



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

Summary of Benefits

# Harvard Pilgrim's Stride<sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage Plan

New Hampshire

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

H6750\_23037\_M



## Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS) and Stride<sup>SM</sup> Value Rx Plus (HMO)

### Summary of Benefits January 1, 2023 – December 31, 2023

This is a summary of drug and health services covered by Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS), and Stride<sup>SM</sup> Value Rx Plus (HMO) for January 1, 2023 – December 31, 2023.

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Stride<sup>SM</sup> (HMO)/(HMO-POS) 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](http://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 Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS) and Stride<sup>SM</sup> 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, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan. Stride<sup>SM</sup> Value Rx Plus (HMO) is also available to Medicare beneficiaries who live in Strafford County.

Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS) and Stride<sup>SM</sup> Value Rx Plus (HMO) have a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use 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 <sup>1</sup> may require prior authorization from the plan. Stride<sup>SM</sup> (HMO)/(HMO-POS) 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 in order to know what kind of specialist you should see.

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Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Monthly Plan Premium</b></p> <p>You must continue to pay your Medicare Part B premium.</p>	<p>Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan:</p> <p>You pay <b>\$0</b>.</p>	<p>Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan:</p> <p>You pay <b>\$57</b>.</p>	<p>Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan:</p> <p>You pay <b>\$68</b>.</p>	<p>Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan:</p> <p>You pay <b>\$141</b>.</p> <p>Strafford County:</p> <p>You pay <b>\$146</b>.</p>
<p><b>Deductible</b></p>	<p>Medical Deductible including Part B Prescription Drugs:</p> <p>You pay \$0.</p>	<p>Medical Deductible including Part B Prescription Drugs:</p> <p>You pay \$0.</p>	<p>Medical Deductible including Part B Prescription Drugs:</p> <p>You pay \$0.</p>	<p>Medical Deductible including Part B Prescription Drugs:</p> <p>You pay \$0.</p>
<p>Prescription Drug Deductible:</p> <p>You pay a \$445 deductible per year for Part D prescription drugs except for Tier 1, Tier 2, Tier 6 and Select Insulins, which are excluded from the deductible.</p>	<p>Prescription Drug Deductible:</p> <p>You pay a \$270 deductible per year for Part D prescription drugs except for Tier 1, Tier 2, Tier 6 and Select Insulins, which are excluded from the deductible.</p>	<p>Prescription Drug Deductible:</p> <p>You pay a \$270 deductible per year for Part D prescription drugs except for Tier 1, Tier 2, Tier 6 and Select Insulins, which are excluded from the deductible.</p>	<p>Prescription Drug Deductible:</p> <p>You pay a \$270 deductible per year for Part D prescription drugs except for Tier 1, Tier 2, Tier 6 and Select Insulins, which are excluded from the deductible.</p>	

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Maximum Out-of-Pocket</b></p> <p>This is the 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>\$7,550 annually for Medicare-covered services.</p>	<p>\$6,700 annually for Medicare-covered services.</p>	<p><i>In- and Out-of-network:</i></p> <p>\$6,700 annually for Medicare-covered services.</p>	<p>\$5,500 annually for Medicare-covered services.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Inpatient Hospital Care<sup>1</sup></b></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 \$370 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><b>Outpatient Hospital Care<sup>1</sup></b></p> <p>Our plan covers medically-necessary services you get in the outpatient department of a hospital for diagnosis or treatment of an illness or injury.</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>You pay a \$275 copayment per visit.</p>
<p><b>Outpatient Hospital Observation</b></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 stay.</p>	<p>You pay a \$350 copayment per stay.</p>	<p><i>In- and Out-of-network:</i> You pay a \$350 copayment per stay.</p>	<p>You pay a \$275 copayment per stay.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<b>Outpatient Surgery<sup>1</sup></b>	You pay a \$0 copayment for a colonoscopy, whether screening or diagnostic (for example, polyps removed during the procedure).	You pay a \$0 copayment for a colonoscopy, whether screening or diagnostic (for example, polyps removed during the procedure).	<i>In- and Out-of-network:</i> You pay a \$0 copayment for a colonoscopy, whether screening or diagnostic (for example, polyps removed during the procedure).	You pay a \$0 copayment for a colonoscopy, whether screening or diagnostic (for example, polyps removed during the procedure).
	You pay a \$300 copayment per visit at an Ambulatory Surgical Center (ASC).	You pay a \$300 copayment per visit at an Ambulatory Surgical Center (ASC).	<i>In- and Out-of-network:</i> You pay a \$300 copayment per visit at an Ambulatory Surgical Center (ASC).	You pay a \$200 copayment per visit at an Ambulatory Surgical Center (ASC).
	You pay a \$350 copayment per visit at an Outpatient Hospital Surgery department.	You pay a \$350 copayment per visit at an Outpatient Hospital Surgery department.	<i>In- and Out-of-network:</i> You pay a \$350 copayment per visit at an Outpatient Hospital Surgery department.	You pay a \$275 copayment per visit at an Outpatient Hospital Surgery department.

