

# Health Plans for You and Your Family

New Hampshire Individual & Family Product Guide  
Plans available On and Off Exchange

Plan Year 2024



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# Enrolling and Renewing



## Important dates

**2024 Open Enrollment\* November 1, 2023 – January 15, 2024**

Review and select your plan by December 15, 2023 for coverage beginning January 1, 2024.

### New members:

You can view our plans and enroll directly on our website, visit [harvardpilgrim.org](https://www.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://www.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://www.harvardpilgrim.org/renew) today.

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

**To help compare Marketplace plans, CMS offers quality ratings (or "star ratings"). Each rated health plan has an "Overall" quality rating of 1 to 5 stars (5 is the highest). We were awarded an "Overall" quality rating of 5 stars based on the below!**



### Member experience:

Based on surveys of member satisfaction with:

- Their health care and doctors
- Ease of getting appointments and services

### Medical care:

Based on how well the plan's network providers manage member health care, including:

- Providing regular screenings, vaccines, and other basic health services
- Monitoring some conditions

### Plan administration:

Based on how well the plan is run, including:

- Customer service
- Access to needed information
- Network providers ordering appropriate tests and treatment

For more information please visit [cms.gov](https://www.cms.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://www.healthcare.gov) or [harvardpilgrim.org](https://www.harvardpilgrim.org) to review the eligibility guidelines and submit your enrollment.

"CMS scores qualified health plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS) based on third-party validated clinical measure data and QHP Enrollee Survey responses. CMS calculates ratings yearly on a 5-star scale. Ratings may change from year to year."

# 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



Pediatric dental\* and vision hardware covers children up to age 19



Wellness Exams, routine screenings and tests



Mental health and substance use disorder treatment



Prenatal, maternity and newborn care



Virtual care delivered by licensed medical and behavioral health providers



Emergency and urgent care



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



Wellness-focused discounts and savings including fitness reimbursements



Routine eye exams for adults and children



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



Laboratory, radiology and diagnostic services

All plans include either 4-tier or 5-tier prescription drug coverage through our Pharmacy Benefits Manager, OptumRx. The lower the tier, the less you pay. Cost sharing for prescriptions may include a combination of copayments, coinsurance and a deductible. As always, members will pay the lesser of the drug cost or the applicable cost share. Members can get prescriptions from more than 67,000 pharmacies nationwide or shipped to their home through our mail order pharmacy program.

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., 2024 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!

\*Pediatric dental only available off exchange on NH Local Choice plans.



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

**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://www.harvardpilgrim.org/clinicalcareteam) today. Available for members via the MyConnect mobile app or by phone.

## Whole-Person Care

### A New Integrated Approach to Behavioral Health

Harvard Pilgrim members can access a comprehensive network of medical and behavioral health care providers, along with innovative programs and services, to improve both physical and mental well-being in traditional and virtual settings. Our dedicated team will guide you from the first phone call to aftercare planning, to ensure that you receive “whole-person” care through an integrated approach.

#### **Behavioral health service navigation**

Our specially trained service navigators provide personalized help to navigate the complex health care system, locate providers, connect to internal supports and programs, and learn more about innovative tools and services.

#### **Care management programs**

Our licensed care managers work with you and your providers to ensure optimal health and functioning through a variety of care management programs, including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support.

#### **Behavioral health programs and services**

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents, and adults:

- Virtual therapy services
- Quick and easy access to specialty providers

Substance use treatment services are available through multiple network providers, including Better Life Partners. Members are supported after inpatient treatment by our internal Addiction Recovery Care Management Team.

Better Life Partners services are available in Massachusetts, New Hampshire, Maine and Vermont. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

For assistance with accessing these innovative programs and services, please call the number on the back of your member ID card.

If you're experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away. Harvard Pilgrim, a Point32Health company, 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。

## Family Centered Care

### **Included Health**

Included Health's LGBTQ+ Health offers whole-person care focused on LGBTQ+ members and their needs while working within their health plan ecosystem to ensure members feel safe, understood and supported:

- Gender Affirming Care
- Family Building
- Benefits Navigation
- Provider Matching
- Community Support
- Mental Well being

### **Care Concierge**

Helping families get things done. Dedicated, hands-on support from experts who get to know each family and tackle their to-dos

### **Care Dashboard**

Helping families plan and learn. Comprehensive care planning tools and resources in one centralized, accessible place

### **Wellthy**

Wellthy helps members tackle the logistical and administrative tasks of caring for the ones they love, including themselves, across a wide array of needs

- Aging
- Childcare Needs
- Mental Health
- Health Concerns
- Financial Hardship
- Veteran Support

### **Wellthy Community**

Helping families feel less alone. Peer-to-peer platform where family caregiver

**Visit [Includedhealth.com/harvardpilgrim](https://www.includedhealth.com/harvardpilgrim) to learn more.**

# Ways to Save Money

We have tools and programs designed to help you save.



