

# Keeping you and your family healthy

New Hampshire Individual  
& Family Product Guide

Plan Year 2022



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# Getting coverage is easy

## Buying from Harvard Pilgrim

You can purchase an off-Exchange plan directly from Harvard Pilgrim. An insurance broker can help you purchase coverage, as well.



[www.harvardpilgrim.org](http://www.harvardpilgrim.org)

## Renewing for 2022

Current Harvard Pilgrim members will receive a renewal package in late October.

**If you are happy with the plan that's outlined in the renewal package, all you need to do is pay the premium by January 1, 2022. It's as easy as that.**

Otherwise, here's what to do:

### Did you purchase your plan directly from Harvard Pilgrim?

→ Visit [www.harvardpilgrim.org/renew](http://www.harvardpilgrim.org/renew) to view our other coverage options and make changes.

### Did you purchase your plan from the federal Health

#### → Insurance Exchange?

Visit [www.HealthCare.gov](http://www.HealthCare.gov) to:

- update the information on your financial application if you had a change in your financial situation or income
- look at other Harvard Pilgrim plans and make a change

**Note:** As a result of the American Rescue Plan Act, you may now be eligible for new or expanded financial help when you renew your health insurance through the federal exchange. Visit [www.HealthCare.gov](http://www.HealthCare.gov) to update your application and determine your eligibility.

\*You can enroll outside of the open enrollment period under certain circumstances (e.g., involuntary loss of employer-sponsored coverage; marriage; birth; or a move of your principal residence). This is called a Special Enrollment Period. If you believe that you qualify for a Special Enrollment Period, please visit [www.HealthCare.gov](http://www.HealthCare.gov) to review the eligibility guidelines and submit your enrollment.

## COVID-19 benefits and coverage

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



## Important dates

**Monday, November 1 -**

**Wednesday, December 15, 2021\***

2022 open enrollment period for selecting health care coverage. Coverage goes into effect January 1, 2022.



## How to find a health care provider

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

1. Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org)
2. Click on **Find a Provider**
3. Log in to your online account to get results for your plan, or select **ElevateHealth HMO** or **ElevateHealth Options HMO**
4. Search by provider type or other criteria

# Our plans include great benefits

These core benefits are included with each of our plans.



## Acupuncture and chiropractic

Unlimited acupuncture and chiropractic visits per year



## Hospitalization

Inpatient services, such as surgery



## Pregnancy, maternity and newborn care

Care before, during and after pregnancy



## Ambulatory patient services

Outpatient care without hospital admission



## Laboratory services

Blood work, screenings, etc.



## Prescriptions

Access to safe, effective medications; certain over-the-counter drugs are included on our formulary



## Emergency services

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



## Behavioral health and substance use disorder services

Counseling and psychotherapy



## Rehabilitation and habilitative services and devices

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



## Eye exams

One preventive screening every year for children up to age 19; every two years for adults



## Pediatric vision hardware

Covers children up to age 19



## Routine physical exams

Annual preventive visit with your primary care provider

## Our prescription drug benefits focus on choice and value.

All plans include our 5-tier prescription drug coverage: The lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. You can fill prescriptions at retail pharmacies nationwide or through our mail order program.

We cover certain generic over-the-counter drugs on our formulary. 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.

## Questions about our prescription drug program?

Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) to learn more.

Select the year and the plan (e.g., 2022 Core NH 5-Tier) to:



See which drugs are covered



Find nearby in-network pharmacies



Look up drug prices



Get details on home delivery, and more!

## How the prescription drug tiers work

TIER	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<b>CORE NH 5-TIER</b>	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

# Maximize your well-being

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



## Living Well Everyday<sup>SM</sup>

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

And be sure to check out [www.harvardpilgrim.org/livingwellathome](http://www.harvardpilgrim.org/livingwellathome) for our online wellness classes.



## Lifestyle management coaches

Let one of our certified lifestyle management coaches get to know you, understand your goals and — through regular phone check-ins — help you achieve these goals. Visit [www.harvardpilgrim.org/healthcoach](http://www.harvardpilgrim.org/healthcoach) to learn more.



## Clinical care team support

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our clinical care team of nurses, social workers, pharmacists and health coaches can guide you to better health. Learn more at [www.harvardpilgrim.org/clinicalcareteam](http://www.harvardpilgrim.org/clinicalcareteam) today.

## Maintaining a healthy mind

Behavioral health and substance use conditions can be complex, confusing and sometimes overwhelming.

Together with our behavioral health administrator, United Behavioral Health/Optum, we offer support, resources and tools to help you on your behavioral health journey.

The licensed care advocates at our 24/7 **Behavioral Health Access Center** can help you understand your coverage and treatment options and find available providers, including those who offer virtual visits.



Call **(888) 777-4742** to speak confidentially with a care advocate and get started.

Visit [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth) to learn about additional resources that can help you choose the path that's right for you:

- 24/7 support helplines (emotional support and substance use disorder treatment)
- Peer coaching for substance use disorders
- Convenient online resources (Talkspace digital therapy, Sanvello mobile app and more)\*

\* Sanvello and Talkspace are not affiliated with Harvard Pilgrim. Harvard Pilgrim has an arrangement with Sanvello and Talkspace to offer their respective services to current Harvard Pilgrim members.

