Harvard Pilgrim Health Care

Stride[SM] (HMO) Medicare Advantage Plan Comparison

BENEFITS	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	CHOICE Rx (HMO-POS) PLAN YOU PAY	VALUE Rx PLUS (HMO) PLAN YOU PAY
Resident County and Premium	**$0** Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan	**$49** Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan	**$55** Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan	**$133** Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan **$138** Strafford
Annual Medical Deductible	$0	$0	$0	$0
Primary Care Provider (PCP) Office Visit	$0 copayment per visit	$0 copayment per visit	$0 copayment per visit†	$0 copayment per visit
Annual Physical Exam	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year
Specialist Office Visit	$40 copayment per visit	$35 copayment per visit	$30 copayment per visit	$30 copayment per visit
Diagnostic Tests, X-ray, Lab Services	$0 copayment for Labs $30 copayment for diagnostic tests & X-rays $350 copayment for MRI/CT scans	$0 copayment for Labs $10 copayment for diagnostic tests & X-rays $350 copayment for MRI/CT scans	$0 copayment for Labs $15 copayment for diagnostic tests & X-rays $350 copayment for MRI/CT scans	$0 copayment for Labs $15 copayment for diagnostic tests & X-rays $275 copayment for MRI/CT scans
Chemotherapy Drugs & Part B Prescription Drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Outpatient Surgery	$350 copayment for each surgery	$350 copayment for each surgery	$350 copayment for each surgery	$275 copayment for each surgery
Outpatient Surgery (Surgical Center)	$300 copayment for each surgery	$300 copayment for each surgery	$300 copayment for each surgery	$225 copayment for each surgery
Inpatient Hospital Care	Days 1-5, $370 copayment each day	Days 1-5, $350 copayment each day	Days 1-5, $350 copayment each day*	Days 1-6, $275 copayment each day
Inpatient Mental Health (includes Substance Abuse and Rehabilitation Services)	Days 1-5, $370 copayment each day	Days 1-5, $350 copayment each day	Days 1-5, $350 copayment each day*	Days 1-6, $275 copayment each day
Skilled Nursing Facility (in a Medicare Certified Skilled Nursing Facility)	Days 1-20, $0 copayment per day Days 21-100, $188 copayment per day	Days 1-20, $0 copayment per day Days 21-100, $188 copayment per day	Days 1-20, $0 copayment per day Days 21-100, $188 copayment per day*	Days 1-20, $0 copayment per day Days 21-100, $188 copayment per day
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Monitoring Supplies	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Home Health Care	$0 copayment per Medicare-covered visit	$0 copayment per Medicare-covered visit	$0 copayment per Medicare-covered visit*	$0 copayment per Medicare-covered visit
Worldwide Emergency and Urgent Coverage	$90 copayment per visit, waived if admitted for inpatient care or outpatient observation within 24 hours	$90 copayment per visit, waived if admitted for inpatient care or outpatient observation within 24 hours	$90 copayment per visit, waived if admitted for inpatient care or outpatient observation within 24 hours	$90 copayment per visit, waived if admitted for inpatient care or outpatient observation within 24 hours
Virtual Visits (includes Mental Health)	$0 copayment for e-Visits & Virtual Check-Ins; $0-$40 copayment for Telehealth Services	$0 copayment for e-Visits & Virtual Check-Ins; $0-$35 copayment for Telehealth Services	$0 copayment for e-Visits & Virtual Check-Ins; $0-$30 copayment for Telehealth Services	$0 copayment for e-Visits & Virtual Check-Ins; $0-$30 copayment for Telehealth Services
Urgent Care	$60 copayment per visit	$60 copayment per visit	$60 copayment per visit	$60 copayment per visit
Ambulance	$250 copayment per one-way trip	$250 copayment per one-way trip	$250 copayment per one-way trip	$250 copayment per one-way trip
Routine Eye Exam	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year††	$0 copayment, 1 visit per year
Routine Hearing Exam	$40 copayment, 1 visit per year	$35 copayment, 1 visit per year	$30 copayment, 1 visit per year ❖	$30 copayment, 1 visit per year
Hearing Aid Benefit	$699 copayment per hearing aid for Advanced $999 copayment per hearing aid for Premium	$699 copayment per hearing aid for Advanced $999 copayment per hearing aid for Premium	$699 copayment per hearing aid for Advanced❖ $999 copayment per hearing aid for Premium❖	$699 copayment per hearing aid for Advanced $999 copayment per hearing aid for Premium
Dental Benefit	$1,000 Annual reimbursement for dental services^^ No network restrictions	$500 Annual reimbursement for dental services^^ No network restrictions	$500 Annual reimbursement for dental services^^ No network restrictions	$500 Annual reimbursement for dental services^^ No network restrictions
Over-the-Counter Allowance	$170 annual allowance towards over-the-counter health care related drugs and supplies	$125 annual allowance towards over-the-counter health care related drugs and supplies	$200 annual allowance towards over-the-counter health care related drugs and supplies	$150 annual allowance towards over-the-counter health care related drugs and supplies
Out-of-Pocket Limit	$6,700 yearly out-of-pocket limit	$5,600 yearly out-of-pocket limit	$5,600 yearly in- and out-of-network out-of-pocket limit	$5,000 yearly out-of-pocket limit
Wallet Benefit	Up to $250 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic and more	Up to $325 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic and more	Up to $400 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic and more	Up to $400 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic and more

