



Harvard Pilgrim  
Health Care

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2024



**"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\_24033\_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, 2024 – December 31, 2024

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, 2024 – December 31, 2024.

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.**

To join Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Choice Rx (HMO-POS) or 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, and your out-of-network cost share may be higher than your in-network cost share for the same service.

**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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<b>Harvard Pilgrim's Covered Services and Important Information</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>
<p><b>Monthly Plan Premium</b> You must continue to pay your Medicare Part B premium.</p>	<p>Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: <b>\$0</b></p>	<p>Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: <b>\$49</b></p>	<p>Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: <b>\$60</b></p>	<p>Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan: <b>\$133</b> Strafford: <b>\$122</b></p>
<p><b>Deductible</b></p>	<p>Medical Deductible including Part B Prescription Drugs: You pay \$0.  Prescription Drug Deductible: You pay \$0.</p>	<p>Medical Deductible including Part B Prescription Drugs: You pay \$0.  Prescription Drug Deductible: You pay \$0.</p>	<p>Medical Deductible including Part B Prescription Drugs: You pay \$0.  Prescription Drug Deductible: You pay \$0.</p>	<p>Medical Deductible including Part B Prescription Drugs: You pay \$0.  Prescription Drug Deductible: You pay \$0.</p>
<p><b>Maximum Out-of-Pocket</b> 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>\$6,900 annually for Medicare-covered services.</p>	<p>\$6,700 annually for Medicare-covered services.</p>	<p><i>In- and Out-of-network:</i> \$6,700 annually for Medicare-covered services.</p>	<p>\$5,500 annually for Medicare-covered services.</p>
<p><b>Inpatient Hospital Care<sup>1</sup></b> Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p>You pay a \$440 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.  <i>Out-of-network:</i> You pay 40% coinsurance for each covered stay.</p>	<p>You pay a \$275 copayment per day for days 1 - 6, then \$0 copayment per day after day 6.</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>Outpatient Hospital Care<sup>1</sup></b> 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 \$395 copayment per visit.</p>	<p>You pay a \$350 copayment per visit.</p>	<p><i>In-network:</i> You pay a \$350 copayment per visit.</p> <p><i>Out-of-network</i> You pay 40% coinsurance per visit.</p>	<p>You pay a \$275 copayment per visit.</p>
<p><b>Outpatient Hospital Observation</b> 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 \$395 copayment per stay.</p>	<p>You pay a \$350 copayment per stay.</p>	<p><i>In-network:</i> You pay a \$350 copayment per stay.</p> <p><i>Out-of-network</i> You pay 40% coinsurance 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)
<p><b>Outpatient Surgery<sup>1</sup></b></p>	<p>You pay a \$0 copayment for a colonoscopy, whether screening or diagnostic (for example, polyps removed during the procedure).</p>	<p>You pay a \$0 copayment for a colonoscopy, whether screening or diagnostic (for example, polyps removed during the procedure).</p>	<p><i>In-network</i>            You pay a \$0 copayment for a colonoscopy, whether screening or diagnostic (for example, polyps removed during the procedure).</p> <p><i>Out-of-Network</i>            You pay 40% coinsurance for a colonoscopy, whether screening or diagnostic (for example, polyps removed during the procedure).</p>	<p>You pay a \$0 copayment for a colonoscopy, whether screening or diagnostic (for example, polyps removed during the procedure).</p>
	<p>You pay a \$295 copayment per visit for services other than a colonoscopy at an Ambulatory Surgical Center (ASC).</p>	<p>You pay a \$250 copayment per visit for services other than a colonoscopy at an Ambulatory Surgical Center (ASC).</p>	<p><i>In-network:</i>            You pay a \$250 copayment per visit for services other than a colonoscopy at an Ambulatory Surgical Center (ASC).</p> <p><i>Out-of-Network</i>            You pay 40% coinsurance per visit for services other than a colonoscopy at an Ambulatory Surgical Center (ASC).</p>	<p>You pay a \$200 copayment per visit for services other than a colonoscopy at an Ambulatory Surgical Center (ASC).</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>Outpatient Surgery,</b> <i>continued</i></p>	<p>You pay a \$395 copayment per visit for services other than a colonoscopy at an Outpatient Hospital Surgery department.</p>	<p>You pay a \$350 copayment per visit for services other than a colonoscopy at an Outpatient Hospital Surgery department.</p>	<p><i>In-network</i> You pay a \$350 copayment per visit for services other than a colonoscopy at an Outpatient Hospital Surgery department.</p> <p><i>Out-of-network:</i> You pay 40% coinsurance per visit for services other than a colonoscopy at an Outpatient Hospital Surgery department.</p>	<p>You pay a \$275 copayment per visit for services other than a colonoscopy at an Outpatient Hospital Surgery department.</p>

