Keeping you and your family healthy

Massachusetts Individual & Family Product Guide

Plan Year 2022

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Getting coverage is easy

Buying from Harvard Pilgrim


穿衣 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.

* 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.

Important dates

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

2022 open enrollment period for selecting health care coverage.

<table>
<thead>
<tr>
<th>Purchase from:</th>
<th>For coverage effective:</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 1 - December 23, 2021</td>
<td>January 1, 2022</td>
</tr>
<tr>
<td>December 24, 2021 - January 23, 2022</td>
<td>February 1, 2022 OR March 1, 2022</td>
</tr>
</tbody>
</table>

COVID-19 benefits & coverage

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

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

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

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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

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

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.
Maximizing your well-being

These programs and services are included with your plan.

Living Well Everyday℠

Our free online community is packed with activities, tracking tools, well-being challenges and more. **Earn points and entries for monthly gift card drawings.** Visit [www.harvardpilgrim.org/wellbeingforall](http://www.harvardpilgrim.org/wellbeingforall) today. And be sure to check out [www.harvardpilgrim.org/livingwellathome](http://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](http://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](http://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](http://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](http://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](http://www.doctorondemand.com)

**Reduce My Costs**

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](http://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](http://www.harvardpilgrim.org/discounts)

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**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

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¹ Rewards are considered taxable income; please consult with your tax advisor. Certain services may require a referral and/or prior authorization before you can receive services from the lower-cost provider. To ensure the services will be covered, refer to your plan documents or call us at (888) 333-4742.

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.

<table>
<thead>
<tr>
<th>Typical out-of-pocket costs</th>
<th>Common symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telemedicine services</strong></td>
<td>Coughs, colds</td>
</tr>
<tr>
<td>Real-time virtual visit with</td>
<td>Sore/strep throat</td>
</tr>
<tr>
<td>Doctor On Demand providers</td>
<td>Flu</td>
</tr>
<tr>
<td>via smartphone, tablet or</td>
<td>Pediatric issues</td>
</tr>
<tr>
<td>computer</td>
<td>Sinus and allergies</td>
</tr>
<tr>
<td>$</td>
<td>Nausea/diarrhea</td>
</tr>
<tr>
<td>Members may pay cost sharing</td>
<td>Rashes and skin issues</td>
</tr>
<tr>
<td>for telemedicine services*</td>
<td>UTIs, yeast infections</td>
</tr>
<tr>
<td></td>
<td>Sports injuries</td>
</tr>
<tr>
<td></td>
<td>Eye issues</td>
</tr>
</tbody>
</table>

| **Convenience care/retail clinic** | Bronchitis       |
| Walk-in, convenience care or     | Ear infections   |
| retail clinic (e.g., MinuteClinic| Eye infections   |
| inside of CVS pharmacies)        | Skin conditions  |
| $                                 | like poison ivy  |
| Members typically pay a          | and ringworm     |
| copayment for going to a          | Strep throat     |
| participating clinic*             |                 |

| **Urgent care clinic** | Minor injuries |
| Walk-in clinic for urgent care | Respiratory infections |
| at both freestanding and    | Sprains and strains|
| hospital-based locations    |                  |
| $$                             |                 |
| Members typically pay a      | Coughs, cold and flu|
| copayment for urgent care,   | Burns, rashes, bites, cuts and bruises|
| which is sometimes higher     | Infections      |
| than the one for an office    |                   |
| visit*                       |                   |

| **Emergency room (ER)** | Coughing          |
| Part of a local hospital | Convulsions      |
| Members who think they are   | Heart attack     |
| having medical emergencies   | Loss of consciousness|
| should call 911 or go to the | Major blood loss  |
| nearest ER               |                  |
| $$$$                        | Seizures         |
| Members typically pay a     | Severe head trauma|
| higher copayment than an    | Shock            |
| office visit; plus, ER       | Stroke           |
| services are often          |                  |
| subject to a deductible*    |                  |

*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?

