

Plan Design Feature	WSHG Fallon Select	WSHG Fallon Select Rate Saver Plan	Group Insurance Commission Fallon Select Care	WSHG Fallon Direct	WSHG Fallon Direct Rate Saver Plan	Fallon Direct Care
Key Cost Features						
Monthly Premium						
Individual	\$535.00	\$455.00	\$491.98	\$496.00	\$423.00	\$405.73
Family	\$1,442.00	\$1,226.00	\$1,180.73	\$1,341.00	\$1,140.00	\$973.76
Calendar Year Deductible						
Individual	None	None	None	None	None	None
Family	None	None	None	None	None	None
Out-of-Pocket Maximum						
Individual	None	None	None	None	None	None
Family	None	None	None	None	None	None
Lifetime Maximum						
Individual	None	None	None	None	None	None
Family	None	None	None	None	None	None
Services Provided In A Physician's Office						
Primary Care Physician Office Visit						
***Tier 1 (Excellent)	\$5 copay	\$20	\$10 copay	\$5 copay	\$20	\$10 copay
**Tier 2 (Good)	No tiering	No tiering	\$15 copay	No tiering	No tiering	No tiering
*Tier 3 (Standard)	No tiering	No tiering	\$25 copay	No tiering	No tiering	No tiering
Specialist Office Visit						
***Tier 1 (Excellent)	\$5 copay	\$40	\$20 copay	\$5 copay	\$40	\$20 copay
**Tier 2 (Good)	No tiering	No tiering	\$30 copay	No tiering	No tiering	No tiering
*Tier 3 (Standard)	No tiering	No tiering	\$40 copay	No tiering	No tiering	No tiering
Services Provided In A Retail Clinic						
Outpatient Visit			\$15 copay			\$10 copay
Services Provided In A Hospital Setting						
Emergency Room	\$25 copay	\$75 copay	\$75 copay	\$25 copay	\$75 copay	\$75 copay
Waived, if admitted?	Yes	Yes	Yes	Yes	Yes	Yes
Per Admission						
Tier 1	Covered in Full	\$250 copay	\$250 copay	Covered in Full	\$250 copay	\$200 copay
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Limits on number of copays	N/A		Maximum of four copays per calendar year; waived if readmitted within 30 days of discharge	N/A		Maximum of four copays per calendar year; waived if readmitted within 30 days of discharge
Outpatient Surgery	Covered in Full	\$125 copay	\$125 copay	Covered in Full	\$125 copay	\$100 copay
Limits on number of copays	N/A		Maximum of four copays per calendar year	N/A		Maximum of four copays per calendar year
Diagnostic X-Ray and Lab Service	Covered in Full	Covered in Full	\$75 copay for High-Tech imaging services (e.g., MRI, CT, PET Scan); Max. of one copay per member/per day. No copay for routine X-Rays and labs	Covered in Full	Covered in Full	\$75 copay for High-Tech imaging services (e.g., MRI, CT, PET Scan); Max. of one copay per member/per day. No copay for routine X-Rays and labs

