



**Fiscal Year 2025 – 2026**

***MAYFLOWER MUNICIPAL  
HEALTH GROUP***

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**TOWN OF SCITUATE HMO COMPARISON OF BENEFITS**  
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**Comparison of the following HMO medical plans:**

**BCBSMA NETWORK BLUE NEW ENGLAND (NE) HMO RATE SAVER**

**BCBSMA NETWORK BLUE NE HMO BENCHMARK**

EFFECTIVE 7/1/2025

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BCBSMA=BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

## FY26 Mayflower Municipal Health Group Plan Benefit Comparison Blue Cross Blue Shield and Harvard Pilgrim Health Care (HMO) Options

Effective 7-1-2025

		BLUE CROSS BLUE SHIELD	
		NETWORK BLUE NEW ENGLAND (NE) HMO RATE SAVER	NETWORK BLUE NE DEDUCTIBLE HMO BENCHMARK PLAN
<b>Deductible</b>	None		\$300 per member per Plan Year \$900 per family per Plan Year
<b>Out of Pocket (OOP) Maximum-Plan Year</b>	\$2,000 per member/\$4,000 per family (per plan year) for Medical benefits  \$3,000 per member/\$6,000 per family (per plan year) for prescription drug benefits  OOP is for all services except - premiums, balance-billed charges, and health care this plan doesn't cover.		\$2,000 per member/\$4,000 per family (per plan year) for Medical benefits  \$3,000 per member/\$6,000 per family (per plan year) for prescription drug benefits  OOP is for all services except - premiums, balance-billed charges, and health care this plan doesn't cover.
<b>Eligible Dependents</b>	Dependents up through the month dependent turns age 26, regardless of the dependent's financial dependency, student status, or employment status. Must use in-network providers for most services except emergency.		Dependents up through the month dependent turns age 26, regardless of the dependent's financial dependency, student status, or employment status. Must use in-network providers for most services except emergency.
<b>Service Area-(check participating providers online)</b>	Service area includes the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine. Based on where selected PCP is located.		Service area includes the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine. Based on where selected PCP is located.
<b>BENEFIT</b>		<b>YOU PAY</b>	<b>YOU PAY</b>
<b><u>INPATIENT</u></b>			
<b>General Hospital, Mental Hospital, Substance Abuse Facility (semi-private room and board and special services)</b>	\$250 per admission (including maternity care)		General Hosp: \$500 per admit after deductible  Higher Cost share Hosp: \$1,500 per admit after deductible/ \$200 per admission after deductible for Mental Hosp or Substance Abuse Hosp.
<b>Physician Services, Surgical Charges, Anesthesia and Consultations.</b>	Nothing		Nothing after deductible
<b>Skilled Nursing Facility</b>	Nothing up to 100 days per member per plan year at a semi-private rate		Nothing after deductible up to 100 days per plan year
<b>Rehabilitation Hospital</b>	Nothing to 60 days per plan year benefit maximum		Nothing after deductible up to 60 days per plan year benefit maximum
<b><u>OUTPATIENT HOSPITAL</u></b>			
<b>Emergency Room Visits for Emergency or Accident Care</b>	\$100 copay (waived if admitted)		\$100 copay after deductible (waived if admitted)

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	OutPatient Surgery	\$150 per admission surgical facility, hospital, or surgical day care unit
Radiation and Chemotherapy	Nothing	Nothing after deductible
Diagnostic X-ray & Lab	Nothing	Nothing after deductible
High Tech Radiology (MRI, CT, PT Scans)	\$100 per category per date of service out of pocket maximum is \$375 per member per calendar year (copay waived at free-standing facilities)	\$100 copayment per category per date of service after deductible (\$375 maximum copayment amount per member per calendar year)(copay waived at free-standing facilities)
Hemodialysis	Nothing	Nothing after deductible
Physical Therapy	\$35 copay up to 60 visits per member per plan year.	\$20 copay up to 60 vists per member per plan year
<b><u>PHYSICIAN'S OFFICE</u></b>		
<b><u>PCP OV</u></b>		
Tier 1	\$20 copay	\$20 copay
Tier 2	No tiering	No tiering
Tier 3	No tiering	No tiering
<b><u>Specialist OV</u></b>		
Tier 1	\$35 copay	\$60 copay
Tier 2	No tiering	No tiering
Tier 3	No tiering	No tiering
Mental Health Care, Substance Abuse Care	\$20 copay	\$20 copay
Well Child Care-up to Age 19	Nothing	Nothing
Adult Routine Physicals- Age 19 and over	Nothing	Nothing
Routine GYN Exam- 1 visit per plan year	Nothing - 1 visit per plan year	Nothing - 1 visit per plan year
Routine Colonoscopy (without surgery)	Nothing	Nothing

