

New Hampshire Individual & Family Product Guide Plan Year 2020

Guiding New Hampshire
to better health.



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

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Insurance terms

Cost sharing

The portion you pay for specific health care services like office visits, X-rays and prescriptions. Coinsurance, copayments and deductibles are all examples.

Deductible

This is a set amount of money you pay out of your own pocket for certain services. For a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, the provider will send a bill. If prescription drugs fall under a plan's deductible, you will need to pay for them when you pick them up from the pharmacy. Copayments do not count toward a deductible.

Copayments

The flat dollar amount you pay for certain services on your plan. There may be different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due at the time of an appointment or when picking up a prescription at the pharmacy.

Coinsurance

A fixed percentage of costs you pay for covered services. For example, for a plan with coinsurance, you may have to pay 20% of a provider's bill for care, while Harvard Pilgrim pays 80%. Coinsurance is usually something paid after you have paid an annual deductible.

HSA (health savings account)

This is an account that can help you pay for qualified health care expenses. You need to have a federally qualified high deductible health plan, such as the ElevateHealth HMO HSA, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

Important dates

November 1 – December 15, 2019*

2019 open enrollment period for selecting health care coverage

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

Out-of-pocket maximum

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

Catastrophic plan

You can buy a catastrophic plan if you are under 30 or have a hardship exemption or affordability exemption. Catastrophic plans have low monthly premiums and high deductibles. They cover three primary care provider office visits outside of the deductible. You will pay out of your own pocket for most other covered services before the plan helps pay.

Our promise: Guide people and communities to better health.

We give you access to the health professionals and hospitals you know and trust.

Our ElevateHealth plans offer outstanding coverage, choice and value. They are built around outstanding local providers who deliver high-quality care at an excellent value.

ElevateHealth

The ElevateHealth provider network includes hundreds of primary care providers, thousands of specialists and 20 premier New Hampshire hospitals, plus Brattleboro Memorial Hospital in Vermont. Compared to other options, choosing a plan with a select network such as this may help you save money on your annual premium.

(Not available to individuals who reside in Carroll County.)

Our programs help you maximize your well-being.

These programs and services are included in your plan at no additional cost.

Well-being community

Our free online community is packed with activities, tracking tools, well-being challenges and more. Earn points and entries for monthly Amazon gift card drawings. Visit harvardpilgrim.org/wellbeingforall.

Personal health coaching

Through one-on-one coaching sessions over the phone and email check-ins, our certified health and wellness coaches will help you set realistic health goals, identify and address any barriers and keep track of your progress.

Care management

When you're dealing with a chronic illness, getting better can involve much more than medical treatment. Our team from Benevera Health is there to help. Their "whole person" approach means that they get to know you and look at all of the factors that affect your well-being.

We have ways to help you save money

Keep more money in your pocket with tools and programs designed to help you save.

Health care cost estimator

Costs for the same test or procedure can vary greatly among different providers. Our online cost estimator can help you find less expensive options.

Doctor On Demand

With our non-HSA plans, you won't pay cost sharing for urgent care virtual visits with Doctor On Demand providers. See page 6 for more information.

Reduce My Costs

This voluntary program helps members find lower-cost facilities for elective outpatient medical procedures and diagnostic tests. Members may be eligible for a cash bonus from Harvard Pilgrim if they choose a more affordable option.

Fitness reimbursement

A family is eligible to receive up to a maximum of \$300 in annual fitness reimbursement on fees for health and fitness club memberships and classes. Each plan member (up to two individuals) can receive up to \$150. To qualify, you or one of your dependents must be an active member of the fitness club for at least four months within a calendar year.¹

Discounts & Savings

Save on a variety of products and services that can help you stay healthy:

- Vision
- Hearing
- Healthy eating
- Fitness
- Dental
- Holistic wellness
- Smoking cessation
- Family & senior care

We're committed to our communities.

Service is more than good business.

As a not-for-profit, service inspires our social mission. We're driven by a human concern for the particular health challenges our New Hampshire neighbors and communities face—and a dedication to helping resolve them.



\$411,000
GRANTS & SPONSORSHIPS

Funding programs in New Hampshire

In 2018, the Harvard Pilgrim Health Care Foundation supported local non-profit agencies and health initiatives with more than \$411,000 in grants and sponsorships.

Prevention and recovery

Our support includes active partnerships with New Hampshire non-profits that focus on prevention of and recovery from substance-use disorders. Last year, the Harvard Pilgrim Foundation contributed \$85,000 to not-for-profits actively tackling New Hampshire's opioid crisis.













¹ There is a \$300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, consult your tax advisor.

What we cover

Core benefits



No matter which plan you choose, it will include these benefits.

