



Harvard Pilgrim
Health Care

2021

**"I want a local
insurer that
understands
our needs."**



Summary of Benefits

Harvard Pilgrim's StrideSM (HMO) Medicare Advantage Plan

New Hampshire

Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford and Sullivan counties

Y0098_21095_M Accepted

StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS) and StrideSM Value Rx Plus (HMO)

Summary of Benefits

January 1, 2021 – December 31, 2021

This is a summary of drug and health services covered by StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS) and StrideSM Value Rx Plus (HMO) for January 1, 2021 - December 31, 2021.

Harvard Pilgrim is a HMO/HMO-POS plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The complete list of services is found in the Evidence of Coverage (EOC) which is available online at www.harvardpilgrim.org/stridedocuments. To order a copy of the Evidence of Coverage, please call our Member Services department (phone number listed on the back cover).

To join StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS) and StrideSM Value Rx Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New Hampshire: Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan. *Only StrideSM Value Rx Plus (HMO) is available in Strafford County.

StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS) and StrideSM Value Rx Plus (HMO) have a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, the plan may not pay for these services. However, if you enroll in our Choice Rx (HMO-POS) plan, you may use either in- or out-of-network providers for certain covered services. Please keep in mind that with Choice Rx (HMO-POS), not all covered services are available out-of-network.

NOTE:

Services with a ¹ may require authorization from the plan.

An individual service will rarely require both authorization and referral, although both may be indicated in this booklet. For more information about whether a particular item or service requires a referral or an authorization, please call our Member Services department (the phone number listed on the back cover).

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: You pay \$0	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: You pay \$44	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: You pay \$54	Strafford County: You pay \$128 Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: You pay \$123
Deductible	Medical Deductible including Part B Prescription Drugs: You pay \$0. Prescription Drug Deductible: You pay a \$445 deductible per year for Part D prescription drugs except for Tier 1 and Tier 2, which are excluded from the deductible.	Medical Deductible including Part B Prescription Drugs: You pay \$0. Prescription Drug Deductible: You pay a \$270 deductible per year for Part D prescription drugs except for Tier 1 and Tier 2, which are excluded from the deductible.	Medical Deductible including Part B Prescription Drugs: You pay \$0. Prescription Drug Deductible: You pay a \$270 deductible per year for Part D prescription drugs except for Tier 1 and Tier 2, which are excluded from the deductible.	Medical Deductible including Part B Prescription Drugs: You pay \$0. Prescription Drug Deductible: You pay a \$270 deductible per year for Part D prescription drugs except for Tier 1 and Tier 2, which are excluded from the deductible.
Maximum Out-of-Pocket This is the yearly limit that you will pay out-of-pocket for covered medical services. This amount does not include your monthly premium or any prescription drug costs.	\$6,700 annually for Medicare-covered services.	\$5,600 annually for Medicare-covered services.	<i>In- and Out-of-network:</i> \$5,600 annually for Medicare-covered services.	\$5,000 annually for Medicare-covered services.

Harvard Pilgrim's Covered Services and Important Information	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
Inpatient Hospital Care¹ Our plan covers an unlimited number of days for an inpatient hospital stay.	You pay a \$370 copayment per day for days 1 - 5, then \$0 copayment after day 5.	You pay a \$300 copayment per day for days 1 - 6, then \$0 copayment after day 6.	<i>In-network:</i> You pay a \$275 copayment per day for days 1 - 6, then \$0 copayment after day 6. <i>Out-of-network:</i> Not covered	You pay a \$275 copayment per day for days 1 - 6, then \$0 copayment after day 6.
Outpatient Hospital Coverage¹	You pay a \$300 copayment per visit.	You pay a \$250 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$250 copayment per visit.	You pay a \$250 copayment per visit.
Outpatient Hospital Observation¹ Observation is a hospital outpatient service you get while your doctor decides whether to admit you as an inpatient or discharge you. You can get observation services in the emergency department or another area of the hospital.	You pay a \$300 copayment per visit.	You pay a \$250 copayment per visit.	You pay a \$250 copayment per visit.	You pay a \$250 copayment per visit.
Outpatient Surgery¹	You pay a \$300 copayment at an Ambulatory Surgical Center or an Outpatient Hospital Surgery department.	You pay a \$250 copayment at an Ambulatory Surgical Center or an Outpatient Hospital Surgery department.	<i>In- and Out-of-network:</i> You pay a \$250 copayment at an Ambulatory Surgical Center or an Outpatient Hospital Surgery department.	You pay a \$250 copayment at an Ambulatory Surgical Center or an Outpatient Hospital Surgery department.

