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understands
our needs.”**



Summary of Benefits

**Harvard Pilgrim's StrideSM (HMO)
Medicare Advantage Gain RxSM Plan**

New Hampshire

Cheshire, Coos, Hillsborough, Merrimack, and Rockingham counties

Y0098_21096_M Accepted

StrideSM Gain RxSM (HMO)

Summary of Benefits

January 1, 2021 – December 31, 2021

This is a summary of drug and health services covered by StrideSM Gain RxSM (HMO) for January 1, 2021 - December 31, 2021.

Harvard Pilgrim is a HMO/HMO-POS plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The complete list of services is found in the Evidence of Coverage (EOC) which is available online at www.harvardpilgrim.org/stridedocuments. To order a copy of the Evidence of Coverage, please call our Member Services department (phone number listed on the back cover).

To join StrideSM Gain RxSM (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area for Gain RxSM includes the following counties in New Hampshire: Cheshire, Coos, Hillsborough, Merrimack and Rockingham.

StrideSM Gain RxSM (HMO) has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, the plan may not pay for these services.

NOTE:

Services with a ¹ may require authorization from the plan.

An individual service will rarely require both authorization and referral, although both may be indicated in this booklet. For more information about whether a particular item or service requires a referral or an authorization, please call our Member Services department (phone number listed on the back cover).

| Harvard Pilgrim's Covered Services | Stride SM Gain Rx SM (HMO) | Important Information |
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| Monthly Plan Premium | You pay \$0 or \$28.50. | <p>You must continue to pay your Medicare Part B premium.</p> <p>The amount you pay will vary depending on whether you receive Extra Help from Medicare for prescription drug coverage. If you are enrolled in a State Medicare Savings Program, you may automatically qualify for Extra Help.</p> |
| Deductible | <p>Medical Deductible: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$445 deductible per year for Part D prescription drugs except for Tiers 1 and 2 which are excluded from the deductible.</p> | |
| Maximum Out-of-Pocket | \$6,700 annually for Medicare-covered services. | This is the yearly limit that you will pay out-of-pocket for covered medical services. This amount does not include your monthly premium, or any prescription drug costs. |
| Inpatient Hospital Care¹ | You pay a \$0 copayment or \$390 copayment per day for days 1 - 5, then \$0 copayment after day 5. | Our plan covers an unlimited number of days for an inpatient hospital stay. |
| Outpatient Hospital Coverage¹ | You pay a \$0 copayment or 20% of the total cost per visit. | |
| Outpatient Observation Coverage¹ | You pay a \$0 copayment or 20% of the total cost per visit. | Observation is a hospital outpatient service you get while your doctor decides whether to admit you as an inpatient or discharge you. You can get observation services in the emergency department or another area of the hospital. |
| Outpatient Surgery¹ | You pay a \$0 copayment or 20% of the total cost at an Ambulatory Surgical Center or an Outpatient Hospital Surgery department. | |

| Harvard Pilgrim's Covered Services | Stride SM Gain Rx SM (HMO) | Important Information |
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| Physician/Practitioner Services o Primary Care | You pay a \$0 copayment or \$15 copayment per visit. | Other health care professionals, like Physician Assistants and Nurse Practitioners, are licensed by the state to provide medical services. You may see these practitioners at your Primary Care Provider's or Specialist's office, or at a Retail/Convenience Care Clinic. |
| o Retail/Convenience Care Clinics | You pay a \$0 copayment or 20% of the total cost per visit. | |
| o Specialists | You pay a \$0 copayment or 20% of the total cost per visit. | |
| o Acupuncture | You pay a \$0 copayment or 20% of the total cost per visit for Medicare-covered services. | Routine acupuncture visits are covered by the plan as part of your Wallet Benefit. |
| o Chiropractic Care | You pay a \$0 copayment or 20% of the total cost per visit for Medicare-covered services. | Routine visits for chiropractic care are covered by the plan as part of your Wallet Benefit. |
| Medicare-Covered Preventive Care (e.g. vaccine and diabetes screenings) | You pay nothing for most Medicare-covered preventive services. Your cost for some Medicare-covered preventive services may be greater than a \$0 copayment. | Any additional preventive services approved by Original Medicare during the contract year will also be covered by the plan. |
| Annual Physical Exam | You pay nothing. | This exam is in addition to your Medicare-covered Annual Wellness Visit. |
| Emergency Care | You pay a \$0 copayment or 20% of the total cost per visit. | Cost sharing is waived if you are admitted to the hospital within 24 hours of your emergency room visit, regardless of whether admitted as an inpatient or for outpatient observation services. |

