

CAPE COD MUNICIPAL HEALTH GROUP

BCBS HMO PLANS for FY18

Plan design features	FY18		FY18	
	BCBS Standard Deductible HMO		BCBS High Deductible HSA-Qualified HMO	
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
Deductible	\$300	\$900	\$2,000	\$4,000
Office Visit - PCP	\$20 copay per visit		Deductible then CIF*	
Office visit - Specialist	\$45 co-pay		Deductible then CIF*	
Preventive care as defined by ACA, including routine physical	Covered in full (CIF)*		Covered in full (CIF)*	
Inpatient	Deductible then \$500 co-pay		Deductible then CIF*	
Day Surgery	Deductible then \$250 co-pay		Deductible then CIF*	
ER	Deductible, then \$100 per visit, waived if admitted		Deductible then CIF*	
Hi-Tech Imaging (CT, MRI, PET scans)	Deductible, then \$100 co-pay per procedure		Deductible then CIF*	
Diagnostic X-ray and lab	Deductible then CIF*		Deductible then CIF*	
Chiropractic (<i>annual 20 visit limit for High Deductible HSA-qualified plan</i>)	Not applicable/no chiropractic benefit		Deductible then CIF*	
Outpt. PT & OT (<i>60 visits/cal. yr combined</i>)	\$20 co-pay per visit/60 visits per cal. year		Deductible then CIF*	
DME	After Deductible, 20% coinsurance		Deductible then CIF*	
Pharmacy	3 tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165		After deductible**: 3 tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165	
Out-of-Pocket Max.	<u>Individual</u> \$2000 medical \$2000 Rx	<u>Family</u> \$4000 medical \$4000 Rx	<u>Individual</u> \$5,000	<u>Family</u> \$10,000 Combined medical & Rx
Fitness Benefit	Up to \$150/subscriber at a health & fitness club or exercise classes/cal. yr. Separate \$150 for enrollment in qualified Weight Watchers or hospital based weight loss program.		Up to \$150/subscriber at a health & fitness club or exercise classes/cal. yr. Separate \$150 for enrollment in qualified Weight Watchers or hospital based weight loss program.	

Notes: (1) Single Parent/Single Child (SP/SC) plan design for high deductible plan is the same as the Family plan design.
(2) Standard HMO plan changes for FY18 appear in red font.

*CIF means Covered In Full

** Deductible does not apply to certain preventive drugs.

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BCBS PPO PLANS for FY18

Plan design features	FY18 BCBS Standard Deductible PPO		FY18 HSA-Qualified High Deductible PPO plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$300 member; \$900 Family	\$400 member; \$800 Family	\$2,000 Individual, \$4,000 Family	\$2,000 Individual, \$4,000 Family
Office Visit - PCP	\$20 copay per visit	20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Office visit - Specialist	\$45	20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Preventive care as defined by ACA, incl. routine	Covered in full (CIF)*	20% coinsurance	Covered in full (CIF)*	20% coinsurance
Inpatient	Deductible then \$500 co-pay per admission	Deductible, then 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Day Surgery	Deductible, then \$250 co-pay	Deductible then 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
ER	Deductible then \$100 per visit, waived if admitted		Deductible then CIF*	
Hi-Tech Imaging (CT, MRI, PET scans)	Deductible, then \$100 co-pay per procedure	Deductible, then 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Diagnostic X-ray and lab	Deductible then CIF*	Deductible, then 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Chiropractic (<i>Current plan, no visit limit. HSA-qual. plan, 20 visit/year limit. **</i>)	\$20 co-pay	20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Outpt. PT & OT (<i>100 visits/cal. yr combined</i>)	\$20 copay per visit/100 visits/cal. yr.	20% coinsurance to 100 visits/cal. yr.	Deductible then CIF*	Deductible then 20% coinsurance
DME	After Deductible, 20% coinsurance	After Deductible, 20% coinsurance	Deductible then CIF*	Deductible then 20% coinsurance
Pharmacy	3 tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165		<i>After deductible**:</i> 3 tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165	
Out-of-Pocket Max.	\$2,000/member medical, \$2,000/member Rx \$4,000/Family medical \$4,000/Family Rx	\$3,000/member, medical & Rx combined	<i>Combined In-network & Out-of-Network</i> \$5,000 \$10,000 <i>Combined medical & Rx</i>	
Fitness Benefit	Up to \$150/subscriber at a health & fitness club or exercise classes/cal. yr. Separate \$150 for enrollment in qualified Weight Watchers or hospital based weight loss program.		Up to \$150/subscriber at a health & fitness club or exercise classes/cal. yr. Separate \$150 for enrollment in qualified Weight Watchers or hospital based weight loss program.	

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