

## Town of Mattapoissett Health Plan Offerings

	Network Blue NE HMO	Blue Care Elect Preferred PPO		Access Blue NE Saver HMO	Blue Care Elect Saver PPO	
PCP Required	Yes	No		Yes	No	
		In-Network	Out-of-Network		In-Network	Out-of-Network
Deductible	None	None	\$250 / \$500 (member / family)	\$2,000/\$4,000 (member/family)	\$2,000/\$4,000 (member/family)	
Out of Pocket Maximum	Medical Services: \$2,000 Individual / \$4,000 family  Prescription Services: \$2,000 individual / \$4,000 family	Medical Services: \$2,000 Individual / \$4,000 family  Prescription Services: \$2,000 individual / \$4,000 family	Medical Services: \$1,000 Individual / \$2,000 family	Medical and Prescription Services Combined: \$6,450 Individual / \$12,900 Family	Medical and Prescription Services Combined: \$6,450 individual / \$12,900 family	
Preventive Care Visits	\$0	\$0	20% coinsurance after deductible	\$0	\$0	20% coinsurance after deductible
PCP Office Visit	\$15	\$25	20% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	20% coinsurance after deductible
Specialist Office Visit	\$25	\$25	20% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	20% coinsurance after deductible
Emergency Room	\$100 (waived if admitted)	\$100 (waived if admitted)	\$100 after deductible (waived if admitted)	Covered in full after deductible	Covered in full after deductible	20% coinsurance after deductible
Labs and X-Rays	Covered in full	Covered in full	20% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	20% coinsurance after deductible
High Tech Imaging (MRI's PET Scans, CT scans)	\$50 per date of service	\$50 per date of service	20% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	20% coinsurance after deductible
Inpatient Hospitalizations General Hospitals Higher Cost Hospitals	Covered in full	Covered in full	20% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	20% coinsurance after deductible
Day Surgery	\$50 per admission	\$50 per admission	20% coinsurance after deductible	Covered in full after deductible	Covered in full after deductible	20% coinsurance after deductible
Prescription Drug - Retail RX (up to 30-day supply) - Mail Order Drug RX (up to 90-day supply)	\$10/25/45 \$20/50/90	\$10/25/45 \$20/50/90	not covered not covered	Copays after deductible: \$10/25/50 \$20/50/110	Copays after deductible: \$10/25/50 \$20/50/110	not covered not covered