



Harvard Pilgrim: Your Partner in Health Care

2024 Open Enrollment

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Agenda

1. Plan Options Overview
2. Benefits At a Glance
3. Behavior Health Overview
4. Reimbursement & Member Discount Programs
5. Member Experience
6. Appendix



Plan Options Overview

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Your 2024 Harvard Pilgrim plan options

There are no changes to the 2024 plans!

For 2024, you have the option to select:

- Focus HMO HRA
- Best Buy HMO HSA
- PPO HAS

New ID Cards will be mailed to all members for 2024 Open Enrollment

Better Together Under the Harvard Pilgrim Brand

As part of our ongoing evolution, we combined the best of Tufts Health Plan and Harvard Pilgrim Health Care into a best-in-class portfolio with increased benefits, a new nationwide network, and the continued support of the Massachusetts team you already know and trust.



Robust provider networks with access more than 1.5 million providers and 6,700 hospitals provided by UnitedHealthcare.



Our market-leading **insourced behavioral health model** with the addition of a NEW member navigation support program starting in fall 2023.



A wide array of health plans, including a comprehensive portfolio of plans for small groups and the ability to customized plans to meet every large group's needs.



Expanded HMO footprint in Rhode Island, Massachusetts, New Hampshire, Maine, and parts of Vermont.



NEW robust virtual telehealth solution with **Doctor on Demand** for urgent care and behavioral health.



An experienced, knowledgeable, and **local sales team ready to partner with you.**

Focus HMO HRA – a lower cost, quality plan

- Lower premiums without sacrificing quality and choice
- Specifically designated providers contracted with the Focus Network are placed in two groups – Easy Access and Authorized Access

Easy Access providers statewide

- Use Easy Access PCPs and Specialists for benefit coverage
- Full Behavioral Health Network is included, regardless of location
- Emergency Care provided at any facility

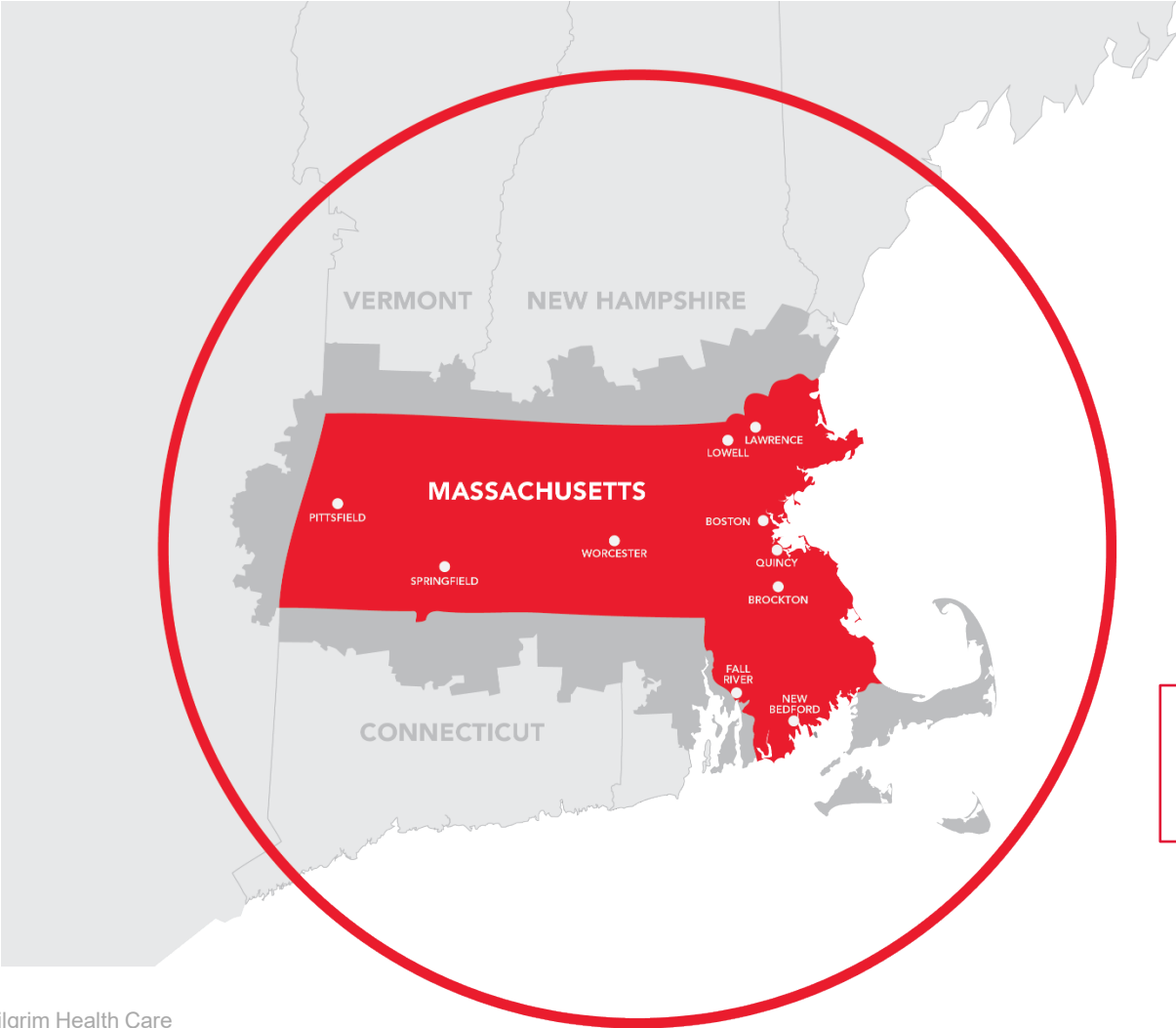
Authorized Access provider

- Authorized Access – highly specialized care not available from Easy Access providers
- UMASS Memorial Medical Center, an Authorized Access provider, used in very limited, highly complex cases
- Authorized Access always requires medical review and authorization by Harvard Pilgrim in advance of services in order to receive coverage





