



2017 NH SMALL GROUP ON/OFF EXCHANGE 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	ER	Day Surgery	In-Patient Admission	High cost Imaging	Pedi Dental	RX Retail	RX Mail
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 HSA 3000 ¹	\$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 Bronze HSA 6000 ¹	\$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	NO	Tier 1- \$0*	Tier 1- \$0*
												Tier 2- 30%*	Tier 2- 30%*
												Tier 3- 40%*	Tier 3- 40%*
												Tier 4- 50%*	Tier 4- 50%*

**OV - Office Visit

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

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.

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.

* Subject to deductible