

Massachusetts Individual & Family Product Guide Plan Year 2020

Guiding Massachusetts
to better health.



Table of contents

Click on any title to jump to that section.

- 1 [Insurance Terms to Know](#)
- 2 [Our Promise](#)
- 4 [What We Cover](#)
- 5 [Prescription Drug Benefits & Behavioral Health](#)
- 6 [Urgent Care](#)
- 7 [Plan Choices](#)
- 8 [Massachusetts Plan Options](#)
- 9 [Product Grids](#)
- 24 [How to Enroll](#)
- 25 [Important Legal Information](#)

Insurance terms

Cost sharing

The portion you pay for specific health care services like office visits, X-rays and prescriptions. Coinsurance, copayments and deductibles are all examples.

Deductible

This is a set amount of money you pay out of your own pocket for certain services. For a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, the provider will send a bill. If prescription drugs fall under a plan's deductible, you will need to pay for them when you pick them up from the pharmacy. Copayments do not count toward a deductible.

Copayments

The flat dollar amount you pay for certain services on your plan. There may be different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due at the time of an appointment or when picking up a prescription at the pharmacy.

Coinsurance

A fixed percentage of costs you pay for covered services. For example, for a plan with coinsurance, you may have to pay 20% of a provider's bill for care, while Harvard Pilgrim pays 80%. Coinsurance is usually something paid after you have paid an annual deductible.

HSA (health savings account)

This is an account that can help you pay for qualified health care expenses. You need to have a federally qualified high deductible health plan, such as the HMO HSA 2000 - Flex or PPO HSA 2000 - Flex, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

Important dates

November 1, 2019 – January 23, 2020*

2020 open enrollment period for selecting health care coverage

*You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify for a Special Enrollment Period please call us at (800) 208-1221 and we will be happy to guide you through the process.

Out-of-pocket maximum

A limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet the out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

Our promise: Guide you to better health.

We give you access to more providers and hospitals than other health insurers offering coverage to individuals and families in Massachusetts.

Harvard Pilgrim has a full range of health plans to meet your needs, with outstanding coverage, choice and value. You'll have access to more than 80,000 providers and 183 hospitals in New England.

Full and Select Network Plans

We have full and select network plans, including HMO and PPO options. Our Focus HMO plans and Flex benefits are built around outstanding Massachusetts providers who deliver high-quality care and enable member savings.

New England & National Coverage

Our regional network has more than 80,000 doctors and other clinicians, and 183 hospitals. Our PPO plans give members access to providers across the United States.

Our programs help you maximize your well-being.

These programs and services are included in your plan.

Well-being Rewards Program

Earn up to \$400 annually in Amazon gift cards by participating in a variety of fun and convenient activities that support your well-being when you purchase the Well-being Rewards Program. The program costs \$1.0% of premium. Your rewards can be much higher than the cost of the program, so investing in your well-being can really pay off! Visit harvardpilgrim.org/wellbeingrewards to get started.

Personal health coaching

Through one-on-one coaching sessions over the phone and email check-ins, our certified health and wellness coaches will help you set realistic health goals, identify and address any barriers and keep track of your progress.

Care management

When you're dealing with a chronic illness, getting better can involve much more than medical treatment. Our team of certified nurse care managers is there to help. They can reach out to you when and how it's best for you—at home, work or on the road—whether by phone, email or mobile app. Our "whole person" approach means that we get to know you and look at all of the factors that affect your well-being.

We have ways to help you save money

Keep more money in your pocket with tools and programs designed to help you save.

Health care cost estimator

Costs for the same test or procedure can vary greatly among different providers. Our online cost estimator can help you find less expensive options.

Doctor On Demand

You won't pay cost sharing for virtual visits with Doctor On Demand providers. This applies to plans without an HSA. See page 6 for more information.

Reduce My Costs

This voluntary program helps members find lower-cost facilities for elective outpatient medical procedures and diagnostic tests. Members may be eligible for a cash bonus from Harvard Pilgrim if they choose a more affordable option.

Fitness reimbursement

You can receive reimbursement of \$150 or first month of fitness facility, studio or class membership costs—whichever is greater, per calendar year. A second family member can receive a maximum reimbursement of \$150, per calendar year. To qualify, members must be an active member of the fitness club for at least four months, or have taken a class for at least four months, within a calendar year. Members can choose to receive up to \$150 reimbursement for a fitness tracker in lieu of the fitness membership reimbursement.¹

Discounts & Savings

Save on a variety of products and services that can help you stay healthy:

- Vision
- Hearing
- Healthy eating
- Fitness
- Dental
- Holistic wellness
- Smoking cessation
- Family & senior care

We're committed to our communities.

Service is more than good business.

As a not-for-profit, service inspires our social mission. We're driven by a human concern for the particular health challenges our Massachusetts neighbors and communities face—and a dedication to helping resolve them.



\$1.7M
GRANTS & SPONSORSHIPS

Funding Programs in Massachusetts

In 2018, the Harvard Pilgrim Health Care Foundation supported local non-profit agencies and health initiatives with more \$1.7 million dollars in grants and sponsorships.

Helping Older Adults Eat Better

A total of \$34,393 was awarded to Elder Services of the Merrimack Valley in Massachusetts to train older adults in healthy eating through an evidence-based curriculum.

Supporting the LGBT Community

In 2019, for the seventh year in a row, Harvard Pilgrim received a perfect score of 100 percent on the Corporate Equality Index, a national benchmarking survey and report on corporate policies and practices related to lesbian, gay, bisexual, transgender and queer (LGBTQ) workplace equality.


¹ Reimbursement is limited to two members on a family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, consult your tax advisor.


What we cover


Core benefits





No matter which plan you choose, it will include these benefits.


