Harvard Pilgrim Health Care

a Point32Health company

Delivering Quality Care

New Hampshire Small Group Product Guide

Plan Year 2026



FORM NO: NH-1722875700-1025

1722875700-1025

Table of Contents

- Leading the Way to Better Health 1
- Access to High-Quality Care in New England & Nationwide 1
- Our Plans: Where Choice Meets Savings 2-3
- Plan Type Offerings 4
- 2026 Updates 5-7
- 2026 New Hampshire Plan Offerings 8–13
- Get Instant, Accurate Quotes Online 14
- Business Rules 15
- Important Legal Information 16
- Language Assistance Services 17
- General Notice About Nondiscrimination and Accessibility Requirements 18

Leading the Way to Better Health

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

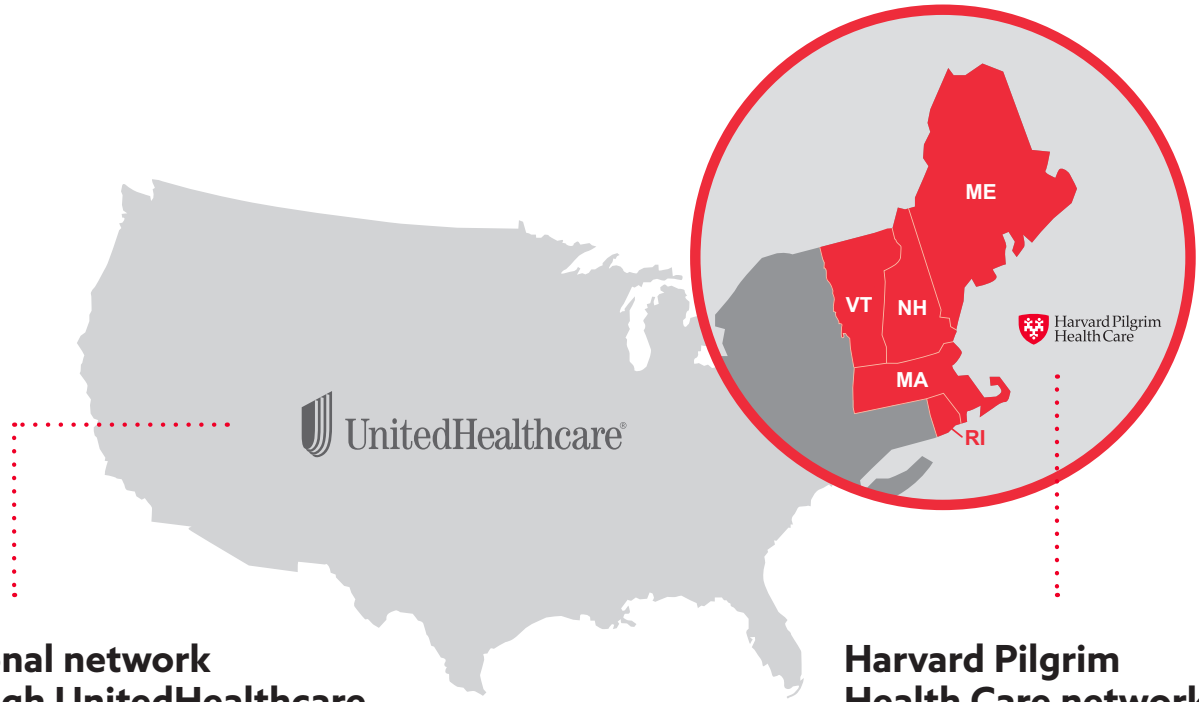
We offer flexible health plans with robust local and national provider networks, preventive care programs, digital tools for added convenience and inclusive, family-focused benefits. Our plans deliver outstanding coverage, choice and value for your small group clients.

Full and tiered network plans

Our HMO, PPO Access[1] and ElevateHealth products are built around best-in-class local providers who deliver high-quality care at an excellent value.

Access to High-Quality Care in New England & Nationwide

As a New England based health plan, we provide national access to top-quality care wherever your employees live and work, subject to each plan's network.



National network through UnitedHealthcare

- **950,000+** doctors & clinicians, including **662,000** Behavioral Health Providers
- **4,300** hospitals

Harvard Pilgrim Health Care network:

- **74,000+** doctors & clinicians, including **27,000** Behavioral Health Providers
- **152+** hospitals

[1] PPO Access plans are underwritten by HPHC Insurance Company.

1722875700-1025

Our Plans: Where Choice Meets Savings

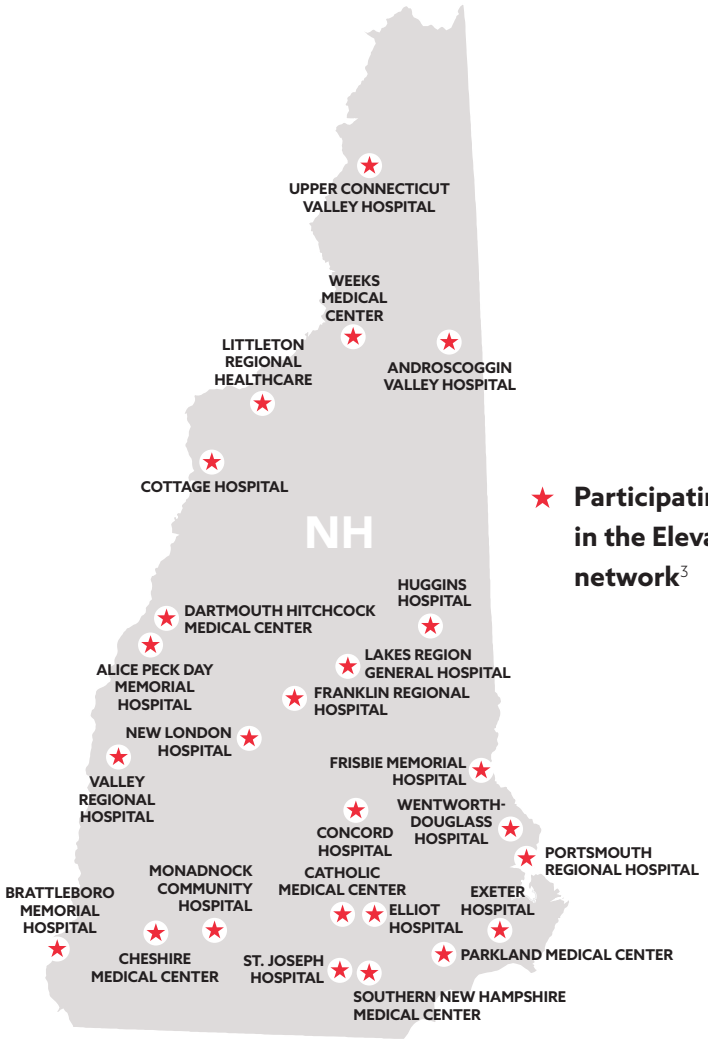
Plans offered in New Hampshire are designed to improve the quality of care and lower premiums.

