



Point32Health

Your 2024 Medical & Pharmacy Benefits

a Point32Health company



Welcome to Point32Health 2024 Open Enrollment



Let's Discuss:

1. What's Changing for 2024
2. Provider & Pharmacy Networks
3. Medical & Pharmacy Plan Options
4. Member ID Card & Your Member Account
5. Coming Onboard
6. Your Well-being
7. Wrap-Up & Reminders
8. Addendum

What's Changing for 2024

Open Enrollment 2024 At-a-Glance

Tuesday, October 31st – Tuesday, November 14th

- Attend virtual events focused on your 2024 benefits, including medical & pharmacy, Fidelity HSA, dental, vision, etc. Go to point32health.org/employeebenefits, the Workday Learning link to register
- Onsite Benefits Fair – Wednesday, November 8th in Canton from 11am – 2pm
- Research your 2024 options by going to point32health.org/employeebenefits
- Current and prospective members may contact SmartStart via email smartstart@point32health.org or phone (866) 874-0817 to discuss your medical & pharmacy options and coordination of care needs
- For decision support, we recommend Decision Doc (powered by HYKE) to understand the most cost-effective, quality plan for your situation www.myhyke.com/point32health2024

It is necessary to enroll and submit via Workday

Point32Health's priorities

- ✓ Acting on the knowledge that all colleagues should have comprehensive, inclusive medical & pharmacy benefits from which to choose regardless of where they live
- ✓ Offering national plans that reflect the changed nature of our workforce – 14% of colleagues live outside the three core states (MA, ME, NH); 28 states with continued hiring from across the country
- ✓ Simplifying access to care by removing the PCP and referral requirements, and providing a robust, credentialed network of providers
- ✓ Expanding the salary banded contribution structure to all plans
- ✓ Enhancing offerings to support inclusivity and family centered care for all

What is changing?

- ✓ Point32Health will offer four Harvard Pilgrim plan options
 - **Access America Value No Deductible** – in-network benefits **only**
 - **Access America Value with Deductible** – in-network benefits **only**
 - **Access America with Deductible** – in-network **and** out-of-network benefits
 - **Access America HSA with Deductible** – in-network **and** out-of-network benefits
- ✓ Residents across the continental US may enroll in **any** plan
- ✓ PCP designation and referrals for specialty care are **not** required
- ✓ All employee contributions – based on salary band, coverage tier and plan selection
- ✓ Premium 4-Tier prescription formulary – common to all plans
- ✓ New ID cards – sent to every member before the new plan year
- ✓ Behavioral health services – insourced for all members
- ✓ Family centered care includes a new Fertility Benefit

How will the transition from THP impact you?



We have a plan to make the transition easier...

- All open authorizations for 2024 will be transferred for you automatically
- Continuity of Care (CoC) is available and will start automatically if you are seeing a non-contracted provider:
 - For 90 days you will be able to continue to see your out-of-network provider at the in-network level
 - Throughout the 90 days, we will continue to work with providers to try and have them join the network
 - You will be notified when the CoC is ending if the provider has not joined the network
- Harvard Pilgrim does not have a strategic partnership with Teladoc. For THP members currently using Teladoc for behavioral health care, there is a CoC benefit. During the CoC, benefits will be covered at the In-network level.

How will the transition from THP impact you? (cont'd)



What we suggest you do at this time ...

- **Call to action:** Check your providers at point32health.org/employeebenefits to ensure they are in network. There is minimal provider disruption anticipated
- **Call to action:** Check your medications to determine if there is any change in copay, coverage or authorizations need. The formulary 2024 [Premium 4-Tier Plan | OptumRx](#)
- **Call to action:** Present your Harvard Pilgrim member ID card at the pharmacy and all provider offices for accurate coverage and claims processing

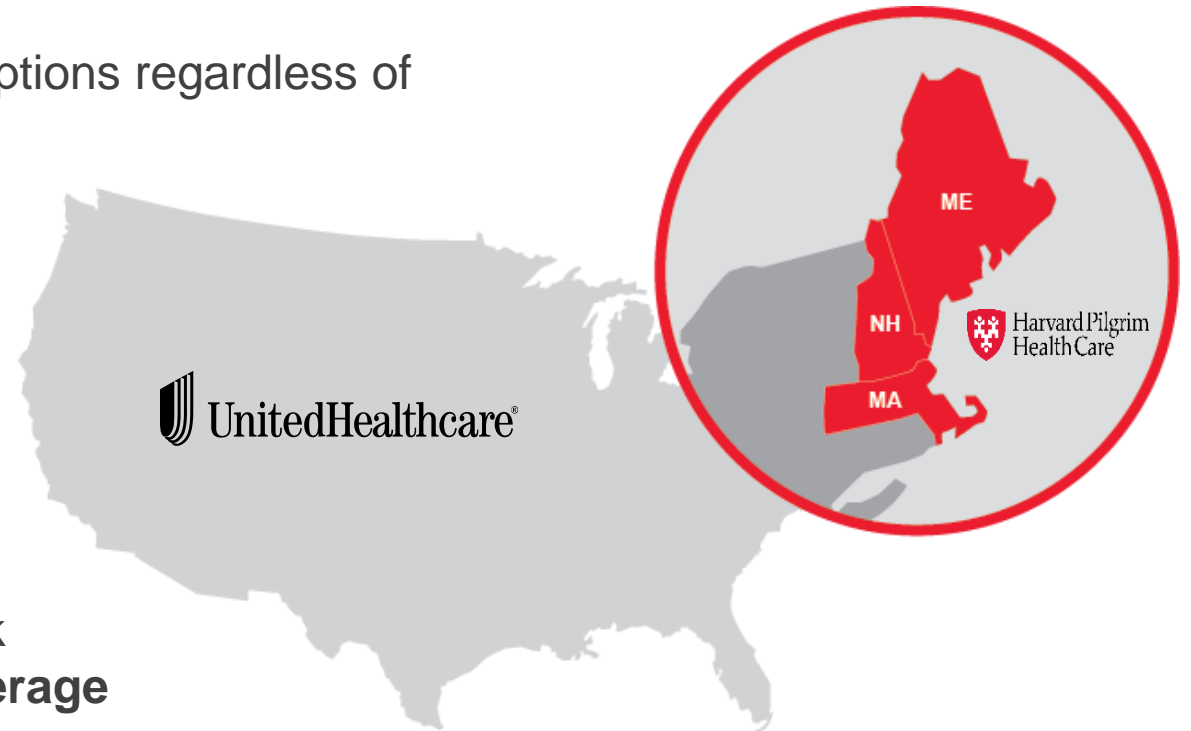
The SmartStart Team is available to assist you

