

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



Summary of Benefits

# Harvard Pilgrim's Stride<sup>SM</sup> (HMO) Medicare Advantage Plan

Massachusetts

Barnstable, Bristol, Essex, Middlesex (partial), Norfolk, Plymouth, Suffolk, and Worcester counties

## Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO) and Stride<sup>SM</sup> Value Rx Plus (HMO)

### Summary of Benefits

January 1, 2020 – December 31, 2020

This is a summary of drug and health services covered by Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO) and Stride<sup>SM</sup> Value Rx Plus (HMO) for January 1, 2020 - December 31, 2020.

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Stride<sup>SM</sup> (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](http://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 Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO) and Stride<sup>SM</sup> Value Rx Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Massachusetts: Barnstable, Bristol, Essex, Middlesex\*, Norfolk, Plymouth, Suffolk, and Worcester. \*Denotes partial county. Please see page 13 for a listing of included ZIP codes.

Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO) and Stride<sup>SM</sup> Value Rx Plus (HMO) have 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.

#### NOTE:

Services with a <sup>1</sup> may require authorization from the plan.

Services with a <sup>2</sup> 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.

**Y0098\_20037\_M Accepted**

Harvard Pilgrim's Covered Services	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Monthly Plan Premium</b></p> <p>You must continue to pay your Medicare Part B premium.</p>	<p>Worcester County: You pay \$0</p> <p>Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties: You pay \$0</p>	<p>Worcester County: You pay \$79</p> <p>Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties: You pay \$67</p>	<p>Worcester County: You pay \$195</p> <p>Barnstable, Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk counties: You pay \$168</p>
<p><b>Deductible</b></p>	<p>Medical Deductible: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$435 deductible per year for Part D prescription drugs, except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.</p>	<p>Medical Deductible: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$350 deductible per year for Part D prescription drugs, except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.</p>	<p>Medical Deductible: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$0 deductible per year for Part D prescription drugs.</p>
<p><b>Maximum Out-of-Pocket</b></p> <p><i>This is the yearly limit that you will pay out-of-pocket for covered medical services. This amount does not include your monthly premium or any prescription drug costs.</i></p>	<p>\$4,500 annually for Medicare-covered services you receive from in-network providers.</p>	<p>\$3,400 annually for Medicare-covered services you receive from in-network providers.</p>	<p>\$3,400 annually for Medicare-covered services you receive from in-network providers.</p>
<p><b>Inpatient Hospital Coverage<sup>1</sup></b></p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	<p>You pay a \$360 copay per day for days 1-5, then \$0 copay after day 5.</p>	<p>You pay a \$275 copay per day for days 1-6, then \$0 copay after day 6.</p>	<p>You pay a \$150 copay per day for days 1 -5, then \$0 copay after day 5.</p> <p>\$750 Out-of-pocket limit every year.</p> <p>You will not pay more than \$750 per year for Medicare-covered services from in-network facilities.</p>
<p><b>Outpatient Hospital Coverage<sup>1</sup></b></p>	<p>You pay a \$360 copay per visit.</p>	<p>You pay a \$275 copay per visit.</p>	<p>You pay a \$150 copay per visit.</p>

