

# Health Plans for You and Your Family

Massachusetts Individual & Family Product Guide

Plan Year 2023



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# Enrolling and Renewing



## Important dates

**2023 Open Enrollment\* November 1, 2022 – January 23, 2023**

Please review our plans and make your selection by December 23, 2022 for coverage on January 1.

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### **New members:**

You can review our plan options and enroll directly on our website, visit [harvardpilgrim.org](https://harvardpilgrim.org) today.

Our plans offer great care, coverage and benefits.

### **Current members:**

Your renewal package will include a recommended health plan for the upcoming year. If you are happy with the plan we have recommended, just pay your new premium by January 1 - and you're all set.

If you would like to review other available health plans from Harvard Pilgrim, visit [harvardpilgrim.org/renew](https://harvardpilgrim.org/renew) today.



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\* 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 [harvardpilgrim.org](https://harvardpilgrim.org) to review the eligibility guidelines and submit your enrollment.

# Core Health Plan Benefits

All Harvard Pilgrim plans offer access to comprehensive and high-quality care including some of these great benefits, programs and services.



Acupuncture and chiropractic care – unlimited visits



Hospitalization  
Inpatient services, such as surgery



Preventive care like exams and screenings, as well as other services for ongoing care needs such as diabetes



Behavioral health providers, resources and digital tools – including substance use disorder (SUD) services



Pediatric vision and dental<sup>1</sup> for children up to age 19



Rehabilitative services and devices like hospital beds, crutches and physical/occupational therapy



Emergency services



Prenatal, maternity and newborn care



Virtual care delivered by licensed medical and behavioral health providers



Eye exam each year



Prescription drug coverage including generic and over-the-counter medications



Wellness-focused discounts and savings - including fitness reimbursements

All plans include either 3-tier or 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.

We also 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 [harvardpilgrim.org/rx](https://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!

<sup>1</sup>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.

# Programs and Services to 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 [harvardpilgrim.org/wellbeingforall](https://harvardpilgrim.org/wellbeingforall) today.

And be sure to check out [harvardpilgrim.org/livingwellathome](https://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 [harvardpilgrim.org/healthcoach](https://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 [harvardpilgrim.org/clinicalcareteam](https://harvardpilgrim.org/clinicalcareteam) today.

## Earn valuable Amazon gift cards when you join Well-being Rewards!



## Well-being Rewards program<sup>1</sup>

Earn up to \$400 annually in gift cards by participating in a variety of fun and convenient activities that support your well-being. The program costs 1% of your premium. Your rewards can be much higher than the cost of the program, so healthy behavior can really pay off!

Visit [harvardpilgrim.org/wellbeingrewards](https://harvardpilgrim.org/wellbeingrewards) to get started.

# 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 [harvardpilgrim.org/behavioralhealth](https://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 and app-based services

<sup>1</sup> Well-being Rewards is available to you if you are a subscriber enrolled directly in a qualifying Harvard Pilgrim plan and you've purchased the program. Rewards are considered taxable income; please consult with your tax advisor. This program is not available on plans purchased through the Connector.

# Ways to Save Money

We have tools and programs designed to help you save.



## Doctor On Demand

This is our real-time telehealth service, which connects members to providers via smartphone, tablet or computer.

**With our non-HSA plans, you won't pay any cost share for urgent care virtual visits with Doctor On Demand providers.**

[doctorondemand.com/harvardpilgrim](https://doctorondemand.com/harvardpilgrim)



## 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. 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.

[harvardpilgrim.org/reducecosts](https://harvardpilgrim.org/reducecosts)



## Wellness 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

[harvardpilgrim.org/discounts](https://harvardpilgrim.org/discounts)

# 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.<sup>2</sup>





Learn more by visiting [harvardpilgrim.org/fitnessreimbursement](https://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.

