

RCAB Health Plan Options Summary - Effective October 1, 2018

Member Cost Share Provisions	Blue Cross Blue Shield - Enhanced POS Plan		Blue Cross Blue Shield - Basic POS Plan		Member Cost Share Provisions	Tufts Health Plan - Current Plan		
	Blue Cross HMO New England Network	Self-referred/Out of Network	Blue Cross HMO New England Network	Self-referred/Out of Network		"Steward" Tier	Tufts Network	Self-referred/Out of network
Deductible	\$500 / \$1,000	\$1,000 / \$2,000	\$2,500 / \$5,000	\$5,000 / \$10,000	Deductible	\$0 / \$0	\$0 / \$0	\$500 / \$1,500
Coinsurance	90%	70%	80%	60%	Coinsurance	100%	100%	70%
Medical Out-of-Pocket Maximum	\$1,500 / \$3,000	\$3,000 / \$9,000	\$3,000 / \$6,000	\$6,000 / \$12,000	Medical Out-of-Pocket	None	None	\$3,000 / \$9,000
PCP - Preventive Visits	Covered in Full	30% after deductible	Covered in Full	40% after deductible	PCP - Preventive Visits	Covered in Full	Covered in Full	30% after ded.
PCP - Sick Visit	\$25	30% after deductible	\$30	40% after deductible	PCP - Sick Visit	\$20	\$25	30% after ded.
Specialist Visit	\$40	30% after deductible	\$50	40% after deductible	Specialist Visit	\$30	\$40	30% after ded.
Inpatient Care	10% after deductible	30% after deductible	20% after deductible	40% after deductible	Inpatient Care	\$100	\$250	30% after ded.
Outpatient Care (Hospital)	10% after deductible	30% after deductible	20% after deductible	40% after deductible	Outpatient Care (Hospital)	\$75	\$150	30% after ded.
Lab tests, X-rays, Other Tests (diagnostic)	10% after deductible	30% after deductible	20% after deductible	40% after deductible	Lab tests, X-rays, Other Tests (diagnostic)	Covered in Full	Covered in Full	30% after ded.
Emergency Room Visit	\$150	\$150	\$250	\$250	Emergency Room Visit	\$100	\$100	\$100
Pharmacy copays	Retail: \$10 generic; \$30 preferred brand; \$50 non-preferred brand Mail: 2x Retail co-pay Out-of-pocket Max: \$1,500 / \$3,000		Retail: \$15 generic; \$35 preferred brand; \$55 non-preferred brand Mail: 2x Retail co-pay Out-of-pocket Max: \$1,500 / \$3,000		Pharmacy copays	Retail: \$10 generic; \$25 preferred brand; \$40 non-preferred brand Mail: 2x Retail		