

Your Guide to
Health Care Coverage

**“I want a local
insurer that
understands
my needs.”**

Guiding New Hampshire to better health.

New Hampshire
Individual & Family
Product Guide - Off Exchange
Plan Year 2019

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.

The individual shown is representative only. The comment is a composite of sentiments often expressed by our members.

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Table of contents

Click on any title to jump to that section.

- 1 [Why Harvard Pilgrim?](#)
 - 3 [Core Benefits](#)
 - 4 [Urgent Care](#)
 - 5 [Prescription Drug Coverage & Behavioral Health](#)
 - 6 [New Hampshire's Plan Options](#)
 - 8 [Insurance Terms to Know](#)
 - 9 [Product Grids](#)
 - 15 [Enrollment Dates and Details](#)
 - 16 [Important Legal Information](#)
-

Our promise: Guide people and communities to better health.

We give you access to the health professionals and hospitals you know and trust.

Our ElevateHealth and ElevateHealth Options plans offer outstanding coverage, choice and value. Both are built around outstanding local providers who deliver high-quality care at an excellent value.

Elevate Health

These plans offer premium savings in exchange for access to a select network of New Hampshire's leading health professionals and hospitals. (Not available to individuals who reside in Carroll County).

ElevateHealth Options

These plans offer flexibility and an opportunity to save money. Tier 1 is our ElevateHealth network, and Tier 2 is the rest of Harvard Pilgrim's network (New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island).

Our programs help you maximize your well-being.

Good health—and how you work toward it—looks different for everyone. Our wellness programs are designed to suit your needs, whatever they may be.

Wellness website

Get tips and tools on everything from nutrition and fitness to stress management. Customize the screen according to your goals, sync your wearable device, chat with other users and connect with a personal health coach. Visit harvardpilgrim.org/wellbeingforall.

Personal health coaching

Through one-on-one coaching sessions over the phone and email check-ins, our certified health and wellness coaches will help you set realistic health goals, identify and address any barriers and keep track of your progress.

Care management

When you're dealing with a chronic illness, getting better can involve much more than medical treatment. Our team from Benevera Health can help. Their "Whole Person, In Person" care management approach means that they get to know you and look at all of the factors that affect your well-being.



We have ways to help you save money.

Keep more money in your pocket with tools and programs designed to help you save.

Health care cost estimator

Too often, we don't know how much health care services cost until the bills arrive. Our online cost estimator tool helps you understand what costs to expect beforehand. You can even compare costs among different providers.

Fitness reimbursement

Get up to a \$150 annual reimbursement on fees for health and fitness club membership and classes. To qualify, you or one of your dependents must be an active member of the fitness club for at least four months within a calendar year.¹

Discounts & Savings

Save on a variety of products and services that can help you stay healthy:

- Vision
- Hearing
- Healthy Eating
- Fitness
- Dental
- Holistic Wellness
- Smoking Cessation
- Family & Senior Care

¹There is a \$150 maximum reimbursement per Harvard Pilgrim policy in a calendar year per individual or family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, consult your tax advisor.

We're committed to our communities.

As a not-for-profit, service inspires our social mission. We're driven by a human concern for the particular health challenges our New Hampshire neighbors and communities face – and a dedication to helping resolve them.

Funding programs in New Hampshire

In 2017, the Harvard Pilgrim Health Care Foundation supported local non-profit agencies and health initiatives with more than \$488,000 in grants and sponsorships.

Prevention and recovery

Our support includes active partnerships with New Hampshire non-profits that focus on prevention of and recovery from substance-use disorders. Additionally, the Harvard Pilgrim Foundation launched a grant program in early 2018 specifically to assist those not-for-profits who are actively tackling the opioid crisis in our state.



\$480,000
GRANTS & SPONSORSHIPS

What we cover

Core benefits



No matter which plan you choose, it will include these benefits.



Ambulatory Patient Services

Outpatient care without hospital admission



Mental Health and Substance Use Services

Counseling and psychotherapy



Pregnancy, Maternity, and Newborn Care

Care before, during and after pregnancy



Emergency Services

Trips to the emergency room (ER), when medically necessary



Pediatric Dental and Vision

Covers children up to age 19



Rehabilitation & Habilitative Services and Devices

Rehab services, hospital beds, crutches, oxygen tanks



Laboratory Services

Blood work, screenings, etc.



