

Maine Small Group Product Guide Plan Year 2020

Guiding Maine
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.

Full and Tiered Network Plans

Our HMO, POS, PPO* and Maine's ChoiceSM HMO products are built around best-in-class local providers who deliver high-quality care at an excellent value.

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

HPHC Insurance Company and its affiliate, Health Plans, Inc., have designed plans with strong choice and flexibility to meet varying needs. Our Maine small group self-funded PPO plans feature savings opportunities, predictability and simplicity. They're available for small group employers with 25 to 50 enrolled employees.



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 Maine neighbors and communities face—and a dedication to helping resolve them.

Funding Programs in Maine

In 2018, the Harvard Pilgrim Health Care Foundation supported dozens of local non-profit agencies and health initiatives with more than \$450,000 in grants and sponsorships.

Partnering with Other Non-profits

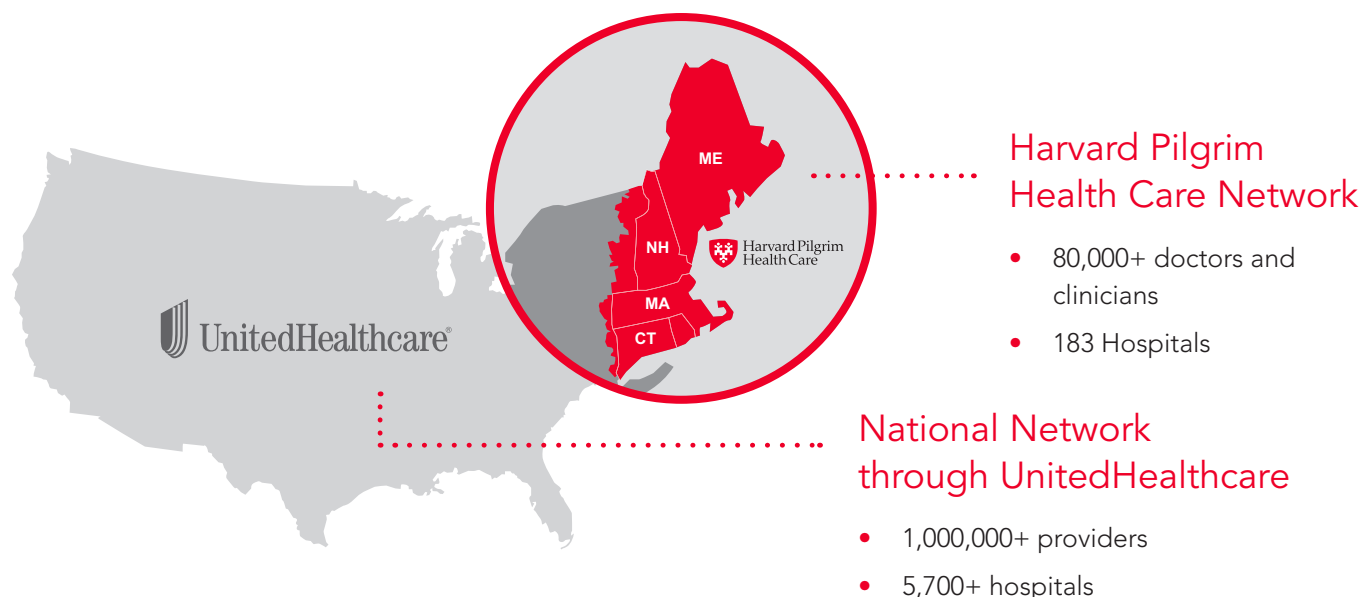
We are proud to partner with dozens of nonprofit organizations throughout the state to promote health and fitness, eliminate hunger, help grieving families, help students reach their full potential and more.



\$450,000
GRANTS & SPONSORSHIPS

* PPO plans are underwritten by HPHC Insurance Company.













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.

 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 & 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.

