

# Health Plans for You and Your Family

New Hampshire Individual & Family Product Guide  
Plan Year 2023



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# Enrolling and Renewing



## Important dates

**2023 Open Enrollment\* November 1, 2022 – January 15, 2023**

Review and select your plan by December 15, 2022 for coverage beginning January 1, 2023.

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### **New members:**

You can view our plans and enroll directly on our website, visit [harvardpilgrim.org](https://harvardpilgrim.org). A local insurance broker can also help you purchase your plan. Our plans offer great care, coverage and benefits.

If you qualify for financial assistance, you should purchase your Harvard Pilgrim health plan through the Federal health insurance marketplace [HealthCare.gov](https://HealthCare.gov).

### **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 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.

If you purchased your health plan through the Federal health insurance marketplace, visit [HealthCare.gov](https://HealthCare.gov).



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

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# 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



Prenatal, maternity and newborn care



Virtual care delivered by licensed medical and behavioral health providers



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



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



Wellness-focused discounts and savings - including fitness reimbursements



Emergency services



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



Wellness education, programs, services such as health coaching



Eye exams for adults and children



Savings programs like Reduce My Costs where members can save and earn rewards when selecting a lower cost provider



And more!  
Please check your plan benefit documents for complete details.

All plans include either 4-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., 2023 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!



# 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.

## 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

# 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. 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.

[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



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 [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.

# 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, these other options for care can save you 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> <li>• Nausea or diarrhea</li> <li>• Rashes and skin issues</li> <li>• Yeast infections</li> <li>• Sports injuries</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> <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</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.

# Helping You Choose a Plan

**These questions can help you decide which plan is best for you.**

- Do you frequently go to the doctors or need ongoing medical treatments?
- Are you willing to pay more for a higher level of coverage?
- Are you more comfortable paying higher monthly premiums and lower cost share when you see a doctor or receive care?

**View our 2023 New Hampshire plans to see what plans we offer.**

	Bronze HMO plans	Silver HMO plans	Gold HMO plans
<b>May be best if you:</b>	Are healthy and do not expect to use services	Are eligible for a subsidy and want strong coverage value	Are willing to pay for richer benefits
<b>Premium level</b>	\$	\$\$	\$\$\$
<b>Deductible range (individual)</b>	\$\$\$	\$\$	\$

To help expand access to affordable health insurance, these subsidies are offered on [HealthCare.gov](https://www.healthcare.gov) to eligible individuals:

## **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 [HealthCare.gov](https://www.healthcare.gov).

## **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.

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



# New Plan Options: NH Local Choice HMO

NH Local Choice HMO offers bronze, silver and gold plans to keep you healthy

## Key Features

- A wide array of plan options to suit different budgets
- Members can select a PCP to manage their health and get access to specialty care
- Offers a comprehensive network of doctors and hospitals across New Hampshire
- HSA compatible plans for additional financial stability

## Participating hospitals in the NH Local Choice HMO network:

- ★ Tier 1 cost share offers lower out of pocket costs
- ★ Tier 2 cost share may require higher out of pocket costs

For the most current provider information for your health plan, visit [harvardpilgrim.org/providerdirectory](http://harvardpilgrim.org/providerdirectory).

## Additional plan option: NH Local HMO

This plan option includes all of the same providers and hospitals, but they are not tiered so you pay the same cost sharing for benefits for any participating provider.



\* Changes to our network may occur at any time.

# 2023 New Hampshire Plan Offerings

2023 New Hampshire Plans – Effective January 1, 2023, through December 31, 2023.

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

## On Exchange plans

On Exchange plans are offered through the Federal health insurance marketplace, [HealthCare.gov](https://www.healthcare.gov).

These plans may be best suited for individuals and families who qualify for financial help in paying for health care.