Prescriptions

Access to safe, effective medications



Preventive Care & Chronic Disease Management

Doctor visits for wellness exams, shots, screenings, health maintenance, etc.



Hospitalization

Inpatient services, such as surgery

The care you need, when you need it

When your primary care provider's office isn't open and you need medical care for a non-life-threatening injury or illness, consider these alternatives that cost less and are more convenient than an emergency room.

	Typical out-of-pocket costs	Common symptoms
 <p>Telemedicine services Real-time virtual visit with Doctor on Demand providers via smartphone, tablet or computer</p>	<p>\$ You'll pay your PCP-level cost sharing for telemedicine services¹</p>	<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: UTI's, yeast infections • Sports injuries • Eye issues
 <p>Convenience care/retail clinic Walk-in, convenience care or retail clinic (e.g. MinuteClinic inside of CVS pharmacy)</p>	<p>\$ You'll typically pay a copayment for going to a participating clinic¹</p>	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections • Skin conditions like poison ivy and ringworm • Strep throat
 <p>Freestanding urgent care clinic Walk-in clinic for urgent care (e.g., ConvenientMD, Clear Choice or Concentra)</p>	<p>\$\$ You will pay an urgent care copayment, which may be more than what you pay for office or convenience care clinic visits¹</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
 <p>Hospital-based urgent care clinic Walk-in clinic for urgent care</p>	<p>\$\$\$ You'll typically pay your deductible, then a hospital-based urgent care copay¹</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
 <p>Emergency room (ER) Part of a local hospital</p> <p>Members who think they are having medical emergencies should call 911 or go to the nearest ER.</p>	<p>\$\$\$\$ You'll typically pay your deductible, then a higher copay after the deductible is met^{1,2}</p>	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss • Seizures • Severe head trauma • Shock • Stroke

¹What 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.

²Emergency Room care for non-medical emergency services applies higher cost sharing (deductible then 50% coinsurance). Refer to your plan documents for specifics.

Prescription drug coverage

High-quality coverage

Our prescription drug coverage focuses on choice and value to help you get the most out of your benefits and keep premiums affordable.

Our plans include a 5-tier prescription drug benefit: the lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible, with the option of getting prescriptions filled at a retail pharmacy or through the mail.

TIER	VALUE 5-TIER
Tier 1	Lower-cost generics
Tier 2	Higher-cost generics
Tier 3	Preferred brands (some higher-cost generics)
Tier 4	Non-preferred brands and preferred specialty (some higher-cost generics)
Tier 5	Non-preferred specialty drugs, and selected brand and generic drugs

Is a prescription covered?

Finding out is easy with our online Prescription Drug Lookup tool available at harvardpilgrim.org. It takes just two steps! Just choose "Value 5-Tier" and then look up drugs by tier or by category.

Behavioral health online or in person

Through our partnership with United Behavioral Health (also known as Optum), you have access to resources and treatment for a wide number of behavioral health issues, such as depression or anxiety, ADHD, an eating disorder or concerns about substance use or addiction.

We understand mental health and substance use issues can be complex, confusing and sometimes overwhelming, especially when you're just starting your mental health journey. Our confidential Behavioral Health Access Center helps you understand your coverage and treatment options and makes it easy for you to get started with treatment.

Your plan options

Offering choice and savings

Harvard Pilgrim’s ElevateHealth and ElevateHealth Options HMOs are designed to improve the quality of care and lower premiums for our New Hampshire customers.

ElevateHealth HMO

- These popular plans offer premium savings in exchange for access to just the ElevateHealth network.*
- You must receive care from ElevateHealth providers and hospitals (except in an emergency).
- High-deductible, health savings account-compatible design available.

* Not available to individuals who reside in Carroll County.

ElevateHealth Options HMO

- A full-network plan option with premium savings over standard full-network plans.
- Includes two tiers of providers and hospitals.
- Tier 1 is Harvard Pilgrim’s ElevateHealth network. Tier 2 is the rest of Harvard Pilgrim’s network (New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island).
- Features lower copayments and deductibles for services you receive from Tier 1 providers and hospitals.
- You can choose any PCP in the Harvard Pilgrim network and visit other participating providers with the proper referrals.