 **Alternative Services**
20 acupuncture visits per year


 **Hospitalization**
Inpatient services, such as surgery


 **Pregnancy, Maternity, and Newborn Care**
Care before, during and after pregnancy


 **Ambulatory Patient Services**
Outpatient care without hospital admission


 **Laboratory Services**
Blood work, screenings, etc.


 **Prescriptions**
Access to safe, effective medications


 **Emergency Services**
Trips to the emergency room (ER), when medically necessary

 **Mental Health and Substance Use Services**
Counseling and psychotherapy

 **Preventive Care & Chronic Disease Management**
Doctor visits for wellness exams, shots, screenings, health maintenance, etc.

 **Eye Exams**
One preventive screening every year

 **Pediatric Dental* and Vision**
Covers children up to age 19

 **Rehabilitation & Habilitative Services and Devices**
Rehab services, hospital beds, crutches, oxygen tanks

*You can waive pediatric dental if you have a qualified pediatric dental plan in place.

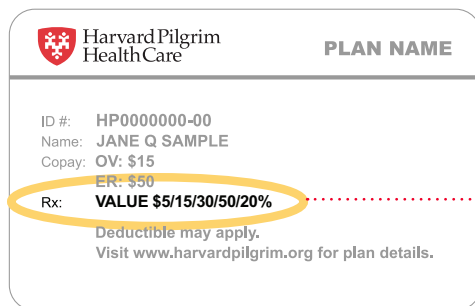
Prescription drug benefits

Our prescription drug coverage focuses on choice and value to help you get the most out of your benefits.

All plans* include our 5-tier prescription drug coverage: The lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. Members can fill prescriptions at retail pharmacies nationwide or through our mail order program.

Is a prescription covered?

Visit harvardpilgrim.org/rx. Select the year and the plan as shown on the ID card (example: Value 5-Tier), then look up drugs by tier or category.



Plan tiers

How the Prescription Drug tiers work

TIER	VALUE 5-TIER
Tier 1	Lower-cost generics
Tier 2	Higher-cost generics
Tier 3	Preferred brands (some higher-cost generics)
Tier 4	Non-preferred brands and preferred specialty (some higher-cost generics)
Tier 5	Non-preferred specialty drugs (including very high-cost brand and generic drugs)

*Standard Connector Plans have 3-Tier Value drug coverage.

Behavioral health online or in person

We understand mental health and substance use issues can be complex, confusing and sometimes overwhelming, especially if you're beginning your mental health journey.






Through our partnership with United Behavioral Health (also known as Optum), you have access to resources and treatment for a wide number

of behavioral health issues, such as depression or anxiety, ADHD, an eating disorder or concerns about substance use or addiction.

Our confidential Behavioral Health Access Center can help you understand your coverage and treatment options and make it easy for you to get started with treatment. Get started by calling (888) 777-4742.

The care you need, when you need it

When your primary care provider's office isn't open, and you need medical care for a non-life-threatening injury or illness, you have options—other than the ER—that can save you time and money.

	Typical out-of-pocket costs	Common symptoms
 <p>Telemedicine services Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</p>	<p>New for 2020 - No cost sharing for Doctor On Demand urgent care virtual visits.¹</p>	<ul style="list-style-type: none"> • Coughs, colds • Sore/strep throat • Flu • Pediatric issues • Sinus and allergies • Nausea/diarrhea • Rashes and skin issues • Women's health: UTI's, yeast infections • Sports injuries • Eye issues
 <p>Convenience care/retail clinic Walk-in, convenience care or retail clinic (e.g. MinuteClinic inside of CVS pharmacy)</p>	<p>\$ Members typically pay a copayment for going to a participating clinic¹</p>	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections • Skin conditions like poison ivy and ringworm • Strep throat
 <p>Freestanding urgent care clinic Walk-in clinic for urgent care (e.g., ConvenientMD, Clear Choice or Concentra)</p>	<p>\$\$ Members typically pay a copayment for urgent care, sometimes a higher one than for an office visit or convenience care clinic visit¹</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
 <p>Hospital-based urgent care clinic Walk-in clinic for urgent care</p>	<p>\$\$\$ Members typically pay their deductible, then a hospital-based urgent care copay¹</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
 <p>Emergency room (ER) Part of a local hospital</p> <p>Members who think they are having medical emergencies should call 911 or go to the nearest ER.</p>	<p>\$\$\$\$ Members typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible¹</p>	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss • Seizures • Severe head trauma • Shock • Stroke

¹What members pay out-of-pocket depends on their specific Harvard Pilgrim plan. If members have an HSA plan, the deductible and any additional cost sharing applies. Please refer to the plan documents for specific benefit.

Plan choices

Harvard Pilgrim offers a number of plan options to meet your needs and budget.

When choosing a plan, consider several factors:

- Do you frequently go to the doctor or need medical treatment?
- Is having the flexibility to see doctors outside the network important to you?
- Do you regularly take medication? Or take several medications?
- Do you prefer a higher premium and lower payments when you receive treatment? Or lower premiums and higher payments?

Types of Plans:

HMO:

- Care within Harvard Pilgrim’s network
- Select a PCP and get referrals for specialist visits

PPO:

- Care within Harvard Pilgrim’s network
- No need for referrals
- Option to go out-of-network and pay more in out-of-pocket expenses

Limited Network (Focus)*:

- HMO
- Lower-premium plan featuring a limited network of our high-performance providers

Qualified High Deductible:

- HMO or PPO
- Meet a deductible before services are covered
- Some plans offer an HRA or HSA to help meet deductible and other out-of-pocket expenses

Find the plan that best meets your needs

Preferences	HMO	PPO	Limited Network*	Qualified High Deductible
My doctor participates in the network for my plan and I don’t want to spend more money out-of-pocket.	●		●	●
I want the freedom to see any doctor.		●		●
I want to save on my premium (money paid up front for health coverage).			●	●
I want services to be covered up front and don’t mind a higher premium.	●	●	● Plan may include a deductible	
I prefer to budget and keep track of all my health care expenses.			●	●

*These plans provide access to a limited provider network that is smaller than Harvard Pilgrim’s full provider network. In these plans, you have coverage only from providers in the network specific to their plan. You should search the provider directory by plan name for a list of providers. You may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

Massachusetts plan options

Our Massachusetts plans are designed to give you choice, flexibility and value in meeting your unique needs.

