



Harvard Pilgrim
Health Care

"I'm in Step with my Health Care Coverage Needs"

StrideSM (HMO)
Medicare
Advantage Plan

New Hampshire 2020



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**"My
grandkids
keep
me
healthy."**



Dear Friend,

We're delighted that you're interested in Harvard Pilgrim Health Care's StrideSM (HMO) Medicare Advantage Plan. StrideSM (HMO) offers you more benefits than Original Medicare. Some of the features of our plan include:

- Choice of plan options: Basic Rx (HMO) Plan, Value Rx (HMO) Plan, Choice Rx (HMO-POS) Plan and Value Rx Plus (HMO) Plan
- Part D prescription drug coverage (including enhanced alternative drugs like those used for erectile dysfunction)
- Inpatient hospital coverage
- Routine care and wellness visits
- Annual allowance for over-the-counter products
- Yearly routine eye and hearing exams
- Hearing aid coverage
- An annual Wallet Benefit allowance to help cover qualified health and wellness expenses such as a fitness tracker, fitness membership, eyewear, acupuncture visits, massage therapy and more
- Up to \$500 annually towards dental exams, cleanings and X-rays with \$0 copays in network or out-of-network—and no deductible

To learn more about StrideSM (HMO), please review the enclosed materials or join us for an informational sales meeting. There, in a relaxed and informal setting, a sales person will be present with information and applications, and can further explain the plan and answer your questions. A list of dates and locations for upcoming informational sales meetings is enclosed.

If you have any questions, would prefer a personal consultation, or for accommodations of persons with special needs at sales meetings, please don't hesitate to call us at **1-866-256-5340**, for TTY service dial **711**.

Our hours of operation are:

- 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

You can also visit us online at kit.hpforlife.org.

Thank you for considering Harvard Pilgrim's StrideSM (HMO) Plan.

Sincerely,

A handwritten signature in black ink that reads "Margaret Mood".

Margaret Mood
Director of Sales, Retiree Solutions

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in StrideSM (HMO) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England. This information is not a complete description of benefits. Call 1-866-256-5340 (TTY: 711) for more information.

Harvard Pilgrim is excited to present our StrideSM (HMO) Medicare Advantage Plan

Introduction to Medicare Basics

If you're eligible for Medicare, don't let choosing the wrong type of health care coverage slow you down. Take a step in the right direction with Harvard Pilgrim's StrideSM (HMO) Medicare Advantage Plan.

A StrideSM (HMO) Medicare Advantage Plan makes getting your medical care easier. Want to keep your doctor? Chances are StrideSM (HMO) may include the doctors and hospitals you already know and trust. Dread processing paper work and multiple bills? You won't have to. Plus, you won't waste time making a lot of phone calls when you need to access care and comprehensive coverage. Harvard Pilgrim knows you have better things to do.

And when you do have a question or concern, take comfort knowing Harvard Pilgrim has provided Medicare solutions for more than 35 years. Our dedicated Member Services team is here to listen and answer your questions.

What is Medicare?

Medicare is a Federal government health insurance program that was created in 1965 by the Social Security Administration. It's health insurance for people 65 or older, under 65 with certain disabilities and any age with End-Stage Renal Disease (ESRD).

Different Parts of Medicare



Medicare Part A

(Hospital Insurance)

Helps cover inpatient care in hospitals
Helps cover skilled nursing facility, hospice and home health care



Medicare Part B

(Medical Insurance)

Helps cover doctors' services and outpatient care
Helps cover some preventive services to help maintain your health



Medicare Part C

(Medicare Advantage Plans)

Health plans that are offered by private companies approved by the Centers for Medicare & Medicaid Services (CMS)



Medicare Part D

(Medicare Prescription Drug Coverage)

A prescription drug option offered by private insurance companies approved by and under contract with the Centers for Medicare & Medicaid Services (CMS)

StrideSM (HMO) can give you the benefits you need for more complete coverage

Plan Overview

Original Medicare doesn't have you completely covered

- You may be wondering what is meant by the term "Medicare Advantage" Plan. The Centers for Medicare & Medicaid Services (CMS) contracts with health plans, such as Harvard Pilgrim, to offer all Medicare benefits and, in some cases, additional benefits to people eligible for Medicare.
- In this arrangement, a "Medicare Advantage" Plan, such as Harvard Pilgrim's StrideSM (HMO), is paid by the Federal government a fixed amount each month for each member it serves to provide more benefits to you than Original Medicare alone.

