

Connecticut Small Group Product Guide Plan Year 2020

Guiding Connecticut
to better health.



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Our promise: Guide people and communities to better health.

We help you guide your clients to the best solution.

Harvard Pilgrim offers a full range of health insurance solutions. Our plans deliver outstanding coverage, choice and value for your small group clients.

New England & National Coverage

Our regional network has more than 80,000 doctors and other clinicians, and 183 hospitals. Our PPO plans give members access to providers across the United States.

Self-Insured Solutions

Our affiliate, HealthPlans, Inc. (HPI), specializes in health benefit administration for self-funded employers with 25+ employees. HPI offers highly customized medical, dental, vision and disability benefit solutions, and more.



80,000
DOCTORS & CLINICIANS

183
HOSPITALS

We're committed to our communities.

Service is more than good business.

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

Funding Programs in Connecticut

In 2018, the Harvard Pilgrim Health Care Foundation supported local non-profit agencies and health initiatives with \$390,000 in grants and sponsorships.

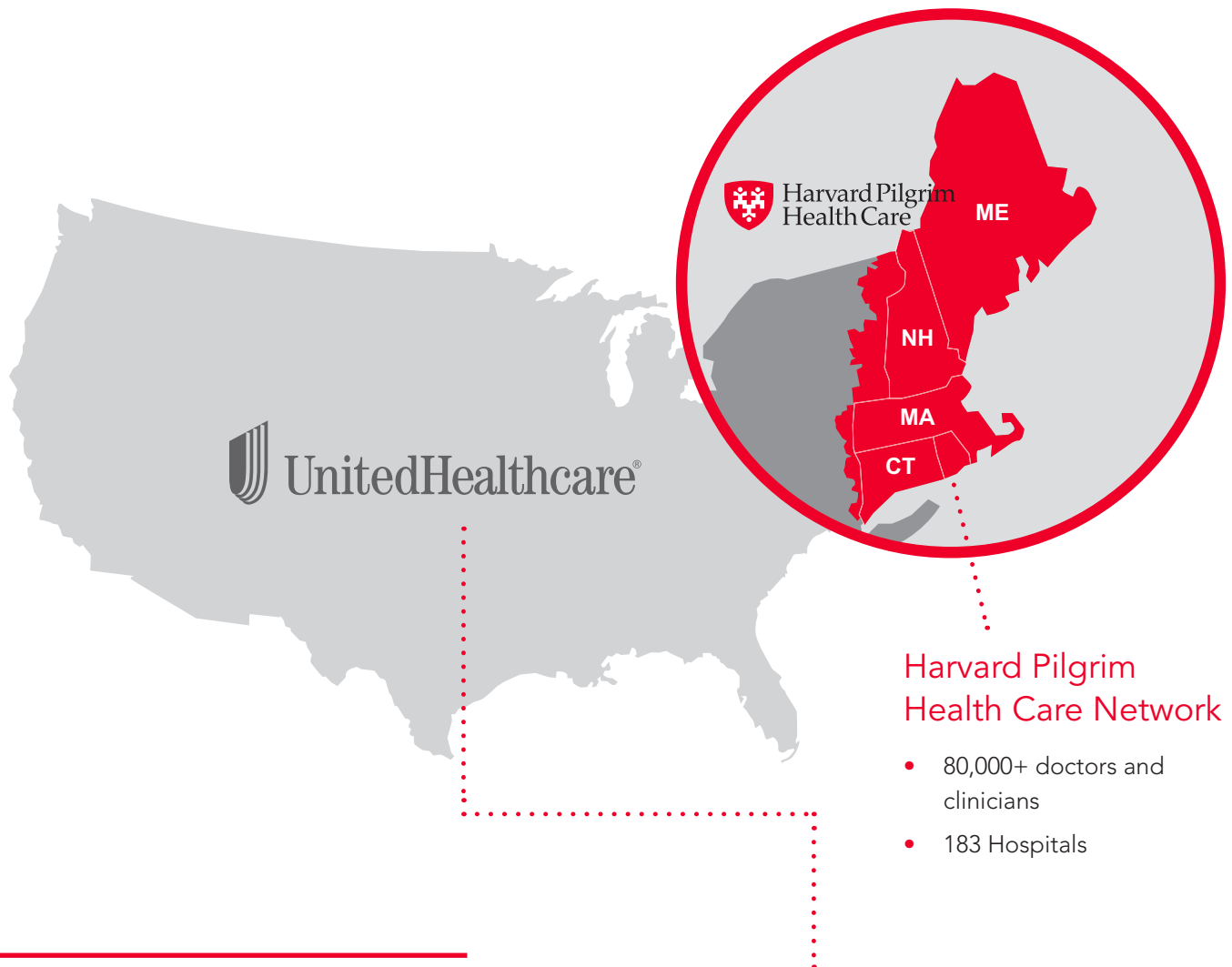
Healthy Food

Our support includes third-year Healthy Food Fund grants totaling \$145,349 to Brass City Harvest, CT Food Bank, Green Village Initiative, Hartford Food System and New Haven Farms and New Haven Land Trust to grow, distribute, or market fresh, local food.



\$390,000
GRANTS & SPONSORSHIPS

Your local partner with the strength of a national network



Harvard Pilgrim Health Care Network

- 80,000+ doctors and clinicians
- 183 Hospitals

National Network through UnitedHealthcare

- 1,000,000+ providers
- 5,700+ hospitals

How to find a provider

- 1 Visit harvardpilgrim.org
 - 2 Click on **Find a Provider**
 - 3 Select the appropriate plan
 - 4 Search by provider type or specialty
-

What we cover

Core benefits



No matter which plan a member chooses, all of our plans include these benefits.



Acupuncture and Chiropractic

20 acupuncture and 40 chiropractic visits per year



Hospitalization

Inpatient services, such as surgery



Pregnancy, Maternity, and Newborn Care

Care before, during and after pregnancy



Ambulatory Patient Services

Outpatient care without hospital admission



Laboratory Services

Blood work, screenings, etc.



