

2023-2024 NON-MEDICARE HEALTH PLANS AT-A-GLANCE					Our most popular plans					
NETWORK		NATIONAL NETWORK	BROAD NETWORK		BROAD NETWORK		LIMITED NETWORK		REGIONAL NETWORK	
Plan Name	Harvard Pilgrim Access America		Wellpoint Total Choice	Harvard Pilgrim Explorer	★ Wellpoint Plus	★ Mass General Brigham Complete, MGB	★ Wellpoint Community Choice	★ Harvard Pilgrim Quality	Health New England	
Plan Type	PPO		INDEMNITY	POS	★ PPO-TYPE	★ HMO	★ PPO-TYPE	★ HMO	HMO	
Geographical Eligibility	RESIDING U.S. OUTSIDE NEW ENGLAND		NEW ENGLAND	NEW ENGLAND	NEW ENGLAND	ALL OF MASSACHUSETTS	MOST OF MASSACHUSETTS	MOST OF MASSACHUSETTS	WESTERN MA	
Out of Network Coverage	✔		✔	✔	✔	✘	✔	✘	✘	
Out of Network, additional deductible	\$500/\$1,000 + \$20%		✘	\$500/\$1,000 + \$20%	Not in MA	n/a	\$20% co-insurance	n/a	n/a	
PCP REQUIRED?	✘		✘	✔	✘	✔	✘	✔	✘	
Referrals Required	✘		✘	✔	✘	✔	✘	✔	✘	
Emergency Room Coverage	\$100 co-pay, Emergency Room coverage anywhere in the country									
CO-PAYS PER VISIT										
Primary Care Provider (PCP)	\$20		\$20	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40	Tier 1: \$10 Tier 2: \$20 Tier 3: \$40	\$20	\$20	\$20	
Specialist Physician	\$45		\$45	Tier 1: \$30 Tier 2: \$60 Tier 3: \$75	Tier 1: \$30 Tier 2: \$60 Tier 3: \$75	Tier 1: \$30 Tier 2: \$60 Tier 3: \$75	Tier 1: \$30 Tier 2: \$60 Tier 3: \$75	Tier 1: \$30 Tier 2: \$60 Tier 3: no T 3	Tier 1: \$30 Tier 2: \$60 Tier 3: no T 3	
Retail Clinic or Urgent Care	\$20									
Outpatient Behavioral Health/Substance Use Disorder	\$20		\$20	\$10	\$10	\$10	\$20	\$20	\$20	
Emergency Room Visit	\$100/waived if admitted									
INDIVIDUAL PLAN, MONTHLY	\$314.86		\$375.34	\$266.98	\$239.66	\$195.54	\$186.24	\$157.62	\$155.66	
FAMILY PLAN, MONTHLY	\$702.32		\$832.94	\$661.48	\$571.00	\$517.08	\$462.28	\$401.16	\$373.40	
Individual, plan year medical deductible	\$500		\$500	\$500	\$500	\$500	\$400	\$400	\$400	
Family, plan year medical deductible	\$1,000		\$1,000	\$1,000	\$1,000	\$1,000	\$800	\$800	\$800	
Individual plan year cost, premium + deductibles	\$4,063		\$4,729	\$3,537	\$3,236	\$2,751	\$2,549	\$2,234	\$2,212	
Family plan year cost, premium + deductibles	\$8,926		\$10,362	\$8,476	\$7,481	\$6,888	\$6,085	\$5,413	\$5,107	
PLAN COST	HIGH		HIGH	HIGH	MID	MID	LOW	LOW	LOW	
PRESCRIPTIONS										
Retail up to 30-day supply	\$10/\$30/\$65									
Mail Order up to 90 day supply	\$25/\$75/\$165									
Individual Prescription Deductible	\$100									
Family Prescription Deductible	\$200									
TOWN PAID EXPENSES										
OUT OF POCKET MAXIMUMS										
Each individual, or, per family member	\$1,500 limit per person - Town pays provider, or reimburses employee for eligible expenses over \$1,500 up to \$5,000 through the HRA									
Combined family members	\$3,000 for any combined family members - Town pays provider or reimburses employee for eligible expenses over \$3,000 up to \$10,000 through the HRA									
HOSPITAL CO-PAYS										
Inpatient Hospital Medical Care	Town pays provider, or reimburses employee, for this co-pay through the HRA									
Outpatient Surgery	Town pays provider, or reimburses employee, for this co-pay through the HRA									
HIGH TECH IMAGING										
MRI/CT/PET scans	Town pays provider, or reimburses employee, for this co-pay through the HRA									
PREMIUM HOLIDAY										
	Town pays employee portion of premiums each January with a vote from the PEC, paid through the HRA									
PLAN YEAR CHANGES										
For plan year July 1, 2024-June 30, 2025	n/a	Name change. Formerly Unicare. New ID cards will be mailed in June. ID number remains the same	n/a	n/a	n/a	n/a	Name change. Formerly Unicare. New ID cards will be mailed in June. ID number remains the same	n/a	n/a	