Plans to keep you and your family healthy

New Hampshire Individual & Family Product Guide
Plan Year 2021

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We make getting coverage easy

Where to buy your plan

Whether you are eligible for federal subsidies or not, you can purchase coverage directly from Harvard Pilgrim. An insurance broker can help you purchase coverage, as well.

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. Please visit www.HealthCare.gov if you:

- Need to update information on your Exchange application form
- Want to change the current plan you purchased through www.HealthCare.gov

If you purchased a plan through www.HealthCare.gov and do not need to make changes to your Exchange application form or switch your current plan, your coverage will be automatically renewed as long as you pay your monthly premium.

Please call us at (855) 565-9923 if you have any questions.

Important dates

Sunday, November 1 -
Tuesday, December 15, 2020*

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 ElevateHealth HMO or ElevateHealth Options HMO
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.HealthCare.gov 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.

- **UPDATED Acupuncture and chiropractic**
  Unlimited acupuncture and chiropractic visits per year

- **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 for children up to age 19; every two years for adults

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

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

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

- **Pediatric vision hardware**
  Covers children up to age 19

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

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

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

- **Routine physical exams**
  Annual preventive visit with your primary care provider

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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?**

Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx).
Select “2021” and “Core NH 5-Tier,” then look up drugs by tier or category.

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**How prescription drug tiers work**

<table>
<thead>
<tr>
<th>TIER</th>
<th>CORE 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>

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**Plan tiers**

- **Tier 1**
  Lower-cost generics

- **Tier 2**
  Higher-cost generics

- **Tier 3**
  Preferred brands (some higher-cost generics)

- **Tier 4**
  Non-preferred brands and preferred specialty (some higher-cost generics)

- **Tier 5**
  Non-preferred specialty drugs, and selected brand and generic drugs
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.

Lifestyle Management 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

Whether you’re coming to terms with a new diagnosis; newly pregnant; contemplating a procedure; struggling with diabetes, asthma or staying on top of your medications, our clinical care team of registered nurses are here to help. With our Whole Person, In Person™ approach, our nurses in New Hampshire will guide you to the available resources and look at all the factors that affect your well-being.

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 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 to get started.
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

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**Reduce My Costs**

This voluntary program helps you find and schedule care at a lower-cost facility for elective outpatient medical procedures and diagnostic tests. You’ll receive rewards for choosing a more affordable option. New Hampshire 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/reducecosts.

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**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

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**Fitness reimbursement**

A family is eligible to receive up to $300 in 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, you or one of your dependents must be an active member of the fitness club for at least four months within a calendar year.²

Learn more by visiting www.harvardpilgrim.org/fitnessreimbursement.

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¹ Rewards are considered taxable income; please consult with your tax advisor. Certain services may require a referral and/or prior authorization before you can receive services from the lower-cost provider. To ensure the services will be covered, refer to your plan documents or call us at (888) 333-4742. The Reduce My Costs program is not offered with all Harvard Pilgrim plans. Please review your plan documents to confirm whether the Reduce My Costs program is offered with your plan.

² There is a $300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, 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.

### Typical out-of-pocket costs

<table>
<thead>
<tr>
<th>Care option</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telemedicine services</strong></td>
<td>No cost sharing for Doctor On Demand urgent care virtual visits¹</td>
</tr>
<tr>
<td><strong>Convenience care/retail clinic</strong></td>
<td>You’ll typically pay a copayment for going to a participating clinic²</td>
</tr>
<tr>
<td><strong>Freestanding urgent care clinic</strong></td>
<td>You’ll typically pay a copayment for urgent care, sometimes higher than the one for an office visit or convenience care clinic visit²</td>
</tr>
<tr>
<td><strong>Hospital-based urgent care clinic</strong></td>
<td>You’ll typically pay your deductible, then a hospital-based urgent care copayment²</td>
</tr>
<tr>
<td><strong>Emergency room (ER)</strong></td>
<td>You’ll typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible³</td>
</tr>
</tbody>
</table>

### Common symptoms

- Coughs, colds
- Sore/strep throat
- Flu
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Bronchitis
- Ear infections
- Eye infections
- Strep throat
- Skin conditions like poison ivy and ringworm
- Minor injuries
- Respiratory infections
- Sprains and strains
- Burns, rashes, bites, cuts and bruises
- Infections
- Coughs, cold and flu
- Choking
- Convulsions
- Heart attack
- Loss of consciousness
- Major blood loss
- Seizures
- Severe head trauma
- Shock
- Stroke

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. Please refer to the plan documents for specific benefit information.

