

# Benefits-at-a-Glance



HEALTH INSURANCE PRODUCTS	NATIONAL NETWORK	BROAD NETWORK			
	UNICARE STATE INDEMNITY PLAN/ BASIC with CIC (Comprehensive)	UNICARE STATE INDEMNITY PLAN/PLUS	TUFTS HEALTH PLAN NAVIGATOR	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN
<b>PRODUCT TYPE</b>	INDEMNITY	PPO-TYPE	POS	HMO	POS
<b>PCP Designation Required?</b>	No	No	Yes	Yes	Yes
<b>PCP Referral to Specialist Required?</b>	No	No	Yes	Yes	Yes
<b>Out-of-pocket Maximum</b>					
Individual coverage	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Family coverage	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<b>Fiscal Year Deductible</b>					
Individual / Family	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000	\$500 / \$1,000
<b>Primary Care Provider Office Visit</b>	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit	\$20 / visit	Tier 1: \$10 / visit Tier 2: \$20 / visit Tier 3: \$40 / visit
<b>Preventive Services</b>	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay
<b>Specialist Physician Office Visit</b>	\$30 / \$60 / \$60 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit
Tier 1 / Tier 2 / Tier 3					
<b>Retail Clinic and Urgent Care Center</b>	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$10 retail clinic / \$20 urgent care
<b>Outpatient Behavioral Health/Substance Use Disorder Care</b>	\$15 or \$20 / visit	\$15 / visit	\$10 / visit	\$20 / visit	\$10 / visit
<b>Emergency Room Care</b>	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
<b>Inpatient Hospital Care - Medical</b>	Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.				
Tier 1	\$275 / admission	\$275 / admission	\$275 / admission	\$275 / admission	\$275 / admission
Tier 2	no tiering	\$500 / admission	\$500 / admission	\$500 / admission	\$500 / admission
Tier 3		\$1,500 / admission	\$1,500 / admission	\$1,500 / admission	\$1,500 / admission
<b>Outpatient Surgery</b>					
<b>Eye &amp; GI procedures at freestanding facilities in Massachusetts</b>	\$0	\$0	\$150	\$150	\$150
<b>All other in Massachusetts</b>	\$250	\$110 / \$110 / \$250	\$250	\$250	\$250
<b>High-Tech Imaging</b>	Maximum one copay per day. Contact the carrier for details.				
(e.g., MRI, CT & PET scans)	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
<b>Prescription Drugs</b>	Prescription Drug Deductible: \$100 Individual / \$200 Family				
<b>Retail (up to a 30-day supply)</b>	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
Tier 1 / Tier 2 / Tier 3					
<b>Mail Order Maintenance Drugs (up to a 90-day supply)</b>	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165
Tier 1 / Tier 2 / Tier 3					

You pay both a copay and a deductible for some services. For details, see your plan's Schedule of Benefits at [mass.gov/gic](http://mass.gov/gic).

# Benefits-at-a-Glance



REGIONAL NETWORK		LIMITED NETWORK			
HEALTH NEW ENGLAND	ALLWAYS HEALTH PARTNERS COMPLETE HMO	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	FALLON HEALTH DIRECT CARE	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO	HMO
Yes	Yes	No	No	Yes	Yes
No	Yes	No	No	Yes	Yes
\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000
\$400 / \$800	\$500 / \$1,000	\$400 / \$800	\$400 / \$800	\$400 / \$800	\$400 / \$800
\$20 / visit	\$20 / visit	\$15 / visit for Centered Care PCPs; \$20 / visit for other PCPs	\$20 / visit	\$15 / visit	\$20 / visit
Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay	Most covered at 100% - no copay
\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / visit (No Tier 3)	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / \$75 / visit	\$30 / \$60 / visit (No Tier 3)
\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$20 / visit	\$20 / visit	\$15 / visit	\$20 / visit	\$15 / visit	\$20 / visit
\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)	\$100 / visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.					
\$275 / admission no tiering	\$275 / admission no tiering	\$275 / admission no tiering	\$275 / admission \$500 / admission No Tier 3	\$275 / admission no tiering	\$275 / admission \$500 / admission No Tier 3
\$150	\$150	\$0	\$150	\$150	\$150
\$250	\$250	\$110	\$250	\$250	\$250
Maximum one copay per day. Contact the carrier for details.					
\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan	\$100 / scan
Prescription Drug Deductible: \$100 Individual / \$200 Family					
\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65	\$10 / \$30 / \$65
\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165	\$25 / \$75 / \$165

**Out-of-pocket maximums apply to medical and behavioral health benefits across all health insurance products.  
Prescription drug (Rx) benefits are included in the out-of-pocket maximums for all health insurance products.**