

Plans to keep you and your family healthy

Maine Individual & Family
Product Guide

Plan Year 2021



Table of contents

- 1 [Enrolling and renewing](#)
 - 2 [Core benefits and prescription drug coverage](#)
 - 3 [Programs to maximize your well-being](#)
 - 4 [Ways to save money](#)
 - 5 [Virtual care and urgent care](#)
 - 7 [Helping you choose a plan](#)
 - 8 [Maine's Choice PlusSM HMO overview](#)
 - 10 [Health plan options](#)
 - 22 [Insurance terms to know](#)
 - 23 [Important legal information](#)
-

We make getting coverage easy

Where to buy your plan

Whether you are eligible for federal subsidies or not, you can purchase coverage directly from Harvard Pilgrim. An insurance broker can help you purchase coverage, as well.



www.harvardpilgrim.org

How to renew your plan

If you are a current Harvard Pilgrim member, you 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, 2021. Please visit www.HealthCare.gov if you:

- Need to update information on your Exchange application form
- Want to change the current plan you purchased through www.HealthCare.gov

If you purchased a plan through www.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 **(866) 673-2638** if you have any questions.



Important dates

Sunday, November 1 -

Tuesday, December 15, 2020*

2021 open enrollment period for selecting health care coverage. Coverage goes into effect January 1, 2021.



How to find a health care provider

To see if your health care provider participates in our network:

1. Visit www.harvardpilgrim.org
 2. Click on **Find a Provider**
 3. Select a Plan: **HMO** or **HMO Open Access** or **Maine's Choice Plus HMO** (located under the Tiered/Limited Plans option)
 4. Search by provider type
-



COVID-19 benefits & coverage

We are committed to guiding you through the challenges of the COVID-19 pandemic. For the most up-to-date information, visit www.harvardpilgrim.org/coronavirus.

*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 www.HealthCare.gov to review the eligibility guidelines and submit your enrollment.

All the coverage you'll need

These core benefits are included with each of our plans.



Acupuncture and chiropractic

Unlimited acupuncture and 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 and habilitative services and devices

Rehab services, hospital beds, crutches, oxygen tanks



Eye exams

One preventive screening every year



Pediatric vision hardware

Covers children up to age 19



Routine physical exams

Annual preventive visit with your primary care provider

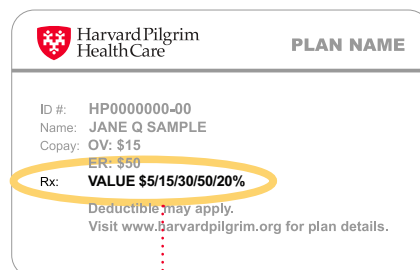
Our prescription drug benefits focus on choice and value.

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. You can fill prescriptions at retail pharmacies nationwide or through our mail order program.

We've added some over-the-counter drugs to our formularies. With a prescription from a provider, members will pay Tier 1 Rx cost sharing for certain drugs including cough, cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations.

Is a prescription covered?

To find out, visit www.harvardpilgrim.org/rx. Select the year and the plan as shown on the ID card (example: Value 5-Tier), then look up drugs by tier or category.



Plan tiers

How prescription drug tiers work

TIER VALUE 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, and selected brand and generic drugs

Maximize your well-being with our Living WellSM programs

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



Living WellSM

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



Lifestyle Management 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, address barriers, and keep track of your progress.



Care management

Whether you're coming to terms with a new diagnosis, newly pregnant, contemplating a procedure, struggling with diabetes, asthma, or staying on top of your medications – our clinical care team of registered nurses is here to help. No matter what you're facing, our nurses in Maine will guide you to the available resources and look at all the factors that affect your well-being.

Supporting your emotional and mental well-being

We understand mental health and substance use conditions can be complex, confusing and sometimes overwhelming.

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 conditions. These can include depression, anxiety, ADHD, eating disorders, and/or concerns about substance use or addiction.



Our confidential **Behavioral Health Access Center** can help you understand your coverage and treatment options and makes it easy for you to get started with treatment.

Call **(888) 777-4742** or visit www.harvardpilgrim.org/behavioralhealth to get started.

For all non-HSA plans, you have access to three outpatient behavioral health visits per calendar year at no charge.

Ways to help you save money

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



Doctor On Demand

This is our real-time telemedicine service, which connects members to providers via smartphone, tablet or computer. With our non-HSA plans, you won't pay cost sharing for urgent care virtual visits with Doctor On Demand providers.