Plan Name	Tier (NH Local Choice plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Coinsurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx 30-Day Retail
							Freestanding	Hospital Based							
NH Local Choice HMO Gold 1500 MD0000200125 RX0000200056 59025NH0370053-01	T1	\$25 copay/\$50 copay	\$1,500/\$3,000	\$8,700/\$17,400	15%	T1 Deductible, then \$300 copay	\$35 copay	Deductible, then \$150 copay	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	\$50 copay	\$25 copay	\$5/\$25/\$50/T1 Deductible, then 30%/T1 Deductible, then 35%
	T2	Deductible, then 30%	\$3,000/\$6,000		30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	
NH Local Choice HMO Silver 2500 MD0000200127 RX0000200057 59025NH0370054-01	T1	\$40 copay/\$80 copay	\$2,500/\$5,000	\$9,100/\$18,200	20%	T1 Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$60 copay	\$40 copay	\$10/\$35/\$100/T1 Deductible, then 30%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$7,000/\$14,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Acupuncture: \$40 copay Chiro: Deductible, then 40%	
NH Local Choice HMO Silver 3500 MD0000200129 RX0000200058 59025NH0370055-01	T1	\$40 copay/\$80 copay	\$3,500/\$7,000	\$8,700/\$17,400	30%	T1 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/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$5,000/\$10,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Acupuncture: \$40 copay Chiro: Deductible, then 40%	
NH Local Choice HMO Silver 4000 MD0000200130 RX0000200059 59025NH0370056-01	T1	\$40 copay/Deductible, then \$80 copay	\$4,000/\$8,000	\$8,700/\$17,400	0%	T1 Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$8,000/\$16,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Acupuncture: \$40 copay Chiro: Deductible, then 40%	
NH Local Choice HMO Silver 5000 MD0000200132 RX0000200060 59025NH0370057-01	T1	\$30 copay/\$50 copay	\$5,000/\$10,000	\$8,700/\$17,400	20%	T1 Deductible, then \$500 copay	\$40 copay	Deductible, then \$250 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$50 copay	\$30 copay	\$10/\$35/\$75/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$7,000/\$14,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Acupuncture: \$30 copay Chiro: Deductible, then 40%	
NH Local Choice HMO Bronze 6500 MD0000200138 RX0000200061 59025NH0370058-01	T1	\$40 for first 3 PCP visits All other visits: Deductible, then 20%	\$6,500/\$13,000	\$8,700/\$17,400	20%	T1 Deductible, then \$500 copay	T1 Deductible, then 20%	Deductible, then \$250 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$10/\$35/T1 Deductible, then 30%/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 30%	\$7,500/\$15,000		30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Acupuncture: Deductible, then 20% Chiro: Deductible, then 30%	

<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.

# On Exchange plans

2023 New Hampshire Plans – Effective January 1, 2023, through December 31, 2023.

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

Plan Name	Tier (NH Local Choice plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Coinsurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx 30-Day Retail
							Freestanding	Hospital Based							
<b>NH Local Choice HMO Bronze 7200</b> MD0000200159 RX0000200062 59025NH0370059-01	T1	\$40 for first 3 PCP visits All other visits: Deductible, then 50%	\$7,200/\$14,400	\$8,700/\$17,400	50%	T1 Deductible, then 50%	T1 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/T1 Deductible, then 35%/T1 Deductible, then 40%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$8,700/\$17,400		0%			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	
<b>NH Local Choice HMO Bronze 8000</b> MD0000200160 RX0000200063 59025NH0370060-01	T1	Covered in full for first 2 PCP visits All other visits: Deductible, then covered in full	\$8,000/\$16,000	\$9,100/\$18,200	0%	T1 Deductible, then covered in full	T1 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	T1 Deductible, then \$10/\$35/35%/40%/40%
	T2	Deductible, then covered in full	\$9,100/\$18,200		0%			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	
<b>NH Local Choice HMO HSA Silver 3500</b> MD0000200162 RX0000200080 59025NH0370061-01	T1	Deductible, then 10%	\$3,500/\$7,000	\$7,500/\$15,000	10%	T1 Deductible, then 10%	T1 Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	T1 Deductible, then 20%/20%/20%/40%/40%
	T2	Deductible, then covered in full	\$7,500/\$15,000		0%			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	
<b>NH Local Choice HMO HSA Bronze 6000</b> MD0000200164 RX0000200081 59025NH0370062-01	T1	Deductible, then 35%	\$6,000/\$12,000	\$7,500/\$15,000	35%	T1 Deductible, then 35%	T1 Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	T1 Deductible, then 20%/20%/20%/40%/40%
	T2	Deductible, then covered in full	\$7,500/\$15,000		0%			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	
<b>NH Local HMO Gold 2000 Standard</b> MD0000200244 RX0000200138 59025NH0370063-01	N/A	\$30 copay/\$60 copay	\$2,000/\$4,000	\$8,700/\$17,400	25%	Deductible, then 25%	\$45 copay	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	\$30 copay	\$30 copay	\$15/\$30/\$60/\$250
<b>NH Local HMO Silver 5800 Standard</b> MD0000200245 RX0000200140 59025NH0370064-01	N/A	\$40 copay/\$80 copay	\$5,800/\$11,600	\$8,900/\$17,800	40%	Deductible, then 40%	\$60 copay	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	\$40 copay	\$40 copay	\$20/\$40/Deductible, then \$80/Deductible, then \$350
<b>NH Local HMO Bronze 9100 Standard</b> MD0000200249 RX0000200144 59025NH0370065-01	N/A	Deductible, then covered in full	\$9,100/\$18,200	\$9,100/\$18,200	0%	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%
<b>NH Local HMO Bronze 7500 Standard</b> MD0000200250 RX0000200145 59025NH0370066-01	N/A	\$50 copay/\$100 copay	\$7,500/\$15,000	\$9,000/\$18,000	50%	Deductible, then 50%	\$75 copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$50 copay	\$50 copay	\$25/Deductible, then \$50/Deductible, then \$100/Deductible, then \$500