	ElevateHealth HMO	ElevateHealth Options HMO
Access to the select ElevateHealth network	Yes	Yes
Access to the full Harvard Pilgrim network	No, unless authorized by Harvard Pilgrim	Yes
Lower member cost-sharing with Tier 1 providers	Not applicable	Yes
HSA-compatible plan design	Yes	No
Lab work	Deductible	No charge (Tier 1)

ElevateHealth HMO

This plan offers premium savings in exchange for access to just the ElevateHealth network.[2]

- Members must receive care from ElevateHealth providers and hospitals (except in an emergency).



[2] Members must reside in New Hampshire to be eligible for enrollment in the ElevateHealth HMO plan.

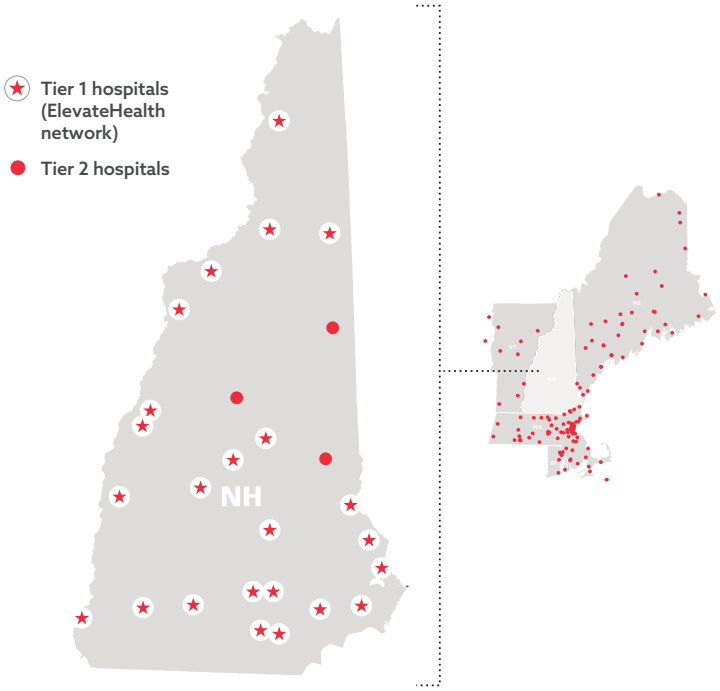
[3] Changes to our network may occur at any time. For the most current information, visit the provider search tool at **harvardpilgrim.org/providerdirectory**

1722875700-1025

ElevateHealth Options HMO

This is a full-network plan option that offers premium savings over standard full-network plans.[4]

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



HMO-LP and PPO-LP plans explained

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

Scenario 1
Lab work needed

Member goes to LP facility

Covered in full

Scenario 2
Outpatient surgery needed

Member goes to LP facility

Member pays copayment only

Scenario 3
Lab work or outpatient surgery needed

Member DOES NOT go to LP facility

Deductible & any additional cost-sharing applies

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

1722875700-1025

Plan Type Offerings

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

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

Types of plans:

HMO — LP Open Access

- Care within Harvard Pilgrim's HMO network (includes New Hampshire, Massachusetts, Maine, Vermont and Rhode Island)
- Must select a PCP but no referrals are required

PPO Access[5]

- Covered in-network (includes our national network)
- Option to go out-of-network and pay more
- No PCP selection or referrals required

Tiered Network Plan (ElevateHealth Options HMO Open Access)

- Full network HMO plan option (includes New Hampshire, Massachusetts, Maine, Vermont and Rhode Island)
- Tier 1 = Lower cost-sharing
- Tier 2 = Higher cost-sharing

Qualified High Deductible Plan

- HSA Plans available for HMO Open Access, ElevateHealth HMO Open Access, and PPO Access
- Meet deductible before we pay for services
- Some employers may offer an HRA or HSA to help members meet their deductible

Medicare Enhance

- We also offer Medicare Enhance plans, please contact your account executive for additional information.

Select Network Plan (ElevateHealth HMO Open Access)

- Care within the ElevateHealth HMO network only[6] (includes New Hampshire, Massachusetts, Maine, Vermont and Rhode Island)
- Authorization required for other Harvard Pilgrim providers and hospitals[7]
- Any provider or hospital in a medical emergency

[5] PPO plans are underwritten by HPHC Insurance Company.

[6] Members must reside in NH to be eligible for enrollment in the ElevateHealth HMO plan.

[7] Out of Network coverage requires prior authorization.

