



Harvard Pilgrim  
Health Care

## New Hampshire 2021 Product Guide

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

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



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

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# Our promise: Guiding people and communities to better health

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



**90,000+**  
DOCTORS & CLINICIANS

**180+**  
HOSPITALS

## Full and tiered network plans

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

## New England & national coverage

Our regional network has more than 90,000 doctors and other clinicians, and more than 180 hospitals. Our PPO plans give members access to providers across the United States.

## Self-insured options

Our affiliate, HealthPlans, Inc. (HPI), specializes in health benefit administration for self-funded employers with 50+ employees. HPI offers highly customized medical, dental, vision and disability benefit solutions and more.

## 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 New Hampshire neighbors and communities face—and a dedication to helping resolve them.



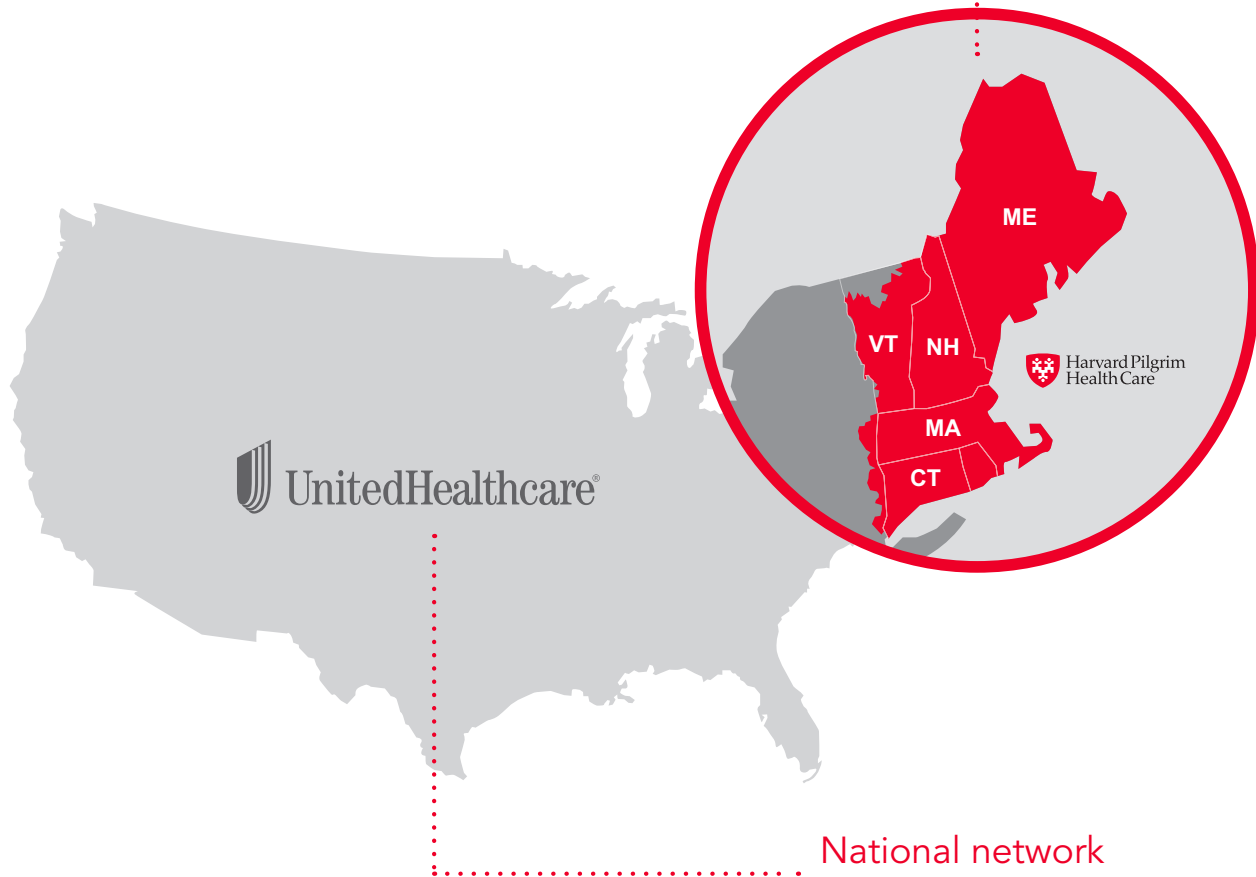
to more than **50** New Hampshire nonprofit organizations

\* PPO plans are underwritten by HPHC Insurance Company.

# Your local partner with the strength of a national network

## Harvard Pilgrim Health Care network

- 90,000+ doctors and clinicians
- 180+ hospitals



## National network through UnitedHealthcare

- 1,000,000+ providers
- 5,700+ hospitals

# Harvard Pilgrim SmartStart makes switching health insurance easier than ever

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



## Superior service

### Skilled implementation support

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

### Employer education

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



## Early member engagement

### Pre-enrollment resource

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

### Clinical transitions

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

### Access to digital ID cards

Instant access even before coverage is effective.



## Data capture

### Guided digital welcome experience

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

### PCP and data verification

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

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

# What we cover

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



## UPDATED Acupuncture and chiropractic

Unlimited acupuncture and chiropractic visits per year<sup>1</sup>



## Mental health and substance use services

Counseling and psychotherapy



## Ambulatory patient services

Outpatient care without hospital admission



## Pediatric dental<sup>2</sup> and vision hardware

Covers children up to age 19



## Emergency services

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



## Pregnancy, maternity and newborn care

Care before, during and after pregnancy



## Eye exams

One preventative screening every year for children up to age 19; every two years for adults.



## Prescriptions

Access to safe, effective medications



## Hospitalization

Inpatient services, such as surgery



## Preventive care and chronic disease management

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



## Laboratory services

Bloodwork, screenings, etc.



## Rehabilitation and habilitative services and devices

Rehab services, hospital beds, crutches, oxygen tanks

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

<sup>1</sup> Applicable cost sharing will still apply, according to the member's plan.

<sup>2</sup> Employers can waive pediatric dental if they have a qualified pediatric dental plan in place.

