



Harvard Pilgrim
Health Care

Keeping you and your family healthy

Massachusetts Individual &
Family Product Guide

Plan Year 2022



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

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Getting coverage is easy

Buying from Harvard Pilgrim

You can purchase coverage directly from Harvard Pilgrim. Visit us at www.harvardpilgrim.org.



Renewing for 2022

Current Harvard Pilgrim members will receive a renewal package in late October.

If you are happy with the plan that's outlined in the renewal package, all you need to do is pay the premium by January 1, 2022. It's as easy as that.

Otherwise, visit www.harvardpilgrim.org/renew to view our other coverage options and make changes.

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



Monday, November 1, 2021 – Sunday, January 23, 2022*

2022 open enrollment period for selecting health care coverage.

Purchase from:	For coverage effective:
November 1-December 23, 2021	January 1, 2022
December 24, 2021-January 23, 2022	February 1, 2022 OR March 1, 2022

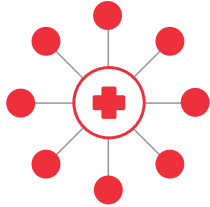


We are committed to guiding you through the challenges of the COVID-19 pandemic. For the most up-to-date information, visit www.harvardpilgrim.org/coronavirus.

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

Guiding people to better health

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



A variety of plan and network choices

We have full and select network plans, including HMO and PPO options.* Our Focus HMO plans and Flex benefits are built around outstanding Massachusetts providers who deliver high-quality care and enable member savings.

90K+
DOCTORS
& CLINICIANS

180+
HOSPITALS

New England and 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.



* PPO plans are underwritten by HPHC Insurance Company.



Our plans include great benefits

These core benefits are included with each of our plans.



Acupuncture and chiropractic

Unlimited acupuncture and chiropractic visits



Hospitalization

Inpatient services, such as surgery



Pregnancy, maternity and newborn care

Care before, during and after pregnancy



Ambulatory patient services

Outpatient care without hospital admission



Laboratory services

Blood work, screenings, etc.



Prescriptions

Access to safe, effective medications; certain over-the-counter drugs are included on our formulary



Emergency services

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



Behavioral health and substance use disorder services

Counseling and psychotherapy



Rehabilitation and habilitative services and devices

Rehab services, hospital beds, crutches, oxygen tanks, etc.



Eye exams

One preventive screening every year



Pediatric vision and dental¹

Covers children up to age 19



Preventive care and chronic disease management

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

¹ You can waive pediatric dental if you have a qualified pediatric dental plan in place, except for Standard Connector plans for which the pediatric dental plan is included in the plan design.



Covering the prescriptions you need

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.¹ 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 cover certain generic over-the-counter drugs on 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.

How the prescription drug tiers work

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

Pediatric dental



- Plans are available with or without pediatric dental²
- Deductible does not apply
- Some plans have a separate dental out-of-pocket max that is lower than the medical out-of-pocket max
- Members will receive separate Dental ID card
- Type I: CIF (20% OON on PPOs)
- Type II: 20% (40% OON on PPOs)
- Type III: 50%
- Type IV: 50%

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

¹ Standard Connector plans include drug coverage with three tiers instead of five. Visit www.harvardpilgrim.org/rx for more information on Value 3-Tier coverage.

² You can waive pediatric dental if you have a qualified pediatric dental plan in place, except for Standard Connector plans for which the pediatric dental plan is included in the plan design.

Questions about our prescription drug program?

Visit www.harvardpilgrim.org/rx to learn more.

Select the year and the plan (e.g., 2022 Value 5-Tier) to:

-  See which drugs are covered
-  Look up drug prices
-  Find nearby in-network pharmacies
-  Get details on home delivery, and more!

Maximizing your well-being

These programs and services are included with your plan.



Living Well EverydaySM

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 today. And be sure to check out www.harvardpilgrim.org/livingwellathome for our online wellness classes.



Lifestyle management coaches

Let one of our certified lifestyle management coaches get to know you, understand your goals and — through regular phone check-ins — help you achieve these goals. Visit www.harvardpilgrim.org/healthcoach to learn more.



Clinical care team support

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our clinical care team of nurses, social workers, pharmacists and health coaches can guide you to better health. Learn more at www.harvardpilgrim.org/clinicalcareteam today.

Earn valuable Amazon gift cards when you join Well-being Rewards!



Well-being Rewards program¹

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

Maintaining a healthy mind

Behavioral health and substance use conditions can be complex, confusing and sometimes overwhelming.

Together with our behavioral health administrator, United Behavioral Health/Optum, we offer support, resources and tools to help you on your behavioral health journey.

The licensed care advocates at our 24/7 **Behavioral Health Access Center** can help you understand your coverage and treatment options and find available providers, including those who offer virtual visits.



Call **(888) 777-4742** to speak confidentially with a care advocate and get started.

Visit www.harvardpilgrim.org/behavioralhealth to learn about additional resources that can help you choose the path that's right for you:

- 24/7 support helplines (emotional support and substance use disorder treatment)
- Peer coaching for substance use disorders
- Convenient online resources (Talkspace digital therapy, Sanvello mobile app and more)²

¹ Well-being Rewards is available to you if you are a subscriber enrolled directly in a qualifying Harvard Pilgrim plan and you've purchased the program. Rewards are considered taxable income; please consult with your tax advisor. This program is not available on plans purchased through the Connector.

² Sanvello and Talkspace are not affiliated with Harvard Pilgrim. Harvard Pilgrim has an arrangement with Sanvello and Talkspace to offer their respective services to current Harvard Pilgrim members.

Keep more money in your pocket

We have 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.**

www.doctorondemand.com



Reduce My Costs¹

This voluntary program helps you find and schedule care with lower-cost providers for elective outpatient medical procedures and diagnostic tests. You'll receive rewards for choosing a more affordable option. Members may receive a maximum of \$100 in Reduce My Costs rewards per year. Call **(855) 772-8366** or use the **chat feature** to speak with a Reduce My Costs nurse.

www.harvardpilgrim.org/reducecosts



Discounts & Savings

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

- Vision and hearing
- Healthy eating and fitness
- Dental
- Holistic wellness
- Smoking cessation
- Family and senior care

www.harvardpilgrim.org/discounts

Fitness reimbursement







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

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.

² Reimbursement may be considered taxable income; members should consult their tax advisors.

Know your options for urgent care

When your primary care provider's office isn't open and you need medical care for a non-life-threatening injury or illness, you have [urgent care options](#) — other than the ER — that can save time and money.