- | | | |
|--|---|--|
|  Acupuncture and Chiropractic
20 acupuncture and 40 chiropractic visits per year |  Hospitalization
Inpatient services, such as surgery |  Pregnancy, Maternity, and Newborn Care
Care before, during and after pregnancy |
|  Ambulatory Patient Services
Outpatient care without hospital admission |  Laboratory Services
Blood work, screenings, etc. |  Prescriptions
Access to safe, effective medications |
|  Emergency Services
Trips to the emergency room (ER), when medically necessary |  Mental Health and Substance Use Services
Counseling and psychotherapy |  Rehabilitation & Habilitative Services and Devices
Rehab services, hospital beds, crutches, oxygen tanks |
|  Eye Exams
One preventive screening every year for children up to age 19; every two years for adults |  Pediatric Vision
Covers children up to age 19 |  Routine Physical Exams
Annual preventive visit with your primary care provider |

Prescription drug benefits

Our prescription drug coverage focuses on choice and value to help you get the most out of your benefits.

All plans include our 5-tier prescription drug coverage: The lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. Members can fill prescriptions at retail pharmacies nationwide or through our mail order program.

Is a prescription covered?

Visit harvardpilgrim.org/rx. Select "2020" and "Core NH 5-Tier," then look up drugs by tier or category.

Harvard Pilgrim HealthCare **PLAN NAME**

ID #: HP0000000-00
Name: JANE Q SAMPLE
Copay: OV: \$15
ER: \$50
Rx: **CORE NH \$5/15/30/50/20%**
Deductible may apply.
Visit www.harvardpilgrim.org for plan details.

Plan tiers

New for 2020 - Core NH formulary

How the prescription drug tiers work

TIER	CORE NH 5-TIER
Tier 1	Lower-cost generics
Tier 2	Higher-cost generics
Tier 3	Preferred brands (some higher-cost generics)
Tier 4	Non-preferred brands and preferred specialty (some higher-cost generics)
Tier 5	Non-preferred specialty drugs (including very high-cost brand and generic drugs)

Behavioral health online or in person






We understand mental health and substance use issues can be complex, confusing and sometimes overwhelming, especially if you're beginning your mental health journey. Through our partnership with United Behavioral Health (also known as Optum), you have access to resources and treatment for a wide number of behavioral health issues, such as

depression, anxiety, ADHD, eating disorders or concerns about substance use or addiction.

Our confidential Behavioral Health Access Center can help you understand your coverage and treatment options and make it easy for you to get started with treatment. Call (888) 777-4742.

The care you need, when you need it

When your primary care provider's office isn't open, and you need medical care for a non-life-threatening injury or illness, you have options—other than the ER—that can save you time and money.

	Typical out-of-pocket costs	Common symptoms
 <p>Telemedicine services Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</p>	<p>New for 2020 - No cost sharing for Doctor On Demand urgent care virtual visits. Does not apply to HSA plans.¹</p>	<ul style="list-style-type: none"> • Coughs, colds • Sore/strep throat • Flu • Pediatric issues • Sinus and allergies • Nausea/diarrhea • Rashes and skin issues • Women's health: UTIs, yeast infections • Sports injuries • Eye issues
 <p>Convenience care/retail clinic Walk-in, convenience care or retail clinic (MinuteClinic inside of CVS pharmacies)</p>	<p>\$ You'll typically pay a copayment for going to a participating clinic¹</p>	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections • Strep throat • Skin conditions like poison ivy and ringworm
 <p>Freestanding urgent care clinic Walk-in clinic for urgent care (e.g., ConvenientMD, ClearChoice or Concentra)</p>	<p>\$\$ You'll typically pay a copayment for urgent care, sometimes a higher one than for an office visit or convenience care clinic visit¹</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
 <p>Hospital-based urgent care clinic Walk-in clinic for urgent care</p>	<p>\$\$\$ You'll typically pay your deductible, then a hospital-based urgent care copayment¹</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
 <p>Emergency room (ER) Part of a local hospital</p> <p>If you think you're having a medical emergency, call 911 or go to the nearest ER.</p>	<p>\$\$\$\$ You'll typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible¹</p>	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss • Seizures • Severe head trauma • Shock • Stroke

¹ Members on non-HSA plans will not pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be billed for these visits, up to the deductible amount.

New Hampshire convenience care and freestanding urgent care clinics

This list may be updated throughout the year. Refer to the online provider directory for the most up-to-date information.

NOTE: Higher “hospital urgent care clinic” member cost sharing may apply to participating urgent care clinics that are not on this list.

Alton: ClearChoiceMD Urgent Care

Amherst: Immediate Care of Southern New Hampshire

Bedford: ConvenientMD Urgent Care, Urgent Care at Bedford Medical Park

Belmont: ClearChoiceMD Urgent Care

Claremont: Valley Regional Hospital Urgent Care

Concord: Concentra Urgent Care, ConvenientMD Urgent Care, MinuteClinic

Dover: ConvenientMD Urgent Care

Epping: ClearChoiceMD Urgent Care

Goffstown: ClearChoiceMD – CMC

Hampton: MinuteClinic

Hooksett: ClearChoiceMD – CMC

Hudson: Immediate Care of Southern New Hampshire

Keene: Cheshire Health Services, ConvenientMD Urgent Care

Lebanon: ClearChoiceMD Urgent Care

Manchester: Concentra Urgent Care, ExpressMED, MinuteClinic

Merrimack: ConvenientMD Urgent Care, Immediate Care of Southern New Hampshire

Nashua: Concentra Urgent Care, ConvenientMD Urgent Care, HealthStop, Immediate Care of Southern New Hampshire, MinuteClinic

