



Harvard Pilgrim  
Health Care

## Connecticut 2021 Product Guide

**Better choices.  
Better coverage.  
Better value.**

**For employers  
with 2 to 50  
eligible employees**



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

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# Our promise: Guiding people and communities to better health

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



**90,000+**  
DOCTORS & CLINICIANS

**180+**  
HOSPITALS

## Full and tiered network plans

Our HMO, Focus CT<sup>SM</sup> HMO, PPO\* and Network Choice CT<sup>SM</sup> PPO\* 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 90,000 doctors and other clinicians, and more than 180 hospitals. Our PPO plans give members access to providers across the United States.

## Self-insured options

HPHC Insurance Company and its affiliate, Health Plans, Inc., have designed plans with strong choice and flexibility to meet varying needs. Our Connecticut small group self-funded PPO plans feature savings opportunities, predictability and simplicity. They're available for small group employers with 15 to 50 enrolled employees.

## We're committed to our communities

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

### Partnering with Connecticut nonprofits

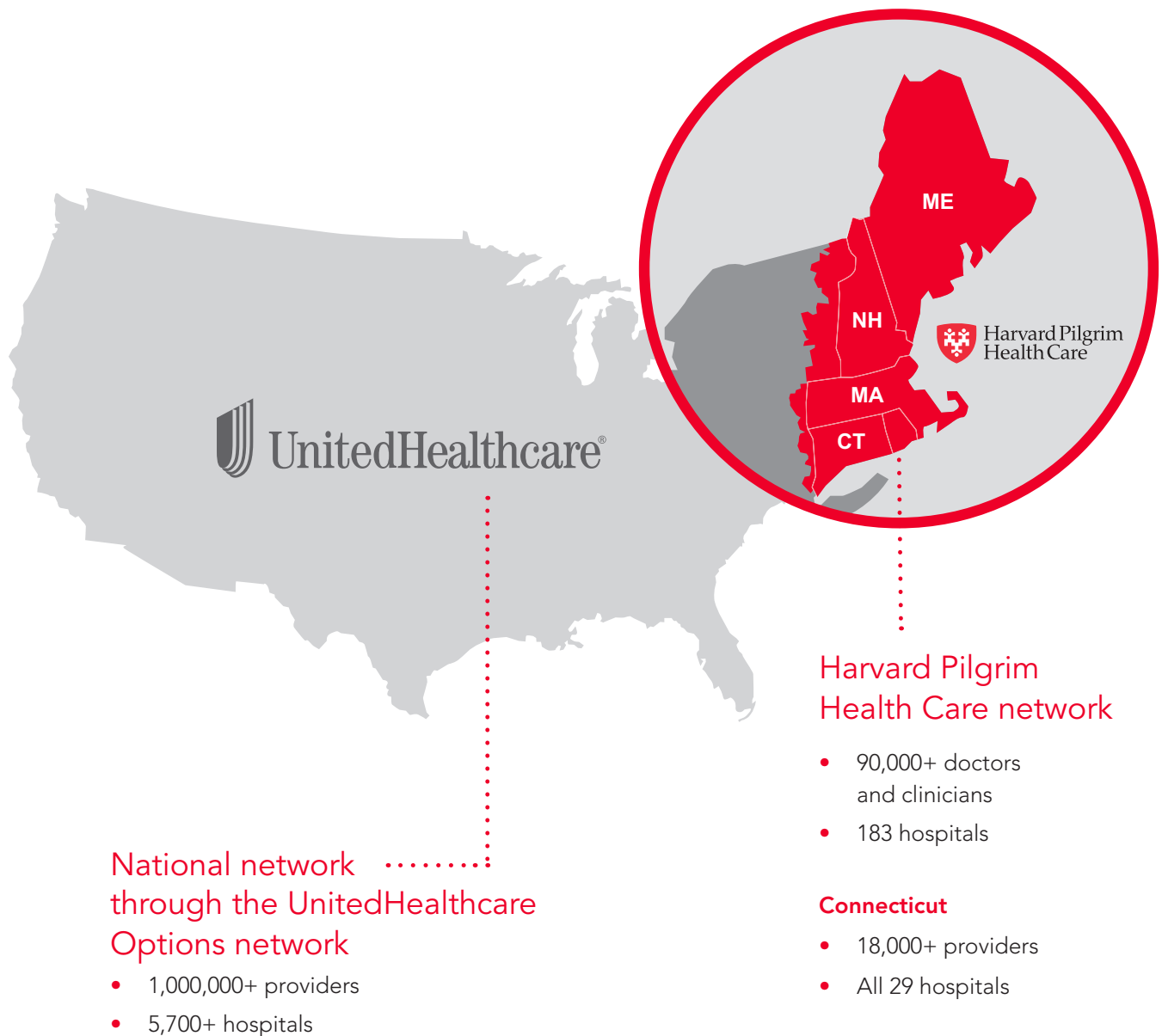
In 2020, the Harvard Pilgrim Health Care Foundation supported dozens of Connecticut nonprofit organizations and health initiatives through grants and sponsorships.

In 2020, nearly  
**\$1.5 million**

contributed to more than **50** Connecticut nonprofit organizations

\* PPO plans are underwritten by HPHC Insurance Company.

# Your local partner with the strength of a national network



# Harvard Pilgrim SmartStart makes switching health insurance easier than ever

Switching insurance benefits should be a seamless experience. And with Harvard Pilgrim SmartStart, it is. As part of our ongoing commitment to service and support, SmartStart eases the hassle and uncertainty of switching health insurance. We get employers and members up and running — even before their coverage starts.



## Superior service

### Skilled implementation support

Access your own experienced sales team to ensure a successful implementation.

### Employer education

Identify, recommend, and implement self-service options, including member portal, EDI resolution interface and online billing.



## Early member engagement

### Pre-enrollment resource

Connect with the dedicated prospective member call center for questions about specific benefits and coverage.

### Clinical transitions

Pre-enrollment support to ensure members seamlessly transition to their new benefits, including prior authorizations, pharmacy coverage, and connection to care management to assure continuity of care.

### Access to digital ID cards

Instant access even before coverage is effective.



## Data capture

### Guided digital welcome experience

Capture member information through a quick digital journey as soon as enrollment is complete. This additional channel for early and easy collection of member data assures more complete capture of important information.

### PCP and data verification

Identify important transition care touchpoints by verifying primary care information and the use of the data capture journey.

**For information on getting new clients up and running with Harvard Pilgrim's SmartStart program, contact your Account Executive directly.**

# What we cover

No matter which fully insured plan an employer offers, they all include these core benefits.



## Acupuncture and chiropractic

Unlimited acupuncture and chiropractic visits per year



## Mental health and substance use services

Counseling and psychotherapy



## Ambulatory patient services

Outpatient care without hospital admission



## Pediatric dental and vision

Covers children up to age 19



## Emergency services

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



## Pregnancy, maternity, and newborn care

Care before, during and after pregnancy



## Eye exams

One preventive screening every year



## Prescriptions

Access to safe, effective medications



## Hospitalization

Inpatient services, such as surgery



## Preventive care and chronic disease management

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



## Laboratory services

Blood work, screenings, etc.



## Rehabilitation and habilitative services and devices

Rehab services, hospital beds, crutches, oxygen tanks

We are committed to guiding you and your clients through the challenges of the COVID-19 pandemic. For the most up-to-date information, visit [www.harvardpilgrim.org/broker-covid](http://www.harvardpilgrim.org/broker-covid).



# Prescription drug benefits

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

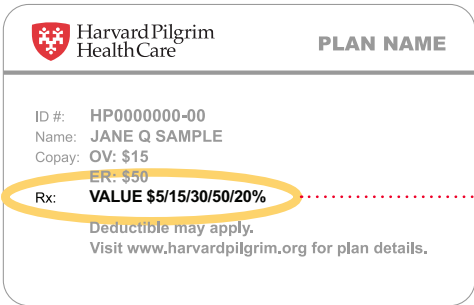
Harvard Pilgrim’s Connecticut small group plans include a 4-tier prescription drug benefit: the lower the tier, the less members pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible, with the option of getting prescriptions filled at a retail pharmacy or through the mail.