Find the plan that best meets your needs

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

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

* 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](http://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!*  

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

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

To find Flex facilities

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

2022 Massachusetts plan offerings

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

Pending regulatory approval.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Inpatient</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>BR</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Laboratory</th>
<th>X-Rays</th>
<th>Scans</th>
<th>CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiropractic &amp; Acupuncture</th>
<th>Rx Deductible:</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO 25 - Flex Metal Tier: Gold MDU0000100014 RDU0000100045 VDU0000100050</td>
<td>25 cops/$60 copay</td>
<td>Urgent care: 40 cops</td>
<td>$1,000/$2,000</td>
<td>Embedded</td>
<td>None</td>
<td>$300 copay</td>
<td>Deductible, then 10%</td>
<td>Flex provider: Full</td>
<td>$25 copay</td>
<td>Non-Hospital based: $50 copay per procedure</td>
<td>Non-Hospital based: $125 copay per procedure</td>
<td>Non-Hospital based: $25 copay</td>
<td>$40 copay</td>
<td>$50 copay</td>
<td>$1,000 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>HMO 50 - Flex Metal Tier: Gold MDU0000100015 RDU0000100046 VDU0000100051</td>
<td>35 cops/$150 copay</td>
<td>Urgent care: 50 cops</td>
<td>$1,000/$15,000</td>
<td>Embedded</td>
<td>None</td>
<td>$300 copay</td>
<td>Deductible, then 15%</td>
<td>Flex provider: Full</td>
<td>$50 copay</td>
<td>Non-Hospital based: $150 copay per procedure</td>
<td>Non-Hospital based: $50 copay per procedure</td>
<td>Non-Hospital based: $25 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$1,000 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>HMO 25 Flex Metal Tier: Gold MDU0000100016 RDU0000100047 VDU0000100052</td>
<td>25 cops/$50 copay</td>
<td>Urgent care: 40 cops</td>
<td>$1,000/$15,000</td>
<td>Embedded</td>
<td>None</td>
<td>$300 copay</td>
<td>Deductible, then 10%</td>
<td>Flex provider: Full</td>
<td>$25 copay</td>
<td>Non-Hospital based: $50 copay per procedure</td>
<td>Non-Hospital based: $125 copay per procedure</td>
<td>Non-Hospital based: $25 copay</td>
<td>$40 copay</td>
<td>$50 copay</td>
<td>$1,000 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>HMO 50 Flex Metal Tier: Gold MDU0000100016 RDU0000100047 VDU0000100052</td>
<td>35 cops/$150 copay</td>
<td>Urgent care: 50 cops</td>
<td>$1,000/$15,000</td>
<td>Embedded</td>
<td>None</td>
<td>$300 copay</td>
<td>Deductible, then 15%</td>
<td>Flex provider: Full</td>
<td>$50 copay</td>
<td>Non-Hospital based: $150 copay per procedure</td>
<td>Non-Hospital based: $50 copay per procedure</td>
<td>Non-Hospital based: $25 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$1,000 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>HMO 10 - Flex Metal Tier: Gold MDU0000100017 RDU0000100048 VDU0000100053</td>