<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 Care Options

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>Telehealth 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, cold and flu</li> <li>• Sore throat</li> <li>• Pediatric issues</li> <li>• Sinus and allergies</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea or diarrhea</li> <li>• Rashes and skin issues</li> <li>• UTIs, yeast infections</li> <li>• Sports injuries</li> <li>• Eye issues</li> </ul>
	<p><b>Retail clinic</b> Walk-in retail clinic including 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> </ul>	<ul style="list-style-type: none"> <li>• Skin conditions like poison ivy and ringworm</li> <li>• Strep throat</li> </ul>
	<p><b>Urgent care clinic</b> Walk-in clinic for urgent care at both freestanding and hospital-based locations</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> </ul>	<ul style="list-style-type: none"> <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  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> </ul>	<ul style="list-style-type: none"> <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.

# Helping You Choose a Plan

## Harvard Pilgrim offers a number of plan options to meet your needs and budget.

When choosing a plan, consider several factors:

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

## Types of plans

### HMO

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

### PPO

- Care within Harvard Pilgrim's network
- No need for referrals
- Option to go out of network and pay more in out-of-pocket expenses

## Limited network (Focus)\*

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

## Qualified high deductible

- HMO or PPO
- Meet a deductible before services are covered
- Some plans can be combined with a health savings account (HSA) to help you meet deductible and other out-of-pocket expenses

## Find the plan that best meets your needs

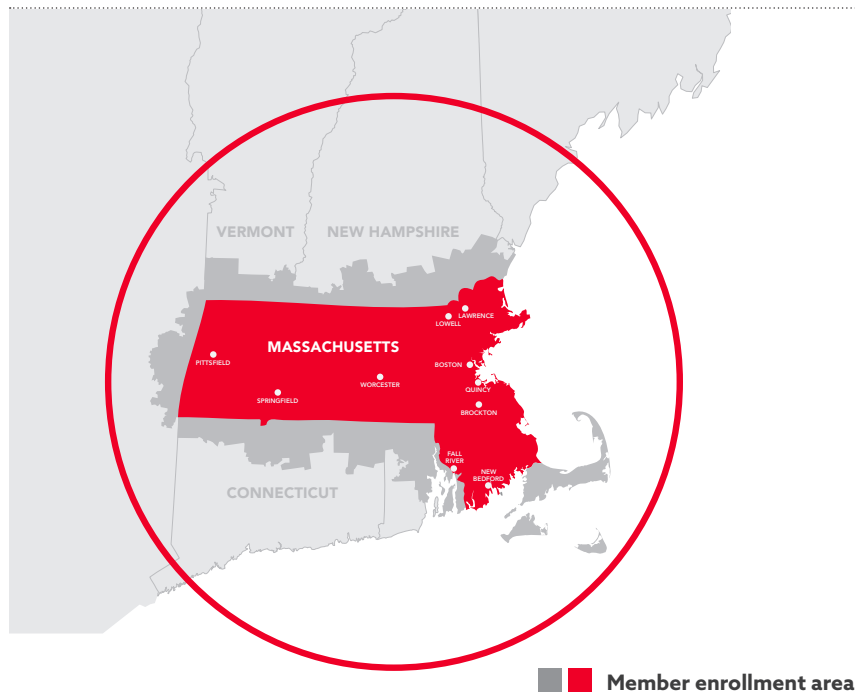
Preferences	HMO	PPO	Limited network*	Qualified high deductible
My doctor participates in the network for my plan, and I don't want to spend more money out of pocket.	●		●	●
I want the freedom to see any doctor.		●		●
I want to save on my premium (money paid up front for health coverage).			●	●
I want services to be covered up front and don't mind a higher premium.	●	●	● Plan may include a deductible	
I prefer to budget and keep track of all my health care expenses.			●	●

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



# Save Money with Focus HMO Plans

These plans feature a select network of Massachusetts' leading health professionals and hospitals.\* Focus HMO plans are designed help you lower costs and offer premium 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 for care from Harvard Pilgrim



## To find Focus doctors and hospitals

1. Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) and select Find a Provider
2. Under Tiered/Limited Plans, select Focus Network - MA HMO

\*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.

# 2023 Massachusetts Plan Offerings

## For individuals and families

2023 Massachusetts Individual Plans - effective from January 1 - December 31, 2023.

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

Pending regulatory review.

