



Fiscal Year 2026 – 2027

***MAYFLOWER MUNICIPAL
HEALTH GROUP***

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**HMO COMPARISON OF BENEFITS FOR HSA QUALIFIED HIGH DEDUCTIBLE HEALTH PLANS (HDHP)**

**TOWN OF BRIDGEWATER**

**Comparison of the following Blue Cross Blue Shield of Massachusetts and  
Harvard Pilgrim Health Care HMO medical plans:**

**BCBSMA NEW ENGLAND HMO HDHP  
HPHC HMO HDHP**

**BCBSMA=BLUE CROSS BLUE SHIELD OF MASSACHUSETTS  
HPHC=HARVARD PILGRIM HEALTH CARE**

**\*\*EFFECTIVE 7/1/2026\*\***

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## FY27 Mayflower Municipal Health Group Plan Benefit Comparison HSA Qualified High Deductible Health Plans (HDHP)

Effective 07-01-2026

CIF = Covered In Full

|                                                                                                                                                                                                                                                                                                      | BLUE CROSS BLUE SHIELD                                                         | HARVARD PILGRIM HEALTH CARE                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| BENEFIT                                                                                                                                                                                                                                                                                              | HMO New England HDHP                                                           | HPHC HMO HDHP                                                                  |
| <b>Deductible</b> - Deductible to be satisfied, then Covered in Full, except prescription copays and out-of-network services. Per plan year (July 1 to June 30). <i>Note</i> - the family plan Deductible must be satisfied before the plan begins to pay. <b>See plan document for full details</b> | \$2,000 per Individual plan<br>\$4,000 per Family plan                         | \$2,000 per Individual plan<br>\$4,000 per Family plan                         |
| <b>Out-of-Pocket (OOP) Maximum</b> - Once your out-of-pocket expenses for applicable services reaches this amount, you pay \$0 for the remainder of plan year.                                                                                                                                       | <b>Medical &amp; Rx Combined:</b><br>\$5,000 per member<br>\$10,000 per family | <b>Medical &amp; Rx Combined:</b><br>\$5,000 per member<br>\$10,000 per family |
| <b>Lifetime Benefit Maximum</b>                                                                                                                                                                                                                                                                      | None                                                                           | None                                                                           |
| INPATIENT                                                                                                                                                                                                                                                                                            | YOU PAY                                                                        | YOU PAY                                                                        |
| <b>General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and special services) - Deductible Applies</b>                                                                                                                                                             | Deductible then Covered in Full (CIF)                                          | Deductible then Covered in Full (CIF)                                          |
| <b>Physician Services</b>                                                                                                                                                                                                                                                                            | Deductible then CIF                                                            | Deductible then CIF                                                            |
| <b>Skilled Nursing Facility</b>                                                                                                                                                                                                                                                                      | Deductible then CIF - 100 days per calendar year benefit maximum               | Deductible then CIF - 100 days per plan year benefit maximum                   |
| <b>Rehabilitation Hospital</b>                                                                                                                                                                                                                                                                       | Deductible then CIF - 60 days per calendar year benefit maximum                | Deductible then CIF - 60 days per plan year benefit maximum                    |

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|                                                                 | BLUE CROSS BLUE SHIELD                                                    | HARVARD PILGRIM HEALTH CARE                                           |
|-----------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------|
| BENEFIT                                                         | HMO New England HDHP                                                      | HPHC HMO HDHP                                                         |
| OUTPATIENT HOSPITAL                                             | YOU PAY                                                                   | YOU PAY                                                               |
| <b>Emergency Room Visits for<br/>Emergency or Accident Care</b> | \$50 Copayment per visit after deductible                                 | Deductible then \$50 copay                                            |
| <b>Emergency Room Visits for<br/>Medical Care</b>               | \$50 Copayment per visit after deductible                                 | Deductible then \$50 copay                                            |
| <b>Surgery</b>                                                  | Deductible then CIF                                                       | Deductible then CIF                                                   |
| <b>Radiation and<br/>Chemotherapy</b>                           | Deductible then CIF                                                       | Deductible then CIF                                                   |
| <b>Diagnostic X-ray and Lab</b>                                 | Deductible then CIF                                                       | Deductible then CIF                                                   |
| <b>Routine Colonoscopy<br/>(without surgery)</b>                | \$0 copay                                                                 | \$0 copay                                                             |
| <b>High Cost Radiology (MRI,<br/>CT &amp; PET)</b>              | Deductible then CIF                                                       | Deductible then CIF                                                   |
| <b>Hemodialysis</b>                                             | Deductible then CIF                                                       | Deductible then CIF                                                   |
| <b>Physical Therapy</b>                                         | Deductible then Covered in Full (CIF) - up to 60 visits per calendar year | Deductible then Covered in Full (CIF) - up to 60 visits per plan year |