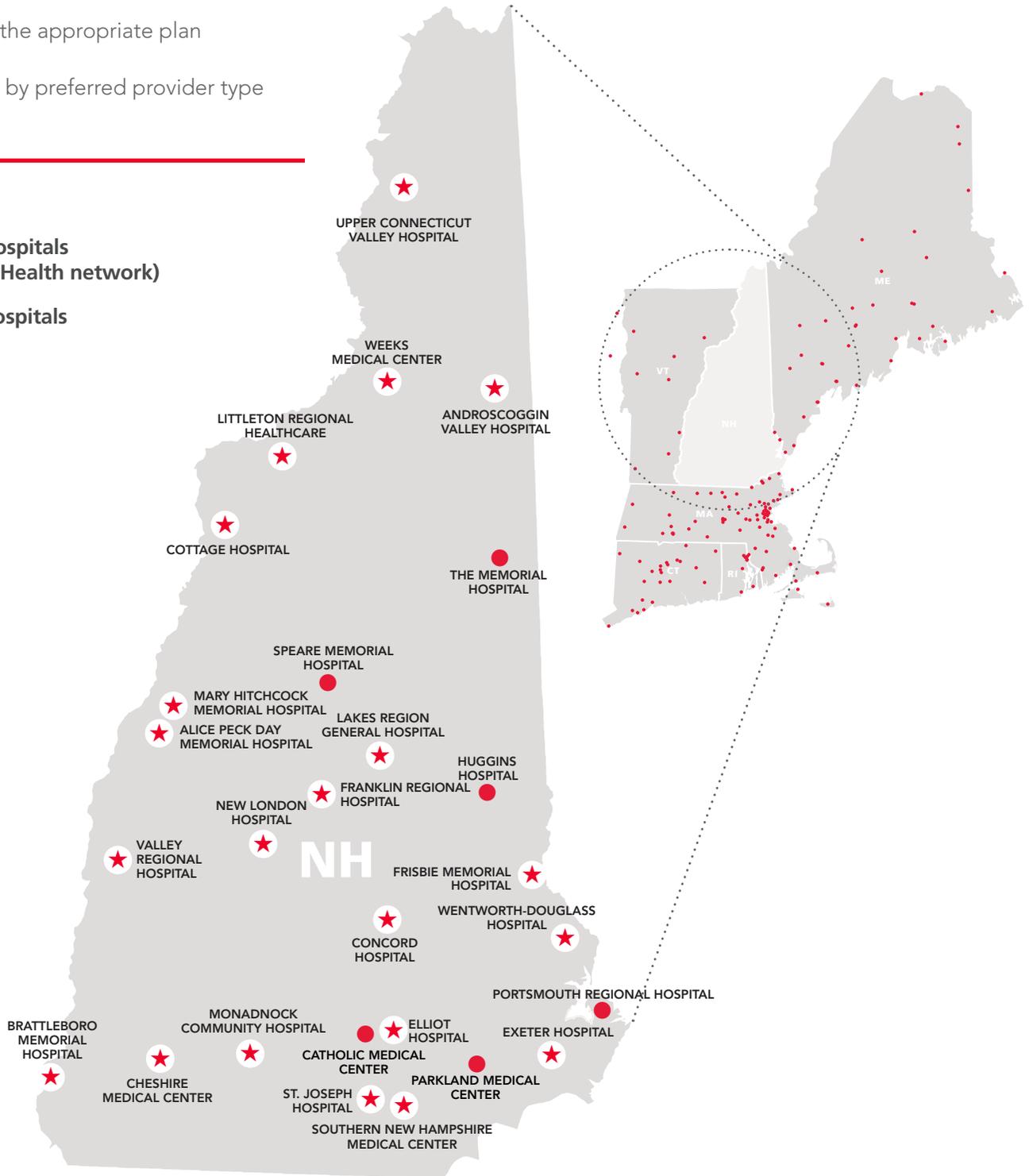
	ElevateHealth HMO	ElevateHealth Options HMO
Access to the select ElevateHealth network	Yes	Yes
Access to the full Harvard Pilgrim network	No, unless authorized by Harvard Pilgrim	Yes, with the appropriate referrals
Lower member cost sharing with Tier 1 providers	N/A	Yes
Health savings account-compatible plan design	Yes	No
Lab work	Deductible	No charge (Tier 1)