		Typical out-of-pocket costs	Common symptoms	
	Telemedicine services Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer	\$ Members may pay cost sharing for telemedicine services*	<ul style="list-style-type: none"> • Coughs, colds • Sore/strep throat • Flu • Pediatric issues • Sinus and allergies 	<ul style="list-style-type: none"> • Nausea/diarrhea • Rashes and skin issues • UTIs, yeast infections • Sports injuries • Eye issues
	Convenience care/retail clinic Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacies)	\$ Members typically pay a copayment for going to a participating clinic*	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections 	<ul style="list-style-type: none"> • Skin conditions like poison ivy and ringworm • Strep throat
	Urgent care clinic Walk-in clinic for urgent care at both freestanding and hospital-based locations	\$\$ Members typically pay a copayment for urgent care, which is sometimes higher than the one for an office visit*	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains 	<ul style="list-style-type: none"> • Coughs, cold and flu • Burns, rashes, bites, cuts and bruises • Infections
	Emergency room (ER) Part of a local hospital Members who think they are having medical emergencies should call 911 or go to the nearest ER	\$\$\$\$ Members typically pay a higher copayment than an office visit; plus, ER services are often subject to a deductible*	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss 	<ul style="list-style-type: none"> • Seizures • Severe head trauma • Shock • Stroke

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

Help with choosing a plan

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

When choosing a plan, consider several factors:

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

Types of plans

HMO

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

PPO

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

Limited network (Focus)*

- HMO
- Lower-premium plan featuring a limited network of our high-performance providers

Qualified high deductible

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

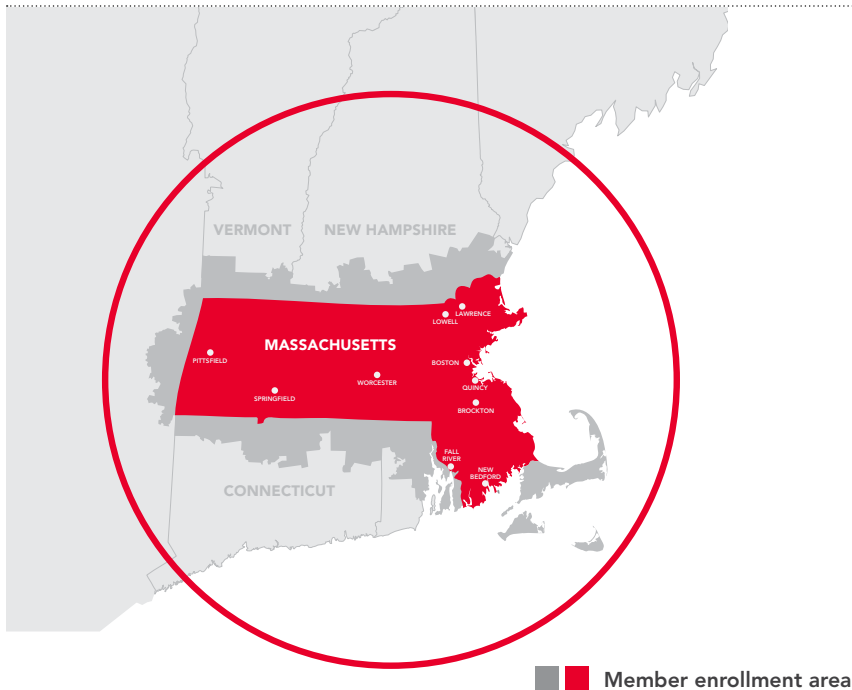
Find the plan that best meets your needs

Preferences	HMO	PPO	Limited network*	Qualified high deductible
My doctor participates in the network for my plan, and I don’t want to spend more money out of pocket.	●		●	●
I want the freedom to see any doctor.		●		●
I want to save on my premium (money paid up front for health coverage).			●	●
I want services to be covered up front and don’t mind a higher premium.	●	●	● Plan may include a deductible	
I prefer to budget and keep track of all my health care expenses.			●	●

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

Save money with Focus HMO plans

These plans feature a select network of Massachusetts' leading health professionals and hospitals.* Focus HMO plans are designed help you lower costs and offer premium savings compared to our full-network plans.



Features include:



Comprehensive HMO coverage with care from our extensive, high-performance network of providers across Massachusetts



Nearly 60 hospitals and 37,000 doctors and other clinicians across the state

How it works

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



To find Focus doctors and hospitals



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

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

Flex benefit for routine services

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

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

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

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

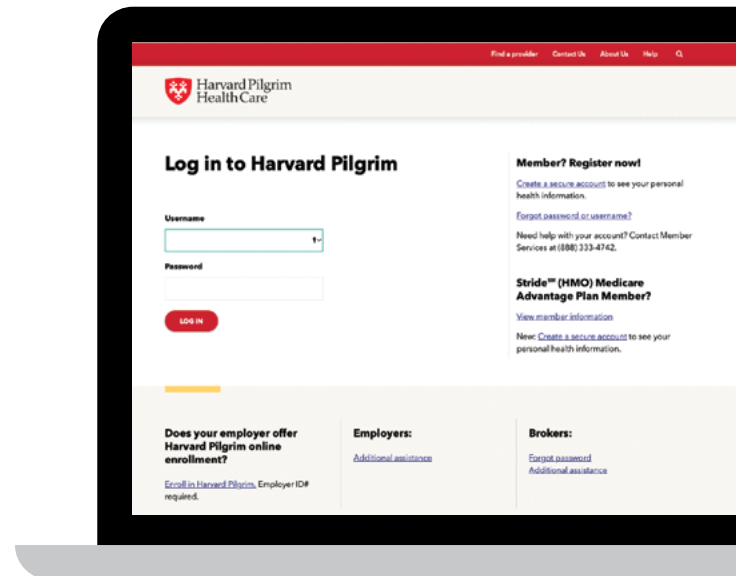
 To find Flex facilities

1. Visit www.harvardpilgrim.org and select **Find a Provider**
2. Under Standard Plans, select **HMO-Flex** or **PPO-Flex**
3. Then select **Hospitals, Urgent Care, Labs and more**, and then either **Ambulatory Surgical Center** or **General Lab**

Set up your member account

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

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



We're committed to our communities

Service is more than good business.

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



In 2020, more than **\$6.1 million** was contributed to Massachusetts nonprofit organizations supporting COVID-19 relief efforts and advancing pandemic recovery, health equity and social justice.