### Over-the-counter prescriptions available

Members now have access to certain over-the-counter (OTC) drugs that are new to our formulary. With a prescription from a provider, members will pay tier 1 Rx cost sharing for certain drugs including cough; cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations.

### Is a prescription covered?

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



Plan tiers

### How the prescription drug tiers work

TIER	VALUE 4-TIER
Tier 1	Lower-cost generics
Tier 2	Higher-cost generics
Tier 3	Preferred brands (some higher-cost generics)
Tier 4	Non-preferred brands and preferred specialty (some higher-cost generics)



To help members get the most out of their benefits, Harvard Pilgrim has partnered with OptumRx for pharmacy benefit management services for both retail and mail service.

Members have access to more than 67,000 pharmacies as well as the convenience of OptumRx’s mail order pharmacy, OptumRx Home Delivery. OptumRx also offers an enhanced digital experience to help make it easier to order, manage and receive prescription medications. CVS Specialty is our primary specialty pharmacy provider.

# Reduce My Costs

Members pay less in out-of-pocket expenses. **And** get rewarded.

When members are scheduled to receive outpatient procedures or diagnostic tests, this voluntary program helps them find lower-cost providers and care.<sup>1</sup> They just call (855) 772-8366 or use the [Reduce My Costs chat feature](#) whenever their doctor recommends an outpatient test or procedure such as:

- Radiology (e.g., MRI and CT scan)
- Lab work
- Mammogram
- Ultrasound
- Bone density study
- Colonoscopy
- Other non-emergency outpatient tests and procedures

Members will speak with an experienced nurse who will:

- Compare provider costs and inform them of the lower-cost providers in their area.
- Assist with scheduling or rescheduling their appointment and help with any paperwork.

With this program, members can pay less in out-of-pocket expenses, and may also be eligible for rewards if they choose a more affordable option. And if they're already seeing a lower-cost provider, they receive a reward just for calling.<sup>2</sup>

<sup>1</sup> Certain services may require a referral and/or prior authorization before members can receive services from the lower-cost provider. To ensure the services will be covered, members should refer to their plan documents or contact Harvard Pilgrim at (888) 333-4742.

<sup>2</sup> Rewards are considered taxable income; please consult with your tax advisor. Per state regulations in Connecticut, rewards are in the form of health and wellness gift cards.





# Connecticut convenience care and freestanding urgent care clinics

**Members have access to these participating clinics:**

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

**Ansonia:** MinuteClinic

**Avon:** Hartford HealthCare Go Health & MinuteClinic

**Berlin:** Kathy's Urgent Care & PhysicianOne Urgent Care

**Bethel:** Bethel Urgent Care Center & MinuteClinic

**Bloomfield:** Kathy's Urgent Care

**Bridgeport:** AFC Urgent Care & Saint Vincent's Urgent Care

**Bristol:** Hartford HealthCare Go Health, MinuteClinic & PhysicianOne Urgent Care

**Brookfield:** PhysicianOne Urgent Care

**Brooklyn:** MinuteClinic

**Cheshire:** MinuteClinic

**Colchester:** MinuteClinic & PhysicianOne Urgent Care

**Coventry:** MinuteClinic

**Danbury:** AFC Urgent Care

**Derby:** MedExpress Urgent Care & PhysicianOne Urgent Care

**East Hampton:** MinuteClinic

**East Hartford:** Concentra Urgent Care

**Ellington:** Priority Urgent Care

**Enfield:** Hartford HealthCare Go Health, MinuteClinic & PhysicianOne Urgent Care

**Fairfield:** AFC Urgent Care, Saint Vincent's Urgent Care & Westport Urgent Care LLC

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

**Granby:** MinuteClinic & The Doctor's Treatment Center

**Groton:** MinuteClinic & PhysicianOne Urgent Care

**Guilford:** MinuteClinic

**Hamden:** MinuteClinic, PhysicianOne Urgent Care & Urgent Care Center

**Madison:** Middlesex Hospital Urgent Care

**Manchester:** Hartford HealthCare Go Health & PhysicianOne Urgent Care

**Meriden:** Hartford HealthCare Go Health & MedExpress Urgent Care

**Middletown:** MedExpress Urgent Care & Middlesex Hospital Urgent Care

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

**Monroe:** Saint Vincent's Urgent Care

**New Britain:** AFC Urgent Care & Concentra Urgent Care

**New Haven:** Concentra Urgent Care

**New London:** Hartford HealthCare Go Health

**New Milford:** Bethel Urgent Care & MinuteClinic

**Newington:** A Walk In Medical Center, Hartford HealthCare Go Health & Premier Urgent Care

**Newtown:** PhysicianOne Urgent Care

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

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

**Norwich:** Concentra Urgent Care, Hartford HealthCare Go Health, MinuteClinic & PhysicianOne Urgent Care

**Old Saybrook:** Middlesex Hospital Urgent Care

**Orange:** PhysicianOne Urgent Care & Urgent Care Center

**Plainville:** The Doctor's Treatment Center

**Ridgefield:** MinuteClinic & PhysicianOne Urgent Care

**Riverside:** MinuteClinic

**Rocky Hill:** Kathy's Urgent Care, MinuteClinic & Velocity Urgent Care

**Shelton:** AFC Urgent Care & Saint Vincent's Urgent Care

**South Windsor:** Hartford HealthCare Go Health & MinuteClinic

**Southbury:** MinuteClinic & PhysicianOne Urgent Care

**Southington:** Hartford HealthCare Go Health, MinuteClinic & Urgent Care of Southington

**Stamford:** Concentra Urgent Care & Stamford Uc PC dba AFC Urgent Care Stamford

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

**Torrington:** AFC Urgent Care, Concentra Urgent Care & Hartford HealthCare Go Health

**Trumbull:** Saint Vincent's Urgent Care

**Unionville:** Priority Urgent Care

**Vernon Rockville:** AFC Urgent Care & Hartford HealthCare Go Health

**Wallingford:** Concentra Urgent Care & HealthMed Urgent Care

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

**West Hartford:** AFC Urgent Care, Hartford HealthCare Go Health, Kathy's Urgent Care, PhysicianOne Urgent Care & PM Pediatrics of Connecticut

**West Haven:** Urgent Care Center

**Westport:** Westport Urgent Care LLC

**Wethersfield:** Hartford HealthCare Go Health, Kathy's Urgent Care, PhysicianOne Urgent Care & Velocity Urgent Care

**Willimantic:** Med East Medical Walk In Center






**Windsor:** Concentra Urgent Care & Hartford HealthCare Go Health

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

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# The care our 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
	<b>Telemedicine services</b> Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer	<b>\$</b> No cost sharing for Doctor On Demand urgent care virtual visits <sup>1</sup>	<ul style="list-style-type: none"> <li>• Coughs, colds</li> <li>• Sore/strep throat</li> <li>• Flu</li> <li>• Pediatric issues</li> <li>• Sinus and allergies</li> <li>• Nausea/diarrhea</li> <li>• Rashes and skin issues</li> <li>• Women's health: UTIs, yeast infections</li> <li>• Sports injuries</li> <li>• Eye issues</li> </ul>
	<b>Convenience care/retail clinic</b> Walk-in, convenience care or retail clinic (e.g. MinuteClinic inside of CVS pharmacies)	<b>\$</b> Members typically pay a copayment for going to a participating clinic <sup>2</sup>	<ul style="list-style-type: none"> <li>• Bronchitis</li> <li>• Ear infections</li> <li>• Eye infections</li> <li>• Skin conditions like poison ivy and ringworm</li> <li>• Strep throat</li> </ul>
	<b>Freestanding urgent care clinic</b> Walk-in clinic for urgent care (See page 7 for a list of participating clinics)	<b>\$\$</b> Members typically pay a copayment for urgent care, sometimes higher than the one for an office visit or convenience care clinic visit <sup>2</sup>	<ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Infections</li> <li>• Coughs, cold and flu</li> </ul>
	<b>Hospital-based urgent care clinic</b> Walk-in clinic for urgent care	<b>\$\$\$</b> Members typically pay their deductible, then a hospital-based urgent care copay <sup>2</sup>	<ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Infections</li> <li>• Coughs, cold and flu</li> </ul>
	<b>Emergency room (ER)</b> Part of a local hospital  Members who think they are having medical emergencies should call 911 or go to the nearest ER	<b>\$\$\$\$</b> Members typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible <sup>2</sup>	<ul style="list-style-type: none"> <li>• Choking</li> <li>• Convulsions</li> <li>• Heart attack</li> <li>• Loss of consciousness</li> <li>• Major blood loss</li> <li>• Seizures</li> <li>• Severe head trauma</li> <li>• Shock</li> <li>• Stroke</li> </ul>

