



Harvard Pilgrim  
Health Care

# Massachusetts Individual & Family Product Guide Plan Year 2020

Guiding Massachusetts  
to better health.



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Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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# Insurance terms

## Cost sharing

The portion you pay for specific health care services like office visits, X-rays and prescriptions. Coinsurance, copayments and deductibles are all examples.

## Deductible

This is a set amount of money you pay out of your own pocket for certain services. For a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, the provider will send a bill. If prescription drugs fall under a plan's deductible, you will need to pay for them when you pick them up from the pharmacy. Copayments do not count toward a deductible.

## Copayments

The flat dollar amount you pay for certain services on your plan. There may be different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due at the time of an appointment or when picking up a prescription at the pharmacy.

## Coinsurance

A fixed percentage of costs you pay for covered services. For example, for a plan with coinsurance, you may have to pay 20% of a provider's bill for care, while Harvard Pilgrim pays 80%. Coinsurance is usually something paid after you have paid an annual deductible.

## HSA (health savings account)

This is an account that can help you pay for qualified health care expenses. You need to have a federally qualified high deductible health plan, such as the HMO HSA 2000 - Flex or PPO HSA 2000 - Flex, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

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## Important dates

### November 1, 2019 – January 23, 2020\*

2020 open enrollment period for selecting health care coverage

\*You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify for a Special Enrollment Period please call us at (800) 208-1221 and we will be happy to guide you through the process.

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## Out-of-pocket maximum

A limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet the out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

# Our promise: Guide you to better health.

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## **We give you access to more providers and hospitals than other health insurers offering coverage to individuals and families in Massachusetts.**

Harvard Pilgrim has a full range of health plans to meet your needs, with outstanding coverage, choice and value. You'll have access to more than 80,000 providers and 183 hospitals in New England.

## **Full and Select Network Plans**

We have full and select network plans, including HMO and PPO options. Our Focus HMO plans and Flex benefits are built around outstanding Massachusetts providers who deliver high-quality care and enable member savings.

## **New England & National Coverage**

Our regional network has more than 80,000 doctors and other clinicians, and 183 hospitals. Our PPO plans give members access to providers across the United States.

## **Our programs help you maximize your well-being.**

These programs and services are included in your plan.

## **Well-being Rewards Program**

Earn up to \$400 annually in Amazon gift cards by participating in a variety of fun and convenient activities that support your well-being when you purchase the Well-being Rewards Program. The program costs \$1.0% of premium. Your rewards can be much higher than the cost of the program, so investing in your well-being can really pay off! Visit [harvardpilgrim.org/wellbeingrewards](https://harvardpilgrim.org/wellbeingrewards) to get started.

## **Personal health coaching**

Through one-on-one coaching sessions over the phone and email check-ins, our certified health and wellness coaches will help you set realistic health goals, identify and address any barriers and keep track of your progress.

## **Care management**

When you're dealing with a chronic illness, getting better can involve much more than medical treatment. Our team of certified nurse care managers is there to help. They can reach out to you when and how it's best for you—at home, work or on the road—whether by phone, email or mobile app. Our "whole person" approach means that we get to know you and look at all of the factors that affect your well-being.

## We have ways to help you save money

Keep more money in your pocket with tools and programs designed to help you save.

### Health care cost estimator

Costs for the same test or procedure can vary greatly among different providers. Our online cost estimator can help you find less expensive options.

### Doctor On Demand

You won't pay cost sharing for virtual visits with Doctor On Demand providers. This applies to plans without an HSA. See page 6 for more information.

### Reduce My Costs

This voluntary program helps members find lower-cost facilities for elective outpatient medical procedures and diagnostic tests. Members may be eligible for a cash bonus from Harvard Pilgrim if they choose a more affordable option.

### Fitness reimbursement

You can receive reimbursement of \$150 or first month of fitness facility, studio or class membership costs—whichever is greater, per calendar year. A second family member can receive a maximum reimbursement of \$150, per calendar year. To qualify, members must be an active member of the fitness club for at least four months, or have taken a class for at least four months, within a calendar year. Members can choose to receive up to \$150 reimbursement for a fitness tracker in lieu of the fitness membership reimbursement.<sup>1</sup>

### Discounts & Savings

Save on a variety of products and services that can help you stay healthy:

- Vision
- Hearing
- Healthy eating
- Fitness
- Dental
- Holistic wellness
- Smoking cessation
- Family & senior care

## We're committed to our communities.

### Service is more than good business.

As a not-for-profit, service inspires our social mission. We're driven by a human concern for the particular health challenges our Massachusetts neighbors and communities face—and a dedication to helping resolve them.



**\$1.7M**  
GRANTS & SPONSORSHIPS

### Funding Programs in Massachusetts

In 2018, the Harvard Pilgrim Health Care Foundation supported local non-profit agencies and health initiatives with more \$1.7 million dollars in grants and sponsorships.

### Helping Older Adults Eat Better

A total of \$34,393 was awarded to Elder Services of the Merrimack Valley in Massachusetts to train older adults in healthy eating through an evidence-based curriculum.

### Supporting the LGBT Community

In 2019, for the seventh year in a row, Harvard Pilgrim received a perfect score of 100 percent on the Corporate Equality Index, a national benchmarking survey and report on corporate policies and practices related to lesbian, gay, bisexual, transgender and queer (LGBTQ) workplace equality.

<sup>1</sup> Reimbursement is limited to two members on a family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, consult your tax advisor.



# What we cover

## Core benefits



No matter which plan you choose,  
it will include these benefits.



### Alternative Services

20 acupuncture visits  
per year



### Hospitalization

Inpatient services,  
such as surgery



### Pregnancy, Maternity, and Newborn Care

Care before, during  
and after pregnancy



### Ambulatory Patient Services

Outpatient care without  
hospital admission



### Laboratory Services

Blood work,  
screenings, etc.



### Prescriptions

Access to safe, effective  
medications



### Emergency Services

Trips to the emergency  
room (ER), when  
medically necessary



### Mental Health and Substance Use Services

Counseling and  
psychotherapy



### Preventive Care & Chronic Disease Management

Doctor visits for wellness exams,  
shots, screenings, health  
maintenance, etc.



### Eye Exams

One preventive  
screening every year



### Pediatric Dental\* and Vision

Covers children  
up to age 19



### Rehabilitation & Habilitative Services and Devices

Rehab services, hospital  
beds, crutches, oxygen tanks

\*You can waive pediatric dental if you have a qualified pediatric dental plan in place.

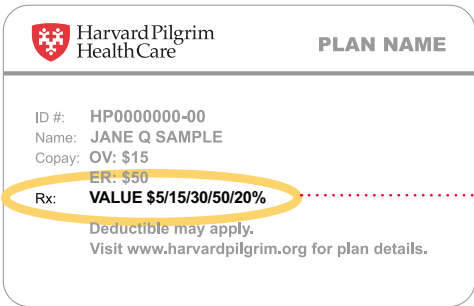
# Prescription drug benefits

Our prescription drug coverage focuses on choice and value to help you get the most out of your benefits.

All plans\* include our 5-tier prescription drug coverage: The lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. Members can fill prescriptions at retail pharmacies nationwide or through our mail order program.

### Is a prescription covered?

Visit [harvardpilgrim.org/rx](http://harvardpilgrim.org/rx). Select the year and the plan as shown on the ID card (example: Value 5-Tier), then look up drugs by tier or category.



Plan tiers

### How the Prescription Drug tiers work

| TIER   | VALUE 5-TIER   |
|--------|--|
| Tier 1 | Lower-cost generics  |
| Tier 2 | Higher-cost generics   |
| Tier 3 | Preferred brands (some higher-cost generics)                                     |
| Tier 4 | Non-preferred brands and preferred specialty (some higher-cost generics)         |
| Tier 5 | Non-preferred specialty drugs (including very high-cost brand and generic drugs) |

\*Standard Connector Plans have 3-Tier Value drug coverage.

# Behavioral health online or in person

We understand mental health and substance use issues can be complex, confusing and sometimes overwhelming, especially if you’re beginning your mental health journey.






