Plans to keep you and your family healthy

Massachusetts Individual & Family Product Guide
Plan Year 2021

# Table of contents

1. [Enrolling and renewing](#enrolling-and-renewing)
2. [Core benefits and prescription drug coverage](#core-benefits-and-prescription-drug-coverage)
3. [ Pediatric dental](#pediatric-dental)
4. [Programs to maximize your well-being](#programs-to-maximize-your-well-being)
5. [Ways to save money](#ways-to-save-money)
6. [Virtual care and urgent care](#virtual-care-and-urgent-care)
7. [Helping you choose a plan](#helping-you-choose-a-plan)
8. [Massachusetts plans](#massachusetts-plans)
10. [Set up your member account](#set-up-your-member-account)
11. [Health plan options](#health-plan-options)
29. [Insurance terms to know](#insurance-terms-to-know)
30. [Important legal information](#important-legal-information)
32. [Language assistance services](#language-assistance-services)
We make getting coverage easy

Here’s how to enroll


www.harvardpilgrim.org

How to renew your plan

If you are a current Harvard Pilgrim member, you will receive a renewal package in late October. If you are happy with the plan that is outlined in the renewal package, all you need to do is pay your premium by January 1, 2021.

New: This year, you will be able to view and make plan changes by logging into www.harvardpilgrim.org/renew.

Please call us at (866) 890-6470 if you have any questions.

Important dates

Sunday, November 1, 2020 - Saturday, January 23, 2021*
2021 open enrollment period for selecting health care coverage. December 23, 2020 is the last day to apply for a January 1, 2021 effective date.

How to find a health care provider

To see if your health care provider participates in our network:

1. Visit www.harvardpilgrim.org
2. Click on Find a Provider
3. Select a Plan
4. Search by provider type

COVID-19 benefits & coverage

We are committed to guiding you through the challenges of the COVID-19 pandemic. For the most up-to-date information, visit www.harvardpilgrim.org/coronavirus.

* You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify for a Special Enrollment Period please visit www.harvardpilgrim.org to review the eligibility guidelines and submit your enrollment.
All the coverage you’ll need

These core benefits are included with each of our plans.

- **Acupuncture and chiropractic**
  - Unlimited acupuncture and chiropractic visits

- **Ambulatory patient services**
  - Outpatient care without hospital admission

- **Emergency services**
  - Trips to the emergency room (ER), when medically necessary

- **Eye exams**
  - One preventive screening every year

- **Hospitalization**
  - Inpatient services, such as surgery

- **Laboratory services**
  - Bloodwork, screenings, etc.

- **Mental health and substance use services**
  - Counseling and psychotherapy

- **Pediatric dental**
  - Covers children up to age 19

- **Prescriptions**
  - Access to safe, effective medications

- **Rehabilitation and habilitative services and devices**
  - Rehab services, hospital beds, crutches, oxygen tanks

- **Pregnancy, maternity and newborn care**
  - Care before, during and after pregnancy

- **Preventive care and chronic disease management**
  - Doctor visits for wellness exams, screenings, health maintenance, etc.

Our prescription drug benefits focus on choice and value.

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

We’ve added some over-the-counter drugs to our formularies. 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?

To find out, visit www.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.

How prescription drug tiers work

<table>
<thead>
<tr>
<th>TIER</th>
<th>VALUE 5-TIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Lower-cost generics</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Higher-cost generics</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Preferred brands (some higher-cost generics)</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Non-preferred brands and preferred specialty (some higher-cost generics)</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Non-preferred specialty drugs, and selected brand and generic drugs</td>
</tr>
</tbody>
</table>

* You can waive pediatric dental if you have a qualified pediatric dental plan in place, except for Standard Connector plans for which the pediatric dental plan is included in the plan design.

** Standard Connector plans include drug coverage with three tiers instead of five. Visit www.harvardpilgrim.org/rx for more information on Value 3-Tier coverage.
Pediatric dental

- Plans are available with or without pediatric dental*
- Deductible does not apply
- Some plans have a separate dental out-of-pocket max that is lower than the medical out-of-pocket max
- Members will receive separate Dental ID card

- Type I: CIF (20% OON on PPOs)
- Type II: 20% (40% OON on PPOs)
- Type III: 50%
- Type IV: 50%

CIF = Covered in full
OON = Out-of-network

* You can waive pediatric dental if you have a qualified pediatric dental plan in place, except for Standard Connector plans for which the pediatric dental plan is included in the plan design.
Maximize your well-being with our Living Well℠ programs

These programs and services are included with your plan at no additional cost.

### Living Well℠
Our free online community is packed with activities, tracking tools, well-being challenges and more. Earn points and entries for monthly gift card drawings. Visit [www.harvardpilgrim.org/wellbeingforall](http://www.harvardpilgrim.org/wellbeingforall).

### Well-being Rewards program*
Earn up to $400 annually in gift cards by participating in a variety of fun and convenient activities that support your well-being. The program costs 1% of your premium. Your rewards can be much higher than the cost of the program, so healthy behavior can really pay off! Visit [www.harvardpilgrim.org/wellbeingrewards](http://www.harvardpilgrim.org/wellbeingrewards) to get started.

### Personal health coaching
Through one-on-one coaching sessions over the phone and email check-ins, our certified health and wellness coaches will help you set realistic health goals, address barriers and keep track of your progress.

### 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. By building personal connections and trusted relationships, our team guides members to better health, reduced risk and lower costs.

---

Supporting your emotional and mental well-being

We understand mental health and substance use conditions can be complex, confusing and sometimes overwhelming.

Through our partnership with United Behavioral Health (also known as Optum), you have access to resources and treatment for a wide number of behavioral health conditions. These can include depression, anxiety, ADHD, eating disorders, and/or concerns about substance use or addiction.

Our confidential [Behavioral Health Access Center](http://www.harvardpilgrim.org/behavioralhealth) can help you understand your coverage and treatment options and makes it easy for you to get started with treatment.

Call (888) 777-4742 or visit [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth) to get started.

---

* Well-being Rewards is available to you if you are a subscriber enrolled directly in a qualifying Harvard Pilgrim plan and you’ve purchased the program. Rewards are considered taxable income; please consult with your tax advisor. This program is not available on plans purchased through the Connector.
Ways to help you save money

Keep more money in your pocket with tools and programs designed to help you save.

Doctor On Demand

This is our real-time telemedicine service, which connects members to providers via smartphone, tablet or computer. With our non-HSA plans, you won’t pay cost sharing for urgent care virtual visits with Doctor On Demand providers.

