



Harvard Pilgrim
Health Care

Connecticut 2022 Product Guide

**Better choices.
Better coverage.
Better value.**

For employers
with 2 to 50
eligible employees



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

Table of contents

- 1 [Our promise](#)
- 2 [Local partner, national network](#)
- 4 [Our core benefits](#)
- 5 [Prescription drug coverage](#)
- 6 [Reduce My Costs: Savings and rewards](#)
- 7 [Urgent care options](#)
- 9 [Programs that keep members healthy](#)
- 14 [Focus CTSM HMO](#)
- 15 [Network Choice CTSM PPO](#)
- 16 [SimplyVirtualSM HMO and Virtual ChoiceSM HMO](#)
- 18 [Plan option grids](#)
- 38 [Online quoting and renewals](#)
- 39 [Business rules](#)
- 40 [Legal information](#)

Guiding people to better health

Harvard Pilgrim offers a full range of health insurance solutions. Our plans deliver outstanding coverage, choice and value for your small group clients.



90,000+
DOCTORS & CLINICIANS

180+
HOSPITALS

Full, tiered and virtual network plans

Our HMO, Focus CTSM HMO, PPO* and Network Choice CTSM PPO* products are built around best-in-class local providers who deliver high-quality care at an excellent value. SimplyVirtualSM HMO and Virtual ChoiceSM HMO give members 24/7 access to primary care through Doctor On Demand.

New England & national coverage

Our regional network has more than 90,000 doctors and other clinicians, and more than 180 hospitals. Our PPO plans give members access to providers across the United States.

* PPO plans are underwritten by HPHC Insurance Company.

Alternative funding options

Harvard Pilgrim and its affiliate, Health Plans, Inc., offer plans with strong choice and flexibility to meet varying needs. Our Connecticut small group self-funded plans feature savings opportunities and are available for employers with 15 to 50 enrolled employees.

Committed to Connecticut's communities

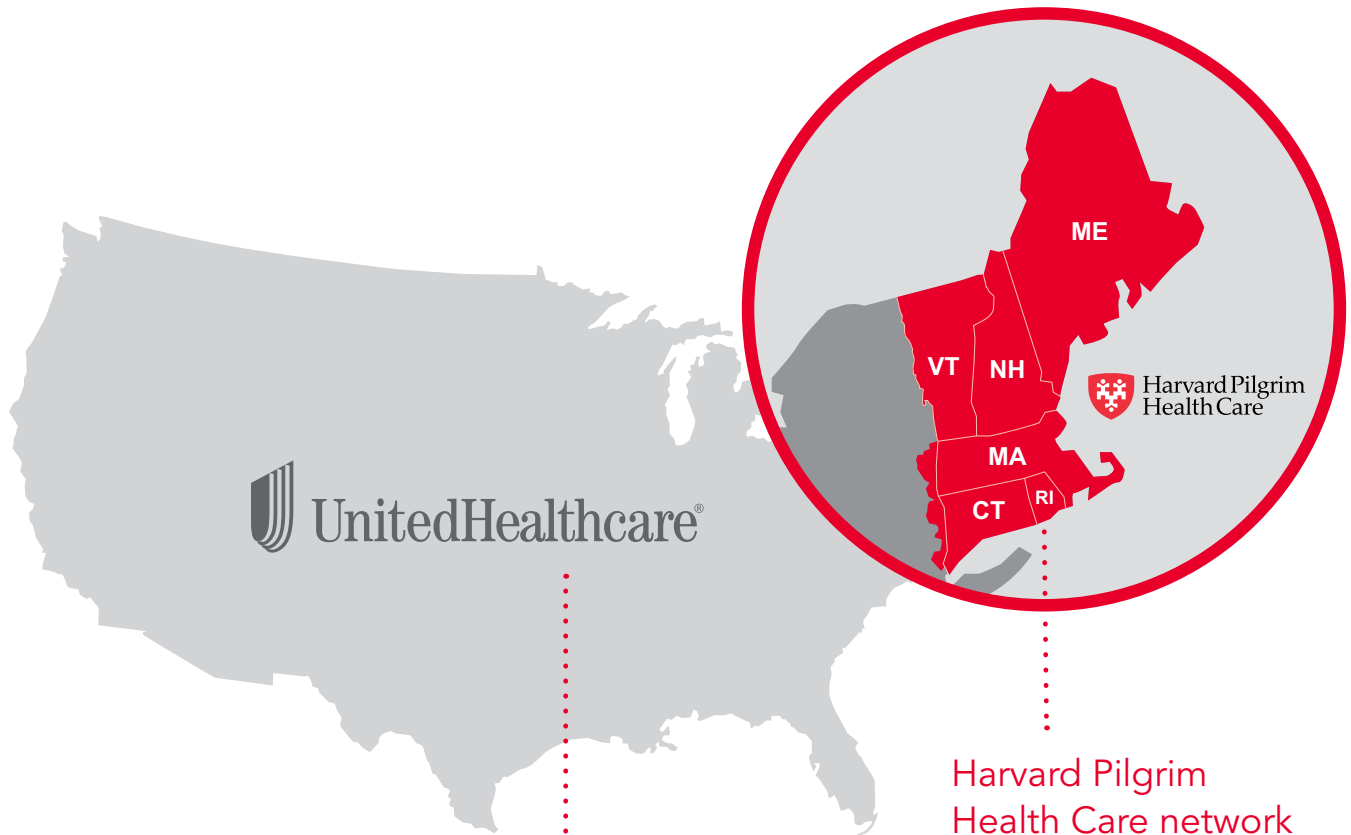
Service is more than good business.

As the only not-for-profit health insurer in Connecticut, 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 Connecticut nonprofit organizations.



In 2020, more than **\$1.6 million** was contributed to Connecticut nonprofit organizations.

We offer local and national networks



National network through the UnitedHealthcare Options network

- 1.2 million providers
- 6,000+ hospitals

Harvard Pilgrim Health Care network

- 90,000+ doctors and clinicians
- 180+ hospitals

Connecticut

- 20,000+ providers
- All 29 hospitals

We make switching health insurance easy

Switching insurance benefits should be a seamless experience — and with [Harvard Pilgrim SmartStart](#), it is. As part of our ongoing commitment to service and support, SmartStart eliminates the hassle and uncertainty of switching health insurance. We get employers and members up and running — even **before** their coverage starts.



Superior service

Skilled support

Access to your own experienced sales team, to ensure successful implementation.

Employer education

We will identify, recommend and implement self-service options, including member portal, EDI resolution interface and online billing.



Early member engagement

Pre-enrollment resource

Our prospective member call center is dedicated to answering employees' questions about specific benefits and coverage before they enroll.

Virtual benefit fairs

We'll set up an open enrollment website with information about employers' Harvard Pilgrim plan options. There's no hassle and no extra cost!

Clinical transitions

Members have pre-enrollment support for prior authorizations, pharmacy coverage and clinical care team connections, which ensures a seamless transition and continuity of care.

Access to digital ID cards

If they need them, members can get digital ID cards even before their coverage is effective.



Data capture

Guided digital welcome experience

We'll capture member information through a quick digital journey as soon as enrollment is complete. This additional channel for early and easy collection of member data ensures the complete capture of important information.

PCP and data verification

Our data capture journey verifies primary care information and helps members get the right services to optimize their health and well-being.

For information on getting new clients up and running with Harvard Pilgrim's SmartStart program, contact your account executive directly.

Our plans include great benefits

No matter which fully insured plan an employer offers, they all include these core benefits.



Acupuncture and chiropractic

Unlimited acupuncture and chiropractic visits per year



Behavioral health and substance use disorder services

Counseling and psychotherapy



Ambulatory patient services

Outpatient care without hospital admission



Pediatric dental and vision

Covers children up to age 26



Emergency services

Trips to the emergency room (ER), when medically necessary



Prescriptions

Access to safe, effective medications; certain over-the-counter drugs are included in all our formularies



Eye exams

One preventive screening every year



Pregnancy, maternity and newborn care

Care before, during and after pregnancy



Hospitalization

Inpatient services, such as surgery



Preventive care and chronic disease management

Doctor visits for wellness exams, shots, screenings, health maintenance, etc.



Laboratory services

Blood work, screenings, etc.



Rehabilitation and habilitative services and devices

Rehab services, hospital beds, crutches, oxygen tanks, etc.

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

Covering the prescriptions our members need

Our prescription drug coverage focuses on choice and value.

Harvard Pilgrim has partnered with OptumRx for pharmacy benefit management services. The result is an easier, enhanced experience that makes it simple and convenient for members to order, manage and receive prescription medications.

Members can get prescriptions from more than 67,000 pharmacies nationwide. OptumRx's mail order pharmacy, OptumRx Home Delivery, gives members the convenience of having prescriptions shipped to their home. CVS Specialty is our primary specialty pharmacy provider.

Questions about our prescription drug program?

Visit www.harvardpilgrim.org/rx to learn more.