<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Ambulatory Surgery Center<sup>1</sup></b>	You pay a \$250 copay per visit for Medicare-covered outpatient surgery.	You pay a \$200 copay per visit for Medicare-covered outpatient surgery.	You pay a \$150 copay per visit for Medicare-covered outpatient surgery.
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>○ Primary Care</li> <li>○ Specialists<sup>2</sup></li> <li>○ Chiropractic Care<sup>2</sup></li> </ul>	<p>You pay a \$20 copay per visit.</p> <p>You pay a \$40 copay per visit.</p> <p>You pay a \$20 copay per visit.</p>	<p>You pay a \$15 copay per visit.</p> <p>You pay a \$40 copay per visit.</p> <p>You pay a \$20 copay per visit.</p>	<p>You pay a \$5 copay per visit.</p> <p>You pay a \$25 copay per visit.</p> <p>You pay a \$20 copay per visit.</p>
<b>Medicare-Covered Preventive Care (e.g. flu vaccines, diabetic screenings)</b>  Any additional preventive services approved by Medicare during the contract year will be covered.	<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 copay.</p>	<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 copay.</p>	<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 copay.</p>
<b>Annual Physical Exam</b>	You pay nothing.	You pay nothing.	You pay nothing.
<b>Emergency Care</b>  Cost sharing is waived if you are admitted to the hospital within 24 hours of your emergency room visit, regardless of whether admitted as an inpatient or for outpatient observation services.	You pay a \$90 copay per visit.	You pay a \$120 copay per visit.	You pay a \$120 copay per visit.

<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Urgently Needed Services</b></p> <p>Cost sharing is waived if you are admitted to the hospital within 24 hours of your urgent care visit, regardless of whether admitted as an inpatient or for outpatient observation services.</p>	You pay a \$65 copay per visit.	You pay a \$65 copay per visit.	You pay a \$65 copay per visit.
<p><b>Outpatient Diagnostic Services/Labs/Imaging<sup>1,2</sup></b></p> <ul style="list-style-type: none"> <li>○ Diagnostic radiology services, such as MRIs and CT scans</li> </ul>	You pay a \$200 copay.	You pay a \$150 copay.	You pay a \$100 copay.
<ul style="list-style-type: none"> <li>○ Labs, X-rays and ultrasounds</li> </ul>	You pay a \$20 copay.	You pay a \$20 copay.	You pay a \$0 copay.
<ul style="list-style-type: none"> <li>○ Therapeutic radiology services, such as radiation treatment for cancer</li> </ul>	You pay a \$60 copay.	You pay a \$60 copay.	You pay a \$60 copay.
<p><b>Hearing Services</b></p> <ul style="list-style-type: none"> <li>○ Medicare-covered diagnostic hearing exam<sup>2</sup></li> <li>○ Routine hearing services</li> </ul> <p>You must see a TruHearing® provider to use this benefit. Your plan covers up to two TruHearing®-branded hearing aids every year.</p>	<p>You pay a \$40 copay.</p> <p>Annual hearing exam – You pay a \$40 copay.</p> <p>Hearing aids – You pay a \$699 copay for each Advanced model or a \$999 copay for each Premium model.</p>	<p>You pay a \$40 copay.</p> <p>Annual hearing exam – You pay a \$40 copay.</p> <p>Hearing aids – You pay a \$699 copay for each Advanced model or a \$999 copay for each Premium model.</p>	<p>You pay a \$25 copay.</p> <p>Annual hearing exam – You pay a \$25 copay.</p> <p>Hearing aids – You pay a \$699 copay for each Advanced model or a \$999 copay for each Premium model.</p>

Harvard Pilgrim's Covered Services	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>○ Medicare-covered dental services<sup>2</sup></li> <li>○ Routine dental services</li> </ul> <p>You may see any licensed dentist who agrees to submit claims for you. However, we have negotiated rates with dentists who participate in the Dental Benefit Providers Inc. (DBP) network. This means that dentists who do not participate in the DBP network may charge more. As a result, your plan's benefit limit may be reached more quickly. Visit our website to view a listing of DBP's participating dentists.</p>	<p>You pay a \$40 copay.</p> <p>There is a \$500 benefit limit each year for the following routine dental services:</p> <ul style="list-style-type: none"> <li>• Periodic oral exams</li> <li>• Cleanings (adult prophylaxis)</li> <li>• Bitewing X-rays</li> <li>• Complete series or panoramic X-rays</li> <li>• Periodontal exams and cleanings (to treat gum disease)</li> </ul> <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.</p>	<p>You pay a \$40 copay.</p> <p>There is a \$750 benefit limit each year for the following routine dental services:</p> <ul style="list-style-type: none"> <li>• Periodic oral exams</li> <li>• Cleanings (adult prophylaxis)</li> <li>• Bitewing X-rays</li> <li>• Complete series or panoramic X-rays</li> <li>• Periodontal exams and cleanings (to treat gum disease)</li> <li>• Composite fillings</li> </ul> <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.</p>	<p>You pay a \$25 copay.</p> <p>There is a \$1,000 benefit limit each year for the following routine dental services:</p> <ul style="list-style-type: none"> <li>• Periodic oral exams</li> <li>• Cleanings (adult prophylaxis)</li> <li>• Bitewing X-rays</li> <li>• Complete series or panoramic X-rays</li> <li>• Periodontal exams and cleanings (to treat gum disease)</li> <li>• Composite fillings</li> <li>• Crowns, root canals, extractions and more (Limitations/exclusions apply)</li> </ul> <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.</p>