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<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.	<p><i>In-network:</i> You pay a \$0 copayment per visit.</p> <p><i>Out-of-network</i> You pay a \$35 copayment per visit.</p>	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.	<p><i>In-network</i> You pay a \$20 copayment per visit.</p> <p><i>Out-of-network</i> You pay a \$50 copayment per visit.</p>	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.	<p><i>In-network:</i> You pay a \$40 copayment per visit.</p> <p><i>Out-of-network:</i> You pay a \$65 copayment per visit.</p>	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 24 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-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><i>Out-of-network:</i> You pay 40% coinsurance 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 24 for more information.</p>	<p>You pay a \$15 copayment per visit to re-align one or more of the bones in your spine.</p>	<p>You pay a \$15 copayment per visit to re-align one or more of the bones in your spine.</p>	<p><i>In-network:</i> You pay a \$15 copayment per visit to re-align one or more of the bones in your spine.</p> <p><i>Out-of-network</i> You pay 40% coinsurance per visit to re-align one or more of the bones in your spine.</p>	<p>You pay a \$15 copayment per visit to re-align one or more of the bones in your spine.</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>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-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><i>Out-of-network</i> You pay 40% coinsurance for preventive services.</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>	<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> You pay 40% coinsurance per visit.</p>	<p>You pay nothing.</p>
<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>	<p>You pay a \$95 copayment per visit.</p>	<p>You pay a \$95 copayment per visit.</p>	<p>You pay a \$95 copayment per visit.</p>	<p>You pay a \$95 copayment per visit.</p>
<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>	<p>You pay a \$55 copayment per visit.</p> <p>Worldwide Coverage: You pay \$95 copayment per visit.</p>	<p>You pay a \$50 copayment per visit.</p> <p>Worldwide Coverage: You pay \$95 copayment per visit.</p>	<p>You pay a \$50 copayment per visit.</p> <p>Worldwide Coverage: You pay \$95 copayment per visit.</p>	<p>You pay a \$50 copayment per visit.</p> <p>Worldwide Coverage: You pay \$95 copayment per visit.</p>

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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 visit.	You pay a \$350 copayment per visit.	<i>In-network:</i> You pay a \$350 copayment per visit.  <i>Out-of-network:</i> You pay 40% coinsurance per visit.	You pay a \$275 copayment per visit.
<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-network:</i> You pay a \$0 or \$15 copayment per visit for labs, X-rays, and ultrasounds.  <i>Out-of-network:</i> You pay 40% coinsurance 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 day.	You pay a \$60 copayment per day.	<i>In-network:</i> You pay a \$60 copayment per day.  <i>Out-of-network:</i> You pay 40% coinsurance per day.	You pay a \$60 copayment per day.

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>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-network:</i> You pay a \$40 copayment per visit.  <i>Out-of-network:</i> You pay a \$65 copayment per visit.	You pay a \$30 copayment per visit.
<b>Routine hearing benefit</b>  This is in addition to Medicare-covered hearing exams. The routine hearing benefit includes a yearly exam and hearing aids.  You must see a TruHearing <sup>®</sup> provider for your routine hearing benefit. The plan covers up to two TruHearing <sup>®</sup> branded hearing aids every year.	Annual hearing exam – You pay a \$40 copayment.  Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.  Rechargeability – You pay a \$50 copayment for each hearing aid. This feature is optional.	Annual hearing exam – You pay a \$35 copayment.  Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.  Rechargeability – You pay a \$50 copayment for each hearing aid. This feature is optional.	<i>In-network:</i> Annual hearing exam – You pay a \$40 copayment.  Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.  Rechargeability – You pay a \$50 copayment for each hearing aid. This feature is optional.  <i>Out-of-network:</i> Not covered	Annual hearing exam – You pay a \$30 copayment.  Hearing aids – You pay a \$699 copayment for each Advanced model or a \$999 copayment for each Premium model.  Rechargeability – You pay a \$50 copayment for each hearing aid. This feature is optional.

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-network:</i> You pay a \$40 copayment per visit.  <i>Out-of-network:</i> You pay a \$65 copayment per visit.	You pay a \$30 copayment per visit.
<b>Routine dental benefit</b>  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.  Refer to the 2024 <i>Evidence of Coverage</i> and Dental Addendum for more information, including a list of covered dental procedures.	\$1,200 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services.  Orthodontics and implants are excluded.	\$500 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services.  Orthodontics and implants are excluded.	\$500 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services.  Orthodontics and implants are excluded.	\$500 annual reimbursement for the cost of preventive, diagnostic, basic, and major dental services.  Orthodontics and implants are excluded.

