



Harvard Pilgrim
Health Care

Massachusetts Small Group Product Guide Plan Year 2020

Guiding Massachusetts
to better health.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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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.



80,000
DOCTORS & CLINICIANS

183
HOSPITALS

Full and Select Network Plans

We have full and select network plans, including HMO and PPO options. Our Focus HMO plans and Flex benefits are built around outstanding Massachusetts providers who deliver high-quality care and enable member savings.

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.

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 Massachusetts neighbors and communities face – and a dedication to helping resolve them.



\$1.7 MILLION
GRANTS & SPONSORSHIPS

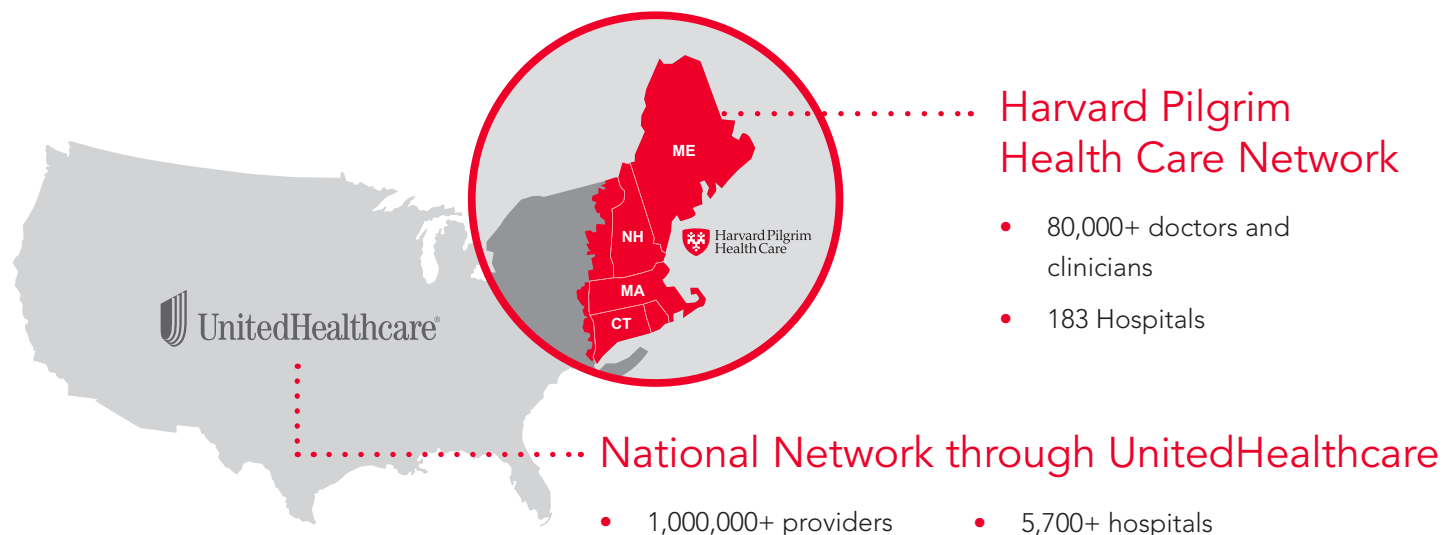
Funding Programs in Massachusetts

In 2018, the Harvard Pilgrim Health Care Foundation supported local non-profit agencies and health initiatives with more than \$1.7 million in grants and sponsorships, and employees contributed more than 3,200 volunteer service hours. In addition, Harvard Pilgrim's Healthy Food Fund makes healthy produce available to all, including elders and lower-income communities. In 2018, more than \$800,000 in grants were distributed through Healthy Food Fund initiatives across the region.

Supporting the LGBT Community

In 2019, for the seventh year in a row, Harvard Pilgrim received a perfect score of 100 percent on the Corporate Equality Index, a national benchmarking survey and report on corporate policies and practices related to lesbian, gay, bisexual, transgender and queer (LGBTQ) workplace equality.













Your local partner with the strength of a national network



What we cover

Core benefits

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

 Alternative Services 20 acupuncture 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 & 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 & Habilitative Services and Devices Rehab services, hospital beds, crutches, oxygen tanks

*Employers can waive pediatric dental if they have a qualified pediatric dental plan in place.

Massachusetts plan options

Offering choice and savings

Our Massachusetts small group plans are designed to give your clients choice, flexibility and strong value in meeting a wide array of needs.

Focus HMO Limited Network Plans*

Focus is specially designed to help members lower costs, while still offering the benefits they want and need. And, it brings employers significant savings compared to our full-network plans. Features include:

- Comprehensive HMO coverage with care from our extensive, high-performance network of providers across Massachusetts.
- 58 hospitals and more than 20,000 doctors and other clinicians across the state.

How it works:

- Members choose a PCP from the participating physicians across Massachusetts.
- Specialty care is available with a referral from the PCP to a Focus Easy Access specialist.
- Referrals are not necessary for some services, such as routine eye exams and most gynecological care.
- On rare occasions, specialty care cannot be provided by an Easy Access specialist or facility. In these instances, we have a limited number of additional providers who can be seen after a medical review and authorization for care from Harvard Pilgrim.

To find Focus doctors and hospitals

1. Visit harvardpilgrim.org and select Find a Provider
2. Under Tiered/Network plans, select Focus Network

*These plans provide access to a limited provider network that is smaller than Harvard Pilgrim’s full provider network. In these plans, members have coverage only from providers in the network specific to their plan. Members should search the provider directory by plan name for a list of providers. They may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

HMO Core Plans

Harvard Pilgrim’s HMO Core plan enables your clients to provide employees with coverage for essential care focusing on their whole health. This plan can help clients and members save money on premiums. And it can help members save on out-of-pocket costs, while only requiring a copayment for certain services.