Harvard Pilgrim's Covered Services	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>○ Medicare-covered vision exam<sup>2</sup></li> </ul> <p>Refractions are covered when medically necessary to diagnose or treat conditions of the eye.</p> <ul style="list-style-type: none"> <li>○ Medicare-covered eyewear post cataract surgery</li> <li>○ Routine vision services</li> </ul>	<p>You pay a \$0 copay for Diabetic Retinopathy screening. You pay a \$40 copay for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copay.</p> <p>Annual eye exam – You pay a \$0 copay.</p> <p>Corrective eyewear – You pay a \$0 copay after reimbursement for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year. Please refer to the plan's Wallet Benefit for more information.</p>	<p>You pay a \$0 copay for Diabetic Retinopathy screening. You pay a \$40 copay for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copay.</p> <p>Annual eye exam – You pay a \$0 copay.</p> <p>Corrective eyewear – You pay a \$0 copay after reimbursement for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year. Please refer to the plan's Wallet Benefit for more information.</p>	<p>You pay a \$0 copay for Diabetic Retinopathy screening. You pay a \$25 copay for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copay.</p> <p>Annual eye exam – You pay a \$0 copay.</p> <p>Corrective eyewear – You pay a \$0 copay after reimbursement for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year. Please refer to the plan's Wallet Benefit for more information.</p>

<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>○ Inpatient visit<sup>1</sup>  Our plan covers an unlimited number of days for an inpatient hospital stay.</li> <li>○ Outpatient visit with a psychiatrist or a licensed provider</li> </ul> <p>*You have the option of receiving this service either through an in-person visit or via telehealth.</p>	<p>You pay a \$360 copay per day for days 1-4, then \$0 copay after day 4.</p> <p>You pay a \$40 copay per individual or group therapy visit.</p>	<p>You pay a \$275 copay per day for days 1-6, then \$0 copay after day 6.</p> <p>You pay a \$40 copay per individual or group therapy visit.</p>	<p>You pay a \$150 copay per day for days 1-5, then \$0 copay after day 5.</p> <p>You pay a \$25 copay per individual or group therapy visit.</p>
<p><b>Skilled Nursing Facility (SNF)<sup>1</sup></b></p> <p>Our plan covers up to 100 days per admission. A hospital stay prior to SNF admission is not required.</p>	<p>You pay a \$0 copay per day for days 1-20, then \$178 copay per day for days 21-100.</p>	<p>You pay a \$0 copay per day for days 1-20, then \$178 copay per day for days 21-100.</p>	<p>You pay a \$0 copay per day for days 1-20, then \$178 copay per day for days 21-100.</p>
<p><b>Rehabilitation Services</b></p> <ul style="list-style-type: none"> <li>○ Occupational therapy visit<sup>1,2</sup></li> <li>○ Physical therapy and speech and language therapy visit<sup>1,2</sup></li> <li>○ Cardiac and pulmonary rehabilitation visits<sup>2</sup></li> </ul>	<p>You pay a \$30 copay.</p> <p>You pay a \$30 copay.</p> <p>You pay a \$30 copay.</p>	<p>You pay a \$20 copay.</p> <p>You pay a \$20 copay.</p> <p>You pay a \$20 copay.</p>	<p>You pay a \$20 copay.</p> <p>You pay a \$20 copay.</p> <p>You pay a \$20 copay.</p>
<p><b>Ambulance<sup>1</sup></b></p>	<p>You pay a \$200 copay per one-way trip for Medicare-covered ambulance transport.</p>	<p>You pay a \$250 copay per one-way trip for Medicare-covered ambulance transport.</p>	<p>You pay a \$250 copay per one-way trip for Medicare-covered ambulance transport.</p>



