



Harvard Pilgrim  
Health Care

a Point32Health company

# Stride<sup>SM</sup> (HMO)/(HMO-POS) Medicare Advantage Plan

New Hampshire 2024

"I'm in Step With  
My Health Care  
Coverage Needs"



**Welcome Letter . . . . . 3**

**Introduction to Medicare Basics . . . . . 4**

**Stride<sup>SM</sup> (HMO) Plan Overview . . . . . 5**

**Part D Prescription Drug Coverage . . . . . 10**

**Extra Benefits—Wallet Benefit, Hearing Aids, Dental,  
and Over-the-Counter Products . . . . . 12**

**Questions About Enrollment . . . . . 13**

**“My grandkids keep me healthy.”**





a **Point32Health** company

Dear Neighbor,

Choosing a Medicare plan is an important decision. You want to make sure you choose a plan that provides coverage you can depend on.

With our Stride<sup>SM</sup> Medicare Advantage plans, not only do you get more benefits than Original Medicare, but you'll enjoy great savings to help protect your finances and the peace of mind that comes with having quality coverage.

Our Stride<sup>SM</sup> Basic Rx (HMO) plan includes:

- \$1,200 Dental Benefit
- \$300 annual Over-the-Counter (OTC) benefit to purchase health items
- \$520 annual Wallet Benefit allowance to use towards qualified health and wellness expenses
- \$0 Rx deductible
- Yearly routine eye and hearing exams
- Hearing aid coverage
- Age rate guarantee (any Medicare Supplement plan member can try our plan for a year, and if you're not happy you can switch back to your Medicare Supplement plan without penalty)
- Freedom from required referrals

We have many other plan options as well, including a Choice POS plan that provides the freedom of in- and out-of-network coverage.

Review the enclosed materials to learn more, or join us for an informational sales meeting and talk with a Medicare Options Advisor. A list of upcoming informational sales meeting dates and times is enclosed.

If you have any questions, just give us a call at **1-866-256-5340 (TTY: 711)** for a free personal consultation. Representatives are available 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

You can also visit us online at **[kit.hpforlife.org](http://kit.hpforlife.org)**.

Thank you for considering Harvard Pilgrim's Stride<sup>SM</sup> Medicare Advantage plans.

Sincerely,

A handwritten signature in blue ink that reads "Patty Blake".

**Patty Blake**

President, Senior Products  
Harvard Pilgrim Health Care

Harvard Pilgrim is an plan with a Medicare contract. Enrollment in Stride<sup>SM</sup> (HMO)/(HMO-POS) depends on contract renewal. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.

# A Quick Overview of Medicare Basics

## What is Medicare?

Medicare is basic health insurance provided by the Federal government for people 65 and older, and people under 65 who meet certain criteria.

- Original Medicare doesn't have you completely covered.
- You may be wondering what is meant by the term "Medicare Advantage" plan. The Centers for Medicare & Medicaid Services (CMS) contracts with health plans, such as Harvard Pilgrim, to offer all Medicare benefits and, in some cases, additional benefits to people eligible for Medicare.
- In this arrangement, the Federal government pays a "Medicare Advantage" plan, such as Harvard Pilgrim's Stride<sup>SM</sup>, a fixed amount each month for each member it serves to provide more benefits to you than Original Medicare alone.

Our Stride<sup>SM</sup> plan can fill in the gaps that Original Medicare does not cover.

- Medicare Advantage contracts between the Federal government and Harvard Pilgrim are valid for one calendar year.

## Different parts of Medicare



### Medicare Part A (Hospital Insurance)

Helps cover inpatient care in hospitals, skilled nursing facilities, hospice, and home health care.



### Medicare Part B (Medical Insurance)

Helps cover doctors' services, outpatient care, and some preventive services.



### Medicare Part C (Medicare Advantage plans)

Covers all the benefits of Part A and Part B plus additional benefits and services.



### Medicare Part D (Medicare Prescription Drug Coverage)

Helps cover prescription drugs.

# Stride<sup>SM</sup> can give you the benefits you need for more complete coverage.

## Plan Overview

If you're eligible for Medicare, don't let choosing the wrong type of health care coverage slow you down. Take a step in the right direction with Harvard Pilgrim's Stride<sup>SM</sup> Medicare Advantage plan.