Our StrideSM (HMO) Plan can fill in the gaps that Original Medicare does not cover.

- Medicare Advantage contracts between the Federal government and Harvard Pilgrim are valid for one calendar year.

Cost effective coverage starting at \$0 a month.

StrideSM (HMO)'s benefits help give you more complete coverage for your health care needs, and with more than one plan option, you can choose the best fit. Our StrideSM (HMO) Plan options are offered with cost effective premiums that are as low as \$0 a month when you join the Basic Rx (HMO) Plan.

Features of our plan include (partial listing):

- Part D prescription drug coverage (including enhanced alternative drugs like those used for erectile dysfunction)
- Routine care and wellness visits
- An annual wallet benefit allowance to help cover qualified healthcare expenses such as fitness, eyewear, acupuncture visits, massage therapy, and more
- Yearly routine eye and hearing exams
- An annual allowance for over-the-counter products
- Coverage for hearing aids and batteries
- Access to all StrideSM (HMO) network doctors (Massachusetts, Maine, New Hampshire)
- Up to \$500 annually towards preventive dental cleanings and exams, periodontal cleanings and more. \$0 copays in network or out-of-network—and no deductible.

NEW Harvard Pilgrim's Choice Rx (HMO-POS) plan provides members with the flexibility to go outside of the StrideSM (HMO) network for out-patient medical services. Members can also go out-of-network within the plan service area (excluding U.S. territories, e.g. Puerto Rico and the U.S. Virgin Islands).

Plan Overview

Our Plan offers more than Original Medicare

- Your choice of a primary care provider from the StrideSM (HMO) network, which includes some of our region's leading doctors
- Web-based health support
- A Member Services team dedicated to Medicare members
- Virtually no paperwork
- Convenient Mail Order Service Prescription Drug Program with free shipping directly to your home

Why a Medicare Advantage Plan is a good choice

With a Medicare Advantage Plan, you not only get additional benefits not covered by Original Medicare, but you will also get:

- Preventive care one stop shopping — you will get your medical and prescription drug coverage under one plan, so you will have only one Member ID card — no need to use your Medicare Card
- Medical management and care coordinated by your doctor

"I like having a choice of plan options"

Eligibility for Harvard Pilgrim's StrideSM (HMO)

You can join StrideSM (HMO) if you reside in our enrollment area. Our enrollment area includes the following counties in **New Hampshire**: Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan.

You must also be entitled to Medicare Part A (hospitalization) and are enrolled in Medicare Part B (medical) and continue to pay Part B premiums. Most Medicare beneficiaries can join, including those eligible on the basis of disability.



Your provider is a partner

Once enrolled, you'll choose a primary care provider (PCP) who will work with you to provide the care you need. You can count on your PCP to provide or authorize all of your routine health care services. You'll receive all of your medical services from StrideSM (HMO) network providers who will work together to coordinate your care, except in emergency or urgent care situations or for out-of-area dialysis services.

You can see any StrideSM (HMO) network provider throughout Massachusetts, Maine and New Hampshire. Our StrideSM (HMO) provider network directory—which is available on our website at hpforlife.org—lists all of the affiliated providers in our network. However, new providers are added daily and may not be reflected in the directory. If you have questions about a provider, please contact us. You can change your provider at any time by simply calling Member Services. When you need specialty care, your PCP will refer you to StrideSM (HMO) providers who are affiliated with your PCP.

