Keeping you and your family healthy

New Hampshire Individual & Family Product Guide
Plan Year 2022
Getting coverage is easy

Buying from Harvard Pilgrim

You can purchase an off-Exchange plan directly from Harvard Pilgrim. An insurance broker can help you purchase coverage, as well.

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, here’s what to do:

Did you purchase your plan directly from Harvard Pilgrim?

Visit www.harvardpilgrim.org/renew to view our other coverage options and make changes.

Did you purchase your plan from the federal Health Insurance Exchange?

Visit www.HealthCare.gov to:

• update the information on your financial application if you had a change in your financial situation or income
• look at other Harvard Pilgrim plans and make a change

Note: As a result of the American Rescue Plan Act, you may now be eligible for new or expanded financial help when you renew your health insurance through the federal exchange. Visit www.HealthCare.gov to update your application and determine your eligibility.

COVID-19 benefits and coverage

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

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

Important dates

Monday, November 1 - Wednesday, December 15, 2021*


How to find a health care provider

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

1. Visit www.harvardpilgrim.org
2. Click on Find a Provider
3. Log in to your online account to get results for your plan, or select ElevateHealth HMO or ElevateHealth Options HMO
4. Search by provider type or other criteria
Our plans include great benefits

These core benefits are included with each of our plans.

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

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

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

- **Eye exams**
  One preventive screening every year for children up to age 19; every two years for adults

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

- **Laboratory services**
  Blood work, screenings, etc.

- **Behavioral health and substance use disorder services**
  Counseling and psychotherapy

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

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

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

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

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

Our prescription drug benefits focus on choice and value.

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

We 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.

Questions about our prescription drug program?

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

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

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

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>CORE NH 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>

Back to Table of Contents
Maximize your well-being

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

**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.

---

**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)*

* 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. New Hampshire members may receive a maximum of $100 in Reduce My Costs rewards per year. Call (855) 772-8366 or use the chat feature to speak with a Reduce My Costs nurse.

[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)

---

**Fitness reimbursement**

A family is eligible to receive up to $300 in annual fitness reimbursement on fees for health and fitness club memberships, classes or virtual subscriptions! Each plan member (up to two individuals) can receive up to $150. To qualify, you or one of your dependents must be an active member of the fitness club for at least four months within a calendar year.

Learn more by visiting [www.harvardpilgrim.org/fitnessreimbursement](http://www.harvardpilgrim.org/fitnessreimbursement).

---

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

2 There is a $300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, consult your tax advisor.
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>&lt;br&gt;Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</td>
<td><strong>Coughs, colds</strong>&lt;br&gt;• Sore/strep throat&lt;br&gt;• Flu&lt;br&gt;• Pediatric issues&lt;br&gt;• Sinus and allergies</td>
</tr>
<tr>
<td><strong>Convenience care/retail clinic</strong>&lt;br&gt;Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacies)</td>
<td><strong>Bronchitis</strong>&lt;br&gt;• Ear infections&lt;br&gt;• Eye infections</td>
</tr>
<tr>
<td><strong>Freestanding urgent care clinic</strong>&lt;br&gt;Walk-in clinic for urgent care (See next page for a list of participating clinics)</td>
<td><strong>Minor injuries</strong>&lt;br&gt;• Respiratory infections&lt;br&gt;• Sprains and strains</td>
</tr>
<tr>
<td><strong>Hospital-based urgent care clinic</strong>&lt;br&gt;Walk-in clinic for urgent care</td>
<td><strong>Minor injuries</strong>&lt;br&gt;• Respiratory infections&lt;br&gt;• Sprains and strains</td>
</tr>
<tr>
<td><strong>Emergency room (ER)</strong>&lt;br&gt;Part of a local hospital</td>
<td><strong>Choking</strong>&lt;br&gt;• Convulsions&lt;br&gt;• Heart attack&lt;br&gt;• Loss of consciousness&lt;br&gt;• Major blood loss</td>
</tr>
</tbody>
</table>

* What you pay out of pocket depends on your specific Harvard Pilgrim plan. Refer to your plan documents for specific benefit information.
Urgent care clinics you can visit