# Prescription drug benefits

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

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

### Over-the-counter prescriptions available


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

### Is a prescription covered?

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

### How the prescription drug tiers work

TIER	CORE NH 5-TIER
Tier 1	Lower-cost generics
Tier 2	Higher-cost generics
Tier 3	Preferred brands (some higher-cost generics)
Tier 4	Non-preferred brands and preferred specialty (some higher-cost generics)
Tier 5	Non-preferred specialty drugs, and selected brand and generic drugs

 Harvard Pilgrim HealthCare

PLAN NAME

ID #: HP0000000-00

Name: JANE Q SAMPLE

Copay: OV: \$15

ER: \$50

Rx: CORE NH \$5/15/30/50/20%

Deductible may apply.

Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org) for plan details.

Plan tiers



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

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

# Reduce My Costs

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

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

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

Members will speak with an experienced nurse who will:

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

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






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

<sup>2</sup> Rewards are considered taxable income; please consult with your tax advisor.



# The care our members need, when they need it

When their primary care providers' offices aren't open, members who need medical care for a non-life-threatening injury or illness have options—other than the ER—that can save time and money.

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

<sup>1</sup> Members on non-HSA plans will not pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will pay cost sharing up to the deductible amount. Please refer to the plan documents for specific benefit information.

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

# New Hampshire freestanding urgent care clinics

## Members have access to these participating clinics:

**Alton:** ClearChoiceMD Urgent Care

**Amherst:** Immediate Care of Southern New Hampshire

**Bedford:** ConvenientMD Urgent Care, Urgent Care at Bedford Medical Park

**Belmont:** ClearChoiceMD Urgent Care, ConvenientMD Urgent Care

**Claremont:** Valley Regional Hospital Urgent Care

**Concord:** Concentra Urgent Care, ConvenientMD Urgent Care, MinuteClinic

**Dover:** ConvenientMD Urgent Care

**Epping:** ClearChoiceMD Urgent Care

**Goffstown:** ClearChoiceMD – CMC

**Hampton:** MinuteClinic

**Hooksett:** ClearChoiceMD – CMC

**Hudson:** Immediate Care of Southern New Hampshire

**Keene:** Cheshire Health Services, ConvenientMD Urgent Care

**Lebanon:** ClearChoiceMD Urgent Care

**Littleton:** ConvenientMD Urgent Care, Littleton Urgent Care

**Manchester:** Concentra Urgent Care, ExpressMED, MinuteClinic

**Merrimack:** ConvenientMD Urgent Care, Immediate Care of Southern New Hampshire

**Nashua:** Concentra Urgent Care, ConvenientMD Urgent Care, HealthStop, Immediate Care of Southern New Hampshire, MinuteClinic

**Pelham:** Immediate Care of Southern New Hampshire

**Plymouth:** MedCheck Urgent Care

**Portsmouth:** ClearChoiceMD Urgent Care, ConvenientMD Urgent Care

**Salem:** ExpressMED, MinuteClinic

**Somersworth:** Seacoast Redicare

**Stratham:** ConvenientMD Urgent Care

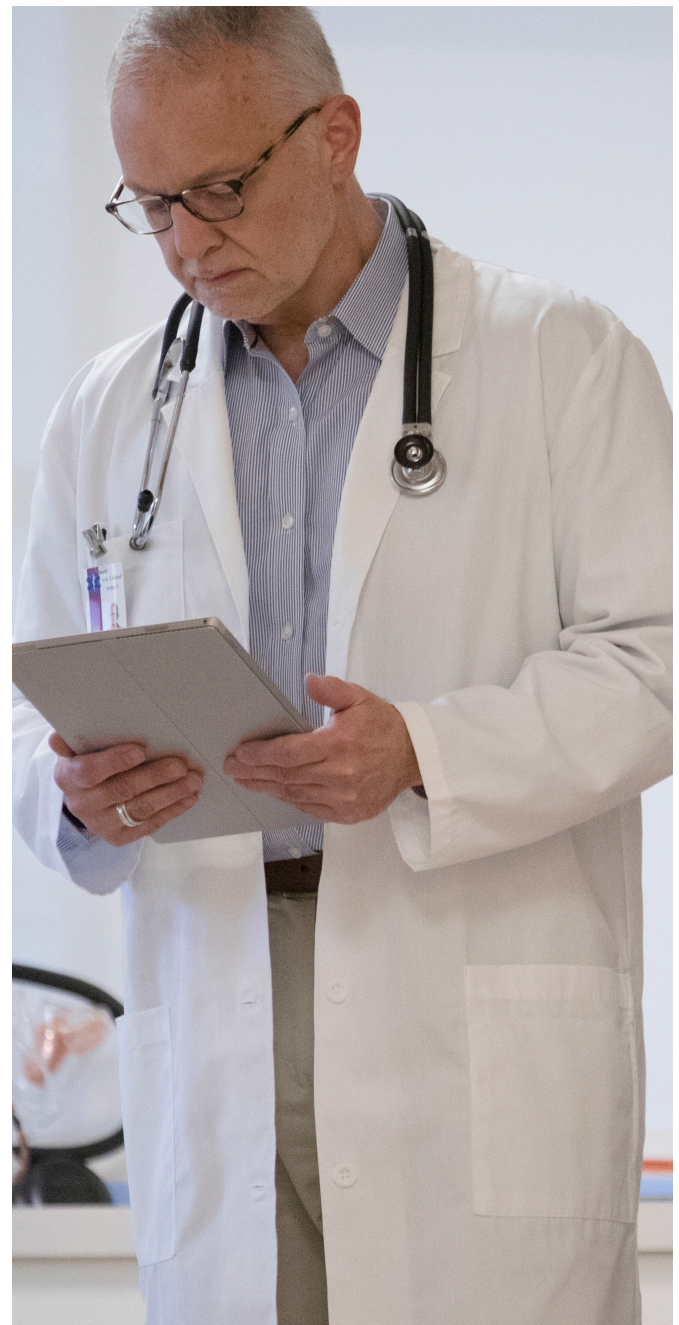
**Tilton:** ClearChoiceMD Urgent Care

**Windham:** ConvenientMD Urgent Care

This list may be updated throughout the year.

Visit [www.harvardpilgrim.org/providerdirectory](http://www.harvardpilgrim.org/providerdirectory) for the most up-to-date information.