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-network:</i> You pay a \$0 copayment for annual Diabetic Retinopathy screening.</p> <p><i>Out-of-network:</i> You pay a \$65 copayment for annual Diabetic Retinopathy screening.</p> <p><i>In-Network</i> You pay a \$40 copayment per visit for all other exams to diagnose, monitor, or treat a medical condition.</p> <p><i>Out-of-Network</i> You pay a \$65 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-Network</i> You pay a \$0 copayment.</p> <p><i>Out-of-Network</i> You pay a \$65 copayment.</p>	<p>You pay 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>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 24 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 24 for more information.</p>	<p><i>In-network:</i> Annual eye exam - You pay a \$0 copayment.</p> <p><i>Out-of-network:</i> Annual eye exam - You pay a \$65 copayment.</p> <p>Corrective eyewear – Eligible for annual reimbursement through your Wallet Benefit. See page 24 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 24 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 \$440 copayment per day for days 1- 4, then \$0 copayment per day after day 4.</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> You pay 40% coinsurance per covered stay.</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-network:</i> You pay a \$55 copayment per day.</p> <p><i>Out-of-network:</i> You pay 40% coinsurance per covered stay.</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-network:</i> You pay a \$40 copayment per visit for individual or group therapy sessions.</p> <p><i>Out-of-network:</i> You pay a \$65 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>



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>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-network:</i> You pay a \$40 copayment per visit for individual or group therapy sessions</p> <p><i>Out-of-network:</i> You pay a \$65 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>Skilled Nursing Facility Care (SNF)<sup>1</sup></b> 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 \$196 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 \$196 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 \$196 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> You pay 40% coinsurance per covered stay.</p>	<p>You pay a \$0 copayment per day for days 1-20, then a \$196 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>

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<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 Cardiac rehabilitation services and Supervised exercise therapy for symptomatic peripheral artery disease.</p> <p>You pay a \$30 copayment per visit for Occupational, Physical, and Speech-language therapy.</p> <p>You pay a \$15 copayment per visit for Pulmonary rehabilitation services.</p>	<p>You pay a \$10 copayment per visit for all outpatient rehabilitation services.</p>	<p><i>In-network:</i> You pay a \$10 copayment per visit for all outpatient rehabilitation services.</p> <p><i>Out-of-network:</i> You pay 40% coinsurance 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 \$325 copayment per one-way trip for emergency and non-emergency transportation by ambulance.</p>	<p>You pay a \$300 copayment per one-way trip for emergency and non-emergency transportation by ambulance.</p>	<p>You pay a \$300 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>

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<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 on page 17 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>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>

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<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/7/2022/09/Part-B-Step-Therapy-Policy24.pdf">https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2022/09/Part-B-Step-Therapy-Policy24.pdf</a></p>	<p>You pay a \$35 copayment for a one-month supply of insulin covered under Medicare Part B for use with an insulin pump.</p> <p>You pay up to 20% of the total cost for all other Medicare Part B drugs, including chemotherapy drugs.</p>	<p>You pay a \$35 copayment for a one-month supply of insulin covered under Medicare Part B for use with an insulin pump.</p> <p>You pay up to 20% of the total cost for all other Medicare Part B drugs, including chemotherapy drugs.</p>	<p><i>In-network:</i></p> <p>You pay a \$35 copayment for a one-month supply of insulin covered under Medicare Part B for use with an insulin pump.</p> <p>You pay up to 20% of the total cost for all other Medicare Part B drugs, including chemotherapy drugs.</p> <p><i>Out-of-Network</i></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 40% of the total cost for all other Medicare Part B drugs, including chemotherapy drugs.</p>	<p>You pay a \$35 copayment for a one-month supply of insulin covered under Medicare Part B for use with an insulin pump.</p> <p>You pay up to 20% of the total cost for all other Medicare Part B drugs, including chemotherapy drugs.</p>

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<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-network:</i> You pay a \$40 copayment per visit.</p> <p><i>Out-of-network</i> You pay a \$65 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 and services, including therapeutic shoes and inserts</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). Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered DME by Medicare. There is no preferred brand for adjunctive CGMs.</p>	<p>You pay 20% of the total cost.</p> <p>You pay a \$0 copayment, including for Continuous Glucose Monitoring Systems (CGMS). Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered DME by Medicare. There is no preferred brand for adjunctive CGMs.</p>	<p><i>In-network:</i> You pay 20% of the total cost.</p> <p>You pay a \$0 copayment, including for Continuous Glucose Monitoring Systems (CGMS). Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered DME by Medicare. There is no preferred brand for adjunctive CGMs.</p>	<p>You pay 20% of the total cost.</p> <p>You pay a \$0 copayment, including for Continuous Glucose Monitoring Systems (CGMS). Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered DME by Medicare. There is no preferred brand for adjunctive CGMs.</p>