Alton: ClearChoiceMD Urgent Care
Bedford: ConvenientMD Urgent Care, Urgent Care at Bedford Medical Park
Belmont: ClearChoiceMD Urgent Care, ConvenientMD Urgent Care
Claremont: Valley Regional Hospital Urgent Care
Concord: Concentra Urgent Care, ConvenientMD Urgent Care, MinuteClinic
Dover: ConvenientMD Urgent Care
Epping: ClearChoiceMD Urgent Care
Goffstown: ClearChoiceMD — CMC
Hampton: MinuteClinic
Hooksett: ClearChoiceMD — CMC
Hudson: Immediate Care of Southern New Hampshire
Keene: ConvenientMD Urgent Care
Lebanon: ClearChoiceMD Urgent Care
Littleton: ConvenientMD Urgent Care, Littleton Urgent Care
Londonderry: ConvenientMD
Manchester: ExpressMED, MinuteClinic
Merrimack: ConvenientMD Urgent Care
Nashua: Concentra Urgent Care, ConvenientMD Urgent Care, HealthStop, Immediate Care of Southern New Hampshire, MinuteClinic
Pelham: Immediate Care of Southern New Hampshire
Plaistow: ClearChoiceMD Urgent Care
Plymouth: MedCheck Urgent Care
Portsmouth: ClearChoiceMD Urgent Care, ConvenientMD Urgent Care
Salem: ExpressMED, MinuteClinic
Stratham: ConvenientMD Urgent Care
Tilton: ClearChoiceMD Urgent Care
Windham: ConvenientMD Urgent Care

Note: Higher “hospital urgent care clinic” member cost sharing may apply to participating urgent care clinics that are not on this list. This list may be updated throughout the year. Refer to the online provider directory for the most up-to-date information.

Committed to New Hampshire’s 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 health challenges facing our neighbors and communities. And we’re dedicated to helping resolve them, through our partnerships with dozens of New Hampshire nonprofit organizations.

In 2020, over $1.7 million was contributed to New Hampshire nonprofit organizations.
Helping you choose a plan

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

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

See the 2022 health plan options on the following pages for cost sharing details and to learn which of these plans are available on and off the Health Insurance Exchange.

<table>
<thead>
<tr>
<th>May be best if you:</th>
<th>Gold HMO plans</th>
<th>Silver HMO plans</th>
<th>Bronze HMO plans</th>
<th>Catastrophic plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Are willing to pay for richer benefits</td>
<td>Are eligible for a subsidy and want strong coverage value</td>
<td>Are healthy and do not expect to use services</td>
<td>Have a hardship exemption or affordability exemption, OR are under 30 and relatively healthy, and want to protect yourself in worst-case scenarios</td>
</tr>
<tr>
<td>Premium level</td>
<td>Highest</td>
<td>Lower than Gold; higher than Bronze</td>
<td>Lower than Silver; higher than Catastrophic</td>
<td>Lowest</td>
</tr>
<tr>
<td>Deductible range (individual)</td>
<td>$500-$1,500</td>
<td>$3,000-$6,500</td>
<td>$6,500-$8,700</td>
<td>$8,700</td>
</tr>
<tr>
<td>Coinsurance range</td>
<td>10%-40%</td>
<td>0%-40%</td>
<td>0%-50%</td>
<td>None</td>
</tr>
<tr>
<td>Available plans</td>
<td>ElevateHealth HMO Gold 1500</td>
<td>ElevateHealth HMO Silver 3500 Silver 4000 Silver 5500 Silver 6500 ElevateHealth HMO HSA Silver 4500 ElevateHealth Options HMO Silver 3000*</td>
<td>ElevateHealth HMO Bronze 6500 ElevateHealth HMO Bronze 7200 ElevateHealth HMO Bronze 8700 ElevateHealth HMO HSA Bronze 7000</td>
<td>ElevateHealth HMO Catastrophic</td>
</tr>
</tbody>
</table>

* Available off-Exchange only.

You may qualify for financial help

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

Advance Premium Tax Credit (APTC)
The American Rescue Plan Act increased and expanded eligibility for the APTC to make health insurance coverage more affordable. You can take this credit in advance to lower your monthly health insurance payment (or premium). When you apply for coverage on the Exchange, you estimate your expected income for the year. If you qualify for the APTC based on your estimate, you can use any amount of the credit in advance to lower your premium. The APTC can be applied to any Platinum, Gold, Silver or Bronze plan offered through the Exchange.

