

WEST SUBURBAN HEALTH GROUP

Fallon Health

Current Benchmark plan compared to Approved HSA-QUALIFIED PLAN for FY18

<i>Plan design features</i>	<i>Current</i>		<i>Approved</i>	
	<i>HPHC 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 co-pay per visit		Deductible then CIF*	
Preventive care as defined by ACA, incl. routine physical	Covered in full (CIF)		Covered in full (CIF)	
Inpatient	\$500 co-pay per admission		Deductible then CIF*	
Day Surgery	\$250 co-pay per surgery, then Deductible		Deductible then CIF*	
ER	\$100 co-pay then deductible. Co-pay waived if admitted		Deductible then CIF*	
Hi-Tech Imaging (CT, MRI, PET scans)	\$100 co-pay per procedure, then Deductible		Deductible then CIF*	
X-ray and lab	Deductible then CIF*		Deductible then CIF*	
Chiropractic (12 visit annual limit)	\$20 co-pay/ 20 visits per year		Deductible then CIF*	
Outpt. PT & OT	\$20 copay per visit/60 visits per year		Deductible then CIF*	
DME	Deductible then CIF* except as noted.**		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 Maximums	<i>Individual</i> \$2,000	<i>Family</i> \$4,000 <i>medical and Rx combined</i>	<i>Individual</i> \$5,000	<i>Family</i> \$10,000 <i>medical and Rx combined</i>
Fitness Benefit	"It Fits": \$200/\$400 SelectCare, \$250/\$500 for DirectCare. Incl. Wt.Watchers, local&school sports programs, and fitness equipment.		"It Fits": \$200/\$400 SelectCare, \$250/\$500 for DirectCare. Incl. Wt.Watchers, local&school sports programs, and fitness equipment.	

*CIF means Covered In Full

**20 % coinsurance after Deductible for prosthetic limbs which replace, in whole or in part, an arm or leg.