



Harvard Pilgrim  
Health Care



**Town of North Reading**

**July 1, 2016**

# Plan Design Offerings

## July 1, 2016 – June 30, 2017

Plan Feature	HMO and FOCUS Network	PPO	
		In-Network	Out-of-Network
<b>Plan year deductible</b>	Employee – \$300 Family – \$900	Employee – \$300 Family – \$900	Employee - \$250 Family -\$500
<b>Coinsurance</b>	N/A	N/A	20%
<b>Out-of-Pocket Maximum</b>	Employee - \$2,000 Family -\$4,000 <b>Medical Expenses Only</b>	Employee - \$2,000 Family -\$4,000 Combined with OON <b>Medical Expenses Only</b>	Employee - \$2,000 Family -\$4,000 Combined with IN <b>Medical Expenses Only</b>
<b>Service</b>		<b>In-Network</b>	<b>Out-of-Network</b>
<b>Physician Services</b>	Primary Care - \$30 copayment per visit Specialist - \$45 copayment per visit	Primary Care - \$30 copayment per visit Specialist - \$45 copayment per visit	20% coinsurance after deductible
<b>Inpatient Hospital Services</b>	Deductible & then covered in full	Deductible & then covered in full	20% coinsurance after deductible
<b>Outpatient Hospital Services</b>	Deductible & then covered in full	Deductible & then covered in full	20% coinsurance after deductible
<b>Laboratory Services / X-Ray</b>	Deductible & then covered in full	Deductible & then covered in full	20% coinsurance after deductible
<b>High Tech Radiology (MRI, CT, PET Scans)</b>	\$100 copayment per procedure	\$100 copayment per procedure	20% coinsurance after deductible
<b>Emergency Room Care</b>	\$150 copayment per visit	\$150 copayment per visit	\$150 copayment per visit
<b>Select Preventive Services</b> Please see Benefit materials for a complete listing of preventive services and tests that are covered in full or apply to each copy level	Covered in full	Covered in full	20% coinsurance after deductible
<b>Physical and Occupational Therapies – 60 visits per plan year</b>	Deductible & then covered in full	Deductible & then covered in full	20% coinsurance ter deductible

# Plan Design Offerings

## July 1, 2016 – June 30, 2017

Plan Feature	HMO and FOCUS Network	PPO	
<b>Chiropractic Care</b>	\$30 copay, 12 visits per plan year	\$30 copay, 12 visits per plan year	20% coinsurance after deductible
<b>Annual Eye Exam</b>	Limited to 1 exam per plan year \$30 copayment	Limited to 1 exam per plan year \$30 copayment	Limited to 1 exam per plan year 20% coinsurance after deductible
<b>Durable Medical Equipment</b>	Deductible & then covered in full	Deductible & then covered in full	
<b>Behavioral Health – Office Visit</b>	\$30 copayment per visit	\$30 copayment per visit	20% coinsurance after deductible
<b>Behavioral Health - Inpatient</b>	Deductible & then covered in full	Deductible & then covered in full	20% coinsurance after deductible
<b>Prescription Drug Coverage</b>	<p>For a 30 day supply, Member pays: \$20/40/60</p> <p>For a 90 day supply (Mail order), Member pays: \$40/80/120</p> <p>RX Out of Pocket Maximum: \$2,000/\$4,000</p>	<p>For a 30 day supply, Member pays: \$20/40/60</p> <p>For a 90 day supply (Mail order), Member pays: \$40/80/120</p> <p>RX Out of Pocket Maximum: \$2,000/\$4,000</p>	

Please note that this document provides an overview of the plan features. Complete plan design features are defined in the applicable Summary of Benefits (SOB). If there is a discrepancy between the two, the terms of the SOB apply.

