

**Pines Health Services**  
**January 1, 2020 - 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	\$30 or \$50	\$35 or \$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
<i>Single</i>	\$62.67	\$48.06	\$0.00
<i>Dual</i>	\$304.50	\$279.99	\$170.30
<i>Employee &amp; Child(ren)</i>	\$239.17	\$215.74	\$115.20
<i>Family</i>	\$367.10	\$341.54	\$223.08