2022 Massachusetts plan offerings

For individuals and families

2022 Massachusetts Individual Plans — Effective January 1, 2022, through December 31, 2022.

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

Pending regulatory approval.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
HMO															
HMO 25 - Flex Metal Tier: Platinum MD0000100514 RX0000100086 DN0000100045 VS0000100045	\$25 copay/\$40 copay Copayment waived for first non-routine primary care provider visit	None/None	\$3,000/\$6,000 Embedded	None	\$125 copay	Urgent care: \$40 copay Convenience care: \$25 copay	\$750 copay per admit	Flex provider: \$150 copay Other: \$500 copay	Flex provider: Covered in full Other: \$40 copay	\$40 copay	Non-hospital-based: \$125 copay per procedure Hospital-based: \$200 copay per procedure	Non-hospital-based: \$25 copay Hospital-based: \$40 copay	\$40 copay	\$5/\$25/\$40/\$60/20% (T5: \$250/script max)	\$10/\$50/\$80/\$180/20% (T5: \$750/script max)
HMO 500 - Flex Metal Tier: Gold MD0000100515 RX0000100085 DN0000100046 VS0000100044	\$25 copay/\$50 copay Copayment waived for first non-routine primary care provider visit	\$500/\$1,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	Urgent care: \$50 copay Convenience care: \$25 copay	Deductible, then \$200 copay per admit	Flex provider: \$50 copay Other: Deductible, then \$300 copay	Flex provider: Covered in full Other: Deductible, then \$45 copay	Deductible, then \$45 copay	Non-hospital-based: \$200 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure	Non-hospital-based: \$25 copay Hospital-based: Deductible, then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250/script max)	\$10/\$60/\$120/\$300/20% (T5: \$750/script max)
HMO 1000 - Flex Metal Tier: Gold MD0000100516 RX0000100085 DN0000100046 VS0000100044	\$25 copay/\$50 copay Copayment waived for first non-routine primary care provider visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	Urgent care: \$50 copay Convenience care: \$25 copay	Deductible, then \$200 copay per admit	Flex provider: \$50 copay Other: Deductible, then \$300 copay	Flex provider: Covered in full Other: Deductible, then \$45 copay	Deductible, then \$45	Non-hospital-based: \$200 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure	Non-hospital-based: \$25 copay Hospital-based: Deductible, then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250/script max)	\$10/\$60/\$120/\$300/20% (T5: \$750/script max)
HMO 1500 - Flex Metal Tier: Gold MD0000100517 RX0000100085 DN0000100046 VS0000100044	\$25 copay/\$50 copay Copayment waived for first non-routine primary care provider visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	Urgent care: \$50 copay Convenience care: \$25 copay	Deductible, then \$250 copay per admit	Flex provider: \$75 copay Other: Deductible, then \$300 copay	Flex provider: Covered in full Other: Deductible, then \$45 copay	Deductible, then \$45 copay	Non-hospital-based: \$200 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure	Non-hospital-based: \$25 copay Hospital-based: Deductible, then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250/script max)	\$10/\$60/\$120/\$300/20% (T5: \$750/script max)
HMO 1500 with Coinsurance - Flex Metal Tier: Gold MD0000100542 RX0000100262 DN0000100222 VS0000100125	\$35 copay/\$60 copay Copayment waived for first non-routine primary care provider visit	\$1,500/\$3,000 Embedded	\$8,550/\$17,100 Embedded	10%	Deductible, then 10%	Urgent care: \$40 copay Convenience care: \$35 copay	Deductible, then 10%	Flex provider: \$150 copay Other: Deductible, then 10%	Flex provider: Covered in full Other: Deductible, then 10%	Deductible, then 10%	Non-hospital-based: \$150 copay per procedure Hospital-based: Deductible, then 10%	Non-hospital-based: \$45 copay Hospital-based: Deductible, then 10%	\$35 copay	\$5/\$35/Deductible, then \$85/Deductible, then \$100/Deductible, then 10% (T5: \$250/script max)	\$10/\$70/Deductible, then \$170/Deductible, then \$300/Deductible, then 10% (T5: \$750/script max)
														Rx Deductible: \$250/\$500	
HMO 2000 - Flex Metal Tier: Gold MD0000100518 RX0000100085 DN0000100046 VS0000100044	\$25 copay/\$50 copay Copayment waived for first non-routine primary care provider visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	Urgent care: \$50 copay Convenience care: \$25 copay	Deductible, then \$250 copay per admit	Flex provider: \$75 copay Other: Deductible, then \$300 copay	Flex provider: Covered in full Other: Deductible, then \$45 copay	Deductible, then \$45	Non-hospital-based: \$200 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure	Non-hospital-based: \$25 copay Hospital-based: Deductible, then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250/script max)	\$10/\$60/\$120/\$300/20% (T5: \$750/script max)
HMO 2000 with Coinsurance - Flex Metal Tier: Gold MD0000100519 RX0000100259 DN0000100164 VS0000100122	\$35 copay/\$70 copay Copayment waived for first non-routine primary care provider visit	\$2,000/\$4,000 Embedded	\$8,700/\$17,400 Embedded	20%	Deductible, then \$250 copay	Urgent care: \$70 copay Convenience care: \$35 copay	Deductible, then 20%	Flex provider: \$150 copay Other: Deductible, then 20%	Flex provider: Covered in full Other: Deductible, then 20%	Deductible, then 20%	Non-hospital-based: \$150 copay per procedure Hospital-based: Deductible, then 20%	Non-hospital-based: \$35 copay Hospital-based: Deductible, then 20%	\$50 copay	\$5/\$30/Deductible, then \$60/Deductible, then \$100/Deductible, then 20% (T5: \$250/script max)	\$10/\$60/Deductible, then \$120/Deductible, then \$300/Deductible, then 20% (T5: \$750/script max)
														Rx Deductible: \$250/\$500	
HMO 2000 Value - Flex Metal Tier: Silver MD0000100520 RX0000100260 DN0000100166 VS0000100123	\$50 copay/\$75 copay Copayment waived for first non-routine primary care provider visit	\$2,000/\$4,000 Embedded	\$8,700/\$17,400 Embedded	None	Deductible, then \$1,000 copay	Urgent care: \$75 copay Convenience care: \$50 copay	Deductible, then \$1,000 copay per admit	Flex provider: \$250 copay Other: Deductible, then \$1,000 copay	Flex provider: \$25 copay Other: Deductible, then \$75 copay	Deductible, then \$100 copay	Non-hospital-based: \$750 copay per procedure Hospital-based: Deductible, then \$1,000 copay per procedure	Non-hospital-based: \$50 copay Hospital-based: Deductible, then \$75 copay	\$50 copay	\$5/\$30/Deductible, then \$80/Deductible, then \$120/Deductible, then 20% (T5: \$500/script max)	\$10/\$60/Deductible, then \$160/Deductible, then \$360/Deductible, then 20% (T5: \$1,500/script max)
														Rx Deductible: \$250/\$500	
HMO 2500 - Flex Metal Tier: Gold MD0000100543 RX0000100344 DN0000100223 VS0000100126	\$30 copay/\$50 copay Copayment waived for first non-routine primary care provider visit	\$2,500/\$5,000 Embedded	\$6,500/\$13,000 Embedded	None	\$300 copay	Urgent care: \$40 copay Convenience care: \$35 copay	Deductible, then \$500 copay per admit	Flex provider: \$250 copay Other: Deductible, then \$1,000 copay	Flex provider: \$25 copay Other: Deductible, then \$50 copay	Deductible, then \$50 copay	Non-hospital-based: \$750 copay per procedure Hospital-based: Deductible, then \$250 copay per procedure	Non-hospital-based: \$45 copay Hospital-based: Deductible, then \$75 copay	\$30 copay	\$5/\$30/\$70/\$110/\$160	\$10/\$60/\$140/\$330/\$480

