



City of Marlborough 2022 Benefit Plans

a Point32Health company

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City of Marlborough 2022 – 2023 Benefit Plans

- EPO Plan
- PPO Plan
- “New” Advantage EPO Saver \$3,000

Tufts Health Plan EPO Plan

- EPO members must stay within the Tufts Health Plan Provider Network
- EPO Plan requires PCP's and Referrals for Specialty Care
- No Deductibles
- Preventative Care Covered in Full
- Copayments apply for Office Visits, High Tech Imaging, Inpatient Hospitalization, Emergency Room and Outpatient Surgery
- \$6,350 Individual / \$12,700 Family Out Of Pocket Maximum

EPO Plan

	EPO Plan Features
<i>In-Network Benefits</i>	<i>In-Network Benefits</i>
Deductible	\$0
Out-of-Pocket Maximum Expense	\$6,350 Individual & \$12,700 Family
Preventative Care (Routine PCP, GYN & “Select Preventative” Labs)	Covered in Full
Office Visit (Non Routine- PCP / Mental Health)	\$20 Copayment
Office Visit - Specialist	\$35 Copayment
Routine Eye Exam (1 PPY)	Routine Eye Exam (1 PPY)
Emergency Room Visit	\$100 Copayment
Inpatient Hospital Stay	\$350 Copayment capped at \$1,000 per individual per year
Outpatient Hospital / Day Surgery	\$250 Copayment capped at \$1,000 per individual per year
Diagnostic Lab & X-Ray	Covered in Full
High Tech Imaging: MRI, CAT, PET Scans	\$50 Copayment
Rx Copays (30 day Supply)	\$10/\$30/\$50 (30 day Supply)
Rx Copays – (90 Day Mail Order)	\$20/\$60/\$100 (90 Day Mail Order)

Tufts Health Plan PPO Plan

- PPO members may stay within the Tufts Health Plan Provider Network for In Network Benefits or be Subjected to Deductible and Coinsurance for Services Outside the Network
- PPO Plan does **not** require PCP's and Referrals for Specialty Care
- No Deductibles In Network/ \$100/\$200 Outside of Network
- Preventative Care Covered in Full
- Copayments apply for Office Visits, High Tech Imaging, Inpatient Hospitalization, Emergency Room and Outpatient Surgery In Network/ 20% Coinsurance After Deductible Out of Network
- \$6,350 Individual / \$12,700 Family Out Of Pocket Maximum

PPO Plan

	PPO Plan Features
<i>In-Network Benefits</i>	<i>In-Network Benefits</i>
Deductible	\$0 In Network/ \$100 Individual & \$200 Family Out of Network
Out-of-Pocket Maximum Expense	\$6,350 Individual & \$12,700 Family
Preventative Care (Routine PCP, GYN & “Select Preventative” Labs)	Covered in Full
Office Visit (Non Routine- PCP / Mental Health)	\$20 Copayment In Network/ 20% Coinsurance after deductible Out of Network
Office Visit - Specialist	\$35 Copayment In Network/ 20% Coinsurance after deductible Out of Network
Routine Eye Exam (1 PPY)	Routine Eye Exam (1 PPY)
Emergency Room Visit	\$100 Copayment
Inpatient Hospital Stay	\$350 Copayment capped at \$1,000 per individual per year In Network/ 20% Coinsurance after deductible Out of Network
Outpatient Hospital / Day Surgery	\$250 Copayment capped at \$1,000 per individual per year In Network/ 20% Coinsurance after deductible Out of Network
Diagnostic Lab & X-Ray	Covered in Full In Network/ 20% Coinsurance after deductible Out of Network
High Tech Imaging: MRI, CAT, PET Scans	\$50 Copayment In Network/ 20% Coinsurance after deductible Out of Network
Rx Copays (30 day Supply)	\$10/\$30/\$50 (30 day Supply)
Rx Copays – (90 Day Mail Order)	\$20/\$60/\$100 (90 Day Mail Order)

Tufts Health Plan Advantage EPO Saver \$3,000

- EPO members must stay within the Tufts Health Plan Provider Network
- EPO Plan requires PCP's and Referrals for Specialty Care
- \$3,000 Individual / \$6,000 Family overall Deductible
- All Services including RX (except Preventative Care) are subject to deductible
- Coinsurance or copayments apply after deductible is met
- \$6,350 Individual / \$12,700 Family Out Of Pocket Maximum
- Plan Runs On Calendar year

Your In-Network Deductible

Your plan deductible:

- Self-only contract: \$3,000
- Family contract: \$6,000
- No individual deductible on family contract
\$6,000 deductible must be met to satisfy deductible

