Plans to keep you and your family healthy.

Massachusetts 2021
Product Guide:
For individuals and families.
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We make getting coverage easy

Here’s how to enroll


How to renew your plan

If you are a current Harvard Pilgrim member, you will receive a renewal package in late October.

If you bought a 2020 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.

Important dates

Sunday, November 1 - Saturday, January 23, 2021*


How to find a health care provider

To see if your health care provider participates in our network:

1. Visit www.harvardpilgrim.org
2. Click on Find a Provider
3. Select a Plan
4. Search by provider type

COVID-19 benefits & coverage

We are committed to guiding you through the challenges of the COVID-19 pandemic. For the most up-to-date information, visit www.harvardpilgrim.org/coronavirus.

* 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 visit www.HealthCare.gov to review the eligibility guidelines and submit your enrollment.
All the coverage you’ll need

These core benefits are included with each of our plans.

- **Acupuncture and chiropractic**: Unlimited acupuncture and chiropractic visits
- **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
- **Rehabilitation & habilitative services and devices**: Rehab services, hospital beds, crutches, oxygen tanks
- **Eye exams**: One preventive screening every year
- **Pediatric dental* and vision**: Covers children up to age 19
- **Preventive care & chronic disease management**: Doctor visits for wellness exams, screenings, health maintenance, etc.

**Our prescription drug benefits focus on choice and value.**

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. You can fill prescriptions at retail pharmacies nationwide or through our mail order program.

We’ve added some over-the-counter drugs to our formularies. With a prescription from a provider, members will pay tier 1 cost sharing for certain drugs including cough, cold and allergy, dermatology, gastrointestinal, pain and ophthalmic preparations.

**Is a prescription covered?**

To find out, visit [www.harvardpilgrim.org/rx](http://www.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.

**How prescription drug tiers work**

<table>
<thead>
<tr>
<th>TIER</th>
<th>VALUE 5-TIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Lower-cost generics</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Higher-cost generics</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Preferred brands (some higher-cost generics)</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Non-preferred brands and preferred specialty (some higher-cost generics)</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Non-preferred specialty drugs, and selected brand and generic drugs</td>
</tr>
</tbody>
</table>

*You can waive pediatric dental if you have a qualified pediatric dental plan in place except for standard Connector plans for which the pediatric dental plan is included in the plan design.

**Standard Connector plans have 3-Tier Value drug coverage."
Maximize your well-being with our Living Well℠ programs

These programs and services are included with your plan at no additional cost.

Living Well℠
Our free online community is packed with activities, tracking tools, well-being challenges and more. Earn points and entries for monthly gift card drawings. Visit www.harvardpilgrim.org/wellbeingforall.

Well-being Rewards Program*
Earn up to $400 annually in gift cards by participating in a variety of fun and convenient activities that support your well-being. The program costs 1.0% of your premium. Your rewards can be much higher than the cost of the program, so healthy behavior can really pay off! Visit www.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, address barriers, and keep track of your progress.

Care management
Our “whole person” approach to care encourages wellness and contains costs. All our members have access to our clinical care team of registered nurses, wellness coaches, licensed social and behavioral health workers. By building personal connections and trusted relationships, our team guides members to better health, reduced risk and lower costs.

Supporting your emotional and mental well-being

We understand mental health and substance use conditions can be complex, confusing and sometimes overwhelming.

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 conditions. These can include depression, anxiety, ADHD, eating disorders, and/or concerns about substance use or addiction.

Our confidential Behavioral Health Access Center can help you understand your coverage and treatment options and makes it easy for you to get started with treatment.

Call (888) 777-4742 or visit www.harvardpilgrim.org/behavioralhealth to get started.

For all non-HSA plans, you have access to three outpatient behavioral health visits per calendar year, at no charge.

