

Massachusetts 2021 Product Guide

**Better choices.
Better coverage.
Better value.**

**For employers
with up to 50 full-time
equivalent employees**

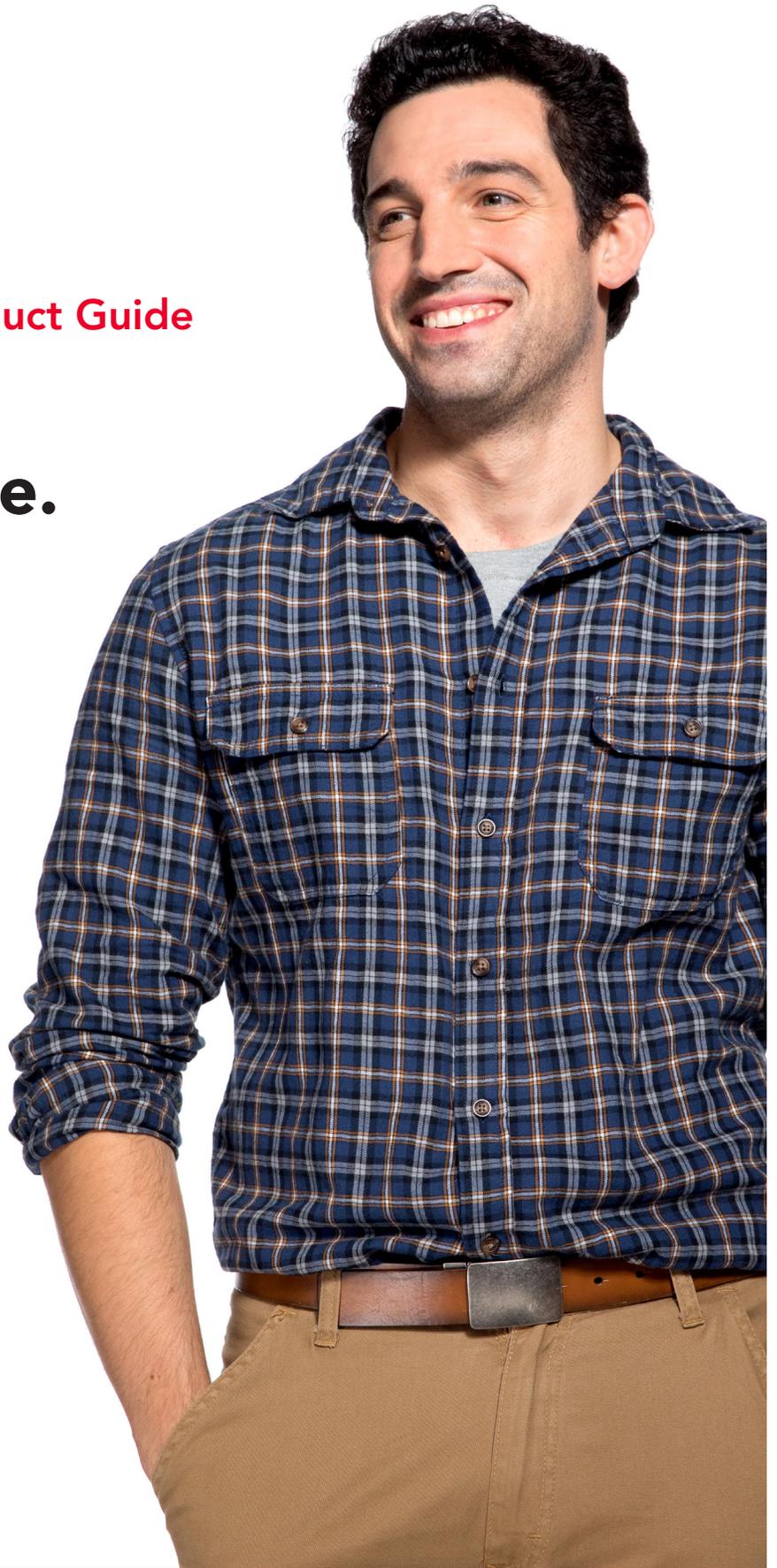


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Our promise: Guiding people and communities to better health

Harvard Pilgrim offers a full range of health insurance solutions. Our plans deliver outstanding coverage, choice and value for your small group clients.



