

Plans to keep you and your family healthy

New Hampshire 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** ElevateHealth HMO
 - 10** Health plan options
 - 26** Insurance terms to know
 - 27** 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 **(855) 565-9923** if you have any questions.

*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.



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 **ElevateHealth HMO** or **ElevateHealth Options HMO**
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.

All the coverage you'll need

These core benefits are included with each of our plans.



UPDATED 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

Bloodwork, 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 for children up to age 19; every two years for adults



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?

Visit www.harvardpilgrim.org/rx. Select "2021" and "Core NH 5-Tier," then look up drugs by tier or category.

PLAN NAME

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

Plan tiers

How prescription drug tiers work

TIER	CORE 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 are here to help. With our Whole Person, In PersonTM approach, our nurses in New Hampshire 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.

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 and diagnostic tests. You'll receive rewards for choosing a more affordable option. New Hampshire members may receive a maximum of \$100 in Reduce My Costs rewards per year. 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 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.

¹Rewards are considered taxable income; please consult with your tax advisor. Certain services may require a referral and/or prior authorization before you can receive services from the lower-cost provider. To ensure the services will be covered, refer to your plan documents or call us at (888) 333-4742. The Reduce My Costs program is not offered with all Harvard Pilgrim plans. Please review your plan documents to confirm whether the Reduce My Costs program is offered with your plan.

²There 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)</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

¹Members 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. Please refer to the plan documents for specific benefit information.

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

All of these participating urgent care clinics are available to you

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, ConvenientMD 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

Littleton: ConvenientMD Urgent Care, Littleton 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

Tilton: ClearChoiceMD Urgent Care

Windham: ConvenientMD Urgent Care

We're committed to New Hampshire's communities



Service is more than good business.



In 2020, more than \$1.3 million was contributed to New Hampshire 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 nonprofit organizations in New Hampshire. This includes a focus on substance-use disorders and New Hampshire's opioid crisis.

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)	\$1,000-\$1,500	\$3,000-\$6,300	\$6,000-\$7,200	\$8,550
Coinsurance range	10%-30%	10%-40%	20%-40%	None
Available plans	ElevateHealth HMO Gold 1500 ElevateHealth Options HMO Gold 1000	ElevateHealth HMO Silver 3500 ElevateHealth HMO Silver 4000 ElevateHealth HMO Silver 5000 ElevateHealth HMO Silver 6300 ElevateHealth HMO HSA Silver 3750 ElevateHealth Options HMO Silver 3000	ElevateHealth HMO Bronze 6000 ElevateHealth HMO Bronze 7200 ElevateHealth HMO HSA Bronze 6250	ElevateHealth HMO Catastrophic

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 can be applied to any of our platinum, gold, silver, or bronze plans offered through the Exchange.

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.

