

**WEST SUBURBAN HEALTH GROUP**

**Harvard Pilgrim**

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

<b>Plan design features</b>	<i>Current</i>		<i>Approved</i>	
	<b>HPHC Benchmark Plan FY17</b>		<b>FY18 HSA-Qualified plan</b>	
	<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	Co-pay Tier 1: \$30; T2 \$60; T3: \$90		Deductible then CIF*	
Preventive care as defined by ACA, incl. routine physical	Covered in full (CIF)		Covered in full (CIF)	
Inpatient	Co-pay T1: \$250; T2: \$500, T3:\$1500		Deductible then CIF*	
Day Surgery	Deductible then \$250 co-pay		Deductible then CIF*	
ER	Deductible then \$100 per visit, waived if admitted		Deductible then CIF*	
Hi-Tech Imaging (CT, MRI, PET scans)	Deductible, then \$100 co-pay per procedure		Deductible then CIF*	
X-ray and lab	Deductible then CIF*		Deductible then CIF*	
Chiropractic (12 visit annual limit)	\$20 co-pay/ 20 visits peryear		Deductible then CIF*	
Outpt. PT & OT (30 visits/yr combined)	\$20 copay per visit/30 visits per year		Deductible then CIF*	
DME	Deductible then CIF*		Deductible then CIF*	
Pharmacy	3 tier Retail: \$10/30/65 3 tier M.O.: \$25/75/165		After deductible: 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	\$150/subscriber at a health & fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 mos.		\$150/subscriber at a health & fitness club/cal. yr. Must be an active member of HPHC and the fitness facility for at least 4 mos.	

\*CIF means Covered In Full