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understands our needs.”**



Summary of Benefits

# **Harvard Pilgrim's Stride<sup>SM</sup> (HMO) Medicare Advantage Gain Rx<sup>SM</sup> Plan**

**New Hampshire**

Cheshire, Coos, Hillsborough, Merrimack, and Rockingham counties

Y0098\_20040\_M

## Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO)

# Summary of Benefits

**January 1, 2020 – December 31, 2020**

This is a summary of drug and health services covered by Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO) for January 1, 2020 - December 31, 2020.

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Stride<sup>SM</sup> (HMO) depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. The complete list of services is found in the Evidence of Coverage (EOC) which is available online at [www.harvardpilgrim.org/medicare](http://www.harvardpilgrim.org/medicare). To order a copy of the Evidence of Coverage, please call our Member Services department (phone number listed on the back cover).

To join Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area for Gain Rx includes the following counties in New Hampshire: Cheshire, Coos, Hillsborough, Merrimack and Rockingham.

Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO) has a network of doctors, hospitals, pharmacies, and other providers. Except in emergency situations, if you use the providers that are not in our network, the plan may not pay for these services.

### **NOTE:**

Services with a <sup>1</sup> may require authorization from the plan.

Services with a <sup>2</sup> may require referral from your doctor.

An individual service will rarely require both authorization and referral, although both may be indicated in this booklet. For more information about whether a particular item or service requires a referral or an authorization, please call the phone number listed on the back cover.

**Y0098\_20040\_M Accepted**

Harvard Pilgrim's Covered Services	Stride <sup>SM</sup> Gain Rx <sup>SM</sup> (HMO)	Important Information
<b>Monthly Plan Premium</b>	You pay \$0 or \$29.70.	<p>You must continue to pay your Medicare Part B premium.</p> <p>The amount you pay will vary depending on whether you receive Extra Help from Medicare for prescription drug coverage. If you are enrolled in a State Medicare Savings Program, you may automatically qualify for Extra Help.</p>
<b>Deductible</b>	<p>Medical Deductible: You pay \$0.</p> <p>Prescription Drug Deductible: You pay a \$435 deductible per year for Part D prescription drugs except for drugs listed on Tier 1 which are excluded from the deductible.</p>	
<b>Maximum Out-of-Pocket</b>	\$6,700 annually for Medicare-covered services you receive from in-network providers.	<i>This is the yearly limit that you will pay out-of-pocket for covered medical services. This amount does not include your monthly premium or any prescription drug costs.</i>
<b>Inpatient Hospital Coverage<sup>1</sup></b>	You pay a \$0 copay or \$390 copay per day for days 1-5, then \$0 copay after day 5.	Our plan covers an unlimited number of days for an inpatient hospital stay.
<b>Outpatient Hospital Coverage<sup>1</sup></b>	You pay a \$0 copay or 20% of the total cost per visit.	
<b>Ambulatory Surgery Center<sup>1</sup></b>	You pay a \$0 copay or 20% of the total cost for Medicare-covered outpatient surgery.	
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li data-bbox="99 1480 316 1512">○ Primary Care</li> <li data-bbox="99 1581 292 1612">○ Specialists<sup>2</sup></li> <li data-bbox="99 1724 381 1755">○ Chiropractic Care<sup>2</sup></li> </ul>	<p>You pay a \$0 copay or 20% of the total cost per visit.</p> <p>You pay a \$0 copay or 20% of the total cost per visit.</p> <p>You pay a \$0 copay or 20% of the total cost per visit.</p>	