Our plans: Where choice meets savings

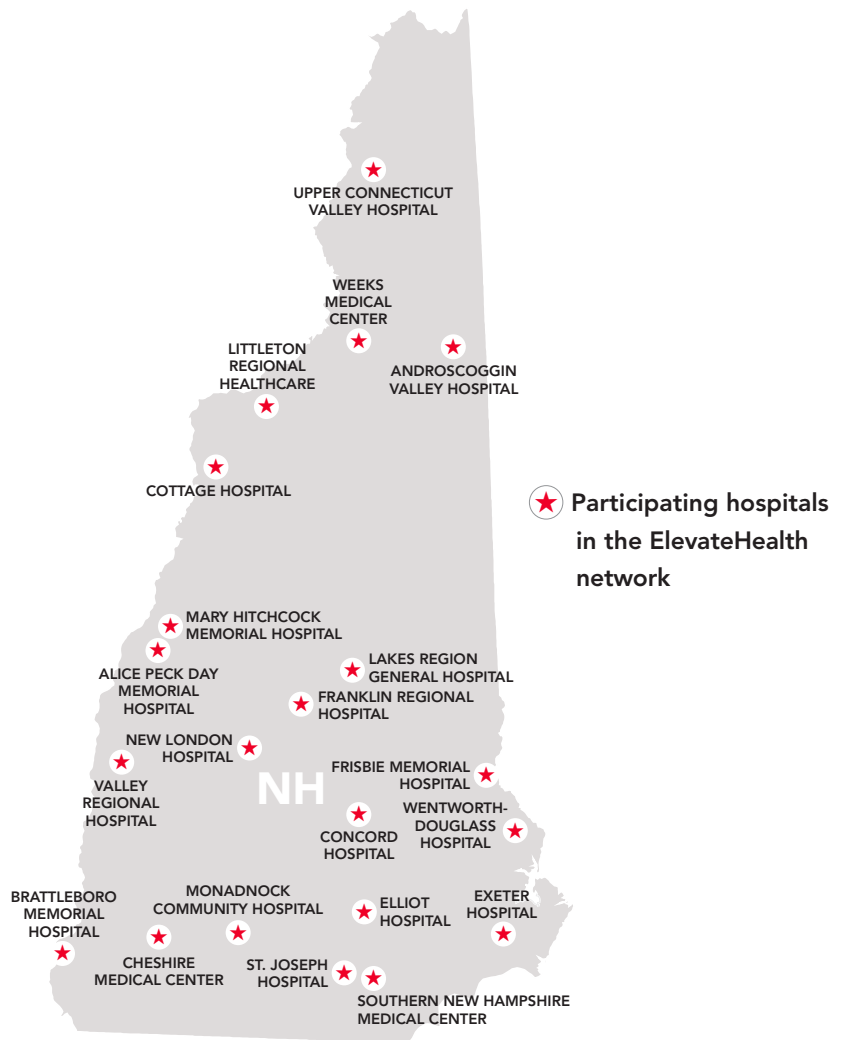
Choose between ElevateHealth HMO and ElevateHealth Options HMO.
Both are designed to improve the quality of your care and lower premiums.

	ElevateHealth HMO	ElevateHealth Options HMO
Access to the select ElevateHealth network	Yes	Yes
Access to the full Harvard Pilgrim network	No, unless authorized by Harvard Pilgrim	Yes, with the appropriate referrals
Lower member cost sharing with Tier 1 providers	Not applicable	Yes
Health savings account-compatible plan design	Yes	No
Lab work	Deductible	No charge (Tier 1)

ElevateHealth HMO

This plan offers premium savings in exchange for access to just the ElevateHealth network.*

- ElevateHealth plans are not available to individuals who reside in Carroll County.
- You must receive care from ElevateHealth providers and hospitals (except in an emergency).



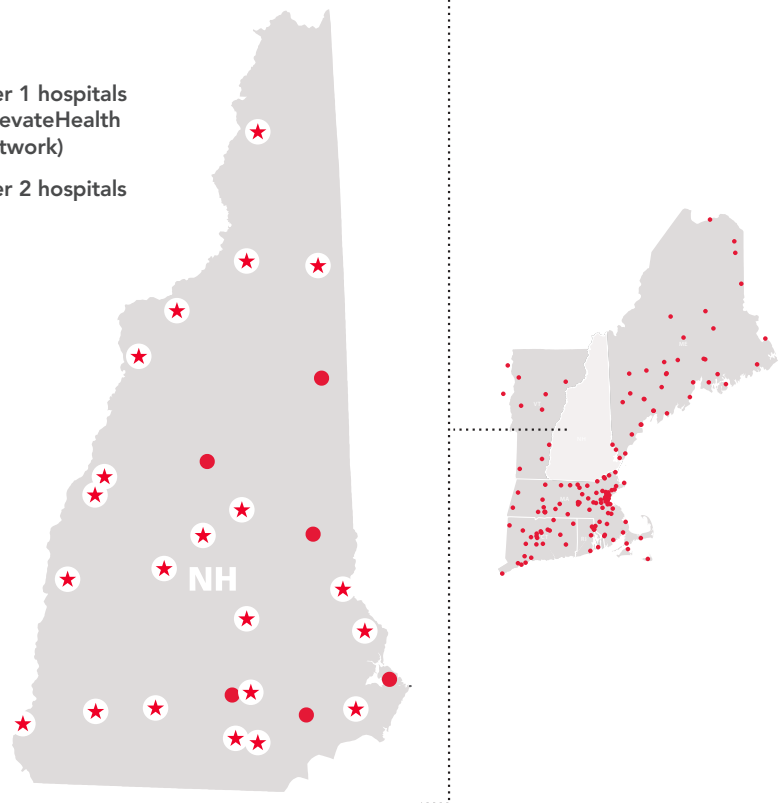
* Changes to our network may occur at any time. For the most current information, visit the provider search tool at www.harvardpilgrim.org/providerdirectory.

