



Benefits At A Glance



Harvard Pilgrim
Health Care

| | HMO | Focus HMO | PPO | |
|---|---|---|---|--|
| | | | In Network | Out of Network |
| Deductible | None | None | None | \$300 per individual per PY \$600 per family per PY |
| Out of Pocket Maximum (includes all member cost sharing) | \$4,000 per Member per plan year \$8,000 per Family per plan year | \$4,000 per Member per plan year \$8,000 per Family per plan year | \$4,000 per Member per plan year \$8,000 per Family per plan year | |
| Office Visits | PCP: No charge for first two visits then \$25 copay Specialists: \$35 copayment *Routine Annual Physical – no charge | PCP: No charge for first two visits then \$25 copay Specialists: \$35 copayment *Routine Annual Physical – no charge | PCP: No charge for first two visits then \$25 copay Specialists: \$35 copayment *Routine Annual Physical – no charge | Deductible, then 20% coinsurance |
| Emergency Room | \$150 copayment per visit | \$150 copayment per visit | \$150 copayment per visit | |
| Hospital Inpatient | \$1000 copayment per admission | \$1000 copayment per admission | \$1000 copayment per admission | Deductible, then 20% coinsurance |
| Outpatient Surgery | \$500 copayment per admission | \$500 copayment per admission | \$500 copayment per admission | Deductible, then 20% coinsurance |
| Labs, Radiology and Diagnostic Services | No charge | No charge | No charge | Deductible, then 20% coinsurance |
| High End Radiology (MRI, CT, PET Scan) | \$250 copay per procedure | \$250 copay per procedure | \$250 copay per procedure | Deductible, then 20% coinsurance |
| PT/OT up to 60 visits combined per plan year | \$25 copayment per visit | \$25 copayment per visit | \$25 copayment per visit | Deductible, then 20% coinsurance |
| Chiro/Acupuncture | \$25/\$35 copayment per visit | \$25/\$35 copayment per visit | \$25/\$35 copayment per visit | Deductible, then 20% coinsurance |
| Prescription Drugs | 30-day retail: \$10/25/50 90-day mail order: \$20/50/100 | 30-day retail: \$10/25/50 90-day mail order: \$20/50/100 | 30-day retail: \$10/25/50 90-day mail order: \$20/50/100 | |