<td>25 cops/$50 copay</td>
<td>Urgent care: 40 cops</td>
<td>$1,000/$15,000</td>
<td>Embedded</td>
<td>None</td>
<td>$300 copay</td>
<td>Deductible, then 10%</td>
<td>Flex provider: Full</td>
<td>$25 copay</td>
<td>Non-Hospital based: $50 copay per procedure</td>
<td>Non-Hospital based: $125 copay per procedure</td>
<td>Non-Hospital based: $25 copay</td>
<td>$40 copay</td>
<td>$50 copay</td>
<td>$1,000 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>HMO 50 with Consumer-Flex MDU0000100043 RDU0000100022 VDU0000100035</td>
<td>35 cops/$60 copay</td>
<td>Urgent care: 40 cops</td>
<td>$1,000/$15,000</td>
<td>Embedded</td>
<td>10%</td>
<td>Deductible, then 10%</td>
<td>Flex provider: Full</td>
<td>$25 copay</td>
<td>Non-Hospital based: $75 copay per procedure</td>
<td>Non-Hospital based: $25 copay per procedure</td>
<td>Non-Hospital based: $15 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$1,000 copay</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td>HMO 100 with Consumer-Flex MDU0000100043 RDU0000100022 VDU0000100035</td>
<td>50 cops/$75 copay</td>
<td>Urgent care: 60 cops</td>
<td>$1,000/$15,000</td>
<td>Embedded</td>
<td>20%</td>
<td>Deductible, then 20%</td>
<td>Flex provider: Full</td>
<td>$50 copay</td>
<td>Non-Hospital based: $100 copay per procedure</td>
<td>Non-Hospital based: $50 copay per procedure</td>
<td>Non-Hospital based: $25 copay</td>
<td>$75 copay</td>
<td>$75 copay</td>
<td>$1,500 copay</td>
<td>$75 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>HMO 200 with Consumer-Flex MDU0000100057 RDU0000100025 VDU0000100035</td>
<td>50 cops/$75 copay</td>
<td>Urgent care: 60 cops</td>
<td>$1,000/$15,000</td>
<td>Embedded</td>
<td>20%</td>
<td>Deductible, then 20%</td>
<td>Flex provider: Full</td>
<td>$50 copay</td>
<td>Non-Hospital based: $100 copay per procedure</td>
<td>Non-Hospital based: $50 copay per procedure</td>
<td>Non-Hospital based: $25 copay</td>
<td>$75 copay</td>
<td>$75 copay</td>
<td>$1,500 copay</td>
<td>$75 copay</td>
<td>$75 copay</td>
</tr>
<tr>
<td>HMO 500 - Flex Metal Tier: Gold MDU0000100058 RDU0000100049 VDU0000100054</td>
<td>60 cops/$90 copay</td>
<td>Urgent care: 80 cops</td>
<td>$1,000/$15,000</td>
<td>Embedded</td>
<td>None</td>
<td>$500 copay</td>
<td>Deductible, then 20%</td>
<td>Flex provider: Full</td>
<td>$75 copay</td>
<td>Non-Hospital based: $150 copay per procedure</td>
<td>Non-Hospital based: $75 copay per procedure</td>
<td>Non-Hospital based: $50 copay</td>
<td>$100 copay</td>
<td>$100 copay</td>
<td>$2,000 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>HMO 1000 - Flex Metal Tier: Gold MDU0000100058 RDU0000100049 VDU0000100054</td>
<td>80 cops/$120 copay</td>
<td>Urgent care: 100 cops</td>
<td>$1,000/$15,000</td>
<td>Embedded</td>
<td>None</td>
<td>$600 copay</td>
<td>Deductible, then 26%</td>
<td>Flex provider: Full</td>
<td>$100 copay</td>
<td>Non-Hospital based: $175 copay per procedure</td>
<td>Non-Hospital based: $100 copay per procedure</td>
<td>Non-Hospital based: $50 copay</td>
<td>$150 copay</td>
<td>$150 copay</td>
<td>$3,000 copay</td>
<td>$150 copay</td>
</tr>
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</table>