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



# A focus on keeping our members healthy

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

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## Care management

**Our Whole Person, In Person™ approach to care encourages wellness and contains costs.**

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

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## Behavioral health support online and in person

**Through our partnership with United Behavioral Health (also known as Optum), members have access to resources and treatment for a wide number of behavioral health conditions,** such as depression or anxiety, ADHD, an eating disorder or concerns about substance use or addiction.

Our confidential Behavioral Health Access Center helps members understand their coverage and treatment options and makes it easy for them to get started with treatment.

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

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## Holistic well-being approach that drives member engagement

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

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

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

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



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



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

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

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



### Fitness reimbursement

A member can receive up to **\$150 in an annual fitness reimbursement** on fees for health and fitness club member-ships, classes or virtual subscriptions! They must be an active member of the fitness club for at least four months within a calendar year.<sup>3</sup>

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

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



**Lifestyle Management Coaching**



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



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

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

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

<sup>3</sup> There is a \$300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, members should consult their tax advisor.

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

# Helping clients choose a plan

Harvard Pilgrim offers a number of plan options to meet every family's needs and budget.

- Covered in-network
- Access to a national network (PPO)

When choosing a plan, your clients should consider a number of factors:

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

## Types of plans:

### HMO

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

### PPO\*

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

### Select network plan (ElevateHealth)

- Care within the select HMO network only
- Authorization required for other Harvard Pilgrim providers and hospitals
- Any provider or hospital in a medical emergency

### Tiered network plan (ElevateHealth Options)

- Full network HMO plan option
- Tier 1 = Lower cost sharing
- Tier 2 = Higher cost sharing

### Qualified high deductible plan

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

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

	HMO	PPO	Select	Tiered	Qualified high deductible
Their doctors participate in the plan network; client does not want to spend more money out-of-pocket	×		×	×	×
Wants the freedom to see any doctor		×			×
Wants to save on premium (money paid up front for health coverage)			×	×	×
Wants services to be covered up front and doesn't mind a higher premium	×	×		×	
Prefers to budget and keep track of health care expenses			×	×	×
Wants a plan that lets them save money with specified providers				×	

\* PPO plans are underwritten by HPHC Insurance Company.

# 2021 product enhancements and updates



## **HMOs to include four office visits at no charge**

Members on our non-HSA HMO plans can receive two PCP visits and two behavioral health visits at no charge per calendar year. This benefit enhancement replaces the Preferred PCP benefit, which will no longer be in place.



## **Unlimited acupuncture and chiropractic visits**

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



## **Virtual fitness subscriptions included in \$150 reimbursement\***

A member can receive up to \$150 in an annual fitness reimbursement on fees for health and fitness club memberships, classes or virtual subscriptions! They must be an active member of the fitness club for at least four months within a calendar year.



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

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



## **NEW Harvard Pilgrim's Integrated HRA**

### **Savings and simplicity for you. A benefit for your employees.**

Harvard Pilgrim partnered with Benefit Strategies of Manchester to offer an easy to implement integrated health reimbursement arrangement (HRA).

Providing an HRA — an account that is funded by your client — in conjunction with a higher-deductible health plan allows employers to reduce premium costs while continuing to support their employees.

#### **With an HRA:**

- Employers set aside a specific amount of pretax money each year to pay a portion of their employees' deductibles, which kicks in after the employee has paid a set amount.
- The employer chooses what portion of the deductibles they will cover.
- The business owns the HRA, and is the only contributor to it.
- Many employees may not end up using the HRA funds each year.

Benefit Strategies manages the day-to-day administration of the HRA from start to finish. Your client sets the parameters that work best for them, and the rest is done for them.



## **IMPORTANT REMINDERS**

### **Guardian\*\* dental discounts available**

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

### **Doctor On Demand urgent care at no additional cost (on non-HSA plans)**

Members on non-HSA plans will not pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will pay cost sharing, up to the deductible amount. After the deductible, members are covered in full.

### **Reduce My Costs offered on all plans**

Members enrolled in small group plans have access to this voluntary program, which helps members find lower-cost outpatient procedures and diagnostic tests and then rewards them cash for choosing a more affordable option.

\* There is a \$300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, members should consult their tax advisor.

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

# Our plans: Where choice meets savings

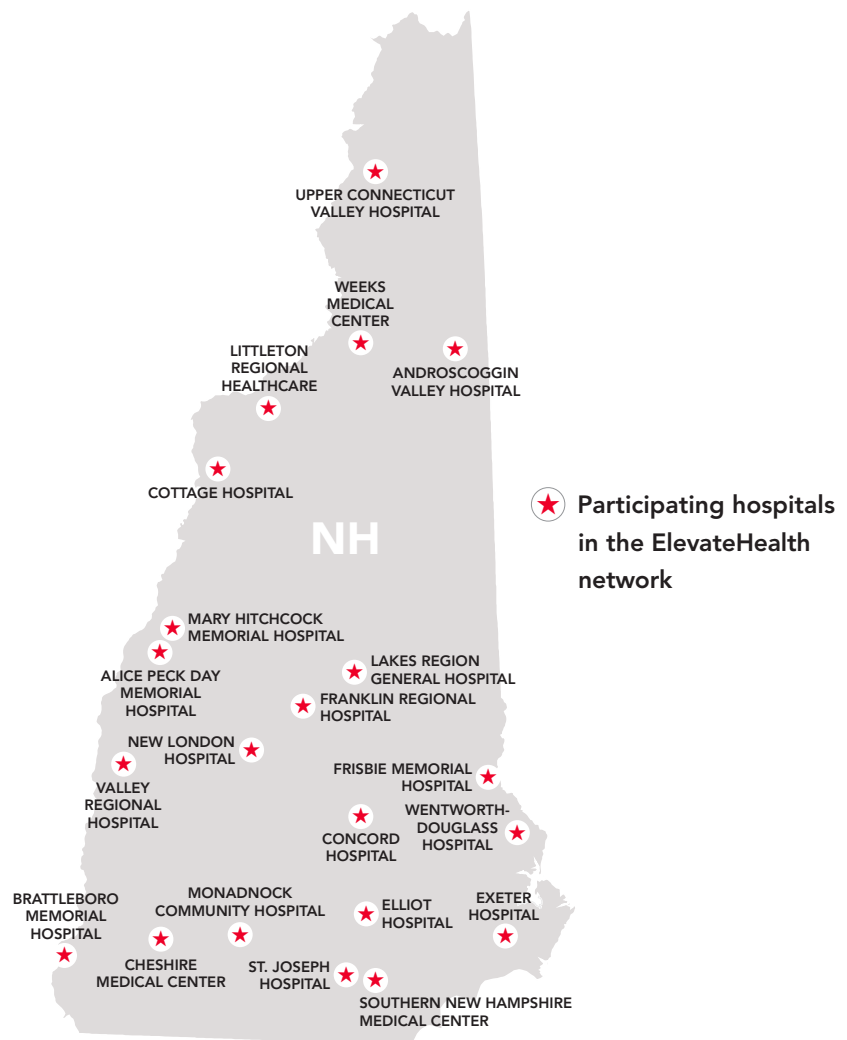
Plans offered in New Hampshire are designed to improve the quality of your care and lower premiums.