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

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

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

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

ElevateHealth HMO

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

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

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

Participating hospitals in the ElevateHealth network

Back to Table of Contents
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

**ElevateHealth Options HMO**

This is a full-network plan option that offers premium savings over standard full-network plans.1, 2

It includes two tiers of providers and hospitals. Tier 1 is Harvard Pilgrim’s ElevateHealth network. Tier 2 is the rest of Harvard Pilgrim’s network (New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island).

- Features lower copayments and deductibles for services you receive from Tier 1 providers and hospitals
- You can choose any PCP in the Harvard Pilgrim network and visit other participating providers with the proper referrals

1 Available off-Exchange only.
2 Changes to our network may occur at any time. For the most current information, visit the provider search tool at www.harvardpilgrim.org/providerdirectory.

**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

---

[Map showing Tier 1 and Tier 2 hospitals with stars and dots indicating locations.]
### ElevateHealth HMO Gold 1500
- **Plan Name**: ElevateHealth HMO Gold 1500
- **Plan Code**: MD0000100194
- **Premium**: N/A
- **Deductible (Individual/Family)**: $1,500/ $3,000
- **Out-of-Pocket Maximum (Individual/Family)**: $8,700/ $17,400
- **Co-insurance**: 15%
- **100% covered at 15% Deductible, then $25 copay**
- **Inpatient**: Deductible, then $15 copay
- **Day Surgery**: Deductible, then $15 copay
- **Labs**: Deductible, then $15 copay
- **Urgent Care**: Deductible, then $15 copay
- **ER**: Deductible, then $15 copay
- **PT/OT/ST**: Deductible, then $15 copay
- **30-Day Retail**: Deductible, then $15 copay
- **S-Tier Rx**: Deductible, then $15 copay
- **CT, MRI, PET**: Deductible, then $15 copay
- **PT/OT/ST**: Deductible, then $15 copay

### ElevateHealth HMO Silver 3500
- **Plan Name**: ElevateHealth HMO Silver 3500
- **Plan Code**: MD0000100281
- **Premium**: N/A
- **Deductible (Individual/Family)**: $40 copay/$ 80 copay
- **Out-of-Pocket Maximum (Individual/Family)**: $8,700/ $17,400
- **Co-insurance**: 30%
- **100% covered at 30% Deductible, then $50 copay**
- **Inpatient**: Deductible, then $25 copay
- **Day Surgery**: Deductible, then $100 copay
- **Labs**: Deductible, then $100 copay
- **Urgent Care**: Deductible, then $100 copay
- **ER**: Deductible, then $100 copay
- **PT/OT/ST**: Deductible, then $100 copay
- **30-Day Retail**: Deductible, then $100 copay
- **S-Tier Rx**: Deductible, then $100 copay
- **CT, MRI, PET**: Deductible, then $100 copay
- **PT/OT/ST**: Deductible, then $100 copay

### ElevateHealth HMO Silver 4000
- **Plan Name**: ElevateHealth HMO Silver 4000
- **Plan Code**: MD0000100197
- **Premium**: N/A
- **Deductible (Individual/Family)**: $40 copay/ Deductible, then $80 copay
- **Out-of-Pocket Maximum (Individual/Family)**: $4,000/ $8,000
- **Co-insurance**: 30%
- **100% covered at 30% Deductible, then $50 copay**
- **Inpatient**: Deductible, then $25 copay
- **Day Surgery**: Deductible, then $75 copay
- **Labs**: Deductible, then $75 copay
- **Urgent Care**: Deductible, then $75 copay
- **ER**: Deductible, then $75 copay
- **PT/OT/ST**: Deductible, then $75 copay
- **30-Day Retail**: Deductible, then $75 copay
- **S-Tier Rx**: Deductible, then $75 copay
- **CT, MRI, PET**: Deductible, then $75 copay
- **PT/OT/ST**: Deductible, then $75 copay

### ElevateHealth HMO Silver 5500
- **Plan Name**: ElevateHealth HMO Silver 5500
- **Plan Code**: MD0000100285
- **Premium**: N/A
- **Deductible (Individual/Family)**: $40 copay/ Deductible, then $80 copay
- **Out-of-Pocket Maximum (Individual/Family)**: $5,500/ $11,000
- **Co-insurance**: 30%
- **100% covered at 30% Deductible, then $50 copay**
- **Inpatient**: Deductible, then $25 copay
- **Day Surgery**: Deductible, then $150 copay
- **Labs**: Deductible, then $150 copay
- **Urgent Care**: Deductible, then $150 copay
- **ER**: Deductible, then $150 copay
- **PT/OT/ST**: Deductible, then $150 copay
- **30-Day Retail**: Deductible, then $150 copay
- **S-Tier Rx**: Deductible, then $150 copay
- **CT, MRI, PET**: Deductible, then $150 copay
- **PT/OT/ST**: Deductible, then $150 copay