Select the year and the plan (e.g., 2022 Value 4-Tier) to:

-  See which drugs are covered
-  Look up drug prices
-  Find nearby in-network pharmacies
-  Get details on home delivery
-  And more

Helping members get the most out of their benefits

All plans include our 4-tier prescription drug coverage: The lower the tier, the less members will pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. Members can fill prescriptions at retail pharmacies nationwide or through our mail order program.

Over-the-counter prescriptions available

We cover certain generic over-the-counter (OTC) drugs on all of our formularies. With a prescription from their provider, members will pay Tier 1 prescription cost sharing for OTC drugs including cough, cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations.

How the prescription drug tiers work

TIER	Tier 1	Tier 2	Tier 3	Tier 4
VALUE 4-TIER	Lower-cost generics	Higher-cost generics	Preferred brands (some higher-cost generics)	Non-preferred brands and preferred specialty (some higher-cost generics)

Reduce My Costs helps members save money and earn rewards

When members are scheduled to receive outpatient procedures or diagnostic tests, [Reduce My Costs](#)¹ helps them find lower-cost providers and care. They just call **(855) 772-8366** or use the [Reduce My Costs chat feature](#) whenever their doctor recommends an outpatient test or procedure such as:

- Radiology (e.g., MRI and CT scan)
- Lab work
- Mammogram
- Ultrasound
- Bone density study
- Colonoscopy
- Other non-emergency outpatient test or procedure

Members will speak with an experienced nurse who will:

- Compare provider costs and inform them of the lower-cost providers in their area
- Assist with scheduling or rescheduling their appointment and help with any paperwork

With this program, members can pay less in out-of-pocket expenses and may also be eligible for a reward if they choose a more affordable option. And if they're already seeing a lower-cost provider, members receive a reward just for calling.²






¹ Certain services may require a referral and/or prior authorization before members can receive services from the lower-cost provider. To ensure the services will be covered, members should refer to their plan documents or contact Harvard Pilgrim at (888) 333-4742.

² Rewards are considered taxable income; members should consult with their tax advisors. Per state regulations in Connecticut, rewards are in the form of health and wellness gift cards.



The care our members need, when they need it

When their primary care providers' offices aren't open, members who need medical care for a non-life-threatening injury or illness have [urgent care options](#) — other than the ER — that can save time and money.

		Typical out-of-pocket costs	Common symptoms
	<p>Telemedicine services Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer</p>	<p>\$ Members may pay cost sharing for telemedicine services*</p>	<ul style="list-style-type: none"> • Coughs, colds • Sore/strep throat • Flu • Pediatric issues • Sinus and allergies • Nausea/diarrhea • Rashes and skin issues • UTIs, yeast infections • Sports injuries • Eye issues
	<p>Convenience care/retail clinic Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacies)</p>	<p>\$ Members typically pay a copayment for going to a participating clinic*</p>	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections • Skin conditions like poison ivy and ringworm • Strep throat
	<p>Freestanding urgent care clinic Walk-in clinic for urgent care (See page 8 for a list of participating clinics)</p>	<p>\$\$ Members typically pay a copayment for urgent care, sometimes higher than the one for an office visit or convenience care clinic visit*</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>\$\$\$ Members typically pay their deductible, then a hospital-based urgent care copay*</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Burns, rashes, bites, cuts and bruises • Infections • Coughs, cold and flu
	<p>Emergency room (ER) Part of a local hospital</p> <p>Members who think they are having medical emergencies should call 911 or go to the nearest ER</p>	<p>\$\$\$\$ Members typically pay a higher copayment than an office visit; plus, ER services are often subject to a deductible*</p>	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss • Seizures • Severe head trauma • Shock • Stroke

* What members pay out of pocket depends on their specific Harvard Pilgrim plan. Members should refer to their plan documents for their specific benefit information.

Connecticut convenience care and freestanding urgent care clinics

Members have access to these participating clinics:

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

Ansonia: MinuteClinic

Avon: Hartford HealthCare Go Health & MinuteClinic

Berlin: Kathy's Urgent Care

Bethel: MinuteClinic

Bloomfield: Kathy's Urgent Care

Bridgeport: AFC Urgent Care

Bristol: Hartford HealthCare Go Health, MinuteClinic & PhysicianOne Urgent Care

Brookfield: PhysicianOne Urgent Care

Brooklyn: MinuteClinic

Cheshire: MinuteClinic

Coventry: MinuteClinic

Danbury: AFC Urgent Care

Derby: MedExpress Urgent Care & PhysicianOne Urgent Care

East Hampton: MinuteClinic

East Hartford: Concentra Urgent Care

Ellington: Priority Urgent Care

Enfield: Hartford HealthCare Go Health, MinuteClinic & PhysicianOne Urgent Care

Fairfield: AFC Urgent Care & Saint Vincent's Urgent Care

Glastonbury: Hartford HealthCare Go Health, MinuteClinic & PhysicianOne Urgent Care

Granby: The Doctor's Treatment Center

Groton: MinuteClinic & PhysicianOne Urgent Care

Guilford: MinuteClinic

Hamden: MinuteClinic, PhysicianOne Urgent Care & Urgent Care Center

Madison: Middlesex Hospital Urgent Care

Manchester: Hartford HealthCare Go Health & PhysicianOne Urgent Care

Meriden: Hartford HealthCare Go Health & MedExpress Urgent Care

Middletown: MedExpress Urgent Care & Middlesex Hospital Urgent Care

Milford: My Health 1st Urgent Care, Saint Vincent's Urgent Care & Urgent Care Center

Monroe: Saint Vincent's Urgent Care

New Britain: AFC Urgent Care & Concentra Urgent Care

New Haven: Concentra Urgent Care

New London: Hartford HealthCare Go Health

New Milford: MinuteClinic

Newington: A Walk In Medical Center, Hartford HealthCare Go Health & Premier Urgent Care

Newtown: PhysicianOne Urgent Care

North Haven: Urgent Care Center

Norwalk: AFC Urgent Care, PhysicianOne Urgent Care & Urgent Care Center

Norwich: Concentra Urgent Care, Hartford HealthCare Go Health, MinuteClinic & PhysicianOne Urgent Care

Old Saybrook: Middlesex Hospital, MinuteClinic & Urgent Care

Orange: Urgent Care Center

Plainville: The Doctor's Treatment Center

Ridgefield: PhysicianOne Urgent Care

Riverside: MinuteClinic

Rocky Hill: Kathy's Urgent Care, MinuteClinic & Velocity Urgent Care

Shelton: AFC Urgent Care & Saint Vincent's Urgent Care

South Windsor: Hartford HealthCare Go Health & MinuteClinic

Southbury: MinuteClinic & PhysicianOne Urgent Care

Southington: Hartford HealthCare Go Health & Urgent Care of Southington

Stamford: Concentra Urgent Care & Stamford Uc PC dba AFC Urgent Care Stamford

Stratford: Concentra Urgent Care, MinuteClinic, PhysicianOne Urgent Care, Saint Vincent's Urgent Care & Urgent Care Center

Torrington: AFC Urgent Care, Concentra Urgent Care & Hartford HealthCare Go Health

Trumbull: Saint Vincent's Urgent Care

Unionville: Priority Urgent Care

Vernon Rockville: AFC Urgent Care & Hartford HealthCare Go Health

Wallingford: Concentra Urgent Care & HealthMed Urgent Care

Waterbury: Concentra Urgent Care, MinuteClinic, PhysicianOne Urgent Care, Trinity Health of New England Urgent Care & Urgent Care Center

West Hartford: AFC Urgent Care, Hartford HealthCare Go Health, Kathy's Urgent Care, PhysicianOne Urgent Care & PM Pediatrics of Connecticut

West Haven: Urgent Care Center

Westport: Westport Urgent Care LLC

Wethersfield: Hartford HealthCare Go Health, Kathy's Urgent Care & Velocity Urgent Care

Willimantic: Med East Medical Walk In Center

Windsor: Concentra Urgent Care & Hartford HealthCare Go Health

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

Keeping our members healthy

As a recognized leader in effective population health programs, we're ready to put our expertise and experience to work for the health and well-being of our members.



Engage clinical expertise

Our clinical care team of nurses, social workers, pharmacists and health coaches connects with and guides members to better health.

Chronic care support

- Diabetes
- COPD
- Asthma
- Heart disease

Specialty care support¹

- Rare diseases
- Transgender care
- Oncology care
- Chronic kidney disease

Clinical care team support

Available for members via the MyConnect mobile app or by phone.

Utilization management²

Our programs ensure that members get the right care, at the right time and at the right place.

Aspire Health³

We've partnered with one of the largest non-hospice palliative care organizations to provide whole-person support for patients with advanced stages of serious illnesses.

Visit www.harvardpilgrim.org/clinicalcareteam to learn more.



Maintain a healthy mind

Behavioral health and substance use disorder support over the phone, in person, online or through mobile apps.

24/7 support helplines

- Substance use disorder treatment
- Emotional support

Behavioral health access center

Licensed care advocates help members find available providers and answer questions about benefits and coverage.

Peer coaching for substance use disorders

Services from peer recovery coaches are available through our behavioral health administrator, United Behavioral Health/Optum.