ElevateHealth Options HMO

This is a full-network plan option that offers 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.

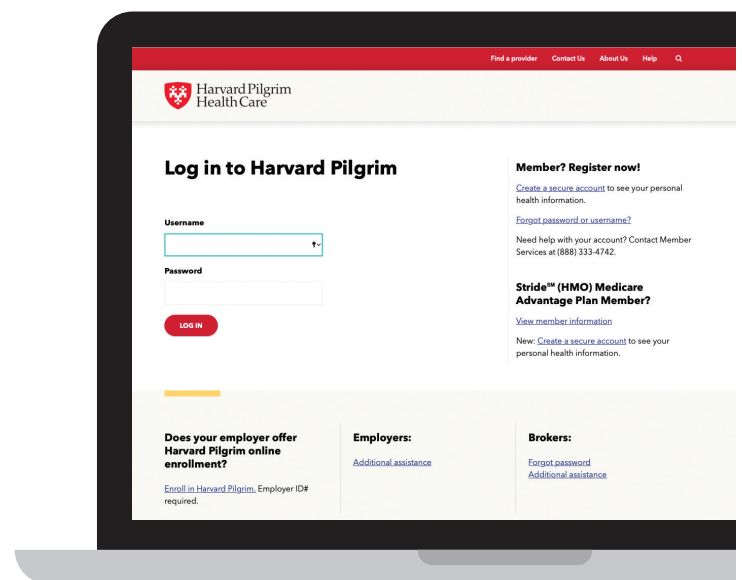
- ★ Tier 1 hospitals (ElevateHealth network)
- Tier 2 hospitals



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



* Changes to our network may occur at any time. For the most current information, visit the provider search tool at www.harvardpilgrim.org/providerdirectory.

2021 New Hampshire plan offerings

2021 New Hampshire **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.

On-Exchange plans

ElevateHealth HMO

Product Name	Office Visit (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	Acupuncture & Chiro	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based							Retail	Mail**
ElevateHealth HMO Gold 1500 <small>MD0000100001 RX0000100001 59025NH0370026-01</small>	\$25/\$50	\$1,500/ \$3,000	\$8,150/ \$16,300	15%	Deductible then \$300	\$35	Deductible then \$150	Deductible then \$500 per admit then 15% for remaining charges	Deductible then 15%	Deductible then 15%	Deductible then 15%	\$25	\$50	\$5/\$25/\$50/ 30%/35% (Deductible applies to T4 & T5)	\$10/\$50/\$100/ 30%/35% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 3500 <small>MD0000100004 RX0000100003 59025NH0370027-01</small>	\$40/\$80	\$3,500/ \$7,000	\$8,500/ \$17,000	30%	Deductible then \$500	\$50	Deductible then \$250	Deductible then \$1,000 per admit	Deductible then \$150	Deductible then 30%	Deductible then \$75	\$40	\$60	\$10/\$35/\$100/ 35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$200/ 35%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 4000 <small>MD0000100006 RX0000100004 59025NH0370028-01</small>	\$40/Deductible then \$80	\$4,000/ \$8,000	\$8,500/ \$17,000	None	Deductible then \$500	\$50	Deductible then \$250	Deductible then \$1,000 per admit	Deductible then \$150	Deductible then covered in full	Deductible then \$75	\$40	\$60	\$10/\$35/\$65/ 35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$130/ 35%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 5000 <small>MD0000100008 RX0000100005 59025NH0370029-01</small>	\$40/\$80	\$5,000/ \$10,000	\$8,500/ \$17,000	30%	Deductible then \$500	\$50	Deductible then \$250	Deductible then 30%	Deductible then \$150	Deductible then 30%	Deductible then 30%	\$40	\$60	\$10/\$35/\$100/ 35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$200/ 35%/40% (Deductible applies to T4 & T5)