Focus HMO HRA – how it works

- ✓ Choose an Easy Access PCP from the participating Focus Network - MA providers across Massachusetts
- ✓ Specialty care is available with a referral from the PCP to an Easy Access specialist
- ✓ Referrals are not necessary for some services, such as routine eye exams, chiropractic care and most gynecological care
- ✓ Before making an appointment, always confirm the most current provider information by visiting the provider search tool at www.harvardpilgrim.org/focus
- ✓ Pay no member cost share for certain routine & preventive care (as defined by the ACA)
 - Annual physical with your PCP
 - Preventive screenings and tests, i.e. preventive colonoscopies
 - Immunizations, including flu shots
 - FDA approved contraceptive devices
- ✓ Covers emergency care if you get sick or injured anywhere in the world

Focus HMO HRA – uses Harvard Pilgrim’s Focus Network



A high-performing, limited network of approximately **60 hospitals and 20,000 doctors and other clinicians** across the state of Massachusetts

		Member enrollment area
		Employer enrollment area

High Deductible Plan Advantages

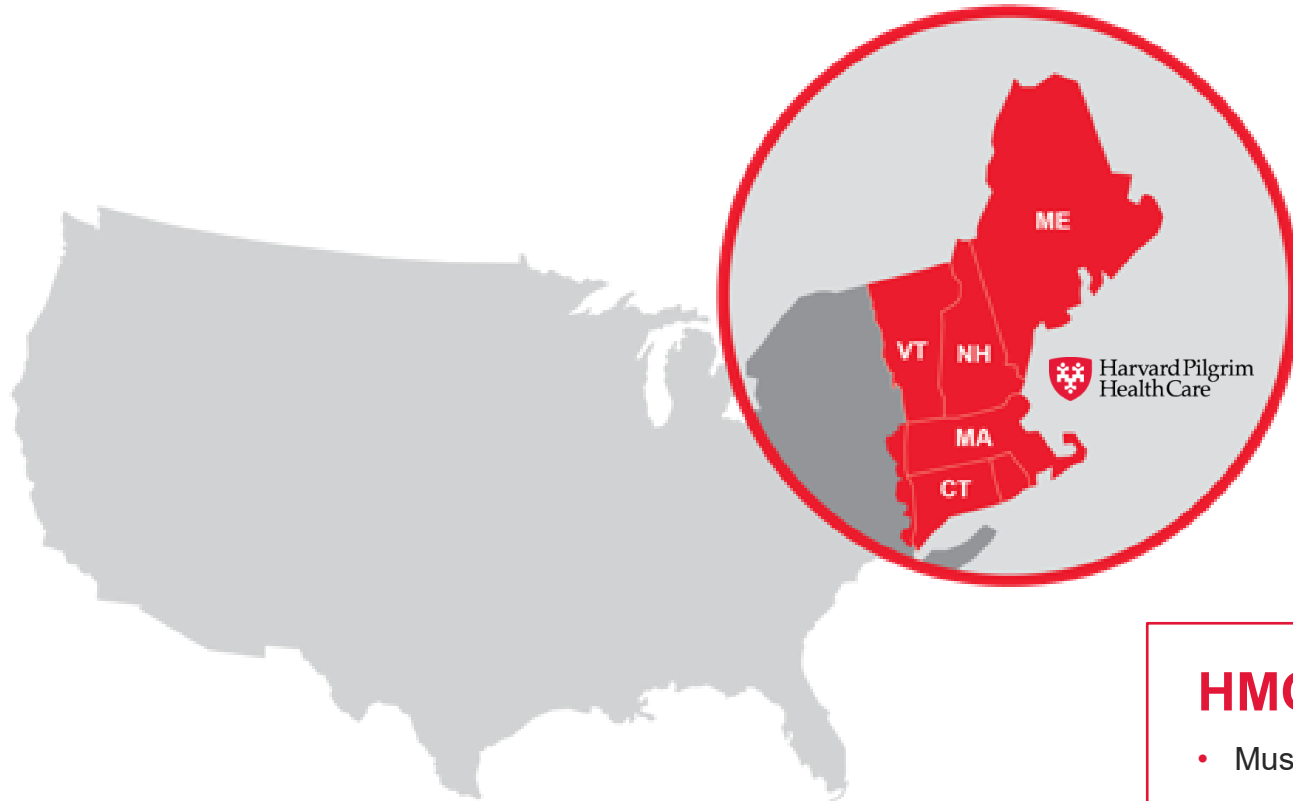
Qualified **high deductible health plans** allow you to pair your plan with a health savings account (HSA) and benefit from the triple tax advantages

Best Buy HMO HSA

PPO HSA

- You must open an HSA account to benefit from the tax advantages
- Pay an upfront deductible for covered non-routine services that are subject to the deductible
 - ✓ Non-routine services include consultations, evaluations, sickness and injury care
 - ✓ **Preventative care services**, annual physicals, and immunizations are **not** subject to the deductible and are covered in full
 - ✓ With some exceptions, once satisfied, services subject to the deductible are covered in full
- Your HSA plans offer a Preventive Drug Benefit
 - ✓ Certain medications that help prevent chronic conditions and illnesses are exempt from the Deductible
 - ✓ You are responsible for any applicable Copayment (or Coinsurance)
- Before enrolling, be sure to calculate your expenses and understand your potential out-of-pocket costs

Best Buy HMO HSA – Harvard Pilgrim’s HMO network



More than **97,000**
doctors and other
clinicians and more than
180 hospitals across
Harvard Pilgrim’s network