Convenient online resources

- www.liveandworkwell.com (virtual visits, Express Access Network, self-management tools and resources)⁴
- Virtual visits with Doctor On Demand
- Talkspace digital therapy⁴
- Sanvello mobile app

Visit www.harvardpilgrim.org/behavioralhealth to learn more.

¹ Transgender care program included for self-insured groups; other programs are buy-ups.

² Skilled nursing facility and rehab and hospitalization care coordination programs included for self-insured groups; other programs are buy-ups.

³ Self-insured accounts pay based on an engaged per member per month fee.

⁴ Through our behavioral health administrator, United Behavioral Health/Optum.



Support maternity and family wellness

Parenthood is the journey of a lifetime. And with every journey, it helps to have support and guidance along the way.

Ovia Health

This suite of mobile apps help members:

- Starting families (**Ovia Fertility**)
- Navigating pregnancy (**Ovia Pregnancy**)
- Raising young children (**Ovia Parenting**)

ProgenyHealth¹

Harvard Pilgrim has partnered with ProgenyHealth to help improve health outcomes for premature and medically complex babies in neonatal intensive care, and to provide support for their families.

Visit www.harvardpilgrim.org/familyhealth to learn more.



Improve health and wellness

Harvard Pilgrim members have access to a robust suite of tools and programs to help improve and maintain their health and well-being.

Digital tools and apps

- **Limeade mobile app:** Well-being activities with built-in incentives to encourage healthy actions^{2,3}
- **Living Well at Home:** Online wellness classes

Lifestyle management coaches

One-on-one support for setting and achieving personal health goals.

Living WellSM Workplace

Everything an employer needs to start a wellness program, all in one place. Visit www.harvardpilgrim.org/wellnessprogram to check out our turnkey toolkit, online engagement platform and popular buy-up programs.

Discounts and savings

- Vision and hearing
- Fitness and workout gear
- Complementary and alternative medicine

Fitness reimbursement

Members can qualify to receive up to \$150 in an annual fitness reimbursement — **or up to \$300 per family contract** — on fees for health and fitness club memberships, classes or virtual subscriptions!⁴



Members receive a \$50 gift card for seeing their doctor for an annual checkup and telling us about their appointment.⁵

¹ Self-insured accounts pay an implementation fee and a one-time per-case fee.

² Restrictions apply; please see program materials for more information. Rewards may be taxable; members should consult their tax advisors.

³ Rewards are available to employees of fully insured accounts that are rated as small group with 2 to 50 eligible employees. Rewards may be taxable; members should consult their tax advisors.

⁴ There is a \$300 maximum reimbursement per family contract for up to two members on the Harvard Pilgrim policy with a maximum of \$150 per member per calendar year. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement and active fitness club members for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income; members should consult their tax advisors.

⁵ Subscribers and covered dependents age 18 and over can receive a \$50 gift card for completing an annual visit with their PCP.

Providing one-stop HSA shopping

Together, a qualified high-deductible health plan and a health savings account (HSA) help employers and members save money and maximize their health care dollars.

You know Harvard Pilgrim has great high-deductible health plan options. We also have relationships with [several preferred HSA vendors](#) to help make setup and administration easy. Contact your account executive for more information.

HSA partners

- Bend HSA*
- Benefit Strategies, LLC
- Benefit Wallet®
- Group Dynamic, Inc.
- HealthEquity®
- HRC Total Solutions
- Optum Bank® HSA

2022 HDHP and HSA updates

The IRS has increased out-of-pocket maximum amounts for high-deductible health plans (HDHPs) and contribution amounts for health savings accounts (HSAs). For 2022, the IRS defines a high-deductible health plan as any plan with a deductible of at least \$1,400 for an individual or \$2,800 for a family. An HDHP's total yearly out-of-pocket maximum (including deductibles, copayments and coinsurance) can't be more than \$7,050 for an individual or \$14,100 for a family. (This limit doesn't apply to out-of-network services.) The contribution limits for HSAs will increase to \$3,650 for an individual and \$7,300 for a family.

Explore savings with ancillary products



We have teamed up with The Guardian Life Insurance Company of America to provide a full line of ancillary insurance products.

By purchasing a Harvard Pilgrim fully insured medical plan along with one or more new fully insured ancillary products from Guardian, employers can save money and provide more insurance options for their employees.

Small group employers can take advantage of a premium discount on dental insurance through our partnership with The Guardian Life Insurance Company of America. The discount applies to new Guardian dental sales only. Additional Guardian cross-sell discounts for multiline sales of other ancillary products are available.

What we offer



Dental



Life, short-term disability and long-term disability



Vision



Supplemental health (accident, cancer, critical illness, hospital indemnity)

Helping members choose a plan

Harvard Pilgrim offers a number of plan options to meet every family's needs and budget.

When choosing a plan, members should consider a number of factors.

- Do they frequently go to the doctor or need medical treatment?
- Is having the flexibility to see doctors outside the network important to them?
- Do they regularly take medication? Or take several medications?
- Do they prefer a higher premium and lower payments when they receive treatment?

Help members find the plan that best meets their needs

	HMO	HMO R	Focus CT SM HMO ¹	PPO ²	Network Choice CT SM PPO ³	SimplyVirtual SM HMO and Virtual Choice SM HMO
Clients can cover employees located outside of New England				X	X	
PCPs and referrals required		X	X			X
Members can get care from providers outside the plan's network				X	X	
Lowest premium cost		X	X		X	X
Most services covered up front with copayments or coinsurance	X ⁴	X ⁴	X ⁴	X <i>In-network services only</i>	X ⁴	X
HSA-compatible designs available	X	X	X	X	X	X

¹ Certain providers require authorization.

² PPO plans are underwritten by HPHC Insurance Company.

³ These plans have two benefit levels: Tier 1 and Tier 2. Members pay different levels of cost sharing depending on the affiliation of the provider delivering a covered service. If a provider changes affiliations at any time, the tier of that provider may also change. Members should consult the provider directory (www.harvardpilgrim.org/providerdirectory) to determine a provider's network.

⁴ Deductible may apply.

2022 updates and reminders

NEW



Virtual primary care offerings

SimplyVirtualSM HMO and Virtual ChoiceSM HMO will be available for small group business as of January 1, 2022. See page 16 to learn more.



Site of service benefits for Focus CTSM HMO plans

Standard (non-HSA) Focus CTSM HMO plans will have site-of-service benefits for day surgery; advanced radiology; and physical therapy, occupational therapy and speech therapy services. Members can save money when they receive these services from non-hospital providers; these providers can be found in our [provider directory](#).



HMO R plans

HMO R plans require members to select a PCP, and referrals are required for most types of specialty care. HMO R plans give members access to the same robust New England network as our other HMO products, including 90,000 doctors and clinicians and 180+ hospitals.

REMINDERS

Focus CTSM HMO

With greater savings over our standard HMO plans, our Focus CT HMOs are built around a network of select providers across Connecticut, plus thousands of other participating providers in Harvard Pilgrim's New England network.

Learn more on page 14.

Network Choice CTSM PPO

Our Network Choice CT PPOs feature a two-tier in-network cost sharing structure that lets us offer these plans at greater savings over our standard PPOs. Members have the opportunity to save money, depending on which providers they choose.

Learn more on page 15.

Over-the-counter prescriptions available

We cover certain generic over-the-counter (OTC) drugs on all of our formularies. With a prescription from their provider, members will pay Tier 1 prescription drug cost sharing for OTC drugs including cough, cold and allergy; dermatology; gastrointestinal; pain; and ophthalmic preparations.

Unlimited acupuncture and chiropractic visits

Members on our small group plans have unlimited acupuncture and chiropractic care visits for the calendar year. Cost sharing will apply, according to the terms of the member's plan.

Virtual fitness subscriptions included in \$300 reimbursement¹

Members can qualify to receive [up to \\$150 in an annual fitness reimbursement](#) — or up to \$300 per family contract — on fees for health club memberships, classes or virtual subscriptions!

Guardian dental discounts available²

Small group employers can take advantage of a premium discount on dental insurance through our partnership with The Guardian Life Insurance Company of America. The discount applies to new Guardian dental sales only. Additional Guardian cross-sell discounts for multiline sales of other ancillary products are available.

For non-virtual plans, no cost sharing for urgent care visits through Doctor On Demand

Members enrolled in non-HSA plans are not required to pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will be billed for these visits, and they will apply toward the in-network deductible.

One no-cost PCP/behavioral health visit

All our non-HSA plans include one PCP and behavioral health visit at no additional cost.

¹ Reimbursement is limited to two members on a family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. Fitness reimbursement may be considered taxable income. For tax information, members should consult their tax advisors.

² Ancillary products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Some products may not be available in all states. Policy limitations and exclusions apply.

Focus CTSM HMO

Greater savings over our standard HMOs.

Focus CT HMOs are built around a network of select providers across Connecticut, plus thousands of other participating providers in Harvard Pilgrim's seamless New England network.



