

Town of Medfield Benefit Plan Comparison
Benefit Plan Offered July 1, 2024

Town of Medfield	<u>New Plan - Traditional HMO</u>	<u>High Deductible Option</u>	<u>New Plan - Traditional PPO</u>	
	Network Blue NE HMO \$500 Deductible	Access Blue NE Saver Deductible with no copays	Blue Care Elect PPO \$500 Deductible	
Network	New England	New England	National	
Referrals Required	Yes	No	No	
Deductible			In-Network	Out of Network
Single/Family	\$500/\$1,000*	\$2,000/\$4,000***	\$500/\$1,000*	\$500/\$1,000*
Max Out of Pocket				
Medical	\$2,500/\$5,000	\$3,000/\$6,000	\$2,500/\$5,000	
Pharmacy	\$1,000/\$2,000	combined with medical OOP Max	\$1,000/\$2,000	
PCP Copay	\$20	Nothing after Deductible	\$20	20% after deductible
Specialist Copay	\$60	Nothing after Deductible	\$60	20% after deductible
ER Copay	\$100 after deductible	Nothing after Deductible	\$100 after deductible	20% after deductible
Diagnostic Labs & X-Rays	Nothing after deductible	Nothing after Deductible	Nothing after deductible	20% after deductible
High Tech Imaging	\$100 after deductible	Nothing after Deductible	\$100 after deductible	20% after deductible
Inpatient Hospital				
General Hospitals	\$275 after deductible	Nothing after Deductible	\$275 after deductible	20% after deductible
Higher Cost Share Hospitals (HCCS) **	\$1500 after deductible**	Nothing after Deductible	\$1500 after deductible**	
Day Surgery	\$250 after deductible	Nothing after Deductible	\$250 after deductible	20% after deductible
Rx Deductible	\$100/\$200	combined with medical deductible Rx copays apply after deductible is met	\$100/\$200	n/a
Retail Rx Copay	\$10/30/65	\$10/30/65	\$10/30/65	n/a
Mail Order Rx Copay	\$25/75/165	\$25/75/165	\$25/75/165	n/a
Eligible for Medfield Health Savings Account	No	Yes	No	
HSA Contribution from Town	n/a	\$1000 / \$2000 (if employee contributes \$500/\$1000)	n/a	
Eligible for Medfield FSA	Yes	No	Yes	
FY25 Rates Bi-Monthly				
Individual	\$179.24	\$159.39	\$238.26	
Family	\$466.26	\$414.63	\$620.02	

Notes:

* For the Network Blue NE and Blue Care Elect plans the deductibles are per member capped at \$1,000 total per family. The deductible does not apply to all services such as office visits.

** 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.

***For the High Deductible Health Plan If you are enrolled in Family coverage the entire family deductible must be met on the Access Blue NE Saver Plan