¹ For explanation of embedded vs. non-embedded deductible, see page 26.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
HMO															
HMO 3000 - Flex Metal Tier: Silver MD0000100521 RX0000100087 DN0000100047 VS0000100046	\$40 copay/\$65 copay Copayment waived for first non-routine primary care provider visit	\$3,000/\$6,000 Embedded	\$8,500/\$17,000 Embedded	None	Deductible, then \$650 copay	Urgent care: \$65 copay Convenience care: \$40 copay	Deductible, then \$1,000 copay per admit	Flex provider: \$250 copay Other: Deductible, then \$750 copay	Flex provider: Covered in full Other: Deductible, then \$65 copay	Deductible, then \$65	Non-hospital-based: \$250 copay per procedure Hospital-based: Deductible, then \$750 copay per procedure	Non-hospital-based: \$40 copay Hospital-based: Deductible, then \$65 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (T5: \$500/script max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500/script max)
HMO 3500 - Flex Metal Tier: Bronze MD0000100371 RX0000100088 DN0000100048 VS0000100046	Deductible, then \$40 copay/Deductible, then \$65 copay	\$3,500/\$7,000 Embedded	\$8,500/\$17,000 Embedded	20%	Deductible, then \$750 copay	Urgent care: Deductible, then \$65 copay Convenience care: Deductible, then \$40 copay	Deductible, then 20%	Flex provider: Deductible, then \$250 copay Other: Deductible, then \$1,000 copay	Flex provider: Deductible, then \$25 Other: Deductible, then \$75 copay	Deductible, then \$75 copay	Non-hospital-based: Deductible, then \$500 copay per procedure Hospital-based: Deductible, then \$1,000 copay per procedure	Non-hospital-based: Deductible, then \$40 copay Hospital-based: Deductible, then \$65 copay	Deductible, then \$50 copay	\$5/\$30/Deductible, then 50%/Deductible, then 50% (T3: \$125/script max, T4: \$250/script max, T5: \$500/script max)	\$10/\$60/Deductible, then 50%/Deductible, then 50% (T3: \$250/script max, T4: \$750/script max, T5: \$1,500/script max)
HMO 4000 - Flex Metal Tier: Silver MD0000100544 RX0000100345 DN0000100224 VS0000100163	\$40 copay/\$60 copay Copayment waived for first non-routine primary care provider visit	\$4,000/\$8,000 Embedded	\$8,550/\$17,100 Embedded	None	Deductible, then \$350 copay	Urgent care: \$40 copay Convenience care: \$40 copay	Deductible, then \$500 copay per admit	Flex provider: \$350 copay Other: Deductible, then \$750 copay	Flex provider: Covered in full Other: Deductible, then \$75 copay	Deductible, then \$75 copay	Non-hospital-based: \$300 copay per procedure Hospital-based: Deductible, then \$750 copay per procedure	Non-hospital-based: \$45 copay Hospital-based: Deductible, then \$75 copay	\$40 copay	\$5/\$40/\$85/\$110/10% (T5: \$250/script max)	\$10/\$80/\$170/\$330/10% (T5: \$750/script max)
HMO 5000 - Flex Metal Tier: Silver MD0000100545 RX0000100345 DN0000100224 VS0000100163	\$40 copay/\$60 copay Copayment waived for first non-routine primary care provider visit	\$5,000/\$10,000 Embedded	\$8,550/\$17,100 Embedded	None	Deductible, then \$350 copay	Urgent care: \$40 copay Convenience care: \$40 copay	Deductible, then \$500 copay per admit	Flex provider: \$350 copay Other: Deductible, then \$750 copay	Flex provider: Covered in full Other: Deductible, then \$75 copay	Deductible, then \$75 copay	Non-hospital-based: \$300 copay per procedure Hospital-based: Deductible, then \$750 copay per procedure	Non-hospital-based: \$45 copay Hospital-based: Deductible, then \$75 copay	\$40 copay	\$5/\$40/\$85/\$110/10% (T5: \$250/script max)	\$10/\$80/\$170/\$330/10% (T5: \$750/script max)
HMO HSA															
HMO HSA 2000 - Flex Metal Tier: Silver MD0000100524 RX0000100090 DN0000100050 VS0000100048	Deductible, then \$35 copay/Deductible, then \$55 copay	\$2,000/\$4,000 Non-embedded	\$6,850/\$13,700 Embedded	None	Deductible, then \$400 copay	Urgent care: Deductible, then \$55 copay Convenience care: Deductible, then \$35 copay	Deductible, then \$500 copay per admit	Flex provider: Deductible, then covered in full Other: Deductible, then \$250 copay	Flex provider: Deductible, then covered in full Other: Deductible, then \$55 copay	Deductible, then \$55 copay	Non-hospital-based: Deductible, then \$200 copay per procedure Hospital-based: Deductible, then \$400 copay per procedure	Non-hospital-based: Deductible, then \$35 copay Hospital-based: Deductible, then \$55 copay	Deductible, then \$50 copay	Deductible, then \$5/\$30/\$80/\$120/20% (T5: \$500/script max)	Deductible, then \$10/\$60/\$160/\$360/20% (T5: \$1,500/script max)
HMO HSA 2500 - Flex Metal Tier: Silver MD0000100568 RX0000100356 DN0000100235 VS0000100174	Deductible, then covered in full/Deductible, then \$35 copay	\$2,500/\$5,000 Non-embedded	\$6,900/\$13,800 Embedded	None	Deductible, then \$200 copay	Urgent care: Deductible, then covered in full Convenience care: Deductible, then covered in full	Deductible, then \$300 copay per admit	Flex provider: Deductible, then \$200 copay Other: Deductible, then \$500 copay	Flex provider: Deductible, then covered in full Other: Deductible, then \$35 copay	Deductible, then \$35 copay	Non-hospital-based: Deductible, then covered in full Hospital-based: Deductible, then \$400 copay per procedure	Non-hospital-based: Deductible, then covered in full Hospital-based: Deductible, then \$50 copay	Deductible, then covered in full	Deductible, then \$5/Deductible, then \$30/Deductible, then \$70/Deductible, then \$100/Deductible, then \$125	Deductible, then \$10/Deductible, then \$60/Deductible, then \$140/Deductible, then \$300/Deductible, then \$375
HMO HSA 3000 - Flex Metal Tier: Silver MD0000100525 RX0000100091 DN0000100051 VS0000100048	Deductible, then \$35 copay/Deductible, then \$55 copay	\$3,000/\$6,000 Non-embedded	\$6,850/\$13,700 Embedded	None	Deductible, then \$400 copay	Urgent care: Deductible, then \$55 copay Convenience care: Deductible, then \$35 copay	Deductible, then \$500 copay per admit	Flex provider: Deductible, then covered in full Other: Deductible, then \$250 copay	Flex provider: Deductible, then covered in full Other: Deductible, then \$55 copay	Deductible, then \$55 copay	Non-hospital-based: Deductible, then \$200 copay per procedure Hospital-based: Deductible, then \$400 copay per procedure	Non-hospital-based: Deductible, then \$35 copay Hospital-based: Deductible, then \$55 copay	Deductible, then \$50 copay	Deductible, then \$5/\$30/\$80/\$120/20% (T5: \$500/script max)	Deductible, then \$10/\$60/\$160/\$360/20% (T5: \$1,500/script max)
HMO HSA 3400 - Flex Metal Tier: Silver MD0000100526 RX0000100092 DN0000100052 VS0000100048	Deductible, then \$40 copay/Deductible, then \$75 copay	\$3,400/\$6,800 Non-embedded	\$6,850/\$13,700 Embedded	20%	Deductible, then \$750 copay	Urgent care: Deductible, then \$75 copay Convenience care: Deductible, then \$40 copay	Deductible, then 20%	Flex provider: Deductible, then \$250 copay Other: Deductible, then \$1,000 copay	Flex provider: Deductible, then \$25 copay Other: Deductible, then \$75 copay	Deductible, then \$100 copay	Non-hospital-based: Deductible, then \$500 copay per procedure Hospital-based: Deductible, then \$1,000 copay per procedure	Non-hospital-based: Deductible, then \$40 copay Hospital-based: Deductible, then \$65 copay	Deductible, then \$50 copay	Deductible, then \$5/\$30/\$80/\$120/20% (T5: \$500/script max)	Deductible, then \$10/\$60/\$160/\$360/20% (T5: \$1,500/script max)
HMO HSA 3600 - Flex Metal Tier: Bronze MD0000100577 RX0000100261 DN0000100167 VS0000100124	Deductible, then \$100 copay/Deductible, then \$150 copay	\$3,600/\$7,200 Embedded	\$7,000/\$14,000 Embedded	None	Deductible, then \$1,750 copay	Urgent care: Deductible, then covered in full Convenience care: Deductible, then covered in full	Deductible, then \$2,000 copay per admit	Flex provider: Deductible, then \$500 copay Other: Deductible, then \$1,000 copay	Flex provider: Deductible, then \$25 copay Other: Deductible, then \$75 copay	Deductible, then \$140 copay	Non-hospital-based: Deductible, then \$750 copay per procedure Hospital-based: Deductible, then \$1,250 copay per procedure	Non-hospital-based: Deductible, then \$40 copay Hospital-based: Deductible, then \$150 copay	Deductible, then \$100 copay	Deductible, then \$30/Deductible, then \$30/Deductible, then \$225/Deductible, then \$225	Deductible, then \$60/Deductible, then \$60/Deductible, then \$300/Deductible, then \$675/Deductible, then \$675

