



# Point32Health

## Your 2025 Medical & Pharmacy Benefits

a Point32Health company



# Welcome to Point32Health

## 2025 Medical & Pharmacy Plan Options



### Let's discuss:

---

1. Point32Health's Plan Highlights
2. Medical & Pharmacy Plan Options
3. Provider & Pharmacy Networks
4. Medical & Pharmacy Bi-weekly Rates
5. Sample Member ID Card & Your Member Account
6. Coming Onboard
7. Your Well-being
8. Tips & Reminders
9. Addendum

# **Point32Health's 2025 Plan Highlights**

# Point32Health's 2025 Plan Highlights



Comprehensive, inclusive medical and pharmacy benefits for all

- Colleagues live in 29 states
- 18% of colleagues live outside the three core states (MA, ME, NH)



The four plan offerings:

- Do not require a PCP designation though a primary care provider will help you manage your medical needs
- No referrals are necessary for care provided by a Specialist
- Employee contributions are based on salary band, coverage tier and plan selection
- The Premium 4-Tier prescription formulary is common to all plans
- Fidelity is the HSA administrator

# Medical & Pharmacy Plan Options

# The Four Plan Offerings

The four Harvard Pilgrim plans provide:

- **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

Visit [point32health.org/employeebenefits](https://point32health.org/employeebenefits)

# 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
Virtual 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
<b>Prescription Drugs – Premium 4-Tier Formulary</b>		
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
Virtual 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
<b>Prescription Drugs – Premium 4-Tier Formulary</b>		
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

# 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 <b>not</b> embedded in Family contract *	\$3,000 Individual / \$6,000 Family Individual <b>not</b> 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 <b>not</b> embedded in Family contract *	\$6,000 Individual / \$12,000 Family Individual <b>not</b> 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
Virtual 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
<b>Prescription Drugs – Premium 4-Tier Formulary Preventive Drug Rider **</b>		
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

# Why Consider a High Deductible Plan?

- ✓ Pair the Access America HSA with Deductible plan with a health savings account (HSA)
- ✓ Benefit from the triple tax advantages of a Fidelity HSA
  - Before tax deductions
  - Earnings are tax free
  - Withdrawals for qualified use are tax free
- ✓ Calculate your expenses to understand your potential out-of-pocket costs

Visit [point32health.org/employeebenefits](https://point32health.org/employeebenefits)

# Prescription Drug Coverage Overview



✓ **Optum Rx** – pharmacy benefit manager

- Retail – 30 or 90-day supply at network pharmacy
- Mail order – 90-day supply of maintenance drugs; save one 30-day copay

✓ **Optum Specialty** – specialty drugs

✓ Access America HSA with Deductible includes a preventive drug rider



- Preventive drugs – treat chronic conditions and illnesses
- Listed preventive drugs – exempt from the deductible
- Once deductible met, member pays copay



[welcome.optumrx.com/hphcpremium4ty2](https://welcome.optumrx.com/hphcpremium4ty2)

# Prescription Drug Lookup

Visit [welcome.optumrx.com/hphcpremium4ty2](https://welcome.optumrx.com/hphcpremium4ty2) for the Premium 4-Tier Formulary




a Point2Health company

[Home](#) [Find a network pharmacy](#) [Drug pricing tool](#) [Prescription Drug List](#) [Contact Us](#)


## 2025 Premium 4-Tier prescription drug coverage

Harvard Pilgrim Health Care works with OptumRx for pharmacy benefit management services.


Find an OptumRx network pharmacy near you. See what drugs your plan covers, and if you have a deductible for prescriptions, use the Drug Pricing Tool to learn how much your drugs may cost before you reach the annual deductible.



Drug pricing tool



Find a network pharmacy



Prescription drug list

[Home](#) > [Prescription drug list](#)

## Prescription drug list


Plan options ?

2025 Premium 4-Tier

Search your plan's formulary or prescription drug list to find covered products and additional details.

### Search by drug name

Drug name



Please have the name and dosage of your medication on hand. Some names may differ from the label on your prescription; for example, Levothyroxine may show as Levothyroxine Sodium.