Pelham: Immediate Care of Southern New Hampshire

Plymouth: MedCheck Urgent Care

Portsmouth: ClearChoiceMD Urgent Care, ConvenientMD Urgent Care

Salem: ExpressMED, MinuteClinic

Somersworth: Seacoast Redicare

Stratham: ConvenientMD Urgent Care

Windham: ConvenientMD Urgent Care



ElevateHealth HMO

Offering choice and savings

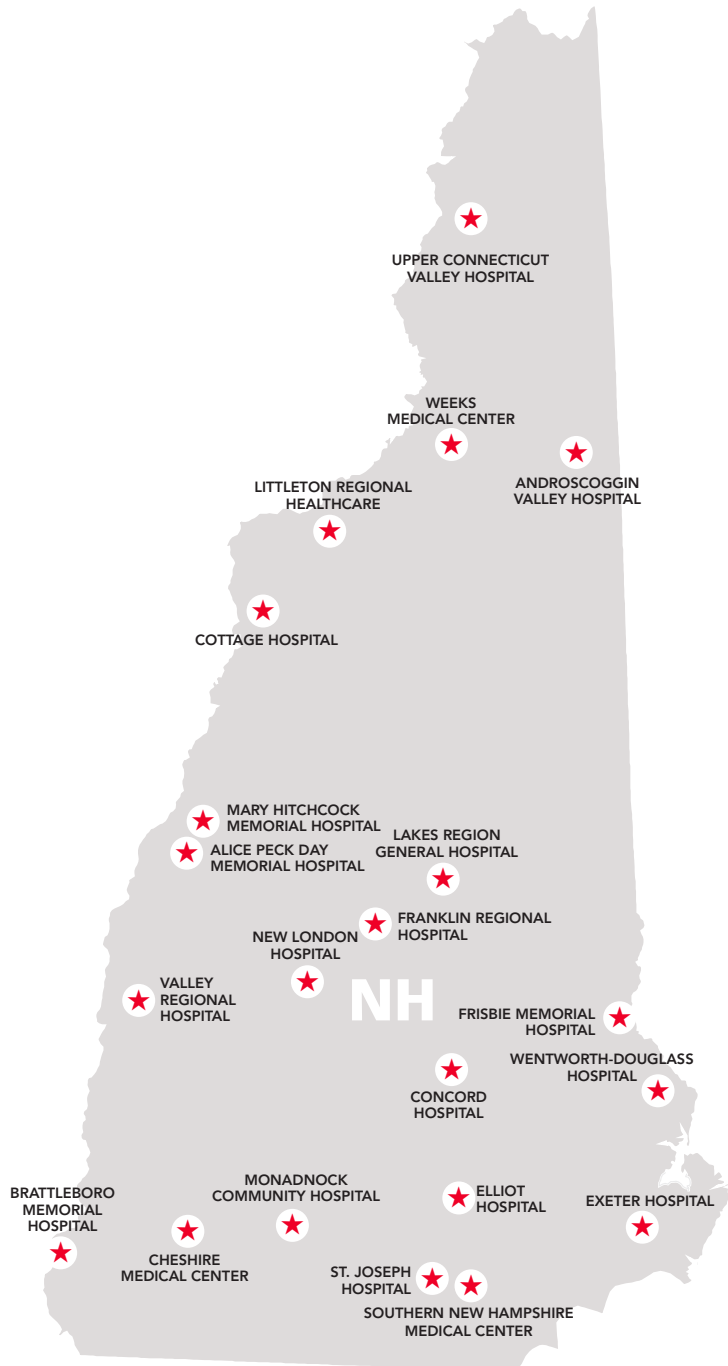
Harvard Pilgrim's ElevateHealth HMOs are designed to improve the quality of care and lower premiums for our New Hampshire customers. ElevateHealth plans are not available to individuals who reside in Carroll County.

- These popular plans offer premium savings in exchange for access to just the ElevateHealth network.
- You must receive care from ElevateHealth providers and hospitals (except in an emergency).

How to find a provider

- 1 Visit harvardpilgrim.org
- 2 Click on **Find a Provider**
- 3 Select "ElevateHealth HMO"
- 4 Search by preferred provider type

★ Participating hospitals in the ElevateHealth network



Helping you choose a plan

Ask yourself some questions

Your answers to these questions are helpful for figuring out whether a Gold, Silver, Bronze or Catastrophic plan is best for you. See the 2020 product grids starting on the next page for more details on cost sharing for each plan.

Questions to consider

What kind of care do you expect to need in the next year? Are you willing to pay more for a higher level of coverage? Would you rather pay higher monthly premiums in exchange for lower costs when you receive care?

You may qualify for financial help

To help expand access to affordable health insurance, there are two types of subsidies offered on the Health Insurance Exchange.