¹ For explanation of embedded vs. non-embedded deductible, see page 26.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
Focus HMO															
Focus HMO 25 Metal Tier: Platinum MD0000100527 RX0000100086 DN0000100045 VS0000100045	\$25 copay/\$40 copay Copayment waived for first non-routine primary care provider visit	None/None	\$3,000/\$6,000 Embedded	None	\$125 copay	Urgent care: \$40 copay Convenience care: \$25 copay	\$750 copay per admit	\$500 copay	\$40 copay	\$40 copay	\$125 copay per procedure	\$25 copay	\$40 copay	\$5/\$25/\$40/\$60/20% (T5: \$250/script max)	\$10/\$50/\$80/\$180/20% (T5: \$750/script max)
Focus HMO 1000 Metal Tier: Gold MD0000100564 RX0000100352 DN0000100231 VS0000100170	\$25 copay/\$45 copay Copayment waived for first non-routine primary care provider visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	Urgent care: \$40 copay Convenience care: \$25 copay	Deductible, then \$250 copay per admit	Deductible, then \$150 copay	\$25 copay	Deductible, then \$50 copay	Deductible, then \$125 copay per procedure	\$40 copay	\$25 copay	\$5/\$25/\$60/\$90/\$160	\$10/\$50/\$120/\$270/\$480
Focus HMO 1500 Metal Tier: Gold MD0000100528 RX0000100085 DN0000100046 VS0000100044	\$25 copay/\$50 copay Copayment waived for first non-routine primary care provider visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	Urgent care: \$50 copay Convenience care: \$25 copay	Deductible, then \$250 copay per admit	Deductible, then \$300 copay	Deductible, then \$45 copay	Deductible, then \$45 copay	Deductible, then \$300 copay per procedure	Deductible, then \$25 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250/script max)	\$10/\$60/\$120/\$300/20% (T5: \$750/script max)
Focus HMO 2000 Metal Tier: Gold MD0000100565 RX0000100353 DN0000100232 VS0000100171	\$25 copay/\$50 copay Copayment waived for first non-routine primary care provider visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	Urgent care: \$40 copay Convenience care: \$25 copay	Deductible, then \$250 copay per admit	Deductible, then \$150 copay	Deductible, then \$25 copay	Deductible, then \$50 copay	Deductible, then \$125 copay per procedure	\$40 copay	\$25 copay	\$5/\$30/\$60/\$90/\$160	\$10/\$60/\$120/\$270/\$480
Focus HMO 2500 Metal Tier: Gold MD0000100566 RX0000100354 DN0000100233 VS0000100172	\$30 copay/\$50 copay Copayment waived for first non-routine primary care provider visit	\$2,500/\$5,000 Embedded	\$6,500/\$13,000 Embedded	None	\$300 copay	Urgent care: \$40 copay Convenience care: \$30 copay	Deductible, then \$500 copay per admit	Deductible, then \$250 copay	Deductible, then \$30 copay	Deductible, then \$50 copay	Deductible, then \$150 copay per procedure	\$45 copay	\$30 copay	\$5/\$30/\$70/\$110/\$160	\$10/\$60/\$140/\$330/\$480
Focus HMO 3000 Metal Tier: Silver MD0000100567 RX0000100355 DN0000100234 VS0000100173	\$45 copay/\$60 copay Copayment waived for first non-routine primary care provider visit	\$3,000/\$6,000 Embedded	\$8,550/\$17,100 Embedded	None	Deductible, then \$350 copay	Urgent care: \$40 copay Convenience care: \$45 copay	Deductible, then \$500 copay per admit	Deductible, then \$350 copay	Deductible, then \$75 copay	Deductible, then \$75 copay	Deductible, then \$300 copay per procedure	\$45 copay	\$40 copay	\$5/\$35/\$85/\$110/10% (T5: \$250/script max)	\$10/\$70/\$170/\$330/10% (T5: \$750/script max)
Focus HMO HSA 3400 Metal Tier: Silver MD0000100529 RX0000100092 DN0000100052 VS0000100048	Deductible, then \$40 copay/Deductible, then \$75 copay	\$3,400/\$6,800 Embedded	\$6,850/\$13,700 Embedded	20%	Deductible, then \$750 copay	Urgent care: Deductible, then \$75 copay Convenience care: Deductible, then \$40 copay	Deductible, then 20%	Deductible, then \$1,000 copay	Deductible, then \$75 copay	Deductible, then \$100 copay	Deductible, then \$750 copay per procedure	Deductible, then \$40 copay	Deductible, then \$50 copay	Deductible, then \$5/\$30/\$80/\$120/20% (T5: \$500/script max)	Deductible, then \$10/\$60/\$160/\$360/20% (T5: \$1,500/script max)

¹ For explanation of embedded vs. non-embedded deductible, see page 26.

