



City of Marlborough  
Human Resources Department

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**Acknowledgement of Coverage in the  
Harvard Pilgrim Saver Plan**

The City of Marlborough is offering a High Deductible EPO Plan. Below is a summary of the Plan Design and Plan Costs.

**Plan Design**

- Advantage EPO Saver Plan members must stay within the Harvard Pilgrim Provider Network
- Advantage EPO Saver Plan requires PCP's and Referrals for Specialty Care
- \$3,000 Individual / \$6,000 Family overall Deductible
- All Services including RX (except Preventative Care) are subject to deductible
- Coinsurance or copayments apply after deductible is met
- \$6,350 Individual / \$12,700 Family Out of Pocket Maximum
- Plan runs on calendar year

**Plan Costs:**

- Deductible \$3,000 Ind / \$6,000 Fam - overall deductible (*no individual deductible on family contract, \$6,000 must be met to satisfy the deductible*)
- Out-of-Pocket Maximum Expense - \$6,350 Ind/ \$12,700
- Fam Preventative Care (Routine PCP, GYN & "Select Preventative" Labs) - Covered in full
- Office Visit (Non-Routine- PCP / Mental Health) - 35% coinsurance after deductible
- Office Visit - Specialist - 35% coinsurance after deductible
- PT/OT - 35% coinsurance after deductible
- Routine Eye Exam (1 PPY) - Covered in Full
- Emergency Room Visit - 35% coinsurance after deductible
- Inpatient Hospital Stay - 35% coinsurance after deductible
- Outpatient Hospital / Day Surgery - 35% coinsurance after deductible
- Diagnostic Lab/X-Ray, MRI, CAT, PET Scans - 35% coinsurance after deductible
- Rx Copays (30-day Supply) - after deductible \$15/\$25/\$40 copay
- Rx Copays (90-day Mail Order) - after deductible \$30/\$50/\$80 copay

**Please Note:** All deductibles for Harvard Pilgrim Advantage Saver Plan run on a calendar (January - December) year.

I acknowledge that by enrolling in this plan, I have reviewed the deductible, coinsurance & copayments noted above, and I am aware that I am responsible for these charges.

Name	Signature	Date
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