Plan Name	Office Visit (PCP/Specialist)	Deductible <sup>1</sup> (Individual/Family)	Out-of-Pocket Maximum <sup>1</sup> (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing <sup>2</sup>	
														Retail	Mail
<b>HMO-Flex</b>															
<b>HMO 25 - Flex</b> Metal level - Platinum MD0000200289 RX0000200171 DN0000200108	\$20 copay/\$40 copay Copay waived for first non-routine PCP visit	None	\$2,500/\$5,000 Embedded	None	\$125 copay	\$40 copay	\$400 copay	Flex Provider: \$150 copay Other: \$500 copay	Flex Provider: Covered in full Other: \$40 copay	\$30 copay	Non-hospital based: \$100 copay Hospital based: \$200 copay	Non-hospital based: \$20 copay, Hospital based: \$40 copay	\$40 copay	5/\$25/\$40/\$60/20% (T5: \$250 coinsurance max)	10/\$50/\$80/\$180/20% (T5: \$750 coinsurance max)
<b>HMO 500 - Flex</b> Metal level - Gold MD0000200290 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$500/\$1,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO 1000 - Flex</b> Metal level - Gold MD0000200291 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO 1500 - Flex</b> Metal level - Gold MD0000200292 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO 2000 - Flex</b> Metal level - Gold MD0000200293 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO 2500 - Flex</b> Metal level - Gold MD0000200294 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,500/\$5,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Flex Provider: \$50 copay Other: Deductible then \$300 copay	Flex Provider: Covered in full Other: Deductible then \$45 copay	Deductible then \$50 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay, Hospital based: Deductible then \$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO 1500 with Coinsurance - Flex</b> Metal level - Gold MD0000200295 RX0000200173 DN0000200109	\$40 copay/\$75 copay	\$1,500/\$3,000 Embedded	\$8,700/\$17,400 Embedded	20%	Deductible then 20%	\$75 copay	Deductible then 20%	Flex Provider: \$200 copay Other: Deductible then 20%	Flex Provider: Covered in full Other: Deductible then 20%	Deductible then 20%	Non-hospital based: \$250 copay Hospital based: Deductible then 20%	Non-hospital based: \$35 copay Hospital based: Deductible then 20%	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>HMO 2000 with Coinsurance - Flex</b> Metal level - Gold MD0000200296 RX0000200173 DN0000200109	\$40 copay/\$75 copay	\$2,000/\$4,000 Embedded	\$8,700/\$17,400 Embedded	20%	Deductible then 20%	\$75 copay	Deductible then 20%	Flex Provider: \$200 copay Other: Deductible then 20%	Flex Provider: Covered in full Other: Deductible then 20%	Deductible then 20%	Non-hospital based: \$250 copay Hospital based: Deductible then 20%	Non-hospital based: \$35 copay Hospital based: Deductible then 20%	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)

<sup>1</sup> An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

<sup>2</sup> Preventive Rx applies for all HSA plans.

2023 Massachusetts Individual Plans - effective from January 1 - December 31, 2023.

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

Pending regulatory review.