2026 Updates

Plan Updates	Details
Plan Updates	To better meet evolving market demands, we've streamlined our portfolio to focus on what matters most — delivering greater value with increased efficiency and agility. **Plans no longer offered upon 2026 renewal:** ElevateHealth HMO Gold 2700 Open Access with RxD ElevateHealth HMO Bronze 9100 Open Access ElevateHealth Options HMO Silver 4000 Open Access with RxD HMO Gold 1000 LP Open Access with RxD HMO Gold 3000 LP Open Access with RxD HMO Gold 2000 LP Open Access HMO Silver 4000 LP Open Access HMO Silver 5000 LP Open Access with RxD HMO Bronze 9100 Open Access HMO HSA Silver 4000 Open Access with Preventive Rx SimplyVirtual HMO Gold 3000 with RxD SimplyVirtual HMO Silver 4000 PPO Access HSA Silver 4000 with Preventive Rx **Increased cost sharing:** PT/OT/ST, Deductible, OOPM, Outpatient surgery, Applied Behavioral Analysis and Pharmacy. For a complete list of plan options and cost sharing scan the QR code:

Benefit Updates	Details
Behavioral Health	**NEW InStride Health:** Through our vendor, InStride Health, we offer specialized virtual therapy for children and teens (ages 7-22) struggling with severe anxiety and obsessive-compulsive disorder (OCD). **NEW Meru Health:** Through our vendor, Meru Health, members 13 years and older have access to its 12-week provider-led, digital mental health program. The program is designed to help support teens and adults experiencing anxiety, depression, burnout, and related mental and behavioral conditions. **Grow Therapy:** We're excited to expand our nationwide access to virtual behavioral health services with our new partner, Grow Therapy, a leading provider in medication management and virtual outpatient therapy. Our goal is to make behavioral health care as accessible and seamless as other medical services, helping to ensure timely and inclusive care for our members. **Service Navigation Program reminder:** Harvard Pilgrim's specially trained Behavioral Health Service Navigators provide personalized support to our members and guide them through the complex healthcare system.

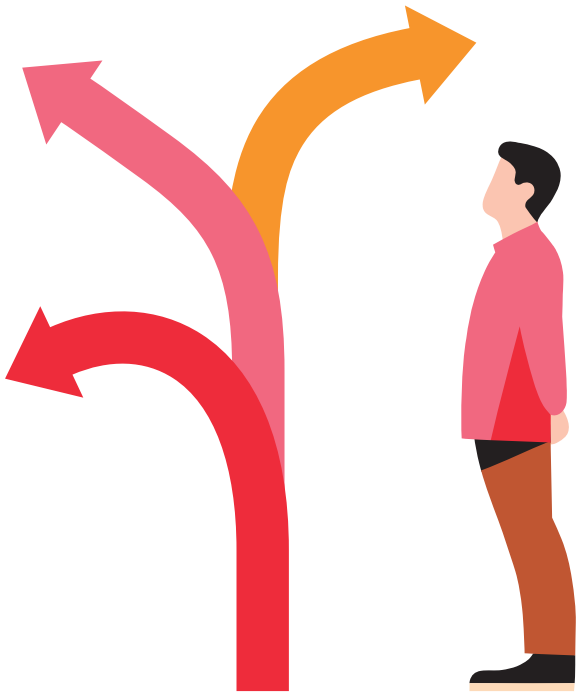
1722875700-1025

Benefit Updates	Details
Weight Loss Medications	Harvard Pilgrim excludes coverage of all weight loss drugs, including GLP-1 drugs, (within the Core NH) to treat weight loss. Effective January 1, 2026, these medications will also be excluded from coverage when used to treat 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. **Please note** that GLP-1 medications continue to be covered only when prescribed for the treatment of diabetes.
Maternal Health & Family Support	**ENHANCED ProgenyHealth:** Through our vendor, Progeny Health, expanded NICU care management support services are expanded from 60 days to 365 days to support improved health and care for the infant. Included for all fully insured plans. **Virtual Pregnancy and Parenting Classes:** Get 1 month free followed by 25% off your annual membership. Learn everything you need to know when it comes to birth, baby and beyond. Learn from Tinyhood's expanding library of hundreds of lessons ranging from childbirth, baby care, infant and child CPR, sleep, potty training, toddler behavior and much more!
Pharmacy	**Oral Chemotherapy Drug Update:** To align with regulatory mandates and industry standards, the member cost sharing for oral chemotherapy drugs has been updated in accordance with NH law. Members will pay the cost sharing assigned to the drug tier, with a maximum of $200 per prescription. Cost sharing applies after deductible on HSA plans.
Reminders	**Details**
Rewards	Enroll in the **Living Well Program** and earn up to $120 in gift cards by participating in fun and interactive well-being programs such as stress management classes, healthy eating, financial literacy, and self-care. **Please note:** Rewards are considered taxable income; please consult with your tax advisor. Rewards vary based on plan and state.
Health and Nutrition	**Healthy Weight Program:** Offers individualized coaching by registered dietitians for employees who want to eat healthier, lose weight or prevent or manage a nutrition-related health condition. The Healthy Weight program is available to fully insured members.
Family-centered Care	**Wellthy:** Through our vendor, Wellthy, we support members in managing the logistical and administrative responsibilities of caregiving —for both loved ones and themselves — across a broad spectrum of needs, including aging, childcare, mental health and more.
Pediatric Dental	All NH Small Group plans include pediatric dental coverage.

