



## 2017 NH SMALL GROUP HMO & POS PLAN PORTFOLIO COMPARISON CHART

All plans meet Massachusetts Minimum Creditable Coverage (MCC) requirements

Product	Deductible	Out-of-Pocket Max	PCP OV**	Specialist OV**	Rehab PT/OT (20 visits)	Chiropractic (12 visits)	ER	Day Surgery	In-Patient Admission	High cost Imaging	Pedi Dental	RX Retail	RX Mail
SMALL GROUP HMO													
MyDoc HMO Gold Basic 1000 w/ch dental	\$1,000/\$2,000	\$3,500/\$7,000	\$30	\$45*	\$30	\$30	20%*	20%*	20%*	20%*	YES	Tier 1- \$10	Tier 1- \$20
												Tier 2- 30%	Tier 2- 30%
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*
MyDoc HMO Gold Value 1500 w/ch dental	\$1,500/\$3,000	\$3,500/\$7,000	\$25	\$40	\$25	\$25	\$150*	\$250*	\$250*	\$150*	YES	Tier 1- \$15	Tier 1- \$30
												Tier 2- \$30	Tier 2- \$60
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*
MyDoc HMO Gold Premier 2000 w/ch dental	\$2,000/\$4,000	\$4,000/\$8,000	\$20	\$40	\$20	\$20	\$100*	Sbj to ded	Sbj to ded	Sbj to ded	YES	Tier 1- \$15	Tier 1- \$30
												Tier 2- \$30	Tier 2- \$60
												Tier 3- 40% <sup>1</sup>	Tier 3- 40% <sup>1</sup>
												Tier 4- 50% <sup>1</sup>	Tier 4- 50% <sup>1</sup>
MyDoc HMO Gold Premier 3000 w/ch dental	\$3,000/\$6,000	\$3,500/\$7,000	\$20	\$40	\$20	\$20	\$150*	Sbj to ded	Sbj to ded	Sbj to ded	YES	Tier 1- \$15	Tier 1- \$30
												Tier 2- \$30	Tier 2- \$60
												Tier 3- 40% <sup>1</sup>	Tier 3- 40% <sup>1</sup>
												Tier 4- 50% <sup>1</sup>	Tier 4- 50% <sup>1</sup>
MyDoc HMO Silver HSA 2050 w/ch dental	\$2,050/\$4,100	\$6,000/\$12,000	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	YES	Tier 1- 20%*	Tier 1- 20%*
												Tier 2- 30%*	Tier 2- 30%*
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*
MyDoc HMO Silver HSA 3000 w/ch dental	\$3,000/\$6,000	\$4,750/\$9,500	10%*	10%*	10%*	10%*	10%*	10%*	10%*	10%*	YES	Tier 1- \$0*	Tier 1- \$0*
												Tier 2- \$0*	Tier 2- \$0*
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*

1. \$500 maximum out-of-pocket cost per fill on Tier 3 and Tier 4 drugs.