Through our partnership with United Behavioral Health (also known as Optum), you have access to resources and treatment for a wide number

of behavioral health issues, such as depression or anxiety, ADHD, an eating disorder or concerns about substance use or addiction.

Our confidential Behavioral Health Access Center can help you understand your coverage and treatment options and make it easy for you to get started with treatment. Get started by calling (888) 777-4742.

# The care you need, when you need it

When your primary care provider's office isn't open, and you need medical care for a non-life-threatening injury or illness, you have options—other than the ER—that can save you time and money.

|   | Typical out-of-pocket costs   | Common symptoms   |
|---|---|---|
|  <b>Telemedicine services</b><br>Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer                                    | <b>New for 2020 - No cost sharing for Doctor On Demand urgent care virtual visits.<sup>1</sup></b>  | <ul style="list-style-type: none"> <li>• Coughs, colds</li> <li>• Sore/strep throat</li> <li>• Flu</li> <li>• Pediatric issues</li> <li>• Sinus and allergies</li> <li>• Nausea/diarrhea</li> <li>• Rashes and skin issues</li> <li>• Women's health: UTI's, yeast infections</li> <li>• Sports injuries</li> <li>• Eye issues</li> </ul> |
|  <b>Convenience care/retail clinic</b><br>Walk-in, convenience care or retail clinic (e.g. MinuteClinic inside of CVS pharmacy)                                 | <b>\$</b><br>Members typically pay a copayment for going to a participating clinic <sup>1</sup>   | <ul style="list-style-type: none"> <li>• Bronchitis</li> <li>• Ear infections</li> <li>• Eye infections</li> <li>• Skin conditions like poison ivy and ringworm</li> <li>• Strep throat</li> </ul>  |
|  <b>Freestanding urgent care clinic</b><br>Walk-in clinic for urgent care (e.g., ConvenientMD, Clear Choice or Concentra)                                     | <b>\$\$</b><br>Members typically pay a copayment for urgent care, sometimes a higher one than for an office visit or convenience care clinic visit <sup>1</sup> | <ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Infections</li> <li>• Coughs, cold and flu</li> </ul>   |
|  <b>Hospital-based urgent care clinic</b><br>Walk-in clinic for urgent care   | <b>\$\$\$</b><br>Members typically pay their deductible, then a hospital-based urgent care copay <sup>1</sup>   | <ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Infections</li> <li>• Coughs, cold and flu</li> </ul>   |
|  <b>Emergency room (ER)</b><br>Part of a local hospital<br><br>Members who think they are having medical emergencies should call 911 or go to the nearest ER. | <b>\$\$\$\$</b><br>Members typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible <sup>1</sup>               | <ul style="list-style-type: none"> <li>• Choking</li> <li>• Convulsions</li> <li>• Heart attack</li> <li>• Loss of consciousness</li> <li>• Major blood loss</li> <li>• Seizures</li> <li>• Severe head trauma</li> <li>• Shock</li> <li>• Stroke</li> </ul>  |

<sup>1</sup> What members pay out-of-pocket depends on their specific Harvard Pilgrim plan. If members have an HSA plan, the deductible and any additional cost sharing applies. Please refer to the plan documents for specific benefit.



# Plan choices

Harvard Pilgrim offers a number of plan options to meet your needs and budget.

When choosing a plan, consider several factors:

- Do you frequently go to the doctor or need medical treatment?
- Is having the flexibility to see doctors outside the network important to you?
- Do you regularly take medication? Or take several medications?
- Do you prefer a higher premium and lower payments when you receive treatment? Or lower premiums and higher payments?

## Types of Plans:

### HMO:

- Care within Harvard Pilgrim's network
- Select a PCP and get referrals for specialist visits

### PPO:

- Care within Harvard Pilgrim's network
- No need for referrals
- Option to go out-of-network and pay more in out-of-pocket expenses

### Limited Network (Focus)\*:

- HMO
- Lower-premium plan featuring a limited network of our high-performance providers

### Qualified High Deductible:

- HMO or PPO
- Meet a deductible before services are covered
- Some plans offer an HRA or HSA to help meet deductible and other out-of-pocket expenses

## Find the plan that best meets your needs

| Preferences   | HMO | PPO | Limited Network*                   | Qualified High Deductible |
|---|-----|-----|------------------------------------|---------------------------|
| My doctor participates in the network for my plan and I don't want to spend more money out-of-pocket. | ●   |     | ●                                  | ●                         |
| I want the freedom to see any doctor.   |     | ●   |                                    | ●                         |
| I want to save on my premium (money paid up front for health coverage).                               |     |     | ●                                  | ●                         |
| I want services to be covered up front and don't mind a higher premium.                               | ●   | ●   | ●<br>Plan may include a deductible |                           |
| I prefer to budget and keep track of all my health care expenses.                                     |     |     | ●                                  | ●                         |

\*These plans provide access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In these plans, you have coverage only from providers in the network specific to their plan. You should search the provider directory by plan name for a list of providers. You may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

# Massachusetts plan options

Our Massachusetts plans are designed to give you choice, flexibility and value in meeting your unique needs.

## Focus HMO Limited Network Plans\*\*

Focus is specially designed to help you lower costs, while still offering the benefits you want and need. Features include:

- Comprehensive HMO coverage with care from our extensive, high-performance network of providers across Massachusetts.
- 58 hospitals and more than 20,000 doctors and other clinicians across the state.

### How it works:

- You choose a PCP from the participating physicians across Massachusetts.
- Specialty care is available with a referral from the PCP to a Focus Easy Access specialist.
- Referrals are not necessary for some services, such as routine eye exams and most gynecological care.
- On rare occasions, specialty care cannot be provided by an Easy Access specialist or facility. In these instances, we have a limited number of additional providers who can be seen after a medical review and authorization for care from Harvard Pilgrim.

To find Focus doctors and hospitals

1. Visit [harvardpilgrim.org](http://harvardpilgrim.org) and select Find a Provider
2. Under Tiered/Network plans, select Focus Network

\*\*These plans provide access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In these plans, you have coverage only from providers in the network specific to their plan. You should search the provider directory by plan name for a list of providers. You may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

## HMO Core Plans

Harvard Pilgrim's HMO Core plan provides you with coverage for essential care focusing on your whole health. This plan can help you save money on premiums. And it can help you save on out-of-pocket costs, while only requiring a copayment for certain services.

- Services requiring only a copayment before deductible applies are:
  - Outpatient medical office visits (up to three per individual; up to six per family)
  - Physical, occupational and speech therapy
  - Routine eye exams
  - Outpatient behavioral health office visits (up to three per individual; up to six per family)
  - Acupuncture and chiropractic visits
  - Flex lab and Flex day surgery

## Flex Benefit for Routine Services

Costs for the same in-network medical service can vary widely depending on the type of location of the facility performing the service, with no significant difference in quality. Plans with the Flex benefit can help—they feature savings for members who use Flex facilities for general laboratory and day surgery services. Flex is included in all Individual and Family plans except Focus and select Connector plans.

Receiving services at a Flex facility can save you hundreds, or possibly thousands of dollars in out-of-pocket costs!\*

|                                     | Total average cost (facility) | Member cost range at non-Flex facility             | Member cost at a Flex facility |
|-------------------------------------|-------------------------------|--|--------------------------------|
| General lab work                    | \$10-\$125                    | From \$40 copay to deductible and \$75 copay       | \$0-\$20 copay*                |
| Day surgery (e.g. knee arthroscopy) | \$6,770-\$7,117               | From \$250 copay to deductible and 30% coinsurance | \$50-\$250 copay*              |

\*Copay varies based on specific plan. Deductible applies for HSA plans.