All Harvard Pilgrim plans offer access to comprehensive and high-quality care including some of these great benefits, programs and services. Please check your plan benefit documents for complete details:

Benefits and Services to Support Well-being

- Acupuncture and chiropractic care – unlimited visits
- Urgent and emergent care, hospitalization, laboratory and outpatient therapy when medically necessary
- Chronic disease management
- Eye exams for adults and children
- Pediatric dental
- Pediatric vision hardware
- Preventive care with no member cost sharing
- Preventive Rx on HSA plans
- Virtual care delivered by telehealth providers including Doctor on Demand for non-emergency care and advice. With our non-HSA plans, members won't pay any cost share for urgent care virtual visits with Doctor On Demand providers



Cost Savings Programs

- Prescription drug coverage – including Tier 1 cost share for some over-the-counter (OTC) medications like cold, cough and allergy when prescribed by a provider
- Perks, discounts and more savings across a wide array of fitness and well-being products
- Reduce My Costs savings program where members can save and earn rewards when selecting a lower cost provider for outpatient or diagnostic tests such as a mammogram, MRI or colonoscopy.
- Wellness education, programs, services and fitness reimbursements up to $150 (individual subscriber) or up to $300 (family coverage)[8]

› Questions? Contact your Harvard Pilgrim account executive for more details.

[8] 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. 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 and reimbursement amounts may vary.

2026 New Hampshire Plan Offerings

For small group employers with 1 to 50 full time equivalent employees

2026 New Hampshire Small Group Plans — Effective January 1, 2026, through December 31, 2026.
This is only a summary of plans. For more complete information, please refer to the **Schedule of Benefits**.

Product Name	Network	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out of Pocket Max (Ind/Fam)	Coinsurance	Emergency Room*	Urgent Care		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
							Hospital Based	Freestanding								
ElevateHealth HMO																
ElevateHealth Network HMO Gold 2000/20% Open Access with RxD MD0000201623, RX0000201336	N/A	$20/$40	Med: $2,000/$4,000 Rx: $500	$8,200/$16,400	20%	Ded then $300 then 20%	Ded then $150	$30	Ded then 20%	Non-hospital: $350 Hospital: Ded then 30%	Non-hospital: CIF Hospital: Ded then 20%	Ded then 20%	Non-hospital: $250 Hospital: Ded then 20%	Non-hospital: $25 Hospital: Ded then 20%	$20	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
ElevateHealth Network HMO Silver 3000/0% Open Access with RxD MD0000201624, RX0000201337	N/A	$40/$80	Med: $3,000/$6,000 Rx: $500	$9,100/$18,200	None	Ded then $500	Ded then $175	$50	Ded then CIF	Non-hospital: $350 Hospital: Ded then $500	Non-hospital: CIF Hospital: Ded then CIF	Ded then CIF	Non-hospital: $300 Hospital: Ded then $300	Non-hospital: $50 Hospital: Ded then CIF	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
ElevateHealth Network HMO Silver 3000/35% Open Access with RxD MD0000201625, RX0000201337	N/A	$40/$80	Med: $3,000/$6,000 Rx: $500	$9,100/$18,200	35%	Ded then $350 then 35%	Ded then $175	$50	Ded then 35%	Non-hospital: $350 Hospital: Ded then 45%	Non-hospital: CIF Hospital: Ded then 35%	Ded then 35%	Non-hospital: $300 Hospital: Ded then 35%	Non-hospital: $50 Hospital: Ded then 35%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
ElevateHealth Network HMO Silver 4000/35% Open Access with RxD MD0000201626, RX0000201337	N/A	$40/$80	Med: $4,000/$8,000 Rx: $500	$9,100/$18,200	35%	Ded then $350 then 35%	Ded then $175	$50	Ded then 35%	Non-hospital: $350 Hospital: Ded then 45%	Non-hospital: CIF Hospital: Ded then 35%	Ded then 35%	Non-hospital: $300 Hospital: Ded then 35%	Non-hospital: $50 Hospital: Ded then 35%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
ElevateHealth Network HMO Silver 5000/0% Open Access with RxD MD0000201627, RX0000201338	N/A	$50/$100	Med: $5,000/$10,000 Rx: $500	$8,750/$17,500	None	Ded then $500	Ded then $250	$60	Ded then CIF	Non-hospital: $350 Hospital: Ded then $500	Non-hospital: CIF Hospital: Ded then CIF	Ded then CIF	Non-hospital: $300 Hospital: Ded then $300	Non-hospital: $50 Hospital: Ded then CIF	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
ElevateHealth Network HMO Silver 5000/30% Open Access with RxD MD0000201628, RX0000201339	N/A	$50/$100	Med: $5,000/$10,000 Rx: $500	$8,900/$17,800	30%	Ded then $500 then 30%	Ded then $250	$60	Ded then 30%	Non-hospital: $350 Hospital: Ded then 40%	Non-hospital: CIF Hospital: Ded then 30%	Ded then 30%	Non-hospital: $300 Hospital: Ded then 30%	Non-hospital: $50 Hospital: Ded then 30%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
ElevateHealth Network HMO Silver 6000/30% Open Access with RxD MD0000201657, RX0000201340	N/A	$50/$100	Med: $6,000/$12,000 Rx: $500	$8,850/$17,700	30%	Ded then $500 then 30%	Ded then $250	$60	Ded then 30%	Non-hospital: $350 Hospital: Ded then 40%	Non-hospital: CIF Hospital: Ded then 30%	Ded then 30%	Non-hospital: $300 Hospital: Ded then 30%	Non-hospital: $50 Hospital: Ded then 30%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
ElevateHealth Network HMO Silver 7000/30% Open Access MD0000201658, RX0000201341	N/A	$50/$100	$7,000/$14,000	$8,700/$17,400	30%	Ded then $500 then 30%	Ded then $250	$60	Ded then 30%	Non-hospital: $350 Hospital: Ded then 40%	Non-hospital: CIF Hospital: Ded then 30%	Ded then 30%	Non-hospital: $300 Hospital: Ded then 30%	Non-hospital: $50 Hospital: Ded then 30%	$40	$5/$35/35%*/Ded then 40%*/Ded then 45%*
ElevateHealth HMO HSA																
ElevateHealth Network HMO HSA Silver 3500/20% Open Access with Preventive Rx MD0000201629, RX0000201342	N/A	Ded then 20%	$3,500/$7,000	$7,500/$15,000	20%	Ded then $350 then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then $5/20%/25%/25%/30%
ElevateHealth Network HMO HSA Silver 5000/10% Open Access with Preventive Rx MD0000201630, RX0000201343	N/A	Ded then 10%	$5,000/$10,000	$7,500/$15,000	10%	Ded then $500 then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then $5/20%/20%/25%/30%
ElevateHealth Network HMO HSA Bronze 7500/0% Open Access with Preventive Rx MD0000201631, RX0000201344	N/A	Ded then CIF	$7,500/$15,000	$7,500/$15,000	None	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF/CIF/CIF/CIF/CIF
ElevateHealth Options HMO Open Access																
ElevateHealth Options HMO Gold 1000/10% Open Access with RxD MD0000201632, RX0000201345	Tier 1	$25/$50	Med: $1,000/$2,000 Rx: $500	$8,500/$17,000	10%	T1 Ded then $300 then 10%	Ded then $150	$35	Ded then 10%	Non-hospital: $350 Hospital: Ded then 20%	CIF	Ded then 10%	Ded then 10%	Non-hospital: $25 Hospital: Ded then 10%	$25	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
	Tier 2	Ded then 30%	$4,000/$8,000		30%		Ded then 30%		Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Acupuncture: $25 Chiro: Ded then 30%	
ElevateHealth Options HMO Silver 3000/15% Open Access with RxD MD0000201633, RX0000201346	Tier 1	$40/$80	Med: $3,000/$6,000 Rx: $500	$9,500/$19,000	15%	T1 Ded then $350 then 15%	Ded then $175	$50	Ded then 15%	Non-hospital: $350 Hospital: Ded then 25%	CIF	Ded then 15%	Ded then 15%	Non-hospital: $50 Hospital: Ded then 15%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
	Tier 2	Ded then 35%	$6,000/$12,000		35%		Ded then 35%		Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Acupuncture: $40 Chiro: Ded then 35%	

