

## Town of Medfield - Comparison CURRENT to NEW plan for July 1, 2024

Town of Medfield	HMO PLAN		PPO PLAN			
	Current Plan Network Blue NE	New Plan Network Blue NE \$500 Deductible	Current Plan Blue Care Elect		New Plan Blue Care Elect \$500 Deductible	
<b>Deductible</b>						
Single/Family	N/A	<b>\$500/\$1,000</b>	N/A	\$150/\$300	<b>\$500/\$1,000</b>	<b>\$500/\$1,000</b>
<b>Max Out of Pocket</b>						
Medical	\$3,000/\$6,000	\$2,500/\$5,000	\$3,000/\$6,000		\$2,500/\$5,000	
Pharmacy	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000		\$1,000/\$2,000	
PCP Copay	\$20	\$20	\$20	20% after deductible	\$20	20% after deductible
Specialist Copay	\$35	<b>\$60</b>	\$35	20% after deductible	<b>\$60</b>	20% after deductible
ER Copay	\$150	<b>\$100 after deductible</b>	\$150	20% after deductible	<b>\$100 after deductible</b>	20% after deductible
High Tech Imaging	\$100	<i>\$100 after deductible</i>	\$100	20% after deductible	<i>\$100 after deductible</i>	20% after deductible
<b>Inpatient Hospital</b>						
General Hospitals	\$500	<b>\$275 after deductible</b>	\$500	20% after deductible	<b>\$275 after deductible</b>	20% after deductible
HCCS Hospitals		<b>\$1500 after deductible</b>			<b>\$1500 after deductible</b>	
Day Surgery	\$250	<i>\$250 after deductible</i>	\$250	20% after deductible	<i>\$250 after deductible</i>	20% after deductible
Rx Deductible	n/a	<b>\$100/\$200</b>	n/a		<b>\$100/\$200</b>	
Retail Rx Copay	\$15/30/50	<b>\$10/30/65</b>	\$15/30/50	n/a	<b>\$10/30/65</b>	n/a
Mail Order Rx Copay	\$30/60/100	<b>\$25/75/165</b>	\$30/60/100	n/a	<b>\$25/75/165</b>	n/a

\*\* Higher Cost Share Hospitals (HCCS) include the following: Baystate Medical Center, Brigham and Women's Hospital, Dana Farber Cancer Institute, Massachusetts General Hospital, Boston Children's Hospital, Cape Cod Hospital, Fairview Hospital, and UMASS Memorial Hospital.