Provider & Pharmacy Networks

An expansive choice of doctors and hospitals

The network – the **Access America** or **Access America Value** directory

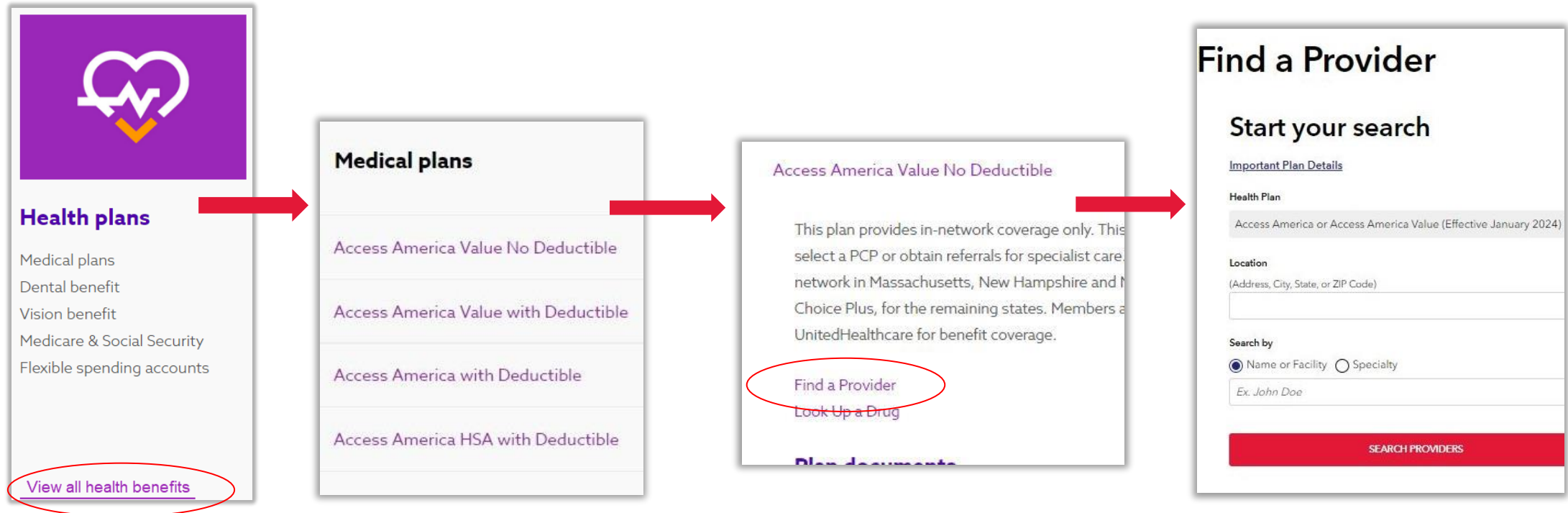
- ✓ Colleagues may enroll in any one of the four plan options regardless of their state of residence
- ✓ Place of service, not state of residence, is key to provider selection
 - Services received in **MA, ME, NH**
Use **Harvard Pilgrim** network providers & facilities for **in-network level coverage**
 - Services received in **all other states**
Use **UnitedHealthcare's Choice Plus** network providers & facilities for **in-network level coverage**
- ✓ The **Access America** plans offer both in-network and out-of-network level benefits
- ✓ The **Access America Value** plans provide only in-network level of benefits



Provider search: How to find doctors and care

Call to action: Confirm your providers, specialists and hospitals participate in the **Access America or Access America Value** network for in-network level benefit coverage

point32health.org/employeebenefits



When receiving care across the country (outside MA, ME, NH)

- ✓ Download the flyer and give it to your provider and their billing office
- ✓ Highlight the Dear UnitedHealthcare Participating Provider letter on page two
- ✓ The important details will serve to facilitate eligibility and benefit coverage questions, and will direct the provider's claims appropriately

Find the flyer on the benefits website at point32health.org/employeebenefits

Harvard Pilgrim Health Care | **UnitedHealthcare**

Receiving care outside of Massachusetts, Maine and New Hampshire

Please bring this document when you visit a participating UnitedHealthcare provider or facility for the first time

Harvard Pilgrim's Access America™ plan features Harvard Pilgrim's broad network of providers in Massachusetts, Maine and New Hampshire, and UnitedHealthcare's extensive network of providers in other states across the nation.

We recognize that providers throughout the country see members of many insurance plans and that some offices may not be familiar with your ID card.

Please show the back of this document to participating UnitedHealthcare providers outside of Massachusetts, Maine and New Hampshire.

Questions? We're here to help.

Your ID card also includes the phone number for Harvard Pilgrim Member Services. When you have any questions about your claims or coverage, please call **888-333-4742**. For TTY service, call **711**.

Representatives are available:

- Monday, Tuesday, Thursday and Friday from 8 a.m. to 8 p.m. (ET)
- Wednesday from 10 a.m. to 6 p.m. (ET)

For questions about:	Contact:
Eligibility or claims	UnitedHealthcare Shared Services at 800-493-5254 Press 1 for Provider, then options include: <ul style="list-style-type: none">For notifications, press 1For calls and claims regarding behavioral health services, press 2For eligibility, benefits, and claim mailing address information, press 3<ul style="list-style-type: none">Verbally state the first nine characters of the member ID, including letters and numbersVerbally state the member's date of birthTo receive claims status information for this member, press 4
Prior authorization for services, except genetic testing	Harvard Pilgrim's Provider Service Center at 800-708-4414 and select 1 or 2 based on the member's identification number. If you selected 1: <ul style="list-style-type: none">For advanced imaging services through National Imaging Associates (NIA), press 2For behavioral health services, press 5 If you selected 2: <ul style="list-style-type: none">For all notifications and authorizations including medical services and prescription drugs, benefits, claims status, eligibility, and referrals, press 7For all notifications and authorizations including medical services and prescription drugs, press 1For benefits, eligibility or claims information, press 2For provider credentialing or demographic changes, press 3
Prior approval for genetic testing services	Carelon Medical Benefits Management at 855-574-6476


Send claims to:
United Health Shared Services, P.O. Box 30783, Salt Lake City, UT 84130-0783

Pharmacies: Call Harvard Pilgrim Provider Services at **800-708-4414** with questions about a member's coverage or associated claims

SAMPLE Member ID Card (front and back):

Coverage underwritten or administered by HPHC Insurance Company, Inc., an affiliate of Harvard Pilgrim Health Care, Inc., in Massachusetts, Maine and New Hampshire, and UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. 11/16/2023 09:23

Prescription drug lookup

Optum Rx[®]  [Find a network pharmacy](#) [Drug pricing tool](#) [Prescription drug list](#)

Home Find a network pharmacy Drug pricing tool Prescription drug list

Welcome!
2024 Premium 4-Tier Plan

OptumRx is Harvard Pilgrim's partner for pharmacy benefits. Look up drugs, find pharmacies near you, get prices and more.

Your Pharmacy Network

Retail: Buy your prescriptions at a local retail pharmacy that participates in the OptumRx network. Also, find out which pharmacies offer 90-day supplies of maintenance medications.

Mail: Use OptumRx home delivery to have 90-day supplies of maintenance medications delivered to your home. Standard shipping is free.

Call 1-855-258-1561 to get started, or log in to your Harvard Pilgrim member account and click "Check drug coverage & costs." You'll need your Harvard Pilgrim ID number, prescription number(s) and credit card information ready.

[Find a Network Pharmacy](#)

Your Prescription Drug Benefits

Find out what drugs are covered on our Premium 4-Tier plan.

