

Health Plans for You and Your Family

Massachusetts Individual & Family Product Guide

Plans available On and Off Connector

Plan Year 2024



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Enrolling and Renewing



Important dates

2024 Open Enrollment* November 1, 2023 - January 23, 2024

Please review our plans and make your selection by December 23, 2023 for coverage on January 1.

New members:

You can review our plan options and enroll directly on our website, visit harvardpilgrim.org today.

Our plans offer great care, coverage and benefits.

Current members:

Your renewal package will include a recommended health plan for the upcoming year. If you are happy with the plan we have recommended, just pay your new premium by January 1 - and you're all set.

If you would like to review other available health plans from Harvard Pilgrim, visit harvardpilgrim.org/renew today.

If you purchased your health plan through the Connector, the state-run marketplace, visit mahealthconnector.org



* 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 harvardpilgrim.org to review the eligibility guidelines and submit your enrollment.

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.



Acupuncture and chiropractic
Unlimited visits



Hospitalization
Inpatient services, such as surgery



Rehabilitation and habilitative services and devices
such as hospital beds, crutches, and physical/occupational therapy



Mental health and substance use disorder treatment



Laboratory, radiology and diagnostic services



Preventative care, routine screenings and tests



Emergency services and urgent care



Pediatric dental and vision hardware
Covers children up to age 19



Virtual care
delivered by licensed medical and behavioral health providers



Routine eye exams for adults and children



Pregnancy, maternity and newborn care



Wellness-focused discounts and savings
including fitness reimbursements



Prescription drug coverage including generic and over-the-counter medications

All plans include either 3-tier or 5-tier prescription drug coverage through our Pharmacy Benefits Manager, OptumRx. The lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. As always, members will pay the lesser of the drug cost or the applicable cost share. Members typically pay a higher copay than retail and may include paying their deductible, as most of our plans nowadays have a lower cost sharing.

We also 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 harvardpilgrim.org/rx to learn more. Select the year and the plan (e.g., 2024 Value 5 Tier) to:



See which drugs are covered



Find nearby in-network pharmacies



Look up drug prices



Get details on home delivery, and more!

Programs and Services to Maximize Your Well-being

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



Living Well EverydaySM

Our free online community is packed with activities, tracking tools, well-being challenges and more. **Earn points and entries for monthly gift card drawings.** Visit harvardpilgrim.org/wellbeingforall today. And be sure to check out harvardpilgrim.org/livingwellathome for our online wellness classes.



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 harvardpilgrim.org/clinicalcareteam today.

Family Centered Care

Included Health

Included Health's LGBTQ+ Health offers whole-person care focused on LGBTQ+ members and their needs while working within their health plan ecosystem to ensure members feel safe, understood and supported:

- Gender Affirming Care
- Family Building
- Benefits Navigation
- Provider Matching
- Community Support
- Mental Well being

Care Concierge

Helping families get things done. Dedicated, hands-on support from experts who get to know each family and tackle their to-dos

Care Dashboard

Helping families plan and learn. Comprehensive care planning tools and resources in one centralized, accessible place

Wellthy

Wellthy helps members tackle the logistical and administrative tasks of caring for the ones they love, including themselves, across a wide array of needs

- Aging
- Childcare Needs
- Mental Health
- Health Concerns
- Financial Hardship
- Veteran Support

Wellthy Community

Helping families feel less alone. Peer-to-peer platform where family caregivers can find support and exchange knowledge

Visit [Includedhealth.com/harvardpilgrim](https://includedhealth.com/harvardpilgrim) to learn more.

Whole-Person Care

A New Integrated Approach to Behavioral Health

Harvard Pilgrim members can access a comprehensive network of medical and behavioral health care providers, along with innovative programs and services¹, to improve both physical and mental well-being in traditional and virtual settings. Our dedicated team will guide you from the first phone call to aftercare planning, to ensure that you receive “whole-person” care through an integrated approach.

Behavioral health service navigation

Our specially trained service navigators provide personalized help to navigate the complex health care system, locate providers, connect to internal supports and programs, and learn more about innovative tools and services.

Care management programs

Our licensed care managers work with you and your providers to ensure optimal health and functioning through a variety of care management programs, including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support.

