

WEST SUBURBAN HEALTH GROUP

BCBSMA

BCBS current Benchmark plan compared to Approved HSA-QUALIFIED PLAN for FY18

Plan design features	<i>Current</i>		<i>Approved</i>	
	<i>BCBS Benchmark Plan FY17</i>		<i>FY18 HSA-Qualified plan</i>	
	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
Deductible	\$300	\$900	\$2,000	\$4,000
Office Visit - PCP	\$20 copay per visit		Deductible then CIF*	
Office visit - Specialist	\$60 copay per visit		Deductible then CIF*	
Preventive care as defined by ACA, incl. routine physical	Covered in full (CIF)		Covered in full (CIF)	
Inpatient	Deductible, then copay T1: : \$500, T2: \$1500		Deductible then CIF*	
Day Surgery	Deductible then \$250 co-pay		Deductible then CIF*	
ER	Deductible then \$100 per visit. Copay is waived if admitted.		Deductible then CIF*	
Hi-Tech Imaging (CT, MRI, PET scans)	Deductible, then \$100 co-pay per procedure		Deductible then CIF*	
Diagnostic x-ray and lab	Deductible then CIF*		Deductible then CIF*	
Chiropractic (12 visit annual limit)	\$20 co-pay/ 12 visits per year		Deductible then CIF*	
Outpt. PT & OT	\$20 co-pay, up to 60 visits/cal. yr.		Deductible then CIF*	
DME	Deductible, then 20% coinsurance		Deductible then CIF*	
Pharmacy	3 tier Retail: \$10/30/65 3 tier M.O.: \$25/75/165		<i>After deductible</i> 3 tier Retail: \$10/30/65 3 tier M.O.: \$25/75/165	
Out-of-Pocket Max.	<i>Individual</i> \$2000 medical \$2000 Rx	<i>Family</i> \$4000 medical \$4000 Rx	<i>Individual</i> \$5,000	<i>Family</i> \$10,000 combined medical & Rx
Fitness Benefit	Up to \$300/subscriber at a health & fitness club/cal. yr. \$150 for WeightWatchers		Up to \$300/subscriber at a health & fitness club/cal. yr. \$150 for WeightWatchers	

*CIF means Covered In Full