Start a virtual visit:
www.doctorondemand.com



Reduce My Costs¹

This voluntary program helps you find and schedule care at a lower-cost facility for elective outpatient medical procedures, diagnostic tests and more. You'll receive rewards for choosing a more affordable option. Call **(855) 772-8366** or use the **chat feature** to speak with a Reduce My Costs nurse. Find out more at www.harvardpilgrim.org/reducecosts.



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

Fitness reimbursement



A family is eligible to receive **up to \$300 in an annual fitness reimbursement** on fees for health and fitness club memberships, classes or virtual subscriptions! 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.²

Learn more by visiting www.harvardpilgrim.org/fitnessreimbursement.






¹ Rewards are considered taxable income; please consult with your tax advisor.

² 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.

Care options to save you time and money

When your primary care provider's office isn't open, and you need medical care for a non-life-threatening injury or illness, you don't have to use the emergency room.

	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>No cost sharing for Doctor On Demand urgent care virtual visits¹</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 in South Portland & Portland)</p>	<p>\$ You'll typically pay a copayment for going to a participating clinic²</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</p>	<p>\$\$ You'll typically pay a copayment for urgent care, sometimes higher than the one for an office visit or convenience care clinic visit²</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 copayment²</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Coughs, cold and flu
 <p>Emergency room (ER) Part of a local hospital 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 deductible²</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 pay cost sharing up to the deductible amount.

² What you pay out-of-pocket depends on your specific Harvard Pilgrim plan. Please refer to your plan documents for your specific benefit information.

Maine freestanding clinics

You have access to these participating urgent, convenience, express and walk-in care clinics:

Auburn: St. Mary's Urgent Care

Augusta: Concentra Urgent Care & MaineGeneral Express Care Center

Bangor: Concentra Urgent Care, ConvenientMD & Penobscot Community Health Center Walk-In Care

Belfast: Penobscot Community Health Center Walk-In Care

Berwick: Concentra Urgent Care & York Hospital Walk-In Care Center

Brewer: Penobscot Community Health Center Walk-In Care

Brunswick: Concentra Urgent Care & ConvenientMD

Freeport: Freeport Medical Center

Gardiner: Maine General Medical Center Express Care

Gorham: Mercy Hospital

Houlton: Katahdin Valley Health Center

Jackman: Penobscot Community Health Center Walk-In Care

Kennebunk: York Hospital Walk-in Care Center & Southern Maine Health Care Walk-In Care

Kittery: York Hospital Walk-In Care Center

Lewiston: Concentra Urgent Care & Maine Urgent Care

Norway: Concentra Urgent Care

Old Town: Penobscot Community Health Center Walk-In Care

Portland: ConvenientMD, CVS MinuteClinic & Mercy Hospital

Saco: ConvenientMD & Southern Maine Health Care Walk-In Care

Sanford: Southern Maine Health Care Walk-In Care & York Hospital Walk-In Care Center

Scarborough: Clearchoice MD Urgent Care

South Portland: American Family Care Urgent Care, Concentra Urgent Care & CVS MinuteClinic

Topsham: Topsham Urgent Care Center

Yarmouth: Mercy Hospital

York: York Hospital Walk-In Care Center

Waterboro: Southern Maine Health Care Walk-In Care

Waterville: MaineGeneral Express Care Center

Wells: York Hospital Walk-In Care Center

Westbrook: ConvenientMD & Mercy Hospital

Windham: Mercy Hospital



Helping you choose a plan

These questions can help you decide whether a Gold, Silver, Bronze or Catastrophic plan is best for you.

- 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?

See the 2021 health plan options on the following pages for more details on cost sharing for each plan.

	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	Have a hardship exemption or affordability exemption, OR if you're under 30, relatively healthy, and want to protect yourself in worst-case scenarios
Premium level	Highest	Lower than Gold; higher than Bronze	Lower than Silver; higher than Catastrophic	Lowest
Deductible range (individual)	\$1,200 – \$4,000	\$2,700 – \$8,000	\$6,000 – \$8,550	\$8,550
Coinsurance range	20% – 40%	30% – 50%	0% – 50%	None
Available plans	HMO Gold 1500 Maine's Choice Plus SM HMO Gold 1200 ^{1,2}	HMO Silver 3000 Maine's Choice Plus SM HMO: HMO Silver 2700 ^{1,2} HMO Silver 4800 ^{1,2} HMO Silver 6500 ^{1,2}	HMO Bronze 7000 ¹ HMO Bronze 8550 ¹ HMO HSA Bronze 6000 ⁴ Maine's Choice Plus SM HMO: HMO HSA Bronze 6000 ^{2,3}	HMO Catastrophic ⁵

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

You may qualify for financial help

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.