Advance Premium Tax Credit (APTC)

You can take this credit in advance to lower your monthly health insurance payment (or premium). When you apply for coverage on the Exchange, you estimate your expected income for the year. If you qualify for the APTC based on your estimate, you can use any amount of the credit in advance to lower your premium. The APTC is available if you earn between 100% and 400% of the federal poverty level, and it may apply to any of the plans we offer through the Exchange.

Cost Sharing Reduction (CSR)

This discount lowers the amount you pay when you receive medical services, such as deductibles, copayments and coinsurance. If your income is up to 250% of the federal poverty level, you can purchase a silver-level CSR plan with lower out-of-pocket costs. These plans are identified on the following pages with CSR 73%, CSR 87% or CSR 94% above the name of the plan.

When you fill out your application at [HealthCare.gov](https://www.healthcare.gov), you will find out if you qualify for either subsidy.

With all of our plans, you'll choose a primary care provider (PCP) to arrange your care.

	Gold HMO plans	Silver HMO plans	Bronze HMO plans	Catastrophic plans
May be best if you:	Are willing to pay for richer benefits	Are eligible for a subsidy and want strong coverage value	Are healthy and do not expect to use services	Are under 30 or have a hardship exemption or affordability exemption
Premium level	Highest	Lower than Gold; higher than Bronze	Lower than Silver; higher than Catastrophic	Lowest
Deductible range (individual)	\$1,500	\$3,500 - \$5,000	\$5,000 - \$6,500	\$8,150
Coinsurance range	10%	0% - 30%	20% - 40%	None
Available plans	ElevateHealth HMO Gold 1500	ElevateHealth HMO Silver 3500 ElevateHealth HMO Silver 3750 ElevateHealth HMO Silver 5000 ElevateHealth HMO HSA Silver 3750	ElevateHealth HMO Bronze 6000 ElevateHealth HMO Bronze 6500 ElevateHealth HMO HSA Bronze 5000	ElevateHealth HMO Catastrophic

ELEVATEHEALTH HMO

GOLD

ELEVATEHEALTH HMO GOLD 1500

MD0000005068, RX0000001808
59025NH0370011-01

SILVER

ELEVATEHEALTH HMO SILVER 3500

MD0000005071, RX0000001813
59025NH0370013-01

PRODUCT NAME	GOLD	SILVER
OFFICE VISIT	\$25/\$50	\$40/\$80
DEDUCTIBLE	\$1,500/\$3,000	\$3,500/\$7,000
ANNUAL OUT-OF-POCKET MAX	\$6,500/\$13,000	\$7,900/\$15,800
COINSURANCE	10%	30%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$300	Deductible then \$500
HOSPITAL-BASED URGENT CARE	Deductible then \$150	Deductible then \$250
FREESTANDING URGENT CARE	\$35	\$50
CONVENIENCE CARE	\$25	\$40
INPATIENT	Deductible then \$500 then 10%	Deductible then \$1,000
DAY SURGERY	Deductible then 10%	Deductible then \$150
LABS	Deductible then 10%	Deductible then 30%
X-RAYS	Deductible then 10%	Deductible then 30%
SCANS: CT, MRI, PET	Deductible then 10%	Deductible then \$75
PT/OT/ST	\$50	\$60
ACUPUNCTURE	\$25	\$40
RX COST SHARING	<p>Retail: \$5/\$25/\$50/30%/35% (Deductible applies to T4 & T5)</p> <p>Mail: \$10/\$50/\$100/30%/35% (Deductible applies to T4 & T5)</p>	<p>Retail: \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5)</p> <p>Mail: \$20/\$70/\$130/35%/40% (Deductible applies to T4 & T5)</p>

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO (continued)

	SILVER ELEVATEHEALTH HMO SILVER 3750 MD0000005072, RX0000001814 59025NH0370014-01	SILVER ELEVATEHEALTH HMO SILVER 5000 MD0000005074, RX0000001816 59025NH0370016-01
PRODUCT NAME		
OFFICE VISIT	\$40/Deductible then \$80	\$40/\$80
DEDUCTIBLE	\$3,750/\$7,500	\$5,000/\$10,000
ANNUAL OUT-OF-POCKET MAX	\$7,900/\$15,800	\$7,900/\$15,800
COINSURANCE	None	30%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$500	Deductible then \$500
HOSPITAL-BASED URGENT CARE	Deductible then \$250	Deductible then \$250
FREESTANDING URGENT CARE	\$50	\$50
CONVENIENCE CARE	\$40	\$40
INPATIENT	Deductible then \$1,000	Deductible then 30%
DAY SURGERY	Deductible then \$150	Deductible then \$150
LABS	Deductible then Covered in Full	Deductible then 30%
X-RAYS	Deductible then Covered in Full	Deductible then 30%
SCANS: CT, MRI, PET	Deductible then \$75	Deductible then 30%
PT/OT/ST	\$60	\$60
ACUPUNCTURE	\$40	\$40
RX COST SHARING	Retail: \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5) Mail: \$20/\$70/\$130/35%/40% (Deductible applies to T4 & T5)	Retail: \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5) Mail: \$20/\$70/\$130/35%/40% (Deductible applies to T4 & T5)

