



Review



Choose



Enroll

2020 Medical Plan Comparison Chart


FOR EMPLOYEES AND PROFESSIONAL STAFF OF:

AllWays Health Partners | Brigham and Women's Hospital | Brigham and Women's Faulkner Hospital
Brigham and Women's Physicians Organization | Massachusetts Eye and Ear | Massachusetts General Hospital
Massachusetts General Physicians Organization | MGH Institute of Health Professions | McLean Hospital
Newton-Wellesley Hospital | North Shore Medical Center | North Shore Physicians Group
Partners Community Physicians Organization | Partners Continuing Care | Partners HealthCare



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

This chart is only a summary. For details, limitations, and exclusions, contact the HR Support Center at **1-833-AskmyHR (1-833-275-6947)** to get the specific plan's benefit description. A full list of Tier 1 providers is available at <https://www.allwayshealthpartners.org/partners-directory>. **PLEASE NOTE: The services shaded in blue count towards your annual deductible.**

	PARTNERS SELECT	
	Tier 1	Tier 2
GENERAL PROVISIONS		
Annual Deductible (individual/family)	None	\$4,000/\$8,000
The Plan's Coinsurance	Covered in Full	Plan pays 70%
Medical Out-of-Pocket Maximum (individual/family) ¹	\$2,500/\$5,000	\$5,750/\$10,700
Maximum Lifetime Benefit	Unlimited	
INPATIENT MEDICAL, SURGICAL, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Per Admission Co-Pay	Covered in Full	\$500 after deductible, then Plan pays 70% coverage
Semiprivate Room and Ancillary Services	Covered in Full	Plan pays 70% coverage after deductible
Inpatient Physician/Surgeon/Anesthesia	Covered in Full	Plan pays 70% coverage after deductible
Inpatient Mental Health and Substance Use	Covered in Full	
OUTPATIENT COVERED SERVICES		
Primary Care Physician Office Visits/Urgent Care	\$10 co-pay	\$70 co-pay
Pediatric Primary Care Office Visits (age 18 or under)	\$10 co-pay	
Specialist Office Visits	\$15 co-pay	\$100 co-pay
Routine Physicals ²	Covered in Full	
Chiropractic Services	\$15 co-pay	
Acupuncture (40 visits per member per calendar year)	\$15 co-pay	
Partners HealthCare on Demand telemedicine	\$0 co-pay	
Telemedicine PCP or Specialist	\$0 co-pay	
Emergency Room Visit ³	\$150 co-pay (waived if admitted)	
Outpatient Day Surgery	Covered in Full	\$300 co-pay
Routine Pediatric Care (birth through age 18) ²	Covered in Full	
Immunizations and Inoculations (adult) ²	Covered in Full	
Pap Smear ²	Covered in Full	
Routine Mammogram (one baseline mammogram between ages 35–39; one mammogram per year after age 40) ²	Covered in Full	
Diagnostic X-Ray and Lab Services	Covered in Full	
Ambulatory CT Scan/MRI/PET	Covered in Full	\$500 co-pay
Physical Therapy (100 visits per member per calendar year)	\$15 co-pay per visit	
Speech Therapy	\$15 co-pay per visit	
Mental Health and Substance Use Disorders – Outpatient	\$10 co-pay	
Durable Medical Equipment	Plan pays 80% coverage	
Ambulance Service (emergency only)	Covered in Full	
MATERNITY COVERAGE		
In-Hospital (Delivery)	Covered in Full	\$500 per admission after deductible; Plan pays 70% coverage
Out-of-Hospital (prenatal care)	Covered in Full	

¹ A separate out-of-pocket maximum applies to the prescription drug plan, based on your salary and medical plan coverage level as of January 1. See the back page for details.

² No co-pay for in-network preventive care described under the Affordable Care Act; co-pay applies if regular office visit includes non-preventive care. "Preventive care" includes most routine physical exams and preventive screenings for adults and children; well-child care; preventive immunizations; preventive Pap smears and mammograms; routine gynecology visits; routine vision exams; routine hearing exam office visits and hearing tests; preventive lab tests; family planning services (including contraception); routine Prostate-Specific Antigen (PSA) testing; and routine sigmoidoscopies/colonoscopies, except where surgical removal takes place, which is subject to deductible, co-pay and/or coinsurance. Frequency of coverage for services will be based on preventive screening guidelines referenced by the Affordable Care Act.

³ All emergency room visits will receive Tier 1 cost-sharing.



PARTNERS PLUS

Tier 1

Tier 2

Out-of-Network

GENERAL PROVISIONS

Annual Deductible (individual/family)	None	\$750/\$1,500	\$1,500/\$3,000
The Plan's Coinsurance	Covered in Full	Plan pays 85% coverage	Plan pays 70% coverage of the allowable charge. Amounts above may be subject to balance billing.
Medical Out-of-Pocket Maximum (individual/family) ¹	\$2,500/\$5,000	\$4,000/\$8,000	\$5,000/\$10,000
Maximum Lifetime Benefit	Unlimited		

INPATIENT MEDICAL, SURGICAL, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Per Admission Co-Pay	Covered in Full	\$500 co-pay after deductible; Plan pays 85% coverage	Plan pays 70% coverage after deductible
Semiprivate Room and Ancillary Services	Covered in Full	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Inpatient Physician/Surgeon/Anesthesia	Covered in Full	Plan pays 85% coverage after deductible	Plan pays 70% coverage after deductible
Inpatient Mental Health and Substance Use	Covered in Full		Plan pays 70% coverage after deductible