¹ Payment is waived for the first non-routine office visit with a PCP and three outpatient behavioral health visits in the calendar year.

² To be eligible to enroll in the Maine's Choice Plus HMO, you must live in one of the following 10 counties at least nine months out of the year: Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.

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

When you fill out your application at www.HealthCare.gov, you will find out if you qualify for either subsidy.

³ Preventive Rx: Deductible does not apply. For HSA (Health Savings Account) plans, a deductible applies before most services are covered.

⁴ Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

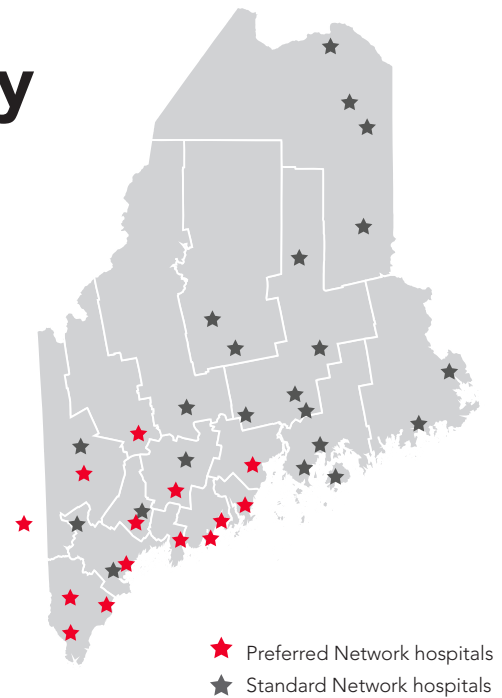
⁵ The first three PCP and outpatient behavioral health visits in the calendar year are covered.

Maine's Choice PlusSM HMO: Where choice and flexibility meet savings

Enhanced features for 2021!

For 2021, Maine's Choice HMO is becoming **Maine's Choice PlusSM HMO**. Maine's Choice PlusSM HMO will continue to feature two provider networks that let you choose from thousands of trusted physicians.

- **Two networks so you can control your costs.** You'll pay less for care from Preferred Network primary care providers (PCPs), specialists and hospitals.
- **NEW: You have the option to choose a PCP from either network.** You'll pay lower cost sharing when you receive care from a Preferred Network PCP and higher cost sharing with a Standard Network PCP.
- **Some services are always in the Preferred Network.** These include behavioral health, emergency care, pharmacy, acupuncture and chiropractic services.
- **Some services are on us.** These include copayments for the first non-routine PCP visit, three outpatient behavioral visits per calendar year,* and certain preventive services and tests.
- **Payment and the amount of cost sharing depend on the service and provider's network.** See the product grids on pages 12 - 21 for details on what you pay for services from Preferred Network and Standard Network providers.
- **Our full network.** Between our Preferred and Standard Networks, members have access to more than 180 hospitals and more than 90,000 doctors and clinicians.
- **To be eligible to enroll in the Maine's Choice PlusSM HMO,** you must live in one of the following 10 counties at least nine months out of the year: Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo or York.



How you can find a provider

- 1 Visit www.harvardpilgrim.org
- 2 Click on **Find a Provider**
- 3 Select **Maine's Choice PlusSM HMO** (under the Tiered/Limited Plans section)
- 4 Search by provider type

The Maine's Choice PlusSM Preferred Network includes doctors and other health care providers from these leading physician organizations:

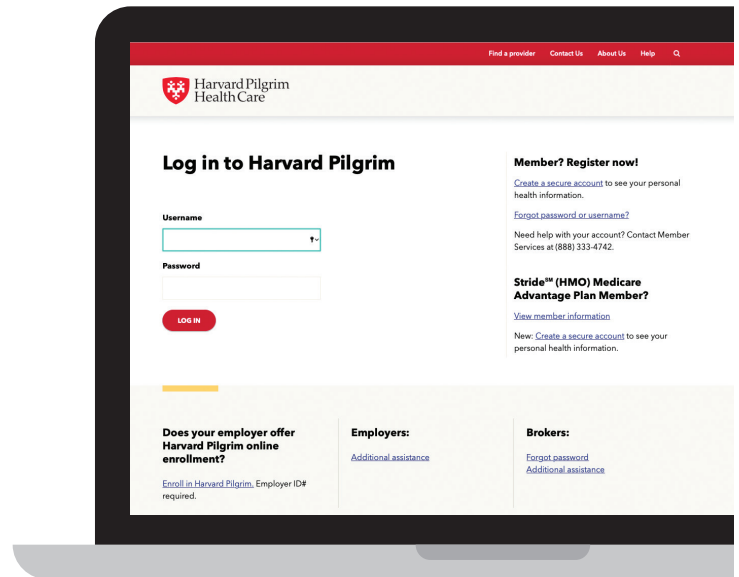
- InterMed
- Maine Medical Center PHO
- Spectrum Medical Group
- Kennebec Region Health Alliance
- Martin's Point Health Care
- York Hospital

*Only available for non-HSA plans.

Set up your member account

Once your membership becomes effective, be sure to set up your online member account at 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



We're committed to Maine's communities

Service is more than good business.



In 2020, over \$2 million was contributed to more than 110 Maine nonprofit organizations.

As a not-for-profit, service inspires our social mission. We're driven by a human concern for the health challenges facing our neighbors and communities. And we're dedicated to helping resolve them through our partnerships with dozens of Maine nonprofit organizations.



2021 Maine plan offerings

2021 Maine **On-Exchange** Plans – Effective January 1, 2021 through December 31, 2021.

On-exchange plans

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

HMO and HMO HSA

Product Name	Office Visit	Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Chiro & Acupuncture	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
HMO Gold 1500 Metal Tier: Gold MD0000100117 RX0000100060 96667ME0310023-01	\$25/Deductible then 25%*	\$1,500/\$3,000	\$7,000/\$14,000	25%	Deductible then 40%	\$25	Deductible then 25%	\$25	Deductible then 25%	Deductible then 25%	Deductible then 25%	Deductible then 25%	\$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)
HMO Silver 3000 Metal Tier: Silver MD0000100125 RX0000100069 96667ME0310029-01	\$35/Deductible then 35%*	\$3,000/\$6,000	\$8,550/\$17,100	35%	Deductible then 50%	\$35	Deductible then 35%	\$35	Deductible then 35%	Deductible then 35%	Deductible then 35%	Deductible then 35%	\$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)
HMO Bronze 7000 Metal Tier: Bronze MD0000100119 RX0000100061 96667ME0310024-01	\$25/Deductible then 50%*	\$7,000/\$14,000	\$8,550/\$17,100	50%	Deductible then 50%	\$25	Deductible then 50%	\$25	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	\$10/\$30/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$30/\$90/30%/50%/50% (Deductible applies to T3, T4 & T5)
HMO Bronze 8550 Metal Tier: Bronze MD0000100120 RX0000100067 96667ME0310025-01	\$25/Deductible then covered in full*	\$8,550/\$17,100	\$8,550/\$17,100	None	Deductible then covered in full	\$25	Deductible then covered in full	\$25	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	Deductible then 0%/0%/0%/0%/0%	Deductible then 0%/0%/0%/0%/0%
HMO HSA Bronze 6000¹ Metal Tier: Bronze MD0000100123 RX0000100063 96667ME0310028-01	Deductible then 50%	\$6,000/\$12,000	\$6,950/\$13,900	50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then 50%	Deductible then \$5/\$25/30%/50%/50%	Deductible then \$15/\$75/30%/50%/50%

* Copay waived for the first non-routine PCP visit per year.

** Members may purchase up to a 90-day supply of maintenance medications.

¹ Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

² Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

³ Enrollment in a Catastrophic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Maine's Choice PlusSM HMO