1 For explanation of embedded vs. non-embedded deductible, see page 26.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Office Visit (POC/Specialist)</th>
<th>Inductable* (Individual/Family)</th>
<th>Out-of-Pocket Minimum (Individual/Family)</th>
<th>Co-insurance</th>
<th>EI</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Laboratory</th>
<th>X-Rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PTO/MT</th>
<th>Chronic &amp; Acupuncture</th>
<th>Rx Cost Sharing</th>
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<tbody>
<tr>
<td>HMO</td>
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</tr>
<tr>
<td>HMO/360 - Flex Metal Tier: Silver</td>
<td>$40 copay/$50 copay</td>
<td>Copayment waived for first non-emergency primary care provider visit</td>
<td>$1,000/$6,000</td>
<td>Embedded</td>
<td>None</td>
<td>Deductible, then $650 copay</td>
<td>Urgent care: $65 copay</td>
<td>Emergency care: $90 copay</td>
<td>Deductible, then $1,000 copay per admit</td>
<td>Flex provider: $100 copay</td>
<td>Other: Deductible, then $750 copay</td>
<td>Deductible, then $550 copay</td>
<td>$315 copay</td>
<td>Non-hospital-based: $250 copay per procedure</td>
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<tr>
<td>HMO/360 - Flex Metal Tier: Bronze</td>
<td>$60 copay/$80 copay</td>
<td>Copayment waived for first non-emergency primary care provider visit</td>
<td>$1,500/$7,000</td>
<td>20%</td>
<td>Deductible, then $760 copay</td>
<td>Urgent care: $65 copay</td>
<td>Emergency care: $90 copay</td>
<td>Deductible, then $1,200 copay</td>
<td>Flex provider: Deductible, then $125 copay</td>
<td>Other: Deductible, then $1,400 copay</td>
<td>Deductible, then $950 copay</td>
<td>$475 copay</td>
<td>Non-hospital-based: $350 copay per procedure</td>
<td>Hospital-based: Deductible, then $1,400 copay per procedure</td>
</tr>
<tr>
<td>HMO/360 - Flex Metal Tier: Silver</td>
<td>$40 copay/$50 copay</td>
<td>Copayment waived for first non-emergency primary care provider visit</td>
<td>$1,000/$6,000</td>
<td>Embedded</td>
<td>None</td>
<td>Deductible, then $550 copay</td>
<td>Urgent care: $65 copay</td>
<td>Emergency care: $90 copay</td>
<td>Deductible, then $1,000 copay per admit</td>
<td>Flex provider: $100 copay</td>
<td>Other: Deductible, then $750 copay</td>
<td>Deductible, then $550 copay</td>
<td>$315 copay</td>
<td>Non-hospital-based: $250 copay per procedure</td>
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<tr>
<td>HMO/360 - Flex Metal Tier: Bronze</td>
<td>$60 copay/$80 copay</td>
<td>Copayment waived for first non-emergency primary care provider visit</td>
<td>$1,500/$7,000</td>
<td>20%</td>
<td>Deductible, then $760 copay</td>
<td>Urgent care: $65 copay</td>
<td>Emergency care: $90 copay</td>
<td>Deductible, then $1,200 copay</td>
<td>Flex provider: Deductible, then $125 copay</td>
<td>Other: Deductible, then $1,400 copay</td>
<td>Deductible, then $950 copay</td>
<td>$475 copay</td>
<td>Non-hospital-based: $350 copay per procedure</td>
<td>Hospital-based: Deductible, then $1,400 copay per procedure</td>
</tr>
<tr>
<td>HMO/360 - Flex Metal Tier: Silver</td>
<td>$40 copay/$50 copay</td>
<td>Copayment waived for first non-emergency primary care provider visit</td>
<td>$1,000/$6,000</td>
<td>Embedded</td>
<td>None</td>
<td>Deductible, then $550 copay</td>
<td>Urgent care: $65 copay</td>
<td>Emergency care: $90 copay</td>
<td>Deductible, then $1,000 copay per admit</td>
<td>Flex provider: $100 copay</td>
<td>Other: Deductible, then $750 copay</td>
<td>Deductible, then $550 copay</td>
<td>$315 copay</td>
<td>Non-hospital-based: $250 copay per procedure</td>
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*For explanation of embedded vs. non-embedded deductible, see page 28.
### Focus HMO