<sup>1</sup> 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 pay cost sharing up to the deductible amount. Please refer to the plan documents for specific benefit information.

<sup>2</sup> What you pay out-of-pocket depends on your specific Harvard Pilgrim plan. Please refer to your plan documents for your specific benefit information.

# A focus on keeping our members healthy

As a recognized leader in effective prevention and disease management programs, we're ready to put our expertise and experience to work for the health and well-being of our members.

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## Care management

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

All of our members have access to our clinical care team of registered nurses, wellness coaches, and licensed social and behavioral health workers. Members of our clinical care team live in Connecticut, so they have knowledge about the resources and providers available to our members. By building personal connections and trusted relationships, our team guides members to better health, reduced risk and lower costs.

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## Behavioral health support online and in person

**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 conditions**, 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.

To learn more about our emotional and mental well-being offerings, visit [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth).

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## Holistic well-being approach that drives member engagement

**All too often, well-being programs center around exercise and nutrition, leaving out other factors critical to a happy, healthy life.** Harvard Pilgrim's industry-leading program takes it a step further. Employers see increased employee engagement, improved talent retention and acquisition, and a more inclusive workplace culture. And, of course, happier and healthier employees.

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# A suite of healthy programs to support the well-being of our members

## Living Well<sup>SM</sup> Workplace

This one-stop resource will help employers deliver a powerful well-being program with financial incentives funded by Harvard Pilgrim that are designed to boost employee engagement.<sup>1</sup> In just 10 minutes, employer groups can kick-start an employee wellness program with our online resources, including:



**Online Employer Toolkit** – ready-made content with helpful tips on a variety of topics that members can quickly and easily download or digitally share



**Menu of Living Well<sup>SM</sup> programs and services** – offered in the workplace or online; available at an additional cost

## Living Well<sup>SM</sup> Everyday

This holistic program is packed with resources to help members reap the benefits of living well, including access to lifestyle management coaching at no charge, and engaging activities that reward participation. Members have access to:



**Lifestyle Management Coaching**



**Discounts & Savings** – on many health-related products and services



**Well-being apps** – Subscribers and their covered dependents can earn points toward monthly raffle drawings.<sup>1,2</sup>

## Living Well<sup>SM</sup> Community

Covered dependents or employees who aren't Harvard Pilgrim members can participate in a separate program, where they can participate in monthly well-being challenges and even earn points toward monthly gift card drawings.<sup>1</sup>



### Fitness reimbursement

A family is eligible to receive **up to \$300 in an annual fitness reimbursement** on fees for health and fitness club memberships, classes or virtual subscriptions! Up to two individuals on a plan are eligible to receive up to \$150. To qualify, members or one of their dependents must be an active member of the fitness club for at least four months within a calendar year.<sup>3</sup>

<sup>1</sup> Restrictions apply; please see program materials for more information. Rewards may be taxable; members should consult their tax advisor.

<sup>2</sup> Rewards are available to employees of fully insured accounts that are rated as small group with 2 to 50 eligible employees.

<sup>3</sup> Reimbursement is limited to two members on a family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. Fitness reimbursement may be considered taxable income. For tax information, members should consult their tax advisor.

Visit **[www.harvardpilgrim.org/employer/wellness-program-overview/](http://www.harvardpilgrim.org/employer/wellness-program-overview/)** to learn more.

# 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

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

### Focus CT<sup>SM</sup> HMO<sup>1</sup>

- Members must select a PCP
- Referrals are required
- Care within Harvard Pilgrim's network

### PPO<sup>2</sup>

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

### Network Choice CT<sup>SM</sup> PPO<sup>3</sup>

- PPO
- Provider tiers determine cost
- Choose tier to receive services

### Qualified High Deductible plan

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

## Help members find the plan that best meets their needs

	HMO	Focus CT <sup>SM</sup> HMO	PPO	Network Choice CT <sup>SM</sup> PPO
Coverage for employees located outside of New England			×	×
PCPs and referrals required		×		
Members can get care from providers outside the plan's network			×	×
Lowest premium cost		×		×
Most services covered up front with copayments or coinsurance	×	×	×	×
			<i>In-network services only</i>	
HSA-compatible designs available	×	×	×	×

\* Deductible may apply.

<sup>1</sup> Certain providers require authorization.

<sup>2</sup> PPO plans are underwritten by HPHC Insurance Company.

<sup>3</sup> These plans have two benefit levels: 1) Tier 1, and 2) Tier 2. 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 tier of that provider may also change. Members should consult the provider directory ([www.harvardpilgrim.org/providerdirectory](http://www.harvardpilgrim.org/providerdirectory)) to determine a provider's network.



# 2021 product enhancements and updates



## **NEW Focus CT<sup>SM</sup> HMO**

With up to 10% savings over our standard HMO plans, Harvard Pilgrim's new Focus CT HMOs are built around a network of select providers across Connecticut, plus thousands of other participating providers in Harvard Pilgrim's New England network. Members can receive care from 85,000 Focus CT HMO clinicians and 172 hospitals. Providers affiliated with Yale New Haven Health System participate only as Authorized Access providers. Primary care providers and referrals are required. Learn more on page 25.



## **NEW Network Choice CT<sup>SM</sup> PPO**

Our Network Choice CT PPOs feature a two-tier in-network cost sharing structure that lets us offer these plans at savings of up to 10% over our standard PPOs. Members

have the opportunity to save money, depending on which providers they choose.

**Tier 1** (lower cost sharing) includes nearly 85,000 participating providers throughout our seamless New England network.

**Tier 2** (higher cost sharing) includes providers affiliated with Yale New Haven Health System and Stamford Health, plus participating UnitedHealthcare Options providers outside of New England.

Learn more on page 30.



## **Over-the-counter prescriptions available**

We are adding certain over-the-counter (OTC) drugs to all of our formularies. Members must get a prescription for the OTC drug from their provider and will pay Tier 1 Rx cost sharing. Therapy classes include cough, cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations.



## **Unlimited acupuncture and chiropractic visits**

Members on our small group plans in Connecticut will now have unlimited acupuncture and chiropractic care visits for the calendar year. Applicable cost sharing will still apply, according to the member's plan.



## **Virtual fitness subscriptions included in \$300 reimbursement\***

A family is eligible to receive up to \$300 in an annual fitness reimbursement on fees for health and fitness club memberships, classes or virtual subscriptions! Each plan member (up to two individuals) can receive up to \$150. To qualify, members or one of their dependents must be an active member of the fitness club for at least four months within a calendar year.

\* Reimbursement is limited to two members on a family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. Fitness reimbursement may be considered taxable income. For tax information, members should consult their tax advisor.



## **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 coverage**

Harvard Pilgrim covers emergency care and urgent care that is unforeseen for all HMO members who are out of the service area. This coverage is consistent for all HMO plans for members who are traveling outside their plan's service area.

