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Empowering and Guiding Healthier Lives

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

Full, tiered and virtual network plans
Our HMO, POS, PPO* and ElevateHealth products are built around best-in-class local providers who deliver high-quality care at an excellent value. SimplyVirtuaSM HMO gives members 24/7 access to primary care through Doctor On Demand.

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

* PPO plans are underwritten by HPHC Insurance Company.

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 2022, over $1.7 million was contributed to New Hampshire nonprofit organizations.
Your Local Partner with the Strength of a National Network

Harvard Pilgrim Health Care network

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

National network through UnitedHealthcare

- 1.2 million providers
- 6,000+ hospitals
We Make Switching Health Insurance Easy

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

<table>
<thead>
<tr>
<th>Superior service</th>
<th>Skilled support</th>
<th>Employer education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to your own experienced sales team, to ensure successful implementation.</td>
<td>We will identify, recommend and implement self-service options, including member portal, EDI resolution interface and online billing.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Early member engagement</th>
<th>Pre-enrollment resource</th>
<th>Clinical transitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our prospective member call center is dedicated to answering employees’ questions about specific benefits and coverage before they enroll.</td>
<td>We'll set up an open enrollment website with information about employers' Harvard Pilgrim plan options. There's no hassle and no extra cost.</td>
<td>Members have pre-enrollment support for prior authorizations, pharmacy coverage and clinical care team connections, which ensures a seamless transition and continuity of care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Virtual benefit fairs</th>
<th>Access to digital ID cards</th>
<th>New member communications</th>
</tr>
</thead>
<tbody>
<tr>
<td>We'll set up an open enrollment website with information about employers’ Harvard Pilgrim plan options. There's no hassle and no extra cost.</td>
<td>If they need them, members can get digital ID cards even before their coverage is effective.</td>
<td>Starting in 2023, new members will receive a series of welcome messages from us to help them maximize their health plan benefits and get set up with key tools.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Data capture</th>
<th>Guided digital welcome experience</th>
<th>PCP and data verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>We'll capture member information through a quick digital journey as soon as enrollment is complete. This additional channel for early and easy collection of member data ensures the complete capture of important information.</td>
<td>Our data capture journey verifies primary care information and helps members get the right services to optimize their health and well-being.</td>
<td></td>
</tr>
</tbody>
</table>
## Core Health Plan Benefits

All Harvard Pilgrim plans offer access to comprehensive and high-quality care including some of these great benefits, programs and services.

<table>
<thead>
<tr>
<th>Core Health Plan Benefits</th>
<th>Access to comprehensive and high-quality care including some of these great benefits, programs and services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture and chiropractic</td>
<td>Unlimited acupuncture and chiropractic visits per year</td>
</tr>
<tr>
<td>Behavioral health and substance use disorder services</td>
<td>Counseling and psychotherapy</td>
</tr>
<tr>
<td>Ambulatory patient services</td>
<td>Outpatient care without hospital admission</td>
</tr>
<tr>
<td>Pediatric dental* and vision hardware</td>
<td>Covers children up to age 19</td>
</tr>
<tr>
<td>Emergency services</td>
<td></td>
</tr>
<tr>
<td>Prescriptions</td>
<td>Access to safe, effective medications; certain over-the-counter drugs are included in all our formularies</td>
</tr>
<tr>
<td>Eye exams</td>
<td>One preventive screening every year</td>
</tr>
<tr>
<td>Pregnancy, maternity and newborn care</td>
<td>Care before, during and after pregnancy</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>Inpatient services, such as surgery</td>
</tr>
<tr>
<td>Preventive care and chronic disease management</td>
<td>Doctor visits for wellness exams, shots, screenings, health maintenance, etc.</td>
</tr>
<tr>
<td>Laboratory services</td>
<td>Blood work, screenings, etc.</td>
</tr>
<tr>
<td>Rehabilitation and habilitative services and devices</td>
<td>Rehab services, hospital beds, crutches, oxygen tanks, etc.</td>
</tr>
</tbody>
</table>

*Employers can waive pediatric dental if they have a qualified pediatric dental plan in place.
Covering the Prescriptions Our Members Need

Our prescription drug coverage focuses on choice and value.

Harvard Pilgrim has partnered with OptumRx for pharmacy benefit management services. The result is an easier, enhanced experience that makes it simple and convenient for members to order, manage and receive prescription medications.

Members can get prescriptions from more than 67,000 pharmacies nationwide. OptumRx’s mail order pharmacy, OptumRx Home Delivery, gives members the convenience of having prescriptions shipped to their home. CVS Specialty is our primary specialty pharmacy provider. As always, members will pay the lesser of the drug cost or the applicable cost share.

Helping members get the most out of their benefits

All plans include our Core NH 5-tier prescription drug coverage: The lower the tier, the less members will pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible.

Over-the-counter prescriptions available

We cover certain generic over-the-counter (OTC) drugs on all of our formularies. With a prescription from a provider, members will pay Tier 1 Rx cost sharing for certain drugs including cough, cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations.