If you enroll in our Choice Rx (HMO-POS) plan, you have the flexibility to see any Medicare-approved provider outside of the StrideSM (HMO) provider network nationwide (excludes U.S. territories) for outpatient medical services.

One monthly bill

With StrideSM (HMO) your financial obligations consist of a monthly plan premium. You may pay deductibles, copayments/coinsurance for medical services in addition to your Medicare Part B premium. Your copayment/coinsurance must be paid at the time of service.

You will receive a bill for your monthly premium, which you may choose to pay by electronic fund transfer for your convenience. See the enclosed Summary of Benefits for specifics on your deductibles, copayments/coinsurance and premium.

Call or visit us online for more

information: **1-866-256-5340 (TTY: 711)**
kit.hpforlife.org

StrideSM (HMO) Medicare Advantage Plan Comparison

This information is not a complete description of benefits. Contact **1-866-256-5340 (TTY: 711)** for more information.

BENEFITS	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	CHOICE Rx (HMO-POS) PLAN YOU PAY	VALUE Rx PLUS PLAN YOU PAY
Resident County and Premium	\$0 Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford and Sullivan	\$44 Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan \$49 Strafford	\$54 Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan \$59 Strafford	\$123 Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham and Sullivan \$128 Strafford
Annual Medical Deductible	\$0	\$0	\$0	\$0
Primary Care Provider (PCP) Office Visit	\$20 copayment per visit	\$0 copayment per visit	\$0 copayment per visit [†]	\$0 copayment per visit
Annual Physical Exam	\$0 copayment, 1 visit per year	\$0 copayment, 1 visit per year	\$0 copayment, 1 visit per year*	\$0 copayment, 1 visit per year
Specialist Office Visit	\$40 copayment per visit	\$35 copayment per visit	\$30 copayment per visit	\$30 copayment per visit
Diagnostic Tests, X-rays, Lab Services	\$20 copayment for X-ray \$20 copayment for lab services \$270 copayment for MRI/CT scans	\$10 copayment for X-ray \$10 copayment for lab services \$200 copayment for MRI/CT scans	\$15 copayment for X-ray \$15 copayment for lab services \$150 copayment for MRI/CT scans	\$15 copayment for X-ray \$15 copayment for lab services \$150 copayment for MRI/CT scans
Medicare Covered Chemotherapy Drugs & Other Part B Prescription Drugs	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Outpatient Surgery	\$270 copayment for each Medicare-approved surgery	\$200 copayment for each Medicare-approved surgery	\$200 copayment for each Medicare-approved surgery	\$250 copayment for each Medicare-approved surgery
Inpatient Hospital Care (Acute Care)	Days 1-5, \$370 copayment each day	Days 1-6, \$300 copayment each day	Days 1-6, \$275 copayment each day*	Days 1-6, \$275 copayment each day

* Not covered out-of-network

† Not covered out-of-network except preventive services from an out-of-network provider

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BENEFITS	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	CHOICE Rx (HMO-POS) PLAN YOU PAY	VALUE Rx PLUS PLAN YOU PAY
Inpatient Mental Health (includes Substance Abuse and Rehabilitation Services)	Days 1-4, \$370 copayment each day	Days 1-5, \$300 copayment each day	Days 1-6, \$275 copayment each day*	Days 1-6, \$265 copayment each day
Skilled Nursing Facility (in a Medicare Certified Skilled Nursing Facility)	Days 1-20, \$0 copayment per day Days 21-100, \$178 copayment per day	Days 1-20, \$0 copayment per day Days 21-100, \$178 copayment per day	Days 1-20, \$0 copayment per day Days 21-100, \$178 copayment per day*	Days 1-20, \$0 copayment per day Days 21-100, \$178 copayment per day
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Home Health Care	\$0 copayment per Medicare-covered visit	\$0 copayment per Medicare-covered visit	\$0 copayment per Medicare-covered visit*	\$0 copayment per Medicare-covered visit
Worldwide Emergency Coverage	\$90 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours of the emergency or urgent care visit	\$90 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours of the emergency or urgent care visit	\$90 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours of the emergency or urgent care visit	\$90 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours of the emergency or urgent care visit
Urgent Care	\$65 copayment per visit	\$65 copayment per visit	\$65 copayment per visit	\$65 copayment per visit
Ambulance	\$250 copayment per one-way trip	\$250 copayment per one-way trip	\$200 copayment per one-way trip	\$200 copayment per one-way trip
Routine Eye Exam	\$0 copayment, 1 visit per year	\$0 copayment, 1 visit per year	\$0 copayment, 1 visit per year ^{††}	\$0 copayment, 1 visit per year
Routine Hearing Exam	\$40 copayment, 1 visit per year	\$35 copayment, 1 visit per year	\$30 copayment, 1 visit per year ^{††}	\$30 copayment, 1 visit per year