Focus HMO Limited Network Plans**

Focus is specially designed to help you lower costs, while still offering the benefits you want and need. Features include:

- Comprehensive HMO coverage with care from our extensive, high-performance network of providers across Massachusetts.
- 58 hospitals and more than 20,000 doctors and other clinicians across the state.

How it works:

- You choose a PCP from the participating physicians across Massachusetts.
- Specialty care is available with a referral from the PCP to a Focus Easy Access specialist.
- Referrals are not necessary for some services, such as routine eye exams and most gynecological care.
- On rare occasions, specialty care cannot be provided by an Easy Access specialist or facility. In these instances, we have a limited number of additional providers who can be seen after a medical review and authorization for care from Harvard Pilgrim.

To find Focus doctors and hospitals

1. Visit harvardpilgrim.org and select Find a Provider
2. Under Tiered/Network plans, select Focus Network

**These plans provide access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In these plans, you have coverage only from providers in the network specific to their plan. You should search the provider directory by plan name for a list of providers. You may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.



NEW FOR 2020

Benefit year change

The HMO Flex 25, PPO Flex 25 and HMO Focus 25 plans have changed from Calendar Year to Plan Year.

HMO Core Plans

Harvard Pilgrim's HMO Core plan provides you with coverage for essential care focusing on your whole health. This plan can help you save money on premiums. And it can help you save on out-of-pocket costs, while only requiring a copayment for certain services.

- Services requiring only a copayment before deductible applies are:

- Outpatient medical office visits (up to three per individual; up to six per family)
- Physical, occupational and speech therapy
- Routine eye exams
- Outpatient behavioral health office visits (up to three per individual; up to six per family)
- Acupuncture and chiropractic visits
- Flex lab and Flex day surgery

Flex Benefit for Routine Services

Costs for the same in-network medical service can vary widely depending on the type of location of the facility performing the service, with no significant difference in quality. Plans with the Flex benefit can help—they feature savings for members who use Flex facilities for general laboratory and day surgery services. Flex is included in all Individual and Family plans except Focus and select Connector plans.

Receiving services at a Flex facility can save you hundreds, or possibly thousands of dollars in out-of-pocket costs!*

	Total average cost (facility)	Member cost range at non-Flex facility	Member cost at a Flex facility
General lab work	\$10-\$125	From \$40 copay to deductible and \$75 copay	\$0-\$20 copay*
Day surgery (e.g. knee arthroscopy)	\$6,770-\$7,117	From \$250 copay to deductible and 30% coinsurance	\$50-\$250 copay*

*Copay varies based on specific plan. Deductible applies for HSA plans.

To find Flex facilities

1. Visit harvardpilgrim.org and select Find a Provider
2. Under Standard Plans, select HMO-Flex or PPO-Flex
3. Then select Other Care Providers. Once in this search, select either General Laboratory or Ambulatory Surgical Center

See our wide range of plan offerings beginning on page 10, including cost-sharing information for each plan.



PLATINUM

HMO 25 - FLEX

MD0000005171, RX0000001887

GOLD

HMO 500 - FLEX

MD0000005172, RX0000001883

PRODUCT NAME	PLATINUM	GOLD
OFFICE VISIT	\$25/\$40 Copay waived for first non-routine PCP visit	\$25/\$50 Copay waived for first non-routine PCP visit
DEDUCTIBLE	None/None	\$500/\$1,000
ANNUAL OUT OF POCKET MAX	\$2,000/\$4,000	\$6,500/\$13,000
COINSURANCE	None	None
EMERGENCY ROOM	\$125	\$300
HOSPITAL-BASED URGENT CARE	\$40	\$50
FREESTANDING URGENT CARE	\$40	\$50
CONVENIENCE CARE	\$25	\$25
INPATIENT	\$1,000 per admit	Ded then \$200 per admit
DAY SURGERY	Flex Provider: \$150 Other: \$500	Flex Provider: \$50 Other: Ded then \$300
LABS	Flex Provider: CIF Other: \$40	Flex Provider: CIF Other: Ded then \$45
X-RAYS	\$40	Ded then \$45
SCANS: CT, MRI, PET	Non-hospital based: \$125 per procedure, Hospital based: \$200 per procedure	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure
PT/OT/ST	Non-hospital based: \$25, Hospital based: \$40	Non-hospital based: \$25, Hospital based: Ded then \$50
ACUPUNCTURE	\$40	\$50
RX COST SHARING	Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: \$10/\$50/\$80/\$180/20% (T5 \$750/script max)	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)

Please refer to the Schedule of Benefits for cost-sharing details.

HMO (continued)

GOLD

HMO 1000 - FLEX

MD0000005173, RX0000001883

GOLD

HMO 1500 - FLEX

MD0000005174, RX0000001883

PRODUCT NAME		
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	\$25/\$50 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$1,000/\$2,000	\$1,500/\$3,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$6,500/\$13,000
COINSURANCE	None	None
EMERGENCY ROOM	\$300	\$300
HOSPITAL-BASED URGENT CARE	\$50	\$50
FREESTANDING URGENT CARE	\$50	\$50
CONVENIENCE CARE	\$25	\$25
INPATIENT	Ded then \$200 per admit	Ded then \$250 per admit
DAY SURGERY	Flex Provider: \$50 Other: Ded then \$300	Flex Provider: \$75 Other: Ded then \$300
LABS	Flex Provider: CIF Other: Ded then \$45	Flex Provider: CIF Other: Ded then \$45
X-RAYS	Ded then \$45	Ded then \$45
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Non-hospital based: \$25, Hospital based: Ded then \$50
ACUPUNCTURE	\$50	\$50
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)

Please refer to the Schedule of Benefits for cost-sharing details.