90,000+
DOCTORS & CLINICIANS

180+
HOSPITALS

Full and select network plans

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

New England & national coverage

Our regional network has more than 90,000 doctors and other clinicians, and more than 180 hospitals. Our PPO plans give members access to providers across the United States.

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, 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 Massachusetts

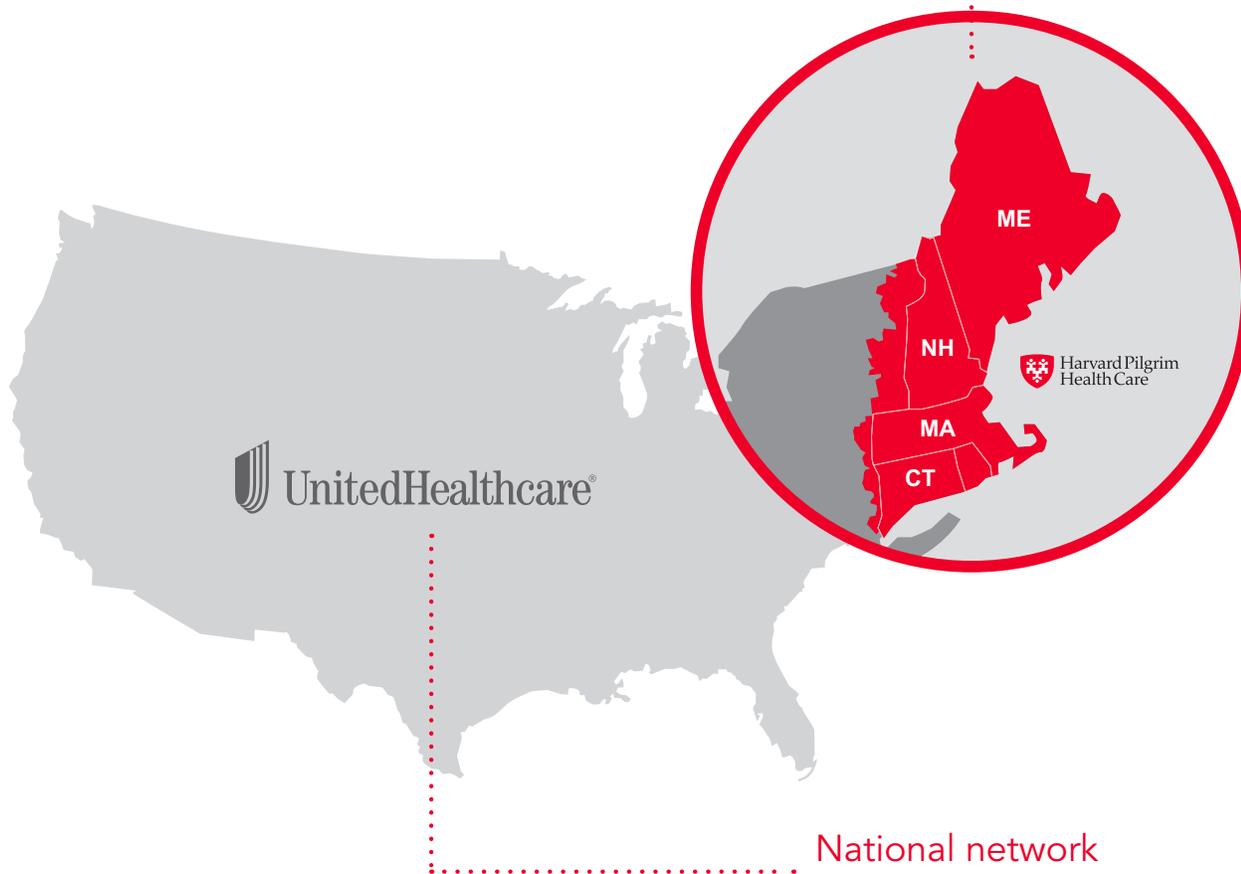
* PPO plans are underwritten by HPHC Insurance Company.

