



Harvard Pilgrim
Health Care

Plans to keep you and your family healthy

Massachusetts Individual &
Family Product Guide

Plan Year 2021



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

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We make getting coverage easy

Here's how to enroll

You can purchase coverage directly from Harvard Pilgrim. Visit us at www.harvardpilgrim.org.



www.harvardpilgrim.org



Important dates

Sunday, November 1, 2020 - Saturday, January 23, 2021*

2021 open enrollment period for selecting health care coverage. December 23, 2020 is the last day to apply for a January 1, 2021 effective date.



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.harvardpilgrim.org 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

Bloodwork, 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 and 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 and 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 Rx 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. 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



* 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 include drug coverage with three tiers instead of five. Visit www.harvardpilgrim.org/rx for more information on Value 3-Tier coverage.

How 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, and selected brand and generic drugs

Pediatric dental



- Plans are available with or without pediatric dental*
- Deductible does not apply
- Some plans have a separate dental out-of-pocket max that is lower than the medical out-of-pocket max
- Members will receive separate Dental ID card
- Type I: CIF
(20% OON on PPOs)
- Type II: 20%
(40% OON on PPOs)
- Type III: 50%
- Type IV: 50%

CIF = Covered in full

OON = Out-of-network

* 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.



Maximize your well-being with our Living WellSM programs

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



Living WellSM

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% 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 of our members have access to our clinical care team of registered nurses, wellness coaches, and 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.

* 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. Rewards are considered taxable income; please consult with your tax advisor. 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 Costs¹

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. Members may receive a maximum of \$100 in Reduce My Costs rewards per 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/reducecosts.



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.²

¹Rewards are considered taxable income; please consult with your tax advisor.

²There is a \$300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. 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.

	Typical out-of-pocket costs	Common symptoms
	Telemedicine services Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer	No cost sharing for Doctor On Demand urgent care virtual visits ¹ <ul style="list-style-type: none">• Coughs, colds• Sore/strep throat• Flu• Pediatric issues• Sinus and allergies• Nausea/diarrhea• Rashes and skin issues <ul style="list-style-type: none">• Women's health: UTIs, yeast infections• Sports injuries• Eye issues
	Convenience care/retail clinic Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacies)	\$ You'll typically pay a copayment for going to a participating clinic ² <ul style="list-style-type: none">• Bronchitis• Ear infections• Eye infections• Strep throat <ul style="list-style-type: none">• Skin conditions like poison ivy and ringworm
	Urgent care clinic Walk-in clinic for urgent care at both freestanding and hospital-based locations	\$\$ You'll typically pay a copayment for urgent care, sometimes higher than the one for an office visit or convenience care clinic visit ² <ul style="list-style-type: none">• Minor injuries• Respiratory infections• Sprains and strains <ul style="list-style-type: none">• Burns, rashes, bites, cuts and bruises• Coughs, cold and flu
	Emergency room (ER) Part of a local hospital If you think you're having a medical emergency, call 911 or go to the nearest ER.	\$\$\$ You'll typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible ² <ul style="list-style-type: none">• Choking• Convulsions• Heart attack• Loss of consciousness• Major blood loss <ul style="list-style-type: none">• Seizures• Severe head trauma• Shock• Stroke

¹ Members on non-HSA plans will not pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will pay cost sharing up to the deductible amount.

² What you pay out of pocket depends on your specific Harvard Pilgrim plan. 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 can be combined with a health savings account (HSA) to help you 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.	●	●	● 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

Designed to give you choice, flexibility and value to meet 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 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.



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**

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 the 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
- Acupuncture and chiropractic visits
- Flex lab and Flex day surgery

Lower cost sharing from Flex providers

Members will pay lower cost sharing for services at ambulatory surgical centers and labs when using Flex providers. Check the product grids in this guide for details.

* 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 or 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-\$25 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.



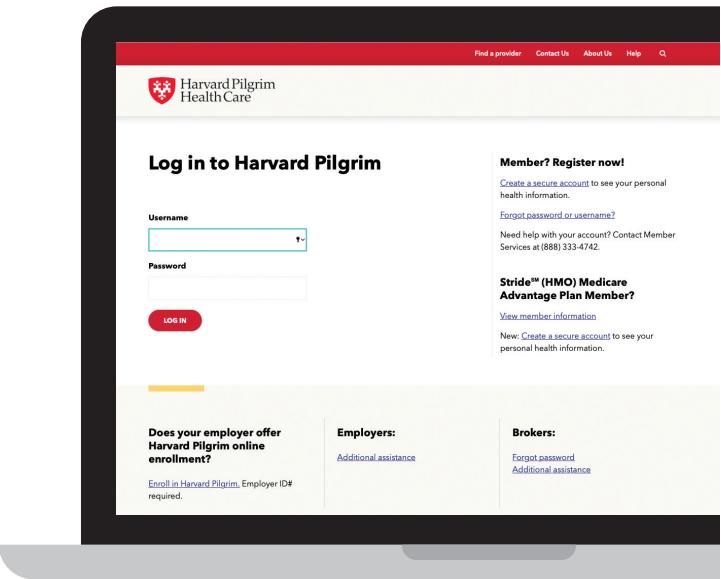
To find
Flex facilities

1. Visit www.harvardpilgrim.org and select Find a Provider
2. Under Standard Plans, select **HMO-Flex** or **PPO-Flex**
3. Then select **Hospitals, Urgent Care, Labs and more**, and then either **Ambulatory Surgical Center** or **General Lab**

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



Harvard Pilgrim
Health Care Foundation

Support for 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, those experiencing homelessness 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 Massachusetts

* Through August 2020.

