



Harvard Pilgrim
Health Care

a Point32Health company

Delivering Quality Care

New Hampshire Individual & Family Product Guide

Off Exchange

Plan Year 2025





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Enrolling and Renewing



Important dates

2025 Open Enrollment* November 1, 2024 - January 15, 2025

For coverage effective January 1, 2025, please review and select your plan by December 15, 2024. Open enrollment closes on January 15, 2025.

New members:

You can view our plans and enroll directly on our website at [harvardpilgrim.org](https://www.harvardpilgrim.org). A local insurance broker can also help you purchase your plan. Please note that pricing is based off a variety of factors and to get an accurate quote please go online or call Individual Market sales at **844-213-1591**. 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 Jan. 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).



*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.

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.

1. Acupuncture and chiropractic care – unlimited visits
2. Mental health and substance use disorder treatment
3. Emergency and urgent care
4. Routine eye exams for adults and children
5. Hospitalization, inpatient services, such as surgery
6. Prenatal, maternity and newborn care
7. Prescription drug coverage including generic and over-the-counter medications
8. Rehabilitative and habilitative services and devices like hospital beds, crutches and physical/occupational therapy
9. Wellness exams, routine screenings and tests
10. Virtual care delivered by licensed medical and behavioral health providers
11. Wellness-focused discounts and savings including fitness reimbursements
12. Laboratory, radiology and diagnostic services
13. Pediatric dental* and vision hardware coverage for children up to age 19
14. **NEW** Childbirth class reimbursement

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 to learn more. Select the year and the plan (e.g., 2025 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 coverage for children up to age 19 is optional.

Programs and Services to Maximize Your Well-being

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

Living Well EverydaySM

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 today. And be sure to check out 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 today. Available for members via the MyConnect mobile app or by phone.

Integrated 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.

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.

> Visit doctorondemand.com/harvardpilgrim to learn more.



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.¹

- 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.

> Visit harvardpilgrim.org/reducecosts to learn more.



Living Well Program — Enhanced

Earn up to \$120 in rewards. Enroll in the Living WellSM program and earn rewards for participating in a variety of informative, fun and interactive activities. You'll earn rewards incrementally, so the more you participate in the program, the more rewards you earn. Subscribers can achieve up to eight levels, at \$15 each, for a total of \$120 in gift cards each year.²

> Visit harvardpilgrim.org/livingwellportal to learn more.



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 for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150.³

> Visit harvardpilgrim.org/fitnessreimbursement to access the fitness reimbursement form.

¹ 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.

² Rewards are available for fully insured commercial accounts rated as large group, with 51-999 eligible employees. Effective January 1, 2025, rewards will also be available to fully insured small group and individual members across all of the states in which we operate: MA, NH, ME and RI. Rewards may be taxable, please consult with your tax adviser.

³ 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.

Which Plan is Best for You

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

- Do you frequently go to the doctor 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 2025 New Hampshire plans to see what plans we offer.

	Bronze HMO plans	Silver HMO plans	Gold HMO plans
May be best if you:	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
Monthly premium	\$	\$\$	\$\$\$
Deductible range (individual)	\$\$\$	\$\$	\$

NH Local Choice HMO

- NH Local Choice HMO and NH Local Choice HMO HSA
- These plans feature our select NH Local Choice HMO network, which includes thousands of leading health professionals and hospitals across New Hampshire.*

Plan details:

- Two provider and hospital tiers: Tier 1 (lower cost sharing) and Tier 2 (higher cost sharing)
- Primary care provider (PCP) required
- Referrals to most kinds of specialists required
- Must receive care for covered services from providers in the NH Local Choice HMO provider directory (exceptions include medical emergencies)
- Includes Core NH 5-Tier prescription drug coverage

NH Local HMO

- These plans feature our select NH Local HMO network, which includes thousands of leading health professionals and hospitals across New Hampshire.*

Plan details:

- PCP required
- Referrals to most kinds of specialists required
- Must receive care for covered services from providers in the NH Local HMO provider directory (exceptions include medical emergencies)
- Includes Core NH 4-Tier prescription drug coverage

*Changes to our network may occur at any time. Please refer to the provider directory. Visit harvardpilgrim.org/public/find-a-provider.

