



Fiscal Year 2026 – 2027

***MAYFLOWER MUNICIPAL
HEALTH GROUP***

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**TOWN OF BRIDGEWATER HMO COMPARISON OF BENEFITS**  
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Comparison of the following HMO medical plans:

BCBSMA NETWORK BLUE NE HMO BENCHMARK

HPHC HMO CHOICENET BENCHMARK

EFFECTIVE 7/1/2026

EFFECTIVE 7/1/2026

FY27 Mayflower Municipal Health Group Plan Benefit Comparison Blue Cross Blue Shield and Harvard Pilgrim Health Care (HMO) Options

Effective 7-1-2026	BLUE CROSS BLUE SHIELD	HARVARD PILGRIM HEALTH CARE
BENEFIT	NETWORK BLUE NE DEDUCTIBLE HMO BENCHMARK PLAN	HPHC CHOICENET HMO BENCHMARK
Deductible	\$300 per member per Plan Year \$900 per family per Plan Year	\$300 per member per Plan Year \$900 per family per Plan Year
Out of Pocket (OOP) Maximum-Plan Year	\$2,000 per member/\$4,000 per family (per plan year) for Medical benefits \$3,000 per member/\$6,000 per family (per plan year) for prescription drug benefits OOP is for all services except - premiums, balance-billed charges, and health care this plan doesn't cover.	\$2,000 per member/\$4,000 per family (per plan year) for Medical benefits AND \$3,000 per member/\$6,000 per family (per plan year) for prescription drug benefits Out of pocket max. for all services
Eligible Dependents	Dependents up through the month dependent turns age 26, regardless of the dependent's financial dependency, student status, or employment status. Must use in-network providers for most services except emergency.	Dependents up through the month dependent turns age 26, regardless of the dependent's financial dependency, student status, or employment status. Must use in-network providers for most services except emergency.
Service Area-(check participating providers online)	Service area includes the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine. Based on where selected PCP is located.	MA, NH, ME, RI, and VT

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	NETWORK BLUE	HPHC
BENEFIT	NE DEDUCTIBLE HMO BENCHMARK PLAN	CHOICENET HMO BENCHMARK
	YOU PAY	YOU PAY
<u>INPATIENT</u>		
General Hospital, Mental Hospital, Substance Abuse Facility (semi-private room and board and special services)	General Hosp: \$500 per admit after deductible Higher Cost share Hosp: \$1,500 per admit after deductible \$200 per admission after deductible for Mental Hosp or Substance Abuse Hosp.	\$500 Tier 1 copay after deductible \$500 Tier 2 copay after deductible \$1,500 Tier 3 copay after deductible Tier 1 deductible then \$200 per admission for Mental Hospital or Substance Abuse Hospital
Physician Services, Surgical Charges, Anesthesia and Consultations.	Nothing after deductible	Nothing
Skilled Nursing Facility	Nothing after deductible up to 100 days per plan year	Deductible then 20% coinsurance up to 100 days per plan year
Rehabilitation Hospital	Nothing after deductible up to 60 days per plan year benefit maximum	Deductible then no charge when medically necessary
<u>OUTPATIENT HOSPITAL</u>		
Emergency Room Visits for Emergency or Accident Care	\$100 copay after deductible (waived if admitted)	Deductible then \$100 copay (waived if admitted)
OutPatient Surgery	\$250 after deductible per admission at surgical facility, hospital, or surgical day care unit	Deductible then \$250 copay
Radiation and Chemotherapy	Nothing after deductible	Deductible then no charge
Diagnostic X-ray & Lab	Nothing after deductible	Deductible then no charge

