



Harvard Pilgrim
Health Care

a Point32Health company



Commonwealth of Massachusetts
Group Insurance Commission

Which Plan is Right for You?

Find everything you need at harvardpilgrim.org/gic



Choosing your plan is an important decision.

Open enrollment begins April 2 and ends May 1.

Harvard Pilgrim Health Care is offering GIC employees three medical plans for the 2025-2026 plan year – **Quality HMO**, **Explorer POS** and **Access America**. Review the plans detailed in this guide and choose the option that best meets your individual or family health insurance coverage needs.





Explorer POS

Harvard Pilgrim Explorer POS is a Point of Service (POS) plan that covers preventive and medically necessary health care services and supplies that you need to help stay healthy.

- Harvard Pilgrim Explorer provides access to the full network that is part of the Harvard Pilgrim Explorer POS plan.
- This plan also covers out-of-network services, with deductible and coinsurance.
- Enrollees must live in Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island or Vermont.
- You are required to choose a PCP and receive covered services directly from your PCP or from other Harvard Pilgrim participating providers with the appropriate referrals.
- This plan places providers and hospitals into one of three tiers. The copayment, deductible or coinsurance amount you pay for covered services will depend on the tier that the providers and hospitals are assigned.





Quality HMO

Harvard Pilgrim Quality HMO is a plan that covers preventive and medically necessary health care services and supplies that you need to help stay healthy.

- Harvard Pilgrim Quality HMO has a narrower network with fewer participating health care providers and hospitals, but with a lower premium than Explorer POS.
- This plan provides in-network coverage only — there are NO out-of-network benefits, unless you have a medical emergency, or you need urgent care outside of the Quality HMO service area.
- Enrollees must live in mainland Massachusetts — the Cape and Islands are excluded.
- You are required to choose a PCP and receive covered services directly from your PCP or from other Harvard Pilgrim participating providers with the appropriate referrals.
- This plan places providers and hospitals into one of two tiers. The copayment, deductible or coinsurance amount you pay for covered services will depend on the tier that the providers and hospitals are assigned.





Access America

Access America is a Harvard Pilgrim-UnitedHealthcare (UHC) joint venture product offering a unified option to our groups for employees nationwide.

- A member can visit Harvard Pilgrim's participating doctors, health professionals and hospitals in Massachusetts, Maine and New Hampshire, and UnitedHealthcare's participating doctors, health professionals and hospitals in all other states.
- The plan also covers out-of-network services, with deductible and coinsurance.
- Enrollees must live in U.S. and outside of the six New England states (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island and Vermont).
- A PCP is not required but recommended and referrals are not necessary.
- The network is not tiered; members pay a flat copayment for services with a PCP or specialist.



Use this chart to help you consider what is important to you as you make your health plan decisions.

	Quality HMO	Explorer POS	Access America	Notes
Enrollment Area	Mainland MA (Cape and Islands are excluded)	MA, RI, NH, ME, VT and CT	Anywhere outside of the 6 New England States	The GIC defines the enrollment area for their members.
Annual Deductible	Annual In-Network Deductible	Annual In-Network and Out-of-Network Deductible	Annual In-Network and Out-of-Network Deductible	Quality HMO: does not have an OON deductible.
PCP required	PCP required	PCP required	N/A	
Referrals required	Referrals required	Referrals required	N/A	Access America does not require a PCP or referrals. Members in all other plans must choose a PCP from the applicable provider network. Quality HMO and Explorer POS members need PCP referrals for most specialist visits (referrals are not required for some services, such as an annual eye exam and an annual OB/GYN exam).
Out-of-network coverage	Only for emergency and urgent care	Out-of-Network coverage is allowed Services beyond emergency and urgent care are subject to the out-of-network deductible	Out-of-Network coverage is allowed Services beyond emergency and urgent care are subject to the out-of-network deductible	With few exceptions, care is not covered for Quality HMO members if they visit non-participating providers. Explorer POS and Access America members have the added choice of seeing providers who do not participate in the Harvard Pilgrim network. Any out-of-network services will be applied at the out-of-network level of benefits. Access America utilizes the United Healthcare network which is considered in-network for members.
Pharmacy Benefit	CVS Caremark	CVS Caremark	CVS Caremark	The GIC carves out their pharmacy benefit manager to CVS Caremark. For more information regarding your prescription drug coverage please contact https://info.caremark.com/oe/gichome or call (877) 876-7214.
Type of Plan	Tiered network plan. In-Network: Copay based on tier of provider There may also be some services are subject to the deductible.	Tiered network plan. In-Network: Copay based on tier of provider There may also be some services are subject to the deductible.	Not a tiered network plan. Member cost share based on service. Some services are subject to the deductible.	Quality HMO is a limited network separated by two tiers; not all providers and hospitals in Harvard Pilgrim's network participate. Explorer POS is a broad network plan; places providers and hospitals into one of three tiers. The copayment, deductible or coinsurance amount you pay for covered services will depend on the tier that the providers and hospitals are assigned. Access America is not a tiered plan; some services have a copay or subject to the deductible.