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<p><b>Durable Medical Equipment and Related Supplies, <i>continued</i></b></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>• Dexcom and certain Freestyle Libre products for Therapeutic CGMS</li> <li>• There is no preferred brand for Adjunctive CGMS.</li> </ul>	<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>• Dexcom and certain Freestyle Libre products for Therapeutic CGMS</li> <li>• There is no preferred brand for Adjunctive CGMS.</li> </ul>	<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>• Dexcom and certain Freestyle Libre products for Therapeutic CGMS</li> <li>• There is no preferred brand for Adjunctive CGMS.</li> </ul> <p><i>Out-of-network</i> You pay 40% coinsurance for 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>• Dexcom and certain Freestyle Libre products for Therapeutic CGMS</li> <li>• There is no preferred brand for Adjunctive CGMS.</li> </ul>

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<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 \$300 of OTC items a year from the plan's catalog.</p> <p>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.</p> <p>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 \$150 of OTC items a year from the plan's catalog.</p> <p>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.</p> <p>View it online at <a href="http://www.harvardpilgrim.org/s/tridedocuments">www.harvardpilgrim.org/s/tridedocuments</a>.</p>

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<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> <li>○ Physical Therapy and Speech-Language Pathology 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><i>In-Network</i></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><i>Out-of-Network</i> Additional telehealth services 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>



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<p><b>Wallet Benefit</b></p> <p>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 \$520 annual allowance to pay you back for the cost of covered services.</p> <p>Once the plan has paid you back \$520, 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>

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<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 \$95 copayment per visit for urgent and emergency care.</p> <p>You pay a \$325 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 \$95 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 \$95 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 \$95 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 one-month supply of covered insulin drugs 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>	\$0	\$0	\$0	\$0
<b>Initial Coverage</b>	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.			
<b>Coverage Gap</b>	<p>If your total yearly drug costs (which is the amount paid by both you and Harvard Pilgrim) reach \$5,030, 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 drugs and a \$35 copayment for a one-month supply of covered 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>	After your out-of-pocket drug costs (the amount paid by you and/or others on your behalf) reaches \$8,000, you pay nothing for covered Part D drugs and for excluded drugs that are covered under our enhanced benefit.			

**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>Tier 3:</b> Preferred Brand-Name	You pay a \$47 copayment (Insulin: \$35 copayment)	You pay a \$47 copayment (Insulin: \$35 copayment)	You pay a \$47 copayment (Insulin: \$35 copayment)	You pay a \$47 copayment (Insulin: \$35 copayment)
<b>Tier 4:</b> Non- Preferred Drug	You pay a \$100 copayment (Insulin: \$35 copayment)	You pay a \$100 copayment (Insulin: \$35 copayment)	You pay a \$100 copayment (Insulin: \$35 copayment)	You pay a \$100 copayment (Insulin: \$35 copayment)
<b>Tier 5:</b> Specialty	You pay 33% of the total cost	You pay 33% of the total cost	You pay 33% of the total cost	You pay 33% 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

Note: Members will not pay more than \$35 for a 30-day supply of covered insulin drugs.

\* 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>Tier 3:</b> Preferred Brand-Name	You pay a \$47 copayment (Insulin: \$35 copayment)	You pay a \$47 copayment (Insulin: \$35 copayment)	You pay a \$47 copayment (Insulin: \$35 copayment)	You pay a \$47 copayment (Insulin: \$35 copayment)
<b>Tier 4:</b> Non- Preferred Drug	You pay a \$100 copayment (Insulin: \$35 copayment)	You pay a \$100 copayment (Insulin: \$35 copayment)	You pay a \$100 copayment (Insulin: \$35 copayment)	You pay a \$100 copayment (Insulin: \$35 copayment)
<b>Tier 5:</b> Specialty	You pay 33% of the total cost	You pay 33% of the total cost	You pay 33% of the total cost	You pay 33% 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

Note: Members will not pay more than \$35 for a 30-day supply of covered insulin drugs.

**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	You pay a \$0 copayment	You pay a \$0 copayment	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>Tier 3:</b> Preferred Brand-Name	You pay a \$94 copayment (Insulin: \$70 copayment)	You pay a \$94 copayment (Insulin: \$70 copayment)	You pay a \$94 copayment (Insulin: \$70 copayment)	You pay a \$94 copayment (Insulin: \$70 copayment)
<b>Tier 4:</b> Non- Preferred Drug	You pay a \$250 copayment (Insulin: \$105 copayment)	You pay a \$250 copayment (Insulin: \$105 copayment)	You pay a \$250 copayment (Insulin: \$105 copayment)	You pay a \$250 copayment (Insulin: \$105 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

Note: Members will not pay more than \$105 for a 90-day supply of covered insulin.

If you reside in a long-term care facility, you pay the same as at a preferred 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.hpforlife.org">www.hpforlife.org</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 2024” Handbook  View online at <a href="http://www.medicare.gov">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.



Harvard Pilgrim  
Health Care

a **Point32Health** company

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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.

1 Wellness Way  
Canton, MA 02021