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>
Reduce My Costs Helps Members Save Money and Earn Rewards

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

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

Members will speak with an experienced nurse who will:

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

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

1 Certain services may require a referral and/or prior authorization before members can receive services from the lower-cost provider. To ensure the services will be covered, members should refer to their plan documents or contact Harvard Pilgrim at (888) 333-4742. The Reduce My Costs program is not offered with all Harvard Pilgrim plans. Members should review their plan documents to confirm whether the Reduce My Costs program is offered with their plan.

2 Rewards are considered taxable income; members should consult their tax advisors.
## Options for Urgent Care

When primary care provider’s offices are not open and a member needs medical care for a non-life-threatening injury or illness, these other options for care 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>Telehealth services</strong></td>
<td>Coughs, colds</td>
</tr>
<tr>
<td>Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</td>
<td>Sore/strep throat</td>
</tr>
<tr>
<td>$</td>
<td>Flu</td>
</tr>
<tr>
<td>Members enrolled in non-HSA plans are not required to pay cost sharing for urgent care virtual visits with Doctor On Demand providers*</td>
<td>Pediatric issues</td>
</tr>
<tr>
<td></td>
<td>Sinus and allergies</td>
</tr>
<tr>
<td><strong>Retail clinic</strong></td>
<td>Nausea/diarrhea</td>
</tr>
<tr>
<td>Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacies)</td>
<td>Rashes and skin issues</td>
</tr>
<tr>
<td>$</td>
<td>UTIs, yeast infections</td>
</tr>
<tr>
<td>Members typically pay a copayment for going to a participating clinic*</td>
<td>Sports injuries</td>
</tr>
<tr>
<td></td>
<td>Eye issues</td>
</tr>
<tr>
<td><strong>Freestanding urgent care clinic</strong></td>
<td>Skin conditions like poison ivy and ringworm</td>
</tr>
<tr>
<td>Walk-in clinic for urgent care (See next page for a list of participating clinics)</td>
<td>Strep throat</td>
</tr>
<tr>
<td>$$</td>
<td>Bronchitis</td>
</tr>
<tr>
<td>Members typically pay a copayment for urgent care, sometimes higher than the one for an office visit or convenience care clinic visit*</td>
<td>Ear infections</td>
</tr>
<tr>
<td></td>
<td>Eye infections</td>
</tr>
<tr>
<td><strong>Hospital-based urgent care clinic</strong></td>
<td>Burns, rashes, bites, cuts and bruises</td>
</tr>
<tr>
<td>Walk-in clinic for urgent care</td>
<td>Infections</td>
</tr>
<tr>
<td>$$</td>
<td>Coughs, cold and flu</td>
</tr>
<tr>
<td>Members typically pay their deductible, then a hospital-based urgent care copay*</td>
<td>Minor injuries</td>
</tr>
<tr>
<td></td>
<td>Respiratory infections</td>
</tr>
<tr>
<td></td>
<td>Sprains and strains</td>
</tr>
<tr>
<td><strong>Emergency room (ER)</strong></td>
<td>Burns, rashes, bites, cuts and bruises</td>
</tr>
<tr>
<td>Part of a local hospital</td>
<td>Infections</td>
</tr>
<tr>
<td>Members who think they are having medical emergencies should call 911 or go to the nearest ER</td>
<td>Coughs, cold and flu</td>
</tr>
<tr>
<td>$$$</td>
<td>Choking</td>
</tr>
<tr>
<td>Members typically pay a higher copayment than an office visit; plus, ER services are often subject to a deductible*</td>
<td>Convulsions</td>
</tr>
<tr>
<td></td>
<td>Heart attack</td>
</tr>
<tr>
<td></td>
<td>Loss of conciousness</td>
</tr>
<tr>
<td></td>
<td>Major blood loss</td>
</tr>
<tr>
<td><strong>$</strong></td>
<td>Seizures</td>
</tr>
<tr>
<td></td>
<td>Severe head trauma</td>
</tr>
<tr>
<td></td>
<td>Shock</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
</tr>
</tbody>
</table>

*What members pay out of pocket depends on their specific Harvard Pilgrim plan. Members should refer to their plan documents for their specific benefit information.
Finding Care is Just a Few Clicks Away with Doctor On Demand

When members need care right away, but the situation is not life threatening, there’s a better option than an ER visit. **Doctor On Demand** makes it easy to get care without leaving the house, while saving time and money. All members need is a smartphone, tablet or computer and an internet connection.¹

Members enrolled in non-HSA plans are not required to pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be billed for these visits, and they will apply toward the in-network deductible.

1. In a life-threatening emergency, such as choking, severe head trauma, loss of consciousness, heart attack or stroke, members should call 911 or go to the nearest ER immediately.

2. Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

Get care from licensed medical doctors, psychologists and psychiatrists²

Members receive convenient and private care from their home or any location

**Available to members traveling internationally**

Excluding U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.
Keeping Our Members Healthy

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

Engage clinical expertise

<table>
<thead>
<tr>
<th>Chronic care support</th>
<th>Specialty care support</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diabetes</td>
<td>• COPD</td>
</tr>
<tr>
<td>• Asthma</td>
<td>• Heart disease</td>
</tr>
<tr>
<td><strong>Specialty care support</strong>¹</td>
<td></td>
</tr>
<tr>
<td>• Rare diseases</td>
<td>• Transgender care</td>
</tr>
<tr>
<td>• Oncology care</td>
<td>• Chronic kidney disease</td>
</tr>
</tbody>
</table>

Clinical care team support
Available for members via the MyConnect mobile app or by phone.