To find Flex facilities

1. Visit [harvardpilgrim.org](http://harvardpilgrim.org) and select Find a Provider
2. Under Standard Plans, select HMO-Flex or PPO-Flex
3. Then select Other Care Providers. Once in this search, select either General Laboratory or Ambulatory Surgical Center

See our wide range of plan offerings beginning on page 10, including cost-sharing information for each plan.

|                                   | PLATINUM   | GOLD   |
|-----------------------------------|--|--|
| <b>PRODUCT NAME</b>               | <b>HMO 25 - FLEX</b><br>MD0000005171, RX0000001887   | <b>HMO 500 - FLEX</b><br>MD0000005172, RX0000001883  |
| <b>OFFICE VISIT</b>               | \$25/\$40<br>Copay waived for first non-routine PCP visit  | \$25/\$50<br>Copay waived for first non-routine PCP visit  |
| <b>DEDUCTIBLE</b>                 | None/None  | \$500/\$1,000  |
| <b>ANNUAL OUT OF POCKET MAX</b>   | \$2,000/\$4,000  | \$6,500/\$13,000   |
| <b>COINSURANCE</b>                | None   | None   |
| <b>EMERGENCY ROOM</b>             | \$125  | \$300  |
| <b>HOSPITAL-BASED URGENT CARE</b> | \$40   | \$50   |
| <b>FREESTANDING URGENT CARE</b>   | \$40   | \$50   |
| <b>CONVENIENCE CARE</b>           | \$25   | \$25   |
| <b>INPATIENT</b>                  | \$1,000 per admit  | Ded then \$200 per admit   |
| <b>DAY SURGERY</b>                | Flex Provider: \$150<br>Other: \$500   | Flex Provider: \$50<br>Other: Ded then \$300   |
| <b>LABS</b>                       | Flex Provider: CIF<br>Other: \$40  | Flex Provider: CIF<br>Other: Ded then \$45   |
| <b>X-RAYS</b>                     | \$40   | Ded then \$45  |
| <b>SCANS: CT, MRI, PET</b>        | Non-hospital based: \$125 per procedure, Hospital based: \$200 per procedure   | Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure  |
| <b>PT/OT/ST</b>                   | Non-hospital based: \$25, Hospital based: \$40   | Non-hospital based: \$25, Hospital based: Ded then \$50  |
| <b>ACUPUNCTURE</b>                | \$40   | \$50   |
| <b>RX COST SHARING</b>            | <b>Retail:</b> \$5/\$25/\$40/\$60/20% (T5 \$250/script max)<br><b>Mail:</b> \$10/\$50/\$80/\$180/20% (T5 \$750/script max) | <b>Retail:</b> \$5/\$30/\$60/\$100/20% (T5 \$250/script max)<br><b>Mail:</b> \$10/\$60/\$120/\$300/20% (T5 \$750/script max) |

Please refer to the Schedule of Benefits for cost-sharing details.

# HMO (continued)

| PRODUCT NAME               | GOLD   |  |
|----------------------------|--|--|
|                            | HMO 1000 - FLEX<br>MD0000005173, RX0000001883  | HMO 1500 - FLEX<br>MD0000005174, RX0000001883  |
| OFFICE VISIT               | \$25/\$50<br>Copay waived for first non-routine PCP visit  | \$25/\$50<br>Copay waived for first non-routine PCP visit  |
| DEDUCTIBLE                 | \$1,000/\$2,000  | \$1,500/\$3,000  |
| ANNUAL OUT OF POCKET MAX   | \$6,500/\$13,000   | \$6,500/\$13,000   |
| COINSURANCE                | None   | None   |
| EMERGENCY ROOM             | \$300  | \$300  |
| HOSPITAL-BASED URGENT CARE | \$50   | \$50   |
| FREESTANDING URGENT CARE   | \$50   | \$50   |
| CONVENIENCE CARE           | \$25   | \$25   |
| INPATIENT                  | Ded then \$200 per admit   | Ded then \$250 per admit   |
| DAY SURGERY                | Flex Provider: \$50<br>Other: Ded then \$300   | Flex Provider: \$75<br>Other: Ded then \$300   |
| LABS                       | Flex Provider: CIF<br>Other: Ded then \$45   | Flex Provider: CIF<br>Other: Ded then \$45   |
| X-RAYS                     | Ded then \$45  | Ded then \$45  |
| SCANS: CT, MRI, PET        | Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure  | Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure  |
| PT/OT/ST                   | Non-hospital based: \$25, Hospital based: Ded then \$50  | Non-hospital based: \$25, Hospital based: Ded then \$50  |
| ACUPUNCTURE                | \$50   | \$50   |
| RX COST SHARING            | <b>Retail:</b> \$5/\$30/\$60/\$100/20% (T5 \$250/script max)<br><b>Mail:</b> \$10/\$60/\$120/\$300/20% (T5 \$750/script max) | <b>Retail:</b> \$5/\$30/\$60/\$100/20% (T5 \$250/script max)<br><b>Mail:</b> \$10/\$60/\$120/\$300/20% (T5 \$750/script max) |

Please refer to the Schedule of Benefits for cost-sharing details.

# HMO (continued)

| PRODUCT NAME               | GOLD  |  | GOLD   |  |
|----------------------------|---|--|--|--|
|                            | HMO 2000 - FLEX<br>MD0000005175, RX0000001883   |  | HMO 2000 WITH COINSURANCE - FLEX<br>MD0000005176, RX0000001883   |  |
|                            |   |  |  |  |
| OFFICE VISIT               | \$25/\$50<br>Copay waived for first non-routine PCP visit   |  | \$35/\$70<br>Copay waived for first non-routine PCP visit  |  |
| DEDUCTIBLE                 | \$2,000/\$4,000   |  | \$2,000/\$4,000  |  |
| ANNUAL OUT OF POCKET MAX   | \$6,500/\$13,000  |  | \$6,500/\$13,000   |  |
| COINSURANCE                | None  |  | 20%  |  |
| EMERGENCY ROOM             | \$300   |  | \$500  |  |
| HOSPITAL-BASED URGENT CARE | \$50  |  | \$70   |  |
| FREESTANDING URGENT CARE   | \$50  |  | \$70   |  |
| CONVENIENCE CARE           | \$25  |  | \$35   |  |
| INPATIENT                  | Ded then \$250 per admit  |  | Ded then 20%   |  |
| DAY SURGERY                | Flex Provider: \$75<br>Other: Ded then \$300  |  | Flex Provider: \$150<br>Other: Ded then 20%  |  |
| LABS                       | Flex Provider: CIF<br>Other: Ded then \$45  |  | Flex Provider: CIF<br>Other: Ded then 20%  |  |
| X-RAYS                     | Ded then \$45   |  | Ded then 20%   |  |
| SCANS: CT, MRI, PET        | Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure   |  | Non-hospital based: \$150 per procedure, Hospital based: Ded then 20%  |  |
| PT/OT/ST                   | Non-hospital based: \$25, Hospital based: Ded then \$50   |  | Non-hospital based: \$35 Hospital based: Ded then 20%  |  |
| ACUPUNCTURE                | \$50  |  | \$50   |  |
| RX COST SHARING            | <b>Retail:</b> \$5/\$30/\$60/\$100/20%<br>(T5 \$250/script max)<br><b>Mail:</b> \$10/\$60/\$120/\$300/20%,<br>(T5 \$750/script max) |  | <b>Retail:</b> \$5/\$30/\$60/\$100/20%<br>(T5 \$250/script max)<br><b>Mail:</b> \$10/\$60/\$120/\$300/20%<br>(T5 \$750/script max) |  |

Please refer to the Schedule of Benefits for cost-sharing details.