## FY27 Mayflower Municipal Health Group Plan Benefit Comparison HSA Qualified High Deductible Health Plans (HDHP)

| Effective 07-01-2026<br>CIF = Covered In Full                                                                                                                                                                                                                                                 | BLUE CROSS BLUE SHIELD                                                                                                                                                                                                                               | HARVARD PILGRIM HEALTH CARE                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENEFIT                                                                                                                                                                                                                                                                                       | HMO New England HDHP                                                                                                                                                                                                                                 | HPHC HMO HDHP                                                                                                                                                                                                               |
| PHYSICIAN'S OFFICE                                                                                                                                                                                                                                                                            | YOU PAY                                                                                                                                                                                                                                              | YOU PAY                                                                                                                                                                                                                     |
| <b>Surgery</b>                                                                                                                                                                                                                                                                                | Deductible then CIF                                                                                                                                                                                                                                  | Deductible then CIF                                                                                                                                                                                                         |
| <b>Adult Preventative Exam</b><br><i>as defined by the ACA</i>                                                                                                                                                                                                                                | CIF                                                                                                                                                                                                                                                  | CIF                                                                                                                                                                                                                         |
| <b>PCP Medical Care/<br/>Mental Health Care/<br/>Substance Abuse Care</b>                                                                                                                                                                                                                     | Deductible then CIF                                                                                                                                                                                                                                  | Deductible then CIF                                                                                                                                                                                                         |
| <b>Well Child Care</b><br><i>as defined by the ACA</i>                                                                                                                                                                                                                                        | CIF                                                                                                                                                                                                                                                  | CIF                                                                                                                                                                                                                         |
| <b>Routine GYN Exam</b> <i>(As defined by the ACA-one per calendar year, includes preventative lab tests)</i>                                                                                                                                                                                 | CIF                                                                                                                                                                                                                                                  | CIF                                                                                                                                                                                                                         |
| <b>Routine Mammogram</b><br><i>As defined by the ACA</i>                                                                                                                                                                                                                                      | CIF                                                                                                                                                                                                                                                  | CIF                                                                                                                                                                                                                         |
| <b>Routine Vision Exam</b>                                                                                                                                                                                                                                                                    | CIF (once every 24 months)                                                                                                                                                                                                                           | CIF (1 visit per plan year)                                                                                                                                                                                                 |
| <b>Specialist Office Visit</b>                                                                                                                                                                                                                                                                | Deductible then CIF                                                                                                                                                                                                                                  | Deductible then CIF                                                                                                                                                                                                         |