- Services requiring only a copayment before deductible applies are:
 - Outpatient medical office visits (up to three per individual; up to six per family)
 - Outpatient behavioral health office visits (up to three per individual; up to six per family)
 - Physical, occupational and speech therapy
 - Routine eye exams
 - Acupuncture and chiropractic visits
 - Flex lab and Flex day surgery

Flex Benefit for Routine Services

Costs for the same in-network medical service can vary widely depending on the type of location of the facility performing the service, with no significant difference in quality. Plans with the Flex benefit can help – they feature savings for members who use Flex facilities for general laboratory and day surgery services. Flex is included in all Merged Market plans except Focus and select Connector plans.

Receiving services at a Flex facility can save members hundreds, or possibly thousands of dollars in out-of-pocket costs!*

	Total average cost (facility)	Member cost range at non-Flex facility	Member cost at a Flex facility
General lab work	\$10–\$125	From \$40 copay to deductible and \$75 copay	\$0–\$20 copay*
Day surgery (e.g. knee arthroscopy)	\$6,770–\$7,117	From \$250 copay to deductible and 30% coinsurance	\$50–\$250 copay*



*Copay varies based on specific plan. Deductible applies for HSA plans.

To find Flex facilities

1. Visit harvardpilgrim.org and select Find a Provider
2. Under Standard Plans, select HMO-Flex or PPO-Flex
3. Then select Other Care Providers. Once in this search, select either General Laboratory or Ambulatory Surgical Center

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.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: UTI's, 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 Walk-in clinic for urgent care (e.g., ConvenientMD, Clear Choice or Concentra)	\$\$ 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

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

Prescription drug benefits

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


All plans* include our 5-tier prescription drug coverage: the lower the tier, the less you will 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.

Is a prescription covered?

Finding out is easy with our online tool. It takes just two steps! Just select your plan and then look up drugs by tier or by category.

How the Prescription Drug tiers work

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



Harvard Pilgrim
HealthCare

PLAN NAME

ID #: HP0000000-00

Name: JANE Q SAMPLE

Copay: OV: \$15

ER: \$50

Rx: VALUE \$5/15/30/50/20%

Deductible may apply.

Visit www.harvardpilgrim.org for plan details.

Plan
type

Plan tiers

*Standard Connector Plans have 3-Tier Value drug coverage.



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 them 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

As industry leaders in population health, we combine data and analytics with robust care management outreach. Our “whole person” approach to care encourages wellness and contains costs.

All members have access to our 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 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.

Well-being Rewards Program

Members can earn up to \$225 in Amazon gift cards by participating in a variety of fun and convenient activities that support their well-being. Employers

can earn back up to 6% of premium based on their employees' participation in the program. The more employees that participate and earn the maximum \$225 reward, the greater the premium reward for the employer. The rewards program is available as a rider and the employer cost is 0.5% of premium.



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

Currently, members are eligible for up to a \$150 annual fitness reimbursement, or one month (whichever is greater) on health and fitness club membership fees and classes. In 2020, a second family member can receive up to \$150 if two members are covered under their plan. Fitness trackers are also eligible for reimbursement in lieu of a gym membership fee up to \$150 for each of the two family members. Members 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.

*Reimbursement is limited to two members on a 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
- Select a PCP and get referrals for specialist visits

PPO

- Covered in-network
- Option to go out-of-network and pay more in out-of-pocket expenses
- No need for referrals

Limited Network (Focus)

- HMO
- Lower-premium plan featuring a limited network of our high-performing providers

Qualified High Deductible plan

- HMO or PPO
- Meet a deductible before we pay for services
- Some employers may offer an HRA or HSA to help members meet their deductible and other out-of-pocket expenses

Help clients find the plan that best meets their needs

X marks the spot

	HMO	PPO	Limited Network (Focus)*	Qualified High Deductible
Their doctors participate in the plan network, client does not want to spend more money out-of-pocket	X		X	X
Wants the freedom to see any doctor		X		X
Wants to save on their premium (money paid up front for health coverage)			X	X
Wants services to be covered up front and doesn't mind a higher premium	X	X	X	
Plan may include a deductible				
Prefers to budget and keep track of all their health care expenses			X	X
Wants a plan that lets them save money with specified providers			X	

*These plans provide access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In these plans, members have coverage only from providers in the network specific to their plan. Members should search the provider directory by plan name for a list of providers. They may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

2020 product enhancements and updates

Our 2020 small group portfolio includes several exciting changes that clients and employees alike will appreciate.

New Plan

• Focus HMO 1500

Based on broker feedback, the above plan has been added to provide greater variety in deductibles and cost-sharing options.

Discontinued Plans

- PPO 2000 with Copayment – Flex
- HMO 1000 with Coinsurance – Flex
- PPO 1000 with Coinsurance – Flex

- HMO HSA 2000 with Coinsurance – Flex
- PPO HSA 2000 with Coinsurance – Flex

The above plans will be mapped to similar plans. Employers offering these plans—and their enrolled employees—will be notified 90 days prior to renewal.



Benefit year change

The HMO Flex 25, PPO Flex 25 and HMO Focus 25 plans have changed from Calendar Year to Plan Year.



Lower family deductible maximum

The family deductible maximum has been lowered to not exceed two times the individual deductible.



Free Doctor On Demand urgent care

Members on non-HSA plans will not pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be billed for these visits, up to the deductible amount.



Reduce My Costs available on all plans

This voluntary program helps members find lower-cost facilities for elective outpatient medical procedures and diagnostic tests. Members may be eligible for a cash bonus from Harvard Pilgrim if they choose a more affordable option.



Free PCP and behavioral health visit

Members will not pay cost sharing for one non-routine PCP visit and one behavioral health visit annually. Available in all plans except HSA, Standard Connector and Core plans.



Lower cost-sharing from freestanding providers

Members 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. Available in all plans except Core plans, Focus plans, and certain Standard Connector plans. Check the Product Grids in this guide for details.



Increased fitness reimbursement

Currently, members are eligible for up to a \$150 annual fitness reimbursement, or one month (whichever is greater) on health and fitness club membership fees and classes. In 2020, a second family member can receive up to \$150 if two members are covered under their plan. Fitness trackers are also eligible for reimbursement in lieu of a gym membership fee up to \$150 for each of the two family members. Members must be active fitness club members for at least four months within a calendar year to qualify.*



Well-being Rewards program

Members can earn up to \$225 in Amazon gift cards by participating in a variety of fun and convenient activities

that support their well-being. Employers can earn back up to 6% of premium based on their employees' participation in the program. The more employees that participate and earn the maximum \$225 reward, the greater the premium reward for the employer. The rewards program is available as a rider and the employer cost is 0.5% of premium.