Members can receive care from 85,000 Focus CT HMO clinicians and 172 hospitals^{1, 2}



\$50 gift card incentive for annual PCP visits³



Primary care providers and referrals required



Two free PCP visits with non-HSA plans



Site-of-service benefits for day surgery, advanced radiology and PT/OT/ST (non-HSA plans)



High-deductible, HSA-compatible designs available

All Focus CT HMOs feature:

- **Unlimited chiropractic and acupuncture visits**
- **No-cost telehealth with Doctor On Demand**
- **Full network pharmacy offering**
- **\$300 fitness reimbursement per family contract (\$150 per member)**

This plan provides access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In this plan, members have coverage only from providers in the Focus CT HMO provider network. Please consult the Focus CT HMO provider directory or visit the provider search tool at www.harvardpilgrim.org for a list of providers in Focus CT HMO. Members may also call Harvard Pilgrim to request a paper copy of the provider directory free of charge.

¹On the rare occasion when specialty care is not available from a Focus CT HMO specialist or facility, we have a limited number of additional Authorized Access providers. Members or their providers must obtain prior authorization from Harvard Pilgrim to receive care from Authorized Access providers and hospitals and for the plan to provide coverage for the services.

²In a medical emergency, members do not have to use Focus CT HMO providers or obtain PCP referrals. The plan will provide coverage for emergency services from any provider.

³Subscribers and covered dependents age 18 and over can receive a \$50 gift card for completing an annual visit with their PCP.



Network Choice CTSM PPO

Access, options and savings.

Network Choice CT PPOs* are flexible, easy-to-use plans that let members save money on out-of-pocket costs based on the in-network providers they choose.



Plans feature access to two tiers of in-network providers

Tier 1
(\$ = lower in-network cost sharing)

- 85,000 participating providers throughout Harvard Pilgrim's New England network

Tier 2
(\$\$ = higher in-network cost sharing)

- Providers affiliated with Yale New Haven Health System and Stamford Health
- Participating UnitedHealthcare providers outside of New England



Members can receive care for covered services from out-of-network providers as well



High-deductible, HSA-compatible designs available

* In these plans, members pay different levels of cost sharing depending on the tier of the provider delivering a covered service or medical supply. A provider's benefit tier may change at any time. To determine a provider's tier in a specific plan's network, members should search the Harvard Pilgrim provider directory by plan name. Members may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

All Network Choice CT PPOs feature:

- Unlimited chiropractic and acupuncture visits
- No-cost telehealth with Doctor On Demand
- Full network pharmacy offering
- \$300 fitness reimbursement per family contract (\$150 per member)



Introducing virtual primary care

Two unique plans with a virtual-first primary care model.

With the growing popularity of virtual visits, members are looking for more flexible health plan options. Harvard Pilgrim delivers, with two new plans with a virtual-first primary care model: **SimplyVirtualSM HMO** and **Virtual ChoiceSM HMO**.

Virtual primary care is a new, innovative model for health care that gives members 24/7 access to primary care providers (PCPs) through virtual visits with Doctor On Demand. Members have the freedom to receive virtual visits from anywhere — at home, in the workplace, while traveling on vacation — all with lower PCP visit cost sharing than office-based offerings. Doctor On Demand physicians send prescriptions directly to the pharmacy of choice, and they also order lab work, when needed.



SimplyVirtualSM HMO

Adult members age 19+ must select PCP through Doctor On Demand.



Virtual ChoiceSM HMO

Adult members age 19+ can choose either a PCP from Doctor On Demand **OR** an office-based PCP from Harvard Pilgrim's New England HMO network. Cost sharing is lower if they choose a Doctor On Demand PCP.

Both plans: Members under age 19 must select a Harvard Pilgrim network PCP and continue to receive office-based care. They'll always pay the lowest cost sharing.

How they compare

	SimplyVirtual SM HMO	Virtual Choice SM HMO
PCP requirement	<ul style="list-style-type: none"> Adult members age 19+ must select a PCP from Doctor On Demand¹ All members under age 19 must select a PCP from Harvard Pilgrim's HMO network and receive office-based care 	<ul style="list-style-type: none"> Adult members age 19+ may choose either a PCP from Doctor On Demand or an office-based PCP from Harvard Pilgrim's HMO network¹ All members under age 19 must select a PCP from Harvard Pilgrim's HMO network and receive office-based care
PCP cost sharing	<ul style="list-style-type: none"> Same cost sharing for all members, regardless of age 	<ul style="list-style-type: none"> For adult members age 19+, cost sharing varies based on PCP selection: <ul style="list-style-type: none"> - Lower cost sharing for a Doctor On Demand PCP - Higher cost sharing for an office-based PCP Members under age 19 always pay lower cost sharing for office-based care
Specialists and referrals	All members receive office-based care from specialists within Harvard Pilgrim's HMO network. Doctor On Demand PCPs refer to office-based specialists as needed, and help members find providers and schedule appointments.	
Behavioral health access	Members may choose behavioral health providers from Doctor On Demand or from the full United Behavioral Health network	

¹ A member must establish a relationship with a Doctor On Demand PCP by: (1) registering with Doctor On Demand in the state the member resides in, and (2) completing a PCP appointment in the same state.

Why virtual primary care?

The virtual-first model offers:



Seamless continuity of care — preventive care, chronic disease management, urgent care and integrated behavioral health are all provided on a smartphone, tablet or computer.



A compassionate, efficient experience — meeting the member where and when it's most convenient, with more emphasis on shared decision-making and taking the time to guide them through medical concerns.



A dedicated team, 24/7/365 — members have access to an entire care team, including nurses, care managers and nutritionists, plus:

- Weekend appointments for some PCPs
- Option to schedule a visit with another Doctor On Demand provider when their PCP isn't available
- Personalized care plans
- Fast responses when member reaches out to care team



Prescriptions and refills at local and select mail order pharmacies.

Getting started with Doctor On Demand

After enrolling with Harvard Pilgrim, members who choose the Doctor On Demand PCP option will:

- Register with [Doctor On Demand](#)
- Select and virtually meet their PCP*
- Receive a Care Kit, which includes a thermometer, blood pressure cuff and welcome materials

Once the member is registered, Doctor On Demand will contact them with additional resources:

- Welcome to Doctor On Demand
- Walkthrough kit
- How to set up a wellness appointment



Finding an office-based PCP (Virtual ChoiceSM HMO only)

Virtual ChoiceSM HMO members who choose to have an office-based PCP must select their PCP from Harvard Pilgrim's HMO provider directory at www.harvardpilgrim.org/providerdirectory.

* A member must establish a relationship with a Doctor On Demand PCP by: (1) registering with Doctor On Demand in the state the member resides in, and (2) completing a PCP appointment in the same state.

2022 Connecticut plan offerings

Connecticut Small Group Plans — Effective January 1, 2022, through December 31, 2022.

For employers with 2 to 50 eligible employees

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

Plan Name	Deductible (Individual/Family)	Co-insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing	
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}
HMO												
HMO 15/40 Copay Metal Tier: Platinum MD0000100475 RX0000100323	None/None	None	\$4,000/\$8,000	\$15/\$40*	\$350	\$500 per day, \$2,000 max per admit	Hosp: \$300 Freestnd: \$150	Lab: Hosp: \$40/Freestnd: \$10 X-ray: \$40 Adv Rad: Hosp: \$75 Freestnd: \$50, combined max \$375 per year	\$15	\$50	\$5/\$50/40%/40%	\$10/\$100/40%+I67/40%
HMO 2500 Hospital Metal Tier: Gold MD0000100478 RX0000100324	\$2,500/\$5,000	None	\$7,500/\$15,000	\$25/\$45*	Ded, then \$350	Ded, then CIF	Hosp: Ded, then \$500 Freestnd: \$500	Lab: Hosp: Ded, then \$10/Freestnd: \$10 X-ray: \$45 Adv Rad: Hosp: Ded, then \$75 Freestnd: \$75, combined max \$375 per year	\$25	\$50	\$5/\$50/40%/40%	\$10/\$100/40%/40%
HMO 2000 with Coinsurance Metal Tier: Gold MD0000100480 RX0000100325	\$2,000/\$4,000	40%	\$6,000/\$12,000	\$25/\$50*	Ded, then 40%	Ded, then 40%	Hosp: Ded, then 40% Freestnd: Ded, then 25%	Lab: Hosp: 40%/Freestnd: 25% X-ray: 40% Adv Rad: Hosp: Ded, then 40% Freestnd: Ded, then 25%	\$25	\$50	\$5/\$50/40%/40%	\$10/\$100/40%/40%
HMO 3500 with Coinsurance Metal Tier: Gold MD0000100482 RX0000100326	\$3,500/\$7,000	45%	\$8,000/\$16,000	\$25/\$50*	Ded, then 45%	Ded, then 45%	Hosp: Ded, then 45% Freestnd: Ded, then 30%	Lab: Hosp: 45%/Freestnd: 30% X-ray: 45% Adv Rad: Hosp: Ded, then 45% Freestnd: Ded, then 30%	\$25	\$50	\$5/\$50/40%/40%	\$10/\$100/40%/40%
HMO 4000 with Coinsurance Metal Tier: Silver MD0000100547 RX0000100340	\$4,000/\$8,000	50%	\$8,700/\$17,400	\$40/\$75*	Ded, then 50%	Ded, then 50%	Hosp: Ded, then 50% Freestnd: Ded, then 35%	Lab: Hosp: Ded, then 50%/Freestnd: 35% X-ray: Ded, then 50% Adv Rad: Hosp: Ded, then 50% Freestnd: Ded, then 35%	\$40	\$75	\$10/\$60/40%/50%	\$20/\$120/40%/50%
HMO 6000 with Coinsurance Metal Tier: Silver MD0000100549 RX0000100340	\$6,000/\$12,000	50%	\$8,700/\$17,400	\$40/\$75*	Ded, then 50%	Ded, then 50%	Hosp: Ded, then 50% Freestnd: Ded, then 35%	Lab: Hosp: Ded, then 50%/Freestnd: Ded, then 35% X-ray: Ded, then 50% Adv Rad: Hosp: Ded, then 50% Freestnd: Ded, then 35%	\$40	\$75	\$10/\$60/40%/50%	\$20/\$120/40%/50%

Please note: This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

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

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

¹ T3 \$500/script max, T4 \$750/script max.