A Stride<sup>SM</sup> Medicare Advantage plan makes getting your medical care easier. Want to keep your doctor? Chances are Stride<sup>SM</sup> may include the doctors and hospitals you already know and trust. Dread processing paper work and paying multiple bills? You won't have to. Plus, you won't waste time making a lot of phone calls when you need to access care and comprehensive coverage. Harvard Pilgrim knows you have better things to do.

And when you do have a question or concern, take comfort knowing Harvard Pilgrim has provided Medicare solutions for more than 40 years. Our dedicated Member Services team is here to listen and answer your questions.

### **Cost effective coverage starting at \$0<sup>1</sup> a month.**

Stride's<sup>SM</sup> benefits help give you more complete coverage for your health care needs, and with more than one plan option, you can choose the best fit. Our Stride<sup>SM</sup> plan options are offered with cost-effective premiums that are as low as \$0 a month when you join the Basic Rx (HMO) plan.

### **Features of our plans include\* (partial listing):**

- Part D prescription drug coverage (including enhanced coverage for alternative drugs like those used for erectile dysfunction)
- Routine care and wellness visits
- No referrals required
- An annual Wallet Benefit allowance to help cover qualified health care expenses such as home fitness equipment, eyewear, weight management programs, acupuncture visits, massage therapy, chiropractic care and more
- Yearly routine eye and hearing exams
- An annual allowance for over-the-counter health-related items
- Coverage for hearing aids and batteries
- Access to all Stride<sup>SM</sup> network doctors you know and trust
- Up to \$1,200 annual reimbursement for dental services, with no network restrictions

Harvard Pilgrim's **Choice Rx (HMO-POS)** plan provides members with the flexibility to go outside of the Stride<sup>SM</sup> network for outpatient medical services. Members can also go out of network within the plan service area (excluding U.S. territories, e.g. Puerto Rico and the U.S. Virgin Islands).

# Plan Overview (Continued)

## Our plans offer more than Original Medicare

- Your choice of a primary care provider from the Stride<sup>SM</sup> network, which includes some of our region's leading doctors
- Web-based health support
- A Member Services team dedicated to Medicare members
- Virtually no paperwork
- Prescription drug coverage including Mail Order Service Prescription Drug Program with free shipping directly to your home

## Why a Medicare Advantage plan is a good choice

With a Medicare Advantage plan, you not only get additional benefits not covered by Original Medicare, but you will also get:

- Preventive care
- One-stop shopping—you will get your medical and prescription drug coverage under one plan, so you will have only one member ID card—no need to use your Medicare card
- Medical management and care coordinated by your doctor

**"I like having a choice of plan options."**

## Eligibility for Harvard Pilgrim's Stride<sup>SM</sup>

You can join Stride<sup>SM</sup> if you reside in our enrollment area. Our enrollment area includes the following counties in **New Hampshire**: Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan.

You must also be entitled to Medicare Part A (hospitalization), and enrolled in Medicare Part B (medical) and continue to pay Part B premiums. Most Medicare beneficiaries can join, including those eligible on the basis of disability.



# Stride<sup>SM</sup> Medicare Advantage plan

## Prescription Drug Benefits

When you join a Stride<sup>SM</sup> plan, your Part D prescription drug coverage is included in your monthly premium. The chart below explains your costs for covered Part D drugs only. You have the option to use our network retail pharmacies or save money by using our convenient Mail Order Service Prescription Drug Program with free shipping directly to your home. Coverage for Part B drugs is included in your Part B medical benefits. Harvard Pilgrim uses a list of Part D prescription drugs (generic and brand) called a Formulary. Your prescription drugs must be included in our Formulary to be covered.

Rx Drug Coverage	Basic Rx (HMO)		Value Rx (HMO)		Choice Rx (HMO-POS)		Value Rx Plus (HMO)	
Deductible	No Deductible		No Deductible		No Deductible		No Deductible	
<b>Initial Coverage:</b> You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim.								
Copays	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply	Retail 30-day supply	Mail Order 90-day supply
<b>Tier 1: Preferred Generic</b> (Preferred/non-preferred pharmacy)	\$0/\$5	\$0	\$0/\$5	\$0	\$0/\$5	\$0	\$0/\$5	\$0
<b>Tier 2: Generic</b> (Preferred/non-preferred pharmacy)	\$10/\$20	\$20	\$8/\$20	\$16	\$8/\$20	\$16	\$8/\$20	\$16
<b>Tier 3: Preferred Brand</b>	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)
<b>Tier 4: Non-Preferred Drug</b>	\$100 (Insulin: \$35)	\$250 (Insulin: \$105)	\$100 (Insulin: \$35)	\$250 (Insulin: \$105)	\$100 (Insulin: \$35)	\$250 (Insulin: \$105)	\$100 (Insulin: \$35)	\$250 (Insulin: \$105)
<b>Tier 5: Specialty Tier</b>	33%	N/A	33%	N/A	33%	N/A	33%	N/A
<b>Tier 6: Vaccines</b>	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A

**Coverage Gap:** You pay the following until you and others on your behalf have paid a total of \$8,000<sup>2</sup> for covered Part D drugs.

