



Benefits At A Glance



Harvard Pilgrim
Health Care

	HMO	Focus HMO	In Network	PPO 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	