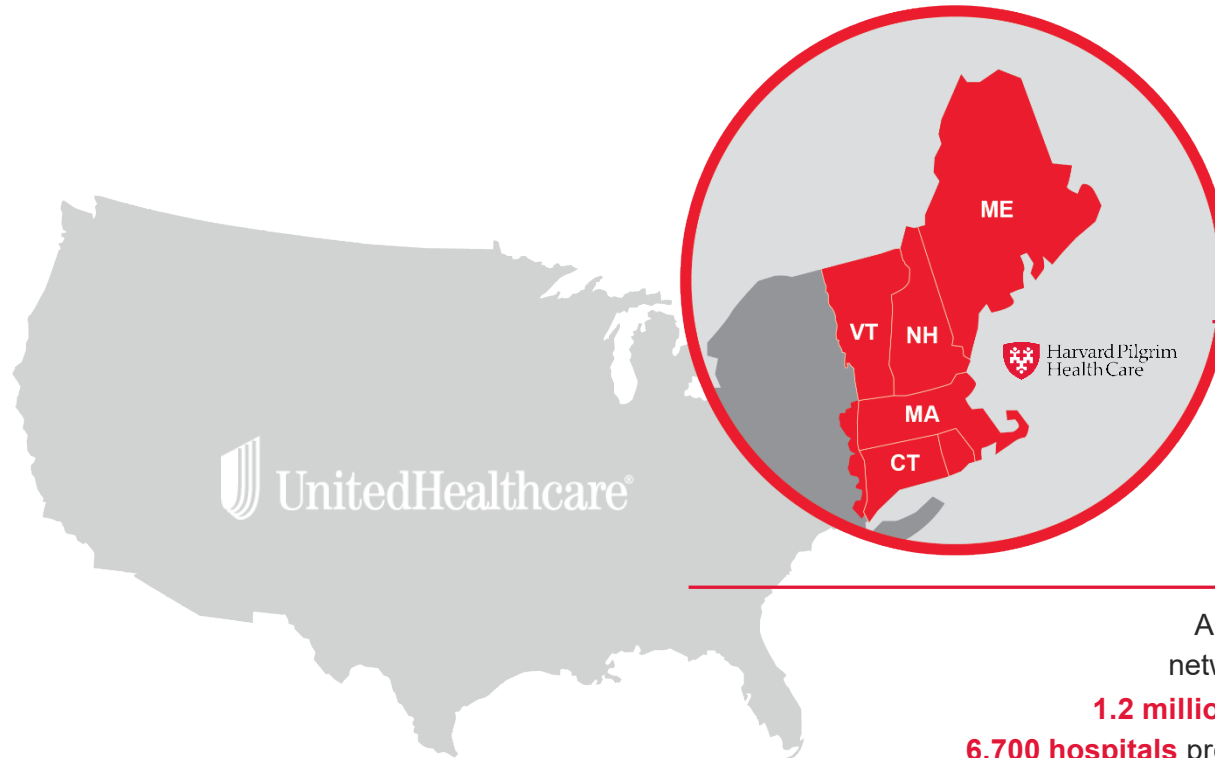
Total ancillary = 3,000

HMO:

- Must select a PCP from our network.
- Referrals are required for most specialty care.
- Emergency Services Covered **worldwide**

**Must remain in network for all other services*

PPO HSA – national access to providers



More than
**97,000 doctors and
other clinicians** and **180
hospitals** across Harvard
Pilgrim's network

Access to the largest national
network in the USA with almost
1.2 million providers and more than
6,700 hospitals provided by UnitedHealthcare

PPO:

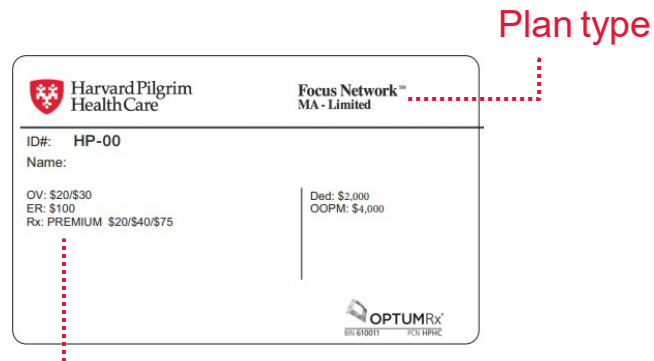
- PCP is not required; no referrals are necessary
- You may access in OR out-of-network services
- National network access through the UnitedHealthcare Options PPO Network outside of CT, MA, ME, NH, RI and VT
- Use participating UnitedHealthcare providers for In-Network level coverage when outside of New England
- Your plan covers emergency care at the in-network level if you get sick or injured while traveling anywhere in the world.

**OON services may be subject to balance billing.*

Prescription Benefit – OptumRx for Retail, Mail Order & Specialty

Is a prescription covered?

Find the tier on member ID Card



Formulary and Plan tiers



Easy to use:
Online Drug Tier Look-up
[HarvardPilgrim.org/rx](https://www.harvardpilgrim.org/rx)

How are the drug tiers defined?

PREMIUM 3-TIER Formulary

- | | |
|-----------------|--|
| Tier 1 (\$) | • Generic drugs |
| Tier 2 (\$\$) | • Preferred brands and some higher cost generics |
| Tier 3 (\$\$\$) | • Drugs not included in Tiers 1 or 2 |

NEW Optum Specialty Pharmacy
Effective January 1, 2023
specialty.optumrx.com

Certain over-the-counter medications



- Prescription required
- Standard Tier 1 cost sharing will apply
- 90-day prescription maximum
- In some instance, lower cost OTCs can be used instead of more costly prescription medications

OTC essentials, such as...

