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Delivering Quality Care

Massachusetts Individual & Family Product Guide

Plans Available On and Off Connector

Plan Year 2026





Dear Member,

At Harvard Pilgrim, we're not just your health plan provider; we are your health care partner.

That's why we offer flexible health plans with robust local, regional and national provider networks, preventive care programs, digital tools for added convenience and inclusive, family-focused benefits.

We encourage you to use this member guide as a self-service tool to assist you toward better health and to maximize the benefits of your health plan.

Your member guide gives you an overview of:

- Medical services
- Behavioral health services
- Chronic condition management
- Wellness programs
- Exclusive discounts and many other great perks

Activate and use your secure member account to learn more and see your own specific health plan coverage and costs.



Visit **harvardpilgrim.org** for more information, resources and access to your secure member account.

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Enrolling and Renewing



Important dates

2026 Open Enrollment* November 1, 2025 – January 23, 2026

Please review our plans and make your selection by December 23, 2025 for coverage on January 1. If you select your plan after December 23, coverage will be effective on February 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**.



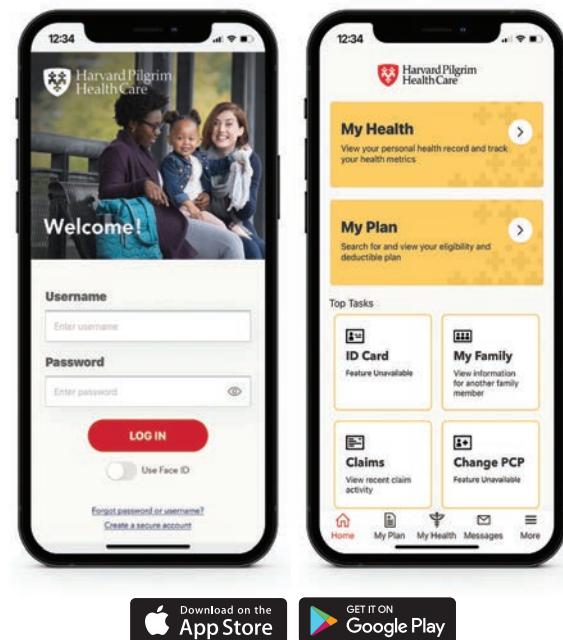
* You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify for a Special Enrollment Period,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

Use Your Member Account & Mobile App

Quickly access your benefits

Log in at harvardpilgrim.org/member/login or activate your secure online account at harvardpilgrim.org/create or via the Harvard Pilgrim mobile app¹, to quickly and securely access your health plan benefits information.

- Understand your coverage
- Check your claims, referrals, and authorizations
- View plan limits, including your out-of-pocket costs
- Find a doctor or a hospital
- Explore Behavioral Health resources
- Select or change your Primary Care Provider (PCP)
- Estimate your costs²
- Access health and wellness resources
- View your ID card and add it to your Apple Wallet or Google Pay
- Email Member Services through the secure messaging tool



➤ Watch our secure member account video in English:
youtu.be/t4hGxzZdv00
and Spanish:
youtu.be/pp4mDApp-Nw

Find a Provider

Our online Provider Directory helps make it easier

Looking for a Primary Care Provider (PCP), specialist or hospital? Use our "Find a provider" online tool to look up your plan's participating providers. The tool is updated during business hours to reflect the most recent providers in our network.

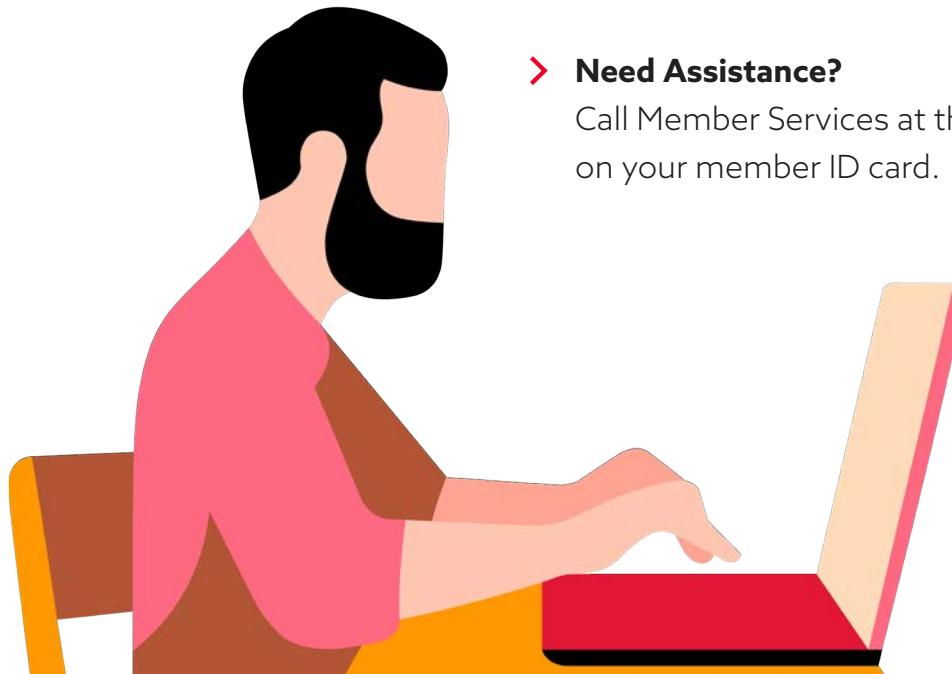
Get Started in 3 Simple Steps:

- 1. Log in to your secure member account** at harvardpilgrim.org/member/login for personalized search results. If you don't have an account, visit harvardpilgrim.org/create to activate your secure online account and access your plan's directory.
- 2. Click on "Find a provider"** on the top right of the webpage and refine your search by specialty, location, name or distance.
- 3. Narrow your options** by checking details such as in-office and virtual availability, and whether providers are accepting new patients.

You can also search for providers without logging into your secure account at harvardpilgrim.org/providerdirectory. You will need to select your plan name, shown on the top right of your member ID card.

How to Select or Change Your PCP

- After logging in to your member account**, click "Change PCP" under the "Your Plan Snapshot" section.
- Search for your PCP** by location, provider name or provider ID. Click "Select PCP."
- Save your choice** to help ensure your care is coordinated, especially for plans that require in-network providers. Your PCP can also help coordinate any specialty care you might need.



Need Assistance?

Call Member Services at the number on your member ID card.

Preventive Care and Drug Coverage: Keeping Members Healthy

Preventive care includes routine check-ups, screenings, and immunizations that help you stay healthy and catch potential issues early — before symptoms appear. These services are covered at no cost when received from an in-network provider, as outlined by the Affordable Care Act. It's important to note that diagnostic and treatment services for existing conditions are not considered preventive care and may involve member cost sharing.

Behavioral & Lifestyle Support

- Providers may offer or refer adults with cardiovascular risk factors for **behavioral counseling** to support a healthy diet and physical activity.
- **Nutritional counseling** and **obesity screening** are included to help manage weight and overall wellness.
- **Tobacco use screening** and support, including behavioral interventions and FDA-approved cessation aids, are available during primary care visits.
- **Skin cancer prevention counseling** is offered to promote sun safety habits.

