

# 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.

# Table of contents

Click on any title to jump to that section.

- 1 [Insurance Terms and Important Dates](#)
  - 2 [Our Promise](#)
  - 4 [What We Cover](#)
  - 5 [Prescription Drug Coverage & Behavioral Health](#)
  - 6 [Urgent Care](#)
  - 7 [Freestanding Urgent Care Clinics](#)
  - 8 [New Hampshire's Plan Options](#)
  - 10 [Helping You Choose a Plan](#)
  - 11 [Product Grids](#)
  - 19 [Enrollment & Renewal](#)
  - 20 [Important Legal Information](#)
-

# 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 from the federal health care exchange ([HealthCare.gov](https://www.healthcare.gov)) 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 and ElevateHealth Options plans offer outstanding coverage, choice and value. They are built around outstanding local providers who deliver high-quality care at an excellent value.

### ElevateHealth

These plans offer premium savings in exchange for access to a select network of New Hampshire's leading health professionals and hospitals. (Not available to individuals who reside in Carroll County).

### ElevateHealth Options

These plans offer flexibility and an opportunity to save money. Tier 1 is our ElevateHealth network, and Tier 2 is the rest of Harvard Pilgrim's network (New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island).

---

## 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](https://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.<sup>1</sup>

### 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.

<sup>1</sup>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.

- |  |   |  |
|--|---|--|
|  <b>Acupuncture and Chiropractic</b><br>20 acupuncture and 40 chiropractic visits per year                     |  <b>Hospitalization</b><br>Inpatient services, such as surgery                   |  <b>Pregnancy, Maternity, and Newborn Care</b><br>Care before, during and after pregnancy                               |
|  <b>Ambulatory Patient Services</b><br>Outpatient care without hospital admission                             |  <b>Laboratory Services</b><br>Blood work, screenings, etc.                      |  <b>Prescriptions</b><br>Access to safe, effective medications  |
|  <b>Emergency Services</b><br>Trips to the emergency room (ER), when medically necessary                      |  <b>Mental Health and Substance Use Services</b><br>Counseling and psychotherapy |  <b>Rehabilitation &amp; Habilitative Services and Devices</b><br>Rehab services, hospital beds, crutches, oxygen tanks |
|  <b>Eye Exams</b><br>One preventive screening every year for children up to age 19; every two years for adults |  <b>Pediatric Vision</b><br>Covers children up to age 19                         |  <b>Routine Physical Exams</b><br>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](http://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](http://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><b>Telemedicine services</b> Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</p>	<p><b>New for 2020 - No cost sharing for Doctor On Demand urgent care virtual visits. Does not apply to HSA plans.<sup>1</sup></b></p>	<ul style="list-style-type: none"> <li>• Coughs, colds</li> <li>• Sore/strep throat</li> <li>• Flu</li> <li>• Pediatric issues</li> <li>• Sinus and allergies</li> <li>• Nausea/diarrhea</li> <li>• Rashes and skin issues</li> <li>• Women's health: UTIs, yeast infections</li> <li>• Sports injuries</li> <li>• Eye issues</li> </ul>
 <p><b>Convenience care/retail clinic</b> Walk-in, convenience care or retail clinic (MinuteClinic inside of CVS pharmacies)</p>	<p><b>\$</b> You'll typically pay a copayment for going to a participating clinic<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Bronchitis</li> <li>• Ear infections</li> <li>• Eye infections</li> <li>• Strep throat</li> <li>• Skin conditions like poison ivy and ringworm</li> </ul>
 <p><b>Freestanding urgent care clinic</b> Walk-in clinic for urgent care (e.g., ConvenientMD, ClearChoice or Concentra)</p>	<p><b>\$\$</b> You'll typically pay a copayment for urgent care, sometimes a higher one than for an office visit or convenience care clinic visit<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Infections</li> <li>• Coughs, cold and flu</li> </ul>
 <p><b>Hospital-based urgent care clinic</b> Walk-in clinic for urgent care</p>	<p><b>\$\$\$</b> You'll typically pay your deductible, then a hospital-based urgent care copayment<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Respiratory infections</li> <li>• Sprains and strains</li> <li>• Burns, rashes, bites, cuts and bruises</li> <li>• Infections</li> <li>• Coughs, cold and flu</li> </ul>
 <p><b>Emergency room (ER)</b> 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><b>\$\$\$\$</b> You'll typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible<sup>1</sup></p>	<ul style="list-style-type: none"> <li>• Choking</li> <li>• Convulsions</li> <li>• Heart attack</li> <li>• Loss of consciousness</li> <li>• Major blood loss</li> <li>• Seizures</li> <li>• Severe head trauma</li> <li>• Shock</li> <li>• Stroke</li> </ul>