[Prescription Drug List](#) [Drug Tier Description \(PDF\)](#) [Utilization Management Descriptions \(PDF\)](#)

Additional Information

Some hospitals and physician practices have lists of drugs that they prefer their doctors to prescribe. (Such a list might be called a "Drug Formulary" or a "Preferred Drug List.") Hospital or physician drug lists do not affect the coverage provided by Harvard Pilgrim and its affiliated health plans. Harvard Pilgrim's prescription coverage is generally explained in the Prescription Drug Brochure for the benefit plan in which a member is enrolled.

Additional resources to help you understand your prescription drug benefits.

[Drug Pricing and Information Tool](#) [Exception Process](#)

[Premium 4-Tier Plan | OptumRx](#)

Home Find a network pharmacy Drug pricing tool Prescription drug list

Prescription Drug List – 2024 Premium 4-Tier | OptumRx

Please Note: This list represents only the most commonly prescribed drugs. Harvard Pilgrim makes regular changes based on the FDA approval process and decisions made by the Harvard Pilgrim Pharmacy & Therapeutics Committee. Therefore, this list is subject to change at any time.

Created: November 1, 2023
Last Update: November 1, 2023
Next Update: January 15, 2024

Select a plan

Select a plan

Medical & Pharmacy Plan Options

Access America Value Plans

Plan Design	Access America Value No Deductible	Access America Value with Deductible *
	In-Network Benefits Only	In-Network Benefits Only
Out-of-Network Benefits	No	No
Annual Deductible Once met, other member cost sharing may apply	No	\$1,000 Individual / \$2,000 Family Individual embedded in Family contract **
Annual Out-of-Pocket Maximum Includes all member cost sharing Medical & pharmacy cross accumulate	\$1,500 Individual / \$3,000 Family Individual embedded in Family contract **	\$2,000 Individual / \$4,000 Family Individual embedded in Family contract **
Preventative Care (routine annual exam, immunizations, selective preventive test and services)	No charge	No charge
Office Visits: PCP/Specialist	\$20 copay / \$35 copay	\$25 copay / \$40 copay
Routine Eye Exam (limited to 1 exam per Calendar Year)	\$20 copay	\$20 copay
Emergency Room Care	\$200 copay	\$200 copay
Urgent Care Services – Doctor on Demand	No charge	No charge
Inpatient Hospitalization	\$250 copay	Deductible, then no charge
Diagnostic Labs, X-Ray, Radiology & High-End Radiology	\$35 copay	Deductible, then no charge
Diagnostic Scopic Procedures (colonoscopy, etc.)	\$200 copay	Deductible, then no charge
PT/OT (60 visits combined)	\$35 copay	\$40 copay
Pedi Dental & Tooth Extraction	Not covered	Not covered
Prescription Drugs – Premium 4-Tier Formulary		
30-Day Retail	\$5 / \$15 / \$35 / \$60	\$5 / \$15 / \$35 / \$60
90-Day Mail Order	\$10 / \$30 / \$70 / \$120	\$10 / \$30 / \$70 / \$120

* Access America Value with Deductible coverage mirrors Access America with Deductible In-Network coverage

** Individual embedded in Family Contract: On a Family contract, the Individual Deductible applies. No Individual may contribute more than the Individual Deductible / Out-of-Pocket Maximum

The same in-network cost share with the option to elect out-of-network coverage

Access America Value with Deductible *	
In-Network Benefits Only	
No	
\$1,000 Individual / \$2,000 Family Individual embedded in Family contract	
\$2,000 Individual / \$4,000 Family Individual embedded in Family contract	
No charge	
\$25 copay / \$40 copay	
\$20 copay	
\$200 copay	
No charge	
Deductible, then no charge	
Deductible, then no charge	
Deductible, then no charge	
\$40 copay	
Not covered	



In-network benefits are the same

Access America with Deductible	
In-Network Benefits *	Out-of-Network Benefits
Yes	
\$1,000 Individual / \$2,000 Family Individual embedded in Family contract	\$2,000 Individual / \$4,000 Family Individual embedded in Family contract
\$2,000 Individual / \$4,000 Family Individual embedded in Family contract	\$4,000 Individual / \$8,000 Family Individual embedded in Family contract
No charge	No charge
\$25 copay / \$40 copay	Deductible, then 20% coinsurance
\$20 copay	Deductible, then 20% coinsurance
\$200 copay	\$200 copay
No charge	No charge
Deductible, then no charge	Deductible, then 20% coinsurance
Deductible, then no charge	Deductible, then 20% coinsurance
Deductible, then no charge	Deductible, then 20% coinsurance
\$40 copay	Deductible, then 20% coinsurance
Not covered	Not covered

Access America with Deductible

Plan Design	Access America with Deductible	
	In-Network Benefits *	Out-of-Network Benefits
Out-of-Network Benefits	Yes	
Annual Deductible Once met, other member cost sharing may apply IN & OON combine	\$1,000 Individual / \$2,000 Family Individual embedded in Family contract **	\$2,000 Individual / \$4,000 Family Individual embedded in Family contract **
Annual Out-of-Pocket Maximum Includes most all member cost sharing *** Medical & pharmacy cross accumulate. IN & OON combine	\$2,000 Individual / \$4,000 Family Individual embedded in Family contract **	\$4,000 Individual / \$8,000 Family Individual embedded in Family contract **
Preventative Care (routine annual exam, immunizations, selective preventive test and services)	No charge	No charge
Office Visits: PCP/Specialist	\$25 copay / \$40 copay	Deductible, then 20% coinsurance
Routine Eye Exam (limited to 1 exam per Calendar Year)	\$20 copay	Deductible, then 20% coinsurance
Emergency Room Care	\$200 copay	\$200 copay
Urgent Care Services – Doctor on Demand	No charge	No charge
Inpatient Hospitalization	Deductible, then no charge	Deductible, then 20% coinsurance
Diagnostic Labs, X-Ray, Radiology & High-End Radiology	Deductible, then no charge	Deductible, then 20% coinsurance
Diagnostic Scopic Procedures (colonoscopy, etc.)	Deductible, then no charge	Deductible, then 20% coinsurance
PT/OT (60 visits combined)	\$40 copay	Deductible, then 20% coinsurance
Pedi Dental & Tooth Extraction	Not covered	Not covered
Prescription Drugs – Premium 4-Tier Formulary		
30-Day Retail	\$5 / \$15 / \$35 / \$60	
90-Day Mail Order	\$10 / \$30 / \$70 / \$120	

* Access America Value with Deductible coverage mirrors Access America with Deductible In-Network coverage

** Individual embedded in Family Contract: On a Family contract, the Individual Deductible applies. No Individual may contribute more than the Individual Deductible / Out-of-Pocket Maximum

