

## CCMHG HSA Qualified High Deductible Plan Benefit Comparison - FY23

These pages summarize 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.

Effective 07-01-2022 CIF = Covered In Full	BLUE CROSS BLUE SHIELD			HARVARD PILGRIM HEALTH CARE		
BENEFIT	HMO Blue New England Saver	BLUE CARE ELECT PPO Saver		HPHC HMO	PPO	
		In-Network	Out-of-Network		IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b> - Deductible to be satisfied, then Covered in Full, except prescription copays and out-of-network services. Per plan year (July 1 to June 30) - Single Parent/Single Child (SP/SC) plan design is the same as the Family plan. <i>Note</i> - the family plan Deductible must be satisfied before the plan begins to pay. <b>See plan document for full details</b>	\$2,000 per Individual plan \$4,000 per Family plan	\$2,000 per Individual plan \$4,000 per Family plan	\$2,000 per Individual plan \$4,000 per Family plan	\$2,000 per Individual plan \$4,000 per Family plan	\$2,000 per Individual plan \$4,000 per Family plan	\$2,000 per Individual plan \$4,000 per Family plan
Single Parent/Single Child (SP/SC) <b>Out-of-Pocket (OOP) Maximum</b> - Once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for the remainder of plan year.	<b>Medical &amp; Rx Combined:</b> \$5,000 per member \$10,000 per family	<b>Medical &amp; Rx Combined:</b> \$5,000 per member \$10,000 per family	<b>Medical &amp; Rx Combined:</b> \$5,000 per member \$10,000 per family	<b>Medical &amp; Rx Combined:</b> \$5,000 per member \$10,000 per family	<b>Medical &amp; Rx Combined:</b> \$5,000 per member \$10,000 per family	<b>Medical &amp; Rx Combined:</b> \$5,000 per member \$10,000 per family
<b>Lifetime Benefit Maximum</b>	None	None	None	None	None	None
<b>INPATIENT</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies</b>	Deductible then Covered in Full (CIF)	Deductible then Covered in Full (CIF)	Deductible, then 20% coinsurance	Deductible then Covered in Full (CIF)	Deductible then Covered in Full (CIF)	Deductible, then 20% coinsurance
<b>Physician Services</b>	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
<b>Skilled Nursing Facility</b>	Deductible then CIF - 100 days per calendar year benefit maximum	Deductible then CIF - 100 days per calendar year benefit maximum	Deductible then 20% coinsurance to 100 days per calendar year benefit maximum	Deductible then CIF - 100 days per calendar year benefit maximum	Deductible then CIF - 100 days per calendar year benefit maximum	Deductible then 20% coinsurance - limit to 100 days per plan year
<b>Rehabilitation Hospital</b>	Deductible then CIF - 60 days per calendar year benefit maximum	Deductible then CIF - 60 days per calendar year benefit maximum	Deductible then 20% coinsurance to 60 days per calendar year benefit maximum	Deductible then CIF - 60 days per calendar year benefit maximum	Deductible then CIF - 60 days per calendar year benefit maximum	Deductible then 20% coinsurance - limit to 60 days per plan year

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		In-Network YOU PAY	Out-of-Network YOU PAY		IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY
<b>OUTPATIENT HOSPITAL</b>						
<b>Emergency Room Visits for Emergency or Accident Care</b>	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF
<b>Emergency Room Visits for Medical Care</b>	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF	Deductible then CIF
<b>Surgery</b>	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
<b>Radiation and Chemotherapy</b>	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
<b>Diagnostic X-ray and Lab</b>	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
<b>Routine Colonoscopy (without surgery)</b>	\$0 copay	\$0 copay	Deductible, then 20% coinsurance	\$0 copay	\$0 copay	Deductible, then 20% coinsurance
<b>High Cost Radiology (MRI, CT &amp; PET)</b>	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
<b>Hemodialysis</b>	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
<b>Physical Therapy</b>	Deductible then Covered in Full (CIF) - up to 60 visits per calendar year	Deductible then Covered in Full (CIF) - up to 100 visits combined per calendar year	Deductible, then 20% coinsurance - up to 100 visits combined per calendar year	Deductible then Covered in Full (CIF) - up to 30 visits per plan year	Deductible then Covered in Full (CIF) - up to 30 visits per plan year	Deductible, then 20% coinsurance up to 30 visits per plan year
<b>PHYSICIAN'S OFFICE</b>	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
<b>Surgery</b>	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance

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		In-Network	Out-of-Network		IN-NETWORK	OUT-OF-NETWORK
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Adult Preventative Exam <i>as defined by the ACA</i>	CIF	CIF	Deductible, then CIF	CIF	CIF	Deductible, then CIF
PCP Medical Care/ Mental Health Care/ Substance Abuse Care	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Well Child Care <i>as defined by the ACA</i>	CIF	CIF	Deductible, then 20% coinsurance	CIF	CIF	Deductible, then 20% coinsurance
Routine GYN Exam <i>(As defined by the ACA- one per calendar year , includes preventative lab tests)</i>	CIF	CIF	Deductible, then 20% coinsurance	CIF	CIF	Deductible, then 20% coinsurance
Routine Mammogram <i>As defined by the ACA</i>	CIF	CIF	Deductible, then 20% coinsurance	CIF	CIF	Deductible, then 20% coinsurance
Routine Vision Exam	CIF (once every 12 months)	CIF (once per calendar year)	20% coinsurance (once per calendar year)	CIF (1 visit per year)	CIF (1 visit per year)	20% coinsurance (1 visit per year)
Specialist Office Visit	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
<b>OTHER OUTPATIENT</b>						<b>YOU PAY</b>
Visiting Nurse Home Health Care Deductible Applies	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Durable Medical Equipment	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Ambulance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
Routine Pediatric Dental	Nothing	All charges	All charges	Deductible then CIF: Preventive care for children up to age 13. 2 visits per member per <b>plan</b> year including exam, cleaning, x-rays, & flouride treatment.	Deductible then CIF: Preventive care for children up to age 13. 2 visits per member per <b>plan</b> year including exam, cleaning, x-rays, & flouride treatment.	20% coinsurance

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		In-Network	Out-of-Network		IN-NETWORK	OUT-OF-NETWORK
<b>Chiropractor Visits</b> (limited to 20 visits per year)	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance	Deductible then CIF	Deductible then CIF	Deductible, then 20% coinsurance
<b>Prescription Drugs - IMPORTANT NOTE - Deductible applies, once deductible is met, copays will apply - NOTE- the drugs on the preventative list are not subject to the deductible. The lists are available at <a href="http://ccmhg.com/high-deductible-hsa-qualified-health-plans/">http://ccmhg.com/high-deductible-hsa-qualified-health-plans/</a></b>	<b>Retail:</b> (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay  <b>Mail Order:</b> (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	<b>Retail:</b> (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay  <b>Mail Order:</b> (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	<b>Retail:</b> (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay  <b>Mail Order:</b> (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	<b>Retail:</b> (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay  <b>Mail Order:</b> (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	<b>Retail:</b> (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay  <b>Mail Order:</b> (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	<b>Retail:</b> (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay  <b>Mail Order:</b> (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay
<b>Fitness Benefit</b>	Up to \$150 reimbursement toward membership or exercise classes at a health club; and virtual fitness. See plan details.  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 toward membership or exercise classes at a health club; and virtual fitness. See plan details.  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 toward membership or exercise classes at a health club; and virtual fitness. See plan details.  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 <b>calendar</b> 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.	Up to \$150 reimbursement per <b>calendar</b> 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.	Up to \$150 reimbursement per <b>calendar</b> 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.