

Q4 2018 New Hampshire Small Group Benefit Designs

The following are the New Hampshire Small Group Benefit Designs for 2018.

Key Changes:

Added cost sharing consistency within metal tiers to allow for a simpler portfolio

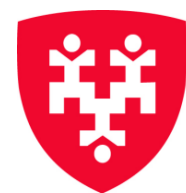
Coinsurance replaced with copayment for tier 3 drugs on non-HSA plans to encourage medication adherence

Silver HSA plans are available with and without preventive drug option (see benefit rules for more info)

Plans with separate \$500 Drug deductible are no longer offered

PPO plans now have separate in-network and out-of-network out-of-pocket maximums

Addition of 9 new Preferred PCP HMO plans



Harvard Pilgrim
Health Care

8/1/2018

ElevateHealth Options HMO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
ElevateHealth Options Gold HMO 1000	T1: \$25/\$50	T1: \$1,000/\$2,000	\$6,000/\$12,000	T1: None	T1/T2: T1 Ded then \$300	Hosp: T1: Ded then \$150 /T2: Ded then 20%	IP: T1: Ded then CIF /T2: Ded then 20%	Labs: T1: CIF/ T2: Ded then 20%	T1: Ded then CIF/ T2: Ded then 20%	T1: \$25 /T2: Ded then 20%	\$25	Retail: \$5/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550 script max)	MA MCC: Yes
Gold	T2: Ded then 20%	T2: \$4,000/\$8,000		T2: 20%		Freestand: T1: \$50 /T2: Ded then 20%						Mail: \$10/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)	
MD0000004501						Conv: T1: \$25 /T2: Ded then 20%	Day: T1: ASC: \$150, Outpt Hosp: Ded then \$150	X-Rays: T1: Ded then CIF/ T2: Ded then 20%					Medicare MCC: Yes
RX0000001515		Embedded	Embedded				Day: T2: Ded then 20%						
ElevateHealth Options Silver HMO 3000	T1: \$40/\$80	T1: \$3,000/\$6,000	\$7,350/\$14,700	T1: None	T1/T2: T1 Ded then \$350	Hosp: T1: Ded then \$175 /T2: Ded then 20%	IP: T1: Ded then CIF /T2: Ded then 20%	Labs: T1: CIF/ T2: Ded then 20%	T1: Ded then CIF/ T2: Ded then 20%	T1: \$40 /T2: Ded then 20%	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max)	MA MCC: Yes
Silver	T2: Ded then 20%	T2: \$6,000/12,000		T2: 20%		Freestand: T1: \$80 /T2: Ded then 20%						Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	
MD0000004502						Conv: T1: \$40 /T2: Ded then 20%	Day: T1: ASC: \$250, Outpt Hosp: Ded then \$250	X-Rays: T1: Ded then CIF/ T2: Ded then 20%					Medicare MCC: Yes
RX0000001518		Embedded	Embedded				Day: T2: Ded then 20%						

ElevateHealth HMO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
ElevateHealth Silver HMO 4000 Silver MD0000004503 RX0000001516	\$40/\$80	\$4,000/\$8,000	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175 Freestand: \$80 Conv: \$40	IP: Ded then 20% Day: ASC: \$250 /Hosp: Ded then 20%	Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
ElevateHealth Silver HMO 5000 Silver MD0000004504 RX0000001516	\$40/\$80	\$5,000/\$10,000	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175 Freestand: \$80 Conv: \$40	IP: Ded then 20% Day: ASC: \$250 /Hosp: Ded then 20%	Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes

ElevateHealth HSA HMO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
ElevateHealth Silver HSA HMO 3000 Silver MD0000004510 RX0000001522	Ded then 10%	\$3,000/\$6,000	\$6,650/\$13,300	10%	Ded then 10%	Hosp: Ded then 10% Freestand: Ded then 10% Conv: Ded then 10%	IP: Ded then 10% Day: Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Retail: Ded then 20%/20%/20%/20%/20% Mail: Ded then 20%/20%/20%/20%/20%	MA MCC: Yes Medicare MCC: Yes
ElevateHealth Silver HSA HMO 3000 with Preventive RX Silver MD0000004515 RX0000001523	Ded then 10%	\$3,000/\$6,000	\$6,650/\$13,300	10%	Ded then 10%	Hosp: Ded then 10% Freestand: Ded then 10% Conv: Ded then 10%	IP: Ded then 10% Day: Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Retail: Ded then 20%/20%/20%/20%/20% Mail: Ded then 20%/20%/20%/20%/20% Deductible waived for preventive RX on Retail & Mail	MA MCC: Yes Medicare MCC: Yes
ElevateHealth Bronze HSA HMO 5000 Bronze MD0000004509 RX0000001519	Ded then 30%	\$5,000/\$10,000	\$6,650/\$13,300	30%	Ded then 30%	Hosp: Ded then 30% Freestand: Ded then 30% Conv: Ded then 30%	IP: Ded then 30% Day: Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Retail: Ded then 30%/30%/30%/30%/30% Mail: Ded then 30%/30%/30%/30%/30%	MA MCC: Yes Medicare MCC: Yes