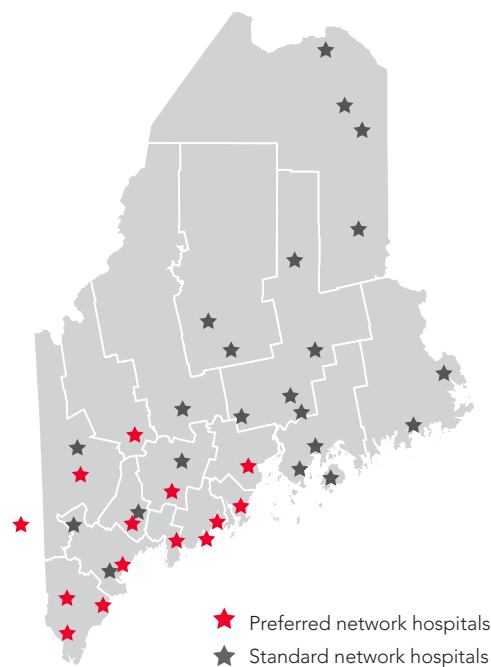
Maine's ChoiceSM

HMO overview

Choice, meet savings

Our Maine's Choice HMO plan features a two-tiered provider network that lets members choose from thousands of trusted physicians through our Preferred and Standard networks.

- **Two network tiers so members can control their costs.** They'll pay less for care from Preferred network primary care providers (PCPs), specialists and hospitals, and they can expand access with providers in our Standard network.
- **Some services are always in the Preferred network.** Behavioral health, emergency care, pharmacy, acupuncture and chiropractic services.
- **Members must choose a PCP from the Preferred network.** The PCP they select from the Preferred network will arrange their care.
- **Some services are on us.** Copayments are waived for the first non-routine PCP visit each year, first behavioral health visit each year, and certain preventive services and tests.
- **Payment, or form of cost sharing, depends on the service and provider's network.** Services are either covered in full, or members pay a fixed amount or copayment, maximum out-of-pocket costs or deductible, or a percentage of service cost also known as coinsurance.
- **Our full network.** Members have access to 183 hospitals and more than 80,000 doctors and clinicians in the Maine's Choice Standard network.
- **To be eligible to enroll in the Maine's Choice HMO,** members must live in one of the following 10 counties at least nine months out of the year: Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.








How members can find a provider

- 1 Visit [harvardpilgrim.org](https://www.harvardpilgrim.org)
 - 2 Click on **Find a provider**
 - 3 Select **Maine's Choice HMO** (under the Tiered/Limited Plans section)
 - 4 Search by preferred provider type
-

The care members 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	<div> New for 2020 - No cost sharing for Doctor On Demand urgent care virtual visits.¹ </div>	<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 pharmacies in South Portland and Portland)	\$ 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 (See next page for a list of participating clinics)	\$\$ 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. With an HSA plan, the deductible and any additional cost sharing applies. After the deductible is met on an HSA plan, members are covered in full. Please refer to the plan documents for specific benefit information.

Maine freestanding urgent care clinics

Auburn: St. Mary's Urgent Care

Augusta: Concentra Urgent Care & MaineGeneral Express Care Center

Bangor: Concentra Urgent Care & Penobscot Community Health Center Walk-In

Belfast: Penobscot Community Health Center Walk-In

Berwick: York Hospital Walk-In Care Center

Brewer: Penobscot Community Health Center Walk-In

East Waterboro: Southern Maine Health Care Walk-In Care

Freeport: Freeport Medical Center

Gorham: Mercy Hospital

Houlton: Katahdin Valley Health Center

Jackman: Penobscot Community Health Center Walk-In

Kennebunk: York Hospital Walk-in Care Center & Southern Maine Health Care Walk-In Care

Kittery: York Hospital Walk-In Care Center

Lewiston: Concentra Urgent Care

Norway: Concentra Urgent Care

Old Town: Penobscot Community Health Center Walk-In Care

Portland: Mercy Hospital

Saco: Southern Maine Health Care Walk-In Care

Sandford: York Hospital Walk-In Care Center

Scarborough: Clearchoice MD Urgent Care

South Portland: American Family Care Urgent Care & Concentra Urgent Care

Topsham: Topsham Urgent Care Center

Yarmouth: Mercy Hospital

York: York Hospital Walk-In Care Center

Waterville: MaineGeneral Express Care Center

Wells: York Hospital Walk-In Care Center

Westbrook: Mercy Hospital

Windham: Mercy Hospital


Prescription drug benefits

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

All plans include our 5-tier prescription drug coverage: The lower the tier, the less they'll pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. Members can fill prescriptions at retail pharmacies nationwide or through our mail order program.

Is a prescription covered?

Visit harvardpilgrim.org/rx. Select the year and the plan as shown on the ID card (example: Value 5-Tier), then look up drugs by tier or category.