** Through August, 2020.

Your local partner with the strength of a national network

Harvard Pilgrim Health Care network

- 90,000+ doctors and clinicians
- 180+ hospitals



National network through UnitedHealthcare

- 1,000,000+ providers
- 5,700+ hospitals

Massachusetts plan options

Offering choice and savings

Types of plans	Description	Plan options
HMO	<ul style="list-style-type: none"> Care within Harvard Pilgrim's network Select a PCP and get referrals for specialist visits 	HMO HMO Flex HMO Core
PPO	<ul style="list-style-type: none"> Covered in-network Option to go out-of-network and pay more in out-of-pocket expenses No need for referrals 	PPO PPO Flex
Limited network (Focus)	<ul style="list-style-type: none"> HMO Lower-premium plan featuring a limited network of our high-performing providers 	Focus HMO
Qualified high deductible plan	<ul style="list-style-type: none"> HMO or PPO Meet a deductible before we pay for services Some employers may offer an HSA and/or HRA to help members meet their deductible and other out-of-pocket expenses 	HMO HSA Flex PPO HSA Flex

Focus HMO limited network plans*

Focus is specially designed to help members lower costs, while still offering the benefits they want and need. And it brings employers significant savings compared to our full-network plans. Features include:

- Comprehensive HMO coverage with care from our extensive, high-performance network of providers across Massachusetts
- Nearly 60 hospitals and 23,000 doctors and other clinicians across the state

How it works

- Members 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 from Harvard Pilgrim for care.



To find Focus doctors and hospitals

- Visit www.harvardpilgrim.org and select **Find a Provider**
- 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, members have coverage only from providers in the network specific to their plan. Members should search the provider directory by plan name for a list of providers. They may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

HMO Core plans

Harvard Pilgrim's HMO Core plan enables your clients to provide employees with coverage for essential care focusing on their whole health. This plan may help clients and members save money on premiums. And it can help members save on out-of-pocket costs by requiring only a copayment for set numbers of medical and behavioral health office visits. The option to include the Flex benefit provides an additional opportunity for member savings.

- Services requiring only a copayment before the deductible applies are:

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

Flex benefit for routine services

Costs for the same in-network medical service can vary widely depending on the type 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 merged market plans except Focus and select Connector plans.

Receiving services at a Flex facility can save members 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*

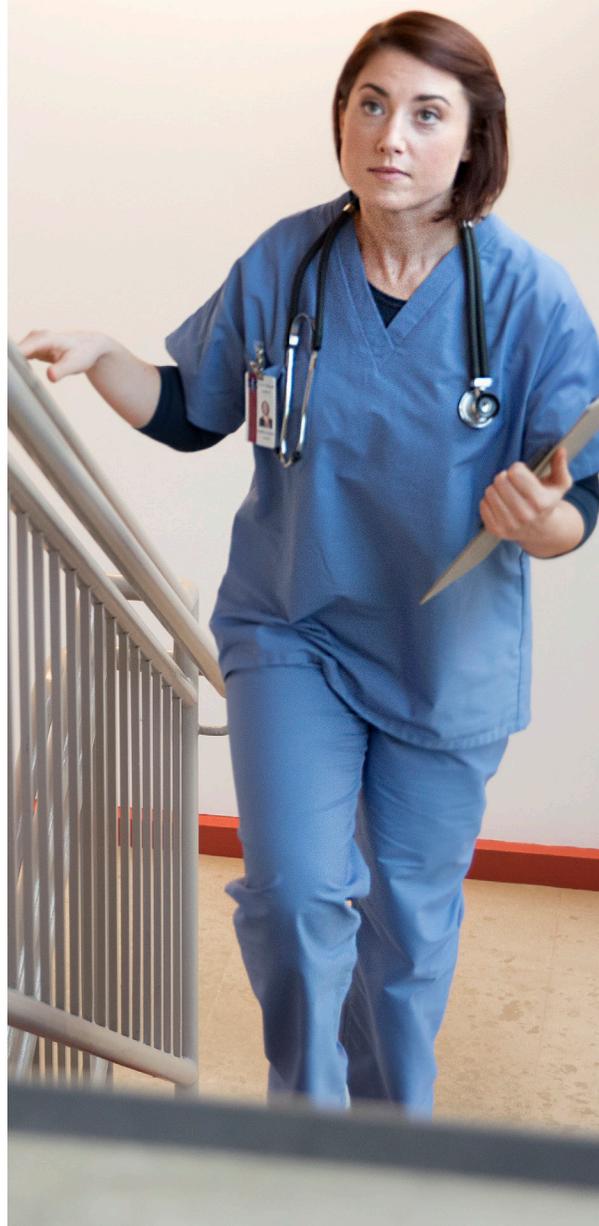
*Copay varies based on specific plan. Deductible applies for HSA plans.