How to find a provider

- 1 Visit [harvardpilgrim.org](https://www.harvardpilgrim.org)
- 2 Click on **Find a Provider**
- 3 Select the appropriate plan
- 4 Search by preferred provider type

★ Tier 1 hospitals
(ElevateHealth network)

● Tier 2 hospitals



Insurance terms to know

Cost sharing

The portion you pay for specific health care services like office visits, X-rays and prescriptions. Coinsurance, copayments and deductibles are all examples.

Deductible

This is a set amount of money you pay out of your own pocket for certain services. For a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, the provider will send a bill. If prescription drugs fall under a plan's deductible, you will need to pay for them when you pick them up from the pharmacy. Copayments do not count toward a deductible.

Copayments

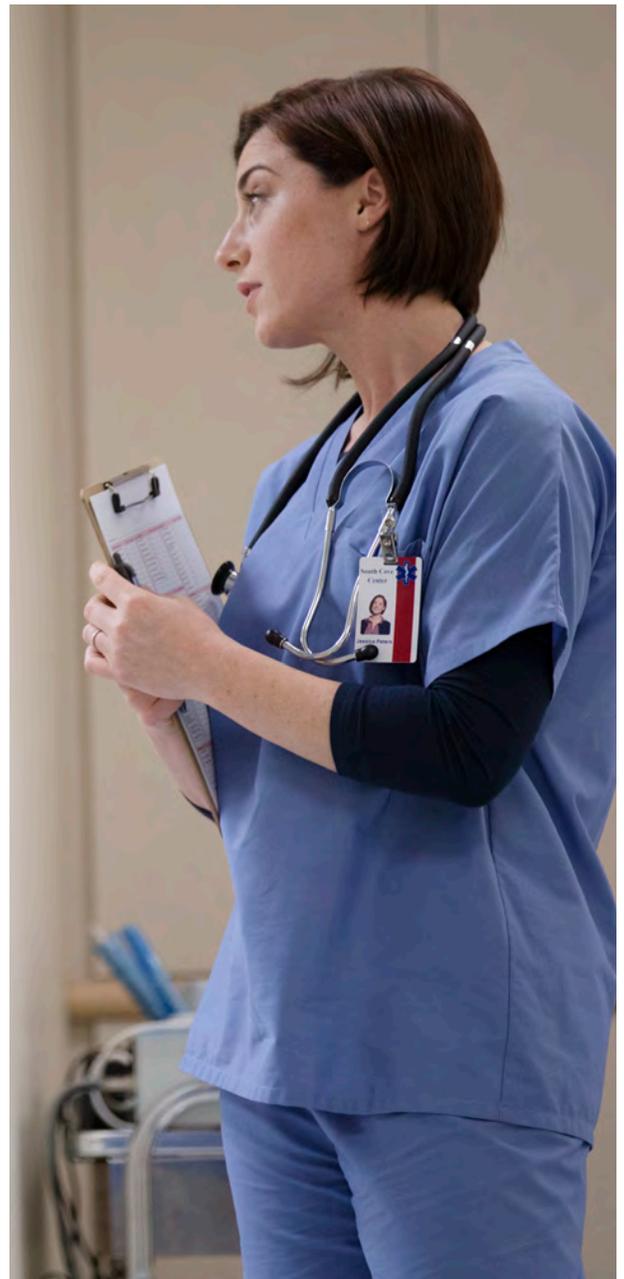
The flat dollar amount you pay for certain services on your plan. There may be different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due at the time of an appointment or when picking up a prescription at the pharmacy.

Coinsurance

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

Out-of-pocket maximum

A limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet the out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.