Guardian dental discounts available

Small group employers can take advantage of a premium discount on dental insurance through our partnership with The Guardian Life Insurance Company of America. The discount applies to new Guardian dental sales only. Additional Guardian cross-sell discounts for multi-line sales of other ancillary products are available.

Visit harvardpilgrim.org/broker or contact your account executive for more information.

Ancillary products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Some products may not be available in all states. Policy limitations and exclusions apply.

*Reimbursement is limited to two members on a 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.

	PLATINUM	GOLD
PRODUCT NAME	HMO 25 - FLEX MD0000005171, RX0000001887	HMO 500 - FLEX MD0000005172, RX0000001883
OFFICE VISIT	\$25/\$40 Copay waived for first non-routine PCP visit	\$25/\$50 Copay waived for first non-routine PCP visit
DEDUCTIBLE	None/None	\$500/\$1,000
ANNUAL OUT OF POCKET MAX	\$2,000/\$4,000	\$6,500/\$13,000
COINSURANCE	None	None
EMERGENCY ROOM	\$125	\$300
HOSPITAL-BASED URGENT CARE	\$40	\$50
FREESTANDING URGENT CARE	\$40	\$50
CONVENIENCE CARE	\$25	\$25
INPATIENT	\$1,000 per admit	Ded then \$200 per admit
DAY SURGERY	Flex Provider: \$150 Other: \$500	Flex Provider: \$50 Other: Ded then \$300
LABS	Flex Provider: CIF Other: \$40	Flex Provider: CIF Other: Ded then \$45
X-RAYS	\$40	Ded then \$45
SCANS: CT, MRI, PET	Non-hospital based: \$125 per procedure, Hospital based: \$200 per procedure	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure
PT/OT/ST	Non-hospital based: \$25, Hospital based: \$40	Non-hospital based: \$25, Hospital based: Ded then \$50
ACUPUNCTURE	\$40	\$50
RX COST SHARING	Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: \$10/\$50/\$80/\$180/20% (T5 \$750/script max)	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)

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

HMO (continued)

PRODUCT NAME	GOLD	
	HMO 1000 - FLEX MD00000005173, RX00000001883	HMO 1500 - FLEX MD00000005174, RX00000001883
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	\$25/\$50 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$1,000/\$2,000	\$1,500/\$3,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$6,500/\$13,000
COINSURANCE	None	None
EMERGENCY ROOM	\$300	\$300
HOSPITAL-BASED URGENT CARE	\$50	\$50
FREESTANDING URGENT CARE	\$50	\$50
CONVENIENCE CARE	\$25	\$25
INPATIENT	Ded then \$200 per admit	Ded then \$250 per admit
DAY SURGERY	Flex Provider: \$50 Other: Ded then \$300	Flex Provider: \$75 Other: Ded then \$300
LABS	Flex Provider: CIF Other: Ded then \$45	Flex Provider: CIF Other: Ded then \$45
X-RAYS	Ded then \$45	Ded then \$45
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Non-hospital based: \$25, Hospital based: Ded then \$50
ACUPUNCTURE	\$50	\$50
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)

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

HMO (continued)

PRODUCT NAME	GOLD	
	HMO 2000 - FLEX MD00000005175, RX0000001883	HMO 2000 WITH COINSURANCE - FLEX MD00000005176, RX0000001883
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	\$35/\$70 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$2,000/\$4,000	\$2,000/\$4,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$6,500/\$13,000
COINSURANCE	None	20%
EMERGENCY ROOM	\$300	\$500
HOSPITAL-BASED URGENT CARE	\$50	\$70
FREESTANDING URGENT CARE	\$50	\$70
CONVENIENCE CARE	\$25	\$35
INPATIENT	Ded then \$250 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$75 Other: Ded then \$300	Flex Provider: \$150 Other: Ded then 20%
LABS	Flex Provider: CIF Other: Ded then \$45	Flex Provider: CIF Other: Ded then 20%
X-RAYS	Ded then \$45	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Non-hospital based: \$150 per procedure, Hospital based: Ded then 20%
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Non-hospital based: \$35 Hospital based: Ded then 20%
ACUPUNCTURE	\$50	\$50
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20%, (T5 \$750/script max)	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)

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

HMO (continued)

PRODUCT NAME	SILVER	SILVER
	HMO 2500 - FLEX MD00000005177, RX00000001888	HMO 3500 - FLEX MD00000005178, RX00000001888
OFFICE VISIT	\$60/\$75 Copay waived for first non-routine PCP visit	\$40/\$65 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$2,500/\$5,000	\$3,500/\$7,000
ANNUAL OUT OF POCKET MAX	\$8,000/\$16,000	\$8,000/\$16,000
COINSURANCE	None	None
EMERGENCY ROOM	\$1,000	Ded then \$650
HOSPITAL-BASED URGENT CARE	\$75	\$65
FREESTANDING URGENT CARE	\$75	\$65
CONVENIENCE CARE	\$60	\$40
INPATIENT	Ded then \$1,000 Per admit	Ded then \$1,000 per admit
DAY SURGERY	Flex Provider: \$250 Other: Ded then \$1,000	Flex Provider: \$250 Other: Ded then \$750
LABS	Flex Provider: CIF Other: Ded then \$75	Flex Provider: CIF Other: Ded then \$65
X-RAYS	Ded then \$75	Ded then \$65
SCANS: CT, MRI, PET	Non-hospital based: \$750 per procedure, Hospital based: Ded then \$1,000 per procedure	Non-hospital based: \$250 per procedure, Hospital based: Ded then \$750 per procedure
PT/OT/ST	Non-hospital based: \$50, Hospital based: Ded then \$75	Non-hospital based: \$40, Hospital based: Ded then \$65
ACUPUNCTURE	\$50	\$50
RX COST SHARING	Retail: \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)	Retail: \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)