 Harvard Pilgrim HealthCare

PLAN NAME

ID #: HP0000000-00

Name: JANE Q SAMPLE

Copay: OV: \$15

DED THEN 30%

Rx: VALUE: \$5/\$25/\$50/30%/30%...

Deductible may apply.

Visit www.harvardpilgrim.org for plan details.

Plan tiers

How the Prescription Drug tiers work

TIER	VALUE 5-TIER
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Tier 1	Lower-cost generics
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Tier 2	Higher-cost generics
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Tier 3	Preferred brands (some higher-cost generics)
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Tier 4	Non-preferred brands and preferred specialty (some higher-cost generics)
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Tier 5	Non-preferred specialty drugs, and selected brand and generic drugs
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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 members get the most out of their health care. Harvard Pilgrim offers a number of online tools and resources to help them 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.



Reduce My Costs

This voluntary program helps members find lower-cost care for covered outpatient medical procedures and diagnostic tests, including:

- Radiology and X-rays
- Laboratory tests
- Infusion therapy**
- Physical therapy and occupational therapy**

Members may be eligible for a cash bonus from Harvard Pilgrim if they choose a more affordable option.

*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.

**Available only on HSA plans

Helping members 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)

Types of plans:

HMO	PPO*	POS	Tiered Network plans, (Maine’s Choice SM)	Qualified High Deductible plan
<ul style="list-style-type: none">• Care within Harvard Pilgrim’s network• Select a PCP and get referrals for specialist visits	<ul style="list-style-type: none">• Covered in-network (includes our national network)• Option to go out-of-network and pay more• No need for referrals	<ul style="list-style-type: none">• Covered in-network (includes our national network)• Option to go out-of-network and pay more• Get in-network referrals to pay less	<ul style="list-style-type: none">• HMO• Provider tiers determine cost• Choose tier to receive services	<ul style="list-style-type: none">• HMO, PPO & POS• Meet a deductible before we pay for services• Some employers may offer an HRA or HSA to help members meet their deductible

Help members find the plan that best meets their needs

X marks the spot	HMO	PPO	POS	Tiered**	Qualified High Deductible
My doctor participates in the network for my plan and I don’t want to spend more money out-of-pocket	X			X	X
I want the freedom to see any doctor		X	X		X
I want to save on my premium (money paid up front for health coverage)				X	X
I want services to be covered up front and don’t mind a higher premium	X	X	X	X	
I prefer to budget and keep track of all my health care expenses				X	X
I want a plan that lets me save money when I choose specified providers				X	

* PPO plans are underwritten by HPHC Insurance Company.

**These plans have two benefit levels: 1) the Preferred Network, which includes PCPs and other provider specialties, and 2) the Standard Network, which does not include PCPs. Members pay

different levels of cost sharing depending on the affiliation of the provider delivering a covered service. If a provider changes affiliations at any time, the network of that provider may also change. Members should consult the provider directory to determine a provider’s network tier.

2020 product enhancements and updates

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



DOCTOR ON DEMAND URGENT CARE AT NO ADDITIONAL COST

(non-HSA plans)

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. After the deductible, members are covered in full.



One no-cost PCP/behavioral health visit

We have added one PCP and behavioral health visit to all non-HSA plans at no additional cost, (previously available only on Maine's Choice HMO and HSA plans).



Lower cost for certain lab locations

Members will pay a lower cost sharing when they receive services at non-hospital labs. (Does not apply to HSA or Maine's Choice plans.)



Increased fitness reimbursement

For small group family plans, a family is eligible to receive up to a maximum of \$300 in annual fitness reimbursement on fees from health and fitness club memberships and classes. Each plan member (up to two individuals), can receive up to \$150.



Reduce My Costs offered on all fully insured plans

All small group fully insured plans include this voluntary program, which helps members find lower-cost procedures and rewards them cash for choosing a more affordable option.



IMPORTANT REMINDERS:

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.

HMO Out-of-Area Dependent Coverage

Implemented in January 2019, Harvard Pilgrim only covers emergency care and urgent care that is unforeseen for all HMO out-of-area dependent members. This change in coverage is consistent with all other HMO plans for members who are traveling outside their plan's enrollment area.

* 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.