*Well-being Rewards is available to you if you are a subscriber enrolled directly in a qualifying Harvard Pilgrim plan and you’ve purchased the program. This program is not available on plans purchased through the Connector.
Ways to help you save money

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

Doctor On Demand
This is our real-time telemedicine service, which connects members to providers via smartphone, tablet or computer. With our non-HSA plans, you won’t pay cost sharing for urgent care virtual visits with Doctor On Demand providers.
Start a virtual visit: www.doctorondemand.com

Reduce My Costs
This voluntary program helps you find and schedule care at a lower-cost facility for elective outpatient medical procedures, diagnostic tests and more. You’ll receive rewards for choosing a more affordable option. Massachusetts members may receive a maximum of five Reduce My Costs rewards per calendar year. Call (855) 772-8366 or use the chat feature to speak with a Reduce My Costs nurse. Find out more at www.harvardpilgrim.org/reducemycosts.

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

Fitness reimbursement
You can get reimbursement for your fitness club membership or virtual fitness subscription and/or costs paid toward a fitness tracker. Up to two members on a family plan can be reimbursed: One member is eligible for reimbursement of $150 or one month of fitness club membership or virtual fitness subscription (whichever is greater) or up to $150 toward the cost of a fitness tracker. A second covered family member (dependent or spouse) can also be reimbursed up to $150 for fitness club membership or virtual fitness subscription and/or a fitness tracker. For plans with one member, only the subscriber is eligible.

1 Rewards are considered taxable income; please consult with your tax advisor.
2 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.
Care options to save you time and money

When your primary care provider’s office isn’t open and you need medical care for a non-life-threatening injury or illness, you don’t have to use the emergency room.

<table>
<thead>
<tr>
<th>Typical out-of-pocket costs</th>
<th>Common symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telemedicine services</strong></td>
<td>• Coughs, colds</td>
</tr>
<tr>
<td>Real-time virtual visit</td>
<td>• Sore/strep throat</td>
</tr>
<tr>
<td>with Doctor On Demand</td>
<td>• Flu</td>
</tr>
<tr>
<td>providers via smartphone,</td>
<td>• Pediatric issues</td>
</tr>
<tr>
<td>tablet or computer</td>
<td>• Sinus and allergies</td>
</tr>
<tr>
<td>No cost sharing for Doctor</td>
<td>• Nausea/diarrhea</td>
</tr>
<tr>
<td>On Demand urgent care virtual visits*</td>
<td>• Rashes and skin issues</td>
</tr>
</tbody>
</table>

| **Convenience care/retail clinic** | • Women’s health: UTIs, yeast infections |
| Walk-in, convenience care or   | • Sports injuries |
| retail clinic (MinuteClinic    | • Eye injuries |
| inside of CVS pharmacies)      | |
| $ You’ll typically pay a       | • Skin conditions like poison ivy and ringworm |
| copayment for going to a       | |
| participating clinic*         | |
| **Urgent care clinic**        | • Bronchitis |
| Walk-in for urgent care       | • Ear infections |
| $$$ You’ll typically pay a     | • Eye infections |
| copayment for urgent care,    | • Strep throat |
| sometimes higher than the one  | |
| for an office visit or        | |
| convenience care clinic visit*| |

| **Emergency room (ER)**       | • Seizures |
| Part of a local hospital      | • Severe head trauma |
| If you think you’re having a   | • Shock |
| medical emergency, call 911   | • Stroke |
| or go to the nearest ER.      | |
| $$$$ You’ll typically pay a    | • Choking |
| higher copayment than an       | • Convulsions |
| office visit, plus ER services | • Heart attack |
| are often subject to a deductible* | • Loss of consciousness |
| | • Major blood loss |

* What you pay out-of-pocket depends on your specific Harvard Pilgrim plan. If you have an HSA plan, your deductible, coinsurance and any additional cost sharing applies. After the deductible is met on an HSA plan, you are covered in full. Please refer to your plan documents for your specific benefit information.
Helping you choose a plan

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

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

* 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.
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 providers 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.

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)
• Outpatient behavioral health office visits (up to three per individual; up to six per family)
• Physical, occupational and speech therapy
• Routine eye exams
• Acupuncture and chiropractic visits
• Flex lab and Flex day surgery

Lower cost-sharing from freestanding providers.