ELEVATEHEALTH OPTIONS HMO

OFF EXCHANGE

GOLD

ELEVATEHEALTH OPTIONS HMO GOLD 1000

PRODUCT NAME

MD0000004837, RX0000001712

	Tier 1	Tier 2
OFFICE VISIT	\$25/\$50	Deductible then 20%
DEDUCTIBLE	\$1,000/\$2,000	\$3,000/\$6,000
ANNUAL OUT OF POCKET MAX	\$7,900/\$15,800	
COINSURANCE	None	20%
MEDICAL EMERGENCY SERVICES IN THE ER	Tier 1 Deductible then \$300	
HOSPITAL BASED URGENT CARE	Deductible then \$150	Deductible then 20%
FREESTANDING URGENT CARE	\$35	Deductible then 20%
INPATIENT	Deductible then Covered in Full	Deductible then 20%
DAY SURGERY	Ambulatory Surg. Ctr.: \$100 Outpt. Hosp.: Deductible then \$100	Deductible then 20%
LABS	Covered in Full	Deductible then 20%
X-RAYS	Deductible then Covered in Full	Deductible then 20%
SCANS: CT, MRI, PET	Deductible then Covered in Full	Deductible then 20%
PT/OT/ST	\$50	Deductible then 20%
ACUPUNCTURE	\$25	\$25
RX COST SHARING (VALUE FORMULARY)	Retail: \$5/\$25/\$40/25%/35% (Deductible applies to Tier 4 & Tier 5) (Tier 4 \$550/script max, Tier 5 \$550/script max) Mail: \$10/\$50/\$80/25%/35% (Deductible applies to Tier 4 & Tier 5) (Tier 4 \$1,100/script max, Tier 5 \$1,100/script max)	

ELEVATEHEALTH OPTIONS HMO

OFF EXCHANGE

SILVER

ELEVATEHEALTH OPTIONS HMO SILVER 3000

PRODUCT NAME

MD0000004838, RX0000001713

	Tier 1	Tier 2
OFFICE VISIT	\$40/\$80	Deductible then 40%
DEDUCTIBLE	\$3,000/\$6,000	\$4,000/\$8,000
ANNUAL OUT OF POCKET MAX	\$7,900/\$15,800	
COINSURANCE	None	40%
MEDICAL EMERGENCY SERVICES IN THE ER	Tier 1 Deductible then \$500	
HOSPITAL BASED URGENT CARE	Deductible then \$250	Deductible then 40%
FREESTANDING URGENT CARE	\$50	Deductible then 40%
INPATIENT	Deductible then Covered in Full	Deductible then 40%
DAY SURGERY	Ambulatory Surg. Ctr.: \$150 Outpt. Hosp.: Deductible then \$150	Deductible then 40%
LABS	Covered in Full	Deductible then 40%
X-RAYS	Deductible then Covered in Full	Deductible then 40%
SCANS: CT, MRI, PET	Deductible then Covered in Full	Deductible then 40%
PT/OT/ST	\$60	Deductible then 40%
ACUPUNCTURE	\$40	\$40
RX COST SHARING (VALUE FORMULARY)	Retail: \$10/\$35/\$60/30%/40% (Deductible applies to Tier 4 & Tier 5) (Tier 4 \$550/script max, Tier 5 \$550/script max) Mail: \$20/\$70/\$120/30%/40% (Deductible applies to Tier 4 & Tier 5) (Tier 4 \$1,100/script max, Tier 5 \$1,100/script max)	

ELEVATEHEALTH HMO

OFF EXCHANGE

	GOLD	SILVER
PRODUCT NAME	ELEVATEHEALTH HMO GOLD 1500 MD0000004834, RX0000001711	ELEVATEHEALTH HMO SILVER 3250 MD0000004835, RX0000001709
OFFICE VISIT	\$25/\$50	\$40/\$80
DEDUCTIBLE	\$1,500/\$3,000	\$3,250/\$6,500
ANNUAL OUT OF POCKET MAX	\$7,900/\$15,800	\$7,900/\$15,800
COINSURANCE	None	30%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$300	Deductible then \$500
HOSPITAL BASED URGENT CARE	Deductible then \$150	Deductible then \$250
FREESTANDING URGENT CARE	\$35	\$50
INPATIENT	Deductible then \$500	Deductible then \$1,000
DAY SURGERY	Deductible then \$100	Deductible then \$150
LABS	Deductible then Covered in Full	Deductible then 30%
X-RAYS	Deductible then Covered in Full	Deductible then 30%
SCANS: CT, MRI, PET	\$300	\$500
PT/OT/ST	\$50	\$60
ACUPUNCTURE	\$25	\$40
RX COST SHARING (VALUE FORMULARY)	Retail: \$5/\$25/\$50/30%/35% Mail: \$10/\$50/\$100/30%/35%	Retail: \$10/\$35/\$65/35%/40% Mail: \$20/\$70/\$130/35%/40%

Note: ElevateHealth plans are not available to individuals residing in Carroll County. Please refer to the *Schedule of Benefits* for cost-sharing details.

