



Harvard Pilgrim
Health Care

2019

**"I want a local insurer that
understands our needs."**



Summary of Benefits

Harvard Pilgrim's StrideSM (HMO) Medicare Advantage Gain Rx Plan

New Hampshire

Hillsborough, Merrimack, and Rockingham counties

StrideSM Gain Rx (HMO)

Summary of Benefits

January 1, 2019 – December 31, 2019

This is a summary of drug and health services covered by StrideSM Gain Rx (HMO) for January 1, 2019 - December 31, 2019.

Harvard Pilgrim is an HMO plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The complete list of services is found in the Evidence of Coverage (EOC) which is available online at www.harvardpilgrim.org/medicare. To order a copy of the Evidence of Coverage, please call our Member Services department (phone number listed on the back cover).

To join StrideSM Gain Rx (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area for Gain Rx includes the following counties in New Hampshire: Hillsborough, Merrimack and Rockingham.

StrideSM Gain Rx (HMO) has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, the plan may not pay for these services.

Visit our website (www.harvardpilgrim.org/medicare) for a list of StrideSM (HMO) providers who are already enrolled with Medicaid.

NOTE:

Services with a ¹ may require authorization from the plan.

Services with a ² may require referral from your doctor.

An individual service will rarely require both authorization and referral, although both may be indicated in this booklet. For more information about whether a particular item or service requires a referral or an authorization, please call the phone number listed on the back cover.

Harvard Pilgrim's Covered Services	Stride SM Gain Rx (HMO)*	Important Information
<p>Monthly Plan Premium</p> <p>The amount you pay will vary depending on whether you receive Extra Help from Medicare for prescription drug coverage. If you are enrolled in a State Medicare Savings Program, you may automatically qualify for Extra Help.</p>	<p>You pay \$0 or \$33.20.</p>	<p>You must continue to pay your Medicare Part B premium.</p>
<p>Deductible</p>	<p>Medical Deductible: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$415 deductible per year for Part D prescription drugs except for drugs listed on Tier 1 which are excluded from the deductible.</p>	
<p>Maximum Out-of-Pocket <i>(This amount does not include your monthly premiums or any prescription drug costs.)</i></p> <p>Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting Medicare- covered hospital and medical services from in-network providers, and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums, as well as your cost-shares for Part D prescription drugs.</p>	<p>\$6,700 annually.</p>	<p>The most you pay for copayments, coinsurance and other costs for Medicare-covered medical services for the year.</p>

*Medicare beneficiaries who receive medical assistance from Medicaid or the state-sponsored Qualified Medicare Beneficiary program may pay nothing for Medicare-covered services. You must meet certain income and resource conditions to be eligible.

Harvard Pilgrim's Covered Services	Stride SM Gain Rx (HMO)*	Important Information
Inpatient Hospital Coverage¹	You pay a \$0 or \$370 copayment per day for Days 1-5, then \$0 copayment after Day 5.	Our plan covers an unlimited number of days for an inpatient hospital stay.
Outpatient Hospital Coverage¹	You pay a \$0 copayment or 20% of the total cost.	
Doctor Visits <ul style="list-style-type: none"> ○ Primary Care ○ Specialists² ○ Chiropractic Care² 	<p>You pay a \$0 copayment or 20% of the total cost per visit.</p> <p>You pay a \$0 copayment or 20% of the total cost per visit.</p> <p>You pay a \$0 copayment or 20% of the total cost per visit.</p>	
Medicare-Covered Preventive Care (e.g. flu vaccines, diabetic screenings) Annual Routine Physical Exam	<p>You pay nothing for most Medicare-covered preventive services.</p> <p>Your cost for some Medicare-covered preventive services will be greater than a \$0 copayment.</p> <p>You pay nothing.</p>	Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	You pay a \$0 or \$90 copayment per visit.	<p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 copayment for the emergency room visit.</p> <p>If you are held for observation, the emergency copayment still applies.</p>
Urgently Needed Services	You pay a \$0 or \$65 copayment per visit.	<p>If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 copayment for the urgent care visit.</p> <p>If you are held for observation, the urgent care copayment still applies.</p>

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Harvard Pilgrim's Covered Services	Stride SM Gain Rx (HMO)*	Important Information
Outpatient Diagnostic Services/Labs/Imaging^{1,2} <ul style="list-style-type: none"> ○ Diagnostic radiology service such as ultrasounds, MRIs, and CT scans ○ Lab services ○ Diagnostic tests and procedures ○ Outpatient X-rays ○ Therapeutic radiology services (such as radiation treatment for cancer) 	<p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment or 20% of the total cost.</p>	