Members will pay lower cost-sharing for services when using providers who are not hospital affiliated or owned. Freestanding providers include: ambulatory surgical centers, labs, high-end radiology and physical, occupational and speech therapists. Available in all plans except Core plans, Focus plans, and certain standard Connector plans. Check the product grids in this guide for details.

Massachusetts plan options

Designed to give you choice, flexibility and value to meet your unique needs.

To find Focus doctors and hospitals

1. Visit www.harvardpilgrim.org and select Find a Provider
2. Under Tiered/Network plans, select Focus Network - MA HMO

* 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.
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!*  

<table>
<thead>
<tr>
<th>Total average cost (facility)</th>
<th>Member cost range at non-Flex facility</th>
<th>Member cost at a Flex facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General lab work</strong></td>
<td>$10-$125</td>
<td>From $40 copay to deductible and $75 copay</td>
</tr>
<tr>
<td><strong>Day surgery</strong> (e.g. knee arthroscopy)</td>
<td>$6,770-$7,117</td>
<td>From $250 copay to deductible and 30% coinsurance</td>
</tr>
</tbody>
</table>

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

To find Flex facilities:

1. Visit www.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
Set up your member account

Once your membership becomes effective, be sure to set up your online member account at 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

We’re committed to our communities

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.

When COVID-19 struck in early 2020, the Harvard Pilgrim Health Care Foundation responded.

$3.8M DONATED through grants & sponsorships

Contributing to more than 100 nonprofit organizations including:

- Large grants for immediate COVID relief, including the Mayor’s Boston Resiliency Fund, and smaller grants in support of organizations helping older adults
- $1 million to the Community Care Cooperative to help 30 Massachusetts Community Health Centers improve their telehealth infrastructure.
- COVID-19 Relief Meal Delivery Projects to support low-income families, older adults, homeless and others in need in New Bedford and Boston
- $1 million grant to the New Commonwealth Racial Equity and Social Justice Fund to improve health equity throughout
# 2021 Massachusetts plan offerings

