

This comparison does not include the Rate Saver plans.

MINUTEMAN NASHOBA HEALTH GROUP BENEFIT COMPARISON
EFFECTIVE JUNE 1, 2011

Red font indicates plan change(s)

BENEFIT	FCHP SELECTCARE & DIRECTCARE* EPO	HARVARD PILGRIM HEALTH CARE EPO	TUFTS EPO	TUFTS POS
<i>Deductible</i>	Not applicable	Not applicable	Not applicable	Deductible: \$200/ member /calendar year, not to exceed \$400 per family
<i>Out-of-Pocket maximum on Unauthorized (non-network) services.</i>	Not applicable	Not applicable	Not applicable	Out-of-pocket max. (includes coinsurance and deductible): \$2,200/member/calendar year, not to exceed \$4,400 per family
<i>Providers of Service</i>	SELECTCARE – An expansive network that includes physician practices, community-based hospitals and medical facilities across the Commonwealth. The network encompasses more than 17,000 providers and 50 hospitals. DIRECTCARE – A tailored network custom-built around several of the Commonwealth’s premier provider groups and community-based hospitals.	HARVARD PILGRIM providers except in emergencies	TUFTS HEALTH PLAN providers except in emergencies	TUFTS HEALTH PLAN providers except in emergencies
OUTPATIENT				
<i>Routine Physicals</i>	\$5 co-pay	\$10 co-pay	\$10 co-pay	Authorized: \$10 co-pay Unauthorized: Covered at 80% after applicable deductible
<i>Diagnostic Doctor Visit, Mental Health Care, Substance Abuse Care</i>	\$5 co-pay	\$10 co-pay	\$10 co-pay	Authorized: \$10 co-pay Unauthorized: 80% coverage after deductible
<i>Specialist</i>	\$5 co-pay	\$10 co-pay	\$10 co-pay	Authorized: \$10 co-pay Unauthorized: 80% coverage after deductible
<i>Hospital ER</i>	\$25 co-pay, waived if admitted	\$50 co-pay, waived if admitted	\$50 co-pay, waived if admitted	\$50 co-pay, waived if admitted
<i>Day Surgery</i>	Covered in full	Covered in full	Covered in full	Authorized: Covered in full Unauthorized: 80% coverage after deductible

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OUTPATIENT				
<i>Chiropractic Benefit</i>	Up to 20 visits per calendar year, for the treatment of acute musculoskeletal conditions \$5 co-pay per visit	No Coverage	Spinal manipulation only. \$10 co-pay, maximum of 12 visits per calendar year	Spinal manipulation only. Authorized: \$10 co-pay, maximum of 12 visits per calendar year Unauthorized: 80% coverage after deductible, 12 visits per yr.
<i>Routine Eye Exams</i>	\$5 co-pay (one every 12 months)	\$10 co-pay (one per calendar year)	\$10 co-pay (one per calendar year) Members must utilize the EyeMed network for routine eye exams.	Authorized: \$10 co-pay Members must utilize the EyeMed network for routine eye exams. Unauthorized: Covered at 80% after applicable deductible
<i>Well-baby care</i>	\$5 co-pay	\$10 co-pay	\$10 co-pay	Authorized: \$10 co-pay Unauthorized: Covered at 80% after applicable deductible
<i>Allergy Injections</i>	Covered in full; \$5 co-pay applies if in conjunction with doctor visit	\$5 co-pay	\$10 co-pay for office visit	Authorized: \$10 co-pay for office visit Unauthorized: 80% coverage after deductible
<i>X-ray and Lab Tests</i>	Covered in full	Covered in full	Covered in full	Authorized: In full Unauthorized: 80% coverage after deductible
<i>Home Health Care</i>	Covered in full	Covered in full	Covered in full	Authorized: In full Unauthorized: 80% coverage after deductible
<i>Hospice Care</i>	Covered in full (\$5 co-pay for office visits)	Covered in full (\$10 co-pay for office visits)	Covered in full	Authorized: In full Unauthorized: 80% coverage after deductible
<i>Durable Medical Equipment</i>	Covered at 100%	Covered at 100%	Covered at 100%	Authorized & Unauthorized: Covered at 100%