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Physician/Practitioner Services <ul style="list-style-type: none"> Primary Care 	You pay a \$10 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Primary Care Physician's office.	You pay a \$0 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Primary Care Physician's office.	<i>In- and Out-of-network:</i> You pay a \$0 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Primary Care Physician's office.	You pay a \$0 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Primary Care Physician's office.
<ul style="list-style-type: none"> Retail/Convenience Care Clinics 	You pay a \$20 copayment per visit.	You pay a \$20 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$20 copayment per visit.	You pay a \$20 copayment per visit.
<ul style="list-style-type: none"> Specialists 	You pay a \$40 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Specialist's office.	You pay a \$35 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Specialist's office.	<i>In- and Out-of-network:</i> You pay a \$30 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Specialist's office.	You pay a \$30 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Specialist's office.
<ul style="list-style-type: none"> Acupuncture Routine acupuncture visits are covered by the plan as part of your Wallet Benefit. 	You pay a \$20 copayment per visit for Medicare-covered services.	You pay a \$20 copayment per visit for Medicare-covered services.	<i>In- and Out-of-network:</i> You pay a \$20 copayment per visit for Medicare-covered services.	You pay a \$20 copayment per visit for Medicare-covered services.
<ul style="list-style-type: none"> Chiropractic Care Routine visits for chiropractic care are covered by the plan as part of your Wallet Benefit. 	You pay a \$20 copayment per visit for Medicare-covered services.	You pay a \$20 copayment per visit for Medicare-covered services.	<i>In- and Out-of-network:</i> You pay a \$20 copayment per visit for Medicare-covered services.	You pay a \$20 copayment per visit for Medicare-covered services.

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Medicare-Covered Preventive Care (e.g. vaccine and diabetes screenings) Any additional preventive services approved by Original Medicare during the contract year will also be covered by the plan.	You pay nothing for most Medicare-covered preventive services. Your cost for some Medicare-covered preventive services may be greater than a \$0 copayment.	You pay nothing for most Medicare-covered preventive services. Your cost for some Medicare-covered preventive services may be greater than a \$0 copayment.	<i>In-and Out-of-network:</i> You pay nothing for most Medicare-covered preventive services. Your cost for some Medicare-covered preventive services may be greater than a \$0 copayment.	You pay nothing for most Medicare-covered preventive services. Your cost for some Medicare-covered preventive services may be greater than a \$0 copayment.
Annual Physical Exam This exam is in addition to your Medicare-covered Annual Wellness Visit.	You pay nothing.	You pay nothing.	<i>In-network:</i> You pay nothing. <i>Out-of-network:</i> Not covered	You pay nothing.
Emergency Care Cost sharing is waived if you are admitted to the hospital within 24 hours of your emergency room visit, regardless of whether admitted as an inpatient or for outpatient observation services.	You pay a \$90 copayment per visit.	You pay a \$90 copayment per visit.	You pay a \$90 copayment per visit.	You pay a \$90 copayment per visit.

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Urgently Needed Services Cost sharing is waived if you are admitted to the hospital within 24 hours of your urgent care visit, regardless of whether admitted as an inpatient or for outpatient observation services.	You pay a \$50 copayment per visit.	You pay a \$50 copayment per visit.	You pay a \$50 copayment per visit.	You pay a \$50 copayment per visit.
Outpatient Diagnostic Tests and Therapeutic Services¹ <ul style="list-style-type: none"> Diagnostic radiology, such as MRIs and CT scans 	You pay a \$300 copayment per visit.	You pay a \$250 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$250 copayment per visit.	You pay a \$250 copayment per visit.
<ul style="list-style-type: none"> Labs, X-rays and ultrasounds 	You pay a \$20 copayment per visit.	You pay a \$10 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$15 copayment per visit.	You pay a \$15 copayment per visit.
<ul style="list-style-type: none"> Therapeutic radiology, such as radiation treatment for cancer 	You pay a \$60 copayment per visit.	You pay a \$60 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$60 copayment per visit.	You pay a \$60 copayment per visit.