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

Pending regulatory approval.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
PPO															
PPO 25 - Flex Metal Tier: Platinum MD00000100530 RX00000100086 DN00000100053 VS00000100045	IN: \$25 copay/\$40 copay OON: Deductible, then 20% Copayment waived for first non-routine primary care provider visit	IN: None/None OON: \$500/\$1,000 Embedded	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: None OON: 20%	\$125 copay	Urgent care: IN: \$40 copay OON: Deductible, then 20% Convenience care: IN: \$25 copay OON: Deductible, then 20%	IN: \$750 copay per admit OON: Deductible, then 20%	IN: Flex provider: \$150 copay Other: \$500 copay OON: Deductible, then 20%	IN: Flex provider: Covered in full Other: \$40 copay OON: Deductible, then 20%	IN: \$40 copay OON: Deductible, then 20%	IN: Non-hospital-based: \$125 copay per procedure Hospital-based: \$200 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: \$25 copay Hospital-based: \$40 copay OON: Deductible, then 20%	IN: \$40 copay OON: Deductible, then 20%	\$5/\$25/\$40/\$60/20% (T5: \$250/script max)	\$10/\$50/\$80/\$180/20% (T5: \$750/script max)
PPO 500 - Flex Metal Tier: Gold MD00000100531 RX00000100085 DN00000100054 VS00000100044	IN: \$25 copay/\$50 copay OON: Deductible, then 20% Copayment waived for first non-routine primary care provider visit	IN: \$500/\$1,000 OON: \$1,000/\$2,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	\$300 copay	Urgent care: IN: \$50 copay OON: Deductible, then 20% Convenience care: IN: \$25 copay OON: Deductible, then 20%	IN: Deductible, then \$200 copay per admit OON: Deductible, then 20%	IN: Flex provider: \$50 copay Other: Deductible, then \$300 copay OON: Deductible, then 20%	IN: Flex provider: Covered in full Other: Deductible, then \$45 copay OON: Deductible, then 20%	IN: Deductible, then \$45 copay OON: Deductible, then 20%	IN: Non-hospital-based: \$200 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: \$25 copay Hospital-based: Deductible, then \$50 copay OON: Deductible, then 20%	IN: \$50 copay OON: Deductible, then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250/script max)	\$10/\$60/\$120/\$300/20% (T5: \$750/script max)
PPO 1000 - Flex Metal Tier: Gold MD00000100532 RX00000100085 DN00000100054 VS00000100044	IN: \$25 copay/\$50 copay OON: Deductible, then 20% Copayment waived for first non-routine primary care provider visit	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	\$300 copay	Urgent care: IN: \$50 copay OON: Deductible, then 20% Convenience care: IN: \$25 copay OON: Deductible, then 20%	IN: Deductible, then \$200 copay per admit OON: Deductible, then 20%	IN: Flex provider: \$50 copay Other: Deductible, then \$300 copay OON: Deductible, then 20%	IN: Flex provider: Covered in full Other: Deductible, then \$45 copay OON: Deductible, then 20%	IN: Deductible, then \$45 copay OON: Deductible, then 20%	IN: Non-hospital-based: \$200 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: \$25 copay Hospital-based: Deductible, then \$50 copay OON: Deductible, then 20%	IN: \$50 copay OON: Deductible, then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250/script max)	\$10/\$60/\$120/\$300/20% (T5: \$750/script max)
PPO 1500 - Flex Metal Tier: Silver MD00000100558 RX00000100346 DN00000100225 VS00000100164	IN: Deductible, then \$40 copay/Deductible, then \$40 copay OON: Deductible, then 20%	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$8,550/\$17,100 OON: \$16,300/\$32,600 Embedded	IN: None OON: 20%	Deductible, then \$300 copay	Urgent care: IN: \$40 copay OON: Deductible, then 20% Convenience care: IN: \$40 copay OON: Deductible, then 20%	IN: Deductible, then \$250 copay per admit OON: Deductible, then 20%	IN: Flex provider: \$150 copay Other: Deductible, then \$200 copay OON: Deductible, then 20%	IN: Flex provider: Covered in full Other: Deductible, then \$35 copay OON: Deductible, then 20%	IN: Deductible, then \$75 copay OON: Deductible, then 20%	IN: Non-hospital-based: \$300 copay per procedure Hospital-based: Deductible, then \$200 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$40 copay Hospital-based: Deductible, then \$75 copay OON: Deductible, then 20%	IN: Deductible, then \$40 copay OON: Deductible, then 20%	\$5/\$35/\$65/\$100/\$160	\$10/\$70/\$130/\$300/\$480
PPO 2000 - Flex Metal Tier: Gold MD00000100370 RX00000100094 DN00000100044 VS00000100044	IN: \$25 copay/\$50 copay OON: Deductible, then 20% Copayment waived for first non-routine primary care provider visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	\$300 copay	Urgent care: IN: \$50 copay OON: Deductible, then 20% Convenience care: IN: \$25 copay OON: Deductible, then 20%	IN: Deductible, then \$250 copay per admit OON: Deductible, then 20%	IN: Flex provider: \$75 copay Other: Deductible, then \$300 copay OON: Deductible, then 20%	IN: Flex provider: Covered in full Other: Deductible, then \$45 copay OON: Deductible, then 20%	IN: Deductible, then \$45 copay OON: Deductible, then 20%	IN: Non-hospital-based: \$200 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: \$25 copay Hospital-based: Deductible, then \$50 copay OON: Deductible, then 20%	IN: \$50 copay OON: Deductible, then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250/script max)	\$10/\$60/\$120/\$300/20% (T5: \$750/script max)
PPO 2000 Low - Flex Metal Tier: Silver MD00000100559 RX00000100347 DN00000100226 VS00000100165	IN: Deductible, then \$35 copay/Deductible, then \$35 copay OON: Deductible, then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$8,000/\$16,000 OON: \$16,000/\$32,000 Embedded	IN: None OON: 20%	Deductible, then \$300 copay	Urgent care: IN: \$40 copay OON: Deductible, then 20% Convenience care: IN: \$35 copay OON: Deductible, then 20%	IN: Deductible, then \$250 copay per admit OON: Deductible, then 20%	IN: Flex provider: \$150 copay Other: Deductible, then \$200 copay OON: Deductible, then 20%	IN: Flex provider: Covered in full Other: Deductible, then \$35 copay OON: Deductible, then 20%	IN: Deductible, then \$75 copay OON: Deductible, then 20%	IN: Non-hospital-based: \$300 copay per procedure Hospital-based: Deductible, then \$125 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$35 copay Hospital-based: Deductible, then \$75 copay OON: Deductible, then 20%	IN: Deductible, then \$35 copay OON: Deductible, then 20%	\$5/\$30/\$60/\$90/\$160	\$10/\$60/\$120/\$270/\$480

PPO plans are underwritten by HPHC Insurance Company.

¹ For explanation of embedded vs. non-embedded deductible, see page 26.