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Office Visit (POL/Specialist)</th>
<th>Inducible*</th>
<th>Out-of-Pocket Minimum (Individual/Family)</th>
<th>Co-insurance</th>
<th>D.R.</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Laboratory</th>
<th>X-Rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiropractic &amp; Acupuncture</th>
<th>Rx Cost Sharing</th>
<th>Co-Insurance</th>
<th>Deductible, then Co-pay Amount</th>
<th>Co-pay Amount</th>
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</thead>
<tbody>
<tr>
<td>Focus HMO</td>
<td>Metal Tier: Platinum MD0001000217 RN0001000466 DN000100044 VN000100045</td>
<td>40%</td>
<td>None/None</td>
<td>None</td>
<td>$125 copay</td>
<td>Urgent care: $40 copay, Convenience care: $25 copay</td>
<td>$750 copay per admit</td>
<td>$500 copay</td>
<td>40 copay</td>
<td>40 copay</td>
<td>$125 copay per procedure</td>
<td>25 copay</td>
<td>10% (T5: $350script max)</td>
<td>$25 copay</td>
<td>$11,000/18,000 (10%: $1,500script max)</td>
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</tr>
<tr>
<td>Focus HMO</td>
<td>Metal Tier: Gold MD0001000254 RN0001000502 DN0001000311 VN0001000310</td>
<td>40%</td>
<td>None/None</td>
<td>None</td>
<td>$100 copay</td>
<td>Urgent care: $40 copay, Convenience care: $25 copay</td>
<td>$750 copay per admit</td>
<td>$500 copay</td>
<td>40 copay</td>
<td>40 copay</td>
<td>$125 copay per procedure</td>
<td>25 copay</td>
<td>10% (T5: $350script max)</td>
<td>$25 copay</td>
<td>$11,000/18,000 (10%: $1,500script max)</td>
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<tr>
<td>Focus HMO</td>
<td>Metal Tier: Gold MD0001000258 RN0001000506 DN0001000446 VN0001000447</td>
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<td>None/None</td>
<td>None</td>
<td>$100 copay</td>
<td>Urgent care: $40 copay, Convenience care: $25 copay</td>
<td>$750 copay per admit</td>
<td>$500 copay</td>
<td>40 copay</td>
<td>40 copay</td>
<td>$125 copay per procedure</td>
<td>25 copay</td>
<td>10% (T5: $350script max)</td>
<td>$25 copay</td>
<td>$11,000/18,000 (10%: $1,500script max)</td>
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<td></td>
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<tr>
<td>Focus HMO</td>
<td>Metal Tier: Gold MD0001000253 RN0001000501 DN0001000303 VN0001000312</td>
<td>40%</td>
<td>None/None</td>
<td>None</td>
<td>$100 copay</td>
<td>Urgent care: $40 copay, Convenience care: $25 copay</td>
<td>$750 copay per admit</td>
<td>$500 copay</td>
<td>40 copay</td>
<td>40 copay</td>
<td>$125 copay per procedure</td>
<td>25 copay</td>
<td>10% (T5: $350script max)</td>
<td>$25 copay</td>
<td>$11,000/18,000 (10%: $1,500script max)</td>
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<tr>
<td>Focus HMO</td>
<td>Metal Tier: Silver MD0001000216 RN0001000505 DN0001000316 VN0001000173</td>
<td>40%</td>
<td>None/None</td>
<td>None</td>
<td>Deductible, then $300 copay</td>
<td>Urgent care: $40 copay, Convenience care: $25 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
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<tr>
<td>Focus HMO</td>
<td>Metal Tier: Silver MD0001000219 RN0001000500 DN0001000052 VN0001000048</td>
<td>40%</td>
<td>None/None</td>
<td>None</td>
<td>Deductible, then $300 copay</td>
<td>Urgent care: $40 copay, Convenience care: $25 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $300 copay</td>
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</tr>
</tbody>
</table>