Screenings for All Ages

- **Hearing and vision screenings** are covered for children and young adults up to age 21.
- **Hematocrit or hemoglobin screening** helps detect anemia.
- **Hepatitis B and C screenings** are available for individuals at high risk or within specific age ranges.
- **HIV screening, counseling and support services** are provided in line with CDC guidelines, including preventive therapy for those at high risk.
- **STD screenings and counseling** are included to support sexual health.
- **Interpersonal and domestic violence screening** is available to ensure safety and support.

Immunizations

- A full range of **vaccinations**, including **flu shots**, are covered. Flu shots are available at pharmacies or doctor's offices for adults (19+), and at doctor's offices for those under 19.

Adults-Only Services

- **Abdominal aortic aneurysm screening** for men ages 65–75 who have ever smoked.
- **Colorectal cancer screening** (ages 45–75), including colonoscopy, CT colonography, sigmoidoscopy, and at-home test kits like Cologuard.
- **Falls prevention counseling** for adults 65+ at increased risk.
- **Lung cancer screening** for adults 50–80 with a history of heavy smoking.
- **Unhealthy drug use screening** through questionnaires, with referrals for treatment if needed.
- **Statin therapy** for adults ages 40–75 at high risk for cardiovascular disease.
- **Tuberculosis screening** for adults at increased risk.

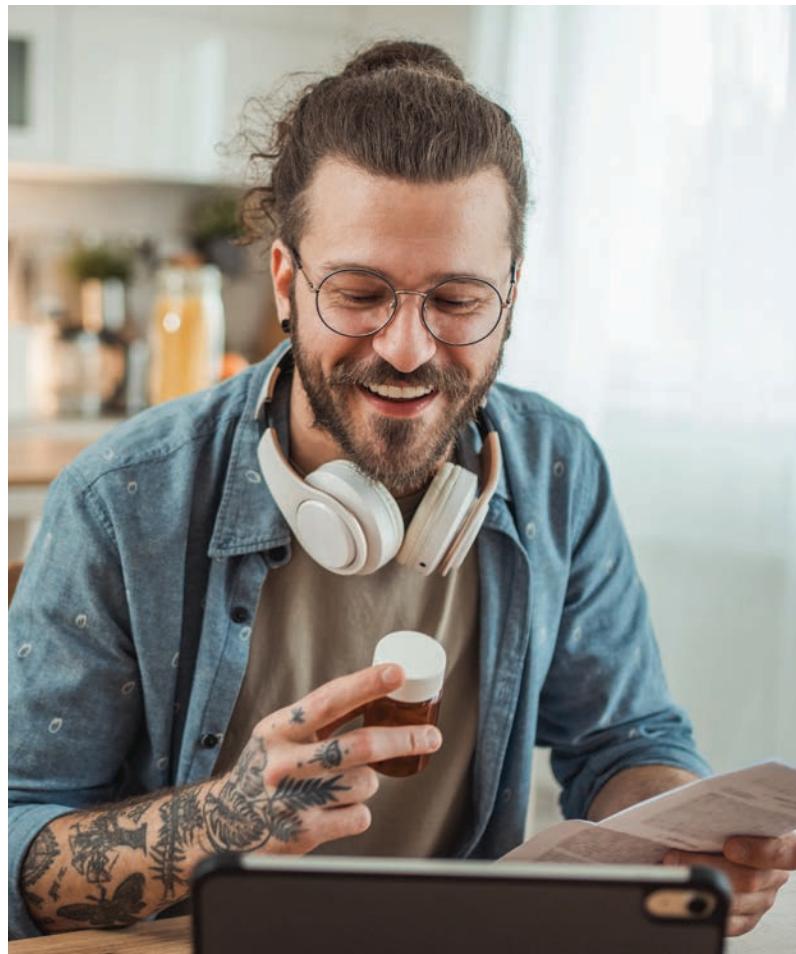
Our prescription drug benefits focus on choice and value

Drug Coverage: 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 can get prescriptions from more than 67,000 pharmacies nationwide or shipped to their home through our mail order pharmacy program.

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. **Please note** that GLP-1 medications will continue to be covered only when prescribed for the treatment of diabetes.

Effective January 1, 2026, Harvard Pilgrim will exclude coverage of all weight loss drugs, including GLP-1 drugs, to treat weight loss and related conditions, such as cardiovascular disease. We remain committed to supporting overall health and wellness offering a wide range of resources — including wellness programs, weight management tools, and nutrition support services — to help members lead healthier lifestyles.

Members should refer to their plan documents for specific details regarding their coverage and benefits.



Questions about our prescription drug program?

Visit harvardpilgrim.org/rx to learn more. Select the year and the plan (e.g., 2026 Value 3-tier, Core MA Tier 3, or Core MA 5-tier) to:



See which drugs are covered



Look up drug prices



Find nearby in-network pharmacies



Get details on home delivery and more!

Get Help Managing a Condition

Our Care Team is here to support your unique needs

If you are looking for support with a health concern or condition, our Care Team is here to help coordinate care for your specific needs, subject to Member residency and provider licensure. This integrated team includes registered nurse care managers, licensed behavioral health clinicians, community health workers, pharmacists and care coordinators who work closely with members like you every day. They can help if:

- Your doctor says you need surgery
- You or a covered family member has been diagnosed with diabetes, asthma, heart disease, depression or another chronic condition
- You're considering getting pregnant or you just found out you're pregnant
- You need help managing your medications
- You want to make lifestyle changes such as weight loss and increased physical activity

We will coordinate with your providers to be sure your care plan and services are effective and supportive of your individual needs. This service is included in your Harvard Pilgrim plan at no additional cost, subject to Member residency and provider licensure.

➤ Call us at **866-750-2068** to get the conversation started. Our Care Team is available Monday-Friday, from 8:30 a.m.-5 p.m.

Estimate My Cost³

Get costs before you get care

Prices for the exact same procedure can vary by hundreds or even thousands of dollars. Harvard Pilgrim's Estimate My Cost tool helps you estimate your out-of-pocket costs and get quality care from a provider that fits your budget. This tool can also help you:

- Find cost estimates for covered services from in-network and, if applicable, out-of-network providers.
- Estimate your out-of-pocket costs before you select a provider
- Compare cost and quality ratings for up to four providers and facilities based on your specific plan information
- Sort your results, select a different geographic area, and filter by specialty, location, and more
- Make more informed decisions about your health care costs
- Plan and budget for the care you need – save your estimates and discuss your options with your doctor

Get Started in 4 Easy Steps:

1. Log in to your member account at harvardpilgrim.org/member/login
2. Click "Tools & Resources" at the top of the page
3. Select "Financial Tools & Info" from the left-hand column
4. Click "Estimate My Cost"