These are summaries only and not a complete listing of all benefit information. Please see your Plan documents for complete details. The Plan documents constitute the truth source in the event of a discrepancy.

Use this chart to help you compare benefits and costs.

	Quality HMO	Explorer POS	Access America
Annual Deductible	IN: \$400/Employee \$800/Family	IN: \$500/Employee \$1,000/Family OON: \$500/Employee \$1,000/Family	IN: \$500/Employee \$1,000/Family OON: \$500/Employee \$1,000/Family
PCP Visits	\$20 copay PCPs are not tiered	Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$40 copay OON: deductible, then 20% coinsurance	\$20 copay OON: deductible, then 20% coinsurance
Specialist Visits	Tier 1: \$30 copay Tier 2: \$60 copay	Tier 1: \$30 copay Tier 2: \$60 copay Tier 3: \$75 copay OON: deductible, then 20% coinsurance	\$45 copay OON: deductible, then 20% coinsurance
Emergency Room — Copay waived if admitted	\$100 copay, then deductible	IN: \$100 copay, then deductible OON: \$100 copay, then deductible	IN: \$100 copay, then deductible OON: \$100 copay, then deductible
Ambulance/ Emergency Services	Deductible, then no charge	Deductible, then no charge OON: deductible, then no charge	Deductible, then no charge OON: deductible, then no charge
Hospital Inpatient	Tier 1: \$275 copay Tier 2: \$500 copay	Tier 1: \$275 copay Tier 2: \$500 copay Tier 3: \$1,500 copay OON: deductible, then 20% coinsurance	IN: \$275 copay per admission then deductible OON: deductible, then 20% coinsurance
Surgical Day Surgery	\$250 copay, then deductible Note: \$150 copayment, then deductible for eye and gastrointestinal procedures performed at ambulatory surgical centers (limited to 4 copayments per plan year).	\$250 copay, then deductible Note: \$150 copayment, then deductible for eye and gastrointestinal procedures performed at ambulatory surgical centers (limited to 4 copayments per plan year). OON: deductible, then 20% coinsurance	\$250 copay, then deductible Note: \$150 copayment, then deductible for eye and gastrointestinal procedures performed at ambulatory surgical centers (limited to 4 copayments per plan year). OON: deductible, then 20% coinsurance
Behavioral Health Office Visits	Individual: \$20 copay per visit Group: \$15 copay per visit	\$10 copay OON: deductible, then 20% coinsurance	Individual: \$20 copay per visit Group: \$10 copy per visit OON: deductible, then 20% coinsurance
Physical and Occupational Therapies — up to 30 visits per plan year for each therapy	\$20 copay	\$20 copay OON: deductible, then 20% coinsurance	\$20 copay OON: deductible, then 20% coinsurance
Chiropractic Care — 20 visits per plan year	\$20 copay	\$20 copay OON: deductible, then 20% coinsurance	\$20 copay OON: deductible, then 20% coinsurance
Routine Eye Exam — covered once every 24 months	Optometrist: \$20 copay Ophthalmologist Specialist: Tier 1: \$30 copay Tier 2: \$60 copay	Optometrist: \$20 copay Ophthalmologist Specialist: Tier 1: \$30 copay Tier 2: \$60 copay Tier 3: \$75 copay OON: deductible, then 20% coinsurance	Optometrist: \$20 copay Ophthalmologist specialist: \$45 copay OON: deductible, then 20% coinsurance

Key: IN = In Network | OON = Out of Network

These are summaries only and not a complete listing of all benefit information. Please see your Plan documents for complete details. The Plan documents constitute the truth source in the event of a discrepancy.

If you need more information, we're here to help. We are committed to providing you with a variety of health plan choices and support to select the plan that best meets your needs.



Visit **harvardpilgrim.org/gic**

Access resources and information on your health plan options



Speak with Harvard Pilgrim Health Care Member Services: (844) 442-7324 (TTY: 711)



Ready to enroll or need additional information from the GIC?

Visit **mass.gov/orgs/group-insurance-commission**

Contact Us

If you have questions or need help, just give us a call — please be sure to tell us you are enrolling through the GIC.

Member Services

(844) 442-7324 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

Harvard Pilgrim Health Care offers interpreter services. Call (844) 442-7324 (TTY: 711)

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



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