<sup>1</sup> 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



# Your plan options

## Offering choice and savings

Harvard Pilgrim's ElevateHealth and ElevateHealth Options HMOs are designed to improve the quality of care and lower premiums for our New Hampshire customers.

### ElevateHealth HMO

- 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).
- High-deductible, health savings account-compatible design available.

\* Not available to individuals who reside in Carroll County.

### ElevateHealth Options HMO

- A full-network plan option with premium savings over standard full-network plans.
- Includes two tiers of providers and hospitals.
- Tier 1 is Harvard Pilgrim's ElevateHealth network. Tier 2 is the rest of Harvard Pilgrim's network (New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island).
- Features lower copayments and deductibles for services you receive from Tier 1 providers and hospitals.
- You can choose any PCP in the Harvard Pilgrim network and visit other participating providers with the proper referrals.

	ElevateHealth HMO	ElevateHealth Options HMO
<b>Access to the select ElevateHealth network</b>	Yes	Yes
<b>Access to the full Harvard Pilgrim network</b>	No, unless authorized by Harvard Pilgrim	Yes, with the appropriate referrals
<b>Lower member cost sharing with Tier 1 providers</b>	N/A	Yes
<b>Health savings account-compatible plan design</b>	Yes	No
<b>Lab work</b>	Deductible	No charge (Tier 1)

