Pines Health Services
January 1, 2019 - Harvard Pilgrim

Contract Provision	Harvard Pilgrim HMO	Harvard Pilgrim HMO	Harvard Pilgrim HSA POS
Deductible - Single	$1,500	$2,500	$3,000
Deductible - Family	$3,000	$5,000	$6,000
Coinsurance - Single	$2,000	$2,500	$2,000
Coinsurance - Family	$4,000	$5,000	$4,000
Max Out of Pocket - Single	$3,500	$5,000	$5,000
Max Out of Pocket - Family	$7,000	$10,000	$10,000
In-Network Coinsurance Level	30%	20%	20%
Out Of Network Coverage	N/A	N/A	40%
Primary Care Physician	Required	Required	Required
Preventive Care	100% Coverage	100% Coverage	100% Coverage
Office Visit	$30	$35	20% after ded.
Specialist Office Visit	$50	$50	20% after ded.
Prescription Coverage			
Tier 1	$10	$10	$10 after ded.
Tier 2	$30	$30	$30 after ded.
Tier 3	$50	$50	$50 after ded.
Tier 4	30% to $250	30% to $250	30% after ded.
Tier 5	N/A	N/A	N/A
Rx Maximum Out of Pocket	$1,000 Single/$2,000 Family	$1,000 Single/$2,000 Family	N/A
Combined Max. OOP	$4,500 Single / $9,000 Family	$6,000 Single/$12,000 Family	$5,000/$10,000
Inpatient Hospital	30% after ded.	20% after ded.	20% after ded.
Outpatient Surgery	30% after ded.	20% after ded.	20% after ded.
Chiropractic	$30	$35	20% after ded.
Lab/X-ray/MRI	30% after ded.	20% after ded.	20% after ded.
Routine Eye Exams	$30	$35	100% Coverage
Emergency Room Treatment	$200	$250	20% after ded.
Fitness Reimbursement	$150 per calendar year	$150 per calendar year	$150 per calendar year
Single	$50.13	$44.74	$0.00
Dual	$243.93	$233.15	$145.41
Employee & Child(ren)	$191.34	$181.75	$101.34
Family	$293.68	$282.39	$187.63

Delta Dental	
Calendar Deductible	$50 Single/$150 Family
Calendar Year Maximum	$1,500 Per Person
Preventative Services (Type I)	100%
Primary Care Services (Type II)	80%
Prosthodontics Care Services	50%
Orthodontic Care (Type IV)	50%
Lifetime Ortho Benefit	$1,500
Employee	$14.76
Family	$47.40