

# YOUR HARVARD PILGRIM PLAN OPTIONS

## Reliant Medical Group - 2021

**RELIANT MEDICAL GROUP** offers you the choice of four plans from Harvard Pilgrim Health Care. The main differences between the plans offered are in the doctors and hospitals available and in the copayments and deductibles.

- Your HMO options are the **Focus Network<sup>SM</sup> – MA** and **Reliant Select HMO** plans. Both require you to have a primary care provider and obtain referrals for most kinds of specialty care.
- Your PPO options are the **Harvard Pilgrim Best Buy PPO** and the **HPHC Insurance Company Best Buy HSA PPO** plans.

### Harvard Pilgrim's Focus Network – MA\*

This is a defined network HMO with more than 20,000 doctors and other clinicians and 58 hospitals in Massachusetts, including physicians at Reliant Medical Group and several other provider groups. These are called "Easy Access" providers. In the rare event that you need care an Easy Access physician or hospital cannot provide, a limited number of "Authorized Access" providers are available. You must obtain prior approval from Harvard Pilgrim to see Authorized Access providers.

### Reliant Select HMO

The Reliant Select HMO has two tiers of providers. You pay lower copayments for covered services you receive from Reliant Medical Group providers (Tier 1) and higher copayments for covered services you receive from other Harvard Pilgrim participating providers (Tier 2) in New England. You do not have to enroll in a tier; what you pay for out-of-pocket costs depends on what provider you see.

### Harvard Pilgrim Best Buy PPO

This highly flexible option does not require you to have a primary care provider or get referrals for care. The Harvard Pilgrim Best Buy PPO has an extensive network of participating providers throughout New England and across the country for in-network coverage. You also have the choice of seeing non-participating providers for out-of-network coverage, but higher out-of-pocket costs apply.

### HPHC Insurance Company Best Buy HSA PPO

This plan offers the same flexibility and provider choice as the Harvard Pilgrim Best Buy PPO. Significant annual deductibles apply to most in-network and out-of-network services. You have the option to fund a Health Savings Account with pre-tax salary contributions to help pay for your out-of-pocket costs.

Visit [harvardpilgrim.org/reliant](http://harvardpilgrim.org/reliant) to look up participating providers for each plan.

## Deductibles: What you need to know

Harvard Pilgrim's plan options include deductibles. Each plan's Schedule of Benefits has more details on benefits and cost sharing. It governs in the event that the information in this document is different.



### Most preventive care = not subject to the deductible.

Many preventive tests and services are covered at no charge. For the PPO plans, this applies only when you receive in-network services from participating providers.

Generally, preventive care is care you receive when you are healthy and symptom-free. It can include services such as routine checkups, screenings and immunizations. Preventive care sometimes reveals the need for diagnostic care, which is subject to the deductible.

#### Not subject to the deductible\*

- Consultations with specialists
- Exams for illness or injury
- Outpatient mental health and substance abuse treatment
- Routine prenatal and postpartum care
- Prescription drugs
- Preventive screenings
- Routine eye exams

\* Important: Most of these services are subject to the deductible for HSA PPO members. Routine prenatal and postpartum visits, physical exams, preventive screenings and eye exams are not subject to deductible when you receive them from in-network providers.



### Most diagnostic tests and services = subject to the deductible.

Diagnostic care and services are generally subject to an annual deductible. After you meet the deductible, copayments and/or coinsurance usually apply, up to your out-of-pocket maximum amount. If you receive care for an existing condition, illness or injury, that's diagnostic care. It includes testing and treatment for symptoms or conditions you already have.

#### Subject to the deductible

- Ambulance transport
- Cardiac rehabilitation
- Chemotherapy
- Diagnostic procedures/ screenings
- Dialysis
- Durable medical equipment
- Emergency room visits
- Home health care
- Most inpatient hospital services
- Outpatient rehabilitation services
- Outpatient surgery
- Skilled nursing facility care
- Speech therapy

Visit [harvardpilgrim.org/reliant](http://harvardpilgrim.org/reliant) to look up participating providers, find out about discounts and savings, and more.

For assistance, please call Harvard Pilgrim Member Services at **(888) 333-4742**.

TTY: 711

\* This plan provides access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In this plan, members have coverage only from providers in the Focus Network-MA provider network. Please consult the Focus Network-MA provider directory or visit the provider search tool at [harvardpilgrim.org](http://harvardpilgrim.org) for a list of providers in the Focus Network-MA. You may also call Harvard Pilgrim to request a paper copy of the provider directory.