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.
All of these participating urgent care clinics are available to you

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

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

<table>
<thead>
<tr>
<th>Town</th>
<th>Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alton</td>
<td>ClearChoiceMD Urgent Care</td>
</tr>
<tr>
<td>Amherst</td>
<td>Immediate Care of Southern New Hampshire</td>
</tr>
<tr>
<td>Bedford</td>
<td>ConvenientMD Urgent Care, Urgent Care at Bedford Medical Park</td>
</tr>
<tr>
<td>Belmont</td>
<td>ClearChoiceMD Urgent Care, ConvenientMD Urgent Care</td>
</tr>
<tr>
<td>Claremont</td>
<td>Valley Regional Hospital Urgent Care</td>
</tr>
<tr>
<td>Concord</td>
<td>Concentra Urgent Care, ConvenientMD Urgent Care, MinuteClinic</td>
</tr>
<tr>
<td>Dover</td>
<td>ConvenientMD Urgent Care</td>
</tr>
<tr>
<td>Epping</td>
<td>ClearChoiceMD Urgent Care</td>
</tr>
<tr>
<td>Goffstown</td>
<td>ClearChoiceMD – CMC</td>
</tr>
<tr>
<td>Hampton</td>
<td>MinuteClinic</td>
</tr>
<tr>
<td>Hooksett</td>
<td>ClearChoiceMD – CMC</td>
</tr>
<tr>
<td>Hudson</td>
<td>Immediate Care of Southern New Hampshire</td>
</tr>
<tr>
<td>Keene</td>
<td>Cheshire Health Services, ConvenientMD Urgent Care</td>
</tr>
<tr>
<td>Lebanon</td>
<td>ClearChoiceMD Urgent Care</td>
</tr>
<tr>
<td>Littleton</td>
<td>ConvenientMD Urgent Care, Littleton Urgent Care</td>
</tr>
<tr>
<td>Manchester</td>
<td>Concentra Urgent Care, ExpressMED, MinuteClinic</td>
</tr>
<tr>
<td>Merrimack</td>
<td>ConvenientMD Urgent Care, Immediate Care of Southern New Hampshire</td>
</tr>
<tr>
<td>Nashua</td>
<td>Concentra Urgent Care, ConvenientMD Urgent Care, HealthStop, Immediate Care of Southern New Hampshire, MinuteClinic</td>
</tr>
<tr>
<td>Pelham</td>
<td>Immediate Care of Southern New Hampshire</td>
</tr>
<tr>
<td>Plymouth</td>
<td>MedCheck Urgent Care</td>
</tr>
<tr>
<td>Portsmouth</td>
<td>ClearChoiceMD Urgent Care, ConvenientMD Urgent Care</td>
</tr>
<tr>
<td>Salem</td>
<td>ExpressMED, MinuteClinic</td>
</tr>
<tr>
<td>Somersworth</td>
<td>Seacoast Redicare</td>
</tr>
<tr>
<td>Stratham</td>
<td>ConvenientMD Urgent Care</td>
</tr>
<tr>
<td>Tilton</td>
<td>ClearChoiceMD Urgent Care</td>
</tr>
<tr>
<td>Windham</td>
<td>ConvenientMD Urgent Care</td>
</tr>
</tbody>
</table>

We’re committed to New Hampshire’s communities

Service is more than good business.