## Doctor on Demand

Our telehealth service connects you with licensed medical care providers via your smartphone, tablet or computer. Members receive convenient and private care from their home or any location.

**Available to members traveling internationally** Excluding U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.

**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

With this program, members can pay less in out-of-pocket expenses and may also be eligible for a reward if they choose a more affordable option. And if they're already seeing a lower-cost provider, members receive a reward just for calling.<sup>1</sup>

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

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 and Savings

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

- Vision and hearing
- Dental
- Smoking cessation
- Healthy eating and fitness
- Holistic wellness
- 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. 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). A second covered family member (dependent or spouse) can also be reimbursed.<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 family contract for up to two members on the Harvard Pilgrim policy with a maximum of \$150 per member per calendar year. Restrictions apply. Reimbursement may be considered taxable income; consult your tax advisor.

# Know Your Options for Urgent Care

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

		Typical out-of-pocket costs	Common symptoms
	<p><b>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 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>

\* This information is for educational purposes only and does not constitute medical advice. Always seek the advice of a qualified health care provider. 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 2024 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>Monthly premium</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.



# 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 for additional financial stability

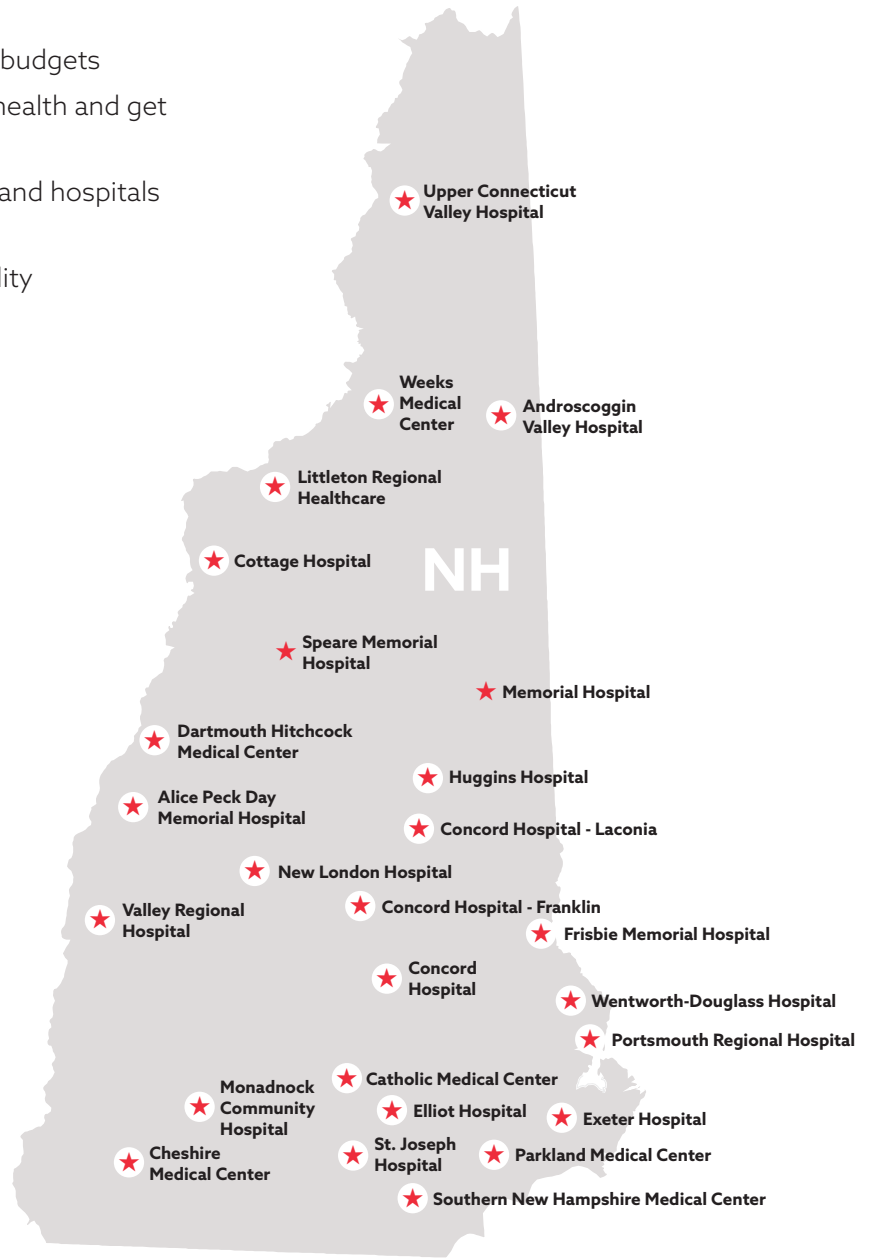
## Participating hospitals in the NH Local Choice HMO network:

- ★ 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](https://www.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.