# Provider & Pharmacy Networks

# An Expansive Network of Doctors and Hospitals

## The Directory – Access America or Access America Value

- ✓ Select your Provider based on the provider's place of service, not your state of residence
- ✓ In-Network services received in **MA, ME, NH**
  - **Harvard Pilgrim's** credentialed network
- ✓ In-Network Services received in **all other states**
  - **UnitedHealthcare's Choice Plus** network
- ✓ The **Access America** plans – in-network and out-of-network level benefits
- ✓ The **Access America Value** plans – in-network level of benefits only





# When Receiving Care Across the Country (outside MA, ME, NH)

- ✓ Download this flyer and give it to your provider **and** their billing office
- ✓ Highlight the Dear UnitedHealthcare Participating Provider letter, page two
- ✓ Important details will serve to facilitate eligibility confirmation, address benefit coverage questions and direct the provider's claims appropriately
- ✓ Make certain your provider's office references your member ID card for essential contact information
- ✓ To ensure accurate claims processing, give this flyer to **Providers Outside MA/ME/NH**

**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)

**Please show this to your provider**

**Dear UnitedHealthcare Participating Provider,**  
UnitedHealthcare providers outside of Massachusetts, Maine and New Hampshire participate in this Harvard Pilgrim plan. If you're a provider outside of Massachusetts, Maine and New Hampshire, please call the numbers listed below.

For questions about:	Contact:
<b>Eligibility or claims</b>	UnitedHealthcare Shared Services at <b>800-493-8254</b> Press 1 for Provider, then options include: <ul style="list-style-type: none"><li>• For notifications, press 1</li><li>• For all calls and claims regarding behavioral health services, press 2</li><li>• For eligibility, benefits, and claim-making address information, press 3<ul style="list-style-type: none"><li>– Verbally state the first nine characters of the member ID, including letters and numbers</li><li>– Verbally state the member's date of birth</li></ul></li><li>• To receive claim status information for this member, press 4</li></ul>
<b>Prior authorization for services, except genetic testing</b>	Harvard Pilgrim Provider Service Center at <b>800-708-4414</b> and select: 1 or 2 based on the member's identification number: <ul style="list-style-type: none"><li><b>If you selected 1:</b><ul style="list-style-type: none"><li>• For advanced imaging services through National Imaging Associates (NIA), press 2</li><li>• For behavioral health services, press 5</li><li>• For all authorizations including medical services and prescription drugs, benefits, claims status, eligibility, and referrals, press 7</li></ul></li><li><b>If you selected 2:</b><ul style="list-style-type: none"><li>• For all notifications and authorizations including medical services and prescription drugs, press 1</li><li>• For benefits, eligibility, or claims information, press 2</li><li>• For provider credentialing or demographic changes, press 3</li></ul></li></ul>
<b>Prior approval for genetic testing services</b>	Carelon Medical Benefits Management at <b>855-574-6476</b>

