

<b>HMO</b>											
<b>Product Name</b>	<b>OV Copay</b>	<b>ER Copay</b>	<b>Inpatient/Day Surgery Copay</b>	<b>Coinsurance</b>	<b>Deductible</b>	<b>Annual Out-of-Pocket Max</b>	<b>Scans: CT, MRI, PET</b>	<b>Chiro</b>	<b>PT/OT</b>	<b>Rx Copay</b>	<b>Pediatric Dental</b>
Affordable HMO 20 Calendar Year MD0000003284 Platinum Tier	\$20	\$100	\$500 Admission \$500 Day Surgery	None	None	Medical OOP Max \$2,000/\$4,000  Rx OOP Max \$2,000/\$4,000	Covered in full	\$20 copay  Up to 12 visits per year	\$20 copay  Up to 60 visits combined per year for PT and OT	Retail: \$5/\$15/\$30/\$50 Mail: \$10/\$30/\$60/\$150 RX0000000933	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000039
Affordable HMO 25 Calendar Year MD0000003296 Platinum Tier	\$25	\$100	\$1000 Admission \$500 Day Surgery	None	None	Medical OOP Max \$2,000/\$4,000  Rx OOP Max \$2,000/\$4,000	Covered in full	\$25 copay  Up to 12 visits per year	\$25 copay  Up to 60 visits combined per year for PT and OT	Retail: \$5/\$15/\$30/\$50 Mail: \$10/\$30/\$60/\$150 RX0000000933	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000039
Best Buy HMO 1000 Plan Year MD0000003150 Gold Tier	\$20	\$100 after deductible	Subject to deductible	None	\$1,000/\$2,000	\$5,000/\$10,000 Combined Medical and RX	Subject to deductible	\$20 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000934	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy HMO 1500 Plan Year MD0000003274 Gold Tier	\$20	\$100 after deductible	Subject to deductible	None	\$1,500/\$3,000	\$5,000/\$10,000 Combined Medical and RX	Subject to deductible	\$20 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000934	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy HMO 2000 Plan Year MD0000003293 Gold Tier	\$20	\$100 after deductible	Subject to deductible	None	\$2,000/\$4,000	\$5,000/\$10,000 Combined Medical and RX	Subject to deductible	\$20 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000934	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

## TIERED HMO

Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	Scans: CT, MRI, PET	Chiro	PT/OT	Rx Copay	Pediatric Dental
Best Buy Tiered Copayment HMO 1000 Plan Year MD0000003282 Gold Tier	\$25 PCP \$40 Specialist	\$150 after deductible	Subject to deductible	None	\$1,000/\$2,000	\$4,500/\$9,000 Combined Medical and RX	\$150 after deductible	\$25 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000935	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy Tiered Copayment HMO 1500 Plan Year MD0000003295 Gold Tier	\$25 PCP \$40 Specialist	\$150 after deductible	Subject to deductible	None	\$1,500/\$3,000	\$4,500/\$9,000 Combined Medical and RX	\$150 after deductible	\$25 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000935	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy Tiered Copayment HMO 2000 Plan Year MD0000003292 Gold Tier	\$25 PCP \$40 Specialist	\$150 after deductible	Subject to deductible	None	\$2,000/\$4,000	\$4,500/\$9,000 Combined Medical and RX	\$150 copay after deductible	\$25 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000935	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