# HMO (continued)

| PRODUCT NAME               | SILVER   | SILVER   |
|----------------------------|--|--|
|                            | HMO 2500 - FLEX<br>MD0000005177, RX0000001888  | HMO 3500 - FLEX<br>MD0000005178, RX0000001888  |
| OFFICE VISIT               | \$60/\$75<br>Copay waived for first non-routine PCP visit  | \$40/\$65<br>Copay waived for first non-routine PCP visit  |
| DEDUCTIBLE                 | \$2,500/\$5,000  | \$3,500/\$7,000  |
| ANNUAL OUT OF POCKET MAX   | \$8,000/\$16,000   | \$8,000/\$16,000   |
| COINSURANCE                | None   | None   |
| EMERGENCY ROOM             | \$1,000  | Ded then \$650   |
| HOSPITAL-BASED URGENT CARE | \$75   | \$65   |
| FREESTANDING URGENT CARE   | \$75   | \$65   |
| CONVENIENCE CARE           | \$60   | \$40   |
| INPATIENT                  | Ded then \$1,000 Per admit   | Ded then \$1,000 per admit   |
| DAY SURGERY                | Flex Provider: \$250<br>Other: Ded then \$1,000  | Flex Provider: \$250<br>Other: Ded then \$750  |
| LABS                       | Flex Provider: CIF<br>Other: Ded then \$75   | Flex Provider: CIF<br>Other: Ded then \$65   |
| X-RAYS                     | Ded then \$75  | Ded then \$65  |
| SCANS: CT, MRI, PET        | Non-hospital based: \$750 per procedure, Hospital based: Ded then \$1,000 per procedure  | Non-hospital based: \$250 per procedure, Hospital based: Ded then \$750 per procedure  |
| PT/OT/ST                   | Non-hospital based: \$50, Hospital based: Ded then \$75  | Non-hospital based: \$40, Hospital based: Ded then \$65  |
| ACUPUNCTURE                | \$50   | \$50   |
| RX COST SHARING            | <b>Retail:</b> \$5/\$30/\$80/\$120/20% (T5 \$500/script max)<br><b>Mail:</b> \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) | <b>Retail:</b> \$5/\$30/\$80/\$120/20% (T5 \$500/script max)<br><b>Mail:</b> \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) |

Please refer to the Schedule of Benefits for cost-sharing details.



# HMO CORE

|                                   | GOLD   | SILVER   |
|-----------------------------------|--|--|
| <b>PRODUCT NAME</b>               | <b>HMO 1750 CORE - FLEX</b><br>MD0000005179, RX0000001889  | <b>HMO 3500 CORE - FLEX</b><br>MD0000005180, RX0000001888  |
| <b>OFFICE VISIT</b>               | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%  | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%  |
| <b>DEDUCTIBLE</b>                 | \$1,750/\$3,500  | \$3,500/\$7,000  |
| <b>ANNUAL OUT OF POCKET MAX</b>   | \$8,000/\$16,000   | \$8,000/\$16,000   |
| <b>COINSURANCE</b>                | 20%  | 30%  |
| <b>EMERGENCY ROOM</b>             | Ded then \$250   | Ded then \$250   |
| <b>HOSPITAL-BASED URGENT CARE</b> | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%  | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%  |
| <b>FREESTANDING URGENT CARE</b>   | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%  | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%  |
| <b>CONVENIENCE CARE</b>           | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%  | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%  |
| <b>INPATIENT</b>                  | Ded then 20%   | Ded then 30%   |
| <b>DAY SURGERY</b>                | Flex Provider: \$150<br>Other: Ded then 20%  | Flex Provider: \$150<br>Other: Ded then 30%  |
| <b>LABS</b>                       | Flex: CIF<br>Other: Ded then 20%   | Flex Provider: CIF<br>Other: Ded then 30%  |
| <b>X-RAYS</b>                     | Ded then 20%   | Ded then 30%   |
| <b>SCANS: CT, MRI, PET</b>        | Ded then 20%   | Ded then 30%   |
| <b>PT/OT/ST</b>                   | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%  | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%  |
| <b>ACUPUNCTURE</b>                | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%  | \$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%  |
| <b>RX COST SHARING</b>            | <b>Retail:</b> \$5/\$30/\$60/\$100/20%<br>(T5 \$250/script max)<br><br><b>Mail:</b> \$10/\$60/\$120/\$300/20%<br>(T5 \$750/script max) | <b>Retail:</b> \$5/\$30/\$80/\$120/20%<br>(T5 \$500/script max)<br><br><b>Mail:</b> \$10/\$60/\$160/\$360/20%<br>(T5 \$1,500/script max) |

Please refer to the Schedule of Benefits for cost-sharing details.

# HMO HSA

| PRODUCT NAME               | SILVER  | SILVER  |
|----------------------------|---|---|
|                            | HMO HSA 2000 - FLEX<br>MD0000005181, RX0000001890   | HMO HSA 3000 - FLEX<br>MD0000005182, RX0000001891   |
|                            |   |   |
| OFFICE VISIT               | Ded then \$35/Ded then \$55   | Ded then \$35/Ded then \$55   |
| DEDUCTIBLE                 | \$2,000/\$4,000   | \$3,000/\$6,000   |
| ANNUAL OUT OF POCKET MAX   | \$6,850/\$13,700  | \$6,850/\$13,700  |
| COINSURANCE                | None  | None  |
| EMERGENCY ROOM             | Ded then \$400  | Ded then \$400  |
| HOSPITAL-BASED URGENT CARE | Ded then \$55   | Ded then \$55   |
| FREESTANDING URGENT CARE   | Ded then \$55   | Ded then \$55   |
| CONVENIENCE CARE           | Ded then \$35   | Ded then \$35   |
| INPATIENT                  | Ded then \$500 per admit  | Ded then \$500 per admit  |
| DAY SURGERY                | Flex Provider: Ded then CIF<br>Other: Ded then \$250  | Flex Provider: Ded then CIF<br>Other: Ded then \$250  |
| LABS                       | Flex Provider: Ded then CIF<br>Other: Ded then \$55   | Flex Provider: Ded then CIF<br>Other: Ded then \$55   |
| X-RAYS                     | Ded then \$55   | Ded then \$55   |
| SCANS: CT, MRI, PET        | Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure  | Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure  |
| PT/OT/ST                   | Non-hospital based: Ded then \$35, Hospital based: Ded then \$55  | Non-hospital based: Ded then \$35, Hospital based: Ded then \$55  |
| ACUPUNCTURE                | Ded then \$50   | Ded then \$50   |
| RX COST SHARING            | <b>Retail:</b> Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)<br><b>Mail:</b> Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)<br>Preventive Rx applies | <b>Retail:</b> Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)<br><b>Mail:</b> Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)<br>Preventive Rx applies |

Please refer to the Schedule of Benefits for cost-sharing details.

# HMO HSA (continued)

## BRONZE

### HMO HSA 3400 - FLEX

MD0000005183, RX0000001892

#### PRODUCT NAME

|                            |   |
|----------------------------|---|
|                            |   |
|                            |   |
| OFFICE VISIT               | Ded then \$40/Ded then \$65   |
| DEDUCTIBLE                 | \$3,400/\$6,800   |
| ANNUAL OUT OF POCKET MAX   | \$6,850/\$13,700  |
| COINSURANCE                | 20%   |
| EMERGENCY ROOM             | Ded then \$750  |
| HOSPITAL-BASED URGENT CARE | Ded then \$65   |
| FREESTANDING URGENT CARE   | Ded then \$65   |
| CONVENIENCE CARE           | Ded then \$40   |
| INPATIENT                  | Ded then 20%  |
| DAY SURGERY                | Flex Provider: Ded then \$250<br>Other: Ded then \$1,000  |
| LABS                       | Flex Provider: Ded then CIF<br>Other: Ded then \$65   |
| X-RAYS                     | Ded then \$65   |
| SCANS: CT, MRI, PET        | Non-hospital based: Ded then \$500 per procedure, Hospital based: Ded then \$1,000 per procedure  |
| PT/OT/ST                   | Non-hospital based: Ded then \$40,<br>Hospital based: Ded then \$65   |
| ACUPUNCTURE                | Ded then \$50   |
| RX COST SHARING            | <p><b>Retail:</b> Ded then \$5/\$30/50%/50%/50%,<br/>(T3 \$125/script max, T4 \$250/script max,<br/>T5 \$500/script max)</p> <p><b>Mail:</b> Ded then \$10/\$60/50%/50%/50%<br/>(T3 \$250/script max, T4 \$750/script max,<br/>T5 \$1,500/script max)<br/>Preventive Rx applies</p> |

Please refer to the Schedule of Benefits for cost-sharing details.