<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.

# On Exchange plans

2023 New Hampshire Plans – Effective January 1, 2023, through December 31, 2023.

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

**Cost Sharing Reduction (CSR) plans.** These subsidized plans lower the amount you pay when you receive medical services, such as deductibles, copayments and coinsurance. When you fill out your application at [HealthCare.gov](https://www.healthcare.gov), you will find out if you qualify for these types of plans.

Plan Name	Tier (NH Local Choice plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Coinsurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx 30-Day Retail
							Freestanding	Hospital Based							
<b>CSR Plans - 73%</b>															
NH Local Choice HMO Silver 2500 MD0000200133 RX0000200064 59025NH0370054-04	T1	\$40 copay/\$80 copay	\$2,500/\$5,000	\$7,000/\$14,000	20%	Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$60 copay	\$40 copay	\$10/\$35/\$100/T1 Deductible, then 30%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$7,000/\$14,000		0%			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	
NH Local Choice HMO Silver 3500 MD0000200141 RX0000200067 59025NH0370055-04	T1	\$40 copay/\$80 copay	\$3,000/\$6,000	\$6,700/\$13,400	10%	Deductible, then \$300 copay	\$50 copay	Deductible, then \$150 copay	Deductible, then \$500 copay	Deductible, then \$150	Deductible, then 10%	Deductible, then \$75	\$60 copay	\$40 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 30%	\$5,000/\$10,000		30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	
NH Local Choice HMO Silver 4000 MD0000200144 RX0000200070 59025NH0370056-04	T1	\$40 copay/Deductible, then \$80 copay	\$2,800/\$5,600	\$7,250/\$14,500	0%	Deductible, then \$300 copay	\$50 copay	Deductible, then \$150 copay	Deductible, then \$500 copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$75	\$60 copay	\$40 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$7,250/\$14,500		0%			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	
NH Local Choice HMO Silver 5000 MD0000200147 RX0000200073 59025NH0370057-04	T1	\$30 copay/\$50 copay	\$3,500/\$7,000	\$7,000/\$14,000	20%	Deductible, then \$500 copay	\$40 copay	Deductible, then \$250 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$50 copay	\$30 copay	\$10/\$35/\$75/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$7,000/\$14,000		0%			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	
NH Local Choice HMO Silver 3500 MD0000200151 RX0000200076 59025NH0370061-04	T1	Deductible, then 10%	\$2,500/\$5,000	\$7,000/\$14,000	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%	T1 Deductible, then 20%/20%/20%/40%/40%
	T2	Deductible, then covered in full	\$7,000/\$14,000		0%			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	
NH Local HMO Silver 5800 Standard MD0000200246 RX0000200141 59025NH0370064-04	N/A	\$30 copay/\$60 copay	\$5,700/\$11,400	\$7,200/\$14,400	40%	Deductible, then 40%	\$45 copay	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	\$30 copay	\$30 copay	\$20/\$40/Deductible, then \$80/Deductible, then \$350

<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.