# Keep more money in your pocket

We have tools and programs designed to help you save.



## Doctor On Demand

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

[www.doctorondemand.com](http://www.doctorondemand.com)



## Reduce My Costs<sup>1</sup>

This voluntary program helps you find and schedule care with lower-cost providers for elective outpatient medical procedures and diagnostic tests. You'll receive rewards for choosing a more affordable option. New Hampshire members may receive a maximum of \$100 in Reduce My Costs rewards per year. Call **(855) 772-8366** or use the **chat feature** to speak with a Reduce My Costs nurse.

[www.harvardpilgrim.org/reducecosts](http://www.harvardpilgrim.org/reducecosts)



## Discounts & Savings

Save on a variety of products and services that can help you stay healthy:

- Vision and hearing
- Healthy eating and fitness
- Dental
- Holistic wellness
- Smoking cessation
- Family and senior care

[www.harvardpilgrim.org/discounts](http://www.harvardpilgrim.org/discounts)

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## Fitness reimbursement



A family is eligible to receive **up to \$300 in annual fitness reimbursement** on fees for health and fitness club memberships, classes or virtual subscriptions! Each plan member (up to two individuals) can receive up to \$150. To qualify, you or one of your dependents must be an active member of the fitness club for at least four months within a calendar year.<sup>2</sup>






Learn more by visiting [www.harvardpilgrim.org/fitnessreimbursement](http://www.harvardpilgrim.org/fitnessreimbursement).

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

<sup>2</sup> There is a \$300 maximum reimbursement per Harvard Pilgrim policy in a calendar year per family contract. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement. Restrictions apply. For tax information, consult your tax advisor.

# Know your options for urgent care

When your primary care provider's office isn't open and you need medical care for a non-life-threatening injury or illness, you have [urgent care options](#) — other than the ER — that can save time and money.

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

\* What you pay out of pocket depends on your specific Harvard Pilgrim plan. Refer to your plan documents for specific benefit information.

# Urgent care clinics you can visit

**Alton:** ClearChoiceMD Urgent Care

**Bedford:** ConvenientMD Urgent Care, Urgent Care at Bedford Medical Park

**Belmont:** ClearChoiceMD Urgent Care, ConvenientMD Urgent Care

**Claremont:** Valley Regional Hospital Urgent Care

**Concord:** Concentra Urgent Care, ConvenientMD Urgent Care, MinuteClinic

**Dover:** ConvenientMD Urgent Care

**Epping:** ClearChoiceMD Urgent Care

**Goffstown:** ClearChoiceMD — CMC

**Hampton:** MinuteClinic

**Hooksett:** ClearChoiceMD — CMC

**Hudson:** Immediate Care of Southern New Hampshire

**Keene:** ConvenientMD Urgent Care

**Lebanon:** ClearChoiceMD Urgent Care

**Littleton:** ConvenientMD Urgent Care, Littleton Urgent Care

**Londonderry:** ConvenientMD

**Manchester:** ExpressMED, MinuteClinic

**Merrimack:** ConvenientMD Urgent Care

**Nashua:** Concentra Urgent Care, ConvenientMD Urgent Care, HealthStop, Immediate Care of Southern New Hampshire, MinuteClinic

**Pelham:** Immediate Care of Southern New Hampshire

**Plaistow:** ClearChoiceMD Urgent Care

**Plymouth:** MedCheck Urgent Care

**Portsmouth:** ClearChoiceMD Urgent Care, ConvenientMD Urgent Care

**Salem:** ExpressMED, MinuteClinic

**Stratham:** ConvenientMD Urgent Care

**Tilton:** ClearChoiceMD Urgent Care

**Windham:** ConvenientMD Urgent Care

**Note:** Higher “hospital urgent care clinic” member cost sharing may apply to participating urgent care clinics that are not on this list. This list may be updated throughout the year. Refer to the [online provider directory](#) for the most up-to-date information.

## Committed to New Hampshire's 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 health challenges facing our neighbors and communities. And we're dedicated to helping resolve them, through our partnerships with dozens of New Hampshire nonprofit organizations.



In 2020, over **\$1.7 million** was contributed to New Hampshire nonprofit organizations.



# Helping you choose a plan

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

- What kind of care do you expect to need in the next year?
- Are you willing to pay more for a higher level of coverage?
- Would you rather pay higher monthly premiums in exchange for lower costs when you receive care?

See the 2022 health plan options on the following pages for cost sharing details and to learn which of these plans are available on and off the Health Insurance Exchange.

