Harvard Pilgrim Health Care

Stride[SM] (HMO) Medicare Advantage Plan Comparison

BENEFITS	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	VALUE Rx PLUS (HMO) PLAN YOU PAY
Resident County and Premium	**$0** Barnstable, Bristol, Essex, Middlesex[Ψ] , Norfolk, Plymouth, Suffolk and Worcester	**$67** Barnstable, Bristol, Essex, Middlesex[Ψ], Norfolk, Plymouth and Suffolk **$79** Worcester	**$168** Barnstable, Bristol, Essex, Middlesex[Ψ], Norfolk, Plymouth and Suffolk **$195** Worcester
Annual Medical Deductible	$0	$0	$0
Primary Care Provider (PCP) Office Visit	$5 copayment per visit	$5 copayment per visit	$0 copayment per visit
Annual Physical Exam	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year
Specialist Office Visit	$40 copayment per visit	$40 copayment per visit	$25 copayment per visit
Diagnostic Tests, X-ray, Lab Services	$20 copayment for X-ray & Lab $300 copayment for MRI/CT scans	$20 copayment for X-ray & Lab $250 copayment for MRI/CT scans	$0 copayment for X-ray & Lab $150 copayment for MRI/CT scans
Chemotherapy Drugs & Part B Drugs	20% coinsurance	20% coinsurance	20% coinsurance
Outpatient Surgery	$300 copayment for each surgery	$250 copayment for each surgery	$150 copayment for each surgery
Inpatient Hospital Care (Acute Care)	Days 1-5, $360 copayment each day	Days 1-6, $275 copayment each day	Days 1-4, $200 copayment each day ($800 out-of-pocket limit annually)
Inpatient Mental Health (includes Substance Abuse and Rehabilitation Services)	Days 1-5, $360 copayment each day	Days 1-6, $275 copayment each day	Days 1-4, $200 copayment each day
Skilled Nursing Facility (in a Medicare Certified Skilled Nursing Facility)	Days 1-20, $0 copayment per day Days 21-100, $184 copayment per day	Days 1-20, $0 copayment per day Days 21-100, $184 copayment per day	Days 1-20, $0 copayment per day Days 21-100, $184 copayment per day
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Monitoring Supplies	$0 copayment	$0 copayment	$0 copayment
Home Health Care	$0 copayment per visit	$0 copayment per visit	$0 copayment per visit
Worldwide Emergency Coverage	$90 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours	$120 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours	$120 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours
Urgent Care	$50 copayment per visit	$50 copayment per visit	$50 copayment per visit
Telehealth	$0 copayment for e-Visits & Virtual Check-Ins; $5-$50 copayment for Telehealth Services	$0 copayment for e-Visits & Virtual Check-Ins; $5-$50 copayment for Telehealth Services	$0 copayment for e-Visits & Virtual Check-Ins; $0- $50 copayment for Telehealth Services
Ambulance	$250 copayment per one-way trip	$250 copayment per one-way trip	$250 copayment per one-way trip
Transportation	No coverage	12 One-Way Trips/Year; $0 copayment per Trip	12 One-Way Trips/Year; $0 copayment per Trip
Routine Eye Exam	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year
Routine Hearing Exam	$40 copayment, 1 visit per year	$40 copayment, 1 visit per year	$25 copayment, 1 visit per year
Hearing Aid Benefit	$699 copayment per hearing aid for Advanced $999 copayment per hearing aid for Premium	$699 copayment per hearing aid for Advanced $999 copayment per hearing aid for Premium	$699 copayment per hearing aid for Advanced $999 copayment per hearing aid for Premium
Dental Benefit	$500 annual limit Periodontal exams & cleanings $0 copayment in network or out-of-network—and no deductible	$750 annual limit Periodontal exams & cleanings $0 copayment in network or out-of-network—and no deductible Composite fillings, inlays & onlays	$1,000 annual limit Periodontal exams & cleanings $0 copayment in network or out-of-network—and no deductible Composite fillings Other basic & major services*
Over-the-Counter Allowance	$150 annual allowance towards over-the-counter health care related drugs and supplies	$200 annual allowance towards over-the-counter health care related drugs and supplies	$250 annual allowance towards over-the-counter health care related drugs and supplies
Out-of-Pocket Limit	$4,500 yearly out-of-pocket limit	$3,400 yearly out-of-pocket limit	$3,400 yearly out-of-pocket limit
Wallet Benefit	Up to $250 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear, chiropractic, brain fitness subscription and more	Up to $325 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear, chiropractic, brain fitness subscription and more	Up to $400 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear, chiropractic, brain fitness subscription and more

[Ψ] Excludes zip codes 01824, 01826 and 01863 in Middlesex county * Excludes orthodontics & implants

For more information you can contact **Stride[SM] (HMO)** at **(866) 256-5350**, **TTY: 711**

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Stride℠ (HMO) Medicare Advantage Plan Prescription Drug Benefits

COVERAGE LIMIT	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	VALUE Rx PLUS (HMO) PLAN YOU PAY
Annual Prescription Drug Deductible	**$445** annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	**$350** annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	**$0**
Initial Coverage: After your yearly deductible, you pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim.			
Tier 1 Preferred Generic 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $0 copayment $0 copayment	 $0 copayment $0 copayment	 $0 copayment $0 copayment
Tier 2 Generic 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $15 copayment $30 copayment	 $10 copayment $20 copayment	 $10 copayment $20 copayment
Tier 3 Preferred Brand-Name 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $47 copayment $94 copayment	 $47 copayment $94 copayment	 $47 copayment $94 copayment
Tier 4 Non-Preferred Brand-Name 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $100 copayment $250 copayment	 $100 copayment $250 copayment	 $100 copayment $250 copayment
Tier 5 Specialty	25% coinsurance	26% coinsurance	33% coinsurance
Coverage Gap: You pay the following until you and others on your behalf have paid a total of $6,550* for covered Part D drugs.			
Tier 1 Preferred Generic 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $0 copayment $0 copayment	 $0 copayment $0 copayment	 $0 copayment $0 copayment
Tier 2 Generic **Tier 3 Preferred Brand-Name** **Tier 4 Non-Preferred Brand-Name** **Tier 5 Specialty**	While you are in the Coverage Gap, you pay 25% of the cost for generic drugs and 25% of the negotiated price (plus a portion of the dispensing fee) for brand name drugs. In this stage, the Medicare Coverage Gap Discount Program provides a 70% manufacturer discount on brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them.		
Catastrophic Coverage: You pay the following for the remainder of the calendar year.			
Generic Drugs (including Brand Drugs treated as Generic)	Greater of 5% coinsurance or $3.70 copayment		
All other Drugs	Greater of 5% coinsurance or $9.20 copayment		

*Please note: Drugs covered by Stride℠ (HMO) that are not covered by Medicare Part D do not count toward this amount. Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/Tribal/Urban (Indian Health Service) providers.

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Stride℠ (HMO) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.