Utilization management²
Our programs ensure that members get the right care, at the right time and at the right place.

Aspire Health³
We’ve partnered with one of the largest non-hospice palliative care organizations to provide whole-person support for patients with advanced stages of serious illnesses.

Visit harvardpilgrim.org/clinicalcareteam to learn more.

Maintain a healthy mind

24/7 support helplines
• Substance use disorder treatment
• Emotional support

Behavioral health access center
Licensed care advocates help members find available providers and answer questions about benefits and coverage.

Peer coaching for substance use disorders
Services from peer recovery coaches are available through our behavioral health administrator, United Behavioral Health/Optum.

Convenient online resources
• liveandworkwell.com (virtual visits, Express Access Network, self-management tools and resources)⁴
• Virtual visits with Doctor On Demand
• Talkspace digital therapy⁴
• Sanvello mobile app

Visit harvardpilgrim.org/behavioralhealth to learn more.

¹ Transgender care program included for self-insured groups; other programs are buy-ups.
² Skilled nursing facility and rehab and hospitalization care coordination programs included for self-insured groups; other programs are buy-ups.
³ Self-insured accounts pay based on an engaged per member per month fee.
⁴ Through our behavioral health administrator, United Behavioral Health/Optum.
Support maternity and family wellness

Parenthood is the journey of a lifetime. And with every journey, it helps to have support and guidance along the way.

Ovia Health
This suite of mobile apps help members:
• Starting families (Ovia Fertility)
• Navigating pregnancy (Ovia Pregnancy)
• Raising young children (Ovia Parenting)

ProgenyHealth
Harvard Pilgrim has partnered with ProgenyHealth to help improve health outcomes for premature and medically complex babies in neonatal intensive care, and to provide support for their families.

Visit harvardpilgrim.org/familyhealth to learn more.

Improve health and wellness

Harvard Pilgrim members have access to a robust suite of tools and programs to help improve and maintain their health and well-being.

Digital tools and apps
• Limeade mobile app:
  Well-being activities with built-in incentives to encourage healthy actions
• Living Well at Home:
  Online wellness classes

Lifestyle management coaches
One-on-one support for setting and achieving personal health goals.

Living Well℠ Workplace
Everything an employer needs to start a wellness program, all in one place. Visit harvardpilgrim.org/wellnessprogram to check out our turnkey toolkit, online engagement platform and popular buy-up programs.

Discounts and savings
• Vision and hearing
• Fitness and workout gear
• Complementary and alternative medicine

Fitness reimbursement
Members can qualify to receive up to $150 in an annual fitness reimbursement — or up to $300 per family contract — on fees for health and fitness club memberships, classes or virtual subscriptions!

1 Self-insured accounts pay an implementation fee and a one-time per-case fee.

2 Restrictions apply; please see program materials for more information. Rewards may be taxable; members should consult their tax advisors.

3 Rewards are available to employees of fully insured accounts that are rated as small group with 2 to 50 eligible employees. Rewards may be taxable; members should consult their tax advisors.

4 There is a $300 maximum reimbursement per family contract for up to two members on the Harvard Pilgrim policy with a maximum of $150 per member per calendar year. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement and active fitness club members for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income; members should consult their tax advisors.
Together, a qualified high-deductible health plan and a health savings account (HSA) help employers and members save money and maximize their health care dollars.

You know Harvard Pilgrim has great high-deductible health plan options. We also have relationships with several preferred HSA vendors to help make setup and administration easy. Contact your account executive for more information.

**HSA partners**
- Bend HSA
- Benefit Strategies, LLC
- Benefit Wallet®
- Group Dynamic, Inc.
- HealthEquity®
- HRC Total Solutions
- Optum Bank® HSA

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**Providing One-Stop HSA Shopping**

**Explore Savings with Ancillary Products**

We have teamed up with The Guardian Life Insurance Company of America to provide a full line of ancillary insurance products.

By purchasing a Harvard Pilgrim fully insured medical plan along with one or more new fully insured ancillary products from Guardian, employers can save money and provide more insurance options for their employees.

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

**What we offer**

- **Dental**
- **Life, short-term disability and long-term disability**
- **Vision**
- **Supplemental health (accident, cancer, critical illness, hospital indemnity)**
Help Your Members Choose a Plan

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

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

Types of plans:

<table>
<thead>
<tr>
<th>HMO/HMO OA</th>
<th>PPO*</th>
<th>Select network plan (ElevateHealth)</th>
<th>Tiered network plan (ElevateHealth Options)</th>
<th>Qualified high deductible plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Care within Harvard Pilgrim’s network</td>
<td>- Covered in-network (includes our national network)</td>
<td>- Care within the select HMO network only</td>
<td>- Full network HMO plan option</td>
<td>- HMO + PPO</td>
</tr>
<tr>
<td>- Select a PCP and get referrals for specialist visits</td>
<td>- Option to go out of network and pay more</td>
<td>- Authorization required for other Harvard Pilgrim providers and hospitals</td>
<td>- Tier 1 = Lower cost sharing</td>
<td>- Meet a deductible before we pay for services</td>
</tr>
<tr>
<td>- Virtual PCP plan available</td>
<td>- No need for referrals</td>
<td>- Any provider or hospital in a medical emergency</td>
<td>- Tier 2 = Higher cost sharing</td>
<td>- Some employers may offer an HRA or HSA to help members meet their deductible</td>
</tr>
<tr>
<td>- Open access plans now available, members select a PCP but no referrals are required.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Help clients find the plan that best meets their needs