- ▶ **Colds and Allergies** (cough suppressants, expectorants, nasal decongestants, antihistamines etc.)
- ▶ **Skin/Dermatology** (anti-fungal agents, poison ivy treatments, etc.)
- ▶ **Gastrointestinal** (antacids, laxatives, etc.)
- ▶ **Eyes (Ophthalmic)** (dry eye therapy, etc.)
- ▶ **Pain and Anti-inflammatory**



Benefits At a Glance

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Benefits At A Glance

	Focus HMO HRA	Best Buy HMO HSA	PPO HSA	
			In Network (IN)	Out of Network (OON)
Deductible (Plan Year)	\$2,000 Individual Coverage \$4,000 Family Coverage	\$2,000 Individual Coverage \$4,000 Family Coverage	\$2,000 Individual Coverage \$4,000 Family Coverage	\$2,000 Individual Coverage \$4,000 Family Coverage
Once Deductible is met, coverage by the Plan is subject to any other Member Cost Sharing that may apply.	Individual Coverage: Individual Deductible applies Family Coverage: Individual Deductible applies (Embedded)	Individual Coverage: Individual Deductible applies Family Coverage: Individual Deductible does not apply (Non-embedded) Deductible may be met by any combination of covered family Members.		
			IN & OON Deductible – Not combined	
Out-of-Pocket Maximum (OOPM) (Plan Year) Includes all member cost sharing ; once met, Plan covers in full. * Medical & Rx combined	\$4,000 Individual Coverage \$8,000 Family Coverage Individual OOPM applies. (Embedded)	\$4,000 Individual Coverage \$8,000 Family Coverage Individual OOPM applies. (Embedded)	\$4,000 Individual Coverage \$8,000 Family Coverage Individual OOPM applies. (Embedded)	\$4,000 Individual Coverage \$8,000 Family Coverage Individual OOPM applies. (Embedded)
			IN & OON OOPM – Not Combined	
Preventive Care	No charge	No charge	No charge	Deductible, then 20% coinsurance
Routine Eye Exam (Annual)	No charge	No charge	No charge	Deductible, then 20% coinsurance
Office Visit PCP/Specialist	PCP: \$20 copay / visit Specialist: \$30 copay / visit Routine Annual Physical – No charge	PCP: Deductible, then \$20 copay Specialists: Deductible, then \$30 copay Routine Annual Physical – No charge	PCP: Deductible, then \$20 copay Specialists: Deductible, then \$30 copay Routine Annual Physical – No charge	Deductible, then 20% coinsurance

* Excluded from the PPO HSA OOPM: any charges above the Allowed Amount and any penalty for failure to receive Prior Approval when using Non-Plan Providers
Plan documents prevail in the event of a conflict

Benefits At A Glance (continued)

	Focus HMO HRA	Best Buy HMO HSA	PPO HSA	
			In Network (IN)	Out of Network (OON)
Emergency Room	\$100 copay / visit	Deductible, then \$100 copay / visit	Deductible, then \$100 copay / visit	
Hospital Inpatient	Deductible, then \$500 copay / admit	Deductible, then \$500 copay / admit	Deductible, then \$500 copay / admit	Deductible, then 20% coinsurance
Outpatient Surgery	Deductible, then \$250 copay / admit	Deductible, then \$250 copay / admit	Deductible, then \$250 copay / admit	Deductible, then 20% coinsurance
Labs, Radiology, Diagnostic Services	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge	Deductible, then 20% coinsurance
High End Radiology MRI, CT, PET Scan	Deductible, then \$100 copay / procedure	Deductible, then \$100 copay / procedure	Deductible, then \$100 copay / procedure	Deductible, then 20% coinsurance
PT/OT Up to 60 visits combined / Plan Year	Deductible, then \$20 copay / visit	Deductible, then \$20 copay / visit	Deductible, then \$20 copay / visit	Deductible, then 20% coinsurance
Acupuncture	\$30 copay (unlimited visits)	Deductible, then \$30 copay / visit	Deductible, then \$30 copay / visit	Deductible, then 20% coinsurance
Chiropractic	\$20 copay (20 visits / year)	Deductible, then \$20 copay / visit (20 visits / year)	Deductible, then \$20 copay / visit (20 visits / year)	Deductible, then 20% coinsurance (20 visits / year)
Doctor on Demand	No charge	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Pharmacy Benefit – Premium 3-Tier 90-day supply, maintenance medications only	Retail 30-day: \$20 / \$40 / \$75 Retail 90-day: \$60 / \$120 / \$225 Mail Order 90-day: \$40 / \$80 / \$150	Retail 30-day: Ded, then \$20 / \$40 / \$75 Retail 90-day: Ded, then \$60 / \$120 / \$225 Mail Order 90-day: Ded, then \$40 / \$80 / \$150 Preventive drug rider	Retail 30-day: Ded, then \$20 / \$40 / \$75 Retail 90-day: Ded, then \$60 / \$120 / \$225 Mail Order 90-day: Ded, then \$40 / \$80 / \$150 Preventive drug rider	

Plan documents prevail in the event of a conflict

The Right Quality Care Options for You



Virtual Care

Real-time virtual visit with Doctor on Demand providers

- Coughs, colds, flu
- Strep/sore throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health: UTIs, yeast infections
- Sports injuries
- Eye issues
- Behavioral health
- Prescription orders at local pharmacy



Retail Clinic

Walk-in, convenience care or retail clinic, (CVS Minute Clinic)

- Bronchitis
- Ear infections
- Eye infections
- Skin conditions like poison ivy and ringworm
- Strep throat



Urgent Care Clinic

Walk-in clinic for urgent care

- Burns, rashes, bites, cuts and bruises
- Infections
- Coughs, cold and flu
- Minor injuries
- Respiratory infections
- Sprains and strains



Emergency Room (ER)

Part of a local hospital

- Choking
- Convulsions
- Heart attack
- Loss of consciousness
- Major blood loss
- Seizures
- Severe head trauma
- Shock
- Stroke

If you think you're having a medical emergency, call 911 or go to the nearest ER.