Start a virtual visit: www.doctorondemand.com

Reduce My Costs

This voluntary program helps you find and schedule care at a lower-cost facility for elective outpatient medical procedures, diagnostic tests and more. You’ll receive rewards for choosing a more affordable option. Members may receive a maximum of $100 in Reduce My Costs rewards per year. Call (855) 772-8366 or use the chat feature to speak with a Reduce My Costs nurse. Find out more at www.harvardpilgrim.org/reducemycosts.

Discounts & Savings

Save on a variety of products and services that can help you stay healthy:

- Vision
- Hearing
- Healthy eating
- Fitness
- Dental
- Holistic wellness
- Smoking cessation
- Family & senior care

Fitness reimbursement

You can get reimbursement for your fitness club membership or virtual fitness subscription and/or costs paid toward a fitness tracker. Up to two members on a family plan can be reimbursed: One member is eligible for reimbursement of $150 or one month of fitness club membership or virtual fitness subscription (whichever is greater) or up to $150 toward the cost of a fitness tracker. A second covered family member (dependent or spouse) can also be reimbursed up to $150 for fitness club membership or virtual fitness subscription and/or a fitness tracker. For plans with one member, only the subscriber is eligible.²

¹Rewards are considered taxable income; please consult with your tax advisor.

²There is a $300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Restrictions apply. For tax information, consult your tax advisor.
## Care options to save you time and money

When your primary care provider’s office isn’t open and you need medical care for a non-life-threatening injury or illness, you don’t have to use the emergency room.

<table>
<thead>
<tr>
<th>Typical out-of-pocket costs</th>
<th>Common symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telemedicine services</strong></td>
<td>• Coughs, colds</td>
</tr>
<tr>
<td>Real-time virtual visit</td>
<td>• Sore/strep throat</td>
</tr>
<tr>
<td>with Doctor On Demand</td>
<td>• Flu</td>
</tr>
<tr>
<td>providers via smartphone,</td>
<td>• Pediatric issues</td>
</tr>
<tr>
<td>tablet or computer</td>
<td>• Sinus and allergies</td>
</tr>
<tr>
<td></td>
<td>• Nausea/diarrhea</td>
</tr>
<tr>
<td></td>
<td>• Rashes and skin issues</td>
</tr>
<tr>
<td><strong>Convenience care/retail clinic</strong></td>
<td>• Women’s health: UTIs, yeast infections</td>
</tr>
<tr>
<td>Walk-in, convenience care</td>
<td>• Sports injuries</td>
</tr>
<tr>
<td>or retail clinic (e.g.,</td>
<td>• Eye issues</td>
</tr>
<tr>
<td>MinuteClinic inside of CVS</td>
<td>• Skin conditions like poison ivy and ringworm</td>
</tr>
<tr>
<td>pharmacies)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bronchitis</td>
</tr>
<tr>
<td></td>
<td>• Ear infections</td>
</tr>
<tr>
<td></td>
<td>• Eye infections</td>
</tr>
<tr>
<td></td>
<td>• Strep throat</td>
</tr>
<tr>
<td><strong>Urgent care clinic</strong></td>
<td>• Minor injuries</td>
</tr>
<tr>
<td>Walk-in clinic for urgent</td>
<td>• Respiratory infections</td>
</tr>
<tr>
<td>care, sometimes higher than</td>
<td>• Sprains and strains</td>
</tr>
<tr>
<td>the one for an office visit</td>
<td>• Burns, rashes, bites, cuts and bruises</td>
</tr>
<tr>
<td>or convenience care clinic</td>
<td>• Coughs, cold and flu</td>
</tr>
<tr>
<td>visit 2</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency room (ER)</strong></td>
<td>• Choking</td>
</tr>
<tr>
<td>Part of a local hospital</td>
<td>• Convulsions</td>
</tr>
<tr>
<td>If you think you’re having</td>
<td>• Heart attack</td>
</tr>
<tr>
<td>a medical emergency,</td>
<td>• Loss of consciousness</td>
</tr>
<tr>
<td>call 911 or go to the</td>
<td>• Major blood loss</td>
</tr>
<tr>
<td>nearest ER.</td>
<td>• Seizures</td>
</tr>
<tr>
<td></td>
<td>• Severe head trauma</td>
</tr>
<tr>
<td></td>
<td>• Shock</td>
</tr>
<tr>
<td></td>
<td>• Stroke</td>
</tr>
</tbody>
</table>

1 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.

2 What you pay out of pocket depends on your specific Harvard Pilgrim plan. Please refer to your plan documents for your specific benefit information.
Helping you choose a plan

Harvard Pilgrim offers a number of plan options to meet your needs and budget.

When choosing a plan, consider several factors:

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

Find the plan that best meets your needs

<table>
<thead>
<tr>
<th>Preferences</th>
<th>HMO</th>
<th>PPO</th>
<th>Limited network*</th>
<th>Qualified high deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>My doctor participates in the network for my plan, and I don’t want to spend more money out of pocket.</td>
<td><img src="#" alt="HMO" /></td>
<td><img src="#" alt="PPO" /></td>
<td><img src="#" alt="Limited network*" /></td>
<td><img src="#" alt="Qualified high deductible" /></td>
</tr>
<tr>
<td>I want the freedom to see any doctor.</td>
<td><img src="#" alt="HMO" /></td>
<td><img src="#" alt="PPO" /></td>
<td><img src="#" alt="Limited network*" /></td>
<td><img src="#" alt="Qualified high deductible" /></td>
</tr>
<tr>
<td>I want to save on my premium (money paid up front for health coverage).</td>
<td><img src="#" alt="HMO" /></td>
<td><img src="#" alt="PPO" /></td>
<td><img src="#" alt="Limited network*" /></td>
<td><img src="#" alt="Qualified high deductible" /></td>
</tr>
<tr>
<td>I want services to be covered up front and don’t mind a higher premium.</td>
<td><img src="#" alt="HMO" /></td>
<td><img src="#" alt="PPO" /></td>
<td><img src="#" alt="Limited network*" /></td>
<td><img src="#" alt="Qualified high deductible" /></td>
</tr>
<tr>
<td>I prefer to budget and keep track of all my health care expenses.</td>
<td><img src="#" alt="HMO" /></td>
<td><img src="#" alt="PPO" /></td>
<td><img src="#" alt="Limited network*" /></td>
<td><img src="#" alt="Qualified high deductible" /></td>
</tr>
</tbody>
</table>

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

Types of plans

**HMO**
- Care within Harvard Pilgrim’s network
- Select a PCP and get referrals for specialist visits

**PPO**
- Care within Harvard Pilgrim’s network
- No need for referrals
- Option to go out of network and pay more in out-of-pocket expenses

**Limited network (Focus)***
- HMO
- Lower-premium plan featuring a limited network of our high-performance providers

**Qualified high deductible**
- HMO or PPO
- Meet a deductible before services are covered
- Some plans can be combined with a health savings account (HSA) to help you meet deductible and other out-of-pocket expenses
Massachusetts plan options

Designed to give you choice, flexibility and value to meet your unique needs.