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<b>Physician/Practitioner Services</b>				
<p><b>Primary Care</b></p> <p>These include visits with Physician Assistants and Nurse Practitioners at your PCP's office.</p>	You pay a \$0 copayment per visit.	You pay a \$0 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$0 copayment per visit.	You pay a \$0 copayment per visit.
<p><b>Retail/Convenience Care Clinics</b></p> <p>Retail clinics (or convenience care clinics) provide walk-in care for minor services and are located inside grocery stores, pharmacies, or big box stores. These clinics provide limited care for common illnesses and injuries like sore throat, cold and flu symptoms, cuts, burns, and headaches.</p>	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.
<p><b>Specialty Care</b></p> <p>These include visits with Physician Assistants and Nurse Practitioners at your Specialist's office.</p>	You pay a \$40 copayment per visit.	You pay a \$35 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$40 copayment per visit.	You pay a \$30 copayment per visit.

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Acupuncture</b></p> <p>Routine/preventive visits may be eligible for reimbursement through your Wallet Benefit. See page 19 for more information.</p>	<p>You pay a \$20 copayment per visit to treat chronic low back pain. Up to 20 visits are covered each year.</p>	<p>You pay a \$20 copayment per visit to treat chronic low back pain. Up to 20 visits are covered each year.</p>	<p><i>In- and Out-of-network:</i> You pay a \$20 copayment per visit to treat chronic low back pain. Up to 20 visits are covered each year.</p>	<p>You pay a \$20 copayment per visit to treat chronic low back pain. Up to 20 visits are covered each year.</p>
<p><b>Chiropractic Care</b></p> <p>Routine/preventive visits may be eligible for reimbursement through your Wallet Benefit. See page 19 for more information.</p>	<p>You pay a \$20 copayment per visit to re-align one or more of the bones in your spine.</p>	<p>You pay a \$20 copayment per visit to re-align one or more of the bones in your spine.</p>	<p><i>In- and Out-of-network:</i> You pay a \$20 copayment per visit to re-align one or more of the bones in your spine.</p>	<p>You pay a \$20 copayment per visit to re-align one or more of the bones in your spine.</p>
<p><b>Preventive Care (e.g., vaccines and diabetes screenings).</b></p> <p>Any additional preventive services approved by Original Medicare during the benefit year will 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>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Annual Physical Exam</b></p> <p>This exam is in addition to your Medicare-covered "Welcome to Medicare" preventive visit or Annual Wellness Visit.</p>	You pay nothing.	You pay nothing.	<p><i>In-network:</i> You pay nothing.</p> <p><i>Out-of-network:</i> Not covered</p>	You pay nothing.
<p><b>Emergency Care</b></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>	You pay a \$90 copayment per visit.	You pay a \$90 copayment per visit.	You pay a \$90 copayment per visit.	You pay a \$90 copayment per visit.
<p><b>Urgently Needed Services</b></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.

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<b>Outpatient Diagnostic Tests and Therapeutic Services<sup>1</sup></b>				
<b>Diagnostic radiology, such as MRIs and CT scans</b>	You pay a \$350 copayment per day.	You pay a \$350 copayment per day.	<i>In- and Out-of-network:</i> You pay a \$350 copayment per day.	You pay a \$275 copayment per day.
<b>Labs, X-rays and ultrasounds</b>	You pay a \$0 copayment per visit for lab services.  You pay a \$30 copayment per visit for X-rays and ultrasounds.	You pay a \$0 or \$10 copayment per visit for labs, X-rays and ultrasounds.	<i>In- and Out-of-network:</i> You pay a \$0 or \$15 copayment per visit for labs, X-rays and ultrasounds.	You pay a \$0 or \$15 copayment per visit for labs, X-rays and ultrasounds.
<b>Therapeutic radiology, such as radiation treatment for cancer</b>	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.