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 **Other Care Providers**. Once in this search, select either **General Laboratory** or **Ambulatory Surgical Center**

How members can find a provider

- 1 Visit www.harvardpilgrim.org
- 2 Click on **Find a Provider**
- 3 Select **your plan type**
- 4 Search by **provider type**



Harvard Pilgrim SmartStart makes switching health insurance easier than ever

Switching insurance benefits should be a seamless experience. And with Harvard Pilgrim SmartStart, it is. As part of our ongoing commitment to service and support, SmartStart eases the hassle and uncertainty of switching health insurance. We get employers and members up and running—even before their coverage starts.



Superior service

Skilled implementation support

Access your own experienced sales team to ensure a successful implementation.

Employer education

Identify, recommend and implement self-service options, including member portal, EDI resolution interface and online billing.



Early member engagement

Pre-enrollment resource

Connect with the dedicated prospective member call center for questions about specific benefits and coverage.

Clinical transitions

Pre-enrollment support to ensure members seamlessly transition to their new benefits, including prior authorizations, pharmacy coverage and connection to care management to assure continuity of care.

Access to digital ID cards

Instant access even before coverage is effective.



Data capture

Guided digital welcome experience

Capture member information through a quick digital journey as soon as enrollment is complete. This additional channel for early and easy collection of member data assures more complete capture of important information.

PCP and data verification

Identify important transition care touchpoints by verifying primary care information and the use of the data capture journey.

For information on getting new clients up and running with Harvard Pilgrim's SmartStart program, contact your Account Executive directly.

What we cover

No matter which fully insured plan an employer offers, they all include these core benefits.



Acupuncture and chiropractic

Unlimited acupuncture and chiropractic visits per year



Mental health and substance use services

Counseling and psychotherapy



Ambulatory patient services

Outpatient care without hospital admission



Pediatric dental* and vision

Covers children up to age 19



Emergency services

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



Pregnancy, maternity and newborn care

Care before, during and after pregnancy



Eye exams

One preventive screening every year



Prescriptions

Access to safe, effective medications



Hospitalization

Inpatient services, such as surgery



Preventive care and chronic disease management

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



Laboratory services

Bloodwork, screenings, etc.



Rehabilitation and habilitative services and devices

Rehab services, hospital beds, crutches, oxygen tanks

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

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

Prescription drug benefits

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

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

Over-the-counter prescriptions available

Members now have access to certain over-the-counter (OTC) drugs which are new to our formulary. 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?

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.



How the prescription drug tiers work

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



To help members get the most out of their benefits, Harvard Pilgrim has partnered with OptumRx for pharmacy benefit management services for both retail and mail service.

Members have access to more than 67,000 pharmacies as well as the convenience of OptumRx's mail order pharmacy, OptumRx Home Delivery. OptumRx also offers an enhanced digital experience to help make it easier to order, manage and receive prescription medications. CVS Specialty is our primary specialty pharmacy provider. Members may purchase up to a 90-day supply of maintenance medications.

* 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.

Pediatric dental



- Plans are available with or without pediatric dental¹
- Deductible does not apply
- Some plans have a separate dental out-of-pocket maximum that is lower than the medical out-of-pocket maximum
- 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

Reduce My Costs

Members pay less in out-of-pocket expenses. **And** get rewarded.

When members are scheduled to receive outpatient procedures or diagnostic tests, this voluntary program helps them find lower-cost providers and care.² They just call (855) 772-8366 or use the [Reduce My Costs chat feature](#) whenever their doctor recommends an outpatient test or procedure such as:

- Radiology (e.g., MRI and CT scan)
- Lab work
- Mammogram
- Ultrasound
- Bone density study
- Colonoscopy
- Other non-emergency outpatient test and procedure

Members will speak with an experienced nurse who will:

- Compare provider costs and inform them of the lower-cost providers in their area
- Assist with scheduling or rescheduling their appointment and help with any paperwork

With this program, members can pay less in out-of-pocket expenses and may also be eligible for rewards if they choose a more affordable option. And if they're already seeing a lower-cost provider, they receive a reward just for calling.³

¹ 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.

² Certain services may require a referral and/or prior authorization before members can receive services from the lower-cost provider. To ensure the services will be covered, members should refer to their plan documents or contact Harvard Pilgrim at (888) 333-4742.

³ Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of five Reduce My Costs rewards per calendar year.