Focus HMO limited network plans*

Focus is specially designed to help you lower costs, while still offering the benefits you want and need. Features include:

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

How it works

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

HMO Core plans

Harvard Pilgrim’s HMO Core plan provides you with coverage for essential care focusing on your whole health. This plan can help you save money on premiums. And it can help you save on out-of-pocket costs, while only requiring a copayment for certain services.

Services requiring only a copayment before the deductible applies are:

• Outpatient medical office visits (up to three per individual; up to six per family)
• Physical, occupational and speech therapy
• Routine eye exams
• Acupuncture and chiropractic visits
• Flex lab and Flex day surgery

Lower cost sharing from Flex providers

Members will pay lower cost sharing for services at ambulatory surgical centers and labs when using Flex providers. Check the product grids in this guide for details.

To find Focus doctors and hospitals

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

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Total average cost (facility)</th>
<th>Member cost range at non-Flex facility</th>
<th>Member cost at a Flex facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>General lab work</td>
<td>$10-$125</td>
<td>From $40 copay to deductible and $75 copay</td>
<td>$0-$25 copay*</td>
</tr>
<tr>
<td>Day surgery (e.g. knee arthroscopy)</td>
<td>$6,770-$7,117</td>
<td>From $250 copay to deductible and 30% coinsurance</td>
<td>$50-$250 copay*</td>
</tr>
</tbody>
</table>

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

To find Flex facilities:

1. Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org) and select Find a Provider
2. Under Standard Plans, select HMO-Flex or PPO-Flex
3. Then select Hospitals, Urgent Care, Labs and more, and then either Ambulatory Surgical Center or General Lab
Set up your member account

Once your membership becomes effective, be sure to set up your online member account at www.harvardpilgrim.org. Use your mobile phone, tablet or computer to:

- Get your electronic ID card
- Choose your primary care provider (PCP)
- Make sure your providers are in your plan’s network before upcoming appointments
- Look up your prescriptions to see how they are covered
- Check your claims and deductible status

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

When COVID-19 struck in early 2020, the Harvard Pilgrim Health Care Foundation responded.

$3.8M DONATED through grants & sponsorships

Support for more than 100 nonprofit organizations,* including:

- Large grants for immediate COVID relief, including the Mayor’s Boston Resiliency Fund, and smaller grants in support of organizations helping older adults
- $1 million to the Community Care Cooperative to help 30 Massachusetts Community Health Centers improve their telehealth infrastructure
- COVID-19 Relief Meal Delivery Projects to support low-income families, older adults, those experiencing homelessness and others in need in New Bedford and Boston
- $1 million grant to the New Commonwealth Racial Equity and Social Justice Fund to improve health equity throughout Massachusetts

* Through August 2020

Back to Table of Contents
2021 Massachusetts plan offerings
For individuals and families

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit Deductible*</th>
<th>Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiro &amp; Acupuncture</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO 25 - Flex</td>
<td>$25/$40</td>
<td>None/ None</td>
<td>$3,000/ $6,000</td>
<td>None</td>
<td>$125</td>
<td>$750 per admit</td>
<td>Flex provider: $150</td>
<td>Flex provider: CIF Other: $40 copay</td>
<td>$40</td>
<td>Non-hospital-based: $125 per procedure</td>
<td>Hospital-based: $200 per procedure</td>
<td>Non-hospital-based: $25 Hospital-based: $40</td>
<td>$40</td>
</tr>
<tr>
<td>Metal Tier: Platinum MD0000100147 RX0000100086 DN0000100045</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMO 500 - Flex</td>
<td>$25/$50</td>
<td>$500/ $1,000</td>
<td>$7,000/ $14,000</td>
<td>None</td>
<td>$300</td>
<td>$200 per admit</td>
<td>Flex provider: $50 Other: Ded than $300</td>
<td>Flex provider: CIF Other: Ded than $45</td>
<td>Ded than $45</td>
<td>Non-hospital-based: $200 per procedure</td>
<td>Hospital-based: Ded than $300 per procedure</td>
<td>Non-hospital-based: $25 Hospital-based: Ded than $50</td>
<td>$50</td>
</tr>
<tr>
<td>Metal Tier: Gold MD0000100148 RX0000100085 DN0000100046</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMO 1000 - Flex</td>
<td>$25/$50</td>
<td>$1,000/ $2,000</td>
<td>$7,000/ $14,000</td>
<td>None</td>
<td>$300</td>
<td>$200 per admit</td>
<td>Flex provider: $50 Other: Ded than $300</td>
<td>Flex provider: CIF Other: Ded than $45</td>
<td>Ded than $45</td>
<td>Non-hospital-based: $200 per procedure</td>
<td>Hospital-based: Ded than $300 per procedure</td>
<td>Non-hospital-based: $25 Hospital-based: Ded than $50</td>
<td>$50</td>
</tr>
<tr>
<td>Metal Tier: Gold MD0000100149 RX0000100085 DN0000100046</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMO 1500 - Flex</td>
<td>$25/$50</td>
<td>$1,500/ $3,000</td>
<td>$7,000/ $14,000</td>
<td>None</td>
<td>$300</td>
<td>$250 per admit</td>
<td>Flex provider: $75 Other: Ded than $300</td>
<td>Flex provider: CIF Other: Ded than $45</td>
<td>Ded than $45</td>
<td>Non-hospital-based: $200 per procedure</td>
<td>Hospital-based: Ded than $300 per procedure</td>
<td>Non-hospital-based: $25 Hospital-based: Ded than $50</td>
<td>$50</td>
</tr>
<tr>
<td>Metal Tier: Gold MD0000100150 RX0000100085 DN0000100046</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMO 2000 - Flex</td>
<td>$25/$50</td>
<td>$2,000/ $4,000</td>
<td>$7,000/ $14,000</td>
<td>None</td>
<td>$300</td>
<td>$250 per admit</td>
<td>Flex provider: $75 Other: Ded than $300</td>
<td>Flex provider: CIF Other: Ded than $45</td>
<td>Ded than $45</td>
<td>Non-hospital-based: $200 per procedure</td>
<td>Hospital-based: Ded than $300 per procedure</td>
<td>Non-hospital-based: $25 Hospital-based: Ded than $50</td>
<td>$50</td>
</tr>
<tr>
<td>Metal Tier: Gold MD0000100151 RX0000100085 DN0000100046</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* For explanation of embedded vs. non-embedded deductible, see page 29.
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible*</th>
<th>Out-of-Pocket Max</th>
<th>Co- insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>PT/OT/ST</th>
<th>Chiro &amp; Acupuncture</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO 2000 with Coinsurance - Flex</td>
<td>$35/$70</td>
<td>$2,000/ $4,000</td>
<td>$7,000/ $14,000</td>
<td>20%</td>
<td>$500</td>
<td>Urgent care: $70</td>
<td>Ded then 20%</td>
<td>Flex provider: $150</td>
<td>Ded then $200</td>
<td>$5/$30/$60/ $150/20% (T5 $500/script max)</td>
</tr>
<tr>
<td>HMO 2000 Value - Flex</td>
<td>$50/$75</td>
<td>$2,000/ $4,000</td>
<td>$8,500/ $17,000</td>
<td>None</td>
<td>$1,000</td>
<td>Urgent care: $75</td>
<td>Ded then $1,000 per admit</td>
<td>Flex provider: $250</td>
<td>Ded then $250</td>
<td>$5/$30/$80/ $120/20% (T5 $500/script max)</td>
</tr>
<tr>
<td>HMO 3000 - Flex</td>
<td>$40/$65</td>
<td>$3,000/ $6,000</td>
<td>$8,500/ $17,000</td>
<td>None</td>
<td>$650</td>
<td>Urgent care: $65</td>
<td>Ded then $1,000 per admit</td>
<td>Flex provider: $250</td>
<td>Ded then $250</td>
<td>$5/$30/$80/ $120/20% (T5 $500/script max)</td>
</tr>
<tr>
<td>HMO 3500 - Flex</td>
<td>Ded then $65</td>
<td>$3,500/ $7,000</td>
<td>$8,500/ $17,000</td>
<td>20%</td>
<td>$750</td>
<td>Urgent care: Ded then $65</td>
<td>Ded then $250</td>
<td>Flex provider: Ded then $250</td>
<td>Ded then $250</td>
<td>$5/$30/Ded then 50% (T3 $125/script max)</td>
</tr>
</tbody>
</table>

