

Massachusetts 2022 Product Guide

**Better value.
Better experience.
Better together.**

**For employers
with up to 50 full-time
equivalent employees**



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Better together



Harvard Pilgrim Health Care and Tufts Health Plan have come together to form the largest regionally based health plan in New England. Combining these two iconic companies, representing nearly 90 years of experience, allows us to offer industry-leading health plans and programs to employer groups and their employees working in New England and across the country.

Our small group offerings are solutions-focused and designed to deliver outstanding value and flexibility for both employers and members. With a track record of partnering with employers to achieve their employee health and well-being objectives, we're leveraging our new size and combined strengths, aiming to provide a new level of access, affordability, outstanding experience and a commitment to the communities we serve.

A move to our organization begins with an easy transition for employers and members via our highly rated SmartStart process. And we're building simplicity and personalization into our service and programs with digital tools that deliver a significantly better member experience.

Together we're providing overall excellence in the quality of our plans, our customer service and our innovative digital solutions, while containing costs for employers. So, you can feel confident that you're partnering with a health and well-being company that has deep roots in New England and is constantly striving to guide and empower members to live their healthiest lives.



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.



A variety of plan and network choices

We have full and select network plans, including HMO and PPO options.* Our Focus HMO plans and Flex benefits are built around outstanding Massachusetts providers who deliver high-quality care and enable member savings. We also offer products that complement Medicare Parts A and B.

90K+

DOCTORS
& CLINICIANS

180+

HOSPITALS

New England and 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.



We're committed to our communities

Service is more than good business.

As a not-for-profit, service inspires our social mission. We're driven by a human concern for the particular health challenges our Massachusetts neighbors and communities face — and a dedication to helping resolve them.

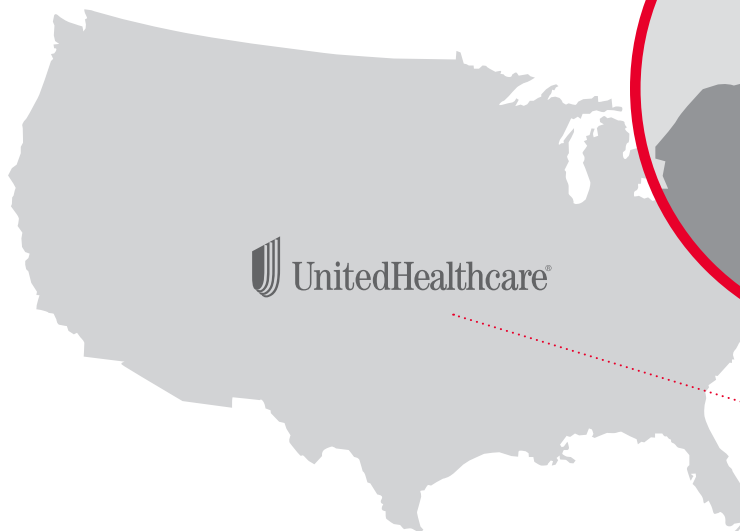
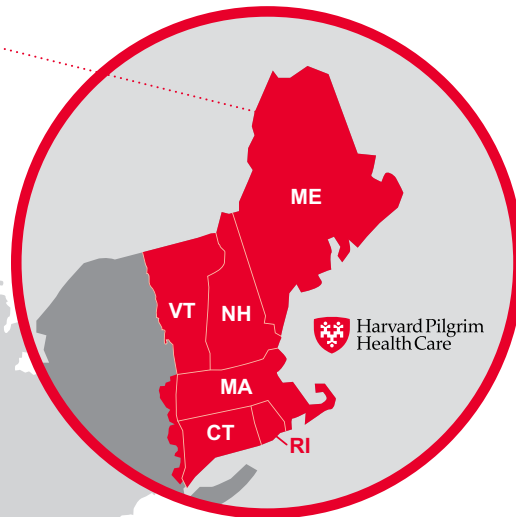


In 2020, more than **\$6.1 million** was contributed to Massachusetts nonprofit organizations supporting COVID-19 relief efforts and advancing pandemic recovery, health equity and social justice.

We offer local and national networks

Harvard Pilgrim Health Care network

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



National network through UnitedHealthcare

- 1.2 million providers
- 6,000+ hospitals

Massachusetts plan options

Offering choice and savings

Type of plan	Description	Plan options
HMO	<ul style="list-style-type: none"> Care within Harvard Pilgrim's network Select a PCP and get referrals for specialist visits 	HMO HMO Flex
PPO	<ul style="list-style-type: none"> Covered in-network Option to go out of network and pay more in out-of-pocket expenses No need for referrals 	PPO PPO Flex
Limited network (Focus)	<ul style="list-style-type: none"> HMO Lower-premium plan featuring a limited network of our high-performing providers 	Focus HMO Focus HMO HSA
Qualified high deductible plan	<ul style="list-style-type: none"> HMO or PPO Meet a deductible before we pay for services Some employers may offer an HSA and/or HRA to help members meet their deductible and other out-of-pocket expenses 	HMO HSA Flex PPO HSA Flex
Group retiree health plan	<ul style="list-style-type: none"> Complements Medicare Parts A and B Members can live anywhere in the U.S. and see any provider that accepts Medicare No need for referrals 	Medicare Enhance Medicare Enhance Preventive Plus Medicare Enhance Preventive Plus with Deductible



How members can find a provider

1. Visit www.harvardpilgrim.org
2. Click on **Find a Provider**
3. Click on **your plan type**
4. Search by **Provider type**

Focus HMO limited network plans*

Focus is specially designed to help members lower costs, while still offering the benefits they want and need. And it brings employers significant savings compared to our full-network plans. Features include:

- Comprehensive HMO coverage with care from our extensive, high-performance network of providers across Massachusetts
- Nearly 60 hospitals and 37,000 doctors and other clinicians across the state

How it works

- Members choose a PCP from the participating providers across Massachusetts
- Specialty care is available with a referral from the PCP to a Focus Easy Access specialist
- Referrals are not necessary for some services, such as routine eye exams and most gynecological care. On rare occasions, specialty care cannot be provided by an Easy Access specialist or facility. In these instances, we have a limited number of additional providers who can be seen after a medical review and authorization from Harvard Pilgrim for care.



To find Focus doctors and hospitals

1. Visit www.harvardpilgrim.org and select **Find a Provider**
2. Under Tiered/Network plans, select **Focus Network - MA HMO**

Flex benefit for routine services

Costs for the same in-network medical service can vary widely depending on the type or location of the facility performing the service, with no significant difference in quality. Plans with the Flex benefit can help — they feature savings for members who use Flex facilities for general laboratory and day surgery services. Flex is included in all merged market plans except Focus and select Connector plans.

Receiving services at a Flex facility can save members hundreds or possibly thousands of dollars in out-of-pocket costs!**

	Total average cost (facility)	Member cost range at non-Flex facility	Member cost at a Flex facility
General lab work	\$10-\$125	From \$40 copay to deductible and \$75 copay	\$0-\$25 copay*
Day surgery (e.g. knee arthroscopy)	\$6,770-\$7,117	From \$250 copay to deductible and 30% coinsurance	\$50-\$250 copay*

**Copay varies based on specific plan. Deductible applies for HSA plans.



To find Flex facilities

1. Visit www.harvardpilgrim.org and select **Find a Provider**
2. Under Standard Plans, select **HMO-Flex** or **PPO-Flex**
3. Then select **Other Care Providers**. Once in this search, select either **General Laboratory** or **Ambulatory Surgical Center**

Medicare Enhance

This group coverage option fills in the gaps that Medicare doesn't pay. Retirees enrolled in Medicare Parts A and B can live anywhere in the U.S. and visit any doctor or hospital that accepts Medicare.