➤ To learn more visit harvardpilgrim.org/public/estimate-my-cost

Reduce My Costs

Shop, save and earn

Did you know that the cost of a common MRI can range from \$680 to over \$3,000 depending on where you choose to go?⁴ Reduce My Costs is a personalized health care concierge service that connects you with a nurse via phone, email, or live chat to help you find cost-effective, high-quality providers near you. Depending on the service and the associated cost savings with your selected provider, you could earn a Visa® gift card and reduce your out of pocket costs.⁵ The Reduce My Costs program includes most outpatient tests and procedures that are ordered by your provider such as lab work, MRIs, colonoscopy, mammograms and more.⁶

- **Lower costs and more savings:** For services such as a colonoscopy or an MRI, the average savings is more than \$1,000. And, if you're already seeing a cost-effective provider, you'll receive a reward just for using the Reduce My Costs program.⁴
- **Quick and easy access:** Get exclusive access to an experienced nurse who will help you compare costs and shop for cost-effective providers near you. The nurse can assist with appointment scheduling or required paperwork, if needed.
- **What members are saying:** "The Reduce My Costs Service is an outstanding program of Harvard Pilgrim. Heidi was just phenomenal. I cannot thank her enough for helping me to navigate the options and cut through the red tape." — Roxi J. Rose, Harvard Pilgrim member



➤ Make the call and get rewarded. Connect with a nurse at **855-772-8366**
or scan the QR code to chat Monday through Friday from 8 a.m. to 6 p.m. ET



Know Your Care Options

Health care isn't one-size-fits-all

Knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you and your dependents have access to a variety of options:

When to See Your Primary Care Provider (PCP)

For annual checkups and physicals, as well as non-urgent needs such as preventive screenings and immunizations, your PCP is best suited to coordinate your care. They may also offer virtual health care services for even greater convenience.

When to Use Virtual Care, Through Doctor On Demand

You can request a virtual visit with a U.S.-based doctor 24/7 for non-emergency conditions such as upper respiratory infection, upset stomach or skin rash using live video or voice call with your smartphone, tablet or computer. You can also access confidential therapy and build an ongoing relationship with the behavioral health provider of your choice.

When to Go to a Retail Clinic

Retail clinics, such as CVS MinuteClinic® and Walgreens Healthcare Clinic, are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy, and you want a health professional to check it out without an appointment.

When to Visit an Urgent Care Center

You can visit an urgent care center without an appointment for situations that need immediate treatment but are not considered life-threatening, such as minor burns or cuts that may require stitches.

When to Visit the Emergency Room⁷

If you think you're having a medical emergency and your life is in danger, call 911 or go to the nearest emergency room. Examples include severe chest or abdominal pain or serious injury.

HPHC is not a health care provider and this information should not be a substitute for professional medical guidance or advice. For medical guidance, advice, diagnosis or treatment, always consult your physician or other qualified health care professional.



Access Telehealth from Anywhere⁸

Virtual care provided by Doctor On Demand

Access virtual urgent care 24/7⁷

Connect with a U.S. board-certified provider via your smartphone, tablet or computer from anywhere in the U.S.⁸ Get care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes.

Access confidential therapy your way; appointments are confirmed within 72 hours

Doctor On Demand licensed providers can support you with concerns such as anxiety, depression, grief, family issues, trauma or PTSD. Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs. Doctor On Demand providers can also order your prescription⁹ at your local pharmacy when medically necessary.

- **5 min average wait time**
- **4.9 out of 5 stars average rating**
- **Providers with 15+ years average experience and diverse background**



78%
Female



69%
Parents

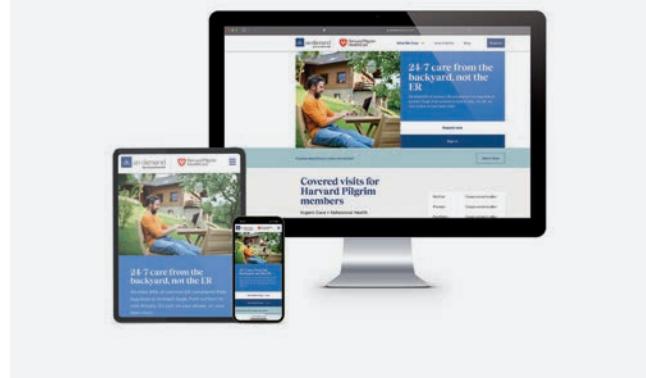


11%
LGBTQ+

What our members are saying:

"With Doctor On Demand I don't have to rearrange my schedule and worry about the logistics of driving to an office. The service works around me and my family instead."

— Harvard Pilgrim Health Care Member



- Set up your account at doctorondemand.com/harvard-pilgrim

Find Family & Maternal Health Support

From conception to birth and beyond, we've got you covered

If you're thinking of starting a family, currently pregnant, a new parent, or seeking assistance with adoption or surrogacy, we are here to help you and your covered family members. Please see Plan documents for details.

- Fertility information and services
- Pregnancy coverage and care
- Pregnancy and mental health
- Early parenthood assistance
- Parenting resources

➤ Learn more at harvardpilgrim.org/parenting

Improve Your Health Through Better Nutrition

Harvard Pilgrim's Healthy Weight program is your solution for diet-related health conditions

Looking to lose weight, prevent or manage a health condition, or make better food choices? Harvard Pilgrim offers the Healthy Weight¹⁰ program to help you manage weight in a nutrition-focused way to help you reach your goals.

Get personalized support to:

- Learn how different foods and nutrients affect your health
- Build new habits that help you sustain better health
- Fit healthy eating into your schedule and budget
- Help prevent or better manage conditions such as high blood pressure, type 2 diabetes and heart disease and avoid disease related complications
- Find easy ways to incorporate physical activity into your daily routine

What's included:

- **Coaching by your own registered dietitian**
Check in by phone or app messaging
- **Access to the Healthy Weight program app**
with personalized food recommendations, online classes, articles and tips, goal and food tracking
- **Fun challenges** with prizes

➤ Learn more and sign up at
harvardpilgrim.goodmeasures.com
or call **800-407-0399**

NationsNutrition is a third party vendor Harvard Pilgrim has partnered with to offer the Healthy Weight Program to its eligible members.

Behavioral Health Resources

Support for a healthy mind and body

Our integrated approach to care allows us to help you improve both your physical and mental well-being for the best outcome.¹¹

Broad Network of Providers

You have access to high-quality care through our network of medical and behavioral health care providers. Our network covers New England and extends nationwide, depending on your plan, offering both inpatient and outpatient services.

Behavioral Health Programs and Services

We offer innovative behavioral health programs and services for children, adolescents and adults including:

- Virtual therapy and medication management services available 7 days/week to support your mental health and well-being. Services including stress management, support for anxiety and depression and more.
- Quick and easy access to specialized providers offering services including advanced neurological therapies for children with autism spectrum disorder and other developmental differences, and outpatient mental health clinics that focus on delivering timely access to high-quality psychiatry and therapy services.

Behavioral Health Service Navigation

Our specially trained service navigation team helps you find specific resources and care, locate providers, and access innovative tools and services.

Condition Management Programs

Our licensed care managers work with you, your doctor and other health care providers to support your health with a variety of programs including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support, subject to Member residency and provider licensure.

Substance Use Treatment Services

Services are available through multiple network providers. Members are supported after inpatient treatment by our internal addiction recovery care management team, subject to Member residency and provider licensure.

