

BENEFIT COMPARISON

ACTON PUBLIC/ACTON BOXBOROUGH

BENEFIT	BLUE CARE ELECT PREFERRED		
	IN-NETWORK	OUT-OF-NETWORK	MASTER HEALTH PLUS
Deductible	None	\$250 per member \$500 per family	None
Calendar Year Coinsurance Maximum	None	\$1,000 per member \$2,000 per family	None
Lifetime Benefit Maximum	None	None	\$2,000,000 per member
Portability	100% throughout the country. Call BCBS customer service @ 1-800-782-3675 for a provider directory, questions on a provider or www.bcbsma.com	coverage with a non-preferred physician subject to the deductible and coinsurance	100%
Full-Time Student Coverage	Unmarried dependent children until 19, or full-time students until age 25.	Unmarried dependent children until 19, or full-time students until age 25.	Unmarried dependent children until 19, or full-time students until age 25.
Physician Choice	No referrals required	coverage with a non-preferred physician subject to the deductible and coinsurance	Any BCBS participating provider

INPATIENT	YOU PAY	YOU PAY	YOU PAY
General Hospital (semi-private room and board and special services)	Nothing	20% coinsurance* Nothing (no deductible) for emergency/accident admissions	Nothing
Physician Services	Nothing	20% coinsurance* Nothing (no deductible) for emergency/accident admissions	Nothing
Skilled Nursing Facility	Nothing to 100 days per calendar year benefit maximum combined with out-of-network days	20% coinsurance* to 100 days per calendar year benefit maximum combined with in-network days	Nothing
Rehabilitation Hospital	Nothing to 60 days per calendar year benefit maximum combined with out-of-network days	20% coinsurance* to 60 days per calendar year benefit maximum combined with in-network days	Nothing

BENEFIT COMPARISON

ACTON PUBLIC/ACTON BOXBOROUGH

BENEFIT	BLUE CARE ELECT PREFERRED		
	IN-NETWORK	OUT-OF-NETWORK	MASTER HEALTH PLUS
OUTPATIENT HOSPITAL	YOU PAY	YOU PAY	YOU PAY
Emergency Room Visits for Emergency or Accident Care	\$50 per visit	\$50 per visit	Nothing for first treatment of accident; \$25 per visit for emergency medical care
Emergency Room Visits for Medical Care	\$50 per visit	\$50 per visit	\$25 per visit
Surgery	Nothing	20% coinsurance*	Nothing
Radiation and Chemotherapy	Nothing	20% coinsurance*	Nothing
Diagnostic X-ray and Lab	Nothing	20% coinsurance*	Nothing
Hemodialysis	Nothing	20% coinsurance*	Nothing
Physical Therapy	\$15 per visit to 100 visits per calendar year benefit maximum in and out-of-network combined	20% coinsurance* to 100 visits per calendar year benefit maximum in and out-of-network combined	Nothing
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY	YOU PAY
Medical Care	\$15 per visit	20% coinsurance*	\$15 per visit
Well Child Care	\$15 per visit: -10 visits 1st year -3 visits 2nd year -1 visit/year age 2 - 11 -1 visit/2 years age 12 - 18 In and out-of-network combined	20% coinsurance*: -10 visits 1st year -3 visits 2nd year -1 visit/year age 2 - 11 -1 visit/2 years age 12 - 18 In and out-of-network combined	\$15 per visit: -10 visits 1st year -3 visits 2nd year -1 visit/year age 2 - 11
Routine GYN Exam	\$15 per visit - 1 visit per calendar year In and out-of-network combined	20% coinsurance* In and out-of-network combined	All charges
Routine Vision Exam	\$15 per visit - 1 visit per 24 months In and out-of-network combined	20% coinsurance* In and out-of-network combined	All charges
Adult Routine Physicals	\$15 per visit: -1 visit/5 years age 19-29 -1 visit/3 years age 30-39 -1 visit/2 years age 40-54 -1 visit/year age 55+ In and out-of-network combined	20% coinsurance*: -1 visit/5 years age 19-29 -1 visit/3 years age 30-39 -1 visit/2 years age 40-54 -1 visit/year age 55+ In and out-of-network combined	All charges