Behavioral Health: A Whole Person Care Approach

Behavioral Health Program Overview

This enhanced model is comprised of a broad, insourced provider (medical and behavioral health) network in New England and nationwide, new service navigation program, and further complemented by covered benefits and access to additional behavioral health-focused programs and resources.

Broad Access to Doctors & Specialists

Our regional and nationwide provider networks help members receive the care they need conveniently and efficiently (based on health plan designs).

Service Navigation for Personalized Support

Our team of service navigators helps guide members to needed behavioral health resources and can help with setting up appointments with new providers for specialized care and support.

Innovative Self-Service Tools & Specialty Care

Through innovative partnerships, we provide specialized behavioral health services, including self-service digital tools for conditions like depression, anxiety, autism, and substance use.

Optimized Care Management & Coordination

Our internal clinicians and licensed care managers work together – and with members and their doctors to better manage their needs and provide 1:1 support.

Behavioral Health: Service Navigation Team

Our specially trained Service Navigators provide personalized help to find and access the care that's right for you and your dependents.

They can help you:



Navigate the complex health care system through enhanced personalized interactions



Connect to Harvard Pilgrims' support and programs, such as care managers



Locate providers and obtain timely behavioral health appointments



Learn more about the innovative tools and services we offer to support your needs

Behavioral Health: Self-Service Tools & Specialty Care

Personalized and effective care, with a focus on improving access to care and overall health outcomes.

Virtual Therapy Services

Available seven days a week to support your mental health and well-being, including licensed coaching, talk therapy, medication management and more:

- ✓ AbleTo
- ✓ Doctor On Demand
- ✓ Valera Health

Specialty Care Providers

Quick and easy access to care for autism spectrum disorder for children, and outpatient psychiatry and therapy for adults, children and adolescents:

- ✓ Cortica
- ✓ Transformations Care Network

Substance Use Treatment

A range of treatment options, with support from our internal care management team after inpatient treatment:

- ✓ Multiple network providers, including Spectrum Health
- ✓ Our Addiction Recovery Care Management Team

If you're experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away.

Integrated Care Management

Our licensed, integrated care managers will work with you and your doctors to help manage medical and behavioral health conditions – from simple to complex needs.

Addiction Support and Recovery

Autism Spectrum Disorder

Pediatric Resources

Outpatient Services

Inpatient Programs

- ✓ Care coordination
- ✓ Preventive & complex care
- ✓ Assistance with transition to home from a medical or behavioral setting
- ✓ Emergency Department readmission diversion
- ✓ Post facility discharge
- ✓ Peer support



Reimbursement & Member Discount Programs

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Fitness Reimbursement



Fallon Health 2023

Individual	Family (up to 2 members)
\$200	\$400

Members can qualify to receive up to \$200 in an annual fitness reimbursement – OR up to \$400 per family contract – on fees for health and fitness club memberships, classes or virtual subscriptions*

The graphic features a red background. On the left, there is a white piggy bank icon with a dollar sign. On the right, there is a white hand icon holding two dollar signs. The text is in white and red.

- There is a \$400 maximum per family contract for up to two members per calendar year
- Must be currently enrolled in Harvard Pilgrim at the time of reimbursement and active fitness club members for at least four months within a calendar year
- Restrictions apply
- Reimbursement may be considered taxable income; members should consult their tax advisors

www.harvardpilgrim.org/FallonHealth

How to Get Your Fitness Reimbursement



Sign up



Participate



**Submit the
Reimbursement Form**

Getting reimbursed is simple!

Pay up to four months of your membership or subscription fees. Or pay for your qualified cardiovascular/strength training equipment.

After four month of Harvard Pilgrim membership:

- Submit your request online.
- Complete the paper form and mail it to the address on the form, along with copies of your receipts.

You can submit your request starting May 1 of the current calendar year.

Go to harvardpilgrim.org/reimbursement for more details.

Get reimbursed for weight management programs



Harvard Pilgrim offers a weight management reimbursement program for Fallon Health members!

It helps to have support — and this additional incentive, to reach healthy weight goals.

Members can get up to \$150 reimbursement for fees paid for qualifying weight management programs, which include:

- WW (Weight Watchers®) digital and workshop programs
- Hospital-based weight loss programs

Exceptional Discounts for Members



Numerous ways for our members to save:



Fallon Health's Fitness
Reimbursement and Weight
Management programs



Hearing
• Amplifon Hearing Health Care



Eyewear Discounts
Laser vision correction



Healthy Eating
• DASH for Health
• Eat Right Now



Health Coaching



Family & Senior Care
• CareScout Advocacy Program:
• Great Call
• Home Instead Senior Care



Athletic Footwear discounts



And more!



Smoking Cessation

Member Experience & Support

Member Experience: Services, Tools & Opportunities

Our digital tools are designed to educate members, encourage healthy behaviors, maximize plan benefits and create a seamless transition.

