

Town of Palmer  
FY24 Health Insurance Options for Active Employees

**Snapshot of Harvard Pilgrim Plan Designs**  
*For complete details, see the Summary of Benefits & Coverage for each plan*

	Harvard Pilgrim HMO (Full Network)	Harvard Pilgrim FOCUS HMO (Limited Network) *	Harvard Pilgrim PPO
<b>Employee's Monthly Premium</b>	\$239.81 - Individual \$640.30 - Family	\$216.10 - Individual \$576.26 - Family	\$385.10 - Individual \$1,024.48 - Family
Out-of-Pocket Limit	\$1,000 member / \$2,000 family	\$1,000 member / \$2,000 family	\$1,250 member / \$2,500 family
Medical Deductible	\$0	\$0	\$250 / \$500 (out-of-network only)
Preventive screening/immunization	\$0	\$0	\$0
PCP visit	\$20 co-pay (visits 1-2 no charge)	\$20 co-pay (visits 1-2 no charge)	\$20 co-pay (visits 1-2 no charge)
Specialist visit	\$20 co-pay	\$20 co-pay	\$20 co-pay
Urgent Care visit	\$20 co-pay	\$20 co-pay	\$20 co-pay
Short-term Therapy (Physical / Occupational Therapy)	\$20 co-pay	\$20 co-pay	\$20 co-pay
Diagnostic Labs and X-Ray	Covered in full	Covered in full	Covered in full
Mental / Behavior Health	\$20 co-pay (visits 1-2 no charge)	\$20 co-pay (visits 1-2 no charge)	\$20 co-pay (visits 1-2 no charge)
Imaging (CT, PET, MRIs)	Covered in full	Covered in full	Covered in full
Emergency Room	\$100 co-pay	\$100 co-pay	\$100 co-pay
Day Surgery	Covered in full	Covered in full	Covered in full
Inpatient Care	Covered in full	Covered in full	Covered in full
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance
RX - Retail (30-day supply)	\$10/20/35	\$10/20/35	\$10/20/35
RX - Mail Order (90-day supply)	\$20/40/70	\$20/40/70	\$20/40/70

\* Search for Focus Network HMO providers at: <https://hphc.providerlookuponlinesearch.com/search>