BENEFIT COMPARISON

ACTON PUBLIC/ACTON BOXBOROUGH

BENEFIT	BLUE CARE ELECT PREFERRED		
	IN-NETWORK	OUT-OF-NETWORK	MASTER HEALTH PLUS
MENTAL HEALTH	YOU PAY	YOU PAY	YOU PAY
BIOLOGICALLY-BASED CONDITIONS+			
- Inpatient admissions in a general or mental hospital	Nothing	20% coinsurance*	Nothing
- Outpatient visits	\$15 per visit	20% coinsurance*	\$15 per visit (\$25 per hospital visit)
NON-BIOLOGICALLY-BASED MENTAL CONDITIONS (Includes drug addiction and alcoholism)			
- Inpatient admissions in a general hospital	Nothing	20% coinsurance*	Nothing
- Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	Nothing 60-day per calendar year benefit maximum In and out-of-network combined	20% coinsurance* In and out-of-network combined	Nothing
- Outpatient visits (up to 24 visits per calendar year)	\$15 per visit 24-visit per calendar year benefit maximum In and out-of-network combined	20% coinsurance* In and out-of-network combined	\$15 per visit (\$25 per hospital visit)
ALCOHOLISM TREATMENT (IN ADDITION TO NON-BIOLOGICALLY BASED MENTAL CONDITIONS)			
- Inpatient admissions in a general hospital	Nothing	20% coinsurance*	Nothing
- Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	Nothing 30-day per calendar year benefit maximum In and out-of-network combined	20% coinsurance* In and out-of-network combined	Nothing
- Outpatient visits++ (up to 8 visits per calendar year)	\$15 per visit 8-visit per calendar year benefit maximum In and out-of-network combined	20% coinsurance* In and out-of-network combined	\$15 per visit (\$25 per hospital visit)

BENEFIT COMPARISON

ACTON PUBLIC/ACTON BOXBOROUGH

BENEFIT	BLUE CARE ELECT PREFERRED		
	IN-NETWORK	OUT-OF-NETWORK	MASTER HEALTH PLUS
OTHER OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Visiting Nurse Home Health Care	Nothing	20% coinsurance*	Nothing
Prosthetic Devices	Nothing	20% coinsurance*	20% coinsurance
Durable Medical Equipment	Nothing to \$1,500 per calendar year benefit maximum In and out-of-network combined	20% coinsurance* to \$1,500 per calendar year benefit maximum In and out-of-network combined	20% coinsurance
Ambulance	Nothing	Nothing for accident or emergency; 20% coinsurance* other medically necessary transport	20% coinsurance
Routine Pediatric Dental (through age 11)	All charges	All charges	All charges
Chiropractor Visits	\$15 per visit	20% coinsurance*	\$15 per visit
Removal of Impacted Teeth	All charges	All charges	All charges
Prescription Drugs	\$10 for each generic \$25 for each preferred brand name \$45 for each non-preferred (includes birth control) 30-day supply retail pharmacy or 90-day supply mail service	Same as In-Network at retail pharmacies outside of Massachusetts	\$10 for each generic \$15 for each preferred brand name \$25 for each non-preferred 30 days supply for each prescription (includes birth control) 90-day supply mail service

***After deductible**

+Treatment for rape-related mental or emotional disorders and treatment for children under age 19 is covered to the same extent as biologically-based conditions.

++The value of these visits is at least \$500 in each calendar year.

These pages summarize benefits of the plan(s). The Subscriber Certificate(s) and applicable riders define the terms and conditions of these benefits in greater detail. Should any questions arise, the certificate(s) and riders will govern.