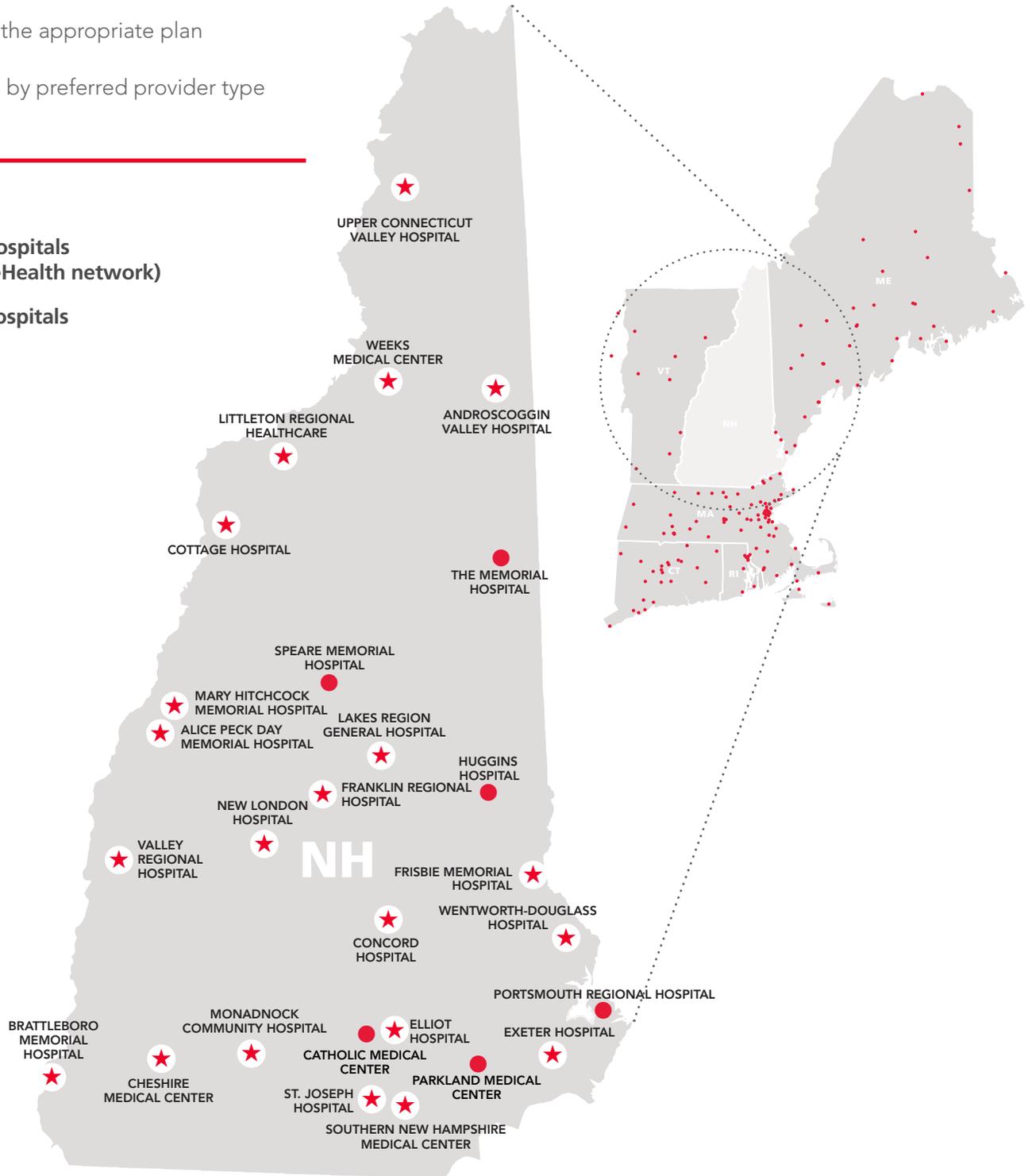
---

# How to find a provider

- 1 Visit [harvardpilgrim.org](https://www.harvardpilgrim.org)
  - 2 Click on **Find a Provider**
  - 3 Select the appropriate plan
  - 4 Search by preferred provider type
- 

★ Tier 1 hospitals  
(ElevateHealth network)

● Tier 2 hospitals



# 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?

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
<b>May be best if you:</b>	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
<b>Premium level</b>	Highest	Lower than Gold; higher than Bronze	Lower than Silver; higher than Catastrophic	Lowest
<b>Deductible range (individual)</b>	\$1,000 - \$3,000	\$3,000 - \$5,000	\$5,000 - \$6,500	\$8,150
<b>Coinsurance range</b>	10% - 30%	0% - 40%	20% - 40%	None
<b>Available plans</b>	ElevateHealth HMO Gold 1500  ElevateHealth Options HMO Gold 1500	ElevateHealth HMO Silver 3250 ElevateHealth HMO Silver 3500 ElevateHealth HMO Silver 3750 ElevateHealth HMO Silver 4750 ElevateHealth HMO Silver 5000  ElevateHealth HMO HSA Silver 3750  ElevateHealth Options HMO Silver 3000	ElevateHealth HMO Bronze 6000 ElevateHealth HMO Bronze 6500  ElevateHealth HMO HSA Bronze 5000	ElevateHealth HMO Catastrophic



# ELEVATEHEALTH HMO

	GOLD	SILVER
PRODUCT NAME	<b>ELEVATEHEALTH HMO GOLD 1500</b> MD0000005068, RX0000001808	<b>ELEVATEHEALTH HMO SILVER 3250</b> MD0000005070, RX0000001810
OFFICE VISIT	\$25/\$50	\$40/Deductible then \$80
DEDUCTIBLE	\$1,500/\$3,000	\$3,250/\$6,500
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	<b>Retail:</b> \$5/\$25/\$50/30%/35% (Deductible applies to T4 & T5)  <b>Mail:</b> \$10/\$50/\$100/30%/35% (Deductible applies to T4 & T5)	<b>Retail:</b> \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5)  <b>Mail:</b> \$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)