### **Doctor On Demand urgent care at no additional cost (on 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**

All our non-HSA plans include one PCP and behavioral health visit at no additional cost.

### **Lower cost for certain lab locations**

Members will pay lower cost sharing when they receive services at non-hospital labs. Applies only to standard HMO and PPO plans.

\*\* 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.

## HMO

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care	Labs	Inpatient	Day Surgery	X-ray	High End Radiology	Rx Cost Sharing	
													Retail	Mail*
<b>HMO 15/40 Copay</b> <b>Metal Tier: Platinum</b> MD0000100191 RX0000100116	\$15/\$40 Copay waived for first non-routine PCP visit per year	None/ None	\$4,000/ \$8,000	None	\$300	\$50	\$15	Hosp: \$40 Freestnd: \$10	\$500 per day	Hosp: \$300 Freestnd: \$150	\$40	Hosp: \$75 Freestnd: \$50, combined max \$375 per year	\$5/\$50/40%/40% (T3 \$350 script max, T4 \$700 script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4 \$1,400 script max)
<b>HMO 2500 Hospital</b> <b>Metal Tier: Gold</b> MD0000100194 RX0000100118	\$25/\$45 Copay waived for first non-routine PCP visit per year	\$2,500/ \$5,000	\$7,500/ \$15,000	None	Ded then \$300	\$50	\$25	Hosp: Ded then \$10 Freestnd: \$10	Ded then CIF	Hosp: Ded then \$500 Freestnd: \$500	\$45	Hosp: Ded then \$75 Freestnd: \$75, combined max \$375 per year	\$5/\$50/40%/40% (T3 \$350 script max, T4 \$700 script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4 \$1,400 script max)
<b>HMO 2000 with Coinsurance</b> <b>Metal Tier: Gold</b> MD0000100196 RX0000100120	\$25/\$50 Copay waived for first non-routine PCP visit per year	\$2,000/ \$4,000	\$5,850/ \$11,700	40%	Ded then 40%	\$50	\$25	Hosp: 40% Freestnd: 25%	Ded then 40%	Hosp: Ded then 40% Freestnd: Ded then 25%	40%	Hosp: Ded then 40% Freestnd: Ded then 25%	\$5/\$50/40%/40% (T3 \$350 script max, T4 \$700 script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4 \$1,400 script max)
<b>HMO 3500 with Coinsurance</b> <b>Metal Tier: Gold</b> MD0000100198 RX0000100122	\$25/\$50 Copay waived for first non-routine PCP visit per year	\$3,500/ \$7,000	\$8,000/ \$16,000	45%	Ded then 45%	\$50	\$25	Hosp: 45% Freestnd: 30%	Ded then 45%	Hosp: Ded then 45% Freestnd: Ded then 30%	45%	Hosp: Ded then 45% Freestnd: Ded then 30%	\$5/\$50/40%/40% (T3 \$350 script max, T4 \$700 script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4 \$1,400 script max)
<b>HMO 4000 with Coinsurance</b> <b>Metal Tier: Silver</b> MD0000100200 RX0000100125	\$40/\$75 Copay waived for first non-routine PCP visit per year	\$4,000/ \$8,000	\$8,550/ \$17,100	50%	Ded then 50%	\$75	\$40	Hosp: Ded then 50% Freestnd: 35%	Ded then 50%	Hosp: Ded then 50% Freestnd: Ded then 35%	Ded then 50%	Hosp: Ded then 50% Freestnd: Ded then 35%	\$10/\$60/40%/50% (T3 \$500 script max, T4 \$750 script max)	\$20/\$120/40%/50% (T3 \$1,000 script max, \$1,500/script max)

**Please note:** This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

\* Members may purchase up to a 90-day supply of maintenance medications.

# HMO and HMO HSA

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

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care		Labs	Inpatient	Day Surgery	X-ray	High End Radiology	Rx Cost Sharing	
														Retail	Mail*
<b>HMO 6000 with Coinsurance</b> <b>Metal Tier: Silver</b> MD0000100202 RX0000100126	\$40/\$75 Copay waived for first non-routine PCP visit per year	\$6,000/ \$12,000	\$8,550/ \$17,100	50%	Ded then 50%	\$75	\$40		Hosp: Ded then 50%  Freestnd: Ded then 35%	Ded then 50%	Hosp: Ded then 50%  Freestnd: Ded then 35%	Ded then 50%	Hosp: Ded then 50%  Freestnd: Ded then 35%	\$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	\$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500/script max)
<b>HMO HSA 2800/20%</b> <b>Metal Tier: Silver</b> MD0000100205 RX0000100128	Ded then 20%	\$2,800/ \$5,600	\$5,600/ \$11,200	20%	Ded then 20%	Ded then 20%	Ded then 20%		Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then \$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500/script max)
<b>HMO HSA 2800/50%</b> <b>Metal Tier: Silver</b> MD0000100222 RX0000100146	Ded then \$30/ Ded then \$60	\$2,800/ \$5,600	\$7,000/ \$14,000	50%	Ded then 50%	Ded then \$50	Ded then \$30		Ded then \$10	Ded then 50%	Ded then 50%	Ded then \$60	Ded then 50%	Ded then \$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500/script max)
<b>HMO HSA 3500</b> <b>Metal Tier: Silver</b> MD0000100207 RX0000100130	Ded then 30%	\$3,500/ \$7,000	\$5,500/ \$11,000	30%	Ded then 30%	Ded then 30%	Ded then 30%		Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then \$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500/script max)
<b>HMO HSA 4500/20%</b> <b>Metal Tier: Silver</b> MD0000100226 RX0000100150	Ded then \$30/ Ded then \$60	\$4,500/ \$9,000	\$7,000/ \$14,000	20%	Ded then 20%	Ded then \$50	Ded then \$30		Ded then \$10	Ded then 20%	Ded then 20%	Ded then \$60	Ded then 20%	Ded then \$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500/script max)
<b>HMO HSA 4500/30%</b> <b>Metal Tier: Silver</b> MD0000100209 RX0000100132	Ded then 30%	\$4,500/ \$9,000	\$6,850/ \$13,700	30%	Ded then 30%	Ded then 30%	Ded then 30%		Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then \$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500/script max)

**Please note:** This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

\* Members may purchase up to a 90-day supply of maintenance medications.

# HMO HSA

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

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care	Labs	Inpatient	Day Surgery	X-ray	High End Radiology	Rx Cost Sharing	
													Retail	Mail*
<b>HMO HSA 5400</b> <b>Metal Tier: Silver</b> MD0000100211 RX0000100134	Ded then CIF	\$5,400/ \$10,800	\$7,000/ \$14,000	None	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then \$10/\$60/40%/50% (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500/script max)
<b>HMO HSA 6200</b> <b>Metal Tier: Bronze</b> MD0000100215 RX0000100138	Ded then 50%	\$6,200/ \$12,400	\$7,000/ \$14,000	50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then 50%	Ded then \$15/\$60/40%/50% (T3 \$500/script max, T4 \$750/script max)	Ded then \$30/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500 script max)
<b>HMO HSA 7000</b> <b>Metal Tier: Bronze</b> MD0000100219 RX0000100142	Ded then CIF	\$7,000/ \$14,000	\$7,000/ \$14,000	None	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then \$15/\$60/40%/50% (T3 \$500/script max, T4 \$750/script max)	Ded then \$30/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500 script max)
<b>HMO HSA 3000 Copay</b> <b>Metal Tier: Silver</b> MD0000100229 RX0000100153	Ded then \$30/ Ded then \$60	\$3,000/ \$6,000	\$7,000/ \$14,000	None	Ded then \$300	Ded then \$50	Ded then \$30	Ded then \$10	Ded then \$500 per day/max \$2,000 per admit	Ded then \$500	Ded then \$60	Ded then \$75	Ded then \$10/\$60/40%/50% (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500/script max)

**Please note:** This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

\* Members may purchase up to a 90-day supply of maintenance medications.

