

2023-2024 NON-MEDICARE HEALTH PLANS AT-A-GLANCE

NETWORK	NATIONAL NETWORK	BROAD NETWORK		BROAD NETWORK		LIMITED NETWORK		REGIONAL NETWORK
Plan Name	Harvard Pilgrim Access America	Unicare Total Choice	Harvard Pilgrim Explorer	★ Unicare Plus	★ Mass General Brigham Complete, MGB	★ Unicare 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%	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	\$295.10	\$337.12	\$244.10	\$221.00	\$178.50	\$169.18	\$144.28	\$147.00
FAMILY PLAN, MONTHLY	\$657.26	\$745.80	\$603.22	\$524.50	\$470.48	\$417.30	\$365.84	\$351.52
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	\$3,846	\$4,308	\$3,285	\$3,031	\$2,564	\$2,361	\$2,087	\$2,117
Family plan year cost, premium + deductibles	\$8,430	\$9,404	\$7,835	\$6,970	\$6,375	\$5,590	\$5,024	\$4,867
PLAN COST	HIGH	HIGH	HIGH	MID	MID	LOW	LOW	LOW
PRESCRIPTIONS								
Retail up to 30-day supply	\$10/\$30/\$65 - No longer Express Scripts, now CVS Caremark, new ID cards to be issued							
Mail Order up to 90 day supply	\$25/\$75/\$165 - No longer Express Scripts, now CVS Caremark, new ID cards to be issued							
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, 2023-June 30, 2024	New plan. Residency requirement, must live outside New England.	Name change. Formerly Unicare Basic. Residency change, must live in New England.	Name change. Formerly Harvard Pilgrim Independence.	n/a	Name change. Formerly Always Health Partners.	n/a	Name change. Formerly Harvard Pilgrim Primary Choice.	n/a