

**Cape Cod Municipal Health Group**

<b>Network Blue New England EPO Legacy</b>	<b>Current CCMHG</b> NetworkBlue Legacy Co-Pay/Deductible	<b>Proposed for 7/1/12 CCMHG</b> Network Blue Co-Pay/Deductible	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>				
Front-End Deductible	None	\$250/\$750		
PCP Office Visits	\$10	\$20		
Specialist Office Visits	\$10	\$35		
Mental Health Office Visits	\$10	\$20		
Preventive Services	\$0	\$0		
ER	\$25	\$100		
Inpatient Admission	\$0	\$500		
Outpatient Surgery	\$0	\$150		
Radiology (MRI, CT, & PET)	\$0	\$100		
Rx - Retail	\$5/15/30	\$10/25/50		
Rx - Mail Order	\$5/15/30	\$20/50/110		
Out of Pocket Max	None	\$2,000/ \$4000	<b>-13.50%</b>	<b>-12.80%</b>

<b>Network Blue New England EPO Rate Saver</b>	<b>Current CCMHG</b> NetworkBlue Rate Saver Co-Pay/Deductible	<b>Proposed for 7/1/12 CCMHG</b> Network Blue Co-Pay/Deductible	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>				
Front-End Deductible	None	\$250/\$750		
PCP Office Visits	\$20	\$20		
Specialist Office Visits	\$20	\$35		
Mental Health Office Visits	\$20	\$20		
Preventive Services	\$0	\$0		
ER	\$75	\$100		
Inpatient Admission	\$500	\$500		
Outpatient Surgery	\$250	\$150		
Radiology (MRI, CT, & PET)	\$50	\$100		
Rx - Retail	\$15/30/50	\$10/25/50		
Rx - Mail Order	\$30/60/100	\$20/50/110		
Out of Pocket Max	None	\$2,000/ \$4000	<b>-3.80%</b>	<b>-4.00%</b>

<b>Blue Care Elect Preferred PPO Legacy</b>	<b>Current IN-NETWORK CCMHG</b> BCare Elect Legacy Co-Pay/Deductible	<b>Proposed for 7/1/12 CCMHG</b> BlueCare Elect Co-Pay/Deductible	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>				
Front-End Deductible	None	\$250/\$750		
PCP Office Visits	\$10	\$20		
Specialist Office Visits	\$10	\$35		
Mental Health Office Visits	\$10	\$20		
Preventive Services	\$0	\$0		
ER	\$50	\$100		
Inpatient Admission	\$0	\$500		
Outpatient Surgery	\$0	\$150		
Radiology (MRI, CT, & PET)	\$0	\$100		
Rx - Retail	\$5/15/30	\$10/25/50		
Rx - Mail Order	\$5/15/30	\$20/50/110		
Out of Pocket Max	None	\$2,000/ \$4000	<b>-13.50%</b>	<b>-12.60%</b>

<b>Blue Care Elect Preferred PPO Rate Saver</b>	<b>Current IN-NETWORK CCMHG</b> BCare Elect Rate Saver Co-Pay/Deductible	<b>Proposed for 7/1/12 CCMHG</b> BlueCare Elect Co-Pay/Deductible	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>				
Front-End Deductible	None	\$250/\$750		
PCP Office Visits	\$20	\$20		
Specialist Office Visits	\$20	\$35		
Mental Health Office Visits	\$20	\$20		
Preventive Services	\$0	\$0		
ER	\$75	\$100		
Inpatient Admission	\$500	\$500		
Outpatient Surgery	\$250	\$150		
Radiology (MRI, CT, & PET)	\$50	\$100		
Rx - Retail	\$15/30/50	\$10/25/50		
Rx - Mail Order	\$30/60/100	\$20/50/110		
Out of Pocket Max	None	\$2,000/ \$4000	<b>-4.40%</b>	<b>-4.60%</b>

# Cape Cod Municipal Health Group

<b>Master Health Plus Indemnity Plan</b>	<b>Current CCMHG</b>	<b>Proposed for 7/1/12 CCMHG</b>	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>	Master Health Plus Co-Pay/Deductible	Master Health Plus Co-Pay/Deductible		
Front-End Deductible	None	\$250/\$750		
PCP Office Visits	\$10	\$20		
Specialist Office Visits	\$10	\$20		
Mental Health Office Visits	\$0	\$20		
Preventive Services	\$0	\$0		
ER	\$25	\$100		
Inpatient Admission	\$0	\$700		
Outpatient Surgery	\$0	\$150		
Radiology (MRI, CT, & PET)	\$0	\$100		
Rx - Retail	\$5/15/30	\$10/25/50		
Rx - Mail Order	\$5/15/30	\$20/50/110		
Out of Pocket Max	None	\$2,000/ \$4000	<b>12.30%</b>	<b>8.90%</b>

