Harvard Pilgrim Health Care

2020

"I want a local insurer that understands our needs."

Summary of Benefits

Harvard Pilgrim's Stride℠ (HMO) Medicare Advantage Plan

New Hampshire

Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford and Sullivan counties

Y0098_20039_M

Stride[SM] Basic Rx (HMO), Stride[SM] Value Rx (HMO), Stride[SM] Choice Rx (HMO-POS) and Stride[SM] Value Rx Plus (HMO)

Summary of Benefits

January 1, 2020 – December 31, 2020

This is a summary of drug and health services covered by Stride[SM] Basic Rx (HMO), Stride[SM] Value Rx (HMO), Stride[SM] Choice Rx (HMO-POS), and Stride[SM] Value Rx Plus (HMO) for January 1, 2020 - December 31, 2020.

Harvard Pilgrim is an HMO/HMO-POS plan with a Medicare contract. Enrollment in Stride[SM] (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. 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[SM] Basic Rx (HMO), Stride[SM] Value Rx (HMO), Stride[SM] Choice Rx (HMO-POS) and Stride[SM] Value Rx Plus (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in New Hampshire: Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, Strafford, and Sullivan.

Stride[SM] Basic Rx (HMO), Stride[SM] Value Rx (HMO), Stride[SM] Choice Rx (HMO-POS), and Stride[SM] Value Rx Plus (HMO) have 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. However, if you enroll in our Choice Rx (HMO-POS) plan, you may use either in- or out-of-network providers for certain covered services. Please keep in mind that with Choice Rx (HMO-POS), not all covered services are available out-of-network.

NOTE:
Services with a [1] may require authorization from the plan.
Services with a [2] 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_20039_M Accepted