For individuals and families

## HMO

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Convenience Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Chiro &amp; Acupuncture</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
<th>Mail*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HMO 25 - Flex</strong> &lt;br&gt; Metal Tier: Platinum &lt;br&gt; MD0000100147 &lt;br&gt; RX0000100086</td>
<td>$25/$40</td>
<td>None/None</td>
<td>$3,000/$6,000</td>
<td>None</td>
<td>$125</td>
<td>$40</td>
<td>$25</td>
<td>$750 per admit</td>
<td>Flex Provider: $150 &lt;br&gt; Other: $500</td>
<td>$40</td>
<td>$40</td>
<td>$125</td>
<td>Non-hospital based: $25 &lt;br&gt; Hospital-based: $40</td>
<td>$5/$25/$40/$60/20% &lt;br&gt; (TS $250 script max)</td>
<td>$10/$50/$80/$180/20% &lt;br&gt; (TS $750/script max)</td>
</tr>
<tr>
<td><strong>HMO 500 - Flex</strong> &lt;br&gt; Metal Tier: Gold &lt;br&gt; MD0000100149 &lt;br&gt; RX0000100085</td>
<td>$25/$50</td>
<td>$500/$1,000</td>
<td>$7,000/$14,000</td>
<td>None</td>
<td>$300</td>
<td>$50</td>
<td>$25</td>
<td>Ded then $200 per admit</td>
<td>Flex Provider: $50 &lt;br&gt; Other: Ded than $300</td>
<td>Ded then $45</td>
<td>$50</td>
<td>Ded then $45</td>
<td>Non-hospital based: $25 &lt;br&gt; Hospital-based: $50</td>
<td>$5/$30/$60/$100/20% &lt;br&gt; (TS $250/script max)</td>
<td>$10/$60/$120/$300/20% &lt;br&gt; (TS $750/script max)</td>
</tr>
<tr>
<td><strong>HMO 1000 - Flex</strong> &lt;br&gt; Metal Tier: Gold &lt;br&gt; MD0000100149 &lt;br&gt; RX0000100085</td>
<td>$25/$50</td>
<td>$1,000/$2,000</td>
<td>$7,000/$14,000</td>
<td>None</td>
<td>$300</td>
<td>$50</td>
<td>$25</td>
<td>Ded then $200 per admit</td>
<td>Flex Provider: $50 &lt;br&gt; Other: Ded than $300</td>
<td>Ded then $45</td>
<td>$50</td>
<td>Ded then $45</td>
<td>Non-hospital based: $25 &lt;br&gt; Hospital-based: $50</td>
<td>$5/$30/$60/$100/20% &lt;br&gt; (TS $250/script max)</td>
<td>$10/$60/$120/$300/20% &lt;br&gt; (TS $750/script max)</td>
</tr>
<tr>
<td><strong>HMO 1500 - Flex</strong> &lt;br&gt; Metal Tier: Gold &lt;br&gt; MD0000100150 &lt;br&gt; RX0000100085</td>
<td>$25/$50</td>
<td>$1,500/$3,000</td>
<td>$7,000/$14,000</td>
<td>None</td>
<td>$300</td>
<td>$50</td>
<td>$25</td>
<td>Ded then $250 per admit</td>
<td>Flex Provider: $75 &lt;br&gt; Other: Ded than $300</td>
<td>Ded then $45</td>
<td>$50</td>
<td>Ded then $45</td>
<td>Non-hospital based: $25 &lt;br&gt; Hospital-based: $50</td>
<td>$5/$30/$60/$100/20% &lt;br&gt; (TS $250/script max)</td>
<td>$10/$60/$120/$300/20% &lt;br&gt; (TS $750/script max)</td>
</tr>
<tr>
<td><strong>HMO 2000 - Flex</strong> &lt;br&gt; Metal Tier: Gold &lt;br&gt; MD0000100151 &lt;br&gt; RX0000100085</td>
<td>$25/$50</td>
<td>$2,000/$4,000</td>
<td>$7,000/$14,000</td>
<td>None</td>
<td>$300</td>
<td>$50</td>
<td>$25</td>
<td>Ded then $250 per admit</td>
<td>Flex Provider: $75 &lt;br&gt; Other: Ded than $300</td>
<td>Ded then $45</td>
<td>$50</td>
<td>Ded then $45</td>
<td>Non-hospital based: $25 &lt;br&gt; Hospital-based: $50</td>
<td>$5/$30/$60/$100/20% &lt;br&gt; (TS $250/script max)</td>
<td>$10/$60/$120/$300/20% &lt;br&gt; (TS $750/script max)</td>
</tr>
</tbody>
</table>

* Members may purchase up to a 90-day supply of maintenance medications.
**HMO 2000 with Coinsurance - Flex**