* Not covered out-of-network

† Not covered out-of-network except preventive services from an out-of-network provider

†† Not covered out-of-network except for previously-diagnosed medical condition

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BENEFITS	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	CHOICE Rx (HMO-POS) PLAN YOU PAY	VALUE Rx PLUS PLAN YOU PAY
Hearing Aid Benefit	\$699 copayment per hearing aid for Advanced \$999 copayment per hearing aid for Premium	\$699 copayment per hearing aid for Advanced \$999 copayment per hearing aid for Premium	\$699 copayment per hearing aid for Advanced❖ \$999 copayment per hearing aid for Premium❖	\$699 copayment per hearing aid for Advanced \$999 copayment per hearing aid for Premium
Dental Benefit	\$500 annual limit Periodontal exams & cleanings \$0 copays in network or out-of-network—and no deductible	\$500 annual limit Periodontal exams & cleanings \$0 copays in network or out-of-network—and no deductible	\$500 annual limit Periodontal exams & cleanings \$0 copays in network or out-of-network—and no deductible	\$500 annual limit Periodontal exams & cleanings \$0 copays in network or out-of-network—and no deductible
Over-the Counter Allowance	\$150 annual allowance towards over-the-counter health care related drugs and supplies	\$200 annual allowance towards over-the-counter health care related drugs and supplies	\$250 annual allowance towards over-the-counter health care related drugs and supplies	\$250 annual allowance towards over-the-counter health care related drugs and supplies
Out-of-Pocket Limit	\$6,700 yearly out-of-pocket limit	\$5,600 yearly out-of-pocket limit	\$5,600 in and out-of-network yearly out-of-pocket limit	\$5,000 yearly out-of-pocket limit
Wallet Benefit	Up to \$250 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear and more	Up to \$325 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear and more	Up to \$400 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear and more	Up to \$400 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear and more

* Not covered out-of-network

† Not covered out-of-network except preventive services from an out-of-network provider

†† Not covered out-of-network except for previously-diagnosed medical condition

❖ Not covered out-of-network unless using a TruHearing® provider

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StrideSM (HMO) Medicare Advantage Plan Prescription Drug Benefits

When you join a StrideSM (HMO) Plan, your Part D Prescription Drug Coverage is included in your monthly premium. The chart below explains your costs for covered Part D drugs only. You have the option to use our network retail pharmacies or save money by using our convenient Mail Order Pharmacy program with free shipping directly

to your home. Coverage for Part B drugs are included in your Part B Medical benefits. Harvard Pilgrim uses a list of Part D prescription drugs (generic & brand) called a Formulary. Your prescription drugs must be included in our Formulary to be covered.