# FOCUS HMO

|                            | PLATINUM   | GOLD   |
|----------------------------|--|--|
| PRODUCT NAME               | <b>FOCUS HMO 25</b><br>MD0000005184, RX0000001887  | <b>FOCUS HMO 1500</b><br>MD0000005185, RX0000001883  |
| OFFICE VISIT               | \$25/\$40<br>Copay waived for first non-routine PCP visit  | \$25/\$50<br>Copay waived for first non-routine PCP visit  |
| DEDUCTIBLE                 | None/None  | \$1,500/\$3,000  |
| ANNUAL OUT OF POCKET MAX   | \$2,000/\$4,000  | \$6,500/\$13,000   |
| COINSURANCE                | None   | None   |
| EMERGENCY ROOM             | \$125  | \$300  |
| HOSPITAL-BASED URGENT CARE | \$40   | \$50   |
| FREESTANDING URGENT CARE   | \$40   | \$50   |
| CONVENIENCE CARE           | \$25   | \$25   |
| INPATIENT                  | \$1,000 per admit  | Ded then \$250 per admit   |
| DAY SURGERY                | \$500  | Ded then \$300   |
| LABS                       | \$40   | Ded then \$45  |
| X-RAYS                     | \$40   | Ded then \$45  |
| SCANS: CT, MRI, PET        | \$125 per procedure  | Ded then \$300 per procedure   |
| PT/OT/ST                   | \$25   | Ded then \$25  |
| ACUPUNCTURE                | \$40   | \$50   |
| RX COST SHARING            | <b>Retail:</b> \$5/\$25/\$40/\$60/20%<br>(T5 \$250/script max)<br><br><b>Mail:</b> \$10/\$50/\$80/\$180/20%<br>(T5 \$750/script max) | <b>Retail:</b> \$5/\$30/\$60/\$100/20%<br>(T5 \$250/script max)<br><br><b>Mail:</b> \$10/\$60/\$120/\$300/20%<br>(T5 \$750/script max) |

Please refer to the Schedule of Benefits for cost-sharing details.

# FOCUS HMO (continued)

## BRONZE

### FOCUS HMO HSA 3400

MD0000005186, RX0000001892

#### PRODUCT NAME

|                            |   |
|----------------------------|---|
|                            |   |
|                            |   |
| OFFICE VISIT               | Ded then \$40/Ded then \$65   |
| DEDUCTIBLE                 | \$3,400/\$6,800   |
| ANNUAL OUT OF POCKET MAX   | \$6,850/\$13,700  |
| COINSURANCE                | 20%   |
| EMERGENCY ROOM             | Ded then \$750  |
| HOSPITAL-BASED URGENT CARE | Ded then \$65   |
| FREESTANDING URGENT CARE   | Ded then \$65   |
| CONVENIENCE CARE           | Ded then \$40   |
| INPATIENT                  | Ded then 20%  |
| DAY SURGERY                | Ded then \$1,000  |
| LABS                       | Ded then \$65   |
| X-RAYS                     | Ded then \$65   |
| SCANS: CT, MRI, PET        | Ded then \$750 per procedure  |
| PT/OT/ST                   | Ded then \$40   |
| ACUPUNCTURE                | Ded then \$50   |
|                            | <p><b>Retail:</b> Ded then \$5/\$30/50%/50%/50%,<br/>(T3 \$125/script max, T4 \$250/script max,<br/>T5 \$500/script max)</p> <p><b>Mail:</b> Ded then \$10/\$60/50%/50%/50%<br/>(T3 \$250/script max, T4 \$750/script max,<br/>T5 \$1,500/script max)<br/>Preventive Rx applies</p> |
| RX COST SHARING            |   |

Please refer to the Schedule of Benefits for cost-sharing details.

## PLATINUM

### PPO 25 - FLEX

MD0000005187, RX0000001887

## GOLD

### PPO 500 - FLEX

MD0000005188, RX0000001883

#### PRODUCT NAME

|                            | In-Network   | Out-of-Network  | In-Network   | Out-of-Network    |
|----------------------------|--|-----------------|--|-------------------|
| OFFICE VISIT               | \$25/\$40<br>Copay waived for first non-routine PCP visit  | Ded then 20%    | \$25/\$50 Copay waived for first non-routine PCP visit   | Ded then 20%      |
| DEDUCTIBLE                 | None/None  | \$500/\$1,000   | \$500/\$1,000  | \$1,000/\$2,000   |
| ANNUAL OUT OF POCKET MAX   | \$2,000/\$4,000  | \$4,000/\$8,000 | \$6,500/\$13,000   | \$13,000/\$26,000 |
| COINSURANCE                | None   | 20%             | None   | 20%               |
| EMERGENCY ROOM             | \$125  |                 | \$300  |                   |
| HOSPITAL-BASED URGENT CARE | \$40   | Ded then 20%    | \$50   | Ded then 20%      |
| FREESTANDING URGENT CARE   | \$40   | Ded then 20%    | \$50   | Ded then 20%      |
| CONVENIENCE CARE           | \$25   | Ded then 20%    | \$25   | Ded then 20%      |
| INPATIENT                  | \$1,000 per admit  | Ded then 20%    | Ded then \$200 per admit   | Ded then 20%      |
| DAY SURGERY                | Flex Provider: \$150<br>Other: \$500   | Ded then 20%    | Flex Provider: \$50<br>Other: Ded then \$300   | Ded then 20%      |
| LABS                       | Flex Provider: CIF<br>Other: \$40  | Ded then 20%    | Flex Provider: CIF<br>Other: Ded then \$45   | Ded then 20%      |
| X-RAYS                     | \$40   | Ded then 20%    | Ded then \$45  | Ded then 20%      |
| SCANS: CT, MRI, PET        | Non-hospital based: \$125 per procedure,<br>Hospital based: \$200 per procedure  | Ded then 20%    | Non-hospital based: \$200 per procedure,<br>Hospital based: Ded then \$300 per procedure   | Ded then 20%      |
| PT/OT/ST                   | Non-hospital based: \$25, Hospital based: \$40   | Ded then 20%    | Non-hospital based: \$25, Hospital based: Ded then \$50  | Ded then 20%      |
| ACUPUNCTURE                | \$40   | Ded then 20%    | \$50   | Ded then 20%      |
| RX COST SHARING            | <b>Retail:</b> \$5/\$25/\$40/\$60/20%<br>(T5 \$250/script max)<br><br><b>Mail:</b> \$10/\$50/\$80/\$180/20%<br>(T5 \$750/script max) |                 | <b>Retail:</b> \$5/\$30/\$60/\$100/20%<br>(T5 \$250/script max)<br><br><b>Mail:</b> \$10/\$60/\$120/\$300/20%<br>(T5 \$750/script max) |                   |

Please refer to the Schedule of Benefits for cost-sharing details.