While you are in the Coverage Gap, you pay 25% of the cost for generic drugs including brand drugs treated as generic, and 25% of the negotiated price (plus a portion of the dispensing fee) for brand name drugs. In this stage, the Medicare Coverage Gap Discount Program provides a 75% manufacturer discount on brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them.<sup>3</sup>

**Catastrophic Coverage:** After the coverage gap, when your payments for the year are greater than \$8,000.

During this payment stage, you pay nothing. The plan pays the full cost for your covered Part D drugs and for excluded drugs that are covered under our enhanced benefit for the remainder of the calendar year.

## Your provider is a partner

Once enrolled, you'll choose a primary care provider (PCP) who will work with you to provide the care you need. You can count on your PCP to provide or authorize all of your routine health care and specialized services (including self-referrals). You'll receive all of your medical services from Stride<sup>SM</sup> network providers who will work together to coordinate your care, except in emergency or urgent care situations, or for out-of-area dialysis services.

You can see any Stride<sup>SM</sup> (HMO) network provider throughout New Hampshire and Massachusetts. Our Stride<sup>SM</sup> provider network directory—which is available on our website at [hpforlife.org](http://hpforlife.org)—lists all of the affiliated providers in our network. However, new providers are added daily and may not be reflected in the directory. If you have questions about a provider, please contact us. You can change your provider at any time by simply calling Member Services.

If you enroll in our **Choice Rx plan**, you have the flexibility to see any Medicare-approved provider outside of the Stride<sup>SM</sup> provider network nationwide (excluding U.S. territories) for outpatient medical services.

## One monthly bill

With Stride<sup>SM</sup>, your financial obligations may consist of a monthly plan premium. You may pay copays/coinsurance for medical services in addition to your Medicare Part B premium, and/or a Part D late enrollment penalty. Your copay/coinsurance must be paid at the time of service.

You will receive a bill for your monthly premium, which you may choose to pay by electronic fund transfer for your convenience. See the enclosed Summary of Benefits for specifics on your copays/coinsurance and premium.

Call or visit us online for more information:



**1-866-256-5340**  
**(TTY: 711)**



**[kit.hpforlife.org](http://kit.hpforlife.org)**



# Stride<sup>SM</sup> Medicare Advantage plan Comparison

This information is not a complete description of benefits. Contact **1-866-256-5340 (TTY: 711)** for more information.

Benefits	Basic Rx (HMO)	Value Rx (HMO)	Choice Rx (HMO-POS) <sup>4</sup>	Value Rx Plus (HMO)
<b>Resident County and Premium</b>	<b>\$0</b> Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan	<b>\$49</b> Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan	<b>\$60</b> Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan	<b>\$133</b> Belknap, Cheshire, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan; <b>\$122</b> Strafford
<b>Annual Medical Deductible</b>	\$0	\$0	\$0	\$0
<b>Primary Care Provider (PCP) Office Visit</b>	\$0/visit	\$0/visit	\$0/visit (OON: \$35)	\$0/visit
<b>Annual Physical Exam</b>	\$0, 1 visit per year	\$0, 1 visit per year	\$0, 1 visit per year (OON: 40% coinsurance)	\$0, 1 visit per year
<b>Specialist Office Visit</b>	\$40/visit	\$35/visit	\$40/visit (OON: \$65/visit)	\$30/visit
<b>Diagnostic Tests, X-ray, Lab Services</b>	\$0 for labs; \$30 for diagnostic tests and X-rays; \$350 for MRI/CT/PET scans	\$10 for labs, diagnostic tests, and X-rays; \$350 copay for MRI/CT/PET scans	\$15 for labs, diagnostic tests, and X-rays (OON: 40% coinsurance); \$350 for MRI/CT/PET scans (OON: 40% coinsurance)	\$15 for labs, diagnostic tests, and X-rays; \$275 for MRI/CT/PET scans
<b>Part B Chemotherapy and Non-Chemotherapy Drugs</b>	\$35 insulin/30-day supply with covered DME; all others up to 20% coinsurance	\$35 insulin/30-day supply with covered DME; all others up to 20% coinsurance	\$35 insulin/30-day supply with covered DME; all others up to 20% coinsurance (OON: 40% coinsurance)	\$35 insulin/30-day supply with covered DME; all others up to 20% coinsurance
<b>Outpatient Surgery (Hospital)</b>	\$395/visit	\$350/visit	\$350/visit (OON: 40% coinsurance)	\$275/visit
<b>Outpatient Surgery (Surgical Center)</b>	\$295/visit	\$250/visit	\$250/visit (OON: 40% coinsurance)	\$200/visit

