

WEST SUBURBAN HEALTH GROUP

IMPORTANT - PLEASE READ

The attached benefit comparison chart is a high level overview of the plans offered by WSHG.

The plan documents available to registered users on the carrier websites are the documents that describe full and complete plan details.

The carrier documents are the only documents that coverage is based on.

Should you have a question about specific coverage, you will need to contact the Member Service number on your ID card for detail or visit the carrier website.

WEST SUBURBAN HEALTH GROUP

Effective 07-01-2019

HSA Qualified - HDHP HEALTH PLAN COMPARISON CHART July 1, 2019

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	HARVARD PILGRIM HEALTH PLAN	BLUE CROSS BLUE SHIELD	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN
PLAN TYPE				
^ CIF = Covered in Full	HSA ELIGIBLE HDHP	HSA ELIGIBLE HDHP	HSA ELIGIBLE HDHP	HSA ELIGIBLE HDHP
BENEFIT	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Lifetime Benefit Maximum	None	None	None	None
Deductible - Once deductible is satisfied, all services CIF [^] as noted, with the exception of Prescription Copays	IND \$2,000 FAM \$4,000 (Non-embedded, plan year deductible, family plan deductible needs to be satisfied before insurance plan kicks in)	IND \$2,000 FAM \$4,000	IND \$2,000 FAM \$4,000	IND \$2,000 FAM \$4,000
Out-of-Pocket (OOP) Maximum-	Medical & RX COMBINED - \$5,000 per member \$10,000 per family per plan year see plan for details	Medical & RX COMBINED - \$5,000 per member \$10,000 per family per plan year see plan for details	Medical & RX COMBINED - \$5,000 per member \$10,000 per family per plan year see plan for details	Medical & RX COMBINED - \$5,000 per member \$10,000 per family per plan year see plan for details
Family Covered	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26	Spouse; dependents; and adult children up to age 26
Selection of Primary Care Physician (PCP)	Member must select	Member must select	Member must select	Member must select
Specialist Referrals	PCP must refer	No referral required	PCP must refer	PCP must refer
Providers of Service	HARVARD PILGRIM providers except in emergencies	HMO BLUE providers in all 6 New England states except in emergencies	TUFTS HEALTH PLAN providers except in emergencies	**SELECT CARE - An expansive network that includes physician practices, community-based hospitals and medical facilities throughout Massachusetts, southern New Hampshire and southwestern Vermont. *DIRECTCARE - A tailored network custom-built around several of the Commonwealth's premier provider groups and community-based hospitals.
Pre-existing Conditions	No restrictions	No restrictions	No restrictions	No restrictions
INPATIENT				
General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and ancillary services)	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]
Physician Services	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]
Skilled Nursing Facility	Deductible, then CIF [^] up to 100 days per plan year	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]
Newborn Well Baby Care (Inpatient)	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]
OUTPATIENT				
Emergency Room Visits for Emergency or Accident Care	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]
Outpatient Surgery in a Day Surgery facility or Hospital	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]
CT, MRI and Pet Scans	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]
Hemodialysis	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]	Deductible, then CIF [^]
Physical Therapy	Deductible, then CIF [^] Limited to 30 visits per plan year	Deductible, then CIF [^] Limited to 60 visits per member per calendar year for physical and occupational therapy (unlimited for autism)	Deductible, then CIF [^]	Deductible, then CIF [^] Limited to 60 visits per plan year