	Gold HMO plans	Silver HMO plans	Bronze HMO plans	Catastrophic plans
<b>May be best if you:</b>	Are willing to pay for richer benefits	Are eligible for a subsidy and want strong coverage value	Are healthy and do not expect to use services	Have a hardship exemption or affordability exemption, OR are under 30 and relatively healthy, and want to protect yourself in worst-case scenarios
<b>Premium level</b>	Highest	Lower than Gold; higher than Bronze	Lower than Silver; higher than Catastrophic	Lowest
<b>Deductible range (individual)</b>	\$500-\$1,500	\$3,000-\$6,500	\$6,500-\$8,700	\$8,700
<b>Coinsurance range</b>	10%-40%	0%-40%	0%-50%	None
<b>Available plans</b>	ElevateHealth HMO Gold 1500  ElevateHealth Options HMO Gold 500*  ElevateHealth Options HMO Gold 1000*	ElevateHealth HMO Silver 3500 ElevateHealth HMO Silver 4000 ElevateHealth HMO Silver 5500 ElevateHealth HMO Silver 6500  ElevateHealth HMO HSA Silver 4500  ElevateHealth Options HMO Silver 3000*	ElevateHealth HMO Bronze 6500  ElevateHealth HMO Bronze 7200  ElevateHealth HMO Bronze 8700  ElevateHealth HMO HSA Bronze 7000	ElevateHealth HMO Catastrophic

\* Available off-Exchange only.

## You may qualify for financial help

### Advance Premium Tax Credit (APTC)

The American Rescue Plan Act increased and expanded eligibility for the APTC to make health insurance coverage more affordable. You can take this credit in advance to lower your monthly health insurance payment (or premium). When you apply for coverage on the Exchange, you estimate your expected income for the year. If you qualify for the APTC based on your estimate, you can use any amount of the credit in advance to lower your premium. The APTC can be applied to any Platinum, Gold, Silver or Bronze plan offered through the Exchange.

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

### Cost Sharing Reduction (CSR)

This discount lowers the amount you pay when you receive medical services, such as deductibles, copayments and coinsurance. If your income is up to 250% of the federal poverty level, you can purchase a Silver-level CSR plan with lower out-of-pocket costs. These plans are identified on the following pages with CSR 73%, CSR 87% or CSR 94% below the name of the plan.

When you fill out your application at [www.HealthCare.gov](http://www.HealthCare.gov), you will find out if you qualify for either subsidy.

# Our plans: Where choice meets savings

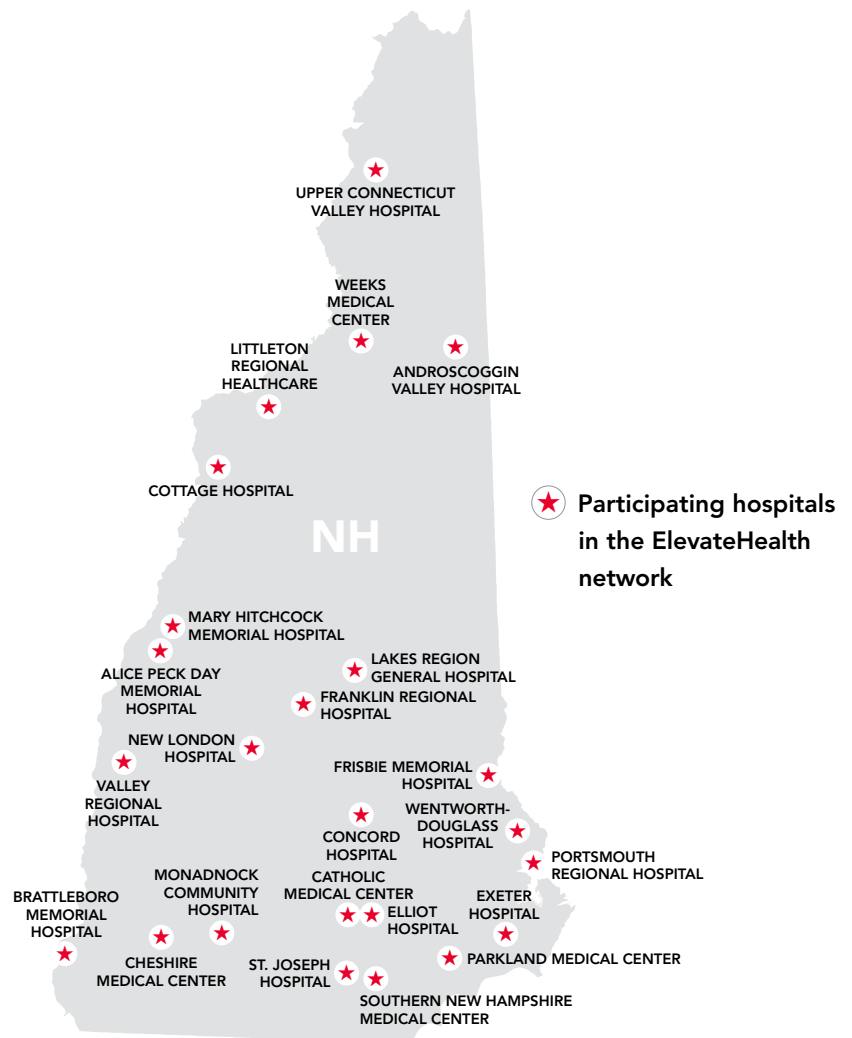
Choose between ElevateHealth HMO and ElevateHealth Options HMO.  
Both are designed to improve the quality of your care and lower premiums.