Product Name	Office Visit	Network Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Chiro & Acupuncture	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
Maine's Choice PlusSM HMO Gold 1200² Metal Tier: Gold MD0000100131 RX0000100070 96667ME0310031-01	Preferred Network: \$25/\$75*	Preferred Network: \$1,200/\$2,400	Preferred Network: \$5,800/\$11,600	Preferred Network: 20%	Deductible then 40%	Preferred Network: \$25	Preferred Network: \$75	\$25	Preferred Network: Deductible then 20%	Preferred Network: Deductible then 20%	\$25	Preferred Network: Deductible then 20%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$50/Deductible then 40%*	Standard Network: \$4,000/\$8,000	Standard Network: \$7,500/\$15,000	Standard Network: 40%		Standard Network: Deductible then 40%	Standard Network: Deductible then 40%		Standard Network: Deductible then 40%	Standard Network: Deductible then 40%				
Maine's Choice PlusSM HMO Silver 2700² Metal Tier: Silver MD0000100176 RX0000100103 96667ME0310035-01	Preferred Network: \$25/\$75*	Preferred Network: \$2,700/\$5,400	Preferred Network: \$7,000/\$14,000	Preferred Network: 30%	Deductible then 40%	Preferred Network: \$25	Preferred Network: \$75	\$25	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	\$25	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$40/\$50/Deductible then 50%*	Standard Network: \$6,200/\$12,400	Standard Network: \$8,550/\$17,100	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%					
Maine's Choice PlusSM HMO Silver 4800² Metal Tier: Silver MD0000100181 RX0000100107 96667ME0310036-01	Preferred Network: \$30/\$75*	Preferred Network: \$4,800/\$9,600	Preferred Network: \$7,600/\$15,200	Preferred Network: 30%	Deductible then 40%	Preferred Network: \$30	Preferred Network: \$75	\$30	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	\$30	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$60/Deductible then 50%*	Standard Network: \$7,000/\$14,000	Standard Network: \$8,550/\$17,100	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%					

* Copay waived for the first non-routine PCP visit per year.

** Members may purchase up to a 90-day supply of maintenance medications.

¹ Available only in Aroostook, Hancock, Penobscot, Piscataquis, Somerset and Washington counties.

² Available only in Androscoggin, Cumberland, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Waldo and York counties.

³ Enrollment in a Catastrophic plan is limited to people under age 30, or people of any age with a hardship exemption or affordability exemption.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Maine's Choice PlusSM HMO HSA and HMO Catastrophic

Product Name	Office Visit	Network Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Chiro & Acupuncture	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
Maine's Choice PlusSM HMO Silver 6500² Metal Tier: Silver MD0000100186 RX0000100111 96667ME0310037-01	Preferred Network: \$35/\$75*	Preferred Network: \$6,500/\$13,000	Preferred Network: \$7,800/\$15,600	Preferred Network: 30%	Deductible then 40%	Preferred Network: \$35	Preferred Network: \$75	\$35	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	\$35	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$70/ Deductible then 50%*	Standard Network: \$8,000/\$16,000	Standard Network: \$8,550/\$17,100	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%		
Maine's Choice PlusSM HMO HSA Bronze 6000² Metal Tier: Bronze MD0000100129 RX0000100063 96667ME0310030-01	Preferred Network: Deductible then 30%	Preferred Network: \$6,000/\$12,000	Preferred Network: \$6,950/\$13,900	Preferred Network: 30%	Deductible then 40%	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	Deductible then 30%	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	Deductible then 30%	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: Deductible then 50%	Standard Network: \$6,600/\$13,200	Standard Network: \$6,950/\$13,900	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%				
HMO Catastrophic³ Metal Tier: Catastrophic MD0000100121 RX0000100062 96667ME0310026-01	PCP: Covered in Full for the first 3 visits per member. All other visits: Deductible then covered in full Specialist: Deductible then covered in full	\$8,550/\$17,100	\$8,550/\$17,100	None	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	Deductible then covered in full	Deductible then 0%/0%/0%/0%/0%	Deductible then 0%/0%/0%/0%/0%

* Copay waived for the first non-routine PCP visit per year.

** Members may purchase up to a 90-day supply of maintenance medications.

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This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Silver CSR plans