Plan Name	Office Visit (PCP/Specialist)	Deductible <sup>1</sup> (Individual/Family)	Out-of-Pocket Maximum <sup>1</sup> (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing <sup>2</sup>	
														Retail	Mail
<b>HMO-Flex</b>															
<b>HMO 2000 Value - Flex</b> Metal level - Silver MD0000200297 RX0000200182 DN0000200110	\$55 copay/\$75 copay	\$2,000/\$4,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: \$25 copay Other: Deductible then \$75 copay	Deductible then \$100 copay	Non-hospital based: \$750 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$50 copay Hospital based: Deductible then \$75 copay	\$50 copay	5/\$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	10/\$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
														Rx Deductible: \$250/\$500	
<b>HMO 3000 - Flex</b> Metal level - Silver MD0000200298 RX0000200174 DN0000200110	\$55 copay/\$75 copay Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$1,000 copay	\$75 copay	Deductible then \$1,000 copay	Flex Provider: \$500 copay Other: Deductible then \$1,000 copay	Flex Provider: Covered in full Other: Deductible then \$100 copay	Deductible then \$100 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: \$45 copay Hospital based: Deductible then \$75 copay	\$50 copay	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>HMO 4000 - Flex</b> Metal level - Silver MD0000200299 RX0000200174 DN0000200110	\$45 copay/\$75 copay Copay waived for first non-routine PCP visit	\$4,000/\$8,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$350 copay	\$75 copay	Deductible then \$750 copay	Flex Provider: \$350 copay Other: Deductible then \$750 copay	Flex Provider: Covered in full Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$750 copay	Non-hospital based: \$45 copay Hospital based: Deductible then \$75 copay	\$50 copay	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>HMO 5000 - Flex</b> Metal level - Silver MD0000200300 RX0000200174 DN0000200110	\$45 copay/\$75 copay Copay waived for first non-routine PCP visit	\$5,000/\$10,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$350 copay	\$75 copay	Deductible then \$750 copay	Flex Provider: \$350 copay Other: Deductible then \$750 copay	Flex Provider: Covered in full Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: \$300 copay Hospital based: Deductible then \$750 copay	Non-hospital based: \$45 copay Hospital based: Deductible then \$75 copay	\$50 copay	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>HMO HSA</b>															
<b>HMO HSA 2000 - Flex</b> Metal level - Silver MD0000200301 RX0000200175 DN0000200111	Deductible then \$35 copay/Deductible then \$55 copay	\$2,000/\$4,000 Non-embedded	\$7,500/\$15,000 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
<b>HMO HSA 2500 - Flex</b> Metal level - Silver MD0000200302 RX0000200176 DN0000200111	Deductible then \$35 copay/Deductible then \$55 copay	\$2,500/\$5,000 Non-embedded	\$7,500/\$15,000 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
<b>HMO HSA 3000 - Flex</b> Metal level - Silver MD0000200303 RX0000200177 DN0000200111	Deductible then \$35 copay/Deductible then \$55 copay	\$3,000/\$6,000 Embedded	\$7,500/\$15,000 Embedded	None	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$400 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
<b>HMO HSA 3400 - Flex</b> Metal level - Silver MD0000200304 RX0000200178 DN0000200111	Deductible then \$35 copay/Deductible then \$55 copay	\$3,400/\$6,800 Non-embedded	\$7,500/\$15,000 Embedded	20%	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then 20%	Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay	Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay	Deductible then \$55 copay Per Visit	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$400 copay	Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
<b>HMO HSA 3600 - Flex</b> Metal level - Bronze MD0000200305 RX0000200179 DN0000200111	Deductible then \$75 copay/Deductible then \$150 copay	\$3,600/\$7,200 Embedded	\$7,500/\$15,000 Embedded	None	Deductible then \$1,500 copay	Deductible then \$150 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$500 copay Other: Deductible then \$1,000 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$150 copay Per Visit	Non-hospital based: Deductible then \$500 copay Hospital based: Deductible then \$1,000 copay	Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$150 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then 50%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 50%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)

<sup>1</sup> An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

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Plan Name	Office Visit (PCP/Specialist)	Deductible <sup>1</sup> (Individual/Family)	Out-of-Pocket Maximum <sup>1</sup> (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing <sup>2</sup>	
														Retail	Mail
<b>Focus HMO and Focus HMO HSA</b>															
<b>Focus HMO 25</b> Metal level - Platinum MD0000200306 RX0000200171 DN0000200108	\$20 copay/\$40 copay Copay waived for first non-routine PCP visit	None	\$2,500/\$5,000 Embedded	None	\$125 copay	\$40 copay	\$400 copay	\$500 copay	\$40 copay	\$30 copay	\$125 copay	\$40 copay	\$40 copay	5/\$25/\$40/\$60/20% (T5: \$250 coinsurance max)	10/\$50/\$80/\$180/20% (T5: \$750 coinsurance max)
<b>Focus HMO 1000</b> Metal level - Gold MD0000200307 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,000/\$2,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>Focus HMO 1500</b> Metal level - Gold MD0000200308 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$1,500/\$3,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>Focus HMO 2000</b> Metal level - Gold MD0000200309 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,000/\$4,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>Focus HMO 2500</b> Metal level - Gold MD0000200310 RX0000200172 DN0000200108	\$25 copay/\$50 copay Copay waived for first non-routine PCP visit	\$2,500/\$5,000 Embedded	\$7,000/\$14,000 Embedded	None	\$300 copay	\$50 copay	Deductible then \$250 copay	Deductible then \$300 copay	Deductible then \$25 copay	Deductible then \$50 copay	Deductible then \$250 copay	\$50 copay	\$50 copay	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>Focus HMO 3000</b> Metal level - Silver MD0000200311 RX0000200174 DN0000200110	\$50 copay/\$75 copay Copay waived for first non-routine PCP visit	\$3,000/\$6,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$850 copay	\$75 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$75 copay	Deductible then \$75 copay	Deductible then \$300 copay	Deductible then \$75 copay	\$50 copay	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>Focus HMO HSA 3400</b> Metal level - Silver MD0000200312 RX0000200181 DN0000200115	Deductible then \$35 copay/Deductible then \$55 copay	\$3,400/\$6,800 Non-embedded	\$7,350/\$14,700 Embedded	20%	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then 20%	Deductible then \$250 copay	Deductible then \$75 copay	Deductible then \$55 copay Per Visit	Deductible then \$400 copay	Deductible then \$55 copay	Deductible then \$50 copay	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)