\*\* OV - Office Visit

\* Subject to deductible



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MyDoc HMO Silver Basic 4000 w/ch dental	\$4,000/\$8,000 (Separate Rx \$500/\$1,000)	\$6,600/\$13,200	\$20	\$40	\$20	\$20	\$150*	20%*	20%*	20%*	YES	Tier 1- \$20	Tier 1- \$40
												Tier 2- \$40	Tier 2- \$80
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*
MyDoc HMO Silver 5000 w/ch dental	\$5,000/\$10,000	\$6,450/\$12,900	\$25	\$50	\$25	\$25	\$150*	Sbj to ded	Sbj to ded	Sbj to ded	YES	Tier 1- \$20	Tier 1- \$40
												Tier 2- \$40	Tier 2- \$80
												Tier 3- 40% <sup>1</sup>	Tier 3- 40% <sup>1</sup>
												Tier 4- 50% <sup>1</sup>	Tier 4- 50% <sup>1</sup>
MyDoc HMO Silver Value 6000 w/ch dental	\$6,000/\$12,000	\$6,850/\$13,700	\$15	\$30	\$15	\$15	\$150*	Sbj to ded	Sbj to ded	Sbj to ded	YES	Tier 1- \$20	Tier 1- \$40
												Tier 2- \$40	Tier 2- \$80
												Tier 3- 40% <sup>1</sup>	Tier 3- 40% <sup>1</sup>
												Tier 4- 50% <sup>1</sup>	Tier 4- 50% <sup>1</sup>
MyDoc HMO Bronze Value w/ch dental	\$4,750/\$9,500	\$7,150/\$14,300	\$30*	\$50*	\$30*	\$30*	\$750*	\$750*	\$1,000*	\$750*	YES	Tier 1- \$30	Tier 1- \$60
												Tier 2- \$60*	Tier 2- \$120*
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*
MyDoc HMO Bronze HSA 5500 w/ch dental	\$5,500/\$11,000	\$6,550/\$13,100	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	YES	Tier 1- 20%*	Tier 1- 20%*
												Tier 2- 30%*	Tier 2- 30%*
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*
MyDoc HMO Bronze HSA 6000 w/ch dental	\$6,000/\$12,000	\$6,450/\$12,900	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	YES	Tier 1- \$0*	Tier 1- \$0*
												Tier 2- 30%*	Tier 2- 30%*
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*

1. \$500 maximum out-of-pocket cost per fill on Tier 3 and Tier 4 drugs.

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SMALL GROUP POS													
MyDoc POS Gold w/Ch dental (Preferred Network)	\$2,000/\$4,000 (Combined)	\$5,000/\$10,000 (Combined)	\$20	\$40	\$20	\$20	\$150*	Sbj to ded	Sbj to ded	Sbj to ded	YES	Tier 1- \$15	Tier 1- \$30
(Non-Preferred Network)			\$30	\$50	\$30	\$30	\$150*	\$250*	\$250*	\$150*		Tier 2- \$30	Tier 2- \$60
												Tier 3- 40%	Tier 3- 40%
												Tier 4- 50%	Tier 4- 50%
MyDoc POS Silver HSA 3000 w/ch dental (Preferred Network)	\$3,000/\$6,000 (Combined)	\$4,500/\$9,000 (Combined)	10%*	10%*	10%*	10%*	10%*	10%*	10%*	10%*	YES	Tier 1- \$0*	Tier 1- \$0*
(Non-Preferred Network)			30%*	30%*	30%*	30%*	10%*	30%*	30%*	30%*		Tier 2- \$0*	Tier 2- \$0*
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*
MyDoc POS Silver Value 5000 w/ch dental (Preferred Network)	\$5,000/\$10,000 (Combined)	\$6,450/\$12,900 (Combined)	\$25	\$50	\$25	\$25	\$150*	Sbj to ded	\$250*	\$250*	YES	Tier 1- \$20	Tier 1- \$40
(Non-Preferred Network)			20%*	20%*	20%*	20%*	\$150*	20%*	\$250 + 20%*	20%*		Tier 2- \$40	Tier 2- \$80
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*
MyDoc POS Bronze HSA 5500 w/ch dental (Preferred Network)	\$5,500/\$11,000 (Combined)	\$6,550/\$13,100 (Combined)	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	YES	Tier 1- 20%*	Tier 1- 20%*
(Non-Preferred Network)			40%*	40%*	40%*	40%*	20%*	40%*	40%*	40%*		Tier 2- 30%*	Tier 2- 30%*
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*

HSA Compatible: For our HSA plans we use Health Equity as our vendor. For more information please visit <http://healthequity.com/sales/minutemanhealth/>.

This is a Benefits Summary only. For full benefits and coverage details please visit [www.minutemanhealth.org](http://www.minutemanhealth.org) or call 855-644-1776.

### Additional Benefits:

**Routine Preventive Care/ Screenings/ Immunization** - Routine visits to your primary care provider for check-ups, screenings, and immunizations are covered by all plans.

**Routine Eye Exams** - All plans cover one eye exam every 12 months for adults and children.

**Fitness Benefit** - Plans reimburse \$150 (per family, per calendar year) for wide range of fitness activities like joining a qualifying fitness club, registering for a 5K or cycling event and signing up for a WeightWatchers® membership.

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