



Harvard Pilgrim  
Health Care

Off Exchange

# Plans to keep you and your family healthy

Maine 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

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## Where to buy your plan

Whether you are eligible for federal subsidies or not, you can purchase coverage directly from Harvard Pilgrim. An insurance broker can help you purchase coverage, as well.



[www.harvardpilgrim.org](http://www.harvardpilgrim.org)

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## How to renew your plan

If you are a current Harvard Pilgrim member, you will receive a renewal package in late October. If you are happy with the plan that is outlined in the renewal package, all you need to do is pay your premium by January 1, 2021.

**New:** This year, you will be able to view and make plan changes by logging into [www.harvardpilgrim.org/renew](http://www.harvardpilgrim.org/renew).

Please call us at **(866) 673-2638** if you have any renewal questions.



### Important dates

**Sunday, November 1 -**

**Tuesday, December 15, 2020\***

2021 open enrollment period for selecting health care coverage. Coverage goes into effect January 1, 2021.

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### How to find a health care provider

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

1. Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org)
  2. Click on **Find a Provider**
  3. Select a Plan: **HMO** or **HMO Open Access** or **Maine's Choice Plus HMO** (located under the Tiered/Limited Plans option)
  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](http://www.harvardpilgrim.org/coronavirus).

\*You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify for a Special Enrollment Period, please visit [www.HealthCare.gov](http://www.HealthCare.gov) to review the eligibility guidelines and submit your enrollment.

# All the coverage you'll need

These core benefits are included with each of our plans.



**UPDATED Acupuncture and chiropractic**  
Unlimited acupuncture and chiropractic visits per year



**Hospitalization**  
Inpatient services, such as surgery



**Pregnancy, maternity and newborn care**  
Care before, during and after pregnancy



**Ambulatory patient services**  
Outpatient care without hospital admission



**Laboratory services**  
Blood work, screenings, etc.



**Prescriptions**  
Access to safe, effective medications



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



**Mental health and substance use services**  
Counseling and psychotherapy



**Rehabilitation and habilitative services and devices**  
Rehab services, hospital beds, crutches, oxygen tanks



**Eye exams**  
One preventive screening every year



**Pediatric vision hardware**  
Covers children up to age 19



**Routine physical exams**  
Annual preventive visit with your primary care provider


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



Harvard Pilgrim HealthCare

PLAN NAME

ID #: HP0000000-00

Name: JANE Q SAMPLE

Copay: OV: \$15

ER: \$50

Rx: **VALUE \$5/15/30/50/20%**

Deductible may apply.

Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org) for plan details.

Plan tiers

## 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

# Maximize your well-being with our Living Well<sup>SM</sup> programs

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



## Living Well<sup>SM</sup>

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](http://www.harvardpilgrim.org/wellbeingforall).



## Lifestyle Management 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

Whether you're coming to terms with a new diagnosis, newly pregnant, contemplating a procedure, struggling with diabetes, asthma, or staying on top of your medications – our clinical care team of registered nurses is here to help. No matter what you're facing, our nurses in Maine will guide you to the available resources and look at all the factors that affect your well-being.

## 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](http://www.harvardpilgrim.org/behavioralhealth) to get started.

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

# 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](http://www.doctorondemand.com)



## Reduce My Costs<sup>1</sup>

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. 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](http://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



A family is eligible to receive **up to \$300 in an annual fitness reimbursement** on fees for health and fitness club memberships, classes or virtual subscriptions! Each plan member (up to two individuals) can receive up to \$150. To qualify, you or one of your dependents must be an active member of the fitness club for at least four months within a calendar year.<sup>2</sup>

Learn more by visiting [www.harvardpilgrim.org/fitnessreimbursement](http://www.harvardpilgrim.org/fitnessreimbursement).

<sup>1</sup> Rewards are considered taxable income; please consult with your tax advisor.






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

Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, consult your tax advisor.



# Care options to save you time and money

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

		Typical out-of-pocket costs	Common symptoms
	<b>Telemedicine services</b> 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 <sup>1</sup>	<ul style="list-style-type: none"> <li>• Coughs, colds</li> <li>• Sore/strep throat</li> <li>• Flu</li> <li>• Pediatric issues</li> <li>• Sinus and allergies</li> <li>• Nausea/diarrhea</li> <li>• Rashes and skin issues</li> <li>• Women's health: UTIs, yeast infections</li> <li>• Sports injuries</li> <li>• Eye issues</li> </ul>
	<b>Convenience care/retail clinic</b> Walk-in, convenience care or retail clinic (MinuteClinic inside of CVS pharmacies in South Portland & Portland)	\$ You'll typically pay a copayment for going to a participating clinic <sup>2</sup>	<ul style="list-style-type: none"> <li>• Bronchitis</li> <li>• Ear infections</li> <li>• Eye infections</li> <li>• Strep throat</li> <li>• Skin conditions like poison ivy and ringworm</li> </ul>
	<b>Freestanding urgent care clinic</b> Walk-in clinic for urgent care	\$\$ You'll typically pay a copayment for urgent care, sometimes higher than the one for an office visit or convenience care clinic visit <sup>2</sup>	<ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Infections</li> <li>• Coughs, cold and flu</li> </ul>
	<b>Hospital-based urgent care clinic</b> Walk-in clinic for urgent care	\$\$\$ You'll typically pay your deductible, then a hospital-based urgent care copayment <sup>2</sup>	<ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Coughs, cold and flu</li> </ul>
	<b>Emergency room (ER)</b> 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 <sup>2</sup>	<ul style="list-style-type: none"> <li>• Choking</li> <li>• Convulsions</li> <li>• Heart attack</li> <li>• Loss of consciousness</li> <li>• Major blood loss</li> <li>• Seizures</li> <li>• Severe head trauma</li> <li>• Shock</li> <li>• Stroke</li> </ul>

<sup>1</sup> 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.

<sup>2</sup> What you pay out-of-pocket depends on your specific Harvard Pilgrim plan. Please refer to your plan documents for your specific benefit information.

# Maine freestanding clinics

You have access to these participating urgent, convenience, express and walk-in care clinics:

**Auburn:** St. Mary's Urgent Care

**Augusta:** Concentra Urgent Care & MaineGeneral Express Care Center

**Bangor:** Concentra Urgent Care, ConvenientMD & Penobscot Community Health Center Walk-In Care

**Belfast:** Penobscot Community Health Center Walk-In Care

**Berwick:** Concentra Urgent Care & York Hospital Walk-In Care Center

**Brewer:** Penobscot Community Health Center Walk-In Care

**Brunswick:** Concentra Urgent Care & ConvenientMD

**Freeport:** Freeport Medical Center

**Gardiner:** Maine General Medical Center Express Care

**Gorham:** Mercy Hospital

**Houlton:** Katahdin Valley Health Center

**Jackman:** Penobscot Community Health Center Walk-In Care

**Kennebunk:** York Hospital Walk-in Care Center & Southern Maine Health Care Walk-In Care

**Kittery:** York Hospital Walk-In Care Center

**Lewiston:** Concentra Urgent Care & Maine Urgent Care

**Norway:** Concentra Urgent Care

**Old Town:** Penobscot Community Health Center Walk-In Care

**Portland:** ConvenientMD, CVS MinuteClinic & Mercy Hospital

**Saco:** ConvenientMD & Southern Maine Health Care Walk-In Care

**Sanford:** Southern Maine Health Care Walk-In Care & York Hospital Walk-In Care Center

**Scarborough:** Clearchoice MD Urgent Care

**South Portland:** American Family Care Urgent Care, Concentra Urgent Care & CVS MinuteClinic

**Topsham:** Topsham Urgent Care Center

**Yarmouth:** Mercy Hospital

**York:** York Hospital Walk-In Care Center

**Waterboro:** Southern Maine Health Care Walk-In Care

**Waterville:** MaineGeneral Express Care Center

**Wells:** York Hospital Walk-In Care Center

**Westbrook:** ConvenientMD & Mercy Hospital

**Windham:** Mercy Hospital





# Helping you choose a plan

These questions can help you decide whether a Gold, Silver, Bronze or Catastrophic plan is best for you.

- What kind of care do you expect to need in the next year?
- Are you willing to pay more for a higher level of coverage?
- Would you rather pay higher monthly premiums in exchange for lower costs when you receive care?

See the 2021 health plan options on the following pages for more details on cost sharing for each plan.