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OUTPATIENT				
<i>Dental</i>	Family dental coverage: \$10 co-pay for exam, cleaning, x-rays every 6 mos; 80% coverage for fillings. Discount on sealants (50%), crowns (25%), etc. Must use participating dentists	Preventive dental for children under age 14 when authorized by PCP. Up to two exams per calendar yr, including cleaning, fluoride treatment and x-rays	Children under age 12: Periodic oral exam, cleaning, fluoride, bitewing x-rays: once every 6 mos. Must choose a dentist from directory	Not covered.
INPATIENT				
<i>In Network Hospital, Mental Hospital, Substance Abuse Facility Benefits</i>	When approved by FCHP physician, full payment at affiliated hospitals for: <ul style="list-style-type: none"> • Semi-private room and board • Covered hospital charges • Physicians' and surgeons' fees and supplies 	When approved by HPHC physician, full payment at affiliated hospitals for: <ul style="list-style-type: none"> • Semi-private room and board • Covered hospital charges • Physicians' and surgeons' fees and supplies 	When approved by Tufts physician, full payment at affiliated hospitals for: <ul style="list-style-type: none"> • Semi-private room and board • Covered hospital charges 	When approved by Tufts physician, full payment at affiliated hospitals for: <ul style="list-style-type: none"> • Semi-private room and board • Covered hospital charges
<i>Out of Network Hospital Benefits</i>	Not Covered (Except for emergency)	Not Covered (Except for emergency)	Not Covered (Except for emergency)	Unauthorized: 80% coverage after deductible
<i>Intensive Care</i>	Covered in full	Covered in full	Covered in full	Authorized: Covered in full Unauthorized: 80% coverage after deductible
<i>Skilled Nursing Facility, Chronic disease or Rehab hospital</i>	Covered in full; 100 day limit per yr. when medically necessary	Covered in full; 100 day limit per yr. when medically necessary	Covered in full; 100-day limit per calendar year. When medically necessary	Authorized: covered in full 100 day limit per yr. when medically necessary Unauthorized: 80% after deductible, 100 day limit per calendar year, when medically necessary

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Fitness	<i>It Fits Program:</i> Reimbursing members up to \$200 Ind / \$400 Fam for memberships at a local fitness center, in Weight Watchers®, Pilates, Yoga classes and local & school sports programs. Other discounts also available. See plan materials for details.	Fitness reimbursement up to \$150 per subscriber at a Fitness club or facility per calendar year. Must be an active member of HPHC for at least 4 months and an active member of the health facility for at least 4 months. Discounts also available at participating fitness centers. See plan materials for details.	Fitness reimbursement up to \$150 per subscriber at a Fitness club or facility per calendar year. Eligibility after 4 consecutive months of membership with both Tufts Health Plan and the qualifying health & fitness club. Discounts also available at participating health clubs. See plan materials for details.	Fitness reimbursement up to \$150 per subscriber at a participating Health Club facility per calendar year. Eligibility after 4 consecutive months of membership with both Tufts Health Plan and the qualifying health & fitness club. Discounts also available at participating health clubs. See plan materials for details.
PRESCRIPTION DRUGS (Rx)	<u>Retail for 30-day supply:</u> Tier 1: \$5 Tier 2: \$15 Tier 3: \$35 <u>Mail Order for up to a 90-day supply:</u> Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$105 copay Emergency out of area for a 14 day supply: Tier 1: \$5 copay Tier 2: \$15 copay Tier 3: \$35 copay	<u>Retail for 30-day supply:</u> Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay <u>Mail Order for a 90-day supply:</u> Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$75 copay	<u>PCS pharmacies Retail – 30 day supply:</u> Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay <u>PCS Mail Order for a 90-day supply:</u> Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$50 copay	<u>PCS pharmacies Retail – 30day supply:</u> Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay <u>PCS Mail Order for a 90-day supply:</u> Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$50 copay

NOTE: All health plans offered by the Minuteman Nashoba Health Group are Grandfathered under the Patient Protection and Affordable Care Act

* Fallon DirectCare members now have access to Acton Medical Associates, Charles River Medical Associates and Southboro Medical Group, Fallon Clinic, Highland Healthcare Associates IPA, Lahey Clinic, Lawrence General IPA, Lowell General PHO, Mount Auburn Cambridge IPA, and Northeast PHO.

* Fallon SelectCare members have access to Fallon Clinic providers, as well as hundreds of private practice physicians in Central, Northern, Eastern and Southeastern Massachusetts.

** This comparison is for illustrative purposes only and may be subject to errors and omissions.