2021 Massachusetts plan offerings

For individuals and families

2021 Massachusetts Individual Plans - Effective January 1, 2021 through December 31, 2021.

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

HMO

Product Name	Office Visit	Deductible*	Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-rays	Scans: CT, MRI, PET	PT/OT/ST	Chiro & Acupuncture	Rx Cost Sharing	
														Retail	Mail
HMO 25 - Flex Metal Tier: Platinum MD0000100147 RX0000100086 DN0000100045	\$25/\$40 Copay waived for first non-routine PCP visit	None/None	\$3,000/\$6,000	None	\$125	Urgent care: \$40 Convenience care: \$25	\$750 per admit	Flex provider: \$150 Other: \$500	Flex provider: CIF Other: \$40 copay	\$40	Non-hospital-based: \$125 per procedure Hospital-based: \$200 per procedure	Non-hospital-based: \$25 Hospital-based: \$40	\$40	\$5/\$25/\$40/\$60/20% (T5 \$250 script max)	\$10/\$50/\$80/\$180/20% (T5 \$750/script max)
HMO 500 - Flex Metal Tier: Gold MD0000100148 RX0000100085 DN0000100046	\$25/\$50 Copay waived for first non-routine PCP visit	\$500/\$1,000 Embedded	\$7,000/\$14,000	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded then \$200 per admit	Flex provider: \$50 Other: Ded then \$300	Flex provider: CIF Other: Ded then \$45	Ded then \$45	Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: Ded then \$50	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
HMO 1000 - Flex Metal Tier: Gold MD0000100149 RX0000100085 DN0000100046	\$25/\$50 Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded then \$200 per admit	Flex provider: \$50 Other: Ded then \$300	Flex provider: CIF Other: Ded then \$45	Ded then \$45	Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: Ded then \$50	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
HMO 1500 - Flex Metal Tier: Gold MD0000100150 RX0000100085 DN0000100046	\$25/\$50 Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded then \$250 per admit	Flex provider: \$75 Other: Ded then \$300	Flex provider: CIF Other: Ded then \$45	Ded then \$45	Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: Ded then \$50	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
HMO 2000 - Flex Metal Tier: Gold MD0000100151 RX0000100085 DN0000100046	\$25/\$50 Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded then \$250 per admit	Flex provider: \$75 Other: Ded then \$300	Flex provider: CIF Other: Ded then \$45	Ded then \$45	Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: Ded then \$50	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)

* For explanation of embedded vs. non-embedded deductible, see page 29.

Product Name	Office Visit	Deductible*	Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-rays	Scans: CT, MRI, PET	PT/OT/ST	Chiro & Acupuncture	Rx Cost Sharing	
														Retail	Mail
HMO 2000 with Coinsurance - Flex Metal Tier: Gold MD0000100152 RX0000100085 DN0000100046	\$35/\$70 Copay waived for first non-routine PCP visit	\$2,000/ \$4,000 Embedded	\$7,000/ \$14,000	20%	\$500	Urgent care: \$70 Convenience care: \$35	Ded then 20%	Flex provider: \$150 Other: Ded then 20%	Flex provider: CIF Other: Ded then 20%	Ded then 20%	Non-hospital-based: \$150 per procedure Hospital-based: Ded then 20%	Non-hospital-based: \$35 Hospital-based: Ded then 20%	\$50	\$5/\$30/\$60/ \$100/20% (T5 \$250/script max)	\$10/\$60/\$120/ \$300/20% (T5 \$750/script max)
HMO 2000 Value - Flex Metal Tier: Silver MD0000100153 RX0000100087 DN0000100047	\$50/\$75 Copay waived for first non-routine PCP visit	\$2,000/ \$4,000 Embedded	\$8,500/ \$17,000	None	\$1,000	Urgent care: \$75 Convenience care: \$50	Ded then \$1,000 per admit	Flex provider: \$250 Other: Ded then \$1,000	Flex provider: \$25 Other: Ded then \$75	Ded then \$100	Non-hospital-based: \$750 per procedure Hospital-based: Ded then \$1,000 per procedure	Non-hospital-based: \$50 Hospital-based: Ded then \$75	\$50	\$5/\$30/\$80/ \$120/20% (T5 \$500/script max)	\$10/\$60/\$160/ \$360/20% (T5 \$1,500/script max)
HMO 3000 - Flex Metal Tier: Silver MD0000100154 RX0000100087 DN0000100047	\$40/\$65 Copay waived for first non-routine PCP visit	\$3,000/ \$6,000 Embedded	\$8,500/ \$17,000	None	Ded then \$650	Urgent care: \$65 Convenience care: \$40	Ded then \$1,000 per admit	Flex provider: \$250 Other: Ded then \$750	Flex provider: CIF Other: Ded then \$65	Ded then \$65	Non-hospital-based: \$250 per procedure Hospital-based: Ded then \$750 per procedure	Non-hospital-based: \$40 Hospital-based: Ded then \$65	\$50	\$5/\$30/\$80/ \$120/20% (T5 \$500/script max)	\$10/\$60/\$160/ \$360/20% (T5 \$1,500/script max)
HMO 3500 - Flex Metal Tier: Bronze MD0000100155 RX0000100088 DN0000100048	Ded then \$40/Ded then \$65	\$3,500/ \$7,000 Embedded	\$8,500/ \$17,000	20%	Ded then \$750	Urgent care: Ded then \$65 Convenience care: Ded then \$40	Ded then 20%	Flex provider: Ded then \$250 Other: Ded then \$1,000	Flex provider: Ded then \$25 Other: Ded then \$75	Ded then \$75	Non-hospital-based: Ded then \$500 per procedure Hospital-based: Ded then \$1,000 per procedure	Non-hospital-based: Ded then \$40 Hospital-based: Ded then \$65	Ded then \$50	\$5/\$30/Ded then 50%/ Ded then 50%/ Ded then 50% (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)	\$10/\$60/Ded then 50%/ Ded then 50%/ Ded then 50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max)

* For explanation of embedded vs. non-embedded deductible, see page 29.