<table>
<thead>
<tr>
<th>X marks the spot</th>
<th>HMO</th>
<th>PPO*</th>
<th>Select</th>
<th>Tiered</th>
<th>Qualified high deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their doctors participate in the plan network; client does not want to spend more money out-of-pocket</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Wants the freedom to see any doctor</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X (PPO only)</td>
</tr>
<tr>
<td>Wants to save on premium (money paid up front for health coverage)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wants services to be covered up front and doesn’t mind a higher premium</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Prefers to budget and keep track of health care expenses</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wants a plan that lets them save money with specified providers</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

* PPO plans are underwritten by HPHC Insurance Company.
# 2023 Updates

<table>
<thead>
<tr>
<th>Updates</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New plan options</strong></td>
<td>We’re adding four (4) new LP Open Access plans to our portfolio. Members must select a PCP for these HMO plans, but referrals are not required for specialty care delivering greater choice.</td>
</tr>
</tbody>
</table>
| **HMO plans**                                | • HMO Platinum 250 - LP Open Access  
• HMO Gold 2500 - LP Open Access  
• HMO Silver 3500 - LP Open Access  
• HMO Silver 4500 - LP Open Access                                                                                                                                                                                                                     |
| **PPO plans**                                | Platinum plans offer greater coverage and the lowest out of pocket costs to members.  
• Platinum Plan: PPO Platinum 250 – LP                                                                                                                                                                                                                   |
| **Behavioral health**                        | Later in 2023, Harvard Pilgrim will offer a new and integrated behavioral health program including a suite of resources and programs. More details will be shared in the coming months.                                                                                           |
| **Pharmacy benefit manager (PBM)**           | CVS Specialty is being replaced by OptumRx. With this change, OptumRx will now offer a fully integrated PBM including retail, specialty and mail order services to Harvard Pilgrim members. Members will continue to have access to a wide network of pharmacies and a cost-saving mail order program. |
| **Reminders**                                |                                                                                                                                                                                                                                                                                                                                                                         |
| **Provider network expansion**               | Recent additions of key providers in southern New Hampshire, include Portsmouth Regional Hospital, Catholic Medical Center and Parkland Medical Center.                                                                                                                                                                           |
| **Harvard Pilgrim’s integrated HRA**         | We have partnered with Benefit Strategies of Manchester to offer an easy-to-implement integrated health reimbursement arrangement (HRA). Benefit Strategies manages the day-to-day administration of the HRA from start to finish. You provide the parameters for what works best for your company, and the rest is done for you. |
| **Guardian dental discounts available**      | You can take advantage of a premium discount on dental insurance through our partnership with The Guardian Life Insurance Company of America. The discount applies to new Guardian dental sales only. Additional Guardian cross-sell discounts for multi-line sales of other ancillary products are available.                          |
| **Doctor On Demand: No cost share for urgent care visits** | Members enrolled in non-HSA plans are not required to pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be billed for these visits, and they will apply toward the in-network deductible.                                                                                      |
| **Virtual benefit fairs**                    | We’ll set up an open enrollment website with information about employers’ Harvard Pilgrim plan options. There’s no hassle and no extra cost.                                                                                                                                                                                  |
Our Plans: Where Choice Meets Savings

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

<table>
<thead>
<tr>
<th>Feature</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>HSA-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.
- Members must receive care from ElevateHealth providers and hospitals (except in an emergency).

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

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

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

HMO-LP and PPO-LP plans explained

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

Scenario 1
Lab work needed
Member goes to LP facility
Covered in full

Scenario 2
Outpatient surgery needed
Member goes to LP facility
Member pays copayment only

Scenario 3
Lab work or outpatient surgery needed
Member goes to LP facility
Member DOES NOT go to LP facility
Deductible & any additional cost sharing applies

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

Harvard Pilgrim delivers a new plan with a virtual-first primary care model.

**SimplyVirtualSM HMO** is a new, innovative model for health care that gives members 24/7 access to primary care providers (PCPs) through virtual visits with Doctor On Demand. Members have the freedom to receive virtual visits from anywhere — at home, in the workplace, while traveling on vacation — all with lower PCP visit cost sharing than office-based offerings. Doctor On Demand physicians send prescriptions directly to the pharmacy of choice, and they also order lab work, when needed.