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Hearing Services				
<ul style="list-style-type: none"> Medicare-covered diagnostic hearing exams 	You pay a \$40 copayment per visit.	You pay a \$35 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$30 copayment per visit.	You pay a \$30 copayment per visit.
<ul style="list-style-type: none"> Routine hearing includes exams and hearing aids. <p>You must see a TruHearing® provider to get your routine benefit. The plan covers up to two TruHearing®-branded hearing aids every year.</p>	<p>Annual hearing exam – You pay a \$40 copayment.</p> <p>Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.</p>	<p>Annual hearing exam – You pay a \$35 copayment.</p> <p>Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.</p>	<p><i>In-network:</i> Annual hearing exam – You pay a \$30 copayment.</p> <p>Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.</p> <p><i>Out-of-network:</i> Not covered</p>	<p>Annual hearing exam – You pay a \$30 copayment.</p> <p>Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Dental Services</p> <ul style="list-style-type: none"> o Medicare-covered dental services o Routine dental You may see any licensed dentist who agrees to submit claims for you. However, we have negotiated rates with dentists who participate in the Dental Benefit Providers Inc. (DBP) network. This means that dentists who do not participate in the DBP network may charge more. As a result, your plan's benefit limit may be reached more quickly. Visit our website to view a listing of DBP's participating dentists at www.harvardpilgrim.org/strideproviders. 	<p>You pay a \$40 copayment per visit.</p> <p>There is a \$500 benefit limit each year for the following routine dental services:</p> <ul style="list-style-type: none"> • Periodic oral exams • Cleanings (adult prophylaxis) • Bitewing X-rays • Complete series or panoramic X-rays • Periodontal exams and cleanings (to treat gum disease) <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.</p>	<p>You pay a \$35 copayment per visit.</p> <p>There is a \$500 benefit limit each year for the following routine dental services:</p> <ul style="list-style-type: none"> • Periodic oral exams • Cleanings (adult prophylaxis) • Bitewing X-rays • Complete series or panoramic X-rays • Periodontal exams and cleanings (to treat gum disease) <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.</p>	<p><i>In- and Out-of-network:</i> You pay a \$30 copayment per visit.</p> <p>There is a \$500 benefit limit each year for the following routine dental services:</p> <ul style="list-style-type: none"> • Periodic oral exams • Cleanings (adult prophylaxis) • Bitewing X-rays • Complete series or panoramic X-rays • Periodontal exams and cleanings (to treat gum disease) <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.</p>	<p>You pay a \$30 copayment per visit.</p> <p>There is a \$500 benefit limit each year for the following routine dental services:</p> <ul style="list-style-type: none"> • Periodic oral exams • Cleanings (adult prophylaxis) • Bitewing X-rays • Complete series or panoramic X-rays • Periodontal exams and cleanings (to treat gum disease) <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Vision Services <ul style="list-style-type: none"> Medicare-covered eye exams Refractions are covered in full when medically necessary to diagnose or treat conditions of the eye. Medicare-covered eyewear (post cataract surgery) 	<p>You pay a \$0 copayment for Diabetic Retinopathy screening. You pay a \$40 copayment for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copayment.</p>	<p>You pay a \$0 copayment for Diabetic Retinopathy screening. You pay a \$35 copayment for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copayment.</p>	<p><i>In-and Out-of-network:</i> You pay a \$0 copayment for Diabetic Retinopathy screening. You pay a \$30 copayment for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p><i>In-and out-of-network:</i> You pay a \$0 copayment.</p>	<p>You pay a \$0 copayment for Diabetic Retinopathy screening. You pay a \$30 copayment for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copayment.</p>
<ul style="list-style-type: none"> Routine vision <p>You are covered for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year.</p>	<p>Annual eye exam, including refraction – You pay a \$0 copayment.</p> <p>Corrective eyewear – You pay a \$0 copayment after reimbursement through your Wallet Benefit.</p>	<p>Annual eye exam, including refraction – You pay a \$0 copayment.</p> <p>Corrective eyewear – You pay a \$0 copayment after reimbursement through your Wallet Benefit.</p>	<p><i>In-network:</i> Annual eye exam, including refraction – You pay a \$0 copayment.</p> <p>Corrective eyewear – You pay a \$0 copayment after reimbursement through your Wallet Benefit.</p> <p><i>Out-of-network:</i> Not covered</p>	<p>Annual eye exam, including refraction – You pay a \$0 copayment.</p> <p>Corrective eyewear – You pay a \$0 copayment after reimbursement through your Wallet Benefit.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Behavioral Health Services <ul style="list-style-type: none"> Inpatient stay¹ <p>Our plan covers an unlimited number of days for an inpatient hospital admission at a psychiatric hospital</p>	You pay a \$370 copayment per day for days 1- 5, then \$0 copayment after day 5.	You pay a \$300 copayment per day for days 1- 6, then \$0 copayment after day 6.	<i>In-network:</i> You pay a \$275 copayment per day for days 1- 6, then \$0 copayment after day 6. <i>Out-of-network:</i> Not covered	You pay a \$275 copayment per day for days 1- 6, then \$0 copayment after day 6.
<ul style="list-style-type: none"> Partial hospitalization¹ Outpatient substance abuse services, including opioid treatment programs Outpatient visit with a psychiatrist or other licensed health care professional 	<p>You pay a \$55 copayment per day.</p> <p>You pay a \$40 copayment per individual or group therapy visit.</p> <p>You pay a \$40 copayment per individual or group therapy visit.</p>	<p>You pay a \$55 copayment per day.</p> <p>You pay a \$35 copayment per individual or group therapy visit.</p> <p>You pay a \$35 copayment per individual or group therapy visit.</p>	<p><i>In- and Out-of-network:</i> You pay a \$55 copayment per day.</p> <p><i>In- and Out-of-network:</i> You pay a \$30 copayment per individual or group therapy visit.</p> <p><i>In- and Out-of-network:</i> You pay a \$30 copayment per individual or group therapy visit.</p>	<p>You pay a \$55 copayment per day.</p> <p>You pay a \$30 copayment per individual or group therapy visit.</p> <p>You pay a \$30 copayment per individual or group therapy visit.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Skilled Nursing Facility Care (SNF)¹ Our plan covers up to 100 days per admission. A hospital stay prior to admission is not required.	You pay a \$0 copayment per day for days 1-20, then \$184 copayment per day for days 21-100 After day 100, you pay the entire cost for the remainder of your stay with the exception of certain services.	You pay a \$0 copayment per day for days 1-20, then \$184 copayment per day for days 21-100 After day 100, you pay the entire cost for the remainder of your stay with the exception of certain services.	<i>In-network:</i> You pay a \$0 copayment per day for days 1-20, then \$184 copayment per day for days 21-100 After day 100, you pay the entire cost for the remainder of your stay with the exception of certain services. <i>Out-of-network:</i> Not covered	You pay a \$0 copayment per day for days 1-20, then \$184 copayment per day for days 21-100 After day 100, you pay the entire cost for the remainder of your stay with the exception of certain services.
Outpatient Rehabilitation¹ <ul style="list-style-type: none"> ○ Occupational therapy ○ Physical therapy ○ Speech - language therapy ○ Cardiac therapy ○ Pulmonary therapy ○ Supervised Exercise Therapy for Symptomatic Peripheral Artery Disease 	You pay a \$20 copayment per visit for all outpatient rehabilitation services.	You pay a \$10 copayment per visit for all outpatient rehabilitation services.	<i>In- and Out-of-network:</i> You pay a \$10 copayment per visit for all outpatient rehabilitation services.	You pay a \$10 copayment per visit for all outpatient rehabilitation services.
Ambulance Services¹ Authorization is not required in a medical emergency.	You pay a \$250 copayment per one-way trip.	You pay a \$250 copayment per one-way trip.	<i>In- and Out-of-network:</i> You pay a \$200 copayment per one-way trip.	You pay a \$200 copayment per one-way trip.