HMO and HMO HSA

2021 Massachusetts Individual Plans - Effective January 1, 2021 through December 31, 2021.

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

Product Name	Office Visit	Deductible*	Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-rays	Scans: CT, MRI, PET	PT/OT/ST	Chiro & Acupuncture	Rx Cost Sharing***	
														Retail	Mail
HMO 1750 Core - Flex Metal Tier: Gold MD0000100156 RX0000100089 DN0000100049	\$35 copay for the first 3 visits per member** All other visits: Ded then 20%	\$1,750/ \$3,500 Embedded	\$8,000/ \$16,000 20%	Ded then \$250	Urgent care and Convenience care: \$35 copay for the first 3 visits per member** All other visits: Ded then 20%	Ded then 20%	Flex provider: \$150 Other: Ded then 20%	Flex provider: CIF Other: Ded then 20%	Ded then 20%	Ded then 20%	\$35 copay for the first 3 visits per member** All other visits: Ded then 20%	\$35 copay for the first 3 visits per member** All other visits: Ded then 20%	\$35 copay for the first 3 visits per member** All other visits: Ded then 20%	\$5/\$30/\$60/ \$100/20% (T5 \$250/script max)	\$10/\$60/\$120/ \$300/20% (T5 \$750/script max)
HMO 3500 Core - Flex Metal Tier: Silver MD0000100157 RX0000100087 DN0000100047	\$35 copay for the first 3 visits per member** All other visits: Ded then 30%	\$3,500/ \$7,000 Embedded	\$8,500/ \$17,000 30%	Ded then \$250	Urgent care and Convenience care: \$35 copay for the first 3 visits per member** All other visits: Ded then 30%	Ded then 30%	Flex provider: \$150 Other: Ded then 30%	Flex provider: CIF Other: Ded then 30%	Ded then 30%	Ded then 30%	\$35 copay for the first 3 visits per member** All other visits: Ded then 30%	\$35 copay for the first 3 visits per member** All other visits: Ded then 30%	\$35 copay for the first 3 visits per member** All other visits: Ded then 30%	\$5/\$30/\$80/ \$120/20% (T5 \$500/script max)	\$10/\$60/\$160/ \$360/20% (T5 \$1,500/script max)
HMO HSA 2000 - Flex Metal Tier: Silver MD0000100158 RX0000100090 DN0000100050	Ded then \$35/Ded then \$55	\$2,000/ \$4,000 Non-embedded	\$6,850/ \$13,700	None	Ded then \$400	Urgent care: Ded then \$55 Convenience care: Ded then \$35	Ded then \$500 per admit	Flex provider: Ded then CIF Other: Ded then \$250	Flex provider: Ded then CIF Other: Ded then \$55	Ded then \$55	Non-hospital-based: Ded then \$200 per procedure Hospital-based: Ded then \$400 per procedure	Non-hospital-based: Ded then \$35 Hospital-based: Ded then \$55	Ded then \$50	Ded then \$5/\$30/\$80/ \$120/20% (T5 \$500/script max)	Ded then \$10/\$60/\$160/ \$360/20% (T5 \$1,500/script max)
HMO HSA 3000 - Flex Metal Tier: Silver MD0000100159 RX0000100091 DN0000100051	Ded then \$35/Ded then \$55	\$3,000/ \$6,000 Non-embedded	\$6,850/ \$13,700	None	Ded then \$400	Urgent care: Ded then \$55 Convenience care: Ded then \$35	Ded then \$500 per admit	Flex provider: Ded then CIF Other: Ded then \$250	Flex provider: Ded then CIF Other: Ded then \$55	Ded then \$55	Non-hospital-based: Ded then \$200 per procedure Hospital-based: Ded then \$400 per procedure	Non-hospital-based: Ded then \$35 Hospital-based: Ded then \$55	Ded then \$50	Ded then \$5/\$30/\$80/ \$120/20% (T5 \$500/script max)	Ded then \$10/\$60/\$160/ \$360/20% (T5 \$1,500/script max)
HMO HSA 3400 - Flex Metal Tier: Silver MD0000100160 RX0000100092 DN0000100052	Ded then \$40/Ded then \$75	\$3,400/ \$6,800 Non-embedded	\$6,850/ \$13,700	20%	Ded then \$750	Urgent care: Ded then \$75 Convenience care: Ded then \$40	Ded then 20%	Flex provider: Ded then \$250 Other: Ded then \$1,000	Flex provider: Ded then \$25 Other: Ded then \$75	Ded then \$100	Non-hospital-based: Ded then \$500 per procedure Hospital-based: Ded then \$1,000 per procedure	Non-hospital-based: Ded then \$40 Hospital-based: Ded then \$65	Ded then \$50	Ded then \$5/\$30/\$80/ \$120/20% (T5 \$500/script max)	Ded then \$10/\$60/\$160/ \$360/20% (T5 \$1,500/script max)

* For explanation of embedded vs. non-embedded deductible, see page 29.

