



2017 NH 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 (20 visits)	Chiropractic (12 visits)	ER	Day Surgery	In-Patient Admission	High cost Imaging	Pedi Dental	RX Retail	RX Mail
MyDoc HMO Platinum	\$0/\$0	\$5,000/\$10,000	\$20	\$35	\$20	\$20	10%	10%	10%	10%	NO	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 Platinum Extra Value	\$0/\$0	\$6,000/\$12,000	\$5 ³	\$15 ³	\$5	\$5	\$250	\$500	\$1,000	\$250	NO	Tier 1- \$5	Tier 1- \$10
												Tier 2- \$25	Tier 2- \$50
												Tier 3- 40%	Tier 3- 40%
												Tier 4- 50%	Tier 4- 50%
MyDoc HMO Gold Basic 1000	\$1,000/\$2,000	\$3,500/\$7,000	\$30	\$45*	\$30	\$30	20%*	20%*	20%*	20%*	NO	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 Silver Basic	\$2,000/\$4,000	\$6,000/\$12,000	\$30*	\$50*	\$30*	\$30*	30%*	30%*	30%*	30%*	NO	Tier 1- \$20	Tier 1- \$40
												Tier 2- 30%	Tier 2- 30%
												Tier 3- 40%	Tier 3- 40%
												Tier 4- 50%	Tier 4- 50%
MyDoc HMO Silver Care ²	\$3,000/\$6,000	\$4,750/\$9,500	10%*	10%*	10%*	10%*	10%*	10%*	10%*	10%*	NO	Tier 1- \$0*	Tier 1- \$0*
												Tier 2- \$0*	Tier 2- \$0*
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*
MyDoc HMO Silver Assistance A	\$3,500/\$7,000	\$6,850/\$13,700	\$20	\$40	\$20	\$20	\$250*	\$500*	\$1,000*	\$150*	NO	Tier 1- \$30	Tier 1- \$60
												Tier 2- \$60	Tier 2- \$120
												Tier 3- \$100	Tier 3- \$300
												Tier 4- \$100	Tier 4- \$300

1. First three non-routine PCP visits are not subject to the deductible.
2. HSA Compatible: For our HSA plans we use Health Equity as our vendor. For more information please visit <http://healthequity.com/sales/minutemanhealth/>.
3. 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. Some common diagnostic lab tests are available with no member cost-sharing. Excludes visits for medical procedures. Refer to plan Summary of Benefits and Coverage (SBC) for more information.

** OV - Office Visit

* Subject to deductible



2017 NH 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 (20 visits)	Chiropractic (12 visits)	ER	Day Surgery	In-Patient Admission	High cost Imaging	Pedi Dental	RX Retail	RX Mail
MyDoc HMO Bronze Basic 4500	\$4,500/\$9,000	\$7,150/\$14,300	\$50*	\$80*	\$50*	\$50*	\$200 + 30%*	30%*	30%*	30%*	NO	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 Value	\$4,750/\$9,500	\$7,150/\$14,300	\$30*	\$50*	\$30*	\$30*	\$750*	\$750*	\$1,000*	\$750*	NO	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 5800 ²	\$5,800/\$11,600	\$6,550/\$13,100	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	NO	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 6300	\$6,300/\$12,600	\$6,850/\$13,700	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	Sbj to ded	NO	Tier 1- \$30*	Tier 1- \$60*
												Tier 2- \$60*	Tier 2- \$120*
												Tier 3- \$100*	Tier 3- \$300*
												Tier 4- \$100*	Tier 4- \$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	NO	Tier 1- \$0*	Tier 1- \$0*
												Tier 2- \$0*	Tier 2- \$0*
												Tier 3- \$0*	Tier 3- \$0*
												Tier 4- \$0*	Tier 4- \$0*

1. First three non-routine PCP visits are not subject to the deductible.
2. HSA Compatible: For our HSA plans we use Health Equity as our vendor. For more information please visit <http://healthequity.com/sales/minutemanhealth/>.
3. 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. Some common diagnostic lab tests are available with no member cost-sharing. Excludes visits for medical procedures. Refer to plan Summary of Benefits and Coverage (SBC) for more information.

Pediatric Dental Essential Health Benefit:

These policies DO NOT include coverage for pediatric dental services as required under the federal Patient Protection and Affordable Care Act.

- They will only be offered when Minuteman Health is reasonably assured that an individual buying health insurance on his/her own or within a small group is covered by a stand-alone dental plan with the required level of coverage for pediatric dental services.
- If not reasonably assured an individual or small group member has compliant dental coverage, Minuteman Health will require him/her to purchase an Exchange-certified stand-alone dental plan bundled with the Minuteman Health medical plan.

This is a Benefits Summary only. For full benefits and coverage details please visit 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.

** OV - Office Visit

* Subject to deductible