Harvard Pilgrim's Covered Services	**Stride[SM] Basic Rx (HMO)**	**Stride[SM] Value Rx (HMO)**	**Stride[SM] Choice Rx (HMO-POS)**	**Stride[SM] Value Rx Plus (HMO)**
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan: You pay $0	Strafford County: You pay $49 Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan: You pay $44	Strafford County: You pay $59 Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan: You pay $54	Strafford County: You pay $128 Belknap, Carroll, Cheshire, Coos, Grafton, Hillsborough, Merrimack, Rockingham, and Sullivan: You pay $123
Deductible	Medical Deductible: You pay $0. Prescription Drug Deductible: You pay a $435 deductible per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.	Medical Deductible: You pay $0. Prescription Drug Deductible: You pay a $270 deductible per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.	Medical Deductible: You pay $0. Prescription Drug Deductible: You pay a $270 deductible per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.	Medical Deductible: You pay $0. Prescription Drug Deductible: You pay a $270 deductible per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.
Maximum Out-of-Pocket *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.*	$6,700 annually for Medicare-covered services you receive from in-network providers.	$5,600 annually for Medicare-covered services you receive from in-network providers.	*In- and Out-of-network:* $5,600 annually for Medicare-covered services you receive from in-network providers.	$5,000 annually for Medicare-covered services you receive from in-network providers.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Inpatient Hospital Coverage[1] Our plan covers an unlimited number of days for an inpatient hospital stay.	You pay a $370 copay per day for days 1-5, then $0 copay after day 5.	You pay a $300 copay per day for days 1-6, then $0 copay after day 6.	*In-network:* You pay a $275 copay per day for days 1-6, then $0 copay after day 6. *Out-of-network:* Not covered	You pay a $275 copay per day for days 1-6, then $0 copay after day 6.
Outpatient Hospital Coverage[1]	You pay a $370 copay per visit.	You pay a $300 copay per visit.	*In- and Out-of-network:* You pay a $275 copay per visit.	You pay a $250 copay per visit.
Ambulatory Surgery Center[1]	You pay a $270 copay per visit for Medicare-covered outpatient surgery in an ambulatory surgical center.	You pay a $200 copay per visit for Medicare-covered outpatient surgery in an ambulatory surgical center.	*In- and Out-of-network:* You pay a $200 copay per visit for Medicare-covered outpatient surgery in an ambulatory surgical center.	You pay a $250 copay per visit for Medicare-covered outpatient surgery in an ambulatory surgical center.
Doctor Visits				
o Primary Care	You pay a $20 copay per visit.	You pay a $0 copay per visit.	*In- and Out-of-network:* You pay a $0 copay per visit.	You pay a $0 copay per visit.
o Specialists[2]	You pay a $40 copay per visit.	You pay a $35 copay per visit.	*In- and Out-of-network:* You pay a $30 copay per visit.	You pay a $30 copay per visit.
o Chiropractic Care[2]	You pay a $20 copay per visit.	You pay a $20 copay per visit.	*In- and Out-of-network:* You pay a $20 copay per visit.	You pay a $20 copay per visit.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Medicare-Covered Preventive Care (e.g. flu vaccine, diabetic screenings) Any additional preventive services approved by Medicare during the contract year will be covered.	You pay nothing for most Medicare-covered preventive services. Your cost for some Medicare-covered preventive services will be greater than a $0 copay.	You pay nothing for most Medicare-covered preventive services. Your cost for some Medicare-covered preventive services will be greater than a $0 copay.	*In-and Out-of-network:* You pay nothing for most Medicare-covered preventive services. Your cost for some Medicare-covered preventive services will be greater than a $0 copay.	You pay nothing for most Medicare-covered preventive services. Your cost for some Medicare-covered preventive services will be greater than a $0 copay.
Annual Physical Exam	You pay nothing.	You pay nothing.	*In-network:* You pay nothing. *Out-of-network:* Not covered	You pay nothing.
Emergency Care 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.	You pay a $90 copay per visit.	You pay a $90 copay per visit.	You pay a $90 copay per visit.	You pay a $90 copay per visit.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Urgently Needed Services 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.	You pay a $65 copay per visit.	You pay a $65 copay per visit.	You pay a $65 copay per visit.	You pay a $65 copay per visit.
Outpatient Diagnostic Services/Labs/ Imaging[1,2] o Diagnostic radiology service, such as MRIs and CT scans	You pay a $270 copay.	You pay a $200 copay.	*In- and Out-of-network:* You pay a $150 copay.	You pay a $150 copay.
o Labs, X-rays and ultrasounds	You pay a $20 copay.	You pay a $10 copay.	*In- and Out-of-network*: You pay a $15 copay.	You pay a $15 copay.
o Therapeutic radiology services, such as radiation treatment for cancer	You pay a $60 copay.	You pay a $60 copay.	*In- and Out-of-network:* You pay a $60 copay.	You pay a $60 copay.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Hearing Services o Medicare-covered diagnostic hearing exam[2] o Routine hearing services You must see a TruHearing® provider to use this benefit. Your plan covers up to two TruHearing®-branded hearing aids every year.	You pay a $40 copay. Annual hearing exam – You pay a $40 copay. Hearing aids – You pay a $699 copay for each Advanced model or a $999 copay for each Premium model.	You pay a $35 copay. Annual hearing exam – You pay a $35 copay. Hearing aids – You pay a $699 copay for each Advanced model or a $999 copay for each Premium model.	*In- and Out-of-network:* You pay a $30 copay. *In-network:* Annual hearing exam – You pay a $30 copay. Hearing aids – You pay a $699 copay for each Advanced model or a $999 copay for each Premium model. *Out-of-network:* Not covered	You pay a $30 copay. Annual hearing exam – You pay a $30 copay. Hearing aids – You pay a $699 copay for each Advanced model or a $999 copay for each Premium model.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Dental Services o Medicare-covered dental services[2] o Routine dental services 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.	You pay a $40 copay. There is a $500 benefit limit each year for the following routine dental services: • Periodic oral exams • Cleanings (adult prophylaxis) • Bitewing X-rays • Complete series or panoramic X-rays • Periodontal exams and cleanings (to treat gum disease) There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.	You pay a $35 copay. There is a $500 benefit limit each year for the following routine dental services: • Periodic oral exams • Cleanings (adult prophylaxis) • Bitewing X-rays • Complete series or panoramic X-rays • Periodontal exams and cleanings (to treat gum disease) There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.	*In- and Out-of-network:* You pay a $30 copay. There is a $500 benefit limit each year for the following routine dental services: • Periodic oral exams • Cleanings (adult prophylaxis) • Bitewing X-rays • Complete series or panoramic X-rays • Periodontal exams and cleanings (to treat gum disease) There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.	You pay a $30 copay. There is a $500 benefit limit each year for the following routine dental services: • Periodic oral exams • Cleanings (adult prophylaxis) • Bitewing X-rays • Complete series or panoramic X-rays • Periodontal exams and cleanings (to treat gum disease) There is no cost to you until the benefit limit is reached, after which you are responsible for all charges.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Vision Services				
o Medicare-covered vision exam[2] Refractions are covered when medically necessary to diagnose or treat conditions of the eye.	You pay a $0 copay for Diabetic Retinopathy screening. You pay a $40 copay for all other exams to diagnose and treat diseases and conditions of the eye.	You pay a $0 copay for Diabetic Retinopathy screening. You pay a $35 copay for all other exams to diagnose and treat diseases and conditions of the eye.	*In-and Out-of-network*: You pay a $0 copay for Diabetic Retinopathy screening. You pay a $30 copay for all other exams to diagnose and treat diseases and conditions of the eye.	You pay a $0 copay for Diabetic Retinopathy screening. You pay a $30 copay for all other exams to diagnose and treat diseases and conditions of the eye.
o Medicare-covered eyewear post cataract surgery	You pay a $0 copay.	You pay a $0 copay.	*In-and out-of-network:* You pay a $0 copay.	You pay a $0 copay.
o Routine vision services	Annual eye exam – You pay a $0 copay. Corrective eyewear − You pay a $0 copay after reimbursement for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year. Please refer to the plan's Wallet Benefit for more information.	Annual eye exam – You pay a $0 copay. Corrective eyewear − You pay a $0 copay after reimbursement for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year. Please refer to the plan's Wallet Benefit for more information.	*In-network:* Annual eye exam – You pay a $0 copay. Corrective eyewear − You pay a $0 copay after reimbursement for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year. Please refer to the plan's Wallet Benefit for more information. *Out-of-network:* Not covered	Annual eye exam – You pay a $0 copay. Corrective eyewear − You pay a $0 copay after reimbursement for one pair of prescription contact lenses, eyeglasses (lenses and frames), lenses only, frames only, or upgrades every year. Please refer to the plan's Wallet Benefit for more information.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Behavioral Health Services o Inpatient visit[1] Our plan covers an unlimited number of days for an inpatient hospital stay	You pay a $370 copay per day for days 1-4, then $0 copay after day 4.	You pay a $300 copay per day for days 1-5, then $0 copay after day 5.	*In-network:* You pay a $275 copay per day for days 1-6, then $0 copay after day 6. *Out-of-network*: Not covered	You pay a $275 copay per day for days 1-6, then $0 copay after day 6.
o Outpatient visit with a psychiatrist or licensed provider You have the option of receiving this service either through an in-person visit or via telehealth.	You pay a $40 copay per individual or group therapy visit.	You pay a $35 copay per individual or group therapy visit.	*In- and Out-of-network:* You pay a $30 copay per individual or group therapy visit.	You pay a $30 copay per individual or group therapy visit.
Skilled Nursing Facility (SNF)[1] Our plan covers up to 100 days per admission. A hospital stay prior to SNF admission is not required.	You pay a $0 copay per day for days 1-20, then $178 copay per day for days 21-100.	You pay a $0 copay per day for days 1-20, then $178 copay per day for days 21-100.	*In-network:* You pay a $0 copay per day for days 1-20, then $178 copay per day for days 21-100. *Out-of-network*: Not covered	You pay a $0 copay per day for days 1-20, then $178 copay per day for days 21-100.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Rehabilitation Services				
o Occupational therapy visit[1,2]	You pay a $30 copay.	You pay a $10 copay.	*In- and Out-of-network:* You pay a $10 copay.	You pay a $25 copay.
o Physical therapy and speech and language therapy visit[1,2]	You pay a $30 copay.	You pay a $10 copay.	*In- and Out-of-network:* You pay a $10 copay.	You pay a $25 copay.
o Cardiac and pulmonary rehabilitation visits[2]	You pay a $30 copay.	You pay a $10 copay.	*In- and Out-of-network:* You pay a $10 copay.	You pay a $25 copay.
Ambulance[1]	You pay a $250 copay per one-way trip for Medicare-covered ambulance transport.	You pay a $250 copay per one-way trip for Medicare-covered ambulance transport.	*In- and Out-of-network:* You pay a $200 copay per one-way trip for Medicare-covered ambulance transport.	You pay a $200 copay per one-way trip for Medicare-covered ambulance transport.
Transportation[1] By way of wheelchair van or stretcher van. Covered when medically necessary, instead of ambulance.	You pay a $0 copay per one-way trip to plan-approved locations.	You pay a $0 copay per one-way trip to plan-approved locations.	*In- and Out-of-network:* You pay a $0 copay per one-way trip to plan-approved locations.	You pay a $0 copay per one-way trip to plan-approved locations.
Medicare Part B Drugs[1]	You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.	You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.	*In- and Out-of-network:* You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.	You pay 20% of the total cost for chemotherapy drugs and for other Part B drugs.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Foot Care (podiatry services)[2]				
o Foot exams and treatment	You pay a $40 copay per visit.	You pay a $35 copay per visit.	*In- and Out-of-network:* You pay a $30 copay per visit.	You pay a $30 copay per visit.
o Routine foot care (May be covered if you have diabetes-related nerve damage and/or meet certain conditions.)	You pay a $40 copay per visit.	You pay a $35 copay per visit.	*In- and Out-of-network:* You pay a $30 copay per visit.	You pay a $30 copay per visit.
Durable Medical Equipment (DME) and Related Supplies[1]				
o Durable Medical Equipment (e.g. wheelchairs, oxygen)	You pay 20% of the total cost.	You pay 20% of the total cost.	*In- and Out-of-network:* You pay 20% of the total cost.	You pay 20% of the total cost.
o Prosthetics (e.g. braces, artificial limbs)	You pay 20% of the total cost.	You pay 20% of the total cost.	*In- and Out-of-network:* You pay 20% of the total cost.	You pay 20% of the total cost.
o Diabetes supplies (Covered brands by Abbott Diabetes Care.)	You pay a $0 copay.	You pay a $0 copay.	*In- and Out-of-network:* You pay a $0 copay.	You pay a $0 copay.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Wellness Programs o Acupuncture Visits o Alternative Therapies o Bathroom Safety Devices o Massage Therapy o Fitness Tracking Device (i.e. Fitbit) o Fitness Membership/ Classes	You pay a $0 copay after reimbursement. Please refer to the plan's Wallet Benefit for more information.	You pay a $0 copay after reimbursement. Please refer to the plan's Wallet Benefit for more information.	You pay a $0 copay after reimbursement. Please refer to the plan's Wallet Benefit for more information.	You pay a $0 copay after reimbursement. Please refer to the plan's Wallet Benefit for more information.
Over-the-Counter (OTC) Benefit 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.	Our plan offers a $150 yearly allowance to cover Medicare-approved OTC items that are purchased for the member's use from our catalog.	Our plan offers a $200 yearly allowance to cover Medicare-approved OTC items that are purchased for the member's use from our catalog.	*In-network:* Our plan offers a $250 yearly allowance to cover Medicare-approved OTC items that are purchased for the member's use from our catalog. *Out-of-network*: Not covered	Our plan offers a $250 yearly allowance to cover Medicare-approved OTC items that are purchased for the member's use from our catalog.