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Non-Emergency Medical Transportation¹</p> <p>For members who need help going up and down stairs or otherwise need help getting from their home or medical appointment to the vehicle. This includes members who must travel while lying down on a stretcher or while in a wheelchair.</p>	<p>You pay a \$25 copayment per one-way trip to plan-approved locations.</p>	<p>You pay a \$25 copayment per one-way trip to plan-approved locations.</p>	<p><i>In- and Out-of-network:</i> You pay a \$25 copayment per one-way trip to plan-approved locations.</p>	<p>You pay a \$25 copayment per one-way trip to plan-approved locations.</p>
<p>Medicare Part B Drugs¹</p> <p>Most categories of Part B prescription drugs are subject to Step Therapy.</p> <p>For a complete list of Part B Drugs that may be subject to Step Therapy, visit www.harvardpilgrim.org/s/tridesteptherapyb.</p>	<p>You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.</p>	<p>You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.</p>	<p><i>In- and Out-of-network:</i> You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.</p>	<p>You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Foot Care (Podiatry Services) Routine foot care may be covered if you have diabetes-related nerve damage and/or meet certain conditions.	You pay a \$40 copayment per visit for Medicare-covered exams and treatment.	You pay a \$35 copayment per visit for Medicare-covered exams and treatment.	<i>In- and Out-of-network:</i> You pay a \$30 copayment per visit for Medicare-covered exams and treatment.	You pay a \$30 copayment per visit for Medicare-covered exams and treatment.
Durable Medical Equipment and Related Supplies¹ <ul style="list-style-type: none"> Durable Medical Equipment (e.g. wheelchairs, oxygen) 	You pay 20% of the total cost.	You pay 20% of the total cost.	<i>In- and Out-of-network:</i> You pay 20% of the total cost.	You pay 20% of the total cost.
<ul style="list-style-type: none"> Prosthetics (e.g. braces, artificial limbs) 	You pay 20% of the total cost.	You pay 20% of the total cost.	<i>In- and Out-of-network:</i> You pay 20% of the total cost.	You pay 20% of the total cost.
<ul style="list-style-type: none"> Diabetes supplies (Brands by Abbott Diabetes Care preferred.) 	You pay a \$0 copayment. Authorization is not required for preferred quantities and brands.	You pay a \$0 copayment. Authorization is not required for preferred quantities and brands.	<i>In- and Out-of-network:</i> You pay a \$0 copayment. Authorization is not required for preferred quantities and brands.	You pay a \$0 copayment. Authorization is not required for preferred quantities and brands.
<ul style="list-style-type: none"> Therapeutic continuous glucose monitoring systems 	You pay a \$0 copayment.	You pay a \$0 copayment.	<i>In- and Out-of-network:</i> You pay a \$0 copayment.	You pay a \$0 copayment.