| OTHER OUTPATIENT                                                                                                                                                                                                                                                                              | YOU PAY                                                                                                                                                                                                                                              | YOU PAY                                                                                                                                                                                                                     |
| <b>Visiting Nurse</b><br><b>Home Health Care Deductible Applies</b>                                                                                                                                                                                                                           | Deductible then CIF                                                                                                                                                                                                                                  | Deductible then CIF                                                                                                                                                                                                         |
| <b>Durable Medical Equipment</b>                                                                                                                                                                                                                                                              | Deductible then CIF                                                                                                                                                                                                                                  | Deductible then CIF                                                                                                                                                                                                         |
| <b>Ambulance Emergency Transport</b>                                                                                                                                                                                                                                                          | Deductible then CIF for all Ambulance Services that are Medically Necessary                                                                                                                                                                          | Deductible then CIF                                                                                                                                                                                                         |
| <b>Routine Pediatric Dental</b>                                                                                                                                                                                                                                                               | Not Covered except for Preventive dental care for members under 18 to treat cleft lip and cleft palate                                                                                                                                               | \$20 copayment per visit: Preventive care for children up to age 13. 2 visits per member per plan year including exam, cleaning, x-rays, & fluoride treatment.                                                              |
| <b>Chiropractor Visits</b>                                                                                                                                                                                                                                                                    | Deductible then CIF                                                                                                                                                                                                                                  | Deductible then CIF (12 visit limit per plan year)                                                                                                                                                                          |
| <b>Prescription Drugs -</b><br><b>IMPORTANT NOTE -</b><br><b>Deductible applies, once deductible is met, copays will apply - NOTE-</b> the drugs on the preventative list are not subject to the deductible. The lists are available online at <a href="http://www.mmhg.org">www.mmhg.org</a> | <b>Retail:</b> (30 day supply)<br>Tier 1: \$10.00 copay<br>Tier 2: \$30.00 copay<br>Tier 3: \$65.00 copay<br><br><b>Mail Order or Designated Retail:</b> (90 day supply)<br>Tier 1: \$25.00 copay<br>Tier 2: \$75.00 copay<br>Tier 3: \$165.00 copay | <b>Retail:</b> (30 day supply)<br>Tier 1: \$10.00 copay<br>Tier 2: \$30.00 copay<br>Tier 3: \$65.00 copay<br><b>Mail Order:</b> (90 day supply)<br>Tier 1: \$25.00 copay<br>Tier 2: \$75.00 copay<br>Tier 3: \$165.00 copay |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENEFIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HMO New England HDHP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | HPHC HMO HDHP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| OTHER BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Fitness Benefit/ Special Programs</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>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.</p> <p>•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.</p> | <p>Up to \$300 reimbursement per calendar year <u>towards</u>:</p> <ul style="list-style-type: none"> <li>•Gym membership</li> <li>•Exercise classes</li> <li>•Virtual fitness subscriptions</li> <li>•Town, club, school athletic fees</li> <li>•Various nutritional and mindfulness apps</li> </ul> <p>Must be an active member of HPHC for at least 4 months and a member of any qualified health &amp; fitness club for 4 consecutive months.</p> <p>Free Eyeware at Visionworks and discounts at participating EyeMed affiliated providers with eye exam. Discounts on health education and approved nutrition counseling.</p> <p>Enroll in a qualified Weight Watchers or hospital based weight loss program and receive up to \$150 per calendar year toward your program fees.</p> <p>Reimbursement of up to \$150 per calendar year for chilbirthing classes.</p> |
| <b>Mind and Body Reimbursement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Virtual visits available on your computer, tablet or smart phone for medical care and behavioral health</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Deductible then CIF with Well Connection Provider or a provider within the BCBSMA Network that provides Telehealth Services</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>Deductible then CIF through Doctor on Demand or a provider within the HPHC network that provides Telehealth Services</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>MMHG Wellness Program</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b><u>QUARTERLY NEWSLETTER, WELLNESS SEMINARS/SCREENINGS/WEBINARS/CHALLENGES, INCENTIVE PROGRAMS, ON DEMAND VIRTUAL FITNESS &amp; MINDFULNESS CLASSES/NUTRITION/SLEEP, HEALTHY RESOURCES WEBSITE/INSTAGRAM &amp; MORE</u></b></p> <p><b><u>(PARTICIPATION IN CERTAIN PROGRAMS MAY VARY BY MEMBER UNIT. PLEASE CHECK WITH YOUR BENEFIT COORDINATOR OR WELLNESS COORDINATOR AND OUR WEBSITE - <a href="http://www.MMHG.org">www.MMHG.org</a> FOR MORE INFORMATION)</u></b></p>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b><i>ANYTHING THAT APPEARS IN ITALIC BOLD TYPE INDICATES A CHANGE IN THE BENEFIT OR WORDING FROM THE PREVIOUS YEAR.</i></b></p>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <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><b>Disclaimer:</b> This comparison summarizes benefits of the plan(s). The Subscriber Certificate(s) &amp; applicable riders define the terms &amp; conditions of these benefits in greater detail. Should any questions arise, the certificate(s) &amp; riders will govern.</p> <p>Please call the "member service" phone number on your ID card for specific coverage questions.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>Reviewed by Blue Cross Blue Shield of Massachusetts and Harvard Pilgrim Health Care.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |