

## Summary of Benefits

# Harvard Pilgrim's Stride<sup>SM</sup> (HMO) Medicare Advantage Plan

### Massachusetts

Bristol, Essex, Middlesex  
(partial), Norfolk, Plymouth,  
Suffolk, and Worcester  
counties



Harvard Pilgrim  
Health Care

## **Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO) and Stride<sup>SM</sup> Value Rx Plus (HMO)**

### **Summary of Benefits**

**January 1, 2018 – December 31, 2018**

This is a summary of drug and health services covered by Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO) and Stride Value Rx Plus (HMO), for January 1, 2018 - December 31, 2018.

Harvard Pilgrim is an HMO plan with a Medicare contract. Enrollment in Stride<sup>SM</sup> (HMO) depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please see the Evidence of Coverage which is available online at [harvardpilgrim.org/medicare](http://harvardpilgrim.org/medicare), or by calling the phone number listed on the back cover.

To join Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO) or Stride<sup>SM</sup> Value Rx Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area for Value Rx and Value Rx Plus includes the following counties in Massachusetts: Bristol, Essex, Middlesex\*, Norfolk, Plymouth, Suffolk, and Worcester. Our service area for Basic Rx includes Bristol and Plymouth counties.

\*Denotes partial county. Please see page 15 for a listing on included zip codes.

Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO) and Stride<sup>SM</sup> Value Rx Plus (HMO) have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

#### **NOTE:**

Services with a <sup>1</sup> may require authorization.

Services with a <sup>2</sup> may require referral from your doctor.

An individual service will rarely require both authorization and referral, although both may be indicated in this booklet.

<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Monthly Plan Premium</b></p> <p>You must continue to pay your Medicare Part B premium.</p>	You pay \$25	You pay \$61	You pay \$157
<p><b>Deductible</b></p>	<p>Medical Deductible: You pay \$0</p> <p>Prescription Drug Deductible: You pay a \$405 deductible per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.</p>	<p>Medical Deductible: You pay \$0</p> <p>Prescription Drug Deductible: You pay a \$320 deductible per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.</p>	<p>Medical Deductible: You pay \$0</p> <p>Prescription Drug Deductible: You pay \$0</p>
<p><b>Maximum Out-of-Pocket</b> <i>(This amount does not include your monthly premium or any prescription drug costs.)</i></p> <p>Our plan protects you by having yearly limits on your out-of-pocket costs for Medicare-covered medical and hospital care.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>	\$6,700 annually.	\$3,400 annually.	\$3,400 annually.

<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Inpatient Hospital Coverage<sup>1</sup></b></p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p>You pay a \$360 copay per day for days 1 through 5.</p> <p>You pay nothing after day 5.</p>	<p>You pay a \$275 copay per day for days 1 through 6.</p> <p>You pay nothing after day 6.</p>	<p>You pay a \$150 copay per day for days 1 through 5.</p> <p>You pay nothing after day 5.</p> <p>After you pay \$750 for your inpatient hospital stays, the plan will cover your inpatient hospital stays at no cost to you for the rest of the year.</p>
<p><b>Outpatient Hospital Coverage<sup>1</sup></b></p>	<p>You pay 20% of the total cost.</p>	<p>You pay a \$250 copay per visit.</p>	<p>You pay a \$150 copay per visit.</p>
<p><b>Doctor Visits</b></p> <ul style="list-style-type: none"> <li>○ Primary</li> <li>○ Specialists<sup>2</sup> A referral is required for specialist visits.</li> <li>○ Chiropractic care<sup>1,2</sup></li> </ul>	<p>You pay a \$20 copay per visit</p> <p>You pay a \$40 copay per visit</p> <p>You pay \$20 copay per visit</p>	<p>You pay a \$20 copay per visit</p> <p>You pay a \$40 copay per visit</p> <p>You pay \$20 copay per visit</p>	<p>You pay a \$10 copay per visit</p> <p>You pay a \$25 copay per visit</p> <p>You pay \$20 copay per visit</p>
<p><b>Medicare-Covered Preventive Care</b></p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p> <p>Annual Physical Exam</p>	<p>You pay nothing for most Medicare-covered preventive services.</p> <p>You pay nothing.</p>	<p>You pay nothing for most Medicare-covered preventive services.</p> <p>You pay nothing.</p>	<p>You pay nothing for most Medicare-covered preventive services.</p> <p>You pay nothing.</p>

<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Emergency Care</b></p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 copay for the emergency room visit. If you are held for observation, the copay still applies.</p>	<p>You pay a \$80 copay per visit</p>	<p>You pay a \$100 copay per visit</p>	<p>You pay a \$100 copay per visit</p>
<p><b>Urgently Needed Services</b></p> <p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 copay for the urgent care visit. If you are held for observation, the copay still applies.</p>	<p>You pay a \$45 copay per visit</p>	<p>You pay a \$40 copay per visit</p>	<p>You pay a \$30 copay per visit</p>
<p><b>Outpatient Diagnostic Services/Labs/Imaging<sup>1,2</sup></b></p> <p>Prior authorization may be required for some services. Please contact the plan for more information.</p> <ul style="list-style-type: none"> <li>○ Diagnostic radiology service (such as MRI, CT scans)</li> <li>○ Lab services</li> <li>○ Diagnostic tests and procedures</li> <li>○ Outpatient X-rays</li> </ul>	<p>You pay 20% of the total cost copay.</p> <p>You pay a \$20 copay</p> <p>You pay a \$20 copay</p> <p>You pay 20% of the total cost</p>	<p>You pay a \$150 copay</p> <p>You pay a \$20 copay</p> <p>You pay a \$20 copay</p> <p>You pay a \$20 copay</p>	<p>You pay a \$60 copay</p> <p>You pay a \$0 copay</p> <p>You pay a \$0 copay</p> <p>You pay a \$0 copay</p>

<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Outpatient Diagnostic (continued)</b> <ul style="list-style-type: none"> <li>○ Therapeutic radiology services (such as radiation treatment for cancer)</li> </ul>	You pay a \$60 copay.	You pay a \$60 copay.	You pay a \$60 copay.
<b>Hearing Services<sup>2</sup></b> <ul style="list-style-type: none"> <li>○ Diagnostic hearing exam</li> <li>○ Routine hearing exam</li> <li>○ Hearing aids</li> </ul> <p>Up to two TruHearing Flyte hearing aids every year. Benefit is limited to the TruHearing Flyte 770 (\$699) and Flyte 990 (\$999) hearing aids, which come in various styles and colors.</p>	<p>You pay a \$40 copay for each office visit for a diagnostic hearing exam.</p> <p>You pay a \$45 copay for one routine hearing exam every year.</p> <p>You pay a \$699 copay or \$999 copay for each hearing aid.</p>	<p>You pay a \$40 copay for each office visit for a diagnostic hearing exam.</p> <p>You pay a \$45 copay for one routine hearing exam every year.</p> <p>You pay a \$699 copay or \$999 copay for each hearing aid.</p>	<p>You pay a \$25 copay for each office visit for a diagnostic hearing exam.</p> <p>You pay a \$30 copay for one routine hearing exam every year.</p> <p>You pay a \$699 copay or \$999 copay for each hearing aid.</p>

<b>Harvard Pilgrim's Costs.</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Dental Services</b></p> <p>For preventive dental services, you must use a provider who participates in the Dental Benefit Providers, Inc. network otherwise you will be subject to a 20% co-insurance out-of-network, plus, the difference between the dentist's billed charges and the amounts paid by Harvard Pilgrim. Visit our website for a listing of participating general dentists.</p>	<p>Preventive dental services not covered.</p> <p>\$40 copay for Medicare-covered dental services.</p>	<p>\$35 deductible each year, then you pay a \$0 copay for the following dental services, designed to help prevent disease:</p> <ul style="list-style-type: none"> <li>• Periodic oral exams – two per year</li> <li>• Cleanings (adult prophylaxis) – two per year</li> <li>• Bitewing X-rays – once per year</li> <li>• Complete series or panoramic X-rays – once every 3 years</li> </ul> <p>There is a \$500 limit on preventive dental benefits each year.</p> <p>\$40 copay for Medicare-covered dental services.</p>	<p>\$35 deductible each year, then you pay a \$0 copay for the following dental services, designed to help prevent disease:</p> <ul style="list-style-type: none"> <li>• Periodic oral exams – two per year</li> <li>• Cleanings (adult prophylaxis) – two per year</li> <li>• Bitewing X-rays – one per year</li> <li>• Complete series or panoramic X-rays – once every 3 years</li> </ul> <p>There is a \$500 limit on preventive dental benefits each year.</p> <p>\$25 copay for Medicare-covered dental services.</p>

Harvard Pilgrim's Costs.	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Vision Services<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>○ Medicare-covered vision exam</li> <li>○ Routine vision exam</li> <li>○ Medicare-covered eyewear post cataract surgery</li> <li>○ Supplemental eyewear</li> </ul> <p>You can purchase your eyewear at the optical location of your choice and submit for reimbursement up to the amount allowed by the plan you choose.</p>	<p>You pay a \$0 copay for Diabetic Retinopathy screening.</p> <p>You pay a \$40 copay for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copay for 1 routine eye exam every year.</p> <p>You pay \$0 copay.</p> <p>Up to \$150 allowance for supplemental eyewear every two years, which can apply towards glasses, frames, contact lenses, or upgrades.</p>	<p>You pay a \$40 copay for Diabetic Retinopathy screening.</p> <p>You pay a \$40 copay for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copay for 1 routine eye exam every year.</p> <p>You pay \$0 copay.</p> <p>Up to \$150 allowance for supplemental eyewear every two years, which can apply towards glasses, frames, contact lenses, or upgrades.</p>	<p>You pay a \$25 copay for Diabetic Retinopathy screening.</p> <p>You pay a \$25 copay for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copay for 1 routine eye exam every year.</p> <p>You pay \$0 copay.</p> <p>Up to \$150 annual allowance for supplemental eyewear, which can apply towards glasses, frames, contact lenses, or upgrades.</p>



<b>Harvard Pilgrim's Costs.</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Mental Health Services<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>○ Inpatient visit</li> </ul> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <ul style="list-style-type: none"> <li>○ Outpatient visit with non-physician.</li> <li>○ Outpatient visit with a psychiatrist.</li> </ul>	<p>You pay a \$320 copay per day for days 1 through 5;</p> <p>You pay nothing after day 5.</p> <p>You pay a \$40 copay per outpatient individual or group therapy visit.</p> <p>You pay a \$40 copay per outpatient individual or group therapy visit.</p>	<p>You pay a \$275 copay per day for days 1 through 6;</p> <p>You pay nothing after day 6.</p> <p>You pay a \$40 copay per outpatient individual or group therapy visit.</p> <p>You pay a \$40 copay per outpatient individual or group therapy visit.</p>	<p>You pay a \$150 copay per day for days 1 through 5;</p> <p>You pay nothing after day 5.</p> <p>You pay a \$25 copay per outpatient individual or group therapy visit.</p> <p>You pay a \$30 copay per outpatient individual or group therapy visit.</p>
<p><b>Skilled Nursing Facility<sup>1</sup></b></p> <p>Our plan covers up to 100 days per admission in a Skilled Nursing Facility.</p>	<p>You pay a \$0 copay per day for days 1 through 20.</p> <p>You pay \$160 copay per day for days 21 through 100.</p>	<p>You pay a \$20 copay per day for days 1-20.</p> <p>You pay \$160 copay per day for days 21 through 100.</p>	<p>You pay a \$20 copay per day for days 1 through 20.</p> <p>You pay a \$100 copay per day for days 21 through 44.</p> <p>You pay nothing per day for days 45 through 100.</p>

Harvard Pilgrim's Costs.	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<b>Rehabilitation Services<sup>1,2</sup></b> <ul style="list-style-type: none"> <li>○ Occupational therapy visit</li> <li>○ Physical therapy and speech and language therapy visit</li> <li>○ Cardiac Rehabilitation</li> </ul>	<p>You pay a \$30 copay</p> <p>You pay a \$30 copay</p> <p>You pay a \$30 copay</p>	<p>You pay a \$20 copay</p> <p>You pay a \$20 copay</p> <p>You pay a \$20 copay</p>	<p>You pay a \$15 copay</p> <p>You pay a \$15 copay</p> <p>You pay a \$15 copay</p>
<b>Ambulance<sup>1</sup></b>	<p>You pay a \$250 copay for one-way Medicare-covered ambulance services.</p>	<p>You pay a \$150 copay for one-way Medicare-covered ambulance services.</p>	<p>You pay a \$150 copay for one-way Medicare-covered ambulance services.</p>
<b>Transportation</b>	<p>Not covered</p>	<p>Not covered</p>	<p>Not covered</p>
<b>Foot Care (podiatry services)<sup>2</sup></b> <ul style="list-style-type: none"> <li>○ Foot exams and treatment</li> </ul> <p>Foot exams and treatment are covered if you have diabetes-related nerve damage and/or meet certain conditions.</p> <ul style="list-style-type: none"> <li>○ Routine foot care</li> </ul>	<p>You pay a \$40 copay</p> <p>Not covered</p>	<p>You pay a \$25 copay</p> <p>Not covered</p>	<p>You pay a \$25 copay</p> <p>Not covered</p>

Harvard Pilgrim's Costs.	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Durable Medical (DME) Equipment and Related Supplies<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (e.g., wheelchairs, oxygen)</li> <li>○ Prosthetics (e.g., braces, artificial limbs)</li> </ul> <p>For DME and Prosthetics, authorization may be required for high cost or highly utilized items.</p> <ul style="list-style-type: none"> <li>○ Diabetes supplies</li> </ul> <p>Authorization is required for diabetic test strips and glucose meters other than those made by Abbott Diabetes Care and for quantities that exceed the following limits: (1) Blood glucose test strips – 204 every 30 days and (2) Glucometer – One every 365 days.</p>	<p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay a \$0 copay.</p>	<p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay a \$0 copay.</p>	<p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay a \$0 copay.</p>

<b>Harvard Pilgrim's Costs.</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Wellness Programs (e.g., fitness)</b></p> <p>Fitness reimbursement applies to monthly fees paid to a facility that provides cardiovascular and strength-training equipment for exercising and improving physical fitness, such as: health facility and fitness centers.</p>	<p>Up to \$200 reimbursement per calendar year.</p>	<p>Up to \$200 reimbursement per calendar year.</p>	<p>Up to \$200 reimbursement per calendar year.</p>
<p><b>Medicare Part B Drugs<sup>1</sup></b></p> <p>Your Part B Drug costs contribute towards your Maximum Out-of-Pocket.</p>	<p>You pay 20% of the total cost for chemotherapy drugs. You pay 20% of the total cost for other Part B drugs.</p>	<p>You pay 20% of the total cost for chemotherapy drugs. You pay 20% of the total cost for other Part B drugs.</p>	<p>You pay 15% of the total cost for chemotherapy drugs. You pay 15% of the total cost for other Part B drugs.</p>

<b>PRESCRIPTION DRUG BENEFITS</b>			
<b>Part D Prescription Drug Stage</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Deductible Stage</b>	During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs. You stay in this stage until you have paid \$405 for your Tier 3, 4 and 5 drugs.	During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs. You stay in this stage until you have paid \$320 for your Tier 3, 4 and 5 drugs.	No deductible

**Cost sharing may change when entering another phase of the Part D benefit.**

<b>Initial Coverage</b>	After you pay your yearly deductible, you pay copays or coinsurance until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim. You may get your drugs at network retail pharmacies and mail order pharmacies.	After you pay your yearly deductible, you pay copays or coinsurance until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim. You may get your drugs at network retail pharmacies and mail order pharmacies.	You pay the copays or coinsurance until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim. You may get your drugs at network retail pharmacies and mail order pharmacies.
<b>Coverage Gap</b>	Most Medicare drug plans have a coverage gap (also called the “donut hole”). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.  During this stage, you pay 35% of the price for brand-name drugs (plus a portion	Most Medicare drug plans have a coverage gap (also called the “donut hole”). The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.  During this stage, you pay 35% of the price for brand-name drugs (plus a portion	Under this plan only, you continue to pay a \$0 copay for Tier 1 drugs in the Coverage Gap.  Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,750.  During this stage, you pay 35% of the price for brand-name drugs (plus a portion of the dispensing fee) and 44% of the price

PRESCRIPTION DRUG BENEFITS			
Part D Prescription Drug Stage	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
	of the dispensing fee) and 44% of the price for generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.	of the dispensing fee) and 44% of the price for generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.	for generic drugs until your costs total \$5,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> <li>o – <i>either</i> – coinsurance of 5% of the cost of the drug</li> <li>o – <i>or</i> – \$3.35 for a generic drug or a drug that is treated like a generic and \$8.35 for all other drugs.</li> </ul> <p>Our plan pays the rest of the cost.</p>		

**Initial Coverage — Retail Cost-Sharing (30-day supply)**

Tier	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<b>Tier 1:</b> Preferred Generic	You pay a \$0 copay	You pay a \$0 copay	You pay a \$0 copay
<b>Tier 2:</b> Generic	You pay a \$15 copay	You pay a \$10 copay	You pay a \$10 copay
<b>Tier 3:</b> Preferred Brand	You pay a \$47 copay	You pay a \$47 copay	You pay a \$47 copay
<b>Tier 4:</b> Non-Preferred Brand	You pay a \$100 copay	You pay a \$100 copay	You pay a \$100 copay
<b>Tier 5:</b> Specialty Tier	You pay 25% of the total cost	You pay 26% of the total cost	You pay 33% of the total cost

**Initial Coverage — Mail Order Cost-Sharing (90-day supply)**

Tier	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<b>Tier 1:</b> Preferred Generic	You pay a \$0 copay	You pay a \$0 copay	You pay a \$0 copay
<b>Tier 2:</b> Generic	You pay a \$30 copay	You pay a \$20 copay	You pay a \$20 copay
<b>Tier 3:</b> Preferred Brand	You pay a \$94 copay	You pay a \$94 copay	You pay a \$94 copay
<b>Tier 4:</b> Non- Preferred Brand	You pay a \$250 copay	You pay a \$250 copay	You pay a \$250 copay
<b>Tier 5:</b> Specialty Tier	You pay 25% of the total cost	You pay 26% of the total cost	You pay 33% of the total cost

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

You may get a 30-day supply of drugs from an out-of-network pharmacy at the same cost as in-network pharmacy.

**Coverage Gap**

**Retail & Mail Order Cost-Sharing**

Stride <sup>SM</sup> Value Rx Plus (HMO) ONLY		Stride <sup>SM</sup> Value Rx Plus (HMO) ONLY	
Tier	Retail Cost-Sharing		Tier
(30-day supply)	Mail Order Cost-Sharing		(30-day supply)

**ADDITIONAL INFORMATION ABOUT Stride Value Rx (HMO) AND Stride Value Rx Plus (HMO)**

**Middlesex\* County Service Area includes the following zip codes only:**

01431	01703	01752	01808	01866	02142	02162	02180	02454	02472
01432	01704	01754	01813	01867	02143	02164	02193	02455	02474
01434	01705	01760	01815	01876	02144	02165	02195	02456	02475
01450	01718	01770	01821	01879	02145	02166	02238	02458	02476
01460	01719	01773	01822	01880	02148	02167	02239	02459	02477
01463	01720	01775	01827	01886	02149	02168	02254	02460	02478
01464	01721	01776	01850	01887	02153	02172	02258	02461	02479
01469	01730	01778	01851	01888	02154	02173	02272	02462	02493
01470	01731	01784	01852	01889	02155	02174	02277	02464	02495
01471	01741	01801	01853	01890	02156	02175	02420	02465	
01472	01742	01803	01854	02138	02158	02176	02421	02466	
01474	01746	01805	01862	02139	02159	02177	02451	02467	
01701	01748	01806	01864	02140	02160	02178	02452	02468	
01702	01749	01807	01865	02141	02161	02179	02453	02471	



**More information**

To learn more about Harvard Pilgrim Stride<sup>SM</sup> (HMO) or to view plan documents, please visit our web pages or call us using the information below.

<p><b>Harvard Pilgrim Stride<sup>SM</sup> (HMO)</b></p>	<p>Current members:  Prospective members:  Website:  Hours of operation:</p>	<p>1-888-609-0692 (TTY 711)  1-877-431-4742 (TTY 711)  <a href="http://harvardpilgrim.org/medicare">harvardpilgrim.org/medicare</a>  October 1 - February 14, we're available from 8 a.m.- 8 p.m., seven days a week. February 15 – September 30, we're available 8 a.m.- 8 p.m., Monday – Friday.</p>
<p><b>Provider and Pharmacy Directory</b></p>	<p><a href="http://harvardpilgrim.org/medicare">harvardpilgrim.org/medicare</a></p>	
<p><b>Formulary</b> (List of Covered Drugs)</p>	<p><a href="http://harvardpilgrim.org/medicare">harvardpilgrim.org/medicare</a>  We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.</p>	
<p><b>Original Medicare</b>  More information about coverage and costs of Original Medicare</p>	<p>“Medicare &amp; You” handbook  View online at <a href="http://www.medicare.gov">http://www.medicare.gov</a> Get a copy by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week TTY users should call 1-877-486-2048.</p>	

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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayment/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

## NOTES

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For more information about

**Stride<sup>SM</sup> (HMO)**, call:

Prospective Members: **(877) 431-4742**

For TTY/TDD service, call **711**

Current Members: **(888) 609-0692**

For TTY/TDD service, call **711**

**Hours of operation:**

October 1 - February 14, 8 a.m. - 8 p.m. 7 days a week,  
February 15 - September 30, 8 a.m. - 8 p.m. Monday - Friday.

Or visit us online:

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



**Harvard Pilgrim  
HealthCare**

Harvard Pilgrim is an HMO plan with a Medicare contract.  
Enrollment in Stride<sup>SM</sup> (HMO) depends on contract renewal.

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