	GOLD	GOLD
PRODUCT NAME	HMO 1500 MD0000005121, RX0000001859	HMO 2500 MD0000005122, RX0000001860
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	\$25/\$50 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$1,500/\$3,000	\$2,500/\$5,000
ANNUAL OUT-OF-POCKET MAX	\$5,500/\$11,000	\$6,500/\$13,000
COINSURANCE	30%	30%
EMERGENCY ROOM	Ded then 30%	Ded then 30%
HOSPITAL-BASED URGENT CARE	\$50	\$50
FREESTANDING URGENT CARE	\$25	\$25
CONVENIENCE CARE	\$25	\$25
INPATIENT DAY SURGERY X-RAYS SCANS: CT, MRI, PET	Ded then 30%	Ded then 30%
LABS	Non-hospital based: \$15 Hospital based: Ded then 30%	Non-hospital based: \$15 Hospital based: Ded then 30%
PT/OT/ST	Non-hospital based: \$50 Hospital based: Ded then 30%	Non-hospital based: \$50 Hospital based: Ded then 30%
ACUPUNCTURE	\$25	\$25
RX COST SHARING	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

HMO (continued)

	GOLD	SILVER
PRODUCT NAME	HMO 3250 MD0000005123, RX0000001861	HMO 4250 MD0000005124, RX0000001862
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	\$35/\$70 Copay waived for first non-routine PCP visit
DEDUCTIBLE	\$3,250/\$6,500	\$4,250/\$8,500
ANNUAL OUT-OF-POCKET MAX	\$6,250/\$12,500	\$8,100/\$16,200
COINSURANCE	30%	35%
EMERGENCY ROOM	Ded then 30%	Ded then 35%
HOSPITAL-BASED URGENT CARE	\$50	\$70
FREESTANDING URGENT CARE	\$25	\$35
CONVENIENCE CARE	\$25	\$35
INPATIENT DAY SURGERY X-RAYS SCANS: CT, MRI, PET	Ded then 30%	Ded then 35%
LABS	Non-hospital based: \$15 Hospital based: Ded then 30%	Non-hospital based: \$15 Hospital based: Ded then 35%
PT/OT/ST	Non-hospital based: \$50 Hospital based: Ded then 30%	Non-hospital based: \$50 Hospital based: Ded then 35%
ACUPUNCTURE	\$25	\$35
RX COST SHARING	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)

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HMO HSA

	SILVER	SILVER
PRODUCT NAME	HMO HSA 3000 MD0000005130, RX0000001863	HMO HSA 3750 MD0000005131, RX0000001865
OFFICE VISIT	Ded then 20%	Ded then 20%
DEDUCTIBLE	\$3,000/\$6,000	\$3,750/\$7,500
ANNUAL OUT-OF-POCKET MAX	\$6,500/\$13,000	\$6,500/\$13,000
COINSURANCE	20%	20%
EMERGENCY ROOM	Ded then 20%	Ded then 20%
HOSPITAL-BASED URGENT CARE	Ded then 20%	Ded then 20%
FREESTANDING URGENT CARE	Ded then 20%	Ded then 20%
CONVENIENCE CARE	Ded then 20%	Ded then 20%
INPATIENT DAY SURGERY LABS X-RAYS SCANS: CT, MRI, PET	Ded then 20%	Ded then 20%
PT/OT/ST	Ded then 20%	Ded then 20%
ACUPUNCTURE	Ded then 20%	Ded then 20%
RX COST SHARING	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

HMO HSA (continued)

PRODUCT NAME	BRONZE	BRONZE
	HMO HSA 4750 MD0000005133, RX0000001866	HMO HSA 5500 MD0000005135, RX0000001868
OFFICE VISIT	Ded then 30%	Ded then 50%
DEDUCTIBLE	\$4,750/\$9,500	\$5,500/\$11,000
ANNUAL OUT-OF-POCKET MAX	\$6,850/\$13,700	\$6,850/\$13,700
COINSURANCE	30%	50%
EMERGENCY ROOM	Ded then 30%	Ded then 50%
HOSPITAL-BASED URGENT CARE	Ded then 30%	Ded then 50%
FREESTANDING URGENT CARE	Ded then 30%	Ded then 50%
CONVENIENCE CARE	Ded then 30%	Ded then 50%
INPATIENT DAY SURGERY LABS X-RAYS SCANS: CT, MRI, PET	Ded then 30%	Ded then 50%
PT/OT/ST	Ded then 30%	Ded then 50%
ACUPUNCTURE	Ded then 30%	Ded then 50%
RX COST SHARING	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