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

## 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.
- Members must receive care from ElevateHealth providers and hospitals (except in an emergency).



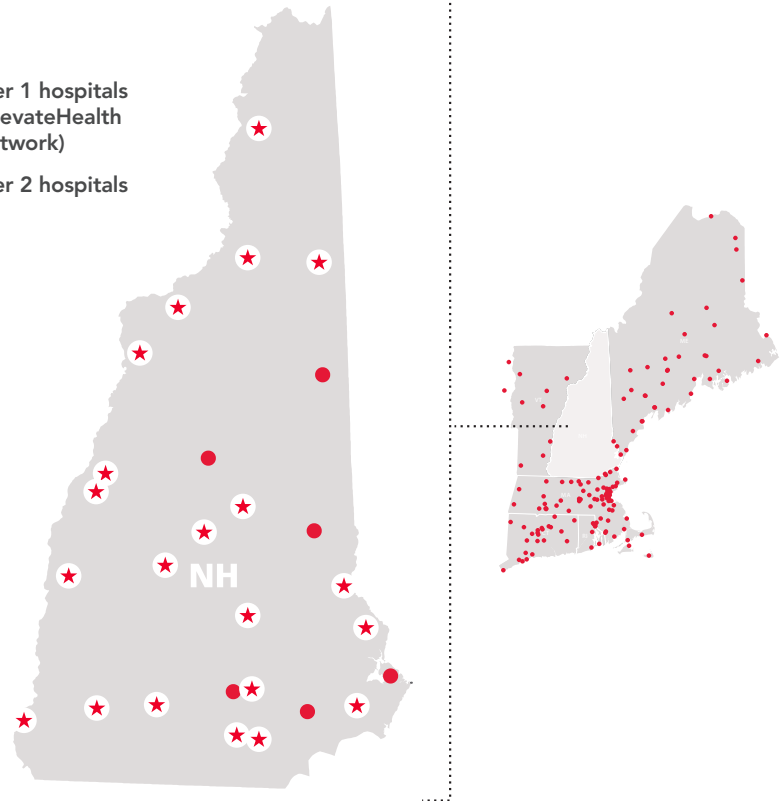
\* Changes to our network may occur at any time. For the most current information, visit the provider search tool at [www.harvardpilgrim.org/providerdirectory](http://www.harvardpilgrim.org/providerdirectory).

## 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 members receive from Tier 1 providers and hospitals.
- Members can choose any PCP in the Harvard Pilgrim network and visit other participating providers with the proper referrals.

- ★ Tier 1 hospitals (ElevateHealth network)
- Tier 2 hospitals



## HMO-LP and PPO-LP plans explained

These plans provide a great opportunity for members to reduce their costs for outpatient surgery and lab work. Lab tests (excluding genetic testing) received at an LP facility are covered in full and the member pays no cost sharing. For outpatient surgery at an LP facility, the deductible does not apply, and the member pays only a copayment. For PPO-LP plans, this applies only to in-network services. LP facilities are flagged in the "LP Plans" Provider Directories. PPO plans are underwritten by HPHC Insurance Company.



\* Changes to our network may occur at any time. For the most current information, visit the provider search tool at [www.harvardpilgrim.org/providerdirectory](http://www.harvardpilgrim.org/providerdirectory).

## ElevateHealth HMO

Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<b>ElevateHealth HMO Gold 2000</b> <small>MD0000100040 RX0000100030</small>	\$25/\$50 Copay waived for the first 2 non-routine PCP visits per year	\$2,000/\$4,000	\$8,150/\$16,300	20%	Ded then \$300	\$35	Ded then \$150	Ded then 20%	ASC: \$150 Outpt Hosp: Ded then 20%	Ded then 20%	Ded then 20%	Non-hospital-based: \$25 Hospital-based: \$50	\$2/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)
<b>ElevateHealth HMO Silver 3000 with Rx Deductible</b> <small>MD0000100041 RX0000100031</small>	\$40/\$80 Copay waived for the first 2 non-routine PCP visits per year	Med: \$3,000/\$6,000 Rx: \$500/member	\$8,150/\$16,300	35%	Ded then \$350	\$50	Ded then \$175	Ded then 35%	ASC: \$250 Outpt Hosp: Ded then 35%	Ded then 35%	Ded then 35%	Non-hospital-based: \$40 Hospital-based: \$65	\$5/\$35/\$80/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$1,100/script max, T5 \$1,100/script max)
<b>ElevateHealth HMO Silver 4000 with Rx Deductible</b> <small>MD0000100042 RX0000100031</small>	\$40/\$80 Copay waived for the first 2 non-routine PCP visits per year	Med: \$4,000/\$8,000 Rx: \$500/member	\$8,150/\$16,300	20%	Ded then \$350	\$50	Ded then \$175	Ded then 20%	ASC: \$250 Outpt Hosp: Ded then 20%	Ded then 20%	Ded then 20%	Non-hospital-based: \$40 Hospital-based: \$65	\$5/\$35/\$80/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$1,100/script max, T5 \$1,100/script max)
<b>ElevateHealth HMO Silver 5000</b> <small>MD0000100043 RX0000100032</small>	\$50/\$100 Copay waived for the first 2 non-routine PCP visits per year	\$5,000/\$10,000	\$8,150/\$16,300	20%	Ded then \$500	\$60	Ded then \$250	Ded then 20%	ASC: \$250 Outpt Hosp: Ded then 20%	Ded then 20%	Ded then 20%	Non-hospital-based: \$50 Hospital-based: \$75	\$5/\$35/\$80/40%/45% (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)
<b>ElevateHealth HMO Silver 6000</b> <small>MD0000100044 RX0000100032</small>	\$50/\$100 Copay waived for the first 2 non-routine PCP visits per year	\$6,000/\$12,000	\$8,150/\$16,300	30%	Ded then \$500	\$60	Ded then \$250	Ded then 30%	ASC: \$250 Outpt Hosp: Ded then 30%	Ded then 30%	Ded then 30%	Non-hospital-based: \$50 Hospital-based: \$75	\$5/\$35/\$80/40%/45% (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)