** 6 per family.

*** Preventive Rx applies to Retail & Mail for all HSA plans.

Focus HMO plans

2021 Massachusetts Individual Plans - Effective January 1, 2021 through December 31, 2021.

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

Product Name	Office Visit	Deductible*	Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-rays	Scans: CT, MRI, PET	PT/OT/ST	Chiro & Acupuncture	Rx Cost Sharing**	
														Retail	Mail
Focus HMO 25 Metal Tier: Platinum MD0000100161 RX0000100086 DN0000100045	\$25/\$40 Copay waived for first non-routine PCP visit	None/None	\$3,000/\$6,000	None	\$125	Urgent care: \$40 Convenience care: \$25	\$750 per admit	\$500	\$40	\$40	\$125 copay per procedure	\$25	\$40	\$5/\$25/\$40/\$60/20% (T5 \$250 script max)	\$10/\$50/\$80/\$180/20% (T5 \$750/script max)
Focus HMO 1500 Metal Tier: Gold MD0000100162 RX0000100085 DN0000100046	\$25/\$50 Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded then \$250 per admit	Ded then \$300	Ded then \$45	Ded then \$45	Ded then \$300 per procedure	Ded then \$25	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
Focus HMO HSA 3400 Metal Tier: Silver MD0000100163 RX0000100092 DN0000100052	Ded then \$40/Ded then \$75	\$3,400/\$6,800 Non-embedded	\$6,850/\$13,700	20%	Ded then \$750	Urgent care: Ded then \$75 Convenience care: Ded then \$40	Ded then 20%	Ded then \$1,000	Ded then \$75	Ded then \$100	Ded then \$750 per procedure	Ded then \$40	Ded then \$50	Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)	Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)

* For explanation of embedded vs. non-embedded deductible, see page 29.

** Preventive Rx applies to Retail & Mail for all HSA plans.

Product Name	Office Visit	Deductible*	Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-rays	Scans: CT, MRI, PET	PT/OT/ST	Chiro & Acupuncture	Rx Cost Sharing	
														Retail	Mail
PPO 25 - Flex Metal Tier: Platinum MD0000100164 RX0000100086 DN0000100053	IN: \$25/\$40 OON: Ded then 20% Copay waived for first non-routine PCP visit	IN: None/None OON: \$500/\$1,000 Embedded	IN: \$3,000/\$6,000 OON: \$6,000/ \$12,000	IN: None OON: 20%	\$125	Urgent care: IN: \$40 OON: Ded then 20% Convenience care: IN: \$25 OON: Ded then 20%	IN: \$750 per admit OON: Ded then 20%	IN: Flex provider: \$150 Other: \$500 OON: Ded then 20%	IN: Flex provider: CIF Other: \$40 OON: Ded then 20%	IN: \$40 OON: Ded then 20%	IN: Non-hospital-based: \$125 per procedure Hospital-based: \$200 per procedure OON: Ded then 20%	IN: Non-hospital-based: \$25 Hospital-based: \$40 OON: Ded then 20%	IN: \$40 OON: Ded then 20%	\$5/\$25/\$40/ \$60/20% (T5 \$250/ script max)	\$10/\$50/\$80/ \$180/20% (T5 \$750/ script max)
PPO 500 - Flex Metal Tier: Gold MD0000100165 RX0000100085 DN0000100054	IN: \$25/\$50 OON: Ded then 20% Copay waived for first non-routine PCP visit	IN: \$500/\$1,000 OON: \$1,000/\$2,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/ \$28,000	IN: None OON: 20%	\$300	Urgent care: IN: \$50 OON: Ded then 20% Convenience care: IN: \$25 OON: Ded then 20%	IN: Ded then \$200 OON: Ded then 20%	IN: Flex provider: \$50 Other: Ded then \$300 OON: Ded then 20%	IN: Flex provider: CIF Other: Ded then \$45 OON: Ded then 20%	IN: Ded then \$45 OON: Ded then 20%	IN: Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure OON: Ded then 20%	IN: Non-hospital-based: \$25 Hospital-based: Ded then \$50 OON: Ded then 20%	IN: \$50 OON: Ded then 20%	\$5/\$30/\$60/ \$100/20% (T5 \$250/ script max)	\$10/\$60/\$120/ \$300/20% (T5 \$750/ script max)
PPO 1000 - Flex Metal Tier: Gold MD0000100166 RX0000100085 DN0000100054	IN: \$25/\$50 OON: Ded then 20% Copay waived for first non-routine PCP visit	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/ \$28,000	IN: None OON: 20%	\$300	Urgent care: IN: \$50 ON: Ded then 20% Convenience care: IN: \$25 OON: Ded then 20%	IN: Ded then \$200 OON: Ded then 20%	IN: Flex provider: \$50 Other: Ded then \$300 OON: Ded then 20%	IN: Flex provider: CIF Other: Ded then \$45 OON: Ded then 20%	IN: Ded then \$45 OON: Ded then 20%	IN: Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure OON: Ded then 20%	IN: Non-hospital-based: \$25 Hospital-based: Ded then \$50 OON: Ded then 20%	IN: \$50 OON: Ded then 20%	\$5/\$30/\$60/ \$100/20% (T5 \$250/ script max)	\$10/\$60/\$120/ \$300/20% (T5 \$750/ script max)
PPO 1500 - Flex Metal Tier: Gold MD0000100167 RX0000100085 DN0000100054	IN: \$25/\$50 OON: Ded then 20% Copay waived for first non-routine PCP visit	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/ \$28,000	IN: None OON: 20%	\$300	Urgent care: IN: \$50 OON: Ded then 20% Convenience care: IN: \$25 OON: Ded then 20%	IN: Ded then \$250 OON: Ded then 20%	IN: Flex provider: \$75 Other: Ded then \$300 OON: Ded then 20%	IN: Flex provider: CIF Other: Ded then \$45 OON: Ded then 20%	IN: Ded then \$45 OON: Ded then 20%	IN: Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure OON: Ded then 20%	IN: Non-hospital-based: \$25 Hospital-based: Ded then \$50 OON: Ded then 20%	IN: \$50 OON: Ded then 20%	\$5/\$30/\$60/ \$100/20% (T5 \$250/ script max)	\$10/\$60/\$120/ \$300/20% (T5 \$750/ script max)

