HARVARD
Human Resources

2016 MEDICAL PLAN COMPARISON CHART

Harvard Faculty, Administrative and Professional Staff, and other Nonunion Staff

HARVARD PILGRIM HEALTH CARE (HPHC) AND HARVARD UNIVERSITY GROUP HEALTH PLAN (HUGHP)

IN-NETWORK	HMO	POS	PPO (HPHC Only)	HDHP	POS Plus
DEDUCTIBLE					
Per Individual	$250	$250	$250	$1,500	None
Family Maximum	$750	$750	$750	$3,000	None
OUT-OF-POCKET (OOP) MAXIMUM					
Per Individual	$1,500	$1,500	$1,500	$3,000	$2,000
Family Maximum	$4,500	$4,500	$4,500	$6,000	$6,000
MEMBER COSTS					
Inpatient Hospital	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 15% coinsurance	Fully covered, no OOP cost to member
Emergency Room	$100 copay	$100 copay	$100 copay	Deductible, then 15% coinsurance	$100 copay
Preventive Care as defined by Affordable Care Act	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member
Office Visits – PCP & Specialist	$30 copay	$30 copay	$30 copay	Deductible, then 15% coinsurance	$30 copay
Physical/Occupational Therapy (Physical and/or occupational therapy visits are limited to 100 visits annually)	$30 copay	$30 copay	$30 copay	Deductible, then 15% coinsurance	$30 copay
Chiropractic Care (Chiropractic visits are limited to 18 a year)	$30 copay	$30 copay	$30 copay	Deductible, then 15% coinsurance	$30 copay
High-Tech Imaging	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 15% coinsurance	Fully covered, no OOP cost to member
Mental Health/Substance Abuse	Inpatient: deductible, 10% coinsurance Outpatient: $30 copay	Inpatient: deductible, 10% coinsurance Outpatient: $30 copay	Inpatient: deductible, 10% coinsurance Outpatient: $30 copay	Deductible, then 15% coinsurance	Inpatient: fully covered Outpatient: $30 copay
Outpatient Diagnostic Labs/X-rays	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Fully covered, no OOP cost to member	Deductible, then 15% coinsurance	Fully covered, no OOP cost to member

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OUT-OF-NETWORK	POS	PPO (HPHC Only)	HDHP	POS Plus
DEDUCTIBLE				
Per Individual	$750	$750	$1,500	$750
Family Maximum	$2,500	$2,500	$3,000	$2,500
OUT-OF-POCKET (OOP) MAXIMUM				
Per Individual	$2,500	$2,500	$6,000	$2,500
Family Maximum	$7,500	$7,500	$12,000	$7,500
MEMBER COSTS				
Member Paid Coinsurance	30% after out-of-network deductible	30% after out-of-network deductible	35% after out-of-network deductible	30% after out-of-network deductible
Mental Health	Inpatient: deductible, then 30% coinsurance Outpatient: 20% coinsurance, no deductible	Inpatient: deductible, then 30% coinsurance Outpatient: 20% coinsurance, no deductible	Deductible, then 35% coinsurance	Inpatient: deductible, then 30% coinsurance Outpatient: 20% coinsurance, no deductible

PRESCRIPTION DRUG COSTS

IN-NETWORK*	GENERIC	PREFERRED BRAND	NON-PREFERRED BRAND
Retail at participating pharmacy (up to 30-day supply)	$7	$20	$45
Mail order through OptumRx (up to 90-day supply)	$14	$50	$110
OUT-OF-NETWORK (POS AND PPO ONLY)	Submit receipt to be reimbursed cost minus applicable in-network copayment		

* HDHP participants must meet deductible then above costs apply.

Have questions for your health plan?
Call: HPHC at **888-333-4742** or HUGHP at **617-495-2008**.