# PPO (continued)

GOLD

**PPO 1000 - FLEX**

MD0000005189, RX0000001883

GOLD

**PPO 1500 - FLEX**

MD0000005190, RX0000001883

**PRODUCT NAME**

|                                   | In-Network   | Out-of-Network    | In-Network   | Out-of-Network    |
|-----------------------------------|--|-------------------|--|-------------------|
| <b>OFFICE VISIT</b>               | \$25/\$50 Copay waived for first non-routine PCP visit   | Ded then 20%      | \$25/\$50 Copay waived for first non-routine PCP visit   | Ded then 20%      |
| <b>DEDUCTIBLE</b>                 | \$1,000/\$2,000  | \$2,000/\$4,000   | \$1,500/\$3,000  | \$3,000/\$6,000   |
| <b>ANNUAL OUT OF POCKET MAX</b>   | \$6,500/\$13,000   | \$13,000/\$26,000 | \$6,500/\$13,000   | \$13,000/\$26,000 |
| <b>COINSURANCE</b>                | None   | 20%               | None   | 20%               |
| <b>EMERGENCY ROOM</b>             | \$300  |                   | \$300  |                   |
| <b>HOSPITAL-BASED URGENT CARE</b> | \$50   | Ded then 20%      | \$50   | Ded then 20%      |
| <b>FREESTANDING URGENT CARE</b>   | \$50   | Ded then 20%      | \$50   | Ded then 20%      |
| <b>CONVENIENCE CARE</b>           | \$25   | Ded then 20%      | \$25   | Ded then 20%      |
| <b>INPATIENT</b>                  | Ded then \$200 per admit   | Ded then 20%      | Ded then \$250 per admit   | Ded then 20%      |
| <b>DAY SURGERY</b>                | Flex Provider: \$50<br>Other: Ded then \$300   | Ded then 20%      | Flex Provider: \$75<br>Other: Ded then \$300   | Ded then 20%      |
| <b>LABS</b>                       | Flex Provider: CIF<br>Other: Ded then \$45   | Ded then 20%      | Flex Provider: CIF<br>Other: Ded then \$45   | Ded then 20%      |
| <b>X-RAYS</b>                     | Ded then \$45  | Ded then 20%      | Ded then \$45  | Ded then 20%      |
| <b>SCANS: CT, MRI, PET</b>        | Non-hospital based: \$200 per procedure,<br>Hospital based: Ded then \$300 per procedure   | Ded then 20%      | Non-hospital based: \$200 per procedure,<br>Hospital based: Ded then \$300 per procedure   | Ded then 20%      |
| <b>PT/OT/ST</b>                   | Non-hospital based: \$25, Hospital based: Ded then \$50  | Ded then 20%      | Non-hospital based: \$25, Hospital based: Ded then \$50  | Ded then 20%      |
| <b>ACUPUNCTURE</b>                | \$50   | Ded then 20%      | \$50   | Ded then 20%      |
| <b>RX COST SHARING</b>            | <b>Retail:</b> \$5/\$30/\$60/\$100/20%<br>(T5 \$250/script max)<br><br><b>Mail:</b> \$10/\$60/\$120/\$300/20%<br>(T5 \$750/script max) |                   | <b>Retail:</b> \$5/\$30/\$60/\$100/20%<br>(T5 \$250/script max)<br><br><b>Mail:</b> \$10/\$60/\$120/\$300/20%<br>(T5 \$750/script max) |                   |

Please refer to the Schedule of Benefits for cost-sharing details.

# PPO (continued)

GOLD

**PPO 2000 - FLEX**

MD0000005163, RX0000001883

GOLD

**PPO 2000 WITH COINSURANCE - FLEX**

MD0000005191, RX0000001883

**PRODUCT NAME**

|                                   | In-Network   | Out-of-Network    | In-Network   | Out-of-Network    |
|-----------------------------------|--|-------------------|--|-------------------|
| <b>OFFICE VISIT</b>               | \$25/\$50<br>Copay waived for first non-routine PCP visit  | Ded then 20%      | \$35/\$70<br>Copay waived for first non-routine PCP visit  | Ded then 20%      |
| <b>DEDUCTIBLE</b>                 | \$2,000/\$4,000  | \$4,000/\$8,000   | \$2,000/\$4,000  | \$4,000/\$8,000   |
| <b>ANNUAL OUT OF POCKET MAX</b>   | \$6,500/\$13,000   | \$13,000/\$26,000 | \$6,500/\$13,000   | \$13,000/\$26,000 |
| <b>COINSURANCE</b>                | None   | 20%               | 20%  | 40%               |
| <b>EMERGENCY ROOM</b>             | \$300  |                   | \$500  |                   |
| <b>HOSPITAL-BASED URGENT CARE</b> | \$50   | Ded then 20%      | \$70   | Ded then 20%      |
| <b>FREESTANDING URGENT CARE</b>   | \$50   | Ded then 20%      | \$70   | Ded then 20%      |
| <b>CONVENIENCE CARE</b>           | \$25   | Ded then 20%      | \$35   | Ded then 20%      |
| <b>INPATIENT</b>                  | Ded then \$250 per admit   | Ded then 20%      | Ded then 20%   | Ded then 40%      |
| <b>DAY SURGERY</b>                | Flex Provider: \$75<br>Other: Ded then \$300   | Ded then 20%      | Flex Provider: \$150<br>Other: Ded then 20%  | Ded then 20%      |
| <b>LABS</b>                       | Flex Provider: CIF<br>Other: Ded then \$45   | Ded then 20%      | Flex Provider: CIF<br>Other: Ded then 20%  | Ded then 20%      |
| <b>X-RAYS</b>                     | Ded then \$45  | Ded then 20%      | Ded then 20%   | Ded then 40%      |
| <b>SCANS: CT, MRI, PET</b>        | Non-hospital based: \$200 per procedure,<br>Hospital based: Ded then \$300 per procedure   | Ded then 20%      | Non-hospital based: \$150 per procedure,<br>Hospital based: Ded then 20%   | Ded then 40%      |
| <b>PT/OT/ST</b>                   | Non-hospital based: \$25, Hospital based: Ded then \$50  | Ded then 20%      | Non-hospital based: \$35 Hospital based: Ded then 20%  | Ded then 40%      |
| <b>ACUPUNCTURE</b>                | \$50   | Ded then 20%      | \$50   | Ded then 20%      |
| <b>RX COST SHARING</b>            | <b>Retail:</b> \$5/\$30/\$60/\$100/20%<br>(T5 \$250/script max)<br><b>Mail:</b> \$10/\$60/\$120/\$300/20%<br>(T5 \$750/script max) |                   | <b>Retail:</b> \$5/\$30/\$60/\$100/20%<br>(T5 250/script max)<br><b>Mail:</b> \$10/\$60/\$120/\$300/20%<br>(T5 \$750/script max) |                   |

Please refer to the Schedule of Benefits for cost-sharing details.

# PPO (continued)

SILVER

**PPO 3500 - FLEX**

MD0000005192, RX0000001888

## PRODUCT NAME

|                            | In-Network   | Out-of-Network    |
|----------------------------|--|-------------------|
| OFFICE VISIT               | \$40/\$65 Copay waived for first non-routine PCP visit   | Ded then 20%      |
| DEDUCTIBLE                 | \$3,500/\$7,000  | \$7,000/\$14,000  |
| ANNUAL OUT OF POCKET MAX   | \$8,000/\$16,000   | \$16,000/\$32,000 |
| COINSURANCE                | None   | 20%               |
| EMERGENCY ROOM             | Ded then \$650   |                   |
| HOSPITAL-BASED URGENT CARE | \$65   | Ded then 20%      |
| FREESTANDING URGENT CARE   | \$65   | Ded then 20%      |
| CONVENIENCE CARE           | \$40   | Ded then 20%      |
| INPATIENT                  | Ded then \$1,000 per admit   | Ded then 20%      |
| DAY SURGERY                | Flex Provider: \$250<br>Other: Ded then \$750  | Ded then 20%      |
| LABS                       | Flex Provider: CIF<br>Other: Ded then \$65   | Ded then 20%      |
| X-RAYS                     | Ded then \$65  | Ded then 20%      |
| SCANS: CT, MRI, PET        | Non-hospital based: \$250 per procedure,<br>Hospital based: Ded then \$750 per procedure   | Ded then 20%      |
| PT/OT/ST                   | Non-hospital based: \$40, Hospital based: Ded then \$65  | Ded then 20%      |
| ACUPUNCTURE                | \$50   | Ded then 20%      |
| RX COST SHARING            | <b>Retail:</b> \$5/\$30/\$80/\$120/20%<br>(T5 \$500/script max)<br><br><b>Mail:</b> \$10/\$60/\$160/\$360/20%<br>(T5 \$1,500/script max) |                   |

Please refer to the Schedule of Benefits for cost-sharing details.