<b>Master Medical/Master Health *</b>	<b>Current CCMHG</b>	<b>Proposed for 7/1/12 CCMHG</b>	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>	Master Med/Mstr Health Co-Pay/Deductible	Master Health Plus Co-Pay/Deductible		
Front-End Deductible	None	\$250/\$750		
MM Extended Benefits Deductible	\$50/\$100	None		
PCP Office Visits	20% coinsurance	\$20		
Specialist Office Visits	20% coinsurance	\$20		
Mental Health Office Visits	20% coinsurance	\$20		
Preventive Services	\$0	\$0		
ER	\$0	\$100		
Inpatient Admission	\$0	\$700		
Outpatient Surgery	\$0	\$150		
Radiology (MRI, CT, & PET)	\$0	\$100		
Rx - Retail	20% coinsurance	\$10/25/50		
Rx - Mail Order	\$5/15/30	\$20/50/110		
	None	\$2,000/ \$4000	<b>11.20%</b>	<b>5.00%</b>

\* Master Medical will be changed to same benefits as Master Health Plus. As of 7/1/12 CCMHG will have only one indemnity plan.

<b>Harvard Pilgrim EPO Legacy</b>	<b>Current CCMHG</b> HPHC EPO Legacy	<b>Proposed for 7/1/12 CCMHG</b> HPHC EPO	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>	Co-Pay/Deductible	Co-Pay/Deductible		
Front-End Deductible	None	\$250/\$750		
PCP Office Visits	\$10	\$20		
Specialist Office Visits	\$10	\$35		
Mental Health Office Visits	\$10	\$20		
Preventive Services	\$0	\$0		
ER	\$30	\$100		
Inpatient Admission	\$0	\$500		
Outpatient Surgery	\$0	\$150		
Radiology (MRI, CT, & PET)	\$0	\$100		
Rx - Retail	\$5/10/25	\$10/25/50		
Rx - Mail Order	\$10/20/75	\$20/50/110		
Out-of-Pocket Maximum	None	\$2,000/\$4,000	<b>-13.40%</b>	<b>12.70%</b>

<b>Harvard Pilgrim EPO Rate Saver</b>	<b>Current CCMHG</b> HPHC EPO Rate Saver	<b>Proposed for 7/1/12 CCMHG</b> HPHC EPO	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>	Co-Pay/Deductible	Co-Pay/Deductible		
Front-End Deductible	None	\$250/\$750		
PCP Office Visits	\$20	\$20		
Specialist Office Visits	\$40	\$35		
Mental Health Office Visits	\$20	\$20		
Preventive Services	\$0	\$0		
ER	\$100	\$100		
Inpatient Admission	\$300	\$500		
Outpatient Surgery	\$200	\$150		
Radiology (MRI, CT, & PET)	\$0	\$100		
Rx - Retail	\$15/30/50	\$10/25/50		
Rx - Mail Order	\$30/60/150	\$20/50/110		
Out-of-Pocket Maximum	None	\$2,000/\$4,000	<b>-4.70%</b>	<b>4.20%</b>

<b>Harvard Pilgrim PPO Legacy</b>	<b>Current IN-NETWORK CCMHG</b> HPHC PPO Legacy	<b>Proposed for 7/1/12 CCMHG</b> HPHC PPO	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>	Co-Pay/Deductible	Co-Pay/Deductible		
Front-End Deductible	None	\$250/\$750		
PCP Office Visits	\$10	\$20		
Specialist Office Visits	\$10	\$35		
Mental Health Office Visits	\$10	\$20		
Preventive Services	\$0	\$0		
ER	\$30	\$100		
Inpatient Admission	\$0	\$500		
Outpatient Surgery	\$0	\$150		
Radiology (MRI, CT, & PET)	\$0	\$100		
Rx - Retail	\$5/10/25	\$10/25/50		
Rx - Mail Order	\$10/20/75	\$20/50/110		
Out-of-Pocket Maximum	None	\$2,000/\$4,000	<b>-12.10%</b>	<b>-12.40%</b>

<b>Harvard Pilgrim PPO Rate Saver</b>	<b>Current IN-NETWORK CCMHG</b> HPHC PPO Rate Saver	<b>Proposed for 7/1/12 CCMHG</b> HPHC PPO	<b>Health Plan Estimated Savings from changes</b>	<b>Segal Co. Estimated Savings from changes</b>
<b>Plan Design Features</b>	Co-Pay/Deductible	Co-Pay/Deductible		
Front-End Deductible	None	\$250/\$750		
PCP Office Visits	\$20	\$20		
Specialist Office Visits	\$40	\$35		
Mental Health Office Visits	\$20	\$20		
Preventive Services	\$0	\$0		
ER	\$100	\$100		
Inpatient Admission	\$300	\$500		
Outpatient Surgery	\$200	\$150		
Radiology (MRI, CT, & PET)	\$0	\$100		
Rx - Retail	\$15/30/50	\$10/25/50		
Rx - Mail Order	\$30/60/150	\$20/50/110		
Out-of-Pocket Maximum	None	\$2,000/\$4,000	<b>-4.70%</b>	<b>-4.30%</b>