<b>Benefits</b>	<b>Basic Rx (HMO)</b>	<b>Value Rx (HMO)</b>	<b>Choice Rx (HMO-POS)<sup>4</sup></b>	<b>Value Rx Plus (HMO)</b>
<b>Inpatient Hospital Care</b>	\$440/day for days 1-5; \$0/day after day 5	\$350/day for days 1-5; \$0/day after day 5	\$370/day for days 1-5; \$0/day after day 5 (OON: 40% coinsurance)	\$275/day for days 1-6; \$0/day after day 6
<b>Inpatient Mental Health</b> (includes Substance Abuse and Rehabilitation Services)	\$440/day for days 1-4; \$0/day after day 4	\$350/day for days 1-5; \$0/day after day 5	\$370/day for days 1-5; \$0/day after day 5 (OON: 40% coinsurance)	\$275/day for days 1-6; \$0/day after day 6
<b>Skilled Nursing Facility</b> (in a Medicare Certified Skilled Nursing Facility)	\$0/day for days 1-20; \$196/day for days 21-100	\$0/day for days 1-20; \$196/day for days 21-100	\$0/day for days 1-20; \$196/day for days 21-100 (OON: 40% coinsurance)	\$0/day for days 1-20; \$196/day for days 21-100
<b>Durable Medical Equipment</b>	20% coinsurance	20% coinsurance	20% coinsurance (OON: 40% coinsurance)	20% coinsurance
<b>Diabetic Monitoring Supplies</b> (includes Continuous Glucose Monitors)	\$0	\$0	\$0 (OON: 40% coinsurance)	\$0
<b>Home Health Care</b>	\$0/visit for Medicare-covered services	\$0/visit for Medicare-covered services	\$0/visit for Medicare-covered services (OON: 40% coinsurance)	\$0/visit for Medicare-covered services
<b>Worldwide Emergency and Urgent Coverage</b>	\$95/visit, waived if admitted for inpatient care or outpatient observation within 24 hours	\$95/visit, waived if admitted for inpatient care or outpatient observation within 24 hours	\$95/visit, waived if admitted for inpatient care or outpatient observation within 24 hours	\$95/visit, waived if admitted for inpatient care or outpatient observation within 24 hours
<b>Virtual Visits</b> (includes mental health)	\$0 for e-visits and virtual check-ins; \$0-\$40 for telehealth visits	\$0 for e-visits and virtual check-ins; \$0-\$35 for telehealth visits	\$0 for e-visits and virtual check-ins; \$0-\$40 for telehealth visits (OON: not covered)	\$0 for e-visits and virtual check-ins; \$0-\$30 for telehealth visits
<b>Urgent Care</b>	\$55/visit, waived if admitted for inpatient care with 24 hours	\$50/visit, waived if admitted for inpatient care with 24 hours	\$50/visit, waived if admitted for inpatient care with 24 hours	\$50/visit, waived if admitted for inpatient care with 24 hours
<b>Ambulance</b>	\$325/one-way trip	\$300/one-way trip	\$300/one-way trip	\$250/one-way trip

Visit us online at [kit.hpforlife.org](http://kit.hpforlife.org)