## CORE COVERAGE

Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	Scans: CT, MRI, PET	Chiro	PT/OT	Rx Copay	Pediatric Dental
Core Coverage 1750 HMO Plan Year MD0000003152 Silver Tier	\$25 for first • 3 visits per individual • 6 visits per family  Subsequent visits subject to deductible and coinsurance**	\$250	20% after deductible	20%	\$1,750/\$3,500	\$5,000/\$10,000 Combined Medical and RX	20% after deductible	Subject to OV copay rules  Up to 12 visits per year	Subject to OV copay rules  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/50%/50% Mail: \$10/\$40/50%/50% RX0000000936	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Core Coverage HMO 3000 Plan Year MD0000003273 Silver Tier	\$25 for first • 3 visits per individual • 6 visits per family  Subsequent visits subject to deductible and coinsurance**	\$250	10% after deductible	10%	\$3,000/\$6,000	\$5,000/\$10,000 Combined Medical and RX	10% after deductible	Subject to OV copay rules  Up to 12 visits per year	Subject to OV copay rules  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/50%/50% Mail: \$10/\$40/50%/50% RX0000000936	50% coverage for all services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040

*\*\*Visit limit applies to medical visits and behavioral health visits separately. Preventive office visits do not count toward the copay limits. Subsequent visits subject to deductible and coinsurance.*

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

## FOCUS NETWORK<sup>SM</sup> – MA PLANS (A Limited Provider Network)

Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Out-of-Pocket Max	Scans: CT, MRI, PET	Chiro	PT/OT	Rx Copay	Pediatric Dental
Focus Network-MA Affordable HMO 20 Calendar Year MD0000003289 Platinum Tier	\$20	\$100	\$500 Admission \$500 Day Surgery	None	None	Medical OOP Max \$2000/\$4000  Rx OOP Max \$2000/\$4000	Covered in full	\$20 copay  Up to 12 visits per year	\$20 copay  Up to 60 visits combined per year for PT and OT	Retail: \$5/\$15/\$30/\$50 Mail: \$10/\$30/\$60/\$150 RX0000000933	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000039
Focus Network MA Affordable HMO 25 Calendar Year MD0000003297 Platinum Tier	\$25	\$100	\$1000 Admission \$500 Day Surgery	None	None	Medical OOP Max \$2000/\$4000  Rx OOP Max \$2000/\$4000	Covered in full	\$25 copay  Up to 12 visits per year	\$25 copay  Up to 60 visits combined per year for PT and OT	Retail: \$5/\$15/\$30/\$50 Mail: \$10/\$30/\$60/\$150 RX0000000933	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000039
Focus Network-MA Best Buy HMO 1000 Plan Year MD0000003276 Gold Tier	\$20	\$100 after deductible	Subject to deductible	None	\$1,000/\$2,000	\$5,000/\$10,000 Combined Medical and RX	Subject to deductible	\$20 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000934	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Focus Network-MA Best Buy HMO 1500 Plan Year MD0000003279 Gold Tier	\$20	\$100 after deductible	Subject to deductible	None	\$1,500/\$3,000	\$5,000/\$10,000 Combined Medical and RX	Subject to deductible	\$20 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000934	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Focus Network-MA Best Buy HMO 2000 Plan Year MD0000003280 Gold Tier	\$20	\$100 after deductible	Subject to deductible	None	\$2,000/\$4,000	\$5,000/\$10,000 Combined Medical and RX	Subject to deductible	\$20 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000934	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040

*Focus Network - MA plans provide access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In these plans, members have coverage only from providers in the Focus Network - MA provider network. Please consult the Focus Network - MA Provider Directory or visit the provider search tool at [www.harvardpilgrim.org/focus](http://www.harvardpilgrim.org/focus) for a list of providers in Focus Network – MA. You may also call Harvard Pilgrim to request a paper copy of the provider directory.*

