

BENEFIT COMPARISON**ACTON PUBLIC/ACTON BOXBOROUGH****HMO'S**

BENEFIT	NETWORK BLUE NEW ENGLAND	HARVARD PILGRIM HEALTH CARE
Deductible	None	None
Calendar Year Coinsurance Maximum	None	None
Lifetime Benefit Maximum	None	None
Portability	in New England	the HPHC enrollment area
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.
Physician Choice	Primary care physician refers to specialist	Primary care physician refers to specialist
INPATIENT	YOU PAY	YOU PAY
General Hospital (semi-private room and board and special services)	Nothing	Nothing
Physician Services	Nothing	Nothing
Skilled Nursing Facility	Nothing to 100 days per calendar year benefit maximum	Nothing to 100 days per calendar year benefit maximum
Rehabilitation Hospital	Nothing to 60 days per calendar year benefit maximum	Nothing to 60 days per calendar year benefit maximum

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	YOU PAY	YOU PAY
OUTPATIENT HOSPITAL		
Emergency Room Visits for Emergency or Accident Care	\$30 per visit (waived if admitted)	\$30 per visit (waived if admitted)
Emergency Room Visits for Medical Care	\$30 per visit	\$30 per visit Members are reminded that if service is in the doctor's office copayment is \$15
Surgery	Nothing	Nothing
Radiation and Chemotherapy	Nothing	Nothing
Diagnostic X-ray and Lab	Nothing	Nothing
Hemodialysis	Nothing	Nothing
Physical Therapy	\$15 per visit to 60 visits per calendar year benefit maximum	\$15 per visit to 60 visits per calendar year benefit maximum
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY
Surgery	Nothing	Nothing
Medical Care	\$15 per visit	\$15 per visit
Well Child Care	\$15 per visit	\$15 per visit
Routine GYN Exam	\$15 per visit (1 visit per calendar year)	\$15 per visit (1 visit per plan year)
Routine Vision Exam	\$15 per visit (1 visit per 24 months)	\$15 per visit, Annually
Adult Routine Physicals	\$15 per visit (1 visit per calendar year)	\$15 per visit (1 visit per plan year)

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BENEFIT	NETWORK BLUE NEW ENGLAND	HARVARD PILGRIM HEALTH CARE
MENTAL HEALTH	YOU PAY	YOU PAY
BIOLOGICALLY-BASED CONDITIONS+		
- Inpatient admissions in a general or mental hospital	Nothing	Nothing
- Outpatient visits	\$15 per visit	\$15 per visit
NON-BIOLOGICALLY-BASED MENTAL CONDITIONS (Includes drug addiction and alcoholism)		
- Inpatient admissions in a general hospital	Nothing	Nothing
- Inpatient admissions in a mental hospital or substance abuse treatment facility (up to 60 days per calendar year)	Nothing	Nothing
- Outpatient visits (up to 24 visits per calendar year)	\$15 per visit	\$15 per visit
+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.		
ALCOHOLISM TREATMENT (IN ADDITION TO NON-BIOLOGICALLY BASED MENTAL CONDITIONS)		
- Inpatient admissions in a general hospital	Nothing	Nothing
- Inpatient admissions in a substance abuse treatment facility (up to 30 days per calendar year)	Nothing	Nothing
- Outpatient visits++ (up to 8 visits per calendar year)	\$15 per visit	\$15 per visit \$25 per visit (Visits 9 - 20) \$15 per visit - Group Visits 1 - 25
++The value of these visits is at least \$500 in each calendar year.		

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BENEFIT	NETWORK BLUE NEW ENGLAND	HARVARD PILGRIM HEALTH CARE
	YOU PAY	YOU PAY
OTHER OUTPATIENT		
Visiting Nurse Home Health Care	Nothing	Nothing
Prosthetic Devices	Nothing	20% coinsurance (see DME)
Durable Medical Equipment	Nothing to \$1,500 per calendar year benefit maximum	\$5000 maximum benefit Member pays 20% to \$1000 max. HPHC pays 80% to \$4000 max. Member pays 100% over \$5000
Ambulance	Nothing	Nothing
Chiropractor Visits	\$15 per visit	\$500 benefit max. (Based on contracted rates) Amount of visits can vary by provider Member must use approved providers
Removal of Impacted Teeth	Nothing	Nothing
Prescription Drugs	30-day supply retail pharmacy or 90-day supply mail service. \$10 for each generic \$15 for each preferred brand name \$25 for each non-preferred (includes birth control)	30-day supply/refill at retail pharmacy \$10 for each generic \$15 for each Select Brand \$25 for each Non-Select Brand 90-day supply/refill by Mail Order \$10 for each generic \$20 for each Select Brand \$75 for each Non-Select Brand
Fitness	Save up to \$150.00 on health club membership	Discounts
Weight Loss	Save up to \$150.00 on membership	Discounts
Children Dental Cleaning	Full Charge	2 cleanings a year up to age 14
Eyewear Savings	Discount according to provider	Discount & free eyewear through Cambridge Eye

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.



**** This column provides Harvard Pilgrim summary information and is for comparative purposes only. Refer to the Member Agreement for specific language or additional detail about the plan design.