	Gold HMO plans	Silver HMO plans	Bronze HMO plans	Catastrophic plans
<b>May be best if you:</b>	Are willing to pay for richer benefits	Are eligible for a subsidy and want strong coverage value	Are healthy and do not expect to use services	Have a hardship exemption or affordability exemption, OR if you're under 30, relatively healthy, and want to protect yourself in worst-case scenarios
<b>Premium level</b>	Highest	Lower than Gold; higher than Bronze	Lower than Silver; higher than Catastrophic	Lowest
<b>Deductible range (individual)</b>	\$1,000 – \$4,000	\$2,700 – \$8,000	\$6,000 – \$8,550	\$8,550
<b>Coinsurance range</b>	20% – 40%	20% – 50%	0% – 50%	None
<b>Available plans</b>	HMO 1000 HMO Gold 1500 Maine's Choice Plus <sup>SM</sup> HMO Gold 1200 <sup>2</sup>	HMO Silver 3000 HMO 5000 HMO HSA 3000 Maine's Choice Plus <sup>SM</sup> HMO: -HMO Silver 2700 <sup>1,2</sup> -HMO Silver 4800 <sup>1,2</sup> -HMO Silver 6500 <sup>1,2</sup>	HMO Bronze 7000 <sup>1</sup> HMO Bronze 8550 <sup>1</sup> HMO HSA Bronze 6000 <sup>4</sup> Maine's Choice Plus <sup>SM</sup> HMO: HMO HSA Bronze 6000 <sup>2,3</sup>	HMO Catastrophic <sup>5</sup>

With all of our plans, you'll choose a primary care provider (PCP) to arrange your care.

<sup>1</sup> Payment is waived for the first non-routine office visit with a PCP and for three outpatient behavioral health visits in the calendar year.

<sup>2</sup> To be eligible to enroll in the Maine's Choice Plus HMO, you must live in one of the following 10 counties at least nine months out of the year: Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.

<sup>3</sup> Preventive Rx: Deductible does not apply. For HSA (Health Savings Account) plans, a deductible applies before most services are covered.

<sup>4</sup> Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

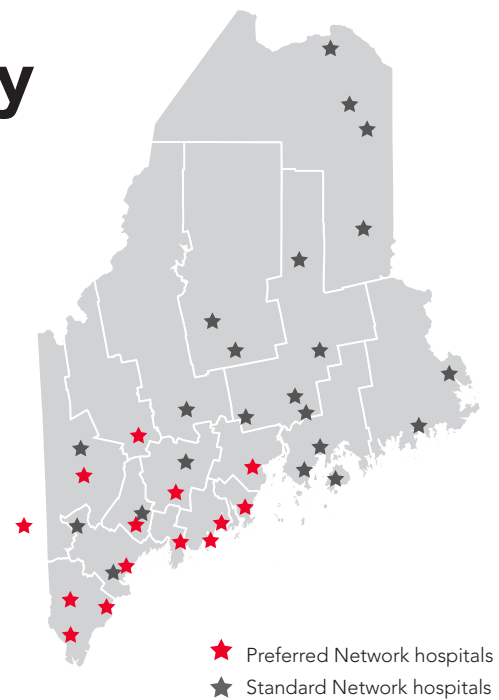
<sup>5</sup> The first three PCP and outpatient behavioral health visits in the calendar year are covered.

# Maine's Choice Plus<sup>SM</sup> HMO: Where choice and flexibility meet savings

## Enhanced features for 2021!

**For 2021, Maine's Choice HMO is becoming Maine's Choice Plus<sup>SM</sup> HMO.** Maine's Choice Plus<sup>SM</sup> HMO will continue to feature two provider networks that let you choose from thousands of trusted physicians.

- **Two networks so you can control your costs.** You'll pay less for care from Preferred Network primary care providers (PCPs), specialists and hospitals.
- **NEW: You have the option to choose a PCP from either network.** You'll pay lower cost sharing when you receive care from a Preferred Network PCP and higher cost sharing with a Standard Network PCP.
- **Some services are always in the Preferred Network.** These include behavioral health, emergency care, pharmacy, acupuncture and chiropractic services.
- **Some services are on us.** These include copayments for the first non-routine PCP visit, three outpatient behavioral visits per calendar year,\* and certain preventive services and tests.
- **Payment and the amount of cost sharing depend on the service and provider's network.** See the product grids on pages 14 - 17 for details on what you pay for services from Preferred Network and Standard Network providers.
- **Our full network.** Between our Preferred and Standard Networks, members have access to more than 180 hospitals and more than 90,000 doctors and clinicians.
- **To be eligible to enroll in the Maine's Choice Plus<sup>SM</sup> HMO,** you must live in one of the following 10 counties at least nine months out of the year: Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.