Prescriptions

Access to safe, effective medications



Emergency Services

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



Mental Health and Substance Use Services

Counseling and psychotherapy



Preventive Care and Chronic Disease Management

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



Eye Exams

One preventive screening every year



Pediatric Dental and Vision

Covers children up to age 19








Rehabilitation and Habilitative Services and Devices

Rehab services, hospital beds, crutches, oxygen tanks

The care your clients need, when they need it

When their primary care providers' offices aren't open, members who need medical care for a non-life-threatening injury or illness have options—other than the ER—that can save time and money.

	Typical out-of-pocket costs	Common symptoms
 Telemedicine services Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer	New for 2020 - No cost sharing for Doctor On Demand urgent care virtual visits. Does not apply to HSA plans. ¹	<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: UTIs, yeast infections • Sports injuries • Eye issues
 Convenience care/retail clinic Walk-in, convenience care or retail clinic (e.g. MinuteClinic inside of CVS pharmacy)	\$ Members typically pay a copayment for going to a participating clinic ¹	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections • Skin conditions like poison ivy and ringworm • Strep throat
 Freestanding urgent care clinic	\$\$ Members typically pay a copayment for urgent care, sometimes a higher one than for an office visit or convenience care clinic visit ¹	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
 Hospital-based urgent care clinic Walk-in clinic for urgent care	\$\$\$ Members typically pay their deductible, then a hospital-based urgent care copay ¹	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
 Emergency room (ER) Part of a local hospital Members who think they are having medical emergencies should call 911 or go to the nearest ER.	\$\$\$\$ Members typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible ¹	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss • Seizures • Severe head trauma • Shock • Stroke

¹What members pay out-of-pocket depends on their specific Harvard Pilgrim plan. With an HSA plan, the deductible and any additional cost sharing applies. Please refer to the plan documents for specific benefit information.

Connecticut convenience care and freestanding urgent care clinics

This list may be updated throughout the year. Refer to the online provider directory for the most up-to-date information.

NOTE: Higher “hospital urgent care clinic” member cost sharing may apply to participating urgent care clinics that are not on this list.

Ansonia: MinuteClinic

Avon: Hartford HealthCare Go Health, MinuteClinic

Bethel: Bethel Urgent Care Center, MinuteClinic

Bridgeport: AFC Urgent Care

Bristol: MinuteClinic, New England Urgent Care Enfield

Brookfield: PhysicianOne Urgent Care

Cheshire: MinuteClinic

Colchester: MinuteClinic

Coventry: MinuteClinic

Danbury: AFC Urgent Care

Derby: MedExpress Urgent Care, PhysicianOne Urgent Care

East Hampton: MinuteClinic

East Hartford: Concentra Urgent Care East Hartford

East Lyme: Charter Oak Walk In Medical Center

Ellington: Priority Urgent Care

Enfield: MinuteClinic, New England Urgent Care Enfield

Fairfield: AFC Urgent Care, Saint Vincent's Urgent Care

Glastonbury: Hartford HealthCare Go Health, MinuteClinic, PhysicianOne Urgent Care

Granby: MinuteClinic, The Doctor's Treatment Center

Groton: MinuteClinic, PhysicianOne Urgent Care

Guilford: MinuteClinic

Hamden: MinuteClinic, PhysicianOne Urgent Care, Urgent Care Center

Madison: Middlesex Hospital Urgent Care

Manchester: New England Urgent Care Enfield

Meriden: Hartford HealthCare Go Health, MedExpress Urgent Care

Middletown: MedExpress Urgent Care, Middlesex Hospital Urgent Care

Milford: MinuteClinic, My Health 1st Urgent Care, Saint Vincent's Urgent Care, Urgent Care Center

Monroe: Saint Vincent's Urgent Care

New Britain: AFC Urgent Care, Concentra Urgent Care New Britain

New Haven: Concentra Urgent Care New Haven

New Milford: Bethel Urgent Care Center, MinuteClinic

Newington: A Walk In Medical Center, Premier Urgent Care

Newtown: PhysicianOne Urgent Care

North Haven: Bethel Urgent Care Center, MinuteClinic, Urgent Care Center

Norwalk: AFC Urgent Care, PhysicianOne Urgent Care, Urgent Care Center

Norwich: Concentra Urgent Care Norwich, MinuteClinic, PhysicianOne Urgent Care

Old Saybrook: Middlesex Hospital Urgent Care

Orange: Urgent Care Center

Plainville: The Doctor's Treatment Center

Ridgefield: PhysicianOne Urgent Care

Riverside: MinuteClinic

Rocky Hill: MinuteClinic, Velocity Urgent Care

Shelton: AFC Urgent Care, Saint Vincent's Urgent Care

Simsbury: New England Urgent Care Enfield

South Windsor: MinuteClinic

Southbury: MinuteClinic, PhysicianOne Urgent Care

Southington: MinuteClinic, Urgent Care of Southington

Stamford: Concentra Urgent Care, AFC Urgent Care Stamford

Stratford: Concentra Urgent Care Stratford, MinuteClinic, PhysicianOne Urgent Care, Saint Vincent's Urgent Care, Urgent Care Center

Torrington: AFC Urgent Care, Concentra Urgent Care - Torrington

Trumbull: Saint Vincent's Urgent Care

Vernon Rockville: AFC Urgent Care, Hartford HealthCare Go Health, Vernon Urgent Care Center LLC

Wallingford: Concentra Urgent Care Wallingford, HealthMed Urgent Care,

Waterbury: Concentra Urgent Care Waterbury, MinuteClinic, PhysicianOne Urgent Care, Urgent Care Center

West Hartford: AFC Urgent Care, New England Urgent Care Enfield, PM Pediatrics of Connecticut

West Haven: Urgent Care Center

Westport: Westport Urgent Care LLC

Wethersfield: Kathy's Urgent Care

Willimantic: Med East Medical Walk In Center

Windsor: Concentra Urgent Care Windsor

Prescription drug coverage

High-quality coverage

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


Harvard Pilgrim’s Connecticut small group plans include a 4-tier prescription drug benefit: the lower the tier, the less members 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.

How the Prescription Drug tiers work

TIER	VALUE 4-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)

Is a prescription covered?

Visit harvardpilgrim.org/rx. Select the year and the plan as shown on the ID card (example: Value 4-Tier), then look up drugs by tier or category.