*** Excludes charges above allowed amount and penalties that may apply

Access America HSA with Deductible

Plan Design	Access America HSA with Deductible	
	In-Network Benefits	Out-of-Network Benefits
Out-of-Network Benefits	Yes	
Annual Deductible Once met, other member cost sharing may apply Medical & pharmacy cross accumulate. IN & OON combine	\$2,000 Individual / \$4,000 Family Individual not embedded in Family contract *	\$3,000 Individual / \$6,000 Family Individual not embedded in Family contract *
Annual Out-of-Pocket Maximum Includes most all member cost sharing *** Medical & pharmacy cross accumulate. IN & OON combine	\$4,000 Individual / \$8,000 Family Individual not embedded in Family contract *	\$6,000 Individual / \$12,000 Family Individual not embedded in Family contract *
Preventative Care (routine annual exam, immunizations, selective preventive test and services)	No charge	20% coinsurance
Office Visits: PCP/Specialist	Deductible, then no charge	Deductible, then 20% coinsurance
Routine Eye Exam (limited to 1 exam per Calendar Year)	\$20 copay	20% coinsurance
Emergency Room Care	Deductible, then no charge	Deductible, then no charge
Urgent Care Services – Doctor on Demand	Deductible, then no charge	Deductible, then no charge
Inpatient Hospitalization	Deductible, then no charge	Deductible, then 20% coinsurance
Diagnostic Labs, X-Ray, Radiology & High-End Radiology	Deductible, then no charge	Deductible, then 20% coinsurance
Diagnostic Scopic Procedures (colonoscopy, etc.)	Deductible, then no charge	Deductible, then 20% coinsurance
PT/OT (60 visits combined)	Deductible, then no charge	Deductible, then 20% coinsurance
Pedi Dental & Tooth Extraction	Not covered	Not covered
Prescription Drugs – Premium 4-Tier Formulary Preventive Drug Rider **		
30-Day Retail	Deductible, then \$5 / \$15 / \$35 / \$60	
90-Day Mail Order	Deductible, then \$10 / \$30 / \$70 / \$120	

* Individual **not** embedded in Family Contract: On a Family contract, the Individual Deductible / Out-of-Pocket Maximum does **not** apply. The Family Deductible / Out-of-Pocket Maximum is satisfied when one or any combination of Members meet the Family Deductible / Out-of-Pocket Maximum

** Preventive drug rider: Certain medication bypass the deductible. Specific medications that treat chronic conditions and illnesses

*** Excludes charges above allowed amount and penalties that may apply

Advantages of a high deductible plan

- ✓ The Access America HSA with Deductible plan is a qualified high deductible health plan which allows you to pair your plan with a health savings account (HSA), and benefit from the triple tax advantages
 - IRS governed
 - Before tax deductions
 - Earnings are tax free
 - Withdrawals for qualified use are tax free
- ✓ Fidelity is the new HSA administrator
- ✓ Before enrolling, be sure to calculate your expenses and understand your potential out-of-pocket costs

Prescription Drug Coverage Overview



- ✓ OptumRx, the pharmacy benefit manager, provides retail and mail order medications
 - Retail is available for 30 or 90-day supply
 - Mail order is available for 90-day supply of maintenance drugs
 - Mail order provides a savings equal to one 30-day copay
- ✓ Optum Specialty provides specialty drugs
- ✓ Access America HSA with Deductible provides a preventive drug rider
 - Certain preventive drugs are exempt from the Deductible; you are responsible for the copay
 - Preventive drugs include certain medications that treat chronic conditions and illnesses



Visit [Premium 4-Tier Plan | OptumRx](#) to get started

Prescription Drug Coverage: Premium 4-Tier Formulary

Is a prescription covered?

Find the tier on your member ID Card

Plan type

Formulary & Copays

How the drug tiers work?

TIER	PREMIUM 4-TIER
Tier 1 (\$)	<ul style="list-style-type: none">Lower cost generics
Tier 2 (\$\$)	<ul style="list-style-type: none">Higher cost genericsSome more effective, less costly brand-name drugs
Tier 3 (\$\$\$)	<ul style="list-style-type: none">Brand-name drugs with no generic equivalentsSome generics that are more costly than brand alternatives
Tier 4 (\$\$\$\$)	<ul style="list-style-type: none">Drugs not included in Tiers 1, 2, 3



2024 Look-up [Premium 4-Tier Plan | OptumRx](#)

Harvard Pilgrim Medical & Pharmacy Bi-weekly Rates




	Annual Salary Under \$65,000		Annual Salary \$65,000 and Over	
	You Pay	Point32Health Pays	You Pay	Point32Health Pays
Access America Value No Deductible				
Employee Only	\$73	\$385	\$101	\$358
Employee + Spouse	\$154	\$809	\$212	\$751
Employee + Child(ren)	\$139	\$732	\$192	\$680
Family	\$235	\$1,233	\$323	\$1,145
Access America Value with Deductible				
Employee Only	\$68	\$356	\$93	\$331
Employee + Spouse	\$142	\$748	\$196	\$694
Employee + Child(ren)	\$129	\$676	\$177	\$628
Family	\$217	\$1,139	\$298	\$1,058
Access America with Deductible				
Employee Only	\$72	\$378	\$99	\$351
Employee + Spouse	\$151	\$794	\$208	\$737
Employee + Child(ren)	\$137	\$718	\$188	\$667
Family	\$230	\$1,209	\$317	\$1,123
Access America HSA with Deductible				
Employee Only	\$61	\$321	\$84	\$298
Employee + Spouse	\$128	\$674	\$176	\$625
Employee + Child(ren)	\$116	\$609	\$160	\$566
Family	\$196	\$1,026	\$269	\$953


Member ID Cards & Your Member Account

Your Harvard Pilgrim member 2024 ID card

Via USPS before January 1

- Dual logos: Harvard Pilgrim and UnitedHealthcare
- For dates of service beginning 1/1/24, show your new ID card to your provider
- Educate your provider's office – for providers outside MA, ME & NH, be certain to call attention to the claims address on the back of your card and ask that they take a picture of your card details








ID#: HPO
Name:

IN OV: \$25/\$40
 ER: \$150
 Rx: PREMIUM \$15/\$35/\$45

IN Ded: \$1,000
 OON Ded: \$1,000
 IN OOPM: \$1,500
 OON OOPM: \$4,000


 BIN 610011 PCN HPHC







ID#: HPO
Name:

OV: \$25
 ER: \$150
 Rx: PREMIUM \$15/\$25/\$40

Ded: \$2,000
 DME Ded: \$100
 OOPM: \$4,000


 BIN 610011 PCN HPHC

Visit us at www.harvardpilgrim.org
DEDUCTIBLE AND/OR CO-INSURANCE MAY APPLY



Notice to Members

- For Member Services call: **888-333-HPHC (4742)**.
- In a medical emergency, go to the nearest emergency facility or call **911** or other emergency number.
- If hospitalized, notify the Plan within 48 hours.
- Contact the Plan at **800-708-4414** to request approval for:
 - admission by a non-participating physician and/or hospital.
 - all services listed in the Schedule of Benefits requiring approval.

Please refer to your evidence of coverage for a full description of your benefits.

Notice to Providers

- In MA, ME, NH: **800-708-4414** or www.harvardpilgrim.org
 Claims: Payer ID: 04271
 HPHC, PO Box 699183,
 Quincy, MA 02269-9183
- **Outside MA, ME, NH: 800-693-5254**
UnitedHealth Shared Services
 Claims: Payer ID: 39026
 Group Number: 11-123456
 PO Box 30783, Salt Lake City
 UT 84130-0783 • <https://uhss.umr.com>

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Visit us at www.harvardpilgrim.org
DEDUCTIBLE AND/OR CO-INSURANCE MAY APPLY



Notice to Members

- For Member Services call: **888-333-HPHC (4742)**.
- In a medical emergency, go to the nearest emergency facility or call **911** or other emergency number.
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 - admission by a non-participating physician and/or hospital.
 - all services listed in the Schedule of Benefits requiring approval.

