

TOWN OF NATICK PLAN COMPARISON OF WSHG AND GIC HARVARD PILGRIM PLANS

Plan Design Feature	WSHG HPHC HMO	WSHG HPHC Rate Saver Plan	Group Insurance Commission HPHC INDEPENDENCE
Key Cost Features			
Monthly Premium			
Individual	\$605.00	\$514.00	\$526.29
Family	\$1,577.00	\$1,341.00	\$1,273.72
Calendar Year Deductible			
Individual	None	None	None
Family	None	None	None
Out-of-Pocket Maximum			
Individual	None	\$2000/year	None
Family	None	\$4000/year	N/A
Lifetime Maximum			
Individual	None	None	None
Family	None	None	None
Services Provided In A Physician's Office			
Primary Care Physician Office Visit			
***Tier 1 (Excellent)	\$5 copay	\$20	\$15 copay
**Tier 2 (Good)	No tiering	No tiering	No tiering
*Tier 3 (Standard)	No tiering	No tiering	No tiering
Specialist Office Visit			
***Tier 1 (Excellent)	\$5 copay	\$40	\$15 copay
**Tier 2 (Good)	No tiering	No tiering	\$30 copay
*Tier 3 (Standard)	No tiering	No tiering	\$40 copay
Services Provided In A Retail Clinic			
Outpatient Visit			
Services Provided In A Hospital Setting			
Emergency Room	\$30 copay	\$75 copay	\$75 copay
Waived, if admitted?	Yes	Yes	Yes
Per Admission			
Tier 1	Covered in Full	\$250 copay	\$250 copay
Tier 2	No tiering	No tiering	\$500 copay
Tier 3	No tiering	No tiering	\$750 copay
Limits on number of copays	N/A		Maximum of four copays per calendar year; Waived if readmitted within 30 days
Outpatient Surgery	Covered in Full	\$125 copay	\$150 copay
Limits on number of copays	N/A		Four copays per calendar year
Diagnostic X-Ray and Lab Service	Covered in Full	Covered in Full	\$75 copay for high-tech imaging services (MRI, CT, PET Scan) Max. of one copay per member/per day; No copay for routine X-Rays and labs

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Rehabilitation Hospital		\$250 copay	No copay
Benefit Limits		Up to 60 days per year	No limits
Skilled Nursing Facility	Covered in Full	\$250 copay	20%
Benefit Limits	Up to 100 days per year	Up to 100 days per year	45 days; Combined in and out of network limit
Physical Therapy, Occupational Therapy & Chiropractic Treatment			
Physical Therapy	\$5 copay	\$20 copay	\$15 copay
Benefit Limits	Up to 90 consecutive days per condition	Up to 60 consecutive days per condition per calendar year	Up to 90 consecutive days following illness or injury
Occupational Therapy		\$20 copay	\$15 copay
Benefit Limits		Up to 60 consecutive days per condition per calendar year	Up to 90 consecutive days following illness or injury
Chiropractic Services	No coverage	\$20 copay	\$15 copay
Benefit Limits		Up to 12 visits per calendar year	20 visits per year
Mental Health Services			
In-patient treatment; biologically-based illness	Covered in Full	\$250 copay	\$200 copay
Benefit Limits	Unlimited number of days	Unlimited number of days	Maximum of four per year
Out-patient treatment; biologically-based illness			
	\$5 copay	\$20 copay	\$10 group
			\$15 individual
Benefit Limits	Unlimited visits	Unlimited visits	Unlimited visits
Pharmacy Services			
Retail Copay (up to 30 day supply)			
Tier 1	\$5	\$10	\$10
Tier 2	\$10	\$25	\$25
Tier 3	\$25	\$45	\$50
Mail order Copay (up to 90 day supply)			
Tier 1	\$10	\$20	\$20
Tier 2	\$20	\$50	\$50
Tier 3	\$75	\$90	\$110
Separate pharmacy deductibles.	No		
Does this plan include or require any unique pharmacy management features (mandatory use of generics, step therapies, mandatory specialty drug program)?			
Routine Vision Care			
Does plan cover vision exams?	Yes	Yes	Yes
Frequency of vision exams		One visit per calendar year	Once every 24 months
Copay for a vision exam.	\$5	\$20	\$15

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Hearing Aids			
Does the plan cover hearing aids?	No	No	Yes
Hearing aid benefit			Every two years plan pays for first \$500 of expense and 20% coinsurance of next \$1,500
Ambulance Service Copay	No copay	No copay	Covered in Full
Gym Membership Benefit	\$150 per year	Up to \$150 per subscriber per calendar year.	

The information contained in this spreadsheet is for illustrative purposes only and based on publicly available information. The detailed plan design information for the Group Insurance Commission (GIC) plans and/or the municipal plan(s) has not been approved by either the GIC or the GIC's insurance carriers or by the municipality or the municipality's insurance carriers. With respect to the GIC benefits shown, complete information about specific benefits is contained in the "Summary Plan Descriptions" (known as the GIC's health plans' "Plan Handbooks") for each program, which are available from the GIC. More detailed information about a municipality's plan may be obtained from the municipality. Boston Benefit Partners, LLC does not represent or warrant that th