Medicare Enhance covers routine eye and hearing exams, plus worldwide emergency care. Extras include \$150 fitness reimbursement and our Discounts & Savings program. A group Part D Prescription Drug Plan is available.

* These plans provide access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In these plans, members have coverage only from providers in the network specific to their plan. Members should search the provider directory by plan name for a list of providers. They may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

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



Ambulatory patient services

Outpatient care without hospital admission



Emergency services

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



Eye exams¹

One preventive screening every year



Hospitalization

Inpatient services, such as surgery



Laboratory services

Blood work, screenings, etc.



Behavioral health and substance use disorder services

Counseling and psychotherapy



Pregnancy, maternity and newborn care

Care before, during and after pregnancy



Pediatric vision and dental²

Covers children up to age 19



Prescriptions³

Access to safe, effective medications



Over-the-counter prescriptions

Certain over-the-counter drugs are included in all our formularies



Preventive care and chronic disease management⁴

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



Rehabilitation and habilitative services and devices

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

¹ For Medicare Enhance, please check plan details.

² You can waive pediatric dental if you have a qualified pediatric dental plan in place, except for Standard Connector plans, for which the pediatric dental plan is included in the plan design.

³ Optional prescription drug coverage is available with Medicare Enhance.

⁴ Care management services are not available with Medicare Enhance. Harvard Pilgrim will connect members with external resources to support their needs.

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 5-Tier) to:



See which drugs are covered



Find nearby in-network pharmacies



Look up drug prices



Get details on home delivery, and more!

Helping members get the most out of their benefits

All plans include our 5-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 a provider, members will pay Tier 1 Rx cost sharing for certain 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	Tier 5
VALUE 5-TIER	Lower-cost generics	Higher-cost generics	Preferred brands (some higher-cost generics)	Non-preferred brands and preferred specialty (some higher-cost generics)	Non-preferred specialty drugs, and selected brand and generic drugs

* Standard Connector plans include drug coverage with three tiers instead of five. With Medicare Enhance plans, the drug coverage that employers with fewer than 50 employees can offer has four tiers. Visit www.harvardpilgrim.org/rx for more information on Value 3-Tier coverage.

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 computer¹</p>	<p>\$ Members may pay cost sharing for telemedicine services²</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 clinic²</p>	<ul style="list-style-type: none"> • Bronchitis • Ear infections • Eye infections • Skin conditions like poison ivy and ringworm • Strep throat
	<p>Urgent care clinic Walk-in clinic for urgent care at both freestanding and hospital-based locations</p>	<p>\$\$ Members typically pay a copayment for urgent care, which is sometimes higher than the one for an office visit²</p>	<ul style="list-style-type: none"> • Minor injuries • Respiratory infections • Sprains and strains • Coughs, cold and flu • Burns, rashes, bites, cuts and bruises • Infections
	<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 deductible²</p>	<ul style="list-style-type: none"> • Choking • Convulsions • Heart attack • Loss of consciousness • Major blood loss • Seizures • Severe head trauma • Shock • Stroke

¹ Doctor On Demand does not accept Medicare. Medicare Enhance members may use other providers that accept Medicare for telehealth services.

² 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.

Pediatric dental



- Plans are available with or without pediatric dental¹
- Deductible does not apply
- Some plans have a separate dental out-of-pocket maximum that is lower than the medical out-of-pocket maximum
- Members will receive separate Dental ID card
- Type I: CIF (20% OON on PPOs)
- Type II: 20% (40% OON on PPOs)
- Type III: 50%
- Type IV: 50%

CIF =
Covered in full
OON =
Out-of-network

Reduce My Costs helps members save money and earn rewards

When members are scheduled to receive outpatient procedures or diagnostic tests, [Reduce My Costs](#)² 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 procedure³ 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.⁴

¹ You can waive pediatric dental if you have a qualified pediatric dental plan in place, except for Standard Connector plans, for which the pediatric dental plan is included in the plan design.

² Reduce My Costs is not available with Medicare Enhance.

³ 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.

⁴ Rewards are considered taxable income; members should consult with their tax advisors. Massachusetts members may receive a maximum of five Reduce My Costs rewards per calendar year.

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)



MA paid family medical leave*

* Paid family medical leave (PMFL) is a required employee benefit for Massachusetts-based employers, and the PMFL offering is available for Massachusetts-based employers only. [Learn more.](#)

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.¹



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 support²

- 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 management

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

Aspire Health

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 or digital resources

- www.liveandworkwell.com (virtual visits, Express Access Network, self-management tools and resources)³
- Virtual visits with Doctor On Demand⁴
- Talkspace digital therapy³
- Sanvello mobile app

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

¹ Care management services are not available with Medicare Enhance. Harvard Pilgrim will connect members with external resources to support their needs.

² Transgender care program included for self-insured groups; other programs are buy-ups.

³ Through our behavioral health administrator, United Behavioral Health/Optum.

⁴ Doctor On Demand does not accept Medicare. Medicare Enhance members may use other providers that accept Medicare for telehealth services.



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**)

ProgenyHealth

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.

Well-being Rewards program

Members can earn up to \$225 in Amazon gift cards by participating in a variety of fun and convenient activities that support their well-being.^{1,2} Employers can earn back up to 6% of premium based on their employees' participation in the program. The more employees that participate and earn the maximum \$225 reward, the greater the premium reward for the employer. The rewards program is available as a rider, and the employer cost is 0.5% of premium.

Lifestyle management coaches

One-on-one support for setting and achieving personal health goals.³

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.

Living Well at Home

Online wellness classes

Discounts and savings

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

Fitness reimbursement

Members can get reimbursement for a fitness club membership or virtual fitness subscription and/or costs paid toward a fitness tracker. Up to two members on a family plan can be reimbursed: One member is eligible for **reimbursement of \$150** or one month of fitness club membership or virtual fitness subscription (whichever is greater), or up to \$150 toward the cost of a fitness tracker. A second covered family member (dependent or spouse) **can also be reimbursed up to \$150** for fitness club membership or virtual fitness subscription and/or a fitness tracker.⁴

¹ Restrictions apply; please see program materials for more information. Rewards may be taxable; members should consult their tax advisors.

² Rewards are available to employees of fully insured accounts that are rated as small group with one to 50 full-time equivalent employees.

³ Lifestyle management coaching services are not available with Medicare Enhance.

⁴ Restrictions apply. Reimbursement may be considered taxable income; members should consult their tax advisors.

Helping clients choose a plan

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

When choosing a plan, your clients 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 prefer a higher premium and lower payments when they receive treatment?