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<b>Hearing Services</b>				
<b>Medicare-covered hearing exams</b>	You pay a \$40 copayment per visit.	You pay a \$35 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$40 copayment per visit.	You pay a \$30 copayment per visit.
<p><b>Routine hearing benefit</b></p> <p>This is in addition to Medicare-covered hearing exams. The routine hearing benefit includes a yearly exam and hearing aids.</p> <p>You must see a TruHearing® provider for your routine hearing 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>Rechargeability – You pay a \$50 copayment for each hearing aid. This feature is optional.</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>Rechargeability – You pay a \$50 copayment for each hearing aid. This feature is optional.</p>	<p><i>In-network:</i> 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>Rechargeability – You pay a \$50 copayment for each hearing aid. This feature is optional.</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> <p>Rechargeability – You pay a \$50 copayment for each hearing aid. This feature is optional.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<b>Dental Services</b>				
<b>Medicare-covered dental services</b>	You pay a \$40 copayment per visit.	You pay a \$35 copayment per visit.	<i>In- and Out-of-network:</i> You pay a \$40 copayment per visit.	You pay a \$30 copayment per visit.
<p><b>Routine dental benefit</b></p> <p>This is in addition to Medicare-covered dental services. There is no network of preferred dentists. You may see any licensed dentist you choose. However, as a result, you must pay out-of-pocket, then submit a claim to the plan so we can pay you back.</p> <p>Refer to the 2023 <i>Evidence of Coverage</i> and Dental Addendum, for more information, including a list of covered dental procedures.</p>	<p>\$1,000 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services.</p> <p>Orthodontics and implants are excluded.</p>	<p>\$500 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services.</p> <p>Orthodontics and implants are excluded.</p>	<p>\$500 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services.</p> <p>Orthodontics and implants are excluded.</p>	<p>\$500 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services.</p> <p>Orthodontics and implants are excluded.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<b>Vision Services</b>				
<p><b>Medicare-covered eye exams</b></p> <p>Refractions are covered in full when medically necessary to diagnose, monitor, or treat conditions of the eye.</p>	<p>You pay a \$0 copayment for annual Diabetic Retinopathy screening.</p> <p>You pay a \$40 copayment per visit for all other exams to diagnose, monitor, or treat a medical condition.</p>	<p>You pay a \$0 copayment for annual Diabetic Retinopathy screening.</p> <p>You pay a \$35 copayment per visit 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 for annual Diabetic Retinopathy screening.</p> <p>You pay a \$40 copayment per visit for all other exams to diagnose, monitor, or treat a medical condition.</p>	<p>You pay a \$0 copayment for annual Diabetic Retinopathy screening.</p> <p>You pay a \$30 copayment per visit for all other exams to diagnose, monitor, or treat a medical condition.</p>
<p><b>Medicare-covered eyewear (post cataract surgery)</b></p>	<p>You pay a \$0 copayment.</p>	<p>You pay a \$0 copayment.</p>	<p><i>In-and out-of-network:</i> You pay a \$0 copayment.</p>	<p>You pay a \$0 copayment.</p>
<p><b>Routine vision benefit</b></p> <p>This is in addition to Medicare-covered eye exams and eyewear.</p> <p>Refraction is covered in full when needed to measure vision for corrective eyewear.</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>	<p>Annual eye exam – You pay a \$0 copayment.</p> <p>Corrective eyewear – Eligible for annual reimbursement through your Wallet Benefit. See page 19 for more information.</p>	<p>Annual eye exam – You pay a \$0 copayment.</p> <p>Corrective eyewear – Eligible for annual reimbursement through your Wallet Benefit. See page 19 for more information.</p>	<p><i>In-network:</i> Annual eye exam – You pay a \$0 copayment.</p> <p><i>Out-of-network:</i> Not covered</p> <p>Corrective eyewear – Eligible for annual reimbursement through your Wallet Benefit. See page 19 for more information.</p>	<p>Annual eye exam – You pay a \$0 copayment.</p> <p>Corrective eyewear – Eligible for annual reimbursement through your Wallet Benefit. See page 19 for more information.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<b>Behavioral Health Services</b>				
<p><b>Inpatient stay<sup>1</sup></b></p> <p>Our plan covers an unlimited number of days for an inpatient hospital admission at a psychiatric hospital</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 \$370 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><b>Partial hospitalization<sup>1</sup></b></p>	<p>You pay a \$55 copayment per day.</p>	<p>You pay a \$55 copayment per day.</p>	<p><i>In- and Out-of-network:</i> You pay a \$55 copayment per day.</p>	<p>You pay a \$55 copayment per day.</p>
<p><b>Outpatient substance abuse services, including opioid treatment programs</b></p>	<p>You pay a \$40 copayment per visit for individual or group therapy sessions.</p>	<p>You pay a \$35 copayment per visit for individual or group therapy sessions.</p>	<p><i>In- and Out-of-network:</i> You pay a \$40 copayment per visit for individual or group therapy sessions.</p>	<p>You pay a \$30 copayment per visit for individual or group therapy sessions.</p>
<p><b>Outpatient visit with a psychiatrist or other licensed health care professional</b></p>	<p>You pay a \$40 copayment per visit for individual or group therapy sessions.</p>	<p>You pay a \$35 copayment per visit for individual or group therapy sessions.</p>	<p><i>In- and Out-of-network:</i> You pay a \$40 copayment per visit for individual or group therapy sessions.</p>	<p>You pay a \$30 copayment per visit for individual or group therapy sessions.</p>