\* Financially responsible for coinsurance up to the Usual, Customary, and Reasonable Charge (UCR)

# Best Buy HMO - Your Deductible

- Definition: Your financial responsibility before Harvard Pilgrim begins to pay claims on your behalf
- Individual contract
  - The Individual Deductible is \$300 per plan year
- Family contract
  - The Family Deductible is \$900 per plan year
  - No one member in the family can exceed more than \$300 in deductible expenses

## Deductible Expenses

- Include all covered services (except OV co-pays, ER co-pays, High Tech Radiology co-pays, Rx co-pays and Preventive Services as defined in the *Schedule of Benefits*)
- Member is responsible for paying the provider's contracted rate for services subject to the deductible until the deductible has been met
  - Deductible amounts applied on a plan year basis

# How The Plan Works

- Employees receive care subject to deductible
  - You should **not** be required to pay at time of service, you may be asked for a credit card imprint at time of service (similar to booking a hotel room)
- Harvard Pilgrim sends an Activity Summary at the end of the month for each service under the plan
  - Date and type of service, plus provider name
  - Retail price, negotiated price and amount charged to the member's deductible

# Copayment Level 1

## Copayment Level 2

There are two types of outpatient Copayments that apply to most office visits under your Plan:

- A lower Copayment, known as “Copayment Level 1”
- A higher Copayment known as “Copayment Level 2”

**Copayment Level 1** - applies to covered outpatient professional services, other than services received at a professional office operated by a hospital, from the following types of providers:

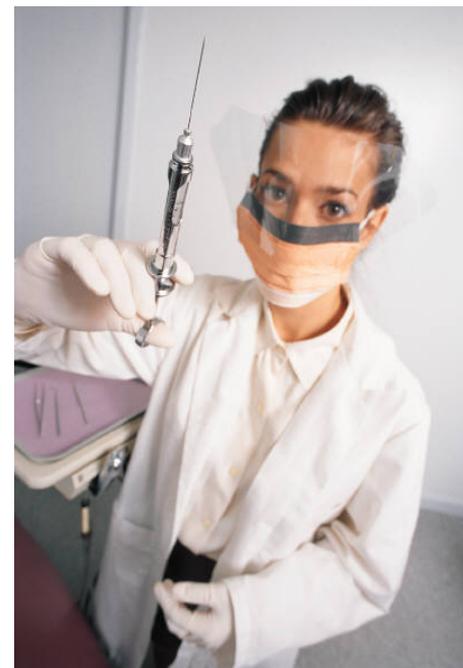
- All Primary Care Providers. The term “Primary Care Provider” (PCP) includes physicians, physician assistants and nurse practitioners in the following specialties: internal medicine, family practice, general practice and pediatrics
- Obstetricians and gynecologists
- Certified nurse midwives
- Nurse practitioners who bill independently

**Copayment Level 2** – most outpatient specialty care requires payment of Copayment Level 2

- If a provider is categorized as both a Copayment Level 1 provider and a Copayment Level 2 provider, Copayment Level 1 applies. For example, if a provider is both a PCP and a cardiologist, you will be responsible for Copayment Level 1.

# Select Preventive Care Is Covered in Full

- Select routine office visits
  - Routine physicals for adults and children
- Prenatal and post-partum care
- Select disease screenings and tests
  - Mammogram
  - Pap
  - PSA
  - Colorectal cancer screening
  - Routine blood work and urinalysis



# Other Services Are Subject to Deductible

- **Diagnostics, including** (but not limited to)
  - X-rays
  - Non-preventive laboratory
- **Treatments, including** (but not limited to)
  - Inpatient services
  - Day surgery
  - Outpatient therapy
  - Durable Medical Equipment



# Tracking Your Deductible and OOP Maximum

- Activity Summary with a dashboard of your (and family members') deductible met
  - Posted in your HPHConnect account
  - Sent if you had activity that month
- Electronic EOB posted on your personal HPHConnect account
- Online deductible tracker
- By phone to Member Services



# The summary

### Key Words in Your Activity Summary

Date(s) of Service Claim Number Provider Description	Provider Charge	Amount Denied	Explanation Note	MEDICAL CLAIMS						
				Harvard Pilgrim Negotiated	Harvard Pilgrim Paid	Deductible Applied	Coinsurance	Your Copayment	Your Responsibility	
				<b>A</b>	<b>B</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>

hospital or clinician) billed Harvard Pilgrim for this service. Amount appears in this field, refer to the Explanation for denied and the reason for the action taken. Amount paid by the provider based on our contract with that service.

