



## 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 one of 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 comprised of 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. Unique to the Atrius Health medical plans is the Atrius Health Ecosystem, which represents a family of providers and facilities who provide high quality, affordable care, particularly at Atrius Health. Care received within the Ecosystem costs less.

### Atrius Health Preferred HMO

The Preferred HMO is a limited network plan that offers a lower monthly premium. **Adult members must select an Atrius Health PCP and child members younger than 19 must select an Atrius Health or Children’s Hospital Boston PCP.** An important item to know when you elect this plan—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 Health Ecosystem. When you are able to receive care from an Atrius Health\* provider, you will receive a discount. If care is received outside the limited network, the plan will not pay toward the cost of the care.

### Atrius Health Choice POS

The Choice POS plan includes the full Harvard Pilgrim network with a higher monthly premium. Your covered family members are able to select 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. When you are able to receive care from an Atrius Health\* provider, you will receive a discount. 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, 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.

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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. For both plans, the Atrius Health Ecosystem provides you and your family the lowest out-of-pocket cost.

The Preferred HMO plan has a limited network consisting only of the Atrius Health Ecosystem, which includes Atrius Health Providers.

The Choice POS plan includes the Atrius Health Ecosystem, 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 Ecosystem*	\$	Atrius Health Ecosystem*	\$
		Non-Preferred	\$\$
		Out-of-network	\$\$\$
*When services are available, using an Atrius Health Provider saves you more! Copays for office visits and other outpatient, ambulatory services will be discounted and lower than the out-of-pocket cost you will incur using Atrius Health Ecosystem Preferred or Non-Preferred providers.			

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](http://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 discount will apply. When you see Dr. Sample at Winchester Physician Associates, the Atrius Health Ecosystem 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).
- **Out-of-pocket maximum (OOP)** is when you have reached the maximum amount you will pay for the benefit year. This means you will not be charged a deductible, coinsurance or copays again until the new benefit year. If you cover any family members, the OOP may be met by any combination of covered family members. No member will pay more than the individual OOP.

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**

- A deductible of \$500 per member and \$1,000 per family applies when you receive care for which the deductible applies from an Atrius Health Ecosystem provider and/or facility.
- When you receive inpatient care from an Atrius Health provider at an Atrius Health Ecosystem facility, the Atrius Health Ecosystem deductible applies.

### **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.
- Copays are discounted when you are able to receive your care from an Atrius Health provider.
- PCP visits feature a lower copay than specialist visits.

### **Out-of-Pocket Maximum**

- There is an out-of-pocket maximum of \$3,000 per member and \$6,000 per family.

## **Atrius Health Choice POS:**

### **Deductible**

- A deductible of \$500 per member and \$1,000 per family applies when you receive care for which the deductible applies from an Atrius Health Ecosystem provider and/or facility.
- A deductible of \$1,500 per member and \$3,000 per family applies when you receive care for which the deductible applies from a Non-Preferred provider and/or facility.
- When you or your covered family members are receiving services for which a deductible applies both from an Atrius Health Ecosystem provider and a Non-Preferred provider during the same benefit year, you will be responsible for both of these deductibles, and they count together towards meeting your total in-network deductible. For example, if you meet your \$500 individual Atrius Health Ecosystem deductible, you have also met \$500 of your individual \$1,500 Non Preferred deductible. In other words, if you met your \$500 individual Atrius Health Ecosystem deductible, and then you receive care from a non-preferred provider and that care is subject to the non-preferred deductible, you would have to satisfy an additional \$1,000 only.
- When you receive inpatient care from an Atrius Health provider at an Atrius Health Ecosystem facility, the Atrius Health Ecosystem deductible applies.
- A separate deductible of \$2,000 per member and \$4,000 per family 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 Ecosystem 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.

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### Copays

- Copays apply for certain services, such as emergency room visits and in-network PCP and specialist office visits.
- Copays are discounted when you are able to receive your care from an Atrius Health provider.
- PCP visits feature a lower copay than specialist visits.
- Services received from Atrius Health Ecosystem providers have lower copays than services received from Non-Preferred providers.

### Out-of-Pocket Maximum

- There is one out-of-pocket maximum of \$4,000 per member and \$8,000 per family for services received from Atrius Health Ecosystem and Non-Preferred providers and/or facilities.
- There is a separate out-of-pocket maximum of \$4,000 per member and \$8,000 per member for all out-of-network services or services received without a referral from your PCP.
- The deductibles for the Atrius Health Ecosystem level of benefits and the Non-Preferred level of benefits count together toward your in-network out-of-pocket maximum.
- The out-of-pocket maximums include all copays, deductibles and coinsurance.

### 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.