



MEDICAL PLAN OPTIONS



	BEST BUY HSA HMO MASSACHUSETTS	HMO MASSACHUSETTS	PPO ACCESS AMERICA	
	IN-NETWORK	IN-NETWORK	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.

** There is an embedded individual out-of-pocket maximum of \$6,000 on the family plan.

*** After deductible.