**In 2020, more than $1.3 million was contributed to New Hampshire nonprofit organizations.**

As a not-for-profit, service inspires our social mission. We’re driven by a human concern for the health challenges facing our neighbors and communities. And we’re dedicated to helping resolve them through our partnerships with nonprofit organizations in New Hampshire. This includes a focus on substance-use disorders and New Hampshire’s opioid crisis.
Helping you choose a plan

These questions can help you decide whether a Gold, Silver, Bronze or Catastrophic plan is best for you.

- What kind of care do you expect to need in the next year?
- Are you willing to pay more for a higher level of coverage?
- Would you rather pay higher monthly premiums in exchange for lower costs when you receive care?

See the 2021 health plan options on the following pages for more details on cost sharing for each plan.

<table>
<thead>
<tr>
<th>May be best if you:</th>
<th>Gold HMO plans</th>
<th>Silver HMO plans</th>
<th>Bronze HMO plans</th>
<th>Catastrophic plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium level</td>
<td>Highest</td>
<td>Lower than Gold; higher than Bronze</td>
<td>Lower than Silver; higher than Catastrophic</td>
<td>Lowest</td>
</tr>
<tr>
<td>Deductible range (individual)</td>
<td>$1,000-$1,500</td>
<td>$3,000-$6,300</td>
<td>$6,000-$7,200</td>
<td>$8,550</td>
</tr>
<tr>
<td>Coinsurance range</td>
<td>10%-30%</td>
<td>10%-40%</td>
<td>20%-40%</td>
<td>None</td>
</tr>
<tr>
<td>Available plans</td>
<td>ElevateHealth HMO Gold 1500 ElevateHealth Options HMO Gold 1000</td>
<td>ElevateHealth HMO Silver 3500 ElevateHealth HMO Silver 4000 ElevateHealth HMO Silver 5000 ElevateHealth HMO Silver 6300 ElevateHealth HMO HSA Silver 3750 ElevateHealth Options HMO Silver 3000</td>
<td>ElevateHealth HMO Bronze 6000 ElevateHealth HMO Bronze 7200 ElevateHealth HMO HSA Bronze 6250</td>
<td>ElevateHealth HMO Catastrophic</td>
</tr>
</tbody>
</table>

With all of our plans, you'll choose a primary care provider (PCP) to arrange your care.

You may qualify for financial help

Advance Premium Tax Credit (APTC)

You can take this credit in advance to lower your monthly health insurance payment (or premium). When you apply for coverage on the Exchange, you estimate your expected income for the year. If you qualify for the APTC based on your estimate, you can use any amount of the credit in advance to lower your premium. The APTC is available if you earn between 100% and 400% of the federal poverty level, and it can be applied to any of our platinum, gold, silver, or bronze plans offered through the Exchange.

To help expand access to affordable health insurance, there are two types of subsidies offered on the Health Insurance Exchange.

Cost Sharing Reduction (CSR)

This discount lowers the amount you pay when you receive medical services, such as deductibles, copayments and coinsurance. If your income is up to 250% of the federal poverty level, you can purchase a silver-level CSR plan with lower out-of-pocket costs. These plans are identified on the following pages with CSR 73%, CSR 87% or CSR 94% below the name of the plan.

When you fill out your application at www.HealthCare.gov, you will find out if you qualify for either subsidy.
Our plans: Where choice meets savings

Choose between ElevateHealth HMO and ElevateHealth Options HMO. Both are designed to improve the quality of your care and lower premiums.

<table>
<thead>
<tr>
<th></th>
<th>ElevateHealth HMO</th>
<th>ElevateHealth Options HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to the select ElevateHealth network</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Access to the full Harvard Pilgrim network</td>
<td>No, unless authorized by Harvard Pilgrim</td>
<td>Yes, with the appropriate referrals</td>
</tr>
<tr>
<td>Lower member cost sharing with Tier 1 providers</td>
<td>Not applicable</td>
<td>Yes</td>
</tr>
<tr>
<td>Health savings account-compatible plan design</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Lab work</td>
<td>Deductible</td>
<td>No charge (Tier 1)</td>
</tr>
</tbody>
</table>

ElevateHealth HMO

This plan offers premium savings in exchange for access to just the ElevateHealth network.*

- ElevateHealth plans are not available to individuals who reside in Carroll County.
- You must receive care from ElevateHealth providers and hospitals (except in an emergency).