<table>
<thead>
<tr>
<th>SimplyVirtualSM HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCP requirement</strong></td>
</tr>
</tbody>
</table>
| • Adult members age 19+ must select a PCP from Doctor On Demand2  
  • All members under age 19 must select a PCP from Harvard Pilgrim's HMO network and receive office-based care |
| **PCP cost sharing** |
| • Same cost sharing for all members, regardless of age |
| **Specialists and referrals** |
| All members receive office-based care from specialists within Harvard Pilgrim's HMO network. Doctor On Demand PCPs refer to office-based specialists as needed, and help members find providers and schedule appointments. |
| **Behavioral health access** |
| Members may choose behavioral health providers from Doctor On Demand or from the full United Behavioral Health network |

### Why virtual primary care?

The virtual-first model offers:

- **Seamless continuity of care** — preventive care, chronic disease management, urgent care and integrated behavioral health are all provided on a smartphone, tablet or computer.

- **A compassionate, efficient experience** — meeting the member where and when it's most convenient, with more emphasis on shared decision-making and taking the time to guide them through medical concerns.

- **A dedicated team, 24/7/365** — members have access to an entire care team, including nurses, care managers and nutritionists, plus:
  - Weekend appointments for some PCPs
  - Option to schedule a visit with another Doctor On Demand provider when their PCP isn't available
  - Personalized care plans
  - Fast responses when member reaches out to care team

- **Prescriptions and refills** at local and select mail order pharmacies.

### Getting started with Doctor On Demand

**After enrolling with Harvard Pilgrim, members who choose the SimplyVirtualSM option will:**

- Register with Doctor On Demand
- Select and virtually meet their PCP
- Receive a Care Kit, which includes a thermometer, blood pressure cuff and welcome materials

**Once the member is registered, Doctor On Demand will contact them with additional resources:**

- Welcome to Doctor On Demand
- Walkthrough kit
- How to set up a wellness appointment

---

1 Available 1/1/23 to small group employers in New Hampshire.

2 A member must establish a relationship with a Doctor On Demand PCP by: (1) registering with Doctor On Demand in the state the member resides in, and (2) completing a PCP appointment in the same state.
Get Instant, Accurate Quotes Online
Visit harvardpilgrim.org/broker for online quotes, plan details and more!

Harvard Pilgrim Online Quoting (HPOQ) makes it easy to:

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

Get started with Harvard Pilgrim Online Quoting

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

After registering, visit harvardpilgrim.org/broker/

Click Broker Login in the upper right corner.

Log in with your username and password.

Click Access Harvard Pilgrim Online Quoting.

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

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

We have the information you need
Visit harvardpilgrim.org/broker/ for Summary of Benefits and Coverage documents, our plan comparison tool and other helpful resources.
## 2023 New Hampshire Plan Offerings

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

New Hampshire Small Group Plans – Effective January 1, 2023, through December 31, 2023. 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</th>
<th>Office Visit (PCP/Specialist)</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Coinsurance</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Surgery CS, MR, PET</th>
<th>PTO/PT</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO Gold 2000</td>
<td>N/A</td>
<td>$25/$10</td>
<td>$2,000/$4,000</td>
<td>$8,500/$17,000</td>
<td>20%</td>
<td>DED then $100</td>
<td>DED then $100</td>
<td>DED then 20%</td>
<td>DED then 20%</td>
<td>DED then 20%</td>
<td>DED then 20%</td>
<td>DED then 20%</td>
<td>DED then 20%</td>
</tr>
<tr>
<td>ElevateHealth HMO Gold 3000</td>
<td>N/A</td>
<td>$25/$10</td>
<td>$1,000/$2,000</td>
<td>$7,500/$15,000</td>
<td>15%</td>
<td>DED then $100</td>
<td>DED then $100</td>
<td>DED then 15%</td>
<td>DED then 15%</td>
<td>DED then 15%</td>
<td>DED then 15%</td>
<td>DED then 15%</td>
<td>DED then 15%</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 3000 with Rx Deductible</td>
<td>N/A</td>
<td>$40/$80</td>
<td>Med: $4,000/$8,000</td>
<td>$9,100/$18,200</td>
<td>35%</td>
<td>DED then $150</td>
<td>DED then $175</td>
<td>DED then 35%</td>
<td>DED then 35%</td>
<td>DED then 35%</td>
<td>DED then 35%</td>
<td>DED then 35%</td>
<td>DED then 35%</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 4000 with Rx Deductible</td>
<td>N/A</td>
<td>$50/$100</td>
<td>$5,000/$10,000</td>
<td>$9,100/$18,200</td>
<td>10%</td>
<td>DED then $150</td>
<td>DED then $175</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 5000</td>
<td>N/A</td>
<td>$50/$100</td>
<td>$6,000/$12,000</td>
<td>$9,100/$18,200</td>
<td>10%</td>
<td>DED then $150</td>
<td>DED then $175</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
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<td>DED then 30%</td>
<td>DED then 30%</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 6000</td>
<td>N/A</td>
<td>$50/$100</td>
<td>$7,000/$14,000</td>
<td>$9,100/$18,200</td>
<td>10%</td>
<td>DED then $150</td>
<td>DED then $175</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
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<td>DED then 30%</td>
<td>DED then 30%</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 7000</td>
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<td>$50/$100</td>
<td>$8,000/$16,000</td>
<td>$9,100/$18,200</td>
<td>10%</td>
<td>DED then $150</td>
<td>DED then $175</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
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<td>DED then 30%</td>
<td>DED then 30%</td>
</tr>
<tr>
<td>ElevateHealth HMO Silver 8000</td>
<td>N/A</td>
<td>$50/$100</td>
<td>$9,000/$18,000</td>
<td>$9,100/$18,200</td>
<td>10%</td>
<td>DED then $150</td>
<td>DED then $175</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</td>
<td>DED then 30%</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.

