Before you choose a health plan, consider this…

The Value HMO plan offers the highest premium savings.

<table>
<thead>
<tr>
<th>Biweekly Payroll Deductions</th>
<th>HMO</th>
<th>Value HMO</th>
<th>Your Annual Premium Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single plan</td>
<td>$50.54</td>
<td>$20.28</td>
<td>$786.76</td>
</tr>
<tr>
<td>Double plan</td>
<td>$190.24</td>
<td>$127.62</td>
<td>$1,628.12</td>
</tr>
<tr>
<td>Family plan</td>
<td>$275.87</td>
<td>$185.01</td>
<td>$2,362.36</td>
</tr>
</tbody>
</table>

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](https://www.smith.edu/about-smith/hr/benefits) to download the excel tool to your computer:
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.

- Diagnostic procedures, including lab tests, MRIs and X-rays
- Treatments and procedures, including surgical procedures, allergy treatments and dialysis
- Therapeutic procedures, such as occupational therapy, speech therapy and physical therapy*
- Cardiac rehabilitation*
- All inpatient hospital services, including inpatient maternity
- Inpatient mental health, drug and alcohol rehabilitation, and detoxification
- Hospital outpatient department services and day surgery
- Home health care services
- Skilled nursing care
- Ambulance transport
- Emergency services*

* The deductible may not apply to these services on all plans. Check the Schedule of Benefits for details.

Subject to deductible, then cost sharing or no charge

- Preventive tests and services, including:
  - Adult annual visits
  - Well child visits
  - Annual gynecological visits
  - Routine pre-natal and post-partum visits
  - Cervical cancer screening, including Pap smears
  - Immunizations, including flu shots (for children and adults as appropriate)
  - Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test
  - Cholesterol screening (for adults only) and total cholesterol tests
  - Diabetes screenings
  - Blood pressure screening (adults, without known hypertension)
  - Breast cancer screening, including mammograms and counseling for genetic susceptibility
- Blood glucose monitors, insulin pumps and infusion devices
- Routine nursery charges
- Fetal ultrasounds

Exams for illness or injuries
- Routine eye exams
- Routine hearing exams

Consultations with specialists
- Outpatient behavioral health services
- Outpatient substance abuse services

No charge

Subject to copayment

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.