

Town of Carlisle FY26 Plans

Network	6 New England States	Smaller BCBS MA Network	National	
Carlisle	<u>HMO</u> Network Blue NE \$300 Deductible	<u>Limited Network</u> Network Blue Select \$300 Deductible	<u>PPO Network</u> Blue Care Elect \$300 Deductible	
			IN-Network	OUT-of-Network
Deductible				
Single/Family	\$300/\$900	\$300/\$900	\$300/\$900	
Max Out of Pocket				
Medical	\$2000/\$4000	\$2000/\$4000	\$2000/\$4000	
Pharmacy	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000	
PCP Copay	\$20	\$20	\$20	20% after Deductible
Specialist Copay	\$45	\$45	\$45	20% after Deductible
ER Copay	\$100 after Deductible	\$100 after Deductible	\$100 after Deductible	20% after Deductible
Labs & X-rays	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible
High Tech Imaging	\$100 after Deductible	\$100 after Deductible	\$100 after Deductible	20% after Deductible
Inpatient Hospital	\$500 after Deductible	\$500 after Deductible	\$500 after Deductible	20% after Deductible
Day Surgery	\$250 after Deductible	\$250 after Deductible	\$250 after Deductible	20% after Deductible
Retail Rx Copay	\$10/30/65	\$10/30/65	\$10/30/65	N/A
Mail Order Rx Copay	\$25/75/165	\$25/75/165	\$25/75/165	N/A

View Plan Summaries

<https://planinfo.bluecrossma.com/customblue/2025/miiatownofcarlisle>
https://planinfo.bluecrossma.com/ekit/2025-miiatownofcarlisle-en_US.pdf

updated 4/28/2025