Types of plans:

HMO

- Care within Harvard Pilgrim's network
- Select a PCP and get referrals for specialist visits
- Virtual PCP plan available

PPO

- Covered in-network
- Option to go out of network and pay more in out of pocket expenses
- No need for referrals

Limited network (Focus)

- HMO
- Lower-premium plan featuring a limited network of our high-performing providers

Qualified high deductible plan

- HMO or PPO
- Meet a deductible before we pay for services
- Some employers may offer an HSA and/or HRA to help members meet their deductible and other out of pocket expenses

Group Medicare supplement plan

- Fills in gaps that Medicare doesn't pay
- Members can see any provider that accepts Medicare
- No need for referrals

Help clients find the plan that best meets their needs

	HMO	PPO	Limited network (Focus) ¹	Qualified high deductible	Group Medicare supplement plan
Their doctors participate in the plan network; client does not want to spend more money out of pocket	×		×	×	
Wants the freedom to see any doctor		×		×	×
Wants to save on their premium (money paid up front for health coverage)			×	×	
Wants services to be covered up front and doesn't mind a higher premium	×	×	×		×
			Plan may include a deductible		
Prefers to budget and keep track of all their health care expenses			×	×	
Wants a plan that lets them save money with specified providers			×		
Wants to offer a commercial health plan as well as a plan for those on Medicare Parts A and B	×	×	×	×	

¹ These plans provide access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In these plans, members have coverage only from providers in the network specific to their plan. Members should search the provider directory by plan name for a list of providers. They may also call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

2022 updates and reminders



Updates

New plans for 2022

Focus HMO 1000

Focus HMO 2000

Focus HMO 2500

Focus HMO 3000

HMO 1500 with
Coinsurance - Flex

HMO 2500 - Flex

HMO 4000 - Flex

HMO 5000 - Flex

HMO HSA 2500 - Flex

HMO HSA 3600 - Flex

PPO 1500 - Flex (Silver)

PPO 2000 Low - Flex

PPO 4000 - Flex

Discontinued plans for 2022

HMO 1750 Core - Flex

HMO 3500 Core - Flex

PPO 1500 - Flex (Gold)

PPO 2000 with Coinsurance - Flex

REMINDERS

Well-being Rewards program

Members can continue to earn up to \$225 in Amazon gift cards by participating in fun and convenient activities that support their well-being. Employers can also earn up to 6% of premium based on their employees' participation in the program. See page 13 for more details.

One free PCP/behavioral health visit

Members on most of our non-HSA plans will receive one non-routine free PCP and behavioral health visit at no charge.

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.

HMO out-of-area dependent coverage

Harvard Pilgrim only covers emergency care and urgent care that is unforeseen for all HMO out-of-area dependent members. This is consistent with all other HMO plans for members who are traveling outside their plan's enrollment area.

Save money with mail-order Rx

Outside of Standard Connector plans, all plans feature cost-savings opportunities on mail-order pharmacy cost sharing for generic and brand name drugs (Tiers 1, 2 and 3).

Lower cost sharing from freestanding providers

On most plans, members will pay lower cost sharing for services they receive from providers not affiliated with or owned by hospitals. These freestanding providers include ambulatory surgical centers; labs; high-end radiology centers; and physical, occupational and speech therapists. Available in all plans except Focus plans and certain Standard Connector plans. See product grids or Schedule of Benefits for details.

Flexible fitness reimbursement*

Virtual fitness subscriptions and fitness trackers are also eligible for reimbursement in lieu of a gym membership fee. See page 13 for more details.

Preventive Rx included on all HSA plans

Many preventive medications are covered outside of the deductible on all HSA plans.

Over-the-counter prescriptions available

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

Doctor On Demand urgent care at no additional cost (on non-HSA plans)

Members on non-HSA plans will not pay cost sharing for urgent care virtual visits with Doctor On Demand providers. Members on HSA plans will pay cost sharing, up to the deductible amount. After the deductible, members are covered in full.

* Reimbursement is limited to two members on a family contract. Restrictions apply. Fitness reimbursement may be considered taxable income. For tax information, members should consult their tax advisors.

2022 Massachusetts plan offerings

Massachusetts 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.

Pending regulatory approval.

Product Name	Office Visit	Deductible*	Out-of-Pocket Maximum	Coinsurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Ray	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
HMO															
HMO 25 - Flex Metal Tier: Platinum MD0000100514 RX0000100086 DN0000100045 VS0000100045	\$25/\$40 Copay waived for first non-routine PCP visit	None/None	\$3,000/\$6,000 Embedded	None	\$125	Urgent care: \$40 Convenience care: \$25	\$750 per admit	Flex provider: \$150 Other: \$500	Flex provider: CIF Other: \$40	\$40	Non-hospital-based: \$125 per procedure Hospital-based: \$200 per procedure	Non-hospital-based: \$25 Hospital-based: \$40	\$40	\$5/\$25/\$40/\$60/20% (T5 \$250/script max)	\$10/\$50/\$80/\$180/20% (T5 \$750/script max)
HMO 500 - Flex Metal Tier: Gold MD0000100515 RX0000100085 DN0000100046 VS0000100044	\$25/\$50 Copay waived for first non-routine PCP visit	\$500/\$1,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded, then \$200 per admit	Flex provider: \$50 Other: Ded, then \$300	Flex provider: CIF Other: Ded, then \$45	Ded, then \$45	Non-hospital-based: \$200 per procedure Hospital-based: Ded, then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: Ded, then \$50	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
HMO 1000 - Flex Metal Tier: Gold MD0000100516 RX0000100085 DN0000100046 VS0000100044	\$25/\$50 Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded, then \$200 per admit	Flex provider: \$50 Other: Ded, then \$300	Flex provider: CIF Other: Ded, then \$45	Ded, then \$45	Non-hospital-based: \$200 per procedure Hospital-based: Ded, then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: Ded, then \$50	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
HMO 1500 - Flex Metal Tier: Gold MD0000100517 RX0000100085 DN0000100046 VS0000100044	\$25/\$50 Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded, then \$250 per admit	Flex provider: \$75 Other: Ded, then \$300	Flex provider: CIF Other: Ded, then \$45	Ded, then \$45	Non-hospital-based: \$200 per procedure Hospital-based: Ded, then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: Ded, then \$50	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
HMO 1500 with Coinsurance - Flex Metal Tier: Gold MD0000100542 RX0000100262 DN0000100222 VS0000100125	\$35/\$60 Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$8,550/\$17,100 Embedded	10%	Ded, then 10%	Urgent care: \$40 Convenience care: \$35	Ded, then 10%	Flex provider: \$150 Other: Ded, then 10%	Flex provider: CIF Other: Ded, then 10%	Ded, then 10%	Non-hospital-based: \$150 per procedure Hospital-based: Ded, then 10%	Non-hospital-based: \$45 Hospital-based: Ded, then 10%	\$35	\$5/\$35/Ded, then \$85/Ded, then \$100/Ded, then 10% (T5 \$250/script max)	\$10/\$70/Ded, then \$170/Ded, then \$300/Ded, then 10% (T5 \$750/script max)
HMO 2000 - Flex Metal Tier: Gold MD0000100518 RX0000100085 DN0000100046 VS0000100044	\$25/\$50 Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded, then \$250 per admit	Flex provider: \$75 Other: Ded, then \$300	Flex provider: CIF Other: Ded, then \$45	Ded, then \$45	Non-hospital-based: \$200 per procedure Hospital-based: Ded, then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: Ded, then \$50	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
HMO 2000 with Coinsurance - Flex Metal Tier: Gold MD0000100519 RX0000100259 DN0000100164 VS0000100122	\$35/\$70 Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$8,700/\$17,400 Embedded	20%	Ded, then \$250	Urgent care: \$70 Convenience care: \$35	Ded, then 20%	Flex provider: \$150 Other: Ded, then 20%	Flex provider: CIF Other: Ded, then 20%	Ded, then 20%	Non-hospital-based: \$150 per procedure Hospital-based: Ded, then 20%	Non-hospital-based: \$35 Hospital-based: Ded, then 20%	\$50	\$5/\$30/Ded, then \$60/Ded, then \$100/Ded, then 20% (T5 \$250/script max)	\$10/\$60/Ded, then \$120/Ded, then \$300/Ded, then 20% (T5 \$750/script max)
														Rx Ded: \$250/\$500	

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Pending regulatory approval.