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	YOU PAY	YOU PAY
<b>Routine Mammogram</b>	Nothing -One baseline mammogram during the 5-year period in which the member is age 35 - 39 and one mammogram each <u>plan</u> year from age 40 or older.	Nothing -One baseline mammogram during the 5-year period in which the member is age 35 - 39 and one mammogram each <u>plan</u> year from age 40 or older.
<b>Routine Vision Exam</b>	Nothing - 1 visit per member every 12 months	Nothing - 1 visit every 24 months
<b>Preventative Vision Exam</b>		
<b>Family Planning Services</b>	Nothing	Nothing
<b>OTHER OUTPATIENT</b>		
<b>Visiting Nurse</b>		
<b>Home Health Care</b>	Nothing	Nothing after deductible
<b>Hospice Services</b>	Nothing	Nothing after deductible
<b>Cardiac Rehabilitation</b> (When medically necessary and authorized by a plan physician)	\$35 copay	\$60 copay
<b>Durable Medical Equipment</b>	20% (no dollar max)(prosthetics at 0% with no maximum)	20% after deductible (no dollar max)
<b>Ambulance</b> (when medically necessary)	Nothing	Nothing after deductible
<b>Dental Care</b>	Not covered except for members under 18 to treat cleft lip and cleft palate.	Not covered except for preventive dental care for members under 18 to treat cleft lip and cleft palate (no cost)
<b>Chiropractor Visits</b>	\$35 copay per visit	\$20 copay per visit
<b>Hearing Aids</b>	Nothing - \$2,000 per ear every 36 months for members 21 and under Benefit limit	Nothing - \$2,000 per ear every 36 months for members 21 and under Benefit limit (Not subject to deductible)
<b>Acupuncture</b>	\$35 copay per visit - 12 visits per member per plan year	\$60 copay per visit - 12 visits per member per plan year (Deductible and or coinsurance not applicable)
<b>Prescription Drugs</b> (See also * <a href="#">CanaRx program</a> and <a href="#">Pillar Rx program</a> for certain brand named prescriptions with low/no cost share)	Formulary drugs: Tier 1: \$10 copay Tier 2: \$25 copay Tier 3: \$45 copay  Mail Order/CVS: Tier 1: \$20 copay Tier 2: \$50 copay Tier 3: \$90 copay  30-day supply retail pharmacy or 90-day supply mail service/CVS retail locations/ Non-formulary drugs: all charges	Formulary drugs: Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$65 copay  Mail Order/CVS: Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$165 copay  30-day supply retail pharmacy or 90-day supply mail service/CVS retail locations/Non-formulary drugs: all charges

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BENEFIT	YOU PAY	YOU PAY	YOU PAY
<b>Telemedicine- Virtual visits available on your computer, tablet or smart phone for medical care and behavioral health</b>	\$20 or \$35 copay (depending on provider) with a Well Connection Provider or a Doctor within the BCBSMA Network that provides Telemedicine Services	\$20 or \$60 copay (depending on provider) with a Well Connection Provider or a Doctor within the BCBSMA Network that provides Telemedicine Services	
OTHER BENEFITS	Benefit	Benefit	Benefit
<b>Fitness Benefit/Special Programs</b>	Up to \$300 reimbursement toward membership or exercise classes at a health club or virtual fitness memberships or classes or home fitness equipment. Discounts on eyewear, acupuncture, massage therapy, nutrition counseling, personal health assessment, lifestart prenatal care programs. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees. Enhanced Fitness Benefits: •Bicycles/Bicycle Helmets - Bicycles that are purchased for recreational use and bicycle helmets. •Athletic Shoes- Athletic shoes designed to be worn for sports, exercising, or recreational activity. •Sports Activity Fees- Sports activity fees including (but not limited to): ski passes, fees for sports leagues (such as town sports, tennis, golf, or basketball), and race participation fees.		
<b>Mind and Body Reimbursement</b>	Up to \$300 reimbursement per family per Calendar Year for Holistic Health such as Massage Therapy, Tai Chi, Hypnosis Therapy, Qi (chi) gong, Meditation Therapy and Breathing and meditation apps. You can also receive 30% off standard rates when you use an alternative health practitioner in the BCBSMA Network.		
<b>*CanaRx Prescription Savings Program</b>	Program eligible for certain Brand Name maintenance prescriptions at no cost- visit <a href="https://www.canarx.com/plan/?planid=MMHG">https://www.canarx.com/plan/?planid=MMHG</a>		
<b><u>*Pillar Rx Program -cost share assistance program</u></b>	<b><u><i>This Cost-Share Assistance Program provides financial assistance using coupons from manufacturers of medication to cover most or all of your out-of-pocket costs for eligible medications.</i></u></b>		
<b>SmartShopper Incentive Program</b>	SmartShopper program eligible-Shop for high quality providers and get rewarded		
<b>Learn to Live- confidential online cognitive behavioral therapy</b>	<u>Free confidential 24/7 online cognitive behavioral therapy for Worry, Stress, Anxiety, Depresession, Insomnia, Panic, Resilience, Substance Abuse. All employees and their family members (age 13 and over) are eligible. Visit <a href="http://learntolive.com/partners">learntolive.com/partners</a> and enter the code MMHG. Take a quick free confidential assessment.</u>		
<b>MMHG Wellness Program</b>	<b><u>QUARTERLY NEWSLETTER, WELLNESS SEMINARS/SCREENINGS/WEBINARS/CHALLENGES, INCENTIVE PROGRAMS, ON DEMAND VIRTUAL FITNESS &amp; MINDFULNESS CLASSES/NUTRITION/SLEEP, HEALTHY RESOURCES WEBSITE/INSTAGRAM &amp; MORE</u></b>  (PARTICIPATION IN CERTAIN PROGRAMS MAY VARY BY MEMBER UNIT. PLEASE CHECK WITH YOUR BENEFIT COORDINATOR OR WELLNESS COORDINATOR AND OUR WEBSITE - <a href="http://www.MMHG.org">www.MMHG.org</a> - FOR MORE INFORMATION)		
<b>ANYTHING THAT APPEARS IN BOLD ITALIC TYPE INDICATES A CHANGE IN THE BENEFIT OR WORDING FROM THE PREVIOUS YEAR.</b> <b>Please note there are no waiting periods, lifetime benefit maximums or pre-existing exclusions for any of the MMHG health insurance plans.</b> <b>Disclaimer:</b> This comparison summarizes 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. Please call the "member service" phone number on your ID card for specific coverage questions.			
Reviewed by Blue Cross Blue Shield of Massachusetts.			