The care our members need, when they need it

When their primary care providers' offices aren't open, members who need medical care for a non-life-threatening injury or illness have options—other than the ER—that can save time and money.

	Typical out-of-pocket costs	Common symptoms
 <p>Telemedicine services Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</p>	<p>\$ No cost sharing for Doctor On Demand urgent care virtual visits¹</p>	<ul style="list-style-type: none"> • Coughs, colds • Sore/strep throat • Flu • Pediatric issues • Sinus and allergies • Nausea/diarrhea • Rashes and skin issues • Women's health: UTIs, yeast infections • Sports injuries • Eye issues
 <p>Convenience care/retail clinic Walk-in, convenience care or retail clinic (e.g., Minute Clinic inside of CVS pharmacies)</p>	<p>\$ Members typically pay a copayment for going to a participating clinic²</p>	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections • Skin conditions like poison ivy and ringworm • Strep throat
 <p>Urgent care clinic Walk-in clinic for urgent care at both freestanding and hospital-based locations</p>	<p>\$\$ Members typically pay a copayment for urgent care, sometimes higher than the one for an office visit²</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
 <p>Emergency room (ER) Part of a local hospital</p> <p>Members who think they are having medical emergencies should call 911 or go to the nearest ER</p>	<p>\$\$\$\$ Members typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible²</p>	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss • 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. Please refer to the plan documents for specific benefit information.

² What members pay out-of-pocket depends on their specific Harvard Pilgrim plan. Please refer to plan documents for specific benefit information.

A focus on keeping our members healthy

As a recognized leader in effective prevention and disease management programs, we're ready to put our expertise and experience to work for the health and well-being of our members.



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. Members of our clinical care team live in Massachusetts, so they have knowledge about the resources and providers available to our members. By building personal connections and trusted relationships, our team guides members to better health, reduced risk and lower costs.



Behavioral health support online and in person

Through our partnership with United Behavioral Health (also known as Optum), members have access to resources and treatment for a wide number of behavioral health conditions, such as depression or anxiety, ADHD, an eating disorder or concerns about substance use or addiction.

Our confidential Behavioral Health Access Center helps members understand their coverage and treatment options and makes it easy for them to get started with treatment.

To learn more about our emotional and mental well-being offerings, visit www.harvardpilgrim.org/behavioralhealth.



Holistic well-being approach that drives member engagement

All too often, well-being programs center around exercise and nutrition, leaving out other factors critical to a happy, healthy life. Harvard Pilgrim's industry-leading program takes it a step further. Employers see increased employee engagement, improved talent retention and acquisition, and a more inclusive workplace culture. And, of course, happier and healthier employees.

A suite of healthy programs to support the well-being of our members

Visit www.harvardpilgrim.org/employer/wellness-program-overview/ to learn more.

Living WellSM Workplace

This one-stop resource will help employers deliver a powerful well-being program with financial incentives funded by Harvard Pilgrim that are designed to boost employee engagement.¹ In just 10 minutes, employer groups can kick-start an employee wellness program with our online resources, including:



Online Employer Toolkit – ready-made content with helpful tips on a variety of topics that you can quickly and easily download or digitally share



Menu of Living Well programs and services – offered in the workplace or online; available at an additional cost

Living WellSM Everyday

This holistic program is packed with resources to help members reap the benefits of living well, including access to lifestyle management coaching at no charge, and engaging activities that reward participation. Members have access to:



Lifestyle Management Coaching



Discounts & Savings – on many health-related products and services



Well-being apps – Subscribers and their covered dependents can earn points toward monthly raffle drawings.^{1, 2}

Living WellSM Community

Covered dependents or employees who aren't Harvard Pilgrim members can participate in a separate program, where they can participate in monthly well-being challenges and even earn points toward monthly gift card drawings.¹

Fitness reimbursement³

Members can get reimbursement for a 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.

¹ Restrictions apply; please see program materials for more information. Rewards may be taxable; members should consult their tax advisor.

² Rewards are available to employees of fully insured accounts that are rated as small group with 1 to 50 full-time equivalent employees.

³ Reimbursement is limited to two members on a family contract. Restrictions apply. For tax information, members should consult their tax advisor.

Wellness tools

Good health looks different for everyone. Whether one's wellness goals focus on nutrition, fitness, stress management or all three, our free wellness site is packed with tools to help our members achieve wellness—however they define it.