² T3 \$1,000/script max, T4 \$1,500/script max.

Plan Name	Deductible (Individual/Family)	Co- insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing		
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}	
HMO HSA													
HMO HSA 2800/20% Metal Tier: Silver MD0000100485 RX0000100327	\$2,800/\$5,600	20%	\$6,000/\$12,000	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
HMO HSA 3000 Copay Metal Tier: Silver MD0000100500 RX0000100153	\$3,000/\$6,000	None	\$7,000/\$14,000	Ded, then \$30/Ded, then \$60	Ded, then \$350	Ded, then \$500 per day; max \$2,000 per admit	Ded, then \$500	Lab: Ded, then \$10 X-ray: Ded, then \$60 Adv. Rad: Ded, then \$75, combined max \$375 per year	Ded, then \$30	Ded, then \$50	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%	
HMO HSA 3000/50% Metal Tier: Silver MD0000100497 RX0000100153	\$3,000/\$6,000	50%	\$7,000/\$14,000	Ded, then \$30/Ded, then \$60	Ded, then 50%	Ded, then 50%	Hosp: Ded, then 50%/ Freestnd: Ded, then 30%	Lab: Ded, then \$10 X-ray: Ded, then \$60 Adv Rad: Hosp: Ded, then 50% Freestnd: Ded, then 30%	Ded, then \$30	Ded, then \$50	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%	
HMO HSA 3500 Metal Tier: Silver MD0000100487 RX0000100164	\$3,500/\$7,000	30%	\$7,000/\$14,000	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%	
HMO HSA 4500/20% Metal Tier: Silver MD0000100499 RX0000100150	\$4,500/\$9,000	20%	\$7,000/\$14,000	Ded, then \$30/Ded, then \$60	Ded, then 20%	Ded, then 20%	Hosp: Ded, then 30% Freestnd: Ded, then 20%	Lab: Ded, then \$10 X-ray: Ded, then \$60 Adv. Rad: Hosp: Ded, then 30% Freestnd: Ded, then 20%	Ded, then \$30	Ded, then \$50	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%	
HMO HSA 4500/30% Metal Tier: Silver MD0000100489 RX0000100132	\$4,500/\$9,000	30%	\$6,850/\$13,700	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then 30%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%	
HMO HSA 5400 Metal Tier: Silver MD0000100491 RX0000100134	\$5,400/\$10,800	None	\$7,000/\$14,000	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%	
HMO HSA 6200 Metal Tier: Bronze MD0000100493 RX0000100138	\$6,200/\$12,400	50%	\$7,000/\$14,000	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then 50%	Ded, then \$15/\$60/40%/50%	Ded, then \$20/\$120/40%/50%	
HMO HSA 7000 Metal Tier: Bronze MD0000100495 RX0000100330	\$7,000/\$14,000	None	\$7,000/\$14,000	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF/CIF/0%/0% ³	Ded, then CIF/CIF/0%/0%	

Please note: This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

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

¹ T3 \$500/script max, T4 \$750/script max.

² T3 \$1,000/script max, T4 \$1,500/script max.

³ Per-script max does not apply on this plan.

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

Plan Name	Deductible (Individual/Family)	Co- insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing	
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}
HMO R & HMO Value												
HMO R 3000³ Metal Tier: Gold MD0000100557 RX0000100326	\$3,000/\$6,000	30%	\$8,000/\$16,000	\$30/\$50*	Ded, then 30%	Ded, then 30%	Hosp: Ded, then 30% Freestnd: Ded, then \$350	Lab: Ded, then \$10 X-ray: Ded, then \$50 Adv Rad: Hosp: Ded, then 30% Freestnd: \$75, combined max \$375 per year	\$30	\$50	\$5/\$50/40%/40%	\$10/\$100/40%/40%
HMO R 5000³ Metal Tier: Silver MD0000100582 RX0000100370	\$5,000/\$10,000	30%	\$8,700/\$17,400	\$30/\$60*	Ded, then 30%	Ded, then 30%	Hosp: Ded, then 30% Freestnd: Ded, then \$350	Lab: Ded, then \$20 X-ray: Ded, then 30% Adv Rad: Hosp: Ded, then 30% Freestnd: \$75, combined max \$375 per year	\$30	\$75	\$10/Ded, then \$60/40%/50%	\$20/Ded, then \$120/40%/50%
HMO R 6500³ Metal Tier: Silver MD0000100570 RX0000100369	\$6,500/\$13,000	30%	\$8,700/\$17,400	\$30/\$50*	Ded, then 30%	Ded, then 30%	Hosp: Ded, then 30% Freestnd: Ded, then \$350	Lab: Ded, then \$10 X-ray: Ded, then 30% Adv Rad: Hosp: Ded, then 30% Freestnd: \$75, combined max \$375 per year	\$30	\$75	\$10/Ded, then \$60/40%/50%	\$20/Ded, then \$120/40%/50%
HMO 2500 Value⁴ Metal Tier: Gold MD0000100572 RX0000100363	\$2,500/\$5,000	20%	\$6,000/\$12,000	\$30/\$65*	Ded, then \$350	Ded, then 20%	Ded, then 20%	Lab: Ded, then \$40 X-ray: Ded, then 20% Adv Rad: Ded, then 20%	\$30	Ded, then 20%	\$5/\$50/Ded, then 40%/50%	\$10/\$100/Ded, then 40%/40%
HMO 3500 Value⁴ Metal Tier: Silver MD0000100573 RX0000100364	\$3,500/\$7,000	30%	\$8,500/\$17,000	\$30/\$70*	Ded, then \$350	Ded, then 30%	Ded, then 30%	Lab: Ded, then \$60 X-ray: Ded, then 30% Adv Rad: Ded, then 30%	\$30	Ded, then 30%	\$10/Ded, then \$60/40%/50%	\$20/Ded, then \$120/40%/50%
HMO 7000 Value⁴ Metal Tier: Bronze MD0000100574 RX0000100365	\$7,000/\$14,000	35%	\$8,700/\$17,400	\$55/Ded, then \$70*	Ded, then \$350	Ded, then 35%	Ded, then 35%	Ded, then 35%	\$55	Ded, then 35%	\$15/Ded, then \$60/40%/50%	\$30/Ded then, \$120/40%/50%

Please note: This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

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

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

¹ T3 \$500/script max, T4 \$750/script max.

² T3 \$1,000/script max, T4 \$1,500/script max.

³ HMO R members each need to select a PCP, and a PCP's referral is required for most kinds of specialty care.

⁴ For HMO Value plans, most services go towards the deductible, with the exception of some benefits including office visits, outpatient mental health and convenience care.

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Plan Name	Deductible (Individual/Family)	Co- insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing	
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}
Focus CTSM HMO & HSA												
Focus CTSM HMO 2500/10% Metal Tier: Gold MD0000100501 RX0000100332	\$2,500/\$5,000	10%	\$7,000/\$14,000	\$10/\$60*	Ded, then 10%	Ded, then 10%	Hosp: Ded, then 30% Freestnd: Ded, then 10%	Lab: Ded, then 10% X-ray: Ded, then 10% Adv Rad: Hosp: Ded, then 30% Freestnd: Ded, then 10%	\$10	Ded, then 10%	\$5/\$50/40%/40%	\$10/\$100/40%/40%
Focus CTSM HMO 3500/20% Metal Tier: Gold MD0000100502 RX0000100332	\$3,500/\$7,000	20%	\$7,000/\$14,000	\$10/\$60*	Ded, then 20%	Ded, then 20%	Hosp: Ded, then 30% Freestnd: Ded, then 20%	Lab: Ded, then 20% X-ray: Ded, then 20% Adv Rad: Hosp: Ded, then 30% Freestnd: Ded, then 20%	\$10	Ded, then 20%	\$5/\$50/40%/40%	\$10/\$100/40%/40%
Focus CTSM HMO 5300/20% Metal Tier: Silver MD0000100503 RX0000100156	\$5,300/\$10,600	20%	\$8,550/\$17,100	\$20/\$80*	Ded, then 50%	Ded, then 20%	Hosp: Ded, then 30% Freestnd: \$500	Lab: Ded, then 20% X-ray: Ded, then 20% Adv Rad: Hosp: Ded, then 30% Freestnd: \$75, combined max \$375 per year	\$20	Ded, then 20%	\$10/\$60/40%/50%	\$20/\$120/40%/50%
Focus CTSM HMO 8550/0% Metal Tier: Bronze MD0000100504 RX0000100157	\$8,550/\$17,100	None	\$8,550/\$17,100	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF/CIF/0%/0% ³	Ded, then CIF/CIF/0%/0% ³

Please note: This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

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

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

¹ T3 \$500/script max, T4 \$750/script max.