HMO HSA (continued)

BRONZE

HMO HSA 6850

MD0000005137, RX0000001870

PRODUCT NAME

OFFICE VISIT

Ded then CIF

DEDUCTIBLE

\$6,850/\$13,700

ANNUAL OUT-OF-POCKET MAX

\$6,850/\$13,700

COINSURANCE

None

EMERGENCY ROOM

Ded then CIF

HOSPITAL-BASED URGENT CARE

Ded then CIF

FREESTANDING URGENT CARE

Ded then CIF

CONVENIENCE CARE

Ded then CIF

INPATIENT DAY SURGERY LABS X-RAYS SCANS: CT, MRI, PET

Ded then CIF

PT/OT/ST

Ded then CIF

ACUPUNCTURE

Ded then CIF

RX COST SHARING

Retail: Ded then \$5/\$25/\$50/30%/30%
(T4 \$300/script max, T5 \$500/script max)

Mail: Ded then \$10/\$50/\$100/30%/30%
(T4 \$600/script max,
T5 \$1,500/script max)

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

Maine's ChoiceSM HMO

PRODUCT NAME	GOLD		GOLD	
	MAINE'S CHOICE SM HMO 1500 MD0000005147, RX0000001543		MAINE'S CHOICE SM HMO 2000 MD0000005148, RX0000001859	
	Preferred Network	Standard Network	Preferred Network	Standard Network
OFFICE VISIT	\$20/\$50 Copay waived for first non-routine PCP visit	Ded then 30%	\$20/\$50 Copay waived for first non-routine PCP visit	Ded then 40%
DEDUCTIBLE	\$1,500/\$3,000	\$3,500/\$7,000	\$2,000/\$4,000	\$4,000/\$8,000
ANNUAL OUT-OF-POCKET MAX	\$4,500/\$9,000	\$6,500/\$13,000	\$5,500/\$11,000	\$7,000/\$14,000
COINSURANCE	20%	30%	20%	40%
EMERGENCY ROOM	Ded then \$250		Ded then \$250	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 30%	\$50	Ded then 40%
FREESTANDING URGENT CARE	\$20	Ded then 30%	\$20	Ded then 40%
CONVENIENCE CARE	\$20		\$20	
INPATIENT DAY SURGERY LABS X-RAYS SCANS: CT, MRI, PET	Ded then 20%	Ded then 30%	Ded then 20%	Ded then 40%
PT/OT/ST	\$50	Ded then 30%	\$50	Ded then 40%
ACUPUNCTURE	\$20		\$20	
RX COST SHARING	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max T5 \$1,500/script max)		Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

Maine's ChoiceSM HMO (continued)

PRODUCT NAME	SILVER		SILVER	
	MAINE'S CHOICE SM HMO 4000 MD0000005149, RX0000001874		MAINE'S CHOICE SM HMO 5000 MD0000005150, RX0000001874	
	Preferred Network	Standard Network	Preferred Network	Standard Network
OFFICE VISIT	\$35/\$70 Copay waived for first non-routine PCP visit	Ded then 50%	\$35/\$70 Copay waived for first non-routine PCP visit	Ded then 50%
DEDUCTIBLE	\$4,000/\$8,000	\$7,500/\$15,000	\$5,000/\$10,000	\$7,500/\$15,000
ANNUAL OUT-OF-POCKET MAX	\$7,500/\$15,000	\$8,100/\$16,200	\$7,500/\$15,000	\$8,100/\$16,200
COINSURANCE	30%	50%	30%	50%
EMERGENCY ROOM	Ded then \$350		Ded then \$350	
HOSPITAL-BASED URGENT CARE	\$70	Ded then 50%	\$70	Ded then 50%
FREESTANDING URGENT CARE	\$35	Ded then 50%	\$35	Ded then 50%
CONVENIENCE CARE	\$35		\$35	
INPATIENT DAY SURGERY LABS X-RAYS SCANS: CT, MRI, PET	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
PT/OT/ST	\$50	Ded then 50%	\$50	Ded then 50%
ACUPUNCTURE	\$35		\$35	
RX COST SHARING	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)		Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

