



Harvard Pilgrim
Health Care

2022

“I want a local insurer that understands our needs.”



Summary of Benefits

Harvard Pilgrim's StrideSM (HMO) Medicare Advantage Plan

New Hampshire

Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford and Sullivan counties

H6750_22099_M Accepted

StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS) and StrideSM Value Rx Plus (HMO)

Summary of Benefits

January 1, 2022 – December 31, 2022

This is a summary of drug and health services covered by StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS) and StrideSM Value Rx Plus (HMO) for January 1, 2022 - December 31, 2022.

Harvard Pilgrim is an 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 Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS) and StrideSM Value Rx Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New Hampshire: Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan. StrideSM Value Rx Plus (HMO) is also available to Medicare beneficiaries who live in Strafford County.

StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Choice Rx (HMO-POS) and StrideSM Value Rx Plus (HMO) have 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. However, if you enroll in our Choice Rx (HMO-POS) plan, you may use either in- or out-of-network providers for certain covered services. Please keep in mind that with Choice Rx (HMO-POS) not all covered services are available out-of-network.

NOTE:

Services with a ¹ may require prior authorization from the plan. StrideSM (HMO) plans do not require referrals from your Primary Care Provider (PCP) for specialized care. However, we encourage consulting with your PCP before seeing a specialist. This is because you may need a diagnosis before knowing what kind of specialized care you need.

H6750_22099_M

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Monthly Plan Premium</p> <p>You must continue to pay your Medicare Part B premium.</p>	<p>Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: You pay \$0</p>	<p>Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: You pay \$49</p>	<p>Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: You pay \$55</p>	<p>Strafford County: You pay \$138</p> <p>Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: You pay \$133</p>
<p>Deductible</p>	<p>Medical Deductible including Part B Prescription Drugs: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$445 deductible per year for Part D prescription drugs except for Tier 1 and Tier 2, which are excluded from the deductible.</p>	<p>Medical Deductible including Part B Prescription Drugs: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$270 deductible per year for Part D prescription drugs except for Tier 1 and Tier 2, which are excluded from the deductible.</p>	<p>Medical Deductible including Part B Prescription Drugs: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$270 deductible per year for Part D prescription drugs except for Tier 1 and Tier 2, which are excluded from the deductible.</p>	<p>Medical Deductible including Part B Prescription Drugs: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$270 deductible per year for Part D prescription drugs except for Tier 1 and Tier 2, which are excluded from the deductible.</p>
<p>Maximum Out-of-Pocket</p> <p>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.</p>	<p>\$6,700 annually for Medicare-covered services.</p>	<p>\$5,600 annually for Medicare-covered services.</p>	<p><i>In- and Out-of-network:</i> \$5,600 annually for Medicare-covered services.</p>	<p>\$5,000 annually for Medicare-covered services.</p>

Harvard Pilgrim's Covered Services and Important Information	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
<p>Inpatient Hospital Care¹</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p>You pay a \$370 copayment per day for days 1 - 5, then \$0 copayment per day after day 5.</p>	<p>You pay a \$350 copayment per day for days 1 - 5, then \$0 copayment per day after day 5.</p>	<p><i>In-network:</i> You pay a \$350 copayment per day for days 1 - 5, then \$0 copayment per day after day 5.</p> <p><i>Out-of-network:</i> Not covered</p>	<p>You pay a \$275 copayment per day for days 1 - 6, then \$0 copayment per day after day 6.</p>
<p>Outpatient Hospital Care¹</p> <p>Outpatient Hospital Observation</p> <p>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.</p>	<p>You pay a \$350 copayment per visit.</p> <p>You pay a \$350 copayment per visit.</p>	<p>You pay a \$350 copayment per visit.</p> <p>You pay a \$350 copayment per visit.</p>	<p><i>In- and Out-of-network:</i> You pay a \$350 copayment per visit.</p> <p><i>In- and Out-of-network:</i> You pay a \$350 copayment per visit.</p>	<p>You pay a \$275 copayment per visit.</p> <p>You pay a \$275 copayment per visit.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
Outpatient Surgery¹	<p>You pay a \$300 copayment per visit at an Ambulatory Surgical Center.</p> <p>You pay a \$350 copayment per visit at an Outpatient Hospital Surgery department.</p>	<p>You pay a \$300 copayment per visit at an Ambulatory Surgical Center.</p> <p>You pay a \$350 copayment per visit at an Outpatient Hospital Surgery department.</p>	<p><i>In- and Out-of-network:</i> You pay a \$300 copayment per visit at an Ambulatory Surgical Center.</p> <p>You pay a \$350 copayment per visit at an Outpatient Hospital Surgery department.</p>	<p>You pay a \$225 copayment per visit at an Ambulatory Surgical Center.</p> <p>You pay a \$275 copayment per visit at an Outpatient Hospital Surgery department.</p>