* Changes to our network may occur at any time. For the most current information, visit the provider search tool at www.harvardpilgrim.org/providerdirectory.
ElevateHealth Options HMO

This is a full-network plan option that offers premium savings over standard full-network plans.*

- Includes two tiers of providers and hospitals. Tier 1 is Harvard Pilgrim’s ElevateHealth network. Tier 2 is the rest of Harvard Pilgrim’s network (New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island).
- Features lower copayments and deductibles for services you receive from Tier 1 providers and hospitals.
- You can choose any PCP in the Harvard Pilgrim network and visit other participating providers with the proper referrals.

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

* Changes to our network may occur at any time. For the most current information, visit the provider search tool at www.harvardpilgrim.org/providerdirectory.
## ElevateHealth HMO

### 2021 New Hampshire Plan Offerings

On-Exchange plans

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**Note:** ElevateHealth plans are not available to individuals residing in Carroll County.

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

### ElevateHealth HMO

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Ind/Family)</th>
<th>Out-of-Pocket Max (Ind/Family)</th>
<th>Co-insurance</th>
<th>ER*</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans, CT, MRI, PET</th>
<th>Acupuncture &amp; Chiro</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO Gold 1500</td>
<td>$25/$50</td>
<td>$1,500/$3,000</td>
<td>$6,150/$16,300</td>
<td>15%</td>
<td>Deductible than $300</td>
<td>$35</td>
<td>Deductible than $150</td>
<td>Deductible than 15% for remaining charges</td>
<td>Deductible than 15%</td>
<td>Deductible than 15%</td>
<td>Deductible than 15%</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>ElevateHealth HMO Gold 2000</td>
<td>$25/$50</td>
<td>$2,500/$5,000</td>
<td>$7,500/$21,500</td>
<td>15%</td>
<td>Deductible than $300</td>
<td>$35</td>
<td>Deductible than $150</td>
<td>Deductible than 15% for remaining charges</td>
<td>Deductible than 15%</td>
<td>Deductible than 15%</td>
<td>Deductible than 15%</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>ElevateHealth HMO Gold 3500</td>
<td>$25/$50</td>
<td>$3,500/$7,000</td>
<td>$8,500/$23,500</td>
<td>15%</td>
<td>Deductible than $300</td>
<td>$35</td>
<td>Deductible than $150</td>
<td>Deductible than 15% for remaining charges</td>
<td>Deductible than 15%</td>
<td>Deductible than 15%</td>
<td>Deductible than 15%</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>ElevateHealth HMO Gold 5000</td>
<td>$25/$50</td>
<td>$4,500/$9,000</td>
<td>$9,500/$27,500</td>
<td>15%</td>
<td>Deductible than $300</td>
<td>$35</td>
<td>Deductible than $150</td>
<td>Deductible than 15% for remaining charges</td>
<td>Deductible than 15%</td>
<td>Deductible than 15%</td>
<td>Deductible than 15%</td>
<td>$25</td>
<td>$50</td>
</tr>
</tbody>
</table>

* Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

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**Note:** ElevateHealth plans are not available to individuals residing in Carroll County.
ElevateHealth HMO

Note: ElevateHealth plans are not available to individuals residing in Carroll County.