<sup>1</sup> An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

<sup>2</sup> Preventive Rx applies for all HSA plans.

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Plan Name	Office Visit (PCP/Specialist)	Deductible <sup>1</sup> (Individual/Family)	Out-of-Pocket Maximum <sup>1</sup> (Individual/Family)	Co-insurance	ER	Urgent Care	Inpatient	Day Surgery	Laboratory	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx Cost Sharing <sup>2</sup>	
														Retail	Mail
<b>PPO 25 - Flex</b> Metal level - Platinum MD0000200313 RX0000200171 DN0000200112	IN: \$20 copay/\$40 copay OON: Deductible then 20%  Copay waived for first non-routine PCP visit	IN: None OON: \$500/\$1,000 Embedded	IN: \$2,500/\$5,000 OON: \$5,000/\$10,000 Embedded	IN: None OON: 20%	IN: \$125 copay OON: Same as IN	IN: \$40 copay OON: Deductible then 20%	IN: \$400 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: \$500 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: \$40 copay OON: Deductible then 20%	IN: \$30 copay OON: Deductible then 20%	IN: Non-hospital based: \$100 copay Hospital based: \$200 copay OON: Deductible then 20%	IN: Non-hospital based: \$20 copay Hospital based: \$40 copay OON: Deductible then 20%	IN: \$40 copay OON: Deductible then 20%	5/\$25/\$40/\$60/20% (T5: \$250 coinsurance max)	10/\$50/\$80/\$180/20% (T5: \$750 coinsurance max)
<b>PPO 500 - Flex</b> Metal level - Gold MD0000200314 RX0000200172 DN0000200112	IN: \$25 copay/\$50 copay OON: Deductible 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%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>PPO 1000 - Flex</b> Metal level - Gold MD0000200315 RX0000200172 DN0000200112	IN: \$25 copay/\$50 copay OON: Deductible 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%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>PPO 1500 - Flex</b> Metal level - Silver MD0000200316 RX0000200174 DN0000200113	IN: Deductible then \$40 copay/Deductible then \$75 copay OON: Deductible then 20%	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000 Embedded	IN: \$9,100/\$18,200 OON: \$18,200/\$36,400 Embedded	IN: None OON: 20%	IN: Deductible then \$300 copay OON: Same as IN	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: Deductible then \$200 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$200 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay, Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>PPO 2000 - Flex</b> Metal level - Gold MD0000200317 RX0000200172 DN0000200112	IN: \$25 copay/\$50 copay OON: Deductible then 20%  Copay waived for first non-routine PCP visit	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000s Embedded	IN: \$7,000/\$14,000 OON: \$14,000/\$28,000 Embedded	IN: None OON: 20%	IN: \$300 copay OON: Same as IN	IN: \$50 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$50 copay Other: Deductible then \$300 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$45 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	IN: Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay OON: Deductible then 20%	IN: Non-hospital based: \$25 copay Hospital based: Deductible then \$50 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	5/\$30/\$60/\$100/20% (T5: \$250 coinsurance max)	10/\$60/\$120/\$300/20% (T5: \$750 coinsurance max)
<b>PPO 2000 Value - Flex</b> Metal level - Silver MD0000200318 RX0000200174 DN0000200113	IN: Deductible then \$25 copay/Deductible then \$40 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Embedded	IN: \$9,100/\$18,200 OON: \$18,200/\$36,400 Embedded	IN: None OON: 20%	IN: Deductible then \$300 copay OON: Same as IN	IN: Deductible then \$40 copay OON: Deductible then 20%	IN: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: \$150 copay Other: Deductible then \$200 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$200 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$40 copay OON: Deductible then 20%	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>PPO 3000 - Flex</b> Metal level - Silver MD0000200319 RX0000200174 DN0000200113	IN: \$55 copay/\$75 copay OON: Deductible then 20%  Copay waived for first non-routine PCP visit	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$9,100/\$18,200 OON: \$18,200/\$36,400 Embedded	IN: None OON: 20%	IN: Deductible then \$1,000 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$100 copay OON: Deductible then 20%	IN: Deductible then \$100 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: \$45 copay Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)
<b>PPO 4000 - Flex</b> Metal level - Silver MD0000200320 RX0000200174 DN0000200113	IN: \$45 copay/\$75 copay OON: Deductible then 20%  Copay waived for first non-routine PCP visit	IN: \$4,000/\$8,000 OON: \$7,000/\$14,000 Embedded	IN: \$9,100/\$18,200 OON: \$18,200/\$36,400 Embedded	IN: None OON: 20%	IN: Deductible then \$350 copay OON: Same as IN	IN: \$75 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: \$350 copay Other: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: \$300 copay, Hospital based: Deductible then \$750 copay OON: Deductible then 20%	IN: Non-hospital based: \$45 copay, Hospital based: Deductible then \$75 copay OON: Deductible then 20%	IN: \$50 copay OON: Deductible then 20%	5/\$30/\$80/\$120/20% (T5: \$500 coinsurance max)	10/\$60/\$160/\$360/20% (T5: \$1,500 coinsurance max)