TOWN OF NATICK PLAN COMPARISON OF WSHG AND GIC FALLON PLANS

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Rehabilitation Hospital			\$250 per admission			\$200 per admission
Benefit Limits			Up to 100 days per year			Up to 100 days per year
Skilled Nursing Facility	Covered in Full	\$250 copay	No copay	Covered in Full	\$250 copay	No copay
Benefit Limits			Up to 100 days per year			Up to 100 days per year
Physical Therapy, Occupational Therapy & Chiropractic Treatment						
Physical Therapy						
Tier 1	\$5 copay	\$20 copay	\$15 copay	\$5 copay	\$20 copay	\$10 copay
Tier 2	No tiering	No tiering	\$20 copay	No tiering	No tiering	N/A
Benefit Limits	Up to 20 visits per illness or injury per calendar year	Up to 20 visits per illness or injury per calendar year	Unlimited visits within 90 calendar-days following injury/illness	Up to 20 visits per illness or injury per calendar year	Up to 20 visits per illness or injury per calendar year	Unlimited visits within 90 calendar-days following injury/illness
Occupational Therapy						
Tier 1			\$15 copay			\$10 copay
Tier 2			\$20 copay			No tiering
Benefit Limits			Unlimited visits for up to 90 days following injury or illness			Unlimited visits for up to 90 days following injury or illness
Chiropractic Services						
Tier 1	\$5 copay	\$20 copay	\$15 copay	\$5 copay	\$20 copay	\$10 copay
Tier 2	No tiering	No tiering	\$20 copay	No tiering	No tiering	No tiering
Benefit Limits	20 visits per calendar year for treatment of acute musculoskeletal conditions	12 visits up to \$500 maximum per calendar year	20 visits per year, for acute musculoskeletal conditions; Member's Primary Care Physician will provide a referral to a network chiropractor for up to five additional visits, if medically necessary; Chiropractor must obtain pre-authorization from Fallon for all subsequent visits	20 visits per calendar year for treatment of acute musculoskeletal conditions	12 visits up to \$500 maximum per calendar year	20 visits per year, for acute musculoskeletal conditions; Member's Primary Care Physician will provide a referral to a network chiropractor for up to five additional visits, if medically necessary; Chiropractor must obtain pre-authorization from Fallon for all subsequent visits
Mental Health Services						
In-patient treatment; biologically-based illness	No copay	No copay	No copay	No copay	No copay	No copay
Benefit Limits	Unlimited number of days	Unlimited number of days	Unlimited number of days	Unlimited number of days	Unlimited number of days	Unlimited number of days
Out-patient treatment; biologically-based illness	\$5 copay	\$20 copay	\$15 copay	\$5 copay	\$20 copay	\$10 copay
Benefit Limits	Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits	No tiering
Pharmacy Services						
Retail Copay (up to 30 day supply)						
Tier 1	\$5	\$10	\$10	\$5	\$10	\$10
Tier 2	\$15	\$25	\$25	\$15	\$25	\$25
Tier 3	\$35	\$45	\$50	\$35	\$45	\$50
Mail order Copay (up to 90 day supply)						
Tier 1	\$10	\$20	\$20	\$10	\$20	\$20
Tier 2	\$30	\$50	\$50	\$30	\$50	\$50
Tier 3	\$70	\$90	\$110	\$70	\$90	\$110
Separate pharmacy deductibles.	No		No	No		No

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Does this plan include or require any unique pharmacy management features (mandatory use of generics, step therapies, mandatory specialty drug program)?			Generic substitution is mandatory whenever possible. Certain drugs in the formulary are covered only when determined to be medically necessary; Coverage for any drug not listed in the formulary requires prior authorization			Generic substitution is mandatory whenever possible. Certain drugs in the formulary are covered only when determined to be medically necessary; Coverage for any drug not listed in the formulary requires prior authorization
Routine Vision Care						
Does plan cover vision exams?	Yes	Yes	Yes	Yes	Yes	Yes
Frequency of vision exams	Once every 12 months	Once every 12 months	Once every 24 months.	Once every 12 months	Once every 12 months	Once every 24 months.
Copay for a vision exam.	\$5	\$20	\$15	\$5	\$20	\$10
Hearing Aids						
Does the plan cover hearing aids?	No	No	Yes	No	No	Yes
Hearing aid benefit			Member pays 0% of the first \$500 and 20% of the next \$1,500; benefit available once every two years			Member pays 0% of the first \$500 and 20% of the next \$1,500; benefit available once every two years
Ambulance Service Copay	No copay	No copay	No copay	No copay	No copay	No copay
Gym Membership Benefit	\$200 per individual per year \$400 per family per year	\$200 per individual per year \$400 per family per year	\$150 per individual per year, \$300 per family per year	\$200 per individual per year \$400 per family per year	\$200 per individual per year \$400 per family per year	\$150 per individual per year, \$300 per family per year

The information contained in this spreadsheet is for illustrative purposes only and based on publicly available information. The detailed plan design information for the Group Insurance Commission (GIC) plans and/or the municipal plan(s) has not been approved by either the GIC or the GIC's insurance carriers or by the municipality or the municipality's insurance carriers. With respect to the GIC benefits shown, complete information about specific benefits is contained in the "Summary Plan Descriptions" (known as the GIC's health plans' "Plan Handbooks") for each program, which are available from the GIC. More detailed information about a municipality's plan may be obtained from the municipality. Boston Benefit Partners, LLC does not represent or warrant that the information provided herein specifically reflects any program.