Please refer to your evidence of coverage for a full description of your benefits.

Notice to Providers

- In MA, ME, NH: **800-708-4414** or www.harvardpilgrim.org
 Claims: Payer ID: 04271
 HPHC, PO Box 699183,
 Quincy, MA 02269-9183
- **Outside MA, ME, NH: 800-693-5254**
UnitedHealth Shared Services
 Claims: Payer ID: 39026
 Group Number: 11-123456
 PO Box 30783, Salt Lake City
 UT 84130-0783 • <https://uhss.umr.com>

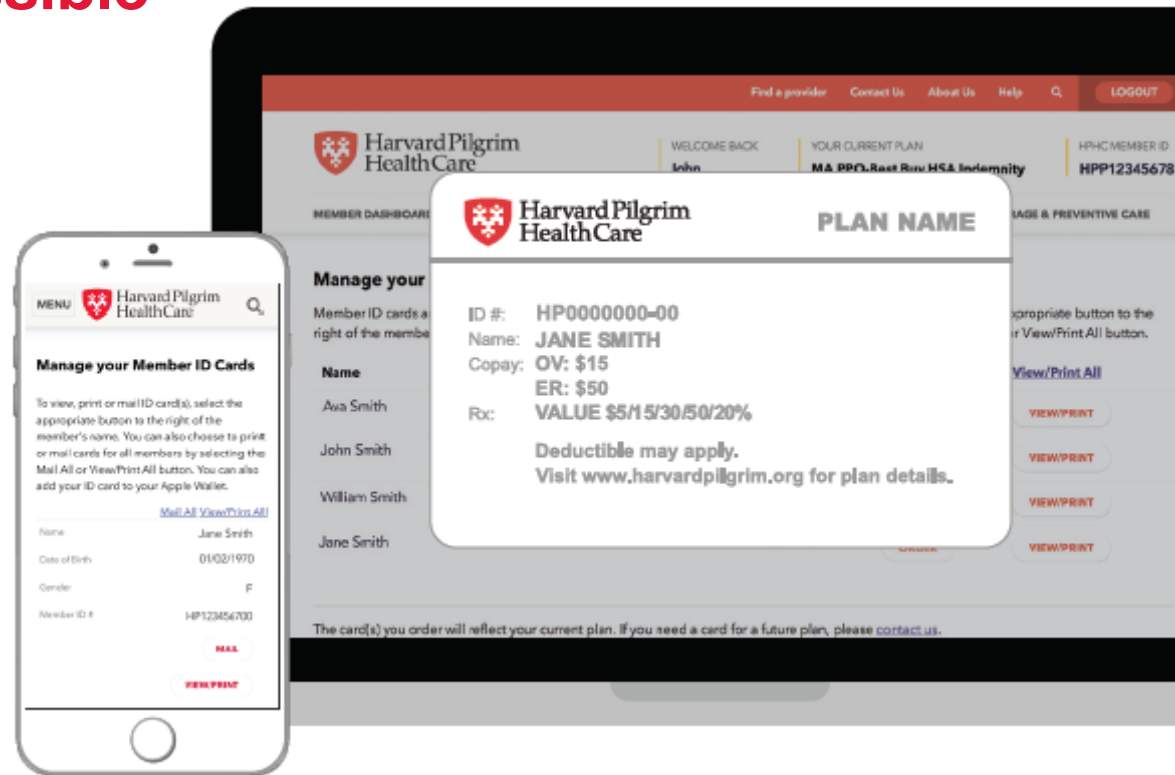



OB

Digital ID card – portable and always with you

Digital Member ID Card accessible once you've established your secure member account

- Access through **mobile app** or **harvardpilgrim.org**
- **Apple Wallet compatible**, Android users save as a PDF
- ID card is **dynamic** – updates in real time



Your Secure Member Account

Visit harvardpilgrim.org and select “Member login”

The screenshot shows the Harvard Pilgrim HealthCare member account dashboard. At the top, there is a navigation bar with the logo and links for "Need language assistance?", "Find a provider", "Contact us", "Secure message inbox", "Your account", and "Log out". Below this is a secondary navigation bar with "Home", "Benefits & coverage", "Claims", "Personal health record", and "Tools & resources", along with a search bar for the member site. The main content area is divided into several sections: "Your plan snapshot" for John Doe, showing member ID, plan, and PCP; "Check your messages"; "COVID-19 Info"; and "Track spending" for the family, including "In network" and "Out of pocket" progress bars and explanatory text.

Harvard Pilgrim HealthCare

Need language assistance? Find a provider Contact us

Secure message inbox Your account Log out

Home Benefits & coverage Claims Personal health record Tools & resources Search member site

Your plan snapshot

John Doe

Member ID: HP1234567-00

Plan: MA HMO-Best Buy

PCP: MD Obli C M Mani (Change PCP)

Get ID card Manage your account

Check your messages

Visit your secure inbox for plan updates, news and notices.

Go to your secure inbox

COVID-19 Info

Free COVID-19 at-home rapid tests are available from the federal government and in local communities.

Get the details

Track spending

Family Spouse Child1

Showing spending from January 01, 2023 through March 10, 2023

In network

Deductible

\$0 \$1,500.00 \$3,000.00

Your family has paid **\$375.71** toward the in-network deductible. When you spend **\$2,624.29** more in deductible costs, expect to pay less for your family's covered in-network services for the rest of the plan year. Select the tabs with family members' names to track their individual deductible progress.

Out of pocket

\$0 \$3,000.00 \$6,000.00

Your family has paid **\$519.11** toward the in-network out-of-pocket maximum. When you spend **\$5,480.89** more in cost sharing, we pay your family's covered in-network services in full for the rest of the plan year. Select the tabs with family members' names to track their individual deductible progress.

Estimate your future health care costs

In your account, you can:

Search the **Provider Directory** for in-network providers

Review your **plan documents** for benefit specifics

Reference your **Activity Summaries** to correctly pay your member cost share

Access your **claims** information

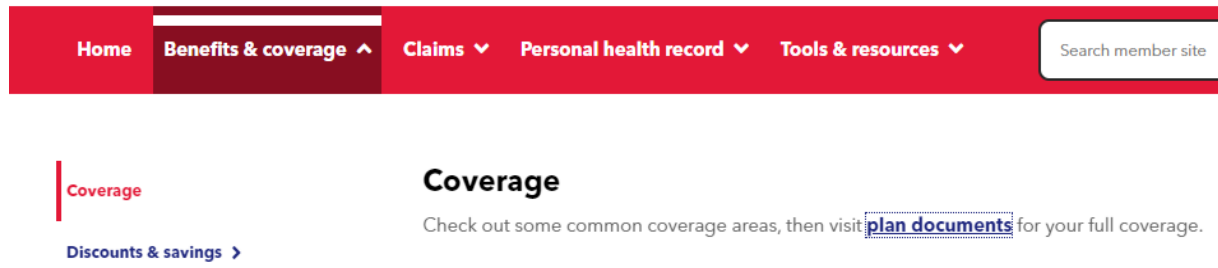
Look up **medication** tier and cost share

Learn about **lower-cost alternatives** to Emergency Room care

Print a **member ID card** or add your ID card to your **Apple Wallet** or **Google Pay**

Harvard Pilgrim Plan Documents

- ✓ Your Plan Documents may look different in 2024
- ✓ Access your Plan Documents via your member account. Go to Benefits & Coverage > Coverage > Plan Documents



Schedule of Benefits

Access America Value
MASSACHUSETTS

This Schedule of Benefits states any Benefit Limits and the Member Cost Sharing amounts you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for details. Your Member Cost Sharing may include a Deductible, Coinsurance, and Copayments. Please see the tables below for details.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. Your emergency room Member Cost Sharing is listed in the tables below.