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

HMO CORE

PRODUCT NAME	GOLD	SILVER
	HMO 1750 CORE - FLEX MD00000005179, RX00000001889	HMO 3500 CORE - FLEX MD00000005180, RX00000001888
OFFICE VISIT	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
DEDUCTIBLE	\$1,750/\$3,500	\$3,500/\$7,000
ANNUAL OUT OF POCKET MAX	\$8,000/\$16,000	\$8,000/\$16,000
COINSURANCE	20%	30%
EMERGENCY ROOM	Ded then \$250	Ded then \$250
HOSPITAL-BASED URGENT CARE	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
FREESTANDING URGENT CARE	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
CONVENIENCE CARE	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
INPATIENT	Ded then 20%	Ded then 30%
DAY SURGERY	Flex Provider: \$150 Other: Ded then 20%	Flex Provider: \$150 Other: Ded then 30%
LABS	Flex: CIF Other: Ded then 20%	Flex Provider: CIF Other: Ded then 30%
X-RAYS	Ded then 20%	Ded then 30%
SCANS: CT, MRI, PET	Ded then 20%	Ded then 30%
PT/OT/ST	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
ACUPUNCTURE	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 20%	\$35 for the first 3 visits per member (6 per family). All other visits: Ded then 30%
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)	Retail: \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)

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

HMO HSA

	SILVER	SILVER
PRODUCT NAME	HMO HSA 2000 - FLEX MD00000005181, RX00000001890	HMO HSA 3000 - FLEX MD00000005182, RX00000001891
OFFICE VISIT	Ded then \$35/Ded then \$55	Ded then \$35/Ded then \$55
DEDUCTIBLE	\$2,000/\$4,000	\$3,000/\$6,000
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700	\$6,850/\$13,700
COINSURANCE	None	None
EMERGENCY ROOM	Ded then \$400	Ded then \$400
HOSPITAL-BASED URGENT CARE	Ded then \$55	Ded then \$55
FREESTANDING URGENT CARE	Ded then \$55	Ded then \$55
CONVENIENCE CARE	Ded then \$35	Ded then \$35
INPATIENT	Ded then \$500 per admit	Ded then \$500 per admit
DAY SURGERY	Flex Provider: Ded then CIF Other: Ded then \$250	Flex Provider: Ded then CIF Other: Ded then \$250
LABS	Flex Provider: Ded then CIF Other: Ded then \$55	Flex Provider: Ded then CIF Other: Ded then \$55
X-RAYS	Ded then \$55	Ded then \$55
SCANS: CT, MRI, PET	Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure	Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure
PT/OT/ST	Non-hospital based: Ded then \$35, Hospital based: Ded then \$55	Non-hospital based: Ded then \$35, Hospital based: Ded then \$55
ACUPUNCTURE	Ded then \$50	Ded then \$50
RX COST SHARING	Retail: Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) Preventive Rx applies	Retail: Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) Preventive Rx applies

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

HMO HSA (continued)

BRONZE

HMO HSA 3400 - FLEX

MD0000005183, RX0000001892

PRODUCT NAME

OFFICE VISIT	Ded then \$40/Ded then \$65
DEDUCTIBLE	\$3,400/\$6,800
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700
COINSURANCE	20%
EMERGENCY ROOM	Ded then \$750
HOSPITAL-BASED URGENT CARE	Ded then \$65
FREESTANDING URGENT CARE	Ded then \$65
CONVENIENCE CARE	Ded then \$40
INPATIENT	Ded then 20%
DAY SURGERY	Flex Provider: Ded then \$250 Other: Ded then \$1,000
LABS	Flex Provider: Ded then CIF Other: Ded then \$65
X-RAYS	Ded then \$65
SCANS: CT, MRI, PET	Non-hospital based: Ded then \$500 per procedure, Hospital based: Ded then \$1,000 per procedure
PT/OT/ST	Non-hospital based: Ded then \$40, Hospital based: Ded then \$65
ACUPUNCTURE	Ded then \$50
	Retail: Ded then \$5/\$30/50%/50%/50%, (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)
RX COST SHARING	Mail: Ded then \$10/\$60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max) Preventive Rx applies

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

FOCUS HMO

	PLATINUM	GOLD
PRODUCT NAME	FOCUS HMO 25 MD0000005184, RX0000001887	FOCUS HMO 1500 MD0000005185, RX0000001883
OFFICE VISIT	\$25/\$40 Copay waived for first non-routine PCP visit	\$25/\$50 Copay waived for first non-routine PCP visit
DEDUCTIBLE	None/None	\$1,500/\$3,000
ANNUAL OUT OF POCKET MAX	\$2,000/\$4,000	\$6,500/\$13,000
COINSURANCE	None	None
EMERGENCY ROOM	\$125	\$300
HOSPITAL-BASED URGENT CARE	\$40	\$50
FREESTANDING URGENT CARE	\$40	\$50
CONVENIENCE CARE	\$25	\$25
INPATIENT	\$1,000 per admit	Ded then \$250 per admit
DAY SURGERY	\$500	Ded then \$300
LABS	\$40	Ded then \$45
X-RAYS	\$40	Ded then \$45
SCANS: CT, MRI, PET	\$125 per procedure	Ded then \$300 per procedure
PT/OT/ST	\$25	Ded then \$25
ACUPUNCTURE	\$40	\$50
RX COST SHARING	Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: \$10/\$50/\$80/\$180/20% (T5 \$750/script max)	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)

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

FOCUS HMO (continued)

