

HANCOCK LUMBER 2024 MEDICAL BENEFIT OPTION SUMMARY



HARVARD PILGRIM

PLAN	OPTION #1 HMO \$3000 Ded	OPTION #2 HMO \$5000 Ded	OPTION #3 POS \$2500 Ded	OPTION #4 HMO HSA \$5000 Ded
EFFECTIVE DATE	5/1/2024	5/1/2024	5/1/2024	5/1/2024
DEDUCTIBLE (DED)				
IN NETWORK	\$3,000/\$6,000	\$5,000/\$10,000	\$2,500/\$5,000	\$5,000/\$10,000
OUT OF NETWORK	N/A	N/A	\$5,000/\$10,000	N/A
COINSURANCE (COINS)				
IN NETWORK	30%	30%	30%	30%
OUT OF NETWORK	N/A	N/A	50%	N/A
MEDICAL OUT OF POCKET				
IN NETWORK	\$7,450/\$14,900	\$7,450/\$14,900	\$7,450/\$14,900	\$7,000/\$14,000
OUT OF NETWORK	N/A	N/A	\$12,000/\$24,000	N/A
SEPARATE RX OUT OF POCKET	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000 (IN-NETWORK)	COMBINED W/ MEDICAL
INPATIENT HOSPITAL SERVICES / DAY SURGERY	DED + COINS	DED + COINS	DED + COINS	DED + COINS
OUTPATIENT HOSPITAL SERVICES	DED + COINS	DED + COINS	DED + COINS	DED + COINS
FACILITY PROFESSIONAL CHARGES	DED + COINS	DED + COINS	DED + COINS	DED + COINS
PRIMARY CARE VISIT	\$40	\$40	\$30 (IN)	DED + COINS
SPECIALIST VISIT	\$40 OR \$60	\$40 OR \$60	\$30 OR \$55 (IN)	DED + COINS
CHIROPRACTIC CO-PAY	\$40	\$40	\$30 (IN)	DED + COINS
ROUTINE PHYSICAL / GYN EXAM	\$0	\$0	\$0 (IN)	\$0
ROUTINE EYE EXAM	\$40	\$40	\$30 (IN)	\$0
DIAGNOSTIC TESTING	DED + COINS	DED + COINS	DED + COINS	DED + COINS
MRI/CAT/PET SCAN	DED + COINS	DED + COINS	DED + COINS	DED + COINS
PT/ST/OT	\$40	\$40	\$55 (IN)	DED + COINS
AMBULANCE	\$0	\$0	COINSURANCE	DED + COINS
EMERGENCY ROOM	DED + COINS	DED + COINS	DED + COINS	DED + COINS
RX DEDUCTIBLE	\$500/Mbr Tiers 4 & 5	\$500/Mbr Tiers 4 & 5	\$500/Mbr Tiers 4 & 5	N/A
DRUG CARD	\$10/\$35/\$60/30% TO \$500/30% TO \$500	\$10/\$35/\$60/30% TO \$500/30% TO \$500	\$10/\$35/\$60/30% TO \$500/30% TO \$500	DED, THEN \$10/\$35/\$60/30% TO \$500/30% TO \$500
MAIL ORDER RX	\$20/\$70/\$120//30% TO \$1000/30% TO \$1000	\$20/\$70/\$120//30% TO \$1000/30% TO \$1000	\$20/\$70/\$120/30% TO \$1000/30% TO \$1000	DED, THEN \$20/\$70/\$120/30% TO \$1000/30% TO \$1000 Preventive Rx

EMPLOYEE WEEKLY DEDUCTION				
EMPLOYEE	\$60.00	\$25.00	\$90.00	\$17.50
EMPLOYEE + SPOUSE	\$140.00	\$65.00	\$205.00	\$50.00
EMPLOYEE + CHILD(REN)	\$140.00	\$65.00	\$205.00	\$50.00
FAMILY	\$200.00	\$100.00	\$305.00	\$75.00

HSA FUNDING Employee can elect an additional amount per pay period to fund HSA. If interested, see Option Election Form to indicate the additional amount.					Employer Monthly HSA Funding
EMPLOYEE	N/A	N/A	N/A	N/A	\$75.00
EMPLOYEE + SPOUSE	N/A	N/A	N/A	N/A	\$150.00
EMPLOYEE + CHILD(REN)	N/A	N/A	N/A	N/A	\$150.00
FAMILY	N/A	N/A	N/A	N/A	\$235.00

**Please refer to Summary of Benefits for further details & any limitations on benefits. This is a summary only. HPHC plan documents govern.