MEDICAL PLAN OPTIONS CONT.



Refer to this plan comparison chart for information on the cost of care for our BCBSMA plans.

| | BCBS NETWORK BLUE NE SAVER (SIMILAR TO BEST BUY HSA HMO MASSACHUSETTS) IN-NETWORK | BCBS NETWORK BLUE NE VALUE (SIMILAR TO HMO MASSACHUSETTS) IN-NETWORK | BCBS BLUE CARE DEDUCTIBLE (SIMILAR TO ACCESS AMERICA PPO) | |
|---|---|---|---|---|
| | | | IN-NETWORK | OUT-OF-NETWORK |
| Calendar Year Deductible | Individual: \$4,000 Family: \$8,000 | N/A | Individual: \$1,500* Family: \$3,000* | Individual: \$3,000* Family: \$6,000* |
| Calendar Year Out-of-Pocket Maximum | Individual: \$6,000 Family: \$12,000** | Individual: \$2,500 Family: \$5,000 | Individual: \$5,000 Family: \$10,000** | Individual: \$5,000 Family: \$10,000** |
| Preventive Care | Covered in full | Covered in full | Covered in full | 20%*** |
| Office Visits (Primary Care/ Specialist/Urgent Care) | 20%*** | \$25/\$40/\$40 copay | \$25/\$40/\$40 copay | 20%*** |
| Chiropractic Services | 20%*** | \$40 copay | \$40 copay | 20%*** |
| Diagnostic Laboratory and X-Rays | 20%*** | Covered in full | Covered in full*** | 20%*** |
| High Tech Radiology — CT Scans, MRIs, and PET Scan | 20%*** | \$75 copay | Covered in full*** | 20%** |
| Emergency Room Visits | 20%*** | \$150 copay (waived if admitted) | \$150 copay (waived if admitted) | \$150 copay (waived if admitted) |
| Mental Health Counseling | 20%*** | \$25 copay | \$25 copay | 20%*** |
| Inpatient Hospital Care & Surgery | 20%*** | \$500 copay | Covered in full*** | 20%*** |
| Outpatient (Same-Day) Surgery | 20%*** | \$250 copay | Covered in full*** | 20%*** |
| Durable Medical Equipment | 20%*** | 20% | 20% | 20%*** |

^{*} In-network and out-of-network deductibles and out-of-pocket maximums cross accumulate. Each member on a family plan only has to satisfy the individual deductible.

BCBSMA Tools and Resources

When you enroll in a BCBSMA plan, you have access to in-network providers for primary care, mental health, diabetes, musculoskeletal health, women's health. and more.

Visit your **WPI Benefits Website** to learn more





^{**} For the BCBS Network Blue NE Saver, there is an embedded individual out-of-pocket maximum of \$6,000 on the family plan. For the BCBS Blue Care Deductible, there is an embedded individual out-of-pocket maximum of \$5,000.

^{***} After deductible.