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<p><b>Skilled Nursing Facility Care (SNF)<sup>1</sup></b></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 a \$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 outpatient services.</p>	<p>You pay a \$0 copayment per day for days 1-20, then a \$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 outpatient services.</p>	<p><i>In-network:</i> You pay a \$0 copayment per day for days 1-20, then a \$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 outpatient services.</p> <p><i>Out-of-network:</i> Not covered</p>	<p>You pay a \$0 copayment per day for days 1-20, then a \$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 outpatient services.</p>
<p><b>Outpatient Rehabilitation</b></p> <ul style="list-style-type: none"> <li>○ Occupational therapy</li> <li>○ Physical therapy</li> <li>○ Speech-language therapy</li> <li>○ Cardiac therapy</li> <li>○ Pulmonary therapy</li> <li>○ Supervised exercise therapy for symptomatic peripheral artery disease</li> </ul>	<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><b>Ambulance Services<sup>1</sup></b> Prior authorization is not required for emergencies.</p>	<p>You pay a \$300 copayment per one-way trip for emergency and non-emergency transportation by ambulance.</p>	<p>You pay a \$275 copayment per one-way trip for emergency and non-emergency transportation by ambulance.</p>	<p><i>In- and Out-of-network:</i> You pay a \$275 copayment per one-way trip for emergency and non-emergency transportation by ambulance.</p>	<p>You pay a \$250 copayment per one-way trip for emergency and non-emergency transportation by ambulance.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Non-Emergency Medical Transportation<sup>1</sup></b></p> <p>For when you need help going up and down stairs, walking from the front door of your home or provider's office to a vehicle, or getting into and out of the vehicle.</p> <p>Available vehicles include stretcher vans and wheelchair vans.</p> <p>See Ambulance Services for transportation via ambulance.</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 48 hours to schedule with an appropriate transportation provider.</p> <p>This benefit is not intended for convenience. You must call Member Services to request a ride.</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 48 hours to schedule with an appropriate transportation provider.</p> <p>This benefit is not intended for convenience. You must call Member Services to request a ride.</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 48 hours to schedule with an appropriate transportation provider.</p> <p>This benefit is not intended for convenience. You must call Member Services to request a ride.</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 48 hours to schedule with an appropriate transportation provider.</p> <p>This benefit is not intended for convenience. You must call Member Services to request a ride.</p>
<p><b>Medicare Part B Drugs<sup>1</sup></b></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 <a href="https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2021/10/Part-B-Step-Therapy-Policy.pdf">https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2021/10/Part-B-Step-Therapy-Policy.pdf</a></p>	<p>You pay a \$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.</p>	<p>You pay a \$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.</p>	<p><i>In- and Out-of-network:</i> You pay a \$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.</p>	<p>You pay a \$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.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Foot Care (Podiatry Services)</b> Routine foot care may be covered if you have diabetes-related nerve damage or meet certain other 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 \$40 copayment per visit.</p>	<p>You pay a \$30 copayment per visit.</p>
<p><b>Durable Medical Equipment and Related Supplies<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (like wheelchairs and oxygen equipment)</li> <li>○ Prosthetics (such as braces and artificial limbs)</li> <li>○ Diabetes supplies</li> </ul> <p>Prior authorization is required for non-preferred brands of diabetic testing supplies and quantities exceeding covered limits from network pharmacies.</p> <p>Prior authorization is required for all CGMs.</p>	<p>You pay 20% of the total cost.</p> <p>You pay a \$0 copayment, including for Continuous Glucose Monitoring Systems (CGMs).</p> <p>When you get your supplies from a network retail pharmacy, quantity limits apply, and the preferred brand is:</p> <ul style="list-style-type: none"> <li>● OneTouch<sup>®</sup> for blood sugar meters and test strips.</li> <li>● FreeStyle Libre for Therapeutic CGMs</li> <li>● There is no preferred brand for Adjunctive CGMs.</li> </ul>	<p>You pay 20% of the total cost.</p> <p>You pay a \$0 copayment, including for Continuous Glucose Monitoring Systems (CGMs).</p> <p>When you get your supplies from a network retail pharmacy, quantity limits apply, and the preferred brand is:</p> <ul style="list-style-type: none"> <li>● OneTouch<sup>®</sup> for blood sugar meters and test strips.</li> <li>● FreeStyle Libre for Therapeutic CGMs</li> <li>● There is no preferred brand for Adjunctive CGMs.</li> </ul>	<p><i>In- and Out-of-network:</i> You pay 20% of the total cost.</p> <p>You pay a \$0 copayment, including for Continuous Glucose Monitoring Systems (CGMs).</p> <p>When you get your supplies from a network retail pharmacy, quantity limits apply, and the preferred brand is:</p> <ul style="list-style-type: none"> <li>● OneTouch<sup>®</sup> for blood sugar meters and test strips.</li> <li>● FreeStyle Libre for Therapeutic CGMs</li> <li>● There is no preferred brand for Adjunctive CGMs.</li> </ul>	<p>You pay 20% of the total cost.</p> <p>You pay a \$0 copayment, including for Continuous Glucose Monitoring Systems (CGMs).</p> <p>When you get your supplies from a network retail pharmacy, quantity limits apply, and the preferred brand is:</p> <ul style="list-style-type: none"> <li>● OneTouch<sup>®</sup> for blood sugar meters and test strips.</li> <li>● FreeStyle Libre for Therapeutic CGMs</li> <li>● There is no preferred brand for Adjunctive CGMs.</li> </ul>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Over-the-Counter Benefit</b> Please contact the plan or visit our website for specific instructions on using this benefit and for our listing of covered Over-the-Counter (OTC) items.</p>	<p>You may order up to \$170 of OTC items a year from the plan's catalog. View it online at <a href="http://www.harvardpilgrim.org/s/tridedocuments">www.harvardpilgrim.org/s/tridedocuments</a>.