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

* Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

ElevateHealth HMO

2021 New Hampshire **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 (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	Acupuncture & Chiro	PT/OT/ST	Rx Cost Sharing	
						Freestanding	Hospital-based							Retail	Mail**
ElevateHealth HMO Silver 6300 <small>MD0000100010 RX0000100006 59025NH0370030-01</small>	\$40/\$80	\$6,300/ \$12,600	\$8,500/ \$17,000	40%	Deductible then \$500	\$50	Deductible then \$250	Deductible then 40%	Deductible then \$150	Deductible then 40%	Deductible then 40%	\$40	\$60	\$10/\$35/\$100/ 35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$200/ 35%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Bronze 6000 <small>MD0000100011 RX0000100007 59025NH0370031-01</small>	\$40/\$80 for the first 4 visits per Member (8 per Family); all other visits Deductible then 20%	\$6,000/ \$12,000	\$8,500/ \$17,000	20%	Deductible then \$500	\$50 for the first 4 visits per member (8 per family); all other visits Deductible then 20%	Deductible then \$250	Deductible then \$500 per admit then 20% for remaining charges	Deductible then 20%	Deductible then 20%	Deductible then 20%	\$40 for the first 4 visits per member (8 per family); all other visits Deductible then 20%	Deductible then 20%	\$10/\$35/30%/35%/40% (Deductible applies to T3, T4 & T5)	\$20/\$70/30%/35%/40% (Deductible applies to T3, T4 & T5)
ElevateHealth HMO Bronze 7200 <small>MD0000100012 RX0000100008 59025NH0370032-01</small>	\$40 copay for the first 4 PCP visits per year. All other visits Deductible then 40%	\$7,200/ \$14,400	\$8,500/ \$17,000	40%	Deductible then 40%	Deductible then 40%	Deductible then 40%	Deductible then 40%	Deductible then 40%	Deductible then 40%	Deductible then 40%	Deductible then 40%	Deductible then 40%	\$10/\$35/35%/40%/40% (Deductible applies to T3, T4 & T5)	\$20/\$70/35%/40%/40% (Deductible applies to T3, T4 & T5)
ElevateHealth HMO Catastrophic <small>MD0000100013 RX0000100009 59025NH0370033-01</small>	\$40 for the first 3 PCP visits per year. All other visits 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 covered in full	Deductible then 0%/0%/0%/0%/0%	Deductible then 0%/0%/0%/0%/0%

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

* Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

ElevateHealth HMO HSA

2021 New Hampshire **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 (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	Acupuncture & Chiro	PT/OT/ST	Rx Cost Sharing		
						Freestanding	Hospital-based							Retail	Mail**	
ElevateHealth HMO HSA Silver 3750 MD0000100015 RX0000100010 59025NH0370034-01	Deductible then 20%	\$3,750/ \$7,500	\$6,900/ \$13,800	20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%/20%/20%/40%/40%	Deductible then 20%/20%/20%/40%/40%
ElevateHealth HMO HSA Bronze 6250 MD0000100016 RX0000100011 59025NH0370035-01	Deductible then 20%	\$6,250/ \$12,500	\$6,900/ \$13,800	20%	Deductible then \$500 per visit then 20% for remaining charges	Deductible then 20%	Deductible then \$250 then 20% for remaining charges	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%/20%/20%/40%/40%	Deductible then 20%/20%/20%/40%/40%

