

2021 Medical Plan Rates

Plan rates are effective January 1 – December 31, 2021

Baystate Advantage Plus PPO Medical Plan

	Premium Rates Bi-Weekly Payroll Deduction		Service Network Tiers Payments toward any in-network service are applied to all in-network tier deductibles (*cross-accumulate). Payments towards out-of-network services are only applied to the out-of-network deductible.			
	The amount "You Pay" is deducted from your paycheck each pay period.		In-Network payments cross-accumulate*			Tier 4: Out-Of-Network
	You Pay	Baystate Pays	Tier 1: Baystate & Baycare	Tier 2: HNE	Tier 3: PHCS	
Full-time Employees (30+ hrs/wk)	You Pay	Baystate Pays	Deductibles			
Individual	\$61.66	\$223.56	\$0	\$1,000	\$1,500	\$2,500
Employee + Child	\$124.76	\$388.63	\$0	\$2,000	\$3,000	\$5,000
Employee + Spouse	\$145.56	\$453.41	\$0	\$2,000	\$3,000	\$5,000
Employee + Working Spouse	\$191.72	\$453.41	\$0	\$2,000	\$3,000	\$5,000
Family	\$201.01	\$626.12	\$0	\$2,000	\$3,000	\$5,000
Family + Working Spouse	\$247.17	\$626.12	\$0	\$2,000	\$3,000	\$5,000
Part-time Employees (16-29 hrs/wk)	You Pay	Baystate Pays	Deductibles			
Individual	\$123.32	\$161.89	\$0	\$1,000	\$1,500	\$2,500
Employee + Child	\$221.99	\$291.41	\$0	\$2,000	\$3,000	\$5,000
Employee + Spouse	\$258.99	\$339.98	\$0	\$2,000	\$3,000	\$5,000
Employee + Working Spouse	\$305.14	\$339.98	\$0	\$2,000	\$3,000	\$5,000
Family	\$357.65	\$469.49	\$0	\$2,000	\$3,000	\$5,000
Family + Working Spouse	\$403.80	\$469.49	\$0	\$2,000	\$3,000	\$5,000

Baystate HSA Medical Plan

	Premium Rates Bi-Weekly Payroll Deduction		HSA Contributions You should contribute as much as you are able, up to the annual contribution limit set by the IRS. Baystate's contribution counts toward this limit.		Service Network Tiers Payments toward in-network service are applied to all in-network deductibles (*cross-accumulate). Payments towards out-of-network only apply to OON deductible.			
	The amount "You Pay" is deducted from your pay each pay period.				In-Network payments cross-accumulate*			Tier 4: Out-Of-Network
	You Pay	Baystate Pays	Annual HSA Contribution Limit:	Baystate Contributes	Tier 1: Baystate & Baycare	Tier 2: HNE	Tier 3: PHCS	
Full-time Employees (30+ hrs/wk)	You Pay	Baystate Pays	Annual HSA Contribution Limit:	Baystate Contributes	Deductibles			
Individual	\$28.58	\$219.24	\$3,600	\$400	\$1,500	\$2,000	\$3,000	\$4,000
Employee + Child	\$66.26	\$379.81	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000
Employee + Spouse	\$77.31	\$443.12	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000
Emp + Working Spouse	\$123.46	\$443.12	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000
Family	\$106.75	\$611.93	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000
Family + Working Spouse	\$152.91	\$611.93	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000
Part-time Employees (16-29 hrs/wk)	You Pay	Baystate pays	Annual HSA Contribution Limit:	Baystate Contributes	Deductibles			
Individual	\$57.17	\$190.65	\$3,600	\$400	\$1,500	\$2,000	\$3,000	\$4,000
Employee + Child	\$102.90	\$343.17	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000
Employee + Spouse	\$120.06	\$400.37	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000
Emp + Working Spouse	\$166.21	\$400.37	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000
Family	\$165.79	\$552.89	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000
Family + Working Spouse	\$211.94	\$552.89	\$7,200	\$800	\$3,000	\$4,000	\$6,000	\$8,000

2021 Medical and Prescription Plan Summary and Rates

Plan rates are effective January 1 – December 31, 2021

This document is a summary of the medical and pharmacy plan details and rates only. We recommend that you review all of the available benefits-related materials and information located on our Virtual Benefits Fair. Visit [Benefitsfair.online/Baystate](https://benefitsfair.online/Baystate) and enter password: Baystate.