Harvard Pilgrim
HealthCare

PLAN NAME

ID #: HP0000000-00
Name: JANE Q SAMPLE
Copoly: OV: \$15
ER: \$50
Rx: **VALUE \$5/15/30/50**

Deductible may apply.
Visit www.harvardpilgrim.org for plan details.

PLAN TYPE

PLAN TIERS

Behavioral health online or in person

We understand mental health and substance use issues can be complex, confusing and sometimes overwhelming, especially for members beginning their mental health journey.

Through our partnership with United Behavioral Health (also known as Optum), members 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.



Our confidential **Behavioral Health Access Center** helps members understand their coverage and treatment options and makes it easy for them to get started with treatment.

Members can get started by calling
(888) 777-4742.

Care management

Our “whole person” approach to care encourages wellness and contains costs.

All members have access to our **100-person team of certified care managers and wellness coaches**, licensed social and behavioral health workers, and nurse educators specializing in diabetes, pediatrics, asthma and cardiology. Our team reaches out to members when and how it's best for them—at home, work or on the road—whether by phone, email or mobile apps. By building personal connections and trusted relationships, our team guides members to better health, reduced risk and lower costs.

Population health

The marriage of data, evidence and analytics to identify health trends and discover ways to fuel positive change within a defined population.



Plan tools & resources

The right set of tools helps your clients get the most out of their health care. Harvard Pilgrim offers a number of online tools and resources to help our members save money, stay healthy, and seek guidance for health concerns and conditions.



Members can access all tools through their member account on harvardpilgrim.org.

Guiding members to well-being

Good health looks different for everyone. Whether one's wellness goals focus on nutrition, fitness, stress management or all of the above, our free wellness site is packed with tools to help our members achieve wellness—however they define it.



Customize by goals



Sync to a wearable device



Chat with others for tips and advice



Connect with a personal health coach

harvardpilgrim.org/wellbeingforall



Fitness reimbursement

For small group family plans, up to two members can qualify for an annual reimbursement of \$150 each—a maximum of \$300 total—for health and fitness club membership and classes. They must be active fitness club members for at least four months within a calendar year to qualify.*



Personal health coaching—at no extra charge!

Our personal health coaches help members develop plans and set realistic goals for achieving better health. Their services are free to members age 18 and older.



Health care cost estimator

Costs for the same test or procedure can vary greatly among different providers. Our online cost estimator can help members find less expensive options.



PCP visit incentive

Members receive a \$50 gift card for seeing their doctor for an annual checkup and telling us about their appointment.

*There is a \$300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, members should consult their tax advisor.

Helping clients choose a plan

Harvard Pilgrim offers a number of plan options to meet every family’s needs and budget.

- Covered in-network
- Access to a national network (PPO)

When choosing a plan, your clients should consider a number of factors.

- Do they frequently go to the doctor or need medical treatment?
- Is having the flexibility to see doctors outside the network important to them?
- Do they regularly take medication? Or take several medications?
- Do they prefer a higher premium and lower payments when they receive treatment?

Types of plans:

HMO

- Care within Harvard Pilgrim’s network
- It’s a good idea to choose a PCP to help manage your care

PPO*

- Covered in-network (includes our national network)
- Option to go out-of-network and pay more
- No need for referrals

Qualified high deductible plan

- HMO + PPO
- Meet a deductible before we pay for services
- Some employers may offer an HRA or HSA to help members meet their deductible

Help clients find the plan that best meets their needs

X marks the spot	HMO	PPO	Qualified high deductible
Their doctors participate in the plan network; client does not want to spend more money out-of-pocket	x		x
Wants the freedom to see any doctor		x	x
Wants to save on premium (money paid up front for health coverage)			x
Wants services to be covered up front and doesn’t mind a higher premium	x	x	
Prefers to budget and keep track of health care expenses			x

* PPO plans are underwritten by HPHC Insurance Company.

2020 product change highlights

We've made several enhancements and changes to the 2020 portfolio based on feedback from brokers and employers.

Talk to your account executive for more details on these and other product changes for 2020.

Enhancements



No cost sharing for Doctor On Demand urgent care (non-HSA plans):

Members on non-HSA plans will pay no cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be billed for these visits and they will apply towards the in-network deductible. After the deductible, members are covered in full.



One free Primary Care Provider (PCP)/behavioral health visit:

Per calendar year, members on non-HSA plans will receive one free PCP visit and one free behavioral health visit at no charge.



Increased fitness reimbursement up to \$300:

Prior to 2020, members were eligible for up to a \$150 annual fitness reimbursement on health and fitness club membership fees and classes. Now, a family can receive up to \$300 (\$150 per member) if two members are covered under their plan. Members must be active fitness club members for at least four months within a calendar year to qualify.*



Lower cost-sharing from certain freestanding providers:

Members on non-HSA plans will pay lower cost-sharing for services when using providers who are not hospital affiliated or owned. Freestanding providers include: ambulatory surgical centers, labs, high-end radiology and physical, occupational and speech therapists.

Changes

Chiropractic care visit increase:

Members will be covered for 40 visits per plan year.

Tier 2 prescription drugs now covered with a copay:

Members previously paid a percentage of the cost. In 2020, they will be responsible for a Tier 2 copayment.

Physical, occupational and speech therapy visit increase:

Members will be covered for any combination of 60 visits per plan year.

*There is a \$300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Reimbursement is limited to two members on a family contract, for a maximum of \$150 per member. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, members should consult their tax advisor.