You must pay before your health plan begins. All or part of a provider bill until you have paid your copayment, when applicable.

es. You may have already paid your copayment at the time of your prior approval is not received when required. Amount paid for a copayment, deductible, coinsurance and copayment already paid your copayment.

more information to process your claim. See the Explanation Note field. If the note says we need more information about the claim, you or your provider must submit the information within 45 days from the date of this claim. If your provider fails to submit the information within 45 days from the date of this claim, or a portion of it, may remain for further review.



## ACTIVITY SUMMARY

Summary Period: 2/1/2010-2/28/2010  
Member Name: Joseph Smith  
ID#: HPP123456-00

Want a copy of a previous Activity Summary, your latest claims information or your detailed plan coverage? Log in to *HPHConnect*, your secure member account, at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

### FAMILY DEDUCTIBLE SUMMARY YEAR-TO-DATE

	IN-NETWORK			OUT-OF-NETWORK		
	Annual	Applied	Remaining	Annual	Applied	Remaining
John B.	\$1,000.00	\$920.48	\$79.52	\$1,000.00	\$141.00	\$859.00
Mark L.	\$1,000.00	\$34.56	\$965.44	\$1,000.00	\$141.00	\$859.00
Amy R.	\$1,000.00	\$141.00	\$859.00	\$1,000.00	\$920.48	\$79.52
Edward G.	\$1,000.00	\$0.00	\$1000.00	\$1,000.00	\$34.56	\$965.44
Family	\$2,000.00	\$1,096.04	\$903.96	\$2,000.00	\$1,237.04	\$762.96

Your Deductible Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 2/28/2010.

### FAMILY OUT-OF-POCKET MAXIMUM SUMMARY YEAR-TO-DATE

	IN-NETWORK			OUT-OF-NETWORK		
	Annual	Applied	Remaining	Annual	Applied	Remaining
John B.	\$2,000.00	\$980.48	\$1,019.52	\$2,000.00	\$141.00	\$1,859.00
Mark L.	\$2,000.00	\$34.56	\$1,965.44	\$2,000.00	\$141.00	\$1,859.00
Amy R.	\$2,000.00	\$141.00	\$1,859.00	\$2,000.00	\$920.48	\$1,079.52
Edward G.	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00	\$34.56	\$1,965.44
Family	\$4,000.00	\$1,156.04	\$2,843.96	\$4,000.00	\$1,237.04	\$2,762.96

Your Out-of-Pocket Maximum Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 2/28/2011.

**DEDUCTIBLE:** A dollar amount you must pay yearly before certain services are covered under your health plan. This means you may be required to pay all or part of a provider bill until you have paid your full deductible amount.

**OUT-OF-POCKET MAXIMUM:** A limit on the amount of copayments, coinsurance and deductibles that you must pay yearly for covered services. Please refer to your *Benefit Handbook* and *Schedule of Benefits* for specific information on the out-of-pocket maximum that applies to your plan.

This is not a bill. Questions? Call Member Services at (888) 333-4742.  
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# Harvard Pilgrim's Focus Network

## HOW THE NETWORK WORKS:

### ■ How It Works

- **Focus Network – MA in-network providers are called Easy Access providers.**
  - You'll choose a primary care provider (PCP) for yourself and each family member. Your options include thousands listed in the Focus Network – MA provider directory. In fact, most leading practices are Easy Access providers. Chances are you and your family can continue to see the doctors you already know and trust!
  - Specialty care is available with a referral from your PCP to an Easy Access specialist. Referrals are not necessary for some services, such as routine eye exams and most gynecological care.
  - In the rare event that specialty care cannot be provided by a Focus Network – MA Easy Access specialist or facility, we have a limited number of additional providers who can be seen only after a medical review and authorization for care granted from Harvard Pilgrim. These additional providers are called Authorized Access providers and are not otherwise in the network for standard care.
    - **IMPORTANT NOTE:** You will need to ensure that authorization to see an Authorized Access provider is approved in advance in order to be covered for this care. These doctors and hospitals are indicated in the Focus Network – MA directory.
  - **Please note:** Not all Massachusetts doctors and hospitals participate in the Focus Network – MA. Before seeing any new doctor or hospital, please check the Focus Network – MA provider directory at [www.harvardpilgrim.org/focus](http://www.harvardpilgrim.org/focus) and make sure the providers are in the network, and *at the location for your appointment*. If the provider is not in the directory, or only at a different location, the care will not be covered under your plan.
  - Like all HPHC plans, Focus Network – MA provides coverage for routine, preventive, specialty and emergency care. You're also covered when traveling and urgent or emergency care. Full **Behavioral Health** Network is included, regardless of location.