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High Tech Radiology (MRI, CT, PT Scans)	\$100 copayment per category per date of service after deductible (\$375 maximum copayment amount per member per calendar year)(copay waived at free-standing facilities)	Deductible then \$100 per procedure (Copay waived at free-standing facilities)
Hemodialysis	Nothing after deductible	Deductible then no charge
Physical Therapy	\$20 copay up to 60 visits per member per plan year	\$20 copay per visit 60 visits PT/OT per plan year
PHYSICIAN'S OFFICE		
PCP OV		
Tier 1	\$20 copay	\$20 copay
Tier 2	No tiering	\$20 copay
Tier 3	No tiering	\$20 copay
Specialist OV		
Tier 1	\$60 copay	\$60 copay
Tier 2	No tiering	\$60 copay
Tier 3	No tiering	\$60 copay
Mental Health Care, Substance Abuse Care	\$20 copay	\$20 copay
Well Child Care- up to Age 19	Nothing	Nothing
Adult Routine Physicals- Age 19 and over	Nothing	Nothing
Routine GYN Exam- 1 visit per plan year	Nothing - 1 visit per plan year	Nothing
Routine Colonoscopy (without surgery)	Nothing	Nothing

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Routine Mammogram	Nothing -One baseline mammogram during the 5-year period in which the member is age 35 - 39 and one mammogram each <u>plan</u> year from age 40 or older.	Nothing
Routine Vision Exam Preventative Vision Exam	Nothing - 1 visit every 24 months	Nothing - 1 visit every 2 Plan years
Family Planning Services	Nothing	Member cost share depends on type of service provided (contraception/counseling covered in full/ Infertility OVs, applicable copay/ treatments and procedures, deductible, then nothing)
<u>OTHER OUTPATIENT</u>		
Visiting Nurse Home Health Care	Nothing after deductible	Member cost share depends on type of service provided and the tier placement of the provider rendering services. Deductible, then no charge
Hospice Services	Nothing after deductible	Deductible then nothing
Cardiac Rehabilitation (When medically necessary and authorized by a plan physician)	\$60 copay	Deductible then no charge
Durable Medical Equipment	20% after deductible (no dollar max)	Deductible then no charge (no benefit limit)
Ambulance (when medically necessary)	Nothing after deductible	Deductible then no charge

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Dental Care	Not covered except for preventive dental care for members under 18 to treat cleft lip and cleft palate (no cost)	Tier 1 Primary care copay: \$20 per visit for preventative Dental care for children up to age 13; 2 visits per plan year including exam, cleaning, x-rays, & fluoride treatment; Deductible then no charge for extraction of unerupted teeth impacted in bone in an office setting and initial emergency treatment. Must see a network provider. THIS IS A PEDIATRIC DENTAL RIDER AND COVERAGE IS LIMITED SEE SUMMARY FOR DETAILS
Chiropractor Visits	\$20 copay per visit	\$20 copay per visit (20 visits per plan year)
Hearing Aids	Nothing - \$2,000 per ear every 36 months for members 21 and under Benefit limit (Not subject to deductible)	No Charge Limited to \$1,500 per hearing aid every 2 plan years for each ear. No age restriction applies
Acupuncture	\$60 copay per visit - 12 visits per member per plan year (Deductible and or coinsurance not applicable)	\$20 copay 12 visits per plan year at Participating providers
Prescription Drugs (See also CanaRx program and Pillar Rx program for certain brand named prescriptions with low/no cost share)	<p>Formulary drugs: Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$65 copay</p> <p>Mail Order/CVS: Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$165 copay</p> <p>30-day supply retail pharmacy or 90-day supply mail service/CVS retail locations</p> <p>Non-formulary drugs: all charges</p>	<p>Retail: Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$65 copay</p> <p>Mail order: Tier 1: \$25 copay Tier 2: \$75 copay Tier 3: \$165 copay</p> <p>30-day supply retail pharmacy or 90-day supply mail service</p> <p>Non-formulary drugs: all charges</p>