### ElevateHealth HMO Silver 6500
- **Plan Name**: ElevateHealth HMO Silver 6500
- **Plan Code**: MD0000100287
- **Premium**: N/A
- **Deductible (Individual/Family)**: $40 copay/ Deductible, then $80 copay
- **Out-of-Pocket Maximum (Individual/Family)**: $6,500/ $13,000
- **Co-insurance**: 40%
- **100% covered at 40% Deductible, then $50 copay**
- **Inpatient**: Deductible, then $25 copay
- **Day Surgery**: Deductible, then $150 copay
- **Labs**: Deductible, then $150 copay
- **Urgent Care**: Deductible, then $150 copay
- **ER**: Deductible, then $150 copay
- **PT/OT/ST**: Deductible, then $150 copay
- **30-Day Retail**: Deductible, then $150 copay
- **S-Tier Rx**: Deductible, then $150 copay
- **CT, MRI, PET**: Deductible, then $150 copay
- **PT/OT/ST**: Deductible, then $150 copay

Note: ElevateHealth plans are not available to individuals residing in Carroll County.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Tier (ElevateHealth Options plans)</th>
<th>Office Visit (PCP/ Specialist)</th>
<th>Deductible (Individual/ Family)</th>
<th>Out-of-Pocket Maximum (Individual/ Family)</th>
<th>Co-insurance</th>
<th>ER1</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>S-Tier Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO Bronze 6500 MD0000100289 RX0000100210 59025NH0370044-01</td>
<td>N/A</td>
<td>$40 copay/ $80 copay for the first 4 medical office visits per member (8 per family). All other visits: Deductible, then 20%</td>
<td>$6,500/ $13,000</td>
<td>$8,700/ $17,400</td>
<td>20%</td>
<td>Deductible, then $500 copay</td>
<td>Deductible, then $250 copay</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>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
</tr>
<tr>
<td>ElevateHealth HMO Bronze 7200 MD0000100290 RX0000100201 59025NH0370045-01</td>
<td>N/A</td>
<td>$40 copay for the first 4 PCP visits. All other visits: Deductible, then 50%</td>
<td>$7,200/ $14,400</td>
<td>$8,700/ $17,400</td>
<td>50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
</tr>
<tr>
<td>ElevateHealth HMO Bronze 8700 MD0000100291 RX0000100202 59025NH0370046-01</td>
<td>N/A</td>
<td>Covered in full for the first 2 PCP visits. All other visits: Deductible, then covered in full</td>
<td>$8,700/ $17,400</td>
<td>$8,700/ $17,400</td>
<td>None</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
</tr>
</tbody>
</table>

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

Note: ElevateHealth plans are not available to individuals residing in Carroll County.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Tier (ElevateHealth Options plans)</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>ER1</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>S-Tier Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO Catastrophic</td>
<td>N/A</td>
<td>$40 copay for the first 3 PCP visits.</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>None</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
</tr>
<tr>
<td>ElevateHealth HMO HSA Silver 4500</td>
<td>N/A</td>
<td>Deductible, then 20%</td>
<td>$4,500/9,000</td>
<td>$7,000/14,000</td>
<td>20%</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
</tr>
<tr>
<td>ElevateHealth HMO HSA Bronze 7000</td>
<td>N/A</td>
<td>Deductible, then covered in full</td>
<td>$7,000/14,000</td>
<td>$7,000/14,000</td>
<td>None</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
</tr>
</tbody>
</table>