Please refer to the provider directory. Visit [harvardpilgrim.org/public/find-a-provider](https://www.harvardpilgrim.org/public/find-a-provider).

# 2024 New Hampshire Plan Offerings

2024 New Hampshire Plans – Effective January 1, 2024, through December 31, 2024.

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

Pending regulatory approval.

## 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	Network Tier	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out-of-Pocket Maximum (Ind/Fam)	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>Non-Standard Plans</b>															
NH Local Choice HMO Gold MD0000201040 RX0000201008 59025NH0370067-01	T1	\$25 copay/\$50 copay	Med: None Rx: \$2,000/\$4,000	\$8,700/\$17,400	25%	\$300 copay	\$35 copay	\$150 copay	25%	25%	25%	25%	\$50 copay	\$25 copay	\$10/\$35/\$60/Rx Deductible, then 35%/Rx Deductible, then 40%
	T2	Deductible, then 40%	\$3,000/\$6,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
NH Local Choice HMO Gold 1400 MD0000201034 RX0000201010 59025NH0370068-01	T1	\$25 copay/\$50 copay	\$1,400/\$2,800	\$7,500/\$15,000	10%	T1 Deductible, then \$300 copay	\$35 copay	Deductible, then \$150 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	\$50 copay	\$25 copay	\$5/\$25/\$50/T1 Deductible, then 30%/T1 Deductible, then 35%
	T2	Deductible, then 30%	\$2,800/\$5,600		30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Acupuncture: \$25 copay Chiro: Deductible, then 30%	
NH Local Choice HMO Silver 2500 MD0000201023 RX0000201011 59025NH0370069-01	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 MD0000201024 RX0000201012 59025NH0370070-01	T1	\$40 copay/\$80 copay	\$3,500/\$7,000	\$8,500/\$17,000	20%	T1 Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then 20%	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 MD0000201039 RX0000201014 59025NH0370072-01	T1	\$40 copay/Deductible, then \$80 copay	\$4,000/\$8,000	\$8,000/\$16,000	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		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	Acupuncture: \$40 copay Chiro: Deductible, then covered in full	
NH Local Choice HMO Silver 5000 MD0000201041 RX0000201015 59025NH0370073-01	T1	\$30 copay/\$50 copay	\$5,000/\$10,000	\$8,500/\$17,000	10%	T1 Deductible, then \$500 copay	\$40 copay	Deductible, then \$250 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	\$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.

# On-Exchange plans

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							Freestanding	Hospital Based								
<b>Non-Standard Plans</b>																
NH Local Choice HMO Bronze 6500 MD0000201063 RX0000201017 59025NH0370075-01	T1	\$40 for first 3 PCP visits All other visits: Deductible, then 20%	\$6,500/\$13,000	\$8,900/\$17,800	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%	Acupuncture: T1 Deductible, then 20% Chiro: Deductible, then 40%	\$10/\$35/T1 Deductible, then 30%/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$7,500/\$15,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%		
NH Local Choice HMO Bronze 7200 MD0000201064 RX0000201018 59025NH0370076-01	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%	Acupuncture: T1 Deductible, then 50% Chiro: T2 Deductible, then covered in full	\$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 MD0000201060 RX0000201020 59025NH0370078-01	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	Acupuncture: T1 Deductible, then covered in full Chiro: T2 Deductible, then covered in full	Retail: 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 Bronze 6000 MD0000201042 RX0000201022 59025NH0370080-01	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%	Acupuncture: T1 Deductible, then 35% Chiro: T2 Deductible, then covered in full	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>Standard Plans</b>																
NH Local HMO Gold 1500 Standard MD0000201043 RX0000201023 59025NH0370081-01	N/A	\$30 copay/\$60 copay	\$1,500/\$3,000	\$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%	Deductible, then 25%	\$30 copay	\$30 copay	\$15/\$30/\$60/\$250
NH Local HMO Silver 5900 Standard MD0000201027 RX0000201025 59025NH0370082-01	N/A	\$40 copay/\$80 copay	\$5,900/\$11,800	\$9,100/\$18,200	40%	Deductible, then 40%	\$60 copay	Deductible, then 40%	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 7500 Standard MD0000201028 RX0000201034 59025NH0370083-01	N/A	\$50 copay/\$100 copay	\$7,500/\$15,000	\$9,400/\$18,800	50%	Deductible, then 50%	\$75 copay	Deductible, then 50%	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

**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.

2024 New Hampshire Plans – Effective January 1, 2024, through December 31, 2024.

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

Pending regulatory approval.