**Metal Tier: Gold**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Convenience Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Chiro &amp; Acupuncture</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO 2000</td>
<td>$35/$70</td>
<td>$2,000/4,000</td>
<td>$7,000/$14,000</td>
<td>20%</td>
<td>$500</td>
<td>$70</td>
<td>$35</td>
<td>Dad then 20%</td>
<td>Flex Provider: $150</td>
<td>Other: Dad then 20%</td>
<td>Dad then 20%</td>
<td>Non-hospital based: $35</td>
<td>Hospital-based: 20%</td>
<td>$5/$30/$60/$100/20% (T5 $250/script max)</td>
</tr>
<tr>
<td>Value - Flex</td>
<td>$50/$75</td>
<td>$2,000/4,000</td>
<td>$8,500/$17,000</td>
<td>None</td>
<td>$1,000</td>
<td>$75</td>
<td>$50</td>
<td>Dad then 1,000 per admit</td>
<td>Flex Provider: $250</td>
<td>Other: Dad then 1,000</td>
<td>Dad then 100</td>
<td>$50</td>
<td>Non-hospital based: $50</td>
<td>Hospital-based: Ded then $75</td>
</tr>
<tr>
<td>Low - Flex</td>
<td>$30/$55</td>
<td>$2,000/4,000</td>
<td>$6,500/$13,000</td>
<td>None</td>
<td>$350</td>
<td>$55</td>
<td>$30</td>
<td>Dad then 750 per admit</td>
<td>Flex Provider: $250</td>
<td>Other: Dad then 500</td>
<td>Dad then 75</td>
<td>$50</td>
<td>Non-hospital based: $25</td>
<td>Hospital-based: Ded then $75</td>
</tr>
<tr>
<td>HMO 3000</td>
<td>$40/$65</td>
<td>$3,000/6,000</td>
<td>$8,500/$17,000</td>
<td>None</td>
<td>$650</td>
<td>$65</td>
<td>$40</td>
<td>Dad then 1,000 per admit</td>
<td>Flex Provider: $250</td>
<td>Other: Dad then 750</td>
<td>Dad then 65</td>
<td>$50</td>
<td>Non-hospital based: $40</td>
<td>Hospital-based: Ded then $65</td>
</tr>
<tr>
<td>Low - Flex</td>
<td>$40/Dad then $65</td>
<td>$3,500/7,000</td>
<td>$8,500/$17,000</td>
<td>20%</td>
<td>$175</td>
<td>$65</td>
<td>Dad then $40</td>
<td>Dad then 20%</td>
<td>Flex Provider: $250</td>
<td>Other: Dad then 20%</td>
<td>Dad then 20%</td>
<td>Non-hospital based: $40</td>
<td>Hospital-based: Ded then $65</td>
<td>$5/$30/Dad then 50%/ Ded then 50%/ (T5 $125/script max, T4 $250/script max, T5 $500/script max)</td>
</tr>
<tr>
<td>HMO 3500</td>
<td>$40/Dad then $65</td>
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<td>20%</td>
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<td>$65</td>
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<td>Dad then 20%</td>
<td>Flex Provider: $250</td>
<td>Other: Dad then 20%</td>
<td>Dad then 20%</td>
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<td>Hospital-based: Ded then $65</td>
<td>$5/$30/Dad then 50%/ Ded then 50%/ (T5 $125/script max, T4 $250/script max, T5 $500/script max)</td>
</tr>
</tbody>
</table>

*Members may purchase up to a 90-day supply of maintenance medications.*

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This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Convenience Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Chiro &amp; Acupuncture</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
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<tbody>
<tr>
<td>HMO 1750 Core - Flex</td>
<td>$35 Copay for the first 3 visits per member (6 per family).</td>
<td>$1,750/ $3,500</td>
<td>$8,000/ $16,000</td>
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<td>Ded then $250</td>
<td>$35 Copay for the first 3 visits per member (6 per family).</td>
<td>Ded then $20</td>
<td>Ded then $35 Copay for the first 3 visits per member (6 per family).</td>
<td>Ded then 20%</td>
<td>Flex Provider: $150</td>
<td>Other: Ded then 20%</td>
<td>Ded then 20%</td>
<td>$35 Copay for the first 3 visits per member (6 per family).</td>
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<td>$35 Copay for the first 3 visits per member (6 per family).</td>
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<tr>
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* Members may purchase up to a 90-day supply of maintenance medications.


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**Focus HMO plans**

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
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<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Chiro &amp; Acupuncture</th>
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* Members may purchase up to a 90-day supply of maintenance medications.

PPO plans are underwritten by HPHC Insurance Company.
**PPO and PPO HSA**

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<th>Labs</th>
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<th>Chiro &amp; Acupuncture</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
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<td>IN: 20% OON: 40%</td>
<td>IN: $70 OON: Ded then 20%</td>
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<td>IN: $40/$65 OON: Ded then 20%</td>
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<td>IN: $8,500/ $17,000 OON: $17,000/ $34,000</td>
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<td>IN: Non-hospital based: $35 Hospital-based: Ded than $55 OON: Ded then 20%</td>
<td>$5/$30/$80/$120/20% (TS $500/script max)</td>
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<td>IN: Ded then $35/Ded than $55 OON: Ded than 20%</td>
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<td>IN: None OON: 20%</td>
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<td>IN: Ded then $500 per admit OON: Ded then 20%</td>
<td>IN: Flex Provider: Ded than CIF Other: Ded than $250 OON: Ded then 20%</td>
<td>IN: Flex Provider: Ded than CIF Other: Ded than $250 OON: Ded then 20%</td>
<td>IN: Flex Provider: CIF Other: Ded than $55 OON: Ded then 20%</td>
<td>IN: Ded then $55 OON: Ded then 20%</td>
<td>IN: $50 OON: Ded then 20%</td>
<td>IN: $50 OON: Ded then 20%</td>
<td>IN: Non-hospital based: $35 Hospital-based: Ded than $55 OON: Ded then 20%</td>
</tr>
</tbody>
</table>