Behavioral health programs and services

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents, and adults:

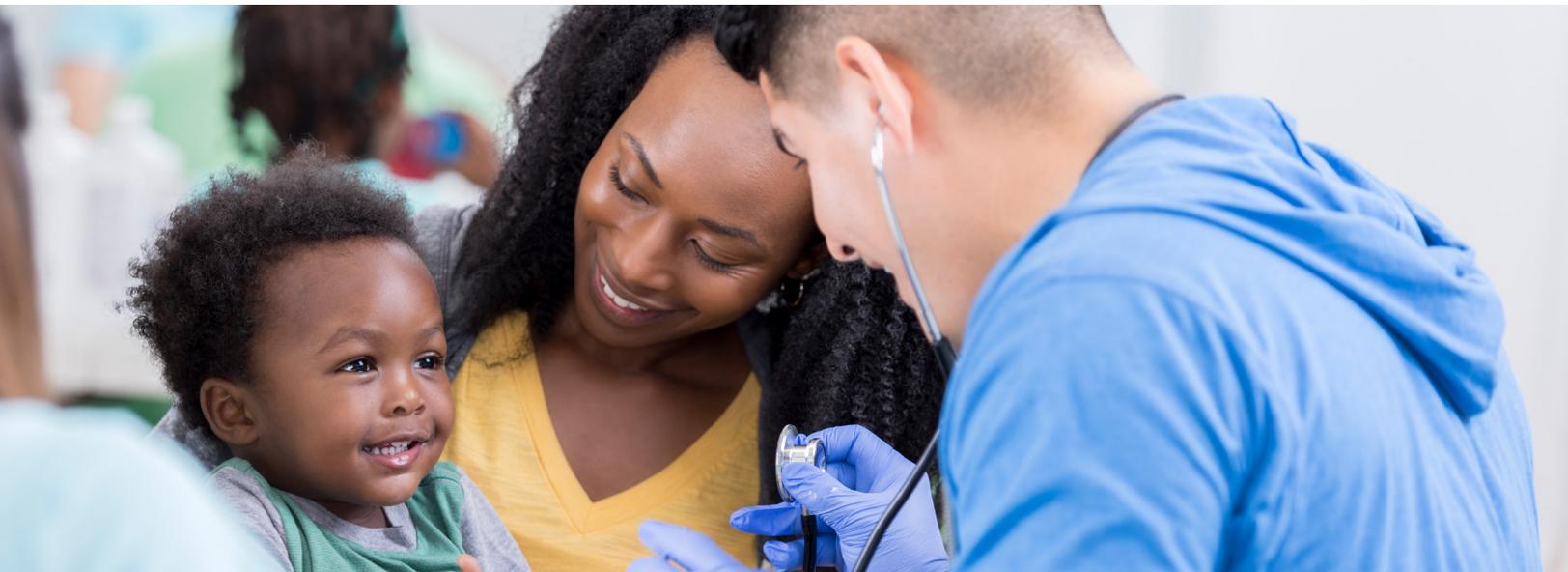
- Virtual therapy services
- Quick and easy access to specialty providers
- Substance use treatment services

Substance use treatment services are available through multiple network providers, including Better Life Partners. Members are supported after inpatient treatment by our internal Addiction Recovery Care Management Team.

Better Life Partners services are available in Massachusetts, New Hampshire, Maine and Vermont. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

For assistance with accessing these innovative programs and services, please call the number on the back of your member ID card.

If you're experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away. Harvard Pilgrim, a Point32Health company, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro. 若需免費的中文版本，請撥打ID卡上的電話號碼。



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

Ways to Save Money

We have tools and programs designed to help you save.



Doctor on Demand

Our telehealth service connects you with licensed medical care providers via your smartphone, tablet or computer. 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.

With our non-HSA plans, you won't pay any cost share for urgent care virtual visits with Doctor On Demand providers.

doctorondemand.com/harvardpilgrim



Reduce My Costs

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.*

- 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

Call **855-772-8366** or use the **chat feature** to speak with a Reduce My Costs nurse.

harvardpilgrim.org/reducecosts



Wellness Discounts and Savings

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

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

harvardpilgrim.org/discounts

* 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.



Fitness Reimbursement

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

Learn more by visiting harvardpilgrim.org/fitnessreimbursement.

* 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. Restrictions apply. Reimbursement may be considered taxable income; consult your tax advisor.

