

Before you choose a health plan, consider this...

The **Value HMO** plan offers the highest premium savings.

Biweekly Payroll Deductions	HMO	Value HMO	Your Annual Premium Savings
Single plan	\$50.54	\$20.28	\$786.76
Double plan	\$190.24	\$127.62	\$1,628.12
Family plan	\$275.87	\$185.01	\$2,362.36

Comparison Charts & Excel Cost Estimator

We have made a Health Plan Comparison Tool available online to help you determine which health plan (Value HMO, HMO, or POS) may be the best option for you. This tool will estimate your total out of pocket costs (combined premiums and cost of care) for all three plans. The tool allows you to estimate your health needs for 2018 and uses average costs for different services along with Smith's actual premiums to arrive at the estimated total cost for each plan selected. Visit the HR Benefits web page at <https://www.smith.edu/about-smith/hr/benefits> to download the excel tool to your computer:

Coverage Tier			
Select Coverage Tier from dropdown box—			
	HMO	Value HMO	POS
Your Share of Premium Cost	\$1,215	\$487	\$2,458
Estimated Out-of-Pocket Costs	\$0	\$0	\$0
Your Total Cost	\$1,215	\$487	\$2,458

Will costs may be higher if Not all Network services are utilized

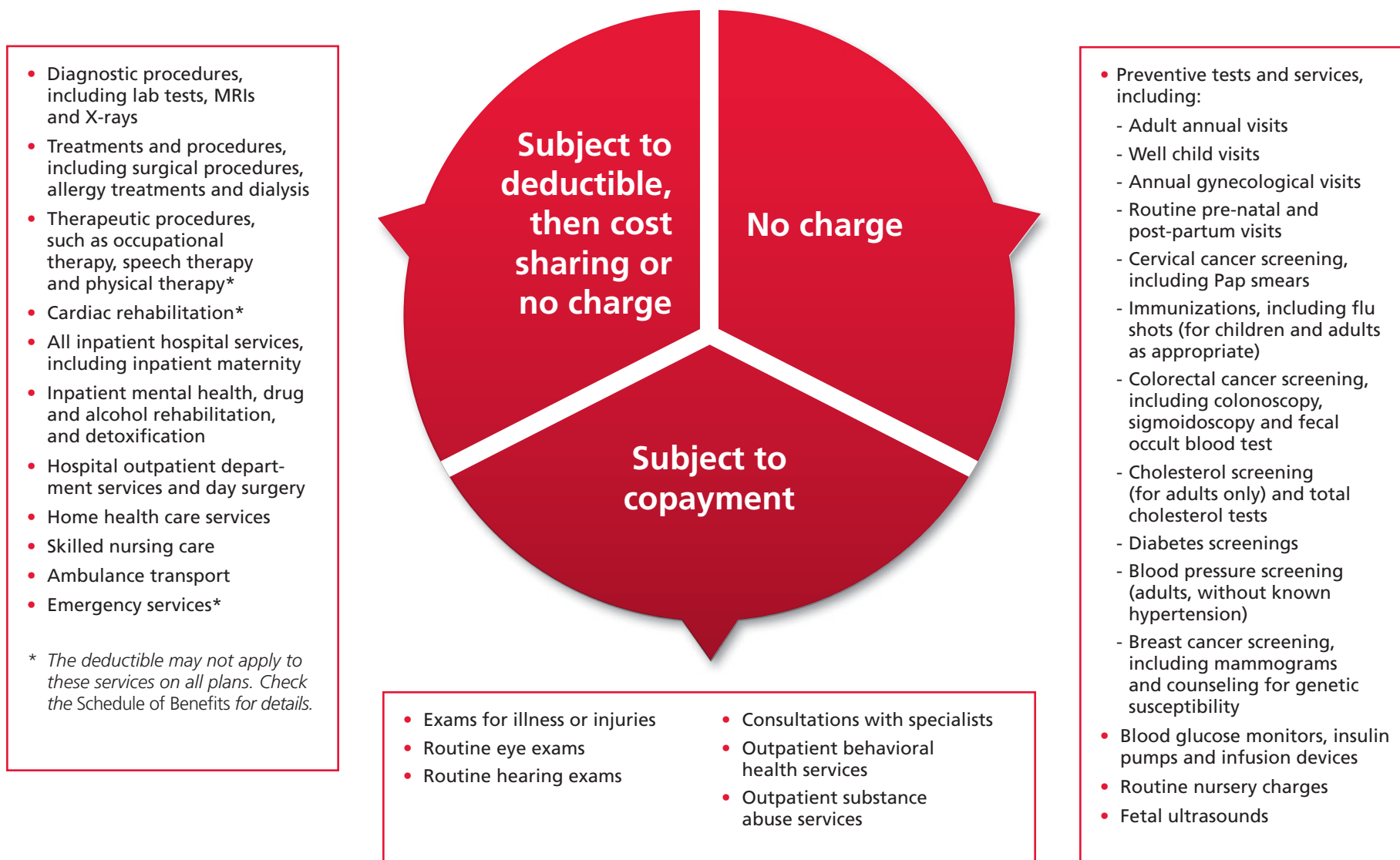
Your Services	
	Enter the number of services used annually below
Inpatient Services	
Inpatient Hospital Stay	0
Mental/Behavioral Health Hospital	0
Skilled Nursing Facility	0
Outpatient Services	
Outpatient Surgery in a hospital	0
Outpatient Surgery in an office	0
Emergency Room Visit	0
Urgent Care Facility	0
Allergy Injections (Full course of treatment)	0
Laboratory Services	0
X-ray Services	0
Advanced Radiology (MRI/PET Scans/etc.)	0
Primary Care Visit (other than annual physical and other preventive services)	0
Specialist Visit	0
Maternity / Pregnancy	0
Physical Therapy Visit	0
Chiropractic Visit	0
Mental/Behavioral Health Visit	0
Pharmacy Services	
Enter the number of prescriptions filled annually below	
Prescriptions purchased at a Retail Pharmacy	
Tier 1	0
Tier 2	0
Tier 3	0
Prescriptions purchased through Mail Order Service	
Tier 1	0
Tier 2	0
Tier 3	0

Disclaimers:

- This tool is meant as a guide only. Estimated Out-of-Pocket (OOP) Costs are illustrative only and could vary significantly from actual costs. Actual OOP Costs will vary if utilization is different than what is input above, and based on other factors.
- Estimated OOP Costs are based on 2015/2016 average costs across various types of services, procedures, and prescription drugs from a large claims database.
- Actual OOP Costs may vary by location of service, type of procedure, In-Network versus Out-of-Network (POS only) provider contracting and plan cost sharing, changes in medical costs over time (trend), changes in provider contracting, and any other factor that may affect the validity of a claim. However, the HMO/Value HMO limit your OOP Costs to a maximum of \$2,000 per member or \$4,000 per family and the POS limits your In-Network OOP Costs to a maximum of \$2,500 per member or \$5,000 per family for covered services.

The Harvard Pilgrim Best Buy HMO – Massachusetts

These are partial lists of covered services. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in the event that the information in this document is different.



Please note: Services you receive during different kinds of visits and exams may be subject to the deductible.

This product is offered in Massachusetts to members who purchase coverage themselves and to members enrolled through Massachusetts-based employers.