Product Name	Office Visit	Deductible*	Out-of-Pocket Maximum	Coinsurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Ray	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
HMO															
HMO 2000 Value - Flex Metal Tier: Silver MD0000100520 RX0000100260 DN0000100166 VS0000100123	\$50/\$75 Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$8,700/\$17,400 Embedded	None	Ded, then \$1,000	Urgent care: \$75 Convenience care: \$50	Ded, then \$1,000 per admit	Flex provider: \$250 Other: Ded, then \$1,000	Flex provider: \$25 Other: Ded, then \$75	Ded, then \$100	Non-hospital-based: \$750 per procedure Hospital-based: Ded, then \$1,000 per procedure	Non-hospital-based: \$50 Hospital-based: Ded, then \$75	\$50	\$5/\$30/Ded, then \$80/Ded, then \$120/Ded, then 20% (T5 \$500/script max)	\$10/\$60/Ded, then \$160/Ded, then \$360/Ded, then 20% (T5 \$1,500/script max)
Rx Ded: \$250/\$500															
HMO 2500 - Flex Metal Tier: Gold MD0000100543 RX0000100344 DN0000100223 VS0000100126	\$30/\$50 Copay waived for first non-routine PCP visit	\$2,500/\$5,000 Embedded	\$6,500/\$13,000 Embedded	None	\$300	Urgent care: \$40 Convenience care: \$35	Ded, then \$500 per admit	Flex provider: \$250 Other: Ded, then \$1,000	Flex provider: \$25 Other: Ded, then \$50	Ded, then \$50	Non-hospital-based: \$750 per procedure Hospital-based: Ded, then \$250 per procedure	Non-hospital-based: \$45 Hospital-based: Ded, then \$75	\$30	\$5/\$30/\$70/\$110/\$160	\$10/\$60/\$140/\$330/\$480
HMO 3000 - Flex Metal Tier: Silver MD0000100521 RX0000100087 DN0000100047 VS0000100046	\$40/\$65 Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$8,500/\$17,000 Embedded	None	Ded, then \$650	Urgent care: \$65 Convenience care: \$40	Ded, then \$1,000 per admit	Flex provider: \$250 Other: Ded, then \$750	Flex provider: CIF Other: Ded, then \$65	Ded, then \$65	Non-hospital-based: \$250 per procedure Hospital-based: Ded, then \$750 per procedure	Non-hospital-based: \$40 Hospital-based: Ded, then \$65	\$50	\$5/\$30/\$80/\$120/20% (T5 \$500/script max)	\$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)
HMO 3500 - Flex Metal Tier: Bronze MD0000100371 RX0000100088 DN0000100048 VS0000100046	Ded, then \$40/Ded, then \$65	\$3,500/\$7,000 Embedded	\$8,500/\$17,000 Embedded	20%	Ded, then \$750	Urgent care: Ded, then \$65 Convenience care: Ded, then \$40	Ded, then 20%	Flex provider: Ded, then \$250 Other: Ded, then \$1,000	Flex provider: Ded, then \$25 Other: Ded, then \$75	Ded, then \$75	Non-hospital-based: Ded, then \$500 per procedure Hospital-based: Ded, then \$1,000 per procedure	Non-hospital-based: Ded, then \$40 Hospital-based: Ded, then \$65	Ded, then \$50	\$5/\$30/Ded, then 50%/Ded, then 50%/Ded, then 50% (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)	\$10/\$60/Ded, then 50%/Ded, then 50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max)
HMO 4000 - Flex Metal Tier: Silver MD0000100544 RX0000100345 DN0000100224 VS0000100163	\$40/\$60 Copay waived for first non-routine PCP visit	\$4,000/\$8,000 Embedded	\$8,550/\$17,100 Embedded	None	Ded, then \$350	Urgent care: \$40 Convenience care: \$40	Ded, then \$500 per admit	Flex provider: \$350 Other: Ded, then \$750	Flex provider: CIF Other: Ded, then \$75	Ded, then \$75	Non-hospital-based: \$300 per procedure Hospital-based: Ded, then \$750 per procedure	Non-hospital-based: \$45 Hospital-based: Ded, then \$75	\$40	\$5/\$40/\$85/\$110/10% (T5 \$250/script max)	\$10/\$80/\$170/\$330/10% (T5 \$750/script max)
HMO 5000 - Flex Metal Tier: Silver MD0000100545 RX0000100345 DN0000100224 VS0000100163	\$40/\$60 Copay waived for first non-routine PCP visit	\$5,000/\$10,000 Embedded	\$8,550/\$17,100 Embedded	None	Ded, then \$350	Urgent care: \$40 Convenience care: \$40	Ded, then \$500 per admit	Flex provider: \$350 Other: Ded, then \$750	Flex provider: CIF Other: Ded, then \$75	Ded, then \$75	Non-hospital-based: \$300 per procedure Hospital-based: Ded, then \$750 per procedure	Non-hospital-based: \$45 Hospital-based: Ded, then \$75	\$40	\$5/\$40/\$85/\$110/10% (T5 \$250/script max)	\$10/\$80/\$170/\$330/10% (T5 \$750/script max)

* For explanation of embedded vs. non-embedded deductible, see Business Rules on page 34.

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Pending regulatory approval.

Product Name	Office Visit	Deductible*	Out-of-Pocket Maximum	Coinsurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Ray	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing**	
														Retail	Mail
HMO HSA															
HMO HSA 2000 - Flex Metal Tier: Silver MD0000100524 RX0000100090 DN0000100050 VS0000100048	Ded, then \$35/Ded, then \$55	\$2,000/\$4,000 Non-embedded	\$6,850/\$13,700 Embedded	None	Ded, then \$400	Urgent care: Ded, then \$55 Convenience care: Ded, then \$35	Ded, then \$500 per admit	Flex provider: Ded, then CIF Other: Ded, then \$250	Flex provider: Ded, then CIF Other: Ded, then \$55	Ded, then \$55	Non-hospital-based: Ded, then \$200 per procedure Hospital-based: Ded, then \$400 per procedure	Non-hospital-based: Ded, then \$35 Hospital-based: Ded, then \$55	Ded, then \$50	Ded, then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)	Ded, then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)
HMO HSA 2500 - Flex Metal Tier: Silver MD0000100568 RX0000100356 DN0000100235 VS0000100174	Ded, then CIF/Ded, then \$35	\$2,500/\$5,000 Non-embedded	\$6,900/\$13,800 Embedded	None	Ded, then \$200	Urgent care: Ded, then CIF Convenience care: Ded, then CIF	Ded, then \$300 per admit	Flex provider: Ded, then \$200 Other: Ded, then \$500	Flex provider: Ded, then CIF Other: Ded, then \$35	Ded, then \$35	Non-hospital-based: Ded, then CIF Hospital-based: Ded, then \$400 per procedure	Non-hospital-based: Ded, then CIF Hospital-based: Ded, then \$50	Ded, then CIF	Ded, then \$5/Ded, then \$30/Ded, then \$70/Ded, then \$100/Ded, then \$125	Ded, then \$10/Ded, then \$60/Ded, then \$140/Ded, then \$300/Ded, then \$375
HMO HSA 3000 - Flex Metal Tier: Silver MD0000100525 RX0000100091 DN0000100051 VS0000100048	Ded, then \$35/Ded, then \$55	\$3,000/\$6,000 Non-embedded	\$6,850/\$13,700 Embedded	None	Ded, then \$400	Urgent care: Ded, then \$55 Convenience care: Ded, then \$35	Ded, then \$500 per admit	Flex provider: Ded, then CIF Other: Ded, then \$250	Flex provider: Ded, then CIF Other: Ded, then \$55	Ded, then \$55	Non-hospital-based: Ded, then \$200 per procedure Hospital-based: Ded, then \$400 per procedure	Non-hospital-based: Ded, then \$35 Hospital-based: Ded, then \$55	Ded, then \$50	Ded, then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)	Ded, then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)
HMO HSA 3400 - Flex Metal Tier: Silver MD0000100526 RX0000100092 DN0000100052 VS0000100048	Ded, then \$40/Ded, then \$75	\$3,400/\$6,800 Non-embedded	\$6,850/\$13,700 Embedded	20%	Ded, then \$750	Urgent care: Ded, then \$75 Convenience care: Ded, then \$40	Ded, then 20%	Flex provider: Ded, then \$250 Other: Ded, then \$1,000	Flex provider: Ded, then \$25 Other: Ded, then \$75	Ded, then \$100	Non-hospital-based: Ded, then \$500 per procedure Hospital-based: Ded, then \$1,000 per procedure	Non-hospital-based: Ded, then \$40 Hospital-based: Ded, then \$65	Ded, then \$50	Ded, then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)	Ded, then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)
HMO HSA 3600 - Flex Metal Tier: Bronze MD0000100577 RX0000100261 DN0000100167 VS0000100124	Ded, then \$100/Ded, then \$150	\$3,600/\$7,200 Embedded	\$7,000/\$14,000 Embedded	None	Ded, then \$1,750	Urgent care: Ded, then CIF Convenience care: Ded, then CIF	Ded, then \$2,000 per admit	Flex provider: Ded, then \$500 Other: Ded, then \$1,000	Flex provider: Ded, then \$25 Other: Ded, then \$75	Ded, then \$140	Non-hospital-based: Ded, then \$750 per procedure Hospital-based: Ded, then \$1,250 per procedure	Non-hospital-based: Ded, then \$40 Hospital-based: Ded, then \$150	Ded, then \$100	Ded, then \$30/Ded, then \$30/Ded, then \$150/Ded, then \$225/Ded, then \$225	Ded, then \$60/Ded, then \$60/Ded, then \$300/Ded, then \$675/Ded, then \$675