Harvard Pilgrim's Covered Services and Important Information	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
Physician/Practitioner Services <ul style="list-style-type: none"> ○ Primary Care 	You pay a \$0 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Primary Care Physician's office.	You pay a \$0 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Primary Care Physician's office.	<i>In- and Out-of-network:</i> You pay a \$0 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Primary Care Physician's office.	You pay a \$0 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Primary Care Physician's office.
<ul style="list-style-type: none"> ○ Retail/Convenience Care Clinics 	You pay a \$20 copayment per visit.	You pay a \$20 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$20 copayment per visit.	You pay a \$20 copayment per visit.
<ul style="list-style-type: none"> ○ Specialists 	You pay a \$40 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Specialist's office.	You pay a \$35 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Specialist's office.	<i>In- and Out-of-network:</i> You pay a \$30 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Specialist's office.	You pay a \$30 copayment per visit. These include visits with Physician Assistants and Nurse Practitioners at your Specialist's office.
<ul style="list-style-type: none"> ○ Acupuncture Routine acupuncture visits are covered by the plan as part of your Wallet Benefit.	You pay a \$20 copayment per visit for Medicare-covered services.	You pay a \$20 copayment per visit for Medicare-covered services.	<i>In- and Out-of-network:</i> You pay a \$20 copayment per visit for Medicare-covered services.	You pay a \$20 copayment per visit for Medicare-covered services.
<ul style="list-style-type: none"> ○ Chiropractic Care Routine visits for chiropractic care are covered by the plan as part of your Wallet Benefit.	You pay a \$20 copayment per visit for Medicare-covered services.	You pay a \$20 copayment per visit for Medicare-covered services.	<i>In- and Out-of-network:</i> You pay a \$20 copayment per visit for Medicare-covered services.	You pay a \$20 copayment per visit for Medicare-covered services.

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Medicare-Covered Preventive Care (e.g., vaccine and diabetes screenings)</p> <p>Any additional preventive services approved by Original Medicare during the contract year will also be covered by the plan.</p>	<p>You pay nothing for most Medicare-covered preventive services.</p> <p>Your cost for some Medicare-covered preventive services may be greater than a \$0 copayment.</p>	<p>You pay nothing for most Medicare-covered preventive services.</p> <p>Your cost for some Medicare-covered preventive services may be greater than a \$0 copayment.</p>	<p><i>In-and Out-of-network:</i> You pay nothing for most Medicare-covered preventive services.</p> <p>Your cost for some Medicare-covered preventive services may be greater than a \$0 copayment.</p>	<p>You pay nothing for most Medicare-covered preventive services.</p> <p>Your cost for some Medicare-covered preventive services may be greater than a \$0 copayment.</p>
<p>Annual Physical Exam</p> <p>This exam is in addition to your Medicare-covered Annual Wellness Visit or Welcome to Medicare preventive visit.</p>	<p>You pay nothing.</p>	<p>You pay nothing.</p>	<p><i>In-network:</i> You pay nothing.</p> <p><i>Out-of-network:</i> Not covered</p>	<p>You pay nothing.</p>
<p>Emergency Care</p> <p>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.</p>	<p>You pay a \$90 copayment per visit.</p>	<p>You pay a \$90 copayment per visit.</p>	<p>You pay a \$90 copayment per visit.</p>	<p>You pay a \$90 copayment per visit.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Urgently Needed Services</p> <p>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.</p>	You pay a \$60 copayment per visit.	You pay a \$60 copayment per visit.	You pay a \$60 copayment per visit.	You pay a \$60 copayment per visit.
<p>Outpatient Diagnostic Tests and Therapeutic Services¹</p> <ul style="list-style-type: none"> ○ Diagnostic radiology, such as MRIs and CT scans 	You pay a \$350 copayment per visit.	You pay a \$350 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$350 copayment per visit.	You pay a \$275 copayment per visit.
<ul style="list-style-type: none"> ○ Labs, X-rays and ultrasounds 	<p>You pay a \$0 copayment per visit for lab services.</p> <p>You pay a \$0 to \$30 copayment per visit for X-rays and ultrasounds.</p>	You pay a \$0 to \$10 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$0 to \$15 copayment per visit.	You pay a \$0 to \$15 copayment per visit.
<ul style="list-style-type: none"> ○ Therapeutic radiology, such as radiation treatment for cancer 	You pay a \$60 copayment per visit.	You pay a \$60 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$60 copayment per visit.	You pay a \$60 copayment per visit.