PRODUCT NAME	PLATINUM	GOLD
	HMO 15/40 COPAY MD00000005197, RX00000001894	HMO 2500 HOSPITAL MD00000005200, RX00000001896
OFFICE VISIT	\$15/\$40 Copay waived for first non-routine PCP visit	\$25/\$45 Copay waived for first non-routine PCP visit
DEDUCTIBLE	None/None	\$2,500/\$5,000
ANNUAL OUT OF POCKET MAX	\$2,000/\$4,000	\$5,500/\$11,000
COINSURANCE	None	None
EMERGENCY ROOM	\$200	Ded then \$300
HOSPITAL-BASED URGENT CARE	\$50	\$75
FREESTANDING URGENT CARE	\$50	\$75
CONVENIENCE CARE	\$15	\$25
INPATIENT	\$500 Per Day	Ded then CIF
DAY SURGERY	Hosp: \$300 Freestnd: \$150	Hosp: Ded then \$500 Freestnd: \$500
LABS	Hosp: \$40 Freestnd: \$10	Hosp: Ded then \$10 Freestnd: \$10
X-RAYS	\$40	\$45
SCANS: CT, MRI, PET	Hosp: \$75 Freestnd: \$50, Max \$375 Per Year**	Hosp: Ded then \$75 Freestnd: \$75, Max \$375 Per Year**
PT/OT/ST	PT/OT: Hosp: \$30 Freestnd: \$15 ST: Hosp: \$60 Freestnd: \$40	PT/OT: Hosp: Ded then \$25 Freestnd: \$25 ST: Hosp: Ded then \$45 Freestnd: \$45
ACUPUNCTURE	\$40	\$45
RX COST SHARING	Retail: \$5/\$50/40%/40%, (T3 \$250/script max, T4 \$500/script max) Mail: \$10/\$100/40%/40% (T3 \$500/script max, T4 \$1,000/script max)	Retail: \$10/\$60/40%/40%(T3 \$250/script max, T4 \$500/script max) Mail: \$20/\$120/40%/40% (T3 \$500/script max, T4 \$1,000/script max)

Please refer to the Schedule of Benefits for cost-sharing details.
**The max is on both benefits - either separately or combined

HMO (continued)

PRODUCT NAME	GOLD	
	HMO 4000 HOSPITAL MD0000005202, RX0000001898	HMO 2000 WITH COINSURANCE MD0000005212, RX0000001906
OFFICE VISIT	\$25/\$45 Copay waived for first non-routine PCP visit	\$25/\$45 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$4,000/\$8,000	\$2,000/\$4,000
ANNUAL OUT OF POCKET MAX	\$7,500/\$15,000	\$5,000/\$10,000
COINSURANCE	None	40%
EMERGENCY ROOM	Ded then \$300	Ded then 40%
HOSPITAL-BASED URGENT CARE	\$75	\$75
FREESTANDING URGENT CARE	\$75	\$75
CONVENIENCE CARE	\$25	\$25
INPATIENT	Ded then CIF	Ded then 40%
DAY SURGERY	Hosp: Ded then \$500 Freestnd: \$500	Hosp: Ded then 40% Freestnd: Ded then 25%
LABS	Hosp: Ded then \$10 Freestnd: \$10	Hosp: 40% Freestnd: 25%
X-RAYS	\$45	40%
SCANS: CT, MRI, PET	Hosp: Ded then \$75 Freestnd: \$75, Max \$375 Per Year**	Hosp: Ded then 40% Freestnd: Ded then 25%
PT/OT/ST	PT/OT Hosp: Ded then \$25 Freestnd: \$25 ST: Hosp: Ded then \$45 Freestnd: \$45	PT/OT Hosp: Ded then 40% Freestnd: Ded then \$25 ST: Hosp: Ded then 40% Freestnd: Ded then 25%
ACUPUNCTURE	\$45	\$45
RX COST SHARING	Retail: \$10/\$60/40%/40%(T3 \$250/script max, T4 \$500/script max) Mail: \$20/\$120/40%/40% (T3 \$500/script max, T4 \$1,000/script max)	Retail: \$10/\$60/40%/40%(T3 \$250/script max, T4 \$500/script max) Mail: \$20/\$120/40%/40% (T3 \$500/script max, T4 \$1,000/script max)

Please refer to the Schedule of Benefits for cost-sharing details.
 **The max is on both benefits - either separately or combined

HMO (continued)

	GOLD	SILVER
PRODUCT NAME	HMO 3500 WITH COINSURANCE MD0000005214, RX0000001907	HMO 5200 WITH COINSURANCE MD0000005216, RX0000001908
OFFICE VISIT	\$25/\$45 Copay waived for first non-routine PCP visit	\$40/\$60 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$3,500/\$7,000	\$5,200/\$10,400
ANNUAL OUT OF POCKET MAX	\$7,000/\$14,000	\$8,150/\$16,300
COINSURANCE	45%	50%
EMERGENCY ROOM	Ded then 45%	Ded then 50%
HOSPITAL-BASED URGENT CARE	\$75	\$75
FREESTANDING URGENT CARE	\$75	\$75
CONVENIENCE CARE	\$25	\$40
INPATIENT	Ded then 45%	Ded then 50%
DAY SURGERY	Hosp: Ded then 45% Freestnd: Ded then 30%	Hosp: Ded then 50% Freestnd: Ded then 35%
LABS	Hosp: 45% Freestnd: 30%	Hosp: 50% Freestnd: 35%
X-RAYS	45%	Ded then 50%
SCANS: CT, MRI, PET	Hosp: Ded then 45% Freestnd: Ded then 30%	Hosp: Ded then 50% Freestnd: Ded then 35%
PT/OT/ST	PT/OT: Hosp: Ded then 45% Freestnd: Ded then \$25 ST: Hosp: Ded then 45% Freestnd: Ded then 30%	PT/OT: Hosp: Ded then 50% Freestnd: Ded then \$30 ST: Hosp: Ded then 50% Freestnd: Ded then 35%
ACUPUNCTURE	\$45	\$60
RX COST SHARING	Retail: \$10/\$60/40%/40%(T3 \$250/script max, T4 \$500/script max) Mail: \$20/\$120/40%/40% (T3 \$500/script max, T4 \$1,000/script max)	Retail: \$10/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: \$20/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)

Please refer to the Schedule of Benefits for cost-sharing details.
 **The max is on both benefits - either separately or combined