**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):**

**Front:** Shows member name, ID number, and expiration date. Includes logos for Harvard Pilgrim and UnitedHealthcare.

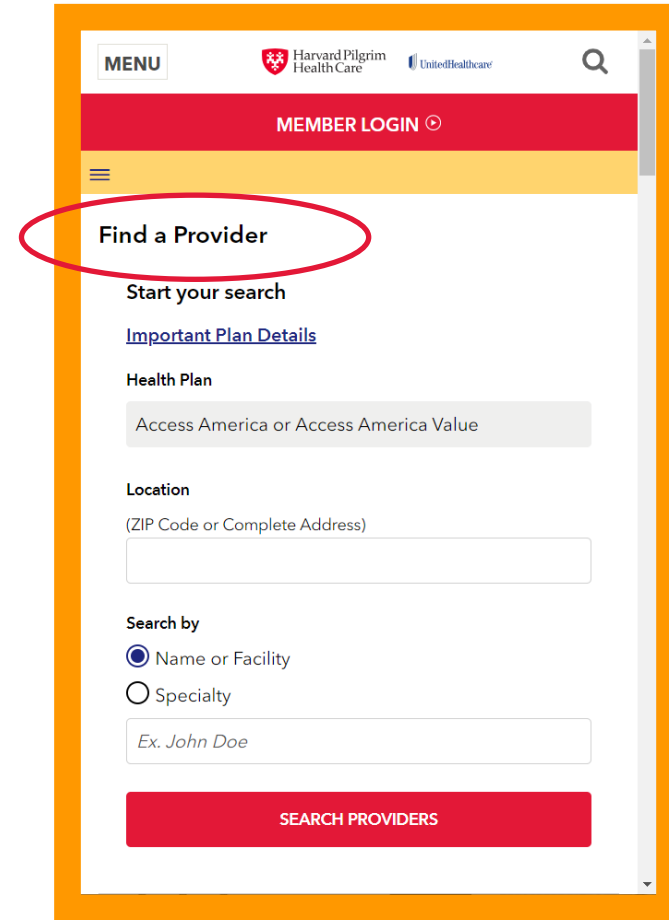
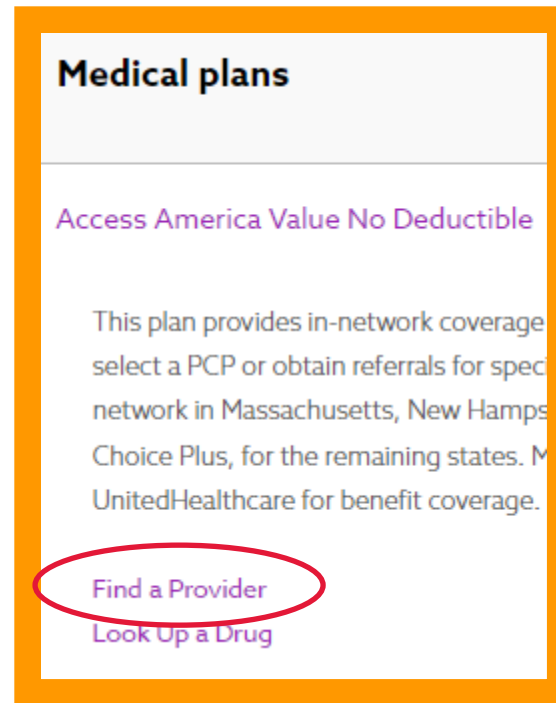
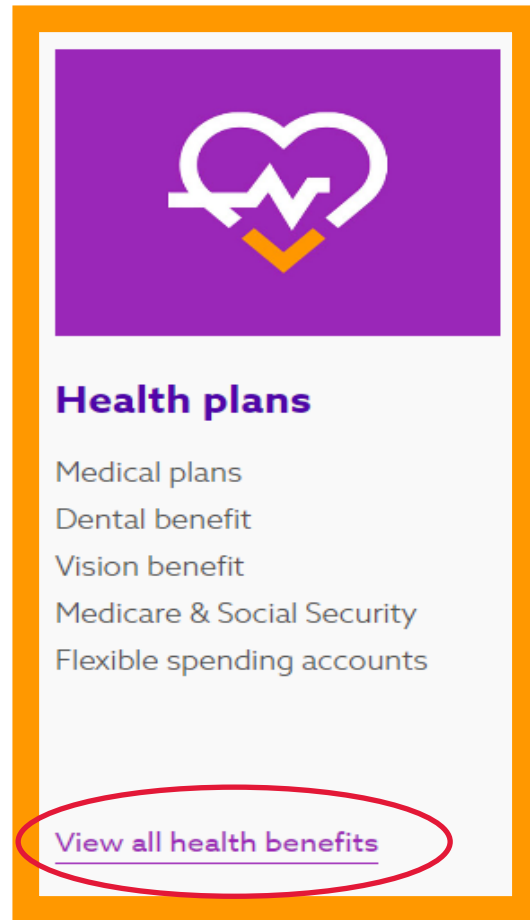
**Back:** Shows the member's name, ID number, and expiration date. Includes the text 'Access America' and 'Optum Rx'.

**Contact Harvard Pilgrim's Member Services (888-333-4742)**



# Searching For a Provider?

“Access America or Access America Value ” Directory – for in-network level coverage



Visit [point32health.org/employeebenefits](https://point32health.org/employeebenefits)

# Searching for an Optum Rx Network Pharmacy?

Visit [welcome.optumrx.com/hphcpremium4ty2](https://welcome.optumrx.com/hphcpremium4ty2)

The screenshot displays the Optum Rx website interface. At the top, the Optum Rx logo is on the left, and the Harvard Pilgrim Health Care logo is on the right. Below the logos, a navigation bar contains the following links: Home, Find a network pharmacy (circled in red), Drug pricing tool, Prescription Drug List, and Contact Us. The main content area features a light blue background with the heading "2025 Premium 4-Tier prescription drug coverage". Below this heading, text states: "Harvard Pilgrim Health Care works with OptumRx for pharmacy benefit management services. Find an OptumRx network pharmacy near you. See what drugs your plan covers, and if you have a deductible for prescriptions, use the Drug Pricing Tool to learn how much your drugs may cost before you reach the annual deductible." Below this text are three image-based buttons: "Drug pricing tool" (with an image of a doctor and a patient), "Find a network pharmacy" (with an image of a doctor and a patient, circled in red), and "Prescription drug list" (with an image of a doctor and a patient). Below these buttons is a section titled "Buying your prescriptions". This section contains text about checking if a pharmacy is in the network and using home delivery. It also includes a call to action: "Call 1-855-258-1561 to get started, or log in to your Harvard Pilgrim member account and click 'Check drug coverage & costs.' Have your Harvard Pilgrim ID number, prescription number(s) and credit card information ready. If you have a deductible for prescriptions, use the Drug Pricing Tool to learn how much your drugs may cost before you reach the annual deductible." At the bottom of this section, there is a link "Find a Network Pharmacy" (circled in red).