</p>	<p>You may order up to \$100 of OTC items a year from the plan's catalog. View it online at <a href="http://www.harvardpilgrim.org/s/tridedocuments">www.harvardpilgrim.org/s/tridedocuments</a>.</p>	<p><i>In-network:</i> You may order up to \$150 of OTC items a year from the plan's catalog. View it online at <a href="http://www.harvardpilgrim.org/s/tridedocuments">www.harvardpilgrim.org/s/tridedocuments</a>.</p> <p><i>Out-of-network:</i> Not covered</p>	<p>You may order up to \$100 of OTC items a year from the plan's catalog. View it online at <a href="http://www.harvardpilgrim.org/s/tridedocuments">www.harvardpilgrim.org/s/tridedocuments</a>.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Additional Telehealth (Virtual) Services</b></p> <ul style="list-style-type: none"> <li>○ Diabetes self-management training</li> <li>○ Kidney disease education</li> <li>○ Outpatient mental health care visits, including with psychiatrists</li> <li>○ Outpatient observation</li> <li>○ Outpatient substance abuse programs, including opioid treatment</li> <li>○ PCP visits</li> <li>○ Retail/convenience care clinic visits</li> <li>○ Specialist visits</li> <li>○ Urgently needed services</li> </ul>	<p>Always ask your providers whether they offer virtual services.</p> <p>The plan covers:</p> <ul style="list-style-type: none"> <li>• Telehealth visits that use video and sound technology to securely communicate live, as if you were right there in your provider's office;</li> <li>• Virtual check-ins, which may be as simple as a phone call with your provider; and</li> <li>• E-visits that allow you to exchange messages with your provider through an online patient portal.</li> </ul> <p>Copayments for telehealth visits are the same as for in-person visits with your providers.</p> <p>You pay a \$0 copayment for virtual check-ins and e-visits.</p>	<p>Always ask your providers whether they offer virtual services.</p> <p>The plan covers:</p> <ul style="list-style-type: none"> <li>• Telehealth visits that use video and sound technology to securely communicate live, as if you were right there in your provider's office;</li> <li>• Virtual check-ins, which may be as simple as a phone call with your provider; and</li> <li>• E-visits that allow you to exchange messages with your provider through an online patient portal.</li> </ul> <p>Copayments for telehealth visits are the same as for in-person visits with your providers.</p> <p>You pay a \$0 copayment for virtual check-ins and e-visits.</p>	<p>Always ask your providers whether they offer virtual services.</p> <p><i>In-network:</i> The plan covers:</p> <ul style="list-style-type: none"> <li>• Telehealth visits that use video and sound technology to securely communicate live, as if you were right there in your provider's office;</li> <li>• Virtual check-ins, which may be as simple as a phone call with your provider; and</li> <li>• E-visits that allow you to exchange messages with your provider through an online patient portal.</li> </ul> <p>Copayments for telehealth visits are the same as for in-person visits with your providers.</p> <p>You pay a \$0 copayment for virtual check-ins and e-visits.</p> <p><i>Out-of-network:</i> Not covered</p>	<p>Always ask your providers whether they offer virtual services.</p> <p>The plan covers:</p> <ul style="list-style-type: none"> <li>• Telehealth visits that use video and sound technology to securely communicate live, as if you were right there in your provider's office;</li> <li>• Virtual check-ins, which may be as simple as a phone call with your provider; and</li> <li>• E-visits that allow you to exchange messages with your provider through an online patient portal.</li> </ul> <p>Copayments for telehealth visits are the same as for in-person visits with your providers.</p> <p>You pay a \$0 copayment for virtual check-ins and e-visits.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Wallet Benefit</b>  Covers the cost of any of the following items or services. Limitations and exclusions apply:</p> <ul style="list-style-type: none"> <li>○ Acupuncture visits</li> <li>○ Alternative therapies*</li> <li>○ Bathroom safety devices and their installation</li> <li>○ Chiropractor visits</li> <li>○ Equipment for exercising, bodywork, or mind-body therapies at home</li> <li>○ Home safety modifications</li> <li>○ Fitness tracking device (one)</li> <li>○ Fitness membership and/or classes*</li> <li>○ Massage therapy</li> <li>○ Memory fitness subscription*</li> <li>○ Corrective eyewear</li> <li>○ Weight management programs*</li> </ul> <p><i>*Accessible online or via app, or in-person</i></p>	<p>A \$350 annual allowance to pay you back for the cost of covered services.</p> <p>Once the plan has paid you back \$350, you are responsible for all charges.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies.</p> <p>Practitioners of any covered service must be licensed or certified in the state where they provide the service.</p> <p>Acupuncture and chiropractor treatments that meet Medicare's coverage criteria are excluded from the Wallet Benefit. See page 7.</p>	<p>A \$325 annual allowance to pay you back for the cost of covered services.</p> <p>Once the plan has paid you back \$325, you are responsible for all charges.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies.</p> <p>Practitioners of any covered service must be licensed or certified in the state where they provide the service.</p> <p>Acupuncture and chiropractor treatments that meet Medicare's coverage criteria are excluded from the Wallet Benefit. See page 7.</p>	<p>A \$325 annual allowance to pay you back for the cost of covered services.</p> <p>Once the plan has paid you back \$325, you are responsible for all charges.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies.</p> <p>Practitioners of any covered service must be licensed or certified in the state where they provide the service.</p> <p>Acupuncture and chiropractor treatments that meet Medicare's coverage criteria are excluded from the Wallet Benefit. See page 7.</p>	<p>A \$400 annual allowance to pay you back for the cost of covered services.</p> <p>Once the plan has paid you back \$400, you are responsible for all charges.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies.</p> <p>Practitioners of any covered service must be licensed or certified in the state where they provide the service.</p> <p>Acupuncture and chiropractor treatments that meet Medicare's coverage criteria are excluded from the Wallet Benefit. See page 7.</p>