HMO HSA

	SILVER	BRONZE
PRODUCT NAME	HMO HSA 2800 MD0000005205, RX0000001900	HMO HSA 4500 MD0000005209, RX0000001903
OFFICE VISIT	Ded then \$40/Ded then \$60	Ded then 30%
DEDUCTIBLE	\$2,800/\$5,600	\$4,500/\$9,000
ANNUAL OUT OF POCKET MAX	\$6,000/\$12,000	\$6,900/\$13,800
COINSURANCE	50%	30%
EMERGENCY ROOM	Ded then 50%	Ded then 30%
HOSPITAL-BASED URGENT CARE	Ded then \$75	Ded then 30%
FREESTANDING URGENT CARE	Ded then \$75	Ded then 30%
CONVENIENCE CARE	Ded then \$40	Ded then 30%
INPATIENT	Ded then 50%	Ded then 30%
DAY SURGERY	Ded then 50%	Ded then 30%
LABS	Ded then \$10	Ded then 30%
X-RAYS	Ded then \$60	Ded then 30%
SCANS: CT, MRI, PET	Ded then 50%	Ded then 30%
PT/OT/ST	PT/OT: Ded then \$30 ST: Ded then \$60	Ded then 30%
ACUPUNCTURE	Ded then \$60	Ded then 30%
RX COST SHARING	Retail: Ded then \$10/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: Ded then \$20/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)	Retail: Ded then \$15/\$60/40%/50% (T3 \$250/script max,T4 \$750/script max) Mail: Ded then \$30/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)

Please refer to the Schedule of Benefits for cost-sharing details.
 **The max is on both benefits - either separately or combined

HMO HSA (continued)

SILVER

HMO HSA 3000 COPAY

MD0000005207, RX0000001901

PRODUCT NAME

OFFICE VISIT	Ded then \$40/Ded then \$60
DEDUCTIBLE	\$3,000/\$6,000
ANNUAL OUT OF POCKET MAX	\$6,900/\$13,800
COINSURANCE	None
EMERGENCY ROOM	Ded then \$300
HOSPITAL-BASED URGENT CARE	Ded then \$75
FREESTANDING URGENT CARE	Ded then \$75
CONVENIENCE CARE	Ded then \$40
INPATIENT	Ded then \$500 Per Day/ Max \$2,000 Per Admit
DAY SURGERY	Ded then \$500
LABS	Ded then \$10
X-RAYS	Ded then \$60
SCANS: CT, MRI, PET	Ded then \$75
PT/OT/ST	PT/OT: Ded then \$30 ST: Ded then \$60
ACUPUNCTURE	Ded then \$60
RX COST SHARING	Retail: Ded then \$10/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: Ded then \$20/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)

Please refer to the Schedule of Benefits for cost-sharing details.

**The max is on both benefits - either separately or combined

PRODUCT NAME	PLATINUM		PLATINUM	
	PPO 15/40 COPAY MD0000005198, RX0000001894		PPO 750 HOSPITAL MD0000005199, RX0000001895	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$15/\$40 Copay waived for first non-routine PCP visit	Ded then 30%	\$15/\$40 Copay waived for first non-routine PCP visit	Ded then 40%
DEDUCTIBLE	None/None	\$2,000/\$4,000	\$750/\$1,500	\$1,500/\$3,000
ANNUAL OUT OF POCKET MAX	\$2,000/\$4,000	\$4,000/\$8,000	\$3,250/\$6,500	\$6,500/\$13,000
COINSURANCE	None	30%	None	40%
EMERGENCY ROOM	\$200		Ded then \$200	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 30%	\$50	Ded then 40%
FREESTANDING URGENT CARE	\$50	Ded then 30%	\$50	Ded then 40%
CONVENIENCE CARE	\$15	Ded then 30%	\$15	Ded then 40%
INPATIENT	\$500 Per Day	Ded then 30%	Ded then CIF	Ded then 40%
DAY SURGERY	Hosp: \$300 Freestnd: \$150	Ded then 30%	Hosp: Ded then \$150 Freestnd: \$150	Ded then 40%
LABS	Hosp: \$40 Freestnd: \$10	Ded then 30%	Hosp: \$40 Freestnd: \$10	Ded then 40%
X-RAYS	\$40	Ded then 30%	\$40	Ded then 40%
SCANS: CT, MRI, PET	Hosp: \$75 Freestnd: \$50, Max \$375 Per Year**	Ded then 30%	Hosp: \$75 Freestnd: \$50, Max \$375 Per Year**	Ded then 40%
PT/OT/ST	PT/OT: Hosp: \$30 Freestnd: \$15 ST:Hosp: \$60 Freestnd: \$40	PT/OT: Ded then 30% ST: Ded then 30%	PT/OT: Hosp: \$30 Freestnd: \$15 ST: Hosp: \$60 Freestnd: \$40	PT/OT: Ded then 40% ST: Ded then 40%
ACUPUNCTURE	\$40	Ded then 30%	\$40	Ded then 40%
RX COST SHARING	Retail: \$5/\$50/40%/40% (T3 \$250/script max, T4 \$500/script max) Mail: \$10/\$100/40%/40% (T3 \$500/script max, T4 \$1,000/script max)		Retail: \$5/\$50/40%/40% (T3 \$250/script max, T4 \$500/script max) Mail: \$10/\$100/40%/40% (T3 \$500/script max, T4 \$1,000/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.
 **The max is on both benefits - either separately or combined

PPO (continued)

GOLD

PPO 2000 HOSPITAL

MD0000005218, RX0000001909

GOLD

PPO 2500 HOSPITAL

MD0000005201, RX0000001897

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$45 Copay waived for first non-routine PCP visit	Ded then 50%	\$25/\$45 Copay waived for first non-routine PCP visit	Ded then 50%
DEDUCTIBLE	\$2,000/\$4,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000
ANNUAL OUT OF POCKET MAX	\$5,000/\$10,000	\$10,000/\$20,000	\$5,500/\$11,000	\$11,000/\$22,000
COINSURANCE	None	50%	None	50%
EMERGENCY ROOM	Ded then \$300		Ded then \$300	
HOSPITAL-BASED URGENT CARE	\$75	Ded then 50%	\$75	Ded then 50%
FREESTANDING URGENT CARE	\$75	Ded then 50%	\$75	Ded then 50%
CONVENIENCE CARE	\$25	Ded then 50%	\$25	Ded then 50%
INPATIENT	Ded then CIF	Ded then 50%	Ded then CIF	Ded then 50%
DAY SURGERY	Hosp: Ded then \$500 Freestnd: \$500	Ded then 50%	Hosp: Ded then \$500 Freestnd: \$500	Ded then 50%
LABS	Hosp: Ded then \$10 Freestnd: \$10	Ded then 50%	Hosp: Ded then \$10 Freestnd: \$10	Ded then 50%
X-RAYS	\$45	Ded then 50%	\$45	Ded then 50%
SCANS: CT, MRI, PET	Hosp: Ded then \$75 Freestnd: \$75, Max \$375 Per Year**	Ded then 50%	Hosp: Ded then \$75 Freestnd: \$75, Max \$375 Per Year**	Ded then 50%
PT/OT/ST	PT/OT: Hosp: Ded then \$25 Freestnd: \$25 ST: Hosp: \$ Ded then \$45 Freestnd: \$45	PT/OT: Ded then 50% ST: Ded then 50%	PT/OT: Hosp: Ded then \$25 Freestnd: \$25 ST: Hosp: \$ Ded then \$45 Freestnd: \$45	PT/OT: Ded then 50% ST: Ded then 50%
ACUPUNCTURE	\$45	Ded then 50%	\$45	Ded then 50%
RX COST SHARING	Retail: \$10/\$60/40%/40% (T3 \$250/script max, T4 \$500/script max) Mail: \$20/\$120/40%/40% (T3 \$500/script max, T4 \$1,000/script max)		Retail: \$10/\$60/40%/40% (T3 \$250/script max, T4 \$500/script max) Mail: \$20/\$120/40%/40% (T3 \$500/script max, T4 \$1,000/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.
 **The max is on both benefits - either separately or combined