Optum Rx® | Harvard Pilgrim Health Care®  
a kindred health company

Home Find a network pharmacy Drug pricing tool Prescription Drug List Contact Us

## 2025 Premium 4-Tier prescription drug coverage

Harvard Pilgrim Health Care works with OptumRx for pharmacy benefit management services.

Find an OptumRx network pharmacy near you. See what drugs your plan covers, and if you have a deductible for prescriptions, use the Drug Pricing Tool to learn how much your drugs may cost before you reach the annual deductible.

Drug pricing tool Find a network pharmacy Prescription drug list

### Buying your prescriptions

Check to see if the pharmacy you use participates in the OptumRx network. You can also use OptumRx home delivery for 90-day supplies of medications you take regularly for conditions such as heart disease, diabetes or depression (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." Have your Harvard Pilgrim ID number, prescription number(s) and credit card information ready. If you have a deductible for prescriptions, use the Drug Pricing Tool to learn how much your drugs may cost before you reach the annual deductible.

[Find a Network Pharmacy](#)

# **Medical & Pharmacy Bi-weekly Rates**

# 2025 Harvard Pilgrim Medical Plan Bi-weekly Rates




	Annual Salary Under \$65,000		Annual Salary \$65,000 and Over	
Access America Value No Deductible	You Pay	Point32Health Pays	You Pay	Point32Health Pays
Employee Only	\$80	\$424	\$111	\$393
Employee + Spouse	\$169	\$890	\$233	\$826
Employee + Child(ren)	\$153	\$806	\$211	\$747
Family	\$258	\$1,356	\$355	\$1,259
Access America Value with Deductible	You Pay	Point32Health Pays	You Pay	Point32Health Pays
Employee Only	\$75	\$391	\$102	\$364
Employee + Spouse	\$156	\$823	\$216	\$763
Employee + Child(ren)	\$142	\$744	\$195	\$691
Family	\$239	\$1,253	\$328	\$1,164
Access America with Deductible	You Pay	Point32Health Pays	You Pay	Point32Health Pays
Employee Only	\$79	\$416	\$109	\$386
Employee + Spouse	\$166	\$873	\$229	\$810
Employee + Child(ren)	\$151	\$789	\$207	\$733
Family	\$253	\$1,330	\$349	\$1,235
Access America HSA with Deductible	You Pay	Point32Health Pays	You Pay	Point32Health Pays
Employee Only	\$67	\$353	\$92	\$328
Employee + Spouse	\$141	\$741	\$194	\$688
Employee + Child(ren)	\$128	\$670	\$176	\$622
Family	\$216	\$1,129	\$296	\$1,048




# **Sample Member ID Card & Your Member Account**



# Sample Member ID Card



You will receive a member ID card via USPS if you change your plan selection or enroll in Point32Health medical benefits for the first time

- Dual logos: Harvard Pilgrim and UnitedHealthcare
- Show your new ID card to your provider and convey your member ID number for submitting claims
- 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

 a Point32Health company	 Access America
ID#: HP0	
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
Underwritten by HPHC Insurance Company and UnitedHealthcare Insurance Company or its affiliates	 BIN 610011 PCN HPHC

 a Point32Health company	 Access America Value
ID#: HP0	
Name:	
OV: \$25 ER: \$150 Rx: PREMIUM \$15/\$25/\$40	Ded: \$2,000 DME Ded: \$100 OOPM: \$4,000
Underwritten by HPHC Insurance Company and UnitedHealthcare Insurance Company or its affiliates	 BIN 610011 PCN HPHC