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO (continued)

SILVER - CSR 73%

ELEVATEHEALTH HMO SILVER 3750

MD0000005082, RX0000001824

59025NH0370014-04

SILVER - CSR 87%

ELEVATEHEALTH HMO SILVER 3750

MD0000005083, RX0000001827

59025NH0370014-05

PRODUCT NAME		
OFFICE VISIT	\$40/Deductible then \$80	\$25/Deductible then \$50
DEDUCTIBLE	\$3,000/\$6,000	\$800/\$1,600
ANNUAL OUT-OF-POCKET MAX	\$6,500/\$13,000	\$2,700/\$5,400
COINSURANCE	None	None
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$500	Deductible then \$300
HOSPITAL-BASED URGENT CARE	Deductible then \$250	Deductible then \$150
FREESTANDING URGENT CARE	\$50	\$35
CONVENIENCE CARE	\$40	\$25
INPATIENT	Deductible then \$1,000	Deductible then \$500
DAY SURGERY	Deductible then \$150	Deductible then \$100
LABS	Deductible then Covered in Full	Deductible then Covered in Full
X-RAYS	Deductible then Covered in Full	Deductible then Covered in Full
SCANS: CT, MRI, PET	Deductible then \$75	Deductible then \$50
PT/OT/ST	\$60	\$50
ACUPUNCTURE	\$40	\$25
RX COST SHARING	Retail: \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5) Mail: \$20/\$70/\$130/35%/40% (Deductible applies to T4 & T5)	Retail: \$2/\$10/\$25/20%/25% (Deductible applies to T4 & T5) Mail: \$4/\$20/\$50/20%/25% (Deductible applies to T4 & T5)

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO (continued)

SILVER - CSR 94%

ELEVATEHEALTH HMO SILVER 3750

MD0000005084, RX0000001826

59025NH0370014-06

SILVER - CSR 73%

ELEVATEHEALTH HMO SILVER 3500

MD0000005085, RX0000001824

59025NH0370013-04

PRODUCT NAME		
OFFICE VISIT	\$20/Deductible then \$30	\$40/\$80
DEDUCTIBLE	\$400/\$800	\$3,000/\$6,000
ANNUAL OUT-OF-POCKET MAX	\$1,000/\$2,000	\$6,500/\$13,000
COINSURANCE	None	30%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$100	Deductible then \$500
HOSPITAL-BASED URGENT CARE	Deductible then \$50	Deductible then \$250
FREESTANDING URGENT CARE	\$30	\$50
CONVENIENCE CARE	\$20	\$40
INPATIENT	Deductible then \$150	Deductible then \$1,000
DAY SURGERY	Deductible then Covered in Full	Deductible then \$150
LABS	Deductible then Covered in Full	Deductible then 30%
X-RAYS	Deductible then Covered in Full	Deductible then 30%
SCANS: CT, MRI, PET	Deductible then \$30	Deductible then \$75
PT/OT/ST	\$30	\$60
ACUPUNCTURE	\$20	\$40
RX COST SHARING	Retail: \$2/\$10/\$15/20%/25% (Deductible applies to T4 & T5) Mail: \$4/\$20/\$30/20%/25% (Deductible applies to T4 & T5)	Retail: \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5) Mail: \$20/\$70/\$130/35%/40% (Deductible applies to T4 & T5)

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO (continued)

	SILVER - CSR 87%	SILVER - CSR 94%
PRODUCT NAME	ELEVATEHEALTH HMO SILVER 3500 MD0000005086, RX0000001825 59025NH0370013-05	ELEVATEHEALTH HMO SILVER 3500 MD0000005087, RX0000001826 59025NH0370013-06
OFFICE VISIT	\$25/\$50	\$20/\$30
DEDUCTIBLE	\$850/\$1,700	\$400/\$800
ANNUAL OUT-OF-POCKET MAX	\$2,700/\$5,400	\$1,000/\$2,000
COINSURANCE	15%	10%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$300	Deductible then \$100
HOSPITAL-BASED URGENT CARE	Deductible then \$150	Deductible then \$50
FREESTANDING URGENT CARE	\$35	\$30
CONVENIENCE CARE	\$25	\$20
INPATIENT	Deductible then \$500	Deductible then \$150
DAY SURGERY	Deductible then \$100	Deductible then Covered in Full
LABS	Deductible then 15%	Deductible then 10%
X-RAYS	Deductible then 15%	Deductible then 10%
SCANS: CT, MRI, PET	Deductible then \$50	Deductible then \$30
PT/OT/ST	\$50	\$30
ACUPUNCTURE	\$25	\$20
RX COST SHARING	Retail: \$2/\$10/\$25/20%/25% (Deductible applies to T4 & T5) Mail: \$4/\$20/\$50/20%/25% (Deductible applies to T4 & T5)	Retail: \$2/\$10/\$25/20%/25% (Deductible applies to T4 & T5) Mail: \$4/\$20/\$50/20%/25% (Deductible applies to T4 & T5)