Harvard Pilgrim's Covered Services and Important Information	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Choice Rx (HMO-POS)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Worldwide Coverage (Emergency/Urgent)</b></p> <p>You are covered for urgently needed services and for 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 per visit for urgent and emergency care.</p> <p>You pay a \$300 copayment per one-way trip for emergency ambulance transportation.</p> <p>Copayments for these services while inside the US and its territories are listed earlier in this booklet.</p>	<p>You pay a \$90 copayment per visit for urgent and emergency care.</p> <p>You pay a \$275 copayment per one-way trip for emergency ambulance transportation.</p> <p>Copayments for these services while inside the US and its territories are listed earlier in this booklet.</p>	<p>You pay a \$90 copayment per visit for urgent and emergency care.</p> <p>You pay a \$275 copayment per one-way trip for emergency ambulance transportation.</p> <p>Copayments for these services while inside the US and its territories are listed earlier in this booklet.</p>	<p>You pay a \$90 copayment per visit for urgent and emergency care.</p> <p>You pay a \$250 copayment per one-way trip for emergency ambulance transportation.</p> <p>Copayments for these services while inside the US and its territories are listed earlier in this booklet.</p>

<b>PRESCRIPTION DRUG BENEFIT</b>				
<p>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.</p> <p>You pay a \$35 copayment for a 30-day supply of select insulins covered under Medicare Part B.</p>				
<b>Part D Coverage</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Choice Rx (HMO- POS)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Deductible</b>	<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>
<b>Initial Coverage</b>	<p>After you pay your yearly deductible, you pay the cost-sharing described on the following pages. You may get your drugs at pharmacies in our network, including preferred retail, standard retail, and mail-order pharmacies.</p>			
<b>Coverage Gap</b>	<p>If your total yearly drug costs (which is the amount paid by both you and Harvard Pilgrim) reach \$4,660, 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 6 Vaccine drugs and a \$35 copayment for a 30-day supply of select insulins.</p> <p>For all other covered drugs, you pay 25% of the total cost (plus a portion of the dispensing fee for brand-name drugs only). During this stage, drug manufacturers pay some of your costs for brand-name drugs. These amounts count toward moving you into the next stage of the Part D benefit, Catastrophic Coverage.</p>			
<b>Catastrophic Coverage</b>	<p>After your out-of-pocket drug costs (the amount paid by you and/or others on your behalf) reach \$7,400, you pay the greater of either:</p> <ul style="list-style-type: none"> <li>• A coinsurance that is 5% of the total cost for the drug, or</li> <li>• A \$4.15 copayment for generic drugs, or drugs that are treated like generics, and a \$10.35 copayment for all other drugs.</li> </ul> <p>Our plan pays the rest of the cost.</p>			

