



Local Care, Focused Savings

With Pinpoint's
Health Plan for
All Businesses



Providing local solutions in
your community to support
business growth and
employee health.

Pinpoint Platinum Plan

Effective January 1, 2025 | For Eligible Participants and Dependents

All benefits payable under this plan are subject to the applicable plan exclusions/limitations and the maximum allowable charge — **Preferred Providers with Reference Based Pricing for all other providers**

Summary of Benefits	AMOUNTS PARTICIPANTS ARE RESPONSIBLE FOR:	
	Preferred Providers; Hospitals; Facilities	Non-preferred Providers; Hospitals; Facilities
Calendar Year Deductible*		
Per Individual Calendar Year	\$0	\$1,000
Per Family Per Calendar Year	\$0	\$2,000
Out-of-Pocket Maximum (OPM)^{2*} – Included Calendar Year Deductible, most Med Co-Ins, Copays		
Per Individual Calendar Year	None	\$2,000
Per Family Per Calendar Year	None	\$4,000
Coinsurance	0% Coinsurance	10% Coinsurance after Deductible
Individual Annual Maximum	None	None
Lifetime Limits on Essential Benefits	Unlimited	Unlimited
Annual Limits on Essential Benefits	None	None
Copays – Per visit unless otherwise noted		
Telemedicine	\$0	\$10 Copay after Deductible
Office Visits to PCP	\$10 Copay	\$10 Copay after Deductible
Specialist Office Visits	\$20 Copay	\$20 Copay after Deductible
Durable Medical Equipment (DME)	\$30 Copay	10% Coinsurance after Deductible
Urgent Care	\$30 Copay	10% Coinsurance after Deductible
Emergency Room	\$100 Copay	10% Coinsurance after Deductible
Hospital Inpatient	\$0 Copay	10% Coinsurance after Deductible
Hospital Outpatient	\$0 Copay	10% Coinsurance after Deductible



Review the **Full Platinum Plan Summary of Benefits** Here

See the Summary 



Pinpoint Gold Plan

Effective January 1, 2025 | For Eligible Participants and Dependents

All benefits payable under this plan are subject to the applicable plan exclusions/limitations and the maximum allowable charge — **Preferred Providers with Reference Based Pricing for all other providers**

Summary of Benefits	AMOUNTS PARTICIPANTS ARE RESPONSIBLE FOR:	
	Preferred Providers; Hospitals; Facilities	Non-preferred Providers; Hospitals; Facilities
Calendar Year Deductible¹		
Per Individual Calendar Year	\$0	\$2,000
Per Family Per Calendar Year	\$0	\$4,000
Out-of-Pocket Maximum (OPM)^{2*} – Included Calendar Year Deductible, most Med Co-Ins, Copays		
Per Individual Calendar Year	None	\$4,000
Per Family Per Calendar Year	None	\$8,000
Coinsurance		
	0% Coinsurance	20% Coinsurance after Deductible
Individual Annual Maximum	None	None
Lifetime Limits on Essential Benefits	Unlimited	Unlimited
Annual Limits on Essential Benefits	None	None
Copays – Per visit unless otherwise noted		
Telemedicine	\$0	\$20 Copay after Deductible
Office Visits to PCP	\$10 Copay	\$20 Copay after Deductible
Specialist Office Visits	\$20 Copay	\$30 Copay after Deductible
Durable Medical Equipment (DME)	\$30 Copay	20% Coinsurance after Deductible
Urgent Care	\$30 Copay	20% Coinsurance after Deductible
Emergency Room	\$100 Copay	20% Coinsurance after Deductible
Hospital Inpatient	\$0 Copay	20% Coinsurance after Deductible
Hospital Outpatient	\$0 Copay	20% Coinsurance after Deductible



Review the **Full Gold Plan Summary of Benefits** Here

See the Summary 



Pinpoint Silver Plan

Effective January 1, 2025 | For Eligible Participants and Dependents

All benefits payable under this plan are subject to the applicable plan exclusions/limitations and the maximum allowable charge — **Preferred Providers with Reference Based Pricing for all other providers**

