

City of Chelsea Harvard Pilgrim Comparison Plan Chart			
		HMO	PPO
Benefits	In Network		Out of Network
Deductible	\$250 Individual \$500 Family		\$250 Individual \$500 Family
Co-Insurance	None	None	20%
Out Patient Care			
Doctor Office Visits	\$20 Level 1 \$35 Level 2	\$20 Level 1 \$35 Level 2	Deductible, then 20 % Deductible, then 20 %
Emergency Room (Waived if Admitted)	Deductible, then \$150	Deductible, then \$150	Deductible, then \$150
Diagnostic Testing	Deductible, then no charge	Deductible, then no charge	Deductible, then 20%
Annual Physical Exam	Covered in Full	Covered in Full	Deductible, then 20%
Allergy Injections	\$5 Copay	\$5 Copay	Deductible, then 20%
Hospital Services			
Inpatient Admissions	Deductible, then \$300 Copay	Deductible, then \$300 Copay	Deductible, then 20%
Outpatient Surgery	Deductible, then no charge	Deductible, then no charge	Deductible , & 20%
Skilled Nursing/Rehab Facility	Deductible, then \$300 Copay	Deductible, then \$300 Copay	Deductible, then 20%
Maternity	Deductible, then \$300 Copay	Deductible, then \$300 Copay	Deductible, then 20%
Pharmacy			
Retail 30 Day Supply	Deductible, then \$10/25/45	Deductible then, \$10/25/45	No Coverage
Mail Order 90 Day Supply	Deductible, then \$20/40/90	Deductible then, \$20/40/90	No Coverage
Prescription Drug Deductible	\$100/individual and \$200/family on both plans		
Other Services			
Durable Medical Equipment	Deductible, then no charge	Deductible, then no charge	Deductible, then 20%
Physical & Occupational Therapies (60 consecutive days per condition)	\$20 Copay	\$20 Copay	Deductible, then 20%

Routine Eye Exam (1 per plan year)	\$20 Copay	\$20 Copay	Deductible, then 20%
Emergency Ambulance	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Radiology			
High Tech Radiology	Deductible, then \$50 copay per procedure	Deductible, then \$50 copay per procedure	Deductible, then 20% coinsurance

Please note this is for illustrative purposes only. Please refer to the Summary of Benefits for specific details about coverage provided for this plan.