Benefits	Basic Rx (HMO)	Value Rx (HMO)	Choice Rx (HMO-POS) <sup>4</sup>	Value Rx Plus (HMO)
<b>Routine Eye Exam</b>	\$0, 1 visit per year	\$0, 1 visit per year	\$0, 1 visit per year (OON: \$65)	\$0, 1 visit per year
<b>Routine Hearing Exam</b>	\$40, 1 visit per year	\$35, 1 visit per year	\$40, 1 visit per year (OON: not covered)	\$30, 1 visit per year
<b>Hearing Aid Benefit</b>	\$699/hearing aid for Advanced; \$999/hearing aid for Premium	\$699/hearing aid for Advanced; \$999/hearing aid for Premium	\$699/hearing aid for Advanced; <sup>5</sup> \$999/hearing aid for Premium <sup>2</sup> (OON: not covered)	\$699/hearing aid for Advanced; \$999/hearing aid for Premium
<b>Dental Benefit</b>	\$1,200 annual reimbursement for dental services <sup>6</sup> (No network restrictions)	\$500 annual reimbursement for dental services <sup>3</sup> (No network restrictions)	\$500 annual reimbursement for dental services <sup>3</sup> (No network restrictions)	\$500 annual reimbursement for dental services <sup>3</sup> (No network restrictions)
<b>Over-the-Counter Allowance</b>	\$300 annual allowance towards over-the-counter health care related drugs and supplies	\$100 annual allowance towards over-the-counter health care related drugs and supplies	\$150 annual allowance towards over-the-counter health care related drugs and supplies	\$100 annual allowance towards over-the-counter health care related drugs and supplies
<b>Annual Out-of-Pocket Limit</b>	\$6,900	\$6,700	\$6,700 (in- and out-of-network combined)	\$5,500
<b>Wallet Benefit</b>	Up to \$520 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic visits and more.	Up to \$325 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic visits and more.	Up to \$325 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic visits and more.	Up to \$400 reimbursement annually for qualified health and wellness expenses including home fitness equipment, a fitness tracker, fitness membership, weight loss programs, eyewear, chiropractic visits and more.

Visit us online at [kit.hpforlife.org](http://kit.hpforlife.org)

<sup>1</sup>Premium and coverage may vary based on plan selected

<sup>2</sup>Drugs covered by Stride<sup>SM</sup> (HMO)/(HMO-POS) that are not covered by Medicare Part D do not count toward this amount. Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/Tribal/Urban (Indian Health Service) providers.

<sup>3</sup>The amount discounted by the manufacturer in the Coverage Gap counts towards your out-of-pocket costs as if you had paid the total amount of the drug yourself. This helps you move through the gap.

<sup>4</sup>Cost sharing reflects in-network (out-of-network).

<sup>5</sup>Not covered out-of-network unless using a TruHearing<sup>®</sup> provider.

<sup>6</sup>Excludes orthodontics and implants.

## Extra Benefits

### A healthy boost for your wallet

Harvard Pilgrim's Wallet Benefit gives you flexibility and choice to achieve your own health and wellness. You may use your Wallet Benefit to cover the cost of any of the following items or services: At home fitness equipment, a fitness tracker, fitness membership, tai chi and qi gong, weight loss management programs, routine eyewear or upgrades, acupuncture visits, massage therapy and alternative therapies (holistic medicine, bodywork, mind-body therapies), chiropractic care and bathroom safety devices. You may decide to spend your entire Wallet Benefit on your favorite of these options, or you may spend it on any combination of them.

<b>Basic Rx (HMO)</b>	\$520
<b>Value Rx (HMO)</b>	\$325
<b>Value Rx Plus (HMO)</b>	\$400
<b>Choice Rx (HMO-POS)</b>	\$325

### Have you heard?

Harvard Pilgrim has partnered with TruHearing® to offer a hearing aid benefit.

All Stride<sup>SM</sup> members can get up to two hearing aids every year. Members have a copay of \$699 or \$999 per aid which includes:

- 3 free follow-up visits for programming and fitting of the aid
- 3-year warranty
- 48 free batteries per aid for non-rechargeable models
- 45-day trial period
- Advanced and Premium hearing aids are available in a selection of styles and colors.

### Something to smile about

Harvard Pilgrim offers an annual reimbursement for dental services. There are no network restrictions. Members can go to any licensed dentist and get reimbursed for their dental services up to \$1,200 depending on the plan they choose. Orthodontia and implants are excluded.

### Over-the-counter drugs and supplies at your doorstep

When you join one of our Stride<sup>SM</sup> plans, you'll get an annual allowance to use to purchase health-related drugs and supplies, including cough, cold and allergy medicines, vitamins, first aid supplies and much more—at no cost to you! Just select items from the *2024 Over-the-Counter Brochure* and call us at **1-888-609-0692 (TTY: 711)** to place your order.

