

# ChoiceNet HMO for employees of Bridgewater Raynham Regional School District

## YOUR BENEFITS AT A GLANCE

ChoiceNet HMO	
Deductible	One deductible for all three tiers \$500 per member \$1,000 per family
Out-of-pocket maximum	\$5,000 per member \$10,000 per family
<b>Outpatient Care</b>	
Doctor office visit copayments	All primary care providers:      All specialists: Tier 1 - \$10                              Tier 1 - \$30 Tier 2 - \$20                              Tier 2 - \$60 Tier 3 - \$40                              Tier 3 - \$75
Emergency room copayment – waived if admitted	\$100 copayment
Routine mammograms and Pap smears	No charge
Allergy injections	No charge
High-tech radiology (e.g., MRI, PET and CT scans)	Deductible, then \$100 copayment per scan
<b>Hospital Services</b>	
Inpatient semi-private room and board and physicians services	Deductible, then hospital inpatient copayment: Tier 1 - \$275 Tier 2 - \$500 Tier 3 - \$1,000
Outpatient surgery	Deductible, then \$250 copayment
Hospital outpatient services (e.g., lab tests, anesthesia and X-rays)	Deductible, then no charge
Skilled nursing facility care services up to 45 days per plan year	Deductible, then 20% coinsurance
Inpatient rehabilitation services	Deductible, then no charge

continued >>



Harvard Pilgrim  
Health Care

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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<b>Prescription Drug Benefit</b>	
In-network retail pharmacy – 30-day supply Mail order – 90-day supply	Rx deductible: \$100 per member / \$200 per family \$10/\$30/\$65 \$25/\$75/\$165
<b>Other Services</b>	
Durable medical equipment including prosthetics	Deductible, then no charge
Physical and occupational therapies 30 visits per plan year for each	\$20 copayment
Chiropractic care 20 visits per calendar year	\$20 copayment
Routine vision exam – covered once every 24 months	Covered in full
<b>Ambulance</b>	No charge
<b>Behavioral Health</b>	
Office visits	Individual: \$10 per visit Group: \$10 per visit
Inpatient - general hospital (semi-private room and board and special services)	\$200 copayment per admission

These are partial lists of covered services. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in any case in which the information in this document is different.

This plan includes a tiered provider network called ChoiceNet. In this plan, members pay different levels of cost sharing depending on the tier of the provider delivering a covered service or medical supply. A provider's benefit tier may change annually on January 1. Please consult the Harvard Pilgrim ChoiceNet provider directory or visit the provider search tool at [www.harvardpilgrim.org/choicenet](http://www.harvardpilgrim.org/choicenet) to determine a provider's tier in the ChoiceNet network. You also may call Harvard Pilgrim to request a paper copy of the provider directory.



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