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

*$550 coinsurance maximum per script.

Harvard Pilgrim has the right to refuse renewal of these plans, in accordance with applicable law.

1722875700-1025

Product Name	Network	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out of Pocket Max (Ind/Fam)	Coinsurance	Emergency Room*	Urgent Care		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
							Hospital Based	Freestanding								
HMO - LP Open Access																
HMO Platinum 250/10% - LP Open Access MD0000201634, RX0000201347	N/A	$20/$40	$250/$750	$3,300/$6,600	10%	Ded then $300 then 10%	Ded then $150	$30	Ded then 10%	Select LP: $350 Others: Ded then 20%	Select LP: CIF Others: Ded then 10%	Ded then 10%	Non-hospital: $250 Hospital: Ded then 10%	Non-hospital: $20 Hospital: Ded then 10%	$20	$2/$25/Ded then $65/Ded then 35%*/Ded then 40%*
HMO Gold 1500/20% - LP Open Access with RxD MD0000201635, RX0000201348	N/A	$25/$50	Med: 1,500/$3,000 Rx: $500	$8,300/$16,600	20%	Ded then $300 then 20%	Ded then $150	$35	Ded then 20%	Select LP: $350 Others: Ded then 30%	Select LP: CIF Others: Ded then 20%	Ded then 20%	Non-hospital: $250 Hospital: Ded then 20%	Non-hospital: $25 Hospital: Ded then 20%	$25	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
HMO Gold 2000/0% - LP Open Access with RxD MD0000201636, RX0000201349	N/A	$25/$50	Med: $2,000/$4,000 Rx: $500	$7,000/$14,000	None	Ded then $300	Ded then $150	$35	Ded then CIF	Select LP: $350 Others: Ded then $500	Select LP: CIF Others: Ded then CIF	Ded then CIF	Non-hospital: $250 Hospital: Ded then $250	Non-hospital: $25 Hospital: Ded then CIF	$25	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
HMO Gold 2000/0% - LP Open Access MD0000201637, RX0000201350	N/A	$25/$50	$2,000/$4,000	$7,000/$14,000	None	Ded then $300	Ded then $150	$35	Ded then CIF	Select LP: $350 Others: Ded then $500	Select LP: CIF Others: Ded then CIF	Ded then CIF	Non-hospital: $250 Hospital: Ded then $250	Non-hospital: $25 Hospital: Ded then CIF	$25	$2/$25/30%*/35%*/45%*
HMO Gold 2000/20% - LP Open Access with RxD MD0000201643, RX0000201336	N/A	$20/$40	Med: $2,000/$4,000 Rx: $500	$8,200/$16,400	20%	Ded then $300 then 20%	Ded then $150	$30	Ded then 20%	Select LP: $350 Others: Ded then 30%	Select LP: CIF Others: Ded then 20%	Ded then 20%	Non-hospital: $250 Hospital: Ded then 20%	Non-hospital: $25 Hospital: Ded then 20%	$20	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
HMO Gold 2700/10% - LP Open Access with RxD MD0000201644, RX0000201351	N/A	$25/$50	Med:$2,700/$5,400 Rx: $500	$6,800/$13,600	10%	Ded then $300 then 10%	Ded then $150	$35	Ded then 10%	Select LP: $350 Others: Ded then 20%	Select LP: CIF Others: Ded then 10%	Ded then 10%	Non-hospital: $250 Hospital: Ded then 10%	Non-hospital: $25 Hospital: Ded then 10%	$25	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
HMO Gold 3000/0% - LP Open Access MD0000201645, RX0000201350	N/A	$25/$50	$3,000/$6,000	$7,000/$14,000	None	Ded then $300	Ded then $150	$35	Ded then CIF	Select LP: $350 Others: Ded then $500	Select LP: CIF Others: Ded then CIF	Ded then CIF	Non-hospital: $250 Hospital: Ded then $250	Non-hospital: $25 Hospital: Ded then CIF	$25	$2/$25/30%*/35%*/45%*
HMO Silver 3000/35% - LP Open Access with RxD MD0000201646, RX0000201337	N/A	$40/$80	Med: $3,000/$6,000 Rx: $500	$9,100/$18,200	35%	Ded then $350 then 35%	Ded then $175	$50	Ded then 35%	Select LP: $350 Others: Ded then 45%	Select LP: CIF Others: Ded then 35%	Ded then 35%	Non-hospital: $300 Hospital: Ded then 35%	Non-hospital: $50 Hospital: Ded then 35%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