Maine's ChoiceSM HMO HSA

PRODUCT NAME	SILVER		SILVER	
	MAINE'S CHOICE SM HMO HSA 3000 MD0000005152, RX0000001876		MAINE'S CHOICE SM HMO HSA 4000 MD0000005154, RX0000001736	
	Preferred Network	Standard Network	Preferred Network	Standard Network
OFFICE VISIT	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
DEDUCTIBLE	\$3,000/\$6,000	\$5,000/\$10,000	\$4,000/\$8,000	\$6,000/\$12,000
ANNUAL OUT-OF-POCKET MAX	\$5,500/\$11,000	\$6,850/\$13,700	\$6,000/\$12,000	\$6,850/\$13,700
COINSURANCE	20%	40%	30%	50%
EMERGENCY ROOM	Ded then 20%		Ded then 30%	
HOSPITAL-BASED URGENT CARE	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
FREESTANDING URGENT CARE	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
CONVENIENCE CARE	Ded then 20%		Ded then 30%	
INPATIENT DAY SURGERY LABS X-RAYS SCANS: CT, MRI, PET	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
PT/OT/ST	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
ACUPUNCTURE	Ded then 20%		Ded then 30%	
RX COST SHARING	Retail: T1 Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Mail: T1 Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)		Retail: T1 Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: T1 Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

Maine's ChoiceSM HMO HSA (continued)

	BRONZE	
	MAINE'S CHOICE SM HMO HSA 5500	
PRODUCT NAME	MD0000005156, RX0000001878	
	Preferred Network	Standard Network
OFFICE VISIT	Ded then 30%	Ded then CIF
DEDUCTIBLE	\$5,500/\$11,000	\$6,850/\$13,700
ANNUAL OUT-OF-POCKET MAX	\$6,850/\$13,700	\$6,850/\$13,700
COINSURANCE	30%	None
EMERGENCY ROOM	Ded then 30%	
HOSPITAL-BASED URGENT CARE	Ded then 30%	Ded then CIF
FREESTANDING URGENT CARE	Ded then 30%	Ded then CIF
CONVENIENCE CARE	Ded then 30%	
INPATIENT DAY SURGERY X-RAYS SCANS: CT, MRI, PET	Ded then 30%	Ded then CIF
LABS	Ded then 30%	Ded then CIF
PT/OT/ST	Ded then 30%	Ded then CIF
ACUPUNCTURE	Ded then 30%	
RX COST SHARING	Retail: T1 Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: T1 Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

GOLD

PPO 1500

MD0000005126, RX0000001859

GOLD

PPO 2500

MD0000005127, RX0000001860

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 50%	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 50%
DEDUCTIBLE	\$1,500/\$3,000	\$3,000/\$6,000	\$2,500/\$5,000	\$5,000/\$10,000
ANNUAL OUT-OF-POCKET MAX	\$5,500/\$11,000	\$11,000/\$22,000	\$6,500/\$13,000	\$13,000/\$26,000
COINSURANCE	30%	50%	30%	50%
EMERGENCY ROOM	Ded then 30%		Ded then 30%	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 50%	\$50	Ded then 50%
FREESTANDING URGENT CARE	\$25	Ded then 50%	\$25	Ded then 50%
CONVENIENCE CARE	\$25	Ded then 50%	\$25	Ded then 50%
INPATIENT DAY SURGERY X-RAYS SCANS: CT, MRI, PET	Ded then 30%	Ded then 50%	Ded then 30%	Ded then 50%
LABS	Non-hospital based: \$15 Hospital based: Ded then 30%	Ded then 50%	Non-hospital based: \$15 Hospital based: Ded then 30%	Ded then 50%
PT/OT/ST	Non-hospital based: \$50 Hospital based: Ded then 30%	Ded then 50%	Non-hospital based: \$50 Hospital based: Ded then 30%	Ded then 50%
ACUPUNCTURE	\$25	Ded then 50%	\$25	Ded then 50%
RX COST SHARING	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)		Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

PPO plans are underwritten by HPHC Insurance Company.