Plan Name	Tier (NH Local Choice plans)	Office Visit(PCP/Specialist)	Deductible (Ind/Fam)	Out-of-Pocket Maximum (Ind/Fam)	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>CRS Plans – 73%</b>															
NH Local Choice HMO Silver 2500 CSR73 MD0000201038 RX0000201038 59025NH0370069-04	T1	\$40 copay/\$80 copay	\$2,500/\$5,000	\$6,500/\$13,000	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 covered in full	\$6,500/\$13,000		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 3000 CSR73 MD0000201031 RX0000201041 59025NH0370070-04	T1	\$40 copay/\$80 copay	\$3,000/\$6,000	\$6,500/\$13,000	10%	T1 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 2800 CSR73 MD0000201048 RX0000201044 59025NH0370072-04	T1	\$40 copay/Deductible, then \$80 copay	\$2,800/\$5,600	\$6,750/\$13,500	0%	T1 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	\$6,750/\$13,500		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 3400 CSR73 MD0000201029 RX0000201028 59025NH0370073-04	T1	\$30 copay/\$50 copay	\$3,400/\$6,800	\$7,000/\$14,000	10%	T1 Deductible, then \$500 copay	\$40 copay	Deductible, then \$250 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	\$50 copay	\$30 copay	\$10/\$35/\$75/T1 Deductible, then 35%/T1 Deductible, then 40%
	T2	Deductible, then 40%	\$6,800/\$13,600		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
NH Local HMO Silver 5700 Standard CSR73 MD0000201044 RX0000201035 59025NH0370082-04	N/A	\$40 copay/\$80 copay	\$5,700/\$11,400	\$7,200/\$14,400	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

<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

**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.

2024 New Hampshire Plans – Effective January 1, 2024, through December 31, 2024.

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

Pending regulatory approval.

Plan Name	Network Tier	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out-of-Pocket Maximum (Ind/Fam)	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>CRS Plans – 87%</b>															
NH Local Choice HMO Silver 1000 CSR87 MD0000201037 RX0000201039 59025NH0370069-05	T1	\$20 copay/\$40 copay	\$1,000/\$2,000	\$1,950/\$3,900	20%	T1 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 Copay 1200 CSR87 MD0000201046 RX0000201042 59025NH0370070-05	T1	\$20 copay/\$40 copay	\$1,200/\$2,400	\$1,900/\$3,800	10%	T1 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 1100 CSR87 MD0000201050 RX0000201026 59025NH0370072-05	T1	\$20 copay/Deductible, then \$40 copay	\$1,100/\$2,200	\$1,850/\$3,700	0%	T1 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 1400 CSR87 MD0000201049 RX0000201029 59025NH0370073-05	T1	\$20 copay/\$40 copay	\$1,400/\$2,800	\$1,900/\$3,800	10%	T1 Deductible, then \$300 copay	\$30 copay	Deductible, then \$150	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	\$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 HMO Silver 700 Standard CSR87 MD0000201045 RX0000201036 59025NH0370082-05	N/A	\$20 copay/\$40 copay	\$700/\$1,400	\$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

**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.

2024 New Hampshire Plans – Effective January 1, 2024, through December 31, 2024.

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

Pending regulatory approval.

Plan Name	Network Tier	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out-of-Pocket Maximum (Ind/Fam)	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>CRS Plans – 94%</b>															
NH Local Choice HMO Silver 300 CSR94 MD0000201036 RX0000201040 59025NH0370069-06	T1	\$10 copay/\$20 copay	\$300/\$600	\$700/\$1,400	20%	T1 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 Copay 400 CSR94 MD0000201035 RX0000201043 59025NH0370070-06	T1	\$10 copay/\$20 copay	\$400/\$800	\$700/\$1,400	10%	T1 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 350 CSR94 MD0000201033, X0000201027 59025NH0370072-06	T1	\$10 copay/Deductible, then \$20 copay	\$350/\$700	\$700/\$1,400	0%	T1 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 450 CSR94 MD0000201051 RX0000201030 59025NH0370073-06	T1	\$10 copay/\$20 copay	\$450/\$900	\$700/\$1,400	0%	T1 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 HMO Silver Standard CSR94 MD0000201047 RX0000201037 59025NH0370082-06	N/A	Covered in full/\$10 copay	None	\$1,800/\$3,600	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.