Prior Approval

Prior Approval is required for certain benefits. Before you receive services from a Plan Provider outside the Service Area, please refer to our website, www.harvardpilgrim.org or contact the Member Services Department at 1-888-333-4742 for the complete listing of services that require Prior Approval. To obtain Prior Approval please call:

- 1-800-708-4414 for medical services
- 1-888-333-4742 for Medical Drugs
- 1-888-777-4742 for mental health and substance use disorder treatment

More information about Prior Approval and in your Benefit Handbook.

Medical Necessity Guidelines

We use clinical review criteria to evaluate the medical necessity of services. For more information on our website at Services Department at 1-888-333-4742.

Office Visit Cost Sharing Levels

Office visit cost sharing may include a copayment as described throughout this Schedule of Benefits. Level 1 is a lower cost sharing level known as "Level 2."

Level 1 applies to covered outpatient providers: all Primary Care Providers (PCPs), Health Professionals; certified nurse midwives.

Level 2 applies to covered outpatient providers: all Primary Care Providers (PCPs), Health Professionals; certified nurse midwives. Your Plan may have other cost sharing requirements.

Covered Benefits

Your Covered Benefits are administered by Harvard Pilgrim Health Care. Your Covered Benefits will depend upon the type of service provided as listed in this Schedule of Benefits. For more information, please see your Benefit Handbook.

EFFECTIVE DATE: 01/01/2024

Prescription Drug Coverage PREMIUM 4 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	Up to a 30-day supply: \$5 Copayment Up to a 90-day supply: \$15 Copayment	\$10 Copayment
Tier 2	Up to a 30-day supply: \$15 Copayment Up to a 90-day supply: \$45 Copayment	\$30 Copayment
Tier 3	Up to a 30-day supply: \$35 Copayment Up to a 90-day supply: \$105 Copayment	\$70 Copayment
Tier 4	Up to a 30-day supply: \$60 Copayment Up to a 90-day supply: \$180 Copayment	\$120 Copayment

Your Activity Summary

Your Activity Summary tells you what to pay your provider

Refer to **Your Responsibility** and pay your provider accordingly

Activity Summary

- Sent by mail if you are responsible for Coinsurance or Deductible
- Updated to your Member Account monthly
- Displays Medical and Pharmacy claims details
- Indicates **Your Responsibility**

Deductible and Out-Of-Pocket Maximum Accumulator

- Accumulator info for entire family displays on the subscriber's statement
- Subscriber's statement reflects deductible and OOP max details for every member on the contract
- Dependent's statement only displays his/her own deductible and OOP max information

This section lists new and adjusted medical claims processed during this summary period. If you've received behavioral health or Harvard Pilgrim Pediatric Dental services you will receive a separate Explanation of Benefits. Call (888) 777-4742 if you have behavioral health claim questions. Call (800) 460-0315 if you have pediatric dental claim questions.

ACTIVITY DETAILS 9/15/2023-10/14/2023												
MEDICAL CLAIMS												
Date(s) of Service	Claim Number	Provider Description	Servicing Provider	Provider Charge	Amount Denied	Explanation Note	Allowed Amount	Harvard Pilgrim Paid	Deductible Applied	Coinsurance	Your Copayment	Your Responsibility
9/13/2023												
		NUTRITION THERAPY		\$292.00	\$0.00		\$196.18	\$196.18	\$0.00	\$0.00	\$0.00	\$0.00
		Total for this claim		\$292.00	\$0.00		\$196.18	\$196.18	\$0.00	\$0.00	\$0.00	\$0.00
		Total for all Medical Claims		\$292.00	\$0.00		\$196.18	\$196.18	\$0.00	\$0.00	\$0.00	\$0.00

ACTIVITY DETAILS 9/15/2023-10/14/2023											
PHARMACY CLAIMS											
Date Filled	Rx Number	Drug Name	Prescribing Clinician	Pharmacy	Pharmacy Billed Amount	Discount Rate	Harvard Pilgrim Paid	Deductible Applied	Coinsurance	Your Copayment	Your Responsibility
10/6/2023											
		LAMOTRIGINE 100.000 MG			\$164.99	\$14.11	\$0.00	\$0.00	\$0.00	\$14.11	\$14.11
		Total for all Pharmacy Claims			\$164.99	\$14.11	\$0.00	\$0.00	\$0.00	\$14.11	\$14.11

Coming Onboard

SmartStart – At Your Service

Pre-enrollment support to guide you through this change

Email your basic questions for a speedy response

Talk through your **new benefits** and get answers to your specific questions

Connect with clinical experts about **your unique, complex medical concerns**

How to reach us:

- Email smartstart@point32health.org
- Call (866) 874-0817

Hours of operation

Monday, Tuesday, Thursday & Friday
8:30 a.m. – 5 p.m. EST

Wednesday
10 a.m. – 5 p.m. EST

Decision Doc (Powered by HYKE, formerly MyHealthMath)

Choosing a health care plan can be overwhelming. With **Decision Doc**, you have personalized support to choose the right plan

1. Get started

www.myhyke.com/point32health2024

2. Engage

You'll be asked to provide information such as the frequency of your doctor visits, prescribed medications, expected surgeries, family planning and more. Calls typically last 15 minutes or respond online at your own pace

3. Review your report

A customized, interactive report shows a breakdown of your anticipated costs for each health plan offered

4. Make an informed decision

Decision Doc helps reduce the guesswork in choosing a health care plan that is the best value for you and your family

