Harvard Pilgrim Health Care

a Point32Health company

Stride[SM] (HMO)/(HMO-POS) Medicare Advantage Plan Comparison

Benefits	Basic Rx (HMO) plan	Value Rx (HMO) plan	Choice Rx (HMO-POS) plan[1]	Value Rx Plus (HMO) plan
Resident County and Premium	**$0** Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan	**$49** Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan	**$60** Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan	**$133** Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan; **$122** Strafford
Annual Medical Deductible	$0	$0	$0	$0
Primary Care Provider (PCP) Office Visit	$0/visit	$0/visit	$0/visit (OON: $35)	$0/visit
Annual Physical Exam	$0, 1 visit per year	$0, 1 visit per year	$0, 1 visit per year (OON: 40% coinsurance)	$0, 1 visit per year
Specialist Office Visit	$40/visit	$35/visit	$40/visit (OON: $65/visit)	$30/visit
Diagnostic Tests, X-ray, Lab Services	$0 for labs; $30 for diagnostic tests and X-rays; $350 for MRI/CT/PET scans	$10 for labs, diagnostic tests, and X-rays; $350 copay for MRI/CT/PET scans	$15 for labs, diagnostic tests, and X-rays (OON: 40% coinsurance); $350 for MRI/CT/PET scans (OON: 40% coinsurance)	$15 for labs, diagnostic tests, and X-rays; $275 for MRI/CT/PET scans
Part B Chemotherapy and Non-Chemotherapy Drugs	$35 insulin/30-day supply with covered DME; all others up to 20% coinsurance	$35 insulin/30-day supply with covered DME; all others up to 20% coinsurance	$35 insulin/30-day supply with covered DME; all others up to 20% coinsurance (OON: 40% coinsurance)	$35 insulin/30-day supply with covered DME; all others up to 20% coinsurance
Outpatient Surgery (Hospital)	$395/visit	$350/visit	$350/visit (OON: 40% coinsurance)	$275/visit
Outpatient Surgery (Surgical Center)	$295/visit	$250/visit	$250/visit (OON: 40% coinsurance)	$200/visit
Inpatient Hospital Care	$440/day for days 1–5; $0/day after day 5	$350/day for days 1–5; $0/day after day 5	$370/day for days 1–5; $0/day after day 5 (OON: 40% coinsurance)	$275/day for days 1–6; $0/day after day 6
Inpatient Mental Health (includes Substance Abuse and Rehabilitation Services)	$440/day for days 1–4; $0/day after day 4	$350/day for days 1–5; $0/day after day 5	$370/day for days 1–5; $0/day after day 5 (OON: 40% coinsurance)	$275/day for days 1–6; $0/day after day 6
Skilled Nursing Facility (in a Medicare Certified Skilled Nursing Facility)	$0/day for days 1–20; $196/day for days 21–100	$0/day for days 1–20; $196/day for days 21–100	$0/day for days 1–20; $196/day for days 21–100 (OON: 40% coinsurance)	$0/day for days 1–20; $196/day for days 21–100
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance (OON: 40% coinsurance)	20% coinsurance
Diabetic Monitoring Supplies (includes Continuous Glucose Monitors)	$0	$0	$0 (OON: 40% coinsurance)	$0
Home Health Care	$0/visit for Medicare-covered services	$0/visit for Medicare-covered services	$0/visit for Medicare-covered services (OON: 40% coinsurance)	$0/visit for Medicare-covered services
Worldwide Emergency and Urgent Coverage	$95/visit, waived if admitted for inpatient care or outpatient observation within 24 hours	$95/visit, waived if admitted for inpatient care or outpatient observation within 24 hours	$95/visit, waived if admitted for inpatient care or outpatient observation within 24 hours	$95/visit, waived if admitted for inpatient care or outpatient observation within 24 hours
Virtual Visits (includes mental health)	$0 for e-visits and virtual check-ins; $0–$40 for telehealth visits	$0 for e-visits and virtual check-ins; $0–$35 for telehealth visits	$0 for e-visits and virtual check-ins; $0–$40 for telehealth visits (OON: not covered)	$0 for e-visits and virtual check-ins; $0–$30 for telehealth visits
Urgent Care	$55/visit, waived if admitted for inpatient care with 24 hours	$50/visit, waived if admitted for inpatient care with 24 hours	$50/visit, waived if admitted for inpatient care with 24 hours	$50/visit, waived if admitted for inpatient care with 24 hours
Ambulance	$325/one-way trip	$300/one-way trip	$300/one-way trip	$250/one-way trip
Routine Eye Exam	$0, 1 visit per year	$0, 1 visit per year	$0, 1 visit per year (OON: $65)	$0, 1 visit per year
Routine Hearing Exam	$40, 1 visit per year	$35, 1 visit per year	$40, 1 visit per year (OON: not covered)	$30, 1 visit per year
Hearing Aid Benefit	$699/hearing aid for Advanced; $999/hearing aid for Premium	$699/hearing aid for Advanced; $999/hearing aid for Premium	$699/hearing aid for Advanced;[2] $999/hearing aid for Premium[2] (OON: not covered)	$699/hearing aid for Advanced; $999/hearing aid for Premium
Dental Benefit	$1,200 annual reimbursement for dental services[3] (No network restrictions)	$500 annual reimbursement for dental services[3] (No network restrictions)	$500 annual reimbursement for dental services[3] (No network restrictions)	$500 annual reimbursement for dental services[3] (No network restrictions)
Over-the-Counter Allowance	$300 annual allowance towards over-the-counter health care related drugs and supplies	$100 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	$100 annual allowance towards over-the-counter health care related drugs and supplies
Annual Out-of-Pocket Limit	$6,900	$6,700	$6,700 (in- and out-of-network combined)	$5,500
Wallet Benefit	Up to $520 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic visits 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 visits 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 visits 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 visits and more.