PRODUCT NAME	SILVER	SILVER
	ELEVATEHEALTH HMO SILVER 3500 MD0000005071, RX0000001813	ELEVATEHEALTH HMO SILVER 3750 MD0000005072, RX0000001814
OFFICE VISIT	\$40/\$80	\$40/Deductible then \$80
DEDUCTIBLE	\$3,500/\$7,000	\$3,750/\$7,500
ANNUAL OUT-OF-POCKET MAX	\$7,900/\$15,800	\$7,900/\$15,800
COINSURANCE	30%	None
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 \$1,000
DAY SURGERY	Deductible then \$150	Deductible then \$150
LABS	Deductible then 30%	Deductible then Covered in Full
X-RAYS	Deductible then 30%	Deductible then Covered in Full
SCANS: CT, MRI, PET	Deductible then \$75	Deductible then \$75
PT/OT/ST	\$60	\$60
ACUPUNCTURE	\$40	\$40
RX COST SHARING	<b>Retail:</b> \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5)  <b>Mail:</b> \$20/\$70/\$130/35%/40% (Deductible applies to T4 & T5)	<b>Retail:</b> \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5)  <b>Mail:</b> \$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)

PRODUCT NAME	SILVER	SILVER
	<b>ELEVATEHEALTH HMO SILVER 4750</b> MD0000005073, RX0000001815	<b>ELEVATEHEALTH HMO SILVER 5000</b> MD0000005074, RX0000001816
OFFICE VISIT	\$40/Deductible then \$80	\$40/\$80
DEDUCTIBLE	\$4,750/\$9,500	\$5,000/\$10,000
ANNUAL OUT-OF-POCKET MAX	\$7,900/\$15,800	\$7,900/\$15,800
COINSURANCE	30%	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 30%	Deductible then 30%
X-RAYS	Deductible then 30%	Deductible then 30%
SCANS: CT, MRI, PET	Deductible then \$75	Deductible then 30%
PT/OT/ST	\$60	\$60
ACUPUNCTURE	\$40	\$40
RX COST SHARING	<b>Retail:</b> \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5)  <b>Mail:</b> \$20/\$70/\$130/35%/40% (Deductible applies to T4 & T5)	<b>Retail:</b> \$10/\$35/\$65/35%/40% (Deductible applies to T4 & T5)  <b>Mail:</b> \$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)

	BRONZE	SILVER
PRODUCT NAME	<b>ELEVATEHEALTH HMO BRONZE 6000</b> MD0000005075, RX0000001817	<b>ELEVATEHEALTH HMO BRONZE 6500</b> MD0000005076, RX0000001818
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	<b>Retail:</b> \$10/\$35/30%/35%/40% (Deductible applies to T3, T4 & T5)  <b>Mail:</b> \$20/\$70/30%/35%/40% (Deductible applies to T3, T4 & T5)	<b>Retail:</b> \$10/25%/35%/40%/40% (Deductible applies to T2, T3, T4 & T5)  <b>Mail:</b> \$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

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	<b>Retail:</b> Deductible then 0%/0%/0%/0%/0% <b>Mail:</b> Deductible then 0%/0%/0%/0%/0%

