



2017 MA INDIVIDUAL 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 (60 visits)	Chiropractic	ER	Day Surgery	In-Patient Admission	High cost Imaging	Pedi Dental	RX Retail	RX Mail
MyDoc HMO Platinum Basic	\$0/\$0	\$3,000/\$6000	\$25	\$40	\$40	\$40	\$150	\$500	\$500	\$150	YES	Tier 1- \$15	Tier 1- \$30
												Tier 2- \$30	Tier 2- \$60
												Tier 3- \$50	Tier 3- \$150
MyDoc HMO Platinum Extra Value	\$0/\$0	\$6,000/\$12,000	\$5 ²	\$15 ²	\$15	\$15	\$250	\$500	\$1,000	\$250	YES	Tier 1- \$5	Tier 1- \$10
												Tier 2- \$25	Tier 2- \$50
												Tier 3- \$50	Tier 3- \$150
MyDoc HMO Gold Basic	\$500/\$1,000	\$3,250/\$6,500	\$20	\$35	\$35*	\$35	30%*	30%*	30%*	30%*	YES	Tier 1- \$15	Tier 1- \$30
												Tier 2- 50%*	Tier 2- 50%*
												Tier 3- 50%*	Tier 3- 50%*
MyDoc HMO Gold Plus	\$1,000/\$2,000	\$5,000/\$10,000	\$30	\$45	\$45	\$45	\$150*	\$250*	\$500*	\$200*	YES	Tier 1- \$20	Tier 1- \$40
												Tier 2- \$30	Tier 2- \$60
												Tier 3- \$50	Tier 3- \$150
MyDoc HMO Gold 1500	\$1,500/\$3,000	\$5,000/\$10,000	\$25	\$40	\$40*	\$40	\$150*	\$250*	\$250*	\$150*	YES	Tier 1- \$15	Tier 1- \$30
												Tier 2- \$25	Tier 2- \$50
												Tier 3- \$50	Tier 3- \$150
MyDoc HMO Silver 1750	\$1,750/\$3,500 (Separate Rx \$250/\$500)	\$6,600/\$13,200	\$30	\$50*	\$50*	\$50*	\$350*	\$250*	\$1,000*	\$400*	YES	Tier 1- \$20	Tier 1- \$40
												Tier 2- \$40*	Tier 2- \$80*
												Tier 3- \$70*	Tier 3- \$210*
MyDoc HMO Silver Plus	\$2,000/\$4,000	\$7,150/\$14,300	\$15*	\$45*	\$45*	\$45*	\$350*	\$750*	\$1,000*	\$400*	YES	Tier 1- \$13	Tier 1- \$26
												Tier 2- \$30*	Tier 2- \$60*
												Tier 3- \$50*	Tier 3- \$150*
MyDoc HMO Silver Basic	\$2,000/\$4,000	\$7,150/\$14,300	\$30	\$50	\$50	\$50*	\$700*	\$750*	\$1,000*	\$500*	YES	Tier 1- \$20	Tier 1- \$40
												Tier 2- \$60	Tier 2- \$120
												Tier 3- \$90	Tier 3- \$270

OV - Office Visit

* Subject to deductible



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MyDoc HMO Silver Basic 2050	\$2,050/\$4,100	\$7,150/\$14,300	\$35	\$50	\$50*	\$50*	\$350*	\$750*	\$1,000*	\$500*	YES	Tier 1- \$30	Tier 1- \$60
												Tier 2- \$50	Tier 2- \$100
												Tier 3- \$70	Tier 3- \$210
MyDoc HMO Bronze 1750	\$1,750/\$3,500 (Separate Rx \$250/\$500)	\$6,600/\$13,200	\$50*	\$80*	\$80*	\$80*	\$750*	35%*	35%*	\$1,000*	YES	Tier 1- \$30*	Tier 1- \$60*
												Tier 2- 50%*	Tier 2- 50%*
												Tier 3- 50%*	Tier 3- 50%*
MyDoc HMO Bronze 2500	\$2,500/\$5,000 (Separate Rx \$500/\$1,000)	\$7,150/\$14,300	\$25*	\$50*	\$50*	\$50*	\$750*	\$1,000*	\$1,000*	\$1,000*	YES	Tier 1- \$30	Tier 1- \$60
												Tier 2- \$75*	Tier 2- \$150*
												Tier 3- \$100*	Tier 3- \$300*
MyDoc HMO Bronze Standard	\$2,750/\$5,500 (Separate Rx \$250/\$500)	\$7,150/\$14,300	\$25*	\$40*	\$40*	\$40*	\$500*	\$1,000*	\$1,000*	\$1,000*	YES	Tier 1- \$25*	Tier 1- \$50*
												Tier 2- \$75*	Tier 2- \$150*
												Tier 3- \$100*	Tier 3- \$300*
MyDoc HMO Bronze HSA 3400	\$3,400/\$6,750	\$6,550/\$13,100	\$50*	\$80*	\$80*	\$80*	35%*	35%*	Sbj to ded*	\$1,000*	YES	Tier 1- \$25*	Tier 1- \$50*
												Tier 2- \$75*	Tier 2- \$150*
												Tier 3- \$100*	Tier 3- \$300*
MyDoc HMO Simple Care	\$7,150/\$14,300	\$7,150/\$14,300	\$35* (3 visits) ¹	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- \$0*	Tier 2- \$0*
												Tier 3- \$0*	Tier 3- \$0*

1. First three non-routine PCP visits are not subject to the deductible.

2. Copay will be waived for up to 4 primary care and/or specialist office visits (combined) per calendar year for the diagnosis and management of asthma, diabetes and/or hypertension. Excludes visits for medical procedures

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

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 and Weight Loss Benefits - Plans reimburse membership fees at fitness clubs like Planet Fitness, Work Out World and YMCA (per family, per member and varies by club and membership fees) and reimburse for up to a five month membership for WeightWatchers®.

This is a Benefits Summary only. For full benefits and coverage details please visit MinutemanHealth.org or call 855-644-1776.

OV - Office Visit

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