



City of Chelsea

7/1/2024 HMO/PPO Benefits At A Glance

Plan Design	HMO (MA, ME, NH, RI, VT Only)	PPO (Nationwide)	
	Participating Providers	In-Network	Out-of-Network
PCP and Referrals Required	Yes	No	No
Annual Deductible	\$250/\$500 per plan year	\$250/\$500 per plan year	\$250/\$500 per plan year
Annual Medical Out-of-Pocket Maximum	\$2,000/\$4,000 per plan year	\$2,000/\$4,000 per plan year	\$2,000/\$4,000 per plan year
Preventative Care; (Routine PCP, GYN, Selective Preventative Tests and Procedures)	No charge	No charge	Deductible, then 20% coinsurance
Office Visits	PCP: \$20 copay per visit Specialists: \$35 copay per visit	PCP: \$20 copay per visit Specialists: \$35 copay per visit	Deductible, then 20% coinsurance
Routine Eye Exam 1 per plan year	\$20 copay	\$20 copay	Deductible, then 20% coinsurance
Emergency Room	Deductible, then \$150 copay per visit	Deductible, then \$150 copay per visit	
Urgent Care	Doctor on Demand: \$20 copay per visit Convenience Care Clinic: \$20 copay per visit Urgent Care Clinics: \$20 copay per visit	Doctor on Demand: \$20 copay per visit Convenience Care Clinic: \$20 copay per visit Urgent Care Clinics: \$20 copay per visit	Deductible, then 20% coinsurance
Acupuncture 20 visits per plan year	\$35 copay per visit	\$35 copay per visit	Deductible, then 20% coinsurance
PT/OT – limited to 60 consecutive days per condition	\$20 copay per visit	\$20 copay per visit	Deductible, then 20% coinsurance
Inpatient Hospitalization	Deductible, then \$300 copay per admission	Deductible, then \$300 copay per admission	Deductible, then 20% coinsurance
Outpatient Day Surgery	Deductible, then no charge	Deductible, then no charge	Deductible, then 20% coinsurance
Diagnostic Lab	Deductible, then no charge	Deductible, then no charge	Deductible, then 20% coinsurance
Advanced Radiology including CT scans, PET scans, MRI	Deductible, then \$50 copay per procedure	Deductible, then \$50 copay per procedure	Deductible, then 20% coinsurance
Prescription Drugs			
Annual RX Deductible	\$100/\$200 per plan year	\$100/\$200 per plan year	
30 Day Retail	\$10/\$25/\$45	\$10/\$25/\$45	
90 Day Mail Order	\$20/\$40/\$90	\$20/\$40/\$90	