# North Country Healthcare Plans Overview

ElevateHealth HSA HMO	)			_						
Product Name	Office Visit	Deductible	OOP Max	Co-insurance	ER	Urgent Care	Day Surgery	Labs	PT/OT/ST	RX Cost Share
ElevateHealth HSA HMO 3500	Ded then	\$3500/\$7000	\$5000/\$10000	20%	Ded then	Hosp: Ded then 20% Coins Free	Ded then 20% Coins	Ded then 20%	Ded then	Retail: Ded then
MD0000024624	20% Coins	Embedded	Embedded		20%	Stand: Ded then		Coins	20% Coins	\$5/\$20/20%/30%
					Coins	20% Coins				RX0000022686
ElevateHealth Options H	МО									
Product Name	Office Visit	Deductible	OOP Max	Co-insurance	ER	Urgent Care	Day Surgery	Labs	PT/OT/ST	RX Cost Share
ElevateHealth HMO Options	Tier 1:	Tier 1:	\$6500/\$13000	Tier 1: None	Tier 1 Ded	Tier 1 Hosp: Ded then \$150 Tier	Tier 1: Ded then	Tier 1: CIF	Tier 1: \$50	Retail: \$10/\$25/\$50/30%
MD0000017603	\$25/\$50	\$1000/\$2000	Embedded	Tier 2: 20%	then \$250	1 Free Stand: \$50	\$150	Tier 2: Ded	Tier 2: Ded	RX0000013360
	Tier 2: Ded	Tier 2:				Tier 2 Hosp: Ded then 20%	Tier 2: Ded then 20%	then 20%	then 20%	
	then 20%	\$3000/\$6000				Tier 2 Free stand: Ded then 20%				
		Embedded				Coins				
Best Buy POS Open Acce	ess LP									
Product Name	Office Visit	Deductible	OOP Max	Co-insurance	ER	Urgent Care	Day Surgery	Labs	PT/OT/ST	RX Cost Share
Best Buy POS Open Access LP	\$25 copay/	IN: \$3000/\$6000	\$6500/\$13000	IN: NA OON: 20%	Ded then	Hosp: Ded then \$125 copay IN	IN: Ded then \$250	IN: Ded then	\$50	Retail: \$10/\$25/\$50/30%
3000 MD0000019419	\$50 copay	OON:			\$250	Free Stand: \$50	copay	CIF		RX0000013360
		\$6000/\$12000					Select LP: \$125	Select LP: CIF		
		Embedded								
Best Buy POS Open Acce	ess HSA									
Product Name	Office Visit	Deductible	OOP Max	Co-insurance	ER	Urgent Care	Day Surgery	Labs	PT/OT/ST	RX Cost Share
Best Buy POS Open Access HSA	IN: Ded then	IN: \$3500/\$7000	\$5000/\$10000	IN: 20%	Ded then	Hosp: Ded then 20% Coins	IN: Ded then 20%	IN: Ded then	IN: Ded then	Retail: Ded then
3500 MD0000024623	20% Coins	OON:		OON: 40%	20% Coins	Free Stand: Ded then	Coins	20% Coins	20% Coins	\$5/\$20/20%/30%
	OON: Ded	\$7000/\$14000				20% Coins	OON: Ded then 40%	OON: Ded	OON: Ded	RX0000022686
	then 40%	Embedded					Coins	then 40%	then 40%	
	Coins							Coins	Coins	

PT - Physical Therapy; OT - Occupational Therapy; ST - Speech Therapy; Hosp - Hospital Based Urgent Care; Free Stand - Free Standing Urgent Care; Ded - Deductible; CIF - Covered In Full; IN - In Network; OON - Out of Network; Coins - Coinsurance

POS Plans have higher OON cost sharing. This chart is for reference only; refer to Schedule of Benefits for specific plan information.

## ElevateHealth HSA HMO:

This HMO plan requires members to choose a PCP and receive referrals to specialists for specialty services as needed. The ElevateHealth network includes 25 high quality hospitals (24 in New Hampshire and one in Vermont), including Elliot Health Systems and Dartmouth-Hitchcock. This plan is ideal for members who are already seeing these providers today or looking for high quality care at a lower price point. The Health Savings Account (HSA) allows members to use pre-tax funds to pay medical expenses and the funds are owned by the member. While preventative services such as physical exams are covered in full, with an HSA, most services (including prescription drugs), track toward the deductible and then coinsurance.

#### **ElevateHealth Options HMO:**

This plan requires members to choose a PCP and obtain referrals. This plan is a network hybrid of our ElevateHealth provider network of 20 hospitals (Tier 1) and the remainder of our New England provider network (Tier 2). Tier 1 functions similarly to our ElevateHealth HMO plan however, BOTH labs and X-rays are covered at 100% at Tier 1 facilities. Members have access to the full HMO New England network in Tier 2, however when accessing providers in Tier 2, services will be subject to a separate deductible and coinsurance. Pharmacy is not tiered.

## Please note:

- · No cost sharing for Preventive Services as defined by the Affordable Care Act
- · All plans provide coverage for emergency care anywhere in the world
- · You can learn more by visiting www.harvardpilgrim.org/nch

# Best Buy POS Open Access LP (Low-cost Providers):

With this plan, members are required to choose a PCP. They have access to thousands of participating providers throughout New England and nationwide. Members can receive care for covered services without a PCP referral; they have in-network coverage when visiting participating providers and out-of-network coverage when visiting non-participating providers. This plan offers distinctive features: Members can save money when receiving diagnostic lab testing and outpatient surgery procedures from participating LP providers. When members receive lab services from LP providers, it's covered in full. This is ideal for anyone with chronic medical conditions that require routine blood monitoring such as diabetes, thyroid disorders, cholesterol and blood thinners. When day surgeries are performed at participating LP locations, procedures are covered at only a copayment instead of the deductible. It's important to note that if these services are received out of the network or from non-LP providers, members will not have access to these savings.

#### **Best Buy POS Open Access HSA:**

With this plan, members are required to choose a PCP. They have access to thousands of participating providers throughout New England and nationwide. Members can receive care for covered services without a PCP referral; they have in-network coverage when visiting participating providers and out-of-network coverage when visiting non-participating providers. While preventative services such as physical exams are covered in full, with an HSA, most services (including prescription drugs), track toward the deductible and then coinsurance.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.