



NETWORK, TIERING AND COST SHARING: A Quick Guide to Your Atrius Health Medical Plans

As an Atrius Health employee, you have the option to enroll in two Harvard Pilgrim medical plan options: **Atrius Health Preferred HMO** and **Atrius Health Choice POS**. Both have a unique network, and both are “tiered” plans with varied cost sharing. So what does this mean?

The Network

The network is composed of the providers from whom you are covered to receive medical services on your plan. The Atrius Health Preferred HMO plan has a limited network and the Atrius Health Choice POS plan has the full Harvard Pilgrim network.

Atrius Health Preferred HMO

A limited network plan that offers a lower monthly premium. **Adult members must elect an Atrius Health PCP and child members younger than 19 must elect an Atrius Health* or Children’s Hospital Boston PCP.** Except in emergencies, care must be received from Atrius Health providers or provider facilities and physician groups that are part of the “Atrius Ecosystem”—known as Atrius Health Plus. Atrius Health providers offer quality care at the lowest cost. An important item to know when you elect this plan—if care is received outside the limited network, the plan will not pay toward the cost of the care.

Atrius Health Choice POS

A full Harvard Pilgrim network plan with a higher monthly premium. Your covered family members are able to choose any PCP within the Harvard Pilgrim network. The network includes Atrius Health* and Atrius Health Plus providers, and also allows you to access the wider Harvard Pilgrim provider network—known as the Non-Preferred providers. In addition, if you do not receive PCP referrals (self-refer) or if you go outside of the Harvard Pilgrim network (out-of-network providers), you are covered for care at a higher cost.

*Many Atrius Health employees receive their clinical care at an Atrius Health site, and Atrius Health supports and encourages employees to do so. Atrius Health also supports respecting the Patient-Clinician relationship and ensuring, to the extent possible, that potential conflicts of interest or privacy concerns for the Employee-Patient and/or the treating Clinicians are not inadvertently created. Therefore, employees who are also Atrius Health Patients must receive their care and treatment in a department other than the one in which they work, including the Internal Medicine, Behavioral Health, and OBGYN departments at the site in which they work.

Employees who have established clinical relationships that would otherwise not comply with this policy may continue such clinical relationships; however, once this specific relationship ends, the Employee-Patient must comply with this policy. For further information about this policy, please refer to the Atrius Health Employee as a Patient Policy, which can be found in Atrius Health’s SharePlace.

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Tiering

A tiered medical plan means that the health care providers in the network are all placed into a level of benefits, or tier, which determines how much you pay when you receive medical services from a provider in that particular tier. On both plans, Atrius Health providers offer you and your family the lowest out-of-pocket cost.

The Preferred HMO plan has a limited network consisting only of two levels of benefits: Atrius Health and Atrius Health Plus.

The Choice POS plan includes Atrius Health, Atrius Health Plus, the entire Harvard Pilgrim network (Non-Preferred providers) and the ability to see providers outside of Harvard Pilgrim's network (out-of-network providers).

ATRIUS HEALTH PREFERRED HMO		ATRIUS HEALTH CHOICE POS	
Atrius Health	\$	Atrius Health	\$
Atrius Health Plus	\$\$	Atrius Health Plus	\$\$
		Non-Preferred	\$\$\$
		Out-of-network	\$\$\$\$

It's important to know which tier your providers fall into prior to you electing your plan and prior to you receiving care. You may verify a provider's tier online at www.harvardpilgrim.org/atriushealth. Please note: tiering is also determined by the location where you receive the service. For example, Dr. Sally Sample, a dermatologist, sees patients both at Harvard Vanguard in Burlington and at Winchester Physician Associates. If you see Dr. Sample at Harvard Vanguard, the Atrius Health level of benefits will apply. If you see Dr. Sample at Winchester Physician Associates, the Atrius Health Plus level of benefits will apply.

Cost sharing

Cost sharing means that you and the plan each pay part of your medical care expenses. Cost sharing may include a deductible, coinsurance, and/or copayments (copays).