<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Transportation<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>• By way of wheelchair van or stretcher van. Covered when medically necessary, instead of ambulance.</li> <li>• By way of sedan or car to plan-approved locations, like your doctor's office or for therapy.</li> </ul>	<p>You pay a \$0 copay per one-way trip to plan-approved locations.</p> <p>Not covered</p>	<p>You pay a \$0 copay per one-way trip to plan-approved locations.</p> <p>You pay a \$0 copay per one-way trip. You are covered for up to 12 one-way trips per year.</p>	<p>You pay a \$0 copay per one-way trip to plan-approved locations.</p> <p>You pay a \$0 copay per one-way trip. You are covered for up to 12 one-way trips per year.</p>
<p><b>Medicare Part B Drugs<sup>1</sup></b></p>	<p>You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.</p>	<p>You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.</p>	<p>You pay 15% of the total cost for chemotherapy drugs and for other Part B drugs.</p>
<p><b>Foot Care (podiatry services)<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>○ Foot exams and treatment</li> <li>○ Routine foot care (May be covered if you have diabetes-related nerve damage and/or meet certain conditions.)</li> </ul>	<p>You pay a \$40 copay per visit.</p> <p>You pay a \$40 copay per visit.</p>	<p>You pay a \$40 copay per visit.</p> <p>You pay a \$40 copay per visit.</p>	<p>You pay a \$25 copay per visit.</p> <p>You pay a \$25 copay per visit.</p>
<p><b>Durable Medical Equipment (DME) and Related Supplies<sup>1</sup></b></p> <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (e.g. wheelchairs, oxygen)</li> <li>○ Prosthetics (e.g. braces, artificial limbs)</li> <li>○ Diabetes supplies (Covered brands by Abbott Diabetes Care.)</li> </ul>	<p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay a \$0 copay.</p>	<p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay a \$0 copay.</p>	<p>You pay 20% of the total cost.</p> <p>You pay 20% of the total cost.</p> <p>You pay a \$0 copay.</p>

<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<p><b>Wellness Programs</b></p> <ul style="list-style-type: none"> <li>○ Acupuncture Visits</li> <li>○ Alternative Therapies</li> <li>○ Bathroom Safety Devices</li> <li>○ Massage Therapy</li> <li>○ Fitness Tracking Device (i.e. Fitbit)</li> <li>○ Fitness Membership/Classes</li> </ul>	<p>You pay a \$0 copay after reimbursement.</p> <p>Please refer to the plan's Wallet Benefit for more information.</p>	<p>You pay a \$0 copay after reimbursement.</p> <p>Please refer to the plan's Wallet Benefit for more information.</p>	<p>You pay a \$0 copay after reimbursement.</p> <p>Please refer to the plan's Wallet Benefit for more information.</p>
<p><b>Over-the-Counter (OTC) Benefit</b></p> <p>Please contact the plan or visit our website for specific instructions on using this benefit and for our listing of covered Over-the-Counter items.</p>	<p>Our plan offers a \$150 yearly allowance to cover Medicare-approved OTC items that are purchased for the member's use from our catalog.</p>	<p>Our plan offers a \$200 yearly allowance to cover Medicare-approved OTC items that are purchased for the member's use from our catalog.</p>	<p>Our plan offers a \$250 yearly allowance to cover Medicare-approved OTC items that are purchased for the member's use from our catalog.</p>
<p><b>Outpatient Substance Abuse</b></p> <p>You have the option of receiving this service either through an in-person visit or via telehealth.</p>	<p>You pay a \$40 copay per individual or group therapy visit.</p>	<p>You pay a \$40 copay per individual or group therapy visit.</p>	<p>You pay a \$25 copay per individual or group therapy visit.</p>
<p><b>Partial Hospitalization<sup>1</sup></b></p>	<p>You pay a \$55 copay per day.</p>	<p>You pay a \$55 copay per day.</p>	<p>You pay a \$55 copay per day.</p>