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<th>Co-insurance</th>
<th>ER*</th>
<th>Urgent Care (Freestanding/Hospital-based)</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>Acupuncture &amp; Chiro</th>
<th>PT/OT/ST</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ElevateHealth HMO Silver 6300</strong>&lt;sup&gt;1&lt;/sup&gt;  &lt;br&gt;MD0001100010  &lt;br&gt;RX0000100006  &lt;br&gt;5902NH03700030-01</td>
<td>$40/$80</td>
<td>$6,300/12,600</td>
<td>$8,500/17,000</td>
<td>40%</td>
<td>Deductible than $500</td>
<td>$50</td>
<td>Deductible than $250</td>
<td>Deductible than $150</td>
<td>Deductible than $40%</td>
<td>Deductible than $40%</td>
<td>Deductible than $40%</td>
<td>$40</td>
<td>$10/$35/$100/35%/40%</td>
</tr>
<tr>
<td><strong>ElevateHealth HMO Bronze 6000</strong>&lt;sup&gt;1&lt;/sup&gt;  &lt;br&gt;MD0001100011  &lt;br&gt;RX0000100007  &lt;br&gt;5902NH03700031-01</td>
<td>$40/$80 for the first 4 visits per Member (8 per Family); all other visits Deductible than 20%</td>
<td>$6,000/12,000</td>
<td>$8,500/17,000</td>
<td>20%</td>
<td>Deductible than $500</td>
<td>$50 for the first 4 visits per member (8 per family); all other visits Deductible than 20%</td>
<td>Deductible than $250</td>
<td>Deductible than $500 per admit 20% for remaining charges</td>
<td>Deductible than $20%</td>
<td>Deductible than $20%</td>
<td>Deductible than $20%</td>
<td>Deductible than $20%</td>
<td>$40 for the first 4 visits per member (8 per family); all other visits Deductible than 20%</td>
</tr>
<tr>
<td><strong>ElevateHealth HMO Bronze 7200</strong>&lt;sup&gt;1&lt;/sup&gt;  &lt;br&gt;MD0001100012  &lt;br&gt;RX0000100008  &lt;br&gt;5902NH03700032-01</td>
<td>$40 copay for the first 4 PCP visits per year. All other visits Deductible than 40%</td>
<td>$7,200/14,400</td>
<td>$8,500/17,000</td>
<td>40%</td>
<td>Deductible than 40%</td>
<td>Deductible than 40%</td>
<td>Deductible than 40%</td>
<td>Deductible than 40%</td>
<td>Deductible than 40%</td>
<td>Deductible than 40%</td>
<td>Deductible than 40%</td>
<td>$40 copay for the first 3 PCP visits per year. All other visits Deductible then covered in full</td>
<td>$10/$35/$35%/40%/40%</td>
</tr>
<tr>
<td><strong>ElevateHealth HMO Catastrophic</strong>&lt;sup&gt;1&lt;/sup&gt;  &lt;br&gt;MD0001100013  &lt;br&gt;RX0000100009  &lt;br&gt;5902NH03700033-01</td>
<td>$40 for the first 3 PCP visits per year. All other visits Deductible then covered in full</td>
<td>$8,550/17,100</td>
<td>$8,550/17,100</td>
<td>None</td>
<td>Deductible then covered in full</td>
<td>Deductible then covered in full</td>
<td>Deductible then covered in full</td>
<td>Deductible then covered in full</td>
<td>Deductible then covered in full</td>
<td>Deductible then covered in full</td>
<td>Deductible then covered in full</td>
<td>Deductible than 0%/0%/0%/0%/0%</td>
<td>Deductible than 0%/0%/0%/0%/0%</td>
</tr>
</tbody>
</table>

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<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

<sup>2</sup> Members may purchase up to a 90-day supply of maintenance medications.
This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