* For explanation of embedded vs. non-embedded deductible, see page 26.
### Plan Name

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Office Visit (PPO/Specialist)</th>
<th>Deductible* (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>EL</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Laboratory</th>
<th>X-Rays</th>
<th>Scan</th>
<th>CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chronic Care &amp; Ancillary</th>
<th>As Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO 25 - Flex Metal Tier: Platinum</td>
<td>MD00000010510</td>
<td>RX0000000347</td>
<td>DN0000000351</td>
<td>VS0000000345</td>
<td>IN: $25 copay/50% coinsurance Deductible, then 20%</td>
<td>Copayment waived for first non-routine primary care provider visit</td>
<td>IN: None/None</td>
<td>D1000/$5,000</td>
<td>D1000/$5,000</td>
<td>Embedded</td>
<td>IN: None/None</td>
<td>D1000/20%</td>
<td>Urgent care: IN: $100 copay OON: Deductible, then 20%</td>
<td>IN: $25 copay per admit OON: Deductible, then 10%</td>
<td>IN: $50 copay provider: Covered in full OON: Deductible, then 20%</td>
</tr>
<tr>
<td>PPO 30 - Flex Metal Tier: Gold</td>
<td>MD00000010511</td>
<td>RX0000000348</td>
<td>DN0000000352</td>
<td>VS0000000346</td>
<td>IN: $25 copay/50% coinsurance Deductible, then 20%</td>
<td>Copayment waived for first non-routine primary care provider visit</td>
<td>IN: None/None</td>
<td>D1000/$5,000</td>
<td>D1000/$5,000</td>
<td>Embedded</td>
<td>IN: None/None</td>
<td>D1000/20%</td>
<td>Urgent care: IN: $100 copay OON: Deductible, then 20%</td>
<td>IN: $25 copay per admit OON: Deductible, then 10%</td>
<td>IN: $50 copay provider: Covered in full OON: Deductible, then 20%</td>
</tr>
<tr>
<td>PPO 40 - Flex Metal Tier: Gold</td>
<td>MD00000010512</td>
<td>RX0000000349</td>
<td>DN0000000353</td>
<td>VS0000000347</td>
<td>IN: $25 copay/50% coinsurance Deductible, then 20%</td>
<td>Copayment waived for first non-routine primary care provider visit</td>
<td>IN: None/None</td>
<td>D1000/$5,000</td>
<td>D1000/$5,000</td>
<td>Embedded</td>
<td>IN: None/None</td>
<td>D1000/20%</td>
<td>Urgent care: IN: $100 copay OON: Deductible, then 20%</td>
<td>IN: $25 copay per admit OON: Deductible, then 10%</td>
<td>IN: $50 copay provider: Covered in full OON: Deductible, then 20%</td>
</tr>
<tr>
<td>PPO 50 - Flex Metal Tier: Gold</td>
<td>MD00000010513</td>
<td>RX0000000350</td>
<td>DN0000000354</td>
<td>VS0000000348</td>
<td>IN: $25 copay/50% coinsurance Deductible, then 20%</td>
<td>Copayment waived for first non-routine primary care provider visit</td>
<td>IN: None/None</td>
<td>D1000/$5,000</td>
<td>D1000/$5,000</td>
<td>Embedded</td>
<td>IN: None/None</td>
<td>D1000/20%</td>
<td>Urgent care: IN: $100 copay OON: Deductible, then 20%</td>
<td>IN: $25 copay per admit OON: Deductible, then 10%</td>
<td>IN: $50 copay provider: Covered in full OON: Deductible, then 20%</td>
</tr>
</tbody>
</table>

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

### PPO 3000 - Flex Metal Tier: Silver

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>DR</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Laboratory</th>
<th>X-Rays</th>
<th>Scan: CT, MRI, PET</th>
<th>PTO/PT</th>
<th>Clinician &amp; Ancillary</th>
<th>No Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO 3000 - Flex Metal Tier: Silver</td>
<td>$140 copay/$140 copay (Non-embedded Deductible, then 20%)</td>
<td>$2,000/$4,000</td>
<td>$4,000/$8,000</td>
<td>Embedded</td>
<td>Urgent care: Deductible, then 20%</td>
<td>Deductible, then $1,000 copay per visit</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
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<td>Deductible, then 20%</td>
</tr>
<tr>
<td>PPO 3000 - Flex Metal Tier: Silver</td>
<td>$140 copay/$140 copay (Non-embedded Deductible, then 20%)</td>
<td>$2,000/$4,000</td>
<td>$4,000/$8,000</td>
<td>Embedded</td>
<td>Urgent care: Deductible, then 20%</td>
<td>Deductible, then $1,000 copay per visit</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
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**For explanation of embedded vs. non-embedded deductible, see page 26.**
### Connector plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Office Visit (POS/Specialist)</th>
<th>Inductible* (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>DR</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Laboratory</th>
<th>X-Rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiromactic &amp; Acupuncture</th>
<th>Rx Cost Sharing</th>
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</thead>
<tbody>
<tr>
<td><strong>PPO plans are underwritten by HPHC Insurance Company.</strong></td>
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<tr>
<td><strong>2022 Massachusetts Individual Plans — Effective January 1, 2022, through December 31, 2022.</strong></td>
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<tr>
<td><strong>This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.</strong></td>
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<td><strong>Pending regulatory approval.</strong></td>
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<td><strong>For explanation of embedded vs. non-embedded deductible, see page 26.</strong></td>
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</table>