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** Preventive Rx applies to retail and mail for all HSA plans.

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Pending regulatory approval.

Product Name	Office Visit	Deductible*	Out-of-Pocket Maximum	Coinsurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Ray	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing**	
														Retail	Mail
Focus HMO															
Focus HMO 25 Metal Tier: Platinum MD0000100527 RX0000100086 DN0000100045 VS0000100045	\$25/\$40 Copay waived for first non-routine PCP visit	None/None	\$3,000/\$6,000 Embedded	None	\$125	Urgent care: \$40 Convenience care: \$25	\$750 per admit	\$500	\$40	\$40	\$125 per procedure	\$25	\$40	\$5/\$25/\$40/\$60/20% (T5 \$250/script max)	\$10/\$50/\$80/\$180/20% (T5 \$750/script max)
Focus HMO 1000 Metal Tier: Gold MD0000100564 RX0000100352 DN0000100231 VS0000100170	\$25/\$45 Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300	Urgent care: \$40 Convenience care: \$25	Ded, then \$250 per admit	Ded, then \$150	\$25	Ded, then \$50	Ded, then \$125 per procedure	\$40	\$25	\$5/\$25/\$60/\$90/\$160	\$10/\$50/\$120/\$270/\$480
Focus HMO 1500 Metal Tier: Gold MD0000100528 RX0000100085 DN0000100046 VS0000100044	\$25/\$50 Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300	Urgent care: \$50 Convenience care: \$25	Ded, then \$250 per admit	Ded, then \$300	Ded, then \$45	Ded, then \$45	Ded, then \$300 per procedure	Ded, then \$25	\$50	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
Focus HMO 2000 Metal Tier: Gold MD0000100565 RX0000100353 DN0000100232 VS0000100171	\$25/\$50 Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300	Urgent care: \$40 Convenience care: \$25	Ded, then \$250 per admit	Ded, then \$150	Ded, then \$25	Ded, then \$50	Ded, then \$125 per procedure	\$40	\$25	\$5/\$30/\$60/\$90/\$160	\$10/\$60/\$120/\$270/\$480
Focus HMO 2500 Metal Tier: Gold MD0000100566 RX0000100354 DN0000100233 VS0000100172	\$30/\$50 Copay waived for first non-routine PCP visit	\$2,500/\$5,000 Embedded	\$6,500/\$13,000 Embedded	None	\$300	Urgent care: \$40 Convenience care: \$30	Ded, then \$500 per admit	Ded, then \$250	Ded, then \$30	Ded, then \$50	Ded, then \$150 per procedure	\$45	\$30	\$5/\$30/\$70/\$110/\$160	\$10/\$60/\$140/\$330/\$480
Focus HMO 3000 Metal Tier: Silver MD0000100567 RX0000100355 DN0000100234 VS0000100173	\$45/\$60 Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$8,550/\$17,100 Embedded	None	Ded, then \$350	Urgent care: \$40 Convenience care: \$45	Ded, then \$500 per admit	Ded, then \$350	Ded, then \$75	Ded, then \$75	Ded, then \$300 per procedure	\$45	\$40	\$5/\$35/\$85/\$110/10% (T5 \$250/script max)	\$10/\$70/\$170/\$330/10% (T5 \$750/script max)
Focus HMO HSA 3400 Metal Tier: Silver MD0000100529 RX0000100092 DN0000100052 VS0000100048	Ded, then \$40/Ded, then \$75	\$3,400/\$6,800 Embedded	\$6,850/\$13,700 Embedded	20%	Ded, then \$750	Urgent care: Ded, then \$75 Convenience care: Ded, then \$40	Ded, then 20%	Ded, then \$1,000	Ded, then \$75	Ded, then \$100	Ded, then \$750 per procedure	Ded, then \$40	Ded, then \$50	Ded, then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)	Ded, then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)

