

**WEST SUBURBAN HEALTH GROUP**

**Tufts Health Plan**

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

<i>Plan design features</i>	<i>Current</i>		<i>Approved</i>	
	<i>Tufts Benchmark Plan FY17</i> <i>Individual</i>	<i>Family</i>	<i>FY18 HSA-Qualified plan</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	Co-pay T1: \$500, T2: \$1500 then Deductible		Deductible then CIF*	
Day Surgery	\$250 co-pay per surgery, then Deductible		Deductible then CIF*	
ER	\$100 co-pay per visit, then Deductible		Deductible then CIF*	
Hi-Tech Imaging (CT, MRI, PET scans)	\$100 co-pay per procedure, then Deductible		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 ( <i>speech &amp; short-term PT/OT</i> )	\$20 copay per visit/30 visits per plan year		Deductible then CIF*	
DME	Deductible then CIF*		Deductible then CIF*	
Pharmacy	3 tier Retail: \$10/30/65 3-tier Mail Order: \$25/\$75/\$165		<i>After deductible</i> 3 tier Retail: \$10/30/65 3-tier Mail Order: \$25/\$75/\$165	
Out-of-Pocket Max.	<i>Individual</i> \$2,000 medical \$2,000 Rx	<i>Family</i> \$4,000 medical \$4,000 Rx	<i>Individual</i> \$5,000 <i>medical and Rx combined</i>	<i>Family</i> \$10,000 <i>medical and Rx combined</i>
Fitness Benefit	\$150/subscriber at a health & fitness club/cal. yr. Discounts for weight reduction and nutrition programs.		\$150/subscriber at a health & fitness club/cal. yr. Discounts for weight reduction and nutrition programs.	

\*CIF means Covered In Full