



## 2017 NH LARGE GROUP 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
<b>LARGE GROUP HMO</b>													
MyDoc HMO Premier Basic w/ch dental	\$0/\$0	\$5,000/\$10,000	\$20	\$35	\$20	\$20	10%	10%	10%	10%	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 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 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 Value 2500 w/ch dental	\$2,500/\$5,000	\$6,000/\$12,000	\$25	\$50	\$25	\$25	\$150*	\$500*	\$1,000*	\$500*	YES	Tier 1- \$20	Tier 1- \$40
												Tier 2- \$401	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 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%*
MyDoc HMO HSA 4000 w/ch dental	\$4,000/\$8,000	\$6,450/\$12,900	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	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%*
MyDoc HMO Value 5000 w/ch dental	\$5,000/\$10,000 (Separate Rx \$750/\$1,500)	\$6,400/\$12,800	\$25	\$50	\$25	\$25	\$150*	Sbj to ded	\$250*	\$250*	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%*

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 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%*
<b>LARGE GROUP POS</b>													
MyDoc POS Premier Basic w/ch dental (Preferred Network)	\$0/\$0 (Combined)	\$5,000/\$10,000 (Combined)	\$20	\$35	\$20	\$20	10%	10%	10%	10%	Yes	Tier 1- \$15	Tier 1- \$30
			\$40	\$40	\$40	\$40	10%	20%	20%	20%		Tier 2- \$30	Tier 2- \$60
(Non-Preferred Network)			\$40	\$40	\$40	\$40	10%	20%	20%	20%		Tier 3- 40%	Tier 3- 40%
			\$40	\$40	\$40	\$40	10%	20%	20%	20%		Tier 4- 50%	Tier 4- 50%
MyDoc POS Basic 1000 w/Ch dental (Preferred Network)	\$1,000/\$2,000 (Combined)	\$3,500/\$7,000 (Combined)	\$30	\$45	\$30	\$30	20%*	20%*	20%*	20%*	YES	Tier 1- \$10	Tier 1- \$20
			\$45	\$45	\$45	\$45	20%*	30%*	30%*	30%*		Tier 2- 30%	Tier 2- 30%
(Non-Preferred Network)			\$45	\$45	\$45	\$45	20%*	30%*	30%*	30%*		Tier 3- 40%*	Tier 3- 40%*
			\$45	\$45	\$45	\$45	20%*	30%*	30%*	30%*		Tier 4- 50%*	Tier 4- 50%*
MyDoc POS Premier 2000 w/Ch dental (Preferred Network)	\$2,000/\$4,000 (Combined)	\$4,000/\$8,000 (Combined)	\$20	\$40	\$20	\$20	\$100*	Sbj to ded	Sbj to ded	Sbj to ded	YES	Tier 1- \$15	Tier 1- \$30
			\$45	\$45	\$45	\$45	\$100*	\$250*	\$500*	\$250*		Tier 2- \$30	Tier 2- \$60
(Non-Preferred Network)			\$45	\$45	\$45	\$45	\$100*	\$250*	\$500*	\$250*		Tier 3- 40% <sup>1</sup>	Tier 3- 40% <sup>1</sup>
			\$45	\$45	\$45	\$45	\$100*	\$250*	\$500*	\$250*		Tier 4- 50% <sup>1</sup>	Tier 4- 50% <sup>1</sup>
MyDoc POS Value 2500 w/ch dental (Preferred Network)	\$2,500/\$5,000 (Combined)	\$6,000/\$12,000 (Combined)	\$25	\$50	\$25	\$25	\$150*	\$500*	\$1,000*	\$500*	YES	Tier 1- \$20	Tier 1- \$40
			\$50	\$50	\$50	\$50	\$150*	\$750*	\$1,500*	\$750*		Tier 2- \$40	Tier 2- \$80
(Non-Preferred Network)			\$50	\$50	\$50	\$50	\$150*	\$750*	\$1,500*	\$750*		Tier 3- 40%* <sup>1</sup>	Tier 3- 40%* <sup>1</sup>
			\$50	\$50	\$50	\$50	\$150*	\$750*	\$1,500*	\$750*		Tier 4- 50%* <sup>1</sup>	Tier 4- 50%* <sup>1</sup>
MyDoc POS HSA 3000 w/ch dental (Preferred Network)	\$3,000/\$6,000 (Combined)	\$4,750/\$9,500 (Combined)	10%*	10%*	10%*	10%*	10%*	10%*	10%*	10%*	YES	Tier 1- \$0*	Tier 1- \$0*
			20%*	20%*	20%*	20%*	10%*	20%*	20%*	20%*		Tier 2- \$0*	Tier 2- \$0*
(Non-Preferred Network)			20%*	20%*	20%*	20%*	10%*	20%*	20%*	20%*		Tier 3- 40%*	Tier 3- 40%*
			20%*	20%*	20%*	20%*	10%*	20%*	20%*	20%*		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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<b>MyDoc POS HSA 4000 w/ch dental (Preferred Network)</b>	\$4,000/\$8,000 (Combined)	\$6,450/\$12,900 (Combined)	20%*	20%*	20%*	20%*	20%*	20%*	20%*	20%*	YES	Tier 1- \$0*	Tier 1- \$0*
<b>(Non-Preferred Network)</b>			30%*	30%*	30%*	30%*	20%*	30%*	30%*	30%*		Tier 2- 30%*	Tier 2- 30%*
										Tier 3- 40%*		Tier 3- 40%*	
										Tier 4- 50%*		Tier 4- 50%*	
<b>MyDoc POS Value 5000 w/ch dental (Preferred Network)</b>	\$5,000/\$10,000 (Combined) (Separate Rx \$750/\$1,500)	\$6,400/\$12,800 (Combined)	\$25	\$50	\$25	\$25	\$150*	Sbj to ded	\$250*	\$250*	YES	Tier 1- \$20	Tier 1- \$40
<b>(Non-Preferred Network)</b>			\$55	\$55	\$55	\$55	\$150*	\$250*	\$500*	\$500*		Tier 2- \$40	Tier 2- \$80
										Tier 3- 40%*		Tier 3- 40%*	
										Tier 4- 50%*		Tier 4- 50%*	
<b>MyDoc POS HSA 6000 w/ch dental (Preferred Network)</b>	\$6,000/\$12,000 (Combined)	\$6,450/\$12,900 (Combined)	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*
<b>(Non-Preferred Network)</b>			20%*	20%*	20%*	20%*	Sbj to ded	20%*	20%*	20%*		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 WageWorks, Inc. as our vendor. For more information please contact the MHI Sales team.

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.

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

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