HMO (continued)

	GOLD	GOLD
PRODUCT NAME	HMO 2000 - FLEX MD0000005175, RX0000001883	HMO 2000 WITH COINSURANCE - FLEX MD0000005176, RX0000001883
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	\$35/\$70 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$2,000/\$4,000	\$2,000/\$4,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$6,500/\$13,000
COINSURANCE	None	20%
EMERGENCY ROOM	\$300	\$500
HOSPITAL-BASED URGENT CARE	\$50	\$70
FREESTANDING URGENT CARE	\$50	\$70
CONVENIENCE CARE	\$25	\$35
INPATIENT	Ded then \$250 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$75 Other: Ded then \$300	Flex Provider: \$150 Other: Ded then 20%
LABS	Flex Provider: CIF Other: Ded then \$45	Flex Provider: CIF Other: Ded then 20%
X-RAYS	Ded then \$45	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Non-hospital based: \$150 per procedure, Hospital based: Ded then 20%
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Non-hospital based: \$35 Hospital based: Ded then 20%
ACUPUNCTURE	\$50	\$50
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20%, (T5 \$750/script max)	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)

Please refer to the Schedule of Benefits for cost-sharing details.

HMO (continued)

SILVER

HMO 2500 - FLEX

MD0000005177, RX0000001888

SILVER

HMO 3500 - FLEX

MD0000005178, RX0000001888

PRODUCT NAME		
OFFICE VISIT	\$60/\$75 Copay waived for first non-routine PCP visit	\$40/\$65 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$2,500/\$5,000	\$3,500/\$7,000
ANNUAL OUT OF POCKET MAX	\$8,000/\$16,000	\$8,000/\$16,000
COINSURANCE	None	None
EMERGENCY ROOM	\$1,000	Ded then \$650
HOSPITAL-BASED URGENT CARE	\$75	\$65
FREESTANDING URGENT CARE	\$75	\$65
CONVENIENCE CARE	\$60	\$40
INPATIENT	Ded then \$1,000 Per admit	Ded then \$1,000 per admit
DAY SURGERY	Flex Provider: \$250 Other: Ded then \$1,000	Flex Provider: \$250 Other: Ded then \$750
LABS	Flex Provider: CIF Other: Ded then \$75	Flex Provider: CIF Other: Ded then \$65
X-RAYS	Ded then \$75	Ded then \$65
SCANS: CT, MRI, PET	Non-hospital based: \$750 per procedure, Hospital based: Ded then \$1,000 per procedure	Non-hospital based: \$250 per procedure, Hospital based: Ded then \$750 per procedure
PT/OT/ST	Non-hospital based: \$50, Hospital based: Ded then \$75	Non-hospital based: \$40, Hospital based: Ded then \$65
ACUPUNCTURE	\$50	\$50
RX COST SHARING	Retail: \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)	Retail: \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)

Please refer to the Schedule of Benefits for cost-sharing details.

HMO CORE

GOLD

HMO 1750 CORE - FLEX

MD0000005179, RX0000001889

SILVER

HMO 3500 CORE - FLEX

MD0000005180, RX0000001888

PRODUCT NAME		
OFFICE VISIT	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
DEDUCTIBLE	\$1,750/\$3,500	\$3,500/\$7,000
ANNUAL OUT OF POCKET MAX	\$8,000/\$16,000	\$8,000/\$16,000
COINSURANCE	20%	30%
EMERGENCY ROOM	Ded then \$250	Ded then \$250
HOSPITAL-BASED URGENT CARE	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
FREESTANDING URGENT CARE	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
CONVENIENCE CARE	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
INPATIENT	Ded then 20%	Ded then 30%
DAY SURGERY	Flex Provider: \$150 Other: Ded then 20%	Flex Provider: \$150 Other: Ded then 30%
LABS	Flex: CIF Other: Ded then 20%	Flex Provider: CIF Other: Ded then 30%
X-RAYS	Ded then 20%	Ded then 30%
SCANS: CT, MRI, PET	Ded then 20%	Ded then 30%
PT/OT/ST	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
ACUPUNCTURE	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)	Retail: \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)

Please refer to the Schedule of Benefits for cost-sharing details.

HMO HSA

	SILVER HMO HSA 2000 - FLEX MD0000005181, RX0000001890	SILVER HMO HSA 3000 - FLEX MD0000005182, RX0000001891
PRODUCT NAME		
OFFICE VISIT	Ded then \$35/Ded then \$55	Ded then \$35/Ded then \$55
DEDUCTIBLE	\$2,000/\$4,000	\$3,000/\$6,000
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700	\$6,850/\$13,700
COINSURANCE	None	None
EMERGENCY ROOM	Ded then \$400	Ded then \$400
HOSPITAL-BASED URGENT CARE	Ded then \$55	Ded then \$55
FREESTANDING URGENT CARE	Ded then \$55	Ded then \$55
CONVENIENCE CARE	Ded then \$35	Ded then \$35
INPATIENT	Ded then \$500 per admit	Ded then \$500 per admit
DAY SURGERY	Flex Provider: Ded then CIF Other: Ded then \$250	Flex Provider: Ded then CIF Other: Ded then \$250
LABS	Flex Provider: Ded then CIF Other: Ded then \$55	Flex Provider: Ded then CIF Other: Ded then \$55
X-RAYS	Ded then \$55	Ded then \$55
SCANS: CT, MRI, PET	Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure	Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure
PT/OT/ST	Non-hospital based: Ded then \$35, Hospital based: Ded then \$55	Non-hospital based: Ded then \$35, Hospital based: Ded then \$55
ACUPUNCTURE	Ded then \$50	Ded then \$50
RX COST SHARING	Retail: Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) Preventive Rx applies	Retail: Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) Preventive Rx applies

Please refer to the Schedule of Benefits for cost-sharing details.

