



The Power of Blue

## Town of Stow New Plans 7/1/2024

Network	6 New England States	Smaller BCBS MA Network	National	
Plan	<u>HMO</u> Network Blue NE \$300 Deductible	<u>Limited Network</u> Network Blue Select \$300 Deductible	<u>PPO Network</u> Blue Care Elect \$300 Deductible	
Deductible			IN-Network	OUT-of-Network
Single/Family	\$300/\$900	\$300/\$900	\$300/\$900	
Max Out of Pocket				
Medical	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	
Pharmacy	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	
PCP Copay	\$20	\$20	\$20	20% after Deductible
Specialist Copay	\$45	\$45	\$45	20% after Deductible
ER Copay	\$100 after Deductible	\$100 after Deductible	\$100 after Deductible	
Labs & X-rays	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible
High Tech Imaging	\$100 after Deductible	\$100 after Deductible	\$100 after Deductible	20% after Deductible
Inpatient Hospital	\$500 after Deductible	\$500 after Deductible	\$500 after Deductible	20% after Deductible
Day Surgery	\$250 after Deductible	\$250 after Deductible	\$250 after Deductible	20% after Deductible
Retail Rx Copay	\$10/30/65	\$10/30/65	\$10/30/65	N/A
Mail Order Rx Copay	\$25/75/165	\$25/75/165	\$25/75/165	N/A
<b>MNGH match plans</b>	HPHC EPO Tufts EPO BCBS HMO NE	BCBS HMO Select	HPHC PPO Tufts POS	

updated 2/23/2024



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Network	6 New England States	Smaller BCBS MA Network
Plan	<u>HMO</u> Access Blue New England Saver \$2000	<u>Limited Network</u> Network Blue Select Saver \$2000
<b>Deductible</b>		
Single/Family	\$2,000/\$4,000	\$2,000/\$4,000
<b>Max Out of Pocket</b>		
Medical	\$6,550/\$13,100	\$6,550/\$13,100
Pharmacy	Combined w/Medical	Combined w/Medical
PCP Copay	\$0 after Deductible	\$0 after Deductible
Specialist Copay	\$0 after Deductible	\$0 after Deductible
ER Copay	\$0 after Deductible	\$0 after Deductible
Labs & X-rays	\$0 after Deductible	\$0 after Deductible
High Tech Imaging	\$0 after Deductible	\$0 after Deductible
<b>Inpatient Hospital</b>	\$0 after Deductible	\$0 after Deductible
Day Surgery	\$0 after Deductible	\$0 after Deductible
Retail Rx Copay	*\$10/30/65	*\$10/30/65
Mail Order Rx Copay	*\$25/75/165	*\$25/75/165

*\*Prescriptions are subject to deductible before copays\**

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