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ElevateHealth Options HMO

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<tr>
<th>Product Name</th>
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<th>Out-of-Pocket Max (Ind/Family)</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Freestanding</td>
<td>Hospital-based</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ElevateHealth Options HMO Gold 1000</td>
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<td>Tier 1: $8,150/$16,300</td>
<td>Tier 1: 10%</td>
<td>Tier 1: Deductible than $150</td>
<td>Tier 1: Deductible than $10%</td>
<td>Tier 1: ASC: $100</td>
<td>Tier 1: Covered in full</td>
<td>Tier 1: Deductible than 10%</td>
<td>Tier 1: $25</td>
<td>Tier 1: $30</td>
<td>Tier 1: $5/$25/$40/25%/35% (Deductible applies to T4 &amp; T5)</td>
<td>Tier 1: $10/$50/$80/25%/35% (Deductible applies to T4 &amp; T5)</td>
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<tr>
<td>ElevateHealth Options HMO Silver 3000</td>
<td>Tier 1: $40/$80</td>
<td>Tier 1: $3,000/$6,000</td>
<td>Tier 1: $8,500/$17,000</td>
<td>Tier 1: 10%</td>
<td>Tier 1: Deductible than $250</td>
<td>Tier 1: Deductible than 10%</td>
<td>Tier 1: ASC: $150</td>
<td>Tier 1: Covered in full</td>
<td>Tier 1: Deductible than 10%</td>
<td>Tier 1: $40</td>
<td>Tier 1: $60</td>
<td>Tier 1: $10/$35/$60/30%/40% (Deductible applies to T4 &amp; T5)</td>
<td>Tier 1: $20/$70/$120/30%/40% (Deductible applies to T4 &amp; T5)</td>
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|--------------|-------------------------------|------------------------|-------------------------------|-------------|-----|-------------|-----------|-------------|------|-------------------|------------------|---------|----------------|}
| **ElevateHealth HMO Silver 3500** Silver - CSR 73% | $40/$80 | $3,500/7,000 | $6,000/12,000 | 30% | Deductible then $500 | $50 | Deductible then $1,000 per admit | Deductible then $150 | Deductible then 30% | Deductible then $75 | $40 | $60 | $10/$30/$100/35%/40% (Deductible applies to T4 & T5) | $20/$70/$200/35%/40% (Deductible applies to T4 & T5) |
| **ElevateHealth HMO Silver 3500** Silver - CSR 87% | $10/$20 | $1,000/2,000 | $2,600/5,200 | 30% | Deductible then $100 | $20 | Deductible then $200 per admit | Deductible then $50 | Deductible then 30% | Deductible then $40 | $10 | $20 | $10/$30/$100/35%/40% (Deductible applies to T4 & T5) | $20/$70/$200/35%/40% (Deductible applies to T4 & T5) |
| **ElevateHealth HMO Silver 3500** Silver - CSR 94% | $10/$20 | $450/900 | $900/1,800 | 10% | Deductible then $60 | $20 | Deductible then $10 per admit | Deductible then $30 | Deductible then 10% | Deductible then $30 | $10 | $20 | $2/$10/$25/20%/35% (Deductible applies to T4 & T5) | $4/$20/$50/20%/35% (Deductible applies to T4 & T5) |
| **ElevateHealth HMO Silver 4000** Silver - CSR 73% | $40/Deductible then $80 | $3,000/6,000 | $6,100/12,200 | None | Deductible then $500 | $50 | Deductible then $1,000 per admit | Deductible then $150 | Deductible then covered in full | Deductible then $75 | $40 | $60 | $10/$30/$65/35%/40% (Deductible applies to T4 & T5) | $20/$70/$130/35%/40% (Deductible applies to T4 & T5) |
| **ElevateHealth HMO Silver 4000** Silver - CSR 87% | $10/Deductible then $20 | $900/1,800 | $2,800/5,600 | None | Deductible then $100 | $20 | Deductible then $200 per admit | Deductible then $50 | Deductible then covered in full | Deductible then $40 | $10 | $20 | $10/$30/$65/35%/40% (Deductible applies to T4 & T5) | $20/$70/$130/35%/40% (Deductible applies to T4 & T5) |