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

* Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

ElevateHealth Options HMO

2021 New Hampshire **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 (PCP/Specialist)	Deductible (Ind/Family)	Out-of-Pocket Max (Ind/Family)	Co-insurance	ER*	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	Acupuncture & Chiro	PT/OT/ST	Rx Cost Sharing		
						Freestanding	Hospital-based							Retail	Mail**	
ElevateHealth Options HMO Gold 1000 MD0000100017 RX0000100012 59025NH0370036-01	Tier 1: \$25/\$50	Tier 1: \$1,000/ \$2,000	\$8,150/ \$16,300	Tier 1: 10%	Deductible then \$300	\$35	Tier 1: Deductible then \$150	Tier 1: Deductible then 10%	Tier 1: ASC: \$100 Outpt Hosp: Deductible then 10%	Tier 1: Covered in full	Tier 1: Deductible then 10%	Tier 1: \$25	Tier 1: \$50	\$5/\$25/\$40/ 25%/35%	(Deductible applies to T4 & T5)	\$10/\$50/\$80/ 25%/35%
	Tier 2: Deductible then 30%	Tier 2: \$3,000/ \$6,000														
ElevateHealth Options HMO Silver 3000 MD0000100019 RX0000100013 59025NH0370037-01	Tier 1: \$40/\$80	Tier 1: \$3,000/ \$6,000	\$8,500/ \$17,000	Tier 1: 10%	Deductible then \$500	\$50	Tier 1: Deductible then \$250	Tier 1: Deductible then 10%	Tier 1: ASC: \$150 Outpt Hosp: Deductible then 10%	Tier 1: Covered in full	Tier 1: Deductible then 10%	Tier 1: \$40	Tier 1: \$60	\$10/\$35/\$60/ 30%/40%	(Deductible applies to T4 & T5)	\$20/\$70/\$120/ 30%/40%
	Tier 2: Deductible then 40%	Tier 2: \$5,000/ \$10,000														

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

* Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

ElevateHealth CSR (Cost Sharing Reduction)

2021 New Hampshire **On-Exchange** Plans – Effective January 1, 2021 through December 31, 2021.
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						Freestanding	Hospital-based							Retail	Mail**
ElevateHealth HMO Silver 3500 Silver - CSR 73% <small>MD0000100020 RX0000100020 59025NH0370027-04</small>	\$40/\$80	\$3,500/ \$7,000	\$6,000/ \$12,000	30%	Deductible then \$500	\$50	Deductible then \$250	Deductible then \$1,000 per admit	Deductible then \$150	Deductible then 30%	Deductible then \$75	\$40	\$60	\$10/\$35/\$100/ 35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$200/ 35%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 3500 Silver - CSR 87% <small>MD0000100021 RX0000100015 59025NH0370027-05</small>	\$10/\$20	\$1,000/ \$2,000	\$2,600/ \$5,200	30%	Deductible then \$100	\$20	Deductible then \$50	Deductible then \$200 per admit	Deductible then \$50	Deductible then 30%	Deductible then \$40	\$10	\$20	\$10/\$35/\$100/ 35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$200/ 35%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 3500 Silver - CSR 94% <small>MD0000100022 RX0000100016 59025NH0370027-06</small>	\$10/\$20	\$450/ \$900	\$900/ \$1,800	10%	Deductible then \$60	\$20	Deductible then \$30	Deductible then \$120 per admit	Deductible then \$30	Deductible then 10%	Deductible then \$30	\$10	\$20	\$2/\$10/\$25/ 20%/35% (Deductible applies to T4 & T5)	\$4/\$20/\$50/ 20%/35% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 4000 Silver - CSR 73% <small>MD0000100023 RX0000100017 59025NH0370028-04</small>	\$40/Deductible then \$80	\$3,000/ \$6,000	\$6,100/ \$12,200	None	Deductible then \$500	\$50	Deductible then \$250	Deductible then \$1,000 per admit	Deductible then \$150	Deductible then covered in full	Deductible then \$75	\$40	\$60	\$10/\$35/\$65/ 35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$130/ 35%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 4000 Silver - CSR 87% <small>MD0000100024 RX0000100018 59025NH0370028-05</small>	\$10/Deductible then \$20	\$900/ \$1,800	\$2,800/ \$5,600	None	Deductible then \$100	\$20	Deductible then \$50	Deductible then \$200 per admit	Deductible then \$50	Deductible then covered in full	Deductible then \$40	\$10	\$20	\$10/\$35/\$65/ 35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$130/ 35%/40% (Deductible applies to T4 & T5)