# PPO HSA

SILVER

**PPO HSA 2000 - FLEX**

MD0000005193, RX0000001890

SILVER

**PPO HSA 3000 - FLEX**

MD0000005194, RX0000001891

## PRODUCT NAME

|                            | In-Network  | Out-of-Network    | In-Network  | Out-of-Network    |
|----------------------------|---|-------------------|---|-------------------|
| OFFICE VISIT               | Ded then \$35/Ded then \$55   | Ded then 20%      | Ded then \$35/Ded then \$55   | Ded then 20%      |
| DEDUCTIBLE                 | \$2,000/\$4,000   | \$4,000/\$8,000   | \$3,000/\$6,000   | \$6,000/\$12,000  |
| ANNUAL OUT OF POCKET MAX   | \$6,850/\$13,700  | \$13,700/\$27,400 | \$6,850/\$13,700  | \$13,700/\$27,400 |
| COINSURANCE                | None  | 20%               | None  | 20%               |
| EMERGENCY ROOM             | Ded then \$400  |                   | Ded then \$400  |                   |
| HOSPITAL-BASED URGENT CARE | Ded then \$55   | Ded then 20%      | Ded then \$55   | Ded then 20%      |
| FREESTANDING URGENT CARE   | Ded then \$55   | Ded then 20%      | Ded then \$55   | Ded then 20%      |
| CONVENIENCE CARE           | Ded then \$35   | Ded then 20%      | Ded then \$35   | Ded then 20%      |
| INPATIENT                  | Ded then \$500 per admit  | Ded then 20%      | Ded then \$500 per admit  | Ded then 20%      |
| DAY SURGERY                | Flex Provider: Ded then CIF Other: Ded then \$250   | Ded then 20%      | Flex Provider: Ded then CIF Other: Ded then \$250   | Ded then 20%      |
| LABS                       | Flex Provider: Ded then CIF Other: Ded then \$55  | Ded then 20%      | Flex Provider: Ded then CIF Other: Ded then \$55  | Ded then 20%      |
| X-RAYS                     | Ded then \$55   | Ded then 20%      | Ded then \$55   | Ded then 20%      |
| SCANS: CT, MRI, PET        | Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure  | Ded then 20%      | Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure  | Ded then 20%      |
| PT/OT/ST                   | Non-hospital based: Ded then \$35, Hospital based: Ded then \$55  | Ded then 20%      | Non-hospital based: Ded then \$35, Hospital based: Ded then \$55  | Ded then 20%      |
| ACUPUNCTURE                | Ded then \$50   | Ded then 20%      | Ded then \$50   | Ded then 20%      |
| RX COST SHARING            | <b>Retail:</b> Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)<br><b>Mail:</b> Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)<br>Preventive Rx applies |                   | <b>Retail:</b> Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)<br><b>Mail:</b> Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)<br>Preventive Rx applies |                   |

Please refer to the Schedule of Benefits for cost-sharing details.

# PPO HSA (continued)

## BRONZE

### PPO HSA 3400 - FLEX

MD0000005195, RX0000001892

## BRONZE

### PPO HSA 4500 - FLEX

MD0000005196, RX0000001893

#### PRODUCT NAME

|                            | In-Network  | Out-of-Network    | In-Network  | Out-of-Network    |
|----------------------------|---|-------------------|---|-------------------|
| OFFICE VISIT               | Ded then \$40/Ded then \$65   | Ded then 20%      | Ded then \$40/Ded then \$65   | Ded then 20%      |
| DEDUCTIBLE                 | \$3,400/\$6,800   | \$6,800/\$13,600  | \$4,500/\$9,000   | \$7,500/\$15,000  |
| ANNUAL OUT OF POCKET MAX   | \$6,850/\$13,700  | \$13,700/\$27,400 | \$6,850/\$13,700  | \$13,700/\$27,400 |
| COINSURANCE                | 20%   | 20%               | None  | 20%               |
| EMERGENCY ROOM             | Ded then \$750  |                   | Ded then \$750  |                   |
| HOSPITAL-BASED URGENT CARE | Ded then \$65   | Ded then 20%      | Ded then \$65   | Ded then 20%      |
| FREESTANDING URGENT CARE   | Ded then \$65   | Ded then 20%      | Ded then \$65   | Ded then 20%      |
| CONVENIENCE CARE           | Ded then \$40   | Ded then 20%      | Ded then \$40   | Ded then 20%      |
| INPATIENT                  | Ded then 20%  | Ded then 20%      | Ded then \$1,000 per admit  | Ded then 20%      |
| DAY SURGERY                | Flex Provider: Ded then \$250 Other: Ded then \$1,000   | Ded then 20%      | Flex Provider: Ded then \$250 Other: Ded then \$1,000   | Ded then 20%      |
| LABS                       | Flex Provider: Ded then CIF Other: Ded then \$65  | Ded then 20%      | Flex Provider: Ded then CIF Other: Ded then \$65  | Ded then 20%      |
| X-RAYS                     | Ded then \$65   | Ded then 20%      | Ded then \$65   | Ded then 20%      |
| SCANS: CT, MRI, PET        | Non-hospital based: Ded then \$500 per procedure, Hospital based: Ded then \$1,000 per procedure  | Ded then 20%      | Non-hospital based: Ded then \$500 per procedure, Hospital based: Ded then \$1,000 per procedure  | Ded then 20%      |
| PT/OT/ST                   | Non-hospital based: Ded then \$40, Hospital based: Ded then \$65  | Ded then 20%      | Non-hospital based: Ded then \$40, Hospital based: Ded then \$65  | Ded then 20%      |
| ACUPUNCTURE                | Ded then \$50   | Ded then 20%      | Ded then \$50   | Ded then 20%      |
| RX COST SHARING            | <b>Retail:</b> Ded then \$5/\$30/50%/50%/50%, (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)<br><b>Mail:</b> Ded then \$10/\$60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max)<br>Preventive Rx applies |                   | <b>Retail:</b> Ded then \$5/\$30/50%/50%/50%, (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)<br><b>Mail:</b> Ded then \$10/\$60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max)<br>Preventive Rx applies |                   |

Please refer to the Schedule of Benefits for cost-sharing details.

# CONNECTOR PLANS

|                            | PLATINUM   | GOLD  |
|----------------------------|--|---|
| PRODUCT NAME               | STANDARD PLATINUM - FLEX<br>MD0000005157, RX0000001592 | STANDARD HIGH GOLD - FLEX<br>MD0000005158, RX0000001765     |
| OFFICE VISIT               | \$20/\$40  | \$25/\$45   |
| DEDUCTIBLE                 | None/None  | \$1,000/\$2,000   |
| ANNUAL OUT OF POCKET MAX   | \$3,000/\$6,000  | \$5,000/\$10,000  |
| COINSURANCE                | None   | None  |
| EMERGENCY ROOM             | \$150  | Ded then \$150  |
| HOSPITAL-BASED URGENT CARE | \$40   | \$45  |
| FREESTANDING URGENT CARE   | \$40   | \$45  |
| CONVENIENCE CARE           | \$20   | \$25  |
| INPATIENT                  | \$500 per admit  | Ded then \$500 per admit                                    |
| DAY SURGERY                | Flex Provider: \$100<br>Other: \$250                   | Flex Provider: \$100<br>Other: Ded then \$250               |
| LABS                       | CIF  | Flex Provider: CIF<br>Other: Ded then \$25                  |
| X-RAYS                     | CIF  | Ded then \$25   |
| SCANS: CT, MRI, PET        | Non-hospital based: \$50<br>Hospital based: \$150      | Non-hospital based: \$100<br>Hospital based: Ded then \$200 |
| PT/OT/ST                   | Non-hospital based: \$20<br>Hospital based: \$40       | Non-hospital based: \$20<br>Hospital based: \$45            |
| ACUPUNCTURE                | \$40   | \$45  |
| RX COST SHARING            | Retail: \$10/\$25/\$50<br>Mail: \$20/\$50/\$150        | Retail: \$20/\$40/\$60<br>Mail: \$40/\$80/\$180             |

Please refer to the Schedule of Benefits for cost-sharing details.