Communications & support

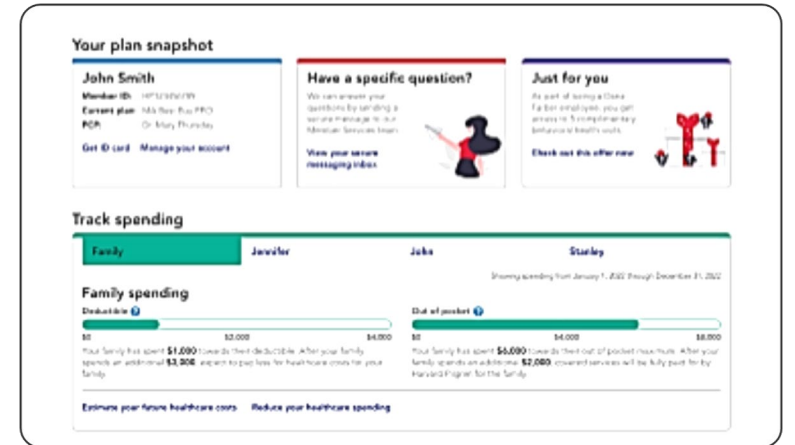
- Welcome Communications
- Member Portal dashboard
- Text-based Messaging
- Digital Welcome Guide
- Quarterly Member Newsletter
- Open Enrollment Materials
- Dedicated phone support
- Secure email, mobile app & Chat Bot support

Cost savings tools

- Cost calculator tool (*Estimate My Cost*)
- Cost comparison tool (*Reduce My Costs*)

Digital care & well-being tools

- Virtual wellness platform, education and classes
- Mindfulness
- Personal health coaching
- Behavioral health-focused tools
- Maternal health-focused tools
- Telehealth for 24/7 support – non-emergency

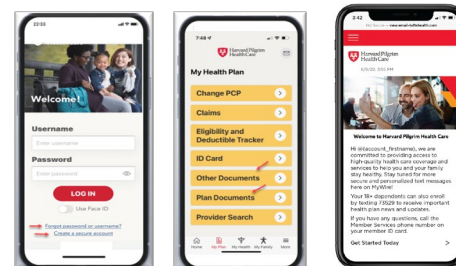


Guided Mindfulness Sessions

Experiment with short bursts of mindfulness instruction, followed by mini meditations, led by our team of expert instructors.

Tuesdays from 8:30 to 9:00 a.m. ET
[JOIN THIS SESSION](#)

Thursdays from 8:30 to 9:00 a.m. ET
[JOIN THIS SESSION](#)



Ask HaPi

Hi, welcome to Ask HaPi! I'm here to help answer your questions. You may access the links or type in your question below.

- [Disclosures](#)
- [Our Plans including Medicare](#)
- [Find a Provider](#)
- [Prescription Drug Lookup](#)
- [Estimate My Service Cost](#) or [Reduce My Cost](#)
- [Join our Living Well Program](#)

Your feedback is valuable to us,

Ask a question [Send](#)

New for 2024: Wellness Reimbursement

Get reimbursed for fees you pay toward wellness activities — up to \$300

Fitness Reimbursement

Up to \$400 for Dana-Farber Cancer Institute

What qualifies for reimbursement?

- Membership fees to gyms or fitness facilities
- Virtual fitness class subscriptions
- Studios or facilities that offer membership or tuition
- Select nutrition programs

Studios and facilities that qualify for reimbursement include:

- Dance
- Yoga
- Pilates
- CrossFit
- Martial arts
- Aerobic group classes
- Cross
- Spin
- Zumba
- HIIT
- Mind
- Nordic
- Indoor cycling/spinning classes
- Kickboxing
- Pilates
- Barre
- Weight Watchers
- The Driver Daily

Qualified nutrition programs include:

- Grocery delivery
- Meal kit services
- Low GI
- Fat-burner
- Fat-burner
- Weight Watchers
- The Driver Daily

Qualified mindfulness programs include:

- Meditation
- Mindfulness
- Personal training (taught by a certified instructor)
- Spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tai Chi
- Indoor rock climbing
- Personal training (taught by a certified instructor)

Digital Welcome Guide connects you and your family to services

Visit harvardpilgrim.org to get started:



Access your
digital ID
card



Confirm
your PCP or
choose a
new one



Complete the
personal health
assessment to help
connect you to
services



Access our Care
Management
team for
assistance



Learn how to
get the most
value out of
your new plan.

Your Secure Member Account

Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) and select “Member login”

The screenshot shows the Harvard Pilgrim Health Care member account dashboard. At the top, there is a navigation bar with the Harvard Pilgrim Health Care logo on the left and links for "Need language assistance?", "Find a provider", and "Contact us" on the right. Below this is a secondary navigation bar with "Secure message inbox", "Your account", and "Log out". A red navigation menu contains "Home", "Benefits & coverage", "Claims", "Personal health record", and "Tools & resources", along with a search bar for the member site.

The main content area is titled "Your plan snapshot" and features three cards:

- John Doe**: Member ID: HP1234567-00, Plan: MA HMO-Best Buy, PCP: MD Obli C M Mani (Change PCP). Links: Get ID card, Manage your account.
- Check your messages**: Visit your secure inbox for plan updates, news and notices. Link: Go to your secure inbox.
- COVID-19 Info**: Free COVID-19 at-home rapid tests are available from the federal government and in local communities. Link: Get the details.

Below this is the "Track spending" section, which includes tabs for "Family", "Spouse", and "Child1". It shows spending from January 01, 2023, through March 10, 2023.

In network spending progress:

- Deductible**: Progress bar from \$0 to \$3,000.00. Your family has paid **\$375.71** toward the in-network deductible. When you spend **\$2,624.29** more in deductible costs, expect to pay less for your family's covered in-network services for the rest of the plan year.
- Out of pocket**: Progress bar from \$0 to \$6,000.00. Your family has paid **\$519.11** toward the in-network out-of-pocket maximum. When you spend **\$5,480.89** more in cost sharing, we pay your family's covered in-network services in full for the rest of the plan year.

At the bottom, there is a link to "Estimate your future health care costs".