BRONZE

FOCUS HMO HSA 3400

MD0000005186, RX0000001892

PRODUCT NAME

OFFICE VISIT

Ded then \$40/Ded then \$65

DEDUCTIBLE

\$3,400/\$6,800

ANNUAL OUT OF POCKET MAX

\$6,850/\$13,700

COINSURANCE

20%

EMERGENCY ROOM

Ded then \$750

HOSPITAL-BASED URGENT CARE

Ded then \$65

FREESTANDING URGENT CARE

Ded then \$65

CONVENIENCE CARE

Ded then \$40

INPATIENT

Ded then 20%

DAY SURGERY

Ded then \$1,000

LABS

Ded then \$65

X-RAYS

Ded then \$65

SCANS: CT, MRI, PET

Ded then \$750 per procedure

PT/OT/ST

Ded then \$40

ACUPUNCTURE

Ded then \$50

RX COST SHARING

Retail: Ded then \$5/\$30/50%/50%/50%,
(T3 \$125/script max, T4 \$250/script max,
T5 \$500/script max)

Mail: Ded then \$10/\$60/50%/50%/50%
(T3 \$250/script max, T4 \$750/script max,
T5 \$1,500/script max)

Preventive Rx applies

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

PLATINUM

PPO 25 - FLEX

MD0000005187, RX0000001887

PRODUCT NAME

OFFICE VISIT
DEDUCTIBLE
ANNUAL OUT OF POCKET MAX
COINSURANCE
EMERGENCY ROOM
HOSPITAL-BASED URGENT CARE
FREESTANDING URGENT CARE
CONVENIENCE CARE
INPATIENT
DAY SURGERY
LABS
X-RAYS
SCANS: CT, MRI, PET
PT/OT/ST
ACUPUNCTURE

In-Network	Out-of-Network
\$25/\$40 Copay waived for first non-routine PCP visit	Ded then 20%
None/None	\$500/\$1,000
\$2,000/\$4,000	\$4,000/\$8,000
None	20%
\$125	
\$40	Ded then 20%
\$40	Ded then 20%
\$25	Ded then 20%
\$1,000 per admit	Ded then 20%
Flex Provider: \$150 Other: \$500	Ded then 20%
Flex Provider: C1F Other: \$40	Ded then 20%
\$40	Ded then 20%
Non-hospital based: \$125 per procedure, Hospital based: \$200 per procedure	Ded then 20%
Non-hospital based: \$25, Hospital based: \$40	Ded then 20%
\$40	Ded then 20%
Retail: \$5/\$25/\$40/\$60/20% (T5 \$250/script max) Mail: \$10/\$50/\$80/\$180/20% (T5 \$750/script max)	

RX COST SHARING

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

PPO (continued)

PRODUCT NAME	GOLD		GOLD	
	PPO 500 - FLEX MD0000005188, RX0000001883		PPO 1000 - FLEX MD0000005189, RX0000001883	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%
DEDUCTIBLE	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$13,000/\$26,000	\$6,500/\$13,000	\$13,000/\$26,000
COINSURANCE	None	20%	None	20%
EMERGENCY ROOM	\$300		\$300	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 20%	\$50	Ded then 20%
FREESTANDING URGENT CARE	\$50	Ded then 20%	\$50	Ded then 20%
CONVENIENCE CARE	\$25	Ded then 20%	\$25	Ded then 20%
INPATIENT	Ded then \$200 per admit	Ded then 20%	Ded then \$200 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$50 Other: Ded then \$300	Ded then 20%	Flex Provider: \$50 Other: Ded then \$300	Ded then 20%
LABS	Flex Provider: CIF Other: Ded then \$45	Ded then 20%	Flex Provider: CIF Other: Ded then \$45	Ded then 20%
X-RAYS	Ded then \$45	Ded then 20%	Ded then \$45	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%
ACUPUNCTURE	\$50	Ded then 20%	\$50	Ded then 20%
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)		Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)	

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

PPO (continued)

PRODUCT NAME	GOLD		GOLD	
	PPO 1500 - FLEX MD0000005190, RX0000001883		PPO 2000 - FLEX MD0000005163, RX0000001883	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%
DEDUCTIBLE	\$1,500/\$3,000	\$3,000/\$6,000	\$2,000/\$4,000	\$4,000/\$8,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$13,000/\$26,000	\$6,500/\$13,000	\$13,000/\$26,000
COINSURANCE	None	20%	None	20%
EMERGENCY ROOM	\$300		\$300	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 20%	\$50	Ded then 20%
FREESTANDING URGENT CARE	\$50	Ded then 20%	\$50	Ded then 20%
CONVENIENCE CARE	\$25	Ded then 20%	\$25	Ded then 20%
INPATIENT	Ded then \$250 per admit	Ded then 20%	Ded then \$250 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$75 Other: Ded then \$300	Ded then 20%	Flex Provider: \$75 Other: Ded then \$300	Ded then 20%
LABS	Flex Provider: CIF Other: Ded then \$45	Ded then 20%	Flex Provider: CIF Other: Ded then \$45	Ded then 20%
X-RAYS	Ded then \$45	Ded then 20%	Ded then \$45	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%
ACUPUNCTURE	\$50	Ded then 20%	\$50	Ded then 20%
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)		Retail: \$5/\$30/\$60/\$100/20% (T5 \$250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)	

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

PPO (continued)

PRODUCT NAME	GOLD		SILVER	
	PPO 2000 WITH COINSURANCE - FLEX MD0000005191, RX0000001883		PPO 3500 - FLEX MD0000005192, RX0000001888	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$35/\$70 Copay waived for first non-routine PCP visit	Ded then 20%	\$40/\$65 Copay waived for first non-routine PCP visit	Ded then 20%
DEDUCTIBLE	\$2,000/\$4,000	\$4,000/\$8,000	\$3,500/\$7,000	\$7,000/\$14,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$13,000/\$26,000	\$8,000/\$16,000	\$16,000/\$32,000
COINSURANCE	20%	40%	None	20%
EMERGENCY ROOM	\$500		Ded then \$650	
HOSPITAL-BASED URGENT CARE	\$70	Ded then 20%	\$65	Ded then 20%
FREESTANDING URGENT CARE	\$70	Ded then 20%	\$65	Ded then 20%
CONVENIENCE CARE	\$35	Ded then 20%	\$40	Ded then 20%
INPATIENT	Ded then 20%	Ded then 40%	Ded then \$1,000 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$150 Other: Ded then 20%	Ded then 20%	Flex Provider: \$250 Other: Ded then \$750	Ded then 20%
LABS	Flex Provider: CIF Other: Ded then 20%	Ded then 20%	Flex Provider: CIF Other: Ded then \$65	Ded then 20%
X-RAYS	Ded then 20%	Ded then 40%	Ded then \$65	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$150 per procedure, Hospital based: Ded then 20%	Ded then 40%	Non-hospital based: \$250 per procedure, Hospital based: Ded then \$750 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: \$35 Hospital based: Ded then 20%	Ded then 40%	Non-hospital based: \$40, Hospital based: Ded then \$65	Ded then 20%
ACUPUNCTURE	\$50	Ded then 20%	\$50	Ded then 20%
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20% (T5 250/script max) Mail: \$10/\$60/\$120/\$300/20% (T5 \$750/script max)		Retail: \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)	