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

## ElevateHealth HMO

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

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



\* Changes to our network may occur at any time. For the most current provider information, visit [www.harvardpilgrim.org/providerdirectory](http://www.harvardpilgrim.org/providerdirectory).

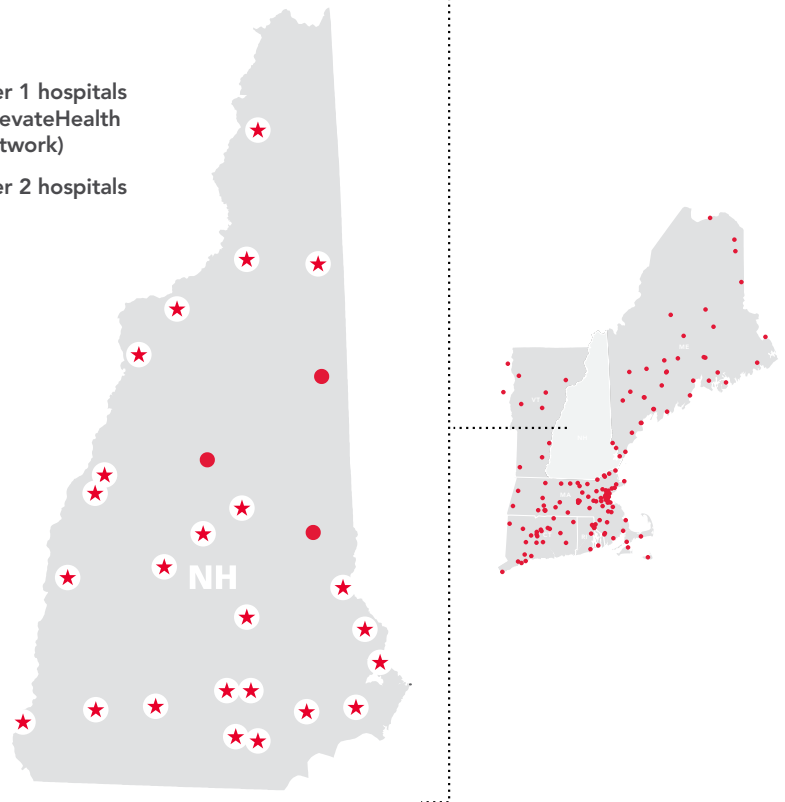
## ElevateHealth Options HMO

This is a full-network plan option that offers premium savings over standard full-network plans.<sup>1,2</sup>

It includes two tiers of providers and hospitals. Tier 1 is Harvard Pilgrim's ElevateHealth network. Tier 2 is the rest of Harvard Pilgrim's network (New Hampshire, Massachusetts, Maine, Vermont, Connecticut and Rhode Island).

- Features lower copayments and deductibles for services you receive from Tier 1 providers and hospitals
- You can choose any PCP in the Harvard Pilgrim network and visit other participating providers with the proper referrals

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



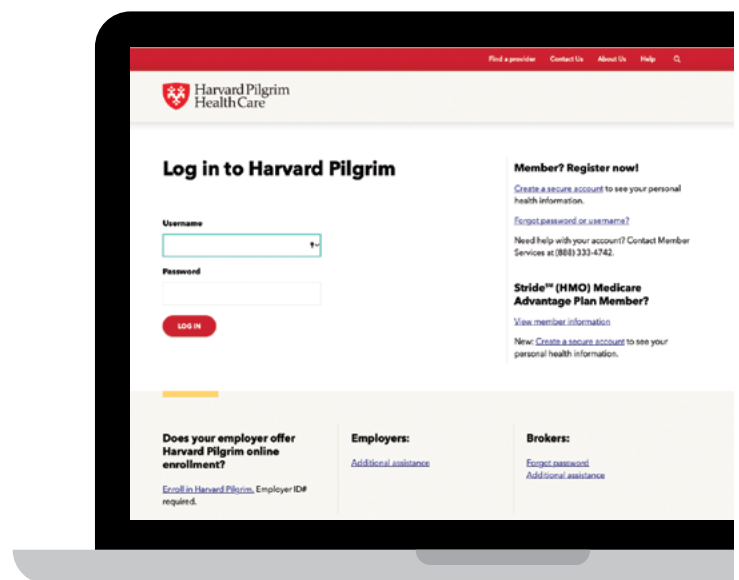
<sup>1</sup> Available off-Exchange only.

<sup>2</sup> Changes to our network may occur at any time. For the most current provider listings, visit [www.harvardpilgrim.org/providerdirectory](http://www.harvardpilgrim.org/providerdirectory).