PPO

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

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care	Labs	Inpatient	Day Surgery	X-ray	High End Radiology	Rx Cost Sharing	
													Retail	Mail**
<b>PPO 15/40 Copay</b> <b>Metal Tier: Platinum</b> MD0000100192 RX0000100116	IN: \$15/\$40* OON: Ded then 30%	IN: None/None OON: \$2,000/\$4,000	IN: \$4,000/\$8,000 OON: \$8,000/\$16,000	IN: None OON: 30%	\$300	IN: \$50 OON: Ded then 30%	IN: \$15 OON: Ded then 30%	IN: Hosp: \$40 Freestnd: \$10 OON: Ded then 30%	IN: \$500 per day OON: Ded then 30%	IN: Hosp: \$300 Freestnd: \$150 OON: Ded then 30%	IN: \$40 OON: Ded then 30%	IN: Hosp: \$75 Freestnd: \$50, combined max \$375 per year OON: Ded then 30%	\$5/\$50/40%/40% (T3 \$350/script max, T4 \$700/script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4 \$1,400/script max)
<b>PPO 750 Hospital</b> <b>Metal Tier: Platinum</b> MD0000100193 RX0000100116	IN: \$15/\$40* OON: Ded then 40%	IN: \$750/\$1,500 OON: \$1,500/\$3,000	IN: \$4,000/\$8,000 OON: \$8,000/\$16,000	IN: None OON: 40%	\$300	IN: \$50 OON: Ded then 40%	IN: \$15 OON: Ded then 40%	IN: Hosp: \$40 Freestnd: \$10 OON: Ded then 40%	IN: Ded then CIF OON: Ded then 40%	IN: Hosp: Ded then \$200 Freestnd: \$200 OON: Ded then 40%	IN: \$40 OON: Ded then 40%	IN: Hosp: \$75 Freestnd: \$50, combined max \$375 per year OON: Ded then 40%	\$5/\$50/40%/40% (T3 \$350/script max, T4 \$700/script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4 \$1,400/script max)
<b>PPO 2500 Hospital</b> <b>Metal Tier: Gold</b> MD0000100195 RX0000100118	IN: \$25/\$45* OON: Ded then 50%	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000	IN: \$7,500/\$15,000 OON: \$15,000/\$30,000	IN: None OON: 50%	Ded then \$300	IN: \$50 OON: Ded then 50%	IN: \$25 OON: Ded then 50%	IN: Hosp: \$10 Freestnd: \$10 OON: Ded then 50%	IN: Ded then CIF OON: Ded then 50%	IN: Hosp: Ded then \$500 Freestnd: \$500 OON: Ded then 50%	IN: \$45 OON: Ded then 50%	IN: Hosp: Ded then \$75 Freestnd: \$75, combined max \$375 per year OON: Ded then 50%	\$5/\$50/40%/40% (T3 \$350/script max, T4 \$700/script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4 \$1,400/script max)
<b>PPO 2000 with Coinsurance</b> <b>Metal Tier: Gold</b> MD0000100197 RX0000100120	IN: \$25/\$50* OON: Ded then 50%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$5,850/\$11,700 OON: \$11,700/\$23,400	IN: 40% OON: 50%	Ded then 40%	IN: \$50 OON: Ded then 50%	IN: \$25 OON: Ded then 50%	IN: Hosp: 40% Freestnd: 25% OON: Ded then 50%	IN: Ded then 40% OON: Ded then 50%	IN: Hosp: Ded then 40% Freestnd: Ded then 25% OON: Ded then 50%	IN: 40% OON: Ded then 50%	IN: Hosp: Ded then 40% Freestnd: Ded then 25% OON: Ded then 50%	\$5/\$50/40%/40% (T3 \$350/script max, T4 \$700/script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4 \$1,400/script max)
<b>PPO 3500 with Coinsurance</b> <b>Metal Tier: Gold</b> MD0000100199 RX0000100122	IN: \$25/\$50* OON: Ded then 50%	IN: \$3,500/\$7,000 OON: \$7,000/\$14,000	IN: \$8,000/\$16,000 OON: \$16,000/\$32,000	IN: 45% OON: 50%	Ded then 45%	IN: \$50 OON: Ded then 50%	IN: \$25 OON: Ded then 50%	IN: Hosp: 45% Freestnd: 30% OON: Ded then 50%	IN: Ded then 45% OON: Ded then 50%	IN: Hosp: Ded then 45% Freestnd: Ded then 30% OON: Ded then 50%	IN: 45% OON: Ded then 50%	IN: Hosp: Ded then 45% Freestnd: Ded then 30% OON: Ded then 50%	\$5/\$50/40%/40% (T3 \$350/script max, T4 \$700/script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4 \$1,400/script max)

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\* Copay waived for first non-routine PCP visit per year.

\*\* Members may purchase up to a 90-day supply of maintenance medications.



# PPO and PPO HSA

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

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care	Labs	Inpatient	Day Surgery	X-ray	High End Radiology	Rx Cost Sharing	
													Retail	Mail**
<b>PPO 4000 with Coinsurance</b> <b>Metal Tier: Silver</b> MD0000100201 RX0000100125	IN: \$40/\$75* OON: Ded then 50%	IN: \$4,000/\$8,000 OON: \$8,000/\$16,000	IN: \$8,550/\$17,100 OON: \$17,100/\$34,200	IN: 50% OON: 50%	Ded then 50%	IN: \$75 OON: Ded then 50%	IN: \$40 OON: Ded then 50%	IN: Hosp: Ded then 50% Freestnd: 35% OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Hosp: Ded then 50% Freestnd: Ded then 35% OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Hosp: Ded then 50% Freestnd: Ded then 35% OON: Ded then 50%	\$10/\$60/40%/50% (T3 \$500 script max, T4 \$750 script max)	\$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500 script max)
<b>PPO 6000 with Coinsurance</b> <b>Metal Tier: Silver</b> MD0000100203 RX0000100126	IN: \$40/\$75* OON: Ded then 50%	IN: \$6,000/\$12,000 OON: \$12,000/\$24,000	IN: \$8,550/\$17,100 OON: \$17,100/\$34,200	IN: 50% OON: 50%	Ded then 50%	IN: \$75 OON: Ded then 50%	IN: \$40 OON: Ded then 50%	IN: Hosp: Ded then 50% Freestnd: 35% OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Hosp: Ded then 50% Freestnd: Ded then 35% OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Hosp: Ded then 50% Freestnd: Ded then 35% OON: Ded then 50%	\$10/\$60/40%/50% (T3 \$500 script max, T4 \$750 script max)	\$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500 script max)
<b>PPO HSA 2800/20%</b> <b>Metal Tier: Silver</b> MD0000100204 RX0000100128	IIN: Ded then 20% OON: Ded then 50%	IN: \$2,800/\$5,600 OON: \$5,600/\$11,200	IN: \$5,600/\$11,200 OON: \$11,200/\$22,400	IN: 20% OON: 50%	Ded then 20%	IN: Ded then 20% OON: Ded then 50%	IN: Ded then 20% OON: Ded then 50%	IN: Ded then 20% OON: Ded then 50%	IN: Ded then 20% OON: Ded then 50%	IN: Ded then 20% OON: Ded then 50%	IN: Ded then 20% OON: Ded then 50%	IN: Ded then 20% OON: Ded then 50%	Ded then \$10/\$60/ 40%/50% (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500/script max)
<b>PPO HSA 2800/50%</b> <b>Metal Tier: Silver</b> MD0000100223 RX0000100146	IN: Ded then \$30/ Ded then \$60 OON: Ded then 50%	IN: \$2,800/\$5,600 OON: \$5,600/\$11,200	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000	IN: 50% OON: 50%	Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Ded then 10% OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	IN: Ded then \$60 OON: Ded then 50%	IN: Ded then 50% OON: Ded then 50%	Ded then \$10/\$60/ 40%/50% (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500/script max)
<b>PPO HSA 3500</b> <b>Metal Tier: Silver</b> MD0000100206 RX0000100130	IN: Ded then 30% OON: Ded then 50%	IN: \$3,500/\$7,000 OON: \$7,000/\$14,000	IN: \$5,500/\$11,000 OON: \$11,000/\$22,000	IN: 30% OON: 50%	Ded then 30%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	IN: Ded then 30% OON: Ded then 50%	Ded then \$10/\$60/ 40%/50% (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500/script max)

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\* Copay waived for first non-routine PCP visit per year.