HMO HSA (continued)

BRONZE

HMO HSA 3400 - FLEX

MD0000005183, RX0000001892

PRODUCT NAME

OFFICE VISIT	Ded then \$40/Ded then \$65
DEDUCTIBLE	\$3,400/\$6,800
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700
COINSURANCE	20%
EMERGENCY ROOM	Ded then \$750
HOSPITAL-BASED URGENT CARE	Ded then \$65
FREESTANDING URGENT CARE	Ded then \$65
CONVENIENCE CARE	Ded then \$40
INPATIENT	Ded then 20%
DAY SURGERY	Flex Provider: Ded then \$250 Other: Ded then \$1,000
LABS	Flex Provider: Ded then CIF Other: Ded then \$65
X-RAYS	Ded then \$65
SCANS: CT, MRI, PET	Non-hospital based: Ded then \$500 per procedure, Hospital based: Ded then \$1,000 per procedure
PT/OT/ST	Non-hospital based: Ded then \$40, Hospital based: Ded then \$65
ACUPUNCTURE	Ded then \$50
RX COST SHARING	<p>Retail: Ded then \$5/\$30/50%/50%/50%, (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)</p> <p>Mail: Ded then \$10/\$60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max) Preventive Rx applies</p>

Please refer to the Schedule of Benefits for cost-sharing details.

FOCUS HMO

PLATINUM

FOCUS HMO 25

MD0000005184, RX0000001887

GOLD

FOCUS HMO 1500

MD0000005185, RX0000001883

PRODUCT NAME	PLATINUM	GOLD
OFFICE VISIT	\$25/\$40 Copay waived for first non-routine PCP visit	\$25/\$50 Copay waived for first non-routine PCP visit
DEDUCTIBLE	None/None	\$1,500/\$3,000
ANNUAL OUT OF POCKET MAX	\$2,000/\$4,000	\$6,500/\$13,000
COINSURANCE	None	None
EMERGENCY ROOM	\$125	\$300
HOSPITAL-BASED URGENT CARE	\$40	\$50
FREESTANDING URGENT CARE	\$40	\$50
CONVENIENCE CARE	\$25	\$25
INPATIENT	\$1,000 per admit	Ded then \$250 per admit
DAY SURGERY	\$500	Ded then \$300
LABS	\$40	Ded then \$45
X-RAYS	\$40	Ded then \$45
SCANS: CT, MRI, PET	\$125 per procedure	Ded then \$300 per procedure
PT/OT/ST	\$25	Ded then \$25
ACUPUNCTURE	\$40	\$50
RX COST SHARING	Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: \$10/\$50/\$80/\$180/20% (T5 \$750/script max)	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)

Please refer to the Schedule of Benefits for cost-sharing details.

Effective Jan. 1, 2020 through Dec. 31, 2020

FOCUS HMO (continued)

BRONZE

FOCUS HMO HSA 3400

MD0000005186, RX0000001892

PRODUCT NAME

OFFICE VISIT	Ded then \$40/Ded then \$65
DEDUCTIBLE	\$3,400/\$6,800
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700
COINSURANCE	20%
EMERGENCY ROOM	Ded then \$750
HOSPITAL-BASED URGENT CARE	Ded then \$65
FREESTANDING URGENT CARE	Ded then \$65
CONVENIENCE CARE	Ded then \$40
INPATIENT	Ded then 20%
DAY SURGERY	Ded then \$1,000
LABS	Ded then \$65
X-RAYS	Ded then \$65
SCANS: CT, MRI, PET	Ded then \$750 per procedure
PT/OT/ST	Ded then \$40
ACUPUNCTURE	Ded then \$50
RX COST SHARING	<p>Retail: Ded then \$5/\$30/50%/50%/50%, (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)</p> <p>Mail: Ded then \$10/\$60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max) Preventive Rx applies</p>

Please refer to the Schedule of Benefits for cost-sharing details.



PLATINUM

PPO 25 - FLEX

MD0000005187, RX0000001887

GOLD

PPO 500 - FLEX

MD0000005188, RX0000001883

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$40 Copay waived for first non-routine PCP visit	Ded then 20%	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%
DEDUCTIBLE	None/None	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000
ANNUAL OUT OF POCKET MAX	\$2,000/\$4,000	\$4,000/\$8,000	\$6,500/\$13,000	\$13,000/\$26,000
COINSURANCE	None	20%	None	20%
EMERGENCY ROOM	\$125		\$300	
HOSPITAL-BASED URGENT CARE	\$40	Ded then 20%	\$50	Ded then 20%
FREESTANDING URGENT CARE	\$40	Ded then 20%	\$50	Ded then 20%
CONVENIENCE CARE	\$25	Ded then 20%	\$25	Ded then 20%
INPATIENT	\$1,000 per admit	Ded then 20%	Ded then \$200 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$150 Other: \$500	Ded then 20%	Flex Provider: \$50 Other: Ded then \$300	Ded then 20%
LABS	Flex Provider: CIF Other: \$40	Ded then 20%	Flex Provider: CIF Other: Ded then \$45	Ded then 20%
X-RAYS	\$40	Ded then 20%	Ded then \$45	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$125 per procedure, Hospital based: \$200 per procedure	Ded then 20%	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: \$25, Hospital based: \$40	Ded then 20%	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%
ACUPUNCTURE	\$40	Ded then 20%	\$50	Ded then 20%
RX COST SHARING	Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: \$10/\$50/\$80/\$180/20% (T5 \$750/script max)		Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.

PPO (continued)

GOLD

PPO 1000 - FLEX

MD0000005189, RX0000001883

GOLD

PPO 1500 - FLEX

MD0000005190, RX0000001883

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%
DEDUCTIBLE	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000	\$3,000/\$6,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$13,000/\$26,000	\$6,500/\$13,000	\$13,000/\$26,000
COINSURANCE	None	20%	None	20%
EMERGENCY ROOM	\$300		\$300	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 20%	\$50	Ded then 20%
FREESTANDING URGENT CARE	\$50	Ded then 20%	\$50	Ded then 20%
CONVENIENCE CARE	\$25	Ded then 20%	\$25	Ded then 20%
INPATIENT	Ded then \$200 per admit	Ded then 20%	Ded then \$250 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$50 Other: Ded then \$300	Ded then 20%	Flex Provider: \$75 Other: Ded then \$300	Ded then 20%
LABS	Flex Provider: CIF Other: Ded then \$45	Ded then 20%	Flex Provider: CIF Other: Ded then \$45	Ded then 20%
X-RAYS	Ded then \$45	Ded then 20%	Ded then \$45	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%
ACUPUNCTURE	\$50	Ded then 20%	\$50	Ded then 20%
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)		Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.