**Important Message About What You Pay for Vaccines**

Our plan covers most Part D Vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

**Important Message About What You Pay for Insulin**

You won't pay more than \$35 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

**Getting Help from Medicare - If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2023 at even lower costs because of changes to the Medicare Part D program. Contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week for help comparing your options. TTY users should call 1-877-486-2048.**

- **Additional Resources to Help** – Please contact our Member Services number at 1-888-609-0692 for additional information. (TTY users should call 711.) Hours are October 1 - March 31, from 8 a.m. to 8 p.m., 7 days a week, and April 1 - September 30, from 8 a.m. to 8 p.m., Monday through Friday.

**Initial Coverage — Preferred\* retail cost-sharing (30-day supply)**

<b>Cost-Sharing</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Choice Rx (HMO-POS)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Tier 1:</b> Preferred Generic	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment
<b>Tier 2:</b> Generic	You pay a \$10 copayment	You pay a \$8 copayment	You pay a \$8 copayment	You pay a \$8 copayment
<b>Select Insulins</b>	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>				
<b>Tier 3:</b> Preferred Brand-Name	You pay a \$47 copayment	You pay a \$47 copayment	You pay a \$47 copayment	You pay a \$47 copayment
<b>Tier 4:</b> Non- Preferred Drug	You pay a \$100 copayment	You pay a \$100 copayment	You pay a \$100 copayment	You pay a \$100 copayment
<b>Tier 5:</b> 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
<b>Tier 6:</b> Vaccines	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment

\* Some of the pharmacies in our network offer preferred cost-sharing. To find out if your pharmacy offers preferred cost-sharing, review our Provider and Pharmacy Directory, available on our website at [www.harvardpilgrim.org/strideproviders](http://www.harvardpilgrim.org/strideproviders), or by calling Member Services at 1-888-609-0692 (TTY 711) October 1 – March 31, 8 a.m. – 8 p.m., seven days a week, and April 1 – September 30, 8 a.m. – 8 p.m., Monday - Friday