Best Buy HMO LP													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Gold HMO LP 1250 Gold MD0000004495 RX0000001515	\$25/\$50	\$1,250/\$2,500	\$6,000/\$12,000	None	Ded then \$300	Hosp: Ded then \$150 Freestand: \$50 Conv: \$25	IP: Ded then CIF Day: Select LP: \$150 /Others: Ded then CIF	Labs: Select LP: CIF Others: Ded then CIF X-Rays: Ded then CIF	Ded then CIF	\$25	\$25	Retail: \$5/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550 script max) Mail: \$10/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Best Buy Gold HMO LP 2000 Gold MD0000004494 RX0000001515	\$25/\$50	\$2,000/\$4,000	\$6,000/\$12,000	10%	Ded then \$300	Hosp: Ded then \$150 Freestand: \$50 Conv: \$25	IP: Ded then 10% Day: Select LP: \$150 /Others: Ded then 10%	Labs: Select LP: CIF Others: Ded then 10% X-Rays: Ded then 10%	Ded then 10%	\$25	\$25	Retail: \$5/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550 script max) Mail: \$10/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HMO LP 3000 Silver MD0000004496 RX0000001516	\$40/\$80	\$3,000/\$6,000	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175 Freestand: \$80 Conv: \$40	IP: Ded then 20% Day: Select LP: \$250 /Others: Ded then 20%	Labs: Select LP: CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HMO LP 4000 Silver MD0000004498 RX0000001516	\$40/\$80	\$4,000/\$8,000	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175 Freestand: \$80 Conv: \$40	IP: Ded then 20% Day: Select LP: \$250 /Others: Ded then 20%	Labs: Select LP: CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes

Best Buy HMO LP													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Silver HMO LP 5000 Silver MD0000004500 RX0000001516	\$40/\$80	\$5,000/\$10,000	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175 Freestand: \$80 Conv: \$40	IP: Ded then 20% Day: Select LP: \$250 /Others: Ded then 20%	Labs: Select LP: CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes

ElevateHealth Options HMO with Preferred PCP													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
ElevateHealth Options Gold HMO 1000 with Preferred PCP Gold MD0000004667 RX0000001616	Preferred PCP: CIF T1: \$25/\$50 T2: T2 Ded then 20%	T1: \$1,000 /\$2,000 T2: \$4,000/\$8,000	\$6,000/\$12,000	T1: None T2: 20%	T1/T2: T1 Ded then \$300	Hosp: T1: Ded then \$150 /T2: Ded then 20% Freestand: T1: \$50 /T2: Ded then 20% Conv: T1: \$25 /T2: Ded then 20%	IP: T1: T1 Ded then CIF T2: T2 Ded then 20% Day: T1: ASC: \$150, Outpt Hosp: T1 Ded then \$150 Day: T2: T2 Ded then 20%	T1: Labs: CIF Genetic Testing: Ded then CIF T2: T2 Ded then 20% X-Rays: T1: T1 Ded then CIF T2: T2 Ded then 20%	T1: T1 Ded then CIF T2: T2 Ded then 20%	T1: \$25 /T2: Ded then 20%	\$25	Retail: \$10/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550 script max) Mail: \$20/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
ElevateHealth Options Silver HMO 3000 with Preferred PCP Silver MD0000004670 RX0000001518	Preferred PCP: CIF T1: \$40/\$80 T2: T2 Ded then 20%	T1: \$3,000 /\$6,000 T2: \$6,000/12,000	\$7,350/\$14,700	T1: None T2: 20%	T1/T2: T1 Ded then \$350	Hosp: T1: Ded then \$175 /T2: Ded then 20% Freestand: T1: \$80 /T2: Ded then 20% Conv: T1: \$40 /T2: Ded then 20%	IP: T1: T1 Ded then CIF T2: T2 Ded then 20% Day: T1: ASC: \$250, Outpt Hosp: T1 Ded then \$250 Day: T2: T2 Ded then 20%	T1: Labs: CIF Genetic Testing: Ded then CIF T2: T2 Ded then 20% X-Rays: T1: T1 Ded then CIF T2: T2 Ded then 20%	T1: T1 Ded then CIF T2: T2 Ded then 20%	T1: \$40 /T2: Ded then 20%	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes

ElevateHealth HMO with Preferred PCP													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
ElevateHealth Silver HMO 4000 with Preferred PCP	Preferred PCP: CIF \$40/\$80	\$4,000/\$8,000	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175	IP: Ded then 20%	Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Silver MD0000004671 RX0000001516		Embedded	Embedded			Freestnd: \$80 Conv: \$40	Day: ASC: \$250 /Hosp: Ded then 20%						
ElevateHealth Silver HMO 5000 with Preferred PCP	Preferred PCP: CIF \$40/\$80	\$5,000/\$10,000	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175	IP: Ded then 20%	Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Silver MD0000004672 RX0000001516		Embedded	Embedded			Freestnd: \$80 Conv: \$40	Day: ASC: \$250 /Hosp: Ded then 20%						

HMO with Preferred PCP													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Gold HMO LP 1250 with Preferred PCP	Preferred PCP: CIF \$25/\$50	\$1,250/\$2,500	\$6,000/\$12,000	None	Ded then \$300	Hosp: Ded then \$150	IP: Ded then CIF	Select LP: CIF Others: Ded then CIF	Ded then CIF	\$25	\$25	Retail: \$10/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550 script max) Mail: \$20/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Gold MD0000004668 RX0000001616		Embedded	Embedded			Freestnd: \$50 Conv: \$25	Day: Select LP: \$150 /Others: Ded then CIF	X-Rays: Ded then CIF					

HMO with Preferred PCP													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Gold HMO LP 2000 with Preferred PCP Gold MD0000004669 RX0000001616	Preferred PCP: CIF \$25/\$50	\$2,000/\$4,000	\$6,000/\$12,000	10%	Ded then \$300	Hosp: Ded then \$150 Freestnd: \$50 Conv: \$25	IP: Ded then 10% Day: Select LP: \$150 /Others: Ded then 10%	Select LP: CIF Others: Ded then 10% X-Rays: Ded then 10%	Ded then 10%	\$25	\$25	Retail: \$10/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550 script max) Mail: \$20/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HMO LP 3150 with Preferred PCP Silver MD0000004673 RX0000001516	Preferred PCP: CIF \$40/\$80	\$3,150/\$6,300	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175 Freestnd: \$80 Conv: \$40	IP: Ded then 20% Day: Select LP: \$250 /Others: Ded then 20%	Select LP: CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HMO LP 4000 with Preferred PCP Silver MD0000004674 RX0000001516	Preferred PCP: CIF \$40/\$80	\$4,000/\$8,000	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175 Freestnd: \$80 Conv: \$40	IP: Ded then 20% Day: Select LP: \$250 /Others: Ded then 20%	Select LP: CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HMO LP 5000 with Preferred PCP Silver MD0000004675 RX0000001516	Preferred PCP: CIF \$40/\$80	\$5,000/\$10,000	\$7,350/\$14,700	20%	Ded then \$350	Hosp: Ded then \$175 Freestnd: \$80 Conv: \$40	IP: Ded then 20% Day: Select LP: \$250 /Others: Ded then 20%	Select LP: CIF Others: Ded then 20% X-Rays: Ded then 20%	Ded then 20%	\$40	\$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max) Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes

Best Buy HSA HMO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Silver HSA HMO 3000 Silver MD0000004511 RX0000001522	Ded then 10%	\$3,000/\$6,000 Embedded	\$6,650/\$13,300 Embedded	10%	Ded then 10%	Hosp: Ded then 10% Freestand: Ded then 10% Conv: Ded then 10%	IP: Ded then 10% Day: Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Retail: Ded then 20%/20%/20%/20%/20% Mail: Ded then 20%/20%/20%/20%/20%	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HSA HMO 3000 with Preventive RX Silver MD0000004516 RX0000001523	Ded then 10%	\$3,000/\$6,000 Embedded	\$6,650/\$13,300 Embedded	10%	Ded then 10%	Hosp: Ded then 10% Freestand: Ded then 10% Conv: Ded then 10%	IP: Ded then 10% Day: Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Retail: Ded then 20%/20%/20%/20%/20% Mail: Ded then 20%/20%/20%/20%/20% Deductible waived for preventive RX on Retail & Mail	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HSA HMO 4000 Silver MD0000004529 RX0000001532	Ded then 10%	\$4,000/\$8,000 Embedded	\$6,650/\$13,300 Embedded	10%	Ded then 10%	Hosp: Ded then 10% Freestand: Ded then 10% Conv: Ded then 10%	IP: Ded then 10% Day: Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Retail: Ded then 15%/15%/15%/15%/15% Mail: Ded then 15%/15%/15%/15%/15%	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HSA HMO 4000 with Preventive RX Silver MD0000004530 RX0000001533	Ded then 10%	\$4,000/\$8,000 Embedded	\$6,650/\$13,300 Embedded	10%	Ded then 10%	Hosp: Ded then 10% Freestand: Ded then 10% Conv: Ded then 10%	IP: Ded then 10% Day: Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Retail: Ded then 15%/15%/15%/15%/15% Mail: Ded then 15%/15%/15%/15%/15% Deductible waived for preventive RX on Retail & Mail	MA MCC: Yes Medicare MCC: Yes

Best Buy HSA HMO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Bronze HSA HMO 5000 Bronze MD0000004506 RX0000001519	Ded then 30%	\$5,000/\$10,000 Embedded	\$6,650/\$13,300 Embedded	30%	Ded then 30%	Hosp: Ded then 30% Freestand: Ded then 30% Conv: Ded then 30%	IP: Ded then 30% Day: Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Retail: Ded then 30%/30%/30%/30%/30% Mail: Ded then 30%/30%/30%/30%/30%	MA MCC: Yes Medicare MCC: Yes
Best Buy Bronze HSA HMO 6250 Bronze MD0000004508 RX0000001521	Ded then 30%	\$6,250/\$12,500 Embedded	\$6,650/\$13,300 Embedded	30%	Ded then 30%	Hosp: Ded then 30% Freestand: Ded then 30% Conv: Ded then 30%	IP: Ded then 30% Day: Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Retail: Ded then 30%/30%/30%/30%/30% Mail: Ded then 30%/30%/30%/30%/30%	MA MCC: Yes Medicare MCC: No

Best Buy PPO LP													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Gold PPO LP 1250 Gold MD0000004492 RX0000001515	IN: \$25/\$50 OON: Ded then 20%	IN: \$1,250/\$2,500 OON: \$2,500/\$5,000 Embedded	IN: \$6,000/\$12,000 OON: \$6,000/\$12,000 Embedded	IN: None OON: 20%	IN/OON: Ded then \$300	IN: Hosp: Ded then \$150 IN: Freestand: \$50 IN: Conv: \$25 OON: Ded then 20%	IN: IP: Ded then CIF IN: Day: Select LP: \$150/Others: Ded then CIF OON: Ded then 20%	IN: Select LP: CIF Others: Ded then CIF OON: Ded then 20%	IN: Ded then CIF OON: Ded then 20%	IN: \$25 OON: Ded then 20%	IN: \$25 OON: Ded then 20%	Retail: \$5/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550 script max) Mail: \$10/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes
Best Buy Gold PPO LP 2000 Gold MD0000004493 RX0000001515	IN: \$25/\$50 OON: Ded then 30%	IN: \$2,000/\$4,000 OON: \$3,000/\$6,000 Embedded	IN: \$6,000/\$12,000 OON: \$6,000/\$12,000 Embedded	IN: 10% OON: 30%	IN/OON: Ded then \$300	IN: Hosp: Ded then \$150 IN: Freestand: \$50 IN: Conv: \$25 OON: Ded then 30%	IN: IP: Ded then 10% IN: Day: Select LP: \$150/Others: Ded then 10% OON: Ded then 30%	IN: Select LP: CIF Others: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: \$25 OON: Ded then 30%	IN: \$25 OON: Ded then 30%	Retail: \$5/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550 script max) Mail: \$10/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)	MA MCC: Yes Medicare MCC: Yes