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO (continued)

SILVER - CSR 73%

ELEVATEHEALTH HMO SILVER 5000

MD0000005088, RX0000001828

59025NH0370016-04

SILVER - CSR 87%

ELEVATEHEALTH HMO SILVER 5000

MD0000005089, RX0000001825

59025NH0370016-05

PRODUCT NAME		
OFFICE VISIT	\$40/\$80	\$25/\$50
DEDUCTIBLE	\$3,500/\$7,000	\$850/\$1,700
ANNUAL OUT-OF-POCKET MAX	\$6,500/\$13,000	\$2,700/\$5,400
COINSURANCE	30%	15%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$500	Deductible then \$300
HOSPITAL-BASED URGENT CARE	Deductible then \$250	Deductible then \$150
FREESTANDING URGENT CARE	\$50	\$35
CONVENIENCE CARE	\$40	\$25
INPATIENT	Deductible then 30%	Deductible then 15%
DAY SURGERY	Deductible then \$150	Deductible then \$100
LABS	Deductible then 30%	Deductible then 15%
X-RAYS	Deductible then 30%	Deductible then 15%
SCANS: CT, MRI, PET	Deductible then 30%	Deductible then 15%
PT/OT/ST	\$60	\$50
ACUPUNCTURE	\$40	\$25
RX COST SHARING	Retail: \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5) Mail: \$20/\$70/\$130/35%/40% (Deductible applies to T4 & T5)	Retail: \$2/\$10/\$25/20%/25% (Deductible applies to T4 & T5) Mail: \$4/\$20/\$50/20%/25% (Deductible applies to T4 & T5)

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO (continued)

	SILVER - CSR 94%	SILVER - CSR 87%
PRODUCT NAME	ELEVATEHEALTH HMO SILVER 5000 MD0000005090, RX0000001826 59025NH0370016-06	ELEVATEHEALTH HMO SILVER 3750 MD0000005092, RX0000001831 59025NH0370020-05
OFFICE VISIT	\$20/\$30	Deductible then 10%
DEDUCTIBLE	\$400/\$800	\$850/\$1,700
ANNUAL OUT-OF-POCKET MAX	\$1,000/\$2,000	\$2,700/\$5,400
COINSURANCE	10%	10%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$100	Deductible then 10%
HOSPITAL-BASED URGENT CARE	Deductible then \$50	Deductible then 10%
FREESTANDING URGENT CARE	\$30	Deductible then 10%
CONVENIENCE CARE	\$20	Deductible then 10%
INPATIENT	Deductible then 10%	Deductible then 10%
DAY SURGERY	Deductible then Covered in Full	Deductible then 10%
LABS	Deductible then 10%	Deductible then 10%
X-RAYS	Deductible then 10%	Deductible then 10%
SCANS: CT, MRI, PET	Deductible then 10%	Deductible then 10%
PT/OT/ST	\$30	Deductible then 10%
ACUPUNCTURE	\$20	Deductible then 10%
RX COST SHARING	Retail: \$2/\$10/\$15/20%/25% (Deductible applies to T4 & T5) Mail: \$4/\$20/\$30/20%/25% (Deductible applies to T4 & T5)	Retail: Deductible then 10%/10%/10%/10%/10% Mail: Deductible then 10%/10%/10%/10%/10%

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO (continued)

SILVER - CSR 94%

ELEVATEHEALTH HMO SILVER 3750

MD0000005093, RX0000001832

59025NH0370020-06

PRODUCT NAME	
OFFICE VISIT	Deductible then 10%
DEDUCTIBLE	\$425/\$850
ANNUAL OUT-OF-POCKET MAX	\$800/\$1,600
COINSURANCE	10%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 10%
HOSPITAL-BASED URGENT CARE	Deductible then 10%
FREESTANDING URGENT CARE	Deductible then 10%
CONVENIENCE CARE	Deductible then 10%
INPATIENT	Deductible then 10%
DAY SURGERY	Deductible then 10%
LABS	Deductible then 10%
X-RAYS	Deductible then 10%
SCANS: CT, MRI, PET	Deductible then 10%
PT/OT/ST	Deductible then 10%
ACUPUNCTURE	Deductible then 10%
RX COST SHARING	<p>Retail: Deductible then 10%/10%/10%/10%/10%</p> <p>Mail: Deductible then 10%/10%/10%/10%/10%</p>

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO (continued)

