: Tier 1: \$10 copay Tier 2: \$25 copay Tier 3: \$45 copay  Mail order: Tier 1: \$20 copay Tier 2: \$50 copay Tier 3: \$90 copay  30-day supply retail pharmacy or 90-day supply mail service  Non-formulary drugs: all charges		Retail: Tier 1: \$10 copay Tier 2: \$25 copay Tier 3: \$45 copay  Mail Order: Tier 1: \$20 copay Tier 2: \$50 copay Tier 3: \$90 copay  30-day supply retail pharmacy or 90-day supply mail service  Non-formulary drugs: all charges

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	YOU PAY		YOU PAY	
<b>OTHER BENEFITS</b>				
<b>Fitness Benefit/Special Programs -</b> (See Plan for Details)	<p>Up to \$150 reimbursement toward membership or exercise classes at a health club.</p> <p>Discounts on eyewear, acupuncture, massage therapy, nutrition counseling, personal health assessment, lifestart prenatal care programs.</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 \$150 reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health &amp; fitness club for 4 consecutive months.</p> <p>Free Eyewear at Visionworks and select Sears Opticals with eye exam. Discounts on eyewear, health education and approved nutrition counseling.</p>	
<b>MMHG Wellness Program</b>	<p style="text-align: center;">"BENEFICIAL WELLNESS NEWS" QUARTERLY NEWSLETTER, WALKING PROGRAMS, MONTHLY HEALTH LINKS, WELLNESS SEMINARS/SCREENINGS, INCENTIVE PROGRAMS, FITNESS CENTER DISCOUNTS, WORKPLACE FLU CLINICS, HEALTHY RESOURCES POSTED ON OUR WEBSITE/FACEBOOK/TWITTER &amp; MORE</p> <p style="text-align: center;">(PARTICIPATION IN CERTAIN PROGRAMS MAY VARY BY MEMBER UNIT. PLEASE CHECK WITH YOUR BENEFIT COORDINATOR OR WELLNESS COORDINATOR AND OUR WEBSITE -www.MMHG.org- FOR MORE INFORMATION)</p>			

**ANYTHING THAT APPEARS IN ITALIC BOLD TYPE INDICATES A CHANGE IN THE BENEFIT OR WORDING FROM THE PREVIOUS YEAR.**

**Please note there are no waiting periods, lifetime benefit maximums or pre-existing exclusions for any of the MMHG health insurance plans.**

**Disclaimer:** This comparison summarizes benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail.

*Should any questions arise, the certificate(s) & riders will govern.*

Please call the "member service" phone number on your ID card for specific coverage questions.

**Reviewed by Blue Cross Blue Shield of Massachusetts and Harvard Pilgrim Health Care.**