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

## HOSPITAL PREFER PLANS (A Tiered Hospital Network)

Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Out-of-Pocket Max	Scans: CT, MRI, PET	Chiro	PT/OT	Rx Copay	Pediatric Dental
Hospital Prefer 2000 MD0000003294 Gold Tier	\$20 PCP \$40 Specialist	\$150 after deductible	Day Surgery: \$0/\$250/\$500 after deductible  Inpatient: \$0/\$500/\$1000 after deductible	None	\$2,000/\$4,000	\$4,000/\$8,000 Combined Medical and RX	\$0/\$150/\$300 After deductible	\$20 copay  Up to 12 visits per year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000938	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Hospital Prefer PPO 2000 MD0000003283 Gold Tier	\$20 PCP \$40 Specialist	\$150 after deductible	Day Surgery: \$0/\$250/\$500 after deductible  Inpatient: \$0/\$500/\$1000 after deductible	None	\$2,000/\$4,000	\$4,000/\$8,000 Combined Medical and RX	\$0/\$150/\$300 After deductible	\$20 copay  Up to 12 visits per year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000938	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000044
Hospital Prefer 2000 Coinsurance MD0000003288 Silver Tier	\$20 PCP \$40 Specialist	\$150 after deductible	Subject to coinsurance after deductible based upon the facility tier	T1: 10% T2: 20% T3: 30%	\$2,000/\$4,000	\$5,000/\$10,000 Combined Medical and RX	Subject to coinsurance after deductible based upon the facility tier	Subject to deductible then 10% coinsurance  Up to 12 visits per plan year	Subject to deductible then 10% coinsurance  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$35/50%/50% Mail: \$10/\$70/50%/50% RX000000937	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040

T1 = Tier 1

T2 = Tier 2

T3 = Tier 3

*These plans include a tiered network called Hospital Prefer. In these plans, members pay different levels of cost sharing depending on the tier of the hospital delivering a covered service or medical supply.*

*A hospital's benefit tier may change annually on January 1. Please consult the Hospital Prefer provider directory or visit the provider search tool at [www.harvardpilgrim.org/hospitalprefer](http://www.harvardpilgrim.org/hospitalprefer) to determine a hospital's tier in the Hospital Prefer network.*

*You may also call Harvard Pilgrim to request a paper copy of the provider directory.*

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

BEST BUY HSA HMO											
Product Name	Office Visit	ER	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	Scans: CT, MRI, PET	Chiro	PT/OT After Deductible	Rx Copay After Deductible	Pediatric Dental
Best Buy HSA HMO 1500 Plan Year MD0000003271 Gold Tier	Subject to deductible	Subject to deductible	Subject to deductible	None	\$1,500/\$3,000 Combined medical and RX	\$3,000/\$6,000 Combined medical and RX	Subject to deductible	Subject to Deductible Up to 12 visits per year	Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000939	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy HSA HMO 2000 Plan Year MD0000003298 Silver Tier	Subject to deductible	Subject to deductible	Subject to deductible	None	\$2,000/\$4,000 Combined medical and RX	\$5,000/\$10,000 Combined medical and RX	Subject to deductible	Subject to Deductible Up to 12 visits per year	Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000941	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy HSA HMO 2500 Plan Year MD0000003299 Silver Tier	Subject to deductible	Subject to deductible	Subject to deductible	None	\$2500/\$5000 Combined medical and RX	\$5000/\$10,000 Combined medical and RX	Subject to deductible	Subject to Deductible Up to 12 visits per year	Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000940	50% coverage for all services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