Harvard Pilgrim's Covered Services and Important Information	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
Hearing Services <ul style="list-style-type: none"> ○ Medicare-covered hearing exams 	You pay a \$40 copayment per visit.	You pay a \$35 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$30 copayment per visit.	You pay a \$30 copayment per visit.
<ul style="list-style-type: none"> ○ Routine hearing includes exam and hearing aids. <p>You must see a TruHearing® provider to get your routine benefit. The plan covers up to two TruHearing®-branded hearing aids every year.</p>	<p>Annual hearing exam – You pay a \$40 copayment.</p> <p>Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.</p>	<p>Annual hearing exam – You pay a \$35 copayment.</p> <p>Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.</p>	<p><i>In-network:</i> Annual hearing exam – You pay a \$30 copayment.</p> <p>Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.</p> <p><i>Out-of-network:</i> Not covered</p>	<p>Annual hearing exam – You pay a \$30 copayment.</p> <p>Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Dental Services</p> <ul style="list-style-type: none"> ○ Medicare-covered dental services ○ Routine dental There is no longer a network of preferred dentists. You must pay out-of-pocket when receiving services from a licensed dentist. Then, submit a claim for reimbursement to the plan. <p>Refer to your 2022 <i>Evidence of Coverage</i> and Dental Addendum for more information, including a list of covered dental services.</p>	<p>You pay a \$40 copayment per visit.</p> <p>1,000 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services. Orthodontics, implants, and related services are excluded.</p>	<p>You pay a \$35 copayment per visit.</p> <p>\$500 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services. Orthodontics, implants, and related services are excluded.</p>	<p>You pay a \$30 copayment per visit.</p> <p>\$500 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services. Orthodontics, implants, and related services are excluded.</p>	<p>You pay a \$30 copayment per visit.</p> <p>\$500 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services. Orthodontics, implants, and related services are excluded.</p>

Harvard Pilgrim's Covered Services and Important Information	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
<p>Vision Services</p> <ul style="list-style-type: none"> ○ Medicare-covered eye exams <p>Refractions are covered in full when medically necessary to diagnose or treat conditions of the eye.</p> <ul style="list-style-type: none"> ○ Medicare-covered eyewear (post cataract surgery) 	<p>You pay a \$0 copayment for Diabetic Retinopathy screening. You pay a \$40 copayment for all other exams to diagnose, monitor, or treat a medical condition.</p> <p>You pay a \$0 copayment.</p>	<p>You pay a \$0 copayment for Diabetic Retinopathy screening. You pay a \$35 copayment for all other exams to diagnose, monitor, or treat a medical condition.</p> <p>You pay a \$0 copayment.</p>	<p><i>In-and Out-of-network:</i> You pay a \$0 copayment for Diabetic Retinopathy screening. You pay a \$30 copayment for all other exams to diagnose, monitor, or treat a medical condition.</p> <p><i>In-and out-of-network:</i> You pay a \$0 copayment.</p>	<p>You pay a \$0 copayment for Diabetic Retinopathy screening. You pay a \$30 copayment for all other exams to diagnose, monitor, or treat a medical condition.</p> <p>You pay a \$0 copayment.</p>
<ul style="list-style-type: none"> ○ Routine vision ○ You are covered for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year. 	<p>Annual eye exam – You pay a \$0 copayment.</p> <p>Corrective eyewear – You pay \$0 after reimbursement through your Wallet Benefit.</p>	<p>Annual eye exam – You pay a \$0 copayment.</p> <p>Corrective eyewear – You pay \$0 after reimbursement through your Wallet Benefit.</p>	<p><i>In-network:</i> Annual eye exam – You pay a \$0 copayment.</p> <p><i>Out-of-network:</i> Annual eye exam - Not covered</p> <p>Corrective eyewear – You pay \$0 after reimbursement through your Wallet Benefit.</p>	<p>Annual eye exam – You pay a \$0 copayment.</p> <p>Corrective eyewear – You pay \$0 after reimbursement through your Wallet Benefit.</p>