* For explanation of embedded vs. non-embedded deductible, see page 29.
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible*</th>
<th>Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiro &amp; Acupuncture</th>
<th>Rx Cost Sharing***</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HMO 1750 Core - Flex</strong></td>
<td>$35 copay for the first 3 visits per member**</td>
<td>$1,750/ $3,500</td>
<td>Embedded</td>
<td>$8,000/ $16,000</td>
<td>20%</td>
<td>Urgent care and Convenience care: $35 copay for the first 3 visits per member**</td>
<td>DED then $250</td>
<td>DED then 20%</td>
<td>DED then $150</td>
<td>DED then 20%</td>
<td>Non-hospital-based: DED then $200 per procedure</td>
<td>Hospital-based: DED then $400 per procedure</td>
<td>Non-hospital-based: DED then $35 per procedure</td>
<td>Hospital-based: DED then $55</td>
</tr>
<tr>
<td><strong>HMO 3500 Core - Flex</strong></td>
<td>$35 copay for the first 3 visits per member**</td>
<td>$3,500/ $7,000</td>
<td>Embedded</td>
<td>$8,500/ $17,000</td>
<td>30%</td>
<td>Urgent care and Convenience care: $35 copay for the first 3 visits per member**</td>
<td>DED then $250</td>
<td>DED then 30%</td>
<td>DED then $150</td>
<td>DED then 30%</td>
<td>Non-hospital-based: DED then $200 per procedure</td>
<td>Hospital-based: DED then $400 per procedure</td>
<td>Non-hospital-based: DED then $35 per procedure</td>
<td>Hospital-based: DED then $55</td>
</tr>
<tr>
<td><strong>HMO HSA 2000 - Flex</strong></td>
<td>DED then $55</td>
<td>$2,000/ $4,000</td>
<td>Non-embedded</td>
<td>$6,850/ $13,700</td>
<td>None</td>
<td>Urgent care: DED then $55</td>
<td>DED then $400</td>
<td>DED then $550 per admit</td>
<td>DED then CIF</td>
<td>DED then $5</td>
<td>Non-hospital-based: DED then $200 per procedure</td>
<td>Hospital-based: DED then $400 per procedure</td>
<td>Non-hospital-based: DED then $35 per procedure</td>
<td>Hospital-based: DED then $55</td>
</tr>
<tr>
<td><strong>HMO HSA 3000 - Flex</strong></td>
<td>DED then $55</td>
<td>$3,000/ $6,000</td>
<td>Non-embedded</td>
<td>$6,850/ $13,700</td>
<td>None</td>
<td>Urgent care: DED then $55</td>
<td>DED then $400</td>
<td>DED then $550 per admit</td>
<td>DED then CIF</td>
<td>DED then $5</td>
<td>Non-hospital-based: DED then $200 per procedure</td>
<td>Hospital-based: DED then $400 per procedure</td>
<td>Non-hospital-based: DED then $35 per procedure</td>
<td>Hospital-based: DED then $55</td>
</tr>
<tr>
<td><strong>HMO HSA 3400 - Flex</strong></td>
<td>DED then $75</td>
<td>$3,400/ $6,800</td>
<td>Non-embedded</td>
<td>$6,850/ $13,700</td>
<td>20%</td>
<td>Urgent care: DED then $75</td>
<td>DED then $750</td>
<td>DED then 20%</td>
<td>DED then CIF</td>
<td>DED then $75</td>
<td>Non-hospital-based: DED then $200 per procedure</td>
<td>Hospital-based: DED then $400 per procedure</td>
<td>Non-hospital-based: DED then $40 per procedure</td>
<td>Hospital-based: DED then $65</td>
</tr>
</tbody>
</table>

* For explanation of embedded vs. non-embedded deductible, see page 29.
** 6 per family.
*** Preventive Rx applies to Retail & Mail for all HSA plans.