HMO Gold 3500/0% - LP Open Access with RxD MD0000201647, RX0000201352	N/A	$25/$50	Med: $3,500/$7,000 Rx: $500	$6,000/$12,000	None	Ded then $300	Ded then $150	$35	Ded then CIF	Select LP: $350 Others: Ded then $500	Select LP: CIF Others: Ded then CIF	Ded then CIF	Non-hospital: $250 Hospital: Ded then $250	Non-hospital: $25 Hospital: Ded then CIF	$25	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
HMO Gold 4000/0% - LP Open Access MD0000201659, RX0000201353	N/A	$25/$50	$4,000/$8,000	$8,300/$16,600	None	Ded then $300	Ded then $150	$35	Ded then CIF	Select LP: $350 Others: Ded then $500	Select LP: CIF Others: Ded then CIF	Ded then CIF	Non-hospital: $250 Hospital: Ded then $250	Non-hospital: $25 Hospital: Ded then CIF	$25	$2/$25/30%*/35%*/45%*
HMO Silver 4000/20% - LP Open Access with RxD MD0000201648, RX0000201337	N/A	$40/$80	Med: $4,000/$8,000 Rx: $500	$9,100/$18,200	20%	Ded then $350 then 20%	Ded then $175	$50	Ded then 20%	Select LP: $350 Others: Ded then 30%	Select LP: CIF Others: Ded then 20%	Ded then 20%	Non-hospital: $300 Hospital: Ded then 20%	Non-hospital: $40 Hospital: Ded then 20%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
HMO Silver 5000/0% - LP Open Access MD0000201660, RX0000201354	N/A	$50/$100	$5,000/$10,000	$9,700/$19,400	None	Ded then $500	Ded then $250	$60	Ded then CIF	Select LP: $350 Others: Ded then $500	Select LP: CIF Others: Ded then CIF	Ded then CIF	Non-hospital: $300 Hospital: Ded then $300	Non-hospital: $50 Hospital: Ded then CIF	$40	$5/$35/35%*/40%*/45%*
HMO Silver 5000/30% - LP Open Access with RxD MD0000201649, RX0000201339	N/A	$50/$100	Med: $5,000/$10,000 Rx: $500	$8,900/$17,800	30%	Ded then $500 then 30%	Ded then $250	$60	Ded then 30%	Select LP: $350 Others: Ded then 40%	Select LP: CIF Others: Ded then 30%	Ded then 30%	Non-hospital: $300 Hospital: Ded then 30%	Non-hospital: $50 Hospital: Ded then 30%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
HMO Silver 6000/30% - LP Open Access with RxD MD0000201650, RX0000201340	N/A	$50/$100	Med: $6,000/$12,000 Rx: $500	$8,850/$17,700	30%	Ded then $500 then 30%	Ded then $250	$60	Ded then 30%	Select LP: $350 Others: Ded then 40%	Select LP: CIF Others: Ded then 30%	Ded then 30%	Non-hospital: $300 Hospital: Ded then 30%	Non-hospital: $50 Hospital: Ded then 30%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
HMO Silver 7000/30% - LP Open Access MD0000201661, RX0000201341	N/A	$50/$100	$7,000/$14,000	$8,700/$17,400	30%	Ded then $500 then 30%	Ded then $250	$60	Ded then 30%	Select LP: $350 Others: Ded then 40%	Select LP: CIF Others: Ded then 30%	Ded then 30%	Non-hospital: $300 Hospital: Ded then 30%	Non-hospital: $50 Hospital: Ded then 30%	$40	$5/$35/35%*/Ded then 40%*/Ded then 45%*
HMO HSA Open Access																
HMO HSA Silver 3500/20% Open Access with Preventive Rx MD0000201638, RX0000201342	N/A	Ded then 20%	$3,500/$7,000	$7,500/$15,000	20%	Ded then $350 then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then $5/20%/25%/25%/30%
HMO HSA Silver 5000/10% Open Access with Preventive Rx MD0000201639, RX0000201343	N/A	Ded then 10%	$5,000/$10,000	$7,500/$15,000	10%	Ded then $500 then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then $5/20%/20%/25%/30%
HMO HSA Bronze 7500/0% Open Access with Preventive Rx MD0000201640, RX0000201344	N/A	Ded then CIF	$7,500/$15,000	$7,500/$15,000	None	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF/CIF/CIF/CIF/CIF

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

*$550 coinsurance maximum per script.

Harvard Pilgrim has the right to refuse renewal of these plans, in accordance with applicable law.