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PLAN TYPE				
^ CIF = Covered in Full	HSA ELIGIBLE HDHP	HSA ELIGIBLE HDHP	HSA ELIGIBLE HDHP	HSA ELIGIBLE HDHP
BENEFIT	YOU PAY	YOU PAY	YOU PAY	YOU PAY
Office Visits Primary Care Physician	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Preventive OV - PCP	Nothing	Nothing	Nothing	Nothing
Medical Care/Mental Health Care/Substance Abuse Care	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Office Visits Specialist	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
OB/GYN	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
GYN-Preventive Office visit	Nothing	Nothing	Nothing	Nothing
Diagnostic X-ray and Lab	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Routine Vision Exam	Deductible, then CIF^	Nothing. Covered once every 12 months.	Deductible, then CIF^	Deductible, then CIF^ Covered in full - one visit every 12 month period Eyewear discounts available at participating EYEMed providers
Pre-Admission Testing -	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Maternity Care visits	Routine OPD, Pre and Post Natal CIF^	Nothing for prenatal; all other services Deductible, then CIF^	Nothing for prenatal and postnatal outpatient care	Prenatal: Nothing Postnatal: Deductible then CIF^
Dental Services	Deductible, then up to age 13 - Preventative dental when authorized by PCP; up to two exams per calendar year, including cleaning, fluoride treatment and x-rays. Initial emergency treatment (within 72 hours of injury) necessary to repair oral injuries. Extraction of impacted teeth.	Children under age 12: Preventive dental one visit every 6 months., incl. Cleaning, fluoride treatment and x-rays. All members: Extraction of impacted teeth imbedded in the bone. Facility charges ONLY when a serious medical condition that requires admittance to a network hospital as inpatient in order for dental care to be safely performed. See Outpatient Surgery for benefit information.	Children under age 12: Preventative dental, periodic oral exam, cleaning, fluoride treatment once every six months. X-rays: Full mouth once every five years, bitewing x-rays once every six months, and periapicals as needed. MUST use participating dentist. Emergency Services - LIMITED TO X RAYS AND EMERGENCY ORAL SURGERY ER or OFFICE VISIT COPAY WILL APPLY	Family dental coverage: All services subject to the deductible and then the following cost share: \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings), 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.
OTHER FEATURES				
Private Duty Nursing <small>(only when medically necessary)</small>	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Home Health Care	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Hospice Care	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Durable Medical Equipment	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Ambulance	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Radiation Therapy	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Chemotherapy	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^	Deductible, then CIF^
Chiropractor Visits	Deductible, then CIF^ 12 visits per plan year	Deductible, then CIF^ 12 visits per calendar year	Deductible, then CIF^ 12 visits per plan year	Deductible, then CIF^ 12 visits per plan year
Prescription Drugs <small>(Inpatient drugs paid in full)</small>	Retail Pharmacy: Copays AFTER DEDUCTIBLE Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay (up to a 30-day supply) Mail Order: (90 day supply) Copays AFTER DEDUCTIBLE Tier 1: \$25.00 copay Tier 2: \$75.00 copay	Retail Pharmacy: Copays AFTER DEDUCTIBLE Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay (up to a 30-day supply) Mail Order: (90 day supply) Copays AFTER DEDUCTIBLE Tier 1: \$25.00 copay Tier 2: \$75.00 copay	Retail Pharmacy: Copays AFTER DEDUCTIBLE Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay (up to a 30-day supply) Mail Order: (90 day supply) Copays AFTER DEDUCTIBLE Tier 1: \$25.00 copay Tier 2: \$75.00 copay	Retail Pharmacy: Copays AFTER DEDUCTIBLE Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay (up to a 30-day supply) Mail Order: (up to 90 day supply) Copays AFTER DEDUCTIBLE Tier 1: \$25.00 copay Tier 2: \$75.00 copay

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	HARVARD PL/CRIMHEALTH PLAN	BLUE CROSS BLUE SHIELD	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN
PLAN TYPE				
A CIF- Covered in Full	HSA ELIGIBLE HDHP	HSA ELIGIBLE HDHP	HSA ELIGIBLE HDHP	HSA ELIGIBLE HDHP
BENEFIT	YOU PAY	YOU PAY	YOU PAY	YOU PAY
	Tier 3 \$165.00 copay	Tier 3 \$165.00 copay	Tier 3 \$165.00 copay	Tier 3 \$165.00 copay
Fitness Benefit	Reimbursement	Reimbursement	Reimbursement	Reimbursement
	<p>Fitness reimb up to \$150 per subscriber at a Health & Fitness club per calendar year. Must be an active member of HPHC for at least 4 months and an active member of the health facility for at least 4 months. See plan materials for details.</p> <p>Discounts at IFCN-affiliated clubs. Discount at Weight Watchers®</p>	<p>Up to \$300 reimbursement toward health club membership or exercise classes. See plan materials for details.</p> <p>Enroll in a qualified Weight Watchers® or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.</p>	<p>Fitness reimb up to \$150 per subscriber at a Health & Fitness club, including exercise classes per calendar year. See plan materials for details.</p> <p>JENNY CRAIG DISCOUNTS: -FREE 30 DAY PROGRAM -25% OFF A PREMIUM/METABOLIC PROGRAM NUTRISYSTEM DISCOUNT: -12% DISCOUNT - OFF CURRENT PROMO -CORE OR SELECT PROGRAM</p>	<p>It Fits! Program reimburses families on Select Care up to \$400 per family contract (\$200 for individual contracts) and Direct Care members up to \$500 per family contract (\$250 for individual contracts) to use toward health club memberships, Pilates, Yoga classes Weight Watchers® programs, and local, school sports programs and now fitness related equipment.</p> <p>The equipment must be new, purchased from a retail store and not Craig's List or EBay. Other discounts also available. See plan materials for details.</p>
<p>* Fallon DirectCare - Members now have access to Acton Medical Associates, Charles River Medical Associates and Southboro Medical Group, Fallon Clinic, Highland Healthcare Associates IPA, Lahey Clinic, Lawrence General IPA, Lowell General PHO, Mount Auburn Cambridge IPA, and Northeast PHO. **FCHP SelectCare - Members have access to FCHP Clinic providers, as well as hundreds of private practice physicians in Central, Northern, Eastern and Southeastern, Massachusetts.</p>				