- For more information about Behavioral Health services call the phone number on your member ID card or visit **harvardpilgrim.org/behavioral-health**

Save with Discounts & Perks¹²

Programs to support your total health & well-being

Reimbursement Programs

Fitness Reimbursement¹³

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for a portion of the fees you pay toward qualifying gym memberships and virtual fitness class subscriptions.

Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Membership must be for at least four months in a calendar year.



Childbirth Education Classes

Childbirth education courses are a great way to build confidence and prepare for childbirth and early parenthood. That's why Harvard Pilgrim reimburses members up to \$150 for completing a childbirth education class at a hospital or facility, or through Tinyhood's virtual program. Tinyhood's an online learning platform for parents which offers a set of on-demand classes designed for expecting parents. May vary by plan.

- Visit your account at harvardpilgrim.org/member/login to check reimbursement program eligibility.

Discount Programs

As a Harvard Pilgrim member, you may be eligible for the following discount programs:

Fitness and Exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for you:

- A 25% discount on Expect Fitness, the only virtual platform with OB/GYN-approved fitness programs for women who are trying to conceive, are pregnant or focused on post-partum health
- Get a 30-day free trial of Daily Burn,¹⁴ followed by 25% off your monthly membership
- Save up to 40% off Ompractice virtual yoga
- Save 20% on your entire order of fitness products at ProSourceFit

Nutrition

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Complimentary shipping on orders from the Mom's Meals home delivery service, which offers medically tailored meals to support common chronic conditions and overall well-being
- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
- Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
- Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating
- Save 25% on InsideTracker's science- based, personalized nutrition plan based on your blood test results

Quit Smoking

Are you or a family member trying to quit smoking or tobacco use? Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
- Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes

Vision

Need a new pair of eyeglasses?

- Get discounts on frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers¹⁵
- Have your routine eye exam at participating Visionworks locations and get a free pair of prescription eyeglasses from a select store collection.¹⁶ You must choose and order your free eyewear on the day of your exam

Interested in LASIK?

- Save up to 35% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight

Hearing

Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Get 30%-60% off state-of-the-art technology from top hearing aid manufacturers and hearing solutions for every type of hearing loss from TruHearing
- Get significant savings on hearing aids, a 60-day trial period with money-back guarantee, follow-up care, and a three-year warranty from Amplifon Hearing Health Care

Family Care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Tinyhood Virtual Pregnancy and Parenting Classes. Get one month free followed by 25% off your annual membership.
- Help your family assess needs and find care through Home Instead®
- Be Safer At Home (BSAH) offers our members discounted rates on the installation and monthly fees of a Personal Emergency Response System (PERS).
- Save on a variety of services provided by LifeCycle Transitions that help members with chronic health problems stay well at home or transition to a new location
- Save 10% on Vigorous Minds science-based, personalized program for maintaining brain health and quality of life after 50

Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have programs that focus on the whole person:

- Enroll in our Living Well program and start earning rewards for participating in a variety of informative, fun and interactive activities. Login to participate at harvardpilgrim.org/info/webmd-desktop-login
- Access virtual yoga, guided mindfulness and more through our Living Well Community programs. All classes are at no cost to you and easy to access via Zoom. Check them out at harvardpilgrim.org/livingwell
- Ovia Health is a digital health platform focused on fertility, pregnancy, parenting and menopause. It is available at no additional cost.
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Happier, and learn how to meditate with this step-by-step guide

➤ Visit harvardpilgrim.org/discounts for more information.

Which Plan is Best for You

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

When choosing a plan, consider several factors:

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

NEW for 2026: National Access EPO

Our new National Access EPO plans provide affordable, high-quality care through an extensive regional and national network — no referrals, no primary care physician required, and lower costs than traditional PPO plans.

The National Access EPO plan network offers members:

- A robust regional network of 152 hospitals and 74,000+ doctors and specialists throughout Massachusetts, Rhode Island, New Hampshire, Vermont and Maine.
- A nationwide network with more than 950,000 doctors and specialists and 4,300 hospitals
- And the great benefits, programs, and services offered by Harvard Pilgrim.

Types of Plans

HMO

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

National Access EPO

- Care within Harvard Pilgrim's network
- No Primary Care Physician required
- No referral required
- In-network coverage only

Limited Network (Focus)*

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

PPO Access

- Care within Harvard Pilgrim's network
- No need for referrals
- Option to go out of network and pay more in out-of-pocket expenses
- For additional information and plan options please contact our sales team at **800-208-1221**

Qualified High Deductible

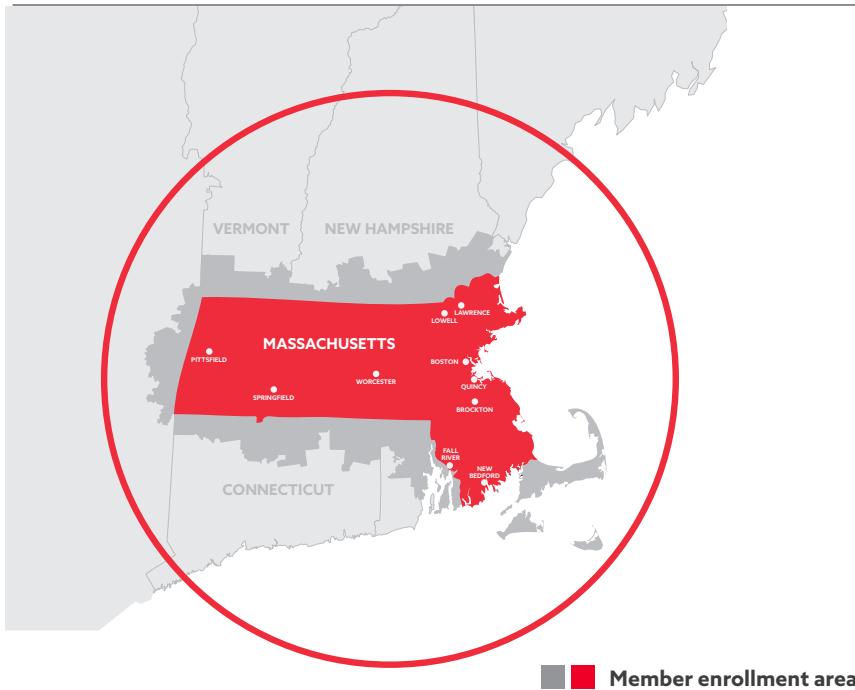
- HMO or PPO Access
- Meet a deductible before services are covered
- Some plans can be combined with a health savings account (HSA) to help you meet deductible and other out-of-pocket expenses

It's easy to confirm if your current providers are part of your plan network.

- Visit harvardpilgrim.org/providerdirectory
- Select your plan (either HMO, National Access EPO, Focus Network or PPO Access)
- Search according to your preferences.

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 57 hospitals and 35,000 doctors and other clinicians and 27,000 Behavioral Health providers, 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 specialist
- Referrals are not necessary for some services, such as routine eye exams and most gynecological care

To find Focus doctors and hospitals

1. Visit 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.

2026 Massachusetts Individual Plan Offerings

Massachusetts Individual Plans — effective from January 1 - December 31, 2026.