Product Name	Network	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out of Pocket Max (Ind/Fam)	Coinsurance	Emergency Room*	Urgent Care		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
							Hospital Based	Freestanding								
PPO Access																
PPO Access Platinum 250/10% - LP MD0000201641, RX0000201347	In-Network	$20/$40	$250/$750	$3,300/$6,600	10%	IN Ded then $300 then 10%	Ded then $150	$30	Ded then 10%	Select LP: $350 Others: Ded then 20%	Select LP: CIF Others: Ded then 10%	Ded then 10%	Non-hospital: $250 Hospital: Ded then 10%	Non-hospital: $20 Hospital: Ded then 10%	$20	$2/$25/Ded then $65/Ded then 35%*/Ded then 40%*
	Out-of-Network	Ded then 30%	$2,000/$4,000	$7,000/$14,000	30%		Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	
PPO Access Gold 1500/20% - LP with RxD MD0000201642, RX0000201348	In-Network	$25/$50	Med: 1,500/$3,000 Rx: $500	$8,300/$16,600	20%	IN Ded then $300 then 20%	Ded then $150	$35	Ded then 20%	Select LP: $350 Others: Ded then 30%	Select LP: CIF Others: Ded then 20%	Ded then 20%	Non-hospital: $250 Hospital: Ded then 20%	Non-hospital: $25 Hospital: Ded then 20%	$25	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
	Out-of-Network	Ded then 40%	$3,000/$6,000	$8,500/$17,000	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	
PPO Access Gold 2000/20% - LP with RxD MD0000201651, RX0000201336	In-Network	$20/$40	Med: $2,000/$4,000 Rx: $500	$8,200/$16,400	20%	IN Ded then $300 then 20%	Ded then $150	$30	Ded then 20%	Select LP: $350 Others: Ded then 30%	Select LP: CIF Others: Ded then 20%	Ded then 20%	Non-hospital: $250 Hospital: Ded then 20%	Non-hospital: $25 Hospital: Ded then 20%	$20	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
	Out-of-Network	Ded then 40%	$4,000/$8,000	$10,000/$20,000	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	
PPO Access Gold 2700/10% - LP with RxD MD0000201652, RX0000201351	In-Network	$25/$50	Med:$2,700/$5,400 Rx: $500	$6,800/$13,600	10%	IN Ded then $300 then 20%	Ded then $150	$35	Ded then 10%	Select LP: $350 Others: Ded then 20%	Select LP: CIF Others: Ded then 10%	Ded then 10%	Non-hospital: $250 Hospital: Ded then 10%	Non-hospital: $25 Hospital: Ded then 10%	$25	$2/$25/Rx Ded then $65/Rx Ded then 35%*/Rx Ded then 45%*
	Out-of-Network	Ded then 35%	$6,000/$12,000	$12,000/$24,000	35%		Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	Ded then 35%	
PPO Access Gold 3000/0% - LP MD0000201653, RX0000201350	In-Network	$25/$50	$3,000/$6,000	$7,000/$14,000	None	IN Ded then $300	Ded then $150	$35	Ded then CIF	Select LP: $350 Others: Ded then $500	Select LP: CIF Others: Ded then CIF	Ded then CIF	Non-hospital: $250 Hospital: Ded then $250	Non-hospital: $25 Hospital: Ded then CIF	$25	$2/$25/30%*/35%*/45%*
	Out-of-Network	Ded then 40%	$6,000/$12,000	$12,000/$24,000	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	
PPO Access Silver 4000/20% - LP with RxD MD0000201654, RX0000201337	In-Network	$40/$80	Med: $4,000/$8,000 Rx: $500	$9,100/$18,200	20%	IN Ded then $350 then 20%	Ded then $175	$50	Ded then 20%	Select LP: $350 Others: Ded then 30%	Select LP: CIF Others: Ded then 20%	Ded then 20%	Non-hospital: $300 Hospital: Ded then 20%	Non-hospital: $40 Hospital: Ded then 20%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
	Out-of-Network	Ded then 40%	$8,000/$16,000	$16,000/$32,000	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	
PPO Access Silver 5000/0% - LP MD0000201655, RX0000201354	In-Network	$50/$100	$5,000/$10,000	$9,700/$19,400	None	IN Ded then $500	Ded then $250	$60	Ded then CIF	Select LP: $350 Others: Ded then $500	Select LP: CIF Others: Ded then CIF	Ded then CIF	Non-hospital: $300 Hospital: Ded then $300	Non-hospital: $50 Hospital: Ded then CIF	$40	$5/$35/35%*/40%*/45%*
	Out-of-Network	Ded then 40%	$10,000/$20,000	$20,000/$40,000	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	
PPO Access Silver 5000/30% - LP with RxD MD0000201656, RX0000201339	In-Network	$50/$100	Med: $5,000/$10,000 Rx: $500	$8,900/$17,800	30%	IN Ded then $500 then 30%	Ded then $250	$60	Ded then 30%	Select LP: $350 Others: Ded then 40%	Select LP: CIF Others: Ded then 30%	Ded then 30%	Non-hospital: $300 Hospital: Ded then 30%	Non-hospital: $50 Hospital: Ded then 30%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
	Out-of-Network	Ded then 60%	$10,000/$20,000	$20,000/$40,000	60%		Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	
PPO Access Silver 6000/30% - LP with RxD MD0000201662, RX0000201340	In-Network	$50/$100	Med: $6,000/$12,000 Rx: $500	$8,850/$17,700	30%	IN Ded then $500 then 30%	Ded then $250	$60	Ded then 30%	Select LP: $350 Others: Ded then 40%	Select LP: CIF Others: Ded then 30%	Ded then 30%	Non-hospital: $300 Hospital: Ded then 30%	Non-hospital: $50 Hospital: Ded then 30%	$40	$5/$35/Rx Ded then $120/Rx Ded then 40%*/Rx Ded then 45%*
	Out-of-Network	Ded then 60%	$12,000/$24,000	$24,000/$48,000	60%		Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	Ded then 60%	
PPO Access HSA																
PPO Access HSA Silver 3500/20% with Preventive Rx MD0000201663, RX0000201342	In-Network	Ded then 20%	$3,500/$7,000	$7,500/$15,000	20%	IN Ded then $350 then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	IN Ded then $5/20%/25%/25%/30%
	Out-of-Network	Ded then 30%	$7,000/$14,000	$12,000/$24,000	30%		Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	
PPO Access HSA Silver 5000/10% with Preventive Rx MD0000201664, RX0000201343	In-Network	Ded then 10%	$5,000/$10,000	$7,500/$15,000	10%	IN Ded then $500 then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	Ded then 10%	IN Ded then $5/20%/20%/25%/30%
	Out-of-Network	Ded then 30%	$10,000/$20,000	$20,000/$40,000	30%		Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	Ded then 30%	
PPO Access HSA Bronze 7500/0% with Preventive Rx MD0000201665, RX0000201344	In-Network	Ded then CIF	$7,500/$15,000	$7,500/$15,000	None	IN Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	Ded then CIF	IN Ded then CIF/CIF/CIF/CIF/CIF
	Out-of-Network	Ded then 40%	$14,000/$28,000	$25,000/$50,000	40%		Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	Ded then 40%	

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

*$550 coinsurance maximum per script.