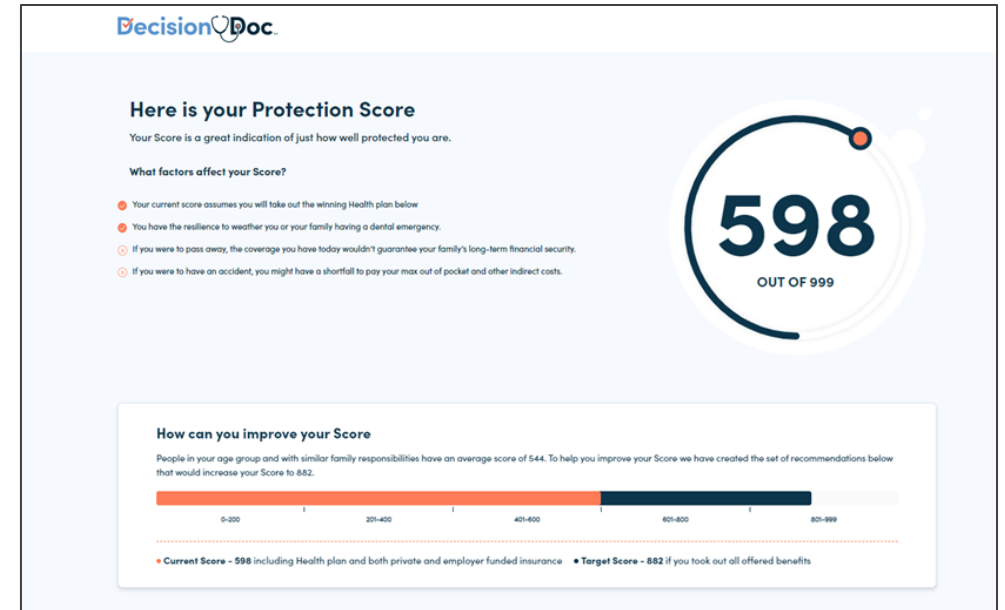
Decision Doc is not an enrollment tool. To complete your elections, you must enroll in Workday.

Decision Doc: New for 2024

Support for ancillary benefits

Decision Doc can also provide employees with guidance on any Point32Health funded ancillary benefit, including:

- Accident
- AD&D
- Critical Illness
- Dental
- Disability
- Hospital Indemnity
- Life
- Vision



Watch a video!



Your Well-being

Behavioral Health Overview

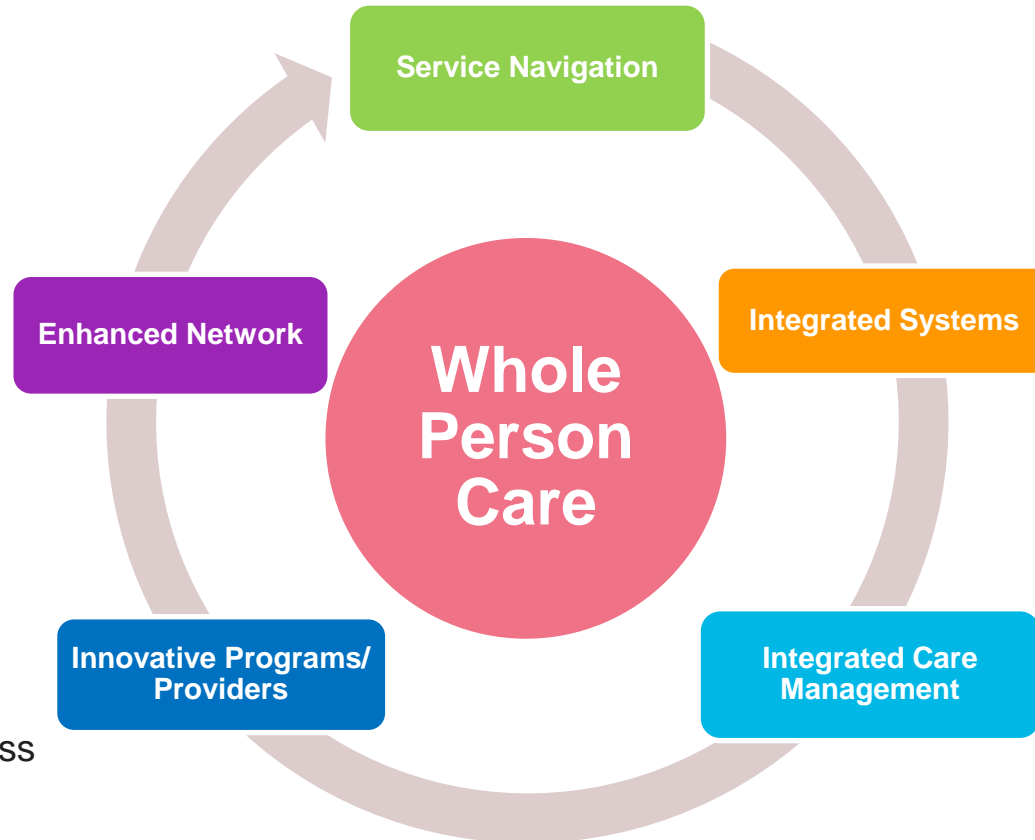
Our Behavioral Health program is integrated and focused on whole person care

Provider Network

Our enhanced model is comprised of a broad, insourced provider (medical and behavioral health) network

Innovative Services

Innovative provider partnerships provide specialized behavioral health services, including self-service digital tools for easy access to virtual therapy and treatments



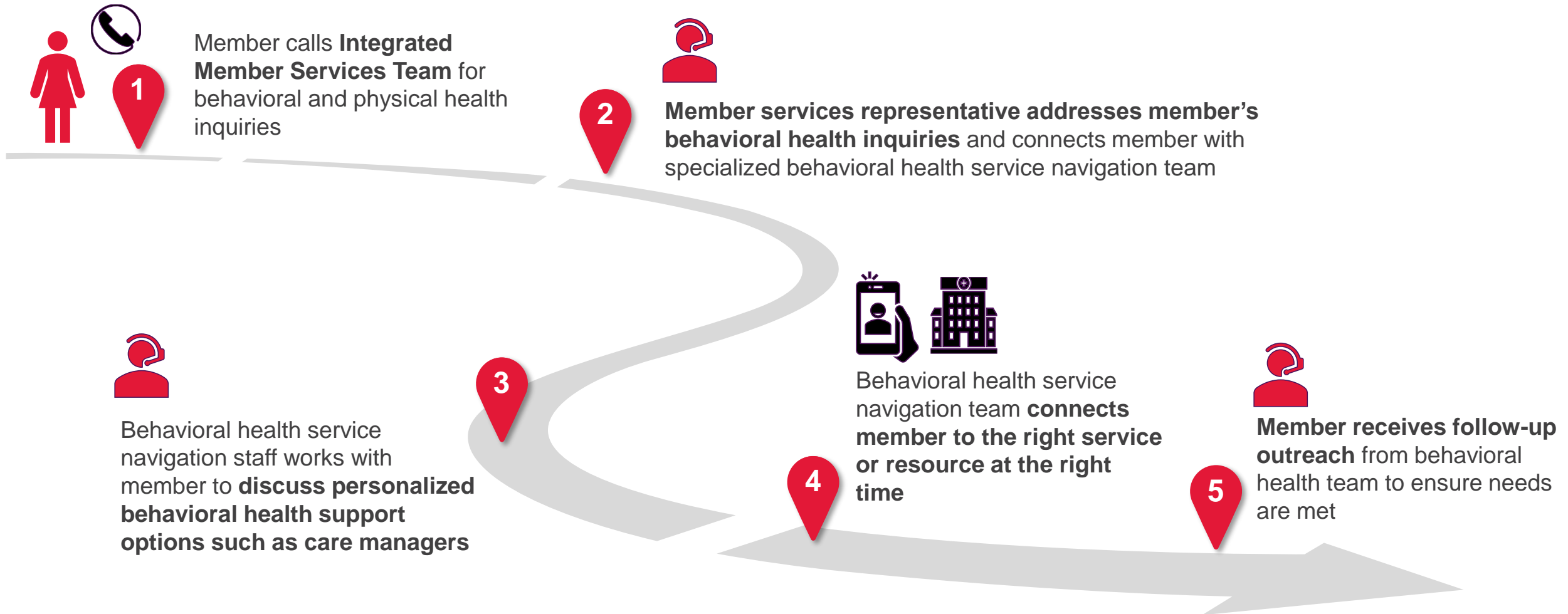
Personalized Support

Our specialized Service Navigation Team guides members to the right behavioral health providers, ensuring timely appointments and streamlining access our behavioral health resources