PPO (continued)

PRODUCT NAME	GOLD		GOLD	
	PPO 4000 HOSPITAL MD0000005203, RX0000001898		PPO 2000 WITH COINSURANCE MD0000005213, RX0000001906	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$45 Copay waived for first non-routine PCP visit	Ded then 50%	\$25/\$45 Copay waived for first non-routine PCP visit	Ded then 50%
DEDUCTIBLE	\$4,000/\$8,000	\$8,000/\$16,000	\$2,000/\$4,000	\$4,000/\$8,000
ANNUAL OUT OF POCKET MAX	\$7,500/\$15,000	\$15,000/\$30,000	\$5,000/\$10,000	\$10,000/\$20,000
COINSURANCE	None	50%	40%	50%
EMERGENCY ROOM	Ded then \$300		Ded then 40%	
HOSPITAL-BASED URGENT CARE	\$75	Ded then 50%	\$75	Ded then 50%
FREESTANDING URGENT CARE	\$75	Ded then 50%	\$75	Ded then 50%
CONVENIENCE CARE	\$25	Ded then 50%	\$25	Ded then 50%
INPATIENT	Ded then CIF	Ded then 50%	Ded then 40%	Ded then 50%
DAY SURGERY	Hosp: Ded then \$500 Freestnd: \$500	Ded then 50%	Hosp: Ded then 40% Freestnd: Ded then 25%	Ded then 50%
LABS	Hosp: Ded then \$10 Freestnd: \$10	Ded then 50%	Hosp: 40% Freestnd: 25%	Ded then 50%
X-RAYS	\$45	Ded then 50%	40%	Ded then 50%
SCANS: CT, MRI, PET	Hosp: Ded then \$75 Freestnd: \$75, Max \$375 Per Year**	Ded then 50%	Hosp: Ded then 40% Freestnd: Ded then 25%	Ded then 50%
PT/OT/ST	PT/OT: Hosp: Ded then \$25 Freestnd: \$ 25 ST: Hosp: \$ Ded then \$45 Freestnd: \$45	PT/OT: Ded then 50% ST: Ded then 50%	PT/OT: Hosp: Ded then 40% Freestnd: Ded then \$25 ST: Hosp: Ded then 40% Freestnd: Ded then 25%	PT/OT: Ded then 50% ST: Ded then 50%
ACUPUNCTURE	\$45	Ded then 50%	\$45	Ded then 50%
RX COST SHARING	Retail: \$10/\$60/40%/40% (T3 \$250/script max, T4 \$500/script max) Mail: \$20/\$120/40%/40% (T3 \$500/script max, T4 \$1,000/script max)		Retail: \$10/\$60/40%/40% (T3 \$250/script max, T4 \$500/script max) Mail: \$20/\$120/40%/40% (T3 \$500/script max, T4 \$1,000/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.
 **The max is on both benefits - either separately or combined

PPO (continued)

GOLD

PPO 3500 WITH COINSURANCE

MD0000005215, RX0000001907

PRODUCT NAME

	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$45 Copay waived for first non-routine PCP visit	Ded then 50%
DEDUCTIBLE	\$3,500/\$7,000	\$7,000/\$14,000
ANNUAL OUT OF POCKET MAX	\$7,000/\$14,000	\$14,000/\$28,000
COINSURANCE	45%	50%
EMERGENCY ROOM	Ded then 45%	
HOSPITAL-BASED URGENT CARE	\$75	Ded then 50%
FREESTANDING URGENT CARE	\$75	Ded then 50%
CONVENIENCE CARE	\$25	Ded then 50%
INPATIENT	Ded then 45%	Ded then 50%
DAY SURGERY	Hosp: Ded then 45% Freestnd: Ded then 30%	Ded then 50%
LABS	Hosp: 45% Freestnd: 30%	Ded then 50%
X-RAYS	45%	Ded then 50%
SCANS: CT, MRI, PET	Hosp: Ded then 45% Freestnd: Ded then 30%	Ded then 50%
PT/OT/ST	PT/OT: Hosp: Ded then 45% Freestnd: Ded then \$25 ST: Hosp: Ded then 45% Freestnd: Ded then 30%	PT/OT: Ded then 50% ST: Ded then 50%
ACUPUNCTURE	\$45	Ded then 50%
RX COST SHARING	Retail: \$10/\$60/40%/40% (T3 \$250/script max, T4 \$500/script max) Mail: \$20/\$120/40%/40% (T3 \$500/script max, T4 \$1,000/script max)	