For more information you can contact Harvard Pilgrim Health Care at **(866) 256-5365 (TTY: 711)**
8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

Harvard Pilgrim Health Care

a Point32Health company

Stride℠ (HMO)/(HMO-POS) Medicare Advantage Plan Prescription Drug Benefits

When you join a Stride℠ (HMO)/(HMO-POS) plan, your Part D Prescription Drug Coverage is included in your monthly premium. The chart below explains your costs for covered Part D drugs only. You have the option to use our network retail pharmacies or save money by using our convenient Mail Order Pharmacy program with free shipping directly to your home. Coverage for Part B drugs are included in your Part B Medical benefits.

Harvard Pilgrim uses a list of Part D prescription drugs (generic and brand) called a Formulary. Your prescription drugs must be included in our Formulary to be covered.

Rx Drug Coverage	Basic Rx (HMO) plan		Value Rx (HMO) plan		Choice Rx (HMO-POS) plan		Value Rx Plus (HMO) plan	
Deductible	No Deductible		No Deductible		No Deductible		No Deductible	
Initial Coverage: You pay the following until your total yearly drug costs reach $5,030. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim.								
Copays	**Retail 30-day supply**	**Mail Order 90-day supply**	**Retail 30-day supply**	**Mail Order 90-day supply**	**Retail 30-day supply**	**Mail Order 90-day supply**	**Retail 30-day supply**	**Mail Order 90-day supply**
Tier 1: Preferred Generic (Preferred/non-preferred pharmacy)	$0/$5	$0	$0/$5	$0	$0/$5	$0	$0/$5	$0
Tier 2: Generic (Preferred/non-preferred pharmacy)	$10/$20	$20	$8/$20	$16	$8/$20	$16	$8/$20	$16
Tier 3: Preferred Brand	$47 (Insulin: $35)	$94 (Insulin: $70)	$47 (Insulin: $35)	$94 (Insulin: $70)	$47 (Insulin: $35)	$94 (Insulin: $70)	$47 (Insulin: $35)	$94 (Insulin: $70)
Tier 4: Non-Preferred Drug	$100 (Insulin: $35)	$250 (Insulin: $105)	$100 (Insulin: $35)	$250 (Insulin: $105)	$100 (Insulin: $35)	$250 (Insulin: $105)	$100 (Insulin: $35)	$250 (Insulin: $105)
Tier 5: Specialty Tier	33%	N/A	33%	N/A	33%	N/A	33%	N/A
Tier 6: Vaccines	$0	N/A	$0	N/A	$0	N/A	$0	N/A
Coverage Gap: You pay the following until you and others on your behalf have paid a total of $8,000[4] for covered Part D drugs.								
While you are in the Coverage Gap, you pay 25% of the cost for generic drugs including brand drugs treated as generic, 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.[5]								
Catastrophic Coverage: After the coverage gap, when your payments for the year are greater than $8,000.								
During this payment stage, you pay nothing. The plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit for the remainder of the calendar year.								

Visit us online at **hpforlife.org**

Or call **(866) 256-5365 (TTY: 711)**
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[1]Cost sharing reflects in-network (out-of-network).

[2]Not covered out-of-network unless using a TruHearing® provider.

[3]Excludes orthodontics and implants.

[4]Drugs covered by Stride℠ (HMO)/(HMO-POS) 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.

[5]The amount discounted by the manufacturer in the Coverage Gap counts towards your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap.

This information is not a complete description of benefits. Call Member Services at 1-888-609-0692 (TTY: 711). Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Stride℠ (HMO) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England. Harvard Pilgrim Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (888) 609-0692 (TTY: 711). H6750_24032_M