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														Retail	Mail
<b>PPO HSA</b>															
<b>PPO HSA 3000 - Flex</b> Metal level - Silver MD0000200321 RX0000200177 DN0000200114	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000 Embedded	IN: \$7,500/\$15,000 OON: \$15,000/\$30,000 Embedded	IN: None OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$400 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$400 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
<b>PPO HSA 3400 - Flex</b> Metal level - Silver MD0000200322 RX0000200178 DN0000200114	IN: Deductible then \$35 copay/Deductible then \$55 copay OON: Deductible then 20%	IN: \$3,400/6,800 OON: \$6,800/\$13,600 Non-embedded	IN: \$7,500/\$15,000 OON: \$15,000/\$30,000 Embedded	IN: 20% OON: 20%	IN: Deductible then \$400 copay OON: Same as IN	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$200 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$250 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then Covered in full Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$55 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay, Hospital based: Deductible then \$400 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$35 copay Hospital based: Deductible then \$55 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then \$80/Deductible then \$120/Deductible then 20% (T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then \$160/Deductible then \$360/Deductible then 20% (T5: \$1,500 coinsurance max)
<b>PPO HSA 5000 - Flex</b> Metal level - Bronze MD0000200233 RX0000200180 DN0000200116	IN: Deductible then \$75 copay/Deductible then \$150 copay OON: Deductible then 20%	IN: \$5,000/\$10,000 OON: \$8,000/\$16,000 Embedded	IN: \$7,500/\$15,000 OON: \$15,000/\$30,000 Embedded	IN: None OON: 20%	IN: Deductible then \$1,500 copay OON: Same as IN	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Deductible then \$1,500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$500 copay Other: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay OON: Deductible then 20%	IN: Deductible then \$150 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$500 copay, Hospital based: Deductible then \$1,000 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$65 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$5/Deductible then \$30/Deductible then 50%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	Deductible then \$10/Deductible then \$60/Deductible then 50%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
<b>Connector Plans</b>															
<b>Standard Platinum - Flex</b> MD0000200230 RX0000200125 DN0000200093	\$20 copay/\$40 copay	None	\$3,000/\$6,000 Embedded	None	\$150 copay	\$40 copay	\$500 copay	Flex Provider: \$100 copay Other: \$250 copay	Covered in full	Covered in full	Non-hospital based: \$50 copay Hospital based: \$150 copay	Non-hospital based: \$20 copay Hospital based: \$40 copay	\$40 copay	\$10/\$25/\$50	\$20/\$50/\$150
<b>Standard High Gold</b> MD0000200269 RX0000200127 DN0000200095	\$30 copay/\$55 copay	None	\$5,000/\$10,000 Embedded	None	\$350 copay	\$55 copay	\$750 copay	\$500 copay	\$25 copay	\$75 copay	\$250 copay	\$55 copay	\$50 copay	\$30/\$60/\$90	\$60/\$120/\$270
<b>HMO 2000 Low - Flex</b> Metal level - Gold MD0000200233 RX0000200128 DN0000200096	\$30 copay/\$55 copay	\$2,000/\$4,000 Embedded	\$5,650/\$11,300 Embedded	None	Deductible then \$350 copay	\$55 copay	Deductible then \$750 copay	Flex Provider: \$250 copay Other: Deductible then \$500 copay	Flex Provider: \$20 copay Other: Deductible then \$50 copay	Deductible then \$75 copay	Non-hospital based: \$200 copay Hospital based: Deductible then \$300 copay	Non-hospital based: \$25 copay Hospital based: \$55 copay	\$50 copay	\$30/Deductible then \$60/Deductible then \$125	\$60/Deductible then \$120/Deductible then \$375