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

# ELEVATEHEALTH HMO HSA

	SILVER <b>ELEVATEHEALTH HMO HSA SILVER 3750</b> MD0000005078, RX0000001820	BRONZE <b>ELEVATEHEALTH HMO HSA BRONZE 5000</b> MD0000005079, RX0000001821
<b>PRODUCT NAME</b>		
<b>OFFICE VISIT</b>	Deductible then 20%	Deductible then 20%
<b>DEDUCTIBLE</b>	\$3,750/\$7,500	\$5,000/\$10,000
<b>ANNUAL OUT-OF-POCKET MAX</b>	\$6,750/\$13,500	\$6,750/\$13,500
<b>COINSURANCE</b>	20%	20%
<b>MEDICAL EMERGENCY SERVICES IN THE ER</b>	Deductible then 20%	Deductible then 20%
<b>HOSPITAL-BASED URGENT CARE</b>	Deductible then 20%	Deductible then 20%
<b>FREESTANDING URGENT CARE</b>	Deductible then 20%	Deductible then 20%
<b>CONVENIENCE CARE</b>	Deductible then 20%	Deductible then 20%
<b>INPATIENT</b>	Deductible then 20%	Deductible then 20%
<b>DAY SURGERY</b>	Deductible then 20%	Deductible then 20%
<b>LABS</b>	Deductible then 20%	Deductible then 20%
<b>X-RAYS</b>	Deductible then 20%	Deductible then 20%
<b>SCANS: CT, MRI, PET</b>	Deductible then 20%	Deductible then 20%
<b>PT/OT/ST</b>	Deductible then 20%	Deductible then 20%
<b>ACUPUNCTURE</b>	Deductible then 20%	Deductible then 20%
<b>RX COST SHARING</b>	<b>Retail:</b> Deductible then 20%/20%/20%/40%/40%  <b>Mail:</b> Deductible then 20%/20%/20%/40%/40%	<b>Retail:</b> Deductible then 20%/20%/20%/40%/40%  <b>Mail:</b> Deductible then 20%/20%/20%/40%/40%

**Note:** ElevateHealth plans are not to individuals residing in Carroll Co

# ELEVATEHEALTH OPTIONS HMO

GOLD

**ELEVATEHEALTH OPTIONS HMO GOLD 1000**

MD0000005080, RX0000001822

**PRODUCT NAME**

---



---

**OFFICE VISIT**

**DEDUCTIBLE**

**ANNUAL OUT-OF-POCKET MAX**

**COINSURANCE**

**MEDICAL EMERGENCY SERVICES IN THE ER**

**HOSPITAL-BASED URGENT CARE**

**FREESTANDING URGENT CARE**

**CONVENIENCE CARE**

**INPATIENT**

**DAY SURGERY**

**LABS**

**X-RAYS**

**SCANS: CT, MRI, PET**

**PT/OT/ST**

**ACUPUNCTURE**

**RX COST SHARING**

	T1	T2
OFFICE VISIT	\$25/\$50	Deductible then 30%
DEDUCTIBLE	\$1,000/\$2,000	\$3,000/\$6,000
ANNUAL OUT-OF-POCKET MAX	\$7,900/\$15,800	
COINSURANCE	10%	30%
MEDICAL EMERGENCY SERVICES IN THE ER	Deductible then \$300	
HOSPITAL-BASED URGENT CARE	Deductible then \$150	Deductible then 30%
FREESTANDING URGENT CARE	\$35	Deductible then 30%
CONVENIENCE CARE	\$25	Deductible then 30%
INPATIENT	Deductible then 10%	Deductible then 30%
DAY SURGERY	ASC: \$100 Outpt Hosp: Ded then 10%	Deductible then 30%
LABS	Covered in Full	Deductible then 30%
X-RAYS	Deductible then 10%	Deductible then 30%
SCANS: CT, MRI, PET	Deductible then 10%	Deductible then 30%
PT/OT/ST	\$50	Deductible then 30%
ACUPUNCTURE	\$25	
RX COST SHARING	<p><b>Retail:</b> \$5/\$25/\$40/25%/35% (Deductible applies to Tier 4 &amp; Tier 5) (Tier 4 \$550/script max, Tier 5 \$550/script max)</p> <p><b>Mail:</b> \$10/\$50/\$80/25%/35% (Deductible applies to Tier 4 &amp; Tier 5) (Tier 4 \$1,100/script max, Tier 5 \$1,100/script max)</p>	