## Set up your member account

Once your membership becomes effective, be sure to set up your online member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org). Use your smartphone, tablet or computer to:

- Get your electronic ID card
- Choose your primary care provider (PCP)
- Make sure your providers are in your plan's network before upcoming appointments
- Look up your prescriptions to see how they are covered
- Check your claims and deductible status



# 2022 New Hampshire plan offerings

2022 New Hampshire Plans — Effective January 1, 2022, through December 31, 2022.

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

## On-Exchange plans

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Freestanding	Hospital-Based							
<b>ElevateHealth HMO</b>															
<b>ElevateHealth HMO Gold 1500</b> MD0000100279 RX0000100194 59025NH0370039-01	N/A	\$25 copay/ \$50 copay	\$1,500/ \$3,000	\$8,700/ \$17,400	15%	Deductible, then \$300 copay	\$35 copay	Deductible, then \$150 copay	Deductible, then \$500 copay, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	\$50 copay	\$25 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 35%
<b>ElevateHealth HMO Silver 3500</b> MD0000100281 RX0000100196 59025NH0370040-01	N/A	\$40 copay/ \$80 copay	\$3,500/ \$7,000	\$8,700/ \$17,400	30%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then 30%	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 4000</b> MD0000100283 RX0000100197 59025NH0370041-01	N/A	\$40 copay/ Deductible, then \$80 copay	\$4,000/ \$8,000	\$8,700/ \$17,400	None	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then covered in full	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$65/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 5500</b> MD0000100285 RX0000100198 59025NH0370042-01	N/A	\$40 copay/ \$80 copay	\$5,500/ \$11,000	\$8,700/ \$17,400	30%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 30%	Deductible, then \$150 copay	Deductible, then 30%	Deductible, then 30%	\$60 copay	\$40 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 6500</b> MD0000100287 RX0000100199 59025NH0370043-01	N/A	\$40 copay/ \$80 copay	\$6,500/ \$13,000	\$8,700/ \$17,400	40%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 40%	Deductible, then \$150 copay	Deductible, then 40%	Deductible, then 40%	\$60 copay	\$40 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

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

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Freestanding	Hospital-Based							
<b>ElevateHealth HMO</b>															
<b>ElevateHealth HMO Bronze 6500</b> MD0000100289 RX0000100200 59025NH0370044-01	N/A	\$40 copay/ \$80 copay for the first 4 medical office visits per member (8 per family). All other visits: Deductible, then 20%	\$6,500/ \$13,000	\$8,700/ \$17,400	20%	Deductible, then \$500 copay	\$50 copay for the first 4 medical office visits per member (8 per family). All other visits: Deductible, then 20%	Deductible, then \$250 copay	Deductible, then \$500 copay, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$40 copay for the first 4 medical office visits per member (8 per family). All other visits: Deductible, then 20%	\$10/\$35/Deductible, then 30%/Deductible, then 35%/ Deductible, then 40%
<b>ElevateHealth HMO Bronze 7200</b> MD0000100290 RX0000100201 59025NH0370045-01	N/A	\$40 copay for the first 4 PCP visits. All other visits: Deductible, then 50%	\$7,200/ \$14,400	\$8,700/ \$17,400	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$10/\$35/Deductible, then 35%/Deductible, then 40%/ Deductible, then 40%
<b>ElevateHealth HMO Bronze 8700</b> MD0000100291 RX0000100202 59025NH0370046-01	N/A	Covered in full for the first 2 PCP visits. All other visits: Deductible, then covered in full	\$8,700/ \$17,400	\$8,700/ \$17,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

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

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/ Specialist)	Deductible (Individual/ Family)	Out-of-Pocket Maximum (Individual/ Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Freestanding	Hospital-Based							
<b>ElevateHealth HMO Catastrophic &amp; HMO HSA</b>															
<b>ElevateHealth HMO Catastrophic</b> MD0000100292 RX0000100203 59025NH0370047-01	N/A	\$40 copay for the first 3 PCP visits. All other visits: Deductible, then covered in full	\$8,700/ \$17,400	\$8,700/ \$17,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%
<b>ElevateHealth HMO HSA Silver 4500</b> MD0000100293 RX0000100204 59025NH0370048-01	N/A	Deductible, then 20%	\$4,500/ \$9,000	\$7,000/ \$14,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%/20%/20%/40%/40%
<b>ElevateHealth HMO HSA Bronze 7000</b> MD0000100295 RX0000100205 59025NH0370049-01	N/A	Deductible, then covered in full	\$7,000/ \$14,000	\$7,000/ \$14,000	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

