

**Acton Health Insurance Trust  
Health Plan Comparisons  
7/1/18-6/30/19**

	<b>Blue Care Elect PPO (in- network)</b>	<b>Network Blue HMO</b>	<b>HPHC HMO</b>	<b>BCBS High Deductible &amp; H.S.A.</b>	<b>HPHC High Deductible &amp; H.S.A.</b>
<b>Plan Overview</b>					
Deductible	\$0	\$250 Ind/\$750 Fam	\$250 Ind/\$750 Fam	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam
<b>Physician's Office</b>					
Preventative Care (annual physical and well child visits)	\$0	\$0	\$0	No Charge	No Charge
Office Visit (PCP) includes OT/PT & chiropractic	\$20	\$25	\$25	Deductible, then no charge	Deductible, then no charge
Specialist Visit	\$35	\$35	\$35	Deductible, then no charge	Deductible, then no charge
Routine Vision	\$0/1 exam per 2 years	\$0/1 exam per 2 years	\$25/1 exam per year	\$0/1 exam per 2 years after deductible is met	\$25/1 exam per year
<b>Outpatient</b>					
Emergency Room (waived if admitted)	\$100	\$100	\$100	Deductible, then no charge	Deductible, then no charge
Day Surgery	\$100	Deductible, then \$100 co-pay	Deductible, then \$100 co-pay	Deductible, then no charge	Deductible, then no charge
Diagnostic Testing (x-ray, blood work, etc)	\$0	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Mental Health/Substance Abuse	\$20	\$20	Group \$10 Individual \$20	Deductible, then no charge	Deductible, then no charge
CT Scans, MRIs, PET Scans & nuclear cardiac imaging	co-pay \$100	Deductible, then \$100 co-pay	Deductible, then \$100 co-pay	Deductible, then no charge	Deductible, then no charge

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<b>Inpatient</b>					
Hospital Admission	\$300	Deductible, then \$300 co-pay	Deductible, then \$300 co-pay	Deductible, then no charge	Deductible, then no charge
Skilled Nursing Facility	\$0 up to 100 days per calendar year	\$0 up to 100 days per calendar year	\$0 up to 100 days per calendar year/\$200 admission co-pay	\$0 up to 100 days per calendar year after deductible is met	\$0 up to 100 days per calendar year after deductible is met
Rehabilitation Hospital	\$0 up to 60 days per calendar year	\$0 up to 60 days per calendar year	\$0 up to 100 days per calendar year/\$200 admission co-pay	\$0 up to 60 days per calendar year after deductible is met	\$0 up to 100 days per calendar year after deductible is met
<b>Other Benefits</b>					
Rx 30 days	\$15/\$30/\$45	\$15/\$30/\$45	\$15/\$30/\$45	\$30/\$60/\$90 after deductible is met	\$30/\$60/\$90 after deductible is met
Rx 90 days	\$30/\$60/\$90	\$30/\$60/\$90	\$30/\$60/\$90	\$30/\$60/\$90 after deductible is met	\$30/\$60/\$90 after deductible is met
Ambulance	\$0	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Durable Medical Equipment	20% Coinsurance of equipment cost	20% Coinsurance of equipment cost	20% Coinsurance of equipment cost, not to exceed a Member's total expense of \$1,000	Deductible, then no charge	Deductible, then no charge
Speech & Hearing Therapy	\$35	\$25	\$25	Deductible, then no charge	Deductible, then no charge

\*In-Network Charges shown

\*\*This information summarizes the benefits of the plan. The Subscriber Certificate and applicable riders define the terms and conditions of these benefits in greater detail and will govern in all circumstances.

**Deductible:** A deductible is the amount you pay for health care services before your health insurance begins to pay.

**Co-insurance:** Co-insurance is your share of the costs of a health care service. Usually a percentage of the amount allowed to be charged for services. Comes into play after deductible is met.

**Copay:** Co-pay is a fixed amount you pay for a health care service, usually when you receive the service. You can have both a co-pay and co-insurance for some services.