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						Freestanding	Hospital-based							Retail	Mail**
ElevateHealth HMO Silver 4000 Silver - CSR 94% <small>MD0000100025 RX0000100019 59025NH0370028-06</small>	\$10/Deductible then \$20	\$450/\$900	\$850/\$1,700	None	Deductible then \$60	\$20	Deductible then \$30	Deductible then \$120 per admit	Deductible then \$30	Deductible then covered in full	Deductible then \$30	\$10	\$20	\$2/\$10/\$25/20%/35% (Deductible applies to T4 & T5)	\$4/\$20/\$50/20%/35% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 5000 Silver - CSR 73% <small>MD0000100026 RX0000100020 59025NH0370029-04</small>	\$40/\$80	\$3,500/\$7,000	\$6,000/\$12,000	20%	Deductible then \$500	\$50	Deductible then \$250	Deductible then 20%	Deductible then \$150	Deductible then 20%	Deductible then 20%	\$40	\$60	\$10/\$35/\$100/35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$200/35%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 5000 Silver - CSR 87% <small>MD0000100027 RX0000100015 59025NH0370029-05</small>	\$10/\$20	\$1,000/\$2,000	\$2,600/\$5,200	20%	Deductible then \$100	\$20	Deductible then \$50	Deductible then 20%	Deductible then \$50	Deductible then 20%	Deductible then 20%	\$10	\$20	\$10/\$35/\$100/35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$200/35%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 5000 Silver - CSR 94% <small>MD0000100028 RX0000100022 59025NH0370029-06</small>	\$10/\$20	\$400/\$800	\$900/\$1,800	10%	Deductible then \$50	\$20	Deductible then \$25	Deductible then 10%	Deductible then \$30	Deductible then 10%	Deductible then 10%	\$10	\$20	\$2/\$10/\$25/20%/40% (Deductible applies to T4 & T5)	\$4/\$20/\$50/20%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 6300 Silver - CSR 73% <small>MD0000100029 RX0000100014 59025NH0370030-04</small>	\$40/\$80	\$3,450/\$6,900	\$6,000/\$12,000	40%	Deductible then \$500	\$50	Deductible then \$250	Deductible then 40%	Deductible then \$150	Deductible then 40%	Deductible then 40%	\$40	\$60	\$10/\$35/\$100/35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$200/35%/40% (Deductible applies to T4 & T5)

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						Freestanding	Hospital-based							Retail	Mail**
ElevateHealth HMO Silver 6300 Silver - CSR 87% MD0000100030 RX0000100015 59025NH0370030-05	\$10/\$20	\$1,000/\$2,000	\$2,600/\$5,200	20%	Deductible then \$100	\$20	Deductible then \$50	Deductible then 20%	Deductible then \$50	Deductible then 20%	Deductible then 20%	\$10	\$20	\$10/\$35/\$100/35%/40% (Deductible applies to T4 & T5)	\$20/\$70/\$200/35%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 6300 Silver - CSR 94% MD0000100031 RX0000100022 59025NH0370030-06	\$10/\$20	\$450/\$900	\$900/\$1,800	20%	Deductible then \$50	\$20	Deductible then \$25	Deductible then 20%	Deductible then \$30	Deductible then 20%	Deductible then 20%	\$10	\$20	\$2/\$10/\$25/20%/40% (Deductible applies to T4 & T5)	\$4/\$20/\$50/20%/40% (Deductible applies to T4 & T5)
ElevateHealth HMO Silver 3750 Silver - CSR 73% MD0000100032 RX0000100023 59025NH0370034-04	Deductible then 20%	\$2,500/\$5,000	\$6,000/\$12,000	20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%/20%/20%/40%/40%	Deductible then 20%/20%/20%/40%/40%
ElevateHealth HMO Silver 3750 Silver - CSR 87% MD0000100033 RX0000100024 59025NH0370034-05	Deductible then 10%	\$1,000/\$2,000	\$2,850/\$5,700	10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%/10%/10%/40%/40%	Deductible then 10%/10%/10%/40%/40%
ElevateHealth HMO Silver 3750 Silver - CSR 94% MD0000100034 RX0000100025 59025NH0370034-06	Deductible then 10%	\$450/\$900	\$700/\$1,400	10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%	Deductible then 10%/10%/10%/40%/40%	Deductible then 10%/10%/10%/40%/40%

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ElevateHealth Options CSR (Cost Sharing Reduction)

