HEALTH INSURANCE PRODUCTS	NATIONAL NETWORK	BROAD NETWORK			
	UNICARE STATE INDEMNITY PLAN/ BASIC *with CIC (Comprehensive)*	UNICARE STATE INDEMNITY PLAN/PLUS	TUFTS HEALTH PLAN NAVIGATOR	FALLON HEALTH SELECT CARE	HARVARD PILGRIM INDEPENDENCE PLAN
PRODUCT TYPE	INDEMNITY	PPO-TYPE	POS	HMO	POS
PCP Designation Required?	No	No	Yes	Yes	Yes
PCP Referral to Specialist Required?	No	No	Yes	Yes	Yes
Out-of-pocket Maximum Individual coverage	**$5,000**	**$5,000**	$5,000	$5,000	$5,000
Family coverage	**$10,000**	**$10,000**	$10,000	$10,000	$10,000
Fiscal Year Deductible Individual / Family	$500 / $1,000	$500 / $1,000	$500 / $1,000	**$500 / $1,000**	$500 / $1,000
Primary Care Provider Office Visit	$20 / visit	$15 / visit for Centered Care PCPs; $20 / visit for other PCPs	Tier 1: $10 / visit Tier 2: $20 / visit Tier 3: $40 / visit	$20 / visit	Tier 1: $10 / visit Tier 2: $20 / visit Tier 3: $40 / visit
Preventive Services	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
Specialist Physician Office Visit Tier 1 / Tier 2 / Tier 3	$30 / $60 / **$75** / visit	$30 / $60 / **$75** / visit	$30 / $60 / **$75** / visit	$30 / $60 / **$75** / visit	$30 / $60 / **$75** / visit
Retail Clinic and Urgent Care Center	$20 / visit	$20 / visit	$20 / visit	$20 / visit	$20 / visit
Outpatient Behavioral Health/Substance Use Disorder Care	$20 / visit	$20 / visit	$10 / visit	$20 / visit	$10 / visit
Emergency Room Care	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)
Inpatient Hospital Care – Medical	Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.				
Tier 1 Tier 2 Tier 3	$275 / admission with no tiering	$275 / admission $500 / admission $1,500 / admission	$275 / admission $500 / admission $1,500 / admission	$275 / admission $500 / admission $1,500 / admission	$275 / admission $500 / admission $1,500 / admission
Outpatient Surgery	Maximum one copay per calendar quarter or four per year, depending on product. Contact the carrier for details.				
Tier 1 / Tier 2 / Tier 3	$250 / occurrence	$110 / $110 / $250 / occurrence	$250 / occurrence	$250 / occurrence	$250 / occurrence
High-Tech Imaging	Maximum one copay per day. Contact the carrier for details.				
(e.g., MRI, CT and PET scans)	$100 / scan	$100 / scan	$100 / scan	$100 / scan	$100 / scan
Prescription Drugs	Prescription Drug Deductible: $100 Individual / $200 Family				
Retail (up to a 30-day supply) Tier 1 / Tier 2 / Tier 3	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65
Mail Order Maintenance Drugs (up to a 90-day supply) Tier 1 / Tier 2 / Tier 3	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165

Copays and deductibles that appear in **bold** in this chart have changed effective July 1, 2018.

Benefits-at-a-Glance: ACTIVE & NON-MEDICARE Health Insurance Products

REGIONAL NETWORK		LIMITED NETWORK			
HEALTH NEW ENGLAND	NHP PRIME *(Neighborhood Health Plan)*	UNICARE STATE INDEMNITY PLAN/ COMMUNITY CHOICE	TUFTS HEALTH PLAN SPIRIT	FALLON HEALTH DIRECT CARE	HARVARD PILGRIM PRIMARY CHOICE PLAN
HMO	HMO	PPO-TYPE	EPO (HMO-TYPE)	HMO	HMO
Yes	Yes	No	No	Yes	Yes
No	Yes	No	No	Yes	Yes
$5,000	$5,000	**$5,000**	$5,000	$5,000	$5,000
$10,000	$10,000	**$10,000**	$10,000	$10,000	$10,000
$400 / $800	$500 / $1,000	**$400 / $800**	**$400 / $800**	**$400 / $800**	**$400 / $800**
$20 / visit	$20 / visit	**$15 / visit for Centered Care PCPs; $20 / visit for other PCPs**	$20 / visit	$15 / visit	$20 / visit
Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay	Most covered at 100% – no copay
$30 / $60 / **$75** / visit	$30 / $60 / **$75** / visit	$30 / $60 / **$75** / visit	$30 / $60 / **$75** / visit	$30 / $60 / **$75** / visit	Tier 1 $30 / Tier 2 $60 / visit **(No Tier 3)**
$20 / visit	$20 / visit	$20 / visit	$20 / visit	$15 / visit	$20 / visit
$20 / visit	$20 / visit	$20 / visit	$20 / visit	$15 / visit	$20 / visit
$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)	$100 / visit (waived if admitted)
Maximum one copay per person per calendar year quarter. Waived if readmitted within 30 days in the same calendar year.					
$275 / admission with no tiering	$275 / admission with no tiering	$275 / admission with no tiering	$275 / admission $500 / admission No Tier 3	$275 / admission with no tiering	$275 / admission $500 / admission No Tier 3
Maximum one copay per calendar quarter or four per year, depending on product. Contact the carrier for details.					
$250 / occurrence	$250 / occurrence	$110 / occurrence	$250 / occurrence	$250 / occurrence	$250 / occurrence
Maximum one copay per day. Contact the carrier for details.					
$100 / scan	$100 / scan	$100 / scan	$100 / scan	$100 / scan	$100 / scan
Prescription Drug Deductible: $100 Individual / $200 Family					
$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65	$10 / $30 / $65
$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165	$25 / $75 / $165