Product Name	Office Visit	Network Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Chiro & Acupuncture	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
HMO Silver 3000 CSR73 Metal Tier: Silver - CSR 73% MD0000100128 RX0000100066 96667ME0310029-04	\$35/ Deductible then 30%*	\$2,250/\$4,500	\$6,550/\$13,100	30%	Deductible then 50%	\$35	Deductible then 30%	\$35	Deductible then 30%	Deductible then 30%	Deductible then 30%	Deductible then 30%	\$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)
HMO Silver 3000 CSR87 Metal Tier: Silver - CSR 87% MD0000100127 RX0000100065 96667ME0310029-05	\$25/ Deductible then 20%*	\$600/\$1,200	\$2,700/\$5,400	20%	Deductible then 40%	\$25	Deductible then 20%	\$25	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	\$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)
HMO Silver 3000 CSR94 Metal Tier: Silver - CSR 94% MD0000100126 RX0000100064 96667ME0310029-06	\$15/ Deductible then 10%*	\$350/\$700	\$750/\$1,500	10%	Deductible then 30%	\$15	Deductible then 10%	\$15	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	\$5/\$25/30%/50%/50% (Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Deductible applies to T3, T4 & T5)
Maine's Choice PlusSM HMO Silver 2700 CSR73² Metal Tier: Silver - CSR 73% MD0000100179 RX0000100106 96667ME0310035-04	Preferred Network: \$25/\$75*	Preferred Network: \$2,500/\$5,000	Preferred Network: \$6,000/\$12,000	Preferred Network: 30%	Deductible then 40%	Preferred Network: \$25	Preferred Network: \$75	\$25	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	\$25	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$50/ Deductible then 50%*	Standard Network: \$5,000/\$10,000	Standard Network: \$6,800/\$13,600	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%		

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Silver CSR plans

2021 Maine **On-Exchange** Plans – Effective January 1, 2021 through December 31, 2021.

This is only a summary of plans. For more complete information, please refer to the Schedule of Benefits.

Product Name	Office Visit	Network Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Chiro & Acupuncture	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
						Maine's Choice PlusSM HMO Silver 2700 CSR87² Metal Tier: Silver - CSR 87% MD0000100178 RX0000100105 96667ME0310035-05	Preferred Network: \$20/\$50*						Preferred Network: \$400/\$800	Preferred Network: \$2,000/\$4,000
Standard Network: \$40/Deductible then 50%*	Standard Network: \$1,250/\$2,500	Standard Network: \$2,850/\$5,700	Standard Network: 50%	Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%	Standard Network: Deductible then 50%					
Maine's Choice PlusSM HMO Silver 2700 CSR94² Metal Tier: Silver - CSR 94% MD0000100177 RX0000100104 96667ME0310035-06	Preferred Network: \$15/\$40*	Preferred Network: \$100/\$200	Preferred Network: \$700/\$1,400	Preferred Network: 10%	Deductible then 30%	Preferred Network: \$15	Preferred Network: \$40	\$15	Preferred Network: Deductible then 10%	Preferred Network: Deductible then 10%	\$15	Preferred Network: Deductible then 10%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$30/Deductible then 30%*	Standard Network: \$400/\$800	Standard Network: \$1,200/\$2,400	Standard Network: 30%		Standard Network: Deductible then 30%	Standard Network: Deductible then 30%		Standard Network: Deductible then 30%	Standard Network: Deductible then 30%				
Maine's Choice PlusSM HMO Silver 4800 CSR73² Metal Tier: Silver - CSR 73% MD0000100184 RX0000100110 96667ME0310036-04	Preferred Network: \$30/\$75*	Preferred Network: \$2,700/\$5,400	Preferred Network: \$6,000/\$12,000	Preferred Network: 30%	Deductible then 40%	Preferred Network: \$30	Preferred Network: \$75	\$30	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	\$30	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$60/Deductible then 50%*	Standard Network: \$5,000/\$10,000	Standard Network: \$6,800/\$13,600	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%				
Maine's Choice PlusSM HMO Silver 4800 CSR87² Metal Tier: Silver - CSR 87% MD0000100183 RX0000100109 96667ME0310036-05	Preferred Network: \$20/\$50*	Preferred Network: \$500/\$1,000	Preferred Network: \$2,000/\$4,000	Preferred Network: 20%	Deductible then 30%	Preferred Network: \$20	Preferred Network: \$50	\$20	Preferred Network: Deductible then 20%	Preferred Network: Deductible then 20%	\$20	Preferred Network: Deductible then 20%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$40/Deductible then 50%*	Standard Network: \$1,250/\$2,500	Standard Network: \$2,850/\$5,700	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%				