	BRONZE ELEVATEHEALTH HMO BRONZE 6000 MD0000005075, RX0000001817 59025NH0370017-01	BRONZE ELEVATEHEALTH HMO BRONZE 6500 MD0000005076, RX0000001818 59025NH0370018-01
PRODUCT NAME		
OFFICE VISIT	\$40/\$80 for the first 4 visits per member (8 per family). All other visits: Deductible then 20%.	Deductible then 40%
DEDUCTIBLE	\$6,000/\$12,000	\$6,500/\$13,000
ANNUAL OUT-OF-POCKET MAX	\$7,900/\$15,800	\$7,900/\$15,800
COINSURANCE	20%	40%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$500	Deductible then 40%
HOSPITAL-BASED URGENT CARE	Deductible then \$250	Deductible then 40%
FREESTANDING URGENT CARE	\$50 for the first 4 visits per member (8 per family). All other visits: Deductible then 20%.	Deductible then 40%
CONVENIENCE CARE	\$40 for the first 4 visits per member (8 per family). All other visits: Deductible then 20%.	Deductible then 40%
INPATIENT	Deductible then \$500 then 20%	Deductible then 40%
DAY SURGERY	Deductible then 20%	Deductible then 40%
LABS	Deductible then 20%	Deductible then 40%
X-RAYS	Deductible then 20%	Deductible then 40%
SCANS: CT, MRI, PET	Deductible then 20%	Deductible then 40%
PT/OT/ST	Deductible then 20%	Deductible then 40%
ACUPUNCTURE	\$40 for the first 4 visits per member (8 per family). All other visits: Deductible then 20%.	Deductible then 40%
RX COST SHARING	Retail: \$10/\$35/30%/35%/40% (Deductible applies to T3, T4 & T5) Mail: \$20/\$70/30%/35%/40% (Deductible applies to T3, T4 & T5)	Retail: \$10/25%/35%/40%/40% (Deductible applies to T2, T3, T4 & T5) Mail: \$20/25%/35%/40%/40% (Deductible applies to T2, T3, T4 & T5)

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO (continued)

CATASTROPHIC

ELEVATEHEALTH HMO CATASTROPHIC

MD0000005077, RX0000001819

59025NH0370019-01

PRODUCT NAME	
OFFICE VISIT	PCP: \$40 for the first 3 visits per member. All other visits: Deductible then Covered in Full. Specialist: Deductible then Covered in Full.
DEDUCTIBLE	\$8,150/\$16,300
ANNUAL OUT-OF-POCKET MAX	\$8,150/\$16,300
COINSURANCE	None
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then Covered in Full
HOSPITAL-BASED URGENT CARE	Deductible then Covered in Full
FREESTANDING URGENT CARE	Deductible then Covered in Full
CONVENIENCE CARE	Deductible then Covered in Full
INPATIENT	Deductible then Covered in Full
DAY SURGERY	Deductible then Covered in Full
LABS	Deductible then Covered in Full
X-RAYS	Deductible then Covered in Full
SCANS: CT, MRI, PET	Deductible then Covered in Full
PT/OT/ST	Deductible then Covered in Full
ACUPUNCTURE	Deductible then Covered in Full
RX COST SHARING	Retail: Deductible then 0%/0%/0%/0%/0% Mail: Deductible then 0%/0%/0%/0%/0%

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO HSA

SILVER

ELEVATEHEALTH HMO HSA SILVER 3750

MD0000005078, RX0000001820

59025NH0370020-01

SILVER - CSR 73%

ELEVATEHEALTH HMO HSA SILVER 3750

MD0000005091, RX0000001830

59025NH0370020-04

PRODUCT NAME	SILVER	SILVER - CSR 73%
OFFICE VISIT	Deductible then 20%	Deductible then 10%
DEDUCTIBLE	\$3,750/\$7,500	\$3,000/\$6,000
ANNUAL OUT-OF-POCKET MAX	\$6,750/\$13,500	\$6,500/\$13,000
COINSURANCE	20%	10%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 20%	Deductible then 10%
HOSPITAL-BASED URGENT CARE	Deductible then 20%	Deductible then 10%
FREESTANDING URGENT CARE	Deductible then 20%	Deductible then 10%
CONVENIENCE CARE	Deductible then 20%	Deductible then 10%
INPATIENT	Deductible then 20%	Deductible then 10%
DAY SURGERY	Deductible then 20%	Deductible then 10%
LABS	Deductible then 20%	Deductible then 10%
X-RAYS	Deductible then 20%	Deductible then 10%
SCANS: CT, MRI, PET	Deductible then 20%	Deductible then 10%
PT/OT/ST	Deductible then 20%	Deductible then 10%
ACUPUNCTURE	Deductible then 20%	Deductible then 10%
RX COST SHARING	<p>Retail: Deductible then 20%/20%/20%/40%/40%</p> <p>Mail: Deductible then 20%/20%/20%/40%/40%</p>	<p>Retail: Deductible then 10%/10%/10%/10%/10%</p> <p>Mail: Deductible then 10%/10%/10%/10%/10%</p>

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

ELEVATEHEALTH HMO HSA

BRONZE

ELEVATEHEALTH HMO HSA BRONZE 5000

MD0000005079, RX0000001821

59025NH0370021-01

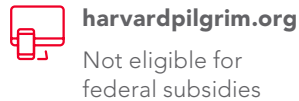
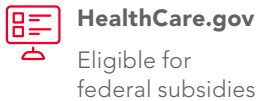
PRODUCT NAME