Harvard Pilgrim's Covered Services	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Outpatient Substance Abuse You have the option of receiving this service either through an in-person visit or via telehealth.	You pay a $40 copay per individual or group therapy visit.	You pay a $35 copay per individual or group therapy visit.	*In- and Out-of-network:* You pay a $30 copay per individual or group therapy visit.	You pay a $30 copay per individual or group therapy visit.
Partial Hospitalization[1]	You pay a $55 copay per day.	You pay a $55 copay per day.	*In- and Out-of-network:* You pay a $55 copay per day.	You pay a $55 copay per day.
Wallet Benefit Covers the cost of any of the following items or services: o Acupuncture Visits* o Alternative Therapies* o Bathroom Safety Devices o Massage Therapy* o Corrective Eyewear o Fitness Tracking Device (i.e. Fitbit) o Fitness Membership/ Classes *Practitioners must be licensed or certified in the state where they provide services.	A $250 annual allowance to reimburse you for the cost of covered services. Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations/exclusions apply.) There is no cost to you until the benefit limit is reached, after which you are responsible for all changes.	A $325 annual allowance to reimburse you for the cost of covered services. Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations/exclusions apply.) There is no cost to you until the benefit limit is reached, after which you are responsible for all changes.	A $400 annual allowance to reimburse you for the cost of covered services. Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations/exclusions apply.) There is no cost to you until the benefit limit is reached, after which you are responsible for all changes.	A $400 annual allowance to reimburse you for the cost of covered services. Alternative therapies are holistic medicine practitioner visits, bodywork, and mind-body therapies. (Limitations/exclusions apply.) There is no cost to you until the benefit limit is reached, after which you are responsible for all changes.