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Over-the-Counter Benefit Please contact the plan or visit our website for specific instructions on using this benefit and for our listing of covered Over-the-Counter items. View the catalog online at www.harvardpilgrim.org/s/tridedocuments .	Our plan offers a \$150 yearly allowance to cover Medicare-approved items that are purchased from our catalog for the member's use.	Our plan offers a \$200 yearly allowance to cover Medicare-approved items that are purchased from our catalog for the member's use.	<i>In-network:</i> Our plan offers a \$250 yearly allowance to cover Medicare-approved items that are purchased from our catalog for the member's use. <i>Out-of-network:</i> Not covered	Our plan offers a \$250 yearly allowance to cover Medicare-approved items that are purchased from our catalog for the member's use.
Additional Telehealth Services <ul style="list-style-type: none"> o Diabetes self-management training o Kidney disease education services o Outpatient mental health care, including psychiatrists o Outpatient substance abuse services, including Opioid Treatment Program o Primary care providers o Specialists o Other health care professionals, including retail/convenience care clinics 	Virtual services available to plan members are telehealth (i.e. using video and sound technology to securely communicate live, as if you were right there in your provider's office), virtual check-ins (i.e. simple phone calls with your provider) and e-visits (i.e. exchanging messages with your provider through an online patient portal). Always ask your providers whether they offer virtual services.	Virtual services available to plan members are telehealth (i.e. using video and sound technology to securely communicate live, as if you were right there in your provider's office), virtual check-ins (i.e. simple phone calls with your provider) and e-visits (i.e. exchanging messages with your provider through an online patient portal). Always ask your providers whether they offer virtual services.	<i>In- and Out-of-network:</i> Virtual services available to plan members are telehealth (i.e. using video and sound technology to securely communicate live, as if you were right there in your provider's office), virtual check-ins (i.e. simple phone calls with your provider) and e-visits (i.e. exchanging messages with your provider through an online patient portal). Always ask your providers whether they offer virtual services.	Virtual services available to plan members are telehealth (i.e. using video and sound technology to securely communicate live, as if you were right there in your provider's office), virtual check-ins (i.e. simple phone calls with your provider) and e-visits (i.e. exchanging messages with your provider through an online patient portal). Always ask your providers whether they offer virtual services.