Well-being Rewards program

Members can earn up to \$225 in Amazon gift cards by participating in a variety of fun and convenient activities that support their well-being. Employers can earn back up to 6% of premium based on their employees' participation in the program. The more employees that participate and earn the maximum \$225 reward, the greater the premium reward for the employer. The rewards program is available as a rider, and the employer cost is 0.5% of premium.



Customize by goals



Chat with others for tips and advice



Sync to a wearable device



Connect with a personal health coach

www.harvardpilgrim.org/wellbeingforall

Helping clients choose a plan

Harvard Pilgrim offers a number of plan options to meet every family's needs and budget.

- Covered in-network
- Access to a national network (PPO)¹

When choosing a plan, your clients should consider a number of factors.

- Do they frequently go to the doctor or need medical treatment?
- Is having the flexibility to see doctors outside the network important to them?
- Do they prefer a higher premium and lower payments when they receive treatment?

Types of plans:

HMO

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

PPO

- Covered in-network
- Option to go out-of-network and pay more in out-of-pocket expenses
- No need for referrals

Limited network (Focus)

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

Qualified high deductible plan

- HMO or PPO
- Meet a deductible before we pay for services
- Some employers may offer an HSA and/or HRA to help members meet their deductible and other out-of-pocket expenses

Help clients find the plan that best meets their needs

X marks the spot	HMO	PPO	Limited network (Focus) ²	Qualified high deductible
Their doctors participate in the plan network, client does not want to spend more money out-of-pocket	×		×	×
Wants the freedom to see any doctor		×		×
Wants to save on their premium (money paid up front for health coverage)			×	×
Wants services to be covered up front and doesn't mind a higher premium	×	×	×	
			Plan may include a deductible	
Prefers to budget and keep track of all their health care expenses			×	×
Wants a plan that lets them save money with specified providers			×	

¹ PPO plans are underwritten by HPHC Insurance Company.

² These plans provide access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In these plans, members have coverage only from providers in the network specific to their plan. Members should search the provider directory by plan name for a list of providers. They may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

2021 product enhancements and updates



HMO 3500 - Flex NEW

We've enhanced our HMO portfolio by adding a competitive, more affordable non-HSA option with a higher deductible.¹



Unlimited acupuncture and chiropractic visits

Our plans currently include unlimited chiropractic visits, and members on our 2021 Massachusetts plans will have unlimited acupuncture visits as well. Cost sharing will apply according to the terms of the member's plan.



Over-the-counter prescriptions available

We are adding certain over-the-counter (OTC) drugs to all of our formularies, including OTC drugs in certain therapy classes. Therapy classes include cough, cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations. Members must get a prescription for the OTC drug from their provider and will pay Tier 1 Rx cost sharing.

Benefit changes for 2021²

• HMO 3000 - Flex and PPO 3000 - Flex

Our current HMO and PPO 3500 Flex plans will have a lower deductible of \$3,000.

• HMO 2000 Value - Flex

Our current HMO 2500 - Flex will have a lower deductible of \$2,000.

• PPO HSA 5000 - Flex

Our current PPO HSA 4500 - Flex will have many benefit cost-sharing changes for 2021, including an increased deductible of \$5,000.



IMPORTANT REMINDERS

Well-being Rewards program

Members can continue to earn up to \$225 in Amazon gift cards by participating in fun and convenient activities that support their well-being. Employers can also earn up to 6% of premium based on their employees' participation in the program. See page 11 for more details.

No cost sharing for Doctor On Demand urgent care visits

Members enrolled in non-HSA plans are not required to pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be billed for these visits, which will apply toward the in-network deductible.

One free PCP/behavioral health visit

Members on most of our non-HSA plans will receive one non-routine free PCP and behavioral health visit at no charge. This excludes Standard Connector and Core HMO plans.

Increased fitness reimbursement up to \$300

Virtual fitness subscriptions and fitness trackers are also eligible for reimbursement in lieu of a gym membership fee up to \$150 for two family members.³

Save money with mail-order Rx

Outside of Standard Connector plans, all plans feature cost-savings opportunities on mail-order pharmacy cost sharing for generic and brand name drugs (Tiers 1, 2 and 3).

Lower cost sharing from freestanding providers

Members will pay lower cost sharing for services when using providers not affiliated with or owned by hospitals. Freestanding providers include ambulatory surgical centers; labs; high-end radiology centers; and physical, occupational and speech therapists. Available in all plans except Core plans, Focus plans, and certain Standard Connector plans.