## How you can find a provider

- 1 Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org)
- 2 Click on **Find a Provider**
- 3 Select **Maine's Choice Plus<sup>SM</sup> HMO** (under the Tiered/Limited Plans section)
- 4 Search by provider type

### The Maine's Choice Plus<sup>SM</sup> Preferred Network includes doctors and other health care providers from these leading physician organizations:

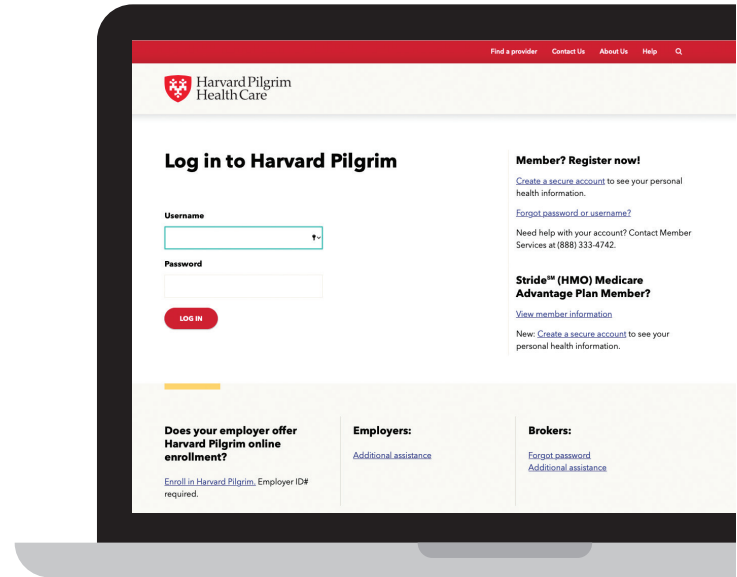
- |                                   |                              |                          |
|-----------------------------------|------------------------------|--------------------------|
| – InterMed                        | – Maine Medical Center PHO   | – Spectrum Medical Group |
| – Kennebec Region Health Alliance | – Martin's Point Health Care | – York Hospital          |

\* Only available for non-HSA plans.

# Set up your member account

Once your membership becomes effective, be sure to set up your online member account at [www.harvardpilgrim.org](http://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 Maine's communities

Service is more than good business.



**In 2020, over \$2 million was contributed to more than 110 Maine nonprofit organizations.**

As a not-for-profit, service inspires our social mission. We're driven by a human concern for the health challenges facing our neighbors and communities. And we're dedicated to helping resolve them through our partnerships with dozens of Maine nonprofit organizations.



# 2021 Maine plan offerings

2021 Maine **Off-Exchange** 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	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Acupuncture & Chiro	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<b>HMO 1000</b> <b>Metal Tier: Gold</b> MD0000100134 RX0000100073	\$25/\$50*	\$1,000/ \$2,000	\$5,000/ \$10,000	20%	Deductible then 40%	\$25	\$50	\$25	Deductible then 20%	Deductible then 20%	\$50/ Deductible then 20%	\$50	\$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)
<b>HMO Gold 1500</b> <b>Metal Tier: Gold</b> MD0000100117 RX0000100060	\$25/Deductible then 25%*	\$1,500/ \$3,000	\$7,000/ \$14,000	25%	Deductible then 40%	\$25	Deductible then 25%	\$25	Deductible then 25%	Deductible then 25%	Deductible then 25%	Deductible then 25%	\$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)
<b>HMO Silver 3000</b> <b>Metal Tier: Silver</b> MD0000100124 (dental) MD0000100125 (no dental) RX0000100069	\$35/Deductible then 35%*	\$3,000/ \$6,000	\$8,550/ \$17,100	35%	Deductible then 50%	\$35	Deductible then 35%	\$35	Deductible then 35%	Deductible then 35%	Deductible then 35%	Deductible then 35%	\$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)
<b>HMO 5000</b> <b>Metal Tier: Silver</b> MD0000100122 RX0000100068	\$30/Deductible then 30%*	\$5,000/ \$10,000	\$8,550/ \$17,100	30%	Deductible then 40%	\$30	Deductible then 30%	\$30	Deductible then 30%	Deductible then 30%	Deductible then 30%	Deductible then 30%	\$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)
<b>HMO Bronze 7000</b> <b>Metal Tier: Bronze</b> MD0000100119 RX0000100061	\$25/Deductible then 50%*	\$7,000/ \$14,000	\$8,550/ \$17,100	50%	Deductible then 50%	\$25	Deductible then 50%	\$25	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	\$10/\$30/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$30/\$90/30%/50%/50% (Deductible applies to T3, T4 & T5)

\* Copay waived for the first non-routine PCP visit per year.