\*\* Members may purchase up to a 90-day supply of maintenance medications.

PPO HSA

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care	Labs	Inpatient	Day Surgery	X-ray	High End Radiology	Rx Cost Sharing	
													Retail	Mail*
<b>PPO HSA 4500/20%</b> <b>Metal Tier: Silver</b> MD0000100227 RX0000100150	IN: Ded then \$30/ Ded then \$60  OON: Ded then 50%	IN: \$4,500/\$9,000  OON: \$9,000/\$18,000	IN: \$7,000/\$14,000  OON: \$14,000/\$28,000	IN: 20%  OON: 50%	Ded then 20%	IN: Ded then 50%  OON: Ded then 50%	IN: Ded then 30%  OON: Ded then 50%	IN: Ded then \$10  OON: Ded then 50%	IN: Ded then 20%  OON: Ded then 50%	IN: Ded then 20%  OON: Ded then 50%	IN: Ded then \$60  OON: Ded then 50%	IN: Ded then 20%  OON: Ded then 50%	Ded then \$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500/script max)
<b>PPO HSA 4500/30%</b> <b>Metal Tier: Silver</b> MD0000100208 RX0000100132	IN: Ded then 30%  OON: Ded then 50%	IN: \$4,500/\$9,000  OON: \$9,000/\$18,000	IN: \$6,850/\$13,700  OON: \$13,700/\$27,400	IN: 30%  OON: 50%	Ded then 30%	IN: Ded then 30%  OON: Ded then 50%	IN: Ded then 30%  OON: Ded then 50%	IN: Ded then 30%  OON: Ded then 50%	IN: Ded then 30%  OON: Ded then 50%	IN: Ded then 30%  OON: Ded then 50%	IN: Ded then 30%  OON: Ded then 50%	IN: Ded then 30%  OON: Ded then 50%	Ded then \$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500 script max)
<b>PPO HSA 5400</b> <b>Metal Tier: Silver</b> MD0000100210 RX0000100134	IN: Ded then CIF  OON: Ded then 50%	IN: \$5,400/\$10,800  OON: \$10,800/\$21,600	IN: \$7,000/\$14,000  OON: \$14,000/\$28,000	IN: None  OON: 50%	Ded then CIF	IN: Ded then CIF  OON: Ded then 50%	IN: Ded then CIF  OON: Ded then 50%	IN: Ded then CIF  OON: Ded then 50%	IN: Ded then CIF  OON: Ded then 50%	IN: Ded then CIF  OON: Ded then 50%	IN: Ded then CIF  OON: Ded then 50%	IN: Ded then CIF  OON: Ded then 50%	Ded then \$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500 script max)
<b>PPO HSA 6200</b> <b>Metal Tier: Bronze</b> MD0000100214 RX0000100138	IIN: Ded then 50%  OON: Ded then 50%	IN: \$6,200/\$12,400  OON: \$12,400/\$24,800	IN: \$7,000/\$14,000  OON: \$28,000/\$56,000	IN: 50%  OON: 50%	Ded then 50%	IN: Ded then 50%  OON: Ded then 50%	IN: Ded then 50%  OON: Ded then 50%	IN: Ded then 50%  OON: Ded then 50%	IN: Ded then 50%  OON: Ded then 50%	IN: Ded then 50%  OON: Ded then 50%	IN: Ded then 50%  OON: Ded then 50%	IN: Ded then 50%  OON: Ded then 50%	Ded then \$15/\$60/40%/50%  (T3 \$500 script max, T4 \$750/script max)	Ded then \$30/\$120/40%/50%  (T3 \$1,000 script max, T4, \$1,500 script max)
<b>PPO HSA 7000</b> <b>Metal Tier: Bronze</b> MD0000100218 RX0000100142	IN: Ded then CIF  OON: Ded then CIF	IN: \$7,000/\$14,000  OON:: \$14,000/\$28,000	IN: \$7,000/\$14,000  OON: \$28,000/\$56,000	IN: None  OON: None	Ded then CIF	IN: Ded then CIF  OON: Ded then CIF	IN: Ded then CIF  OON: Ded then CIF	IN: Ded then CIF  OON: Ded then CIF	IN: Ded then CIF  OON: Ded then CIF	IN: Ded then CIF  OON: Ded then CIF	IN: Ded then CIF  OON: Ded then CIF	IN: Ded then CIF  OON: Ded then CIF	Ded then \$15/\$60/40%/50%  (T3 \$500 script max, T4 \$750/script max)	Ded then \$30/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500 script max)

**Please note:** This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

\* Members may purchase up to a 90-day supply of maintenance medications.

# Introducing Focus CT<sup>SM</sup> HMO

## Save up to 10% over our standard HMOs

Focus CT HMOs are built around a network of select providers across Connecticut, plus thousands of other participating providers in Harvard Pilgrim's seamless New England network.



Members can receive care from 85,000 Focus CT HMO clinicians and 172 hospitals<sup>1, 2</sup>



\$50 gift card incentive for annual PCP visits<sup>3</sup>



Primary care providers and referrals required



Two free PCP visits with non-HSA plans



High-deductible, HSA-compatible designs available

### All Focus CT HMOs feature:

- **Unlimited chiropractic and acupuncture visits**
- **No-cost telehealth with Doctor on Demand**
- **Full network pharmacy offering**
- **\$300 fitness reimbursement per contract<sup>4</sup>**

This plan provides access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In this plan, members have coverage only from providers in the Focus CT HMO provider network. Please consult the Focus CT HMO provider directory or visit the provider search tool at [www.harvardpilgrim.org](http://www.harvardpilgrim.org) for a list of providers in Focus CT HMO. You may also call Harvard Pilgrim to request a paper copy of the provider directory free of charge.



<sup>1</sup> On the rare occasion when specialty care is not available from a Focus CT HMO specialist or facility, we have a limited number of additional Authorized Access providers. Members or their providers must obtain prior authorization from Harvard Pilgrim to receive care from Authorized Access providers and hospitals and for the plan to provide coverage for the services.

<sup>2</sup> In a medical emergency, members do not have to use Focus CT HMO providers or obtain PCP referrals. The plan will provide coverage for emergency services from any provider.

<sup>3</sup> Subscribers and covered dependents age 18 and over can receive a \$50 gift card for completing and annual visit with their PCP.

<sup>4</sup> See details on page 10. Reimbursement is limited to two members on a family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. Fitness reimbursement may be considered taxable income. For tax information, members should consult their tax advisor.