# On Exchange plans

2023 New Hampshire Plans – Effective January 1, 2023, through December 31, 2023.

## Cost Sharing Reduction (CSR) plans

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

Plan Name	Tier (NH Local Choice plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Coinsurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx 30-Day Retail
							Freestanding	Hospital Based							
<b>CSR Plans - 87%</b>															
NH Local Choice HMO Silver 2500 MD0000200134 RX0000200065 59025NH0370054-05	T1	\$20 copay/\$40 copay	\$1,000/\$2,000	\$1,950/\$3,900	20%	Deductible, then \$300 copay	\$30 copay	Deductible, then \$150 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$40 copay	\$20 copay	\$10/\$35/\$100/T1 Deductible, then 30%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$1,950/\$3,900		0%			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	
NH Local Choice HMO Silver 3500 MD0000200142 RX0000200068 59025NH0370055-05	T1	\$20 copay/\$40 copay	\$1,200/\$2,400	\$1,900/\$3,800	10%	Deductible, then \$300 copay	\$30 copay	Deductible, then \$150 copay	Deductible, then \$500 copay	Deductible, then \$100	Deductible, then 10%	Deductible, then \$40	\$40 copay	\$20 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$1,900/\$3,800		0%			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	
NH Local Choice HMO Silver 4000 MD0000200145 RX0000200071 59025NH0370056-05	T1	\$20 copay/Deductible, then \$40 copay	\$1,100/\$2,200	\$1,850/\$3,700	0%	Deductible, then \$300 copay	\$30 copay	Deductible, then \$150 copay	Deductible, then \$500 copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$40	\$40 copay	\$20 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$1,850/\$3,700		0%			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	
NH Local Choice HMO Silver 5000 MD0000200148 RX0000200074 59025NH0370057-05	T1	\$20 copay/\$40 copay	\$1,400/\$2,800	\$1,900/\$3,800	20%	Deductible, then \$300 copay	\$30 copay	Deductible, then \$150	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$40 copay	\$20 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$1,900/\$3,800		0%			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	
NH Local Choice HMO Silver 3500 MD0000200156 RX0000200077 59025NH0370061-05	T1	Deductible, then 10%	\$1,200/\$2,400	\$1,750/\$3,500	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%	T1 Deductible, then 20%/20%/20%/40%/40%
	T2	Deductible, then covered in full	\$1,750/\$3,500		0%			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	
NH Local HMO Silver 5800 Standard MD0000200247 RX0000200142 59025NH0370064-05	N/A	\$20 copay/\$40 copay	\$800/\$1,600	\$3,000/\$6,000	30%	Deductible, then 30%	\$30 copay	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	\$20 copay	\$20 copay	\$10/\$20/Deductible, then \$60/Deductible, then \$250

<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.



