

Market Street Talent, Inc.
 Effective: December 1, 2016

Harvard Pilgrim PPO and HMO Options

Carrier:	HMO Option Harvard Pilgrim HMO MD3691	PPO Option Harvard Pilgrim PPO MD3739
Calendar Year Max out of Pocket Individual/Family <i>Includes all member cost sharing</i>	\$3500/\$7000	\$5500/\$11,000 In and out of network combined
Calendar Year Deductible Individual/Family	\$2000/\$4000	In \$3000/\$6000 Out \$4500/\$9000
Medical Coinsurance After Deductible is Met	10%	10% in network/30% out of network
Primary Care Physician Copay	\$20	\$40
Specialist Visit Copay	\$40	\$80
Nationally Recommended Preventive	\$0	\$0
Prescriptions 30 day retail	\$5/\$25/30%/35%/40% coinsurance to \$550 per 30 day script - Value Formulary	\$5/\$25/30%/35%/40% coinsurance to \$550 per 30 day script - Value Formulary
Hospital Inpatient/Outpatient Surgery Inpatient/Outpatient* Facility Fees	Subject to deductible & coinsurance	Subject to deductible & coinsurance
*Outpatient Surgery in a participating LP Free Standing Ambulatory Surgical Center	\$150 copay	\$150 copay
Durable Medical Equipment	Subject to deductible & 20% coinsurance	Subject to deductible & 20% coinsurance
Mental Health Benefit/Inpatient	Covered in full	Covered in full
Mental Health Benefit/Outpatient	\$20 per visit - unlimited visits	\$40 per visit - unlimited visits
Preventive Adult Eye Exam	\$20 copay - one visit every two calendar years	\$40 copay - one visit every two calendar years
Outpatient labs at a participating LP provider	Covered in full	Covered in full
All other labs	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Diagnostic Testing, Low-Tech Imaging/X-Ray & Ultrasounds	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Advanced Diagnostic Imaging (examples: MRI/PET/CAT scans)	Subject to deductible & coinsurance	Subject to deductible & coinsurance
Emergency Room	After Deductible, \$250 copay	After deductible, \$250 copay
Physical, Occupational & Speech Therapy at a Participating <i>Independent</i> Provider	20 visits per therapy type per member per year @ \$20 copay	20 visits per therapy type per member per year @ \$40 copay
Acupuncture	20 visits @ \$20 copay each	20 visits @ \$40 copay each
Chiropractic	12 visits @ \$20 copay each	12 visits @ \$40 copay each
Notes: <i>This is a brief summary.</i>	Harvard Pilgrim New England Network Must select a primary care physician and receive referrals. No out of network benefit.	Harvard Pilgrim New England Network & United Health Care <u>out of New England</u> covered as in network. No PCP requirement or in network referrals. Out of Network: \$5500/\$11,000 combined in/out of network max