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

PPO HSA

SILVER

PPO HSA 2000 - FLEX

MD00000005193, RX00000001890

SILVER

PPO HSA 3000 - FLEX

MD00000005194, RX00000001891

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then \$35/Ded then \$55	Ded then 20%	Ded then \$35/Ded then \$55	Ded then 20%
DEDUCTIBLE	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,000/\$12,000
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700	\$13,700/\$27,400	\$6,850/\$13,700	\$13,700/\$27,400
COINSURANCE	None	20%	None	20%
EMERGENCY ROOM	Ded then \$400		Ded then \$400	
HOSPITAL-BASED URGENT CARE	Ded then \$55	Ded then 20%	Ded then \$55	Ded then 20%
FREESTANDING URGENT CARE	Ded then \$55	Ded then 20%	Ded then \$55	Ded then 20%
CONVENIENCE CARE	Ded then \$35	Ded then 20%	Ded then \$35	Ded then 20%
INPATIENT	Ded then \$500 per admit	Ded then 20%	Ded then \$500 per admit	Ded then 20%
DAY SURGERY	Flex Provider: Ded then CIF Other: Ded then \$250	Ded then 20%	Flex Provider: Ded then CIF Other: Ded then \$250	Ded then 20%
LABS	Flex Provider: Ded then CIF Other: Ded then \$55	Ded then 20%	Flex Provider: Ded then CIF Other: Ded then \$55	Ded then 20%
X-RAYS	Ded then \$55	Ded then 20%	Ded then \$55	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure	Ded then 20%	Non-hospital based: Ded then \$200 per procedure, Hospital based: Ded then \$400 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: Ded then \$35, Hospital based: Ded then \$55	Ded then 20%	Non-hospital based: Ded then \$35, Hospital based: Ded then \$55	Ded then 20%
ACUPUNCTURE	Ded then \$50	Ded then 20%	Ded then \$50	Ded then 20%
RX COST SHARING	Retail: Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) Preventive Rx applies		Retail: Ded then \$5/\$30/\$80/\$120/20% (T5 \$500/script max) Mail: Ded then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max) Preventive Rx applies	

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

Effective Jan. 1, 2020 through Dec. 31, 2020

PPO HSA (continued)

BRONZE

PPO HSA 3400 - FLEX

MD00000005195, RX00000001892

BRONZE

PPO HSA 4500 - FLEX

MD00000005196, RX00000001893

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then \$40/Ded then \$65	Ded then 20%	Ded then \$40/Ded then \$65	Ded then 20%
DEDUCTIBLE	\$3,400/\$6,800	\$6,800/\$13,600	\$4,500/\$9,000	\$7,500/\$15,000
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700	\$13,700/\$27,400	\$6,850/\$13,700	\$13,700/\$27,400
COINSURANCE	20%	20%	None	20%
EMERGENCY ROOM	Ded then \$750		Ded then \$750	
HOSPITAL-BASED URGENT CARE	Ded then \$65	Ded then 20%	Ded then \$65	Ded then 20%
FREESTANDING URGENT CARE	Ded then \$65	Ded then 20%	Ded then \$65	Ded then 20%
CONVENIENCE CARE	Ded then \$40	Ded then 20%	Ded then \$40	Ded then 20%
INPATIENT	Ded then 20%	Ded then 20%	Ded then \$1,000 per admit	Ded then 20%
DAY SURGERY	Flex Provider: Ded then \$250 Other: Ded then \$1,000	Ded then 20%	Flex Provider: Ded then \$250 Other: Ded then \$1,000	Ded then 20%
LABS	Flex Provider: Ded then CIF Other: Ded then \$65	Ded then 20%	Flex Provider: Ded then CIF Other: Ded then \$65	Ded then 20%
X-RAYS	Ded then \$65	Ded then 20%	Ded then \$65	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: Ded then \$500 per procedure, Hospital based: Ded then \$1,000 per procedure	Ded then 20%	Non-hospital based: Ded then \$500 per procedure, Hospital based: Ded then \$1,000 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: Ded then \$40, Hospital based: Ded then \$65	Ded then 20%	Non-hospital based: Ded then \$40, Hospital based: Ded then \$65	Ded then 20%
ACUPUNCTURE	Ded then \$50	Ded then 20%	Ded then \$50	Ded then 20%
RX COST SHARING	Retail: Ded then \$5/\$30/50%/50%/50%, (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max) Mail: Ded then \$10/\$60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max) Preventive Rx applies		Retail: Ded then \$5/\$30/50%/50%/50%, (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max) Mail: Ded then \$10/\$60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max) Preventive Rx applies	

