

# Your 2019 Atrius Health medical plan options



**As an Atrius Health employee, you can choose from two Harvard Pilgrim medical plans for 2019 for you and your eligible family members.**

Use this summary to compare both plans when choosing a plan that fits your family's needs, and refer to it during the year to be aware of the costs you may experience.

## ► **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 or when covered family members are registered as out-of-area dependents, care must be received from provider facilities and physician groups that are part of the Atrius Ecosystem.

## ► **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 Ecosystem 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.

### **Both plans feature:**

- A discount on copays for office visits and other outpatient ambulatory services for you or your family member when services are available from an Atrius Health\* provider
- A PCP to oversee your general medical care—helping you to stay healthy, ensure coordinated care when you are ill and arrange for any additional health services you may need
- The opportunity for you and your family members to have different PCPs
- The ability to change your PCP at any time throughout the year

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\*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, Atrius Health has guidelines in place that provide guidance on what is considered appropriate interactions between an employee who is also an Atrius Health patient and their Atrius Health provider. For further information about these guidelines, please refer to the Atrius Health Employee as a Patient Policy, which can be found in Atrius Health's SharePlace.

# 2019 Atrius Health medical plan options

<b>Tier</b>
<b>Deductible, when applicable<sup>2</sup></b>
<b>Coinsurance</b>
<b>Out-of-pocket maximum (medical only)<sup>3</sup></b>
<b>Adult PCP office visit</b>
<b>Pediatric PCP office visit</b>
<b>Specialist office visit</b>
<b>Select preventive care services</b>
<b>Emergency room visit (copay waived if admitted)</b>
<b>Hospital admission</b>
<b>Hospital – outpatient (e.g., day surgery at a hospital)</b>
<b>Ambulatory care services (e.g., day surgery at an ambulatory care facility)</b>
<b>Urgent care</b>
<b>Labs/X-ray/diagnostic services</b>
<b>Colonoscopy</b>
<b>High-end imaging (e.g., CT scans and MRI)</b>
<b>Physical and occupational therapy (combined up to 60 visits; no limit for children under 3)</b>
<b>Mental health – inpatient</b>
<b>Mental health – outpatient</b>
<b>Infertility – treatments and procedures</b>
<b>Chemotherapy and Radiation therapy</b>
<b>Durable medical equipment (DME) (including ostomy supplies, oxygen &amp; respiratory equipment, prosthetics &amp; wigs); wigs limited to \$350</b>
<b>Telehealth virtual visits</b>

<b>Atrius Health Preferred HMO</b>	
<b>Atrius Health Ecosystem</b>	
	\$500 per member \$1,000 per family
	None
	\$3,000 per member \$6,000 per family
	\$10 copay – Atrius Health PCP only
	\$10 copay – Atrius Health PCP \$20 copay – Children’s Hospital Boston PCP
	\$20 copay – Atrius Health & Children’s Hospital Boston \$30 copay – All other specialists
	No charge
	\$150 copay
	Deductible, plus \$300 copay per admission
	Deductible then no charge
	\$150 Copay – Atrius Health Deductible then no charge – All other facilities
	\$10 copay – Atrius Health PCP \$20 copay – Atrius Health specialist \$30 copay – All other specialists
	No charge – Atrius Health \$50 copay – All other facilities
	No charge
	\$25 Copay – Atrius Health Deductible, plus \$200 copay – All other facilities
	No charge – Atrius Health \$30 Copay – All other facilities
	Deductible, plus \$300 copay per admission
	\$10 copay
	No charge – Atrius Health Deductible then no charge – All other facilities
	No charge – Atrius Health Deductible then no charge – All other facilities
	Deductible then no charge
	\$10 copay – Atrius Health PCP \$20 copay – Atrius Health specialist, Children’s Hospital Boston PCP or specialist, or Doctor on Demand provider \$30 copay – All other specialists

<sup>1</sup> Non-participating providers may bill you for the differences between their charges and the amount Harvard Pilgrim pays for covered services; you pay the difference—if applicable. Refer to the *Schedule of Benefits* for additional benefit information and other applicable cost sharing. Please note that the difference you are responsible for paying does not apply to your out-of-pocket maximum.