Effective Jan. 1, 2020 through Dec. 31, 2020

PPO (continued)

GOLD

PPO 2000 - FLEX

MD0000005163, RX0000001883

GOLD

PPO 2000 WITH COINSURANCE - FLEX

MD0000005191, RX0000001883

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%	\$35/\$70 Copay waived for first non-routine PCP visit	Ded then 20%
DEDUCTIBLE	\$2,000/\$4,000	\$4,000/\$8,000	\$2,000/\$4,000	\$4,000/\$8,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$13,000/\$26,000	\$6,500/\$13,000	\$13,000/\$26,000
COINSURANCE	None	20%	20%	40%
EMERGENCY ROOM	\$300		\$500	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 20%	\$70	Ded then 20%
FREESTANDING URGENT CARE	\$50	Ded then 20%	\$70	Ded then 20%
CONVENIENCE CARE	\$25	Ded then 20%	\$35	Ded then 20%
INPATIENT	Ded then \$250 per admit	Ded then 20%	Ded then 20%	Ded then 40%
DAY SURGERY	Flex Provider: \$75 Other: Ded then \$300	Ded then 20%	Flex Provider: \$150 Other: Ded then 20%	Ded then 20%
LABS	Flex Provider: CIF Other: Ded then \$45	Ded then 20%	Flex Provider: CIF Other: Ded then 20%	Ded then 20%
X-RAYS	Ded then \$45	Ded then 20%	Ded then 20%	Ded then 40%
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%	Non-hospital based: \$150 per procedure, Hospital based: Ded then 20%	Ded then 40%
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%	Non-hospital based: \$35 Hospital based: Ded then 20%	Ded then 40%
ACUPUNCTURE	\$50	Ded then 20%	\$50	Ded then 20%
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)		Retail: \$5/\$30/\$60/\$100/20% (T5 250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.

PPO (continued)

SILVER

PPO 3500 - FLEX

MD0000005192, RX0000001888

PRODUCT NAME

	In-Network	Out-of-Network
OFFICE VISIT	\$40/\$65 Copay waived for first non-routine PCP visit	Ded then 20%
DEDUCTIBLE	\$3,500/\$7,000	\$7,000/\$14,000
ANNUAL OUT OF POCKET MAX	\$8,000/\$16,000	\$16,000/\$32,000
COINSURANCE	None	20%
EMERGENCY ROOM	Ded then \$650	
HOSPITAL-BASED URGENT CARE	\$65	Ded then 20%
FREESTANDING URGENT CARE	\$65	Ded then 20%
CONVENIENCE CARE	\$40	Ded then 20%
INPATIENT	Ded then \$1,000 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$250 Other: Ded then \$750	Ded then 20%
LABS	Flex Provider: CIF Other: Ded then \$65	Ded then 20%
X-RAYS	Ded then \$65	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$250 per procedure, Hospital based: Ded then \$750 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: \$40, Hospital based: Ded then \$65	Ded then 20%
ACUPUNCTURE	\$50	Ded then 20%
RX COST SHARING	Retail: \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.

Effective Jan. 1, 2020 through Dec. 31, 2020

PPO HSA

SILVER

PPO HSA 2000 - FLEX

MD0000005193, RX0000001890

SILVER

PPO HSA 3000 - FLEX

MD0000005194, RX0000001891

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then \$35/Ded then \$55	Ded then 20%	Ded then \$35/Ded then \$55	Ded then 20%
DEDUCTIBLE	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700	\$13,700/\$27,400	\$6,850/\$13,700	\$13,700/\$27,400
COINSURANCE	None	20%	None	20%
EMERGENCY ROOM	Ded then \$400		Ded then \$400	
HOSPITAL-BASED URGENT CARE	Ded then \$55	Ded then 20%	Ded then \$55	Ded then 20%
FREESTANDING URGENT CARE	Ded then \$55	Ded then 20%	Ded then \$55	Ded then 20%
CONVENIENCE CARE	Ded then \$35	Ded then 20%	Ded then \$35	Ded then 20%
INPATIENT	Ded then \$500 per admit	Ded then 20%	Ded then \$500 per admit	Ded then 20%
DAY SURGERY	Flex Provider: Ded then CIF Other: Ded then \$250	Ded then 20%	Flex Provider: Ded then CIF Other: Ded then \$250	Ded then 20%
LABS	Flex Provider: Ded then CIF Other: Ded then \$55	Ded then 20%	Flex Provider: Ded then CIF Other: Ded then \$55	Ded then 20%
X-RAYS	Ded then \$55	Ded then 20%	Ded then \$55	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure	Ded then 20%	Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: Ded then \$35, Hospital based: Ded then \$55	Ded then 20%	Non-hospital based: Ded then \$35, Hospital based: Ded then \$55	Ded then 20%
ACUPUNCTURE	Ded then \$50	Ded then 20%	Ded then \$50	Ded then 20%
RX COST SHARING	Retail: Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) Preventive Rx applies		Retail: Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) Preventive Rx applies	

Please refer to the Schedule of Benefits for cost-sharing details.

