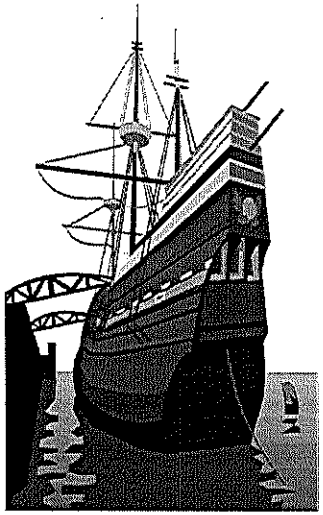
Fiscal Year 2016 – 2017



MAYFLOWER MUNICIPAL HEALTH GROUP

HMO COMPARISON OF BENEFITS

Comparison of the following HMO medical plans:

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

EFFECTIVE 7/1/2016 **EFFECTIVE 7/1/2016**

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

FY17 Mayflower Municipal Health Group Plan Benefit Comparison
Blue Cross Blue Shield and Harvard Pilgrim Health Care (HMO) Options

Effective 7-1-2016	BLUE CROSS BLUE SHIELD	HARVARD PILGRIM HEALTH CARE
	NETWORK BLUE	
BENEFIT	NEW ENGLAND (NE) HMO RATE SAVER	HPHC HMO RATE SAVER
Deductible	None	None
Maximum Out of Pocket (MOOP)-Plan Year	$2,000 per member/$4,000 per family (per plan year) for Medical benefits AND *$3,000 per member/$6,000 per family (per plan year) for prescription drug benefits MOOP is for all services except - premiums, balance-billed charges, and health care this plan doesn't cover. (*Affordable Care Act required change)	$2,000 per member/$4,000 per family (per plan year) for Medical benefits AND *$3,000 per member/$6,000 per family (per plan year) for prescription drug benefits Out of pocket max. for all services (*Affordable Care Act required change)
Eligible Dependents	Dependents up through the month dependent turns age 26, regardless of the dependent's financial dependency, student status, or employment status. Must use in-network providers for most services except emergency.	Dependents up through the month dependent turns age 26, regardless of the dependent's financial dependency, student status, or employment status. Must use in-network providers for most services except emergency.
Service Area- (check participating providers online)	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.	MA, NH, ME, RI, CT and VT

FY17 Mayflower Municipal Health Group Plan Benefit Comparison
Blue Cross Blue Shield and Harvard Pilgrim Health Care (HMO) Options

Effective 7-1-2016

BENEFIT	BLUE CROSS BLUE SHIELD NETWORK BLUE NEW ENGLAND (NE) HMO RATE SAVER YOU PAY	HARVARD PILGRIM HEALTH CARE HPHC HMO RATE SAVER YOU PAY
INPATIENT		
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 *plan* 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
OUTPATIENT HOSPITAL		
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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BENEFIT	NETWORK BLUE NEW ENGLAND (NE) HMO RATE SAVER	HPHC HMO RATE SAVER
	YOU PAY	YOU PAY
High Tech Radiology (MRI, CT, PT Scans)	$100 per category per date of service out of pocket maximum is $375 per member per plan year	$100 per date of service
Hemodialysis	Nothing	Nothing
Physical Therapy	$35 copay to 60 visits per member per plan year.	$20 co-pay per visit;60 visits PT/OT per plan year
PHYSICIAN'S OFFICE		
PCP OV		
Tier 1	$20 copay	$20 copay
Tier 2	No tiering	No tiering
Tier 3	No tiering	No tiering
Specialist OV		
Tier 1	$35 copay	$35 copay
Tier 2	No tiering	No tiering
Tier 3	No tiering	No tiering
Mental Health Care, Substance Abuse Care	$20 copay	$20 copay
Well Child Care- up to Age 19	Nothing	Nothing
Adult Routine Physicals- Age 19 and over	Nothing	Nothing
Routine GYN Exam- 1 visit per calendar year	Nothing - 1 visit per plan year	Nothing
Routine Colonoscopy (without surgery)	Nothing	Nothing
Routine Mammogram	Nothing -One baseline mammogram during the 5-year period in which the member is age 35 - 39 and one mammogram each plan year from age 40 or older.	Nothing

FY17 Mayflower Municipal Health Group Plan Benefit Comparison
Blue Cross Blue Shield and Harvard Pilgrim Health Care (HMO) Options

Effective 7-1-2016

BENEFIT	BLUE CROSS BLUE SHIELD NETWORK BLUE NEW ENGLAND (NE) HMO RATE SAVER YOU PAY	HARVARD PILGRIM HEALTH CARE HPHC HMO RATE SAVER YOU PAY
Routine Vision Exam **Preventative Vision Exam**	Nothing - 1 visit per member every 12 months	$20 copay/no copay for children up to age 5 (1 visit per plan year)
Family Planning Services	Nothing	$20 copay
OTHER OUTPATIENT		
Visiting Nurse **Home Health Care**	Nothing	Nothing
Hospice Services	Nothing	Member cost share depends on type of service provided
Cardiac Rehabilitation (When medically necessary and authorized by a plan physician)	$35 copay	$35 copay
Durable Medical Equipment	20% (no dollar max) (prosthetics at 0% with no maximum)	Covered in Full no benefit limit
Ambulance (when medically necessary)	Nothing	Nothing

FY17 Mayflower Municipal Health Group Plan Benefit Comparison
Blue Cross Blue Shield and Harvard Pilgrim Health Care (HMO) Options

Effective 7-1-2016

	BLUE CROSS BLUE SHIELD	HARVARD PILGRIM HEALTH CARE
	NETWORK BLUE	
BENEFIT	NEW ENGLAND (NE) HMO RATE SAVER	HPHC HMO RATE SAVER
	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 ***in an office setting*** and initial emergency treatment. **THIS IS A PEDIATRIC DENTAL RIDER AND COVERAGE IS LIMITED SEE SUMMARY FOR DETAILS**
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	No Charge Limited to $2000 per hearing aid every 36 months for members up to the age of 22
Acupuncture	$35 copay per visit - 12 visits per member per plan year	$20 copay 12 visits per plan year at Participating providers
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

FY17 Mayflower Municipal Health Group Plan Benefit Comparison
Blue Cross Blue Shield and Harvard Pilgrim Health Care (HMO) Options

Effective 7-1-2016	BLUE CROSS BLUE SHIELD	HARVARD PILGRIM HEALTH CARE
BENEFIT	NETWORK BLUE NEW ENGLAND (NE) HMO RATE SAVER YOU PAY	HPHC HMO RATE SAVER YOU PAY
OTHER BENEFITS		
Fitness Benefit/Special Programs - (See Plan for Details)	Up to $150 reimbursement toward membership or exercise classes at a health club. Discounts on eyewear, acupuncture, massage therapy, nutrition counseling, personal health assessment, lifestart prenatal care programs. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to $150 per calendar year toward your program fees.	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 & fitness club for 4 consecutive months. Free Eyeware at Visionworks and select Sears Opticals with eye exam. Discounts on eyewear, health education and approved nutrition counseling.
MMHG Wellness Program	"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 & MORE (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)	

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.