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Harvard Pilgrim's Covered Services	Stride SM Gain Rx (HMO)*	Important Information
Hearing Services <ul style="list-style-type: none"> ○ Medicare-covered hearing exam² ○ Annual routine hearing exam ○ Hearing aids 	<p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment.</p> <p>You get a \$1,000 allowance for two hearing aids every year (\$500 per ear).</p> <p>Your copayment ranges from \$0 to \$499 per hearing aid, depending on the model you choose.</p>	<p>You must see a TruHearing provider to access routine hearing services. Call 1-866-202-0207 to schedule an appointment. (For TTY, dial 711.)</p> <p>Benefit covers only TruHearing hearing aid models, which come in various styles and colors.</p>
Dental Services <ul style="list-style-type: none"> ○ Medicare-covered dental services^{1, 2} ○ Additional dental services offered by the plan <p>We cover more dental care than Original Medicare does.</p>	<p>You pay a \$0 copayment or 20% of the total cost for each Medicare-covered dental services.</p> <ul style="list-style-type: none"> • Preventive dental <ul style="list-style-type: none"> ○ Periodic oral exams – two per year ○ Cleanings (adult prophylaxis) – two per year ○ Bitewing X-rays – one per year ○ Complete series or panoramic X-rays – once every three years • Basic dental <ul style="list-style-type: none"> ○ Additional exams, cleanings and X-rays ○ Deep teeth cleanings ○ Fillings and repairs ○ Root canals (Endodontics) • Major dental <ul style="list-style-type: none"> ○ Dental crowns (Caps) ○ Bridges and implants ○ Dentures ○ Extractions and other services 	<p>If you choose to use a provider who does not participate in our routine dental provider network, you will be subject to: (1) a 20% coinsurance for covered preventive or basic services, or 50% for covered major services, and (2) the difference between the dentist's billed charges and the amount paid by Harvard Pilgrim.</p> <p>Dental services are administered by Dental Benefit Providers, Inc. Visit our website (www.harvardpilgrim.org/medicare) for a list of routine dental providers.</p>

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Harvard Pilgrim's Covered Services	Stride SM Gain Rx (HMO)*	Important Information
Vision Services <ul style="list-style-type: none"> ○ Medicare-covered vision exam² ○ Medicare-covered eyewear post cataract surgery ○ Annual routine vision exam ○ Supplemental eyewear 	<p>You pay a \$0 copayment for annual Diabetic Retinopathy screening.</p> <p>You pay a \$0 copayment or 20% of the cost for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copayment or 20% of the cost for Medicare-covered eyewear.</p> <p>You pay a \$0 copayment.</p> <p>You get a \$150 allowance every year for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades.</p>	<p>Refractions are covered when medically necessary to diagnose or treat conditions of the eye.</p> <p>Refraction is covered to prescribe corrective eyewear or to screen for conditions of the eye.</p> <p>You must visit a VisionWorks store to obtain routine eyewear. Visit Harvard Pilgrim's website for a list of participating locations.</p>
Behavioral Health Services <ul style="list-style-type: none"> ○ Inpatient visit¹ ○ Outpatient visit with a psychiatrist or a licensed provider 	<p>You pay a \$0 or \$370 copayment per day for Days 1-4, then \$0 copayment after Day 4.</p> <p>You pay a \$0 copayment or 20% of the total cost per individual or group therapy visit.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
Skilled Nursing Facility (SNF)¹	<p>You pay a \$0 copayment per day for Days 1-20, then \$0 or \$172 copayment per day for Days 21-100.</p>	<p>Our plan covers up to 100 days per admission in a SNF. A hospital stay prior to SNF admission is not required.</p>

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Harvard Pilgrim's Covered Services	Stride SM Gain Rx (HMO)*	Important Information
Rehabilitation Services^{1,2} <ul style="list-style-type: none"> Occupational therapy visit Physical therapy and speech language therapy visit Cardiac rehabilitation 	<p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment or 20% of the total cost.</p>	
Ambulance¹	You pay a \$0 copayment or 20% of the total cost for one-way Medicare-covered ambulance transport.	
Transportation¹ By way of wheelchair van.	You pay a \$0 copayment.	Covered when medically necessary, instead of ambulance.
Medicare Part B Drugs¹	<p>You pay a \$0 copayment or 20% of the total cost for chemotherapy drugs.</p> <p>You pay a \$0 copayment or 20% of the total cost for other Part B drugs.</p>	
Foot Care (podiatry services)² <ul style="list-style-type: none"> Foot exams and treatment Routine foot care 	<p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment 20% of the total cost.</p>	Routine foot care may be covered if you have diabetes-related nerve damage and/or meet certain conditions.