Harvard Pilgrim's Covered Services	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<p><b>Wallet Benefit</b></p> <p>Covers the cost of any of the following items or services:</p> <ul style="list-style-type: none"> <li>• Acupuncture Visits*</li> <li>• Alternative Therapies*</li> <li>• Bathroom Safety Devices</li> <li>• Massage Therapy*</li> <li>• Corrective Eyewear</li> <li>• Fitness Tracking Device (i.e. Fitbit)</li> <li>• Fitness Membership/Classes</li> </ul> <p>*Practitioners must be licensed or certified in the state where they provide services.</p>	<p>A \$250 annual allowance to reimburse you for the cost of covered services.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations/exclusions apply.)</p> <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all changes.</p>	<p>A \$325 annual allowance to reimburse you for the cost of covered services.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations/exclusions apply.)</p> <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all changes.</p>	<p>A \$400 annual allowance to reimburse you for the cost of covered services.</p> <p>Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations/exclusions apply.)</p> <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all changes.</p>

<b>PRESCRIPTION DRUG BENEFITS</b>			
Part D Prescription Drug Stage	Stride <sup>SM</sup> Basic Rx (HMO)	Stride <sup>SM</sup> Value Rx (HMO)	Stride <sup>SM</sup> Value Rx Plus (HMO)
<b>Deductible</b>	<p>During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs.</p> <p>You stay in this stage until you have paid \$435 for your Tier 3, 4 and 5 drugs.</p>	<p>During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs.</p> <p>You stay in this stage until you have paid \$350 for your Tier 3, 4 and 5 drugs.</p>	<p>You pay a \$0 deductible for Part D prescription drugs.</p>
<b>Initial Coverage</b>	<p>After you pay your yearly deductible (depending on plan selected), you pay the copays or coinsurance described below. You may get your drugs at pharmacies in our network, including retail and mail order pharmacies.</p>		
<b>Coverage Gap</b>	<p>If your total yearly drug costs, which is the amount paid by both you and Harvard Pilgrim, reach \$4,020 you move into the Coverage Gap. Most Medicare drug plans have a coverage gap.</p> <p>During this stage, you will continue to pay a \$0 copay for Tier 1 drugs. For drugs covered on Tiers 2 through 5, you pay 25% of the price for brand-name drugs (plus a portion of the dispensing fee) and 25% of the price for generic. During this stage, drug manufacturers pay 70% of your brand-name drug costs. This amount counts towards moving you into the next stage of the Part D benefit.</p>		

<b>PRESCRIPTION DRUG BENEFITS</b>			
<b>Part D Prescription Drug Stage</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Catastrophic Coverage</b>	After your out-of-pocket drug costs reach \$6,350 you pay the greater of either: <ul style="list-style-type: none"> <li>– coinsurance that is 5% of the cost of the drug, or</li> <li>– \$3.60 copay for a generic drug or a drug that is treated like a generic and \$8.95 copay for all other drugs.</li> </ul> Our plan pays the rest of the cost.		