| Harvard Pilgrim's Covered Services | Stride SM Gain Rx SM (HMO) | Important Information |
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| Urgently Needed Services | You pay a \$0 copayment or 20% of the total cost per visit. | Cost sharing is waived if you are admitted to the hospital within 24 hours of your urgent care visit, regardless of whether admitted as an inpatient or for outpatient observation services. |
| Outpatient Diagnostic Tests and Therapeutic Services¹ <ul style="list-style-type: none"> o Diagnostic radiology, such as MRIs and CT scans | You pay a \$0 copayment or 20% of the total cost per visit. | |
| <ul style="list-style-type: none"> o Labs, X-rays and ultrasounds | You pay a \$0 copayment or 20% of the total cost per visit. | |
| <ul style="list-style-type: none"> o Therapeutic radiology, such as radiation treatment for cancer | You pay a \$0 copayment or 20% of the total cost per visit. | |
| Hearing Services <ul style="list-style-type: none"> o Medicare-covered diagnostic hearing exams | You pay a \$0 copayment or 20% of the total cost. | |
| <ul style="list-style-type: none"> o Routine hearing includes exam and hearing aids | Annual hearing exam – You pay a \$0 copayment. Hearing aids – There is a \$1,000 benefit limit each year for hearing aids (\$500 per ear), after which you pay a \$0 copayment for each Basic model, a \$199 copayment for each Advanced model, or a \$499 copayment for each Premium model. | You must see a TruHearing® provider to get your routine hearing benefit. The plan covers up to two TruHearing®-branded hearing aids every year. |
| Dental Services <ul style="list-style-type: none"> o Medicare-covered dental care | You pay a \$0 copayment or 20% of the total cost per visit. | |

| Harvard Pilgrim's Covered Services | Stride SM Gain Rx SM (HMO) | Important Information |
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| <ul style="list-style-type: none"> o Routine dental | <p>There is a \$1,000 benefit limit each year for the following routine dental services:</p> <ul style="list-style-type: none"> • Periodic oral exams • Cleanings (adult prophylaxis) • Bitewing X-rays • Complete series or panoramic X-rays • Periodontal exams and cleanings (to treat gum disease) • Composite fillings • Crowns, root canals, extractions and more (limitations/exclusions apply) <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.</p> | <p>You may see any licensed dentist who agrees to submit claims for you. However, we have negotiated rates with dentists who participate in the Dental Benefit Providers Inc. (DBP) network. This means that dentists who do not participate in the DBP network may charge more. As a result, your plan's benefit limit may be reached more quickly. Visit our website to view a listing of DBP's participating dentists at www.harvardpilgrim.org/strideproviders.</p> |
| <p>Vision Services</p> <ul style="list-style-type: none"> o Medicare-covered eye exams o Medicare-covered eyewear (post cataract surgery) o Routine vision | <p>You pay a \$0 copayment for annual Diabetic Retinopathy screening. You pay a \$0 copayment or 20% of the cost for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copayment or 20% of the cost.</p> <p>Annual eye exam, including refraction – You pay a \$0 copayment.</p> <p>Corrective eyewear – You pay a \$0 copayment after reimbursement through your Wallet Benefit.</p> | <p>Refractions are covered in full when medically necessary to diagnose or treat conditions of the eye.</p> <p>You are covered for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year.</p> |