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<tr>
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<th>Acupuncture &amp; Chiro</th>
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<th>Rx Cost Sharing</th>
<th>Retail</th>
<th>Mail**</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO Silver 4000</td>
<td>$10/Deductible then $20</td>
<td>$450/ $900</td>
<td>$850/ $1,700</td>
<td>None</td>
<td>Deductible then $60</td>
<td>$20</td>
<td>Deductible then $30</td>
<td>Deductible then $120 per adm</td>
<td>Deductible then $30</td>
<td>Deductible then covered in full</td>
<td>Deductible then $30</td>
<td>$10</td>
<td>$20</td>
<td>$2/$10/$25/ 20%/35% (Deductible applies to T4 &amp; T5)</td>
<td>$4/$20/$50/ 20%/35% (Deductible applies to T4 &amp; T5)</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 5000</td>
<td>$40/$80</td>
<td>$3,500/ $7,000</td>
<td>$6,000/ $12,000</td>
<td>20%</td>
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<td>$50</td>
<td>Deductible then $250</td>
<td>Deductible then $150</td>
<td>Deductible then $20</td>
<td>Deductible then $20</td>
<td>Deductible then $20</td>
<td>$40</td>
<td>$60</td>
<td>$10/$35/$100/ 35%/40% (Deductible applies to T4 &amp; T5)</td>
<td>$20/$70/$200/ 35%/40% (Deductible applies to T4 &amp; T5)</td>
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<tr>
<td>ElevateHealth HMO Silver 5000</td>
<td>$10/$20</td>
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<td>Deductible then $10</td>
<td>$10</td>
<td>$20</td>
<td>$2/$10/$25/ 20%/40% (Deductible applies to T4 &amp; T5)</td>
<td>$4/$20/$50/ 20%/40% (Deductible applies to T4 &amp; T5)</td>
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<tr>
<td>ElevateHealth HMO Silver 6300</td>
<td>$40/$80</td>
<td>$3,450/ $6,900</td>
<td>$6,000/ $12,000</td>
<td>40%</td>
<td>Deductible then $500</td>
<td>$50</td>
<td>Deductible then $250</td>
<td>Deductible then $150</td>
<td>Deductible then $40</td>
<td>Deductible then $40</td>
<td>Deductible then $40</td>
<td>$40</td>
<td>$60</td>
<td>$10/$35/$100/ 35%/40% (Deductible applies to T4 &amp; T5)</td>
<td>$20/$70/$200/ 35%/40% (Deductible applies to T4 &amp; T5)</td>
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<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO Silver 6300&lt;br&gt;Silver - CSR 87%&lt;br&gt;MD0001100030&lt;br&gt;RX0001100015&lt;br&gt;5902NH6370030-05</td>
<td>$10/$20</td>
<td>$1,000/$2,000</td>
<td>$2,600/$5,200</td>
<td>20%</td>
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<td>Deductible than $50</td>
<td>Deductible than $50</td>
<td>$10</td>
<td>$20</td>
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<tr>
<td>ElevateHealth HMO Silver 6300&lt;br&gt;Silver - CSR 94%&lt;br&gt;MD0001100031&lt;br&gt;RX0001100022&lt;br&gt;5902NH6370030-06</td>
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<td>$10</td>
<td>$20</td>
</tr>
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<td>ElevateHealth HMO Silver 3750&lt;br&gt;Silver - CSR 73%&lt;br&gt;MD0001100032&lt;br&gt;RX0001100023&lt;br&gt;5902NH6370034-04</td>
<td>Deductible than 20%</td>
<td>$2,500/$5,000</td>
<td>$6,000/$12,000</td>
<td>20%</td>
<td>Deductible than 20%</td>
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</tr>
<tr>
<td>ElevateHealth HMO Silver 3750&lt;br&gt;Silver - CSR 87%&lt;br&gt;MD0001100033&lt;br&gt;RX0001100024&lt;br&gt;5902NH6370034-05</td>
<td>Deductible than 10%</td>
<td>$1,000/$2,000</td>
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<td>Deductible than 10%</td>
<td>Deductible than 10%/10%/10%/40%/40%</td>
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<tr>
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### ElevateHealth Options CSR (Cost Sharing Reduction)