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

Pending regulatory approval.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
PPO															
PPO 3000 - Flex Metal Tier: Silver MD0000100535 RX0000100087 DN0000100055 VS0000100046	IN: \$40 copay/\$65 copay OON: Deductible, then 20% Copayment waived for first non-routine primary care provider visit	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$8,500/\$17,000 OON: \$17,000/\$34,000 Embedded	IN: None OON: 20%	Deductible, then \$650 copay	Urgent care: IN: \$65 copay OON: Deductible, then 20% Convenience care: IN: \$40 copay OON: Deductible, then 20%	IN: Deductible, then \$1,000 copay per admit OON: Deductible, then 20%	IN: Flex provider: \$250 copay Other: Deductible, then \$750 copay OON: Deductible, then 20%	IN: Flex provider: Covered in full Other: Deductible, then \$65 copay OON: Deductible, then 20%	IN: Deductible, then \$65 copay OON: Deductible, then 20%	IN: Non-hospital-based: \$250 copay per procedure Hospital-based: Deductible, then \$750 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: \$40 copay Hospital-based: Deductible, then \$65 copay OON: Deductible, then 20%	IN: \$50 copay OON: Deductible, then 20%	\$5/\$30/\$80/\$120/20% (T5: \$500/script max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500/script max)
PPO 4000 - Flex Metal Tier: Silver MD0000100562 RX0000100350 DN0000100229 VS0000100168	IN: Deductible, then \$50 copay/Deductible, then \$50 copay OON: Deductible, then 20%	IN: \$4,000/\$8,000 OON: \$7,000/\$14,000 Embedded	IN: \$8,000/\$16,000 OON: \$17,100/\$34,200 Embedded	IN: None OON: 20%	Deductible, then \$350 copay	Urgent care: IN: \$40 copay OON: Deductible, then 20% Convenience care: IN: \$40 copay OON: Deductible, then 20%	IN: Deductible, then \$500 copay per admit OON: Deductible, then 20%	IN: Flex provider: \$250 copay Other: Deductible, then \$350 copay OON: Deductible, then 20%	IN: Flex provider: Covered in full Other: Deductible, then \$75 copay OON: Deductible, then 20%	IN: Deductible, then \$75 copay OON: Deductible, then 20%	IN: Non-hospital-based: \$300 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$50 copay Hospital-based: Deductible, then \$75 copay OON: Deductible, then 20%	IN: Deductible, then \$50 copay OON: Deductible, then 20%	\$5/\$40/\$85/\$110/10% (T5: \$250/script max)	\$10/\$80/\$170/\$330/10% (T5: \$750/script max)
PPO HSA															
PPO HSA 2000 - Flex Metal Tier: Silver MD0000100536 RX0000100090 DN0000100056 VS0000100048	IN: Deductible, then \$35 copay/Deductible, then \$55 copay OON: Deductible, then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Non-embedded	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400 Embedded	IN: None OON: 20%	Deductible, then \$400 copay	Urgent care: IN: Deductible, then \$55 copay OON: Deductible, then 20% Convenience care: IN: Deductible, then \$35 copay OON: Deductible, then 20%	IN: Deductible, then \$500 copay per admit OON: Deductible, then 20%	IN: Flex provider: Deductible, then covered in full Other: Deductible, then \$250 copay OON: Deductible, then 20%	IN: Flex provider: Deductible, then covered in full Other: Deductible, then \$55 copay OON: Deductible, then 20%	IN: Deductible, then \$55 copay OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$200 copay per procedure Hospital-based: Deductible, then \$400 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$35 copay Hospital-based: Deductible, then \$55 copay OON: Deductible, then 20%	IN: Deductible, then \$50 copay OON: Deductible, then 20%	Deductible, then \$5/\$30/\$80/\$120/20% (T5: \$500/script max)	Deductible, then \$10/\$60/\$160/\$360/20% (T5: \$1,500/script max)
PPO HSA 3000 - Flex Metal Tier: Silver MD0000100537 RX0000100091 DN0000100056 VS0000100048	IN: Deductible, then \$35 copay/Deductible, then \$55 copay OON: Deductible, then 20%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Non-embedded	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400 Embedded	IN: None OON: 20%	Deductible, then \$400 copay	Urgent care: IN: Deductible, then \$55 copay OON: Deductible, then 20% Convenience care: IN: Deductible, then \$35 copay OON: Deductible, then 20%	IN: Deductible, then \$500 copay per admit OON: Deductible, then 20%	IN: Flex provider: Deductible, then covered in full Other: Deductible, then \$250 copay OON: Deductible, then 20%	IN: Flex provider: Deductible, then covered in full Other: Deductible, then \$55 copay OON: Deductible, then 20%	IN: Deductible, then \$55 copay OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$200 copay per procedure Hospital-based: Deductible, then \$400 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$35 copay Hospital-based: Deductible, then \$55 copay OON: Deductible, then 20%	IN: Deductible, then \$50 copay OON: Deductible, then 20%	Deductible, then \$5/\$30/\$80/\$120/20% (T5: \$500/script max)	Deductible, then \$10/\$60/\$160/\$360/20% (T5: \$1,500/script max)
PPO HSA 3400 - Flex Metal Tier: Silver MD0000100538 RX0000100092 DN0000100057 VS0000100048	IN: Deductible, then \$40 copay/Deductible, then \$75 copay OON: Deductible, then 20%	IN: \$3,400/\$6,800 OON: \$6,800/\$13,600 Non-embedded	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400 Embedded	IN: 20% OON: 20%	Deductible, then \$750 copay	Urgent care: IN: Deductible, then \$75 copay OON: Deductible, then 20% Convenience care: IN: Deductible, then \$40 copay OON: Deductible, then 20%	IN: Deductible, then 20% OON: Deductible, then 20%	IN: Flex provider: Deductible, then \$250 copay Other: Deductible, then \$1,000 copay OON: Deductible, then 20%	IN: Flex provider: Deductible, then \$25 copay Other: Deductible, then \$75 copay OON: Deductible, then 20%	IN: Deductible, then \$100 copay OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$500 copay per procedure Hospital-based: Deductible, then \$1,000 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$40 copay Hospital-based: Deductible, then \$65 copay OON: Deductible, then 20%	IN: Deductible, then \$50 copay OON: Deductible, then 20%	Deductible, then \$5/\$30/\$80/\$120/20% (T5: \$500/script max)	Deductible, then \$10/\$60/\$160/\$360/20% (T5: \$1,500/script max)
PPO HSA 5000 - Flex Metal Tier: Bronze MD0000100539 RX0000100256 DN0000100161 VS0000100119	IN: Deductible, then \$60 copay/Deductible, then \$150 copay OON: Deductible, then 20%	IN: \$5,000/\$10,000 OON: \$8,000/\$16,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	Deductible, then \$1,500 copay	Urgent care: IN: Deductible, then \$150 copay OON: Deductible, then 20% Convenience care: IN: Deductible, then \$60 copay OON: Deductible, then 20%	IN: Deductible, then \$1,500 copay per admit OON: Deductible, then 20%	IN: Flex provider: Deductible, then \$250 copay Other: Deductible, then \$1,000 copay OON: Deductible, then 20%	IN: Flex provider: Deductible, then \$25 copay Other: Deductible, then \$75 copay OON: Deductible, then 20%	IN: Deductible, then \$150 copay OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$500 copay per procedure Hospital-based: Deductible, then \$1,000 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: Deductible, then \$40 copay Hospital-based: Deductible, then \$65 copay OON: Deductible, then 20%	IN: Deductible, then \$50 copay OON: Deductible, then 20%	Deductible, then \$5/\$30/50%/50%/50% (T3: \$125/script max, T4: \$250/script max, T5: \$500/script max)	Deductible, then \$10/60/50%/50%/50% (T3: \$250/script max, T4: \$750/script max, T5: \$1,500/script max)

PPO plans are underwritten by HPHC Insurance Company.