* Members may purchase up to a 90-day supply of maintenance medications.

PPO plans are underwritten by HPHC Insurance Company.

---


This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

---

**20**
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care Deductible</th>
<th>Convenience Care Deductible</th>
<th>Inpatient Deductible</th>
<th>Day Surgery Deductible</th>
<th>Labs Deductible</th>
<th>X-Rays Deductible</th>
<th>Chiro &amp; Acupuncture Deductible</th>
<th>PT/OT/ST Deductible</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPO HSA 3400 - Flex</strong></td>
<td>IN: Ded then $40/Ded then $75 OON: Ded then 20%</td>
<td>IN: $3,400/ $6,800 OON: $6,800/ $13,600</td>
<td>IN: 20% OON: 20%</td>
<td>IN: Ded then $75 OON: Ded then 20%</td>
<td>IN: Ded then $40 OON: Ded then 20%</td>
<td>IN: Ded then 20% OON: Ded then 20%</td>
<td>IN: Flex Provider: Ded then CIF OON: Ded then 20%</td>
<td>IN: Flex Provider: Ded then $25 OON: Ded then 20%</td>
<td>IN: Flex Provider: Ded then $75 OON: Ded then 20%</td>
<td>IN: Ded then $100 OON: Ded then 20%</td>
<td>IN: $50 OON: Ded then 20%</td>
<td>IN: Non-hospital based: $45 Hospital-based: Ded then $65 OON: Ded then 20%</td>
<td>Ded then $5/15/$25/$30/$65 (T5 $500/script max)</td>
</tr>
<tr>
<td><strong>PPO HSA 5000 - Flex</strong></td>
<td>IN: Ded then $60/Ded then $150 OON: Ded then 20%</td>
<td>IN: $5,000/ $10,000 OON: $10,000/ $20,000</td>
<td>IN: None OON: 20%</td>
<td>IN: Ded then $150 OON: Ded then 20%</td>
<td>IN: Ded then $60 OON: Ded then 20%</td>
<td>IN: Ded then $1,500 per admit OON: Ded then 20%</td>
<td>IN: Flex Provider: Ded then $250 OON: Ded then 20%</td>
<td>IN: Flex Provider: Ded then $25 OON: Ded then 20%</td>
<td>IN: Flex Provider: Ded then $75 OON: Ded then 20%</td>
<td>IN: Ded then $50 OON: Ded then 20%</td>
<td>IN: Ded then $50 OON: Ded then 20%</td>
<td>IN: Non-hospital based: Ded then $40 Hospital-based: Ded then $65 OON: Ded then 20%</td>
<td>$10/$25/$50</td>
</tr>
</tbody>
</table>

*Members may purchase up to a 90-day supply of maintenance medications.

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This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

---

*Members may purchase up to a 90-day supply of maintenance medications.*
# Connector plans