Harvard Pilgrim's Covered Services	Stride <sup>SM</sup> Gain Rx <sup>SM</sup> (HMO)	Important Information
<b>Medicare-Covered Preventive Care (e.g. flu vaccines, diabetic screenings)</b>	<p>You pay nothing for most Medicare-covered preventive services.</p> <p>Your cost for some Medicare-covered preventive services may be greater than a \$0 copay.</p>	Any additional preventive services approved by Medicare during the contract year will be covered.
<b>Annual Physical Exam</b>	You pay nothing.	
<b>Emergency Care</b>	You pay a \$0 copay or 20% of the total cost per visit.	Cost sharing is waived if you are admitted to the hospital within 24 hours of your emergency room visit, regardless of whether admitted as an inpatient or for outpatient observation services.
<b>Urgently Needed Services</b>	You pay a \$0 copay or 20% of the total cost per visit.	Cost sharing is waived if you are admitted to the hospital within 24 hours of your urgent care visit, regardless of whether admitted as an inpatient or for outpatient observation services.
<b>Outpatient Diagnostic Services/Labs/Imaging<sup>1,2</sup></b> <ul style="list-style-type: none"> <li>○ Diagnostic radiology services, such as MRIs and CT scans</li> <li>○ Labs, X-rays and ultrasounds</li> <li>○ Therapeutic radiology services, such as radiation treatment for cancer</li> </ul>	<p>You pay a \$0 copay or 20% of the total cost.</p> <p>You pay a \$0 copay or 20% of the total cost.</p> <p>You pay a \$0 copay or 20% of the total cost.</p>	

Harvard Pilgrim's Covered Services	Stride <sup>SM</sup> Gain Rx <sup>SM</sup> (HMO)	Important Information
<p><b>Hearing Services</b></p> <ul style="list-style-type: none"> <li>○ Medicare-covered diagnostic hearing exam<sup>2</sup></li> <li>○ Routine hearing services</li> </ul>	<p>You pay a \$0 copay or 20% of the total cost.</p> <p>Annual hearing exam – You pay a \$0 copay.</p> <p>Hearing aids – There is a \$1,000 benefit limit each year for hearing aids (\$500 per ear), after which you pay a \$0 copay for each Basic model, a \$199 copay for each Advanced model, or a \$499 copay for each Premium model.</p>	<p>You must see a TruHearing® provider to use this benefit. Your plan covers up to two TruHearing®-branded hearing aids every year.</p>
<p><b>Dental Services</b></p> <p>Medicare-covered dental services<sup>2</sup></p> <ul style="list-style-type: none"> <li>○ Routine dental services</li> </ul>	<p>You pay a \$0 copay or 20% of the total cost.</p> <p>There is a \$1,000 benefit limit each year for the following routine dental services:</p> <ul style="list-style-type: none"> <li>• Periodic oral exams</li> <li>• Cleanings (adult prophylaxis)</li> <li>• Bitewing X-rays</li> <li>• Complete series or panoramic X-rays</li> <li>• Periodontal exams and cleanings (to treat gum disease)</li> <li>• Composite fillings</li> <li>• Crowns, root canals, extractions and more (Limitations/exclusions apply)</li> </ul> <p>There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.</p>	<p>You may see any licensed dentist who agrees to submit claims for you. However, we have negotiated rates with dentists who participate in the Dental Benefit Providers Inc. (DBP) network. This means that dentists who do not participate in the DBP network may charge more. As a result, your plan's benefit limit may be reached more quickly. Visit our website to view a listing of DBP's participating dentists.</p>

Harvard Pilgrim's Covered Services	Stride <sup>SM</sup> Gain Rx <sup>SM</sup> (HMO)	Important Information
<p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>○ Medicare-covered vision exam<sup>2</sup></li> <li>○ Medicare-covered eyewear post cataract surgery</li> <li>○ Routine vision services</li> </ul>	<p>You pay a \$0 copay for annual Diabetic Retinopathy screening. You pay a \$0 copay or 20% of the cost for all other exams to diagnose and treat diseases and conditions of the eye.</p> <p>You pay a \$0 copay or 20% of the cost.</p> <p>Annual eye exam – You pay a \$0 copay.</p> <p>Corrective eyewear – There is a \$150 benefit limit for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year.</p> <p>There is no cost to you until the benefit limit is reached, after which, you are responsible for all charges.</p>	<p>Refractions are covered when medically necessary to diagnose or treat conditions of the eye.</p> <p>You must visit a Visionworks store to obtain corrective eyewear. Visit Harvard Pilgrim's website for a list of participating locations.</p>
<p><b>Behavioral Health Services</b></p> <ul style="list-style-type: none"> <li>○ Inpatient visit<sup>1</sup></li> <li>○ Outpatient visit with a psychiatrist or a licensed provider</li> </ul>	<p>You pay a \$0 copay or \$390 copay per day for days 1-4, then \$0 copay after day 4.</p> <p>You pay a \$0 copay or 20% of the total cost per individual or group therapy visit.</p>	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>You have the option of receiving this service either through an in-person visit or via telehealth.</p>
<p><b>Skilled Nursing Facility (SNF)<sup>1</sup></b></p>	<p>You pay a \$0 copay per day for days 1-20, then \$0 or \$178 copay per day for days 21-100.</p>	<p>Our plan covers up to 100 days per admission. A hospital stay prior to SNF admission is not required.</p>

