



## *Benefit summary – Effective July 1, 2019*

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### **The City of Worcester Advantage**

With the City of Worcester Advantage, you have two plan options to choose from: Direct and Advantage. Both plans offer extensive benefits and features. You'll also have access to many of the best doctors, specialists and hospitals in the state. And, with the option of two plans to choose from, you have the flexibility to choose a network and a level of benefits that best fit your health care needs.

#### **Direct**

The Direct plan gives you a network of providers and hospitals chosen for their medical excellence, cost-efficiency and innovation. With Direct, you pay the same low copayments no matter what providers in the network you see. To find a provider in the Direct network, visit our website at [WorcesterAdvantagePlan.org](http://WorcesterAdvantagePlan.org).

#### **Advantage**

The Advantage plan gives you the power to choose what you pay out of your own pocket, based on the providers you choose to see. Including more than 59,000 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. For a listing of all Advantage providers, visit our website at [WorcesterAdvantagePlan.org](http://WorcesterAdvantagePlan.org).

#### **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're 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 (TTY: 1-800-848-0160). They are available 24/7, and the call is free. They can help you find the best place to go.

# The City of Worcester Advantage

Plan specifics	Direct	Advantage	
<b>Network</b>	Direct gives you a network of providers and hospitals chosen for their medical excellence, cost-efficiency and innovation.	Including more than 59,000 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.	\$400 individual \$800 family	\$500 individual \$1,000 family	
<b>The most any one person will pay in a plan year toward the deductible</b>	\$400	\$500	
The <b>out-of-pocket maximum</b> is an additional protection for you that limits the amount of copayments and deductibles you pay. The items that don't count toward your out-of-pocket maximum include payment for prescriptions and health insurance premiums. If you should reach this maximum, all other covered services are no cost to you.	\$5,000 individual \$10,000 family	\$5,000 individual 10,000 family	
Benefits	Direct – Your cost	Advantage – Your cost	
Office services		Tier 1	Tier 2
Well child care exams, including routine tests and immunizations	\$0 per visit	\$0 per visit	
Routine adult exams, including routine tests and immunizations	\$0 per visit	\$0 per visit	
Routine OB/GYN exams, including related lab tests	\$0 per visit	\$0 per visit	
Routine hearing exams, including routine tests	\$0 per visit	\$0 per visit	
Routine eye exams (one every 12 months)	\$0 per visit	\$0 per visit	
Family planning services – office visits	\$0 per visit	\$0 per visit	
PCP office visit - applies to primary care provider, OB/GYN, pre-natal, post-natal and podiatry services	\$20 per visit	\$20 per visit	\$25 per visit
Specialist office visit	\$35 per visit	\$40 per visit	\$50 per visit
Chiropractic care for the treatment of acute musculoskeletal conditions (up to 12 visits per plan year)	\$20 per visit	\$25 per visit	
Retail clinic (“Minute clinic”)	\$20 per visit	\$20 per visit	

<b>Benefits</b>		<b>Direct Your cost</b>	<b>Advantage Your cost</b>	
<b>Office services</b>			Tier 1	Tier 2
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)		Covered in full (after deductible)	
Imaging in a non-hospital setting (CT, PET, MRI scans, nuclear cardiology) (maximum of one copayment per day)	\$50 copayment (after deductible)		\$50 copayment (after deductible)	
Imaging in a hospital setting (CT, PET, MRI scans, nuclear cardiology) (maximum of one copayment per day)	\$100 copayment (after deductible)		\$100 copayment (after deductible)	
Outpatient surgery	\$250 copayment (after deductible)	\$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)  Copayment waived if readmitted within 30 days of discharge from an acute care or psychiatric hospital.	\$275 copayment per admission (after deductible)  Copayment waived if readmitted within 30 days of discharge from an acute care or psychiatric hospital.	\$750 copayment per admission (after deductible)  Copayment waived if readmitted within 30 days of discharge from an acute care or psychiatric hospital.	
<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 per visit		\$150 per visit	
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 per visit		\$150 per visit	
<b>Mental health and substance use disorder</b>				
Outpatient visits	\$20 copayment per visit		\$20 copayment per visit	
Unlimited days in a general or psychiatric hospital	Covered in full		Covered in full	
Unlimited days for detoxification of substance use disorder rehabilitation services in an inpatient setting	Covered in full		Covered in full	

Benefits	Direct Your cost	Advantage Your cost	
<b>Skilled nursing</b>		Tier 1	Tier 2
Skilled care in a semiprivate room up to 100 days per plan year	Covered in full (after deductible)	Covered in full (after deductible)	
<b>Other health services</b>			
Skilled home health care services	Covered in full (after deductible)	Covered in full (after deductible)	
Prosthetic devices and durable medical equipment	20% coinsurance (after deductible)	20% coinsurance (after deductible)	
Medically necessary ambulance services in life-threatening emergencies or when ordered by a plan physician	Covered in full (after deductible)	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			
<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® and Jenny Craig®, 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®</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® 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).