# Focus Network MA **Easy Access** Providers

- **Easy Access** providers are the core providers of care for Focus Network
- Easy Access providers (PCPs and specialists) include many regional physician groups and private practices
- All Focus Network PCPs are in the Easy Access category
- Standard HMO rules apply (PCP referrals needed for Easy Access specialists)
- Most members will receive all of their care from Easy Access providers and hospitals

# Authorized Access Specialists/Facilities

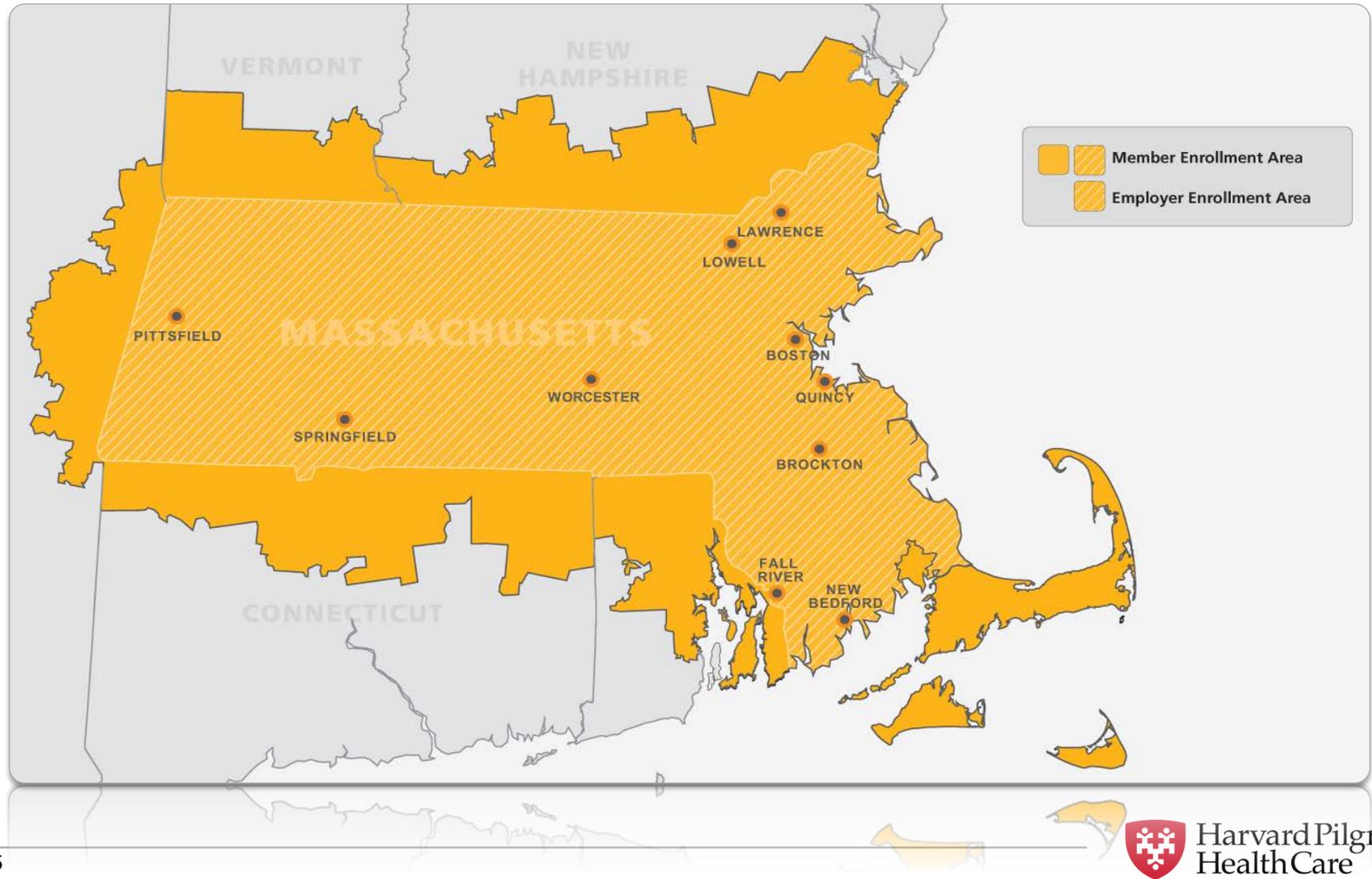
- **Limited access** to some specialists and hospitals for the **rare occasion** when condition cannot be handled in network by Easy Access providers
  - Only for complex or specialty care, not routine care
- Prior authorization required from the plan for services by one of these providers
  - Standard utilization management policies and procedures apply
  - ***Member liable for charges if authorization not obtained prior to services rendered***
- Focus Network-MA Authorized Access providers
  - Children's Hospital - Boston
  - U-MASS Memorial Medical Center