BENEFITS	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	CHOICE Rx (HMO-POS) PLAN YOU PAY	VALUE Rx PLUS (HMO) PLAN YOU PAY
Annual Prescription Drug Deductible	\$435 annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	\$270 annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	\$270 annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	\$270 annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs
Initial Coverage: After your yearly deductible, you pay the following until your total yearly drug costs reach \$4,020 . Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim.				
Tier 1 Preferred Generic				
30-Day Supply-Retail Pharmacy	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
90-Day Supply-Mail Order Pharmacy	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Tier 2 Generic				
30-Day Supply-Retail Pharmacy	\$15 copayment	\$10 copayment	\$10 copayment	\$10 copayment
90-Day Supply-Mail Order Pharmacy	\$30 copayment	\$20 copayment	\$20 copayment	\$20 copayment
Tier 3 Preferred Brand-Name				
30-Day Supply-Retail Pharmacy	\$47 copayment	\$47 copayment	\$47 copayment	\$47 copayment
90-Day Supply-Mail Order Pharmacy	\$94 copayment	\$94 copayment	\$94 copayment	\$94 copayment
Tier 4 Non-Preferred Brand-Name				
30-Day Supply-Retail Pharmacy	\$100 copayment	\$100 copayment	\$100 copayment	\$100 copayment
90-Day Supply-Mail Order Pharmacy	\$250 copayment	\$250 copayment	\$250 copayment	\$250 copayment
Tier 5 Specialty	25% coinsurance	28% coinsurance	28% coinsurance	28% coinsurance



Visit us online at kit.hpforlife.org

BENEFITS	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	CHOICE Rx (HMO-POS) PLAN YOU PAY	VALUE Rx PLUS (HMO) PLAN YOU PAY
Coverage Gap You pay the following until you and others on your behalf have paid a total of \$6,350* for covered Part D drugs				
Tier 1 Preferred Generic 30-Day Supply-Retail Pharmacy \$0 copayment \$0 copayment \$0 copayment \$0 copayment 90-Day Supply-Mail Order Pharmacy \$0 copayment \$0 copayment \$0 copayment \$0 copayment				
Tier 2 Generic Tier 3 Preferred Brand-Name Tier 4 Non-Preferred Brand-Name Tier 5 Specialty				
While you are in the Coverage Gap, you pay 25% of the cost for generic drugs and 25% of the negotiated price (plus a portion of the dispensing fee) for brand-name drugs. In this stage, the Medicare Coverage Gap Discount Program provides a 70% manufacturer discount on brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them.				
Catastrophic Coverage You pay the following for the remainder of the calendar year.				
Generic Drugs (including Brand Drugs treated as Generic) Greater of 5% coinsurance or \$3.60 copayment				
All other Drugs Greater of 5% coinsurance or \$8.95 copayment				

*Please note: Drugs covered by StrideSM (HMO) that are not covered by Medicare Part D do not count toward this amount. Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/Tribal/Urban (Indian Health Service providers).

Extra Benefits

A healthy boost for your wallet

Harvard Pilgrim's Wallet Benefit gives you flexibility and choice to achieve your own health and wellness. You may use your Wallet Benefit to cover the cost of any of the following items or services: Routine eyewear or upgrades, a fitness tracker, fitness membership, tai chi and qi gong, acupuncture visits, massage therapy and alternative therapies (holistic medicine, bodywork, mind-body therapies) and bathroom safety devices. You may decide to spend your entire Wallet Benefit on your favorite of these options, or you may spend it on any combination of them.

Basic Rx (HMO)	\$250
Value Rx (HMO)	\$325
Value Rx Plus (HMO)	\$400
Choice Rx (HMO-POS)	\$400

Have you heard?

Harvard Pilgrim has partnered with TruHearing® for a hearing aid benefit.

All StrideSM (HMO) members can get up to two hearing aids every year. Members have a copayment of \$699 or \$999 per aid which includes:

- 3 free follow up visits for programming and fitting of the aid
- 3 year warranty
- 48 free batteries per aid (9-12 month supply) in non-rechargeable models
- 45 day trial period
- Advanced and Premium hearing aids are available in a selection of styles and colors.

Something to smile about

Harvard Pilgrim offers preventive dental benefits to all StrideSM (HMO) members. Members are covered for oral exams and cleanings including but not limited to, dental X-rays periodontal exams and cleanings with \$0 copays in network or out-of-network—and no deductibles!