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

PPO (continued)

PRODUCT NAME	GOLD		SILVER	
	PPO 3250 MD0000005128, RX0000001861		PPO 4250 MD0000005129, RX0000001862	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	\$25/\$50 Copay waived for first non-routine PCP visit	Ded then 50%	\$35/\$70 Copay waived for first non-routine PCP visit	Ded then 50%
DEDUCTIBLE	\$3,250/\$6,500	\$6,500/\$13,000	\$4,250/\$8,500	\$8,500/\$17,000
ANNUAL OUT-OF-POCKET MAX	\$6,250/\$12,500	\$12,500/\$25,000	\$8,100/\$16,200	\$16,200/\$32,400
COINSURANCE	30%	50%	35%	50%
EMERGENCY ROOM	Ded then 30%		Ded then 35%	
HOSPITAL-BASED URGENT CARE	\$50	Ded then 50%	\$70	Ded then 50%
FREESTANDING URGENT CARE	\$25	Ded then 50%	\$35	Ded then 50%
CONVENIENCE CARE	\$25	Ded then 50%	\$35	Ded then 50%
INPATIENT DAY SURGERY X-RAYS SCANS: CT, MRI, PET	Ded then 30%	Ded then 50%	Ded then 35%	Ded then 50%
LABS	Non-hospital based: \$15 Hospital based: Ded then 30%	Ded then 50%	Non-hospital based: \$15 Hospital based: Ded then 35%	Ded then 50%
PT/OT/ST	Non-hospital based: \$50 Hospital based: Ded then 30%	Ded then 50%	Non-hospital based: \$50 Hospital based: Ded then 35%	Ded then 50%
ACUPUNCTURE	\$25	Ded then 50%	\$35	Ded then 50%
RX COST SHARING	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)		Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

PPO plans are underwritten by HPHC Insurance Company.
This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

PPO HSA

PRODUCT NAME	SILVER		SILVER	
	PPO HSA 3000	MD0000005141, RX0000001863	PPO HSA 3750	MD0000005142, RX0000001865
	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
DEDUCTIBLE	\$3,000/\$6,000	\$6,000/\$12,000	\$3,750/\$7,500	\$7,500/\$15,000
ANNUAL OUT-OF-POCKET MAX	\$6,500/\$13,000	\$13,000/\$26,000	\$6,500/\$13,00	\$13,000/\$26,000
COINSURANCE	20%	40%	20%	40%
EMERGENCY ROOM	Ded then 20%		Ded then 20%	
HOSPITAL-BASED URGENT CARE	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
FREESTANDING URGENT CARE	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
CONVENIENCE CARE	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
INPATIENT DAY SURGERY LABS X-RAYS SCANS: CT, MRI, PET	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
PT/OT/ST	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 40%
ACUPUNCTURE	Ded then 20%	Ded then 40%	Ded then 20%	Ded then 50%
RX COST SHARING	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)		Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

PPO plans are underwritten by HPHC Insurance Company.
This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

PPO HSA (continued)

PRODUCT NAME	BRONZE		BRONZE	
	PPO HSA 4750 MD0000005144, RX0000001866		PPO HSA 5500 MD0000005146, RX0000001868	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then 30%	Ded then 50%	Ded then 50%	Ded then 50%
DEDUCTIBLE	\$4,750/\$9,500	\$9,500/\$19,000	\$5,500/\$11,000	\$11,000/\$22,000
ANNUAL OUT-OF-POCKET MAX	\$6,850/\$13,700	\$13,700/\$27,400	\$6,850/\$13,700	\$13,700/\$27,400
COINSURANCE	30%	50%	50%	50%
EMERGENCY ROOM	Ded then 30%		Ded then 50%	
HOSPITAL-BASED URGENT CARE	Ded then 30%	Ded then 50%	Ded then 50%	Ded then 50%
FREESTANDING URGENT CARE	Ded then 30%	Ded then 50%	Ded then 50%	Ded then 50%
CONVENIENCE CARE	Ded then 30%	Ded then 50%	Ded then 50%	Ded then 50%
INPATIENT DAY SURGERY LABS X-RAYS SCANS: CT, MRI, PET	Ded then 30%	Ded then 50%	Ded then 50%	Ded then 50%
PT/OT/ST	Ded then 30%	Ded then 50%	Ded then 50%	Ded then 50%
ACUPUNCTURE	Ded then 30%	Ded then 50%	Ded then 50%	Ded then 50%
RX COST SHARING	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)		Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

PPO plans are underwritten by HPHC Insurance Company.
This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