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Product Name	Office Visit	Deductible*	Out-of-Pocket Maximum	Coinsurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Ray	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
PPO															
PPO 25 - Flex Metal Tier: Platinum MD0000100530 RX0000100086 DN0000100053 VS0000100045	IN: \$25/\$40 OON: Ded, then 20% Copay waived for first non-routine PCP visit	IN: None/None OON: \$500/\$1,000 Embedded	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: None OON: 20%	\$125	Urgent care: IN: \$40 OON: Ded, then 20% Convenience care: IN: \$25 OON: Ded, then 20%	IN: \$750 per admit OON: Ded, then 20%	IN: Flex provider: \$150 Other: \$500 OON: Ded, then 20%	IN: Flex provider: CIF Other: \$40 OON: Ded, then 20%	IN: \$40 OON: Ded, then 20%	IN: Non-hospital-based: \$125 per procedure Hospital-based: \$200 per procedure OON: Ded, then 20%	IN: Non-hospital-based: \$25 Hospital-based: \$40 OON: Ded, then 20%	IN: \$40 OON: Ded, then 20%	\$5/\$25/\$40/\$60/20% (T5 \$250/script max)	\$10/\$50/\$80/\$180/20% (T5 \$750/script max)
PPO 500 - Flex Metal Tier: Gold MD0000100531 RX0000100085 DN0000100054 VS0000100044	IN: \$25/\$50 OON: Ded, then 20% Copay waived for first non-routine PCP visit	IN: \$500/\$1,000 OON: \$1,000/\$2,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	\$300	Urgent care: IN: \$50 OON: Ded, then 20% Convenience care: IN: \$25 OON: Ded, then 20%	IN: Ded, then \$200 per admit OON: Ded, then 20%	IN: Flex provider: \$50 Other: Ded, then \$300 OON: Ded, then 20%	IN: Flex provider: CIF Other: Ded, then \$45 OON: Ded, then 20%	IN: Ded, then \$45 OON: Ded, then 20%	IN: Non-hospital-based: \$200 per procedure Hospital-based: Ded, then \$300 per procedure OON: Ded, then 20%	IN: Non-hospital-based: \$25, Hospital-based: Ded, then \$50 OON: Ded, then 20%	IN: \$50 OON: Ded, then 20%	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
PPO 1000 - Flex Metal Tier: Gold MD0000100532 RX0000100085 DN0000100054 VS0000100044	IN: \$25/\$50 OON: Ded, then 20% Copay waived for first non-routine PCP visit	IN: \$1,000/\$2,000 OON: \$2,000/\$4,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	\$300	Urgent care: IN: \$50 OON: Ded, then 20% Convenience care: IN: \$25 OON: Ded, then 20%	IN: Ded, then \$200 per admit OON: Ded, then 20%	IN: Flex provider: \$50 Other: Ded, then \$300 OON: Ded, then 20%	IN: Flex provider: CIF Other: Ded, then \$45 OON: Ded, then 20%	IN: Ded, then \$45 OON: Ded, then 20%	IN: Non-hospital-based: \$200 per procedure Hospital-based: Ded, then \$300 per procedure OON: Ded, then 20%	IN: Non-hospital-based: \$25, Hospital-based: Ded, then \$50 OON: Ded, then 20%	IN: \$50 OON: Ded, then 20%	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
PPO 1500 - Flex Metal Tier: Silver MD0000100558 RX0000100346 DN0000100225 VS0000100164	IN: Ded, then \$40/Ded, then \$40 OON: Ded, then 20%	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$8,550/\$17,100 OON: \$16,300/\$32,600 Embedded	IN: None OON: 20%	Ded, then \$300	Urgent care: IN: \$40 OON: Ded, then 20% Convenience care: IN: \$40 OON: Ded, then 20%	IN: Ded, then \$250 per admit OON: Ded, then 20%	IN: Flex provider: \$150 Other: Ded, then \$200 OON: Ded, then 20%	IN: Flex provider: CIF Other: Ded, then \$35 OON: Ded, then 20%	IN: Ded, then \$75 OON: Ded, then 20%	IN: Non-hospital-based: \$300 per procedure Hospital-based: Ded, then \$200 per procedure OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$40 Hospital-based: Ded, then \$75 OON: Ded, then 20%	IN: Ded, then \$40 OON: Ded, then 20%	\$5/\$35/\$65/\$100/\$160	\$10/\$70/\$130/\$300/\$480
PPO 2000 - Flex Metal Tier: Gold MD0000100370 RX0000100094 DN0000100044 VS0000100044	IN: \$25/\$50 OON: Ded, then 20% Copay waived for first non-routine PCP visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	\$300	Urgent care: IN: \$50 OON: Ded, then 20% Convenience care: IN: \$25 OON: Ded, then 20%	IN: Ded, then \$250 per admit OON: Ded, then 20%	IN: Flex provider: \$75 Other: Ded, then \$300 OON: Ded, then 20%	IN: Flex provider: CIF Other: Ded, then \$45 OON: Ded, then 20%	IN: Ded, then \$45 OON: Ded, then 20%	IN: Non-hospital-based: \$200 per procedure Hospital-based: Ded, then \$300 per procedure OON: Ded, then 20%	IN: Non-hospital-based: \$25 Hospital-based: Ded, then \$50 OON: Ded, then 20%	IN: \$50 OON: Ded, then 20%	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
PPO 2000 Low - Flex Metal Tier: Silver MD0000100559 RX0000100347 DN0000100226 VS0000100165	IN: Ded, then \$35/Ded, then \$35 OON: Ded, then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$8,000/\$16,000 OON: \$16,000/\$32,000 Embedded	IN: None OON: 20%	Ded, then \$300	Urgent care: IN: \$40 OON: Ded, then 20% Convenience care: IN: \$35 OON: Ded, then 20%	IN: Ded, then \$250 per admit OON: Ded, then 20%	IN: Flex provider: \$150 Other: Ded, then \$200 OON: Ded, then 20%	IN: Flex provider: CIF Other: Ded, then \$35 OON: Ded, then 20%	IN: Ded, then \$75 OON: Ded, then 20%	IN: Non-hospital-based: \$300 per procedure Hospital-based: Ded, then \$125 per procedure OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$35 Hospital-based: Ded, then \$75 OON: Ded, then 20%	IN: Ded, then \$35 OON: Ded, then 20%	\$5/\$30/\$60/\$90/\$160	\$10/\$60/\$120/\$270/\$480

* For explanation of embedded vs. non-embedded deductible, see Business Rules on page 34.

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

Pending regulatory approval.