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

Note: ElevateHealth plans are not available to individuals residing in Carroll County.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Tier (ElevateHealth Options plans)</th>
<th>Office Visit (PCP/ Specialist)</th>
<th>Deductible (Individual/ Family)</th>
<th>Out-of-Pocket Maximum (Individual/ Family)</th>
<th>Co-insurance</th>
<th>ER1</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>S-Tier Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO</td>
<td>ElevateHealth HMO Silver 3500 Silver CSR - 73% MD00001001307 RX000100110215 59255NH0370040-04</td>
<td>N/A</td>
<td>$40 copay/ $80 copay</td>
<td>$3,500/ $7,000</td>
<td>$6,000/ $12,000</td>
<td>30%</td>
<td>Deductible, then $500 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then $1,000 copay</td>
<td>Deductible, then $150 copay</td>
<td>Deductible, then 30%</td>
<td>Deductible, then $75 copay</td>
<td>$50 copay</td>
<td>$3,500/ $7,000</td>
</tr>
<tr>
<td>ElevateHealth HMO</td>
<td>ElevateHealth HMO Silver 3500 Silver CSR - 87% MD00001001308 RX000100110216 59255NH0370040-05</td>
<td>N/A</td>
<td>$20 copay/ $40 copay</td>
<td>$1,000/ $2,000</td>
<td>$2,000/ $4,000</td>
<td>20%</td>
<td>Deductible, then $100 copay</td>
<td>Deductible, then $50 copay</td>
<td>Deductible, then $200 copay</td>
<td>Deductible, then $50 copay</td>
<td>Deductible, then 20%</td>
<td>Deductible, then $40 copay</td>
<td>$30 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>ElevateHealth HMO</td>
<td>ElevateHealth HMO Silver 3500 Silver CSR - 94% MD00001001309 RX000100110217 59255NH0370040-06</td>
<td>N/A</td>
<td>$10 copay/ $20 copay</td>
<td>$450/ $900</td>
<td>$900/ $1,800</td>
<td>10%</td>
<td>Deductible, then $60 copay</td>
<td>Deductible, then $30 copay</td>
<td>Deductible, then $120 copay</td>
<td>Deductible, then $50 copay</td>
<td>Deductible, then 10%</td>
<td>Deductible, then $30 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>ElevateHealth HMO</td>
<td>ElevateHealth HMO Silver 4000 Silver CSR - 73% MD00001001310 RX000100110218 59255NH0370041-04</td>
<td>N/A</td>
<td>$40 copay/ Deductible, then $80 copay</td>
<td>$3,000/ $6,000</td>
<td>$6,100/ $12,200</td>
<td>None</td>
<td>Deductible, then $500 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then $1,000 copay</td>
<td>Deductible, then $150 copay</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then $75 copay</td>
<td>$50 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>ElevateHealth HMO</td>
<td>ElevateHealth HMO Silver 4000 Silver CSR - 87% MD00001001311 RX000100110219 59255NH0370041-05</td>
<td>N/A</td>
<td>$20 copay/ Deductible, then $40 copay</td>
<td>$800/ $1,600</td>
<td>$2,100/ $5,000</td>
<td>None</td>
<td>Deductible, then $100 copay</td>
<td>Deductible, then $50 copay</td>
<td>Deductible, then $200 copay</td>
<td>Deductible, then $50 copay</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then $40 copay</td>
<td>$30 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>ElevateHealth HMO</td>
<td>ElevateHealth HMO Silver 4000 Silver CSR - 94% MD00001001312 RX000100110220 59255NH0370041-06</td>
<td>N/A</td>
<td>$10 copay/ Deductible, then $20 copay</td>
<td>$300/ $600</td>
<td>$850/ $1,700</td>
<td>None</td>
<td>Deductible, then $60 copay</td>
<td>Deductible, then $30 copay</td>
<td>Deductible, then $120 copay</td>
<td>Deductible, then $30 copay</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then $30 copay</td>
<td>$20 copay</td>
<td>$10 copay</td>
</tr>
</tbody>
</table>