PPO plans are underwritten by HPHC Insurance Company.

* For explanation of embedded vs. non-embedded deductible, see page 29.

PPO and PPO HSA

2021 Massachusetts Individual Plans - Effective January 1, 2021 through December 31, 2021.

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

Product Name	Office Visit	Deductible*	Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-rays	Scans: CT, MRI, PET	PT/OT/ST	Chiro & Acupuncture	Rx Cost Sharing**	
														Retail	Mail
PPO 2000 - Flex Metal Tier: Gold MD0000100146 RX0000100094 DN0000100044	IN: \$25/\$50 OON: Ded then 20% Copay waived for first non-routine PCP visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000	IN: None OON: 20%	\$300	Urgent care: IN: \$50 OON: Ded then 20% Convenience care: IN: \$25 OON: Ded then 20%	IN: Ded then \$250 per admit OON: Ded then 20%	IN: Flex provider: \$75 Other: Ded then \$300 OON: Ded then 20%	IN: Flex provider: CIF Other: Ded then \$45 OON: Ded then 20%	IN: Ded then \$45 OON: Ded then 20%	IN: Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure OON: Ded then 20%	IN: Non-hospital-based: \$25 Hospital-based: Ded then \$50 OON: Ded then 20%	IN: \$50 OON: Ded then 20%	\$5/\$30/\$60/ \$100/20% (T5 \$250/ script max)	\$10/\$60/\$120/ \$300/20% (T5 \$750/ script max)
PPO 2000 with Coinsurance - Flex Metal Tier: Gold MD0000100168 RX0000100085 DN0000100054	IN: \$35/\$70 OON: Ded then 20% Copay waived for first non-routine PCP visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000	IN: 20% OON: 40%	\$500	Urgent care: IN: \$70 OON: Ded then 20% Convenience care: IN: \$35 OON: Ded then 20%	IN: Ded then 20% OON: Ded then 40%	IN: Flex provider: \$150 Other: Ded then 20% OON: Ded then 40%	IN: Flex provider: CIF Other: Ded then 20% OON: Ded then 40%	IN: Ded then 20% OON: Ded then 40%	IN: Non-hospital-based: \$150 per procedure Hospital-based: Ded then 20% OON: Ded then 40%	IN: Non-hospital-based: \$35 Hospital-based: Ded then 20% OON: Ded then 40%	IN: \$50 OON: Ded then 20%	\$5/\$30/\$60/ \$100/20% (T5 \$250/ script max)	\$10/\$60/\$120/ \$300/20% (T5 \$750/ script max)
PPO 3000 - Flex Metal Tier: Silver MD0000100169 RX0000100087 DN0000100055	IN: \$40/\$65 OON: Ded then 20% Copay waived for first non-routine PCP visit	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$8,500/\$17,000 OON: \$17,000/\$34,000	IN: None OON: 20%	Ded then \$650	Urgent care: IN: \$65 OON: Ded then 20% Convenience care: IN: \$40 OON: Ded then 20%	IN: Ded then \$1,000 per admit OON: Ded then 20%	IN: Flex provider: \$250 Other: Ded then \$750 OON: Ded then 20%	IN: Flex provider: CIF Other: Ded then \$65 OON: Ded then 20%	IN: Ded then \$65 OON: Ded then 20%	IN: Non-hospital-based: \$250 per procedure Hospital-based: Ded then \$750 per procedure OON: Ded then 20%	IN: Non-hospital-based: \$40 Hospital-based: Ded then \$65 OON: Ded then 20%	IN: \$50 OON: Ded then 20%	\$5/\$30/\$80/ \$120/20% (T5 \$500/ script max)	\$10/\$60/\$160/ \$360/20% (T5 \$1,500/ script max)
PPO HSA 2000 - Flex Metal Tier: Silver MD0000100170 RX0000100090 DN0000100056	IN: Ded then \$35/ Ded then \$55 OON: Ded then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Non-embedded	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400	IN: None OON: 20%	Ded then \$400	Urgent care: IN: Ded then \$55 OON: Ded then 20% Convenience care: IN: Ded then \$35 OON: Ded then 20%	IN: Ded then \$500 per admit OON: Ded then 20%	IN: Flex provider: Ded then CIF Other: Ded then \$250 OON: Ded then 20%	IN: Flex provider: CIF Other: Ded then \$55 OON: Ded then 20%	IN: Ded then \$55 OON: Ded then 20%	IN: Non-hospital-based: Ded then \$200 per procedure Hospital-based: Ded then \$400 per procedure OON: Ded then 20%	IN: Non-hospital-based: Ded then \$35 Hospital-based: Ded then \$55 OON: Ded then 20%	IN: Ded then \$50 OON: Ded then 20%	Ded then \$5/\$30/\$80/ \$120/20% (T5 \$500/ script max)	Ded then \$10/\$60/\$160/ \$360/20% (T5 \$1,500/ script max)

PPO plans are underwritten by HPHC Insurance Company.

