



Haverhill Public Schools

Haverhill Public Schools offers two health plans administered by MIA/Blue Cross Blue Shield. The plan year runs from July 1, 2016 to June 30, 2017. The City of Haverhill pays 70% of the premium and the employee pays 30%. Deductions are bi-weekly and are deducted from 20 paychecks. Below is a brief summary of the key plan features. For more detailed information, refer to each plan's Summary of Benefits.

1-800-782-3675

www.bluecrossma.com

	HMO Network Blue New England with Hospital Cost Sharing	PPO Blue Care Elect with Hospital Cost Sharing	
Plan Features	In-Network Only MA/ME/NH/RI/VT/CT Must Choose a PCP Referral Needed for Specialist	In-Network Nationwide coverage	Out-Of-Network Nationwide Coverage
Annual Deductible	\$250 / member \$750 / family	\$250 / member \$750 / family	\$400/ member \$800/ family
Medical Benefits – Out-of-Pocket Maximum (includes deductible/ co-payments/co-insurance)	\$2,500 /member \$5,000 / family	\$2,500 /member \$5,000 / family out-of-pocket maximum is combined for in and out of network services	
Preventive/Routine Exams	No cost, no deductible	No cost, no deductible	20% co-insurance after deductible
Preventive Dental Care (under 12—one visit/six months)	No cost, no deductible	Not Covered	
Primary Care Visit	\$20 co-payment	\$20 co-payment	20% co-insurance after deductible
Specialist Visit	\$35 co-payment	\$35 co-payment	20% co-insurance after deductible
Prescription Drugs – Out-of-Pocket Maximum	\$1,000/ member \$2,000 / family	\$1,000/ member \$2,000 / family	None
Retail Pharmacy – 30 day supply	No Deductible \$10 Tier 1 \$25 Tier 2 \$50 Tier 3	No Deductible \$10 Tier 1 \$25 Tier 2 \$50 Tier 3	Not Covered
Mail Service Pharmacy – 90 day supply	No Deductible \$20 Tier 1 \$50 Tier 2 \$110 Tier 3	No Deductible \$20 Tier 1 \$50 Tier 2 \$110 Tier 3	Not Covered
Rates are effective July 1, 2016 – June 30, 2017 - Biweekly - 20 Deductions	Individual - \$126.13 Family - \$338.04	Individual - \$207.14 Family - \$480.57	