## MAYFLOWER MUNICIPAL HEALTH GROUP FY18 PLAN CHANGES

	HMO BENCHMARK PLAN CHANGES				
	Current FY17 Network Blue NE Benchmark	NEW FY18 Network Blue NE Benchmark	Current FY17 HPHC Choicenet Benchmark	NEW FY18 HPHC Choicenet Benchmark	
Deductible	from \$250/\$750 to	\$300/\$900	from \$250/\$750 to	\$300/\$900	
Specialist	from \$35 to	\$60	from \$25/\$35/\$45 to	\$60	
Inpatient Admission	from \$300/\$700 to	\$500/\$1,500 (after deductible)	from \$300/\$700 to	\$500/\$1,500 (after deductible)	
Outpatient Surgery	from\$150 to	\$250 (after deductible)	from \$150 to	\$250 (after deductible)	
High Tech Radiology (MRI, CT, PT scans)	from \$100 copayment after deductible /\$375 max copay per mbr per plan year to	\$100 copayment after deductible /\$375 max copay per mbr per plan year (copay waived at free-standing facilities)	from \$100 copayment pe date of service after deductible to	\$100 copayment per date of service after deductible (copay waived at freestanding facilities)	
Retail Rx	from \$10/\$25/\$50 to	\$10/\$30/\$65	from \$10/\$25/\$50 to	\$10/\$30/\$65	
Mail Order RX	from \$20/\$50/\$110 to	\$25/\$75/\$165	from \$20/\$50/\$110 to	\$25/\$75/\$165	
Fitness Benefit	from \$150 to	\$300	from \$150 to	\$300	

	PPO BENCHMARK PLAN CHANGES				
	Current FY17 BCBS Blue Care Elect PPO Benchmark*	NEW FY18 BCBS Blue Care Elect PPO Benchmark*			
	<u>In Network only</u>	<u>In Network only</u>			
Deductible	from \$250/\$750 to	\$300/\$900			
Office Visit	from \$20/\$35 to	\$20/ <b>\$60</b>			
Specialist	from \$20/\$35 to	\$20 <b>/\$60</b>			
Inpatient Admission	from \$300/\$700 to	→ \$500/\$1,500 (after deductible)			
Outpatient Surgery	from \$150 to	\$250 (after deductible)			
High Tech Radiology (MRI, CT, PT scans)	from \$100 copayment per date of service after deductible to	\$100 copayment per date of service after deductible (copay waived at free-standing facilities)			
Retail Rx	from \$10/\$25/\$50 to	\$10/\$30/\$65			
Mail Order RX	from \$20/\$50/\$110 to	\$25/\$75/\$165			
Fitness Benefit	from \$150 to	\$300			
* Out of Network - 20% coinsurance after deductible and amount above allowed charge					

## MAYFLOWER MUNICIPAL HEALTH GROUP FY18 PLAN CHANGES

	PPO/HMO RATE SAVER PLAN CHANGES			
	FY18 BCBS Blue Care Elect PPO Rate Saver*	FY18 BCBS Network Blue HMO Rate Saver	FY18 HPHC HMO Rate Saver	
	In Network only			
High Tech Radiology (MRI, CT, PT scans) COPAYMENT AMOUNTS ARE THE SAME AS FY17 ADDED LANGUAGE: (copay waived at free- standing facilities)	\$25 copayment per date of service (copay waived at free- standing facilities)	\$100 copayment /\$375 max copay per mbr per plan year (copay waived at free-standing facilities)	\$100 copayment per date of service (copay waived at free- standing facilities)	
	* PPO Out of Network - 20%			
	coinsurance after deductible and amount above allowed charge			