# On Exchange plans

2023 New Hampshire Plans – Effective January 1, 2023, through December 31, 2023.

## Cost Sharing Reduction (CSR) plans

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

Plan Name	Tier (NH Local Choice plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Coinsurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx 30-Day Retail
							Freestanding	Hospital Based							
<b>CSR Plans - 94%</b>															
NH Local Choice HMO Silver 2500 MD0000200140 RX0000200066 59025NH0370054-06	T1	\$10 copay/\$20 copay	\$300/\$600	\$700/\$1,400	20%	Deductible, then \$100 copay	\$20 copay	Deductible, then \$50 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$20 copay	\$10 copay	\$2/\$10/\$25/T1 Deductible, then 30%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$700/\$1,400		0%			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	
NH Local Choice HMO Silver 3500 MD0000200143 RX0000200069 59025NH0370055-06	T1	\$10 copay/\$20 copay	\$400/\$800	\$700/\$1,400	10%	Deductible, then \$100 copay	\$20 copay	Deductible, then \$50 copay	Deductible, then \$250 copay	Deductible, then \$100	Deductible, then 10%	Deductible, then \$20	\$20 copay	\$10 copay	\$2/\$10/\$25/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$700/\$1,400		0%			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	
NH Local Choice HMO Silver 4000 MD0000200146 RX0000200072 59025NH0370056-06	T1	\$10 copay/Deductible, then \$20 copay	\$350/\$700	\$700/\$1,400	0%	Deductible, then \$100 copay	\$20 copay	Deductible, then \$50 copay	Deductible, then \$250 copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$20	\$20 copay	\$10 copay	\$2/\$10/\$25/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$700/\$1,400		0%			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	
NH Local Choice HMO Silver 5000 MD0000200149 RX0000200075 59025NH0370057-06	T1	\$10 copay/\$20 copay	\$450/\$900	\$700/\$1,400	0%	Deductible, then \$100 copay	\$20 copay	Deductible, then \$50 copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	\$20 copay	\$10 copay	\$2/\$10/\$25/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$700/\$1,400		0%			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	
NH Local Choice HMO Silver 3500 MD0000200158 RX0000200078 59025NH0370061-06	T1	Deductible, then 10%	\$400/\$800	\$600/\$1,200	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%	T1 Deductible, then 20%/20%/20%/40%/40%
	T2	Deductible, then covered in full	\$600/\$1,200		0%			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	
NH Local HMO Silver 5800 Standard MD0000200248 RX0000200143 59025NH0370064-06	N/A	Covered in full/\$10 copay	None	\$1,700/\$3,400	25%	25%	\$5 copay	25%	25%	25%	25%	25%	Covered in full	\$10 copay	\$0/\$15/\$50/\$150

<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.

# 2023 New Hampshire Plan Offerings

2023 New Hampshire Plans — Effective January 1, 2023, through December 31, 2023.

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

## Off Exchange plans

Off Exchange plans are offered directly from Harvard Pilgrim Health Care, allowing individuals and families to choose from a larger selection of plans with enhanced benefits.

Plan Name	Tier (NH Local Choice plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Coinsurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx 30-Day Retail
							Freestanding	Hospital Based							
NH Local Choice HMO Gold 1500 MD0000200125 RX0000200056	T1	\$25 copay/\$50 copay	\$1,500/\$3,000	\$8,700/\$17,400	15%	T1 Deductible, then \$300 copay	\$35 copay	Deductible, then \$150 copay	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	\$50 copay	\$25 copay	\$5/\$25/\$50/T1 Deductible, then 30%/T1 Deductible, then 35%
	T2	Deductible, then 30%	\$3,000/\$6,000		30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	
NH Local Choice HMO Silver 2500 MD0000200126 Dental MD0000200127 No Dental RX0000200057	T1	\$40 copay/\$80 copay	\$2,500/\$5,000	\$9,100/\$18,200	20%	T1 Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$60 copay	\$40 copay	\$10/\$35/\$100/T1 Deductible, then 30%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$7,000/\$14,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Acupuncture: \$40 copay Chiro: Deductible, then 40%	
NH Local Choice HMO Silver 3500 MD0000200128 Dental MD0000200129 No Dental RX0000200058	T1	\$40 copay/\$80 copay	\$3,500/\$7,000	\$8,700/\$17,400	30%	T1 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/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$5,000/\$10,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Acupuncture: \$40 copay Chiro: Deductible, then 40%	
NH Local Choice HMO Silver 4000 MD0000200131 Dental MD0000200130 No Dental RX0000200059	T1	\$40 copay/Deductible, then \$80 copay	\$4,000/\$8,000	\$8,700/\$17,400	0%	T1 Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$8,000/\$16,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Acupuncture: \$40 copay Chiro: Deductible, then 40%	
NH Local Choice HMO Silver 5000 MD0000200135 Dental MD0000200132 No Dental RX0000200060	T1	\$30 copay/\$50 copay	\$5,000/\$10,000	\$8,700/\$17,400	20%	T1 Deductible, then \$500 copay	\$40 copay	Deductible, then \$250 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$50 copay	\$30 copay	\$10/\$35/\$75/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$7,000/\$14,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Acupuncture: \$30 copay Chiro: 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.

