

† "For Child" cost sharing applies for children up to age 19.

Product Name	Domestic and Community HMO	HMO Plus	HMO Plus (Out of Area*)	Tiered POS
Monthly Premium	\$	\$\$	\$\$	\$\$\$
Office Visit (PCP/Specialist Visit)†	Tier 1: \$30/\$40 Tier 2: For Child: \$30/\$40 For Adult: \$55/\$65	Tier 1: \$25/\$35 Tier 2: For Child: \$25/\$35 For Adult: \$55/\$65 Tier 3: \$85/\$95	Tier 1/2: \$25/\$35 Tier 3: \$85/\$95	Tier 1: \$20/\$30 Tier 2: For Child: \$20/\$30 For Adult: \$30/\$45 Tier 3: \$40/\$60
Deductible (Individual/Family)	Tier 1: \$500/\$1,000 Tier 2: \$1,000/\$2,000	Tier 1: None/None Tier 2: \$1,000/\$2,000 Tier 3: \$1,500/\$3,000	Tier 1: None/None Tier 2: None/None Tier 3: \$1,500/\$3,000	Tier 1: None/None Tier 2: \$500/\$1,000 Tier 3: \$1,000/\$2,000
Annual Out-of-Pocket Max (Individual/Family)	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$3,000/\$6,000
Coinsurance	Tier 1: 10% Tier 2: 30%	Tier 1: None Tier 2: 20% Tier 3: 40%	Tier 1: None Tier 2: None Tier 3: 40%	Tier 1: None Tier 2: 10% Tier 3: 20%
Emergency Room	Tier 1/2/3: \$200/Visit	Tier 1/2/3: \$200/Visit	Tier 1/2/3: \$200/Visit	Tier 1/2/3: \$200/Visit
Hospital-Based Urgent Care	Tier 1: \$40/Visit Tier 2: For Adult: \$90/Visit For Child: \$40/Visit	Tier 1: \$35/Visit Tier 2: For Adult: \$85/Visit For Child: \$35/Visit Tier 3: \$125/Visit	Tier 1/2: \$35/Visit Tier 3: \$125/Visit	Tier 1: \$30/Visit Tier 2: For Adult: \$70/Visit For Child: \$30/Visit Tier 3: \$110/Visit
Freestanding Urgent Care	Tier 1: \$40/Visit Tier 2: For Adult: \$90/Visit For Child: \$40/Visit	Tier 1: \$35/Visit Tier 2: For Adult: \$85/Visit For Child: \$35/Visit Tier 3: \$125/Visit	Tier 1/2: \$35/Visit Tier 3: \$125/Visit	Tier 1: \$30/Visit Tier 2: For Adult: \$70/Visit For Child: \$30/Visit Tier 3: \$110/Visit
Convenience Care Clinic	Tier 1/2/3: \$30	Tier 1/2/3: \$25	Tier 1/2/3: \$25	Tier 1/2/3: \$20
Inpatient Hospital	Tier 1: Ded then 10% Tier 2: Ded then 30%	Tier 1: No Charge Tier 2: For Adult: Ded then 20% For Child: No Charge Tier 3: Ded then 40%	Tier 1/2: No Charge Tier 3: Ded then 40%	Tier 1: No Charge Tier 2: For Adult: Ded then 10% For Child: No Charge Tier 3: Ded then 20%
Outpatient Surgery	Tier 1: Ded then 10% Tier 2: Ded then 30%	Tier 1: No Charge Tier 2: For Adult: Ded then 20% For Child: No Charge Tier 3: Ded then 40%	Tier 1/2: No Charge Tier 3: Ded then 40%	Tier 1: No Charge Tier 2: For Adult: Ded then 10% For Child: No Charge Tier 3: Ded then 20%