Optimize Care Coordination

Coordinating Care with our internal licensed Clinicians and peer support specialists will work with members and their providers to manage their care

Behavioral Health Service Navigation: A Supported Journey



Family Centered Care: Fertility Care

NEW Fertility Services

- Fertility services are provided to support inclusive family building for same sex couples, transgender and non-binary individuals, and individuals without a partner
- Applicable to members who may not meet the definition required for infertility care provided today
- Coverage may include donor egg, reciprocal IVF, and donor sperm
- In the Benefit Handbook, refer to information on Fertility Services and Infertility Services and Treatment

Telehealth options with Doctor On Demand

Non-emergency, urgent virtual care 24/7

- Connect with a U.S. board-certified physician in less than 15 minutes from your smartphone, tablet or computer
- Receive virtual care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes

Confidential behavioral health therapy

- Licensed providers can help with anxiety, depression, grief, family issues, trauma or PTSD
- Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs

Providers can order prescriptions* at the member's local pharmacy when medically necessary

* Doctor On Demand physicians do not prescribe controlled substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.

What members are saying



95% case resolution rate



4.5 min average wait time



4.9 out of 5 stars average rating



Providers with 17+ years average experience and diverse background



60%
Female



69%
Parents



20%
LGBTQ+

Wrap-Up & Reminders

Wrap-Up & Reminders

Open Enrollment: October 31st – November 14th

- Take action in Workday to enroll in medical coverage for January 2024
Remember: press submit to complete the process
- Join the onsite Benefit Fair: Wednesday, November 8th in Canton from 11am – 2pm
- Attend virtual events focused on your 2024 benefits, including medical & pharmacy, Fidelity HSA, dental, vision, etc. Go to point32health.org/employeebenefits, the Workday Learning link to register
- Research your plan options: point32health.org/employeebenefits
- Contact SmartStart: email smartstart@point32health.org or phone (866) 874-0817
- Narrow your plan options: Decision DOC (powered by HYKE) www.myhyke.com/point32health2024

It is necessary to take action and enroll via Workday



Addendum

a Point32Health company



Glossary of Important Terms

Coinsurance

- ✓ A percentage of the Allowed Amount for certain Covered Benefits that must be paid by the Member
- ✓ Example: If the Coinsurance for a service is 20%, you pay 20% of the Allowed Amount while the Plan pays the remaining 80%

Copayment

- ✓ A fixed dollar amount you must pay for certain Covered Benefits. The Copayment, or copay, is usually due at the time services are rendered or when billed by the provider
- ✓ Example: If your Plan has a \$20 Copayment for outpatient visits, you'll pay \$20 at the time of the visit or when you are billed by the provider

Deductible

- ✓ A specific dollar amount that is payable by the Member for Covered Benefits received each Calendar Year before any benefits subject to the Deductible are payable by the Plan. There may be an individual Deductible and a family Deductible, and you may have different Deductibles that apply to different Covered Benefits under your Plan
- ✓ Example: If your Plan has a \$1,000 Deductible and you have a claim with the Allowed Amount of \$1,500, you will be responsible for the first \$1,000 to satisfy your Deductible requirement before the Plan begins to pay benefits

Embedded vs Non-Embedded Deductible

- ✓ *On a Family contract*, the **embedded Deductible** can be satisfied in one of two ways:
 - A member meets the individual embedded Deductible, then services for that member that are subject to that Deductible are covered by the Plan for the remainder of the year; the member remains responsible for any copays or coinsurance that may apply.
 - Members in a covered family collectively meet the family Deductible, then all members of the covered family receive coverage for services subject to the Deductible for the remainder of the year; each member remains responsible for any copays or coinsurance that may apply.
- ✓ *On a Family contract*, the **non-embedded Deductible** means the individual Deductible does not apply. One or any combination of Members meet the Family Deductible
- ✓ *On an Individual contract*, the embedded vs non-embedded deductible concept is not applicable

Glossary of Important Terms

Out-of-Pocket Maximum

- ✓ An Out-of-Pocket Maximum (OOPM) is a limit on the amount of Copayments, Coinsurance and Deductibles that you must pay for Covered Benefits in a Calendar Year. Charges above the Allowed Amount never apply to the Out-of-Pocket Maximum.
- ✓ Once the OOPM is reached in a Calendar Year, the plan pays for covered services at 100% for the remainder of the year
- ✓ Example: If your Plan has an individual OOPM of \$1,000, this is the most Member Cost Sharing you would pay in a Calendar Year for services to which the OOPM applies. For example, as long as the services you received are not excluded from the OOPM, you could combine \$500 in Deductible expenses, \$100 in Copayments, and \$400 in Coinsurance payments to reach the \$1,000 OOPM

Embedded vs Non-Embedded Out-of-Pocket Maximum

- ✓ *On a Family contract*, with an **embedded OOPM**, the Individual OOPM applies. No one family member may contribute more than the Individual OOPM.
 - Once the Individual OOPM is reached in a Calendar Year, the plan pays for all covered services in full for that individual.
 - Once the Family OOPM is reached in a Calendar Year, the plan pays for all covered services in full for any family member.
- ✓ *On a Family contract*, with a **non-embedded OOPM**, the Individual OOPM does not apply. The OOPM can be met by any combination of family members.
 - Once the Family OOPM is reached, no additional cost sharing will be applied for the remainder of the calendar year for any family member.
- ✓ *On an Individual contract*, the embedded vs non-embedded OOPM concept is not applicable

Health Savings Account (HSA) with Fidelity

	Point32Health Annual HSA Contribution	2024 IRS Maximum Contributions
Employee only	\$500	\$4,150
Family	\$1,000	\$8,300 <i>Additional \$1,000/year if age 55+</i>

Plan Administrator: Fidelity

Successfully opened accounts will receive a home mailing including a new debit card

The 2024 Point32Health contributions will post to your Fidelity HSA on January 12, 2024

Your pre-tax payroll contributions post to your account on payroll dates

You can easily invest HSA funds

If you currently have an HSA with Point32Health, a transfer of account balances is coming in Q1 2024

- You may make biweekly pre-tax payroll contributions into your account. However, you are not required to contribute in order to receive the automatic Point32Health annual contribution
- The IRS allows changes to your HSA pre-tax payroll contribution election once per month
- **IRS restrictions apply for Medicare Part A enrollees**

Important: You MUST utilize existing 2023 plan year Healthcare FSA balances by December 31, 2023, to qualify for January 2024 HSA contributions!

Reminders

Tax Trifecta



Funds deposit tax free, grow tax free, and you can make tax free withdrawals for qualified expenses!



Account balances roll over and are accessible if you leave Point32Health or change medical plans.

Account Balances