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

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

# ElevateHealth HMO

Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<div>New for Q3 2021</div> <div><b>ElevateHealth HMO Bronze 8500</b> MD0000100266 RX0000100176</div>	\$50/\$100	\$8,500/\$17,000	\$8,500/\$17,000	None	Ded then covered in full	\$60	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	\$75	Ded then 0%/0%/0%/0%/0%	Ded then 0%/0%/0%/0%/0%

# ElevateHealth HMO HSA

Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<div></div> <div><b>ElevateHealth HMO HSA Silver 3000 with Preventive Rx</b> MD0000100045 RX0000100033</div>	Ded then 10%	\$3,000/\$6,000	\$6,900/\$13,800	10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%
<div></div> <div><b>ElevateHealth HMO HSA Silver 5000 with Preventive Rx</b> MD0000100046 RX0000100034</div>	Ded then 10%	\$5,000/\$10,000	\$6,900/\$13,800	10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%
<div>New for Q3 2021</div> <div><b>ElevateHealth HMO HSA Bronze 6900 with Preventive Rx</b> MD0000100264 RX0000100175</div>	Ded then covered in full	\$6,900/\$13,800	\$6,900/\$13,800	None	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then 0%/0%/0%/0%/0%	Ded then 0%/0%/0%/0%/0%

ElevateHealth Options

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Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<div><div>ElevateHealth Options HMO Gold 1000</div><div>MD0000100047 RX0000100030</div></div>														
	T1: \$25/\$50 Copay waived for the first 2 non-routine PCP visits per year T2: Ded then 30%	T1: \$1,000/\$2,000 T2: \$3,500/\$7,000	\$8,150/\$16,300	T1: 10% T2: 30%	Ded then \$300	\$35	T1: Ded then \$150 T2: Ded then 30%	T1: Ded then 10% T2: Ded then 30%	T1: ASC: \$150 Outpt Hosp: Ded then 10% T2: Ded then 30%	T1: CIF T2: Ded then 30%	T1: Ded then 10% T2: Ded then 30%	T1: Non-hospital- based: \$25 Hospital-based: \$50 T2: Ded then 30%	\$2/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)
<div><div>ElevateHealth Options HMO Silver 3000 with Rx Deductible</div><div>MD0000100048 RX0000100035</div></div>														
	T1: \$40/\$80 Copay waived for the first 2 non-routine PCP visits per year T2: Ded then 35%	T1: Med: \$3,000/\$6,000 Rx: \$500/member T2: \$4,000/\$8,000	\$8,550/\$17,100	T1: 15% T2: 35%	Ded then \$350	\$50	T1: Ded then \$175 T2: Ded then 35%	T1: Ded then 15% T2: Ded then 35%	T1: ASC: \$250 Outpt Hosp: Ded then 15% T2: Ded then 35%	T1: CIF T2: Ded then 35%	T1: Ded then 15% T2: Ded then 35%	T1: Non-hospital- based: \$40 Hospital-based: \$65 T2: Ded then 35%	\$5/\$35/\$80/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$1,100/script max, T5 \$1,100/script max)

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

Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<b>HMO Gold 1000 - LP</b> MD0000100049 RX0000100036	\$25/\$50 Copay waived for the first 2 non-routine PCP visits per year	\$1,000/\$2,000	\$8,500/\$17,000	20%	Ded then \$300	\$35	Ded then \$150	Ded then 20%	Select LP: \$150 Others: Ded then 20%	Select LP: CIF Others: Ded then 20%	Non-hospital-based: \$200 Hospital-based: Ded then 20%	Non-hospital-based: \$25 Hospital-based: \$50	\$2/\$25/\$85/35%/40% (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$170/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)
<b>HMO Gold 1500 - LP</b> MD0000100050 RX0000100030	\$25/\$50 Copay waived for the first 2 non-routine PCP visits per year	\$1,500/\$3,000	\$8,150/\$16,300	20%	Ded then \$300	\$35	Ded then \$150	Ded then 20%	Select LP: \$150 Others: Ded then 20%	Select LP: CIF Others: Ded then 20%	Non-hospital-based: \$200 Hospital-based: Ded then 20%	Non-hospital-based: \$25 Hospital-based: \$50	\$2/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)
<b>HMO Gold 2000/0% - LP with Rx Deductible</b> MD0000100051 RX0000100037	\$25/\$50 Copay waived for the first 2 non-routine PCP visits per year	Med: \$2,000/\$4,000 Rx: \$500/member	\$5,000/\$10,000	None	Ded then \$300	\$35	Ded then \$150	Ded then CIF	Select LP: \$150 Others: Ded then CIF	Select LP: CIF Others: Ded then CIF	Non-hospital-based: \$200 Hospital-based: Ded then CIF	Non-hospital-based: \$25 Hospital-based: \$50	\$2/\$25/\$65/35%/40% (Rx Ded applies to T3, T4 & T5) (T4 \$550/script max, T5 \$550/script	\$4/\$50/\$130/35%/40% (Rx Ded applies to T3, T4 & T5) (T4 \$1,100/script max, T5 \$1,100/script max)
<b>HMO Gold 2000/10% - LP</b> MD0000100052 RX0000100030	\$25/\$50 Copay waived for the first 2 non-routine PCP visits per year	\$2,000/\$4,000	\$8,150/\$16,300	10%	Ded then \$300	\$35	Ded then \$150	Ded then 10%	Select LP: \$150 Others: Ded then 10%	Select LP: CIF Others: Ded then 10%	Non-hospital-based: \$200 Hospital-based: Ded then 10%	Non-hospital-based: \$25 Hospital-based: \$50	\$2/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)

