

The City of Worcester Health Insurance Plan Choices - Effective July 1, 2011

CURRENT BENEFITS FOR SETTLED EMPLOYEES AND RETIREES

Benefits	Existing BCBS Plan	Existing FCHP Plans		New FY '12 BCBS Plan	NEW for FY '12! The City of Worcester Advantage Plans		
		FCHP Direct Care	FCHP Select Care		Direct	Advantage	
Plan name	BCBS Blue Choice			Network Blue N.E. Options Plan (with Three Tiers*)		Tier 1*	Tier 2*
Deductible	N/A	N/A	N/A	\$250/\$750 (T2/T3)	\$200/\$600	\$250/\$750	
Routine Physical Exams	\$0	\$0	\$0	\$0	\$0	\$0	
PCP office visit	\$10	\$10	\$10	T1: \$15 T2: \$25 T3: \$35	\$15	\$15	\$20
Specialist visit	\$20	\$15	\$20	\$35	\$25	\$25	\$30
Emergency room	\$75	\$75	\$75	\$100	\$100	\$100	
Inpatient hospital	\$250	\$200	\$250	T1: \$150 T2: \$150 T3: \$500 after deductible	\$200 after deductible	\$250 after deductible	\$500 after deductible
Same day surgery	\$150	\$100	\$150	T1:\$150 T2:\$150 T3:\$500 after deductible	\$100 after deductible	\$150 after deductible	\$300 after deductible
Diagnostic services (Lab, X-ray, etc.)	Covered in full	Covered in full	Covered in full	T1 \$0 T2/T3 \$0 after deductible	\$0 after deductible	\$0 after deductible	
Imaging services (MRIs, PET, CAT and Nuclear Cardiology scans)	Covered in full	Covered in full	Covered in full	T1: \$50 hospital or non-hospital T2: \$50 after deductible hospital or \$50 non-hospital T3: \$450 hospital after deductible or \$50 non-hospital	\$50 non-hospital or \$100 hospital after deductible	\$50 non-hospital or \$100 hospital after deductible	
Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$25/\$45	\$10/\$25/\$45	\$10/\$25/\$45	
Monthly Premium	\$731.46 Ind; \$1,917.52 Fam	\$488.38 Ind; \$1,255.07 Fam	\$601.41 Ind; \$1,550.30 Fam	\$638.94 Ind; \$1,652.49 Fam	\$439.78 Ind; \$1,117.41 Fam	\$544.17 Ind; \$1,339.12 Fam	
Employee Monthly Contribution	\$182.87 Ind; \$479.38 Fam	\$122.10 Ind; \$313.77 Fam	\$150.35 Ind; \$387.58 Fam	\$159.74 Ind; \$413.12 Fam	\$109.95 Ind; \$279.35 Fam	\$136.04 Ind; \$334.78 Fam	
Employee Weekly Contribution	\$42.20 Ind; \$110.63 Fam	\$28.17 Ind; \$72.41 Fam	\$34.70 Ind; \$89.44 Fam	\$36.86 Ind; \$95.34 Fam	\$25.37 Ind; \$64.47 Fam	\$31.39 Ind; \$77.26 Fam	
PREMIUM INCENTIVE - You will not pay any contribution during this time period for your health insurance.	NA	NA	NA	NA	TWO MONTHS PREMIUM FREE!	ONE MONTH PREMIUM FREE!	

* Please review your physician's tier category before selecting a health plan as they may vary by health carrier.

For example: in the City Advantage plan, copayments for a UMass provider is \$15 in Tier 1 (the lowest cost tier) for a PCP office visit.

In the Network Blue Options plan, the same UMass provider PCP office visit is \$25 in Tier 2 (the middle cost tier).