ELEVATEHEALTH HMO

OFF EXCHANGE

	SILVER ELEVATEHEALTH HMO SILVER 3500 MD0000004832, RX0000001709	SILVER ELEVATEHEALTH HMO SILVER 4750 MD0000004836, RX0000001709
PRODUCT NAME		
OFFICE VISIT	\$40/\$80	\$40/\$80
DEDUCTIBLE	\$3,500/\$7,000	\$4,750/\$9,500
ANNUAL OUT OF POCKET MAX	\$7,900/\$15,800	\$7,900/\$15,800
COINSURANCE	30%	30%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$500	Deductible then \$500
HOSPITAL BASED URGENT CARE	Deductible then \$250	Deductible then \$250
FREESTANDING URGENT CARE	\$50	\$50
INPATIENT	Deductible then \$1,000	Deductible then \$1,000
DAY SURGERY	Deductible then \$150	Deductible then \$150
LABS	Deductible then 30%	Deductible then 30%
X-RAYS	Deductible then 30%	Deductible then 30%
SCANS: CT, MRI, PET	\$500	\$500
PT/OT/ST	\$60	\$60
ACUPUNCTURE	\$40	\$40
RX COST SHARING (VALUE FORMULARY)	Retail: \$10/\$35/\$65/35%/40% Mail: \$20/\$70/\$130/35%/40%	Retail: \$10/\$35/\$65/35%/40% Mail: \$20/\$70/\$130/35%/40%

Note: ElevateHealth plans are not available to individuals residing in Carroll County. Please refer to the *Schedule of Benefits* for cost-sharing details.

ELEVATEHEALTH HMO

OFF EXCHANGE

	SILVER	BRONZE
PRODUCT NAME	ELEVATEHEALTH HMO SILVER 5000 MD0000004839, RX0000001709	ELEVATEHEALTH HMO BRONZE 6000 MD0000004847, RX0000001718
OFFICE VISIT	\$40/\$80	\$40/\$80 for the first 4 visits per member (8 per family). All other visits Deductible then 30%.
DEDUCTIBLE	\$5,000/\$10,000	\$6,000/\$12,000
ANNUAL OUT OF POCKET MAX	\$7,900/\$15,800	\$7,900/\$15,800
COINSURANCE	30%	30%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$500	Deductible then \$500
HOSPITAL BASED URGENT CARE	Deductible then \$250	Deductible then \$250
FREESTANDING URGENT CARE	\$50	\$50 for the first 4 visits per member (8 per family). All other visits Deductible then 30%.
INPATIENT	Deductible then \$1,000	Deductible then 30%
DAY SURGERY	Deductible then \$150	Deductible then 30%
LABS	Deductible then 30%	Deductible then 30%
X-RAYS	Deductible then 30%	Deductible then 30%
SCANS: CT, MRI, PET	\$500	Deductible then 30%
PT/OT/ST	\$60	\$60 for the first 4 visits per member (8 per family). All other visits Deductible then 30%.
ACUPUNCTURE	\$40	\$60 for the first 4 visits per member (8 per family). All other visits Deductible then 30%.
RX COST SHARING (VALUE FORMULARY)	Retail: \$10/\$35/\$65/35%/40% Mail: \$20/\$70/\$130/35%/40%	Retail: \$10/\$35/30%/35%/40% (Deductible applies to Tier 3, Tier 4 & Tier 5) Mail: \$20/\$70/30%/35%/40% (Deductible applies to Tier 3, Tier 4 & Tier 5)

Note: ElevateHealth plans are not available to individuals residing in Carroll County. Please refer to the *Schedule of Benefits* for cost-sharing details.