² T3 \$1,000/script max, T4 \$1,500/script max.

³ Per-script max does not apply on this plan.

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

Plan Name	Deductible (Individual/Family)	Co- insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing	
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}
Focus CTSM HMO & HSA												
Focus CTSM HMO HSA 3000/10% Metal Tier: Silver MD0000100505 RX0000100153	\$3,000/\$6,000	10%	\$7,000/\$14,000	Ded, then \$20/Ded, then \$50	Ded, then 10%	Ded, then 10%	Hosp: Ded, then 30% Freestnd: Ded, then 10%	Lab: Ded, then \$10 X-ray: Ded, then \$50 Adv Rad: Hosp: Ded, then 30% Freestnd: Ded, then 10%	Ded, then \$20 Copay	Ded, then 10%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
Focus CTSM HMO HSA 3500/20% Metal Tier: Silver MD0000100506 RX0000100164	\$3,500/\$7,000	20%	\$7,000/\$14,000	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then 20%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
Focus CTSM HMO HSA 5000/0% Metal Tier: Silver MD0000100507 RX0000100159	\$5,000/\$10,000	None	\$5,000/\$10,000	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF/CIF/0%/0% ³	Ded, then CIF/CIF/0%/0% ³
Focus CTSM HMO HSA 5000/10% Metal Tier: Silver MD0000100508 RX0000100161	\$5,000/\$10,000	10%	\$7,000/\$14,000	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then 10%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%

Please note: This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

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

¹ T3 \$500/script max, T4 \$750/script max.

² T3 \$1,000/script max, T4 \$1,500/script max.

³ Per script max does not apply on this plan.

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

Plan Name	Deductible (Individual/Family)	Co- insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing	
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}
SimplyVirtualSM HMO & Virtual ChoiceSM HMO												
SimplyVirtualSM HMO 5000 Metal Tier: Silver MD0000100578 RX0000100366	\$5,000/\$10,000	35%	\$8,700/\$17,400	\$15/\$60	Ded, then 35%	Ded, then 35%	Ded, then 35%	Ded, then 35%	\$15	\$75	\$10/\$50/50%/50%	\$20/\$100/50%/50%
SimplyVirtualSM HMO 8700 Metal Tier: Bronze MD0000100579 RX0000100367	\$8,700/\$17,400	0%	\$8,700/\$17,400	\$15/Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	Ded, then CIF	\$20/Ded, then \$50/50%/50%	\$40/Ded, then \$100/50%/50%
Virtual ChoiceSM HMO 6000^{3,4} Metal Tier: Silver MD0000100580 RX0000100368	\$6,000/\$12,000	Virtual PCP: 20% Office-based PCP: 40%	\$8,700/\$17,400	Virtual PCP: \$15/\$45 Office-based PCP: \$30/\$60	Ded, then 20%	Virtual PCP: Ded, then 20% Office-based PCP: Ded, then 40%	Virtual PCP: Ded, then 20% Office-based PCP: Ded, then 40%	Virtual PCP: Ded, then 20% Office-based PCP: Ded then 40%	Virtual PCP: \$25 Office-based PCP: \$40	Virtual PCP: \$45 Office-based PCP: \$60	\$15/\$50/40%/40%	\$30/\$100/40%/40%

Please note: This document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

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

¹ T3 \$500/script max, T4 \$750/script max.

² T3 \$1,000/script max, T4 \$1,500/script max.

³ Member cost sharing is based on the member's PCP selection.

⁴ Members under age 19 select an office-based PCP, and lower virtual PCP cost sharing will apply.

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

Plan Name	Deductible (Individual/Family)	Co-insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing	
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}
PPO												
PPO 15/40 Copay Metal Tier: Platinum MD0000100476 RX0000100323	IN: None/None	IN: None	IN: \$4,000/\$8,000	IN: \$15/\$40*	\$350	IN: \$500 per day \$2,000 max per admit	IN: Hosp: \$300 Freestnd: \$150	Lab: Hosp: \$40/Freestnd: \$10 X-ray: \$40 Adv Rad: Hosp: \$75/Freestnd: \$50, combined max \$375 per year	IN: \$15	IN: \$50	\$5/\$50/40%/40%	\$10/\$100/40%/40%
	\$2,000/\$4,000	OON: 30%	OON: \$8,000/\$16,000	Ded, then 30%		OON: Ded, then 30%	OON: Ded, then 30%	OON: Ded, then 30%	OON: Ded, then 30%	OON: Ded, then 30%		
PPO 1000 Hospital Metal Tier: Platinum MD0000100477 RX0000100323	IN: \$1,000/\$2,000	IN: None	IN: \$4,000/\$8,000	IN: \$15/\$40*	\$300	IN: Ded, then CIF	IN: Hosp: Ded, then \$200 Freestnd: \$200	Lab: Hosp: \$40/Freestnd: \$10 X-ray: \$40 Adv Rad: Hosp: \$75/Freestnd: \$50, combined max \$375 per year	IN: \$15	IN: \$50	\$5/\$50/40%/40%	\$10/\$100/40%/40%
	OON: \$2,000/\$4,000	OON: 20%	OON: \$8,000/\$16,000	Ded, then 20%		OON: Ded, then 20%	OON: Ded, then 20%	OON: Ded, then 20%	OON: Ded, then 20%	OON: Ded, then 20%		
PPO 2500 Hospital Metal Tier: Gold MD0000100479 RX0000100324	IN: \$2,500/\$5,000	IN: None	IN: \$7,500/\$15,000	IN: \$25/\$45*	Ded, then \$350	IN: Ded, then CIF	IN: Hosp: Ded, then \$500 Freestnd: \$500	Lab: Hosp: Ded, then \$10/Freestnd: \$10 X-ray: \$45 Adv Rad: Hosp: Ded, then \$75/Freestnd: \$75, combined max \$375 per year	IN: \$25	IN: \$50	\$5/\$50/40%/40%	\$10/\$100/40%/40%
	OON: \$5,000/\$10,000	OON: 50%	OON: \$15,000/\$30,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO 2000 with Coinsurance Metal Tier: Gold MD0000100481 RX0000100325	IN: \$2,000/\$4,000	IN: 40%	IN: \$6,000/\$12,000	IN: \$25/\$50*	Ded, then 40%	IN: Ded, then 40%	IN: Hosp: Ded, then 40% Freestnd: Ded, then 25%	Lab: Hosp: 40%/Freestnd: 25% X-ray: 40% Adv Rad: Hosp: Ded, then 40%/Freestnd: Ded, then 25%	IN: \$25	IN: \$50	\$5/\$50/40%/40%	\$10/\$100/40%/40%
	OON: \$4,000/\$8,000	OON: 50%	OON: \$12,000/\$24,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO 3500 with Coinsurance Metal Tier: Gold MD0000100483 RX0000100326	IN: \$3,500/\$7,000	IN: 45%	IN: \$8,000/\$16,000	IN: \$25/\$50*	Ded, then 45%	IN: Ded, then 45%	IN: Hosp: Ded, then 45% Freestnd: Ded, then 30%	Lab: Hosp: 45%/Freestnd: 30% X-ray: 45% Adv Rad: Hosp: Ded, then 45%/Freestnd: Ded, then 30%	IN: \$25	IN: \$50	\$5/\$50/40%/40%	\$10/\$100/40%/40%
	OON: \$7,000/\$14,000	OON: 50%	OON: \$16,000/\$32,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO 4000 with Coinsurance Metal Tier: Silver MD0000100548 RX0000100340	IN: \$4,000/\$8,000	IN: 50%	IN: \$8,700/\$17,400	IN: \$40/\$75*	Ded, then 50%	IN: Ded, then 50%	IN: Hosp: Ded, then 50% Freestnd: Ded, then 35%	Lab: Hosp: Ded, then 50%/Freestnd: 35% X-ray: Ded, then 50% Adv Rad: Hosp: Ded, then 50%/Freestnd: Ded, then 35%	IN: \$40	IN: \$75	\$10/\$60/40%/50%	\$20/\$120/40%/50%
	OON: \$8,000/\$16,000	OON: 50%	OON: \$17,400/\$34,800	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO 6000 with Coinsurance Metal Tier: Silver MD0000100550 RX0000100340	IN: \$6,000/\$12,000	IN: 50%	IN: \$8,700/\$17,400	IN: \$40/\$75*	Ded, then 50%	IN: Ded, then 50%	IN: Hosp: Ded, then 50% Freestnd: Ded, then 35%	Lab: Hosp: Ded, then 50%/Freestnd: Ded, then 35% X-ray: Ded, then 50% Adv Rad: Hosp: Ded, then 50%/Freestnd: Ded, then 35%	IN: \$40	IN: \$75	\$10/\$60/40%/50%	\$20/\$120/40%/50%
	OON: \$12,000/\$24,000	OON: 50%	OON: \$17,400/\$34,800	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		

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

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

¹ T3 \$500/script max, T4 \$750/script max. ² T3 \$1,000/script max, T4 \$1,500/script max.