2 $550 coinsurance maximum per script.

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

<table>
<thead>
<tr>
<th>Plan Name and Tier</th>
<th>Deductible (Individual/Family)</th>
<th>Out-of-Pocket Maximum (Individual/Family)</th>
<th>Coinsurance</th>
<th>EH</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans CT, MRI, PET</th>
<th>PEO/OT</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td>ElevateHealth HMO/HSA Silver 3500 with Preventive Rx</td>
<td>N/A</td>
<td>Ded the 10%</td>
<td>$3,500/$7,000</td>
<td>$7,500/$15,000</td>
<td>10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
</tr>
<tr>
<td>ElevateHealth HMO/HSA Silver 5500 with Preventive Rx</td>
<td>N/A</td>
<td>Ded the 10%</td>
<td>$5,000/$10,000</td>
<td>$7,500/$15,000</td>
<td>10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
<td>Ded the 10%</td>
</tr>
<tr>
<td>ElevateHealth HMO/HSA Bronze 7500 with Preventive Rx</td>
<td>N/A</td>
<td>Ded then CIF</td>
<td>$7,500/$15,000</td>
<td>$7,500/$15,000</td>
<td>None</td>
<td>Ded then CIF</td>
<td>Ded then CIF</td>
<td>Ded then CIF</td>
<td>Ded then CIF</td>
<td>Ded then CIF</td>
<td>Ded then CIF</td>
<td>Ded then CIF</td>
<td>Ded then CIF</td>
</tr>
<tr>
<td>ElevateHealth Options HMO Gold 1000</td>
<td>N/A</td>
<td>Ded then 30%</td>
<td>$4,000/$8,000</td>
<td>$8,000/$16,000</td>
<td>30%</td>
<td>Same as T1</td>
<td>Ded the 30%</td>
<td>Ded the 30%</td>
<td>Ded the 30%</td>
<td>Ded the 30%</td>
<td>Ded the 30%</td>
<td>Ded the 30%</td>
<td>Ded the 30%</td>
</tr>
<tr>
<td>ElevateHealth Options HMO Silver 3000 with Rx Deductible</td>
<td>N/A</td>
<td>Ded then 35%</td>
<td>$4,000/$8,000</td>
<td>$8,100/$16,200</td>
<td>35%</td>
<td>Same as T1</td>
<td>Ded the 35%</td>
<td>Ded the 35%</td>
<td>Ded the 35%</td>
<td>Ded the 35%</td>
<td>Ded the 35%</td>
<td>Ded the 35%</td>
<td>Ded the 35%</td>
</tr>
<tr>
<td>ElevateHealth Options HMO Silver 4000 with Rx Deductible</td>
<td>N/A</td>
<td>Ded then 40%</td>
<td>$4,000/$8,000</td>
<td>$8,100/$16,200</td>
<td>40%</td>
<td>Same as T1</td>
<td>Ded the 40%</td>
<td>Ded the 40%</td>
<td>Ded the 40%</td>
<td>Ded the 40%</td>
<td>Ded the 40%</td>
<td>Ded the 40%</td>
<td>Ded the 40%</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.
2. $5/$10 coinsurance maximum per script.

