Harvard Pilgrim Health Care

Stride℠ (HMO) Medicare Advantage Plan Comparison

BENEFITS	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	CHOICE Rx (HMO-POS) YOU PAY
Resident County and Premium	**$0** Cumberland, Franklin, Kennebec and York	**$30** Cumberland, Franklin, Kennebec and York	**$34** Cumberland, Franklin, Kennebec and York
Annual Medical Deductible	$0	$0	$0
Primary Care Provider (PCP) Office Visit	$0 copayment per visit	$5 copayment per visit	$0 copayment per visit†
Annual Physical Exam	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year*
Specialist Office Visit	$40 copayment per visit	$40 copayment per visit	$35 copayment per visit
Diagnostic Tests, X-ray, Lab Services	$20 copayment for X-ray & Lab $300 copayment for MRI/CT scans	$15 copayment for X-ray & Lab $300 copayment for MRI/CT scans	$15 copayment for X-ray & Lab $225 copayment for MRI/CT scans
Chemotherapy Drugs & Part B Drugs	20% coinsurance	20% coinsurance	20% coinsurance
Outpatient Surgery	$300 copayment for each Medicare-approved surgery	$300 copayment for each Medicare-approved surgery	$225 copayment for each Medicare-approved surgery
Inpatient Hospital Care (Acute Care)	Days 1-5, $360 copayment each day	Days 1-6, $325 copayment each day	Days 1-6, $275 copayment each day*
Inpatient Mental Health (includes Substance Abuse and Rehabilitation Services)	Days 1-5, $360 copayment each day	Days 1-5, $325 copayment each day	Days 1-6, $275 copayment each day*
Skilled Nursing Facility (in a Medicare Certified Skilled Nursing Facility)	Days 1-20, $0 copayment per day Days 21-100, $184 copayment per day	Days 1-20, $0 copayment per day Days 21-100, $184 copayment per day	Days 1-20, $0 copayment per day Days 21-100, $184 copayment per day*
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Monitoring Supplies	$0 copayment	$0 copayment	$0 copayment
Home Health Care	$0 copayment per Medicare-covered visit	$0 copayment per Medicare-covered visit	$0 copayment per Medicare-covered visit*
Worldwide Emergency Coverage	$90 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours	$90 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours	$90 copayment per visit waived if admitted for inpatient care or outpatient observation within 24 hours
Urgent Care	$50 copayment per visit	$50 copayment per visit	$50 copayment per visit
Telehealth	$0 copayment for e-Visits & Virtual Check-Ins; $0-$50 copayment for Telehealth Services	$0 copayment for e-Visits & Virtual Check-Ins; $5-$50 copayment for Telehealth Services	$0 copayment for e-Visits & Virtual Check-Ins; $0-$50 copayment for Telehealth Services
Ambulance	$200 copayment per one-way trip	$250 copayment per one-way trip	$200 copayment per one-way trip
Routine Eye Exam	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year	$0 copayment, 1 visit per year††
Routine Hearing Exam	$40 copayment, 1 visit per year	$40 copayment, 1 visit per year	$35 copayment, 1 visit per year††
Hearing Aid Benefit	$699 copayment per hearing aid for Advanced $999 copayment per hearing aid for Premium	$699 copayment per hearing aid for Advanced $999 copayment per hearing aid for Premium	$699 copayment per hearing aid for Advanced❖ $999 copayment per hearing aid for Premium❖
Dental Benefit	$500 annual limit Periodontal exams & cleanings $0 copayment in network or out-of-network—and no deductible	$500 annual limit Periodontal exams & cleanings $0 copayment in network or out-of-network—and no deductible	$500 annual limit Periodontal exams & cleanings $0 copayment in network or out-of-network—and no deductible
Over-the-Counter Allowance	$150 annual allowance towards over-the-counter health care related drugs and supplies	$200 annual allowance towards over-the-counter health care related drugs and supplies	$250 annual allowance towards over-the-counter health care related drugs and supplies
Out-of-Pocket Limit	$6,700 yearly out-of-pocket limit	$6,700 yearly out-of-pocket limit	$5,600 in and out of network yearly out-of-pocket limit
Wallet Benefit	Up to $250 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear, chiropractic, brain fitness subscription and more	Up to $325 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear, chiropractic, brain fitness subscription and more	Up to $400 reimbursement annually for qualified health and wellness expenses including a fitness tracker, fitness membership, eyewear, chiropractic, brain fitness subscription and more

* Not covered out-of-network † Not covered out-of-network except preventive services from an out-of-network provider
†† Not covered out-of-network except for previously-diagnosed medical condition
❖ Not covered out-of-network unless using a TruHearing® provider

For more information you can contact Stride℠ (HMO) at **(866) 256-5358**, **TTY: 711**

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Stride℠ (HMO) Medicare Advantage Plan Prescription Drug Benefits

COVERAGE LIMIT	BASIC Rx (HMO) PLAN YOU PAY	VALUE Rx (HMO) PLAN YOU PAY	CHOICE Rx (HMO-POS) YOU PAY
Annual Prescription Drug Deductible	**$445** annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	**$300** annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs	**$300** annual deductible for Tier 3, Tier 4 and Tier 5 Part D prescription drugs
Initial Coverage: After your yearly deductible, you pay the following until your total yearly drug costs reach $4,130. Total yearly drug costs are the total drug costs paid by both you and Harvard Pilgrim.			
Tier 1 Preferred Generic			
30-Day Supply-Retail Pharmacy	$0 copayment	$0 copayment	$0 copayment
90-Day Supply-Mail Order Pharmacy	$0 copayment	$0 copayment	$0 copayment
Tier 2 Generic			
30-Day Supply-Retail Pharmacy	$15 copayment	$10 copayment	$10 copayment
90-Day Supply-Mail Order Pharmacy	$30 copayment	$20 copayment	$20 copayment
Tier 3 Preferred Brand-Name			
30-Day Supply-Retail Pharmacy	$47 copayment	$47 copayment	$47 copayment
90-Day Supply-Mail Order Pharmacy	$94 copayment	$94 copayment	$94 copayment
Tier 4 Non-Preferred Brand-Name			
30-Day Supply-Retail Pharmacy	$100 copayment	$100 copayment	$100 copayment
90-Day Supply-Mail Order Pharmacy	$250 copayment	$250 copayment	$250 copayment
Tier 5 Specialty	25% coinsurance	27% coinsurance	27% coinsurance
Coverage Gap: You pay the following until you and others on your behalf have paid a total of $6,550* for covered Part D drugs.			
Tier 1 Preferred Generic			
30-Day Supply-Retail Pharmacy	$0 copayment	$0 copayment	$0 copayment
90-Day Supply-Mail Order Pharmacy	$0 copayment	$0 copayment	$0 copayment
Tier 2 Generic **Tier 3 Preferred Brand-Name** **Tier 4 Non-Preferred Brand-Name** **Tier 5 Specialty**	While you are in the Coverage Gap, you pay 25% of the cost for generic drugs and 25% of the negotiated price (plus a portion of the dispensing fee) for brand name drugs. In this stage, the Medicare Coverage Gap Discount Program provides a 70% manufacturer discount on brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them.		
Catastrophic Coverage: You pay the following for the remainder of the calendar year.			
Generic Drugs (including Brand Drugs treated as Generic)	Greater of 5% coinsurance or $3.70 copayment		
All other Drugs	Greater of 5% coinsurance or $9.20 copayment		

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

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.