Product Name	Office Visit	Deductible*	Out-of-Pocket Maximum	Coinsurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Ray	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing**	
														Retail	Mail
PPO															
PPO 3000 - Flex Metal Tier: Silver MD0000100535 RX0000100087 DN0000100055 VS0000100046	IN: \$40/\$65 OON: Ded, then 20% Copay waived for first non-routine PCP visit	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$8,500/\$17,000 OON: \$17,000/\$34,000 Embedded	IN: None OON: 20%	Ded, then \$650	Urgent care: IN: \$65 OON: Ded, then 20% Convenience care: IN: \$40 OON: Ded, then 20%	IN: Ded, then \$1,000 per admit OON: Ded, then 20%	IN: Flex provider: \$250 Other: Ded, then \$750 OON: Ded, then 20%	IN: Flex provider: CIF Other: Ded, then \$65 OON: Ded, then 20%	IN: Ded, then \$65 OON: Ded, then 20%	IN: Non-hospital-based: \$250 per procedure Hospital-based: Ded, then \$750 per procedure OON: Ded, then 20%	IN: Non-hospital-based: \$40 Hospital-based: Ded, then \$65 OON: Ded, then 20%	IN: \$50 OON: Ded, then 20%	\$5/\$30/\$80/\$120/20% (T5 \$500/script max)	\$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)
PPO 4000 - Flex Metal Tier: Silver MD0000100562 RX0000100350 DN0000100229 VS0000100168	IN: Ded, then \$50/Ded, then \$50 OON: Ded, then 20%	IN: \$4,000/\$8,000 OON: \$7,000/\$14,000 Embedded	IN: \$8,000/\$16,000 OON: \$17,100/\$34,200 Embedded	IN: None OON: 20%	Ded, then \$350	Urgent care: IN: \$40 OON: Ded, then 20% Convenience care: IN: \$40 OON: Ded, then 20%	IN: Ded, then \$500 per admit OON: Ded, then 20%	IN: Flex provider: \$250 Other: Ded, then \$350 OON: Ded, then 20%	IN: Flex provider: CIF Other: Ded, then \$75 OON: Ded, then 20%	IN: Ded, then \$75 OON: Ded, then 20%	IN: Non-hospital-based: \$300 per procedure Hospital-based: Ded, then \$300 per procedure OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$50 Hospital-based: Ded, then \$75 OON: Ded, then 20%	IN: Ded, then \$50 OON: Ded, then 20%	\$5/\$40/\$85/\$110/10% (T5 \$250/script max)	\$10/\$80/\$170/\$330/10% (T5 \$750/script max)
PPO HSA															
PPO HSA 2000 - Flex Metal Tier: Silver MD0000100536 RX0000100090 DN0000100056 VS0000100048	IN: Ded, then \$35/Ded, then \$55 OON: Ded, then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Non-embedded	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400 Embedded	IN: None OON: 20%	Ded, then \$400	Urgent care: IN: Ded, then \$55 OON: Ded, then 20% Convenience care: IN: Ded, then \$35 OON: Ded, then 20%	IN: Ded, then \$500 per admit OON: Ded, then 20%	IN: Flex provider: Ded, then CIF Other: Ded, then \$250 OON: Ded, then 20%	IN: Flex provider: Ded, then CIF Other: Ded, then \$55 OON: Ded, then 20%	IN: Ded, then \$55 OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$200 per procedure Hospital-based: Ded, then \$400 per procedure OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$35 Hospital-based: Ded, then \$55 OON: Ded, then 20%	IN: Ded, then \$50 OON: Ded, then 20%	Ded, then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)	Ded, then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)
PPO HSA 3000 - Flex Metal Tier: Silver MD0000100537 RX0000100091 DN0000100056 VS0000100048	IN: Ded, then \$35/Ded, then \$55 OON: Ded, then 20%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Non-embedded	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400 Embedded	IN: None OON: 20%	Ded, then \$400	Urgent care: IN: Ded, then \$55 OON: Ded, then 20% Convenience care: IN: Ded, then \$35 OON: Ded, then 20%	IN: Ded, then \$500 per admit OON: Ded, then 20%	IN: Flex provider: Ded, then CIF Other: Ded, then \$250 OON: Ded, then 20%	IN: Flex provider: Ded, then CIF Other: Ded, then \$55 OON: Ded, then 20%	IN: Ded, then \$55 OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$200 per procedure Hospital-based: Ded, then \$400 per procedure OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$35 Hospital-based: Ded, then \$55 OON: Ded, then 20%	IN: Ded, then \$50 OON: Ded, then 20%	Ded, then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)	Ded, then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)
PPO HSA 3400 - Flex Metal Tier: Silver MD0000100538 RX0000100092 DN0000100057 VS0000100048	IN: Ded, then \$40/Ded, then \$75 OON: Ded, then 20%	IN: \$3,400/\$6,800 OON: \$6,800/\$13,600 Non-embedded	IN: \$6,850/\$13,700 OON: \$13,700/\$27,400 Embedded	IN: 20% OON: 20%	Ded, then \$750	Urgent care: IN: Ded, then \$75 OON: Ded, then 20% Convenience care: IN: Ded, then \$40 OON: Ded, then 20%	IN: Ded, then 20% OON: Ded, then 20%	IN: Flex provider: Ded, then \$250 Other: Ded, then \$1,000 OON: Ded, then 20%	IN: Flex provider: Ded, then \$25 Other: Ded, then \$75 OON: Ded, then 20%	IN: Ded, then \$100 OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$500 per procedure Hospital-based: Ded, then \$1,000 per procedure OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$40 Hospital-based: Ded, then \$65 OON: Ded, then 20%	IN: Ded, then \$50 OON: Ded, then 20%	Ded, then \$5/\$30/\$80/\$120/20% (T5 \$500/script max)	Ded, then \$10/\$60/\$160/\$360/20% (T5 \$1,500/script max)
PPO HSA 5000 - Flex Metal Tier: Bronze MD0000100539 RX0000100256 DN0000100161 VS0000100119	IN: Ded, then \$60/Ded, then \$150 OON: Ded, then 20%	IN: \$5,000/\$10,000 OON: \$8,000/\$16,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	Ded, then \$1,500	Urgent care: IN: Ded, then \$150 OON: Ded, then 20% Convenience care: IN: Ded, then \$60 OON: Ded, then 20%	IN: Ded, then \$1,500 per admit OON: Ded, then 20%	IN: Flex provider: Ded, then \$250 Other: Ded, then \$1,000 OON: Ded, then 20%	IN: Flex provider: Ded, then \$25 Other: Ded, then \$75 OON: Ded, then 20%	IN: Ded, then \$150 OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$500 per procedure Hospital-based: Ded, then \$1,000 per procedure OON: Ded, then 20%	IN: Non-hospital-based: Ded, then \$40 Hospital-based: Ded, then \$65 OON: Ded, then 20%	IN: Ded, then \$50 OON: Ded, then 20%	Ded, then \$5/\$30/50%/50%/50% (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)	Ded, then \$10/60/50%/50%/50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max)

* For explanation of embedded vs. non-embedded deductible, see Business Rules on page 34.

** Preventive Rx applies to retail and mail for all HSA plans.

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

Pending regulatory approval.

Product Name	Office Visit	Deductible*	Out-of-Pocket Maximum	Coinsurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Ray	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing	
														Retail	Mail
Connector Plans															
Standard Platinum - Flex Metal Tier: Platinum MD0000100363 RX0000100078 DN0000100037 VS0000100037	\$20/\$40	None/None	\$3,000/\$6,000 Embedded	None	\$150	Urgent care: \$40 Convenience care: \$20	\$500 per admit	Flex provider: \$100 Other: \$250	CIF	CIF	Non-hospital-based: \$50 per procedure Hospital-based: \$150 per procedure	Non-hospital-based: \$20 Hospital-based: \$40	\$40	\$10/\$25/\$50	\$20/\$50/\$150
Standard High Gold - Flex Metal Tier: Gold MD0000100365 RX0000100080 DN0000100039 VS0000100039	\$25/\$50	None/None	\$5,000/\$10,000 Embedded	None	\$300	Urgent care: \$50 Convenience care: \$25	\$750 per admit	Flex provider: \$100 Other: \$500	Flex provider: CIF Other: \$50	\$75	Non-hospital-based: \$100 per procedure Hospital-based: \$400 per procedure	Non-hospital-based: \$20 Hospital-based: \$50	\$50	\$25/\$50/\$75	\$50/\$100/\$225
HMO 2000 Low - Flex Metal Tier: Gold MD0000100366 RX0000100081 DN0000100040 VS0000100040	\$30/\$55	\$2,000/\$4,000 Embedded	\$6,500/\$13,000 Embedded	None	Ded, then \$350	Urgent care: \$55 Convenience care: \$30	Ded, then \$750 per admit	Flex provider: \$250 Other: Ded, then \$500	Flex provider: \$20 Other: Ded, then \$50	Ded, then \$75	Non-hospital-based: \$200 per procedure Hospital-based: Ded, then \$300 per procedure	Non-hospital-based: \$25 Hospital-based: \$55	\$50	\$25/Ded, then \$50/Ded, then \$125	\$50/Ded, then \$100/Ded, then \$375
Standard Silver Metal Tier: Silver MD0000100367 RX0000100250 DN0000100156 VS0000100114	\$25/\$50	\$2,000/\$4,000 Embedded	\$8,700/\$17,400 Embedded	None	Ded, then \$300	Urgent care: \$50 Convenience care: \$25	Ded, then \$750 per admit	Ded, then \$500	Ded, then \$45	Ded, then \$75	Ded, then \$375 per procedure	\$50	\$50	\$25/\$50/Ded, then \$75	\$50/\$100/Ded, then \$225

* For explanation of embedded vs. non-embedded deductible, see Business Rules on page 34.

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

Pending regulatory approval.

