	Pine	s Health Services		
	January 1,	2018 - Harvard Pilgrim		
Contract Provision	НМО	НМО	POS	
Deductible	\$1,000 Individual/\$2,000 Family	\$1,500 Individual/\$3,000 Family	\$3,000 Individual/\$6,000 Family	
Coinsurance	\$1,500 Individual/\$3,000 Family	\$2,000 Individual/\$4,000 Family	\$2,000 Individual/\$4,000 Family	
Maximum Out Of Pocket	\$2,500 Individual/\$5,000 Family	\$3,500 Individual/\$7,000 Family	\$5,000 Individual/\$10,000 Family	
In-Network Coinsurance Level	30%	30%	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	\$25	\$30	Deductible then Covered in Full	
Specialist Office Visit	\$35	\$50	Deductible then Covered in Full	
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% to \$250	
Rx Maximum Out of Pocket	\$1,000/\$2,000	\$1,000/\$2,000	Included in Medical	
Combined Max. OOP	\$3,500/\$7,000	\$4,500/\$9,000	\$5,000/\$10,000	
Inpatient Hospital	30% after ded.	30% after ded.	20% after deductible	
Outpatient Surgery	30% after ded.	30% after ded.	20% after deductible	
Chiropractic	\$25	\$30	20% after deductible	
Lab/X-ray/MRI	30% after ded.	30% after ded.	20% after deductible	
Durable Medical Equipment	30% after ded.	30% after ded.	20% after deductible	
Routine Eye Exams	\$25	\$30	100% Coverage	
Emergency Room Treatment	\$150	\$200	Deductible then Covered in Full	
Fitness Reimbursement	\$150 per calendar year	\$150 per calendar year	\$150 per calendar year	
Single	\$74.24	\$37.32	\$0.00	
Dual	\$286.89	\$213.38	\$121.74	
Employee & Child(ren)	\$232.11	\$164.73	\$80.74	
Family	\$339.38	\$259.98	\$161.01	
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This is a brief overview of some of	of the most commonly used benefits of	the group medical/dental insurance plans	. Please refer to the benefit overviews for fo	ıll details.