| Harvard Pilgrim's Covered Services | Stride SM Gain Rx SM (HMO) | Important Information |
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| <p>Behavioral Health Services</p> <ul style="list-style-type: none"> ○ Inpatient stay¹ ○ Partial hospitalization¹ ○ Outpatient substance abuse services, including opioid treatment programs ○ Outpatient visit with a psychiatrist or other licensed health care professional | <p>You pay a \$0 copayment or \$390 copayment per day for days 1- 4, then \$0 copayment after day 4.</p> <p>You pay a \$0 copayment or 20% of the total cost per day.</p> <p>You pay a \$0 copayment or 20% of the total cost per individual or group therapy visit.</p> <p>You pay a \$0 copayment or 20% of the total cost per individual or group therapy visit.</p> | <p>Our plan covers an unlimited number of days for an inpatient admission at a psychiatric hospital.</p> |
| <p>Skilled Nursing Facility Care¹</p> | <p>You pay a \$0 copayment or \$0 copayment per day for days 1-20, then \$184 copayment per day for days 21-100.</p> | <p>Our plan covers up to 100 days per admission. A hospital stay prior to admission is not required.</p> <p>After day 100, you pay the entire cost for the remainder of your stay, with the exception of certain services.</p> |

| Harvard Pilgrim's Covered Services | Stride SM Gain Rx SM (HMO) | Important Information |
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| <p>Outpatient Rehabilitation ¹</p> <ul style="list-style-type: none"> ○ Occupational therapy ○ Physical therapy ○ Speech-language therapy ○ Cardiac therapy ○ Pulmonary therapy ○ Supervised Exercise Therapy for Symptomatic Peripheral Artery Disease | <p>You pay a \$0 copayment or 20% of the total cost per visit for all outpatient rehabilitation services.</p> | |
| <p>Ambulance Services¹</p> | <p>You pay a \$0 copayment or 20% of the total cost per one-way trip.</p> | <p>Authorization is not required in a medical emergency.</p> |
| <p>Transportation</p> <ul style="list-style-type: none"> ○ Non-Emergency Medical Transportation¹ ○ Curb-to-Curb Transportation | <p>You pay a \$0 copayment per one-way trip to plan-approved locations.</p> <p>You pay a \$0 copayment per one-way trip to plan approved locations. You are covered for up to 24 one-way trips per year.</p> | <p>For members who need help going up and down stairs or otherwise need help getting from their home or medical appointment to the vehicle. This includes members who must travel while lying down on a stretcher or while in a wheelchair.</p> <p>For members who do not need help getting from their home or medical appointment to the vehicle.</p> <p>You must use Ride Health to schedule trips. Your first ride must be scheduled over the phone, after which you may schedule trips online.</p> <p>Authorization is not required.</p> |
| <p>Medicare Part B Drugs¹</p> | <p>You pay a \$0 copayment or 20% of the total cost for chemotherapy drugs and for other Part B drugs.</p> | <p>Most categories of Part B prescription drugs are subject to Step Therapy.</p> <p>For a complete list of Part B Drugs that may be subject to Step Therapy, visit www.harvardpilgrim.org/stridesteptherapyb.</p> |

| Harvard Pilgrim's Covered Services | Stride SM Gain Rx SM (HMO) | Important Information |
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| Foot Care (Podiatry Services) | You pay a \$0 copayment or 20% of the total cost per visit for Medicare-covered exams and treatment. | Routine foot care may be covered if you have diabetes-related nerve damage and/or meet certain conditions. |
| Durable Medical Equipment and Related Supplies¹ <ul style="list-style-type: none"> o Durable medical equipment (e.g. wheelchairs, oxygen) | You pay a \$0 copayment or 20% of the total cost. | |
| <ul style="list-style-type: none"> o Prosthetics (e.g. braces, artificial limbs) | You pay a \$0 copayment or 20% of the total cost. | |
| <ul style="list-style-type: none"> o Diabetes supplies (Brands by Abbott Diabetes Care preferred.) | You pay a \$0 copayment. | Authorization is not required for preferred quantities and brands. |
| <ul style="list-style-type: none"> o Therapeutic continuous glucose monitoring systems | You pay a \$0 copayment. | |
| Wellness Programs | You pay a \$0 copayment per month for a personal emergency response system, so long as you remain enrolled in the plan. | Continue your active lifestyle while staying safe and independent. A medical alert monitoring system from LifeStation® provides access to help 24/7, at the push of a button. Stay connected through easy to use technology and robust platforms that help you be self-sufficient in your own home. |
| Over-the-Counter Benefit | Our plan offers a \$400 yearly allowance to cover Medicare-approved OTC items that are purchased from our catalog for the member's use. | Please contact the plan or visit our website for specific instructions on using this benefit and for our listing of covered Over-the-Counter items. View the catalog online at www.harvardpilgrim.org/stridedocuments . |