Over-the-Counter drugs and supplies at your door step

When you join one of our StrideSM (HMO) Plans, you'll get an annual allowance to use to purchase health related drugs and supplies, including cough, cold and allergy medicines, vitamins, first aid supplies and much more—at no cost to you! Just select items from the 2020 Over-the-Counter brochure and call us at **1-888-609-0692 TTY: 711** to place your order.

Basic Rx (HMO)	\$150
Value Rx (HMO)	\$200
Value Rx Plus (HMO)	\$250
Choice Rx (HMO-POS)	\$250

Questions about Enrollment

When can I join or change my coverage?

There are limits on when and how often you can change the way you get your Medicare coverage.

Switching from one plan like StrideSM (HMO) to one of the other plans we offer, or to a plan offered by another organization, counts towards making a change.

Annual Open Enrollment Period From October 15, 2019 through December 7, 2019 for an effective date of January 1, 2020

- Change from Original Medicare to a Medicare Advantage Plan
- Change from a Medicare Advantage Plan back to Original Medicare
- Switch from one Medicare Advantage Plan to another Medicare Advantage Plan
- Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that does offer drug coverage
- Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage

Medicare Advantage Open Enrollment Period (OEP) From January 1, 2020 through March 31, 2020

- The OEP allows individuals enrolled in a Medicare Advantage plan, including newly Medicare Advantage eligible individuals, to make a one-time election to go to another Medicare Advantage plan or Original Medicare. Individuals using the OEP to make a change may make a coordinating change to add or drop Part D coverage.
- Make a one-time election to go from a Medicare Advantage Plan back to Original Medicare and add a Medicare Part D Plan
- Make a one-time election to switch from one Medicare Advantage Plan to another Medicare Advantage Plan

Generally, you can't make any other changes during the year unless you meet special exceptions such as if you move or lose other insurance coverage.

What if I'm new to Medicare?

Once you enroll in Medicare you can join a Medicare Advantage Plan 3 months prior to your Medicare effective date, the month you join Medicare, or 3 months after your Medicare effective date. If you do not join a Medicare Advantage Plan during this 7-month period, you will have to wait for the next Medicare Annual Open Enrollment Period to join.

Questions about Enrollment

How do I enroll?

It's easy. You can choose to:

- Fill out and sign the enclosed application and return it in the enclosed self-addressed envelope.
- Call **1-855-243-1145** to enroll over the phone.
- Enroll online at **kit.hpforlife.org**. Medicare beneficiaries may also enroll in StrideSM (HMO) through the CMS Medicare Online Enrollment Center located at **<http://www.Medicare.gov>**.
- Call to schedule a personal consultation or attend one of our local sales meetings. See the enclosed schedule of upcoming meetings, where a sales person will be present with information and applications.

When will my new benefits begin?

Your coverage is effective the first day of the calendar month following the month in which we receive your signed, completed application.

For example:

If Harvard Pilgrim receives your signed, completed application on July 15, your coverage under StrideSM (HMO) will be effective August 1. If you enroll during the Annual Open Enrollment Period (October 15 - December 7) your coverage under StrideSM (HMO) will be effective January 1 of the following year.

What happens to my Medicare benefits when I join?

You don't lose your Medicare benefits. StrideSM (HMO) provides all Original Medicare benefits as well as additional benefits.

- Once your membership begins, your health care is arranged for by your StrideSM (HMO) PCP.
- You will use your StrideSM (HMO) member ID card instead of your Medicare card for all of your care and services.

Why join Harvard Pilgrim's StrideSM (HMO) Medicare Advantage Plan?

You will get:

- A Plan offered by Harvard Pilgrim, a health plan you know and trust
- Additional benefits not covered by Medicare
- Preventive care
- One-stop shopping on medical and prescription drug coverage under one plan
- Medical management and care coordinated by your provider

So, when you are looking for a Medicare Advantage Plan to fill in the gaps that Medicare doesn't cover, look no further than Harvard Pilgrim.





For more information about
StrideSM (HMO), call:

Prospective Members: 1-866-256-5340
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:
kit.hpforlife.org

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