Know Your Care Options

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

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

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

Helping You Choose a Plan

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

When choosing a plan, consider several factors:

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

Types of plans:

HMO

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

PPO

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

Limited network (Focus)*

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

Qualified high deductible

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

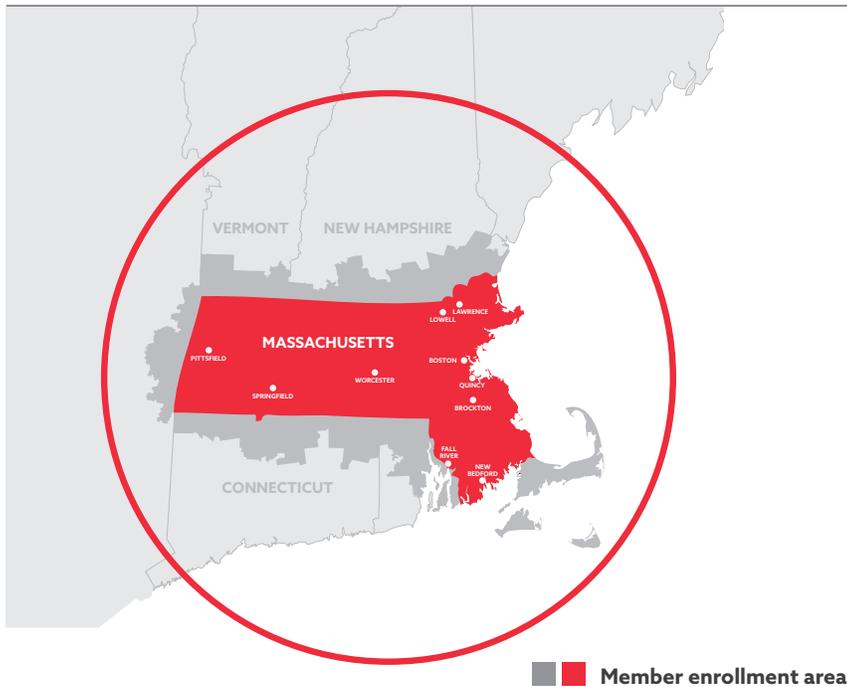
Find the plan that best meets your needs

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

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

Save Money with Focus HMO Plans

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



Features include:



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



Nearly 60 hospitals and 32,000 doctors and other clinicians across the state

How it works

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



To find Focus doctors and hospitals

1. Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) and select Find a Provider
2. Under Tiered/Limited Plans, select Focus Network - MA HMO