| Harvard Pilgrim's Covered Services | Stride SM Gain Rx SM (HMO) | Important Information |
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| <p>Additional Telehealth Services</p> <p>Virtual services available to plan members are telehealth (i.e. using video and sound technology to securely communicate live, as if you were right there in your provider's office), virtual check-ins (i.e. simple phone calls with your provider) and e-visits (i.e. exchanging messages with your provider through an online patient portal). Always ask your providers whether they offer virtual services.</p> | <p>Copayments for telehealth services are the same as for in-person visits with your providers.</p> <p>You pay \$0 copayment for virtual check-ins and e-visits.</p> <ul style="list-style-type: none"> o Diabetes self-management training o Kidney disease education services o Outpatient mental health care, including psychiatrists o Outpatient substance abuse services, including Opioid Treatment Program o Primary care providers o Specialists o Other health care professionals, including retail/convenience care clinics o Urgently needed services | |

| Harvard Pilgrim's Covered Services | Stride SM Gain Rx SM (HMO) | Important Information |
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| <p>Wallet Benefit</p> <p>Covers the cost of any of the following items or services:</p> <ul style="list-style-type: none"> ○ Acupuncture Visits ○ Alternative Therapies ○ Bathroom Safety Devices and Their Installation ○ Chiropractor Visits ○ Massage Therapy ○ Fitness Tracking Device (i.e. Fitbit) ○ Fitness Membership or Classes ○ Memory fitness subscription ○ Corrective Eyewear (see Vision Care earlier in this booklet) | <p>You get a \$325 annual allowance to reimburse you for the cost of covered services.</p> <p>There is no cost to you for covered items and services until the benefit limit is reached. Once the plan has reimbursed you for \$325, you are responsible for all charges.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations/exclusions apply.)</p> | <p>Acupuncture and Chiropractor visits for routine care are not covered by Original Medicare.</p> <p>Practitioners of any covered service (e.g. Alternative Therapies or Massage Therapy) must be licensed or certified in the state where they provide the service.</p> |
| <p>Worldwide Emergency/Urgent Care</p> <p>You are covered for urgently needed services or medical emergencies, including emergency transportation by ambulance, when you are traveling outside the United States or its territories.</p> | <p>You pay a \$0 copayment for urgent care.</p> <p>You pay a \$0 copayment for emergency care.</p> <p>You pay a \$0 copayment for emergency ambulance.</p> <p>Copayments for these services inside the US and its territories are listed earlier in this booklet.</p> | <p>If you pay the entire cost yourself when you receive care, you will need to ask the plan to pay you back for its share of the cost.</p> |

PRESCRIPTION DRUG BENEFIT

We offer additional coverage of some prescription drugs not normally covered in a Medicare prescription drug plan (enhanced drug coverage), such as prescription vitamins and drugs to treat erectile dysfunction. The amount you pay when you fill a prescription for these drugs does not count towards qualifying you for the Catastrophic Coverage Stage.

You pay a \$35 copayment for a 30-day supply of select insulins covered under Part D in the Deductible, Initial Coverage and Coverage Gap stages of your prescription drug benefit.

The amount you pay will vary depending on whether you receive Extra Help from Medicare for prescription drug coverage. If you are enrolled in a State Medicare Savings Program, you may automatically qualify for Extra Help.