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

# ELEVATEHEALTH OPTIONS HMO

SILVER

ELEVATEHEALTH OPTIONS HMO SILVER 3000

MD0000005081, RX0000001823

**PRODUCT NAME**


---



---

**OFFICE VISIT**

\$40/\$80

Deductible then 40%

**DEDUCTIBLE**

\$3,000/\$6,000

\$4,000/\$8,000

**ANNUAL OUT-OF-POCKET MAX**

\$7,900/\$15,800

**COINSURANCE**

10%

40%

**MEDICAL EMERGENCY SERVICES IN THE ER**

Deductible then \$500

**HOSPITAL-BASED URGENT CARE**

Deductible then \$250

Deductible then 40%

**FREESTANDING URGENT CARE**

\$50

Deductible then 40%

**CONVENIENCE CARE**

\$40

Deductible then 40%

**INPATIENT**

Deductible then 10%

Deductible then 40%

**DAY SURGERY**
ASC: \$150  
Outpt Hosp: Ded then 10%

Deductible then 40%

**LABS**

Covered in Full

Deductible then 40%

**X-RAYS**

Deductible then 10%

Deductible then 40%

**SCANS: CT, MRI, PET**

Deductible then 10%

Deductible then 40%

**PT/OT/ST**

\$60

Deductible then 40%

**ACUPUNCTURE**

\$40

**RX COST SHARING**

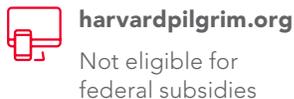
**Retail:** \$10/\$35/\$60/30%/40%  
(Deductible applies to T4 & T5)  
(T4 \$550/script max, T5 \$550/script max)

**Mail:** \$20/\$70/\$120/30%/40%  
(Deductible applies to T4 & T5)  
(T4 \$1,100/script max, T5 \$1,100/script max)

**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

If you bought a 2019 plan directly from Harvard Pilgrim, we will send you a renewal package in late October.

If you are happy with your current plan, continue to pay your monthly premium and we will renew your coverage automatically.

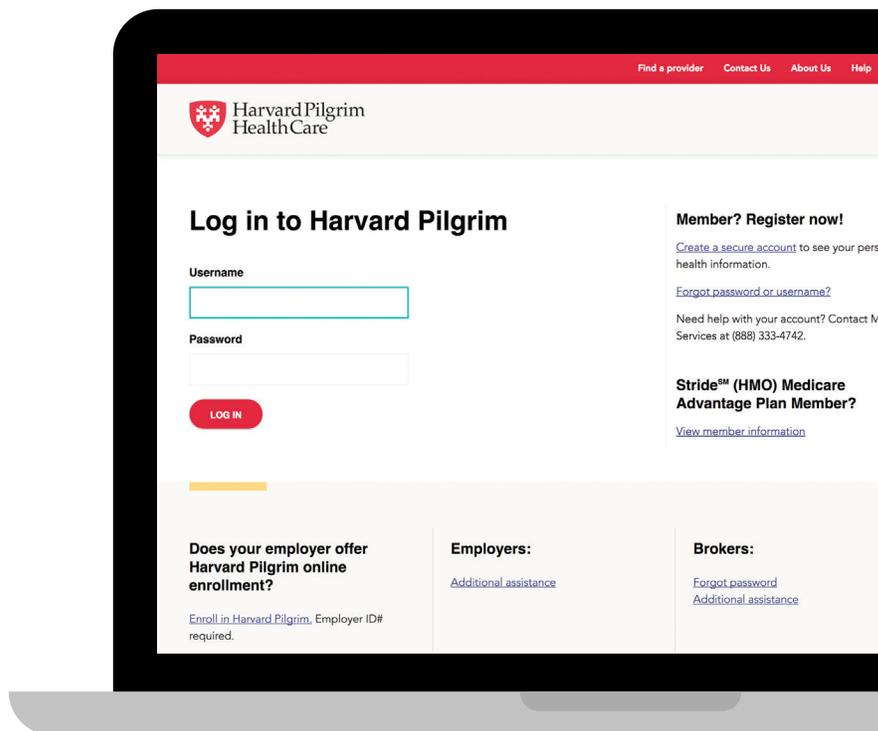
To change your plan, you must call us at (855) 565-9923.