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Plan Name	Deductible (Individual/Family)	Co-insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing	
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}
PPO HSA												
PPO HSA 2800/20% Metal Tier: Silver MD0000100484 RX0000100327	IN: \$2,800/\$5,600	IN: 20%	IN: \$6,000/\$12,000	IN: Ded, then 20%	Ded, then 20%	IN: Ded, then 20%	IN: Ded, then 20%	IN: Ded, then 20%	IN: Ded, then 20%	IN: Ded, then 20%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$5,600/\$11,200	OON: 50%	OON: \$12,000/\$24,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO HSA 3000/50% Metal Tier: Silver MD0000100496 RX0000100153	IN: \$3,000/\$6,000	IN: 50%	IN: \$7,000/\$14,000	IN: Ded, then \$30/Ded, then \$60	Ded, then 50%	IN: Ded, then 50%	IN: Ded, then 50%	IN: Ded, then 50%	IN: Ded, then 50%	IN: Ded, then 50%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$6,000/\$12,000	OON: 50%	OON: \$14,000/\$28,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO HSA 3500 Metal Tier: Silver MD0000100486 RX0000100164	IN: \$3,500/\$7,000	IN: 30%	IN: \$7,000/\$14,000	IN: Ded, then 30%	Ded, then 30%	IN: Ded, then 30%	IN: Ded, then 30%	IN: Ded, then 30%	IN: Ded, then 30%	IN: Ded, then 30%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$7,000/\$14,000	OON: 50%	OON: \$14,000/\$28,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO HSA 4500/20% Metal Tier: Silver MD0000100498 RX0000100150	IN: \$4,500/\$9,000	IN: 20%	IN: \$7,000/\$14,000	IN: Ded, then \$30/Ded, then \$60	Ded, then 20%	IN: Ded, then 20%	IN: Ded, then 20%	IN: Ded, then 20%	IN: Ded, then 20%	IN: Ded, then 20%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$9,000/\$18,000	OON: 50%	OON: \$14,000/\$28,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO HSA 4500/30% Metal Tier: Silver MD0000100488 RX0000100132	IN: \$4,500/\$9,000	IN: 30%	IN: \$6,850/\$13,700	IN: Ded, then 30%	Ded, then 30%	IN: Ded, then 30%	IN: Ded, then 30%	IN: Ded, then 30%	IN: Ded, then 30%	IN: Ded, then 30%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$9,000/\$18,000	OON: 50%	OON: \$13,700/\$27,400	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO HSA 5400 Metal Tier: Silver MD0000100490 RX0000100134	IN: \$5,400/\$10,800	IN: None	IN: \$7,000/\$14,000	IN: Ded, then CIF	Ded, then CIF	IN: Ded, then CIF	IN: Ded, then CIF	IN: Ded, then CIF	IN: Ded, then CIF	IN: Ded, then CIF	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$10,800/\$21,600	OON: 50%	OON: \$14,000/\$28,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO HSA 6200 Metal Tier: Bronze MD0000100492 RX0000100138	IN: \$6,200/\$12,400	IN: 50%	IN: \$7,000/\$14,000	IN: Ded, then 50%	Ded, then 50%	IN: Ded, then 50%	IN: Ded, then 50%	IN: Ded, then 50%	IN: Ded, then 50%	IN: Ded, then 50%	Ded, then \$15/\$60/40%/50%	Ded, then \$30/\$120/40%/50%
	OON: \$12,400/\$24,800	OON: 50%	OON: \$28,000/\$56,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
PPO HSA 7000 Metal Tier: Bronze MD0000100494 RX0000100330	IN: \$7,000/\$14,000	IN: None	IN: \$7,000/\$14,000	IN: Ded, then CIF	Ded, then CIF	IN: Ded, then CIF	IN: Ded, then CIF	IN: Ded, then CIF	IN: Ded, then CIF	IN: Ded, then CIF	Ded, then CIF/CIF/0%/0% ³	Ded, then CIF/CIF/0%/0% ³
	OON: \$14,000/\$28,000	OON: 50%	OON: \$28,000/\$56,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		

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

¹ T3 \$500/script max, T4 \$750/script max.

² T3 \$1,000/script max, T4 \$1,500/script max.

³ Per script max does not apply on this plan.

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

Plan Name	Deductible (Individual/Family)	Co-insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing	
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}
Network Choice CTSM PPO												
Network Choice CTSM PPO 2500/10% Metal Tier: Gold MD0000100509 RX0000100334	IN: T1: \$2,500/\$5,000 T2: \$5,000/\$10,000	IN: T1: 10% T2: 30%	IN: T1: \$6,000/\$12,000 T2: \$6,000/\$12,000	IN: T1: \$15/\$45* T2: \$30/Ded, then 30%	T1 Ded, then \$350	IN: T1: Ded, then 10% T2: Ded, then 30%	IN: T1: Ded, then 10% T2: Ded, then 30%	Lab: T1: \$15/T2: Ded, then 30% X-ray: T1: \$45/T2: Ded, then 30% Adv Rad: T1: Ded, then 10%/T2: Ded then 30%	IN: T1: \$15 T2: \$15	IN: T1: \$50 T2: Ded, then 30%	\$5/\$50/40%/40%	\$10/\$100/40%/40%
	OON: \$10,000/\$20,000	OON: 50%	OON: \$20,000/\$40,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%		
Network Choice CTSM PPO 3500/20% Metal Tier: Gold MD0000100510 RX0000100335	IN: T1: \$3,500/\$7,000 T2: \$6,000/\$12,000	IN: T1: 20% T2: 40%	IN: T1: \$8,500/\$17,000 T2: \$8,500/\$17,000	IN: T1: \$15/\$45* T2: \$30/Ded, then 40%	T1 Ded, then \$350	IN: T1: Ded, then 20% T2: Ded, then 40%	IN: T1: Ded, then 20% T2: Ded, then 40%	Lab: T1: \$15/T2: Ded, then 40% X-ray: T1: \$45/T2: Ded, then 40% Adv Rad: T1: Ded, then 20%/T2: Ded, then 40%	IN: T1: \$15 T2: \$15	IN: T1: \$50 T2: Ded, then 40%	\$5/\$50/40%/40%	\$10/\$100/40%/40%
	OON: \$12,000/\$24,000	OON: 50%	OON: \$20,000/\$40,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%		OON: Ded then 50%	OON: Ded, then 50%		
Network Choice CTSM PPO 5000/20% Metal Tier: Silver MD0000100551 RX0000100342	IN: T1: \$5,000/\$10,000 T2: \$7,500/\$15,000	IN: T1: 20% T2: 40%	IN: T1: \$8,700/\$17,400 T2: \$8,700/\$17,400	IN: T1: \$15/Ded, then \$40* T2: \$30/Ded, then 40%	T1 Ded, then 20%	IN: T1: Ded, then 20% T2: Ded, then 40%	IN: T1: Ded, then 20% T2: Ded, then 40%	T1: Ded, then 20% T2: Ded, then 40%	IN: T1: \$15 T2: \$15	IN: T1: \$75 T2: Ded, then 40%	\$10/\$60/40%/50%	\$20/\$120/40%/50%
	OON: \$15,000/\$30,000	OON: 50%	OON: \$24,000/\$48,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%		
Network Choice CTSM PPO 6000/30% Metal Tier: Silver MD0000100552 RX0000100343	IN: T1: \$6,000/\$12,000 T2: \$7,500/\$15,000	IN: T1: 30% T2: 50%	IN: T1: \$8,700/\$17,400 T2: \$8,700/\$17,400	IN: T1: \$30/Ded, then \$50* T2: \$60/Ded, then 50%	T1 Ded, then 30%	IN: T1: Ded, then 30% T2: Ded, then 50%	IN: T1: Ded, then 30% T2: Ded, then 50%	T1: Ded, then 30% T2: Ded, then 50%	IN: T1: \$30 T2: \$30	IN: T1: \$75 T2: Ded, then 50%	\$10/\$60/40%/50%	\$20/\$120/40%/50%
	OON: \$15,000/\$30,000	OON: 50%	OON: \$24,000/\$48,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%		

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¹ T3 \$500/script max, T4 \$750/script max.

² T3 \$1,000/script max, T4 \$1,500/script max.