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| <p>Deductible Stage</p> | <p>During this stage, you pay the full cost of your Tier 3, 4, and 5 drugs.</p> <p>You stay in this stage until you have paid \$445 for your Tier 3, 4 and 5 drugs. If you receive Extra Help, you may not have a deductible, or it will be reduced.</p> |
| <p>Initial Coverage</p> | <p>After you pay your yearly deductible, you pay the cost sharing described below unless you receive Extra Help. You may get your drugs at pharmacies in our network, including retail and mail order pharmacies.</p> |
| <p>Coverage Gap</p> | <p>If your total yearly drug costs (the amount paid by both you and Harvard Pilgrim) reach \$4,130, you move into the Coverage Gap. Most Medicare drug plans have a coverage gap.</p> <p>During this stage, you will continue to pay a \$0 copayment for Tier 1 drugs and a \$35 copayment for a 30-day supply for select insulin drugs.</p> <p>For covered drugs, you pay 25% of the total cost for brand-name drugs (plus a portion of the dispensing fee) and 25% of the total cost for generic drugs. During this stage, drug manufacturers pay some of your brand-name drug costs. This amount counts towards moving you into the next stage of the Part D benefit, Catastrophic Coverage. The Coverage Gap does not apply if you receive Extra Help.</p> |
| <p>Catastrophic Coverage</p> | <p>After your out-of-pocket drug costs (the amount paid by you and/or others on your behalf) reach \$6,550, you pay the greater of either:</p> <ul style="list-style-type: none"> • A coinsurance that is 5% of the total cost for the drug, or • \$3.70 copayment for a generic drug, or a drug that is treated like a generic, and \$9.20 copayment for all other drugs. <p>Our plan pays the rest of the cost. If you receive Extra Help, your cost share will be lower than in the Initial Coverage stage.</p> |

Initial Coverage

| Cost Shares | Retail (30-Day Supply) | Mail Order (90-Day Supply) |
|---|-------------------------------|-----------------------------------|
| Tier 1: Preferred Generic | You pay a \$0 copayment | You pay a \$0 copayment |
| Tier 2: Generic | You pay a \$15 copayment | You pay a \$30 copayment |
| Select Insulins | You pay a \$35 copayment | You pay a \$70 copayment |
| <i>Review the plan's Formulary (List of Covered Drugs) to find out which drugs are select insulins.</i> | | |
| Tier 3: Preferred Brand | You pay a \$47 copayment | You pay a \$94 copayment |
| Tier 4: Non- Preferred Brand | You pay a \$100 copayment | You pay a \$250 copayment |
| Tier 5: Specialty | You pay 25% of the total cost | You pay 25% of the total cost |

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

If you are unable to access a network pharmacy, you may fill up to a 30-day supply at an out-of-network pharmacy. You must submit a copy of your receipt with your request for reimbursement.

More Information

To learn more about Harvard Pilgrim’s StrideSM (HMO) or to view plan documents, please visit our website or call us. Our contact information is below.

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| Harvard Pilgrim StrideSM (HMO) Member Services | Current members: 1-888-609-0692 (TTY 711) Prospective members: 1-877-431-4742 (TTY 711) Website: www.harvardpilgrim.org/medicare Hours of operation: October 1 - March 31, 8 a.m.- 8 p.m., seven days a week, and from April 1 - September 30, 8 a.m.- 8 p.m., Monday – Friday |
| Plan Documents | www.harvardpilgrim.org/stridedocuments |
| Provider and Pharmacy Directory | www.harvardpilgrim.org/strideproviders |
| Formulary (List of Covered Drugs) | www.harvardpilgrim.org/stridedruglist |
| Original Medicare More information about coverage and costs of Original Medicare | “Medicare & You” Handbook View online at http://www.medicare.gov Get a copy by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week TTY users should call 1-877-486-2048. |

This document is available in other formats such as braille, large print or audio.



Harvard Pilgrim Health Care

For more information about **StrideSM (HMO)**, call:

Prospective Members: 1-866-256-5347

For TTY service, call 711

Current Members: 1-888-609-0692

For TTY service, call 711

Hours of operation:

October 1 - March 31, 8 a.m. - 8 p.m. 7 days a week,

April 1 - September 30, 8 a.m. - 8 p.m. Monday - Friday.

Or visit us online:

hpforlife.org

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract.

Enrollment in StrideSM (HMO) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.