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

Effective Jan. 1, 2020 through Dec. 31, 2020

CONNECTOR PLANS

PRODUCT NAME	PLATINUM	GOLD
	STANDARD PLATINUM - FLEX MD00000005157, RX00000001592	STANDARD HIGH GOLD - FLEX MD00000005158, RX00000001765
OFFICE VISIT	\$20/\$40	\$25/\$45
DEDUCTIBLE	None/None	\$1,000/\$2,000
ANNUAL OUT OF POCKET MAX	\$3,000/\$6,000	\$5,000/\$10,000
COINSURANCE	None	None
EMERGENCY ROOM	\$150	Ded then \$150
HOSPITAL-BASED URGENT CARE	\$40	\$45
FREESTANDING URGENT CARE	\$40	\$45
CONVENIENCE CARE	\$20	\$25
INPATIENT	\$500 per admit	Ded then \$500 per admit
DAY SURGERY	Flex Provider: \$100 Other: \$250	Flex Provider: \$100 Other: Ded then \$250
LABS	CIF	Flex Provider: CIF Other: Ded then \$25
X-RAYS	CIF	Ded then \$25
SCANS: CT, MRI, PET	Non-hospital based: \$50 Hospital based: \$150	Non-hospital based: \$100 Hospital based: Ded then \$200
PT/OT/ST	Non-hospital based: \$20 Hospital based: \$40	Non-hospital based: \$20 Hospital based: \$45
ACUPUNCTURE	\$40	\$45
RX COST SHARING	Retail: \$10/\$25/\$50 Mail: \$20/\$50/\$150	Retail: \$20/\$40/\$60 Mail: \$40/\$80/\$180

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

CONNECTOR PLANS (continued)

PRODUCT NAME	GOLD	SILVER
	STANDARD LOW GOLD - FLEX MD0000005159, RX0000001879	STANDARD SILVER MD0000005160, RX0000001880
OFFICE VISIT	\$30/\$55	\$30/\$60
DEDUCTIBLE	\$2,000/\$4,000	\$2,000/\$4,000
ANNUAL OUT OF POCKET MAX	\$5,600/\$11,200	\$8,150/\$16,300
COINSURANCE	None	None
EMERGENCY ROOM	Ded then \$350	Ded then \$350
HOSPITAL-BASED URGENT CARE	\$55	\$60
FREESTANDING URGENT CARE	\$55	\$60
CONVENIENCE CARE	\$30	\$30
INPATIENT	Ded then \$750 per admit	Ded then \$1,000 per admit
DAY SURGERY	Flex Provider: \$250 Other: Ded then \$500	Ded then \$500 per visit
LABS	Flex Provider: \$20 Other: Ded then \$50	Ded then \$60
X-RAYS	Ded then \$75	Ded then \$75
SCANS: CT, MRI, PET	Non-hospital based: \$200 Hospital based: Ded then \$300	Ded then \$500 per procedure
PT/OT/ST	Non-hospital based: \$25 Hospital based: \$55	\$60
ACUPUNCTURE	\$50	\$50
RX COST SHARING	Retail: \$25/Ded then \$50/Ded then \$125 Mail: \$50/Ded then \$100/Ded then \$375	Retail: \$30/\$60/Ded then \$100 Mail: \$60/\$120/Ded then \$300

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

CONNECTOR PLANS (continued)

PRODUCT NAME	SILVER	BRONZE
	STANDARD LOW SILVER HSA - FLEX MD00000005161, RX00000001881	STANDARD HIGH BRONZE MD00000005162, RX00000001882
OFFICE VISIT	Ded then \$30/Ded then \$60	Ded then \$30/Ded then \$60
DEDUCTIBLE	\$2,000/\$4,000	\$2,900/\$5,800
ANNUAL OUT OF POCKET MAX	\$6,850/\$13,700	\$8,150/\$16,300
COINSURANCE	None	None
EMERGENCY ROOM	Ded then \$300	Ded then \$350
HOSPITAL-BASED URGENT CARE	Ded then \$60	Ded then \$60
FREESTANDING URGENT CARE	Ded then \$60	Ded then \$60
CONVENIENCE CARE	Ded then \$30	Ded then \$30
INPATIENT	Ded then \$750 per admit	Ded then \$750 per admit
DAY SURGERY	Flex Provider: Ded then \$250 Other: Ded then \$500	Ded then \$500
LABS	Flex Provider: Ded then \$20 Other: Ded then \$60	Ded then \$60
X-RAYS	Ded then \$75	Ded then \$75
SCANS: CT, MRI, PET	Non-hospital based: Ded then \$200 Hospital based: Ded then \$500	Ded then \$500 per procedure
PT/OT/ST	Non-hospital based: Ded then \$30 Hospital based: Ded then \$60	Ded then \$60
ACUPUNCTURE	Ded then \$50	\$50
RX COST SHARING	Retail: Ded then \$30/Ded then \$60/ Ded then \$105 Mail: Ded then \$60/Ded then \$120/ Ded then \$315 Preventive Rx applies	Retail: \$30/Ded then \$60/Ded then \$125 Mail: \$60/Ded then \$120/Ded then \$375

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

CONNECTOR PLANS (continued)

GOLD

PPO 2000 - FLEX

MD0000005163, RX0000001883

PRODUCT NAME

	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 20%
DEDUCTIBLE	\$2,000/\$4,000	\$4,000/\$8,000
ANNUAL OUT OF POCKET MAX	\$6,500/\$13,000	\$13,000/\$26,000
COINSURANCE	None	20%
EMERGENCY ROOM	\$300	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 20%
FREESTANDING URGENT CARE	\$50	Ded then 20%
CONVENIENCE CARE	\$25	Ded then 20%
INPATIENT	Ded then \$250 per admit	Ded then 20%
DAY SURGERY	Flex Provider: \$75 Other: Ded then \$300	Ded then 20%
LABS	Flex Provider: CIF Other: Ded then \$45	Ded then 20%
X-RAYS	Ded then \$45	Ded then 20%
SCANS: CT, MRI, PET	Non-hospital based: \$200 per procedure, Hospital based: Ded then \$300 per procedure	Ded then 20%
PT/OT/ST	Non-hospital based: \$25, Hospital based: Ded then \$50	Ded then 20%
ACUPUNCTURE	\$50	Ded then 20%
RX COST SHARING	Retail: \$5/\$30/\$60/\$100/20%, \$250/script max Mail: \$10/\$60/\$120/\$300/20%, \$750/script max	

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

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Access Harvard Pilgrim Online Quoting and Renewal (HPOQ/R) 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

New users, contact Broker Relations at
(800) 424-7285 to register.

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 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**.





Contact us

We're at your service.
And your clients', too.