Summary of Benefits	AMOUNTS PARTICIPANTS ARE RESPONSIBLE FOR:	
	Preferred Providers; Hospitals; Facilities	Non-preferred Providers; Hospitals; Facilities
Calendar Year Deductible^{1*}		
Per Individual Calendar Year	\$0	\$3,000
Per Family Per Calendar Year	\$0	\$6,000
Out-of-Pocket Maximum (OPM)^{2*} – Included Calendar Year Deductible, most Med Co-Ins, Copays		
Per Individual Calendar Year	None	\$6,000
Per Family Per Calendar Year	None	\$12,000
Coinsurance		
	0% Coinsurance	30% Coinsurance after Deductible
Individual Annual Maximum	None	None
Lifetime Limits on Essential Benefits	Unlimited	Unlimited
Annual Limits on Essential Benefits	None	None
Copays – Per visit unless otherwise noted		
Telemedicine	\$0	\$30 Copay after Deductible
Office Visits to PCP	\$10 Copay	\$30 Copay after Deductible
Specialist Office Visits	\$20 Copay	\$40 Copay after Deductible
Durable Medical Equipment (DME)	\$30 Copay	30% Coinsurance after Deductible
Urgent Care	\$30 Copay	30% Coinsurance after Deductible
Emergency Room	\$100 Copay	30% Coinsurance after Deductible
Hospital Inpatient	\$0 Copay	30% Coinsurance after Deductible
Hospital Outpatient	\$0 Copay	30% Coinsurance after Deductible



Review the **Full Silver Plan Summary of Benefits** Here

See the Summary 



Pinpoint Bronze Plan

Effective January 1, 2025 | For Eligible Participants and Dependents

All benefits payable under this plan are subject to the applicable plan exclusions/limitations and the maximum allowable charge — **Preferred Providers with Reference Based Pricing for all other providers**

Summary of Benefits	AMOUNTS PARTICIPANTS ARE RESPONSIBLE FOR:	
	Preferred Providers; Hospitals; Facilities	Non-preferred Providers; Hospitals; Facilities
Calendar Year Deductible^{1*}		
Per Individual Calendar Year	\$0	\$4,000
Per Family Per Calendar Year	\$0	\$8,000
Out-of-Pocket Maximum (OPM)^{2*} – Included Calendar Year Deductible, most Med Co-Ins, Copays		
Per Individual Calendar Year	None	\$8,000
Per Family Per Calendar Year	None	\$16,000
Coinsurance		
	0% Coinsurance	30% Coinsurance after Deductible
Individual Annual Maximum	None	None
Lifetime Limits on Essential Benefits	Unlimited	Unlimited
Annual Limits on Essential Benefits	None	None
Copays – Per visit unless otherwise noted		
Telemedicine	\$0	\$40 Copay after Deductible
Office Visits to PCP	\$10 Copay	\$40 Copay after Deductible
Specialist Office Visits	\$20 Copay	\$50 Copay after Deductible
Durable Medical Equipment (DME)	\$30 Copay	30% Coinsurance after Deductible
Urgent Care	\$30 Copay	30% Coinsurance after Deductible
Emergency Room	\$100 Copay	30% Coinsurance after Deductible
Hospital Inpatient	\$0 Copay	30% Coinsurance after Deductible
Hospital Outpatient	\$0 Copay	30% Coinsurance after Deductible



Review the **Full Bronze Plan Summary of Benefits** Here

See the Summary 



Let Us Pinpoint the Solution

We work directly with local providers to solve the health benefits challenges facing local businesses like yours. In partnership with our preferred providers like Penn Medicine or AtlantiCare, Pinpoint Health Plan offers customized health plan options built for world-class care at an affordable price.

With the Preferred Provider Benefits included in every Pinpoint Health Plan, your employees **pay no coinsurance or deductible.**



Ready to focus on your growth with a local partner you can trust?

Get a quote from Pinpoint today.

<Name>
<Email> | <Phone>



pinpoint 
health benefits

In partnership with Crum and Forster

To learn more visit pinpointhealthbenefits.com 