# CONNECTOR PLANS

|                            | GOLD  | SILVER  |
|----------------------------|---|---|
| PRODUCT NAME               | <b>STANDARD LOW GOLD - FLEX</b><br>MD0000005159, RX0000001879                                       | <b>STANDARD SILVER</b><br>MD0000005160, RX0000001880                              |
|                            |   |   |
| OFFICE VISIT               | \$30/\$55   | \$30/\$60   |
| DEDUCTIBLE                 | \$2,000/\$4,000   | \$2,000/\$4,000   |
| ANNUAL OUT OF POCKET MAX   | \$5,600/\$11,200  | \$8,150/\$16,300  |
| COINSURANCE                | None  | None  |
| EMERGENCY ROOM             | Ded then \$350  | Ded then \$350  |
| HOSPITAL-BASED URGENT CARE | \$55  | \$60  |
| FREESTANDING URGENT CARE   | \$55  | \$60  |
| CONVENIENCE CARE           | \$30  | \$30  |
| INPATIENT                  | Ded then \$750 per admit  | Ded then \$1,000 per admit  |
| DAY SURGERY                | Flex Provider: \$250<br>Other: Ded then \$500   | Ded then \$500 per visit  |
| LABS                       | Flex Provider: \$20<br>Other: Ded then \$50   | Ded then \$60   |
| X-RAYS                     | Ded then \$75   | Ded then \$75   |
| SCANS: CT, MRI, PET        | Non-hospital based: \$200<br>Hospital based: Ded then \$300   | Ded then \$500 per procedure  |
| PT/OT/ST                   | Non-hospital based: \$25<br>Hospital based: \$55  | \$60  |
| ACUPUNCTURE                | \$50  | \$50  |
|                            |   |   |
| RX COST SHARING            | <b>Retail:</b> \$25/Ded then \$50/Ded then \$125<br><b>Mail:</b> \$50/Ded then \$100/Ded then \$375 | <b>Retail:</b> \$30/\$60/Ded then \$100<br><b>Mail:</b> \$60/\$120/Ded then \$300 |

Please refer to the Schedule of Benefits for cost-sharing details.

# CONNECTOR PLANS

|   | SILVER   | BRONZE   |
|---|--|--|
| PRODUCT NAME  | STANDARD LOW SILVER HSA - FLEX*<br>MD00000005161, RX00000001881  | STANDARD HIGH BRONZE<br>MD00000005162, RX00000001882                                     |
|   |  |  |
| OFFICE VISIT  | Ded then \$30/Ded then \$60  | Ded then \$30/Ded then \$60  |
| DEDUCTIBLE  | \$2,000/\$4,000  | \$2,900/\$5,800  |
| ANNUAL OUT OF POCKET MAX                                | \$6,850/\$13,700   | \$8,150/\$16,300   |
| COINSURANCE   | None   | None   |
| EMERGENCY ROOM  | Ded then \$300   | Ded then \$350   |
| HOSPITAL-BASED URGENT CARE                              | Ded then \$60  | Ded then \$60  |
| FREESTANDING URGENT CARE                                | Ded then \$60  | Ded then \$60  |
| CONVENIENCE CARE  | Ded then \$30  | Ded then \$30  |
| INPATIENT   | Ded then \$750 per admit   | Ded then \$750 per admit   |
| DAY SURGERY   | Flex Provider: Ded then \$250<br>Other: Ded then \$500   | Ded then \$500   |
| LABS  | Flex Provider: Ded then \$20<br>Other: Ded then \$60   | Ded then \$60  |
| X-RAYS  | Ded then \$75  | Ded then \$75  |
| SCANS: CT, MRI, PET                                     | Non-hospital based: Ded then \$200<br>Hospital based: Ded then \$500   | Ded then \$500 per procedure   |
| PT/OT/ST  | Non-hospital based: Ded then \$30<br>Hospital based: Ded then \$60   | Ded then \$60  |
| ACUPUNCTURE   | Ded then \$50  | \$50   |
| RX COST SHARING   | Retail: Ded then \$30/Ded then \$60/<br>Ded then \$105<br><br>Mail: Ded then \$60/Ded then \$120/<br>Ded then \$315<br><br>Preventive Rx applies | Retail: \$30/Ded then \$60/Ded then \$125<br><br>Mail: \$60/Ded then \$120/Ded then \$37 |
| * Must be purchased directly through<br>Harvard Pilgrim |  |  |

Please refer to the Schedule of Benefits for cost-sharing details.

# How to enroll



To purchase directly from Harvard Pilgrim, visit us at [harvardpilgrim.org](https://www.harvardpilgrim.org).

## Renewing your plan

If you bought a 2019 plan directly from Harvard Pilgrim, we will send you a renewal package in late October.

To keep your current plan, continue to pay your monthly premium and we will renew your coverage automatically.

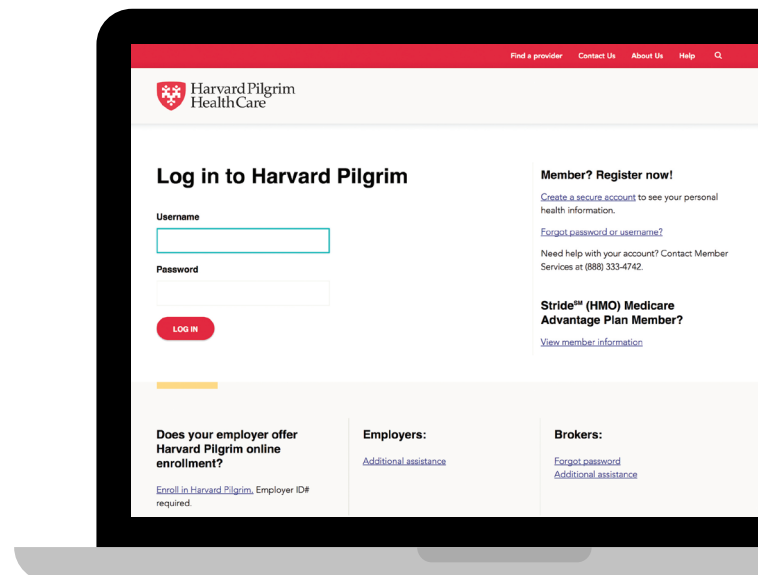
To change your plan, you must call us at [\(866\) 890-6470](tel:8668906470).

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# Set up your member account

Once your membership becomes effective, be sure to set up your online member account at [harvardpilgrim.org](https://www.harvardpilgrim.org). Use your mobile phone, tablet or computer to:

- Get your electronic ID card
- Choose your primary care provider (PCP)
- Make sure your providers are in your plan's network before upcoming appointments
- Look up your prescriptions to see how they are covered
- Check your claims and deductible status



# Important legal information

## What's not covered in our plans

For a full list of services not covered, please refer to plan documents. Typically, exclusions include:

### HMO and PPO

- Alternative services and treatments
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Routine foot care, except for preventive foot care for members with diabetes
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs except as provided in wellness benefits
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services, which were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment for members who are not medically infertile
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance
- (HMO ONLY) Delivery outside the Service Area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery

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## Limitations for Massachusetts Individual Plans

- Acupuncture – 20 visits per year
- Physical therapy and occupational therapy – combined 60 visits per year
- Skilled nursing facility – 100 days per year
- Inpatient rehabilitation – 60 days per year
- Routine eye exam – 1 exam per year
- Wig – 1 synthetic monofilament wig per year

## General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

### Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@harvardpilgrim.org](mailto:civil_rights@harvardpilgrim.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

**Español (Spanish)** ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-877-907-4742 (TTY: 711).

**Português (Portuguese)** ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-877-907-4742 (TTY: 711).

**Kreyòl Ayisyen (French Creole)** ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-877-907-4742 (TTY: 711).

**繁體中文 (Traditional Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-907-4742 (TTY: 711)。

**Tiếng Việt (Vietnamese)** CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-877-907-4742 (TTY: 711).

**Русский (Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-907-4742 (телетайп: 711).

**العربية (Arabic)**

إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 877-907-4742

(TTY: 711)

**ខ្មែរ (Cambodian)** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរស័ព្ទ 1-877-907-4742 (TTY: 711)។

**Français (French)** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-907-4742 (ATS: 711).

**Italiano (Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-907-4742 (TTY: 711).

**한국어 (Korean)** '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-907-4742 (TTY: 711) 번으로 전화해 주십시오.

**ελληνικά (Greek)** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-877-907-4742 (TTY: 711).

**Polski (Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-907-4742 (TTY: 711).

**हिंदी (Hindi)** ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-877-907-4742 (TTY: 711)

**ગુજરાતી (Gujarati)** ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-877-907-4742 (TTY: 711)

**ພາສາລາວ (Lao)** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-907-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-907-4742 (TTY: 711).



# Contact us



Harvard Pilgrim  
HealthCare

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

**93 Worcester Street, Wellesley, MA 02481**

Already a member?

**(866) 673-2638** (Renewing your coverage)

**(877) 907-4742** (Questions about your current benefits)

Not yet a member?

**(855) 354-4742**

TTY: **711**