ELEVATEHEALTH HMO HSA

OFF EXCHANGE

SILVER

ELEVATEHEALTH HMO HSA SILVER 3750

PRODUCT NAME

MD0000004846, RX0000001717

OFFICE VISIT	Deductible then 20%
DEDUCTIBLE	\$3,750/\$7,500
ANNUAL OUT OF POCKET MAX	\$6,750/\$13,500
COINSURANCE	20%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 20%
HOSPITAL BASED URGENT CARE	Deductible then 20%
FREESTANDING URGENT CARE	Deductible then 20%
INPATIENT	Deductible then 20%
DAY SURGERY	Deductible then 20%
LABS	Deductible then 20%
X-RAYS	Deductible then 20%
SCANS: CT, MRI, PET	Deductible then 20%
PT/OT/ST	Deductible then 20%
ACUPUNCTURE	Deductible then 20%
RX COST SHARING (VALUE FORMULARY)	<p>Retail: Deductible then 20%/20%/20%/20%/20%</p> <p>Mail: Deductible then 20%/20%/20%/20%/20%</p>

Note: ElevateHealth plans are not available to individuals residing in Carroll County. Please refer to the *Schedule of Benefits* for cost-sharing details.



Important dates

November 1 - December 15, 2018*

2019 open enrollment for health care coverage

January 10, 2019

First month's premium payment (binder) due

* You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify, please call us at (844) 213-1591, and we will be happy to guide you through the process.

How to enroll

Depending on whether you're eligible for federal subsidies, you can purchase Harvard Pilgrim coverage from the federal exchange, directly from Harvard Pilgrim or from an insurance broker.

Eligible for federal subsidies

HealthCare.gov

Not eligible for federal subsidies

harvardpilgrim.org

Insurance broker

Renewing your plan

If you bought a 2018 plan directly from Harvard Pilgrim, we will send you a renewal package in late October.

- To keep your current plan, continue to pay your monthly premium and we will renew your coverage automatically.
- To change your plan, you must call us at (855) 565-9923.

Set up your member account

Once your membership becomes effective, be sure to set up your online member account at harvardpilgrim.org. Use your mobile phone, tablet or computer to:

- Get your electronic ID card
- Make sure your providers are in your plan's network before upcoming appointments
- Look up your prescriptions to see how they are covered
- Check your claims and deductible status

Important legal information

What's not covered in our plans

For a full list of services not covered, please refer to plan documents. Typically, exclusions include:

- Alternative services and treatments
- Dental care, except as described in your policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Routine foot care, except for preventive foot care for members with diabetes
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services which were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to member by blood, marriage or adoption, or (2) anyone who ordinarily lives with you
- Infertility treatment
- Costs for any services for which you are entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in your policy
- Services that are not Medically Necessary
- Transportation other than by ambulance
- Delivery outside the Service Area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Limitations for New Hampshire Individual Plans

- Chiropractic – 12 visits per year
- Acupuncture – 20 visits per year
- Early Intervention – 20 visits per year
- Therapy Services –
 - Physical Therapy – 20 visits per year
 - Speech Therapy – 20 visits per year
 - Occupational Therapy – 20 visits per year
- Skilled nursing facility – 100 days per year
- Inpatient rehabilitation – 100 days per year
- Routine eye exam (up to age 19) – 1 exam per calendar year
- Routine eye exam (adult) – 1 exam every 2 calendar years

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-877-907-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-877-907-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-877-907-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-907-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-877-907-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-907-4742 (телетайп: 711).

العربية (Arabic)

انتباه: إذا كنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1-877-907-4742 (TTY: 711).

ខ្មែរ (Cambodian) ជូនសេវាជំនួយភាសាខ្មែរ និងភាសាប្រទេសជុំវិញ។ បើអ្នកនិយាយភាសាខ្មែរ ឬភាសាប្រទេសជុំវិញ យើងមានសេវាជំនួយភាសាឱ្យអ្នកដោយឥតគិតថ្លៃ។ ចូរទូរស័ព្ទ 1-877-907-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-907-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-907-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-907-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-877-907-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-907-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-877-907-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-877-907-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມາດມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-907-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-907-4742 (TTY: 711).

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