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

2024 Massachusetts Plan Offerings

For individuals and families

2024 Massachusetts Individual Plans - effective from January 1 - December 31, 2024.

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

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum ¹ (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing ²	
														Retail	Mail
HMO															
HMO 20 - Flex Metal level - Platinum MD0000201128 RX0000201077 DN0000201047	\$20 copay/\$40 copay Copay waived for first non-routine PCP visit	None	\$2,500/\$5,000 Embedded	None	\$125 copay	\$40 copay	\$400 copay	Flex Provider: \$150 copay Other: \$500 copay	Flex Provider: Covered in full Other: \$40 copay	\$30 copay	Non-hospital based: \$100 copay Hospital based: \$200 copay	Non-hospital based: \$20 copay, Hospital based: \$40 copay	\$40 copay	\$5/\$25/\$40/\$60/20% (T5: \$250 coinsurance max)	\$10/\$50/\$80/\$180/20% (T5: \$750 coinsurance max)
HMO 500 - Flex Metal level - Gold MD0000201129 RX0000201078 DN0000201048	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$500/\$1,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
HMO 1000 - Flex Metal level - Gold MD0000201130 RX0000201078 DN0000201048	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
HMO 1500 - Flex Metal level - Gold MD0000201131 RX0000201078 DN0000201048	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
HMO 2000 - Flex Metal level - Gold MD0000201132 RX0000201078 DN0000201048	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
HMO 2500 - Flex Metal level - Gold MD0000201133 RX0000201078 DN0000201048	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,500/\$5,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
HMO 1500 with Coinsurance - Flex Metal level - Gold MD0000201134 RX0000201078 DN0000201048	\$40 copay/\$75 copay	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	20%	Deductible then 20%	\$75 copay	Deductible then 20%	Flex Provider: \$200 copay Other: Deductible then 20%	Flex Provider: Covered in full Other: Deductible then 20%	Deductible then 20%	Non-hospital based: \$250 copay Hospital based: Deductible then 20%	Non-hospital based: \$35 copay Hospital based: Deductible then 20%	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
HMO 2000 with Coinsurance - Flex Metal level - Gold MD0000201135 RX0000201090 DN0000201057	\$40 copay/\$75 copay	\$2,000/\$4,000 Embedded	\$6,000/\$12,000 Embedded	20%	Deductible then 20%	\$75 copay	Deductible then 20%	Flex Provider: \$200 copay Other: Deductible then 20%	Flex Provider: Covered in full Other: Deductible then 20%	Deductible then 20%	Non-hospital based: \$250 copay Hospital based: Deductible then 20%	Non-hospital based: \$35 copay Hospital based: Deductible then 20%	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
HMO 2000 Value - Flex Metal level - Silver MD0000201136 RX0000201079 DN0000201049	\$55 copay/\$75 copay	\$2,000/\$4,000 Embedded	\$9,450/\$18,900 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: \$25 copay Other: Deductible then \$75 copay	Deductible then \$100 copay	Non-hospital based: \$750 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
Rx Deductible: \$250/\$500															
HMO 3000 - Flex Metal level - Silver MD0000201137 RX0000201080 DN0000201049	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$9,450/\$18,900 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$500 copay Other: Deductible then \$1,000 copay	Flex Provider: Covered in full Other: Deductible then \$100 copay	Deductible then \$150 copay	Non-hospital based: \$350 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
HMO 4000 - Flex Metal level - Silver MD0000201138 RX0000201080 DN0000201049	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$4,000/\$8,000 Embedded	\$9,450/\$18,900 Embedded	None	Deductible then \$500 copay	\$75 copay	Deductible then \$750 copay	Flex Provider: \$350 copay Other: Deductible then \$750 copay	Flex Provider: Covered in full Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$750 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
HMO 5000 - Flex Metal level - Silver MD0000201139 RX0000201080 DN0000201049	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$5,000/\$10,000 Embedded	\$9,450/\$18,900 Embedded	None	Deductible then \$500 copay	\$75 copay	Deductible then \$750 copay	Flex Provider: \$350 copay Other: Deductible then \$750 copay	Flex Provider: Covered in full Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$750 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
HMO 6000 Value - Flex (NEW)³ Metal level - Bronze MD0000201140 RX0000201081 DN0000201049	\$50 Copay	\$6,000/\$12,000 Embedded	\$9,450/\$18,900 Embedded	None	Ded then \$1,500 copay	\$70 copay	Ded then \$1,500 copay	Flex Provider: Ded then CIF Other: Deductible then \$1,500 copay	Flex Provider: \$50 copay Other: Deductible then \$100 copay	\$350 copay	Non-hospital based: Ded then \$1,000 copay Hospital based: Deductible then \$1,500 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$150 copay	\$50 copay	\$0/\$50/Deductible then 50%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	\$0/\$100/Deductible then 50%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

² Preventive Rx applies for all HSA plans.

³ This plan's RX component does not meet Medicare MCC standards.

⁴ For On-Exchange Individual plan equivalent, please refer to the Standard Silver II plan found at harvardpilgrim.org/myoptions/massachusetts-health-connector/