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

---

Back to Table of Contents
## Focus HMO plans

### Product Name

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit Deductible*</th>
<th>Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care Co-insurance</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiro &amp; Acupuncture</th>
<th>Rx Cost Sharing**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus HMO 25</strong>&lt;br&gt;Metal Tier: Platinum&lt;br&gt;MD0000100161&lt;br&gt;RX0000100086&lt;br&gt;DN0000100045</td>
<td>$25/$40 Copay waived for first non-routine PCP visit</td>
<td>None/None</td>
<td>$3,000/$6,000</td>
<td>None</td>
<td>$125</td>
<td>$750 per admit</td>
<td>$500</td>
<td>$40</td>
<td>$40</td>
<td>$125 copay per procedure</td>
<td>$25</td>
<td>$40</td>
<td>$5/$25/$40/$60/20%&lt;br&gt;(TS $250/script max)</td>
</tr>
<tr>
<td><strong>Focus HMO 1500</strong>&lt;br&gt;Metal Tier: Gold&lt;br&gt;MD0000100162&lt;br&gt;RX0000100085&lt;br&gt;DN0000100046</td>
<td>$25/$50 Copay waived for first non-routine PCP visit</td>
<td>$1,500/$3,000 Embedded</td>
<td>$7,000/$14,000</td>
<td>None</td>
<td>$300</td>
<td>Ded then $250 per admit</td>
<td>Ded then $300</td>
<td>Ded then $45</td>
<td>Ded then $45</td>
<td>Ded then $300 per procedure</td>
<td>Ded then $25</td>
<td>$50</td>
<td>$5/$30/$60/$100/20%&lt;br&gt;(TS $250/script max)</td>
</tr>
<tr>
<td><strong>Focus HMO HSA 3400</strong>&lt;br&gt;Metal Tier: Silver&lt;br&gt;MD0000100163&lt;br&gt;RX0000100019&lt;br&gt;DN0000100052</td>
<td>Ded then $40/Ded then $15</td>
<td>$3,400/$6,800 Non-embedded</td>
<td>$6,850/$13,700</td>
<td>20%</td>
<td>Ded then $750</td>
<td>Ded then $20%</td>
<td>Ded then $1,000</td>
<td>Ded then $75</td>
<td>Ded then $100</td>
<td>Ded then $750 per procedure</td>
<td>Ded then $40</td>
<td>Ded then $50</td>
<td>$5/$30/$80/$120/20%&lt;br&gt;(TS $500/script max)</td>
</tr>
</tbody>
</table>

---

* For explanation of embedded vs. non-embedded deductible, see page 29.
** Preventive Rx applies to Retail & Mail for all HSA plans.
# PPO Plans

PPO plans are underwritten by HPHC Insurance Company.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible*</th>
<th>Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiro &amp; Acupuncture</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
</table>
| **PPO 25 - Flex**
Metal Tier: Platinum
MD0001001164
RX0001100065
DN0001000053
| IN: $25/$40 OON: Ded then 20%
Copay waived for first non-routine PCP visit
| IN: None/None OON: $500/$1,000
Embedded
| IN: $3,000/$6,000
OON: $6,000/$12,000
| IN: None OON: 20%
| IN: $750
| IN: Flex provider: $150 Other: $40 OON: Ded then 20%
| IN: Flex provider: CIF Other: CIF OON: Ded then 20%
| IN: $40
| IN: Non-hospital-based: $125 per procedure
Hospital-based: $200 per procedure
OON: Ded then 20%
| IN: Non-hospital-based: $25 Hospital-based: $40
OON: Ded then 20%
| IN: $40
| OON: Ded then 20%
| Retail | $5/$25/$40/$60/$80 (T5 $250/script max) | $10/$60/$120/$300/$320 (T5 $750/script max) |

| **PPO 500 - Flex**
Metal Tier: Gold
MD0001001165
RX0001100065
DN0001000054
| IN: $25/$50 OON: Ded then 20%
Copay waived for first non-routine PCP visit
| IN: $500/$1,000 OON: $1,000/$2,000
Embedded
| IN: $7,000/$14,000
OON: $14,000/$28,000
| IN: None OON: 20%
| IN: $300
| IN: Flex provider: $50 Other: $100 OON: Ded then 20%
| IN: Flex provider: CIF Other: CIF OON: Ded then 20%
| IN: $45
| IN: Non-hospital-based: $200 per procedure
Hospital-based: $300 per procedure
OON: Ded then 20%
| IN: Non-hospital-based: $25 Hospital-based: $50
OON: Ded then 20%
| IN: $50
| OON: Ded then 20%
| Retail | $5/$30/$60/$100/$120 (T5 $250/script max) | $10/$60/$120/$300/$320 (T5 $750/script max) |

| **PPO 1000 - Flex**
Metal Tier: Gold
MD0001001166
RX0001100065
DN0001000054
| IN: $25/$50 OON: Ded then 20%
Copay waived for first non-routine PCP visit
| IN: $1,000/$2,000 OON: $2,000/$4,000
Embedded
| IN: $7,000/$14,000
OON: $14,000/$28,000
| IN: None OON: 20%
| IN: $300
| IN: Flex provider: $75 Other: $150 OON: Ded then 20%
| IN: Flex provider: CIF Other: CIF OON: Ded then 20%
| IN: $45
| IN: Non-hospital-based: $200 per procedure
Hospital-based: $300 per procedure
OON: Ded then 20%
| IN: Non-hospital-based: $25 Hospital-based: $50
OON: Ded then 20%
| IN: $50
| OON: Ded then 20%
| Retail | $5/$30/$60/$100/$120 (T5 $250/script max) | $10/$60/$120/$300/$320 (T5 $750/script max) |

| **PPO 1500 - Flex**
Metal Tier: Gold
MD0001001167
RX0001100065
DN0001000054
| IN: $25/$50 OON: Ded then 20%
Copay waived for first non-routine PCP visit
| IN: $1,500/$3,000 OON: $3,000/$6,000
Embedded
| IN: $7,000/$14,000
OON: $14,000/$28,000
| IN: None OON: 20%
| IN: $300
| IN: Flex provider: $75 Other: $150 OON: Ded then 20%
| IN: Flex provider: CIF Other: CIF OON: Ded then 20%
| IN: $45
| IN: Non-hospital-based: $200 per procedure
Hospital-based: $300 per procedure
OON: Ded then 20%
| IN: Non-hospital-based: $25 Hospital-based: $50
OON: Ded then 20%
| IN: $50
| OON: Ded then 20%
| Retail | $5/$30/$60/$100/$120 (T5 $250/script max) | $10/$60/$120/$300/$320 (T5 $750/script max) |