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

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

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Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<b>HMO Gold 2000/20% - LP</b> MD0000100053 RX0000100030	\$25/\$50 Copay waived for the first 2 non-routine PCP visits per year	\$2,000/\$4,000	\$8,150/\$16,300	20%	Ded then \$300	\$35	Ded then \$150	Ded then 20%	Select LP: \$150 Others: Ded then 20%	Select LP: CIF Others: Ded then 20%	Non-hospital-based: \$200 Hospital-based: Ded then 20%	Non-hospital-based: \$25 Hospital-based: \$50	\$2/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)
<b>HMO Gold 3000/0% - LP</b> MD0000100054 RX0000100038	\$25/\$50 Copay waived for the first 2 non-routine PCP visits per year	\$3,000/\$6,000	\$6,000/\$12,000	None	Ded then \$300	\$35	Ded then \$150	Ded then CIF	Select LP: \$150 Others: Ded then CIF	Select LP: CIF Others: Ded then CIF	Non-hospital-based: \$200 Hospital-based: Ded then CIF	Non-hospital-based: \$25 Hospital-based: \$50	\$2/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)
<b>HMO Gold 3000/20% - LP</b> MD0000100055 RX0000100030	\$25/\$50 Copay waived for the first 2 non-routine PCP visits per year	\$3,000/\$6,000	\$8,150/\$16,300	20%	Ded then \$300	\$35	Ded then \$150	Ded then 20%	Select LP: \$150 Others: Ded then 20%	Select LP: CIF Others: Ded then 20%	Non-hospital-based: \$200 Hospital-based: Ded then 20%	Non-hospital-based: \$25 Hospital-based: \$50	\$2/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)
<b>HMO Gold 4000 - LP</b> MD0000100056 RX0000100030	\$25/\$50 Copay waived for the first 2 non-routine PCP visits per year	\$4,000/\$8,000	\$8,150/\$16,300	None	Ded then \$300	\$35	Ded then \$150	Ded then CIF	Select LP: \$150 Others: Ded then CIF	Select LP: CIF Others: Ded then CIF	Non-hospital-based: \$200 Hospital-based: Ded then CIF	Non-hospital-based: \$25 Hospital-based: \$50	\$2/\$25/\$65/35%/40% (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40% (T4 \$1,100/script max, T5 \$1,100/script max)
<b>HMO Silver 3000 - LP with Rx Deductible</b> MD0000100057 RX0000100031	\$40/\$80 Copay waived for the first 2 non-routine PCP visits per year	Med: \$3,000/\$6,000 Rx: \$500/member	\$8,150/\$16,300	35%	Ded then \$350	\$50	Ded then \$175	Ded then 35%	Select LP: \$250 Others: Ded then 35%	Select LP: CIF Others: Ded then 35%	Non-hospital-based: \$300 Hospital-based: Ded then 35%	Non-hospital-based: \$40 Hospital-based: \$65	\$5/\$35/\$80/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$1,100/script max, T5 \$1,100/script max)

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

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

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Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<b>HMO Silver 4000 - LP with Rx Deductible</b> MD0000100058 RX0000100031	\$40/\$80 Copay waived for the first 2 non-routine PCP visits per year	Med: \$4,000/\$8,000 Rx: \$500/member	\$8,150/\$16,300	20%	Ded then \$350	\$50	Ded then \$175	Ded then 20%	Select LP: \$250 Others: Ded then 20%	Select LP: CIF Others: Ded then 20%	Non-hospital-based: \$300 Hospital-based: Ded then 20%	Non-hospital-based: \$40 Hospital-based: \$65	\$5/\$35/\$80/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45% (Rx Ded applies to T3, T4 & T5) (T4 \$1,100/script max, T5 \$1,100/script max)
<b>HMO Silver 5000 - LP</b> MD0000100059 RX0000100032	\$50/\$100 Copay waived for the first 2 non-routine PCP visits per year	\$5,000/\$10,000	\$8,150/\$16,300	20%	Ded then \$500	\$60	Ded then \$250	Ded then 20%	Select LP: \$250 Others: Ded then 20%	Select LP: CIF Others: Ded then 20%	Non-hospital-based: \$300 Hospital-based: Ded then 20%	Non-hospital-based: \$50 Hospital-based: \$75	\$5/\$35/\$80/40%/45% (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)
<b>HMO Silver 6000 - LP</b> MD0000100060 RX0000100032	\$50/\$100 Copay waived for the first 2 non-routine PCP visits per year	\$6,000/\$12,000	\$8,150/\$16,300	30%	Ded then \$500	\$60	Ded then \$250	Ded then 30%	Select LP: \$250 Others: Ded then 30%	Select LP: CIF Others: Ded then 30%	Non-hospital-based: \$300 Hospital-based: Ded then 30%	Non-hospital-based: \$50 Hospital-based: \$75	\$5/\$35/\$80/40%/45% (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45% (T4 \$1,100/script max, T5 \$1,100/script max)
<div>New for Q3 2021</div> <b>HMO Bronze 8500</b> MD0000100267 RX0000100176	\$50/\$100	\$8,500/\$17,000	\$8,500/\$17,000	None	Ded then covered in full	\$60	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	\$75	Ded then 0%/0%/0%/0%/0%	Ded then 0%/0%/0%/0%/0%

