



HMO Focus Network Best Buy
Town of Winchester
Effective 07/01/2020-06/30/2021

BENEFIT	<u>HMO Focus Best Buy Tiered Copay</u>
<ul style="list-style-type: none"> Deductible 	\$300/Individual \$900/Family (Per Plan Year)
<ul style="list-style-type: none"> Out-of-Pocket Maximum (Includes Medical & RX) 	\$5,000/Individual \$10,000/Family (Per Plan Year)
<ul style="list-style-type: none"> Routine Preventive Dr. Office Visits 	Covered 100%
<ul style="list-style-type: none"> All Other Dr. Office Visits 	\$20/\$60 Copay
<ul style="list-style-type: none"> Emergency Room 	\$100 Copay after Deductible Waived if admitted to hospital
<ul style="list-style-type: none"> Inpatient Hospitalization 	\$500 Copay after Deductible
<ul style="list-style-type: none"> Outpatient Surgery 	\$250 Copay after Deductible
<ul style="list-style-type: none"> Lab tests & X rays 	Covered 100% after Deductible (The Deductible does not apply to select preventive services)
<ul style="list-style-type: none"> Prescription Drugs 	30 Day Retail: \$10/\$30/\$65 90 Day Mail Order Copay : \$25/\$75/\$165
<ul style="list-style-type: none"> Physical and Occupational Therapies 	\$20 Copay (30 visits each)
<ul style="list-style-type: none"> Maternity 	Routine Prenatal & Postpartum: Covered 100% Inpatient Hospital: Covered 100% after Deductible
<ul style="list-style-type: none"> Durable Medical 	Covered 100% after Deductible
<ul style="list-style-type: none"> Outpatient Mental Health 	Individual visits: \$20 Copay Group visits: \$10 Copay
<ul style="list-style-type: none"> Inpatient Mental Health 	\$500 Copay after Deductible
<ul style="list-style-type: none"> Chiropractic Care 	\$20 Copay (20 visits)
<ul style="list-style-type: none"> Acupuncture 	\$60 Copay (20 visits)



FOCUS NETWORKSM - MA HMO

Services must be provided by a Plan Provider through our Focus Network – MA. The Focus Network – MA includes two groups of providers: (1) Easy Access Providers and (2) Authorized Access Providers. In order to receive primary care services, including internal medicine, family practice, pediatrics, routine obstetrics and gynecology, or routine or preventive care you must obtain these services from an Easy Access Provider. If you need care from a specialist, you must contact your PCP for a Referral to a specialist who is an Easy Access Provider. In order to receive Covered Benefits from designated Authorized Access Providers, your PCP or specialist must obtain Prior Approval from the Plan. Prior Approval will be provided when it has been determined that no Easy Access Provider has the professional expertise needed to provide the required services. These requirements do not apply to care needed in a Medical Emergency.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the tables below.

Clinical Review Criteria

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member's care. Members or their practitioners may obtain a copy of our clinical review criteria on our website www.harvardpilgrim.org or by calling **1-888-888-4742**.

Copayment Levels

There are two types of office visit Copayments that apply to your Plan: a lower Copayment, known as "Level 1," and a higher Copayment known as "Level 2".

Level 1 applies to covered outpatient professional services from the following types of providers: all Primary Care Providers (PCPs); obstetricians and gynecologists; Licensed Mental Health Professionals; certified nurse midwives; and nurse practitioners who bill independently.

Level 2 applies to most outpatient specialty care.

If a provider is categorized as both a Level 1 provider and a Level 2 provider, Level 1 applies. For example, if a provider is both a PCP and a cardiologist, you will be responsible for a Level 1 Copayment.