<b>Standard Silver</b> MD0000200234 RX0000200129 DN0000200097	\$30 copay/\$60 copay	\$2,000/\$4,000 Embedded	\$9,100/\$18,200 Embedded	None	Deductible then \$350 copay	\$60 copay	Deductible then \$1,000 copay	Deductible then \$500 copay	Deductible then \$50 copay	Deductible then \$75 copay	Deductible then \$350 copay	\$60 copay	\$50 copay	\$30/Deductible then \$60/Deductible then \$90	\$60/Deductible then \$120/Deductible then \$270
<b>Standard Low Silver HSA - Flex</b> MD0000200235 RX0000200130 DN0000200098	Deductible then \$30 copay/Deductible then \$60 copay	\$2,000/\$4,000 Non-embedded	\$7,050/\$14,100 Embedded	None	Deductible then \$300 copay	Deductible then \$60 copay	Deductible then \$750 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay	Deductible then \$75 copay	Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay	Non-hospital based: Deductible then \$30 copay Hospital based: Deductible then \$60 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315
<b>Standard High Bronze HSA - Flex</b> MD0000200236 RX0000200131 DN0000200099	Deductible then \$60 copay/Deductible then \$90 copay	\$3,300/\$6,600 Embedded	\$7,500/\$15,000 Embedded	None	Deductible then \$875 copay	Deductible then \$90 copay	Deductible then \$1,500 copay	Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$55 copay	Deductible then \$135 copay	Non-hospital based: Deductible then \$350 copay Hospital based: Deductible then \$750 copay	Non-hospital based: Deductible then \$40 copay Hospital based: Deductible then \$90 copay	Deductible then \$50 copay	Deductible then \$30/Deductible then \$120/Deductible then \$200	Deductible then \$60/Deductible then \$240/Deductible then \$600
<b>HMO 3500 - Flex</b> Metal level - Bronze MD0000200238 RX0000200133 DN0000200101	Deductible then \$40 copay/Deductible then \$65 copay	\$3,500/\$7,000 Embedded	\$8,500/\$17,000 Embedded	20%	Deductible then \$750 copay	Deductible then \$65 copay	Deductible then 20%	Flex Provider: Deductible then \$250 copay Other: Deductible then \$1,000 copay	Flex Provider: Deductible then \$25 copay Other: Deductible then \$75 copay	Deductible then \$75 copay	Non-hospital based: Deductible then \$500 Hospital-based: Deductible then \$1,000	Non-hospital based: Deductible then \$40 copay, Hospital based: Deductible then \$65 copay	Deductible then \$50 copay	\$5/\$30/Deductible then 50%/Deductible then 50% (T3: \$125/coinsurance max T4: \$250 coinsurance max T5: \$500 coinsurance max)	\$10/\$60/Deductible then 50%/Deductible then 50%/Deductible then 50% (T3: \$250 coinsurance max T4: \$750 coinsurance max T5: \$1,500 coinsurance max)
<b>PPO HSA 2000 - Flex</b> Metal level - Silver MD0000200239 RX0000200130 DN0000200102	IN: Deductible then \$30 copay/Deductible then \$60 copay OON: Deductible then 20%	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000 Non-embedded	IN: \$7,050/\$14,100 OON: \$14,100/\$28,200 Embedded	IN: None OON: 20%	IN: Deductible then \$300 copay OON: Same as IN	IN: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$750 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$250 copay Other: Deductible then \$500 copay OON: Deductible then 20%	IN: Flex Provider: Deductible then \$20 copay Other: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$75 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$200 copay Hospital based: Deductible then \$500 copay OON: Deductible then 20%	IN: Non-hospital based: Deductible then \$30 copay, Hospital based: Deductible then \$60 copay OON: Deductible then 20%	IN: Deductible then \$50 copay OON: Deductible then 20%	Deductible then \$30/Deductible then \$60/Deductible then \$105	Deductible then \$60/Deductible then \$120/Deductible then \$315

