

COMPARISON - BURLINGTON HMO PLANS
2022

	Blue Cross HMO	Harvard Pilgrim HMO	Harvard Pilgrim HSA HMO
Individual	\$287.37	\$252.60	\$192.78
Family	\$770.18	\$640.69	\$514.08
Deductible	\$1,000 Individual / \$2,000 Family (Town reimburses first half of deductible)	\$1,000 Individual / \$2,000 Family (Town reimburses first half of deductible)	\$3,000 Individual / \$6,000 Family (Town contributes \$1800 Individual and \$3600 Family into HSA account)
Primary Care	\$20	\$20	Deductible, then covered in full
Specialist	\$20	\$20	Deductible, then covered in full
Chiropractor	\$20	\$20 co-pay (\$500 limit per year)	Deductible, then covered in full
Acupuncture	Not covered	\$20 co-pay (20 visits per year)	Deductible then covered in full (20 visits per year)
Imaging	Deductible then \$100 co-pay (Co-pay waived if performed at a free standing facility)	Deductible then \$100 co-pay (Co-pay waived if performed at a free standing facility)	Deductible, then covered in full
Prescription - Pharmacy (30 days)	\$20, \$30, \$50	\$20, \$30, \$50	Deductible then \$20, \$30, \$50
Prescription - Mail Order (90 days)	\$20, \$30, \$50	\$20, \$30, \$50	Deductible then \$20, \$30, \$50
Outpatient Facility	Deductible then \$0	Deductible then \$0	Deductible, then covered in full
Outpatient Physician	\$0	Deductible then \$0	Deductible, then covered in full
ER	\$200 co-pay	Deductible then \$200 co-pay	Deductible, then covered in full
Urgent Care	\$20	\$20	Deductible, then covered in full
Hospital Admission	Deductible then \$0	Deductible then \$0	Deductible, then covered in full
In-Patient Mental Health	\$0	Deductible then \$0	Deductible, then covered in full
Substance Abuse Inpatient	\$0	Deductible then \$0	Deductible, then covered in full
PreNatal Visit	\$0	\$0	\$0
Delivery and Inpatient	Deductible then \$0	Deductible then \$0	Deductible, then covered in full
Home Health Care	\$0	Deductible then \$0	Deductible, then covered in full
Rehabilitation	Deductible then \$20 (up to 60 days per calendar year)	Deductible then \$0 Limited to 60 consecutive days per year	Deductible, then covered in full Limited to 60 combined visits per year
Habilitation Services	Deductible then \$20 co-pay Limited to 60 visits per calendar year (Exceptions for early intervention)	Deductible then \$0 Limited to 60 combined visits per year	Deductible, then covered in full Limited to 60 combined visits per year
Skilled Nursing Services	\$0 Limited to 100 days per calendar year	Deductible then \$0 Limited to 100 days per year	Deductible, then covered in full Limited to 100 days per year
Durable Medical Equipment	Deductible then 20% coinsurance	Deductible then \$0	Deductible, then covered in full
Hospice	\$0	Deductible then \$0	Deductible, then covered in full
Eye Exam	1 exam every 24 months, \$0 co-pay (unless medical diagnosis)	1 exam every year, \$20 co-pay	1 exam every year, \$20 co-pay
Out of Pocket Maximum	\$2,000 per member per calendar year \$4,000 per family per calendar year	\$2,000 per member per calendar year \$4,000 per family per calendar year	\$4,000 per member per calendar year \$8,000 per family per calendar year

NOTE:
Harvard Pilgrim HMO has a deductible rollover that applies to any deductible amount that is incurred for services during the last three months of the calendar year and is applied toward the deductible requirement for the next calendar year.
2022 HSA limits: \$3,650 Individual, \$7,300 Family