¹ For explanation of embedded vs. non-embedded deductible, see page 26.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
Connector plans															
Standard Platinum - Flex Metal Tier: Platinum MD0000100363 RX0000100078 DN0000100037 VS0000100037	\$20 copay/\$40 copay	None/None	\$3,000/\$6,000 Embedded	None	\$150 copay	Urgent care: \$40 copay Convenience care: \$20 copay	\$500 copay per admit	Flex provider: \$100 copay Other: \$250 copay	Covered in full	Covered in full	Non-hospital-based: \$50 copay per procedure Hospital-based: \$150 copay per procedure	Non-hospital-based: \$20 copay Hospital-based: \$40 copay	\$40 copay	\$10/\$25/\$50	\$20/\$50/\$150
Standard High Gold - Flex Metal Tier: Gold MD0000100365 RX0000100080 DN0000100039 VS0000100039	\$25 copay/\$50 copay	None/None	\$5,000/\$10,000 Embedded	None	\$300 copay	Urgent care: \$50 copay Convenience care: \$25 copay	\$750 copay per admit	Flex provider: \$100 copay Other: \$500 copay	Flex provider: Covered in full Other: \$50 copay	\$75 copay	Non-hospital-based: \$100 copay per procedure Hospital-based: \$400 copay per procedure	Non-hospital-based: \$20 copay Hospital-based: \$50 copay	\$50 copay	\$25/\$50/\$75	\$50/\$100/\$225
HMO 2000 Low - Flex Metal Tier: Gold MD0000100366 RX0000100081 DN0000100040 VS0000100040	\$30 copay/\$55 copay	\$2,000/\$4,000 Embedded	\$6,500/\$13,000 Embedded	None	Deductible, then \$350 copay	Urgent care: \$55 copay Convenience care: \$30 copay	Deductible, then \$750 copay per admit	Flex provider: \$250 copay Other: Deductible, then \$500 copay	Flex provider: \$20 copay Other: Deductible, then \$50 copay	Deductible, then \$75 copay	Non-hospital-based: \$200 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure	Non-hospital-based: \$25 copay Hospital-based: \$55 copay	\$50 copay	\$25/Deductible, then \$50/Deductible, then \$125	\$50/Deductible, then \$100/Deductible, then \$375
														Rx Deductible: \$250/\$500	
Standard Silver Metal Tier: Silver MD0000100367 RX0000100250 DN0000100156 VS0000100114	\$25 copay/\$50 copay	\$2,000/\$4,000 Embedded	\$8,700/\$17,400 Embedded	None	Deductible, then \$300 copay	Urgent care: \$50 copay Convenience care: \$25 copay	Deductible, then \$750 copay per admit	Deductible, then \$500 copay	Deductible, then \$45 copay	Deductible, then \$75 copay	Deductible, then \$375 copay per procedure	\$50 copay	\$50 copay	\$25/\$50/Deductible, then \$75	\$50/\$100/Deductible, then \$225
Standard Low Silver HSA - Flex² Metal Tier: Silver MD0000100368 RX0000100251 DN0000100157 VS0000100115	Deductible, then \$30 copay/Deductible, then \$60 copay	\$2,000/\$4,000 Non-embedded	\$7,050/\$14,100 Embedded	None	Deductible, then \$300 copay	Urgent care: Deductible, then \$60 copay Convenience care: Deductible, then \$30 copay	Deductible, then \$750 copay per admit	Flex provider: Deductible, then \$250 copay Other: Deductible, then \$500 copay	Flex provider: Deductible, then \$20 copay Other: Deductible, then \$60 copay	Deductible, then \$75 copay	Non-hospital-based: Deductible, then \$200 copay per procedure Hospital-based: Deductible, then \$500 copay per procedure	Non-hospital-based: Deductible, then \$30 copay Hospital-based: Deductible, then \$60 copay	Deductible, then \$50 copay	Deductible, then \$30/Deductible, then \$60/Deductible, then \$105	Deductible, then \$60/Deductible, then \$120/Deductible, then \$315
Standard High Bronze Metal Tier: Bronze MD0000100369 RX0000100252 DN0000100158 VS0000100116	Deductible, then \$35 copay/Deductible, then \$75 copay	\$2,750/\$5,500 Embedded	\$8,700/\$17,400 Embedded	None	Deductible, then \$750 copay	Urgent care: Deductible, then \$75 copay Convenience care: Deductible, then \$35 copay	Deductible, then \$1,200 copay per admit	Deductible, then \$500 copay	Deductible, then \$75 copay	Deductible, then \$100 copay	Deductible, then \$800 per procedure	Deductible, then \$75 copay	\$50 copay	\$30/Deductible, then \$100/Deductible, then \$150	\$60/Deductible, then \$200/Deductible, then \$450

PPO plans are underwritten by HPHC Insurance Company.

¹ For explanation of embedded vs. non-embedded deductible, see page 26.

² Available to small groups only on the Connector.

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
Connector plans															
PPO 2000 - Flex² Metal Tier: Gold MD00000100370 RX00000100094 DN00000100044 VS00000100044	IN: \$25 copay/\$50 copay OON: Deductible, then 20% Copayment waived for first non-routine primary care provider visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	\$300 copay	Urgent care: IN: \$50 copay OON: Deductible, then 20% Convenience care: IN: \$25 copay OON: Deductible, then 20%	IN: Deductible, then \$250 copay per admit OON: Deductible, then 20%	IN: Flex provider: \$75 copay Other: Deductible, then \$300 copay OON: Deductible, then 20%	IN: Flex provider: Covered in full Other: Deductible, then \$45 copay OON: Deductible, then 20%	IN: Deductible, then \$45 copay OON: Deductible, then 20%	IN: Non-hospital-based: \$200 copay per procedure Hospital-based: Deductible, then \$300 copay per procedure OON: Deductible, then 20%	IN: Non-hospital-based: \$25 copay Hospital-based: Deductible, then \$50 copay OON: Deductible, then 20%	IN: \$50 copay OON: Deductible, then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250/script max)	\$10/\$60/\$120/\$300/20% (T5: \$750/script max)
HMO 3500 - Flex Metal Tier: Bronze MD00000100371 RX00000100088 DN00000100048 VS00000100046	Deductible, then \$40 copay/Deductible, then \$65 copay	\$3,500/\$7,000 Embedded	\$8,500/\$17,000 Embedded	20%	Deductible, then \$750 copay	Urgent care: Deductible, then \$65 copay Convenience care: Deductible, then \$40 copay	Deductible, then 20%	Flex provider: Deductible, then \$250 copay Other: Deductible, then \$1,000 copay	Flex provider: Deductible, then \$25 copay Other: Deductible, then \$75 copay	Deductible, then \$75 copay	Non-hospital-based: Deductible, then \$500 copay per procedur Hospital-based: Deductible, then \$1,000 copay per procedure	Non-hospital-based: Deductible, then \$40 copay Hospital-based: Deductible, then \$65 copay	Deductible, then \$50 copay	\$5/\$30/Deductible, then 50%/Deductible, then 50% (T3: \$125/script max, T4: \$250/script max, T5: \$500/script max)	\$10/\$60/Deductible, then 50%/Deductible, then 50% (T3: \$250/script max, T4: \$750/script max, T5: \$1,500/script max)

PPO plans are underwritten by HPHC Insurance Company.

¹ For explanation of embedded vs. non-embedded deductible, see page 26.

² Available to small groups only on the Connector.

Insurance terms that are good to know



Cost sharing

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



Deductible

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

Copayments and coinsurance do not count toward a deductible.



Embedded deductible/ out-of-pocket maximum

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

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

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



Copayments

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



Coinsurance

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



HSA (health savings account)

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



Out-of-pocket maximum

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

Important legal information

What's not covered on our HMO and PPO plans

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

- Alternative services and treatments
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven or investigational services or treatments
- Routine foot care, except for preventive foot care for members with diabetes
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs except as provided in wellness benefits
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services that were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment for members who are not medically infertile
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Transportation other than by ambulance
- (HMO ONLY) Delivery outside the service area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery



Important legal information

Limitations for Massachusetts individual plans

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

General notice about nondiscrimination and accessibility requirements

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

Harvard Pilgrim Health Care:

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

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

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Civil Rights Compliance Officer
Harvard Pilgrim Health Care
93 Worcester St.
Wellesley, MA 02481
Phone: (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 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).

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

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

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

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

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

العربية (Arabic)

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

(TTY: 711)

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

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

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

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

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

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

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