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

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

Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<div><div>HMO HSA Silver 3000 with Preventive Rx</div><div>MD0000100061 RX0000100033</div></div>	Ded then 10%	\$3,000/ \$6,000	\$6,900/ \$13,800	10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%
<div><div>HMO HSA Silver 4000 with Preventive Rx</div><div>MD0000100062 RX0000100039</div></div>	Ded then 10%	\$4,000/ \$8,000	\$6,900/ \$13,800	10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%
<div><div>HMO HSA Silver 5000 with Preventive Rx</div><div>MD0000100063 RX0000100034</div></div>	Ded then 10%	\$5,000/ \$10,000	\$6,900/ \$13,800	10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%
<div><div>HMO HSA Bronze 6500 with Preventive Rx</div><div>MD0000100064 RX0000100040</div></div>	Ded then 20%	\$6,500/ \$13,000	\$6,900/ \$13,800	20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%
<div><div>New for Q3 2021</div><div>HMO HSA Bronze 6900 with Preventive Rx</div><div>MD0000100265 RX0000100175</div></div>	Ded then covered in full	\$6,900/\$13,800	\$6,900/\$13,800	None	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then covered in full	Ded then 20%	Ded then 0%/0%/0%/0%/0%	Ded then 0%/0%/0%/0%/0%

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

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

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Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<b>PPO Gold 1500 - LP</b> MD0000100065 RX0000100030	IN: \$25/\$50  OON: Ded then 40%	IN: \$1,500/\$3,000  OON: \$3,000/\$6,000	IN: \$8,150/\$16,300  OON: \$8,150/\$16,300	IN: 20%  OON: 40%	Ded then \$300	IN: \$35  OON: Ded then 40%	IN: Ded then \$150  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	IN: Select LP: \$150 Others: Ded then 20%  OON: Ded then 40%	IN: Select LP: CIF Others: Ded then 20%  OON: Ded then 40%	IN: Non-hospital-based: \$200 Hospital-based: Ded then 20%  OON: Ded then 40%	IN: Non-hospital-based: \$25 Hospital-based: \$50  OON: Ded then 40%	\$2/\$25/\$65/35%/40%  (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40%  (T4 \$1,100/script max, T5 \$1,100/script max)
<b>PPO Gold 2000 - LP</b> MD0000100066 RX0000100030	IN: \$25/\$50  OON: Ded then 40%	IN: \$2,000/\$4,000  OON: \$4,000/\$8,000	IN: \$8,150/\$16,300  OON: \$10,000/\$20,000	IN: 20%  OON: 40%	Ded then \$300	IN: \$35  OON: Ded then 40%	IN: Ded then \$150  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	IN: Select LP: \$150 Others: Ded then 20%  OON: Ded then 40%	IN: Select LP: CIF Others: Ded then 20%  OON: Ded then 40%	IN: Non-hospital-based: \$200 Hospital-based: Ded then 20%  OON: Ded then 40%	IN: Non-hospital-based: \$25 Hospital-based: \$50  OON: Ded then 40%	\$2/\$25/\$65/35%/40%  (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40%  (T4 \$1,100/script max, T5 \$1,100/script max)
<b>PPO Gold 3000 - LP</b> MD0000100067 RX0000100030	IN: \$25/\$50  OON: Ded then 40%	IN: \$3,000/\$6,000  OON: \$6,000/\$12,000	IN: \$8,150/\$16,300  OON: \$12,000/\$24,000	IN: 20%  OON: 40%	Ded then \$300	IN: \$35  OON: Ded then 40%	IN: Ded then \$150  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	IN: Select LP: \$150 Others: Ded then 20%  OON: Ded then 40%	IN: Select LP: CIF Others: Ded then 20%  OON: Ded then 40%	IN: Non-hospital-based: \$200 Hospital-based: Ded then 20%  OON: Ded then 40%	IN: Non-hospital-based: \$25 Hospital-based: \$50  OON: Ded then 40%	\$2/\$25/\$65/35%/40%  (T4 \$550/script max, T5 \$550/script max)	\$4/\$50/\$130/35%/40%  (T4 \$1,100/script max, T5 \$1,100/script max)
<b>PPO Silver 5000 - LP</b> MD0000100068 RX0000100032	IN: \$50/\$100  OON: Ded then 40%	IN: \$5,000/\$10,000  OON: \$10,000/\$20,000	IN: \$8,150/\$16,300  OON: \$20,000/\$40,000	IN: 20%  OON: 40%	Ded then \$500	IN: \$60  OON: Ded then 40%	IN: Ded then \$250  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	IN: Select LP: \$250 Others: Ded then 20%  OON: Ded then 40%	IN: Select LP: CIF Others: Ded then 20%  OON: Ded then 40%	IN: Non-hospital-based: \$300 Hospital-based: Ded then 20%  OON: Ded then 40%	IN: Non-hospital-based: \$50 Hospital-based: \$75  OON: Ded then 40%	\$5/\$35/\$80/40%/45%  (T4 \$550/script max, T5 \$550/script max)	\$10/\$70/\$160/40%/45%  (T4 \$1,100/script max, T5 \$1,100/script max)

PPO plans are underwritten by HPHC Insurance Company.

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

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

PPO HSA

New Hampshire Small Group Plans - Effective January 1, 2021 through December 31, 2021.

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Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
<div>PPO HSA Silver 3000 with Preventive Rx</div> <div>MD0000100069 RX0000100033</div>	IN: Ded then 10%  OON: Ded then 30%	IN: \$3,000/\$6,000  OON: \$6,000/\$12,000	IN: \$6,900/\$13,800  OON: \$12,000/\$24,000	IN: 10%  OON: 30%	Ded then 10%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%
<div>PPO HSA Silver 4000 with Preventive Rx</div> <div>MD0000100070 RX0000100039</div>	IN: Ded then 10%  OON: Ded then 30%	IN: \$4,000/\$8,000  OON: \$8,000/\$16,000	IN: \$6,900/\$13,800  OON: \$16,000/\$32,000	IN: 10%  OON: 30%	Ded then 10%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%
<div>PPO HSA Silver 5000 with Preventive Rx</div> <div>MD0000100071 RX0000100034</div>	IN: Ded then 10%  OON: Ded then 30%	IN: \$5,000/\$10,000  OON: \$10,000/\$20,000	IN: \$6,900/\$13,800  OON: \$20,000/\$40,000	IN: 10%  OON: 30%	Ded then 10%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	IN: Ded then 10%  OON: Ded then 30%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%
<div>PPO HSA Bronze 6500 with Preventive Rx</div> <div>MD0000100072 RX0000100040</div>	IN: Ded then 20%  OON: Ded then 40%	IN: \$6,500/\$13,000  OON: \$13,000/\$26,000	IN: \$6,900/\$13,800  OON: \$25,000/\$50,000	IN: 20%  OON: 40%	Ded then 20%	IN: Ded then 20%  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	IN: Ded then 20%  OON: Ded then 40%	Ded then 20%/20%/20%/20%/20%	Ded then 20%/20%/20%/20%/20%

PPO plans are underwritten by HPHC Insurance Company.

\* Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to plan documents for specifics.  
\*\* Members may purchase up to a 90-day supply of maintenance medications.

# www.harvardpilgrim.org/broker

Your one-stop shop for plans,  
details, tools and services.



Our online platform makes it easy to get instant, accurate quotes for new business and renewals.

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

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

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## Get started with Harvard Pilgrim Online Quoting

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

After registering, visit **www.harvardpilgrim.org/broker**.

Click **Broker Login** in the upper right corner.

Log in with your username and password.

Click **Access Harvard Pilgrim Online Quoting**.

Under the appropriate state, click **New Business** to create a new customer quote. Click **Renewals** to renew an existing customer account.

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### Need help?

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

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

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

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# Business rules

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

**All 2021 small group plans are calendar year.**

## Minimum number of participating subscribers

75% of those employees eligible for health benefits must participate in a Harvard Pilgrim Health Care group health plan sponsored by the employer on a sole source basis.

## Side-by-side rules

Accounts may offer any three plans side-by-side.

In New Hampshire, ElevateHealth plans provide access to a limited network of high-quality and efficient providers that is smaller than Harvard Pilgrim's full provider network. ElevateHealth plans are currently not available for issue in Carroll County as a sole option. This excludes the ElevateHealth Options plans which are tiered network plans that include Harvard Pilgrim's full provider network.

## Extraterritorial locations

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

## Preventive medications with a high deductible health plan

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

## Essential health benefit pediatric dental coverage

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

## Embedded deductibles

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

# 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
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services, which were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- 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 New Hampshire small group 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](mailto:civil_rights@harvardpilgrim.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of

Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

# Important legal information

## Language assistance services

**Español (Spanish)** ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

**Português (Portuguese)** ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

**Kreyòl Ayisyen (French Creole)** ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

**繁體中文 (Traditional Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

**Tiếng Việt (Vietnamese)** CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

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

**العربية (Arabic)**

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

**ខ្មែរ (Cambodian)** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

**Français (French)** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

**Italiano (Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

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

**ελληνικά (Greek)** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

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

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

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

**ພາສາລາວ (Lao)** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

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

# Meet our New Hampshire team

## **William Brewster, MD, FACP, CHIE, Vice President**

William has been with Harvard Pilgrim since 2012 and currently serves as the vice president of the New Hampshire market, where he is responsible for strategic and operational aspects across the state.

A board-certified internist who has practiced in New Hampshire for over thirty years, William received his undergraduate degree from the University of Vermont in 1977 and his medical degree from George Washington University in 1981. Prior to joining Harvard Pilgrim, he held several leadership positions in the health care industry.

A New Hampshire native, William currently serves on the boards of directors for Frisbie Memorial Hospital and Memorial Hospital, the Citizens Health Initiative, the Greater Manchester Chamber of Commerce, the Business and Industry Association and the Foundation for Healthy Communities. He was named one of New Hampshire's top 200 influential business leaders from New Hampshire Business Review and was honored as the 2020 JDRF One Hope Gala Honoree.

## **Phillip Chambers, Sales Director**

Joining Harvard Pilgrim as the New Hampshire director of sales in 2018, Phil is responsible for leading sales growth through development and managing customer and broker relationships. With more than 17 years of experience, Phil's extensive background includes positions at Aetna and in the wellness industry.

Born in Ipswich, Mass., Phil attended UMaine Orono for his undergraduate degree and received his MBA at UMass Boston.

Having grown up near the ocean, his love for the beach, fishing and surfing has extended to his family. In Phil's free time, you can typically find him, his wife of 21 years, Ali, and his two sons, Jack and Mason, enjoying the outdoors and all that the water has to offer.

## **Jesse Hobbs, Sales and Account Executive – Small Group**

Jesse has over 20 years of industry experience and has been with Harvard Pilgrim since 2017. He is currently responsible for small group new business and renewals in the New Hampshire market.

Jesse grew up in Exeter, and then moved to South Florida, where he attended Florida Atlantic University and worked for a large health insurer as an RFP Team Lead and new business Account Executive in small group and mid market. Jesse returned to New Hampshire to join the Harvard Pilgrim team and now enjoys golf and outdoor time with family and friends in his free time.

## **Liz Nalette, Sales and Account Executive – Small Group**

Liz has been a part of the Harvard Pilgrim sales team since November 2014, where she works directly with New Hampshire small group brokers and employers on new and renewal business.

Growing up in Queens, New York, Liz has over 20 years of extensive experience in sales and health insurance, including positions at Mutual of Omaha, Altria Group, Cornerstone Benefit & Retirement Group, and United HealthCare.

When she's not in the office, Liz couldn't be more excited to spend time with her family, especially her kids who all attended maritime colleges. But her home away from home is Disney World, where she loves to visit as often as possible to revisit old memories and create new ones.

## **Jonathan Ulery, Sales and Account Executive – Small Group**

With over 21 years in the health insurance industry and 18 years in sales, Jonathan Ulery joined Harvard Pilgrim in April 2020. As part of the small group sales team, Jon is responsible for broker and account relationships with New Hampshire's new and existing small employer groups.

Born and raised in Hudson, Jon attended Bishop Guertin High School and New Hampshire College. Prior to joining Harvard Pilgrim, he worked for United HealthCare/Oxford Health plans in the New York market.

After all these years, Jon is still impressed with the beauty of New Hampshire and loves to enjoy it with his three daughters and his dog, a Cavalier King Charles Spaniel. When he's not spending time volunteering as the Chairperson of Nashua Youth Soccer, you'll be able to find him coaching or with a fishing pole in hand.

# Contact us



**Harvard Pilgrim  
Health Care**

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

**650 Elm Street, Suite 700, Manchester, NH 03101**

**[myserviceteam@harvardpilgrim.org](mailto:myserviceteam@harvardpilgrim.org)**

**[www.harvardpilgrim.org](http://www.harvardpilgrim.org)**

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

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