- A **deductible** is a dollar amount you pay for certain medical services before your medical plan starts to pay. Not all services apply to the deductible. If you cover any family members, the deductible may be met by any combination of covered family members. No member will pay more than the individual deductible.
- **Coinsurance** is the percentage you pay of the costs of a medical service after the deductible has been met.
- A **copayment** or copay is a fixed dollar amount you pay for a medical service, usually at the time you receive the service. Some copays (like Office Visit copays) apply before the deductible is met; others apply after the deductible is met (like Hospital stays).

It is also worth noting that the plans include an **out-of-pocket maximum** for cost sharing. When you have reached the out-of-pocket maximum for the benefit year, you will not pay deductible, coinsurance or copays again until the new benefit year.

Please take note of these cost sharing highlights for each plan option. For a more detailed overview of the applicable cost sharing for each plan, please refer to the *Schedule of Benefits* documents.

Atrius Health Preferred HMO:

Deductible

- No deductible applies when you see Atrius Health providers. However, please be aware that if you receive inpatient care from an Atrius Health provider at an Atrius Health Plus facility, the Atrius Health Plus deductible applies.
- A deductible of \$1,000 for individual plans and \$2,000 for family plans applies when you receive care for which the deductible applies from an Atrius Health Plus provider and/or facility.

Coinsurance

- No coinsurance cost sharing applies on this plan.

Copays

- Copays apply for many services, such as emergency room visits and in-network PCP and specialist office visits.
- PCP visits feature a lower copay than specialist visits.

Out-of-Pocket Maximum

- There is an out-of-pocket maximum of \$3,000 for individuals and \$6,000 for families.

Atrius Health Choice POS:

Deductible

- There are separate deductibles depending on where you receive care. This means that if you or your family members are receiving services for which a deductible applies both from an Atrius Health Plus provider and a Non-Preferred provider during the benefit year, you will be responsible for both of these deductibles, and they count together towards your in-network deductible.
- No deductible applies when you see Atrius Health providers. However, please be aware that if you receive inpatient care from an Atrius Health provider at an Atrius Health Plus facility, the Atrius Health Plus deductible applies.
- A deductible of \$1,000 for individuals and \$2,000 for families applies when you receive care for which the deductible applies from an Atrius Health Plus provider and/or facility.
- A deductible of \$1,500 for individuals and \$3,000 for families applies when you receive care for which the deductible applies from a Non-Preferred provider and/or facility.
- The deductibles for the Atrius Health Plus level of benefits and the Non-Preferred level of benefits count together toward your in-network out-of-pocket maximum.
- A separate deductible of \$2,000 for individuals and \$4,000 for families applies when you receive care from an out-of-network provider or if you receive in-network care without a referral from your PCP.

Coinsurance

- No coinsurance applies when you receive care from Atrius Health or Atrius Health Plus providers.
- 20% coinsurance applies when you receive care for which the deductible applies from Non-Preferred providers and/or facilities after the deductible has been met.
- 30% coinsurance applies when you receive care from out-of-network providers or if you receive in-network care without a referral from your PCP.

Copays

- Copays apply for certain services, such as emergency room visits and in-network PCP and specialist office visits.
- PCP visits feature a lower copay than specialist visits.
- Services received from Atrius Health providers have lower copays than services received from Atrius Health Plus and Non-Preferred providers.

Out-of-Pocket Maximum

- There is one out-of-pocket maximum of \$4,000 for individuals and \$8,000 for families for services received from Atrius Health, Atrius Health Plus and Non-Preferred providers and/or facilities.
- There is a separate out-of-pocket maximum of \$4,000 for individuals and \$8,000 for families for all out-of-network services or services received without a referral from your PCP.

We are here to help!

We recognize that these plans are very unique. Harvard Pilgrim is here to help you with any questions you have. Please call **(888) 333-4742** to speak to a Member Services representative.

For TTY service, call **711**.

Representatives are available Monday, Tuesday and Thursday from 8 a.m. – 6 p.m., Wednesday from 10 a.m. – 6 p.m. and Friday from 8 a.m. – 5:30 p.m.