This is only a summary of plans. For more complete information, please refer to the [Schedule of Benefits](#).

Plan Name	Deductible ¹ (Ind/Fam)	Out-of-Pocket Maximum ² (Ind/Fam)	Office Visit (PCP/Specialist)	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Pharmacy - Retail	Pharmacy - Mail
HMO														
HMO 25 - Flex (Platinum) MD0000201669 RX0000201356 DN0000201294	None	\$2,500/\$5,000	\$25 copay/\$45 copay	\$350 copay	\$40 copay	\$500 copay	Flex: \$250 copay Other: \$500 copay	Flex: Covered in Full Other: \$40 copay	\$30 copay	Non-Hospital: \$100 copay Hospital: \$300 copay	Non-Hospital: \$45 copay Hospital: \$75 copay	\$40 copay	\$5/\$25/\$45/\$160/20% (T5: \$250 coinsurance max)	\$10/\$50/\$90/\$480/20% (T5: \$750 coinsurance max)
													Rx Out-of-Pocket Maximum: \$750/\$1,500 (Ind/Fam)	
HMO 1000 - Flex (Gold) MD0000201678 RX0000201357 DN0000201295	\$1,000/\$2,000	\$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
													Rx Deductible: \$200 - For Each Member	
HMO 1500 - Flex (Gold) MD0000201679 RX0000201357 DN0000201295	\$1,500/\$3,000	\$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
													Rx Deductible: \$200 - For Each Member	
HMO 2000 - Flex (Gold) MD0000201680 RX0000201358 DN0000201296	\$2,000/\$4,000	\$6,650/\$13,300	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
													Rx Deductible: \$200 - For Each Member	
HMO 2000 Value - Flex (Silver) MD0000201670 RX0000201359 DN0000201297	\$2,000/\$4,000	\$9,750/\$19,500	\$60 copay/\$80 copay	Deductible then \$1,000 copay	Deductible then \$80 copay	Deductible then \$1,000 copay	Flex: \$250 copay Other: Deductible then \$1,000 copay	Flex: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$750 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
													Rx Deductible: \$250/\$500 (Ind/Fam)	
HMO 2500 - Flex (Silver) MD0000201681 RX0000201360 DN0000201297	\$2,500/\$5,000	\$9,750/\$19,500	\$40 copay/\$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
													Rx Deductible: \$200 - For Each Member	
HMO 3000 - Flex (Silver) MD0000201682 RX0000201360 DN0000201297	\$3,000/\$6,000	\$9,750/\$19,500	\$55 copay/\$80 copay	Deductible then \$1,000 copay	Deductible then \$80 copay	Deductible then \$1,000 copay	Flex: \$500 copay Other: Deductible then \$1,000 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$150 copay	Non-Hospital: Deductible then \$350 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
													Rx Deductible: \$200 - For Each Member	
HMO 4000 - Flex (Bronze)⁴ MD0000201671 RX0000201360 DN0000201297	\$4,000/\$8,000	\$9,750/\$19,500	Deductible then \$55 copay/Deductible then \$80 copay	Deductible then \$600 copay	Deductible then \$80 copay	Deductible then \$1,500 copay	Flex: Deductible then \$350 copay Other: Deductible then \$750 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
													Rx Deductible: \$200 - For Each Member	
HMO 5000 - Flex (Silver) MD0000201683 RX0000201360 DN0000201297	\$5,000/\$10,000	\$9,750/\$19,500	\$55 copay/\$80 copay	Deductible then \$500 copay	Deductible then \$80 copay	Deductible then \$750 copay	Flex: \$500 copay Other: Deductible then \$750 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
													Rx Deductible: \$200 - For Each Member	

¹ All plans have embedded out-of-pocket maximums. All non-HSA plans have embedded deductible.

All HSA plans have non-embedded deductible, except HMO HSA 4000, PPO Access HSA 5000 and National Access EPO HSA 4000.

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 Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

⁵ All Bronze plans are eligible for a Health Savings Account (HSA).

*Offered only on the Connector for individuals, per state guidelines.

*All plans listed here are both Massachusetts MCC & Medicare MCC.

Plan Name	Deductible ¹ (Ind/Fam)	Out-of-Pocket Maximum ¹ (Ind/Fam)	Office Visit (PCP/Specialist)	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Pharmacy - Retail	Pharmacy - Mail
HMO HSA														
HMO HSA 2000 - Flex (Silver) MD0000201672 RX0000201361 DN0000201298	\$2,000/\$4,000	\$8,050/\$16,100	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$55 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
														Medical Deductible Applies to Rx
HMO HSA 3000 - Flex (Silver) MD0000201673 RX0000201362 DN0000201298	\$3,000/\$6,000	\$8,050/\$16,100	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
														Medical Deductible Applies to Rx
HMO HSA 3400 - Flex (Silver) MD0000201694 RX0000201364 DN0000201298	\$3,400/\$6,800	\$8,050/\$16,100	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
														Medical Deductible Applies to Rx
HMO HSA 4000 - Flex (Bronze)⁵ MD0000201686 RX0000201365 DN0000201298	\$4,000/\$8,000 Embedded	\$8,050/\$16,100	Deductible then \$80 copay/ Deductible then \$155 copay	Deductible then \$1,500 copay	Deductible then \$155 copay	Deductible then \$1,500 copay	Flex: Deductible then \$750 copay Other: Deductible then \$1,000 copay	Flex: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$350 copay	Non-Hospital: Deductible then \$500 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$155 copay Hospital: Deductible then \$175 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$250/coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
														Medical Deductible Applies to Rx
Focus HMO														
Focus Network HMO 1000 (Gold) MD0000201674 RX0000201357 DN0000201295	\$1,000/\$2,000	\$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	\$50 copay	Deductible then \$750 copay	Deductible then \$500 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$300 copay	Deductible then \$50 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
														Rx Deductible: \$200 - For Each Member
Focus Network HMO 2000 (Gold) MD0000201687 RX0000201363 DN0000201299	\$2,000/\$4,000	\$6,700/\$13,400	\$25 copay/\$50 copay	Deductible then \$500 copay	\$50 copay	Deductible then \$750 copay	Deductible then \$500 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$300 copay	Deductible then \$50 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
														Rx Deductible: \$200 - For Each Member
Focus Network HMO 3000 (Silver) MD0000201688 RX0000201360 DN0000201297	\$3,000/\$6,000	\$9,750/\$19,500	\$55 copay/\$80 copay	Deductible then \$1,000 copay	\$80 copay	Deductible then \$1,000 copay	Deductible then \$550 copay	Deductible then \$75 copay	Deductible then \$75 copay	Deductible then \$500 copay	Deductible then \$80 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
														Rx Deductible: \$200 - For Each Member
Focus Network HMO HSA 3400 (Silver) MD0000201675 RX0000201366 DN0000201300	\$3,400/\$6,800	\$7,000/\$14,000	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then 20%	Deductible then \$500 copay	Deductible then \$75 copay	Deductible then \$55 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
														Medical Deductible Applies to Rx

¹ All plans have embedded out-of-pocket maximums. All non-HSA plans have embedded deductible.