PRESCRIPTION DRUG BENEFITS				
Part D Prescription Drug Stage	**Stride SM Basic Rx (HMO)**	**Stride SM Value Rx (HMO)**	**StrideSM Choice Rx (HMO- POS)**	**Stride SM Value Rx Plus (HMO)**
Deductible	During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs. You stay in this stage until you have paid $435 for your Tier 3, 4 and 5 drugs	During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs. You stay in this stage until you have paid $270 for your Tier 3, 4 and 5 drugs	During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs. You stay in this stage until you have paid $270 for your Tier 3, 4 and 5 drugs	During this stage, you pay the full cost of your Tier 3, 4 and 5 drugs. You stay in this stage until you have paid $270 for your Tier 3, 4 and 5 drugs
Initial Coverage	After you pay your yearly deductible, you pay the copay or coinsurance described below. You may get your drugs at pharmacies in our network, including retail and mail order pharmacies.			
Coverage Gap	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. During this stage, you will continue to pay a $0 copay for Tier 1 drugs. 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.			
Catastrophic Coverage	After your out-of-pocket drug costs reach $6,350 you pay the greater of either: • coinsurance that is 5% of the cost of the drug, or • $3.60 copay for a generic drug or a drug that is treated like a generic and $8.95 copay for all other drugs. Our plan pays the rest of the cost.			