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						Freestanding	Hospital-based							Retail	Mail**
ElevateHealth Options HMO Silver 3000 Silver - CSR 73% MD0000100035 RX0000100026 59025NH0370037-04	Tier 1: \$40/\$80	Tier 1: \$3,000/\$6,000	\$6,000/\$12,000	Tier 1: 10%	Deductible then \$500	\$50	Tier 1: Deductible then \$250	Tier 1: Deductible then 10%	Tier 1: ASC: \$150 Outpt Hosp: Deductible then 10%	Tier 1: Covered in full	Tier 1: Deductible then 10%	Tier 1: \$40	Tier 1: \$60	\$10/\$35/\$60/30%/40% (Deductible applies to T4 & T5) (T4 \$550/script max, T5 \$550/script max)	\$20/\$70/\$120/30%/40% (Deductible applies to T4 & T5) (T4 \$1,100/script max, T5 \$1,100/script max)
	Tier 2: Deductible then 40%	Tier 2: \$5,000/\$10,000		Tier 2: 40%			Tier 2: Deductible then 40%	Tier 2: Deductible then 40%	Tier 2: Deductible then 40%	Tier 2: Deductible then 40%	Tier 2: Deductible then 40%	Tier 2: Acupuncture: \$40 Chiro: Deductible then 40%	Tier 2: Deductible then 40%		
ElevateHealth Options HMO Silver 3000 Silver - CSR 87% MD0000100036 RX0000100027 59025NH0370037-05	Tier 1: \$10/\$20	Tier 1: \$1,000/\$2,000	\$2,650/\$5,300	Tier 1: None	Deductible then \$100	\$20	Tier 1: Deductible then \$50	Tier 1: Deductible then covered in full	Tier 1: ASC: \$150 Outpt Hosp: Deductible then covered in full	Tier 1: Covered in full	Tier 1: Deductible then covered in full	Tier 1: \$10	Tier 1: \$20	\$10/\$35/\$60/30%/40% (Deductible applies to T4 & T5) (T4 \$550/script max, T5 \$550/script max)	\$20/\$70/\$120/30%/40% (Deductible applies to T4 & T5) (T4 \$1,100/script max, T5 \$1,100/script max)
	Tier 2: Deductible then 10%	Tier 2: \$2,000/\$4,000		Tier 2: 10%			Tier 2: Deductible then 10%	Tier 2: Deductible then 10%	Tier 2: Deductible then 10%	Tier 2: Deductible then 10%	Tier 2: Acupuncture: \$10 Chiro: Deductible then 10%	Tier 2: Deductible then 10%			
ElevateHealth Options HMO Silver 3000 Silver - CSR 94% MD0000100037 RX0000100028 59025NH0370037-06	Tier 1: \$10/\$20	Tier 1: \$400/\$800	\$850/\$1,700	Tier 1: None	Deductible then \$100	\$20	Tier 1: Deductible then \$50	Tier 1: Deductible then covered in full	Tier 1: ASC: \$150 Outpt Hosp: Deductible then covered in full	Tier 1: Covered in full	Tier 1: Deductible then covered in full	Tier 1: \$10	Tier 1: \$20	\$2/\$10/\$25/20%/25% (Deductible applies to T4 & T5) (T4 \$550/script max, T5 \$550/script max)	\$4/\$20/\$50/20%/25% (Deductible applies to T4 & T5) (T4 \$1,100/script max, T5 \$1,100/script max)
	Tier 2: Deductible then 10%	Tier 2: \$800/\$1,600		Tier 2: 10%			Tier 2: Deductible then 10%	Tier 2: Deductible then 10%	Tier 2: Deductible then 10%	Tier 2: Acupuncture: \$10 Chiro: Deductible then 10%	Tier 2: Deductible then 10%				

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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 and coinsurance 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 ElevateHealth 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 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
- 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

- Early intervention – 40 visits per year
- Therapy services – Physical therapy, speech therapy and occupational therapy – 60 combined visits per year
- Skilled nursing facility – 100 days per year
- Inpatient rehabilitation – 100 days per year
- Routine eye exam (up to age 19) – 1 exam per year
- Routine eye exam (adult) – 1 exam every 2 years

General notice about nondiscrimination and accessibility requirements

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

Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St., Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at 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) ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ 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) ໂປດຊານ: 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.

**650 Elm Street, Suite 700
Manchester, NH 03101**

Already a member?

(855) 565-9923 (Renewing your coverage)

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

Not yet a member?

(844) 213-1591

TTY: **711**