# Focus CT<sup>SM</sup> HMO

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Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care	Labs	Inpatient	Day Surgery	X-ray	High End Radiology	Rx Cost Sharing	
													Retail	Mail**
<b>Focus CT HMO 2500/10%</b> <b>Metal Tier: Gold</b> MD0000100230 RX0000100154	\$10/\$60*	\$2,500/\$5,000	\$7,000/\$14,000	10%	Ded then 10%	Ded then 10%	\$10	Ded then 10%	Ded then 10%	Ded then CIF	Ded then 10%	Ded then 10%	\$5/\$50/40%/40% (T3 \$350/script max, T4 \$700/script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4, \$1,400 script max)
<b>Focus CT HMO 3500/20%</b> <b>Metal Tier: Gold</b> MD0000100249 RX0000100155	\$10/\$60*	\$3,500/\$7,000	\$7,000/\$14,000	20%	Ded then 20%	Ded then 20%	\$10	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	\$5/\$50/40%/40% (T3 \$350/script max, T4 \$700/script max)	\$10/\$100/40%/40% (T3 \$700 script max, T4, \$1,400 script max)
<b>Focus CT HMO 5300/20%</b> <b>Metal Tier: Silver</b> MD0000100231 RX0000100156	\$20/\$80*	\$5,300/\$10,600	\$8,550/\$17,100	20%	Ded then 50%	Ded then 20%	\$20	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	\$10/\$60/40%/50% (T3, \$500 script max, T4 \$750 script max)	\$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500 script max)
<b>Focus CT HMO 8550/0%</b> <b>Metal Tier: Bronze</b> MD0000100232 RX0000100157	Ded then CIF	\$8,550/\$17,100	\$8,550/\$17,100	None	Ded then CIF	Ded then CIF		Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF/CIF/0%/0%	Ded then CIF/CIF/0%/0%

**Please note:** This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

\* Copay waived for the first 2 non-routine PCP visits per year.

\*\* Members may purchase up to a 90-day supply of maintenance medications.

# Focus CT<sup>SM</sup> HMO HSA

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

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care	Labs	Inpatient	Day Surgery	X-ray	High End Radiology	Rx Cost Sharing	
													Retail	Mail*
<b>Focus CT HMO HSA 2800/10%</b> <b>Metal Tier: Silver</b> MD0000100237 RX0000100146	Ded then \$20/ Ded then \$50	\$2,800/\$5,600	\$7,000/\$14,000	10%	Ded then 10%	Ded then 10%	Ded then \$20	Ded then \$10	Ded then 10%	Ded then 10%	Ded then \$50	Ded then 10%	Ded then \$10/\$60/40%/50% (T3 \$500 script max, T4 \$750/script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500 script max)
<b>Focus CT HMO HSA 3500/20%</b> <b>Metal Tier: Silver</b> MD0000100239 RX0000100164	Ded then 20%	\$3,500/\$7,000	\$7,000/\$14,000	20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then \$10/\$60/40%/50% (T3 \$500 script max, T4 \$750/script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500 script max)
<b>Focus CT HMO HSA 5000/0%</b> <b>Metal Tier: Silver</b> MD0000100234, RX0000100159	Ded then CIF	\$5,000/\$10,000	\$5,000/\$10,000	None	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF/CIF/0%/0%	Ded then CIF/CIF/0%/0%
<b>Focus CT HMO HSA 5000/10%</b> <b>Metal Tier: Silver</b> MD0000100236 RX0000100161	Ded then 10%	\$5,000/\$10,000	\$7,000/\$14,000	10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then \$10/\$60/40%/50% (T3 \$500 script max, T4 \$750/script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500 script max)

**Please note:** This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

\* Members may purchase up to a 90-day supply of maintenance medications.



# New – Network Choice CT<sup>SM</sup> PPO

## Access, options and savings

Network Choice CT PPOs<sup>1,2</sup> are flexible, easy-to-use plans that let members save money on out-of-pocket costs based on the in-network providers they choose.



Plans feature access to two tiers of in-network providers

**Tier 1**  
(\$ = lower  
in-network  
cost sharing)

- 85,000 participating providers throughout our New England network

**Tier 2**  
(\$\$ = higher  
in-network  
cost sharing)

- Providers affiliated with Yale New Haven Health System and Stamford Health
- Participating UnitedHealthcare providers outside of New England



Members can receive care for covered services from out-of-network providers as well



High-deductible, HSA-compatible designs available

<sup>1</sup> PPO plans are underwritten by HPHC Insurance Company.

<sup>2</sup> In these plans, members pay different levels of cost sharing depending on the tier of the provider delivering a covered service or medical supply. A provider's benefit tier may change at any time. To determine a provider's tier in a specific plan's network, please search the Harvard Pilgrim provider directory by plan name. You also may call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

<sup>3</sup> See details on page 10. Reimbursement is limited to two members on a family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. Fitness reimbursement may be considered taxable income. For tax information, members should consult their tax advisor.

### All Network Choice CT PPOs feature:

- Unlimited chiropractic and acupuncture visits
- No-cost telehealth with Doctor on Demand
- Full network pharmacy offering
- \$300 fitness reimbursement per contract<sup>3</sup>



Network Choice CT<sup>SM</sup> PPO

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

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care	Inpatient	Day Surgery	Labs	X-rays	High End Radiology	Rx Cost Sharing	
													Retail	Mail**
<b>Network Choice CT PPO 2500/10%</b> <b>Metal Tier: Gold</b> MD0000100240 RX0000100165	IN: T1: \$15/\$45* T2: Ded then 30%  OON: Ded then 50%	IN: T1: \$2,500/\$5,000 T2: \$5,000/\$10,000  OON: \$10,000/\$20,000	IN: T1: \$5,000/\$10,000 T2: \$7,500/\$15,000  OON: \$15,000/\$30,000	IN: T1: 10% T2: 30%  OON: 50%	T1: Ded then \$300	IN: T1: \$50 T2: Ded then 30%  OON: Ded then 50%	IN: \$15  OON: Ded then 50%	IN: T1: Ded then 10% T2: Ded then 30%  OON: Ded then 50%		IN: T1: \$15 T2: Ded then 30%	IN: T1: \$45 T2: Ded then 30%	IN: T1: Ded then 10% T2: Ded then 30%	\$5/\$50/40/40%  (T3 \$350 script max, T4 \$700 script max)	\$10/\$100/40%/40%  (T3 \$700 script max, T4 \$1,400 script max)
										OON: Ded then 50%				
<b>Network Choice CT PPO 3500/20%</b> <b>Metal Tier: Gold</b> MD0000100241 RX0000100166	IN: T1: \$15/\$45* T2: Ded then 40%  OON: Ded then 50%	IN: T1: \$3,500/\$7,000 T2: \$6,000/\$12,000  OON: \$12,000/\$24,000	IN: T1: \$7,000/\$14,000 T2: \$8,550/\$17,100  OON: \$17,100/\$34,200	IN: T1: 20% T2: 40%  OON: 50%	T1: Ded then \$300	IN: T1: \$50 T2: Ded then 40%  OON: Ded then 50%	IN: \$15  OON: Ded then 50%	IN: T1: Ded then 20% T2: Ded then 40%  OON: Ded then 50%		IN: T1: \$15 T2: Ded then 40%	IN: T1: \$45 T2: Ded then 40%	IN: T1: Ded then 20% T2: Ded then 40%	\$5/\$50/40/40%  (T3 \$350 script max, T4 \$700 script max)	\$10/\$100/40%/40%  (T3 \$700 script max, T4 \$1,400 script max)
										OON: Ded then 50%				
<b>Network Choice CT PPO 5000/20%</b> <b>Metal Tier: Silver</b> MD0000100242 RX0000100167	IN: T1: \$15/ Ded then \$40* T2: Ded then 40%  OON: Ded then 50%	IN: T1: \$5,000/\$10,000 T2: \$7,500/\$15,000  OON: \$15,000/\$30,000	IN: T1: \$7,000/\$14,000 T2: \$8,550/\$17,100  OON: \$24,000/\$48,000	IN: T1: 20% T2: 40%  OON: 50%	T1: Ded then 40%	IN: T1: Ded then \$75 T2: Ded then 40%  OON: Ded then 50%	IN: \$15  OON: Ded then 50%	IN: T1: Ded then 20% T2: Ded then 40%  OON: Ded then 50%		IN: T1: Ded then 20% T2: Ded then 40%  OON: Ded then 50%			\$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	\$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500 script max)
<b>Network Choice CT PPO 5500/20%</b> <b>Metal Tier: Silver</b> MD0000100243 RX0000100168	IN: T1: \$30/\$50* T2: Ded then 40%  OON: Ded then 50%	IN: T1: \$5,500/\$10,000 T2: \$7,500/\$15,000  OON: \$15,000/\$30,000	IN: T1: \$7,000/\$14,000 T2: \$8,550/\$17,100  OON: \$24,000/\$48,000	IN: T1: 20% T2: 40%  OON: 50%	T1: Ded then 50%	IN: T1: Ded then \$75 T2: Ded then 40%  OON: Ded then 50%	IN: \$30  OON: Ded then 50%	IN: T1: Ded then 20% T2: Ded then 40%  OON: Ded then 50%		IN: T1: \$30 T2: Ded then 40%	IN: T1: Ded then \$50 T2: Ded then 40%	IN: T1: Ded then \$75 T2: Ded then 40%	\$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	\$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500 script max)
										OON: Ded then 50%				
<b>Network Choice CT PPO 6000/30%</b> <b>Metal Tier: Silver</b> MD0000100244 RX0000100169	IN: T1: \$30/ Ded then \$50* T2: Ded then 50%  OON: Ded then 50%	IN: T1: \$6,000/\$12,000 T2: \$7,500/\$15,000  OON: \$15,000/\$30,000	IN: T1: \$8,550/\$17,100 T2: \$8,550/\$17,100  OON: \$24,000/\$48,000	IN: T1: 30% T2: 50%  OON: 50%	T1: Ded then 50%	IN: T1: Ded then \$75 T2: Ded then 50%  OON: Ded then 50%	IN: \$30  OON: Ded then 50%	IN: T1: Ded then 30% T2: Ded then 50%  OON: Ded then 50%		IN: T1: Ded then 30% T2: Ded then 50%  OON: Ded then 50%			\$10/\$60/40%/50%  (T3 \$500 script max, T4 \$750 script max)	\$20/\$120/40%/50%  (T3 \$1,000 script max, T4 \$1,500 script max)