## Standard High Gold - Flex

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible</th>
<th>Annual Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Convenience Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-Rays</th>
<th>Chiro &amp; Acupuncture</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD0000100141</td>
<td>$25/$50</td>
<td>None/None</td>
<td>$5,000/10,000</td>
<td>None</td>
<td>$300</td>
<td>$50</td>
<td>$75 per admit</td>
<td>$100</td>
<td>$500</td>
<td>$75</td>
<td>$300</td>
<td>Flex Provider: $100</td>
<td>Flex Provider: CIF Other: $50</td>
<td>$25/$50/$75</td>
</tr>
<tr>
<td>MD0000100142</td>
<td>$30/$55</td>
<td>$2,000/$4,000</td>
<td>$6,500/13,000</td>
<td>None</td>
<td>$350</td>
<td>$55</td>
<td>$30 per admit</td>
<td>$250</td>
<td>$500</td>
<td>$75</td>
<td>$25</td>
<td>Flex Provider: $250</td>
<td>Flex Provider: CIF Other: $20 Other: $50</td>
<td>$25/Ded then $50/Ded then $125</td>
</tr>
<tr>
<td>MD0000100143</td>
<td>$25/$50</td>
<td>$2,000/$4,000</td>
<td>$8,500/17,100</td>
<td>None</td>
<td>$300</td>
<td>$50</td>
<td>$25 per admit</td>
<td>$1,000</td>
<td>$500</td>
<td>$75</td>
<td>$25</td>
<td>Ded then $1,000</td>
<td>Ded then $500</td>
<td>$25/$50/Ded then $75</td>
</tr>
<tr>
<td>MD0000100144</td>
<td>$40/Ded then $90</td>
<td>$2,700/$5,400</td>
<td>$8,550/17,100</td>
<td>None</td>
<td>$750</td>
<td>$90</td>
<td>Ded then $1,200 per admit</td>
<td>$500</td>
<td>$75</td>
<td>$75</td>
<td>$25</td>
<td>Ded then $300</td>
<td>Ded then $100/Ded then $150</td>
<td>$60/Ded then $300/Ded then $450</td>
</tr>
<tr>
<td>MD0000100145</td>
<td>$40/Ded then $65</td>
<td>$3,500/$7,000</td>
<td>$8,500/17,100</td>
<td>20%</td>
<td>$750</td>
<td>$65</td>
<td>Ded then $20 per admit</td>
<td>$250</td>
<td>$75</td>
<td>$75</td>
<td>$25</td>
<td>Ded then $250</td>
<td>Ded then $250/Ded then $50 (T3 $125/script max, T4 $250/script max, T5 $500/script max)</td>
<td>$10/$60/Ded then $50/Ded then $50 (T3 $250/script max, T4 $750/script max, T5 $1,500/script max)</td>
</tr>
</tbody>
</table>

*Members may purchase up to a 90-day supply of maintenance medications.*
These insurance terms are good to know

Cost sharing
This is the portion you pay for specific health care services like office visits, X-rays and prescriptions. Examples of cost sharing include coinsurance, copayments and deductibles.

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 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
This is 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 you pick up a prescription at the pharmacy.

Coinsurance
Coinsurance is a fixed percentage of costs that 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 a savings 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 or the Massachusetts’s Choice HMO HSA, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

Out-of-pocket maximum
This is 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.
Important legal information

What’s not covered on 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 that 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 a 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
Limitations for Massachusetts individual plans

- 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. 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)

Language assistance services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).


Kreyòl Ayisyen (French Creole) ATANSYON: Si nou pale Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (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 1-888-333-4742（TTY：711）。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quí vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quí vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic) إنضمام: إذا اتصل الطلب العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا: اتصل على 1-888-333-4742 (TTY: 711)

ភាសាខ្មែរ (Cambodian) ប្រទេសកម្ពុជា: ប្រសិនបើភាសាខ្មែរ, យើងមានប្រការភាសាខ្មែរ សម្រាប់អ្នក។ ចូលទៅ 1-888-333-4742 (TTY: 711)

Français (French) ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε το 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिन्दी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता सुविधा में उपलब्ध है. जानकारी के लिये फोन करें. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધારણ કરો: અને આપ ગુજરાતી બોલતા હોવો તો આપને માટે લાભકારી સહાયક તકલીફ ઉપલબ્ધ છે. વિશેષ માળખી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ບໍ التونسي: ໃຜ ເຊິ່ງ ທ່ານ ບໍUCCESS ວ່າ, ບໍານື້ອງຮ່ວມຊ່ວຍເຫຼືອທ່ານ, ບໍານື້ອງຮ່ວມຟຣາ, ບໍລິສັດສັງຄົມທ່ານ. ຫລັງ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).
Contact us

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