Harvard Pilgrim's Covered Services and Important Information	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
<p>Behavioral Health Services</p> <ul style="list-style-type: none"> ○ Inpatient stay¹ <p>Our plan covers an unlimited number of days for an inpatient hospital admission at a psychiatric hospital</p> <ul style="list-style-type: none"> ○ Emotional Support Hotline <p>For members who may be experiencing anxiety or stress, this service is available at no cost to you.</p>	<p>You pay a \$370 copayment per day for days 1- 5, then \$0 copayment per day after day 5.</p> <p>Covered</p>	<p>You pay a \$350 copayment per day for days 1- 5, then \$0 copayment per day after day 5.</p> <p>Covered</p>	<p><i>In-network:</i> You pay a \$350 copayment per day for days 1- 5, then \$0 copayment per day after day 5.</p> <p><i>Out-of-network:</i> Inpatient stay not covered</p> <p>Covered</p>	<p>You pay a \$275 copayment per day for days 1- 6, then \$0 copayment per day after day 6.</p> <p>Covered</p>
<ul style="list-style-type: none"> ○ 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 \$55 copayment per day.</p> <p>You pay a \$40 copayment per individual or group therapy visit.</p> <p>You pay a \$40 copayment per individual or group therapy visit.</p>	<p>You pay a \$55 copayment per day.</p> <p>You pay a \$35 copayment per individual or group therapy visit.</p> <p>You pay a \$35 copayment per individual or group therapy visit.</p>	<p><i>In- and Out-of-network:</i> You pay a \$55 copayment per day.</p> <p><i>In- and Out-of-network:</i> You pay a \$30 copayment per individual or group therapy visit.</p> <p><i>In- and Out-of-network:</i> You pay a \$30 copayment per individual or group therapy visit.</p>	<p>You pay a \$55 copayment per day.</p> <p>You pay a \$30 copayment per individual or group therapy visit.</p> <p>You pay a \$30 copayment per individual or group therapy visit.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Skilled Nursing Facility Care (SNF)¹</p> <p>Our plan covers up to 100 days per admission. A hospital stay prior to admission is not required.</p>	<p>You pay a \$0 copayment per day for days 1-20, then \$188 copayment per day for days 21-100.</p> <p>After day 100, you pay the entire cost for the remainder of your stay with the exception of certain services.</p>	<p>You pay a \$0 copayment per day for days 1-20, then \$188 copayment per day for days 21-100.</p> <p>After day 100, you pay the entire cost for the remainder of your stay with the exception of certain services.</p>	<p><i>In-network:</i> You pay a \$0 copayment per day for days 1-20, then \$188 copayment per day for days 21-100.</p> <p>After day 100, you pay the entire cost for the remainder of your stay with the exception of certain services.</p> <p><i>Out-of-network:</i> Not covered</p>	<p>You pay a \$0 copayment per day for days 1-20, then \$188 copayment per day for days 21-100.</p> <p>After day 100, you pay the entire cost for the remainder of your stay with the exception of certain services.</p>
<p>Outpatient Rehabilitation</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 \$20 copayment per visit for all outpatient rehabilitation services.</p>	<p>You pay a \$10 copayment per visit for all outpatient rehabilitation services.</p>	<p><i>In- and Out-of-network:</i> You pay a \$10 copayment per visit for all outpatient rehabilitation services.</p>	<p>You pay a \$10 copayment per visit for all outpatient rehabilitation services.</p>
<p>Ambulance Services¹ Prior authorization for non-emergency services only.</p>	<p>You pay a \$250 copayment per one-way trip.</p>	<p>You pay a \$250 copayment per one-way trip.</p>	<p><i>In- and Out-of-network:</i> You pay a \$250 copayment per one-way trip.</p>	<p>You pay a \$250 copayment per one-way trip.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Non-Emergency Medical Transportation¹</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>You pay a \$0 copayment per one-way trip to plan-approved locations.</p> <p>Once we approve your ride, the plan will need 36 hours to schedule with an appropriate transportation provider.</p>	<p>You pay a \$0 copayment per one-way trip to plan-approved locations.</p> <p>Once we approve your ride, the plan will need 36 hours to schedule with an appropriate transportation provider.</p>	<p><i>In- and Out-of-network:</i> You pay a \$0 copayment per one-way trip to plan-approved locations.</p> <p>Once we approve your ride, the plan will need 36 hours to schedule with an appropriate transportation provider.</p>	<p>You pay a \$0 copayment per one-way trip to plan-approved locations.</p> <p>Once we approve your ride, the plan will need 36 hours to schedule with an appropriate transportation provider.</p>
<p>Medicare Part B Drugs¹</p> <p>Several 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/s/tridesteptherapy.</p>	<p>You pay \$35 copayment for a 30-day supply of insulin covered under Medicare Part B for use with an insulin pump.</p> <p>You pay 20% of the total cost for all other Medicare Part B drugs, including chemotherapy drugs and for other Part B drugs.</p>	<p>You pay \$35 copayment for a 30-day supply of insulin covered under Medicare Part B for use with an insulin pump.</p> <p>You pay 20% of the total cost for all other Medicare Part B drugs, including for chemotherapy drugs and for other Part B drugs.</p>	<p><i>In- and Out-of-network:</i> You pay \$35 copayment for a 30-day supply of insulin covered under Medicare Part B for use with an insulin pump.</p> <p>You pay 20% of the total cost for all other Medicare Part B drugs, including for chemotherapy drugs and for other Part B drugs.</p>	<p>You pay \$35 copayment for a 30-day supply of insulin covered under Medicare Part B for use with an insulin pump.</p> <p>You pay 20% of the total cost for all other Medicare Part B drugs, including for chemotherapy drugs and for other Part B drugs.</p>