<b>Basic Rx (HMO)</b>	\$300
<b>Value Rx (HMO)</b>	\$100
<b>Value Rx Plus (HMO)</b>	\$100
<b>Choice Rx (HMO-POS)</b>	\$150

# Questions About Enrollment

## When can I join or change my coverage?

There are limits on when and how often you can change the way you get your Medicare coverage. Switching from one plan like Stride<sup>SM</sup> to one of the other plans we offer, or to a plan offered by another organization, counts towards making a change.

### Annual Open Enrollment Period from October 15, 2023, through December 7, 2023, for an effective date of January 1, 2024

- Change from Original Medicare to a Medicare Advantage plan
- Change from a Medicare Advantage plan back to Original Medicare
- Switch from one Medicare Advantage plan to another Medicare Advantage plan
- Switch from a Medicare Advantage plan that doesn't offer drug coverage to a Medicare Advantage plan that does offer drug coverage
- Switch from a Medicare Advantage plan that offers drug coverage to a Medicare Advantage plan that doesn't offer drug coverage

### Medicare Advantage Open Enrollment Period (OEP) from January 1, 2024, through March 31, 2024

- The OEP allows individuals enrolled in a Medicare Advantage plan, including newly Medicare-eligible individuals, to make a one-time election to switch to another Medicare Advantage plan or to Original Medicare. Individuals using the OEP to make a change may also add or drop Part D coverage
- Make a one-time election to switch from a Medicare Advantage plan back to Original Medicare and add a Medicare Part D plan
- Make a one-time election to switch from one Medicare Advantage plan to another Medicare Advantage plan

Generally, you can't make any other changes during the year unless you meet special exceptions, such as if you move or lose other insurance coverage.

## What if I'm new to Medicare?

Once you enroll in Medicare, you can join a Medicare Advantage plan 3 months prior to your Medicare effective date, the month you join Medicare, or 3 months after your Medicare effective date. If you do not join a Medicare Advantage plan during this 7-month period, you will have to wait for the next Medicare Annual Open Enrollment Period to join.

# Questions About Enrollment (Continued)

## How do I enroll?

It's easy. You can choose to:

- Call **1-855-243-1145** to enroll over the phone.
- Enroll online at **kit.hpforlife.org**. Medicare beneficiaries may also enroll in Stride<sup>SM</sup> through the CMS Medicare Online Enrollment Center located at **Medicare.gov**.
- Fill out and sign the enclosed application and return it in the enclosed self-addressed envelope.
- Call to schedule a personal consultation or attend one of our informational sales meetings. See the enclosed schedule of upcoming meetings.

## When will my new benefits begin?

Your coverage is effective the first day of the calendar month following the month in which we receive your signed, completed application.

### For example:

If Harvard Pilgrim receives your signed, completed application on July 15, your coverage under Stride<sup>SM</sup> will be effective August 1. If you enroll during the Annual Open Enrollment Period (October 15–December 7) your coverage under Stride<sup>SM</sup> will be effective January 1 of the following year.

## What happens to my Medicare benefits when I join?

You don't lose your Medicare benefits. Stride<sup>SM</sup> provides all Original Medicare benefits as well as additional benefits.

- Once your membership begins, your health care is arranged for by your Stride<sup>SM</sup> primary care provider.
- You will use your Stride<sup>SM</sup> member ID card instead of your Medicare card for all of your care and services.

## Why join Harvard Pilgrim's Stride<sup>SM</sup> Medicare Advantage plan?

### You will get:

- A plan offered by Harvard Pilgrim, a health plan you know and trust
- Additional benefits not covered by Original Medicare
- Preventive care
- One-stop shopping for medical and prescription drug coverage under one plan
- Medical management and care coordinated by your provider

So, when you are looking for a Medicare Advantage plan to fill in the gaps that Medicare doesn't cover, look no further than Harvard Pilgrim.



# Harvard Pilgrim Health Care

a **Point32Health** company

**For more information about  
Stride<sup>SM</sup> (HMO)/(HMO-POS), call:**

Prospective members: **1-866-256-5340**  
For TTY service, call 711

Current members: **1-888-609-0692**  
For TTY service, call 711

Hours of operation:  
October 1–March 31: 8 a.m.–8 p.m. 7 days a week  
April 1–September 30: 8 a.m.–8 p.m. Monday–Friday

Or visit us online:  
**[kit.hpforlife.org](http://kit.hpforlife.org)**

1 Wellness Way, Canton, MA 02021