| Name                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|-------------------------------|---------------------------------|-------------------------------------------|--------------|----|-------------|-----------|-------------|------------|--------|------------------------|----------|-------------------------|---------------|
| VS0000100037                  | DN0000100037                  | RX0000100078                    | MD0000100363                               | Embedded     | None| $3,000/$5,000 Non-hospital-based: Deductible, then $20 copay | Hospital-based: Deductible, then $40 copay | HMO 2000 Low - Flex | $25 copay/$50 copay |          |                        |          |                         |               |
| Name                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|-------------------------------|---------------------------------|-------------------------------------------|--------------|----|-------------|-----------|-------------|------------|--------|------------------------|----------|-------------------------|---------------|
| VS0000100039                  | DN0000100039                  | RX0000100078                    | MD0000100363                               | Embedded     | None| $3,000/$5,000 Non-hospital-based: Deductible, then $20 copay | Hospital-based: Deductible, then $40 copay | HMO 2000 Low - Flex | $25 copay/$50 copay |          |                        |          |                         |               |
| Name                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|-------------------------------|---------------------------------|-------------------------------------------|--------------|----|-------------|-----------|-------------|------------|--------|------------------------|----------|-------------------------|---------------|
| VS0000100040                  | DN0000100040                  | RX0000100081                    | MD0000100364                               | Embedded     | None| $3,000/$5,000 Non-hospital-based: Deductible, then $20 copay | Hospital-based: Deductible, then $40 copay | HMO 2000 Low - Flex | $25 copay/$50 copay |          |                        |          |                         |               |
| Name                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|-------------------------------|---------------------------------|-------------------------------------------|--------------|----|-------------|-----------|-------------|------------|--------|------------------------|----------|-------------------------|---------------|
| VS0000100041                  | DN0000100041                  | RX0000100082                    | MD0000100365                               | Embedded     | None| $3,000/$5,000 Non-hospital-based: Deductible, then $20 copay | Hospital-based: Deductible, then $40 copay | HMO 2000 Low - Flex | $25 copay/$50 copay |          |                        |          |                         |               |
| Name                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|-------------------------------|---------------------------------|-------------------------------------------|--------------|----|-------------|-----------|-------------|------------|--------|------------------------|----------|-------------------------|---------------|
| VS0000100042                  | DN0000100042                  | RX0000100083                    | MD0000100366                               | Embedded     | None| $3,000/$5,000 Non-hospital-based: Deductible, then $20 copay | Hospital-based: Deductible, then $40 copay | HMO 2000 Low - Flex | $25 copay/$50 copay |          |                        |          |                         |               |
| Name                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|-------------------------------|---------------------------------|-------------------------------------------|--------------|----|-------------|-----------|-------------|------------|--------|------------------------|----------|-------------------------|---------------|
| VS0000100043                  | DN0000100043                  | RX0000100084                    | MD0000100367                               | Embedded     | None| $3,000/$5,000 Non-hospital-based: Deductible, then $20 copay | Hospital-based: Deductible, then $40 copay | HMO 2000 Low - Flex | $25 copay/$50 copay |          |                        |          |                         |               |
| Name                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|-------------------------------|---------------------------------|-------------------------------------------|--------------|----|-------------|-----------|-------------|------------|--------|------------------------|----------|-------------------------|---------------|
| VS0000100044                  | DN0000100044                  | RX0000100085                    | MD0000100368                               | Embedded     | None| $3,000/$5,000 Non-hospital-based: Deductible, then $20 copay | Hospital-based: Deductible, then $40 copay | HMO 2000 Low - Flex | $25 copay/$50 copay |          |                        |          |                         |               |

PPO plans are underwritten by HPHC Insurance Company.