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

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

# HMO, HMO Catastrophic and HMO HSA

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Acupuncture & Chiro	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<b>HMO Bronze 8550</b> <b>Metal Tier: Bronze</b> MD0000100120 RX0000100067	\$25/Deductible then Covered in Full*	\$8,550/\$12,100	\$8,550/\$12,100	None	Deductible then Covered in Full	\$25	Deductible then Covered in Full	\$25	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then 0%/0%/0%/0%/0%	Deductible then 0%/0%/0%/0%/0%
<b>HMO Catastrophic<sup>3</sup></b> <b>Metal Tier: Catastrophic</b> MD0000100121 RX0000100062	PCP: Covered in Full for the first 3 visits per member. All other visits: Deductible then Covered in Full*	\$8,550/\$17,100	\$8,550/\$17,100	None	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then Covered in Full	Deductible then 0%/0%/0%/0%/0%	Deductible then 0%/0%/0%/0%/0%
<b>HMO HSA 3000</b> <b>Metal Tier: Silver</b> MD0000100133 RX0000100072	Deductible then 20%	\$3,000/\$6,000	\$6,950/\$13,900	20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then \$5/\$25/\$50/30%/30%	Deductible then \$10/\$50/\$100/30%/30%
<b>HMO HSA Bronze 6000<sup>1</sup></b> <b>Metal Tier: Bronze</b> MD0000100123 RX0000100063	Deductible then 50%	\$6,000/\$12,000	\$6,950/\$13,900	50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then \$5/\$25/30%/50%/50%	Deductible then \$15/\$75/30%/50%/50%

\* Copay waived for the first non-routine PCP visit per year.

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

<sup>1</sup> Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

<sup>2</sup> Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

<sup>3</sup> Enrollment in a Catastrophic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.

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

# Maine’s Choice Plus<sup>SM</sup> HMO

Product Name	Office Visit	Network Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Acupuncture & Chiro	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<b>Maine's Choice Plus<sup>SM</sup> HMO Gold 1200<sup>2</sup></b> <b>Metal Tier: Gold</b> MD0000100131 RX0000100070	Preferred Network: \$25/\$75*	Preferred Network: \$1,200/\$2,400	Preferred Network: \$5,800/\$11,600	Preferred Network: 20%	Deductible then 40%	Preferred Network: \$25	Preferred Network: \$75	\$25	Preferred Network: Deductible then 20%	Preferred Network: Deductible then 20%	\$25	Preferred Network: Deductible then 20%	\$5/\$25/30%/50%/50%	\$15/\$75/30%/50%/50%
	Standard Network: \$50/ Deductible then 40%*	Standard Network: \$4,000/\$8,000	Standard Network: \$7,500/\$15,000	Standard Network: 40%		Standard Network: Deductible then 40%	Standard Network: Deductible then 40%		Standard Network: Deductible then 40%	Standard Network: Deductible then 40%		Standard Network: Deductible then 40%	(Preferred Deductible applies to T3, T4 & T5)	(Preferred Deductible applies to T3, T4 & T5)
<b>Maine's Choice Plus<sup>SM</sup> HMO Silver 2700<sup>2</sup></b> <b>Metal Tier: Silver</b> MD0000100175 (dental) MD0000100176 (no dental) RX0000100103	Preferred Network: \$25/\$75*	Preferred Network: \$2,700/\$5,400	Preferred Network: \$7,000/\$14,000	Preferred Network: 30%	Deductible then 40%	Preferred Network: \$25	Preferred Network: \$75	\$25	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	\$25	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50%	\$15/\$75/30%/50%/50%
	Standard Network: \$50/ Deductible then 50%*	Standard Network: \$6,200/\$12,400	Standard Network: \$8,550/\$17,100	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	(Preferred Deductible applies to T3, T4 & T5)	(Preferred Deductible applies to T3, T4 & T5)
<b>Maine's Choice Plus<sup>SM</sup> HMO Silver 4800<sup>2</sup></b> <b>Metal Tier: Silver</b> MD0000100180 (dental) MD0000100181 (no dental) RX0000100107	Preferred Network: \$30/\$75*	Preferred Network: \$4,800/\$9,600	Preferred Network: \$7,600/\$15,200	Preferred Network: 30%	Deductible then 40%	Preferred Network: \$30	Preferred Network: \$75	\$30	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	\$30	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50%	\$15/\$75/30%/50%/50%
	Standard Network: \$60/ Deductible then 50%*	Standard Network: \$7,000/\$14,000	Standard Network: \$8,550/\$17,100	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	(Preferred Deductible applies to T3, T4 & T5)	(Preferred Deductible applies to T3, T4 & T5)