PPO											
Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	Scans: CT, MRI, PET	Chiro	PT/OT	Rx Copay	Pediatric Dental
Affordable PPO 20 Calendar Year MD0000003287 Platinum Tier	\$20	\$100	IN: \$500 Admission \$500 Day Surgery OON: 20% after deductible	IN: None OON: 20%	IN: None OON: \$400/\$800	In:Med \$2,000/\$4,000 In RX: \$2,000/\$4,000  OON: \$3,000/\$6,000	IN: Covered in full OON: 20% after deductible	\$20 copay  Up to 12 visits per year	\$20 copay  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$15/\$30/\$50 Mail: \$10/\$30/\$60/\$150 RX0000000933	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000041
Affordable PPO 25 Calendar Year MD0000003277 Platinum Tier	\$25	\$100	IN: \$1,000 Admission \$500 Day Surgery OON: 20% after deductible	IN: None OON: 20%	IN: None OON: \$500/\$1,000	In:Med \$2,000/\$4,000 In RX: \$2,000/\$4,000  OON: \$3,000/\$6,000	IN: Covered in full OON: 20% after deductible	\$25 copay  Up to 12 visits per year	\$25 copay  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$15/\$30/\$50 Mail: \$10/\$30/\$60/\$150 RX0000000933	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000041
Best Buy PPO 1000 Plan Year MD0000003290 Gold Tier	\$20	\$100 after deductible	IN: Deductible OON: 20% after deductible	IN: None OON: 20%	\$1,000/\$2,000 IN, OON combined	\$5,000/\$10,000 Combined Medical and RX in and out of network	IN: Deductible OON: 20% after deductible	\$20 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000934	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000042
Best Buy PPO 1500 Plan Year MD0000003291 Gold Tier	\$20	\$100 after deductible	IN: Deductible OON: 20% after deductible	IN: None OON: 20%	\$1,500/\$3,000 IN, OON combined	\$5,000/\$10,000 Combined Medical and RX in and out of network	IN: Deductible OON: 20% after deductible	\$20 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000934	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000042
Best Buy PPO 2000 Plan Year MD0000003300 Gold Tier	\$20	\$100 after deductible	IN: Deductible OON: 20% after deductible	IN: None OON: 20%	\$2,000/\$4,000 IN, OON combined	\$5,000/\$10,000 Combined Medical and RX in and out of network	IN: Deductible OON: 20% after deductible	\$20 copay  Up to 12 visits per plan year	Subject to deductible  Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000934	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000042

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

TIERED PPO											
Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	Scans: CT, MRI, PET	Chiro	PT/OT	Rx Copay	Pediatric Dental
Best Buy Tiered Copayment PPO 1000 Plan Year MD0000003278 Gold Tier	\$25 PCP \$40 Specialist	\$150 after deductible	IN: Deductible OON: 20% after deductible	IN: None OON: 20%	\$1,000/\$2,000 IN, OON combined	\$4,500/\$9,000 Combined Medical and RX in and out of network	IN: \$150 after deductible OON: 20% after deductible	\$25 copay  Up to 12 visits per plan year	Subject to deductible Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000935	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000042
Best Buy Tiered Copayment PPO 1500 Plan Year MD0000003285 Gold Tier	\$25 PCP \$40 Specialist	\$150 after deductible	IN: Deductible OON: 20% after deductible	IN: None OON: 20%	\$1,500/\$3,000 IN, OON combined	\$4,500/\$9,000 Combined Medical and RX in and out of network	IN: \$150 after deductible OON: 20% after deductible	\$25 copay  Up to 12 visits per plan year	Subject to deductible Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000935	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000042
Best Buy Tiered Copayment PPO 2000 Plan Year MD0000003301 Gold Tier	\$25 PCP \$40 Specialist	\$150 after deductible	IN: Deductible OON: 20% after deductible	IN: None OON: 20%	\$2,000/\$4,000 IN, OON combined	\$4,500/\$9,000 Combined Medical and RX in and out of network	IN: \$150 after deductible OON: 20% after deductible	\$25 copay  Up to 12 visits per plan year	Subject to deductible Up to 60 visits combined per plan year for PT and OT	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000935	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000042