Best Buy PPO LP													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Silver PPO LP 3000	IN: \$40/\$80	IN: \$3,000/\$6,000	IN: \$7,350/\$14,700	IN: 20%	IN/OON: Ded then \$350	IN: Hosp: Ded then \$175	IN: IP: Ded then 20%	IN: Select LP: CIF Others: Ded then 20%	IN: Ded then 20%	IN: \$40	IN: \$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max)	MA MCC: Yes
Silver												Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	
MD0000004497	OON: Ded then 40%	OON: \$4,500/\$9,000	OON: \$7,350/\$14,700	OON: 40%		IN: Conv: \$40	IN: Day: Select LP: \$250/Others: Ded then 20%	OON: Ded then 40%	OON: Ded then 40%	OON: Ded then 40%	OON: Ded then 40%		Medicare MCC: Yes
RX0000001516		Embedded	Embedded			OON: Ded then 40%	OON: Ded then 40%						
Best Buy Silver PPO LP 4000	IN: \$40/\$80	IN: \$4,000/\$8,000	IN: \$7,350/\$14,700	IN: 20%	IN/OON: Ded then \$350	IN: Hosp: Ded then \$175	IN: IP: Ded then 20%	IN: Select LP: CIF Others: Ded then 20%	IN: Ded then 20%	IN: \$40	IN: \$40	Retail: \$15/\$40/\$80/40%/45% (T4 \$550/script max, T5 \$550 script max)	MA MCC: Yes
Silver												Mail: \$30/\$80/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)	
MD0000004499	OON: Ded then 40%	OON: \$6,000/\$12,000	OON: \$7,350/\$14,700	OON: 40%		IN: Conv: \$40	IN: Day: Select LP: \$250/Others: Ded then 20%	OON: Ded then 40%	OON: Ded then 40%	OON: Ded then 40%	OON: Ded then 40%		Medicare MCC: Yes
RX0000001516		Embedded	Embedded			OON: Ded then 40%	OON: Ded then 40%						

Best Buy HSA PPO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Silver HSA PPO 3000 Silver MD0000004512 RX0000001522	IN: Ded then 10% OON: Ded then 30%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$6,650/\$13,300 OON: \$8,000/\$16,000 Embedded	IN: 10% OON: 30%	IN/OON: Ded then 10%	IN: Hosp: Ded then 10% IN: Freestand: Ded then 10% IN: Conv: Ded then 10% OON: Ded then 30%	IN: IP: Ded then 10% IN: Day: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	Retail: Ded then 20%/20%/20%/20%/20% Mail: Ded then 20%/20%/20%/20%/20%	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HSA PPO 3000 with Preventive RX Silver MD0000004517 RX0000001523	IN: Ded then 10% OON: Ded then 30%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$6,650/\$13,300 OON: \$8,000/\$16,000 Embedded	IN: 10% OON: 30%	IN/OON: Ded then 10%	IN: Hosp: Ded then 10% IN: Freestand: Ded then 10% IN: Conv: Ded then 10% OON: Ded then 30%	IN: IP: Ded then 10% IN: Day: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	Retail: Ded then 20%/20%/20%/20%/20% Mail: Ded then 20%/20%/20%/20%/20% Deductible waived for preventive RX on Retail & Mail	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HSA PPO 4000 Silver MD0000004531 RX0000001532	IN: Ded then 10% OON: Ded then 30%	IN: \$4,000/\$8,000 OON: \$8,000/\$16,000 Embedded	IN: \$6,650/\$13,300 OON: \$10,000/\$20,000 Embedded	IN: 10% OON: 30%	IN/OON: Ded then 10%	IN: Hosp: Ded then 10% IN: Freestand: Ded then 10% IN: Conv: Ded then 10% OON: Ded then 30%	IN: IP: Ded then 10% IN: Day: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	Retail: Ded then 15%/15%/15%/15%/15% Mail: Ded then 15%/15%/15%/15%/15%	MA MCC: Yes Medicare MCC: Yes
Best Buy Silver HSA PPO 4000 with Preventive RX Silver MD0000004532 RX0000001533	IN: Ded then 10% OON: Ded then 30%	IN: \$4,000/\$8,000 OON: \$8,000/\$16,000 Embedded	IN: \$6,650/\$13,300 OON: \$10,000/\$20,000 Embedded	IN: 10% OON: 30%	IN/OON: Ded then 10%	IN: Hosp: Ded then 10% IN: Freestand: Ded then 10% IN: Conv: Ded then 10% OON: Ded then 30%	IN: IP: Ded then 10% IN: Day: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	IN: Ded then 10% OON: Ded then 30%	Retail: Ded then 15%/15%/15%/15%/15% Mail: Ded then 15%/15%/15%/15%/15% Deductible waived for preventive RX on Retail & Mail	MA MCC: Yes Medicare MCC: Yes