Dedicated service email

myserviceteam@harvardpilgrim.org

Live chat

Live chat for Brokers with the
Broker/Employer Service Team

One phone number for all Broker needs:

Broker/Employer Service Team, Broker
Relations, Consumer Sales, Medicare Sales,
Member Services: **(800) 424-7285**

For Employers: **(800) 637-4751**

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 eligible employees

For groups with six or more eligible employees, 75% of those employees who are eligible for health benefits must participate. For groups with one to five eligible employees, 100% of eligible employees must participate.

Embedded Deductible/OOPM

All non-HSA plans contain Embedded Deductibles and Out-of-Pocket Maximums.

Embedded Deductible refers to a family plan that has two 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.

Embedded OOPM refers to a family plan that has two components, an individual OOPM and a family OOPM. The maximum contribution by an individual toward the family OOPM is limited to the individual OOPM and once met, has no additional cost sharing for the remainder of the year. When any number of members collectively meet the family OOPM, then all members have no additional cost sharing for the remainder of the year.

Focus Network

Available for accounts located in the Focus Network Service area. An employee and enrolling dependents must reside within the Focus Network Employee Enrollment Area in order to enroll in the plan.

Side by Side Plan Options

For groups with six or more eligible employees, dual options are available. For groups with 20 or more eligible employees, triple options are available. For triple options, all plans must be allowable side by side. Plans cannot be offered side by side with a plan with a significantly different level of cost sharing. See the grid on the next page for allowable side by side combinations.

Side by side options are not permitted for employers with fewer than six eligible employees, except in cases when a PPO plan is offered exclusively for an out-of-area subscriber or dependent and approved by Harvard Pilgrim. A PPO may be offered exclusively for OOA members only.

Standard Connector plans may only be offered alongside any other plan offered on the Connector. This includes Standard Connector plans and the PPO 2000 - Flex for groups with six or more eligible employees. The Standard Connector plans must be purchased with pediatric dental.

Preventive Medications with a High Deductible Health Plan

For members with a high deductible health plan, the deductible will not apply to certain medications used for preventive care. If 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 website at harvardpilgrim.org. These plans include the words "Preventive Drug Benefit" on the member ID card.

Side-by-side grid

Number of Allowable Combinations	Plan Name																																		
		Standard Platinum - Flex	HMO 25 - Flex	Focus HMO 25	HMO 500 - Flex	Standard High Gold - Flex	Standard Low Gold - Flex	HMO 1000 - Flex	HMO 2000 - Flex	HMO 1500 - Flex	Focus HMO 1500	Standard Silver	Standard Low Silver HSA - Flex	HMO 1750 Core - Flex	HMO 2000 with Coinsurance - Flex	HMO 2500 - Flex	HMO 3500 - Flex	HMO HSA 2000 - Flex	Standard High Bronze	HMO HSA 3000 - Flex	HMO 3500 Core - Flex	HMO HSA 3400 - Flex	Focus HMO HSA 3400	PPO 25 - Flex	PPO 500 - Flex	PPO 1000 - Flex	PPO 1500 - Flex	PPO 2000 - Flex	PPO 2000 with Coinsurance - Flex	PPO 3500 - Flex	PPO HSA 2000 - Flex	PPO HSA 3000 - Flex	PPO HSA 3400 - Flex	PPO HSA 4500 - Flex	
6	Standard Platinum - Flex (MD5157)																																		
9	HMO 25 - Flex (MD5171)																																		
9	Focus HMO 25 (MD5184)																																		
10	HMO 500 - Flex (MD5172)																																		
6	Standard High Gold - Flex (MD5158)																																		
6	Standard Low Gold - Flex (MD5159)																																		
16	HMO 1000 - Flex (MD5173)																																		
14	HMO 2000 - Flex (MD5175)																																		
17	HMO 1500 - Flex (MD5174)																																		
17	Focus HMO 1500 (MD5185)																																		
6	Standard Silver (MD5160)																																		
6	Standard Low Silver HSA - Flex (MD5161)																																		
16	HMO 1750 Core - Flex (MD5179)																																		
14	HMO 2000 with Coinsurance - Flex (MD5176)																																		
18	HMO 2500 - Flex (MD5177)																																		
9	HMO 3500 - Flex (MD5178)																																		
14	HMO HSA 2000 - Flex (MD5181)																																		
6	Standard High Bronze (MD5162)																																		
16	HMO HSA 3000 - Flex (MD5182)																																		
9	HMO 3500 Core - Flex (MD5180)																																		
9	HMO HSA 3400 - Flex (MD5183)																																		
9	Focus HMO HSA 3400 (MD5186)																																		
9	PPO 25 - Flex (MD5187)																																		
10	PPO 500 - Flex (MD5188)																																		
16	PPO 1000 - Flex (MD5189)																																		
17	PPO 1500 - Flex (MD5190)																																		
20	PPO 2000 - Flex (MD5163)																																		
14	PPO 2000 with Coinsurance - Flex (MD5191)																																		
9	PPO 3500 - Flex (MD5192)																																		
14	PPO HSA 2000 - Flex (MD5193)																																		
16	PPO HSA 3000 - Flex (MD5194)																																		
9	PPO HSA 3400 - Flex (MD5195)																																		
6	PPO HSA 4500 - Flex (MD5196)																																		

Red square = Allowable combination

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:

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 except as provided in wellness benefits
- 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

Limitations for Massachusetts Small Group Plans

- Acupuncture – 20 visits per year
- Physical therapy and occupational therapy – combined 60 visits per year
- Skilled nursing facility – 100 days per year
- Inpatient rehabilitation – 60 days per year
- Routine eye exam – 1 exam per year
- Wig – 1 synthetic monofilament wig 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)

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

ខ្មែរ (Cambodian) ព័ត៌មានសំខាន់៖ បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ជូរស័ព្ទ 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 ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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).

Contact us



**Harvard Pilgrim
Health Care**

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

93 Worcester Street, Wellesley, MA 02481

myserviceteam@harvardpilgrim.org

harvardpilgrim.org

Brokers: **(800) 424-7285**

Employers: **(800) 637-4751**