Open Enrollment Benefits Open Enrollment for the 2021 plan year is October 19 – November 19, 2020. Team members should use the Benefits Open Enrollment period to actively evaluate their benefits and insurance needs for the coming year. This is the only time you can make changes to your benefits unless you have a qualifying life event during the plan year and submit changes within 30 days of the life event. All changes made during open enrollment go into effect on January 1, 2021.

Spousal Surcharge If you enroll your spouse in the medical plan and your spouse is eligible for his/her own employer-sponsored group medical coverage, you may be required to pay an additional bi-weekly premium of about \$46.00. However, there are exceptions to this. To learn more or to request a waiver, go to *The Hub > Benefits > Medical Insurance*. If you wish to cover your spouse, you are required to complete the spousal affidavit in Workday during Open Enrollment each year, and provide copies of the appropriate documentation if requesting the additional premium waiver.

Network Tiers Understanding how Network Tiers work will save you money when you receive medical services. There are four network tiers (Baystate/Baycare, HNE, PHCS, and Out-of-Network). The cost of your medical services depends on the network tier that your providers and facilities are in. Your provider and the facilities your provider uses may not be a part of the same network. In general, costs are lowest in the Baystate/Baycare tier and increase with each tier. Payments towards any in-network service are applied to all in-network tier deductibles and out of pocket maximums (Tiers 1, 2 and 3). Payments towards out-of-network services are only applied to the out-of-network deductible (Tier 4). Speak with your provider to arrange for services including lab work and radiology to be done at Baystate or Baycare facilities to ensure the lowest costs. If you have a dependent attending school outside the HNE service area, they are covered at the Baystate/Baycare copay level for non-routine office visits and services, but this requires prior approval. For more information, go to *The Hub > Benefits > Medical Insurance*.

Health Insurance Credit Full-time employees who earn less than \$40K annually automatically receive a discount on medical premiums. For more information, see *The Hub > Benefits > Medical Insurance*.

Prescription Plan Rates

You automatically receive prescription drug coverage if you enroll in one of our medical plans. You will receive one insurance card to use for both pharmacy and medical services.

Baystate Advantage Plus Pharmacy Plan An additional 50% discount applies at Baystate or retail pharmacies for asthma medication.

Pharmacy Tiers	Baystate Health Pharmacy	Mail Order Program	Retail Pharmacy
Generic	\$10 copay (up to a 30-day supply) \$20 copay (up to a 90-day supply)	\$40 copay (up to a 90-day supply)	\$10 copay (up to a 30-day supply)
Brand Formulary	\$30 copay (up to a 30-day supply) \$60 copay (up to a 90-day supply)	\$120 copay (up to a 90-day supply)	\$60 copay (up to a 30-day supply)
Brand Non-Formulary	\$50 copay (up to a 30-day supply) \$100 copay (up to a 90-day supply)	\$200 copay (up to a 90-day supply)	\$100 copay (up to a 30-day supply)

Baystate HSA Pharmacy Plan Baystate Rx expenses count towards Tier 1 medical deductible and out of pocket max. Retail and mail order expenses count towards Tier 2 medical deductible and out of pocket max. An additional 50% discount applies at Baystate or retail pharmacies for asthma medication.

Pharmacy Tiers	Baystate Health Pharmacy	Mail Order Program	Retail Pharmacy
Generic			
Brand Formulary	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Brand Non-Formulary			

Your prescription expenses count towards your medical plan deductible and out of pocket max, no matter which medical network tier you use for your medical services.

2021 Medical Plan Comparison Summary

Baystate Advantage Plus PPO Medical Plan

Same coverage options and plan design as 2020!