* Not covered out-of-network † Not covered out-of-network except preventive services from an out-of-network provider ^^Excludes orthodontics & implants
†† Not covered out-of-network except for previously-diagnosed medical condition ❖ Not covered out-of-network unless using a TruHearing® provider

For more information you can contact Stride[SM] (HMO) at **(866) 256-5365**, **TTY: 711**

Stride[SM] (HMO) Medicare Advantage Plan Prescription Drug Benefits

COVERAGE LIMIT	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	CHOICE Rx (HMO-POS) PLAN YOU PAY	VALUE Rx PLUS (HMO) PLAN YOU PAY
Annual Prescription Drug Deductible	**$445** annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	**$270** annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	**$270** annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	**$270** annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs
Initial Coverage: After your yearly deductible, you pay the following until your total yearly drug costs reach $4,430. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim.				
Tier 1 Preferred Generic 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $0 copayment $0 copayment	 $0 copayment $0 copayment	 $0 copayment $0 copayment	 $0 copayment $0 copayment
Tier 2 Generic 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $15 copayment $30 copayment	 $10 copayment $20 copayment	 $10 copayment $20 copayment	 $10 copayment $20 copayment
Tier 3 Preferred Brand-Name 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $47 copayment $94 copayment	 $47 copayment $94 copayment	 $47 copayment $94 copayment	 $47 copayment $94 copayment
Tier 4 Non-Preferred Brand-Name 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $100 copayment $250 copayment	 $100 copayment $250 copayment	 $100 copayment $250 copayment	 $100 copayment $250 copayment
Tier 5 Specialty	25% coinsurance	28% coinsurance	28% coinsurance	28% coinsurance
Coverage Gap: You pay the following until you and others on your behalf have paid a total of $7,050* for covered Part D drugs.				
Tier 1 Preferred Generic 30-Day Supply-Retail Pharmacy 90-Day Supply-Mail Order Pharmacy	 $0 copayment $0 copayment	 $0 copayment $0 copayment	 $0 copayment $0 copayment	 $0 copayment $0 copayment
Tier 2 Generic **Tier 3 Preferred Brand-Name** **Tier 4 Non-Preferred Brand-Name** **Tier 5 Specialty**	While you are in the Coverage Gap, you pay 25% of the cost for generic drugs and 25% of the negotiated price (plus a portion of the dispensing fee) for brand name drugs. In this stage, the Medicare Coverage Gap Discount Program provides a 75% manufacturer discount on brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them.			
Catastrophic Coverage: You pay the following for the remainder of the calendar year.				
Generic Drugs (including Brand Drugs treated as Generic)			Greater of 5% coinsurance or $3.95 copayment	
All other Drugs			Greater of 5% coinsurance or $9.85 copayment	

*Please note: Drugs covered by Stride[SM] (HMO) that are not covered by Medicare Part D do not count toward this amount. Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/Tribal/Urban (Indian Health Service) providers.