

COMPARISON HMO PLANS
2020

	<u>Burlington Blue Cross HMO</u>	<u>Burlington Harvard Pilgrim HMO</u>
<u>Individual</u>	\$281.74	\$247.65
<u>Family</u>	\$755.08	\$628.12
<u>Deductible</u>	\$1,000 Individual-\$2,000 Family	\$1,000 Individual-\$2,000 Family
<u>Primary Care</u>	\$20	\$20
<u>Specialist</u>	\$20	\$20
<u>Chiropractor</u>	\$20	\$20 co-pay (\$500 limit per year)
<u>Acupuncture</u>	Not covered	20\$ co-pay (20 visits per year)
<u>Imaging</u>	Deductible then \$100 co-pay (Copay waived if performed at a free standing facility)	Deductible then \$100 co-pay (Co-pay waived if performed at a free standing facility)
<u>Prescription-Pharmacy</u>	\$20, \$30, \$50	\$20, \$30, \$50
<u>Prescription-Mail Order</u>	\$20, \$30, \$50	\$20, \$30, \$50
<u>Outpatient Facility</u>	Deductible then \$0	Deductible then \$0
<u>Outpatient Physician</u>	\$0	Deductible then \$0
<u>ER</u>	\$200 co-pay	Deductible then \$200 co-pay
<u>Urgent Care</u>	\$20	\$20
<u>Hospital Admission</u>	Deductible then \$0	Deductible then \$0
<u>In Patient Mental Health</u>	\$0	Deductible then \$0
<u>Substance Abuse Inpatient</u>	\$0	Deductible then \$0
<u>PreNatal Visit</u>	\$0	\$0
<u>Delivery and Inpatient</u>	Deductible then \$0	Deductible then \$0
<u>Home Health Care</u>	\$0	Deductible then \$0
<u>Rehabilitation</u>	Deductible then \$20 (up to 60 days per calendar year)	Deductible then \$0 Limited to 60 consecutive days per year.

COMPARISON HMO PLANS
2020

<u>Habilitation Services</u>	Deductible then \$20 co-pay (Limited to 60 visits per calendar year) Exceptions for early intervention	Deductible then \$0 Limited to 60 consecutive days per year.
<u>Skilled Nursing Services</u>	\$0 (up to 100 days per calendar year)	Deductible then \$0 Limited to 100 days per year.
<u>Durable Medical Equipment</u>	Deductible then 20% coinsurance	Deductible then \$0
<u>Hospice</u>	\$0	Deductible then \$0
<u>Eye Exam</u>	1 exam every 24 months \$0 co-pay (unless medical diagnosis)	1 exam every year, \$20 co-pay
<u>Out of Pocket Maximum</u>	\$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
NOTE:	Harvard Pilgrim 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.	