2024 Massachusetts Individual Plans - effective from January 1 - December 31, 2024.

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

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum ¹ (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing ²	
														Retail	Mail
HMO HSA															
HMO HSA 2000 - Flex Metal level - Silver MD0000201141 RX0000201082 DN0000201050	Deductible then \$35 copay/Deductible then \$55 copay	\$2,000/\$4,000 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$500 copay	Deductible then \$55 copay	Deductible then \$500 copay	Flex Provider: Deductible then \$75 copay Other: Deductible then \$300 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$100 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 2500 - Flex Metal level - Silver MD0000201142 RX0000201083 DN0000201050	Deductible then \$35 copay/Deductible then \$55 copay	\$2,500/\$5,000 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 3000 - Flex Metal level - Silver MD0000201143 RX0000201084 DN0000201050	Deductible then \$35 copay/Deductible then \$55 copay	\$3,000/\$6,000 Non-embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 3400 - Flex Metal level - Silver MD0000201144 RX0000201085 DN0000201050	Deductible then \$35 copay/Deductible then \$55 copay	\$3,400/\$6,800 Non-embedded	\$8,050/\$16,100 Embedded	20%	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then 20%	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay Per Visit	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
HMO HSA 4000 - Flex³ Metal level - Bronze MD0000201145 RX0000201086 DN0000201050	Deductible then \$75 copay/Deductible then \$150 copay	\$4,000/\$8,000 Embedded	\$8,050/\$16,100 Embedded	None	Deductible then \$1,500 copay	Deductible then \$150 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$750 copay Other: Deductible then \$1,000 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$350 copay Per Visit	Non-hospital based: Deductible then \$500 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$150 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then 50%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 50%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
Focus HMO and Focus HMO HSA															
Focus HMO 1000 Metal level - Gold MD0000201146 RX0000201078 DN0000201048	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 1500 Metal level - Gold MD0000201147 RX0000201078 DN0000201048	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 2000 Metal level - Gold MD0000201148 RX0000201078 DN0000201048	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 2500 Metal level - Gold MD0000201149 RX0000201088 DN0000201055	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,500/\$5,000 Embedded	\$6,500/\$13,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
Focus HMO 3000 Metal level - Silver MD0000201150 RX0000201080 DN0000201049	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$9,450/\$18,900 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Deductible then \$550 copay	Deductible then \$75 copay	Deductible then \$75 copay	Deductible then \$450 copay	Deductible then \$75 copay	\$50 copay	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
Focus HMO HSA 3400 Metal level - Silver MD0000201151 RX0000201089 DN0000201056	Deductible then \$35 copay/Deductible then \$55 copay	\$3,400/\$6,800 Non-embedded	\$7,000/\$14,000 Embedded	20%	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then 20%	Deductible then \$250 copay	Deductible then \$75 copay	Deductible then \$55 copay Per Visit	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

² Preventive Rx applies for all HSA plans.

³ This plan's RX component does not meet Medicare MCC standards.

⁴ For On-Exchange Individual plan equivalent, please refer to the Standard Silver II plan found at harvardpilgrim.org/myoptions/massachusetts-health-connector/

2024 Massachusetts Individual Plans - effective from January 1 - December 31, 2024.

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

Plan Name	Office Visit (PCP/Specialist)	Deductible ¹ (Individual/Family)	Out-of-Pocket Maximum ¹ (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing ²	
														Retail	Mail
PPO															
PPO 20 - Flex Metal level - Platinum MD0000201152 RX0000201077 DN0000201051	IN: \$20 copay/\$40 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: None OON: \$500/\$1,000 Embedded	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000 Embedded	IN: None OON: 20%	IN: \$125 copay OON: Same as IN	IN: \$40 copay OON: Deductible then 20%	IN: \$400 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: \$500 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: \$40 copay OON: Deductible then 20%	IN: \$30 copay OON: Deductible then 20%	IN: Non-hospital based: \$100 copay Hospital based: \$200 copay OON: Deductible then 20%	IN: Non-hospital based: \$20 copay Hospital based: \$40 copay OON: Deductible then 20%	IN: \$40 copay OON: Deductible then 20%	\$5/\$25/\$40/\$60/20% (T5: \$250 coinsurance max)	\$10/\$50/\$80/\$180/20% (T5: \$750 coinsurance max)
PPO 500 - Flex Metal level - Gold MD0000201153 RX0000201078 DN0000201051	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$500/\$1,000 OON: \$1,000/\$2,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
PPO 1000 - Flex Metal level - Gold MD0000201154 RX0000201078 DN0000201051	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay, Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
PPO 1500 - Flex Metal level - Silver MD0000201155 RX0000201080 DN0000201052	IN: Deductible then \$50 copay/Deductible then \$75 copay OON: Deductible then 20%	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$9,450/\$18,900 OON: \$18,900/\$37,800 Embedded	IN: None OON: 20%	IN: Deductible then \$750 copay OON: Same as IN	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: Deductible then \$200 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$200 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$50 copay, Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
PPO 2000 - Flex Metal level - Gold MD0000201156 RX0000201078 DN0000201051	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
PPO 2500 - Flex (NEW) Metal level - Gold MD0000201157 RX0000201078 DN0000201051	IN: \$25 copay/\$50 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	\$10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
PPO 2000 Value - Flex Metal level - Silver MD0000201158 RX0000201080 DN0000201052	IN: Deductible then \$30 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$9,450/\$18,900 OON: \$18,900/\$37,800 Embedded	IN: None OON: 20%	IN: Deductible then \$350 copay OON: Same as IN	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: \$250 copay Other: Deductible then \$500 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$200 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$50 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
PPO 3000 - Flex Metal level - Silver MD0000201159 RX0000201080 DN0000201052	IN: \$50 copay/\$75 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$9,450/\$18,900 OON: \$18,900/\$37,800 Embedded	IN: None OON: 20%	IN: Deductible then \$1,000 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$100 copay OON: Deductible then 20%	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Non-hospital based: \$350 copay Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
PPO 4000 - Flex Metal level - Silver MD0000201160 RX0000201080 DN0000201052	IN: \$50 copay/\$75 copay OON: Deductible then 20% Copay waived for first non-routine PCP visit	IN: \$4,000/\$8,000 OON: \$7,000/\$14,000 Embedded	IN: \$9,450/\$18,900 OON: \$18,900/\$37,800 Embedded	IN: None OON: 20%	IN: Deductible then \$500 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: \$350 copay Other: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay, Hospital based: Deductible then \$750 copay OON: Deductible then 20%	IN: Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	\$5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	\$10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

