



## *Benefit summary – Effective July 1, 2018*

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### **The City of Worcester Advantage – Advantage Qualified High Deductible (QHD) plan with Health Savings Account (HSA)**

Your Advantage QHD plan has lower copayments and higher deductibles than a traditional health plan. With the Advantage QHD plan, you have the power to choose what you pay out of your pocket, based on where you get your care, including more than 47,000 providers.

The Advantage QHD plan is built on the same network as the Advantage Plan, and includes Worcester's finest providers—UMass Memorial Health Care, Saint Vincent Hospital and Reliant Medical Group—all of which are in the lower-cost tier 1 of the Advantage QHD plan. That means you will pay lower copayments when you get your health care locally. For a listing of all Advantage QHD providers, visit our website at [WorcesterAdvantagePlan.org](http://WorcesterAdvantagePlan.org).

### **Health Savings Account (HSA)**

Your HSA is a personal health account that is owned by you. You and your employer can contribute to your HSA. It can only be used on qualified health care expenses (you can find a complete list at [www.irs.gov](http://www.irs.gov) and going to IRS publication 502 "Medical and Dental Expenses").

### **Choosing a primary care provider (PCP)**

Your relationship with your PCP is very important because he or she will work with The City of Worcester Advantage to provide or arrange most of your care.

### **Obtaining specialty care**

When you want to visit a specialist, talk with your PCP first. He or she will help arrange specialty care for you. The following services do not require a referral when you see a provider in your plan's network: routine obstetrics/gynecology care, screening eye exams and behavioral health services.

For more information on referral procedures for specialty services, consult your City of Worcester Advantage *Member Handbook/Evidence of Coverage*.

### **Emergency medical care**

With The City of Worcester Advantage plans, you are covered for emergency services worldwide. Emergency services do not require referral or authorization. When you have an emergency medical condition, you should go to the nearest emergency department or call your local emergency communications system (police, fire department or 911). For more information on emergency benefits and plan procedures for emergency services, consult your City of Worcester Advantage *Member Handbook/Evidence of Coverage*.

When you have a less serious health problem, there are care options besides the emergency department. Urgent care centers are located all over the state. They are less expensive and typically have family practice and emergency physicians on staff. You can also call your PCP to get advice, a same day appointment or to be directed to the right place to get care.

If you can't get in touch with your PCP, call Nurse Connect at 1-800-609-6175. They're available 24/7. The call is free. They can help you find the best place to go.

# The City of Worcester Advantage

## Plan specifics

## Advantage

<b>Network</b>	Including more than 47,000 providers, the Advantage provider group is tiered based on accessibility to the community. Providers like UMass Memorial Health Care, Saint Vincent Hospital and Reliant Medical Group can all be found in Tier 1.
<b>Plan year deductible</b> A deductible is a set dollar amount you pay out of your pocket from July 1 <sup>st</sup> through June 30 <sup>th</sup> before payment is made by the plan for certain covered services.	\$1,500 individual/ \$3,000 family
<b>Embedded deductible</b> Please note that once any one member in a family accumulates \$3,000 of services that are subject to the family deductible, that individual member's deductible is considered met, and that family member will receive benefits for covered services less any applicable copayments.	\$3,000
The <b>out-of-pocket maximum</b> is an additional protection for you that limits the amount of copayments and deductibles you pay. The only item that does not count toward your out-of-pocket maximum is your health insurance premium. If you should reach this out-of-pocket maximum, all other covered services are no cost to you.	\$5,000 individual/ \$10,000 family

## Benefits

## Advantage Your cost

Office services	Tier 1	Tier 2
Well child care exams, including routine tests and immunizations	\$0 per visit	
Routine adult exams, including routine tests and immunizations	\$0 per visit	
Routine OB/GYN exams, including related lab tests	\$0 per visit	
Routine hearing exams, including routine tests	\$0 per visit	
Routine eye exams (one every 12 months)	\$0 per visit	
Family planning services – office visits	\$0 per visit	
PCP office visit - applies to primary care provider, OB/GYN, pre-natal, post-natal and podiatry services	\$20 per visit after deductible	\$25 per visit after deductible
Specialist office visit	\$40 per visit after deductible	\$50 per visit after deductible