* For explanation of embedded vs. non-embedded deductible, see page 29.

** Preventive Rx applies to Retail & Mail for all HSA plans.

PPO HSA

2021 Massachusetts Individual Plans - Effective January 1, 2021 through December 31, 2021.

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

Product Name	Office Visit	Deductible*	Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-rays	Scans: CT, MRI, PET	PT/OT/ST	Chiro & Acupuncture	Rx Cost Sharing**	
														Retail	Mail
PPO HSA 3000 - Flex Metal Tier: Silver MD0000100171 RX0000100091 DN0000100056	IN: Ded then \$35/Ded then \$55 OON: Ded then 20%	IN: \$3,000/ \$6,000 OON: \$6,000/ \$12,000 Non-embedded	IN: \$6,850/ \$13,700 IN: None OON: 20%	IN: \$13,700 OON: \$400	IN: \$13,700 OON: \$20%	Urgent care: IN: Ded then \$55 OON: Ded then 20% Convenience care: IN: Ded then \$35 OON: Ded then 20%	IN: Ded then \$500 OON: Ded then 20%	IN: Flex provider: Ded then CIF Other: Ded then \$250	IN: Flex provider: Ded then CIF Other: Ded then \$55 OON: Ded then 20%	IN: Non-hospital-based: Ded then \$200 per procedure Hospital-based: Ded then \$400 per procedure OON: Ded then 20%	IN: Non-hospital-based: Ded then \$35 Hospital-based: Ded then \$55 OON: Ded then 20%	IN: Ded then \$50 OON: Ded then 20%	Ded then \$5/\$30/\$80/ \$120/20% (T5 \$500/ script max)	Ded then \$10/\$60/\$160/ \$360/20% (T5 \$1,500/ script max)	
PPO HSA 3400 - Flex Metal Tier: Silver MD0000100172 RX0000100092 DN0000100057	IN: Ded then \$40/Ded then \$75 OON: Ded then 20%	IN: \$3,400/ \$6,800 OON: \$6,800/ \$13,600 Non-embedded	IN: \$6,850/ \$13,700 IN: 20% OON: 20%	IN: \$13,700 OON: \$750	IN: \$13,700 OON: \$20%	Urgent care: IN: Ded then \$75 OON: Ded then 20% Convenience care: IN: Ded then \$40 OON: Ded then 20%	IN: Ded then 20% OON: Ded then 20%	IN: Flex provider: Ded then \$250 Other: Ded then \$1,000 OON: Ded then 20%	IN: Flex provider: Ded then \$25 Other: Ded then \$75 OON: Ded then 20%	IN: Non-hospital-based: Ded then \$500 per procedure Hospital-based: Ded then \$1,000 per procedure OON: Ded then 20%	IN: Non-hospital-based: Ded then \$40 Hospital-based: Ded then \$65 OON: Ded then 20%	IN: Ded then \$50 OON: Ded then 20%	Ded then \$5/\$30/\$80/ \$120/20% (T5 \$500/ script max)	Ded then \$10/\$60/\$160/ \$360/20% (T5 \$1,500/ script max)	
PPO HSA 5000 - Flex Metal Tier: Bronze MD0000100173 RX0000100093 DN0000100066	IN: Ded then \$60/Ded then \$150 OON: Ded then 20%	IN: \$5,000/ \$10,000 OON: \$10,000/ \$20,000 Embedded	IN: \$7,000/ \$14,000 IN: None OON: 20%	IN: \$14,000 OON: \$1,500	IN: \$14,000/ \$28,000	Urgent care: IN: Ded then \$150 OON: Ded then 20% Convenience care: IN: Ded then \$60 OON: Ded then 20%	IN: Ded then \$1,500 per admit OON: Ded then 20%	IN: Flex provider: Ded then \$250 Other: Ded then \$1,000 OON: Ded then 20%	IN: Flex provider: Ded then \$25 Other: Ded then \$75 OON: Ded then 20%	IN: Non-hospital-based: Ded then \$500 per procedure Hospital-based: Ded then \$1,000 per procedure OON: Ded then 20%	IN: Non-hospital-based: Ded then \$40 Hospital-based: Ded then \$65 OON: Ded then 20%	IN: Ded then \$50 OON: Ded then 20%	Ded then \$5/\$30/50%/ 50%/50% (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)	Ded then \$10/60/50%/ 50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max)	

PPO plans are underwritten by HPHC Insurance Company.

* For explanation of embedded vs. non-embedded deductible, see page 29.

