

MINUTEMAN NASHOBA HEALTH GROUP (MNHG)

IMPORTANT - PLEASE READ

The attached benefit comparison chart is a high level overview of the plans offered by MNHG.

The plan documents available to registered users on the carrier websites are the documents that describe full and complete plan details.

The carrier documents are the only documents that coverage is based on.

Should you have a question about specific coverage, you will need to contact the Member Service number on your ID card for detail or visit the carrier website.

MNHG Health Plan Benefit Comparison

HSA-Qualified Health Plans - June 1, 2019 to May 31, 2020

Effective 06-01-2019

changes and/or clarifications in red font

	TUFTS HEALTH PLAN	FALLON COMMUNITY HEALTH PLAN	HARVARD PILGRIM HEALTH CARE
BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS [^] see footnote	HMO
<i>Deductible applies to all services (except preventative services described under the ACA) until it is satisfied. After that, only prescription co-pays will apply. Per plan year (June 1 to May 31) - See plan document for full details</i>	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family
Out-of-Pocket (OOP) Maximum - Once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for the remainder of plan year.	Combined Medical & Prescription \$6,550 Individual \$13,100 Family	Combined Medical & Prescription \$6,550 Individual \$13,100 Family	Combined Medical & Prescription \$6,550 Individual \$13,100 Family
Lifetime Benefit Maximum	None	None	None
INPATIENT	YOU PAY	YOU PAY	YOU PAY
General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Physician Services	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Skilled Nursing Facility - Deductible Applies	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary
Rehabilitation Hospital - Deductible Applies	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 100 days per plan year benefit maximum, when medically necessary	Deductible, then CIF* up to 60 days per plan year benefit maximum, when medically necessary
OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Emergency Room Visits for Emergency or Accident Care - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Emergency Room Visits for Medical Care - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Surgery - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Radiation and Chemotherapy Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Diagnostic X-ray and Lab - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Routine Colonoscopy (without surgery)	\$0 copay	\$0 copay	\$0 copay
High Cost Radiology (MRI, CT & PET) - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*

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BENEFIT	ADVANTAGE HMO	SELECTCARE & DIRECTCARE HMO PLANS ^{^see footnote}	HMO
OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Hemodialysis - Deductible Applies	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Physical Therapy	Deductible, then CIF. 30 visit limit per plan year.	Deductible, then CIF. 60 visit limit per plan year.	Deductible, then CIF. 30 visit limit per plan year.
Visiting Nurse Home Health Care - Deductible applies where noted	Covered in full (after the deductible has been met)	Deductible, then CIF	Covered in full (after the deductible has been met)
Dental Benefit	No coverage	Deductible, then: \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	No coverage
PHYSICIAN'S OFFICE	YOU PAY	YOU PAY	YOU PAY
Surgery	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Adult Preventative Exam (includes preventative lab tests as defined by ACA)	CIF*	CIF*	CIF*
PCP Medical Care/ Mental Health Care/ Substance Abuse Care	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Well Child Care (includes preventative lab tests)	CIF*	\$0 copay (including routine physical exams, immunizations, annual eye exam, school, camp, sports)	\$0 copay (including routine physical exams, immunizations, school, camp, sports)
Routine GYN Exam (one per calendar year, includes preventative lab tests)	CIF*	CIF*	CIF*
Routine Mammogram	CIF*	CIF*	CIF*
Routine Vision Exam	Deductible, then CIF* (one exam per year)	Covered in full (once every 12 months)	Deductible, then CIF* (one exam per year)
Routine Maternity Care Office Visits	Prenatal and Postpartum care covered in full	Prenatal: Covered in full ; Postnatal: Cover in full after deductible	\$20 copay (Initial copay only)
Specialist Office Visit	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
OTHER OUTPATIENT	YOU PAY	YOU PAY	YOU PAY
Durable Medical Equipment - Deductible applies where noted	Covered in full (after the deductible has been met)	Deductible, then CIF	Covered in full (after the deductible has been met)
Ambulance	Deductible, then CIF*	Deductible, then CIF*	Deductible, then CIF*
Routine Pediatric Dental	Children under age 12: Periodic oral exam, cleaning, fluoride, bitewing x-rays; once every 6 mos. Must choose a dentist from directory	Deductible, then: \$10 copay for exam, cleaning, x-rays every 6 months. Variable copays for minor restorative (fillings). 25 - 50% discount available for sealants, crowns and inlays, bridges, root canals, gingivectomies and dentures. Must use participating dentists.	Covered in full: Preventive care for children under age 12 2 visits per member per calendar year including exam, cleaning, x-rays, & fluoride treatment.
Chiropractor Visits - Deductible applies where noted	Deductible, then CIF*. 12 visit limit per plan year	Deductible, then CIF*. 12 visit limit per plan year	No coverage

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Prescription Drugs - Deductible, then copays apply. <i>See carrier lists of preventative drugs, which are not deductible applicable - member pays copays immediately.</i>	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay	Retail: (30 day supply) Tier 1: \$10.00 copay Tier 2: \$30.00 copay Tier 3: \$65.00 copay Mail Order: (90 day supply) Tier 1: \$25.00 copay Tier 2: \$75.00 copay Tier 3: \$165.00 copay
Fitness & Wellness Benefits	Fitness reimbursement up to \$150 per subscriber at a Fitness club or facility per plan year. Eligibility after 4 consecutive months of membership with both THP and the qualifying health and fitness club. The reimbursement criteria will be expanded to include organized group exercise classes. Classes must be provided within a studio or fitness facility. This expansion excludes dance classes, and any classes received in a home or resident setting. Discounts also available at participating health clubs. See plan materials for details	SELECTCARE - \$200 - Individual / \$400 Family - Reimbursement for Gyms, School and Town Sports to name a few. DIRECTCARE - \$250 - Individual / \$500 Family - Reimbursement for Gyms, School and Town Sports to name a few. WELLNESS - The Healthy Health Plan - An online wellness program that rewards subscribers and their covered spouses for being, and becoming, healthy. Members simply visit fallonhealth.org/healthyhealthplan , fill out the health assessment, and if eligible, they will receive up to \$100 . Members that need a little help getting healthier may participate in a customized health plan that includes interactive health tools, health coaching and more. Members that are already in excellent health also have access to the same tools to assist them in staying healthy.	Up to \$150 reimbursement per calendar year. Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months.
*After Deductible			
^FCHP SELECTCARE AND DIRECTCARE PROVIDER NETWORKS - SEE BELOW			
Select Care is an expansive network that includes physician practices, community-based hospitals and medical facilities across Massachusetts and southern New Hampshire. Select Care offers greater choice at a competitive price. The Select Care service area includes all of Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk and Worcester counties. With more than 35,000 providers, Select Care means more options and choices for you and your family.			
Direct Care is a limited provider network, including premier provider groups and community hospitals offering high-quality care at an affordable premium. These providers are chosen for their medical excellence, patient access and innovation. There are more than 22,000 participating providers in the Direct Care network.			
As a Direct Care member, if you ever should need a second opinion or the specialized expertise of Boston research and teaching hospitals, Fallon Direct Care offers access through our exclusive Peace of Mind Program™.			
These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.			