<sup>2</sup> The deductible is a dollar amount you must pay annually before certain services are covered. This means you may be required to pay all or part of a bill for services, until you have paid your total deductible amount. Copays and coinsurance do not apply to the deductible. Your in-network deductibles can be met by any combination of eligible in-network services. Your out-of-network deductible is a separate deductible to which only out-of-network services apply.

<sup>3</sup> The out-of-pocket maximum is the most you’ll have to pay each year in cost sharing. After you meet your annual out-of-pocket maximum you’re covered in full, and you will no longer pay copays, deductible or coinsurance for covered services. There is a separate out-of-pocket maximum for out-of-network services.

**This chart includes a summary of your Atrius Health 2019 benefit plan options. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* prevails in the event that the information in this document is different.**

Atrius Health Choice POS		
Atrius Health Ecosystem	Non-Preferred	Self-refer or out-of-network <sup>1</sup>
\$500 per member \$1,000 per family	\$1,500 per member \$3,000 per family	\$2,000 per member \$4,000 per family
None	20%	30%
\$4,000 per member \$8,000 per family for in-network services		\$4,000 per member \$8,000 per family for out-of-network services
\$10 copay – Atrius Health PCP \$20 copay – All other PCPs	\$50 copay	Deductible then 30%
\$10 copay – Atrius Health PCP \$20 copay – All other PCPs	\$50 copay	Deductible then 30%
\$20 copay – Atrius Health & Children’s Hospital Boston \$30 copay – All other specialists	\$75 copay	Deductible then 30%
No charge		Deductible then 30%
	\$150 copay	
Deductible, plus \$300 copay per admission	Deductible then 20%	Deductible then 30%
Deductible then no charge	Deductible then 20%	Deductible then 30%
\$150 Copay – Atrius Health Deductible then no charge – All other facilities	Deductible then 20%	Deductible then 30%
\$10 copay – Atrius Health PCP \$20 copay – Atrius Health specialist \$30 copay – All other specialists	\$75 copay	Deductible then 30%
No charge – Atrius Health \$50 copay – All other facilities	Deductible then 20%	Deductible then 30%
No charge	No charge – Preventive Deductible then 20% – Diagnostic	Deductible then 30%
\$25 Copay – Atrius Health	Deductible then 20%	Deductible then 30%
No charge – Atrius Health \$30 Copay – All other facilities	\$75 copay	Deductible then 30%
Atrius Health Ecosystem Deductible, plus \$300 copay per admission		Deductible then 30%
\$10 copay	\$10 copay	Deductible then 30%
No Charge – Atrius Health Deductible then no charge – All other facilities	Deductible then 20%	Deductible then 30%
No Charge – Atrius Health Deductible then no charge – All other facilities	Deductible then 20%	Deductible then 30%
Atrius Health Ecosystem deductible then no charge		Deductible then 30%
\$10 copay – Atrius Health PCP \$20 copay – Atrius Health specialist, Children’s Hospital Boston PCP or specialist, or Doctor on Demand provider \$30 copay – Atrius Health Ecosystem specialists	\$50 copay	\$75 copay

## Prescription Drugs<sup>4</sup>

The prescription drug out-of-pocket maximum (OOPM), which is separate from the medical OOPM, is \$1,000 Individual/\$2,000 Family. \$0 copay applies for blood pressure, cholesterol, depression and diabetes medications. Copays for retail and mail order supplies are listed below.

	Atrius Health Preferred HMO		Atrius Health Choice POS	
	Atrius Health	CVS Caremark Network Pharmacy	Atrius Health	CVS Caremark Network Pharmacy
<b>Retail 30-day supply:</b> <b>Generic/ Preferred/ Non-preferred</b>	\$5/\$15/\$35	\$15/\$25/\$45	\$5/\$15/\$35	\$15/\$25/\$45
<b>Mail Order 90-day supply:</b> <b>Generic/ Preferred/ Non-preferred</b>	\$15/\$45/\$105	\$30/\$50/\$135	\$15/\$45/\$105	\$30/\$50/\$135

<sup>4</sup> CVS Caremark administers your prescription drug program. While we've provided a brief overview of your copays, you may call CVS Caremark toll-free at (844) 294-0394 to address any specific questions about your prescription drug benefits.

To learn more about Harvard Pilgrim, visit  
[www.harvardpilgrim.org/atriushealth](http://www.harvardpilgrim.org/atriushealth)

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.



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