

Medical Plan Comparison

In-Network Medical Services

HMO BLUE SELECT
(BCBSMA NETWORK BLUE SELECT)

Deductible on per member basis

HMO BLUE NE
(BCBSMA NETWORK BLUE NE/TUFTS EPO/HARVARD HMO/EPO)

Deductible on per member basis

ACCESS SAVER
(BCBSMA HSAQ SAVER/TUFTS HMO HSAQ/HARVARD HMO HSAQ)

Entire family deductible must be met before benefits are provided for any family member

MEDICAL SERVICES

MEMBER COST SHARING

Deductible

\$300 individual
\$900 family

\$300 individual
\$900 family

\$2,000 individual contract
\$4,000 family contract

DOCTOR OFFICE VISITS

Routine health checkups & related tests

\$0

\$0

\$0

PCP, OB/GYN, Behavioral Health visits

\$20

\$20

\$0 after deductible

Specialist office visits

\$45

\$45

\$0 after deductible

Physical, Speech Therapy, Cardiac Rehab

\$20

\$20

\$0 after deductible

EMERGENCY AND URGENTCARE

Emergency Room visits

\$100 after deductible

\$100 after deductible

\$0 after deductible

Urgent Care facilities

\$20

\$20

\$0 after deductible

EQUIPMENT

Prosthetics, Durable Medical Equipment

\$0 after deductible

\$0 after deductible

\$0 after deductible

DIAGNOSTIC TESTING

Labs & X-Rays

\$0 after deductible

\$0 after deductible

\$0 after deductible

MRI's, PET & CT Scans

\$100 after deductible

\$100 after deductible

\$0 after deductible

HOSPITAL

Hospital Day Surgery

\$250 after deductible

\$250 after deductible

\$0 after deductible

Inpatient Admissions

\$500 after deductible

\$500 after deductible

\$0 after deductible

PRESCRIPTION DRUGS

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

TIER 1

TIER 2

TIER 3

PRESCRIPTION DRUGS

▪ Retail pharmacy (30-day supply)

\$10

\$30

\$65

\$10

\$30

\$65

\$10 after deductible

\$30 after deductible

\$65 after deductible

▪ Mail Order pharmacy (90-day supply)

\$25

\$75

\$165

\$25

\$75

\$165

\$25 after deductible

\$75 after deductible

\$165 after deductible

OUT-OF-POCKET MAXIMUM

The most a member will pay per year for covered health expenses before the plan pays 100 percent of covered health expenses for the rest of that plan year

MEDICAL SERVICES deductible coinsurance copayments

HMO Blue Select

HMO Blue NE

Access SAVER

\$2000 Individual

\$2000 Individual

\$6,550 Individual

\$4000 Family

\$4000 Family

\$13,100 Family