

## CAPE COD MUNICIPAL HEALTH GROUP

## BCBS HMO

## HIGH DEDUCTIBLE HSA-QUALIFIED HMO for FY18

Current			Approved	
Plan design features	BCBS Deductible HMO FY17		BCBS 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	Deductible then \$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 (annual 20 visit limit for HSA-qualified plan)	Not applicable/no chiropractic benefit		Deductible then CIF**	
Outpt. PT & OT (100 visits/yr combined)	\$20 co-pay per visit/100 visits per year		Deductible then CIF**	
DME	After Deductible, 20% coinsurance		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 \$5,000	Family \$10,000 Combined medical & Rx
Fitness Benefit	Up to \$150/subscriber at a health & fitness club or exercise classes/cal. yr. Separate \$150 for enrollment in qualified Weight Watchers or hospital based weight loss program.		Up to \$150/subscriber at a health & fitness club or exercise classes/cal. yr. Separate \$150 for enrollment in qualified Weight Watchers or hospital based weight loss program.	
est. 19% claims decrement (savings)				

\* 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

## BCBS PPO

## HIGH DEDUCTIBLE HSA-QUALIFIED PPO for FY18

## Current

## Approved

Plan design features	BCBS Deductible PPO FY17		HSA-Qualified PPO plan for FY18	
	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	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	Deductible then \$100 per visit, waived if admitted	Deductible then \$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 <i>(Current plan, no visit limit. HSA-qual. plan, 20 visit/year limit. **)</i>	\$20 co-pay	20% coinsurance	Deductible then CIF**	Deductible then 20% coinsurance
Outpt. PT & OT <i>(100 visits/yr combined)</i>	\$20 copay per visit/100 visits/yr.	20% coinsurance to 100 visits/yr.	Deductible then CIF**	Deductible then 20% coinsurance
DME	After Deductible, 20% coinsurance	After Deductible, 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/member medical, \$2000/member Rx \$4000/Family medical \$4000/Family Rx	\$3000/member, medical & Rx combined	Combined In-network & Out-of-Network \$5,000 \$10,000 Combined medical & Rx	
Fitness Benefit	Up to \$150/subscriber at a health & fitness club or exercise classes/cal. yr. Separate \$150 for enrollment in qualified Weight Watchers or hospital based weight loss program.		Up to \$150/subscriber at a health & fitness club or exercise classes/cal. yr. Separate \$150 for enrollment in qualified Weight Watchers or hospital based weight loss program.	
			est. 19% claims decrement (savings)	

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