<b>Harvard Pilgrim's Covered Services</b>	<b>Stride<sup>SM</sup> Gain Rx<sup>SM</sup> (HMO)</b>	<b>Important Information</b>
<b>Rehabilitation Services</b> <ul style="list-style-type: none"> <li>○ Occupational therapy visit<sup>1,2</sup></li> <li>○ Physical therapy and speech and language therapy visit<sup>1,2</sup></li> <li>○ Cardiac and pulmonary rehabilitation visit<sup>2</sup></li> </ul>	<p>You pay a \$0 copay or 20% of the total cost.</p> <p>You pay a \$0 copay or 20% of the total cost.</p> <p>You pay a \$0 copay or 20% of the total cost.</p>	
<b>Ambulance<sup>1</sup></b>	You pay a \$0 copay or 20% of the total cost per one-way trip for Medicare-covered ambulance transport.	
<b>Transportation<sup>1</sup></b> <ul style="list-style-type: none"> <li>• By way of wheelchair van or stretcher van. Covered when medically necessary, instead of ambulance<sup>1</sup></li> <li>• By way of sedan or car to plan-approved locations, like your doctor's office or for therapy</li> </ul>	<p>You pay \$0 copay per one-way trip to plan-approved locations.</p> <p>You pay a \$0 copay per one-way trip. You are covered for up to 24 one-way trips per year.</p>	
<b>Medicare Part B Drugs<sup>1</sup></b>	You pay a \$0 copay or 20% of the total cost for chemotherapy drugs and for other Part B drugs.	
<b>Foot Care (podiatry services)<sup>2</sup></b> <ul style="list-style-type: none"> <li>○ Foot exams and treatment</li> <li>○ Routine foot care</li> </ul>	<p>You pay a \$0 copay or 20% of the total cost per visit.</p> <p>You pay a \$0 copay or 20% of the total cost per visit.</p>	Routine foot care may be covered if you have diabetes-related nerve damage and/or meet certain conditions.

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<b>Durable Medical Equipment (DME) and Related Supplies<sup>1</sup></b> <ul style="list-style-type: none"> <li>○ Durable Medical Equipment (e.g. wheelchairs, oxygen)</li> <li>○ Prosthetics (e.g. braces, artificial limbs)</li> <li>○ Diabetes supplies (Covered brands by Abbott Diabetes Care.)</li> </ul>	<p>You pay a \$0 copay or 20% of the total cost.</p> <p>You pay a \$0 copay or 20% of the total cost.</p> <p>You pay a \$0 copay.</p>	
<b>Wellness Programs</b> Personal Emergency Response System (PERS)	You pay a \$0 copay.	To keep you safe and independent while you continue your active lifestyle, we offer a medical alert monitoring system from LifeStation that provides access to help 24/7, at the push of a button.
<b>Over-the-Counter (OTC) Benefit</b>	Our plan offers a \$400 yearly allowance to cover Medicare-approved OTC items that are purchased for the member's use from our catalog.	Please contact the plan or visit our website for specific instructions on using this benefit and for our listing of covered Over-the-Counter items.
<b>Outpatient Substance Abuse</b>	You pay a \$0 copay or 20% of the total cost per individual or group therapy visit.	You have the option of receiving this service either through an in-person visit or via telehealth.
<b>Partial Hospitalization<sup>1</sup></b>	You pay a \$0 copay or 20% of the total cost per day.	