Benefits	Advantage	
	Your cost	
Office services	Tier 1	Tier 2
Chiropractic care for the treatment of acute musculoskeletal conditions (up to 12 visits per plan year)	\$20 per visit after deductible	\$25 per visit after deductible
Retail clinic ("Minute clinic")	\$20 per visit after deductible	\$25 per visit after deductible
Short-term rehabilitative services: physical and occupational therapy (60 visits per benefit year)	\$20 per visit after deductible	\$25 per visit after deductible
Speech therapy	\$20 per visit after deductible	\$25 per visit after deductible
Diagnostic services (Lab, X-ray, etc.)	Covered in full after deductible	
Imaging (CT, PET, MRI scans, nuclear cardiology) in a non-hospital setting (maximum of one copayment per day)	\$50 copayment after deductible	
Imaging (CT, PET, MRI scans, nuclear cardiology) in a hospital setting (maximum of one copayment per day)	\$100 copayment after deductible	
Outpatient surgery	\$250 copayment after deductible	\$500 copayment after deductible
<b>Inpatient hospital</b>		
Unlimited days for room and board in a semiprivate room. The following is included in hospital services: <ul style="list-style-type: none"> <li>• Physicians' and surgeons' services</li> <li>• Physical and respiratory therapy</li> <li>• Intensive care services</li> <li>• Prescribed private duty nursing (when medically necessary)</li> <li>• Maternity care</li> </ul>	\$275 copayment per admission (after deductible)	\$750 copayment per admission (after deductible)  <i>Copayment waived if readmitted within 30 days of discharge from an acute care or psychiatric hospital.</i>
<b>Emergencies</b> Copayments for ER services are waived if you are admitted to the hospital.		
In the service area Emergency room services (All emergency room care must be reported to the plan within 48 hours.)	\$150 copayment after deductible	
Out of the service area Initial treatment of any unexpected illness or injury anywhere in the world (All emergency room care must be reported to the plan within 48 hours.)	\$150 copayment after deductible	
<b>Mental health and substance abuse</b>		
Outpatient visits	\$20 per visit after deductible	\$25 per visit after deductible
Unlimited days in a general or psychiatric hospital	Covered in full after deductible	
Unlimited days for detoxification of substance abuse rehabilitation services in an inpatient setting	Covered in full after deductible	

<b>Benefits</b>		<b>Advantage Your cost</b>	
<b>Prescriptions</b>		Tier 1	Tier 2
Tier 1/Tier 2/Tier 3 (Specialty meds that fall under the medical benefit will apply toward your deductible)		\$10/\$30/\$60 after deductible (Retail up to a 30-day supply) \$25/\$75/\$180 after deductible (Mail order up to a 90-day supply)	
<b>Skilled nursing</b>			
Skilled care in a semiprivate room up to 100 days per plan year		Covered in full (after deductible)	
<b>Other health services</b>			
Skilled home health care services		Covered in full (after deductible)	
Prosthetic devices and durable medical equipment		20% coinsurance (after deductible)	
Medically necessary ambulance services in life-threatening emergencies or when ordered by a plan physician		Covered in full (after deductible)	
<b>Exclusions</b>			
Custodial confinement Long-term rehabilitative services Experimental procedures or services that are not generally accepted medical practice Cosmetic surgery Hearing aids (For members age 22 and older)			
<b>Lab services not subject to deductible</b>			
Preventive screenings, including: cholesterol screenings, hepatitis C screenings, HIV testing, hypertension screenings, immunizations, lead testing, mammograms, Pap tests, routine urinalysis			

## Value-added benefits and features for The City of Worcester Advantage

*All apply to Direct and Advantage plans*

<b>The Healthy Health Plan</b> , a program that helps members over 18 become and stay healthy. My Healthy Health Plan is a web-based program that has tools to help you meet your health and wellness goals.	Included at no cost to you
<b>It Fits!</b> , an annual fitness reimbursement (including school and town sports programs, gym memberships at the gym of your choice, Weight Watchers <sup>®</sup> and Jenny Craig <sup>®</sup> , aerobics, Pilates and yoga classes, new home cardiovascular fitness equipment and much more!	Reimbursements of: \$400 family \$200 individual
<b>Oh Baby!</b> , a program that provides prenatal vitamins, a convertible toddler car seat, an electric breast pump and other “little extras” for expectant parents—all at no additional cost.	Included at no cost to you
<b>Nurse Connect</b> , free telephone access to registered nurses 24 hours a day, seven days a week, 365 days a year.	Included at no cost to you
<b>Out-of-area student coverage</b> – students attending school outside the service area are covered for certain services with plan authorization.	Included at no cost to you
<b>Free chronic care management</b>	Included at no cost to you
<b>Pediatric dental</b> – available to eligible children under the age of 12. Benefits include routine care, such as oral examinations, cleanings, bitewing X-rays, and fluoride treatments.	Office visit copayment applies
<b>Quit to Win</b> , a free counseling program with tobacco cessation experts.	Included at no cost to you
<b>EyeMed Vision Care<sup>®</sup></b> – save up to 35% on eyeglass frames and receive discounts on contact lenses, laser vision correction and nonprescription sunglasses—at thousands of locations nationwide.	Included at no cost to you
<b>Healthwise<sup>®</sup> Knowledgebase</b> , free online encyclopedia for information on diseases, treatment, medications and other important health topics.	Included at no cost to you
<b>Online and in-store discounts at CVS/pharmacy</b> – members get a 20% discount on more than 1,500 CVS/pharmacy-brand health-related products—good at any CVS/pharmacy store or online at cvs.com.	Included at no cost to you

A complete list of benefits, exclusions and services not subject to the deductible is in the *Member Handbook/Evidence of Coverage*, available by request. This is only a summary.

### Questions?

If you have any questions, please contact City of Worcester Advantage Customer Service at 1-855-216-5924 or visit our website, [WorcesterAdvantagePlan.org](http://WorcesterAdvantagePlan.org).