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

<b>Tier</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Tier 1:</b> Preferred Generic	You pay a \$0 copay	You pay a \$0 copay	You pay a \$0 copay
<b>Tier 2:</b> Generic	You pay a \$15 copay	You pay a \$10 copay	You pay a \$10 copay
<b>Tier 3:</b> Preferred Brand-Name	You pay a \$47 copay	You pay a \$47 copay	You pay a \$47 copay
<b>Tier 4:</b> Non-Preferred Brand-Name	You pay a \$100 copay	You pay a \$100 copay	You pay a \$100 copay
<b>Tier 5:</b> Specialty	You pay 25% of the total cost	You pay 26% of the total cost	You pay 33% of the total cost

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

<b>Tier</b>	<b>Stride<sup>SM</sup> Basic Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx (HMO)</b>	<b>Stride<sup>SM</sup> Value Rx Plus (HMO)</b>
<b>Tier 1:</b> Preferred Generic	You pay a \$0 copay	You pay a \$0 copay	You pay a \$0 copay
<b>Tier 2:</b> Generic	You pay a \$30 copay	You pay a \$20 copay	You pay a \$20 copay
<b>Tier 3:</b> Preferred Brand	You pay a \$94 copay	You pay a \$94 copay	You pay a \$94 copay
<b>Tier 4:</b> Non- Preferred Brand	You pay a \$250 copay	You pay a \$250 copay	You pay a \$250 copay
<b>Tier 5:</b> Specialty Tier	A 90-day supply is not available for drugs on Tier 5.	A 90-day supply is not available for drugs on Tier 5.	A 90-day supply is not available for drugs on Tier 5.

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. You must submit a copy of your receipt with your request for reimbursement.

**ADDITIONAL INFORMATION ABOUT OUR MASSACHUSETTS PLANS: Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO) and Stride<sup>SM</sup> Value Rx Plus (HMO)**

**\*Middlesex County Service Area includes the following ZIP codes only:**

01431	01432	01434	01450	01460	01463	01464	01469	01470
01471	01472	01474	01701	01702	01703	01704	01705	01718
01719	01720	01721	01730	01731	01741	01742	01746	01748
01749	01752	01754	01760	01770	01773	01775	01776	01778
01784	01801	01803	01805	01806	01807	01808	01813	01815
01821	01822	01827	01850	01851	01852	01853	01854	01862
01864	01865	01866	01867	01876	01879	01880	01886	01887
01888	01889	01890	02138	02139	02140	02141	02142	02143
02144	02145	02148	02149	02153	02154	02155	02156	02158
02159	02160	02161	02162	02164	02165	02166	02167	02168
02172	02173	02174	02175	02176	02177	02178	02179	02180
02193	02195	02238	02239	02254	02258	02272	02277	02420
02421	02451	02452	02453	02454	02455	02456	02458	02459
02460	02461	02462	02464	02465	02466	02467	02468	02471
02472	02474	02475	02476	02477	02478	02479	02493	02495

## More Information

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

<b>Harvard Pilgrim Stride<sup>SM</sup> (HMO) Member Services</b>	Current members: 1-888-609-0692 (TTY 711) Prospective members: 1-877-431-4742 (TTY 711) Website: <a href="http://harvardpilgrim.org/medicare">harvardpilgrim.org/medicare</a> 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 8 a.m.- 8 p.m., Monday – Friday
<b>Provider and Pharmacy Directory</b>	<a href="http://www.harvardpilgrim.org/medicare">www.harvardpilgrim.org/medicare</a>
<b>Formulary</b> (List of Covered Drugs)	<a href="http://www.harvardpilgrim.org/medicare">www.harvardpilgrim.org/medicare</a>
<b>Original Medicare</b>  More information about coverage and costs of Original Medicare	"Medicare & You" Handbook  View online at <a href="http://www.medicare.gov">http://www.medicare.gov</a> 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.



Harvard Pilgrim  
Health Care

For more information about **Stride<sup>SM</sup> (HMO)**, call:

Prospective Members: 1-(866) 256-5342

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](http://hpforlife.org)**

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Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract.

Enrollment in Stride<sup>SM</sup> (HMO) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.

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