PRESCRIPTION DRUG BENEFITS	
<b>Part D Prescription Drug Stage</b>	The amount you pay will vary depending on whether you receive Extra Help from Medicare for prescription drug coverage. If you are enrolled in a State Medicare Savings Program, you may automatically qualify for Extra Help.
<b>Deductible Stage</b>	<p>During this stage, you pay the full cost of your Tier 2, 3, 4, and 5 drugs.</p> <p>You stay in this stage until you have paid \$435 for your Tier 2, 3, 4 and 5 drugs. If you receive Extra Help, you may not have a deductible or it will be reduced.</p>



## PRESCRIPTION DRUG BENEFITS

<b>Initial Coverage</b>	After you pay your yearly deductible, you pay the copays or coinsurance described below unless you receive Extra Help. You may get your drugs at pharmacies in our network, including retail and mail order pharmacies.
<b>Coverage Gap</b>	<p>If your total yearly drug costs, which is the amount paid by both you and Harvard Pilgrim, reach \$4,020 you move into the Coverage Gap. Most Medicare drug plans have a coverage gap.</p> <p>During this stage, you will continue to pay a \$0 copay for Tier 1 drugs.</p> <p>For drugs covered on Tiers 2 through 5, you pay 25% of the price for brand-name drugs (plus a portion of the dispensing fee) and 25% of the price for generic drugs. During this stage, drug manufacturers pay 70% of your brand-name drug costs. This amount counts towards moving you into the next stage of the Part D benefit. The Coverage Gap does not apply if you receive Extra Help.</p>
<b>Catastrophic Coverage</b>	<p>After your out-of-pocket drug costs reach \$6,350 you pay the greater of either:</p> <ul style="list-style-type: none"> <li>• coinsurance that is 5% of the cost of the drug, or</li> <li>• \$3.60 copay for a generic drug or a drug that is treated like a generic and \$8.95 copay for all other drugs.</li> </ul> <p>Our plan pays the rest of the cost. If you receive Extra Help, your cost share will be lower than in the Initial Coverage stage.</p>

### Initial Coverage Cost-Shares

Tier	Retail (30-day supply)	Mail Order (90-day supply)
<b>Tier 1:</b> Preferred Generic	You pay a \$0 copay	You pay a \$0 copay
<b>Tier 2:</b> Generic	You pay 25% of the total cost	You pay 25% of the total cost
<b>Tier 3:</b> Preferred Brand	You pay 25% of the total cost	You pay 25% of the total cost
<b>Tier 4:</b> Non- Preferred Brand	You pay 25% of the total cost	You pay 25% of the total cost
<b>Tier 5:</b> Specialty Tier	You pay 25% of the total cost	A 90-day supply is not available for drugs on Tier 5.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

You may get a 30-day supply of drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy. You must submit a copy of your receipt with your request for reimbursement.

## More Information

To learn more about Harvard Pilgrim’s Stride<sup>SM</sup> (HMO) or to view plan documents, please visit our website or call us. Our contact information is below.

<b>Harvard Pilgrim Stride<sup>SM</sup> (HMO) Member Services</b>	Current members: 1-888-609-0692 (TTY 711) Prospective members: 1-877-431-4742 (TTY 711) Website: <a href="http://harvardpilgrim.org/medicare">harvardpilgrim.org/medicare</a> Hours of operation: October 1 – March 31; we’re available 8 a.m.- 8 p.m., seven days a week.  April 1 – September 30; we’re available 8 a.m.- 8 p.m., Monday – Friday
<b>Provider and Pharmacy Directory</b>	<a href="http://www.harvardpilgrim.org/medicare">www.harvardpilgrim.org/medicare</a>
<b>Formulary</b> (List of Covered Drugs)	<a href="http://www.harvardpilgrim.org/medicare">www.harvardpilgrim.org/medicare</a>
<b>Original Medicare</b>  More information about coverage and costs of Original Medicare	“Medicare & You” Handbook  View online at <a href="http://www.medicare.gov">http://www.medicare.gov</a> Get a copy by calling 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.



# Harvard Pilgrim Health Care

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

Prospective Members: 1-866-256-5347

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:

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

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