Visit us at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> <b>DEDUCTIBLE AND/OR CO-INSURANCE MAY APPLY</b>	
<b>Notice to Members</b> <ul style="list-style-type: none"><li>For Member Services call: 888-333-HPHC (4742).</li><li>In a medical emergency, go to the nearest emergency facility or call 911 or other emergency number.</li><li>If hospitalized, notify the Plan within 48 hours.</li><li>Contact the Plan at 800-708-4414 to request approval for:<ul style="list-style-type: none"><li>admission by a non-participating physician and/or hospital.</li><li>all services listed in the Schedule of Benefits requiring approval.</li></ul></li></ul>	<b>Notice to Providers</b> <ul style="list-style-type: none"><li>In MA, ME, NH: 800-708-4414 or <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> Claims: Payer ID: 04271 HPHC, PO Box 699183, Quincy, MA 02269-9183</li><li>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 • <a href="https://uhss.umn.com">https://uhss.umn.com</a></li></ul>
 Choice Plus Network	 AA

Visit us at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> <b>DEDUCTIBLE AND/OR CO-INSURANCE MAY APPLY</b>	
<b>Notice to Members</b> <ul style="list-style-type: none"><li>For Member Services call: 888-333-HPHC (4742).</li><li>In a medical emergency, go to the nearest emergency facility or call 911 or other emergency number.</li><li>If hospitalized, notify the Plan within 48 hours.</li><li>Contact the Plan at 800-708-4414 to request approval for:<ul style="list-style-type: none"><li>admission by a non-participating physician and/or hospital.</li><li>all services listed in the Schedule of Benefits requiring approval.</li></ul></li></ul>	<b>Notice to Providers</b> <ul style="list-style-type: none"><li>In MA, ME, NH: 800-708-4414 or <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> Claims: Payer ID: 04271 HPHC, PO Box 699183, Quincy, MA 02269-9183</li><li>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 • <a href="https://uhss.umn.com">https://uhss.umn.com</a></li></ul>
 Choice Plus Network	 OB

# Sample Member ID Card – Pharmacy Details

## Prescription formulary & copays



## Formulary tiers defined

TIER	PREMIUM 4-TIER
Tier 1 (\$)	• Lower cost <b>generics</b>
Tier 2 (\$\$)	• Higher cost <b>generics</b> • Some more effective, less costly <b>brand-name drugs</b>
Tier 3 (\$\$\$)	• <b>Brand-name drugs</b> with no generic equivalents • <b>Some generics</b> that are more costly than brand alternatives
Tier 4 (\$\$\$\$)	• Drugs not included in Tiers 1, 2, 3