² Preventive Rx applies for all HSA plans.

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														Retail	Mail
PPO HSA															
PPO HSA 3000 - Flex Metal level - Silver MD0000201161 RX0000201084 DN0000201053	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Non-embedded	IN: \$8,050/\$16,100 OON: \$16,100/\$32,200 Embedded	IN: None OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$400 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$400 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
PPO HSA 3400 - Flex Metal level - Silver MD0000201162 RX0000201085 DN0000201053	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,400/\$6,800 OON: \$6,800/\$13,600 Non-embedded	IN: \$8,050/\$16,100 OON: \$16,100/\$32,200 Embedded	IN: 20% OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$200 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$400 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
PPO HSA 5000 - Flex³ Metal level - Bronze MD0000201163 RX0000201087 DN0000201054	IN: Deductible then \$75 copay/Deductible then \$150 copay OON: Deductible then 20%	IN: \$5,000/\$10,000 OON: \$8,000/\$16,000 Embedded	IN: \$8,050/\$16,100 OON: \$16,100/\$32,200 Embedded	IN: None OON: 20%	IN: Deductible then \$1,500 copay OON: Same as IN	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Deductible then \$1,500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$500 copay, Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$65 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then 50%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 50%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
Connector Plans															
Standard Platinum - Flex MD0000201122 RX0000201064 DN0000201034	\$20 copay/\$40 copay	None	\$3,000/\$6,000 Embedded	None	\$150 copay	\$40 copay	\$500 copay	Flex Provider: \$100 copay Other: \$250 copay	Covered in full	Covered in full	Non-hospital based: \$50 copay Hospital based: \$150 copay	Non-hospital based: \$20 copay Hospital based: \$40 copay	\$40 copay	\$10/\$25/\$50	\$20/\$50/\$150
Standard High Gold MD0000201116 RX0000201066 DN0000201036	\$30 copay/\$55 copay	None	\$6,000/\$12,000 Embedded	None	\$350 copay	\$55 copay	\$750 copay	\$500 copay	\$25 copay	\$75 copay	\$250 copay	\$55 copay	\$50 copay	\$30/\$60/\$90	\$60/\$120/\$270
HMO 2000 Low - Flex Metal level - Gold MD0000201123 RX0000201070 DN0000201040	\$25 copay/\$50 copay	\$2,000/\$4,000 Embedded	\$5,450/\$10,900 Embedded	None	Deductible then \$300 copay	\$55 copay	Deductible then \$750 copay	Flex Provider: \$250 copay Other: Deductible then \$500 copay	Flex Provider: \$20 copay Other: Deductible then \$50 copay	Deductible then \$50 copay	Non-hospital based: \$150 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: \$50 copay	\$50 copay	\$30/Deductible then \$60/Deductible then \$125	\$60/Deductible then \$120/Deductible then \$375
Standard Silver⁴ MD0000201117 RX0000201067 DN0000201037	\$25 copay/\$60 copay	\$2,000/\$4,000 Embedded	\$9,450/\$18,900 Embedded	None	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/\$55/Deductible then \$75	\$60/\$110/Deductible then \$225
Standard Low Silver HSA - Flex MD0000201125 RX0000201068 DN0000201038	Deductible then \$30 copay/Deductible then \$60 copay	\$2,000/\$4,000 Non-embedded	\$7,050/\$14,100 Embedded	None	Deductible then \$300 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay	Deductible then \$75 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay	Non-hospital based: Deductible then \$30 copay Hospital based: Deductible then \$60 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315
Standard High Bronze HSA - Flex MD0000201126 RX0000201069 DN0000201039	Deductible then \$60 copay/Deductible then \$90 copay	\$3,600/\$7,200 Embedded	\$8,000/\$16,000 Embedded	None	Deductible then \$875 copay	Deductible then \$90 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$55 copay	Deductible then \$135 copay	Non-hospital based: Deductible then \$500 copay Hospital based: Deductible then \$750 copay	Non-hospital based: Deductible then \$60 copay Hospital based: Deductible then \$90 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$120/Deductible then \$200	Deductible then \$60/Deductible then \$240/Deductible then \$600
HMO 3500 - Flex³ Metal level - Bronze MD0000201124 RX0000201072 DN0000201042	Deductible then \$40 copay/Deductible then \$65 copay	\$3,500/\$7,000 Embedded	\$8,500/\$17,000 Embedded	20%	Deductible then \$1,500 copay	Deductible then \$65 copay	Deductible then 20%	Flex Provider: Deductible then \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: Deductible then \$25 copay Others: Deductible then \$75	Deductible then \$75 copay	Non-hospital based: Deductible then \$500 Hospital-based: Deductible then \$1,000	Non-hospital based: Deductible then \$40 copay, Hospital based: Deductible then \$65 copay	Deductible then \$50 copay	\$5/\$30/Deductible then 50%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	\$10/\$60/Deductible then 50%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
PPO HSA 2000 - Flex Metal level - Silver MD0000201127 RX0000201071 DN0000201041	IN: Deductible then \$30 copay/Deductible then \$60 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Non-embedded	IN: \$7,050/\$14,100 OON: \$14,100/\$28,200 Embedded	IN: None OON: 20%	IN: Deductible then \$300 copay OON: Same as IN	IN: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$30 copay, Hospital based: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315