# Authorized Access Questions

- **How do I go about receiving an authorization for care through an Authorized Access facility or specialist?**
  - Your PCP or specialist will submit a request for authorization to Harvard Pilgrim. They will be asked for information about your condition and why your condition cannot be treated by an in-network (Easy Access) provider. HPHC will review your request and respond back to you within two working days. This time frame may be extended if additional information is needed from your provider.
- **How will I be notified if my authorization is approved or denied?**
  - You will receive a letter from HPHC stating that your request has either been approved or denied, and a copy of the letter will be sent to both your provider (who requested the authorization) and the specialist from who care was requested. If your request is approved, the letter will detail what care has been authorized, and for how long the authorization is valid. You can also track the status of your request through *HPHConnect* for Members.
- **What happens if my authorization is denied?**
  - In this instance, your letter will include information listing alternative in-network (Easy Access) providers who can give you the care you need. If you decide to go to the Authorized Access provider even though the request was denied, your insurance will not cover the visit and you will be responsible for the full cost of the visit.
- **If I didn't request and receive an authorization and I see an Authorized Access provider, what happens?**
  - Your insurance will NOT cover the visit and you'll be responsible for paying the full cost of this care.

# Focus Network - MA Enrollment Area

## MA excluding the Cape and Islands



# Focus Network<sup>SM</sup> – MA: hospitals

Addison Gilbert Hospital  
Anna Jaques Hospital  
Athol Hospital  
Baystate Medical Center  
Berkshire Medical Center  
Beth Israel Deaconess Hospital – Milton  
Beth Israel Deaconess Hospital – Needham Campus  
Beth Israel Deaconess Medical Center - Plymouth  
Beth Israel Deaconess Medical Center  
Beverly Hospital  
Boston Children's Hospital at Lexington  
Boston Children's Hospital at Peabody  
Boston Children's Hospital at Waltham  
Boston Medical Center  
Cambridge Health Alliance

Carney Hospital  
Charlton Memorial Hospital  
Clinton Hospital  
Dana-Farber Cancer Institute  
Emerson Hospital  
Fairview Hospital  
Floating Hospital for Children  
Franklin Medical Center  
Good Samaritan Medical Center  
Harrington Healthcare at Hubbard  
Harrington Memorial Hospital  
HealthAlliance Hospital – Burbank  
HealthAlliance Hospital – Leominster  
Heywood Hospital  
Holy Family Hospital

Holyoke Medical Center  
Lahey Clinic Hospital  
Lawrence General Hospital  
Lawrence Memorial Hospital  
Lowell General Hospital  
Marlborough Hospital  
Mary Lane Hospital  
Massachusetts Eye and Ear Infirmary  
Melrose-Wakefield Hospital  
Mercy Medical Center  
Merrimack Valley Hospital  
Metrowest Medical Center – Framingham Union  
Metrowest Medical Center – Leonard Morse  
Morton Hospital  
Mt. Auburn Hospital  
Nashoba Valley Medical Center