---

**Note:**

- The table above provides a summary of the plans available for New Hampshire Small Group Plans effective from January 1, 2023, through December 31, 2023.
- For more detailed information, please refer to the Schedule of Benefits.
<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>
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<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>scripts</th>
<th>ER</th>
<th>Acupuncture &amp; Physical Therapy</th>
<th>Rx 30-Day Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HMO Gold 1500 - LP</strong>&lt;br&gt;ND000052001597, RX0000520015103</td>
<td>N/A</td>
<td>$25/$50</td>
<td>$1,000/$3,000</td>
<td>$5,000/$17,000</td>
<td>20%</td>
<td>Ded then $100</td>
<td>$35</td>
<td>Ded then $150</td>
<td>Ded then 20%</td>
<td>Select LP: $125 Others: Ded then 20%</td>
<td>Select LP: $125 Others: Ded then 20%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 20%</td>
<td>Ded then $20</td>
</tr>
<tr>
<td><strong>HMO Gold 1500 - LP</strong>&lt;br&gt;ND000052001598, RX0000520015104</td>
<td>N/A</td>
<td>$25/$50</td>
<td>$1,500/$3,000</td>
<td>$8,000/$17,000</td>
<td>20%</td>
<td>Ded then $150</td>
<td>$35</td>
<td>Ded then $150</td>
<td>Ded then 20%</td>
<td>Select LP: $125 Others: Ded then 20%</td>
<td>Select LP: $125 Others: Ded then 20%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 20%</td>
<td>Ded then $20</td>
</tr>
<tr>
<td><strong>HMO Gold 2000/10% - LP with Rx Deductible</strong>&lt;br&gt;ND000020001081, RX000020001085</td>
<td>N/A</td>
<td>$25/$50</td>
<td>Med: $2,000/$4,000 Rx: $500/member</td>
<td>$7,000/$15,000</td>
<td>None</td>
<td>Ded then $250</td>
<td>Ded then CIF</td>
<td>$35</td>
<td>Ded then $150</td>
<td>Ded then 15%</td>
<td>Select LP: $125 Others: Ded then 15%</td>
<td>Select LP: $125 Others: Ded then 15%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 15%</td>
</tr>
<tr>
<td><strong>HMO Gold 3000/10% - LP</strong>&lt;br&gt;ND000052001591, RX0000520015105</td>
<td>N/A</td>
<td>$25/$50</td>
<td>$2,000/$4,000</td>
<td>$8,000/$17,000</td>
<td>10%</td>
<td>Ded then $150</td>
<td>Ded then $150</td>
<td>Ded then 20%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 20%</td>
<td>Ded then $150</td>
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<td>Ded then $20</td>
</tr>
<tr>
<td><strong>HMO Gold 3000/15% - LP</strong>&lt;br&gt;ND000052001592, RX0000520015106</td>
<td>N/A</td>
<td>$25/$50</td>
<td>$3,000/$6,000</td>
<td>$8,000/$17,000</td>
<td>None</td>
<td>Ded then $250</td>
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<td>Select LP: $125 Others: Ded then 15%</td>
<td>Select LP: $125 Others: Ded then 15%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 15%</td>
</tr>
<tr>
<td><strong>HMO Gold 3000/15% - LP</strong>&lt;br&gt;ND000052001593, RX0000520015107</td>
<td>N/A</td>
<td>$25/$50</td>
<td>$3,000/$6,000</td>
<td>$7,000/$15,000</td>
<td>15%</td>
<td>Ded then $250</td>
<td>Ded then $150</td>
<td>Ded then 15%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 15%</td>
<td>Ded then $250</td>
<td>Ded then 15%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 15%</td>
<td>Ded then $20</td>
</tr>
<tr>
<td><strong>HMO Silver 3000 - LP with Rx Deductible</strong>&lt;br&gt;ND000052001594, RX0000520015002</td>
<td>N/A</td>
<td>$40/$80</td>
<td>Med: $3,000/$6,000 Rx: $500/member</td>
<td>$9,100/$18,200</td>
<td>35%</td>
<td>Ded then $150</td>
<td>$50</td>
<td>Ded then $175</td>
<td>Ded then 35%</td>
<td>Select LP: $125 Others: Ded then 35%</td>
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<td>Non-Hospital Based: $120 Hospital Based: Ded then 35%</td>
<td>Ded then $50</td>
</tr>
<tr>
<td><strong>HMO Silver 4000 - LP with Rx Deductible</strong>&lt;br&gt;ND000052001595, RX0000520015003</td>
<td>N/A</td>
<td>$40/$80</td>
<td>Med: $4,000/$8,000 Rx: $500/member</td>
<td>$9,100/$18,200</td>
<td>20%</td>
<td>Ded then $150</td>
<td>$50</td>
<td>Ded then $175</td>
<td>Ded then 20%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 35%</td>
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<td>Ded then 20%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 35%</td>
</tr>
<tr>
<td><strong>HMO Gold 6000 - LP</strong>&lt;br&gt;ND000052001598, RX0000520015108</td>
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<td>$25/$50</td>
<td>$4,000/$8,000</td>
<td>$7,000/$14,000</td>
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<td>Ded then $300</td>
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<td>Non-Hospital Based: $120 Hospital Based: Ded then 30%</td>
<td>Ded then $250</td>
</tr>
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<td><strong>HMO Silver 5000 - LP</strong>&lt;br&gt;ND000052001599, RX0000520015004</td>
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<td>$50/$100</td>
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<td>$10,000/$18,200</td>
<td>30%</td>
<td>Ded then $500</td>
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<td>Non-Hospital Based: $120 Hospital Based: Ded then 30%</td>
<td>Ded then $250</td>
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<tr>
<td><strong>HMO Silver 6000 - LP</strong>&lt;br&gt;ND000052001600, RX0000520015005</td>
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<td>$50/$100</td>
<td>$6,000/$12,000</td>
<td>$10,000/$18,200</td>
<td>20%</td>
<td>Ded then $500</td>
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<td>Ded then $250</td>
</tr>
<tr>
<td><strong>HMO Silver 7000 - LP</strong>&lt;br&gt;ND000052001601, RX0000520015006</td>
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<td>$50/$100</td>
<td>$7,000/$14,000</td>
<td>$9,100/$18,200</td>
<td>30%</td>
<td>Ded then $500</td>
<td>$60</td>
<td>Ded then $250</td>
<td>Ded then 30%</td>
<td>Select LP: $125 Others: Ded then 30%</td>
<td>Select LP: $125 Others: Ded then 30%</td>
<td>Non-Hospital Based: $120 Hospital Based: Ded then 30%</td>
<td>Ded then $250</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.
2. *S500 coinsurance maximum per script.*