PPO HSA (continued)

BRONZE

PPO HSA 3400 - FLEX

MD0000005195, RX0000001892

BRONZE

PPO HSA 4500 - FLEX

MD0000005196, RX0000001893

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then \$40/Ded then \$65	Ded then 20%	Ded then \$40/Ded then \$65	Ded then 20%
DEDUCTIBLE	\$3,400/\$6,800	\$6,800/\$13,600	\$4,500/\$9,000	\$7,500/\$15,000
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700	\$13,700/\$27,400	\$6,850/\$13,700	\$13,700/\$27,400
COINSURANCE	20%	20%	None	20%
EMERGENCY ROOM	Ded then \$750		Ded then \$750	
HOSPITAL-BASED URGENT CARE	Ded then \$65	Ded then 20%	Ded then \$65	Ded then 20%
FREESTANDING URGENT CARE	Ded then \$65	Ded then 20%	Ded then \$65	Ded then 20%
CONVENIENCE CARE	Ded then \$40	Ded then 20%	Ded then \$40	Ded then 20%
INPATIENT	Ded then 20%	Ded then 20%	Ded then \$1,000 per admit	Ded then 20%
DAY SURGERY	Flex Provider: Ded then \$250 Other: Ded then \$1,000	Ded then 20%	Flex Provider: Ded then \$250 Other: Ded then \$1,000	Ded then 20%
LABS	Flex Provider: Ded then CIF Other: Ded then \$65	Ded then 20%	Flex Provider: Ded then CIF Other: Ded then \$65	Ded then 20%
X-RAYS	Ded then \$65	Ded then 20%	Ded then \$65	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: Ded then \$500 per procedure, Hospital based: Ded then \$1,000 per procedure	Ded then 20%	Non-hospital based: Ded then \$500 per procedure, Hospital based: Ded then \$1,000 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: Ded then \$40, Hospital based: Ded then \$65	Ded then 20%	Non-hospital based: Ded then \$40, Hospital based: Ded then \$65	Ded then 20%
ACUPUNCTURE	Ded then \$50	Ded then 20%	Ded then \$50	Ded then 20%
RX COST SHARING	Retail: Ded then \$5/\$30/50%/50%/50%, (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max) Mail: Ded then \$10/\$60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max) Preventive Rx applies		Retail: Ded then \$5/\$30/50%/50%/50%, (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max) Mail: Ded then \$10/\$60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max) Preventive Rx applies	

Please refer to the Schedule of Benefits for cost-sharing details.

Effective Jan. 1, 2020 through Dec. 31, 2020

CONNECTOR PLANS

PLATINUM

STANDARD PLATINUM - FLEX

MD0000005157, RX0000001592

GOLD

STANDARD HIGH GOLD - FLEX

MD0000005158, RX0000001765

PRODUCT NAME

OFFICE VISIT	\$20/\$40	\$25/\$45
DEDUCTIBLE	None/None	\$1,000/\$2,000
ANNUAL OUT OF POCKET MAX	\$3,000/\$6,000	\$5,000/\$10,000
COINSURANCE	None	None
EMERGENCY ROOM	\$150	Ded then \$150
HOSPITAL-BASED URGENT CARE	\$40	\$45
FREESTANDING URGENT CARE	\$40	\$45
CONVENIENCE CARE	\$20	\$25
INPATIENT	\$500 per admit	Ded then \$500 per admit
DAY SURGERY	Flex Provider: \$100 Other: \$250	Flex Provider: \$100 Other: Ded then \$250
LABS	CIF	Flex Provider: CIF Other: Ded then \$25
X-RAYS	CIF	Ded then \$25
SCANS: CT, MRI, PET	Non-hospital based: \$50 Hospital based: \$150	Non-hospital based: \$100 Hospital based: Ded then \$200
PT/OT/ST	Non-hospital based: \$20 Hospital based: \$40	Non-hospital based: \$20 Hospital based: \$45
ACUPUNCTURE	\$40	\$45
RX COST SHARING	Retail: \$10/\$25/\$50 Mail: \$20/\$50/\$150	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180

Please refer to the Schedule of Benefits for cost-sharing details.

CONNECTOR PLANS

GOLD

STANDARD LOW GOLD - FLEX

MD0000005159, RX0000001879

SILVER

STANDARD SILVER

MD0000005160, RX0000001880

PRODUCT NAME	GOLD	SILVER
OFFICE VISIT	\$30/\$55	\$30/\$60
DEDUCTIBLE	\$2,000/\$4,000	\$2,000/\$4,000
ANNUAL OUT OF POCKET MAX	\$5,600/\$11,200	\$8,150/\$16,300
COINSURANCE	None	None
EMERGENCY ROOM	Ded then \$350	Ded then \$350
HOSPITAL-BASED URGENT CARE	\$55	\$60
FREESTANDING URGENT CARE	\$55	\$60
CONVENIENCE CARE	\$30	\$30
INPATIENT	Ded then \$750 per admit	Ded then \$1,000 per admit
DAY SURGERY	Flex Provider: \$250 Other: Ded then \$500	Ded then \$500 per visit
LABS	Flex Provider: \$20 Other: Ded then \$50	Ded then \$60
X-RAYS	Ded then \$75	Ded then \$75
SCANS: CT, MRI, PET	Non-hospital based: \$200 Hospital based: Ded then \$300	Ded then \$500 per procedure
PT/OT/ST	Non-hospital based: \$25 Hospital based: \$55	\$60
ACUPUNCTURE	\$50	\$50
RX COST SHARING	Retail: \$25/Ded then \$50/Ded then \$125 Mail: \$50/Ded then \$100/Ded then \$375	Retail: \$30/\$60/Ded then \$100 Mail: \$60/\$120/Ded then \$300

Please refer to the Schedule of Benefits for cost-sharing details.