OUTPATIENT COVERED SERVICES

Primary Care Physician Office Visits/Urgent Care	\$10 co-pay	\$45 co-pay	Plan pays 70% coverage after deductible
Pediatric Primary Care Office Visits (age 18 or under)	\$10 co-pay	\$45 co-pay	Plan pays 70% coverage after deductible
Specialist Office Visits	\$15 co-pay	\$70 co-pay	Plan pays 70% coverage after deductible
Routine Physicals ²	Covered in Full		Not covered
Chiropractic Services	\$15 co-pay		Plan pays 70% coverage after deductible
Acupuncture (40 visits per member per calendar year)	\$15 co-pay		Plan pays 70% coverage after deductible
Partners HealthCare on Demand telemedicine	\$0 co-pay		Not covered
Telemedicine PCP or Specialist	\$0 co-pay		Plan pays 70% coverage after deductible
Emergency Room Visit ³	\$150 co-pay (waived if admitted)		
Outpatient Day Surgery	Covered in Full	\$250 co-pay	Plan pays 70% coverage after deductible
Routine Pediatric Care (birth through age 18) ²	Covered in Full		Plan pays 70% coverage after deductible (to age 5 only)
Immunizations and Inoculations (adult) ²	Covered in Full		Plan pays 70% coverage after deductible
Pap Smear ²	Covered in Full		Plan pays 70% coverage after deductible
Routine Mammogram (one baseline mammogram between ages 35–39; one mammogram per year after age 40) ²	Covered in Full		Plan pays 70% coverage after deductible
Diagnostic X-Ray and Lab Services	Covered in Full		Plan pays 70% coverage after deductible
Ambulatory CT Scan/MRI/PET	Covered in Full	\$300 co-pay	Plan pays 70% coverage after deductible
Physical Therapy (100 visits per member per calendar year)	\$15 co-pay per visit		Plan pays 70% coverage after deductible
Speech Therapy	\$15 co-pay per visit		Plan pays 70% coverage after deductible
Mental Health and Substance Use Disorders – Outpatient	\$10 co-pay		Plan pays 70% coverage after deductible
Durable Medical Equipment	Plan pays 80% coverage		Plan pays 70% coverage after deductible
Ambulance Service (emergency only)	Covered in Full		

MATERNITY COVERAGE

In-Hospital (Delivery)	Covered in Full	\$500 per admission after deductible; Plan pays 85% coverage	Plan pays 70% coverage after deductible
Out-of-Hospital (prenatal care)	Covered in Full		Plan pays 70% coverage after deductible

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³ All emergency room visits will receive Tier 1 cost-sharing.

Maintenance drugs are required to be a 90-day refill and are available via mail order or can be picked up at a CVS Pharmacy.

Up to a 30-Day Supply		90-Day Maintenance Drug Supply
\$10 co-pay – Generic Drugs		\$20 co-pay – Generic Drugs
\$40 co-pay – Preferred Brand-Name		\$80 co-pay – Preferred Brand-Name
\$70 co-pay – Non-Preferred Brand-Name		\$140 co-pay – Non-Preferred Brand-Name

PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM

Your prescription drug plan includes an out-of-pocket maximum that limits how much you have to pay in prescription drug co-pay expenses during the calendar year. Your prescription drug out-of-pocket maximum depends on your level of medical coverage (for example, individual or family) and your salary as of January 1, 2020:

	Salary Level	Out-of-Pocket Maximum Levels
Annual Prescription Drug Out-of-Pocket Maximum	Under \$50,000	\$250 individual coverage/ \$500 for all other levels
	\$50,000 to \$100,000	\$800 individual coverage/ \$1,600 for all other levels
	Above \$100,000	\$1,600 individual coverage/ \$4,000 for all other levels

The prescription drug out-of-pocket maximum is embedded for individuals. This means that no one member will pay more than the designated individual amount out of pocket.

EXAMPLE: An employee earns under \$50,000 annually and is enrolled in the Partners Select Family tier. Once the first covered member reaches \$250, that person no longer has a prescription drug out-of-pocket maximum for the rest of the plan year. The \$500 prescription drug out-of-pocket maximum is satisfied when individuals spend up to \$250 in prescriptions and collectively the family's out-of-pocket cash for prescriptions totals \$500.

MEDICAL COVERAGE TERMS TO UNDERSTAND

Coinsurance: The plan's share of the charges that are paid after you have met any deductibles. If a plan pays 80%, for example, you would pay the remaining 20%, up to the plan's annual out-of-pocket maximum. Coinsurance only applies to the allowable amount. Costs above the allowable charge may be subject to balanced billing.

Co-pay: The amount you pay per service received, such as office visits, emergency care, prescription drugs, etc. Co-pays range from \$10 to \$500.

Deductible: The amount you pay before a plan pays any benefits.

Primary Care Physician (PCP): The doctor you select to provide your medical care and help you find a specialist. Each covered family member may select his or her own PCP.

Out-of-Pocket Maximum: The most you would have to pay in deductibles and coinsurance in a calendar year before the plan pays 100% of covered services. A separate out-of-pocket maximum applies to your prescription drug plan, based on your annual salary and level of medical coverage (individual or family, for example).

NEED A PRIMARY CARE PHYSICIAN? We can help.

Although Partners employee health plans do not require that you designate a PCP, having a PCP coordinate your care is an effective way to improve and maintain your health. A PCP who understands your health history and lifestyle can more quickly identify your health risks and ensure proper care.

Partners understands the importance of having a PCP that you know and trust. That is why we have worked with AllWays Health Partners to create an online, comprehensive [Provider Directory](https://www.allwayshealthpartners.org/providers-directory) that will allow you to search for primary care, pediatric and specialty providers using a variety of criteria, including: specialty, location, gender or languages spoken.

Visit the [Provider Directory](https://www.allwayshealthpartners.org/providers-directory) at:
<https://www.allwayshealthpartners.org/providers-directory>