**Please note:** This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

\* Copay waived for first non-routine PCP visit per year.

\*\* Members may purchase up to a 90-day supply of maintenance medications.

Network Choice CT<sup>SM</sup> PPO HSA

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

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care	Convenience Care	Inpatient	Day Surgery	Labs	X-rays	High End Radiology	Rx Cost Sharing	
													Retail	Mail*
<b>Network Choice CT PPO HSA 2800/10%</b> <b>Metal Tier: Silver</b> MD0000100245 RX0000100170	IN: T1: Ded then \$25/Ded then \$50 T2: Ded then \$40/ Ded then \$70  OON: Ded then 50%	IN: T1: \$2,800/\$5,600 T2: \$4,500/\$9,000  OON: \$9,000/\$18,000	IN: T1: \$5,000/\$10,000 T2: \$6,500/\$13,000  OON: \$18,000/\$36,000	IN: T1: 10% T2: 30%  OON: 50%	T1: Ded then 30%	IN: T1: Ded then 10% T2: Ded then 30%  OON: Ded then 50%	IN: T1 Ded then \$25  OON: Ded then 50%	IN: T1: Ded then 10% T2: Ded then 30%  OON: Ded then 50%		IN: T1: Ded then \$25 T2: Ded then 30%	IN: T1: \$45 T2: Ded then 30%	IN: T1: Ded then 10% T2: Ded then 30%	T1 Ded then \$10/\$60/40%/50% (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500/script max)
										OON: Ded then 50%				
<b>Network Choice CT PPO HSA 3500/0%</b> <b>Metal Tier: Silver</b> MD0000100246 RX0000100171	IN: T1: Ded then CIF T2: Ded then 30%  OON: Ded then 50%	IN: T1: \$3,500/\$7,000 T2: \$5,500/\$11,000  OON: \$11,000/\$22,000	IN: T1: \$5,500/\$11,000 T2: \$7,000/\$14,000  OON: \$22,000/\$44,000	IN: T1: 0% T2: 30%  OON: 50%	T1: Ded then 30%	IN: T1: Ded then CIF T2: Ded then 30%  OON: Ded then 50%	IN: T1 Ded then CIF  OON: Ded then 50%	IN: T1: Ded then CIF T2: Ded then 30%  OON: Ded then 50%		IN: T1: Ded then CIF T2: Ded then 30%			T1 Ded then \$10/\$60/40%/50% (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500/script max)
										OON: Ded then 50%				
<b>Network Choice CT PPO HSA 4000/10%</b> <b>Metal Tier: Silver</b> MD0000100240 RX0000100165	IN: T1: Ded then \$25/Ded then \$50 T2: Ded then \$40/ Ded then \$70  OON: Ded then 50%	IN: T1: \$4,000/\$8,000 T2: \$5,500/\$11,000  OON: \$11,000/\$22,000	IN: T1: \$6,000/\$12,000 T2: \$7,000/\$14,000  OON: \$22,000/\$44,000	IN: T1: 10% T2: 30%  OON: 50%	T1: Ded then 30%	IN: T1: Ded then 10% T2: Ded then 30%  OON: Ded then 50%	IN: T1 Ded then \$25  OON: Ded then 50%	IN: T1: Ded then 10% T2: Ded then 30%  OON: Ded then 50%		IN: T1: Ded then \$25 T2: Ded then 30%	IN: T1: Ded then 10% T2: Ded then 30%	IN: T1: Ded then 10% T2: Ded then 30%	T1 Ded then \$10/\$60/40%/50% (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500/script max)
										OON: Ded then 50%				
<b>Network Choice CT PPO HSA 5000/10%</b> <b>Metal Tier: Silver</b> MD0000100248 RX0000100173	IN: T1: Ded then 10% T2: Ded then 30%  OON: Ded then 50%	IN: T1: \$5,000/\$10,000 T2: \$6,000/\$14,000  OON: \$14,000/\$28,000	IN: T1: \$6,000/\$12,000 T2: \$7,000/\$14,000  OON: \$24,000/\$48,000	IN: T1: 10% T2: 30%  OON: 50%	T1: Ded then 30%	IN: T1: Ded then 10% T2: Ded then 30%  OON: Ded then 50%	IN: T1 Ded then 10%  OON: Ded then 50%	IN: T1: Ded then 10% T2: Ded then 30%  OON: Ded then 50%		IN: T1: Ded then 10% T2: Ded then 30%  OON: Ded then 50%			T1 Ded then \$10/\$60/40%/50% (T3 \$500 script max, T4 \$750 script max)	Ded then \$20/\$120/40%/50% (T3 \$1,000 script max, T4 \$1,500/script max)

**Please note:** This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

\* Members may purchase up to a 90-day supply of maintenance medications.

# www.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

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## Get started with Harvard Pilgrim Online Quoting and Renewals

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

After registering, visit **www.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.

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### Need help?

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

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### How to access a Summary of Benefits and Coverage online

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

# Business rules

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

## All 2021 Small Group plans are plan year.

### Minimum number of participating subscribers

# Eligible Employees	Minimum Subscriber Enrollment Requirements in Harvard Pilgrim Commercial Products
2-4	100%
5-50	65%

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

Waivers due to spouse, dependent, Medicare, Medicaid and military coverage are acceptable waivers and are excluded from the participation calculation.

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

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

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

### Side-by-side rules

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

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

### Extraterritorial locations

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

### Preventive medications with a high deductible health plan

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

### Essential health benefit pediatric dental coverage

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

### Embedded deductibles

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

### Out-of-area dependents

Out-of-area dependents on an HMO plan will have coverage for urgent and emergent care only.



# Important legal information

## What's not covered on our CT HMO and PPO plans

For a full list of services not covered, please refer to plan documents. Typically, exclusions include:

- 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 that were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment for members who are not medically infertile
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance
- (HMO ONLY) Delivery outside the service area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery
- Bariatric surgery

## Limitations for Connecticut small group plans

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

## General notice about nondiscrimination and accessibility requirements

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

### Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St., Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@harvardpilgrim.org](mailto: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)** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, 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).

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

**हिंदी (Hindi)** ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

**ગુજરાતી (Gujarati)** ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

**ພາສາລາວ (Lao)** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, 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).

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