** Preventive Rx applies to Retail & Mail for all HSA plans.

Connector plans

2021 Massachusetts Individual Plans - Effective January 1, 2021 through December 31, 2021.

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

Product Name	Office Visit	Deductible*	Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-rays	Scans: CT, MRI, PET	PT/OT/ST	Chiro & Acupuncture	Rx Cost Sharing	
														Retail	Mail
Standard Platinum - Flex Metal Tier: Platinum MD0000100140 RX0000100078 DN0000100037	\$20/\$40	None/None	\$3,000/\$6,000	None	\$150	Urgent care: \$40 Convenience care: \$20	\$500 per admit	Flex provider: \$100 Other: \$250	CIF	CIF	Non-hospital-based: \$50 per procedure Hospital-based: \$150 per procedure	Non-hospital-based: \$20 Hospital-based: \$40	\$40	\$10/\$25/\$50	\$20/\$50/\$150
Standard High Gold - Flex Metal Tier: Gold MD0000100141 RX0000100080 DN0000100039	\$25/\$50	None/None	\$5,000/\$10,000	None	\$300	Urgent care: \$50 Convenience care: \$25	\$750 per admit	Flex provider: \$100 Other: \$500	Flex provider: CIF Other: \$50	\$75	Non-hospital-based: \$100 per procedure Hospital-based: \$400 per procedure	Non-hospital-based: \$20 Hospital-based: \$50	\$50	\$25/\$50/\$75	\$50/\$100/\$225
HMO 2000 Low - Flex Metal Tier: Gold MD0000100142 RX0000100081 DN0000100040	\$30/\$55	\$2,000/\$4,000 Embedded	\$6,500/\$13,000	None	Ded then \$350	Urgent care: \$55 Convenience care: \$30	Ded then \$750 per admit	Flex provider: \$250 Other: Ded then \$500	Flex provider: \$20 Other: Ded then \$50	Ded then \$75	Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: \$55	\$50	\$25/Ded then \$50/ Ded then \$125	\$50/Ded then \$100/ Ded then \$375
Standard Silver Metal Tier: Silver MD0000100143 RX0000100082 DN0000100041	\$25/\$50	\$2,000/\$4,000 Embedded	\$8,550/\$17,100	None	Ded then \$300	Urgent care: \$50 Convenience care: \$25	Ded then \$1,000 per admit	Ded then \$500	Ded then \$50	Ded then \$75	Ded then \$400 per procedure	\$50	\$50	\$25/\$50/Ded then \$75	\$50/\$100/Ded then \$225

* For explanation of embedded vs. non-embedded deductible, see page 29.

Connector plans

2021 Massachusetts Individual Plans - Effective January 1, 2021 through December 31, 2021.

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

Product Name	Office Visit	Deductible*	Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-rays	Scans: CT, MRI, PET	PT/OT/ST	Chiro & Acupuncture	Rx Cost Sharing**	
														Retail	Mail
Standard Low Silver HSA - Flex¹ Metal Tier: Silver MD0000100144 RX0000100083 DN0000100042	Ded then \$30/Ded then \$60	\$2,000/\$4,000 Non-embedded	\$6,850/\$13,700	None	Ded then \$300	Urgent care: Ded then \$60 Convenience care: Ded then \$30	Ded then \$750 per admit	Flex provider: Ded then \$250 Other: Ded then \$500	Flex provider: Ded then \$20 Other: Ded then \$60	Ded then \$75	Non-hospital-based: Ded then \$200 per procedure Hospital-based: Ded then \$500 per procedure	Non-hospital-based: Ded then \$30 Hospital-based: Ded then \$60	Ded then \$50	Ded then \$30/ Ded then \$60/ Ded then \$105	Ded then \$60/ Ded then \$120/ Ded then \$315
Standard High Bronze Metal Tier: Bronze MD0000100145 RX0000100084 DN0000100043	Ded then \$40/Ded then \$90	\$2,700/\$5,400 Embedded	\$8,550/\$17,100	None	Ded then \$750	Urgent care: Ded then \$90 Convenience care: Ded then \$40	Ded then \$1,200 per admit	Ded then \$500	Ded then \$75	Ded then \$100	Ded then \$1,000 per procedure	Ded then \$90	\$50	\$30/Ded then \$100/ Ded then \$150	\$60/Ded then \$200/ Ded then \$450
PPO 2000 - Flex¹ Metal Tier: Gold MD0000100146 RX0000100094 DN0000100044	IN: \$25/\$50 OON: Ded then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000	IN: None OON: 20%	\$300	Urgent care: IN: \$50 OON: Ded then 20% Convenience care: IN: \$25 OON: Ded then 20%	IN: Ded then \$250 per admit OON: Ded then 20%	IN: Flex provider: \$75 Other: Ded then \$300 OON: Ded then 20%	IN: Flex provider: CIF Other: Ded then \$45 OON: Ded then 20%	IN: Ded then \$45 OON: Ded then 20%	IN: Non-hospital-based: \$200 per procedure Hospital-based: Ded then \$300 per procedure	IN: Non-hospital-based: \$25 Hospital-based: Ded then \$50 OON: Ded then 20%	IN: \$50 OON: Ded then 20%	\$5/\$30/\$60/ \$100/20% (T5 \$250/script max)	\$10/\$60/\$120/ \$300/20% (T5 \$750/script max)
HMO 3500 - Flex Metal Tier: Bronze MD0000100155 RX0000100088 DN0000100048	Ded then \$40/Ded then \$65	\$3,500/\$7,000 Embedded	\$8,500/\$17,000	20%	Ded then \$750	Urgent care: Ded then \$65 Convenience care: Ded then \$40	Ded then 20%	Flex provider: Ded then \$250 Other: Ded then \$1,000	Flex provider: Ded then \$25 Others: Ded then \$75	Ded then \$75	Non-hospital-based: Ded then \$500 per procedure Hospital-based: Ded then \$1,000 per procedure	Non-hospital-based: Ded then \$40 Hospital-based: Ded then \$65	Ded then \$50	\$5/\$30/ Ded then 50%/ Ded then 50%/ (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)	\$10/\$60/ Ded then 50%/ Ded then 50%/ Ded then 50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max)

¹ Available to small groups only on the Connector.

