

City of Lowell

HEALTH INSURANCE COMPARISON & PLAN SUMMARY- FY11

Active Employees and Non-Medicare Eligible Retirees

This informational worksheet includes a summary of plans offered to City of Lowell Employees for FY2011 with plan changes effective July 1, 2010. This has been designed to help make your decision as simple as possible, however, the Subscriber Certificate and applicable riders define the final terms and conditions of these benefits in greater detail. For more info, email svinas@lowellma.gov or call the HR Office at 978-970-4105 or call Blue Cross Blue Shield Member Services at 1-800-782-3675.

BENEFIT SUMMARY:	Blue Cross Blue Shield Network Blue		Blue Cross Blue Shield Blue Preferred (PPO)		MMO Indemnity (a.k.a. Master Medical)	
1. PLAN SPECIFICS	Individual	Family	In-Network	Out-of-Network	Individual	Family
Annual Full Premium	\$8,362.20	\$19,233.12	Ind \$9,291.24 - Family \$21,369.84		\$10,452.72	\$24,041.28
Employee Premium/Week (52 wks)	\$40.20	\$92.47	Ind \$44.67 - Family \$102.74		\$50.25	\$115.58
Employee Premium/Week (42 wks)	\$49.78	\$114.48	Ind \$55.31 - Family \$127.20		\$62.22	\$143.10
Deductible per calendar year	\$0		\$0	\$250 / \$500	\$50	\$100
Co-Pay max per C/Y	\$0		\$0	\$1,000 / \$2,000	\$0	
Maximum Benefit Limit	NO		NO		NO	
Physician Referral - Emergency	NO		NO		NO	
Physician Referral - Non-Emergency	YES		NO		NO	
2. PHYSICIAN'S OFFICE	Your Cost		Your Cost		Your Cost	
Medical Care - General Office Visit	\$5		\$15	20% Co-Pay	20% Co-Pay	
Medical Care - Non-Routine/Urgent	\$5		\$15	20% Co-Pay	20% Co-Pay	
Surgery	\$5		\$15	20% Co-Pay	\$0	
Well Child Care	\$5		\$15	20% Co-Pay	20% Co-Pay	
Well Child Care - Age Schedule	No Limits		10/1stYr;3-2nd;1/Yr 2-18yrs		9/2yrs; 1/yr age 2-5	
Well Child Care Limits	No Limits		No Limits		6yrs+ Not Covered	
Preventative Routine Colonoscopy	\$5		\$15	20% Co-Pay	Not Covered	
Routine Annual Gynecological Exam	\$5		\$15	20% Co-Pay	Not Covered	
Routine Vision Exam	\$5 (12 mo)		\$15 (24 Mo)	20% (24mo)	Not Covered	
Routine Adult Exams	\$5		\$15	20% Co-Pay	Not Covered	
Routine Hearing Examination	\$5		\$15	20% Co-Pay	Not Covered	
3. INPATIENT CARE	Your Cost		Your Cost		Your Cost	
Hospital (General, Semi-Private Room)	\$0		\$0	20% Co-Pay	\$0	
Hospital-Emergency Admission	\$0		\$0	\$0+Ded Waived	\$0	
Physician Services	\$0		\$0	20% Co-Pay	\$0	
Physician Services-Emergency Admit	\$0		\$0	\$0+Ded Waived	\$0	
Skilled Nursing Facility	\$0		\$0	20% Co-Pay	\$0	
Skilled Nursing Facility Limits	100 days/C/Y		100 days/C/Y Combined		No Limit/Medically Necessary	
Rehabilitation Hospital	\$0		\$0	20% Co-Pay	\$0	
Rehabilitation Hospital Limits	60 days / CY		60 days/ C/Y Combined		No Limit/Medically Necessary	
Nursing Home Care	Not Covered		Not Covered		Not Covered	
4. OUTPATIENT CARE	Your Cost		Your Cost		Your Cost	
ER - With Hospital Admission	\$0		\$0	\$50 per visit	\$0	
ER - No Hospital Admission	\$25/Visit		\$50 per visit	\$50 per visit	\$0	
Physician Office Visits	\$5		\$15	20% Co-Pay	20% Co-Pay	
Surgery	\$0		\$0	20% Co-Pay	\$0	
Radiation & Chemotherapy	\$0		\$0	20% Co-Pay	\$0	
Diagnostic X-ray & Lab (non-routine)	\$0		\$0	20% Co-Pay	\$0	
Hemodialysis	\$0		\$0	20% Co-Pay	\$0	
Physical Therapy	\$5		\$15	20% Co-Pay	20% Co-Pay	
Physical Therapy Limits	60 days/C/Y		100 days per C/Y		No Limit	
Speech/Language Medical Services	\$5		\$15	20% Co-Pay	20% Co-Pay	
Oxygen/Equipment to Operate	\$0		\$0	20% Co-Pay	20% Co-Pay	