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

Note: ElevateHealth plans are not available to individuals residing in Carroll County.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>5-Tier Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Freestanding</td>
<td>Hospital-Based</td>
<td>Inpatient</td>
<td>Day Surgery</td>
<td>Labs</td>
<td>Scans: CT, MRI, PET</td>
<td>PT/OT/ST</td>
<td>Acupuncture &amp; Chiropractic</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 4500 Silver CSR - 73%</td>
<td>N/A</td>
<td>Deductible, then 20%</td>
<td>$2,500/$5,000</td>
<td>$6,000/$12,000</td>
<td>20%</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>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 4500 Silver CSR - 73%</td>
<td>N/A</td>
<td>Deductible, then 10%</td>
<td>$1,000/$2,000</td>
<td>$2,850/$5,700</td>
<td>10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 4500 Silver CSR - 87%</td>
<td>N/A</td>
<td>Deductible, then 10%</td>
<td>$450/$900</td>
<td>$700/$1,400</td>
<td>10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 4500 Silver CSR - 94%</td>
<td>N/A</td>
<td>Deductible, then 10%</td>
<td>$40 copay/ $80 copay</td>
<td>$3,500/$7,000</td>
<td>30%</td>
<td>Deductible, then 500 copay</td>
<td>Deductible, then 250 copay</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 150 copay</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>$60 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 5500 Silver CSR - 73%</td>
<td>N/A</td>
<td>Deductible, then 10%</td>
<td>$40 copay/ $80 copay</td>
<td>$800/$1,600</td>
<td>20%</td>
<td>Deductible, then 100 copay</td>
<td>Deductible, then 50 copay</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 50 copay</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 5500 Silver CSR - 94%</td>
<td>N/A</td>
<td>Deductible, then 10%</td>
<td>$10 copay/ $20 copay</td>
<td>$300/$600</td>
<td>10%</td>
<td>Deductible, then 50 copay</td>
<td>Deductible, then 25 copay</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 50 copay</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 10%</td>
<td>$20 copay</td>
<td>$10 copay</td>
</tr>
</tbody>
</table>

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

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

---

**On-Exchange plans**

**CSR (Cost Sharing Reduction) plans**

---


This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Tier (ElevateHealth Options plans)</th>
<th>Office Visit (PCP/ Specialist)</th>
<th>Deductible (Individual/ Family)</th>
<th>Out-of-Pocket Maximum (Individual/ Family)</th>
<th>Co-insurance</th>
<th>ER1</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>5-Tier Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO Silver 6500 Silver CSR - 73% MD0000100316 2022 NH 5925NH0370043-04</td>
<td>N/A</td>
<td>$40 copay/ $80 copay</td>
<td>$3,450/ $6,900</td>
<td>$6,000/ $12,000</td>
<td>40%</td>
<td>Deductible, then $50 copay</td>
<td>$50 copay</td>
<td>Deductible, then 40%</td>
<td>$50 copay</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>$60 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 6500 Silver CSR - 87% MD0000100317 2022 NH 5925NH0370043-05</td>
<td>N/A</td>
<td>$20 copay/ $40 copay</td>
<td>$800/ $1,600</td>
<td>$2,000/ $4,000</td>
<td>30%</td>
<td>Deductible, then $100 copay</td>
<td>$30 copay</td>
<td>Deductible, then 30%</td>
<td>$30 copay</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 6500 Silver CSR - 94% MD0000100318 2022 NH 5925NH0370043-06</td>
<td>N/A</td>
<td>$10 copay/ $20 copay</td>
<td>$250/ $500</td>
<td>$850/ $1,700</td>
<td>20%</td>
<td>Deductible, then $50 copay</td>
<td>$20 copay</td>
<td>Deductible, then 20%</td>
<td>$20 copay</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>$20 copay</td>
<td>$10 copay</td>
</tr>
</tbody>
</table>

