

Business Rules

Harvard Pilgrim Health Care 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 2024 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 2024 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. A Focus plan can only be offered alongside any other Focus plan. Focus plans can no longer be offered alongside a full network plan. Groups offering the Focus Network with membership outside of the network or expanded enrollment zip codes may offer a PPO plan with side-by-side rules.

Side-by-side plan options

For groups with six or more benefit eligible employees, dual options are available. For groups with 20 or more enrolled subscribers, 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 benefit 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, PPO 2000 - Flex, HMO 2000 Low - Flex and HMO 3500 - Flex for groups with six or more benefit eligible employees. The Standard Connector plans must be purchased with pediatric dental.

When Medicare Enhance is offered alongside a Harvard Pilgrim commercial plan, groups need only one Medicare Enhance subscriber. For groups offering Medicare Enhance on a fully insured basis with competitor Medicare products also offered, the competitor products must be comparable in benefits to Medicare Enhance. Groups will be community rated and may offer only one Medicare Enhance benefit package.

When Medicare Enhance is offered to groups for their working aged employees who are enrolled in Medicare Parts A and B, the groups must not have had more than 19 active employees (part-time, full-time or temporary) during the past two years. Groups that increase to more than 19 active employees must notify Harvard Pilgrim immediately. Also, the Medicare Enhance plan must be comparable to benefits of the active commercial product, and groups must sign the Medicare Enhance Employer Agreement.

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. However, the member will be required to pay the applicable copayment or coinsurance 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 [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx).

Important Legal Information

What's not covered on our MA Small Group 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 members diagnosed with diabetes or systemic circulatory disease
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs as provided by health 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
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging
- 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
- 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
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation, except as outlined in your Benefit Handbook.
- 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
- Over the counter hearing aids
- Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided
- Any service, supply or medication that is required by a third party that is not otherwise Medically Necessary (examples of a third party are an employer, an insurance company, a school or court)
- Services provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor

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

Contact us

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