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Silver CSR plans

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Product Name	Office Visit	Network Deductible	Annual Out-of-Pocket Max	Co-insurance	ER	Urgent Care		Convenience Care	Labs	Inpatient	Chiro & Acupuncture	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based						Retail	Mail**
Maine's Choice PlusSM HMO Silver 4800 CSR94² Metal Tier: Silver - CSR 94% MD0000100182 RX0000100108 96667ME0310036-06	Preferred Network: \$15/\$40*	Preferred Network: \$110/\$220	Preferred Network: \$700/\$1,400	Preferred Network: 10%	Deductible then 30%	Preferred Network: \$15	Preferred Network: \$40	\$15	Preferred Network: Deductible then 10%	Preferred Network: Deductible then 10%	\$15	Preferred Network: Deductible then 10%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$30/Deductible then 30%*	Standard Network: \$400/\$800	Standard Network: \$1,200/\$2,400	Standard Network: 30%		Standard Network: Deductible then 30%	Standard Network: Deductible then 30%		Standard Network: Deductible then 30%	Standard Network: Deductible then 30%		Standard Network: Deductible then 30%		
Maine's Choice PlusSM HMO Silver 6500 CSR73² Metal Tier: Silver - CSR 73% MD0000100189 RX0000100114 96667ME0310037-04	Preferred Network: \$30/\$75*	Preferred Network: \$2,850/\$5,700	Preferred Network: \$6,000/\$12,000	Preferred Network: 30%	Deductible then 40%	Preferred Network: \$30	Preferred Network: \$60	\$30	Preferred Network: Deductible then 30%	Preferred Network: Deductible then 30%	\$30	Preferred Network: Deductible then 30%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$60/Deductible then 50%*	Standard Network: \$4,500/\$9,000	Standard Network: \$6,800/\$13,600	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%				
Maine's Choice PlusSM HMO Silver 6500 CSR87² Metal Tier: Silver - CSR 87% MD0000100188 RX0000100113 96667ME0310037-05	Preferred Network: \$20/\$50*	Preferred Network: \$600/\$1,200	Preferred Network: \$2,000/\$4,000	Preferred Network: 20%	Deductible then 30%	Preferred Network: \$20	Preferred Network: \$50	\$20	Preferred Network: Deductible then 20%	Preferred Network: Deductible then 20%	\$20	Preferred Network: Deductible then 20%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$40/Deductible then 50%*	Standard Network: \$1,250/\$2,500	Standard Network: \$2,850/\$5,700	Standard Network: 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%		Standard Network: Deductible then 50%	Standard Network: Deductible then 50%				
Maine's Choice PlusSM HMO Silver 6500 CSR94² Metal Tier: Silver - CSR 94% MD0000100187 RX0000100112 96667ME0310037-06	Preferred Network: \$15/\$40*	Preferred Network: \$120/\$240	Preferred Network: \$700/\$1,400	Preferred Network: 10%	Deductible then 30%	Preferred Network: \$15	Preferred Network: \$40	\$15	Preferred Network: Deductible then 10%	Preferred Network: Deductible then 10%	\$15	Preferred Network: Deductible then 10%	\$5/\$25/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)	\$15/\$75/30%/50%/50% (Preferred Deductible applies to T3, T4 & T5)
	Standard Network: \$30/Deductible then 30%*	Standard Network: \$400/\$800	Standard Network: \$1,200/\$2,400	Standard Network: 30%		Standard Network: Deductible then 30%	Standard Network: Deductible then 30%		Standard Network: Deductible then 30%	Standard Network: Deductible then 30%				

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These insurance terms are good to know



Cost sharing

This is the portion you pay for specific health care services like office visits, X-rays and prescriptions. Examples of cost sharing include coinsurance, copayments and deductibles.



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 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

This is 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 you pick up a prescription at the pharmacy.



Coinsurance

Coinsurance is a fixed percentage of costs that 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 a savings 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 HMO HSA or the Maine's Choice PlusSM HMO HSA, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.



Out-of-pocket maximum

This is 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 if you 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.

Important legal information

What's not covered on our HMO 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 that 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 a 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
- Language assistance services



Limitations for Maine individual plans

- Early intervention – 40 visits per year
- Physical, speech and occupational therapies – 60 visits combined per year
- Skilled nursing facility and inpatient rehabilitation – 150 days combined per year
- Routine eye exam – 1 exam per year

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 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (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 1-888-333-4742 (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 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)

انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើលោក/លោកស្រី ប្រើភាសាខ្មែរ យើងមានសេវាកម្មបកប្រែ ជូនលោក/លោកស្រីដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (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. 1-888-333-4742 (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. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

Contact us



Harvard Pilgrim
Health Care

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

1 Market Street, Portland, Maine 04101

Already a member?

(866) 673-2638 (Renewing your coverage)

(877) 907-4742 (Questions about your current benefits)

Not yet a member?

(855) 354-4742

TTY: **711**