




BENEFITS AT A GLANCE : EFFECTIVE 1/1/2026

 Harvard Pilgrim HealthCare	* <u>HMO \$2500</u>	* <u>HMO \$3500</u>	* <u>POS HSA ** \$5000</u>	* <u>POS \$2500</u>
DEDUCTIBLE				
IN NETWORK	\$2,500/\$5,000	\$3,500/\$7,000	\$5,000/\$10,000	\$2,500/\$5,000
OUT OF NETWORK	N/A	N/A	\$10,000/\$20,000	\$5,000/\$10,000
COINSURANCE				
IN NETWORK	30%	30%	30%	30%
OUT OF NETWORK	N/A	N/A	50%	50%
TOTAL OUT OF POCKET				
IN NETWORK	\$4,500/\$9,000	\$6,500/\$13,000	\$6,600/\$13,200	\$4,500/\$9,000
OUT OF NETWORK	N/A	N/A	\$15,000/\$30,000	\$9,000/\$18,000
COVERED SERVICES				
INPATIENT HOSPITAL SERV.	DED + COINS	DED + COINS	DED + COINS	DED + COINS
OUTPATIENT DAY SURGERY	DED + COINS	DED + COINS	DED + COINS	DED + COINS
PROF. FACILITY CHARGES	DED + COINS	DED + COINS	DED + COINS	DED + COINS
PRIMARY CARE VISIT	\$35 (1ST VISIT \$0)	\$50 (1ST VISIT \$0)	DED + COINS	\$35 (1ST VISIT \$0) (IN)
SPECIALIST VISIT	\$35 OR \$50	\$50 OR \$65	DED + COINS	\$35 OR \$50 (IN)
DIAGNOSTIC TESTING	DED + COINS	DED + COINS	DED + COINS	DED + COINS
ROUTINE PHYSICAL EXAM	\$0	\$0	\$0 (IN)	\$0 (IN)
ANNUAL GYN VISIT	\$0	\$0	\$0 (IN)	\$0 (IN)
MRI/CAT/PET SCAN	DED + COINS	DED + COINS	DED + COINS	DED + COINS
AMBULANCE	\$0	\$0	DED + COINS	COINS
EMERGENCY ROOM	DED + COINS	DED + COINS	DED + COINS	DED + COINS
PT/ST/OT	\$35	\$50	DED + COINS	\$35 (IN)
DRUG CARD	\$10/\$20/\$30/\$50	\$10/\$20/\$30/\$50	DED THEN \$10/\$20/\$30/\$50	\$10/\$20/\$30/\$50
MAIL ORDER RX	2 COPAYS	2 COPAYS	DED THEN 2 COPAYS	2 COPAYS
PREVENTIVE RX	N/A	N/A	DED WAIVED	N/A
RX OUT OF POCKET	\$1,000/\$2,000	\$1,000/\$2,000	COMBINED W/MED	\$1,000/\$2,000
MEDICAL EMPLOYEE RATES PER BI-WEEKLY PAY PERIOD:				
EMPLOYEE	\$97.56	\$93.00	\$47.68	\$101.85
EMPLOYEE + SPOUSE	\$333.68	\$318.11	\$276.09	\$348.48
EMPLOYEE + CHILD(REN)	\$279.75	\$266.70	\$231.37	\$292.03
FAMILY	\$444.91	\$424.14	\$367.96	\$464.44
ADDITIONAL HSA FUNDING (Maine Eye Center will match HSA contribution dollar for dollar up to \$1,560 annually for employees enrolled in the HSA plan. Employees can elect an additional amount per bi-weekly pay period to fund HSA.)				
EMPLOYEE	N/A	N/A	\$	N/A
EMPLOYEE + SPOUSE	N/A	N/A	\$	N/A
EMPLOYEE + CHILD(REN)	N/A	N/A	\$	N/A
FAMILY	N/A	N/A	\$	N/A
DENTAL EMPLOYEE RATES PER BI-WEELY PAY PERIOD:				
EMPLOYEE			\$9.70	
EMPLOYEE + SPOUSE			\$27.27	
EMPLOYEE + CHILD (REN)			\$29.16	
FAMILY			\$47.66	

*This is a summary only. Please refer to HPHC Benefit Summary for further details & any limitations on benefits. Plan documents govern.

**HSA Plan: HSA Preventive RX Drugs will have deductible waived (see HPHC documents for details & preventive RX drug listing)