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

Plan Name	Deductible (Individual/Family)	Co-insurance	Out-of-Pocket Maximum (Individual/Family)	Office Visit (PCP/Specialist)	ER	Inpatient	Day Surgery	Labs/X-Ray/Advanced Radiology	Urgent Care		Rx Cost Sharing	
									Convenience Care	Urgent Care	Retail ¹	Mail ^{**2}
Network Choice CTSM PPO												
Network Choice CTSM PPO HSA 2800/10% Metal Tier: Silver MD0000100511 RX0000100336	IN: T1: \$2,800/\$5,600 T2: \$4,500/\$9,000	IN: T1: 10% T2: 30%	IN: T1: \$7,000/\$14,000 T2: \$7,000/\$14,000	IN: T1: Ded, then \$25/Ded, then \$50 T2: Ded, then \$40/Ded, then \$70	T1 Ded, then 30%	IN: T1: Ded, then 10% T2: Ded, then 30%	IN: T1: Ded, then 10% T2: Ded, then 30%	Lab: T1: Ded, then \$25/T2: Ded, then 30% X-ray: T1: Ded, then 10%/T2: Ded, then 30% Adv Rad: T1: Ded, then 10%/T2: Ded, then 30%	IN: T1: Ded, then \$25 T2: Ded, then \$25	IN: T1: Ded, then 10% T2: Ded, then 30%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$9,000/\$18,000	OON: 50%	OON: \$21,000/\$42,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
Network Choice CTSM PPO HSA 3500/0% Metal Tier: Silver MD0000100512 RX0000100337	IN: T1: \$3,500/\$7,000 T2: \$5,500/\$11,000	IN: T1: 0% T2: 30%	IN: T1: \$7,000/\$14,000 T2: \$7,000/\$14,000	IN: T1: Ded, then CIF T2: Ded, then 30%	T1 Ded, then 30%	IN: T1: Ded, then CIF T2: Ded, then 30%	IN: T1: Ded, then CIF T2: Ded, then 30%	T1: Ded, then CIF T2: Ded, then 30%	IN: T1: Ded, then CIF T2: Ded, then CIF	IN: T1: Ded, then CIF T2: Ded, then 30%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$11,000/\$22,000	OON: 50%	OON: \$21,000/\$42,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 30%	OON: Ded, then 50%	OON: Ded, then 50%		
Network Choice CTSM PPO HSA 4000/10% Metal Tier: Silver MD0000100513 RX0000100338	IN: T1: \$4,000/\$8,000 T2: \$5,500/\$11,000	IN: T1: 10% T2: 30%	IN: T1: \$7,000/\$14,000 T2: \$7,000/\$14,000	IN: T1: Ded, then \$25/Ded, then \$50 T2: Ded, then \$40/Ded, then \$70	T1 Ded, then 30%	IN: T1: Ded, then 10% T2: Ded, then 30%	IN: T1: Ded, then 10% T2: Ded, then 30%	Lab: T1: Ded, then \$25/T2: Ded then 30% X-ray: T1: Ded, then 10%/T2: Ded, then 30% Adv Rad: T1: Ded, then 10%/T2: Ded, then 30%	IN: T1: Ded, then \$25 T2: Ded, then \$25	IN: T1: Ded, then 10% T2: Ded, then 30%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$11,000/\$22,000	OON: 50%	OON: \$21,000/\$42,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		
Network Choice CTSM PPO HSA 5000/10% Metal Tier: Silver MD0000100546 RX0000100339	IN: T1: \$5,000/\$10,000 T2: \$6,000/\$14,000	IN: T1: 10% T2: 30%	IN: T1: \$7,000/\$14,000 T2: \$7,000/\$14,000	IN: T1: Ded, then 10% T2: Ded, then 30%	T1 Ded, then 30%	IN: T1: Ded, then 10% T2: Ded, then 30%	IN: T1: Ded, then 10% T2: Ded, then 30%	T1: Ded, then 10% T2: Ded, then 30%	IN: T1: Ded, then 10% T2: Ded, then 10%	IN: T1: Ded, then 10% T2: Ded, then 30%	Ded, then \$10/\$60/40%/50%	Ded, then \$20/\$120/40%/50%
	OON: \$14,000/\$28,000	OON: 50%	OON: \$24,000/\$48,000	OON: Ded, then 50%		OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%	OON: Ded, then 50%		

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² T3 \$1,000/script max, T4 \$1,500/script max.

Get the information you need

Visit www.harvardpilgrim.org/broker for plan details, tools and services.



Harvard Pilgrim Online Quoting (HPOQ) makes it easy to:

- Receive instant quotes
- Print or email directly to your customers
- View product highlights or detailed Summary of Benefits and Coverage (SBCs) and Schedules of Benefits
- Manage group and census data
- Get instant rates for updated census data
- Create professional proposals

Get started with Harvard Pilgrim Online Quoting and Renewals

New users, contact Broker Relations at **(800) 424-7285** to register.

After registering, visit www.harvardpilgrim.org/broker.

Click **Broker Login** in the upper right corner.

Log in with your username and password.

Click **Access Harvard Pilgrim Online Quoting**.

Under the appropriate state, click **New Business** to create a new customer quote. Click **Renewals** to renew an existing customer account.

Need help?

If you have trouble accessing the Online Quoting system or have other issues, call the Broker Service Center at **(800) 424-7285**.



Check out our convenient tools and resources

Visit www.harvardpilgrim.org/broker for Summary of Benefits and Coverage documents, our plan comparison tool and other helpful resources.

Business rules

Harvard Pilgrim reserves the right to change premium rates at any time before the effective date of the policy if there is a change in applicable state laws or regulations. Changes to rates after the effective date of coverage are governed by the employer agreement.

All 2022 Small Group plans are plan year.

Minimum number of participating subscribers

# of Eligible Employees	Minimum Subscriber Enrollment Requirements in Harvard Pilgrim Commercial Products
2-4	100%
5-50	65%

All eligible employees of a sold small group who are not participating in a Harvard Pilgrim plan are required to complete and sign a waiver form.

Waivers due to spouse, dependent, Medicare, Medicaid and military coverage are acceptable waivers and are excluded from the participation calculation.

Waivers due to coverage through a second employer are considered acceptable waivers and are excluded from the participation calculation.

Waivers due to individual/non-group policies through the exchange and coverage through a second employer are considered acceptable waivers and are excluded from the participation calculation.

Waivers due to veterans coverage or individual/non-group coverage not through the Exchange are not considered acceptable waivers and are included in the participation calculation.

Side-by-side rules

The following rules apply for determining allowable side-by-side options:

- 1) The maximum number of plans that can be sold to a group is 3.
- 2) An account cannot offer the same plan design configured with and without HRA or HSA funding side by side.

Extraterritorial locations

All quotes are contingent upon state eligibility requirements concerning employee residency and employer office locations. For each new group enrollment or annual renewal, employers must disclose to Harvard Pilgrim Health Care all out-of-state office locations and the state residency for each subscriber at those locations.

Preventive medications with a high deductible health plan

If a member has a high deductible health plan, the deductible may not apply to certain medications used for preventive care. Please see the ID card and Schedule of Benefits to determine if a member has this coverage. The ID card will include the words "Preventive Drug Benefit" if a member has this coverage. If a plan exempts preventive medications from the deductible, and the health care provider prescribes one of the designated preventive medications, the deductible will not apply to that prescription. However, a member will be required to pay the applicable coinsurance amount for the drug. The plan may change the listing of designated preventive medications from time to time. For a current list of designated preventive medications, please visit our web site at www.harvardpilgrim.org.

Essential health benefit pediatric dental coverage

Pediatric dental services are required by the Patient Protection and Affordable Care Act. If an employer group purchases health plan coverage provided by Harvard Pilgrim or its affiliates (the "health plan") that DOES NOT include coverage for pediatric dental services, then by purchasing the health plan, the employer declares that it is aware that the health plan does not include pediatric dental coverage and that the employer is aware that a certified pediatric dental plan is available on or off the Exchange. Upon request, the employer group agrees to provide Harvard Pilgrim with documentation necessary to verify that each person covered under the health plan is also covered by the dental plan.

Embedded deductibles

Embedded deductible refers to a family plan that has two deductible components, an individual deductible and a family deductible. The maximum contribution by an individual toward the family deductible is limited to the individual deductible amount and allows for the individual to receive benefits before the family component is met. When any number of members collectively meet the family deductible, services for the entire family are covered for the remainder of the year.

Out-of-area dependents

Out-of-area dependents on an HMO plan will have coverage for urgent and emergent care only.

Important legal information

What's not covered on our CT small group 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 member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment for members who are not medically infertile
- 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
- (HMO ONLY) 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
- Bariatric surgery

Limitations for Connecticut small group plans

- Early intervention — No benefit limit
- Therapy services — Physical therapy, speech therapy and occupational therapy — 60 combined visits per year
- Skilled nursing facility and inpatient rehabilitation — 90 days per year combined
- 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
Harvard Pilgrim Health Care
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 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.

Important legal information

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)

إنتباه: 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) 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.

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