**2021 New Hampshire On-Exchange Plans – Effective January 1, 2021 through December 31, 2021.**

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<tr>
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<th>PT/O&amp;P</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth Options HMO Silver 3000</td>
<td>Tier 1: $40/$80</td>
<td>Tier 1: $3,000/$6,000</td>
<td>Tier 1: 10%</td>
<td>Deductible than $250</td>
<td>Tier 1: Outpt Hosp: Deductible than $100</td>
<td>Tier 1: Covered in full</td>
<td>Tier 1: $40</td>
<td>Tier 1: $60</td>
<td>Tier 1: $10</td>
<td>Tier 1: $35/$60/30%40% (Deductible applies to T4 &amp; T5) (T4 $550/ script max, T5 $550/ script max)</td>
<td>Tier 2: Acupuncture: $40 Cover deductible less than 40%</td>
<td>Tier 2: $40</td>
<td>Tier 2: $40</td>
</tr>
<tr>
<td>ElevateHealth Options HMO Silver 3000 Silver - CSR 97%</td>
<td>Tier 1: $10/$20</td>
<td>Tier 1: $1,000/$2,000</td>
<td>Tier 1: None</td>
<td>Deductible than $50</td>
<td>Tier 1: Outpt Hosp: Deductible than $100</td>
<td>Tier 1: Covered in full</td>
<td>Tier 1: $10</td>
<td>Tier 1: $20</td>
<td>Tier 1: $10</td>
<td>Tier 1: $35/$60/30%40% (Deductible applies to T4 &amp; T5) (T4 $550/ script max, T5 $550/ script max)</td>
<td>Tier 2: Acupuncture: $10 Cover deductible less than 10%</td>
<td>Tier 2: $10</td>
<td>Tier 2: $10</td>
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<tr>
<td>ElevateHealth Options HMO Silver 3000 Silver - CSR 94%</td>
<td>Tier 1: $10/$20</td>
<td>Tier 1: $400/$800</td>
<td>Tier 1: None</td>
<td>Deductible than $50</td>
<td>Tier 1: Outpt Hosp: Deductible than $100</td>
<td>Tier 1: Covered in full</td>
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<td>Tier 1: $10</td>
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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.

**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 ElevateHealth HMO 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.

**Catastrophic plan**

You can buy a catastrophic plan if you are under 30 or if you have a hardship exemption or affordability exemption. Catastrophic plans have low monthly premiums and high deductibles. They cover three primary care provider office visits outside of the deductible. You will pay out of your own pocket for most other covered services before the plan helps pay.
Important legal information

What’s not covered on our 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 a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers’ compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance
- 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 New Hampshire individual plans

- Early intervention – 40 visits per year
- Therapy services – Physical therapy, speech therapy and occupational therapy – 60 combined visits per year
- Skilled nursing facility – 100 days per year
- Inpatient rehabilitation – 100 days per year
- Routine eye exam (up to age 19) – 1 exam per year
- Routine eye exam (adult) – 1 exam every 2 years

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 pale Kreyòl Ayisyen, gen asistans pou sevis 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 YÊU: Nếu bạn nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ cho bạn 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) إنذار: إذا كنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجانًا. اتصل على 1-888-333-4742 (TTY: 711).

ភាសាខ្មែរ (Cambodian) បង្កើតសេវាដែលមានជាច្រើននៃជីវិតគឺ ក្នុងការផ្ទុកស៊ីវីធីស៊ីវីធីស៊ីវីធីស៊ីវីធីស៊ីវីធីស៊ីវីធីស៊ីវីធីស៊ីវីធីរៀន 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 लिए भाषाकी सहायता मुफ्त में उपलब्ध है.

जानकारी के लिए फोन करें. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપણે માટે લાભકારી સાહિત્ય તકનીકી મદદ મૂકાયે છી. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ລາວ (Lao) ວິທີ: ການທີ່ເທື່ອຮູບແຍ້ງຊາດ ວຽກ, ອາວນີເຂົ້າການປະເທດຈາກການແຮງ, ກອງປະເທດ, ການປະເທດສາມ.uc ແລະ 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

650 Elm Street, Suite 700
Manchester, NH 03101

Already a member?
(855) 565-9923 (Renewing your coverage)
(877) 907-4742 (Questions about your current benefits)

Not yet a member?
(844) 213-1591
TTY: 711