PPO plans are underwritten by HPHC Insurance Company.

* For explanation of embedded vs. non-embedded deductible, see page 29.

** Preventive Rx applies to Retail & Mail for all HSA plans.

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 and coinsurance do not count toward a deductible.



Embedded deductible/ out-of-pocket maximum

All non-HSA plans contain embedded deductibles and out-of-pocket maximums (OOPM).

Embedded Deductible refers to a family plan that has two components, an individual deductible and a family deductible. The maximum contribution by an individual toward the family deductible is limited to the individual deductible amount and allows for the individual to receive benefits before the family component is met. When any number of members collectively meet the family deductible, services for the entire family are covered for the remainder of the year.

Embedded OOPM refers to a family plan that has two components, an individual OOPM and a family OOPM. The maximum contribution by an individual toward the family OOPM is limited to the individual OOPM and once met, has no additional cost sharing for the remainder of the year. When any number of

members collectively meet the family OOPM, then all members have no additional cost sharing for the remainder of the year.



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.



Coinurance

Coinurance 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 PPO 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

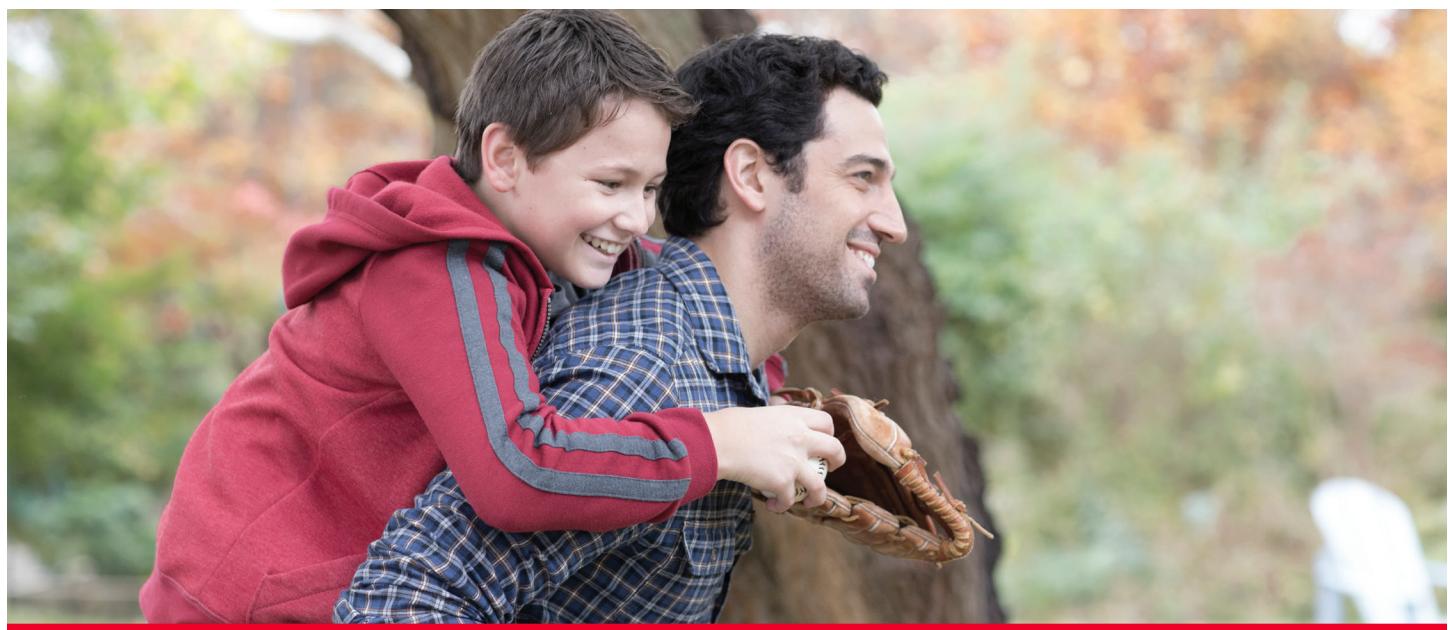
This is a limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet the out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

Important legal information

What's not covered on our HMO and PPO plans

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

- 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



Important legal information

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)

Complaint forms are available at 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 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (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 quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý 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 (телефон: 711).

العربية (Arabic)
انتبه: إذا كنت تتحدث باللغة العربية، خدمات المساعدة للأغوارية متوفرة لك مجاناً. اتصل على 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

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

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής προσέγγισης. Κάλεσμα: 1-888-333-4742 (ΤΤΥX 711).

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

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

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ડિપલ્મો છે. ટિચેન માર્કિની માટે કોન્ટેક્ટ ૧૮૮૮ ૩૩૩ ૪૭૪૨ (TTV: 711).

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການປໍວົງການຂ່າຍເຫຼືອດ້ານພາສາ, ໂດຍປໍ່ເສັງຄ່າ, ແລ້ວນິ້ນ້ອມໃຫ້ວ່າງ ໂທຣ 1-888-333-4742 (ໄຕຍ: 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



Harvard Pilgrim
Health Care

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

**93 Worcester Street
Wellesley, MA 02481**

Already a member?

(866) 890-6470 (Renewing your coverage)
(877) 907-4742 (Questions about your current benefits)

Not yet a member?

(866) 229-8821

TTY: 711