<table>
<thead>
<tr>
<th>Contributions</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Monthly Premium</td>
<td>$552.26</td>
<td>$1,435.88</td>
<td>$719.56</td>
<td>$1,873.78</td>
<td>$618.12</td>
<td>$1,608.30</td>
<td>$852.92</td>
<td>$2,215.86</td>
</tr>
<tr>
<td>Clark’s Monthly Contribution</td>
<td>$460.00</td>
<td>$1,048.00</td>
<td>$460.00</td>
<td>$1,048.00</td>
<td>$460.00</td>
<td>$1,048.00</td>
<td>$460.00</td>
<td>$1,048.00</td>
</tr>
<tr>
<td>Employee Monthly Contribution</td>
<td>$92.26</td>
<td>$287.87</td>
<td>$259.56</td>
<td>$825.78</td>
<td>$158.12</td>
<td>$560.29</td>
<td>$392.92</td>
<td>$1,167.86</td>
</tr>
<tr>
<td>Bi-Weekly Deduction (24 Pays)</td>
<td>$46.13</td>
<td>$193.94</td>
<td>$129.78</td>
<td>$412.89</td>
<td>$79.06</td>
<td>$280.15</td>
<td>$196.46</td>
<td>$583.93</td>
</tr>
</tbody>
</table>

**Excluded from Deductibles**
- Preventive Dental Care (children under age 12)
- Vision Tests
- Preventive Care Office Visits (annual exams with PCP or gynecologist and well-child visits)
- Chiropractic Care (musculoskeletal conditions)
- Chiropractic Care (musculoskeletal conditions)
- Vision Tests

**Outpatient Care**
- Emergency Room Visits: $100 per visit (waived if admitted)
- Mental health and substance abuse treatment: $25 per visit
- Preventive Care Office Visits (annual exams with PCP or gynecologist and well-child visits): Covered in full
- PCP Office Visits (including pre/post natal care): $25 per visit

**Vision Tests**
- $25 copayment (once per year)
- Subject to deductible; then covered in full (up to 30 PT visits and 30 OT visits per CY)
- Subject to deductible; then covered in full (2 visits per member per year)
- $75 co-pay per visit (only charged 2x per year maximum)

**Inpatient Care (including maternity care)**
- Subject to deductible; then covered in full (up to 30 PT visits and 30 OT visits per CY)
- Subject to deductible; then covered in full (2 visits per member per year)
- Subject to deductible; then covered in full (2 visits per member per year)
- Subject to deductible; then covered in full (2 visits per member per year)

**Prescriptions**
<table>
<thead>
<tr>
<th>Tier</th>
<th>Retail</th>
<th>Tier 1 - Lower - cost generics</th>
<th>Tier 2 - Higher - cost generics</th>
<th>Tier 3 - Preferred brand name with no generic equivalents</th>
<th>Tier 4 - Preferred specialty drugs &amp; non-preferred brands</th>
<th>Tier 4 - Non-preferred specialty drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>$5</td>
<td>Tier 1 - Lower - cost generics</td>
<td>Tier 2 - Higher - cost generics</td>
<td>Tier 3 - Preferred brand name with no generic equivalents</td>
<td>Tier 4 - Preferred specialty drugs &amp; non-preferred brands</td>
<td>Tier 4 - Non-preferred specialty drugs</td>
</tr>
</tbody>
</table>

**Voluntary Dental Plan**
- $57.36/ month Individual - $152.02/ month Family - No Deductibles Maximum Calendar year coverage is $1,500 per person

**Contact Member Services**
- www.harvardpilgrim.org
- 1-888-333-4742
- 1-800-333-4742

**HPHC FOCUS NETWORK™**
- Limited provider network. Access to more than 10,000 Providers and 57 hospitals within MA.
- Access to over 28,000 Providers and 135 hospitals within MA, NH, ME, and RI
- Must choose an in network Primary Care Physician (PCP) and PCP referrals are required (e.g. Specialists, etc.)
- PCP not required

**HPHC HMO**
- Deductibles apply
- Deductibles apply for out-of-network services

**HPHC Best Buy HMO**
- New Rates Effective January 2017

**HARVARD PILGRIM PPO**
- New Rates Effective January to December 31, 2018
- New Rates Effective January to December 31, 2017
- New Rates Effective January to December 31, 2018
- New Rates Effective January to December 31, 2017
- New Rates Effective January to December 31, 2018

**Blue Cross Blue Shield**
- www.bluecrossma.com
- 1-800-333-4742
- Rates Effective January 1, 2018

**HPHC FOCUS NETWORK℠**
- HARVARD PILGRIM PPO product includes a national network of participating physicians credentialed by Private Healthcare Systems (PHCS).

**Voluntary Dental Plan**
- $5 per visit
- $25 per visit
- $5 per visit
- $25 per visit

**Coverage**
- Covered in full; after deductible
- Covered in full; after deductible
- Covered in full; after deductible
- Covered in full; after deductible
- Covered in full; after deductible
- Covered in full; after deductible
- Covered in full; after deductible
- Covered in full; after deductible
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