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

<b>BEST BUY HSA PPO</b>														
Product	Medical In Network					Medical Out of Network					Rx Copay After Deductible	Chiro	PT/OT After Deductible	Pediatric Dental
	Deductible		Coinsurance	OOP Max		Deductible		Coinsurance	OOP Max					
	Individual	Family		Individual	Family	Individual	Family		Individual	Family				
Best Buy HSA PPO 1500 Plan Year MD0000003161 Gold Tier	\$1,500	\$3,000	None	\$5,000	\$10,000	\$3,000	\$6,000	20%	\$10,000	\$20,000	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000939	Subject to Ded. Up to 12 visits per year	Up to 60 visits combined per plan year for PT and OT	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000044
Best Buy HSA PPO 2000 Plan Year MD0000003302 Gold Tier	\$2,000	\$4,000	None	\$5,000	\$10,000	\$4,000	\$7,000	20%	\$10,000	\$20,000	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000941	Subject to Ded. Up to 12 visits per year	Up to 60 visits combined per plan year for PT and OT	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000044
Best Buy HSA PPO 2500 Plan Year MD0000003272 Silver Tier	\$2,500	\$5,000	None	\$5,000	\$10,000	\$5,000	\$10,000	20%	\$10,000	\$18,000	Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000940	Subject to Ded. Up to 12 visits per year	Up to 60 visits combined per plan year for PT and OT	50% coverage for all services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000044
Best Buy HSA PPO 2000 With Co-Insurance MD0000003151 Silver Tier	\$2,000	\$4,000	20%	\$5,000	\$10,000	\$4,000	\$7,000	40%	\$8,000	\$14,000	Deductible then Retail: \$5/\$20/\$30/\$50 Mail: \$10/\$40/\$60/\$150 RX0000000941	IN: Deductible then \$25 OON: Deductible then 20% coinsurance Up to 12 visits	IN: Deductible, then 20% coinsurance OON: Deductible then 40% coinsurance  Up to 60 visits combined	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000044

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

## 3-TIER PHARMACY

Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	Scans: CT, MRI, PET	Chiro	PT/OT	Rx Copay	Pediatric Dental
Tiered Copayment HMO 25 Plan Year MD0000003129 Platinum Tier	\$25 PCP \$40 Specialist	\$150	\$500 Admission \$500 Day Surgery	None	None	\$2,000/\$4,000 including pharmacy	\$150 copay	\$25 copay  Up to 12 visits	\$25 copay Up to 60 visits combined	Retail: \$15/\$30/\$50 Mail: \$30/\$60/\$150 RX0000000913	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy Tiered Copayment HMO 500 Plan Year MD0000003130 Platinum Tier	\$20 PCP \$35 Specialist	\$100 after deductible	Subject to deductible	None	\$500/\$1,000	\$1,500/\$3,000 including pharmacy	\$100 after deductible	\$20 copay  Up to 12 visits	\$20 copay Up to 60 visits combined	Retail: \$15/\$25/\$45 Mail: \$30/\$50/\$135 RX0000000915	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy Coinsurance HMO 500 Plan Year MD0000003131 Gold Tier	\$20 PCP \$35 Specialist	30% coinsurance after deductible	30% coinsurance after deductible	30%	\$500/\$1,000 (applies to Medical and Tier 2 and 3 Rx)	\$3,000/\$6,000 Including pharmacy	30% coinsurance after deductible	\$20 copay  Up to 12 visits	30% coinsurance after deductible Up to 60 visits combined	Retail: \$15/ 50%*/ 50%* Mail: \$30/ 50%* 50%* * Ded applies RX0000000916	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy Copayment HMO 1000 Plan Year MD0000003132 Gold Tier	\$30 PCP \$45 Specialist	\$150 after deductible	\$500 after deductible \$250 after deductible	None	\$1,000/\$2,000	\$5,000/\$10,000 Including pharmacy	\$200 after deductible	\$30 copay  Up to 12 visits	Subject to deductible Up to 60 visits combined	Retail: \$20/\$30/\$50 Mail: \$40/\$60/\$150 RX0000000917	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040
Best Buy Copayment HMO 1500 Plan Year MD0000003133 Gold Tier	\$25 PCP \$40 Specialist	\$150 after deductible	\$250 after deductible for both	None	\$1,500/\$3,000	\$5,000/\$10,000 Including pharmacy	\$150 after deductible	\$25 copay  Up to 12 visits	Subject to deductible Up to 60 visits combined	Retail: \$15/\$25/\$50 Mail: \$30/\$50/\$150 RX0000000918	50% coinsurance for covered services. No deductible Dental OOP max: \$1,350/\$2,700 DN0000000040

Small Group Dental Coverage: All small group plans include coverage for pediatric dental services, as required by the Essential Health Benefits rules under the Affordable Care Act. If an employer offers a Marketplace-certified pediatric dental plan, the employer may attest to that fact and purchase an HPHC health plan without pediatric dental coverage.

