

# ChoiceNet PPO for employees of Bridgewater Raynham Regional School District

## YOUR BENEFITS AT A GLANCE

ChoiceNet PPO		
	In-network	Out-of-network
Deductible	\$500 per member \$1,000 per family	\$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: Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$40	All specialists: Tier 1 - \$30 Tier 2 - \$60 Tier 2 - \$75
Emergency room copayment – waived if admitted	\$100 copayment	
Routine mammograms and pap smears	No charge	Deductible, then 20% coinsurance
Administration of allergy injections	No charge	Deductible, then 20% coinsurance
High-tech radiology (e.g., MRI, PET and CT scans)	Deductible, then \$100 copayment per scan	Deductible, then 20% coinsurance
<b>Hospital Services</b>		
Inpatient semi-private room and board and physicians services	Deductible, then inpatient copayment: Tier 1 - \$275 Tier 2 - \$500 Tier 2 - \$1,000	Deductible, then 20% coinsurance
Surgical day care	Deductible, then \$250 copayment	Deductible, then 20% coinsurance
Hospital outpatient services (e.g., lab tests, anesthesia and X-rays)	Deductible, then no charge	Deductible, then 20% coinsurance
Skilled nursing facility care services up to 45 days per calendar year	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Inpatient rehabilitation services	Deductible, then no charge	Deductible, then 20% coinsurance

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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## YOUR BENEFITS AT A GLANCE

ChoiceNet HMO		
	In-network	Out-of-network
<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	Deductible, then 20% coinsurance
Physical and occupational therapies 30 visits per plan year for each	\$20 copayment	Deductible, then 20% coinsurance
Chiropractic care 20 visits per calendar year	\$20 copayment	Deductible, then 20% coinsurance
Routine vision exam – 1 exam every 24 months	Covered in full	Deductible, then 20% coinsurance
Ambulance	No charge	
<b>Behavioral Health</b>		
Office visits	Individual: \$10 per visit Group: \$10 per visit	Deductible, then 20% coinsurance
Inpatient - general hospital (semi-private room and board and special services)	\$200 copayment per admission	Deductible, then 20% coinsurance

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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