

| Town of Medfield | New Plan - Traditional HMO | High Deductible Option | New Plan - Traditional PPO | |
|---|--------------------------------------|--|--------------------------------------|----------------------|
| | 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