## HMO Side-by-Side Options (X= Allowable Pairing)

	AFF HMO 20 CY MD0000003284	AFF HMO 25 CY MD0000003296	BB HMO 1000 MD0000003150	BB HMO 1500 MD0000003274	BB HMO 2000 MD0000003293	BB TC HMO 1000 MD0000003282	BB TC HMO 1500 MD0000003295	BB TC HMO 2000 MD0000003292	Core 1750 HMO MD0000003152	Core 3000 HMO MD0000003273	BB HSA HMO 1500 MD0000003271	BB HSA HMO 2000 MD0000003273	BB HSA HMO 2500 MD0000003299	AFF PPO 20 MD0000003287	AFF PPO 25 MD0000003277	BB PPO 1000 MD0000003290	BB PPO 1500 MD0000003291	BB PPO 2000 MD0000003300	BB TC PPO 1000 MD0000003278	BB TC PPO 1500 MD0000003285	BB TC PPO 2000 MD0000003301	BB HSA PPO 1500 MD0000003161	BB HSA PPO 2000 MD0000003302	BB HSA PPO 2500 MD0000003272	BB HSA PPO 2000 MD0000003151	
AFF HMO 20 CY MD0000003284		X	X											X	X	X	X	X	X	X	X					
AFF HMO 25 CY MD0000003296	X		X	X		X	X				X			X	X	X	X	X	X	X	X	X				
BB HMO 1000 MD0000003150	X	X		X	X	X	X	X			X	X				X	X	X	X	X	X	X	X			
BB HMO 1500 MD0000003274		X	X		X	X	X	X			X	X				X	X	X	X	X	X	X	X			
BB HMO 2000 MD0000003293			X	X		X	X	X	X		X	X	X				X	X	X	X	X	X	X	X	X	X
BB TC HMO 1000 MD0000003282		X	X	X	X		X	X			X	X				X	X	X	X	X	X	X	X			
BB TC HMO 1500 MD0000003295		X	X	X	X	X		X			X	X				X	X	X	X	X	X	X	X			
BB TC HMO 2000 MD0000003292			X	X	X	X	X		X		X	X	X				X	X		X	X	X	X	X	X	X
Core 1750 HMO MD0000003152					X			X		X	X	X	X										X	X	X	
Core 3000 HMO MD0000003273								X				X	X										X	X	X	
BB HSA HMO 1500 MD0000003271		X	X	X	X	X	X	X	X			X					X	X	X	X	X	X	X	X	X	
BB HSA HMO 2000 MD0000003298			X	X	X	X	X	X	X	X	X		X					X			X	X	X	X	X	X
BB HSA HMO 2500 MD0000003299					X			X	X	X		X											X	X	X	

AFF- Affordable    BB - Best Buy    Tiered - Tiered Copayment    Core - Core Coverage