* For explanation of embedded vs. non-embedded deductible, see page 29.
<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible*</th>
<th>Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiro &amp; Acupuncture</th>
<th>Rx Cost Sharing**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPO 2000</strong> - Flex</td>
<td>Metal Tier: Gold</td>
<td>IN: $25/$50</td>
<td>OON: Ded then 20%</td>
<td>Ded then 20%</td>
<td>COPAY waived for first non-routine PCP visit</td>
<td>IN: $2,000/$4,000</td>
<td>OON: $4,000/$8,000</td>
<td>Embedded</td>
<td>IN: None</td>
<td>OON: 20%</td>
<td>Urgent care: IN: $50</td>
<td>OON: Ded then 20%</td>
<td>Convenience care: IN: $25</td>
<td>OON: Ded then 20%</td>
</tr>
<tr>
<td><strong>PPO 2000 with Coinsurance</strong> - Flex</td>
<td>Metal Tier: Gold</td>
<td>IN: $35/$70</td>
<td>OON: Ded then 20%</td>
<td>Ded then 20%</td>
<td>COPAY waived for first non-routine PCP visit</td>
<td>IN: $2,000/$4,000</td>
<td>OON: $4,000/$8,000</td>
<td>Embedded</td>
<td>IN: None</td>
<td>OON: 40%</td>
<td>Urgent care: IN: $70</td>
<td>OON: Ded then 20%</td>
<td>Convenience care: IN: $35</td>
<td>OON: Ded then 20%</td>
</tr>
<tr>
<td><strong>PPO 3000</strong> - Flex</td>
<td>Metal Tier: Silver</td>
<td>IN: $40/$65</td>
<td>OON: Ded then 20%</td>
<td>Ded then 20%</td>
<td>COPAY waived for first non-routine PCP visit</td>
<td>IN: $3,000/$6,000</td>
<td>OON: $6,000/$12,000</td>
<td>Embedded</td>
<td>IN: None</td>
<td>OON: 20%</td>
<td>Ded then $650</td>
<td>Oversized care: IN: $65</td>
<td>OON: Ded then 20%</td>
<td>Convenience care: IN: $40</td>
</tr>
<tr>
<td><strong>PPO HSA 2000 - Flex</strong></td>
<td>Metal Tier: Silver</td>
<td>IN: Ded then $35/</td>
<td>Ded then $55</td>
<td>OON: Ded then 20%</td>
<td>Ded then 20%</td>
<td>COPAY waived for first non-routine PCP visit</td>
<td>IN: $2,000/$4,000</td>
<td>OON: $4,000/$8,000</td>
<td>Non-embedded</td>
<td>IN: None</td>
<td>OON: 20%</td>
<td>Oversized care: IN: Ded then $35</td>
<td>OON: Ded then 20%</td>
<td>Convenience care: IN: Ded then $35</td>
</tr>
</tbody>
</table>

* PPO plans are underwritten by HPHC Insurance Company.

** For explanation of embedded vs. non-embedded deductible, see page 29.

*** Preventive Rx applies to Retail & Mail for all HSA plans.

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

### PPO HSA

**Product Name**

<table>
<thead>
<tr>
<th>Office Visit</th>
<th>Deductible*</th>
<th>Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Scans, CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiro &amp; Acupuncture</th>
<th>Rx Cost Sharing**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPO HSA 3000 - Flex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metal Tier: Silver</td>
<td>IN: Ded then $5/$35/Ded then $55 OON: Ded then 20%</td>
<td>IN: $3,000/ $6,000 OON: $6,000/ $12,000 Non-embedded</td>
<td>IN: None OON: 20%</td>
<td>Ded then $400</td>
<td>Urgent care: IN: Ded then $55 OON: Ded then 20%</td>
<td>Convenience care: IN: Ded then $35 OON: Ded then 20%</td>
<td>IN: Ded then $500 OON: Ded then 20%</td>
<td>IN: Flex provider: Ded then CIF Other: Ded then $50 OON: Ded then 20%</td>
<td>IN: Ded then $55 OON: Ded then 20%</td>
<td>IN: Non-hospital-based: Ded then $200 per procedure Hospital-based: Ded then $400 per procedure OON: Ded then 20%</td>
<td>IN: Non-hospital-based: Ded then $35 Hospital-based: Ded then $55 OON: Ded then 20%</td>
<td>IN: Ded then $50 OON: Ded then 20%</td>
<td>Ded then $5/$30/$80/ $120/20% (TS $500/ script max)</td>
</tr>
<tr>
<td><strong>PPO HSA 3400 - Flex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metal Tier: Silver</td>
<td>IN: Ded then $40/Ded then $75 OON: Ded then 20%</td>
<td>IN: $4,000/ $8,000 OON: $6,000/ $13,600 Non-embedded</td>
<td>IN: $4,850/ $13,700 OON: $13,700/ $27,400</td>
<td>Ded then $750</td>
<td>Urgent care: IN: Ded then $75 OON: Ded then 20%</td>
<td>Convenience care: IN: Ded then $40 OON: Ded then 20%</td>
<td>IN: Ded then $250 OON: Ded then 20%</td>
<td>IN: Flex provider: Ded then CIF Other: Ded then $25 Other: Ded then $75 OON: Ded then 20%</td>
<td>IN: Ded then $100 OON: Ded then 20%</td>
<td>IN: Non-hospital-based: Ded then $500 per procedure Hospital-based: Ded then $1,000 per procedure OON: Ded then 20%</td>
<td>IN: Non-hospital-based: Ded then $40 Hospital-based: Ded then $65 OON: Ded then 20%</td>
<td>IN: Ded then $50 OON: Ded then 20%</td>
<td>Ded then $5/$30/$80/ $120/20% (TS $500/ script max)</td>
</tr>
<tr>
<td><strong>PPO HSA 5000 - Flex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Metal Tier: Bronze</td>
<td>IN: Ded then $60/Ded then $150 OON: Ded then 20%</td>
<td>IN: $5,000/ $10,000 OON: $10,000/ $20,000 Embedded</td>
<td>IN: $7,000/ $14,000 OON: $14,000/ $28,000</td>
<td>IN: None OON: 20%</td>
<td>Ded then $1,500</td>
<td>Urgent care: IN: Ded then $150 OON: Ded then 20%</td>
<td>Convenience care: IN: Ded then $60 OON: Ded then 20%</td>
<td>IN: Flex provider: Ded then $25 Other: Ded then $75 OON: Ded then 20%</td>
<td>IN: Ded then $150 OON: Ded then 20%</td>
<td>IN: Non-hospital-based: Ded then $500 per procedure Hospital-based: Ded then $1,000 per procedure OON: Ded then 20%</td>
<td>IN: Non-hospital-based: Ded then $40 Hospital-based: Ded then $65 OON: Ded then 20%</td>
<td>IN: Ded then $50 OON: Ded then 20%</td>
<td>Ded then $5/$30/$80/ $120/20% (TS $500/ script max)</td>
</tr>
</tbody>
</table>

---

*For explanation of embedded vs. non-embedded deductible, see page 29.