Product Name	Domestic and Community HMO	HMO Plus	HMO Plus (Out of Area*)	Tiered POS
Labs	Tier 1: Non-hospital based: No Charge Hospital based: Ded then 10% Tier 2: Non-hospital based: \$75/Visit For Adult: Hospital based: Ded then 30% For Child: Hospital based: Ded then 10%	Tier 1: No Charge Tier 2: For Adult: Non-hospital based: \$75/Visit For Adult: Hospital based: Ded then 20% For Child: No Charge Tier 3: Non-hospital based: \$75/Visit Hospital based: Ded then 40%	Tier 1/2: No Charge Tier 3: Non-hospital based: \$75/Visit Hospital based: Ded then 40%	Tier 1: No Charge Tier 2: For Adult: Non-hospital based: \$75/Visit For Adult: Hospital based: Ded then 10% For Child: No Charge Tier 3: Non-hospital based: \$75/Visit Hospital based: Ded then 20%
X-Rays	Tier 1: Non-hospital based: No Charge Hospital based: Ded then 10% Tier 2: Non-hospital based: \$75/Visit For Adult: Hospital based: Ded then 30% For Child: Hospital based: Ded then 10%	Tier 1: No Charge Tier 2: For Adult: Non-hospital based: \$75/Visit For Adult: Hospital based: Ded then 20% For Child: No Charge Tier 3: Non-hospital based: \$75/Visit Hospital based: Ded then 40%	Tier 1/2: No Charge Tier 3: Non-hospital based: \$75/Visit Hospital based: Ded then 40%	Tier 1: No Charge Tier 2: For Adult: Non-hospital based: \$75/Visit For Adult: Hospital based: Ded then 10% For Child: No Charge Tier 3: Non-hospital based: \$75/Visit Hospital based: Ded then 20%
Scans: CT, MRI, PET	Tier 1: Non-hospital based: No Charge Hospital based: Ded then 10% Tier 2: Non-hospital based: \$75/Visit For Adult: Hospital based: Ded then 30% For Child: Hospital based: Ded then 10%	Tier 1: No Charge Tier 2: For Adult: Non-hospital based: \$75/Visit For Adult: Hospital based: Ded then 20% For Child: No Charge Tier 3: Non-hospital based: \$75/Visit Hospital based: Ded then 40%	Tier 1/2: No Charge Tier 3: Non-hospital based: \$75/Visit Hospital based: Ded then 40%	Tier 1: No Charge Tier 2: For Adult: Non-hospital based: \$75/Visit For Adult: Hospital based: Ded then 10% For Child: No Charge Tier 3: Non-hospital based: \$75/Visit Hospital based: Ded then 20%
PT/OT/ST	Tier 1: \$40 Tier 2: For Child: \$40 For Adult: \$65	Tier 1: \$35 Tier 2/3: For Child: \$35 For Adult: \$65	Tier 1/2: \$35 Tier 3: For Adult: \$65/Visit For Child: \$35/Visit	Tier 1: \$30 Tier 2/3: For Child: \$30 For Adult: \$45
Acupuncture	Tier 1/2: \$40	Tier 1/2/3: \$35	Tier 1/2/3: \$35	Tier 1/2/3: \$30
Out-Of-Network				
Deductible (Individual/Family)	Not Applicable	Not Applicable	Not Applicable	\$2,000/\$4,000

Product Name	Domestic and Community HMO	HMO Plus	HMO Plus (Out of Area*)	Tiered POS
Annual Out-of-Pocket Max (Individual/Family)	Not Applicable	Not Applicable	Not Applicable	\$3,000/\$6,000
Coinsurance	Not Applicable	Not Applicable	Not Applicable	30%
Pharmacy Please see your CVS Caremark benefits for more details.				

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HMO Plus (Out of Area) Requirement

* HMO Plus Out of Area plan is available only if you live 20 or more miles from a Tier 1 BILH primary care provider (PCP) and you live within Harvard Pilgrim's enrollment area (MA, ME, NH, CT, and certain areas of RI, VT and NY). Under this plan, you can receive services from a Tier 2 hospital, doctor or other clinician and pay the Tier 1 benefit level. To learn more about the HMO Plus Out of Area plan, visit harvardpilgrim.org/bilh or contact your organization's benefits department.