# Off Exchange plans

2023 New Hampshire Plans – Effective January 1, 2023, through December 31, 2023.

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

Plan Name	Tier (NH Local Choice plans)	Office Visit (PCP/Specialist)	Deductible (Individual/Family)	Out-of-Pocket Maximum (Individual/Family)	Coinsurance	ER <sup>1</sup>	Urgent Care		Inpatient	Day Surgery	Labs	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	Rx 30-Day Retail
							Freestanding	Hospital Based							
NH Local Choice HMO Bronze 6500 MD0000200138 RX0000200061	T1	\$40 for first 3 PCP visits All other visits: Deductible, then 20%	\$6,500/\$13,000	\$8,700/\$17,400	20%	T1 Deductible, then \$500 copay	T1 Deductible, then 20%	Deductible, then \$250 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$10/\$35/T1 Deductible, then 30%/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 30%	\$7,500/\$15,000		30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	
NH Local Choice HMO Bronze 7200 MD0000200159 RX0000200062	T1	\$40 for first 3 PCP visits All other visits: Deductible, then 50%	\$7,200/\$14,400	\$8,700/\$17,400	50%	T1 Deductible, then 50%	T1 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/T1 Deductible, then 35%/T1 Deductible, then 40%/T1 Deductible, then 40%
	T2	Deductible, then covered in full	\$8,700/\$17,400		0%			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	
NH Local Choice HMO Bronze 8000 MD0000200160 RX0000200063	T1	Covered in full for first 2 PCP visits All other visits: Deductible, then covered in full	\$8,000/\$16,000	\$9,100/\$18,200	0%	T1 Deductible, then covered in full	T1 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	T1 Deductible, then \$10/\$35/35%/40%/40%
	T2	Deductible, then covered in full	\$9,100/\$18,200		0%			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	
NH Local Choice HMO HSA Silver 3500 MD0000200163 - Dental MD0000200162 - no Dental RX0000200080	T1	Deductible, then 10%	\$3,500/\$7,000	\$7,500/\$15,000	10%	T1 Deductible, then 10%	T1 Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	T1 Deductible, then 20%/20%/20%/40%/40%
	T2	Deductible, then covered in full	\$7,500/\$15,000		0%			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	
NH Local Choice HMO HSA Bronze 6000 MD0000200164 RX0000200081	T1	Deductible, then 35%	\$6,000/\$12,000	\$7,500/\$15,000	35%	T1 Deductible, then 35%	T1 Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	Deductible, then 35%	T1 Deductible, then 20%/20%/20%/40%/40%
	T2	Deductible, then covered in full	\$7,500/\$15,000		0%			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	
NH Local HMO Gold 2000 Standard MD0000200244 RX0000200138	N/A	\$30 copay/\$60 copay	\$2,000/\$4,000	\$8,700/\$17,400	25%	Deductible, then 25%	\$45 copay	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%	\$30 copay	\$30 copay	\$15/\$30/\$60/\$250
NH Local HMO Silver 5800 Standard MD0000200245 RX0000200140	N/A	\$40 copay/\$80 copay	\$5,800/\$11,600	\$8,900/\$17,800	40%	Deductible, then 40%	\$60 copay	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	\$40 copay	\$40 copay	\$20/\$40/Deductible, then \$80/Deductible, then \$350
NH Local HMO Bronze 9100 Standard MD0000200249 RX0000200144	N/A	Deductible, then covered in full	\$9,100/\$18,200	\$9,100/\$18,200	0%	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%
NH Local HMO Bronze 7500 Standard MD0000200250 RX0000200145	N/A	\$50 copay/\$100 copay	\$7,500/\$15,000	\$9,000/\$18,000	50%	Deductible, then 50%	\$75 copay	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	Deductible, then 50%	\$50 copay	\$50 copay	\$25/Deductible, then \$50/Deductible, then \$100/Deductible, then \$500

<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.

# Key Insurance Terms

## **Premium**

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

## **Cost share**

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 (usually one year) for 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 at 100%.

## **Tier**

Medical plans often place providers, prescription drug costs, 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

## 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 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
- 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

## Broker compensation disclosure

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

**Broker:** \$23 PMPM up to \$92 per subscriber

**eHealth:** \$23 PMPM up to \$92 per subscriber

**Healthcare.gov:** Admin fee: 2.75% of premium



# 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)** សុំជូនដំណឹង: 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?

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

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

Not yet a member?

**(844) 213-1591**

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。