

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 participation of eligible employees

A minimum participation of 75% of eligible employees is required, excluding those who have credible coverage. All plans require active employee enrollment. (COBRA participants are not active employees.) The employer must contribute at least 33% for non-individual coverage.

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 2022 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.

Side-by-Side Plan Options

Accounts may offer up to three plans side by side. Any plans offered side by side must have no more than a \$1,500 difference in deductible among them. For triple options, all plans must be allowable side by side. When offered side by side with an HMO plan, PPO plans must have an equal or higher deductible than the HMO plan(s).

Medicare Enhance

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 RI 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
- 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, 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

Limitations for Rhode Island small group plans

- Physical, occupational and speech therapies —30 visits each per year
- Skilled nursing facility and Inpatient Rehabilitation— 100 days combined per year
- Routine eye exam — 1 exam per year
- Wig — \$350 per wig per year

General notice about nondiscrimination and accessibility requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

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 (see below for contact information).

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, sex, sexual orientation, or gender identity, you can file a grievance with:

Civil Rights Compliance Officer

1 Wellness Way
Canton, MA 02021

866-750-2074, TTY service: 711,
Fax: 617-509-3085

Email: civil.rights@point32health.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/smartscreen/main.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.

Contact us

75 Fountain Street
Providence, RI 02903

myserviceteam@harvardpilgrim.org

harvardpilgrim.org

Broker & Employer Service: **800-637-4751**

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