2025 New Hampshire Plan Offerings

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.

2025 New Hampshire Plans – Effective January 1, 2025, through December 31, 2025.

This is only a summary of plans. For more complete information, please refer to the [Schedule of Benefits](#).

Product Name	In-Network	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out of Pocket Maximum (Ind/Fam)	Coinsurance	Emergency Room*	Urgent Care		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
							Hospital Based	Freestanding								
Non-Standard Plans																
NH Local Choice HMO Gold MD0000201327 RX0000201175	Tier 1	\$25/\$50	Medical: None Rx: \$2,000/\$4,000	\$8,700/\$17,400	25%	\$300 copay	\$150 copay	\$35 copay	25%	25%	25%	25%	25%	\$50 copay	\$25 copay	\$10/\$35/\$60/Rx Deductible, then 35%/Rx Deductible, then 40%
	Tier 2	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%	Deductible, then 40%	
NH Local Choice HMO Gold 1400 MD0000201328 RX0000201176	Tier 1	\$25/\$50	\$1,400/\$2,800	\$7,500/\$15,000	10%	T1 Deductible, then \$300 copay	Deductible, then \$150 copay	\$35 copay	Deductible, then 10%	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%
	Tier 2	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%	Deductible, then 30%	Deductible, then 30%	
NH Local Choice HMO Silver 2500 MD0000201329 RX0000201192	Tier 1	\$40/\$80	\$2,500/\$5,000	\$9,100/\$18,200	20%	T1 Deductible, then \$500	Deductible, then \$250	\$50 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	\$60	\$40 copay	\$10/\$35/\$100/T1 Deductible, then 30%/T1 Deductible, then 40%
	Tier 2	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%	Deductible, then 40%	Deductible, then 40%	
NH Local Choice HMO Silver 3500 MD0000201333 (dental) MD0000201334 (no dental) RX0000201178	Tier 1	\$40/\$80	\$3,500/\$7,000	\$8,200/\$16,400	20%	T1 Deductible, then \$500 copay	Deductible, then \$250 copay	\$50 copay	Deductible, then \$1,000 copay	Deductible, then \$150 copay	Deductible, then 20%	Deductible, then 20%	Deductible, then \$75 copay	\$60 copay	\$40 copay	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	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%	Deductible, then 40%	Deductible, then 40%	
NH Local Choice HMO HSA Silver 3500 MD0000201321 RX0000201167	Tier 1	Deductible, then 10%	\$3,500/\$7,000	\$7,500/\$15,000	10%	T1 Deductible, then 10%	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%/35%/40%
	Tier 2	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	Deductible, then covered in full	
NH Local Choice HMO Silver 4000 MD0000201338 RX0000201182	Tier 1	\$40/Deductible, then \$80	\$4,000/\$8,000	\$7,250/\$14,500	0%	T1 Deductible, then \$500	Deductible, then \$250	\$50 copay	Deductible, then \$1,000 per Admit	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$75	\$60	\$10/\$35/\$60/T1 Deductible, then 35%/T1 Deductible, then 40%
	Tier 2	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	Deductible, then covered in full	
NH Local Choice HMO Silver 5000 MD0000201345 (dental) MD0000201346 (no dental) RX0000201196	Tier 1	\$30/\$50	\$5,000/\$10,000	\$8,500/\$17,000	10%	T1 Deductible, then \$500 copay	Deductible, then \$250 copay	\$40 copay	Deductible, then 10%	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%
	Tier 2	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%	Deductible, then 40%	Deductible, then 40%	

* Members will pay higher cost-sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

All plans are Medicare Creditable for 2025.

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.

2025 New Hampshire Plans – Effective January 1, 2025, through December 31, 2025.

This is only a summary of plans. For more complete information, please refer to the [Schedule of Benefits](#).