BENEFIT	HARVARD PILGRIM FOCUS NETWORK - MA	RELIANT SELECT HMO Tier 1 = Reliant Medical Group providers Tier 2 = other Harvard Pilgrim participating providers	HARVARD PILGRIM BEST BUY PPO		HPHC INSURANCE COMPANY BEST BUY HSA PPO	
			IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Preventive care services</b> (with primary care provider or gynecologist)	No charge	No charge	No charge	Deductible, then 20% coinsurance	No charge	Deductible, then 20% coinsurance
<b>Office visits</b>	\$20 copayment	Tier 1: \$20 copayment Tier 2: \$35 copayment	\$20 copayment per visit	Deductible, then 20% coinsurance	Deductible, then \$20 copayment	Deductible, then 20% coinsurance
<b>Specialist office visits</b>	\$25 copayment	Tier 1: \$25 copayment Tier 2: \$40 copayment	\$25 copayment per visit	Deductible, then 20% coinsurance	Deductible, then \$20 copayment	Deductible, then 20% coinsurance
<b>Routine annual eye exams</b>	No charge	No charge	No charge	Deductible, then 20% coinsurance	No charge	Deductible, then 20% coinsurance
<b>Diagnostic lab and X-ray services</b>	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge	Deductible, then 20% coinsurance	Deductible, then no charge	Deductible, then 20% coinsurance
<b>Chiropractic care</b> (12 visits per year)	\$20 copayment	\$20 copayment	\$20 copayment*	Deductible, then 20% coinsurance*	Deductible, then \$20 copayment*	Deductible, then 20% coinsurance*
<b>Outpatient rehabilitation services</b> Physical and occupational therapy (24-visit limit per year) and speech therapy (unlimited visits)	Deductible, then \$20 copayment	Deductible, then Tier 1: \$20 copayment Tier 2: \$35 copayment	Deductible, then \$20 copayment	Deductible, then 20% coinsurance	Deductible, then \$20 copayment	Deductible, then 20% coinsurance
<b>Prescriptions</b> Prescription drugs, including oral contraceptives, insulin and insulin syringes	\$10/\$30/\$50/20% per script with \$150 max Tier 1, 2, 3 and 4 (up to 30-day supply)	\$10/\$30/\$50/20% per script with \$150 max Tier 1, 2, 3 and 4 (up to 30-day supply)	\$10/\$30/\$50/20% per script with \$150 max Tier 1, 2, 3 and 4 (up to 30-day supply)	N/A	Deductible, then \$10/\$30/\$50/20% per script with \$150 max Tier 1, 2, 3 and 4 (up to 30-day supply)	N/A
<b>Mail-order prescriptions</b>	\$20/\$60/\$100/20% per script with \$450 max Tier 1, 2, 3 and 4 (up to 90-day supply)	\$20/\$60/\$100/20% per script with \$450 max Tier 1, 2, 3 and 4 (up to 90-day supply)	\$20/\$60/\$100/20% per script with \$450 max Tier 1, 2, 3 and 4 (up to 90-day supply)	N/A	Deductible, then \$20/\$60/\$100/20% per script with \$450 max Tier 1, 2, 3 and 4 (up to 90-day supply)	N/A
<b>Hospital – inpatient services</b>	Deductible, then \$250 copayment per admission	Deductible, then \$250 copayment per admission	Deductible, then \$250 copayment per admission	Deductible, then 20% coinsurance	Deductible, then no charge	Deductible, then 20% coinsurance
<b>Outpatient surgery</b>	Deductible, then \$100 copayment	Deductible, then \$100 copayment	Deductible, then \$125 copayment*	Deductible, then 20% coinsurance	Deductible, then no charge	Deductible, then 20% coinsurance
<b>Emergency room care</b>	Deductible, then \$250 copayment per visit (waived if admitted)	Deductible, then \$250 copayment per visit (waived if admitted)	Deductible, then \$250 copayment per visit (waived if admitted)	Deductible, then \$250 copayment per visit (waived if admitted)	Deductible, then \$250 copayment per visit (waived if admitted)	Deductible, then \$250 copayment per visit (waived if admitted)
<b>Inpatient mental health and substance abuse treatment</b>	No charge	No charge	Deductible, then \$250 copayment per admission	Deductible, then 20% coinsurance	Deductible, then no charge	Deductible, then 20% coinsurance
<b>Outpatient mental health and substance abuse treatment</b>	\$20 copayment	\$20 copayment	\$20 copayment per visit	Deductible, then 20% coinsurance	Deductible, then \$20 copayment	Deductible, then 20% coinsurance
<b>Durable medical equipment</b>	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
<b>Calendar year deductible</b>	\$800 per member/ \$1,600 per family	\$800 per member/ \$1,600 per family	\$800 per member/ \$1,600 per family	\$1,600 per member/ \$3,200 per family	\$1,500 per member/ \$3,000 per family**	\$3,000 per member/ \$6,000 per family**
<b>Out-of-pocket maximum</b>	\$1,800 per member/ \$3,600 per family	\$1,800 per member/ \$3,600 per family	\$1,800 per member/ \$3,600 per family	\$2,500 per member/ \$5,000 per family	\$3,000 per member/ \$6,000 per family	\$5,500 per member/ \$11,000 per family
<b>Coinsurance amount</b>	N/A	N/A	N/A	20% of allowed amount	N/A	20% of allowed amount

\* For further information, please see your Member Handbook/Evidence of Coverage.

\*\* On this plan, there are no individual contribution limits within the family deductible. This means that individual family members will continue to pay deductible expenses until the total family deductible amount is reached. After the full, annual family deductible is met, family members on your policy no longer have to make payments toward the deductible.