SILVER

POS 4750

PRODUCT NAME

MD0000005125, RX0000001862

	In-Network	Out-of-Network
OFFICE VISIT	\$35/\$70 Copay waived for first non-routine PCP visit	Ded then 50%
DEDUCTIBLE	\$4,750/\$9,500	\$9,500/\$19,000
ANNUAL OUT-OF-POCKET MAX	\$8,100/\$16,200	\$16,200/\$32,400
COINSURANCE	30%	50%
EMERGENCY ROOM	Ded then 30%	
HOSPITAL-BASED URGENT CARE	\$70	Ded then 50%
FREESTANDING URGENT CARE	\$35	Ded then 50%
CONVENIENCE CARE	\$35	Ded then 50%
INPATIENT DAY SURGERY X-RAYS SCANS: CT, MRI, PET	Ded then 30%	Ded then 50%
LABS	Non-hospital based: \$15 Hospital based: Ded then 30%	Ded then 50%
PT/OT/ST	Non-hospital based \$50 Hospital based: Ded then 30%	Ded then 50%
ACUPUNCTURE	Ded then 20%	Ded then 50%
RX COST SHARING	Retail: \$5/\$25/\$50/30%/30% (T4 \$300/script max, \$500/script max) Mail: \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

POS HSA

SILVER

POS HSA 3500

MD0000005138, RX0000001871

BRONZE

POS HSA 5800

MD0000005140, RX0000001873

PRODUCT NAME

	In-Network	Out-of-Network	In-Network	Out-of-Network
OFFICE VISIT	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
DEDUCTIBLE	\$3,500/\$7,000	\$7,000/\$14,000	\$5,800/\$11,600	\$11,600/\$23,200
ANNUAL OUT-OF-POCKET MAX	\$6,500/\$13,000	\$13,000/\$26,000	\$6,850/\$13,700	\$13,700/\$27,400
COINSURANCE	20%	40%	30%	50%
EMERGENCY ROOM	Ded then 20%		Ded then 30%	
HOSPITAL-BASED URGENT CARE	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
FREESTANDING URGENT CARE	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
CONVENIENCE CARE	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
INPATIENT DAY SURGERY X-RAYS SCANS: CT, MRI, PET	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
LABS	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
PT/OT/ST	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
ACUPUNCTURE	Ded then 20%	Ded then 40%	Ded then 30%	Ded then 50%
RX COST SHARING	Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)		Retail: Ded then \$5/\$25/\$50/30%/30% (T4 \$300/script max, T5 \$500/script max) Mail: Ded then \$10/\$50/\$100/30%/30% (T4 \$600/script max, T5 \$1,500/script max)	

This is only a summary of the plans. For more complete information, please refer to the Schedule of Benefits.

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.

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

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



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 a Summary of Benefits and Coverage online

You can access more information about the
benefits at **harvardpilgrim.com/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 Calendar Year.

Minimum number of participating subscribers

75% of those employees eligible for health benefits must participate in a Harvard Pilgrim group health plan sponsored by the employer, except during the Small Group Special Open Enrollment Period. **At least 51% of eligible employees must work in Maine.**

Side-by-side pairing rules for all plan offerings

Accounts must have at least two subscribers to offer a dual option. Triple option offerings are allowed if there are at least 10 subscribers. Any plans offered side by side must have no more than a \$3,600 difference in deductible among them.

Group Size Determination/Employee Counting for Group Insurance

In July, the Maine Bureau of Insurance announced changes to the methodology by which employees are counted for determining an employer's group size. Prior to August 31, 2019, Maine relied on a federal counting methodology by counting an employer's full-time equivalent employees (FTEs). Beginning September 1, 2019, for all new and renewing groups, Maine will now require that a group's size be determined by the number of the employees who are eligible for health insurance. For example, if an employer has 10 full-time employees and 75 employees working 20 hours per week, it has 10 eligible employees but has 60 or more FTE employees. This difference in methodology could change whether a group is considered a "small" or "large" employer for the purposes of purchasing health care.

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 copayment or 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. These plans include the words "Preventive Drug Benefit" on the member ID card.

Embedded deductible/OOPM

All 2020 Maine Small Group plans contain embedded deductible 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 towards 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.

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:

ME HMO, POS 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
- 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
- Language assistance services

Limitations for Maine Small Group Plans

- Chiropractic – 40 visits per year
- Acupuncture – 20 visits per year
- Early intervention – 40 visits per year
- Physical, speech and occupational therapies – 60 visits combined per year
- Skilled nursing facility and inpatient rehabilitation – 150 days combined per year
- 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)
إنشاء: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ព័ត៌មានសំខាន់ៗ: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ 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).

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