Product Name	Office Visit	Deductible*	Out-of-Pocket Maximum	Coinsurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Ray	Scans: CT, MRI, PET	PT/OT/ST	Chiropractic & Acupuncture	Rx Cost Sharing**	
														Retail	Mail
Connector Plans¹															
Standard Low Silver HSA - Flex¹ Metal Tier: Silver MD0000100368 RX0000100251 DN0000100157 VS0000100115	Ded, then \$30/Ded, then \$60	\$2,000/\$4,000 Non-embedded	\$7,050/\$14,100 Embedded	None	Ded, then \$300	Urgent care: Ded, then \$60 Convenience care: Ded, then \$30	Ded, then \$750 per admit	Flex provider: Ded, then \$250 Other: Ded, then \$500	Flex provider: Ded, then \$20 Other: Ded, then \$60	Ded, then \$75	Non-hospital-based: Ded, then \$200 per procedure Hospital-based: Ded, then \$500 per procedure	Non-hospital-based: Ded, then \$30 Hospital-based: Ded, then \$60	Ded, then \$50	Ded, then \$30/Ded, then \$60/Ded, then \$105	Ded, then \$60/Ded, then \$120/Ded, then \$315
Standard High Bronze Metal Tier: Bronze MD0000100369 RX0000100252 DN0000100158 VS0000100116	Ded, then \$35/Ded, then \$75	\$2,750/\$5,500 Embedded	\$8,700/\$17,400 Embedded	None	Ded, then \$750	Urgent care: Ded, then \$75 Convenience care: Ded, then \$35	Ded, then \$1,200 per admit	Ded, then \$500	Ded, then \$75	Ded, then \$100	Ded, then \$800 per procedure	Ded, then \$75	\$50	\$30/Ded, then \$100/Ded, then \$150	\$60/Ded, then \$200/Ded, then \$450
PPO 2000 - Flex Metal Tier: Gold MD0000100370 RX0000100094 DN0000100044 VS0000100044	IN: \$25/\$50 OON: Ded, then 20% Copay waived for first non-routine PCP visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	\$300	Urgent care: IN: \$50 OON: Ded, then 20% Convenience care: IN: \$25 OON: Ded, then 20%	IN: Ded, then \$250 per admit OON: Ded, then 20%	IN: Flex provider: \$75 Other: Ded, then \$300 OON: Ded, then 20%	IN: Flex provider: CIF Other: Ded, then \$45 OON: Ded, then 20%	IN: Ded, then \$45 OON: Ded, then 20%	IN: Non-hospital-based: \$200 per procedure Hospital-based: Ded, then \$300 per procedure OON: Ded, then 20%	IN: Non-hospital-based: \$25 Hospital-based: Ded, then \$50 OON: Ded, then 20%	IN: \$50 OON: Ded, then 20%	\$5/\$30/\$60/\$100/20% (T5 \$250/script max)	\$10/\$60/\$120/\$300/20% (T5 \$750/script max)
HMO 3500 - Flex Metal Tier: Bronze MD0000100371 RX0000100088 DN0000100048 VS0000100046	Ded, then \$40/Ded, then \$65	\$3,500/\$7,000 Embedded	\$8,500/\$17,000 Embedded	20%	Ded, then \$750	Urgent care: Ded, then \$65 Convenience care: Ded, then \$40	Ded, then 20%	Flex provider: Ded, then \$250 Other: Ded, then \$1,000	Flex provider: Ded, then \$25 Other: Ded, then \$75	Ded, then \$75	Non-hospital-based: Ded, then \$500 per procedure Hospital-based: Ded, then \$1,000 per procedure	Non-hospital-based: Ded, then \$40 Hospital-based: Ded, then \$65	Ded, then \$50	\$5/\$30/Ded, then 50%/Ded, then 50%/Ded, then 50% (T3 \$125/script max, T4 \$250/script max, T5 \$500/script max)	\$10/\$60/Ded, then 50%/Ded, then 50%/Ded, then 50% (T3 \$250/script max, T4 \$750/script max, T5 \$1,500/script max)

¹ Available to small groups only on the Connector.

* For explanation of embedded vs. non-embedded deductible, see Business Rules on page 34.

** Preventive Rx applies to Rretail and mail for all HSA plans.

Get instant, accurate quotes online

Visit www.harvardpilgrim.org/broker for online quotes, plan details and more!



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Log in with your username and password.

Click **Access Harvard Pilgrim Online Quoting**.

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



We have the information you need

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 eligible employees

For groups with six or more eligible employees, 75% of those employees who are eligible for health benefits must participate. For groups with one to five eligible employees, 100% of eligible employees must participate.

Embedded deductible/out-of-pocket maximum

All non-HSA plans contain embedded deductibles and out-of-pocket maximums (OOPM).

Embedded deductible refers to a family plan that has two 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.

Embedded OOPM refers to a family plan that has two components, an individual OOPM and a family OOPM. All 2022 small group plans have embedded OOPM. The maximum contribution by an individual toward the family OOPM is limited to the individual OOPM and once met, has no additional cost sharing for the remainder of the year. When any number of members collectively meet the family OOPM, then all members have no additional cost sharing for the remainder of the year.

Focus Network

Available for accounts located in the Focus Network service area. An employee and enrolling dependents must reside within the Focus Network employee enrollment area in order to enroll in the plan.

Side-by-side plan options

For groups with six or more benefit eligible employees, dual options are available. For groups with 20 or more enrolled subscribers, triple options are available. For triple options, all plans must be allowable side by side. Plans cannot be offered side by side with a plan with a significantly different level of cost sharing. See the grid on page 32 for allowable side-by-side combinations.

Side-by-side options are not permitted for employers with fewer than six benefit eligible employees, except in cases when a PPO plan is offered exclusively for an out-of-area subscriber or dependent and approved by Harvard Pilgrim. A PPO may be offered exclusively for out-of-area members only.

Standard Connector plans may only be offered alongside any other plan offered on the Connector. This includes Standard Connector plans, PPO 2000 - Flex, HMO 2000 Low - Flex and HMO 3500 - Flex for groups with six or more benefit eligible employees. The Standard Connector plans must be purchased with pediatric dental.

When Medicare Enhance is offered alongside a Harvard Pilgrim commercial plan, groups need only one Medicare Enhance subscriber. For groups offering Medicare Enhance on a fully insured basis with competitor Medicare products also offered, the competitor products must be comparable in benefits to Medicare Enhance. Groups will be community rated and may offer only one Medicare Enhance benefit package.

When Medicare Enhance is offered to groups for their working aged employees who are enrolled in Medicare Parts A and B, the groups must not have had more than 19 active employees (part-time, full-time or temporary) during the past two years. Groups that increase to more than 19 active employees must notify Harvard Pilgrim immediately. Also, the Medicare Enhance plan must be comparable to benefits of the active commercial product, and groups must sign the Medicare Enhance Employer Agreement.

Preventive medications with a high-deductible health plan

For members with a high-deductible health plan, the deductible will not apply to certain medications used for preventive care. If 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 website at www.harvardpilgrim.org/rx. These plans include the words "Preventive Drug Benefit" on the member ID card.

Important legal information

What's not covered on our MA 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 except as provided in wellness benefits
- 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 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

Limitations for Massachusetts small group plans

- Physical therapy and occupational therapy — combined 60 visits per year
- Skilled nursing facility — 100 days per year
- Inpatient rehabilitation — 60 days per year
- Routine eye exam — 1 exam per year
- Wig — 1 synthetic monofilament wig 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.

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) ព្រះសង្ឃជំនាញ: បើអ្នកនិយាយភាសាខ្មែរ, 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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, 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).

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