

Medical Plan Proposal Locals 350 & 369

BCBSMA NATIONAL PPO		
Service	In-Network	Out-of-Network
Annual Deductible	\$250 Individual \$500 Family	\$400 Individual \$800 Family
Annual out-of-pocket Maximum	\$1,000/\$2,000 (excluding deductible)	\$2,400/\$4,800 (excluding deductible)
Preventive Care	No copay	Plan pays 70% after deductible
Doctor's Office Visit	Your copay is \$15 Primary Care/\$20 Specialist per visit	Plan pays 70% after deductible
Inpatient Hospitalization	Plan pays 90% after deductible	Plan pays 70% after deductible
Diagnostic X-ray & Lab	Plan pays 100%	Plan pays 70% after deductible
Emergency Room	Plan pays 90%, no deductible	
Outpatient Mental Health or Substance Abuse	\$15 copay	Plan pays 70%, after deductible
Inpatient Mental Health or Substance Abuse	Plan pays 90% after deductible	Plan pays 70%, after deductible
Prescription Drugs	Retail Through Caremark: \$10.00 generic \$20.00 formulary brand name \$35.00 non formulary brand name Mail order (up to 90 day supply) \$20.00 generic \$40.00 formulary brand name \$70.00 non formulary brand	In network only

This chart illustrates proposal of core plan design only and replaces the current Tufts POS plan.