In your account, you can:

Search for in-network **providers**

Review your **claims**

Learn about **lower-cost alternatives** to the Emergency Room

Look up the costs and tiers of your **medications**

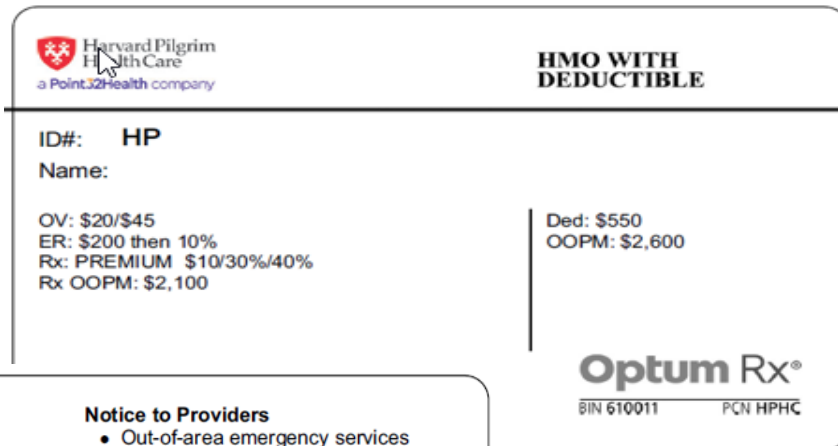
Apply for **fitness reimbursement**

Print a **member ID card** or add your ID card to your **Apple Wallet** or **Google Pay**

Your Member ID Card

Will arrive in the mail before your plan effective date – and available through your secure member account

Sample ID card
(front and back)



Notice to Members

- For Member Services, call: **888-333-HPHC (4742)**
- In a medical emergency, go to the nearest emergency facility or call **911** or other local emergency number
- If hospitalized, notify your Primary Care Physician within 48 hours
- Call your Primary Care Physician for all other care

Notice to Providers

- Out-of-area emergency services will be paid by the Plan
- In MA, ME, NH, RI, VT: **800-708-4414** or www.harvardpilgrim.org
Claims: Payer ID: 04271 HPHC, PO Box 699183, Quincy MA 02269-9183
- Other States: **800-693-5254**
United Health Shared Services
Claims: Payer ID 39026
Group Number: 11-123456
PO Box 30783, Salt Lake City, UT 84130-0783 • <https://uhss.umr.com>

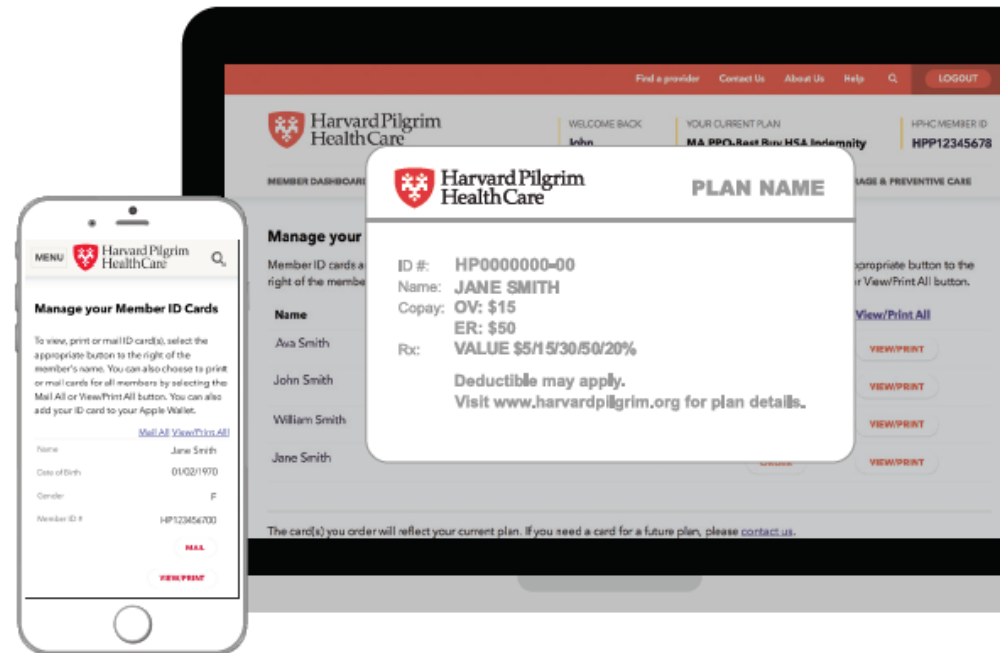
Please refer to your evidence of coverage for a full description of your benefits.

www.harvardpilgrim.org

UnitedHealthcare®
Options PPO Network



MD



Digital Member ID Card Access

- Access through **mobile app** or secure member account at harvardpilgrim.org
- **Apple Wallet compatible**, Android users save as a PDF
- Member ID card is **dynamic** – updates in real time

Your Activity Summary

Sent once we receive a claim for your services.

Deductible and Out Of Pocket Maximum Accumulator


- Accumulator info for entire family displays on the subscriber's statement.
- Subscriber's statement shows deductible and OOP max for every member on the contract.
- Dependent's statement only displays his/her own deductible and OOP max information.

Key Words in Your Activity Summary

DEFINITIONS

MEDICAL CLAIMS

A **B** **C** **D** **E** **F** **G** **H** **I**



ACTIVITY SUMMARY

Summary Period: 2/1/2010-2/28/2010
Member Name: Joseph Smith
ID#: HPP123456-00

Want a copy of a previous Activity Summary, your latest claims information or your detailed plan coverage?
Log in to [HPHConnect](#), your secure member account, at [www.harvardpilgrim.org](#).