CONNECTOR PLANS

SILVER

STANDARD LOW SILVER HSA - FLEX*

MD0000005161, RX0000001881

BRONZE

STANDARD HIGH BRONZE

MD0000005162, RX0000001882

PRODUCT NAME

OFFICE VISIT

Ded then \$30/Ded then \$60

Ded then \$30/Ded then \$60

DEDUCTIBLE

\$2,000/\$4,000

\$2,900/\$5,800

ANNUAL OUT OF POCKET MAX

\$6,850/\$13,700

\$8,150/\$16,300

COINSURANCE

None

None

EMERGENCY ROOM

Ded then \$300

Ded then \$350

HOSPITAL-BASED URGENT CARE

Ded then \$60

Ded then \$60

FREESTANDING URGENT CARE

Ded then \$60

Ded then \$60

CONVENIENCE CARE

Ded then \$30

Ded then \$30

INPATIENT

Ded then \$750 per admit

Ded then \$750 per admit

DAY SURGERY

Flex Provider: Ded then \$250
Other: Ded then \$500

Ded then \$500

LABS

Flex Provider: Ded then \$20
Other: Ded then \$60

Ded then \$60

X-RAYS

Ded then \$75

Ded then \$75

SCANS: CT, MRI, PET

Non-hospital based: Ded then \$200
Hospital based: Ded then \$500

Ded then \$500 per procedure

PT/OT/ST

Non-hospital based: Ded then \$30
Hospital based: Ded then \$60

Ded then \$60

ACUPUNCTURE

Ded then \$50

\$50

RX COST SHARING

Retail: Ded then \$30/Ded then \$60/
Ded then \$105

Retail: \$30/Ded then \$60/Ded then \$125

Mail: Ded then \$60/Ded then \$120/
Ded then \$315

Mail: \$60/Ded then \$120/Ded then \$37

Preventive Rx applies

* Must be purchased directly through Harvard Pilgrim.

Please refer to the Schedule of Benefits for cost-sharing details.

CONNECTOR PLANS

GOLD

PPO 2000 - FLEX

MD0000005163, RX0000001883

PRODUCT NAME

	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%
DEDUCTIBLE	\$2,000/\$4,000	\$4,000/\$8,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$13,000/\$26,000
COINSURANCE	None	20%
EMERGENCY ROOM	\$300	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 20%
FREESTANDING URGENT CARE	\$50	Ded then 20%
CONVENIENCE CARE	\$25	Ded then 20%
INPATIENT	Ded then \$250 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$75 Other: Ded then \$300	Ded then 20%
LABS	Flex Provider: CIF Other: Ded then \$45	Ded then 20%
X-RAYS	Ded then \$45	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%
ACUPUNCTURE	\$50	Ded then 20%
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20%, \$250/script max Mail: \$10/\$60/\$120/\$300/20%, \$750/script max	

Please refer to the Schedule of Benefits for cost-sharing details.

Effective Jan. 1, 2020 through Dec. 31, 2020

How to enroll



To purchase directly from Harvard Pilgrim, visit us at [harvardpilgrim.org](https://www.harvardpilgrim.org).

Renewing your plan

If you bought a 2019 plan directly from Harvard Pilgrim, we will send you a renewal package in late October.

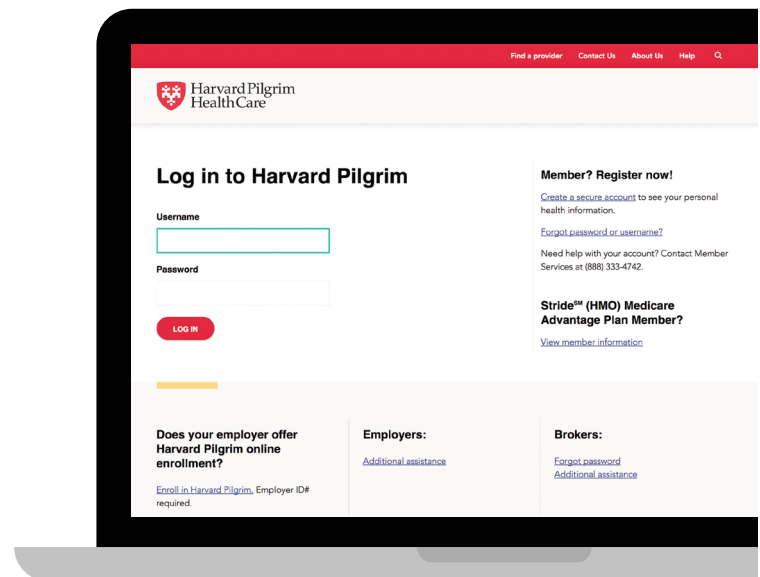
To keep your current plan, continue to pay your monthly premium and we will renew your coverage automatically.

To change your plan, you must call us at [\(866\) 890-6470](tel:8668906470).

Set up your member account

Once your membership becomes effective, be sure to set up your online member account at [harvardpilgrim.org](https://www.harvardpilgrim.org). Use your mobile phone, tablet or computer to:

- Get your electronic ID card
- Choose your primary care provider (PCP)
- Make sure your providers are in your plan's network before upcoming appointments
- Look up your prescriptions to see how they are covered
- Check your claims and deductible status



Important legal information

What's not covered in our plans

For a full list of services not covered, please refer to plan documents. Typically, exclusions include:

HMO and PPO

- 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 preventive foot care for members with diabetes
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs except as provided in wellness benefits
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services, which were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment for members who are not medically infertile
- 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 other than by ambulance
- (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 Massachusetts Individual Plans

- Acupuncture – 20 visits per year
- 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

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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.

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 or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.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/portal/lobby.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 <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-877-907-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-877-907-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-877-907-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-907-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-877-907-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-907-4742 (телетайп: 711).

العربية (Arabic)

انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 877-907-4742

(TTY: 711)

ខ្មែរ (Cambodian) ជូនដំណឹង: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូនដំណឹង 1-877-907-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-907-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-907-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-907-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-877-907-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-907-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-877-907-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-877-907-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສັງຄ່າ, ຄ່າມາດຕະຖານໃຫ້ທ່ານ. ໂທ 1-877-907-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-907-4742 (TTY: 711).

Contact us



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

93 Worcester Street, Wellesley, MA 02481

Already a member?

(866) 673-2638 (Renewing your coverage)

(877) 907-4742 (Questions about your current benefits)

Not yet a member?

(855) 354-4742

TTY: **711**