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Harvard Pilgrim's Covered Services	Stride SM Gain Rx (HMO)*	Important Information
Durable Medical Equipment (DME) and Related Supplies¹ <ul style="list-style-type: none"> ○ Durable Medical Equipment (e.g. wheelchairs, oxygen) ○ Prosthetics (e.g. braces, artificial limbs) ○ Diabetes supplies (Preferred brand is Abbott Diabetes Care.) 	<p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment or 20% of the total cost.</p> <p>You pay a \$0 copayment.</p>	
Wellness Programs <ul style="list-style-type: none"> ○ Fitness Benefit ○ Personal Emergency Response System 	<p>You pay a \$0 copayment.</p> <p>You pay a \$0 copayment.</p>	<p>You must enroll at a participating YMCA of New Hampshire facility. Visit Harvard Pilgrim's website for a list.</p> <p>Benefit covers one LifeStation® medical alert system, including the cost of equipment, shipping, fulfillment, monitoring and 24/7 access to help. Call 1-866-202-0207 to order. (For TTY, dial 711.)</p>
Over-The-Counter Benefit Please contact the plan or visit our website for specific instructions on using this benefit and for our list of covered Over-the-Counter items.	Our plan provides a \$250 annual over-the-counter allowance, which may not exceed \$50 per month.	
Outpatient Substance Abuse	You pay a \$0 copayment or 20% of the total cost.	
Partial Hospitalization¹	You pay a \$0 copayment or 20% of the total cost.	

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PRESCRIPTION DRUG BENEFITS	
Part D Prescription Drug Stage	StrideSM Gain Rx (HMO) The amount you pay will vary depending on whether you receive Extra Help from Medicare for prescription drug coverage. If you are enrolled in a State Medicare Savings Program, you may automatically qualify for Extra Help.
Deductible Stage	During this stage, you pay the full cost of your Tier 2, 3, 4, and 5 drugs. You stay in this stage until you have paid \$415 for your Tier 2, 3, 4 and 5 drugs.
Cost-sharing may change depending on the pharmacy you chose and when you enter a new phase of the Part D benefit.	
Initial Coverage	After you pay your yearly deductible, you pay the copayments or coinsurance until your total yearly drug costs reach \$3,820. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim. You may get your drugs at pharmacies in our network, including retail and mail order pharmacies.
Coverage Gap	Most Medicare drug plans have a coverage gap. The coverage gap begins after the total yearly drug cost (what our plan has paid and what you have paid) reaches \$3,820. During this stage, you pay 25% of the price for brand-name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs until your costs total \$5,100 and the coverage gap ends. Not everyone will enter the coverage gap.
Catastrophic Coverage	After your out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100 you pay the greater of either: <ul style="list-style-type: none"> – coinsurance that is 5% of the cost of the drug, or – \$3.40 for a generic drug or a drug that is treated like a generic and \$8.50 for all other drugs. Our plan pays the rest of the cost.

Initial Coverage — Retail Cost-Shares (30-day supply)

Tier	StrideSM Gain Rx (HMO)
Tier 1: Preferred Generic	You pay a \$0 copayment
Tier 2: Generic	You pay 25% of the total cost
Tier 3: Preferred Brand-Name	You pay 25% of the total cost
Tier 4: Non- Preferred Brand-Name	You pay 25% of the total cost
Tier 5: Specialty	You pay 25% of the total cost

Initial Coverage — Mail Order Cost-Shares (90-day supply)

Tier	StrideSM Gain Rx (HMO)
Tier 1: Preferred Generic	You pay a \$0 copayment
Tier 2: Generic	You pay 25% of the total cost
Tier 3: Preferred Brand- Name	You pay 25% of the total cost
Tier 4: Non- Preferred Brand- Name	You pay 25% of the total cost
Tier 5: Specialty	You pay 25% of the total cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.
You may get a 30-day supply of drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

More information

To learn more about Harvard Pilgrim's StrideSM (HMO) or to view plan documents, please visit our website or call us. Our contact information is below.

Harvard Pilgrim's StrideSM (HMO)	Current members: 1-888-609-0692 (TTY: 711) Prospective members: 1-877-431-4742 (TTY: 711) Website: harvardpilgrim.org/medicare Hours of operation: October 1 – March 31, we're available 8 a.m.- 8 p.m., seven days a week. April 1 – September 30, we're available Monday – Friday, 8 a.m.- 8 p.m.
Provider and Pharmacy Directory	harvardpilgrim.org/medicare
Formulary (List of Covered Drugs)	harvardpilgrim.org/medicare We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
Original Medicare More information about coverage and costs of Original Medicare	"Medicare & You" handbook View online at http://www.medicare.gov Get a copy by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

This information is not a complete description of benefits. Call Member Services at 1-888-609-0692 (TTY: 711) for more information.



For more information about **StrideSM (HMO)**, call:

Prospective Members: 1-866-256-5347

For TTY service, call 711

Current Members: 1-888-609-0692

For TTY service, call 711

Hours of operation:

October 1 - March 31, 8 a.m. - 8 p.m. 7 days a week,

April 1 - September 30, 8 a.m. - 8 p.m. Monday - Friday.

Or visit us online:

hpforlife.org

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