Harvard Pilgrim's Covered Services and Important Information	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
<p>Foot Care (Podiatry Services)</p> <p>Routine foot care may be covered if you have diabetes-related nerve damage or meet certain conditions.</p>	<p>You pay a \$40 copayment per visit.</p>	<p>You pay a \$35 copayment per visit.</p>	<p><i>In- and Out-of-network:</i> You pay a \$30 copayment per visit.</p>	<p>You pay a \$30 copayment per visit.</p>
<p>Durable Medical Equipment and Related Supplies¹</p> <ul style="list-style-type: none"> ○ Durable Medical Equipment (e.g. wheelchairs, oxygen) ○ Prosthetics (e.g. braces, artificial limbs) ○ Diabetes supplies (Brands by Abbott Diabetes Care preferred.) 	<p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay a \$0 copayment including for Therapeutic Continuous Glucose Monitors.</p> <p>Authorization required for non-preferred quantities and brands.</p>	<p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay a \$0 copayment including for Therapeutic Continuous Glucose Monitors.</p> <p>Authorization required for non-preferred quantities and brands.</p>	<p><i>In- and Out-of-network:</i> You pay 20% of the total cost.</p> <p><i>In- and Out-of-network:</i> You pay 20% of the total cost.</p> <p><i>In- and Out-of-network:</i> You pay a \$0 copayment including for Therapeutic Continuous Glucose Monitors.</p> <p>Authorization required for non-preferred quantities and brands.</p>	<p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay a \$0 copayment including for Therapeutic Continuous Glucose Monitors.</p> <p>Authorization required for non-preferred quantities and brands.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Over-the-Counter Benefit</p> <p>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/s/tridedocuments.</p>	\$170	\$125	<p><i>In-network:</i> \$200</p> <p><i>Out-of-network:</i> Not covered</p>	\$150
<p>Additional Telehealth Services (Virtual Visits)</p> <ul style="list-style-type: none"> ○ Diabetes self-management training ○ Kidney disease education services ○ Outpatient mental health care, including psychiatrists ○ Outpatient observation services ○ Outpatient substance abuse services, including opioid treatment program ○ Primary care providers ○ Specialists 	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.	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.	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.	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.