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Additional Telehealth Services, continued <ul style="list-style-type: none"> Urgently needed services 	<p>Copayments for telehealth services are the same as for in-person visits with your providers.</p> <p>You pay \$0 copayment for virtual check-ins and e-visits.</p>	<p>Copayments for telehealth services are the same as for in-person visits with your providers.</p> <p>You pay \$0 copayment for virtual check-ins and e-visits.</p>	<p>Copayments for telehealth services are the same as for in-person visits with your providers.</p> <p>You pay \$0 copayment for virtual check-ins and e-visits.</p>	<p>Copayments for telehealth services are the same as for in-person visits with your providers.</p> <p>You pay \$0 copayment for virtual check-ins and e-visits.</p>
Wallet Benefit <p>Covers the cost of any of the following items or services:</p> <ul style="list-style-type: none"> Acupuncture Visits Alternative Therapies Bathroom Safety Devices and Their Installation Chiropractor Visits Massage Therapy Fitness Tracking Device (i.e. Fitbit) Fitness Membership or Classes 	<p>You get a \$250 annual allowance to reimburse you for the cost of covered services.*</p> <p>There is no cost to you for covered items and services until the benefit limit is reached. Once the plan has reimbursed you for \$250, you are responsible for all charges.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations and exclusion apply.)</p>	<p>You get a \$325 annual allowance to reimburse you for the cost of covered services.*</p> <p>There is no cost to you for covered items and services until the benefit limit is reached. Once the plan has reimbursed you for \$325, you are responsible for all charges.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations and exclusion apply.)</p>	<p>You get a \$400 annual allowance to reimburse you for the cost of covered services.*</p> <p>There is no cost to you for covered items and services until the benefit limit is reached. Once the plan has reimbursed you for \$400, you are responsible for all charges.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations and exclusion apply.)</p>	<p>You get a \$400 annual allowance to reimburse you for the cost of covered services.*</p> <p>There is no cost to you for covered items and services until the benefit limit is reached. Once the plan has reimbursed you for \$400, you are responsible for all charges.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations and exclusion apply.)</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Wallet Benefit, continued <ul style="list-style-type: none"> Memory fitness subscription Corrective Eyewear (see Vision Care earlier in this booklet) 	<p>Practitioners of any covered service (e.g., Alternative Therapies or Massage Therapy) must be licensed or certified in the state where they provide the service.</p> <p>Acupuncture and Chiropractor visits for routine care are not covered by Original Medicare.</p>	<p>Practitioners of any covered service (e.g., Alternative Therapies or Massage Therapy) must be licensed or certified in the state where they provide the service.</p> <p>Acupuncture and Chiropractor visits for routine care are not covered by Original Medicare.</p>	<p>Practitioners of any covered service (e.g., Alternative Therapies or Massage Therapy) must be licensed or certified in the state where they provide the service.</p> <p>Acupuncture and Chiropractor visits for routine care are not covered by Original Medicare.</p>	<p>Practitioners of any covered service (e.g., Alternative Therapies or Massage Therapy) must be licensed or certified in the state where they provide the service.</p> <p>Acupuncture and Chiropractor visits for routine care are not covered by Original Medicare.</p>
Worldwide Emergency/Urgent Coverage <p>You are covered for urgently needed services or medical emergencies, including emergency transportation by ambulance, when you are traveling outside the United States or its territories.</p>	<p>You pay a \$90 copayment for urgent care.</p> <p>You pay a \$90 copayment for emergency care.</p> <p>You pay a \$250 copayment for emergency ambulance.</p> <p>Copayments for these services inside the US and its territories are listed earlier in this booklet.</p>	<p>You pay a \$90 copayment for urgent care.</p> <p>You pay a \$90 copayment for emergency care.</p> <p>You pay a \$250 copayment for emergency ambulance.</p> <p>Copayments for these services inside the US and its territories are listed earlier in this booklet.</p>	<p>You pay a \$90 copayment for urgent care.</p> <p>You pay a \$90 copayment for emergency care.</p> <p>You pay a \$200 copayment for emergency ambulance.</p> <p>Copayments for these services inside the US and its territories are listed earlier in this booklet.</p>	<p>You pay a \$90 copayment for urgent care.</p> <p>You pay a \$90 copayment for emergency care.</p> <p>You pay a \$200 copayment for emergency ambulance.</p> <p>Copayments for these services inside the US and its territories are listed earlier in this booklet.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Worldwide Emergency/Urgent Coverage, continued</p> <p>If you pay the entire cost yourself when you receive care, you will need to ask the plan to pay you back for its share of the cost.</p> <p>Copayments for emergency and urgent care is waived when you are admitted to the hospital within 24 hours of your visit, regardless of whether admitted as an inpatient or for outpatient observation services. However, cost sharing for emergency ambulance services is not waived.</p>				