Product Name	In-Network	Office Visit (PCP/Specialist)	Deductible (Ind/Fam)	Out of Pocket Maximum (Ind/Fam)	Coinsurance	Emergency Room*	Urgent Care		Inpatient	Day Surgery	Labs	X-Rays	Scans: CT, MRI, PET	PT/OT/ST	Acupuncture & Chiropractic	RX Cost Sharing 30-day retail
							Hospital Based	Freestanding								
Non-Standard Plans																
NH Local Choice HMO HSA Bronze 6000 MD0000201323 RX0000201172	Tier 1	Deductible, then 35%	\$6,000/\$12,000	\$7,500/\$15,000	35%	T1 Deductible, then 35%	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%/35%/40%
	Tier 2	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	Deductible, then covered in full	
NH Local Choice HMO Bronze 6500 MD0000201351 RX0000201188	Tier 1	First 3 PCP visits: \$40. All other visits: Deductible, then 20%	\$6,500/\$13,000	\$8,900/\$17,800	20%	T1 Deductible then \$500	Deductible, then \$250	T1 Deductible, then 20%	Deductible, then 20%	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%
	Tier 2	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%	Deductible, then 40%	
NH Local Choice HMO Bronze 7200 MD0000201352 RX0000201189	Tier 1	First 3 PCP visits: \$40. All other visits: Deductible, then 50%	\$7,200/\$14,400	\$8,700/\$17,400	50%	T1 Deductible, then 50%	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 35%/T1 Deductible, then 40%
	Tier 2	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	Deductible, then covered in full	
NH Local Choice HMO Bronze 8000 MD0000201318 RX0000201197	Tier 1	First 2 PCP visits: Covered in full. All other visits: Deductible, then	\$8,000/\$16,000	\$9,100/\$18,200	0%	T1 Deductible, then covered in full	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%/35%/40%
	Tier 2	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	Deductible, then covered in full	
Standard Plans																
NH Local HMO Gold 1500 Standard MD0000201317 RX0000201170		\$30/\$60	\$1,500/\$3,000	\$7,800/\$15,600	25%	Deductible, then 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 5000 Standard MD0000201319 RX0000201168		\$40/\$80	\$5,000/\$10,000	\$8,000/\$16,000	40%	Deductible, then 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 MD0000201324 RX0000201173		\$50/\$100	\$7,500/\$15,000	\$9,200/\$18,400	50%	Deductible, then 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

* Members will pay higher cost-sharing for emergency room visits that are not considered medical emergencies. Refer to your plan documents for specifics.

All plans are Medicare Creditable for 2025.

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, in accordance with Medical Necessity Guidelines.
- Custodial Care

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

Service and Support: Including Billing Questions

Email: broker_member_inquiries@point3health.org

Phone: 877-907-4742

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 or sex (including pregnancy, sexual orientation and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

HPHC:

- 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 HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

Civil Rights Compliance Officer

1 Wellness Way

Canton, MA 02021-1166

866-750-2074, TTY service: 711

Fax: 617-509-3085

Email: 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/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html

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

Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

French (Français) ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

Greek (Ελληνικά) ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

Gujarati (ગુજરાતી) ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા સભ્ય આઈડી કાર્ડ પરના નંબર પર કોલ કરો.

Haitian Creole (Kreyòl Ayisyen) ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

Hindi (हिंदी) ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी कार्ड पर दिए गए नंबर पर कॉल करें।

Italian (Italiano) ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

Khmer (ភាសាខ្មែរ) ប្រសិនបើអ្នកនិយាយភាសាផ្សេងក្រៅពីភាសាអង់គ្លេស សេវាកម្មជំនួយភាសា ដែលឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមហៅទៅកាន់លេខនៅលើ ID កាតសមាជិករបស់អ្នក។

Korean (한국어) 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

Lao (ພາສາລາວ) ກະລຸນາຮັບຊາບ: ຖ້າທ່ານເວົ້າພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກິດ, ທ່ານສາມາດໃຊ້ບໍລິການດ້ານພາສາໄດ້ ໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໃຫ້ທ່ານເບິ່ງໃນບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

Polish (polski) UWAGA: Jeśli posługujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

Portuguese (Português) ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

Russian (Русский) ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

Spanish (Español) ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

Traditional Chinese (繁體中文) 注意事項：如果您講非英語的其他語言，我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

Vietnamese (Tiếng Việt) LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.

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**

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