Harvard Pilgrim's Covered Services and Important Information	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
Virtual Visits, <i>continued</i> <ul style="list-style-type: none"> ○ Other health care professionals, including retail/convenience care clinics ○ Urgently needed services 	Copayments for telehealth visits are the same as for in-person visits with your providers. You pay \$0 copayment for virtual check-ins and e-visits.	Copayments for telehealth visits are the same as for in-person visits with your providers. You pay \$0 copayment for virtual check-ins and e-visits.	Copayments for telehealth visits are the same as for in-person visits with your providers. You pay \$0 copayment for virtual check-ins and e-visits.	Copayments for telehealth visits are the same as for in-person visits with your providers. You pay \$0 copayment for virtual check-ins and e-visits.
Wallet Benefit Covers the cost of any of the following items or services: <ul style="list-style-type: none"> ○ Acupuncture Visits ○ Alternative Therapies ○ Bathroom Safety Devices and Installation ○ Chiropractor Visits ○ Equipment for Exercising, Bodywork, or Mind-Body Therapies at Home ○ Home Safety Modifications ○ Fitness Tracking Device (i.e. Fitbit) ○ Fitness Membership and Classes ○ Massage Therapy 	\$250 annual allowance to reimburse you for the cost of covered services. (Limitations and exclusion apply.) There is no cost to you for covered items and services until the benefit limit is reached. Once the plan has reimbursed you for \$250, you are responsible for all charges. Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. Practitioners of any covered service must be licensed or certified in	\$325 annual allowance to reimburse you for the cost of covered services. (Limitations and exclusion apply.) 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. Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. Practitioners of any covered service must be licensed or certified in	\$400 annual allowance to reimburse you for the cost of covered services. (Limitations and exclusion apply.) There is no cost to you for covered items and services until the benefit limit is reached. Once the plan has reimbursed you for \$400, you are responsible for all charges. Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. Practitioners of any covered service must be licensed or certified in	\$400 annual allowance to reimburse you for the cost of covered services. (Limitations and exclusion apply.) There is no cost to you for covered items and services until the benefit limit is reached. Once the plan has reimbursed you for \$400, you are responsible for all charges. Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. Practitioners of any covered service must be licensed or certified in

Harvard Pilgrim's Covered Services and Important Information	Stride SM Basic Rx (HMO)	Stride SM Value Rx (HMO)	Stride SM Choice Rx (HMO-POS)	Stride SM Value Rx Plus (HMO)
<p>Wallet Benefit, <i>continued</i></p> <ul style="list-style-type: none"> ○ Memory Fitness Subscription ○ Corrective Eyewear ○ Weight Management Programs 	<p>the state where they provide the service.</p> <p>Acupuncture and Chiropractor visits covered by Original Medicare are excluded.</p>	<p>the state where they provide the service.</p> <p>Acupuncture and Chiropractor visits covered by Original Medicare are excluded.</p>	<p>the state where they provide the service.</p> <p>Acupuncture and Chiropractor visits covered by Original Medicare are excluded.</p>	<p>the state where they provide the service.</p> <p>Acupuncture and Chiropractor visits covered by Original Medicare are excluded.</p>
<p>Worldwide Emergency/Urgent Coverage</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>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>	<p>You pay a \$90 copayment for urgent care.</p> <p>You pay a \$90 copayment for emergency care.</p> <p>You pay a \$250 copayment for emergency ambulance.</p> <p>Copayments for these services inside the US and its territories are listed earlier in this booklet.</p>	<p>You pay a \$90 copayment for urgent care.</p> <p>You pay a \$90 copayment for emergency care.</p> <p>You pay a \$250 copayment for emergency ambulance.</p> <p>Copayments for these services inside the US and its territories are listed earlier in this booklet.</p>	<p>You pay a \$90 copayment for urgent care.</p> <p>You pay a \$90 copayment for emergency care.</p> <p>You pay a \$250 copayment for emergency ambulance.</p> <p>Copayments for these services inside the US and its territories are listed earlier in this booklet.</p>	<p>You pay a \$90 copayment for urgent care.</p> <p>You pay a \$90 copayment for emergency care.</p> <p>You pay a \$250 copayment for emergency ambulance.</p> <p>Copayments for these services inside the US and its territories are listed earlier in this booklet.</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 Medicare Part B.