PRESCRIPTION DRUG BENEFIT				
<p>We offer additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan (enhanced drug coverage), such as prescription vitamins and drugs to treat erectile dysfunction. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage Stage.</p> <p>You pay a \$35 copayment for a 30-day supply of select insulins covered under Part D in the Deductible, Initial Coverage and Coverage Gap stages of your prescription drug benefit.</p>				
Part D Coverage	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO- POS)	StrideSM Value Rx Plus (HMO)
Deductible	<p>During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs.</p> <p>You stay in this stage until you have paid \$445 for your Tier 3, 4 and 5 drugs</p>	<p>During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs.</p> <p>You stay in this stage until you have paid \$270 for your Tier 3, 4 and 5 drugs</p>	<p>During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs.</p> <p>You stay in this stage until you have paid \$270 for your Tier 3, 4 and 5 drugs</p>	<p>During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs.</p> <p>You stay in this stage until you have paid \$270 for your Tier 3, 4 and 5 drugs</p>
Initial Coverage	After you pay your yearly deductible, you pay the cost sharing described below. You may get your drugs at pharmacies in our network, including retail and mail order pharmacies.			
Coverage Gap	<p>If your total yearly drug costs (which is the amount paid by both you and Harvard Pilgrim) reach \$4,130, you move into the Coverage Gap. Most Medicare drug plans have a coverage gap.</p> <p>During this stage, you will continue to pay a \$0 copayment for Tier 1 drugs and a \$35 copayment for a 30-day supply for select insulins.</p> <p>For all covered drugs, you pay 25% of the total cost for brand-name drugs (plus a portion of the dispensing fee) and 25% of the total cost for generic drugs. During this stage, drug manufacturers pay some of your brand-name drug costs. This amount counts towards moving you into the next stage of the Part D benefit, Catastrophic Coverage.</p>			
Catastrophic Coverage	<p>After your out-of-pocket drug costs (the amount paid by you and/or others on your behalf) reach \$6,550, you pay the greater of either:</p> <ul style="list-style-type: none"> • A coinsurance that is 5% of the total cost for the drug, or • \$3.70 copayment for a generic drug, or a drug that is treated like a generic, and \$9.20 copayment for all other drugs. <p>Our plan pays the rest of the cost.</p>			