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

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Freestanding	Hospital-Based							
<b>ElevateHealth HMO</b>															
<b>ElevateHealth HMO Silver 3500</b> Silver CSR - 73% MD0000100307 RX0000100215 59025NH0370040-04	N/A	\$40 copay/ \$80 copay	\$3,500/ \$7,000	\$6,000/ \$12,000	30%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then 30%	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 3500</b> Silver CSR - 87% MD0000100308 RX0000100216 59025NH0370040-05	N/A	\$20 copay/ \$40 copay	\$1,000/ \$2,000	\$2,000/ \$4,000	20%	Deductible, then \$100 copay	\$30 copay	Deductible, then \$50 copay	Deductible, then \$200 copay	Deductible, then \$50 copay	Deductible, then 20%	Deductible, then \$40 copay	\$20 copay	\$20 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 3500</b> Silver CSR - 94% MD0000100309 RX0000100217 59025NH0370040-06	N/A	\$10 copay/ \$20 copay	\$450/ \$900	\$900/ \$1,800	10%	Deductible, then \$60 copay	\$20 copay	Deductible, then \$30 copay	Deductible, then \$120 copay	Deductible, then \$30 copay	Deductible, then 10%	Deductible, then \$30 copay	\$20 copay	\$10 copay	\$2/\$10/\$25/Deductible, then 20%/Deductible, then 35%
<b>ElevateHealth HMO Silver 4000</b> Silver CSR - 73% MD0000100310 RX0000100218 59025NH0370041-04	N/A	\$40 copay/ Deductible, then \$80 copay	\$3,000/ \$6,000	\$6,100/ \$12,200	None	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then covered in full	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$65/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 4000</b> Silver CSR - 87% MD0000100311 RX0000100219 59025NH0370041-05	N/A	\$20 copay/ Deductible, then \$40 copay	\$800/ \$1,600	\$2,500/ \$5,000	None	Deductible, then \$100 copay	\$30 copay	Deductible, then \$50 copay	Deductible, then \$200 copay	Deductible, then \$50 copay	Deductible, then covered in full	Deductible, then \$40 copay	\$20 copay	\$20 copay	\$10/\$35/\$65/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 4000</b> Silver CSR - 94% MD0000100312 RX0000100220 59025NH0370041-06	N/A	\$10 copay/ Deductible, then \$20 copay	\$300/ \$600	\$850/ \$1,700	None	Deductible, then \$60 copay	\$20 copay	Deductible, then \$30 copay	Deductible, then \$120 copay	Deductible, then \$30 copay	Deductible, then covered in full	Deductible, then \$30 copay	\$20 copay	\$10 copay	\$2/\$10/\$25/Deductible, then 20%/Deductible, then 35%

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

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

**CSR (Cost Sharing Reduction) plans**

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/ Specialist)	Deductible (Individual/ Family)	Out-of-Pocket Maximum (Individual/ Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail	
							Freestanding	Hospital-Based								
<b>ElevateHealth HMO</b>																
<b>ElevateHealth HMO Silver 4500</b> Silver CSR - 73% MD0000100304 RX0000100212 59025NH0370048-04	N/A	Deductible, then 20%	\$2,500/ \$5,000	\$6,000/ \$12,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%/20%/20%/40%/40%
<b>ElevateHealth HMO Silver 4500</b> Silver CSR - 87% MD0000100305 RX0000100213 59025NH0370048-05	N/A	Deductible, then 10%	\$1,000/ \$2,000	\$2,850/ \$5,700	10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%/10%/10%/40%/40%
<b>ElevateHealth HMO Silver 4500</b> Silver CSR - 94% MD0000100306 RX0000100214 59025NH0370048-06	N/A	Deductible, then 10%	\$450/ \$900	\$700/ \$1,400	10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%/10%/10%/40%/40%
<b>ElevateHealth HMO Silver 5500</b> Silver CSR - 73% MD0000100313 RX0000100215 59025NH0370042-04	N/A	\$40 copay/ \$80 copay	\$3,500/ \$7,000	\$6,000/ \$12,000	30%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 30%	Deductible, then \$150 copay	Deductible, then 30%	Deductible, then 30%	\$60 copay	\$40 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%	
<b>ElevateHealth HMO Silver 5500</b> Silver CSR - 87% MD0000100314 RX0000100224 59025NH0370042-05	N/A	\$20 copay/ \$40 copay	\$800/ \$1,600	\$2,500/ \$5,000	20%	Deductible, then \$100 copay	\$30 copay	Deductible, then \$50 copay	Deductible, then 20%	Deductible, then \$50 copay	Deductible, then 20%	Deductible, then 20%	\$20 copay	\$20 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%	
<b>ElevateHealth HMO Silver 5500</b> Silver CSR - 94% MD0000100315 RX0000100225 59025NH0370042-06	N/A	\$10 copay/ \$20 copay	\$300/ \$600	\$850/ \$1,700	10%	Deductible, then \$50 copay	\$20 copay	Deductible, then \$25 copay	Deductible, then 10%	Deductible, then \$30 copay	Deductible, then 10%	Deductible, then 10%	\$20 copay	\$10 copay	\$2/\$10/\$25/Deductible, then 20%/Deductible, then 40%	

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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



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

**CSR (Cost Sharing Reduction) plans**

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/ Specialist)	Deductible (Individual/ Family)	Out-of-Pocket Maximum (Individual/ Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Freestanding	Hospital-Based							
<b>ElevateHealth HMO</b>															
<b>ElevateHealth HMO Silver 6500</b> Silver CSR - 73% MD0000100316 RX0000100221 59025NH0370043-04	N/A	\$40 copay/ \$80 copay	\$3,450/ \$6,900	\$6,000/ \$12,000	40%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 40%	Deductible, then \$150 copay	Deductible, then 40%	Deductible, then 40%	\$60 copay	\$40 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 6500</b> Silver CSR - 87% MD0000100317 RX0000100222 59025NH0370043-05	N/A	\$20 copay/ \$40 copay	\$800/ \$1,600	\$2,000/ \$4,000	30%	Deductible, then \$100 copay	\$30 copay	Deductible, then \$50 copay	Deductible, then 30%	Deductible, then \$50 copay	Deductible, then 30%	Deductible, then 30%	\$20 copay	\$20 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 6500</b> Silver CSR - 94% MD0000100318 RX0000100223 59025NH0370043-06	N/A	\$10 copay/ \$20 copay	\$250/ \$500	\$850/ \$1,700	20%	Deductible, then \$50 copay	\$20 copay	Deductible, then \$25 copay	Deductible, then 20%	Deductible, then \$30 copay	Deductible, then 20%	Deductible, then 20%	\$20 copay	\$10 copay	\$2/\$10/\$25/Deductible, then 20%/Deductible, then 40%