Preventive Rx included on all HSA plans

Preventive Rx benefits are available on all HSA plans.

HMO out-of-area dependent coverage

As of January 1, 2019, Harvard Pilgrim covers only unforeseen emergency care and urgent care for HMO out-of-area dependent members. This coverage is consistent with all other HMO plans for members who are traveling outside their plan's enrollment area.

¹ The current HMO 3500 - Flex is now the HMO 3000 - Flex.

² Please refer to the product grid pages 14-27 for additional benefit changes.

³ Reimbursement is limited to two members on a family contract. Restrictions apply. Fitness reimbursement may be considered taxable income. For tax information, members should consult their tax advisor.

2021 Massachusetts plan offerings

Massachusetts Small Group 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.

For employers with 2 to 50 eligible employees

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 Business rules on page 34.

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 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 Business rules on page 34.

HMO and HMO HSA

Massachusetts Small Group 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%	\$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%	\$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 Business rules on page 34.

** 6 per family.

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

Focus HMO plans

Massachusetts Small Group 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 Copoly 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 Copoly 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 Business rules on page 34.

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

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 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 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 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 Business rules on page 34.

PPO and PPO HSA

Massachusetts Small Group 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: 20% OON: Ded then 20%	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: \$45 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 ON: 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: Ded then 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 Business rules on page 34.

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

PPO HSA

Massachusetts Small Group 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 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 OON: Ded then 20%	IN: Flex provider: Ded then CIF Other: Ded then \$250 OON: Ded then 20%	IN: Flex provider: Ded then 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 HSA 3400 - Flex Metal Tier: Silver MD0000100172 RX0000100092 DN0000100057	IN: Ded then \$40/Ded then \$75 Copay OON: Ded then 20%	IN: \$3,400/\$6,800 OON: \$6,800/\$13,600 Non-embedded	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400	IN: 20% OON: 20%	Ded then \$750	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: Ded then \$100 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 Non-embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000	IN: None OON: 20%	Ded then \$1,500	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: Ded then \$150 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 Business rules on page 34.

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

Connector plans

Massachusetts Small Group 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 per procedure	\$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 Business rules on page 33.

Connector plans

Massachusetts Small Group 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 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)
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%/ 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 Business rules on page 34.

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

Side-by-side grid

Number of Allowable Combinations



		Standard Platinum - Flex	Standard High Gold - Flex	HMO 25 - Flex	Focus HMO 25	HMO 500 - Flex	HMO 1000 - Flex	HMO 1500 - Flex	Focus HMO 1500	HMO 1750 Core - Flex	HMO 2000 Low - Flex	Standard Silver	Standard Low Silver HSA - Flex	HMO 2000 - Flex	HMO 2000 with Coinsurance - Flex	HMO 2000 Value - Flex	HMO HSA 2000 - Flex	HMO 3000 - Flex	HMO 3500 - Flex	HMO 3500 Core - Flex	Standard High Bronze	HMO HSA 3000 - Flex	HMO HSA 3400 - Flex	Focus HMO HSA 3400	PPO 25 - Flex	PPO 500 - Flex	PPO 1000 - Flex	PPO 1500 - Flex	PPO 2000 - Flex	PPO 2000 with Coinsurance - Flex	PPO 3000 - Flex	PPO HSA 2000 - Flex	PPO HSA 3000 - Flex	PPO HSA 3400 - Flex	PPO HSA 5000 - Flex			
7	Standard Platinum - Flex	█																																				
7	Standard High Gold - Flex	█	█																																			
9	HMO 25 - Flex			█																																		
9	Focus HMO 25			█	█																																	
18	HMO 500 - Flex			█	█	█																																
18	HMO 1000 - Flex			█	█	█	█																															
22	HMO 1500 - Flex			█	█	█	█	█																														
22	Focus HMO 1500			█	█	█	█	█	█																													
19	HMO 1750 Core - Flex			█	█	█	█	█	█	█																												
29	HMO 2000 Low - Flex	█	█							█																												
7	Standard Silver	█	█																																			
6	Standard Low Silver HSA - Flex	█	█																																			
24	HMO 2000 - Flex												█																									
24	HMO 2000 with Coinsurance - Flex												█	█																								
24	HMO 2000 Value - Flex												█	█	█																							
24	HMO HSA 2000 - Flex												█	█	█	█																						
20	HMO 3000 - Flex																																					
22	HMO 3500 - Flex	█	█																																			
17	HMO 3500 Core - Flex	█	█																																			
7	Standard High Bronze	█	█																																			
20	HMO HSA 3000 - Flex																																					
16	HMO HSA 3400 - Flex																																					
16	Focus HMO HSA 3400																																					
9	PPO 25 - Flex																																					
18	PPO 500 - Flex																																					
18	PPO 1000 - Flex																																					
22	PPO 1500 - Flex																																					
29	PPO 2000 - Flex	█	█																																			
24	PPO 2000 with Coinsurance - Flex																																					
20	PPO 3000 - Flex																																					
24	PPO HSA 2000 - Flex																																					
20	PPO HSA 3000 - Flex																																					
16	PPO HSA 3400 - Flex																																					
2	PPO HSA 5000 - Flex																																					