Harvard Pilgrim has the right to refuse renewal of these plans, in accordance with applicable law.

Get Instant, Accurate Quotes Online

Visit the broker account for online quotes, plan details and more

Small group brokers who do business in New Hampshire will manage their 2026 quoting and renewals through the broker account.

With its refreshed homepage, personalized dashboards and user-friendly navigation, our Broker Account makes it easy to:

- Receive instant quotes
- PDF documentation available to email to your clients
- View product highlights or detailed Summary of Benefits and Coverage (SBCs) and Schedules of Benefits
- Manage group and census data
- Get instant rates for updated census data
- Create professional proposals

Access the Broker Account

Log in at **brokers.point32health.org/auth/login.htm** to access your online books of business, commissions, user administration and more.

Need help?

If you have trouble accessing the Online Quoting system or have other issues, email Small Group Implementation and Quoting at **HPSmallGroupRenewals@point32health.org** or call **800-637-4751**. For urgent issues select Option 3.



We have the information you need

Visit **harvardpilgrim.org/broker** for Summary of Benefits and Coverage documents, our plan comparison tool and other helpful resources.

1722875700-1025

Business Rules

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

All 2026 small group plans are calendar year.

Minimum number of participating subscribers
75% of those employees eligible for health benefits must participate in a Harvard Pilgrim Health Care group health plan sponsored by the employer on a sole source basis and 37.5% of such eligible employees must participate in a Harvard Pilgrim Health Care group health plan sponsored by the employer if not on a sole source basis.

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

ElevateHealth HMO Availability

In New Hampshire, ElevateHealth plans provide access to a limited network of high-quality and efficient providers that is smaller than Harvard Pilgrim's full provider network.

The enrollment area is the geographic area in which you must live in order to be eligible to enroll as a Member under the Plan. The enrollment area for ElevateHealth HMO includes the state of New Hampshire. This excludes the ElevateHealth Options plans, which are tiered network plans that include Harvard Pilgrim's full provider network of New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island.

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

Preventive medications with a high deductible health plan
For members with a high deductible health plan, the deductible will not apply to certain medications used for preventive care. However, a member will be required to pay the applicable copayment or coinsurance amount for the drug. The plan may change the listing of designated preventive medications from time to time. For a current list of designated preventive medications, please visit our website at **harvardpilgrim.org**.

Essential health benefit pediatric dental coverage
Pediatric dental services are required by the Patient Protection and Affordable Care Act. All Harvard Pilgrim small group plans in New Hampshire will include pediatric preventive dental coverage.

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

1722875700-1025

Important Legal Information

What's not covered on our NH small group plans.

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

- Alternative services and treatments
- Any service, supply or medication, including physical examinations and testing, 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, a camp, or court).
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Routine foot care, except for members diagnosed with diabetes or systemic circulatory diseases
- Educational services or testing
- Cost of organs that are sold rather than donated to recipients.
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services that were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging
- Services or supplies provided by (1) anyone related to a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment for members who are not medically infertile
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not medically necessary
- Digital therapeutics when not Medically Necessary
- Transportation, except as outlined in your benefit handbook
- Over-the-counter hearing aids
- Services provided by a Doula
- Services provided under an individualized education program (IEP) delivered by school personnel, contractor, or vendor.
- 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 Medical Necessity Guidelines.
- Custodial Care

Limitations for New Hampshire small group plans

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

Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. 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 સિવાય બીજી ભાષા બોલો છો, તો ભાષા હિાય વિાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા ભિ્ય આઈડી કાડડ પરના નંબર પર કૉલ 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 ननःशुल्क 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 (ភាសាខ្មែរ) ប្រសិនបរអ្ន កនិយាយភាសាបសងេបហ្ពីភាសាអ្ង់បលេ ស បសវាកម្មជំនួ យភាសា ដលៃឥតលិតថ្ល េលីអាចរកបានសហ្រអ្ន ក។ សូ ម្បាហ្រកាន់បលខបាបលី ID កាតសាជិកររស់អ្ន ក។

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

Lao (ພາສາລາວ) ກະລຸນາ ຮັບຊາບ: ຖ້າ ທ່ານເວົ້າພາສາອື່ນີ່ທ່ໍບແ ່ມນພາສາ ອັງິກດ, ທ່ານສາມາດໃຊ້ບໍລການ້ດ້ານພາສາໄ ດ້ ໂດຍ່ໍບເສຍ ່ຄາ. ກະລຸນາໂທຫາເບີ່ທ່ ູ່ ຢໃນ ບັດປະຈໍາ ຕົວສະມາຊິກຂອງ ່ທ່ານ.

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: **OCRCoordinator@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

Contact us

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

Not yet a member?
844-213-1591

TTY: **711**

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

650 Elm Street, Floor 2, Manchester, NH 03101
myserviceteam@harvardpilgrim.org
harvardpilgrim.org
Brokers: **800-424-7285**
Employers: **800-637-4751**

Harvard Pilgrim Health Care

a Point32Health company

1722875700-1025