Baystate HSA Medical Plan

	In-Network Deductibles and OOP max's cross-accumulate*					In-Network Deductibles and OOP max's cross-accumulate*			
	Tier 1: Baystate & Baycare	Tier 2: HNE	Tier 3: PHCS	Tier 4: Out-Of-Network		Tier 1: Baystate & Baycare	Tier 2: HNE	Tier 3: PHCS	Tier 4: Out-Of-Network
Deductible <small>(Indiv/Family)</small>	\$0 / \$0	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000	Deductible <small>(Indiv/Family)</small>	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000
Out-of-Pocket (OOP) max <small>(Individual/Family)</small>	\$2,000 / \$3,500	\$3,000 / \$5,000	\$5,000 / \$7,500	\$10,000 / \$15,000	Out-of-Pocket (OOP) max <small>(Individual/Family)</small>	\$3,000 / \$6,000	\$4,000 / \$8,000	\$6,750 / \$10,000	\$10,000 / \$15,000
Employee Coinsurance	0%	20%	50%	60%	Employee Coinsurance	10%	30%	50%	60%
Office Visits	Not subject to deductible, except for Out-of-Network services				Office Visits				
Preventive	No deductible, \$0 copay	No deductible, \$0 copay	No deductible, \$0 copay	Deductible, then 60% coinsurance	Preventive	No deductible, \$0 copay	No deductible, \$0 copay	No deductible, \$0 copay	Deductible, then 60% coinsurance
Primary Care	No deductible, \$25 copay	No deductible, \$35 copay	No deductible, \$50 copay		Primary Care	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	
Specialist	No deductible, \$40 copay	No deductible, \$50 copay	No deductible, \$70 copay		Specialist	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	
Hospital Facility (Please note: the facility tier may be different than the physician tier, please check both when receiving services)					Hospital Facility (Please note: the facility tier may be different than the physician tier, please check both when receiving services)				
Inpatient	No deductible, \$700 copay	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance	Inpatient	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Outpatient	No deductible, \$400 copay				Outpatient				
Physician Charges (Please note: the facility tier may be different than the physician tier, please check both when receiving services)					Physician Charges (Please note: the facility tier may be different than the physician tier, please check both when receiving services)				
Inpatient	No deductible, \$0 copay	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance	Inpatient	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Outpatient					Outpatient				
Behavioral Health & Substance Abuse (Please note: the facility tier may be different than the physician tier, please check both when receiving services)					Behavioral Health & Substance Abuse (Please note: the facility tier may be different than the physician tier, please check both when receiving services)				
Inpatient	No deductible, \$700 copay	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance	Inpatient	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Outpatient Including Applied Behavioral Analysis (ABA)	No deductible, \$25 copay	No deductible, \$25 copay	No deductible, \$50 copay	No deductible, \$50 copay	Outpatient Including Applied Behavioral Analysis (ABA)				Deductible, then 30% coinsurance
In addition to medical plan benefits for behavioral health, you and your household family members can receive confidential counseling with licensed therapists in the local community, at no-cost (up to 6 sessions per issue per year) through the WorkLife & EAP Support Program. Call Magellan to schedule: 800-888-6332.					In addition to medical plan benefits for behavioral health, you and your household family members can receive confidential counseling with licensed therapists in the local community, at no-cost (up to 6 sessions per issue per year) through the WorkLife & EAP Support Program. Call Magellan to schedule: 800-888-6332.				
Diagnostic					Diagnostic				
Radiological Services (Ultrasound, X-rays, Non-Routine Mammogram)	No deductible, \$0 copay	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance	Radiological Services (Ultrasound, X-rays, Non-Routine Mammogram)	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Imaging (CT Scans, MRIs, MRAs, Nuclear Cardiac and PET Scans) Prior approval required.	No deductible, \$100 copay	Deductible, then \$150 copay	Deductible, then \$200 copay		Imaging (CT Scans, MRIs, MRAs, Nuclear Cardiac and PET Scans) Prior approval required.				
Lab Services	No deductible, \$0 copay	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance		Lab Services				
Durable Medical Equipment	No Deductible, 5% coinsurance applies only when billed by Tier 1 physician or facility	No Deductible, 20% coinsurance	No Deductible, 50% coinsurance	Deductible, then 60% coinsurance	Durable Medical Equipment	Deductible, then 10% coinsurance applies only when billed by Tier 1 physician or facility	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Outpatient Short-Term Rehab	No deductible, \$25 copay	No deductible, \$35 copay	No deductible \$50 copay	Deductible, then 60% coinsurance	Outpatient Short-Term Rehab	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Emergency Room	No deductible, \$150 copay. Out of Pocket expenses provided by HNE, PHCS or Out of Network providers will be applied towards the HNE tier.				Emergency Room	Deductible, then 30% coinsurance. Out of Pocket expenses provided by HNE, PHCS or Out of Network providers will be applied towards the HNE tier.			
Teladoc (for non-emergency medical services)	No deductible. \$0 copay for behavioral health services (effective July 1, 2021). \$0 copay for all other medical conditions. . Applies towards HNE Out of Pocket Max.				Teladoc (for non-emergency medical services)	Deductible, then \$0 copay for behavioral health services (effective July 1, 2021). Deductible, then \$0 copay for all other medical conditions. Applies towards HNE deductible and Out of Pocket Max.			