myBenefits

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2020 Medical Plan Comparison Chart

FOR EMPLOYEES WHO LIVE OUT OF STATE OR IN MASSACHUSETTS TOWNS THAT ARE CONSIDERED "OUT OF AREA".

Includes employees of Martha's Vineyard and Nantucket Cottage Hospitals and Windemere Nursing & Rehabilitation Center

PARTNERS HEALTHCARE | FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

This chart is only a summary. For details, limitations, and exclusions, please contact the HR Support Center at **1-833-AskmyHR (1-833-275-6947)** for the specific plan's benefit description. To confirm that you live Out of Area, see www.AskMyHRportal.com (article KB0012727).

allways HEALTH PARTNERS	PARTNERS SELECT In-Network
General Provisions	
Annual Deductible (individual/family)	None
The Plan's Coinsurance	Covered in Full
Medical Out-of-Pocket Maximum (individual/family)[1]	$2,500/$5,000
Maximum Lifetime Benefit	Unlimited
Inpatient Medical, Surgical, Mental Health and Substance Abuse Services	
Per Admission Co-Pay	Covered in Full
Semiprivate Room and Ancillary Services	Covered in Full
Inpatient Physician/Surgeon/Anesthesia	Covered in Full
Inpatient Mental Health and Substance Use	Covered in Full
Outpatient Covered Services	
Primary Care Physician Office Visits/Urgent Care	$10 co-pay
Pediatric Primary Care Office Visits	$10 co-pay
Specialist Office Visits	$15 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	Covered in Full
Telemedicine PCP or Specialist	Covered in Full
Emergency Room Visit[3]	$150 co-pay (waived if admitted)
Outpatient Surgery	Covered in Full
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
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
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 In-Network cost-sharing.

PLEASE NOTE: The services shaded in blue count towards your annual deductible.

allways HEALTH PARTNERS	PARTNERS PLUS	
	In-Network	**Out-of-Network**
General Provisions		
Annual Deductible (individual/family)	None	$1,500/$3,000
The Plan's Coinsurance	Covered in Full	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	$5,000/$10,000
Maximum Lifetime Benefit	Unlimited	
Inpatient Medical, Surgical, Mental Health and Substance Abuse Services		
Per Admission Co-Pay	Covered in Full	Plan pays 70% coverage after deductible
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	Plan pays 70% coverage after deductible
Outpatient Covered Services		
Primary Care Physician Office Visits/Urgent Care	$10 co-pay	Plan pays 70% coverage after deductible
Pediatric Primary Care Office Visits	$10 co-pay	Plan pays 70% coverage after deductible
Specialist Office Visits	$15 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	Covered in Full	N/A
Telemedicine PCP or Specialist	Covered in Full	Plan pays 70% coverage after deductible
Emergency Room Visit[3]	$150 co-pay (waived if admitted)	
Outpatient Surgery	Covered in Full	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	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 Disorders Use – 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	Plan pays 70% coverage after deductible
Out-of-Hospital (prenatal care)	Covered in Full	Plan pays 70% coverage after deductible

[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 In-Network cost-sharing.

CVS caremark® PRESCRIPTION DRUG COVERAGE (CVS/caremark or participating pharmacies)

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 $40 co-pay – Preferred Brand-Name $70 co-pay – Non-Preferred Brand-Name	$20 co-pay – Generic Drugs $80 co-pay – 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 $150.

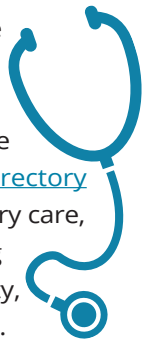
Deductible: The amount you pay before a plan pays any benefits.

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 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 at:
https://www.allwayshealthpartners.org/partners-directory

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