\* Copay waived for the first non-routine PCP visit per year.

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

<sup>1</sup> Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

<sup>2</sup> Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

<sup>3</sup> Enrollment in a Catastrophic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.

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

# Maine’s Choice Plus<sup>SM</sup> HMO

Product Name	Office Visit	Network Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Acupuncture & Chiro	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<b>Maine's Choice Plus<sup>SM</sup> HMO Silver 6500<sup>2</sup></b> <b>Metal Tier: Silver</b> MD0000100185 (dental) MD0000100186 (no dental) RX0000100111	Preferred Network: \$35/\$75*	Preferred Network: \$6,500/\$13,000	Preferred Network: \$7,800/\$15,600	Preferred Network: 30%	Deductible then 40%	Preferred Network: \$35	Preferred Network: \$75	\$35	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	\$35	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$70/ Deductible then 50%*	Standard Network: \$8,000/\$16,000	Standard Network: \$8,550/\$17,100	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%		
<b>Maine's Choice Plus<sup>SM</sup> HMO HSA Bronze 6000<sup>2</sup></b> <b>Metal Tier: Bronze</b> MD0000100129 RX0000100063	Preferred Network: Deductible then 30%*	Preferred Network: \$6,000/\$12,000	Preferred Network: \$6,950/\$13,900	Preferred Network: 30%	Deductible then 40%	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	Deductible then 30%	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	Deductible then 30%	Preferred Network: Deductible then 30%	Preferred Deductible then \$5/\$25/30%/50%/50%	Preferred Deductible then \$15/\$75/30%/50%/50%
	Standard Network: Deductible then 50%*	Standard Network: \$6,600/\$13,200	Standard Network: \$6,950/\$13,900	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%		

\* Copay waived for the first non-routine PCP visit per year.

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

# These insurance terms are good to know



## Cost sharing

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



## Deductible

This is a set amount of money you pay out of your own pocket for certain services. For a \$2,000 annual deductible, for example, you will pay \$2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, the provider will send a bill. If prescription drugs fall under a plan's deductible, you will need to pay for them when you pick them up from the pharmacy.

Copayments do not count toward a deductible.



## Copayments

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



## Coinsurance

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



## HSA (health savings account)

This is a savings account that can help you pay for qualified health care expenses. You need to have a federally qualified high deductible health plan, such as the HMO HSA or the Maine's Choice Plus<sup>SM</sup> HMO HSA, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.



## Out-of-pocket maximum

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



## Catastrophic plan

You can buy a catastrophic plan if you are under 30 or if you have a hardship exemption or affordability exemption. Catastrophic plans have low monthly premiums and high deductibles. They cover three primary care provider office visits outside of the deductible. You will pay out of your own pocket for most other covered services before the plan helps pay.

# Important legal information

## What's not covered on our HMO plans

For a full list of services not covered, please refer to plan documents. Typically, exclusions may 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
- 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
- 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
- Language assistance services



## Limitations for Maine individual plans

- Early intervention – 40 visits per year
- Physical, speech and occupational therapies – 60 visits combined per year
- Skilled nursing facility and inpatient rehabilitation – 150 days combined per year
- Routine eye exam – 1 exam per year

## General notice about nondiscrimination and accessibility requirements

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

### Harvard Pilgrim Health Care:

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

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

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

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

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



## Language assistance services

**Español (Spanish)** ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (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)**  
إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 888-333-4742 (TTY: 711)

**ខ្មែរ (Cambodian)** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, 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 करें. 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.

**1 Market Street, Portland, Maine 04101**

Already a member?

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

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

Not yet a member?

**(855) 354-4742**

TTY: **711**