<sup>1</sup> An explanation of embedded vs. non-embedded can be found in our key insurance terms to know.

<sup>2</sup> Preventive Rx applies for all HSA plans.

# Key Insurance Terms

## Premium

This is the monthly cost of your health insurance coverage and plan.

## Cost sharing

Your out-of-pocket costs for services included within your health plan including copayments, deductibles, and coinsurance.

## Copayments

A fixed dollar amount that you pay for a covered medical service, prescription or medication.

## Deductible

The amount you owe or pay out-of-pocket during a coverage period (always one year) for certain covered health care services before your plan begins to pay.

## Coinsurance

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

## Out-of-pocket maximum

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

## 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 (Out of Pocket Maximum) refers to a family plan that has two components, an individual OOPM and a family 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.

## In-network

Generally, this describes coverage for care that HMO, POS and PPO members receive from participating providers in the plan's network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

## Out-of-network

Out-of-network coverage applies to HMO, POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral. HMO members cannot receive care from out-of-network providers except in an emergency.

## Tier

Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you'll save money when you see Tier 1 providers.

## 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 to be able to open an HSA. Check with your bank or financial advisor to see if they offer HSAs.

# Important Legal Information

## Excluded services from our plan

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 members diagnosed with diabetes or systemic circulatory disease
- 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
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging
- 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, except as outlined in your Benefit Handbook
- 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 individual plans

- Therapy services — Physical and occupational therapy — 60 combined 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

## Broker compensation disclosure

Below are fees we pay to brokers and other entities to support enrollment for our plans:

**Connector: Administrative fee:** 2.5% of premium

**eHealth:** \$15 Per Member Per Month (PMPM)

**HSA (non-group):** \$32 Per Subscriber Per Month (PSPM)

**SBSB (non-group):** \$32 Per Subscriber Per Month (PSPM)



# General Notice About Nondiscrimination and Accessibility Requirements

**Harvard Pilgrim Health Care and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.**

## **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, sex, sexual orientation, or gender identity, 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).

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

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**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).

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**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)。

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**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).

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

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**العربية (Arabic)**

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

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**ខ្មែរ (Cambodian)** សំនុំជូនដំណឹង: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

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

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**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).

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

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

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

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**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)

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**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)

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**ພາສາລາວ (Lao)** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

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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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# Contact us

Already a member?

**(866) 890-6470** (Renewing your coverage)

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

Not yet a member?

**(866) 229-8821**

TTY: **711**

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



#### **Interpreter Services Available:**

With the help of Language Line Solutions, we speak more than 250 languages.

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.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本，請撥打ID卡上的電話號碼。