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

# 2022 New Hampshire plan offerings

2022 New Hampshire Plans — Effective January 1, 2022, through December 31, 2022.

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

## Off-Exchange plans

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Freestanding	Hospital-Based							
<b>ElevateHealth HMO</b>															
<b>ElevateHealth HMO Gold 1500</b> MD0000100279 RX0000100194	N/A	\$25 copay/ \$50 copay	\$1,500/ \$3,000	\$8,700/ \$17,400	15%	Deductible, then \$300 copay	\$35 copay	Deductible, then \$150 copay	Deductible, then \$500 copay then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	\$50 copay	\$25 copay	\$5/\$25/\$50/Deductible, then 30%/Deductible, then 35%
<b>ElevateHealth HMO Silver 3500</b> MD0000100281 (no dental) MD0000100282 (dental) RX0000100196	N/A	\$40 copay/ \$80 copay	\$3,500/ \$7,000	\$8,700/ \$17,400	30%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then 30%	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 4000</b> MD0000100283 (no dental) MD0000100284 (dental) RX0000100197	N/A	\$40 copay/ Deductible, then \$80 copay	\$4,000/ \$8,000	\$8,700/ \$17,400	None	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then covered in full	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$65/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 5500</b> MD0000100285 (no dental) MD0000100286 (dental) RX0000100198	N/A	\$40 copay/ \$80 copay	\$5,500/ \$11,000	\$8,700/ \$17,400	30%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 30%	Deductible, then \$150 copay	Deductible, then 30%	Deductible, then 30%	\$60 copay	\$40 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Silver 6500</b> MD0000100287 (no dental) MD0000100288 (dental) RX0000100199	N/A	\$40 copay/ \$80 copay	\$6,500/ \$13,000	\$8,700/ \$17,400	40%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 40%	Deductible, then \$150 copay	Deductible, then 40%	Deductible, then 40%	\$60 copay	\$40 copay	\$10/\$35/\$100/Deductible, then 35%/Deductible, then 40%

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

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

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Freestanding	Hospital-Based							
<b>ElevateHealth HMO</b>															
<b>ElevateHealth HMO Bronze 6500</b> MD0000100289 RX0000100200	N/A	\$40 copay/\$80 copay for the first 4 medical office visits per member (8 per family). All other visits: Deductible, then 20%	\$6,500/ \$13,000	\$8,700/ \$17,400	20%	Deductible, then \$500 copay	\$50 copay for the first 4 medical office visits per member (8 per family). All other visits: Deductible, then 20%	Deductible, then \$250 copay	Deductible, then \$500 copay, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$40 copay for the first 4 medical office visits per member (8 per family). All other visits: Deductible, then 20%	\$10/\$35/Deductible, then 30%/Deductible, then 35%/Deductible, then 40%
<b>ElevateHealth HMO Bronze 7200</b> MD0000100290 RX0000100201	N/A	\$40 copay for the first 4 PCP visits. All other visits: Deductible, then 50%	\$7,200/ \$14,400	\$8,700/ \$17,400	50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$10/\$35/Deductible, then 35%/Deductible, then 40%/Deductible, then 40%
<b>ElevateHealth HMO Bronze 8700</b> MD0000100291 RX0000100202	N/A	Covered in full for the first 2 PCP visits. All other visits: Deductible, then covered in full	\$8,700/ \$17,400	\$8,700/ \$17,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

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

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/ Specialist)	Deductible (Individual/ Family)	Out-of-Pocket Maximum (Individual/ Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Freestanding	Hospital-Based							
<b>ElevateHealth HMO Catastrophic &amp; HMO HSA</b>															
<b>ElevateHealth HMO Catastrophic</b> MD0000100292 RX0000100203	N/A	\$40 copay for the first 3 PCP visits. All other visits: Deductible, then covered in full	\$8,700/ \$17,400	\$8,700/ \$17,400	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%
<b>ElevateHealth HMO HSA Silver 4500</b> MD0000100293 (no dental) MD0000100294 (dental) RX0000100204	N/A	Deductible, then 20%	\$4,500/ \$9,000	\$7,000/ \$14,000	20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%/20%/20%/40%/40%
<b>ElevateHealth HMO HSA Bronze 7000</b> MD0000100295 RX0000100205	N/A	Deductible, then covered in full	\$7,000/ \$14,000	\$7,000/ \$14,000	None	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 0%/0%/0%/0%/0%

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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