Once you meet the deductible, you incur the following cost-sharing:

- Medical Services: 35% coinsurance
- Prescription Drugs: \$15/\$25/\$40 copayments
\$30/\$50/\$80 copayments
(90 day mail order)

Select Preventive Care Is Covered in Full

Select routine office visits

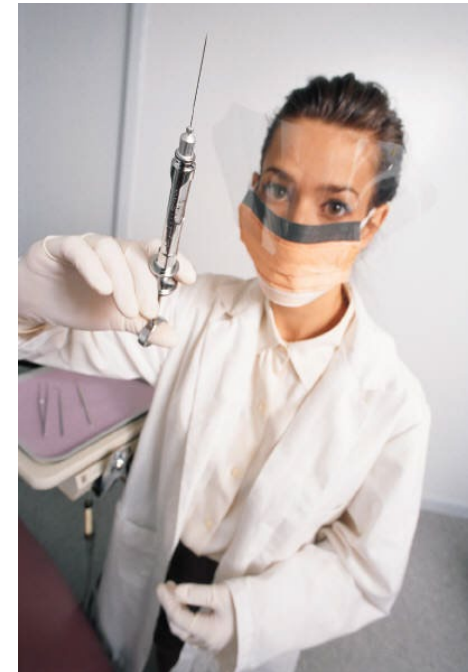
- Routine physicals for adults and children
- Annual gyn

Prenatal and post-partum care

Immunizations

Select disease screenings and tests

- Mammogram and pap
- PSA
- Colorectal cancer screening
- Routine blood work and urinalysis



Other Services Are Subject to Deductible

Diagnostics, including (but not limited to)

- Non-preventive office visits
- Imaging (x-ray, MRI, CT scan)
- Non-preventive laboratory
- Emergency services

Treatments, including (but not limited to)

- Inpatient services and day surgery
- Emergency services
- Outpatient therapies such as chemo and radiation
- Behavioral and substance abuse counseling
- Prescription drugs



Deductible Notes

- You never pay more than Tufts Health Plan's negotiated rate for services subject to deductible
- Providers cannot "balance bill" you the difference between their retail price and our contracted rate
- You typically don't pay for medical services at the time of service
- Deductible resets January 1st

The network includes

- > All contracted providers
- > Urgent/emergent care anywhere in the world
- > All prescription drugs in formulary

Example No. 1

You injure your knee

- Doctor visit to diagnose is subject to deductible
- MRI is subject to deductible
- Day surgery is subject to deductible
 - Surgeon
 - Anesthesiologist
 - Facility

Follow-up physical therapy is subject to deductible



Example No. 2



- Routine annual physical is covered in full
- Routine blood work, flu shot and urinalysis are covered in full
- EKG and lab tests to check thyroid function are subject to deductible
- Consult with dermatologist to evaluate two moles is subject to deductible

Tips to Accessing Cost-Effective Care

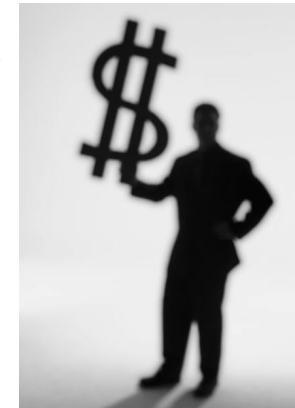
Consider site of service when medically appropriate

- Urgent care facility vs. emergency room
- Free-standing imaging center vs. hospital
- Independent lab vs. hospital

Check to see whether a pharmacy has promotional drug prices

Talk to your doctor about generic drugs and alternatives to prescriptions

Live an active, healthy lifestyle to minimize the needs access care



Advantage EPO Saver \$3,000

	EPO Plan Features
<i>In-Network Benefits</i>	
Deductible	\$3,000 Ind / \$6,000 Fam
Out-of-Pocket Maximum Expense	\$6,350 Ind/ \$12,700 Fam
Preventative Care (Routine PCP, GYN & “Select Preventative” Labs)	Covered in full
Office Visit (Non Routine- PCP / Mental Health)	35% coinsurance after deductible
Office Visit - Specialist	
PT/OT	35% coinsurance after deductible
Routine Eye Exam (1 PPY)	Covered in Full
Emergency Room Visit	35% coinsurance after deductible
Inpatient Hospital Stay	
Outpatient Hospital / Day Surgery	
Diagnostic Lab/X-Ray, MRI, CAT, PET Scans	
Rx Copays (30 day Supply)	After deductible \$15/\$25/\$40
Rx Copays – (90 Day Mail Order)	After deductible \$30/\$50/\$80