¹ An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

² Preventive Rx applies for all HSA plans.

³ This plan's RX component does not meet Medicare MCC standards.

⁴ For On-Exchange Individual plan equivalent, please refer to the Standard Silver II plan found at harvardpilgrim.org/myoptions/massachusetts-health-connector/

Key Insurance Terms

Premium

This is the monthly cost of your health insurance coverage and plan.

Cost sharing

Your out-of-pocket costs for services included within your health plan including copayments, deductibles, and coinsurance.

Copayments

A fixed dollar amount that you pay for certain covered benefits.

Deductible

The amount you owe or pay out-of-pocket during a coverage period (always one year) for certain covered benefits before your plan begins to pay.

Coinsurance

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

Out-of-pocket maximum

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

Embedded deductible/ out-of-pocket maximum

All non-HSA plans contain embedded deductibles and out-of-pocket maximums (OOPM). Embedded deductible refers to a family plan that has two components, an individual deductible and a family deductible. The maximum contribution by an individual toward the family deductible is limited to the individual deductible amount and allows for the individual to receive benefits before the family component is met. When any number of members collectively meet the family deductible, services for the entire family are covered for the remainder of the year.

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

In-network

Generally, this describes coverage for care that HMO, POS and PPO members receive from participating providers in the plan's network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

Out-of-network

Out-of-network coverage applies to HMO, POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral. HMO members cannot receive care from out-of-network providers except in an emergency.

Tier

Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you'll save money when you see Tier 1 providers.

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 to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

Important Legal Information

Excluded services from our plan

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 disease
- 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, 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
- 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
- Over the counter hearing aids
- Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided
- Any service, supply or medication that is required by a third party that is not otherwise Medically Necessary (examples of a third party are an employer, an insurance company, a school or court)
- Services provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor

Limitations for Massachusetts individual plans

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

Broker compensation disclosure

Below are fees we pay to brokers and other entities to support enrollment for our plans:

Connector: Administrative fee: 2.5% of premium

eHealth: \$15 Per Member Per Month (PMPM)

HSA (non-group): \$39 Per Subscriber Per Month (PSPM)

SBSB (non-group): \$39 Per Subscriber Per Month (PSPM)

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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, sex, sexual orientation, or gender identity, 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 <https://ocrportal.hhs.gov/ocr/smartscreen/main.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

hhs.gov/ocr/office/file/index.html.

Language Assistance Services

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

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

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

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

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

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

العربية (Arabic)

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

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

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

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

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

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

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

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

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

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

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

Contact us

Already a member?

866-890-6470 (Renewing your coverage)

877-907-4742 (Current plan benefit questions)

Not yet a member?

866-229-8821

TTY: **711**

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