## PPO Side-by-Side Options (X= Allowable Pairing)

	AFF HMO 20 CY MD0000003284	AFF HMO 25 CY MD0000003296	BB HMO 1000 MD0000003150	BB HMO 1500 MD0000003274	BB HMO 2000 MD0000003293	BB TC HMO 1000 MD0000003282	BB TC HMO 1500 MD0000003295	BB TC HMO 2000 MD0000003292	Core 1750 HMO MD0000003152	Core 3000 HMO MD0000003273	BB HSA HMO 1500 MD0000003271	BB HSA HMO 2000 MD000000329	BB HSA HMO 2500 MD0000003299	AFF PPO 20 MD0000003287	AFF PPO 25 MD0000003277	BB PPO 1000 MD0000003290	BB PPO 1500 MD0000003291	BB PPO 2000 MD0000003300	BB TC PPO 1000 MD0000003278	BB TC PPO 1500 MD0000003285	BB TC PPO 2000 MD0000003301	BB HSA PPO 1500 MD0000003161	BB HSA PPO 2000 MD0000003302	BB HSA PPO 2500 MD0000003272	BB HSA PPO 2000 with Coinsurance MD0000003151	
AFF PPO 20 CY MD0000003287	X	X												X	X											
AFF PPO 25 CY MD0000003277	X	X												X		X	X		X	X						
BB PPO 1000 MD0000003290	X	X	X	X		X	X							X	X		X	X	X	X	X	X				
BB PPO 1500 MD0000003291	X	X	X	X	X	X	X	X			X				X	X		X	X	X	X	X				
BB PPO 2000 MD0000003300	X	X	X	X	X	X	X	X			X	X				X	X		X	X	X	X	X			
BB TC PPO 1000 MD0000003278	X	X	X	X	X	X	X				X				X	X	X	X		X	X	X				
BB TC PPO 1500 MD0000003285	X	X	X	X	X	X	X	X			X				X	X	X	X	X	X		X	X			
BB TC PPO 2000 MD0000003301	X	X	X	X	X	X	X	X			X	X				X	X	X	X	X		X	X			
BB HSA PPO 1500 MD0000003161		X	X	X	X	X	X	X			X	X				X	X	X	X	X	X		X			
BB HSA PPO 2000 MD0000003302			X	X	X	X	X	X	X	X	X	X						X			X	X		X	X	
BB HSA PPO 2500 MD0000003272					X			X	X	X		X	X											X	X	X
BB HSA PPO 2000 with Coinsurance MD0000003151					X			X	X	X		X											X	X		

AFF - Affordable BB - Best Buy TC - Tiered Copayment HP – Hospital Prefer

## Focus Network<sup>SM</sup> – MA Side-by-Side Options (X= Allowable Pairing)

	AFF HMO 20 MD0000003284	AFF HMO 25 MD0000003296	BB HMO 1000 MD0000003150	BB HMO 1500 MD0000003274	BB HMO 2000 MD0000003293	AFF PPO 20 MD0000003287	AFF PPO 25 MD0000003277	BB PPO 1000 MD0000003290	BB PPO 1500 MD0000003291	BB PPO 2000 MD0000003300
<b>Focus AFF HMO 20 MD0000003289</b>	X					X				
<b>Focus AFF HMO 25 MD0000003297</b>		X					X			
<b>Focus BB HMO 1000 MD0000003276</b>			X					X		
<b>Focus BB HMO 1500 MD0000003279</b>				X					X	
<b>Focus BB HMO 2000 MD0000003280</b>					X					X

AFF - Affordable    BB - Best Buy    TC - Tiered Copayment    HP – Hospital Prefer

## Hospital Prefer Side-by-Side Options (X= Allowable Pairing)

	HP HMO 2000 MD0000003294	HP 2000 Coins. MD0000003288	HP PPO 2000 MD0000003283
<b>HP HMO 2000 MD0000003294</b>			X
<b>HP 2000 Coinsurance MD0000003288</b>			
<b>Hospital Prefer PPO 2000 MD0000003288</b>	X		

AFF - Affordable    BB - Best Buy    TC - Tiered Copayment    HP – Hospital Prefer

### 3-Tier Pharmacy Plans Side-by-Side Options (X= Allowable Pairing)

	TC HMO 25 MD0000003129	BB TC HMO 500 MD0000003130	BB Coins. HMO 500 MD0000003131	BB Copay HMO 1000 MD0000003132	BB Copay HMO 1500 MD0000003133
TC HMO 25 MD0000003129		X	X	X	X
BB TC HMO 500 MD0000003130	X		X	X	X
BB Coinsurance HMO 500 MD0000003131	X	X		X	X
BB Copayment HMO 1000 MD0000003132	X	X	X		X
BB Copayment HMO 1500 MD0000003133	X	X	X	X	