New England Baptist Hospital  
Noble Hospital  
Norwood Hospital  
St. Anne's Hospital  
St. Elizabeth's Medical Center  
St. Luke's Hospital  
Saints Medical Center (now part of Lowell General Hospital)  
Saint Vincent Hospital  
Signature Healthcare Brockton Hospital  
Somerville Hospital  
Sturdy Memorial Hospital  
Tobey Hospital  
Tufts Medical Center  
Whidden Hospital  
Winchester Hospital  
Wing Memorial Hospital

**Excluded hospitals:** Brigham & Women's Hospital, Cape Cod Hospital, Cooley Dickinson Hospital, Falmouth Hospital, Faulkner Hospital, Martha's Vineyard Hospital, Massachusetts General Hospital, Milford Regional Medical Center, Nantucket Cottage Hospital, Newton Wellesley Hospital, North Shore Medical Center, Salem Hospital, South Shore Hospital, Union Hospital - Lynn

# Emergency Care

- Care in an emergency is covered regardless of location
- However, follow-up care must be provided by Focus Network providers
- If emergency care was received at an Authorized Access facility/provider, any follow-up care with that provider **needs an authorization from HPHC prior to additional care or the services will not be covered**

# Focus Network–MA

- Focus Network-MA meets the definition of a “Limited Provider Network” plan in new state regulations
- *This plan provides access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In this plan, 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 the "Focus Network - MA." You may also call Harvard Pilgrim to request a paper copy of the provider directory.*

# Engage Through HPHConnect

## ■ Account Information

- Update information
- Select a primary care physician (PCP)
- Order ID Cards

## ■ Personal Health Record

- Claims - status and amount of medical bills
- Benefits and eligibility - specifics on coverage and costs
- **New!** - Illnesses/conditions
- **New!** - Medical history - includes immunizations and procedures
- **New!** - Visit summary
- Medication profile – personal medication history
- **New!** - Family and social history
- Wallet card - create personal portable medical summary

[www.harvardpilgrim.org](http://www.harvardpilgrim.org)

# Count us in for member discounts to help you maintain a healthier lifestyle



## Save on many products and services:

### Eye and Ear

- FREE eyewear program at Visionworks (formerly Cambridge Eye Doctors)
- Discounts at many popular locations like Visionworks, Harvard Vanguard Medical Associates, JCPenney Optical, LensCrafters, Pearle Vision, Sears Optical and Target Optical
- Laser vision correction
- Hearing aids

### Dental

- 30 – 50% off all procedures at participating dentists through Universal Dental Plan

### Fitness reimbursement

- Coverage is provided for membership in a qualified health club or fitness center with a maximum of \$150 per individual or family membership per Calendar Year

### Complementary and alternative medicine

- 10-30% off acupuncture, chiropractic care, yoga, Chinese herbal medicine and more
- Massage Envy
- *Mindful* magazine 
- Mindfulness-based Stress Reduction course at UMass Medical (Shrewsbury, MA)
- RESPerRATE blood pressure therapy

### Nutrition

- Dash for Health online program
- Diet.com
- iDiet 
- Healthy Habits Kitchen 
- Jenny Craig
- Meals to Heal 
- Weight Watchers

# 2016 Fitness Reimbursement Program Expansion

Harvard Pilgrim expanded the facilities qualified for fitness reimbursement

## Qualified Facilities

- Full-service health club  
facilities with cardiovascular and strength-training equipment and amenities for exercising and improving physical fitness

- Fitness studios/facilities **New!**

Aerobic/group classes	Indoor rock climbing	Pilates	Yoga
CrossFit	Kickboxing	Strength training	Zumba
Cycling/spinning	Personal Training (taught by certified instructor)	Tennis	

## Non-Qualified Facilities

- Group classes/personal training offered outside fitness studio, instructional dance studios, country clubs, social clubs (such as ski, riding or hiking clubs), spas, gymnastics facilities, martial arts schools, pool-only facilities, road race fees, sport camps, ski passes, sports teams or leagues, and school sports athletic user fees

# More ways to serve you better

- Access by phone - 1-888-333-4742
  - Timely and accurate responses to your questions
  - Interactive Voice Response (IVR) offers 24-hour access to general information
- Access via [www.harvardpilgrim.org](http://www.harvardpilgrim.org) - 24/7
  - Self-service with *HPHConnect*
  - E-mail Member Services and get responses quickly

# Questions?