Initial Coverage — Retail (30-Day Supply)

Cost Shares	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
Tier 1: Preferred Generic	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment
Tier 2: Generic	You pay a \$15 copayment	You pay a \$10 copayment	You pay a \$10 copayment	You pay a \$10 copayment
Select Insulins	You pay a \$35 copayment	You pay a \$35 copayment	You pay a \$35 copayment	You pay a \$35 copayment
<i>Review the plan's Formulary (List of Covered Drugs) to find out which drugs are select insulins.</i>				
Tier 3: Preferred Brand-Name	You pay a \$47 copayment	You pay a \$47 copayment	You pay a \$47 copayment	You pay a \$47 copayment
Tier 4: Non-Preferred Brand-Name	You pay a \$100 copayment	You pay a \$100 copayment	You pay a \$100 copayment	You pay a \$100 copayment
Tier 5: Specialty	You pay 25% of the total cost	You pay 28% of the total cost	You pay 28% of the total cost	You pay 28% of the total cost

Initial Coverage — Mail Order (90-Day Supply)

Cost Shares	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
Tier 1: Preferred Generic	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment
Tier 2: Generic	You pay a \$30 copayment	You pay a \$20 copayment	You pay a \$20 copayment	You pay a \$20 copayment
Select Insulins	You pay a \$70 copayment	You pay a \$70 copayment	You pay a \$70 copayment	You pay a \$70 copayment
<i>Review the plan's Formulary (List of Covered Drugs) to find out which drugs are select insulins.</i>				
Tier 3: Preferred Brand-Name	You pay a \$94 copayment	You pay a \$94 copayment	You pay a \$94 copayment	You pay a \$94 copayment
Tier 4: Non-Preferred Brand-Name	You pay a \$250 copayment	You pay a \$250 copayment	You pay a \$250 copayment	You pay a \$250 copayment
Tier 5: Specialty	You pay 25% of the total cost	You pay 28% of the total cost	You pay 28% of the total cost	You pay 28% of the total cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

If you are unable to access a network pharmacy, you may fill up to a 30-day supply at an out-of-network pharmacy. You must submit a copy of your receipt with your request for reimbursement.

More Information

To learn more about Harvard Pilgrim's StrideSM (HMO) or to view plan documents, please visit our website or call us. Our contact information is below.

Harvard Pilgrim's StrideSM (HMO) Member Services	Current members: 1-888-609-0692 (TTY 711) Prospective members: 1-877-431-4742 (TTY 711) Website: www.harvardpilgrim.org/medicare Hours of operation: October 1 - March 31, 8 a.m.- 8 p.m., seven days a week, and from April 1 - September 30, 8 a.m.- 8 p.m., Monday – Friday
Plan Documents	www.harvardpilgrim.org/stridedocuments
Provider and Pharmacy Directory	www.harvardpilgrim.org/strideproviders
Formulary (List of Covered Drugs)	www.harvardpilgrim.org/stridedruglist
Original Medicare More information about coverage and costs of Original Medicare	"Medicare & You" Handbook View online at http://www.medicare.gov Get a copy by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week TTY users should call 1-877-486-2048.

This document is available in other formats such as braille, large print or audio.



Harvard Pilgrim Health Care

For more information about **StrideSM (HMO)**, call:

Prospective Members: 1-866-256-5347

For TTY service, call 711

Current Members: 1-888-609-0692

For TTY service, call 711

Hours of operation:

October 1 - March 31, 8 a.m. - 8 p.m. 7 days a week,

April 1 - September 30, 8 a.m. - 8 p.m. Monday - Friday.

Or visit us online:

hpforlife.org

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.