# pinpoint health benefits

## Local Care, Focused Savings

With Pinpoint's Health Plan for All Businesses



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

### Pinpoint Platinum Plan

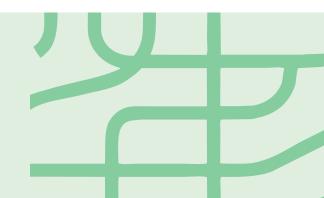
Effective January 1, 2025 | For Eligible Participants and Dependents

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

Summary of Benefits	AMOUNTS PARTICIPANTS ARE RESPONSIBLE FOR:			
	TIER I - Preferred Providers, Hospitals, Facilities	TIER I I - Non-preferred Providers, Hospitals, Facilities		
Calendar Year Deductible <sup>1*</sup>				
Per Individual Calendar Year	\$0	\$1,000		
Per Family Per Calendar Year	\$0	\$2,000		
Out-of-Pocket Maximum (OPM) <sup>2*</sup> - 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



## Pinpoint Gold Plan

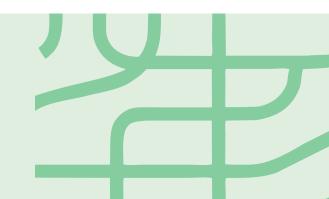
#### Effective January 1, 2025 | For Eligible Participants and Dependents

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

Summary of Benefits	AMOUNTS PARTICIPANTS ARE RESPONSIBLE FOR:			
	<b>TIER I</b> - Preferred Providers, Hospitals, Facilities	TIER I I - Non-preferred Providers, Hospitals, Facilities		
Calendar Year Deductible <sup>1*</sup>				
Per Individual Calendar Year	\$0	\$2,000		
Per Family Per Calendar Year	\$0	\$4,000		
Out-of-Pocket Maximum (OPM) <sup>2*</sup> - 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



### Pinpoint Silver Plan

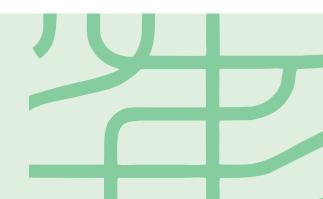
#### Effective January 1, 2025 | For Eligible Participants and Dependents

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

Summary of Benefits	AMOUNTS PARTICIPANTS ARE RESPONSIBLE FOR:			
	TIER I - Preferred Providers, Hospitals, Facilities	TIER I I - Non-preferred Providers, Hospitals, Facilities		
Calendar Year Deductible <sup>1*</sup>				
Per Individual Calendar Year	\$0	\$3,000		
Per Family Per Calendar Year	\$0	\$6,000		
Out-of-Pocket Maximum (OPM) <sup>2*</sup> - 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



## Pinpoint Bronze Plan

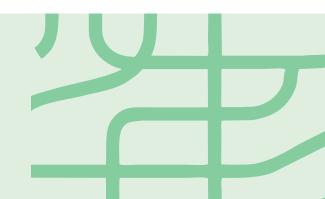
#### Effective January 1, 2025 | For Eligible Participants and Dependents

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

Summary of Benefits	AMOUNTS PARTICIPANTS ARE RESPONSIBLE FOR:			
	TIER I – Preferred Providers, Hospitals, Facilities	TIER I I - Non-preferred Providers, Hospitals, Facilities		
Calendar Year Deductible <sup>1*</sup>				
Per Individual Calendar Year	\$0	\$4,000		
Per Family Per Calendar Year	\$0	\$8,000		
Out-of-Pocket Maximum (OPM) <sup>2*</sup> - 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



#### 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 Tier One Providers like Penn Medicine or Atlantic Health System, Pinpoint Health Plan offers customized health plan options built for world-class care at an affordable price. With the Tier One 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.





In partnership with Crum and Forste

To learn more visit pinpointhealthbenefits.com