Best Buy HSA PPO													
Product Name	Office Visit	Deductible	Annual Out Of Pocket Max	Co-insurance	ER	Urgent Care	Inpatient/ Day Surgery	Labs/ X-Rays	Scans: CT, MRI, PET	PT/OT/ ST	Acupuncture	RX Cost Share (Value Formulary)	MA MCC/ Med MCC
Best Buy Bronze HSA PPO 5000 Bronze MD0000004505 RX0000001519	IN: Ded then 30% OON: Ded then 40%	IN: \$5,000/\$10,000 OON: \$9,000/\$18,000 Embedded	IN: \$6,650/\$13,300 OON: \$12,000/\$24,000 Embedded	IN: 30% OON: 40%	IN/OON: Ded then 30%	IN: Hosp: Ded then 30% IN: Freestand: Ded then 30% IN: Conv: Ded then 30% OON: Ded then 40%	IN: IP: Ded then 30% IN: Day: Ded then 30% OON: Ded then 40%	IN: Ded then 30% OON: Ded then 40%	IN: Ded then 30% OON: Ded then 40%	IN: Ded then 30% OON: Ded then 40%	IN: Ded then 30% OON: Ded then 40%	Retail: Ded then 30%/30%/30%/30%/30% Mail: Ded then 30%/30%/30%/30%/30%	MA MCC: Yes Medicare MCC: Yes
Best Buy Bronze HSA PPO 6250 Bronze MD0000004507 RX0000001521	IN: Ded then 30% OON: Ded then 50%	IN: \$6,250/\$12,500 OON: \$10,000/\$20,000 Embedded	IN: \$6,650/\$13,300 OON: \$12,000/\$24,000 Embedded	IN: 30% OON: 50%	IN/OON: Ded then 30%	IN: Hosp: Ded then 30% IN: Freestand: Ded then 30% IN: Conv: Ded then 30% OON: Ded then 50%	IN: IP: Ded then 30% IN: Day: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	Retail: Ded then 30%/30%/30%/30%/30% Mail: Ded then 30%/30%/30%/30%/30%	MA MCC: Yes Medicare MCC: No

Business Rules

HPHC-NE 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 2018 Small Group plans are Calendar Year

NH Allowed Side-by-Side Offerings Business Rules:

For Q4, groups may offer a Preferred PCP product alongside the non-Preferred PCP version, but a group cannot offer both the Preferred PCP version and the non-Preferred PCP version with the same deductible level.

ElevateHealth products may not be offered as a sole option for employers in Carroll County

In New Hampshire, ElevateHealth plans provide access to a limited network of high-quality and efficient providers that is smaller than Harvard Pilgrim's full provider network. ElevateHealth plans are currently not available for issue in Carroll County. This excludes the ElevateHealth Options plans which are tiered network plans that include Harvard Pilgrim's full provider network.

Extraterritorial Locations:

All quotes are contingent upon state eligibility requirements concerning employee residency and Employer office locations. For each new group enrollment or annual renewal, employers must disclose to HPHC all out-of-state office locations and the state residency for each subscriber at those locations.

Preventative Medications with a High Deductible Health Plan:

If you have a High Deductible Health Plan, your Deductible may not apply to certain medications used for preventive care. Please see your ID card and Schedule of Benefits to determine if you have this coverage. Your ID card will include the words "Preventive Drug Benefit" if you have this coverage. If your Plan exempts preventive medications from the Deductible and your health care provider prescribes one of the designated preventive medications, the Deductible will not apply to that prescription. However, you will be required to pay the applicable Coinsurance amount 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 web site at www.harvardpilgrim.org.

Essential Health Benefit Pediatric Dental Coverage:

Pediatric dental services are required by the Patient Protection and Affordable Care Act. If an employer group purchases health plan coverage provided by Harvard Pilgrim or its affiliates (the "Health Plan") that DOES NOT include coverage for pediatric dental services, then by purchasing the Health Plan, the employer declares that it is aware that the Health Plan does not include pediatric dental coverage and that the employer is aware that a certified pediatric dental plan is available on or off the Exchange. Upon request, the employer group agrees to provide Harvard Pilgrim with documentation necessary to verify that each person covered under the Health Plan is also covered by the Dental Plan.

Embedded Deductibles:

Embedded Deductible refers to a family plan that has two deductible components, an individual deductible and a family deductible. The maximum contribution by an individual towards 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.