---

# Set up your member account

Once your membership becomes effective, be sure to set up your online member account at [harvardpilgrim.org](http://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

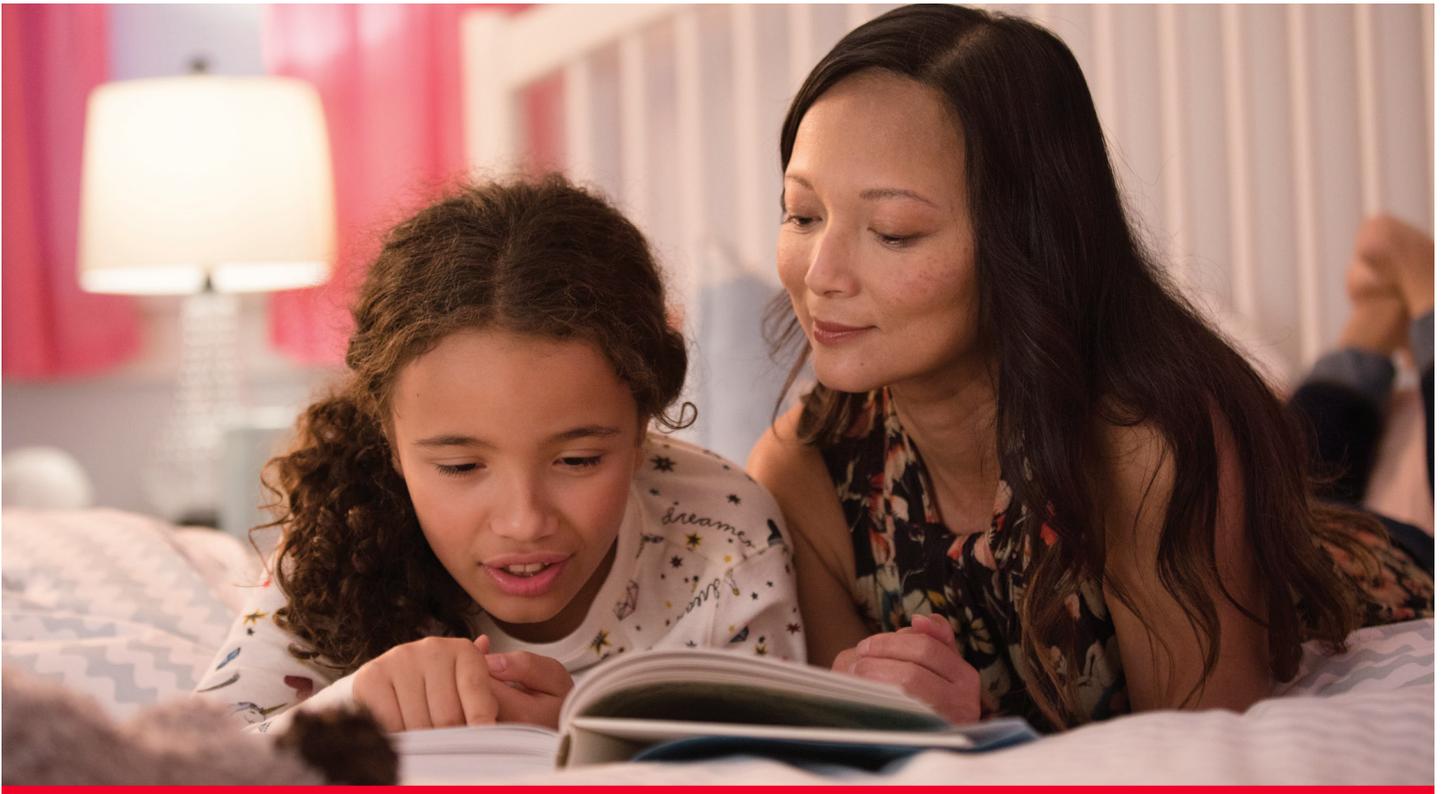


# Important legal information

## 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](mailto: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។ ជូរ: ទូរស័ព្ទ 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  
HealthCare

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](http://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**