AFF - Affordable BB - Best Buy TC - Tiered Copayment HP – Hospital Prefer



## Harvard Pilgrim Health Care – MA Small Group Benefit Designs

1st Quarter, 2014 • Effective Jan. 1, 2014 through March 31, 2014

HPHC must receive complete applications including all required new business documents and binder checks at least 10 days prior to the requested coverage effective date. Groups of 1-50 will not be allowed to change their anniversary date without approval from Underwriting.

### Business Rules

**Minimum Number of Participating Subscribers:** 75% of those employees who are eligible for health benefits must participate in a group health plan sponsored by the employer (not necessarily those provided by HPHC)

### Minimum Enrollment Requirements (excluding waivers due to spousal or dependent coverage)

#### Group Size

- 1-5 eligible employees:
- 6-50 eligible employees (PPO):
- 6-50 eligible employees (HMO):

#### Eligibility Requirements

- 100% of eligible employees
- 75% of eligible employees
- Renewals: 50% of eligible employees;  
75% for side-by-side product options
- Prospects: 75% of eligible employees

### HMO and PPO and Side by Side Business Rules

- 75% of eligible employees must participate in the HMO/HMO side-by-side option.
- At least 51% of eligible employees in the account must work within Massachusetts.
- Side-by-side options are not permitted for employers with less than 10 eligible employees except in cases when a PPO plan is offered exclusively for out-of-area subscribers and approved by HPHC.

### Triple Option Business Rules

- An employer with 10 eligible employees or more with out-of-area subscribers may offer two HMOs side-by-side for in-area subscribers and a PPO plan exclusively for the out-of-area subscribers. The PPO plan must be a product that can be offered with both HMO products.

### Hospital Prefer Business Rules

- Hospital Prefer Plans are available as a sole-source offering only. No other carrier plans may be sold alongside one of these plans.
- An HRA cannot be offered with Hospital Prefer plans

### Focus Network<sup>SM</sup> - MA Business Rules

Available for accounts located in the Focus Network - MA Service Area

- An employee and enrolling dependents must reside within the Focus Network - MA Employee Enrollment Area in order to enroll in the plan.
- Only the corresponding Full network plan can be offered on a side-by-side basis with a Focus Network MA plan.

### HRA Business Rules

Employer's HRA contribution may not exceed 50% of the value of any annual deductible amount applied to in-network services under the related group health plan (the "50% Limit"). If the 50% Limit is exceeded, HPHC may stop providing Employer's HRA claims information to the HRA administrative services provider and/or terminate the Employer Agreement. Employer's HRA contribution information provided to HPHC is subject to HPHC's audit and verification

### Massachusetts Minimum Creditable Coverage (MCC) Standards

All of the Small Group benefit design plans meet the Massachusetts Minimum Creditable Coverage (MCC) Standards except the Core Coverage HMO 3000 (MD0000003273)

This plan does not meet Massachusetts Minimum Creditable Coverage (MCC) standards due to deductibles that exceed \$2,000/\$4,000. However, if offered with an employer funded Health Reimbursement Account (HRA) of at least \$1,000 per individual and \$2,000 per family, the combination of the plan plus the funded HRA will satisfy MA MCC standards. Note: The Employer (as the Plan Sponsor) represents that all persons covered under the Plan Sponsor's insurance arrangement with HPHC will be covered under the HRA, regardless of the taxability of any HRA reimbursements to certain of those individuals, such as partners, LLP members or more than 2% S Corporation stockholders

**Notes:** *Please note that this document provides an overview of small group benefit designs only. Complete plan designs are defined in the applicable Evidence of Coverage (EOC). If there are discrepancies between this document and the EOC, the terms of the EOC apply. For any questions on the application of these rules to a specific account, please call your HPHC representative.*



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