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Telemedicine- Virtual visits available on your computer, tablet or smart phone for medical care and behavioral health	\$20 or \$60 copay (depending on provider) with a Well Connection Provider or a Doctor within the BCBSMA Network that provides Telemedicine Services	Virtual visits available through Doctor on Demand and for HPHC providers who provide telemedicine visits. \$20 Copay for DoD and Level 1 providers/ \$60 for Level 2
OTHER BENEFITS	Benefit	Benefit
Fitness Benefit/Special Programs	Up to \$300 reimbursement toward membership or exercise classes at a health club or virtual fitness memberships or classes or home fitness equipment. Discounts on eyewear, acupuncture, massage therapy, nutrition counseling, personal health assessment, lifestart prenatal care programs. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees. Enhanced Fitness Benefits: •Bicycles/Bicycle Helmets - Bicycles that are purchased for recreational use and bicycle helmets. •Athletic Shoes- Athletic shoes designed to be worn for sports, exercising, or recreational activity. •Sports Activity Fees- Sports activity fees including (but not limited to): ski passes, fees for sports leagues (such as town sports, tennis, golf, or basketball), and race participation fees.	Up to \$300 reimbursement per calendar year towards: <ul style="list-style-type: none"> •Gym membership •Exercise classes •Virtual fitness subscriptions •Town, club, school athletic fees •Various nutritional and mindfulness apps Must be an active member of HPHC for at least 4 months and a member of any qualified health & fitness club for 4 consecutive months. Free Eyewear at Visionworks and discounts at participating EyeMed affiliated providers with eye exam. Discounts on health education and approved nutrition counseling. Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees. Reimbursement of up to \$150 per calendar year for childbirthing classes.
Mind and Body Reimbursement	Up to \$300 reimbursement per family per Calendar Year for Holistic Health such as Massage Therapy, Tai Chi, Hypnosis Therapy, Qi (chi) gong, Meditation Therapy and Breathing and meditation apps. You can also receive 30% off standard rates when you use an alternative health practitioner in the BCBSMA Network.	N/A
*CanaRx Prescription Savings Program	Program eligible for certain Brand Name maintenance prescriptions at no cost- visit https://www.canarx.com/plan/?planid=MMHG	Program eligible for certain Brand Name maintenance prescriptions at no cost- visit https://www.canarx.com/plan/?planid=MMHG
*Pillar Rx Program -cost share assistance program	This Cost-Share Assistance Program provides financial assistance using coupons from manufacturers of medication to cover most or all of your out-of-pocket costs for eligible medications.	Not eligible
SmartShopper Incentive Program	SmartShopper program eligible-Shop for high quality providers and get rewarded	Not eligible
Learn to Live- confidential online cognitive behavioral therapy	Free confidential 24/7 online cognitive behavioral therapy for Worry, Stress, Anxiety, Depression, Insomnia, Panic, Resilience, Substance Abuse. All employees and their family members (age 13 and over) are eligible. Visit learntolive.com/partners and enter the code MMHG. Take a quick free confidential assessment.	
MMHG Wellness Program	<u>QUARTERLY NEWSLETTER, WELLNESS SEMINARS/SCREENINGS/WEBINARS/CHALLENGES, INCENTIVE PROGRAMS, ON DEMAND VIRTUAL FITNESS & MINDFULNESS CLASSES/NUTRITION/SLEEP, HEALTHY RESOURCES WEBSITE/INSTAGRAM & MORE</u> (PARTICIPATION IN CERTAIN PROGRAMS MAY VARY BY MEMBER UNIT. PLEASE CHECK WITH YOUR BENEFIT COORDINATOR OR WELLNESS COORDINATOR AND OUR WEBSITE - www.MMHG.org - FOR MORE INFORMATION)	
ANYTHING THAT APPEARS IN BOLD ITALIC TYPE INDICATES A CHANGE IN THE BENEFIT OR WORDING FROM THE PREVIOUS YEAR.		
<p>Please note there are no waiting periods, lifetime benefit maximums or pre-existing exclusions for any of the MMHG health insurance plans.</p> <p>Disclaimer: This comparison summarizes benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.</p> <p>Please call the "member service" phone number on your ID card for specific coverage questions.</p>		
Reviewed by Blue Cross Blue Shield of Massachusetts and Harvard Pilgrim Health Care.		