

# TOWN OF LITTLETON

SUMMARY OF BENEFITS	MIIA HMO Blue New England
Key Features	Benefit
Calendar Year Deductible, if applicable	None
Individual	
Family	
Out-of-Pocket Maximum, if applicable	None
Individual	
Family	
Lifetime Maximum, if applicable	None
Individual	
Family	
<b>Services Provided In Physician's Office</b>	
Primary Care Physician Office Visit Copay	\$15
Specialist Office Visit Copay	\$15
<b>Services Provided In Hospital Setting</b>	
Emergency Room Copay	\$ 100 , waived if admitted
Per Admission, Hospital Copay	No Cost
Outpatient Surgery	No Cost in Hospital / \$15 in office
Diagnostic X-Ray and Lab Service Copay	No Cost
Rehabilitation Hospital Copay	No Cost; 60 days per calendar year
Skilled Nursing Facility Copay	No Cost; 100 days per calendar year
<b>Physical Therapy, Occupational Therapy &amp; Chiropractic Treatment</b>	
Physical Therapy Visit Copay	\$ 15; 60 visits per member per calendar year
Occupational Therapy Visit Copay	\$ 15; 60 visits per member per calendar year
Chiropractic Services	\$15
<b>Mental Health Services</b>	
In-patient treatment; biologically-based illness, per admission copay	No Cost
Out-patient treatment; biologically-based illness, per visit copay	\$15
<b>Pharmacy Services</b>	
Retail Copay (up to 30 day supply)	
Tier 1	\$10
Tier 2	\$20
Tier 3	\$35
Mail order Copay (up to 90 day supply)	
Tier 1	\$20
Tier 2	\$40
Tier 3	\$70

Over

<b>Additional Services</b>	
<b>Infertility services</b>	Yes
Other reproductive services including birth control and abortion services	Yes
<b>Routine Vision Care</b>	
Frequency of vision exams	1 exam per member per calendar year
Copay for a vision exam.	\$15
<b>Hearing Aids</b>	
Hearing aid benefit	None
<b>Ambulance Service Copay</b>	No Cost - medically necessary
<b>Durable Medical Equipment Benefit and Limitations</b> (Durable medical equipment includes such items as oxygen, oxygen equipment, respiratory equipment, hospital beds, wheelchairs, canes, etc.)	\$1,500 per member per calendar year
<b>Benefit for Gym Membership</b>	Yes
Reimbursement Benefit for Gym Membership	\$150 fitness benefit per membership per calendar year for fees paid for health club memberships or fitness classes at a health club. This one benefit includes any combination of fees incurred by all members enrolled under the plan.
4/1/08 for Plan Period 6/1/08 - 5/31/2008	