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

Note: ElevateHealth plans are not available to individuals residing in Carroll County.
## Off-Exchange plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Tier (ElevateHealth Options plans)</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>ER¹</th>
<th>Urgent Care Freestanding</th>
<th>Hospital-Based</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ElevateHealth HMO</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold 1500</td>
<td>N/A</td>
<td>$25 copay/$50 copay</td>
<td>$1,500/$3,000</td>
<td>$8,700/$17,400</td>
<td>15%</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then $150 copay</td>
<td>Deductible, then $500 copay then 15%</td>
<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
<td>Deductible, then 15%</td>
<td>$50 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td>MD0000100279</td>
<td>RX0000100194</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver 3500 (no dental)</td>
<td>N/A</td>
<td>$40 copay/$80 copay</td>
<td>$3,500/$7,000</td>
<td>$8,700/$17,400</td>
<td>30%</td>
<td>Deductible, then $500 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then $1,000 copay</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then $75 copay</td>
<td>$60 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>MD0000100281</td>
<td>RX0000100196</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver 4000 (dental)</td>
<td>N/A</td>
<td>$40 copay/</td>
<td>$4,000/$8,000</td>
<td>$8,700/$17,400</td>
<td>None</td>
<td>Deductible, then $500 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then $1,000 copay</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then covered in full</td>
<td>$60 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>MD0000100282</td>
<td>RX0000100197</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver 5500 (no dental)</td>
<td>N/A</td>
<td>$40 copay/</td>
<td>$5,500/$11,000</td>
<td>$8,700/$17,400</td>
<td>30%</td>
<td>Deductible, then $500 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then $1,000 copay</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 30%</td>
<td>$60 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>MD0000100283</td>
<td>RX0000100198</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver 6500 (dental)</td>
<td>N/A</td>
<td>$40 copay/</td>
<td>$6,500/$13,000</td>
<td>$8,700/$17,400</td>
<td>40%</td>
<td>Deductible, then $500 copay</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then $1,500 copay</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>$60 copay</td>
<td>$40 copay</td>
</tr>
<tr>
<td>MD0000100284</td>
<td>RX0000100199</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Note:** ElevateHealth plans are not available to individuals residing in Carroll County.
<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care Access</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>S-Tier Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO Bronze 6500 MD0000100289 RX00001002100</td>
<td>N/A</td>
<td>$40 copay/$80 copay for the first 4 medical office visits per member (8 per family). All other visits: Deductible, then 20%</td>
<td>$6,500/ $13,000</td>
<td>$8,700/ $17,400</td>
<td>20%</td>
<td>Deductible, then $500 copay</td>
<td>Deductible, then $500 copay for the first 4 medical office visits per member (8 per family). All other visits: Deductible, then 20%</td>
<td>Deductible, then $250 copay</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>
</tr>
<tr>
<td>ElevateHealth HMO Bronze 7200 MD0000100290 RX00001002201</td>
<td>N/A</td>
<td>$40 copay for the first 4 PCP visits. All other visits: Deductible, then 50%</td>
<td>$7,200/ $14,400</td>
<td>$8,700/ $17,400</td>
<td>50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
<td>Deductible, then 50%</td>
</tr>
<tr>
<td>ElevateHealth HMO Bronze 8700 MD0000100291 RX00001002202</td>
<td>N/A</td>
<td>Covered in full for the first 2 PCP visits. All other visits: Deductible, then covered in full</td>
<td>$8,700/ $17,400</td>
<td>$8,700/ $17,400</td>
<td>None</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
</tr>
</tbody>
</table>

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

Note: ElevateHealth plans are not available to individuals residing in Carroll County.
### ElevateHealth HMO Catastrophic & HMO HSA

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Tier (ElevateHealth Options plans)</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>ER&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Urgent Care Freestanding</th>
<th>Hospital-Based</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>5-Tier Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO Catastrophic MD0000100292 RX0000100203</td>
<td>N/A</td>
<td>$40 copay for the first 3 PCP visits. All other visits: Deductible, then covered in full</td>
<td>$8,700/ $17,400</td>
<td>Deductible, then covered in full</td>
<td>None</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then 0%/0%/0%/0%/0%</td>
</tr>
<tr>
<td>ElevateHealth HMO HSA Silver 4500 MD0000100293 (no dental) MD0000100294 (dental) RX0000100204</td>
<td>N/A</td>
<td>Deductible, then 20%</td>
<td>$4,500/ $9,000</td>
<td>Deductible, then 20%</td>
<td>20%</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>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 20%</td>
<td>Deductible, then 0%/0%/0%/0%/0%</td>
<td></td>
</tr>
<tr>
<td>ElevateHealth HMO HSA Bronze 7000 MD0000100295 RX0000100205</td>
<td>N/A</td>
<td>Deductible, then covered in full</td>
<td>$7,000/ $14,000</td>
<td>Deductible, then covered in full</td>
<td>None</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then covered in full</td>
<td>Deductible, then 0%/0%/0%/0%/0%</td>
</tr>
</tbody>
</table>