**Preventive Rx applies to Retail & Mail for all HSA plans.

PPO plans are underwritten by HPHC Insurance Company.
## Connector plans

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible*</th>
<th>Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiro &amp; Acupuncture</th>
<th>Rx Cost Sharing</th>
<th>Retail</th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Platinum - Flex</strong>&lt;br&gt;Metal Tier: Platinum&lt;br&gt;MD:0000100140&lt;br&gt;Rx:0000100078&lt;br&gt;DN:0000100037</td>
<td>$20/$40</td>
<td>None/ None</td>
<td>$3,000/ $6,000</td>
<td>None</td>
<td>$150</td>
<td>Urgent care: $40&lt;br&gt;Convenience care: $20</td>
<td>$500 per admit</td>
<td>Flex provider: $100&lt;br&gt;Other: $250</td>
<td>CIF</td>
<td>CIF</td>
<td>Non-hospital-based: $50 per procedure&lt;br&gt;Hospital-based: $150 per procedure</td>
<td>Non-hospital-based: $20&lt;br&gt;Hospital-based: $40</td>
<td>$40</td>
<td>$10/$25/$50</td>
<td>$20/$50/$150</td>
<td></td>
</tr>
<tr>
<td><strong>Standard High Gold - Flex</strong>&lt;br&gt;Metal Tier: Gold&lt;br&gt;MD:0000100161&lt;br&gt;Rx:0000100080&lt;br&gt;DN:0000100039</td>
<td>$25/$50</td>
<td>None/ None</td>
<td>$5,000/ $10,000</td>
<td>None</td>
<td>$300</td>
<td>Urgent care: $50&lt;br&gt;Convenience care: $25</td>
<td>$750 per admit</td>
<td>Flex provider: $100&lt;br&gt;Other: $500</td>
<td>CIF</td>
<td>CIF</td>
<td>Non-hospital-based: $100 per procedure&lt;br&gt;Hospital-based: $600 per procedure</td>
<td>Non-hospital-based: $20&lt;br&gt;Hospital-based: $50</td>
<td>$50</td>
<td>$25/$50/$75</td>
<td>$50/$100/$225</td>
<td></td>
</tr>
<tr>
<td><strong>HMO 2000 Low - Flex</strong>&lt;br&gt;Metal Tier: Gold&lt;br&gt;MD:0000100142&lt;br&gt;Rx:0000100081&lt;br&gt;DN:0000100040</td>
<td>$30/$55</td>
<td>$2,000/ $4,000 Embedded</td>
<td>$6,500/ $13,000</td>
<td>None</td>
<td>Ded then $350</td>
<td>Urgent care: $55&lt;br&gt;Convenience care: $30</td>
<td>Ded then $750 per admit</td>
<td>Flex provider: $250&lt;br&gt;Other: Ded then $500</td>
<td>Ded then $75</td>
<td>Ded then $75</td>
<td>Non-hospital-based: $200 per procedure&lt;br&gt;Hospital-based: Ded then $300 per procedure</td>
<td>Non-hospital-based: $25&lt;br&gt;Hospital-based: $55</td>
<td>$50</td>
<td>$25/Ded then $50/ Ded then $125</td>
<td>$50/Ded then $100/ Ded then $375</td>
<td></td>
</tr>
<tr>
<td><strong>Standard Silver</strong>&lt;br&gt;Metal Tier: Silver&lt;br&gt;MD:0000100143&lt;br&gt;Rx:0000100082&lt;br&gt;DN:0000100041</td>
<td>$25/$50</td>
<td>$2,000/ $4,000 Embedded</td>
<td>$8,550/ $17,100</td>
<td>None</td>
<td>Ded then $300</td>
<td>Urgent care: $50&lt;br&gt;Convenience care: $25</td>
<td>Ded then $1,000 per admit</td>
<td>Ded then $500</td>
<td>Ded then $50</td>
<td>Ded then $75</td>
<td>Ded then $400 per procedure</td>
<td>Ded then $75</td>
<td>Ded then $75</td>
<td>Ded then $75</td>
<td>Ded then $75</td>
<td>Ded then $75</td>
</tr>
</tbody>
</table>

* For explanation of embedded vs. non-embedded deductible, see page 29.