All HSA plans have non-embedded deductible, except HMO HSA 4000, PPO Access HSA 5000 and National Access EPO HSA 4000.

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 Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

⁵ All Bronze plans are eligible for a Health Savings Account (HSA).

*Offered only on the Connector for individuals, per state guidelines.

*All plans listed here are both Massachusetts MCC & Medicare MCC.

Massachusetts Individual Plans — effective from January 1 - December 31, 2026.

This is only a summary of plans. For more complete information, please refer to the [Schedule of Benefits](#).

Plan Name	Deductible ¹ (Ind/Fam)	Out-of-Pocket Maximum ² (Ind/Fam)	Office Visit (PCP/Specialist)	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Pharmacy - Retail	Pharmacy - Mail
PPO Access														
PPO Access 25 - Flex (Platinum) MD0000201684 RX0000201356 DN0000201301	IN: None	IN: \$2,500/\$5,000	\$25 copay/\$45 copay	\$350 copay	\$40 copay	\$ 500 copay	Flex: \$250 copay Other: \$500 copay	Flex: Covered in Full Other: \$40 copay	\$30 copay	Non-Hospital: \$100 copay Hospital: \$300 copay	Non-Hospital: \$45 copay Hospital: \$75 copay	\$40 copay	\$5/\$25/\$45/\$160/20% (T5: \$250 coinsurance max)	\$10/\$50/\$90/\$480/20% (T5: \$750 coinsurance max)
	OON: \$500/\$1,000	OON: \$5,000/\$10,000					OON: Deductible then 20% (ER is Same as INN)						Rx Out-of-Pocket Maximum: \$750/\$1,500 (Ind/Fam)	
PPO Access 1000 - Flex (Gold) MD0000201689 RX0000201357 DN0000201302	IN: \$1,000/\$2,000	IN: \$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
	OON: \$2,000/\$4,000	OON: \$14,000/\$28,000					OON: Deductible then 20% (ER is Same as INN)						Rx Deductible: \$200 - For Each Member	
PPO Access 1500 - Flex (Gold) MD0000201690 RX0000201357 DN0000201302	IN: \$1,500/\$3,000	IN: \$7,000/\$14,000	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
	OON: \$3,000/\$6,000	OON: \$14,000/\$28,000					OON: Deductible then 20% (ER is Same as INN)						Rx Deductible: \$200 - For Each Member	
PPO Access 2000 - Flex (Gold) MD0000201676 RX0000201358 DN0000201303	IN: \$2,000/\$4,000	IN: \$6,650/\$13,300	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
	OON: \$4,000/\$8,000	OON: \$13,300/\$26,600					OON: Deductible then 20% (ER is Same as INN)						Rx Deductible: \$200 - For Each Member	
PPO Access 2000 Value - Flex (Silver) MD0000201685 RX0000201359 DN0000201304	IN: \$2,000/\$4,000	IN: \$9,750/\$19,500	Deductible then \$35 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
	OON: \$4,000/\$8,000	OON: \$19,500/\$39,000					OON: Deductible then 20% (ER is Same as INN)						Rx Deductible: \$250/\$500 (Ind/Fam)	
PPO Access 3000 - Flex (Silver) MD0000201691 RX0000201360 DN0000201304	IN: \$3,000/\$6,000	IN: \$9,750/\$19,500	\$60 copay/\$80 copay	Deductible then \$1,000 copay	Deductible then \$80 copay	Deductible then \$1,000 copay	Flex: \$500 copay Other: Deductible then \$1,000 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$150 copay	Non-Hospital: Deductible then \$350 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
	OON: \$6,000/\$12,000	OON: \$19,500/\$39,000					OON: Deductible then 20% (ER is Same as INN)						Rx Deductible: \$200 - For Each Member	
PPO Access 4000 - Flex (Bronze)⁵ MD0000201692 RX0000201367 DN0000201305	IN: \$4,000/\$8,000	IN: \$9,750/\$19,500	Deductible then \$55 copay/ Deductible then \$80 copay	Deductible then \$600 copay	Deductible then \$80 copay	Deductible then \$1,500 copay	Flex: Deductible then \$350 copay Other: Deductible then \$750 copay	Flex: Deductible Other: Deductible then \$100 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$300 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$80 copay Hospital: Deductible then \$100 copay	Deductible then \$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
	OON: \$8,000/\$16,000	OON: \$18,400/\$36,800					OON: Deductible then 20% (ER is Same as INN)						Rx Deductible: \$200 - For Each Member	
PPO Access HSA														
PPO Access HSA 3000 - Flex (Silver) MD0000201677 RX0000201368 DN0000201306	IN: \$3,000/\$6,000	IN: \$8,050/\$16,100	Deductible then \$40 copay/ Deductible then \$60 copay	Deductible then \$500 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$60 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$300/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
	OON: \$6,000/\$12,000	OON: \$16,100/\$32,200					OON: Deductible then 20% (ER is Same as INN)						Medical Deductible Applies to Rx	
PPO Access HSA 5000 - Flex (Bronze)⁵ MD0000201693 RX0000201369 DN0000201307	IN: \$5,000/\$10,000 Embedded	IN: \$8,050/\$16,100	Deductible then \$80 copay/ Deductible then \$155 copay	Deductible then \$1,500 copay	Deductible then \$155	Deductible then \$1,500 copay	Flex: Deductible then \$500 copay Other: Deductible then \$1,000 copay	Flex: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$150 copay	Non-Hospital: Deductible then \$500 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$155 copay Hospital: Deductible then \$175 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 45%/Deductible then 50% (T3: \$250/coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
	OON: \$10,000/\$20,000	OON: \$16,100/\$32,200					OON: Deductible then 20% (ER is Same as INN)						Medical Deductible Applies to Rx	

¹ All plans have embedded out-of-pocket maximums. All non-HSA plans have embedded deductible.

All HSA plans have non-embedded deductible, except HMO HSA 4000, PPO Access HSA 5000 and National Access EPO HSA 4000.

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 Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

⁵ All Bronze plans are eligible for a Health Savings Account (HSA).

*Offered only on the Connector for individuals, per state guidelines.

*All plans listed here are both Massachusetts MCC & Medicare MCC.

Massachusetts Individual Plans — effective from January 1 - December 31, 2026.

This is only a summary of plans. For more complete information, please refer to the [Schedule of Benefits](#).