OFFICE VISIT	Deductible then 20%
DEDUCTIBLE	\$5,000/\$10,000
ANNUAL OUT-OF-POCKET MAX	\$6,750/\$13,500
COINSURANCE	20%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then 20%
HOSPITAL-BASED URGENT CARE	Deductible then 20%
FREESTANDING URGENT CARE	Deductible then 20%
CONVENIENCE CARE	Deductible then 20%
INPATIENT	Deductible then 20%
DAY SURGERY	Deductible then 20%
LABS	Deductible then 20%
X-RAYS	Deductible then 20%
SCANS: CT, MRI, PET	Deductible then 20%
PT/OT/ST	Deductible then 20%
ACUPUNCTURE	Deductible then 20%
RX COST SHARING	<p>Retail: Deductible then 20%/20%/20%/40%/40%</p> <p>Mail: Deductible then 20%/20%/20%/40%/40%</p>

Note: ElevateHealth plans are not available to individuals residing in Carroll County.

How to enroll

If you are eligible for federal subsidies, you can purchase Harvard Pilgrim coverage from the federal exchange. If you are not eligible for a subsidy, you can purchase coverage directly from Harvard Pilgrim or from an insurance broker.



Renewing your plan

Current members will receive a renewal package in late October. If you are happy with the plan that is outlined in the renewal package, all you need to do is pay your premium by January 1, 2020. Please visit [HealthCare.gov](https://www.healthcare.gov) if you:

- Need to update information on your Exchange application form
- Want to change the current plan you purchased through [HealthCare.gov](https://www.healthcare.gov)

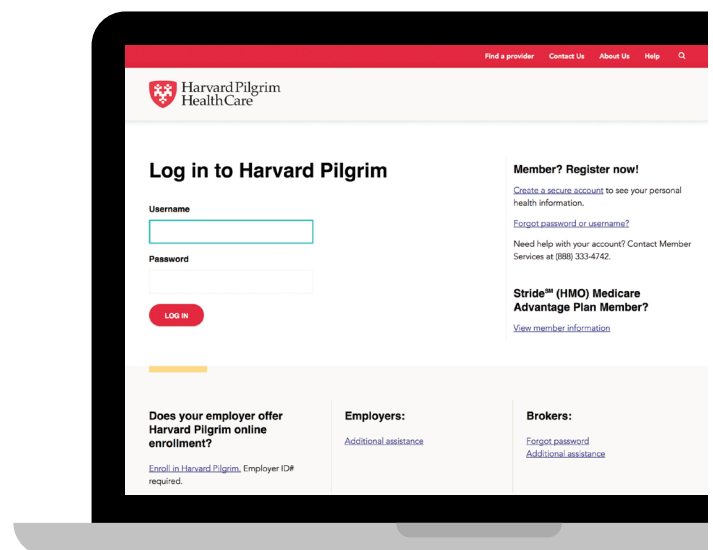
If you purchased a plan through HealthCare.gov and do not need to make changes to your Exchange application form or switch your current plan, your coverage will be automatically renewed as long as you pay your monthly premium.

Please call us at (855) 565-9923 if you have any questions.

Set up your member account

Once your membership becomes effective, be sure to set up your online member account at [harvardpilgrim.org](https://www.harvardpilgrim.org). Use your mobile phone, tablet or computer to:

- Get your electronic ID card
- Choose your primary care provider (PCP)
- Make sure your providers are in your plan's network before upcoming appointments
- Look up your prescriptions to see how they are covered
- Check your claims and deductible status



Important legal information

What's not covered in our plans

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

- Alternative services and treatments
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Routine foot care, except for preventive foot care for members with diabetes
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services, which were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment
- Costs for any services for which a member is entitled to treatment at government expense
- Costs for services for which payment is required to be made by a workers' compensation plan or an employer under state or federal law
- Custodial care
- Private duty nursing
- Vision services, except as described in the policy
- Services that are not Medically Necessary
- Transportation other than by ambulance
- Delivery outside the Service Area after the 37th week of pregnancy, or after the member has been told that she is at risk for early delivery



Limitations for New Hampshire Individual Plans

- Chiropractic – 40 visits per year
- Acupuncture – 20 visits per year
- Early intervention – 20 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

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Harvard Pilgrim Health Care:

- 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.

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St., Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.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 <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-877-907-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-877-907-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-877-907-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-907-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-877-907-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-907-4742 (телетайп: 711).

العربية (Arabic)

انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 877-907-4742

(TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរស័ព្ទ 1-877-907-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-907-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-907-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-907-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-877-907-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-907-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-877-907-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-877-907-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ຄ່າມາດຕະຖານໃຫ້ທ່ານ. ໂທ 1-877-907-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-907-4742 (TTY: 711).

Contact us



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

650 Elm Street, Suite 700, Manchester, NH 03101

harvardpilgrim.org

Already a member?

To renew your coverage: **(855) 565-9923**

Questions about current benefits: **(877) 907-4742**

Not yet a member? **(844) 213-1591**

TTY: **711**