	FAMILY DEDUCTIBLE SUMMARY YEAR-TO-DATE			FAMILY OUT-OF-POCKET MAXIMUM SUMMARY YEAR-TO-DATE		
	Annual	IN-NETWORK Applied	Remaining	Annual	OUT-OF-NETWORK Applied	Remaining
John B.	\$1,000.00	\$920.48	\$79.52	\$2,000.00	\$980.48	\$1,019.52
Mark L.	\$1,000.00	\$34.56	\$965.44	\$2,000.00	\$34.56	\$1,965.44
Amy R.	\$1,000.00	\$141.00	\$859.00	\$2,000.00	\$141.00	\$1,859.00
Edward G.	\$1,000.00	\$0.00	\$1,000.00	\$2,000.00	\$0.00	\$2,000.00
Family	\$2,000.00	\$1,096.04	\$903.96	\$4,000.00	\$1,196.04	\$2,843.96

Your Deductible Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 2/28/2010.

Your Out-of-Pocket Maximum Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 2/28/2011.

DEDUCTIBLE: A dollar amount you must pay yearly before certain services are covered under your health plan. This means you may be required to pay all or part of a provider bill until you have paid your full deductible amount.

OUT-OF-POCKET MAXIMUM: A limit on the amount of copayments, coinsurance and deductibles that you must pay yearly for covered services. Please refer to your *Benefit Handbook* and *Schedule of Benefits* for specific information on the out-of-pocket maximum that applies to your plan.

This is not a bill. Questions? Call Member Services at (888) 333-4742.

PAGE 3

hospital or clinician) billed Harvard Pilgrim for this service. Amount appears in this field, refer to the Explanation of Code field.

or denied and the reason for the action taken.


pays the provider based on our contract with that service.


you must pay before your health plan begins all or part of a provider bill until you have paid your deductible, when applicable.

es. You may have already paid your copayment at the time of service if prior approval is not received when required. If you have not already paid your copayment, deductible, coinsurance or deductible, you must pay your copayment.

more information to process your claim

ation Note field. If the note says we need more information about the claim, you or your provider must submit the information within 45 days from the date of this claim. If your provider fails to submit the information within 45 days from the date of this claim, or a portion of it, may remain pending for review.

 Date and type of service, plus provider name

 Retail price, negotiated price and amount charged to the member's deductible



Appendix

Definitions

Deductible: A set amount of money you pay out of your own pocket for certain covered services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments and coinsurance do not count toward your deductible.

Coinsurance: A fixed percentage of costs you pay for covered services. For example, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid your full annual deductible.

Copayment: A flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or pick up prescriptions at the pharmacy.

Cost sharing: Cost sharing is what you pay for specific health care services (e.g., office visits, X-rays and prescriptions). Coinsurance, copayments and deductibles are all examples of cost sharing.

Non-Embedded Deductible

On a family contract —

- ✓ There is no individual deductible
- ✓ The overall family deductible must be reached either by an individual or by any combination of family members
- ✓ Once met, coverage is subject to any other Member Cost sharing that may apply









Embedded Out-of-Pocket Max (OOPM)

On a family contract —

- ✓ There is an individual OOPM
- ✓ There is an overall family OOPM
- ✓ If an individual in the family reaches his or her OOPM before the family OOPM is reached, his or her covered services will be paid in full by the Plan thereafter
- ✓ Member Cost share that applies to the OOPM: copays, deductible and coinsurance

Urgent care: understanding your options

If you think you're having a medical emergency, call 911 or go to the nearest ER.

	Typical out-of-pocket costs	Common symptoms
 Telemedicine services Real-time virtual visit with Doctor on Demand providers via smartphone, tablet or computer	 You'll pay your PCP-level cost sharing for telemedicine services*	<ul style="list-style-type: none"> • Coughs, colds • Sore/Strep throat • Flu • Pediatric issues • Sinus and allergies • Nausea/diarrhea • Rashes and skin issues • Women's health: UTIs, yeast infections • Sports injuries • Eye issues
 Convenience care/retail clinic Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacy)	 You'll typically pay a copayment for going to a participating clinic*	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections • Skin conditions like poison ivy and ringworm • Strep throat
 Urgent care clinic Walk-in clinic for urgent care	 You'll typically pay a copayment for urgent care, sometimes a higher one than for an office visit or convenience care clinic visit*	<ul style="list-style-type: none"> • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu • Minor injuries • Respiratory infections • Sprains and strains
 Emergency room (ER) Part of a local hospital If you think you're having a medical emergency, call 911 or go to the nearest ER	 You'll typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible*	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss • Seizures • Severe head trauma • Shock • Stroke

*What you pay out-of-pocket depends on your specific Harvard Pilgrim plan. If you have an HSA plan, your deductible and any additional cost-sharing applies. Please refer to your plan documents for your specific benefit information.

Wellness Programs & Services

Living Well Online Portal

- Holistic well-being program
- Variety of wellbeing activities & monthly challenges
- Syncs to wearable devices
- Mobile & app accessible
- Opportunity to earn rewards

Living Well at Home

- Free, virtual fitness and wellness classes, including Zumba, yoga, barre
- Wellness webinars
- Private Facebook group

Reimbursement Programs

- Wellness
- Fitness
- Weight Management
- Childbirth Classes

Discounts & Savings

- Exclusive savings on a wide range of programs, products and services to support your health and well-being

Health Coaching

- For members age 18+, one-on-one support for issues like managing weight, smoking cessation, reducing stress and increasing physical activity

Mindfulness

- Guided mindfulness sessions led by our team of expert instructors

Family Wellness

- Ovia Health: Family and women's health resources
- Wellthy: Support for caregivers
- Included Health: Support for LGBTQ+ members



Fitness Reimbursement Eligibility Criteria

- Member must be eligible for the Fitness Reimbursement program through a Harvard Pilgrim plan
- Qualified fees or subscription must be for at least four months in a calendar year. Validation is subject to approval by Harvard Pilgrim
- Current Harvard Pilgrim membership must be at least four months in a calendar year and must coincide with four months of membership or subscription