Plan Name	Deductible ¹ (Ind/Fam)	Out-of-Pocket Maximum ² (Ind/Fam)	Office Visit (PCP/Specialist)	ER	Urgent Care	Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Pharmacy - Retail	Pharmacy - Mail
National Access EPO														
National Access EPO 2000 (Silver) MD0000201746 RX0000201371 DN0000201325	\$2,000/\$4,000	\$9,750/\$19,500	\$25 copay/\$65 copay	Deductible then \$1,000 copay	Deductible then \$65 copay	Deductible then \$1,000 copay	Deductible then \$750 copay	Deductible then \$45 copay	Deductible then \$150 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$25 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$225/Deductible then 20% (T5: \$250 coinsurance max)	\$10/\$60/Deductible then \$450/Deductible then \$675/Deductible then 20% (T5: \$750 coinsurance max)
National Access EPO 3000 (Silver) MD0000201747 RX0000201398 DN0000201327	\$3,000/\$6,000	\$9,200/\$18,400	\$50 copay/\$75 copay	Deductible then \$1,000 copay	Deductible then \$75 copay	Deductible then \$1,000 copay	Deductible then \$750 copay	Deductible then \$75 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$25 copay Hospital: Deductible then \$75 copay	\$50 copay	\$5/\$30/Deductible then \$150/Deductible then \$250/Deductible then 20% (T5: \$500 coinsurance max)	\$10/\$60/Deductible then \$450/Deductible then \$750/Deductible then 20% (T5: \$1,500 coinsurance max)
National Access EPO HSA 4000 (Bronze)⁵ MD0000201745 RX0000201370 DN0000201326	\$4,000/\$8,000 Embedded	\$8,050/\$16,100	Deductible then \$50 copay/Deductible then \$75 copay	Deductible then \$1,000 copay	Deductible then \$75 copay	Deductible then \$1,000 copay	Deductible then \$750 copay	Deductible then \$75 copay	Deductible then \$350	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$25 copay Hospital: Deductible then \$75 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$250/coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
Connector Plans														
Standard Platinum - Flex MD0000201610 RX0000201325 DN0000201255	None	\$3,000/\$6,000	\$20 copay/\$40 copay	\$150 copay	\$40 copay	\$500 copay	Flex: \$100 copay Other: \$250 copay	Covered in Full	Covered in Full	Non-Hospital: \$50 copay Hospital: \$150 copay	Non-Hospital: \$20 copay Hospital: \$40 copay	\$40 copay	\$10/\$25/\$50	\$20/\$50/\$150
Standard High Gold MD0000201611 RX0000201326 DN0000201256	\$1,000/\$2,000	\$7,000/\$14,000	\$20 copay/\$40 copay	\$250 copay	\$40 copay	Deductible then \$300	Deductible then \$150 copay	Deductible then \$25 copay	Deductible then \$35 copay	Deductible then \$150 copay	\$40 copay	\$40 copay	\$25/\$45/Deductible then \$75	\$50/\$90/Deductible then \$225
Standard Silver MD0000201612 RX0000201327 DN0000201257	\$2,000/\$4,000	\$10,150/\$20,300	\$25 copay/\$60 copay	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$30 copay	Deductible then \$60 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/\$55/Deductible then \$75	\$60/\$110/Deductible then \$225
Standard Silver II (On-Exchange IND Only)* MD0000201613 RX0000201327 DN0000201257	\$2,000/\$4,000	\$10,150/\$20,300	\$25 copay/\$60 copay	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$30 copay	Deductible then \$60 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/\$55/Deductible then \$75	\$60/\$110/Deductible then \$225
Standard Low Silver HSA - Flex MD0000201618 RX0000201331 DN0000201261	\$2,500/\$5,000	\$8,450/\$16,900	Deductible then \$30 copay/ Deductible then \$60 copay	Deductible then \$300 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible then \$20 copay Other: Deductible then \$60 copay	Deductible then \$75 copay	Non-Hospital: Deductible then \$200 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$30 copay Hospital: 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 - Flex⁵ MD0000201619 RX0000201332 DN0000201262	\$3,800/\$7,600	\$8,450/\$16,900	Deductible then \$60 copay/ Deductible then \$90 copay	Deductible then \$875 copay	Deductible then \$90 copay	Deductible then \$1,500 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible then \$25 copay Other: Deductible then \$55 copay	Deductible then \$135	Non-Hospital: Deductible then \$500 copay Hospital: Deductible then \$750 copay	Non-Hospital: Deductible then \$60 copay Hospital: 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 2000 Value II - Flex MD0000201615 RX0000201333 DN0000201263	\$2,000/\$4,000	\$5,750/\$11,500	\$25 copay/\$50 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$750 copay	Flex: \$250 copay Other: Deductible then \$500 copay	Flex: Deductible then \$20 copay Other: Deductible then \$75 copay	Deductible then \$50 copay	Non-Hospital: Deductible then \$250 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$50 copay Hospital: Deductible then \$75 copay	\$50 copay	\$30/Deductible then \$150/Deductible then \$250	\$60/Deductible then \$300/Deductible then \$750
HMO 3500 - Flex (Bronze)⁵ MD0000201622 RX0000201335 DN0000201293	\$3,500/\$7,000	\$8,900/\$17,800	Deductible then \$45 copay/ Deductible then \$70 copay	Deductible then \$1,500 copay	Deductible then \$70 copay	Deductible then 20%	Flex: Deductible then \$250 copay Other: Deductible then \$1,000 copay	Flex: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$100 copay	Non-Hospital: Deductible then \$500 copay Hospital: Deductible then \$1,000 copay	Non-Hospital: Deductible then \$70 copay Hospital: Deductible then \$100 copay	Deductible then \$50 copay	\$5/\$30/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	\$10/\$60/Deductible then 45%/Deductible then 45%/Deductible then 50% (T3: \$250/coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
PPO Access HSA 2500 - Flex MD0000201621 RX0000201334 DN0000201264	IN: \$2,500/\$5,000	IN: \$8,450/\$16,900	Deductible then \$30/Deductible then \$60 copay	Deductible then \$300 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex: Deductible then \$20 copay Other: Deductible then \$60 copay	Deductible then \$75 copay	Non-Hospital: Deductible then \$200 copay Hospital: Deductible then \$500 copay	Non-Hospital: Deductible then \$30 copay Hospital: 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
	OON: \$5,000/\$10,000	OON: \$16,900/\$33,800					OON: Deductible then 20% (ER is Same as INN)							Medical Deductible Applies to Rx

¹ All plans have embedded out-of-pocket maximums. All non-HSA plans have embedded deductible.

All HSA plans have non-embedded deductible, except HMO HSA 4000, PPO Access HSA 5000 and National Access EPO HSA 4000.

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 Separate Rx deductible applies to medical out-of-pocket maximum.

⁴ In-network and Out-of-Network out-of-pocket maximums not combined.

⁵ All Bronze plans are eligible for a Health Savings Account (HSA).

*Offered only on the Connector for individuals, per state guidelines.

*All plans listed here are both Massachusetts MCC & Medicare MCC.

Stay Connected & Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we also offer many other ways to keep you informed.

Member Newsletter

Our member newsletter shares current health topics and benefit highlights, including tips to manage your health, fun recipes, discounts on wellness services, new programs and much more. It's delivered to your email inbox and posted on our website.

Member Communications

As a health plan member, you will receive valuable information about your benefits, discounts, exclusive member perks and tools that support your health and well-being. We may share these updates through email, postal mail, in-app or secure messages, as well as plan materials.

Harvardpilgrim.org

Our website is a great place to learn more about the resources, wellness options, condition management programs and additional member benefits that keep you and your family healthy. You can also find doctors, access your secure account, and stay up to date with our latest news.

Social Media

Follow our social channels to keep up with the latest news, tips and stories.



➤ How to Stay in the Know

Check your secure member account to be sure we have your current email address and mobile number so we can share updates to keep you informed.