Red square = Allowable combination

www.harvardpilgrim.org/broker

Your one-stop shop for plans, details, tools and services.



Our online platform makes it easy to get instant, accurate quotes for new business and renewals.

Access Harvard Pilgrim Online Quoting (HPOQ) 24/7 to:

- Receive instant quotes
- Print or email directly to your customers
- View product highlights or detailed Summary of Benefits and Coverage (SBCs) and Schedules of Benefits
- Manage group and census data
- Get instant rates for updated census data
- Create professional proposals

Get started with Harvard Pilgrim Online Quoting

New users, contact Broker Relations at **(800) 424-7285** to register.

After registering, visit www.harvardpilgrim.org/broker.

Click **Broker Login** in the upper right corner.

Log in with your username and password.

Click **Access Harvard Pilgrim Online Quoting**.

Under the appropriate state, click **New Business** to create a new customer quote. Click **Renewals** to renew an existing customer account.

Need help?

If you have trouble accessing the Online Quoting system or have other issues, call the Broker Service Center at **(800) 424-7285**.

How to access a Summary of Benefits and Coverage online

You can access more information about the benefits at www.harvardpilgrim.org/broker.

Business rules

Harvard Pilgrim reserves the right to change premium rates at any time before the effective date of the policy if there is a change in applicable state laws or regulations. Changes to rates after the effective date of coverage are governed by the employer agreement.

All 2021 small group plans are plan year.

Minimum number of eligible employees

For groups with six or more eligible employees, 75% of those employees who are eligible for health benefits must participate. For groups with one to five eligible employees, 100% of eligible employees must participate.

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. All 2021 small group plans have embedded 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.

Focus Network

Available for accounts located in the Focus Network service area. An employee and enrolling dependents must reside within the Focus Network employee enrollment area in order to enroll in the plan.

Side-by-side plan options

For groups with six or more eligible employees, dual options are available. For groups with 20 or more eligible employees, triple options are available. For triple options, all plans must be allowable side-by-side. Plans cannot be offered side-by-side with a plan with a significantly different level of cost sharing. See the grid on page 32 for allowable side-by-side combinations.

Side-by-side options are not permitted for employers with fewer than six eligible employees, except in cases when a PPO plan is offered exclusively for an out-of-area subscriber or dependent and approved by Harvard Pilgrim. A PPO may be offered exclusively for out-of-area members only.

Standard Connector plans may only be offered alongside any other plan offered on the Connector. This includes Standard Connector plans and the PPO 2000 - Flex for groups with six or more eligible employees. The Standard Connector plans must be purchased with pediatric dental.

Preventive medications with a high deductible health plan

For members with a high deductible health plan, the deductible will not apply to certain medications used for preventive care. If the health care provider prescribes one of the designated preventive medications, the deductible will not apply to that prescription. However, a member will be required to pay the applicable coinsurance amount for the drug. The plan may change the listing of designated preventive medications from time to time. For a current list of designated preventive medications, please visit our website at www.harvardpilgrim.org/rx. These plans include the words "Preventive Drug Benefit" on the member ID card.

Important legal information

What's not covered in 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

Limitations for Massachusetts small group 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.

Important legal information

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 (телетайп: 711).

العربية (Arabic)

انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 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 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).

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

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 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



Harvard Pilgrim
Health Care

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

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www.harvardpilgrim.org

Brokers: **(800) 424-7285**

Employers: **(800) 637-4751**