# 2024 New Hampshire Plan Offerings

2024 New Hampshire Plans – Effective January 1, 2024, through December 31, 2024.

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

Pending regulatory approval.

## 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	Network Tier	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out-of-Pocket Maximum (Ind/Fam)	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>Non-Standard Plans</b>															
<b>NH Local Choice HMO Gold</b> MD0000201040 RX0000201008	T1	\$25 copay/\$50 copay	Med: None Rx: \$2,000/\$4,000	\$8,700/\$17,400	25%	\$300 copay	\$35 copay	\$150 copay	25%	25%	25%	25%	\$50 copay	\$25 copay	\$10/\$35/\$60/Rx Deductible, then 35%/Rx Deductible, then 40%
	T2	Deductible, then 40%	\$3,000/\$6,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
<b>NH Local Choice HMO Gold 1400</b> MD0000201034 RX0000201010	T1	\$25 copay/\$50 copay	\$1,400/\$2,800	\$7,500/\$15,000	10%	T1 Deductible, then \$300 copay	\$35 copay	Deductible, then \$150 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	\$50 copay	\$25 copay	\$5/\$25/\$50/T1 Deductible, then 30%/T1 Deductible, then 35%
	T2	Deductible, then 30%	\$2,800/\$5,600		30%			Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%	Acupuncture: \$25 copay Chiro: Deductible, then 30%	
<b>NH Local Choice HMO Silver 2500</b> MD0000201023 no dental MD0000201052 dental RX0000201011	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%	
<b>NH Local Choice HMO Silver 3500</b> MD0000201024 no dental MD0000201056 dental RX0000201012	T1	\$40 copay/\$80 copay	\$3,500/\$7,000	\$8,700/\$17,400	20%	T1 Deductible, then \$500 copay	\$50 copay	Deductible, then \$250 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then 20%	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%	
<b>NH Local Choice HMO Silver 4000</b> MD0000201039 no dental MD0000201053 dental RX0000201014	T1	\$40 copay/Deductible, then \$80 copay	\$4,000/\$8,000	\$8,000/\$16,000	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		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	Acupuncture: \$40 copay Chiro: Deductible, then covered in full	
<b>NH Local Choice HMO Silver 5000</b> MD0000201041 no dental MD0000201054 dental RX0000201015	T1	\$30 copay/\$50 copay	\$5,000/\$10,000	\$8,500/\$17,000	10%	T1 Deductible, then \$500 copay	\$40 copay	Deductible, then \$250 copay	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	Deductible, then 10%	\$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

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.

2024 New Hampshire Plans – Effective January 1, 2024, through December 31, 2024.

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

Pending regulatory approval.

Plan Name	Network Tier	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out-of-Pocket Maximum (Ind/Fam)	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>Non-Standard Plans</b>															
NH Local Choice HMO Bronze 6500 MD0000201063 RX0000201017	T1	\$40 for first 3 PCP visits All other visits: Deductible, then 20%	\$6,500/\$13,000	\$8,900/\$17,800	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 40%	\$7,500/\$15,000		40%			Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	Deductible, then 40%	
NH Local Choice HMO Bronze 7200 MD0000201064 RX0000201018	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 MD0000201060 RX0000201020	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	Retail: 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 MD0000201055 X0000201021	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 MD0000201042 RX0000201022	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>Standard Plans</b>															
NH Local HMO Gold 1500 Standard MD0000201043 RX0000201023	N/A	\$30 copay/\$60 copay	\$1,500/\$3,000	\$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 5900 Standard MD0000201027 RX0000201025	N/A	\$40 copay/\$80 copay	\$5,900/\$11,800	\$9,100/\$18,200	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 7500 Standard MD0000201028 RX0000201034	N/A	\$50 copay/\$100 copay	\$7,500/\$15,000	\$9,400/\$18,800	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 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 certain covered benefits.

## Deductible

The amount you owe or pay out-of-pocket during a coverage period (always one year) for certain covered benefits 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 benefits. This 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, the individual 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. 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

## 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
- 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
- Over the counter hearing aids
- Services provided by a Doula
- Services provided under an individualized education program (IEP) delivered by school personnel, contractor, or vendor.
- Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided.

## 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 state and 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

[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

# Language Assistance Services

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

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

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

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

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

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

**العربية (Arabic)**

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

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

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

**Italiano (Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

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

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

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

**हिंदी (Hindi)** ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

**ગુજરાતી (Gujarati)** ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

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

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

# Contact us

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.