

# 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 2025 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 2025 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 another 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. Please reference the Side by Side Grid 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 Access HSA 2000 - Flex, HMO 2000 Value II - Flex and HMO 3500 - Flex for groups with six or more benefit eligible employees. The Standard Connector plans must be purchased with pediatric dental.

## **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).