Plan Name	Tier (ElevateHealth Options plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Co-insurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	5-Tier Rx 30-Day Retail
							Freestanding	Hospital-Based							
<b>ElevateHealth Options HMO</b>															
ElevateHealth Options HMO Gold 500 MD0000100300 RX0000100208	Tier 1	\$25 copay/ \$50 copay	\$500/ \$1,000	\$7,500/ \$15,000	10%	T1 Deductible, then \$300 copay	\$35 copay	Deductible, then \$150 copay	Deductible, then 10%	ASC: \$100 copay Outpt Hosp: Deductible, then 10%	Covered in full	Deductible, then 10%	\$50 copay	\$25 copay	\$5/\$25/\$40/T1 Deductible, then 25% <sup>2</sup> /T1 Deductible, then 35% <sup>2</sup>
	Tier 2	Deductible, then 40%	\$4,000/ \$8,000					40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
ElevateHealth Options HMO Gold 1000 MD0000100296 RX0000100206	Tier 1	\$25 copay/ \$50 copay	\$1,000/ \$2,000	\$8,700/ \$17,400	10%	T1 Deductible, then \$300 copay	\$35 copay	Deductible, then \$150 copay	Deductible, then 10%	ASC: \$100 copay Outpt Hosp: Deductible, then 10%	Covered in full	Deductible, then 10%	\$50 copay	\$25 copay	\$5/\$25/\$40/T1 Deductible, then 25% <sup>2</sup> /T1 Deductible, then 35% <sup>2</sup>
	Tier 2	Deductible, then 40%	\$4,000/ \$8,000					40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
ElevateHealth Options HMO Silver 3000 MD0000100298 RX0000100207	Tier 1	\$40 copay/ \$80 copay	\$3,000/ \$6,000	\$8,700/ \$17,400	10%	T1 Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 10%	ASC: \$150 copay Outpt Hosp: Deductible, then 10%	Covered in full	Deductible, then 10%	\$60 copay	\$40 copay	\$10/\$35/\$60/T1 Deductible, then 30% <sup>2</sup> /T1 Deductible, then 40% <sup>2</sup>
	Tier 2	Deductible, then 40%	\$6,000/ \$12,000					40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	

<sup>1</sup> Members will pay higher cost sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

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# Insurance terms that are good to know



## Cost sharing

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



## Deductible

This is a set amount of money you pay out of your own pocket for certain services. For a \$2,000 annual deductible, for example, you will pay \$2,000 worth of charges before Harvard Pilgrim helps pay. If you receive care for services that fall under the deductible, the provider will send a bill. If prescription drugs fall under a plan's deductible, you will need to pay for them when you pick them up from the pharmacy.

Copayments and coinsurance do not count toward a deductible.



## Copayments

This is the flat dollar amount you pay for certain services on your plan. There may be different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due at the time of an appointment, or when you pick up a prescription at the pharmacy.



## Coinsurance

Coinsurance is a fixed percentage of costs that you pay for covered services. For example, for a plan with coinsurance, you may have to pay 20% of a provider's bill for care, while Harvard Pilgrim pays 80%. Coinsurance is usually something paid after you have paid an annual deductible.



## HSA (health savings account)

This is a savings account that can help you pay for qualified health care expenses. You need to have a federally qualified high deductible health plan, such as the ElevateHealth HMO HSA, to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.



## Out-of-pocket maximum

This is a limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet the out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.



## Catastrophic plan

You can buy a catastrophic plan if you are under 30 or if you have a hardship exemption or affordability exemption. Catastrophic plans have low monthly premiums and high deductibles. They cover three primary care provider office visits outside of the deductible. You will pay out of your own pocket for most other covered services before the plan helps pay.

# Important legal information

## What's not covered on our plans

For a full list of services not covered, please refer to plan documents. Typically, exclusions include:

- Alternative services and treatments
- Dental care, except as described in the policy
- Any devices or special equipment needed for sports or occupational purposes
- Experimental, unproven, or investigational services or treatments
- Routine foot care, except for preventive foot care for members with diabetes
- Educational services or testing
- Cosmetic services or treatment
- Commercial diet plans and weight loss programs
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy
- Charges for services that were provided after the date on which membership ends
- Charges for any products or services related to non-covered benefits
- Services or supplies provided by (1) anyone related to a member by blood, marriage or adoption, or (2) anyone who ordinarily lives with the member
- Infertility treatment, except as described in the policy
- 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 New Hampshire individual plans

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

## General notice about nondiscrimination and accessibility requirements

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

### Harvard Pilgrim Health Care:

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

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

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  
1 Wellness Way  
Canton, MA 02021  
(866) 750-2074, TTY service: 711,  
Fax: (617) 509-3085  
Email: [civil.rights@point32health.org](mailto:civil.rights@point32health.org)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.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](http://www.hhs.gov/ocr/office/file/index.html).



## Language assistance services

**Español (Spanish)** ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

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

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

**繁體中文 (Traditional Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

**Tiếng Việt (Vietnamese)** CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

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

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

**ខ្មែរ (Cambodian)** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, 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.

Already a member?

**(855) 565-9923** (Renewing your coverage)

**(877) 907-4742** (Benefit questions)

Not yet a member?

**(844) 213-1591**

TTY: **711**