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

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

---


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

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Tier</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Co-insurance</th>
<th>ER</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PT/OT/ST</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>5-Tier Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ElevateHealth Options HMO Gold 500</strong> MD0000100300 RX000010208</td>
<td>Tier 1</td>
<td>$15 copay/$50 copay</td>
<td>$500/$1,000</td>
<td>$7,500/$15,000</td>
<td>10%</td>
<td>T1</td>
<td>Deductible, then $150 copay</td>
<td>Deductible, then 10%</td>
<td>ASC: $100 copay Outpt Hosp: Deductible, then 10%</td>
<td>Covered in full</td>
<td>Deductible, then 10%</td>
<td>$50 copay</td>
<td>$25 copay</td>
<td>$5/$25/$40/T1 Deductible, then 35%</td>
</tr>
<tr>
<td></td>
<td>Tier 2</td>
<td>Deductible, then 40%</td>
<td>$4,000/$8,000</td>
<td>$8,700/$17,400</td>
<td>40%</td>
<td>T1</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Acupuncture: $25 copay Chiro: $10/$35/$60/T1 Deductible, then 35%</td>
<td></td>
</tr>
<tr>
<td><strong>ElevateHealth Options HMO Gold 1000</strong> MD0000100296 RX000010206</td>
<td>Tier 1</td>
<td>$25 copay/$50 copay</td>
<td>$1,000/$2,000</td>
<td>$8,700/$17,400</td>
<td>10%</td>
<td>T1</td>
<td>Deductible, then $150 copay</td>
<td>Deductible, then 10%</td>
<td>ASC: $100 copay Outpt Hosp: Deductible, then 10%</td>
<td>Covered in full</td>
<td>Deductible, then 10%</td>
<td>$50 copay</td>
<td>$25 copay</td>
<td>$5/$25/$40/T1 Deductible, then 35%</td>
</tr>
<tr>
<td></td>
<td>Tier 2</td>
<td>Deductible, then 40%</td>
<td>$4,000/$8,000</td>
<td>$8,700/$17,400</td>
<td>40%</td>
<td>T1</td>
<td>Deductible, then $300 copay</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Acupuncture: $25 copay Chiro: $10/$35/$60/T1 Deductible, then 35%</td>
<td></td>
</tr>
<tr>
<td><strong>ElevateHealth Options HMO Silver 3000</strong> MD0000100298 RX000010207</td>
<td>Tier 1</td>
<td>$40 copay/$80 copay</td>
<td>$3,000/$6,000</td>
<td>$8,700/$17,400</td>
<td>10%</td>
<td>T1</td>
<td>Deductible, then $250 copay</td>
<td>Deductible, then 10%</td>
<td>ASC: $150 copay Outpt Hosp: Deductible, then 10%</td>
<td>Covered in full</td>
<td>Deductible, then 10%</td>
<td>$60 copay</td>
<td>$40 copay</td>
<td>$10/$35/$60/T1 Deductible, then 40%</td>
</tr>
<tr>
<td></td>
<td>Tier 2</td>
<td>Deductible, then 40%</td>
<td>$6,000/$12,000</td>
<td>$8,700/$17,400</td>
<td>40%</td>
<td>T1</td>
<td>Deductible, then $500 copay</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Deductible, then 40%</td>
<td>Acupuncture: $40 copay Chiro: $10/$35/$60/T1 Deductible, then 40%</td>
<td></td>
</tr>
</tbody>
</table>

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

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

HSA (health savings account)

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

Out-of-pocket maximum

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

Catastrophic plan

You can buy a catastrophic plan if you are under 30 or if you have a hardship exemption or affordability exemption. Catastrophic plans have low monthly premiums and high deductibles. They cover three primary care provider office visits outside of the deductible. You will pay out of your own pocket for most other covered services before the plan helps pay.
For a full list of services not covered, please refer to plan documents. Typically, exclusions include:

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

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

General notice about nondiscrimination and accessibility requirements

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

Harvard Pilgrim Health Care:

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

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

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).


ខ្មែរ (Cambodian) គេបានសេវាការជួសជុលដែលបានបង្កើតឡើងដោយ នាយករដ្ឋមន្ត្រីក្រុងអ៊ីស្រាម ទី ២ អ៊ីស្រាម អ៊ីស្រាម ១-888-333-4742 (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 parata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

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

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

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

हिंदी (Hindi) ध्वनि दीविने: 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) ધ્વની દીવીને: તમે ગુજરાતી બોલતા હો તો આપણે મતે સાથીય સહાય તલન મૂકવા મેળવી શકીએ. વિભાગપતિ માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ລາວ (Lao) ແຜນទາ: ປ້າຍ ກ່າວ ການ ສ່ວນ ຜາFramebuffer ໂວ, ທ່ານນີ້ຈະເຮັດວຽກຂອງເຈົ້າດ້ວຍເທົ່າ, ທ່ານນີ້ຈະເຮັດວຽກ, ການບໍ່ມີຄ່າຊ່ວຍເຫຼືອ. ໂທຣ 1-888-333-4742 (TTY: 711).

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

650 Elm Street, Suite 700
Manchester, NH 03101

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

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