SILVER

PPO 4000 WITH COINSURANCE

MD0000005219, RX0000001908

	In-Network	Out-of-Network
OFFICE VISIT	\$40/\$60 Copay waived for first non-routine PCP visit	Ded then 50%
DEDUCTIBLE	\$4,000/\$8,000	\$8,000/\$16,000
ANNUAL OUT OF POCKET MAX	\$8,150/\$16,300	\$16,300/\$32,600
COINSURANCE	50%	50%
EMERGENCY ROOM	Ded then 50%	
HOSPITAL-BASED URGENT CARE	\$75	Ded then 50%
FREESTANDING URGENT CARE	\$75	Ded then 50%
CONVENIENCE CARE	\$40	Ded then 50%
INPATIENT	Ded then 50%	Ded then 50%
DAY SURGERY	Hosp: Ded then 50% Freestnd: Ded then 35%	Ded then 50%
LABS	Hosp: Ded then 50% Freestnd: Ded then 35%	Ded then 50%
X-RAYS	Ded then 50%	Ded then 50%
SCANS: CT, MRI, PET	Hosp: Ded then 50% Freestnd: Ded then 35%	Ded then 50%
PT/OT/ST	PT/OT: Hosp: Ded then 50% Freestnd: Ded then \$30 ST: Hosp: Ded then 50% Freestnd: Ded then 35%	PT/OT: Ded then 50% ST: Ded then 50%
ACUPUNCTURE	\$60	Ded then 50%
RX COST SHARING	Retail: \$10/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: \$20/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.
 **The max is on both benefits - either separately or combined

PPO (continued)

SILVER

PPO 5200 WITH COINSURANCE

MD0000005217, RX0000001908

PRODUCT NAME

	In-Network	Out-of-Network
OFFICE VISIT	\$40/\$60 Copay waived for first non-routine PCP visit	Ded then 50%
DEDUCTIBLE	\$5,200/\$10,400	\$10,400/\$20,800
ANNUAL OUT OF POCKET MAX	\$8,150/\$16,300	\$16,300/\$32,600
COINSURANCE	50%	50%
EMERGENCY ROOM	Ded then 50%	
HOSPITAL-BASED URGENT CARE	\$75	Ded then 50%
FREESTANDING URGENT CARE	\$75	Ded then 50%
CONVENIENCE CARE	\$40	Ded then 50%
INPATIENT	Ded then 50%	Ded then 50%
DAY SURGERY	Hosp: Ded then 50% Freestnd: Ded then 35%	Ded then 50%
LABS	Hosp: 50% Freestnd: 35%	Ded then 50%
X-RAYS	Ded then 50%	Ded then 50%
SCANS: CT, MRI, PET	Hosp: Ded then 50% Freestnd: Ded then 35%	Ded then 50%
PT/OT/ST	PT/OT: Hosp: Ded then 50% Freestnd: Ded then \$30 ST: Hosp: Ded then 50% Freestnd: Ded then 35%	PT/OT: Ded then 50% ST: Ded then 50%
ACUPUNCTURE	\$60	Ded then 50%
RX COST SHARING	Retail: \$10/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: \$20/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.

**The max is on both benefits - either separately or combined

PPO HSA

SILVER

PPO HSA 2800 50%

MD0000005206, RX0000001900

SILVER

PPO HSA 2800 20%

MD0000005220, RX0000001910

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then \$40/Ded then \$60	Ded then 50%	Ded then 20%	Ded then 50%
DEDUCTIBLE	\$2,800/\$5,600	\$5,600/\$11,200	\$2,800/\$5,600	\$5,600/\$11,200
ANNUAL OUT OF POCKET MAX	\$6,000/\$12,000	\$12,000/\$24,000	\$4,800/\$9,600	\$9,600/\$19,200
COINSURANCE	50%	50%	20%	50%
EMERGENCY ROOM	Ded then 50%		Ded then 20%	
HOSPITAL-BASED URGENT CARE	Ded then \$75	Ded then 50%	Ded then 20%	Ded then 50%
FREESTANDING URGENT CARE	Ded then \$75	Ded then 50%	Ded then 20%	Ded then 50%
CONVENIENCE CARE	Ded then \$40	Ded then 50%	Ded then 20%	Ded then 50%
INPATIENT	Ded then 50%	Ded then 50%	Ded then 20%	Ded then 50%
DAY SURGERY	Ded then 50%	Ded then 50%	Ded then 20%	Ded then 50%
LABS	Ded then \$10	Ded then 50%	Ded then 20%	Ded then 50%
X-RAYS	Ded then \$60	Ded then 50%	Ded then 20%	Ded then 50%
SCANS: CT, MRI, PET	Ded then 50%	Ded then 50%	Ded then 20%	Ded then 50%
PT/OT/ST	PT/OT: Ded then \$30 ST: Ded then \$60	Ded then 50%	Ded then 20%	Ded then 50%
ACUPUNCTURE	Ded then \$60	Ded then 50%	Ded then 20%	Ded then 50%
RX COST SHARING	Retail: Ded then \$10/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: Ded then \$20/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)		Retail: Ded then \$10/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: Ded then \$20/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.
 **The max is on both benefits - either separately or combined

PPO HSA (continued)

SILVER

PPO HSA 3500

MD0000005221, RX0000001911

BRONZE

PPO HSA 4500

MD0000005211, RX0000001905

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
DEDUCTIBLE	\$3,500/\$7,000	\$7,000/\$14,000	\$4,500/\$9,000	\$9,000/\$18,000
ANNUAL OUT OF POCKET MAX	\$5,500/\$11,000	\$11,000/\$22,000	\$6,900/\$13,800	\$13,800/\$27,600
COINSURANCE	30%	50%	30%	50%
EMERGENCY ROOM	Ded then 30%		Ded then 30%	
HOSPITAL-BASED URGENT CARE	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
FREESTANDING URGENT CARE	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
CONVENIENCE CARE	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
INPATIENT	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
DAY SURGERY	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
LABS	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
X-RAYS	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
SCANS: CT, MRI, PET	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
PT/OT/ST	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
ACUPUNCTURE	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
RX COST SHARING	Retail: Ded then \$10/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: Ded then \$20/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)		Retail: Ded then \$15/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: Ded then \$30/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.