Key Terms

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.

Copayments

A fixed dollar amount that you pay for a covered medical service, prescription or medication.

Cost-sharing

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

Deductible

The amount you owe or pay out-of-pocket during a coverage period (usually one year) for covered health care services before your plan begins to pay.

Embedded and Non-Embedded Deductible

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 deductible 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. **Non-Embedded Deductible** refers to family plans where there is only a family component that must be reached, either by an individual member or the family collectively, to receive benefits.

In-Network

HMO members only have access to in-network providers, unless out of network care is prior approved or you have a medical emergency. Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage.

Out-of-Network

Out-of-network coverage applies only to 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.

Out-of-Pocket Maximum

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

Premium

This is the monthly cost of your health insurance coverage.

Prior Authorization (PA)

The need for your provider to tell us why it is medically necessary for you to receive a covered medication or service. Harvard Pilgrim must approve services subject to prior authorization in advance for the service to be covered.

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.

- For details and more key terms, go to harvardpilgrim.org/keyterms

Important Information About Your Plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

When You Need Care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures they must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at harvardpilgrim.org/member/login. Or you can call one of the phone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit harvardpilgrim.org/member/login to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need, subject to member residency and provider licensure. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your secure online account on harvardpilgrim.org/member/login, click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at **877-907-4742**.

Member Confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI). To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

- Visit harvardpilgrim.org/member/login or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.
Members: **877-907-4742**
Non-members: **800-208-1221**
TTY: 711

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
- 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
- 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, in accordance with applicable Medical Necessity
- Any service, supply or medication, including physical examinations and testing, required by a third party that is not otherwise Medically Necessary (examples of a third party are an employer, an insurance company, a school, a camp, 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
- Cost of organs that are sold rather than donated to recipients
- Digital therapeutics when not Medically Necessary. Please see the "Digital Therapeutics" Medical Necessary Guidelines online at harvardpilgrim.org to determine coverage

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) for renewing members

HSA (non-group): \$31 Per Subscriber Per Month (PSPM)

SBSB (non-group): \$31 Per Subscriber Per Month (PSPM)

Language Assistance Services

Arabic (العربية) انتبه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

French (Français) ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

Greek (Ελληνικά) ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

Gujarati (ગુજરાતી) ધ્યાન આપો: જો તમે અંગ્રેજી સંવિાય બીજી ભાષા બોલો છો, તો ભાષા હિંદુ વિાઓ, તમારા માટે મફત ઉપલબ્ધ છે. ફૂપા કરીને તમારા ભિન્ન આઈડી કાડડ પરના નંબર પર કોલ કરો.

Haitian Creole (Kreyòl Ayisyen) ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

Hindi (हिंदी) ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके ललए ननःशिल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी काडड पर ददए गए नंबर पर कॉल करें।

Italian (Italiano) ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

Khmer (ភាគាសាខ្មែរ) បុរសិនបរអុន កនិយាយភាសាបសិនបុរាណិភាសាអុំដ្ឋាល់ ស បសរាកមុមដំនឹង យភាសា ដែលតតលិតមុលវត្ថុ នឹងអាជីវកម្មបានសប្តាហ៍អុន កៅ សូម មុខឈាមការនៃបលខបលខបលី ID កាត់សានិករស់អុន កៅ

Korean (한국어) 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

Lao (ພາສາລາວ) ກະລຸນາ ກັບຊາບ: ຖ້າ ໂທານເວົ້າພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາ ອົງຈາດ, ໂທານສາມາດໃຊ້ບີລາການນັດ້ານພາສາໄ ດີ ໂດຍໆບໍລິສັດ ຂ່າ. ກະລຸນາໂທຫາເປີ່ງຢືນ ບັດປະຈຳ ຕົວສະມາຊຸກຂອງ ຂ້ານ.

Polish (polski) UWAGA: Jeśli posługujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

Portuguese (Português) ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

Russian (Русский) ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

Spanish (Español) ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

Traditional Chinese (繁體中文) 注意事項：如果您講非英語的其他語言，我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

Vietnamese (Tiếng Việt) LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.

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 or sex (including pregnancy, sexual orientation and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

HPHC:

- 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 HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

Point32Health Civil Rights Legal Coordinator

1 Wellness Way
Canton, MA 02021-1166

866-750-2074, TTY service: 711
Fax: 617-668-2754

Email: OCRCordinator@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/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

Footnotes

- 1 Some features are website features integrated into the mobile app: change PCP, ID Card, Other Documents, Plan Documents. Other features while offered on the website, function differently on the mobile app: claims, eligibility and deductible tracker, and provider search.
- 2 Estimating costs feature is not available on the mobile app.
- 3 Prices are generated by HealthTrio and Harvard Pilgrim. They are personalized estimates and may not reflect the actual total price. The estimates are based on the details of your Harvard Pilgrim plan as of today. If there is not enough cost information available for your specific plan, the pricing you see will be based on the experience of a wider range of Harvard Pilgrim plans. In these cases, the amount shown may be less accurate than a cost estimate based on your specific plan. Also, the actual cost may differ if you receive additional services, your coverage changes, or the provider bills the service differently. It's important to note that you should not rely only on this or any other price estimate to make your health care purchasing decisions. Please note that some services may require a referral from your primary care provider or prior authorization before you receive the service. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- 4 Ranges are based on Harvard Pilgrim's data, actual service prices vary by provider type and location. The figures represent 1Q2024.
- 5 Cash rewards comes in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Rewards vary based on plan and state.
- 6 Your health plan may require a referral and/or prior authorization before you receive services. To ensure the services will be covered, please refer to your plan documents or contact Harvard Pilgrim at **877-907-4742**.
- 7 In case of emergency, please call **911** or visit the nearest emergency department. Doctor On Demand virtual care services are available to Harvard Pilgrim Commercial members. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- 8 This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands).
- 9 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.
- 10 The Healthy Weight program is available to eligible fully insured members (group and individual commercial plans). For self-insured accounts, program eligibility and benefits may vary by employer, plan and state. An annual medical claim for nutritional counseling services will be submitted by the Healthy Weight program for engagement in the program. Under federal and state law, many preventive services and tests are covered with no member cost sharing; please see the Preventive Services Notice at **harvardpilgrim.org/member/login** for a complete list of preventive services. Your engagement in the Healthy Weight program with registered dietitian coaches is designated as preventive services.

- 11 If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.
- 12 This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- 13 For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement forms may be submitted once per calendar year, regardless of how many members are covered on a policy. Reimbursement may be considered tax-able income. For tax information, consult your employer or tax advisor. Additional restrictions may apply. Reimbursement amounts may vary by employer group.
- 14 At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- 15 Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- 16 Free eyewear program is available only at select participating locations in Massachusetts, Rhode Island, New Hampshire and New York. Offer subject to restrictions; limited to one free pair of eyeglasses per member per year.

We're here to help

**Contact Member Services listed at the phone number
on your member ID card.**

Mon., Tues. & Thurs. 8:00 am – 6:00 pm

Wed. 10:00 am – 6:00 pm

Fri. 8:00 am – 5:30 pm

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



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