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

**Plan Name** | **Tier** | **Office Visit (PCP/Specialist)** | **Deductible (Individual/Family)** | **Out-of-Pocket Maximum (Individual/Family)** | **Coinsurance** | **Emergency Care** | **Inpatient** | **Day Surgery** | **Labs** | **Scans: CT, MR, PET** | **PETO/UT** | **Acupuncture & Chiropractic** | **Rx 30 Day Retail**
---|---|---|---|---|---|---|---|---|---|---|---|---|---|---
**HMO | LP Open Access**
HMO Platinum 250 - LP Open Access
(NH0002000108, RX0000200111)
N/A | $20/$40 | $250/$575 | $1,500/$7,000 | 15% | Ded then $100 | $10 | Ded then $150 | Ded then 15% | Select LP: $250
Others: Ded then 15% | Select LP: CF
Others: Ded then 15% | Non-hospital based: Ded then 25%
Hospital based: Ded then 15% | Ded then 15% | $20 |
HMO Gold 250 - LP Open Access
(NH0002000109, RX0000200113)
N/A | $25/$50 | $2,500/$17,000 | 10% | Ded then $100 | $15 | Ded then $150 | Ded then 10% | Select LP: $250
Others: Ded then 10% | Select LP: CF
Others: Ded then 10% | Ded then 10% | Ded then 10% | $25 |
HMO Silver 250 - LP Open Access
(NH0002000111, RX0000200114)
N/A | $40/$50 | $8,700/$17,400 | 35% | Ded then $10 | $50 | Ded then $175 | Ded then 35% | Select LP: $250
Others: Ded then 35% | Select LP: CF
Others: Ded then 35% | Ded then 35% | Ded then 35% | $40 |
HMO Silver 350 - LP Open Access
(NH0002000112, RX0000200114)
N/A | $40/$80 | $8,700/$17,400 | 25% | Ded then $10 | $10 | Ded then $175 | Ded then 20% | Select LP: $250
Others: Ded then 20% | Select LP: CF
Others: Ded then 20% | Ded then 20% | Ded then 20% | $40 |
**HMO and HMO HSA**
HMO Bronze 4000
(NH0002000101, RX0000200097)
N/A | $40/$100 | $9,100/$18,200 | 10% | Ded then CIF | $60 | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF |
HMO HSA Silver 3500
with Preventive Rx
(NH0002000109, RX0000200108)
N/A | Ded then 10% | $2,100/$7,000 | $7,000/$14,000 | 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% |
HMO HSA Silver 3500
with Preventive Rx
(NH0002000110, RX0000200109)
N/A | Ded then 10% | $4,000/$8,000 | $7,000/$14,000 | 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% |
HMO HSA Silver 5000
with Preventive Rx
(NH0002000111, RX0000200109)
N/A | Ded then 10% | $5,000/$10,000 | $7,000/$11,000 | 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% | Ded then 10% |
HMO HSA Bronze 7500
with Preventive Rx
(NH0002000112, RX0000200109)
N/A | Ded then CIF | $7,500/$15,000 | $7,500/$15,000 | None | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF | Ded then CIF |
**Simply Virtual**
Simply Virtual HMO Gold 3000
(NH0002000108, RX0000200110)
N/A | $10/$40 | $1,000/$6,000 | $7,800/$11,400 | 20% | Ded then $350 | $35 | Ded then $150 | Ded then 20% | Ded then 20% | Ded then 20% | Ded then 20% | Ded then 20% | $40 |
Simply Virtual HMO Silver 4000
(NH0002000109, RX0000200111)
N/A | $10/$80 | $4,000/$8,000 | $9,100/$18,200 | 35% | Ded then $510 | $50 | Ded then $175 | Ded then 35% | Ded then 35% | Ded then 35% | Ded then 35% | Ded then 35% | $80 |

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

2. $550 coinsurance maximum per script.
<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>Coinsurance</th>
<th>Urgent Care</th>
<th>Inpatient</th>
<th>Day Surgery</th>
<th>Labs</th>
<th>Scans: CT, MRI, PET</th>
<th>PEO/LOT</th>
<th>Acupuncture &amp; Chiropractic</th>
<th>Rx 30-Day Retail</th>
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<td>$10</td>
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<td>Ded then 60%</td>
</tr>
</tbody>
</table>

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

$550 coinsurance maximum per script.
Business Rules

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

All 2023 small group plans are calendar year.

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

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

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

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

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

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

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

What’s not covered on our NH small group 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 members diagnosed with diabetes or systemic circulatory diseases
• 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
• Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging
• 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, except as outlined in your benefit handbook
• (HMO ONLY) Delivery outside the service area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery

Limitations for New Hampshire small group plans

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

General notice about nondiscrimination and accessibility requirements

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

Harvard Pilgrim Health Care:

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

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

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

Civil Rights Compliance Officer 1 Wellness Way Canton, MA 02021 (866) 750-2074, TTY service: 711, Fax: (617) 509-3085 Email: civil.rights@point32health.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.
Contact Us

Already a member?
(855) 565-9923 (Renewing your coverage)
(877) 907-4742 (Benefit questions)

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


650 Elm Street, Suite 700, Manchester, NH 03101
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harvardpilgrim.org
Brokers: (800) 424-7285
Employers: (800) 637-4751

a Point32Health company