

CAPE COD MUNICIPAL HEALTH GROUP

Harvard Pilgrim HMO

HIGH DEDUCTIBLE HSA-QUALIFIED HMO FOR FY18

		Current	Approved
Plan design features	HPHC Deductible HMO FY17		HPHC HSA-Qualified HMO plan
	Individual	Family	Individual Family
Deductible	\$250	\$750	\$2,000 \$4,000
Office Visit - PCP	\$20 copay per visit		Deductible then CIF**
Office visit - Specialist	\$35 co-pay		Deductible then CIF**
Preventive care as defined by ACA, incl. routine physical	Covered in full (CIF)**		Covered in full (CIF)**
Inpatient	\$500 co-pay		Deductible then CIF**
Day Surgery	Deductible then \$150 co-pay		Deductible then CIF**
ER	Deductible, then \$100 per visit, waived if admitted		Deductible then CIF**
Hi-Tech Imaging (CT, MRI, PET scans)	Deductible, then \$100 co-pay per procedure		Deductible then CIF**
Diagnostic X-ray and lab	Deductible then CIF**		Deductible then CIF**
Chiropractic (20 visits/year limit)	Not covered		Deductible then CIF**
Outpt. PT & OT (30 visits/yr combined)	\$20 copay per visit/30 visits per year		Deductible then CIF**
DME	After Deductible, 20% coinsurance until member has paid \$1000 out-of-pocket, then CIF**		Deductible then CIF**
Pharmacy	3 tier Retail: \$10/25/50 3 tier Mail Order: \$20/50/110		After deductible: 3 tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165
Out-of-Pocket Max.	Individual \$2000 medical \$2000 Rx	Family \$4000 medical \$4000 Rx	Individual Family \$5,000 \$10,000 combined medical & Rx
Fitness Benefit	Up to \$150/subscriber at a health & fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 consecutive mos.		Up to \$150/subscriber at a health & fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 consecutive mos.
			est. ~25% claims decrement

*Proposed as an addition or alternative to current plans. Employer may add the HSA-qualified plans, not add them, or replace the current plans with them.

*CIF means Covered In Full

CAPE COD MUNICIPAL HEALTH GROUP

Harvard Pilgrim PPO

HIGH DEDUCTIBLE HSA-QUALIFIED PPO FOR FY18

Plan design features	Current		Approved	
	HPHC Deductible PPO FY17		HPHC HSA-Qualified PPO plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$250/member, \$750/Family	\$400/member, \$800/Family	\$2,000 Individual, \$4,000 Family	\$2,000 Individual, \$4,000 Family
Office Visit - PCP	\$20 copay per visit	20% coinsurance	Deductible then CIF**	Deductible then 20% coinsurance
Office visit - Specialist	\$35 co-pay per visit	20% coinsurance	Deductible then CIF**	Deductible then 20% coinsurance
Preventive care as defined by ACA, incl. routine physical	Covered in full (CIF)**	20% coinsurance	Covered in full (CIF)**	20% coinsurance
Inpatient	Deductible then \$500 co-pay per admission	Deductible then 20% coinsurance	Deductible then CIF**	Deductible then 20% coinsurance
Day Surgery	Deductible then \$150 co-pay	Deductible then 20% coinsurance	Deductible then CIF**	Deductible then 20% coinsurance
ER	per visit, waived if admitted	\$100 per visit, waived if admitted	Deductible then CIF**	Deductible then 20% coinsurance
Hi-Tech Imaging (CT, MRI, PET scans)	Deductible, then \$100 co-pay per procedure	Deductible, then 20% coinsurance	Deductible then CIF**	Deductible then 20% coinsurance
Diagnostic X-ray and lab	Deductible then CIF**	Deductible, then 20% coinsurance	Deductible then CIF**	Deductible then 20% coinsurance
Chiropractic (20 visits/year limit) **	Not covered		Deductible then CIF**	Deductible then 20% coinsurance
Outpt. PT & OT (30 visits/yr combined)	\$20 copay per visit/30 visits per year		Deductible then CIF**	Deductible then 20% coinsurance
DME	After Deductible, 20% coinsurance until member has paid \$1000 out-of-pocket, then	After Deductible, then 20% coinsurance	Deductible then CIF**	Deductible then 20% coinsurance
Pharmacy	3 tier Retail: \$10/25/50 3 tier Mail Order: \$20/50/110		After deductible : 3-tier Retail: \$10/30/65 3 tier Mail Order: \$25/75/165	
Out-of-Pocket Max.	\$2000 med./member \$2000 Rx/member \$4000 medical/Family \$4000 Rx/Family	\$3,000 per member (medical & Rx combined)	\$5,000 Ind./\$10,000 Family combined medical & Rx Combined In-Network & Out-of-Network	
Fitness Benefit	Up to \$150/subscriber at a health &fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 consecutive mos.		Up to \$150/subscriber at a health &fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 consecutive mos.	
			Est. ~25% claims decrement	

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