* Available to small groups only on the Connector.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Office Visit [PO/Specialist]</th>
<th>Out-of-Pocket Minimum (Individual/Family)</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Laboratory</th>
<th>X-Rays</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Chiropractic &amp; Acupuncture</th>
<th>Rx Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPO 2000 - Flex</strong>&lt;sup&gt;1&lt;/sup&gt; Metal Tier: Gold</td>
<td>IN: $35 copay/$50 copay OON: Deductible, then 20%</td>
<td>IN: $2,000/$4,000 OON: $4,000/$6,000 Embedded</td>
<td>$300 copay</td>
<td>IN: $50 copay OON: Deductible, then 20%</td>
<td>IN: $7,000/$14,000 OON: $16,000/$28,000 Embedded</td>
<td>IN: None OOS: 20%</td>
<td>IN: $80 copay OOS: 20%</td>
<td>IN: $50 copay OOS: 20%</td>
<td>IN: $150 copay OOS: 20%</td>
<td>IN: $25 copay OOS: 20%</td>
<td>IN: $150 copay OOS: 20%</td>
<td>IN: $25 copay OOS: 20%</td>
<td>IN: $150 copay OOS: 20%</td>
</tr>
<tr>
<td><strong>HMO 3500 - Flex</strong> Metal Tier: Bronze</td>
<td>IN: Deductible, then $30 copay</td>
<td>IN: $3,500/$7,000 Embedded</td>
<td>$290 copay</td>
<td>IN: Deductible, then $65 copay</td>
<td>IN: $8,500/$17,000 Embedded</td>
<td>20%</td>
<td>IN: Deductible, then $375 copay</td>
<td>IN: Deductible, then $49 copay</td>
<td>IN: Deductible, then $150 copay</td>
<td>IN: Deductible, then $25 copay</td>
<td>IN: Deductible, then $75 copay</td>
<td>IN: Deductible, then $25 copay</td>
<td>IN: Deductible, then $75 copay</td>
</tr>
</tbody>
</table>

1 For explanation of embedded vs. non-embedded deductible, see page 26.
2 Available to small groups only on the Connector.

PPO plans are underwritten by HPHC Insurance Company.

For more complete information, please refer to the Schedule of Benefits.
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.

**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.

**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.

**HSA (health savings account)**

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

**Out-of-pocket maximum**

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

What’s not covered on our HMO and PPO plans

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

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

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

General notice about nondiscrimination and accessibility requirements

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

Harvard Pilgrim Health Care:

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

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

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

Civil Rights Compliance Officer
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).


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


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

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

**ខ្មែរ (Cambodian)** ប្រសិនបើក្រៅក្នុងគេហទំព័រនេះ បានតំលោតក្នុងភាសាខ្មែរ ឬក្នុងភាសាខ្មែរក្នុងគេហទំព័រនេះ សូមសារៈ ឬសំឡេង 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).

**हिन्दी (Hindi)** ध्यान देंजिए: अगर आप हिंदी बोलते हैं तो आपके लिए भाषाकी सहायता मुफ्त में उपलब्ध है। जानकारी के लिए फोन करें. 1-888-333-4742 (TTY: 711)

**ગુજરાતી (Gujarati)** ધ્યાન દીશે: તમે ગુજરાતી બોલતા હો તો આપણે માટે ભાષાસંબંધી સહાય તકનીકી મુક્ત ઉપલબ્ધ છે. વિશેષ મહત્ત્વની માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

**ພາສາລາວ (Lao)** ຜູ້ຊາຍ: ປ່າງໜ້າ ຜ່ານອ່ອງເວີ່ມນີ້, ມາກະລິໂລກຝາຍເຄື່ອງທາງພາສາ, ປະເທດປະຊາຊາດ, ລາວມິນຊີນເທື່ອໃນທ່ານ. ທ່ານ 1-888-333-4742 (TTY: 711).

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

93 Worcester Street
Wellesley, MA 02481

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

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