BENEFIT SUMMARY (Continued)	Blue Cross Blue Shield Network Blue	Blue Cross Blue Shield Blue Preferred (PPO)	MMO Indemnity Plan (aka Master Medical)
5. OTHER OUTPATIENT	Your Cost	Your Cost	Your Cost
Visiting Nurse/Home Health Care	\$0	\$0 20% Co-Pay	\$0
Durable Medical Equipment	\$0	\$0 20% Co-Pay	20% Co-Pay
Durable Medical Equipment - Limits	\$1,500 Max/Yr	\$1,500 Max/Yr	No Limit/Medically Necessary
Ambulance	\$0	\$0 20% other (\$0 ER)	20% Co-Pay
Dental (Up to Age 11)	\$0	Not Covered	Not Covered
Chiropractor Visits	\$5 (12/Yr-16yrs+)	\$15 per visit 20% Co-Pay	20% Co-Pay
6. MENTAL HEALTH	Your Cost	Your Cost	Your Cost
Biologically Based Conditions:			
Inpatient General/Mental Health Hosp	\$0	\$0 20% Co-Pay	\$0
Outpatient Visits	\$5 per visit	\$15 per visit 20% Co-Pay	\$0
Non-Biologically Based Illness: (Includes Alcoholism/Drug Addiction)			
Inpatient Treatment (Up to 60 days)	\$0	\$0 20% Co-Pay	\$0
Outpatient Visits (Up to 24/year)	\$5 per visit	\$15 per visit 20% Co-Pay	\$0
Alcoholism w/Non-Bio Mental Cond:			
Inpatient Admissions (Up to 30 days)	\$0	\$0 20% Co-Pay	\$0
Outpatient Visits (Up to 8/year)	\$5 per visit	\$15 per visit 20% Co-Pay	\$0
7. PRESCRIPTION DRUGS	Your Cost	Your Cost	Your Cost
Retail Pharmacy (30day supply)			
Generic	\$5	\$10 \$10	20% Co-Pay
Brand Name	\$10	\$20 \$20	20% Co-Pay
Non-Preferred	n/a	\$35 \$35	20% Co-Pay
Specialty Medications	\$10 Max	\$35 Max \$35 Max	20% Co-Pay
Mail Order (90 days supply)			
Generic	\$5	\$10 \$10	\$5
Brand Name	\$10	\$20 \$20	\$10
Non-Preferred	n/a	\$35 \$35	n/a
8. HEALTHY BLUE PROGRAMS	Your Benefit	Your Benefit	Your Benefit
Fitness Benefit (Club Membership)	\$150 Yr Max	\$150 per Year	n/a Not Covered
Weight Loss Benefit	\$150 Yr Max	\$150 per Year	n/a Not Covered
Living Healthy Babies	No Charge	No Charge	No Charge
Living Health Naturally	Up to 30% Discount	Up to 30% Discount	Up to 30% Discount
BlueCare 24-Hr Hotline:1-888-247-BLU	No Charge	No Charge	No Charge
Access to www.AHealthyMe.com	No Charge	No Charge	No Charge
Member Self Service:bluecrossma.com	No Charge	No Charge	No Charge

Notes/Definitions:

C/Y = Calendar Year; 50/100 = Per individual and per family in the same plan.

All costs are per visit (unless specifically noted otherwise)

Co-Pay = Co-Insurance owed AFTER deductible is met.

Co-Pay Maximum: When the money paid for the 20% co-pay equals \$1,000/person or \$2,000/family

For more information about your specific health insurance coverage, call BCBS at 1-800-782-3675 or via the web at www.bluecrossma.com. The City of Lowell's FY11 Open Enrollment Period takes place from May 17, 2010 to June 4, 2010. All benefits changes must be made during this time. Detailed plan summaries and provider directories are available in the City of Lowell's Human Relations Office at Lowell City Hall, 375 Merrimack Street, Room 19, Lowell, MA 01852, 978-970-4105, email: svinas@lowellma.gov, www.lowellma.gov. Visit www.bcbsma.com to check to see if your doctor is in the managed care network. Visit www.AHealthyMe.com for an around-the-clock healthy approach to fitness, family and fun.