**The max is on both benefits - either separately or combined

PPO HSA (continued)

BRONZE

PPO HSA 5000

MD0000005222, RX0000001912

BRONZE

PPO HSA 6500

MD0000005224, RX0000001915

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
DEDUCTIBLE	\$5,000/\$10,000	\$10,000/\$20,000	\$6,500/\$13,000	\$13,000/\$26,000
ANNUAL OUT OF POCKET MAX	\$6,650/\$13,300	\$13,300/\$26,600	\$6,900/\$13,800	\$27,600/\$55,200
COINSURANCE	50%	50%	10%	50%
EMERGENCY ROOM	Ded then 50%		Ded then 10%	
HOSPITAL-BASED URGENT CARE	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
FREESTANDING URGENT CARE	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
CONVENIENCE CARE	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
INPATIENT	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
DAY SURGERY	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
LABS	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
X-RAYS	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
SCANS: CT, MRI, PET	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
PT/OT/ST	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
ACUPUNCTURE	Ded then 50%	Ded then 50%	Ded then 10%	Ded then 50%
RX COST SHARING	Retail: Ded then \$15/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: Ded then \$30/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)		Retail: Ded then \$15/\$60/40%/50% (T3 \$250/script max, T4 \$750/script max) Mail: Ded then \$30/\$120/40%/50% (T3 \$500/script max, T4 \$1,500/script max)	

Please refer to the Schedule of Benefits for cost-sharing details.

**The max is on both benefits - either separately or combined

harvardpilgrim.org/broker:

Your one-stop shop for plans, details, tools and services.

Our online platform makes it easy to get instant, accurate quotes for new business and renewals and to help manage your clients.

Access Harvard Pilgrim Online Quoting (HPOQ) 24/7 to:

- Receive instant quotes
- Print or email directly to your clients
- View product highlights or detailed Summaries of Benefits and Coverage (SBCs) and Schedules of Benefits
- Manage group and census data
- Get instant rates for updated census data
- Create professional proposals for your clients



Get started with Harvard Pilgrim Online Quoting and Renewals

Contact Broker Relations at **(800) 424-7285**.

After registering, visit **harvardpilgrim.org/broker**.

Click **Broker Login** in the upper right corner.

Log in with your username and password.

Click **Access Harvard Pilgrim Online Quoting**.

Under the appropriate state, click **New Business** to create a new customer quote. Click **Renewals** to renew an existing customer account.

Need help?

If you have trouble accessing the Online Quoting and Renewal system or have other issues, call the Broker Service Center at **(800) 424-7285**.

How to access Summaries of Benefits and Coverage online

You can access more information about the benefits at **harvardpilgrim.org/broker**.



Business rules

Harvard Pilgrim reserves the right to change premium rates at any time before the effective date of the policy if there is a change in applicable state laws or regulations. Changes to rates after the effective date of coverage are governed by the employer agreement.

All 2020 Small Group plans are plan year.

Minimum number of participating subscribers:

# Eligible Employees	Minimum Subscriber Enrollment Requirements in Harvard Pilgrim Commercial Products
1 – 4	100%
5 - 50	65%

All eligible employees of a sold small group who are not participating in a Harvard Pilgrim plan are required to complete and sign a waiver form.

Waivers due to Spouse, Dependent, Medicare, Medicaid and Military coverage are acceptable waivers and are excluded from the participation calculation.

Waivers due to coverage through a second employer are considered acceptable waivers and are excluded from the participation calculation.

Waivers due to individual/non group policies through the Exchange and coverage through a second employer are considered acceptable waivers and are excluded from the participation calculation.

Waivers due to Veterans Coverage or individual/non group not through the Exchange are not considered acceptable waivers and are included in the participation calculation.

Side-by-side rules:

The following rules apply for determining allowable side-by-side options:

- 1) The maximum number of plans that can be sold to a group is 3.
- 2) An account cannot offer the same plan design configured with and without HRA or HSA funding side-by-side

Extraterritorial Locations:

All quotes are contingent upon state eligibility requirements concerning employee residency and employer office locations. For each new group enrollment or annual renewal, employers must disclose to Harvard Pilgrim Health Care all out-of-state office locations and the state residency for each subscriber at those locations.

Preventive Medications with a High Deductible Health Plan:

If a member has a high deductible health plan, the deductible may not apply to certain medications used for preventive care. Please see the ID card and Schedule of Benefits to determine if a member has this coverage. The ID card will include the words "Preventive Drug Benefit" if a member has this coverage. If a plan exempts preventive medications from the deductible and the health care provider prescribes one of the designated preventive medications, the deductible will not apply to that prescription. However, a member will be required to pay the applicable coinsurance amount for the drug. The plan may change the listing of designated preventive medications from time to time. For a current list of designated preventive medications, please visit our web site at harvardpilgrim.org.

Essential Health Benefit Pediatric Dental Coverage:

Pediatric dental services are required by the Patient Protection and Affordable Care Act. If an employer group purchases health plan coverage provided by Harvard Pilgrim or its affiliates (the "health plan") that DOES NOT include coverage for pediatric dental services, then by purchasing the health plan, the employer declares that it is aware that the health plan does not include pediatric dental coverage and that the employer is aware that a certified pediatric dental plan is available on or off the Exchange. Upon request, the employer group agrees to provide Harvard Pilgrim with documentation necessary to verify that each person covered under the Health Plan is also covered by the dental plan.

Embedded Deductibles:

Embedded deductible refers to a family plan that has two deductible components, an individual deductible and a family deductible. The maximum contribution by an individual toward the family deductible is limited to the individual deductible amount and allows for the individual to receive benefits before the family component is met. When any number of members collectively meet the family deductible, services for the entire family are covered for the remainder of the year.

Out-of-area Dependents:

For 2020, out-of-area dependents on an HMO plan will have coverage for urgent and emergent care only.

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:

CT HMO and PPO

- Alternative services and treatments
- Dental care, except as described in the 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 the member
- Infertility treatment for members who are not medically infertile
- Costs for any services for which a member is 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 the policy
- Services that are not Medically Necessary
- Transportation other than by ambulance
- (HMO ONLY) 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
- Bariatric surgery

Limitations for Connecticut Small Group Plans

- Chiropractic – 40 visits per year
- Acupuncture – 20 visits per year
- Early intervention – No benefit limit
- Therapy services – Physical therapy, speech therapy and occupational therapy – 60 combined visits per year
- Skilled nursing facility and inpatient rehabilitation – 90 days per year combined
- Routine eye exam – 1 exam per year

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>.

Important legal information

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (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 1-888-333-4742 (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 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)
انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ចំពោះជនដំណឹង: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (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. 1-888-333-4742 (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. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຢູ່ພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

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