NEW!

Comparing health plans:
BCBS PPO+ Plan

A

Provider Network	PPO (No PCP designation or referrals required)		
	MIT Medical	**BCBS In-Network**	**Out-of-Network**
Deductible (Individual / Family)	$150 / $300* Embedded		$1,000 / $1,500 Embedded
Co-Insurance	0%		25%
Out-of-Pocket Maximum (Individual / Family)	$2,500 / $5,000**		$2,500 / $5,000**
Office Visits			
Preventive	$0 copay	$0 copay	$0 copay
Non-Preventive	$0 copay	$15 copay	Deductible and 25% co-insurance
Specialist	$10 copay	$30 copay	Deductible and 25% co-insurance
Urgent Care Visits	$10 copay	$30 copay	Deductible and 25% co-insurance
Diagnostic Testing (x-ray, lab work)	No charge after deductible	No charge after deductible	Deductible and 25% co-insurance
Imaging (CT, MRI)	Not applicable	$50 copay after deductible	Deductible and 25% co-insurance
Emergency Room	Not applicable	$150 copay after deductible	$150 copay after deductible
Inpatient Hospital	Not applicable	$50 after deductible	Deductible and 25% co-insurance
Outpatient Surgery			
With PCP / OBGYN	$0 copay	$15 copay	Deductible and 25% co-insurance
With Specialist	$10 copay	$30 copay	
In Hospital	Not applicable	$30 copay after deductible	

* Deductible only applies to certain services such as inpatient hospital, outpatient surgery, imaging, and emergency room.

** For medical benefits only. There is a separate out-of-pocket maximum for prescription drug benefits.

Prescription Drug Copays

DRUG TIER	RETAIL PARTICIPATING PHARMACY	90-DAY SUPPLY MAIL ORDER OR RETAIL
Generic	$10	$20
Preferred Brand	$35	$70
Non-Preferred Brand	$50	$100

Comparing health plans:
BCBS High Deductible Health Plan

B

Provider Network	PPO (No PCP designation or referrals required)		
	MIT Medical	**BCBS In-Network**	**Out-of-Network**
Deductible (Individual / Family)	$1,600 / $3,200 Aggregate	$1,600 / $3,200 Aggregate	$1,600 / $3,200 Aggregate
Co-Insurance	0%	10%	25%
Out-of-Pocket Maximum (Individual / Family)	$3,000 / $6,000		$3,000 / $6,000
Office Visits			
Preventive	$0	$0	$0
Non-Preventive	Deductible	Deductible and co-insurance	Deductible and co-insurance
Specialist	Deductible	Deductible and co-insurance	Deductible and co-insurance
Urgent Care	Deductible	Deductible and co-insurance	Deductible and co-insurance
Diagnostic Testing (x-ray, lab work)	Deductible	Deductible and co-insurance	Deductible and co-insurance
Imaging (CT, MRI)	Not applicable	Deductible and co-insurance	Deductible and co-insurance
Emergency Room	Not applicable	Deductible and co-insurance	Deductible and 10% co-insurance
Inpatient Hospital	Not applicable	Deductible and co-insurance	Deductible and co-insurance
Outpatient Surgery	Deductible	Deductible and co-insurance	Deductible and co-insurance
Health Savings Account (HSA)	MIT funds HSA ($500 / $1,000)*		

* $500 for an employee / $1,000 for an employee plus spouse or domestic partner (if a tax dependent), employee and child(ren), or family.

Prescription Drug Copays

DRUG TIER	RETAIL PARTICIPATING PHARMACY	90-DAY SUPPLY MAIL ORDER OR RETAIL
Generic	$10	$20
Preferred Brand	$35	$70
Non-Preferred Brand	$50	$100