



# Local Care, Focused Savings

With Pinpoint's  
Health Plan for  
All Businesses



Providing local solutions to the Delaware Valley area 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 II - Non-preferred Providers, Hospitals, Facilities
<b>Calendar Year Deductible*</b>		
Per Individual Calendar Year	\$0	\$1,000
Per Family Per Calendar Year	\$0	\$2,000
<b>Out-of-Pocket Maximum (OPM)<sup>2*</sup> - Included Calendar Year Deductible, most Med Co-Ins, Copays</b>		
Per Individual Calendar Year	None	\$2,000
Per Family Per Calendar Year	None	\$4,000
<b>Coinsurance</b>		
	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
<b>Copays - Per visit unless otherwise noted</b>		
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 — **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 II - Non-preferred Providers, Hospitals, Facilities
<b>Calendar Year Deductible<sup>1</sup></b>		
Per Individual Calendar Year	\$0	\$2,000
Per Family Per Calendar Year	\$0	\$4,000
<b>Out-of-Pocket Maximum (OPM)<sup>2*</sup> - Included Calendar Year Deductible, most Med Co-Ins, Copays</b>		
Per Individual Calendar Year	None	\$4,000
Per Family Per Calendar Year	None	\$8,000
<b>Coinsurance</b>		
	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
<b>Copays - Per visit unless otherwise noted</b>		
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 — **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 II - Non-preferred Providers, Hospitals, Facilities
<b>Calendar Year Deductible<sup>1*</sup></b>		
Per Individual Calendar Year	\$0	\$3,000
Per Family Per Calendar Year	\$0	\$6,000
<b>Out-of-Pocket Maximum (OPM)<sup>2*</sup> - Included Calendar Year Deductible, most Med Co-Ins, Copays</b>		
Per Individual Calendar Year	None	\$6,000
Per Family Per Calendar Year	None	\$12,000
<b>Coinsurance</b>		
	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
<b>Copays - Per visit unless otherwise noted</b>		
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 



# Let Us Pinpoint the Solution

## FOR YOU AND YOUR CLIENT:

- ✓ Transparent pricing
- ✓ Impactful savings
- ✓ Expert care navigation
- ✓ Healthier employees
- ✓ Growth for the business

## FOR EMPLOYEES:

- ✓ Low (or no) out-of-pocket costs
- ✓ No referrals required
- ✓ Access to any hospital or doctor nationwide
- ✓ Balance bill protection if needed
- ✓ Excellent customer service

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 Healthcare), Pinpoint Health Plan offers highly 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.**

## Pinpoint Health Plans Include:

- **Telemedicine**  
Immediate care for conditions like allergies, stings, coughs, and more
- **Maternity Program**  
Personal registered nurse to answer questions, prenatal visits, and more
- **Well Baby Care**  
Dedicated care for children to promote health and well-being
- **Pharmacy Coverage**  
\$0 copay when using preferred source and lower copay for mail order drugs

Break away from the blur of rising healthcare costs and pinpoint a solution right for your business with us.

Our Clients **Save**  
**10-15%** Every Year





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

Get a quote from Pinpoint today.



pinpoint<sup>®</sup>  
health benefits

In partnership with Crum and Forster

To learn more visit [pinpointhealthbenefits.com](https://pinpointhealthbenefits.com) 