

HEALTH PLAN COMPARISON (Benefits as of 4/1/2010)

COVERED SERVICES 12% MONTHLY CONTRIBUTION (Clerks, Paraprofessionals, Food Services Workers, Family Liaisons) 15% MONTHLY CONTRIBUTION (Teachers, CTA Unit B Administrators, Custodians) 18% MONTHLY CONTRIBUTION (Non-union employees, Safety Specialists) Plan Website Plan Telephone Number CPS Benefits Office Telephone No.	BLUE CHOICE SELF REFERRAL OPTION AVAILABLE WITH DIFFERENT COVERAGE LEVELS – SEE BROCHURE \$88.87 Ind./\$226.61 Fam. \$111.08 Ind./\$283.26 Fam. \$133.30 Ind./\$339.91 Fam. www.bcbsma.com 1-800-782-3675 617-349-6440	HMO BLUE \$66.73 Ind./\$170.87 Fam. \$83.42 Ind./\$213.58 Fam. \$100.10 Ind./\$256.30 Fam. www.bcbsma.com 1-800-782-3675	HARVARD PILGRIM \$60.57 Ind./\$164.14/Fam. \$75.71 Ind./\$205.17 Fam. \$90.85 Ind./\$246.21 Fam. www.harvardpilgrim.org 1-888-333-4742	TUFTS HEALTH PLAN \$66.47 Ind./\$180.49 Fam. \$83.08 Ind./\$225.62 Fam. \$99.70 Ind./\$270.74 Fam. www.tuftshealthplan.com 1-800-843-1008
Inpatient Care In hospital, semiprivate room and board, surgical and special services	100% coverage	100% coverage	100% coverage	100% coverage
Outpatient Care Routine wellness checkups or physicals Office Visits , Specialist Consultations X-rays & laboratory tests High Tech Imaging Tests (MRIs, CAT scans, PET scans) Short-term physical, speech & occupational therapy	\$15.00 co-pay \$20.00 co-pay 100% coverage \$25.00 co-pay \$20.00 co-pay	\$15.00 co-pay \$20.00 co-pay 100% coverage \$25.00 co-pay \$20.00 co-pay	\$15.00 co-pay \$20.00 co-pay 100% coverage \$25.00 co-pay \$20.00 co-pay	\$15.00 co-pay \$20.00 co-pay 100% coverage \$25.00 co-pay \$20.00 co-pay
Additional Services Ambulance Emergency Room Durable Medical Equipment	100% coverage \$100.00 co-pay 100% coverage up to \$2,500/yr. (80% w/ no annual limit for prosthetic limbs)	100% coverage \$100.00 co-pay 100% coverage up to \$2,500/yr. (80% w/ no annual limit for prosthetic limbs)	100% coverage \$100.00 co-pay 100% coverage up to \$2,500/yr. (no annual limit for prosthetic limbs)	100% coverage \$100.00 co-pay 100% coverage up to \$1500/yr (80% w/ no annual limit for prosthetic limbs)

HEALTH PLAN COMPARISON (Benefits as of 4/1/2010)

COVERED SERVICES Website: Telephone Number	BLUE CHOICE SELF REFERRAL OPTION AVAILABLE WITH DIFFERENT COVERAGE LEVELS- SEE BROCHURE www.bcbsma.com 1-800-782-3675	HMO BLUE www.bcbsma.com 1-800-782-3675	HARVARD PILGRIM www.harvardpilgrim.org 1-888-333-4742	TUFTS www.tuftshealthplan.com 1-800-462-0224
Prescription Drugs Direct Purchase (up to a 30-day supply) Mail Order (up to a 90-day supply)	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand \$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand co-pay \$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand	\$10/\$30/\$50 co-pay generic/ brand formulary/ brand non-formulary \$20/\$60/\$150 co-pay generic/ brand formulary/ brand non-formulary	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand \$20/\$60/\$100 co-pay generic/preferred brand/ non-preferred brand
Fitness Club Benefit	\$300 per membership toward health club membership or classes	\$300.00 per membership toward health club membership or classes	\$300 per membership toward health club membership	\$300 per household toward health club membership or classes
Weight Watchers Benefit (Consult your health plan or Employee Benefits for details)	\$300 Weight Watchers benefit	\$300 Weight Watchers benefit	Consult Employee Benefits for most recent benefit info	\$300 Weight Watchers benefit

All the plans offer

- additional wellness discounts
- special member price reductions on services like acupuncture
- health articles, tools, and resources
- prescription drug information and mail order forms

Visit each plan's website for more information on these benefits!