

## HEALTH PLAN COMPARISON (Benefits as of 4/1/2024)

COVERED SERVICES	BLUE CHOICE SELF REFERRAL OPTION AVAILABLE WITH DIFFERENT COVERAGE LEVELS- SEE BROCHURE	HMO BLUE	HARVARD PILGRIM	TUFTS
15% Weekly Contribution	\$50.50/Ind. \$128.77/Fam.	\$37.64/Ind. \$96.39/Fam.	\$34.33/Ind. \$93.04/Fam.	\$27.46/Ind. \$74.14/Fam.
18% Weekly Contribution	\$60.60/Ind. \$154.52/Fam.	\$45.17/Ind. \$115.66/Fam.	\$41.20/Ind. \$111.64/Fam.	\$32.95/Ind. \$88.97/Fam.
20% Weekly Contribution	\$67.33/Ind. \$171.69/Fam.	\$50.19/Ind. \$128.51/Fam.	\$45.78/Ind. \$124.05/Fam.	\$36.61/Ind. \$98.85/Fam.
25% Weekly Contribution	\$84.16/Ind. \$214.61/Fam.	\$62.74/Ind. \$160.64/Fam.	\$57.22/Ind. \$155.06/Fam.	\$45.76/Ind. \$123.56/Fam.
Website:	www.bcbsma.com	www.bcbsma.com	www.harvardpilgrim.org	www.tuftshealthplan.com
Telephone Number	1-800-782-3675	1-800-782-3675	1-888-333-4742	1-800-462-0224
<b>Inpatient Care</b> In hospital, semiprivate room and board, surgical and special svcs	100% coverage	100% coverage	100% coverage	100% coverage
<b>Outpatient Care</b> Routine wellness checkups or annual physicals	No co-pay	No co-pay	No co-pay	No co-pay
Office Visits , Specialist Consultations	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay
X-rays & laboratory tests	100% coverage	100% coverage	100% coverage	100% coverage
High Tech Imaging Tests (MRIs, CAT scans, PET scans)	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay
Short-term physical, speech & occupational therapy	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay
<b>Additional Services</b> Ambulance	100% coverage	100% coverage	100% coverage	100% coverage
Emergency Room	\$100.00 co-pay	\$100.00 co-pay	\$100.00 co-pay	\$100.00 co-pay
Durable Medical Equipment	80% coverage	80% coverage	100% coverage	70% coverage (80% w/ no annual limit for prosthetic limbs)
<b>Prescription Drugs</b> Direct Purchase (up to a 30-day supply)	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand	\$10/\$30/\$50 co-pay generic/ brand formulary/ brand non-formulary	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand
Mail Order (up to a 90-day supply)	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand	\$20/\$60/\$150 co-pay generic/ brand formulary/ brand non-formulary	\$20/\$60/\$100 co-pay generic/preferred brand/ non-preferred brand

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<b>Fitness Club Benefit</b>	\$300 per membership toward health club membership or classes	\$300.00 per membership toward health club membership or classes	\$300 per membership toward health club membership	\$300 per household toward health club membership or classes
<b>Weight Watchers Benefit</b> (Consult your health plan or Employee Benefits for details)	\$300 Weight Watchers benefit	\$300 Weight Watchers benefit	Consult Employee Benefits for most recent benefit info	\$300 Weight Watchers benefit

All the plans offer

- additional wellness discounts
- telehealth benefits
- acupuncture benefits
- disease management programs
- health articles, tools, and resources
- prescription drug information and mail order forms

Visit each plan's website for more information on these benefits!