**Initial Coverage — Standard retail cost-sharing (30-day supply)**

<b>Cost-Sharing</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Choice Rx (HMO-POS)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Tier 1:</b> Preferred Generic	You pay a \$5 copayment	You pay a \$5 copayment	You pay a \$5 copayment	You pay a \$5 copayment
<b>Tier 2:</b> Generic	You pay a \$20 copayment	You pay a \$20 copayment	You pay a \$20 copayment	You pay a \$20 copayment
<b>Select Insulins</b>	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>				
<b>Tier 3:</b> Preferred Brand-Name	You pay a \$47 copayment	You pay a \$47 copayment	You pay a \$47 copayment	You pay a \$47 copayment
<b>Tier 4:</b> Non-Preferred Drug	You pay a \$100 copayment	You pay a \$100 copayment	You pay a \$100 copayment	You pay a \$100 copayment
<b>Tier 5:</b> 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
<b>Tier 6:</b> Vaccines	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment	You pay a \$0 copayment

**Initial Coverage — Mail order cost-sharing (90-day supply)**

<b>Cost-Sharing</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Choice Rx (HMO-POS)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Tier 1:</b> Preferred Generic	You pay a \$0 copayment			
<b>Tier 2:</b> Generic	You pay a \$20 copayment	You pay a \$16 copayment	You pay a \$16 copayment	You pay a \$16 copayment
<b>Select Insulins</b>	You pay a \$70 copayment			
<i>Review the plan's Formulary (List of Covered Drugs) to find out which drugs are select insulins.</i>				
<b>Tier 3:</b> Preferred Brand-Name	You pay a \$94 copayment			
<b>Tier 4:</b> Non-Preferred Drug	You pay a \$250 copayment			
<b>Tier 5:</b> Specialty	A long-term supply is not available for drugs in this tier.	A long-term supply is not available for drugs in this tier.	A long-term supply is not available for drugs in this tier.	A long-term supply is not available for drugs in this tier.
<b>Tier 6:</b> Vaccines	N/A	N/A	N/A	N/A

If you reside in a long-term care facility, you pay the same as at a standard 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 Stride<sup>SM</sup> (HMO)/(HMO-POS) plans or to view plan documents, please visit our website or call us. Our contact information is listed below.

<b>Harvard Pilgrim’s Stride<sup>SM</sup> (HMO)/ (HMO-POS) Member Services</b>	<b>Current members:</b> 1-888-609-0692 (TTY 711)
	<b>Prospective members:</b> 1-877-431-4742 (TTY 711)
	<b>Website:</b> <a href="http://www.harvardpilgrim.org/medicare">www.harvardpilgrim.org/medicare</a>
	<b>Hours of Operation:</b>  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
<b>Plan Documents</b>	<a href="http://www.harvardpilgrim.org/stridedocuments">www.harvardpilgrim.org/stridedocuments</a>
<b>Provider and Pharmacy Directory</b>	<a href="http://www.harvardpilgrim.org/strideproviders">www.harvardpilgrim.org/strideproviders</a>
<b>Formulary</b> (List of Covered Drugs)	<a href="http://www.harvardpilgrim.org/stridedruglist">www.harvardpilgrim.org/stridedruglist</a>
<b>Original Medicare</b>  More information about coverage and costs of Original Medicare	“Medicare & You 2023” Handbook  View online at <a href="http://www.medicare.gov">http://www.medicare.gov</a> 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.

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-609-0692. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-609-0692. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-609-0692。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-609-0692。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-609-0692. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-609-0692. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-609-0692 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-609-0692. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-609-0692번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-609-0692. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** سيقوم 1-888-609-0692 إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-609-0692 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-609-0692. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-609-0692. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-609-0692. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-609-0692. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-609-0692にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。





Harvard Pilgrim  
Health Care

a **Point32Health** company

For more information about **Stride<sup>SM</sup> (HMO)/(HMO-POS)**, 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, and  
April 1 - September 30, 8 a.m. - 8 p.m. Monday - Friday.

Or visit us online:

**[hpforlife.org](http://hpforlife.org)**

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Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Stride<sup>SM</sup> (HMO)/(HMO-POS) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.

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