---


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

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit</th>
<th>Deductible*</th>
<th>Out-of-Pocket Max</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>X-rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiro &amp; Acupuncture</th>
<th>Rx Cost Sharing**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard Low Silver</strong>&lt;br&gt;HSA - Flex&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Dend then $30/Ded then $60</td>
<td>$2,000/ $4,000</td>
<td>None</td>
<td>Dend then $300</td>
<td>Urgent care: Dend then $60&lt;br&gt;Convenience care: Dend then $30</td>
<td>Dend then $750 per admit</td>
<td>Flex provider: Dend then $250&lt;br&gt;Other: Dend then $500</td>
<td>Flex provider: Dend then $20&lt;br&gt;Other: Dend then $60</td>
<td>Dend then $75</td>
<td>Non-hospital-based: Dend then $200 per procedure</td>
<td>Hospital-based: Dend then $500 per procedure</td>
<td>Non-hospital-based: Dend then $30</td>
<td>Hospital-based: Dend then $60</td>
<td>Dend then $50</td>
</tr>
<tr>
<td><strong>Standard High Bronze</strong>&lt;br&gt;Metal Tier: Bronze</td>
<td>Dend then $40/Ded then $90</td>
<td>$2,700/ $5,400</td>
<td>None</td>
<td>Dend then $750</td>
<td>Urgent care: Dend then $90&lt;br&gt;Convenience care: Dend then $40</td>
<td>Dend then $1,200 per admit</td>
<td>Dend then $500</td>
<td>Dend then $75</td>
<td>Dend then $100</td>
<td>Dend then $1,000 per procedure</td>
<td>Dend then $90</td>
<td>Dend then $50</td>
<td>$50</td>
<td>$30/Dend then $100/Dend then $150</td>
</tr>
<tr>
<td><strong>PPO 2000 - Flex&lt;sup&gt;1&lt;/sup&gt;</strong>&lt;br&gt;Metal Tier: Gold</td>
<td>IN: $25/$50&lt;br&gt;OON: Dend then 20%</td>
<td>IN: $2,000/ $4,000&lt;br&gt;OON: $4,000/&lt;br&gt;$8,000 Embedded</td>
<td>IN: $7,000/ $16,000&lt;br&gt;OON: $14,000/ $28,000</td>
<td>IN: None&lt;br&gt;OON: 20%</td>
<td>$300</td>
<td>Urgent care: IN: $50&lt;br&gt;OON: Dend then 20%&lt;br&gt;Convenience care: IN: $25&lt;br&gt;OON: Dend then 20%</td>
<td>IN: Dend then $250 per admit&lt;br&gt;OON: Dend then 20%</td>
<td>IN: Flex provider: $75&lt;br&gt;Other: Dend then $80&lt;br&gt;OON: Dend then 20%</td>
<td>IN: Flex provider: CIF&lt;br&gt;Other: Dend then $45&lt;br&gt;OON: Dend then 20%</td>
<td>IN: Dend then $45&lt;br&gt;OON: Dend then 20%</td>
<td>IN: Non-hospital-based: $200 per procedure&lt;br&gt;Hospital-based: Dend then $300 per procedure&lt;br&gt;OON: Dend then 20%</td>
<td>IN: Non-hospital-based: $25&lt;br&gt;Hospital-based: Dend then $50&lt;br&gt;OON: Dend then 20%</td>
<td>IN: $50&lt;br&gt;OON: Dend then 20%</td>
<td>$5/$30/$60/ $100/20% (TS $250/script max)</td>
</tr>
<tr>
<td><strong>HMO 3500 - Flex</strong>&lt;br&gt;Metal Tier: Bronze</td>
<td>Dend then $40/Ded then $65</td>
<td>$3,500/ $7,000</td>
<td>None</td>
<td>Dend then $750</td>
<td>Urgent care: Dend then $65&lt;br&gt;Convenience care: Dend then $40</td>
<td>Dend then $20%</td>
<td>Flex provider: Dend then $250&lt;br&gt;Other: Dend then $1,000</td>
<td>Flex provider: Dend then $25&lt;br&gt;Others: Dend then $75</td>
<td>Dend then $75</td>
<td>Non-hospital-based: Dend then $500 per procedure&lt;br&gt;Hospital-based: Dend then $1,000 per procedure</td>
<td>Non-hospital-based: Dend then $40&lt;br&gt;Hospital-based: Dend then $65</td>
<td>Dend then $50</td>
<td>$5/$30/$60/ Dend then 50%&lt;br&gt;Dend then 50% (T3 $125/script max, T4 $250/script max, T5 $500/script max)</td>
<td>$10/$60/ Dend then 50%&lt;br&gt;Dend then 50% (T3 $250/script max, T4 $750/script max, T5 $1,500/script max)</td>
</tr>
</tbody>
</table>

* Available to small groups only on the Connector.

PPO plans are underwritten by HPHC Insurance Company.

* For explanation of embedded vs. non-embedded deductible, see page 29.

** Preventive Rx applies to Retail & Mail for all HSA plans.
These insurance terms are good to know

Cost sharing
This is the portion you pay for specific health care services like office visits, X-rays and prescriptions. Examples of cost sharing include coinsurance, copayments and deductibles.

Deductible
This is a set amount of money you pay out of your own pocket for certain services. For a $2,000 annual deductible, for example, you will pay $2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, the provider will send a bill. If prescription drugs fall under a plan’s deductible, you will need to pay for them when you pick them up from the pharmacy.

Copayments and coinsurance do not count toward a deductible.

Embedded deductible/out-of-pocket maximum
All non-HSA plans contain embedded deductibles and out-of-pocket maximums (OOPM).

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

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

Copayments
This is the flat dollar amount you pay for certain services on your plan. There may be different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due at the time of an appointment, or when you pick up a prescription at the pharmacy.

Coinsurance
Coinsurance is a fixed percentage of costs that you pay for covered services. For example, for a plan with coinsurance, you may have to pay 20% of a provider’s bill for care, while Harvard Pilgrim pays 80%. Coinsurance is usually something paid after you have paid an annual deductible.

HSA (health savings account)
This is a savings account that can help you pay for qualified health care expenses. You need to have a federally qualified high deductible health plan, such as the HMO HSA or the PPO HSA, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

Out-of-pocket maximum
This is a limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet the out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.
Important legal information

What’s not covered on our 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 except as provided in wellness benefits
- 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 a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment for members who are not medically infertile
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers’ compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance
- (HMO ONLY) Delivery outside the Service Area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery
Limitations for Massachusetts individual plans

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

General notice about nondiscrimination and accessibility requirements

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

Harvard Pilgrim Health Care:

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

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

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St., Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.
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).


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）。


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

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

Khmer (Cambodian) សេចក្តីស្រប់គ្នា: ប្រសិនបើបញ្ហាមកភាសាខ្មែរ សិស្ត不禁 សូមទទួលជួសជូលបាន 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).


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

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε το 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 दिखिएः अगर आप हिंदी बोलते हैं तो आपके लिए भाषाकी सहायता मुफ्त में उपलब्ध हैं. जानकारी के लिये फोन करें. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : તમે ગુજરાતી બોલતા હોતો હોવો તો આપને માત્ર સાચાઈ સહાય તકલ મકાન ઉપલબ્ધ છે. વિશેષ મહત્ત્વની માત્ર ફોન કરો. 1-888-333-4742 (TTY: 711)

ລາວ (Lao) โปรดทราบ: ถ้าคุณพูดภาษาลาว ต้องใช้บริการช่วยเหลือที่เป็นไปได้ตามร่างต่าง ๆ โดยไม่เสียค่าสินค้า โทรมา 1-888-333-4742 (TTY: 711).

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

93 Worcester Street
Wellesley, MA 02481

Already a member?
(866) 890-6470 (Renewing your coverage)
(877) 907-4742 (Questions about your current benefits)

Not yet a member?
(866) 229-8821
TTY: 711