Initial Coverage — Retail Cost-Shares (30-day supply)

Tier	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Tier 1: Preferred Generic	You pay a $0 copay	You pay a $0 copay	You pay a $0 copay	You pay a $0 copay
Tier 2: Generic	You pay a $15 copay	You pay a $10 copay	You pay a $10 copay	You pay a $10 copay
Tier 3: Preferred Brand	You pay a $47 copay	You pay a $47 copay	You pay a $47 copay	You pay a $47 copay
Tier 4: Non-Preferred Brand	You pay a $100 copay	You pay a $100 copay	You pay a $100 copay	You pay a $100 copay
Tier 5: Specialty Tier	You pay 25% of the total cost	You pay 28% of the total cost	You pay 28% of the total cost	You pay 28% of the total cost

Initial Coverage — Mail Order Cost-Shares (90-day supply)

Tier	Stride[SM] Basic Rx (HMO)	Stride[SM] Value Rx (HMO)	Stride[SM] Choice Rx (HMO-POS)	Stride[SM] Value Rx Plus (HMO)
Tier 1: Preferred Generic	You pay a $0 copay	You pay a $0 copay	You pay a $0 copay	You pay a $0 copay
Tier 2: Generic	You pay a $30 copay	You pay a $20 copay	You pay a $20 copay	You pay a $20 copay
Tier 3: Preferred Brand-Name	You pay a $94 copay	You pay a $94 copay	You pay a $94 copay	You pay a $94 copay
Tier 4: Non-Preferred Brand-Name	You pay a $250 copay	You pay a $250 copay	You pay a $250 copay	You pay a $250 copay
Tier 5: Specialty	A 90-day supply is not available for drugs on Tier 5.	A 90-day supply is not available for drugs on Tier 5.	A 90-day supply is not available for drugs on Tier 5.	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[SM] (HMO) or to view plan documents, please visit our website or call us. Our contact information is below.

Harvard Pilgrim's Stride[SM] (HMO) Member Services	Current members: Prospective members: Website: Hours of operation:	1-888-609-0692 (TTY 711) 1-877-431-4742 (TTY 711) harvardpilgrim.org/medicare 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
Provider and Pharmacy Directory	www.harvardpilgrim.org/medicare	
Formulary (List of Covered Drugs)	www.harvardpilgrim.org/medicare	
Original Medicare More information about coverage and costs of Original Medicare	"Medicare & You" Handbook View online at http://www.medicare.gov 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℠ (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

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

93 Worcester Street, Suite 100
Wellesley, MA 02481

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