Part D Coverage	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO- POS)	StrideSM Value Rx Plus (HMO)
Deductible	<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</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 \$270 for your Tier 3, 4 and 5 drugs</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 \$270 for your Tier 3, 4 and 5 drugs</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 \$270 for your Tier 3, 4 and 5 drugs</p>
Initial Coverage	<p>After you pay your yearly deductible, you pay the cost sharing described below. You may get your drugs at pharmacies in our network, including retail and mail order pharmacies.</p>			
Coverage Gap	<p>If your total yearly drug costs (which is the amount paid by both you and Harvard Pilgrim) reach \$4,430, 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 of select insulins.</p> <p>For all 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.</p>			
Catastrophic Coverage	<p>After your out-of-pocket drug costs (the amount paid by you and/or others on your behalf) reach \$7,050, 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 • \$3.95 copayment for a generic drug, or a drug that is treated like a generic, and \$9.85 copayment for all other drugs. <p>Our plan pays the rest of the cost.</p>			

Initial Coverage — Retail (30-Day Supply)

Cost Shares	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
Tier 1: Preferred Generic	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment
Tier 2: Generic	You pay a \$15 copayment	You pay a \$10 copayment	You pay a \$10 copayment	You pay a \$10 copayment
Select Insulins	You pay a \$35 copayment	You pay a \$35 copayment	You pay a \$35 copayment	You pay a \$35 copayment
<i>Review the plan's Formulary (List of Covered Drugs) to find out which drugs are select insulins.</i>				
Tier 3: Preferred Brand-Name	You pay a \$47 copayment	You pay a \$47 copayment	You pay a \$47 copayment	You pay a \$47 copayment
Tier 4: Non-Preferred Brand-Name	You pay a \$100 copayment	You pay a \$100 copayment	You pay a \$100 copayment	You pay a \$100 copayment
Tier 5: Specialty	You pay 25% of the total cost	You pay 28% of the total cost	You pay 28% of the total cost	You pay 28% of the total cost

Initial Coverage — Mail Order (90-Day Supply)

Cost Shares	StrideSM Basic Rx (HMO)	StrideSM Value Rx (HMO)	StrideSM Choice Rx (HMO-POS)	StrideSM Value Rx Plus (HMO)
Tier 1: Preferred Generic	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment
Tier 2: Generic	You pay a \$30 copayment	You pay a \$20 copayment	You pay a \$20 copayment	You pay a \$20 copayment
Select Insulins	You pay a \$70 copayment	You pay a \$70 copayment	You pay a \$70 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-Name	You pay a \$94 copayment	You pay a \$94 copayment	You pay a \$94 copayment	You pay a \$94 copayment
Tier 4: Non-Preferred Brand-Name	You pay a \$250 copayment	You pay a \$250 copayment	You pay a \$250 copayment	You pay a \$250 copayment
Tier 5: Specialty	You pay 25% of the total cost	You pay 28% of the total cost	You pay 28% of the total cost	You pay 28% 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) plans or to view plan documents, please visit our website or call us.

Our contact information is below.

Harvard Pilgrim’s StrideSM (HMO) Member Services	<p>Current members: 1-888-609-0692 (TTY 711)</p> <p>Prospective members: 1-877-431-4742 (TTY 711)</p> <p>Website: www.harvardpilgrim.org/medicare</p> <p>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</p>
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	<p>“<i>Medicare & You 2022</i>” Handbook</p> <p>View online at http://www.medicare.gov</p> <p>Get a copy by calling 1-800-MEDICARE (1-800-633-4227)</p> <p>24 hours a day, 7 days a week</p> <p>TTY users should call 1-877-486-2048.</p>

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.