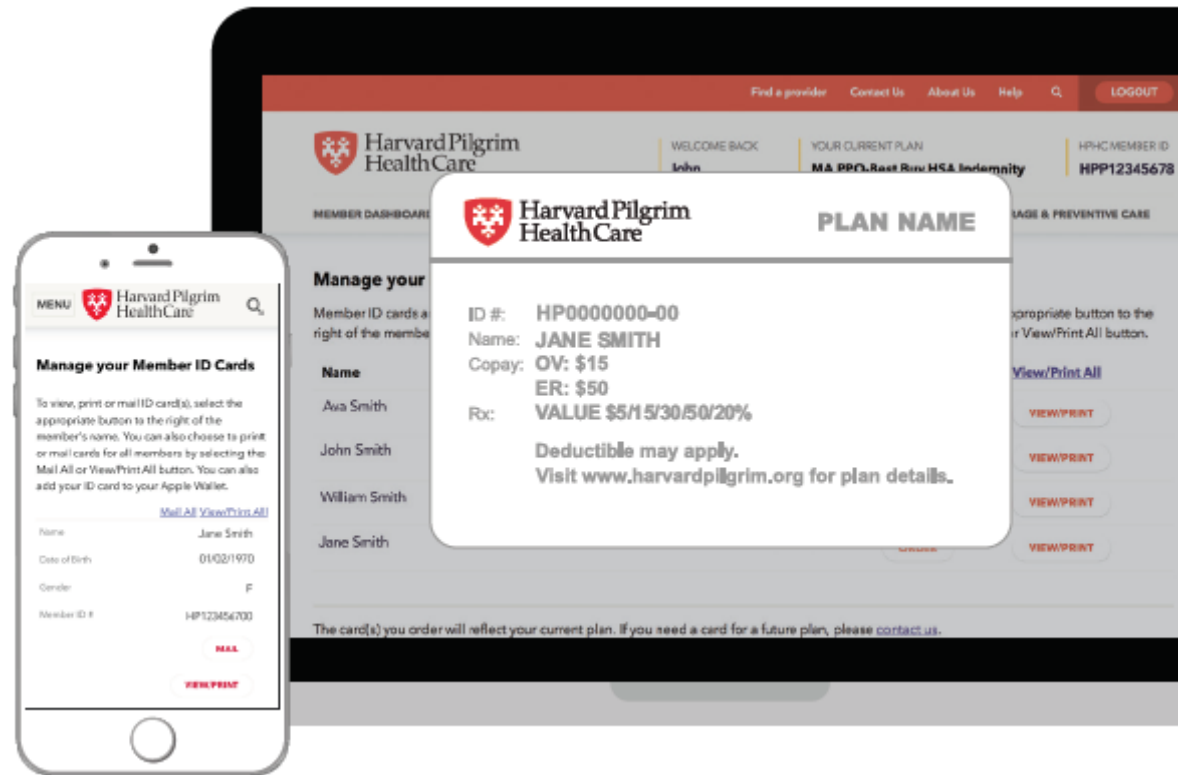


[welcome.optumrx.com/hphcpremium4ty2](https://welcome.optumrx.com/hphcpremium4ty2)

# Digital Member ID card – Portable and Always with You

Once you've established your secure member account, download your card to your smartphone.

- Access through mobile app or [harvardpilgrim.org](http://harvardpilgrim.org)
- Apple Wallet and Google Pay compatible
- ID card is *dynamic* – updates in real time





# Your Secure Member Account

Visit [harvardpilgrim.org](https://harvardpilgrim.org) and select “Member login”

The screenshot shows the Harvard Pilgrim Health Care member account dashboard. At the top, there's a navigation bar with links for 'Need language assistance?', 'Find a provider', 'Contact us', 'Secure message inbox', 'Your account', and 'Log out'. Below this is a red navigation bar with 'Home', 'Benefits & coverage', 'Claims', 'Personal health record', and 'Tools & resources'. A search bar is also present. The main content area is titled 'Your plan snapshot' and includes three sections: 'John Doe' (Member ID: HP1234567-00, Plan: MA HMO-Best Buy, PCP: MD Obli C M Mani), 'Check your messages' (with a 'Go to your secure inbox' link), and 'COVID-19 Info' (with a 'Get the details' link). Below this is a 'Track spending' section with tabs for 'Family', 'Spouse', and 'Child1'. It shows progress bars for 'In network' (Deductible) and 'Out of pocket' (Out of pocket) with corresponding dollar amounts and a 'Showing spending from January 01, 2023 through March 10, 2023' note. At the bottom, there's a link to '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**

# Your Plan Documents

- ✓ Access your Plan Documents via your member account.
- ✓ Go to Benefits & Coverage> Coverage> Plan Documents

Home

Benefits & coverage ^

Claims v

Personal health record v

Tools & resources v

Search member site

Coverage

Discounts & savings >

Coverage

Check out some common coverage areas, then visit [plan documents](#) for your full coverage.

### 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](http://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 Drug
- 1-888-777-4742 for mental health

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. Medical Necessity Guidelines on our website at Services Department at 1-888-333-4742.

#### Office Visit Cost Sharing Levels

Office visit cost sharing may include Co-insurance, Copayment, or a combination of the two described throughout this Schedule of Benefits. The cost sharing for a visit is 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 Specialists, Health Professionals; certified nurse midwives. Your Plan may have other cost sharing requirements.

#### Covered Benefits

Your Covered Benefits are administered by the Plan. The type of service provided will depend upon the type of service provided. For more information, please see the Schedule of Benefits. For more information, please see the Schedule of Benefits.

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 details what to pay your provider

Refer to **Your Responsibility** and pay 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 discuss your 2025 **medical and pharmacy** plan options

---

Email your basic questions for a speedy response

Talk through your **benefit options** and receive answers to your specific questions

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

## To reach SmartStart:

- Email [smartstart@point32health.org](mailto: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

# HYKE's Decision Doc

Decision support helps you select the plan that best matches your specific needs

**To get started go to:**

[www.myhyke.com/point32health2025](http://www.myhyke.com/point32health2025)

You'll be asked to provide information such as the frequency of your doctor visits, prescribed medications, expected surgeries, family planning and more.

Once you've completed the online survey, you can engage with a live representative. Calls typically last 15 minutes or respond online at your own pace.

[Watch this video](#)

**Review your Report:**

- **Decision Doc** is quick, free, and confidential **decision support tool**.
- You will receive an instant report showing which plan will save you the most money and provides the best value for you and your family.
- Edit responses to see how different medical needs may change your results.

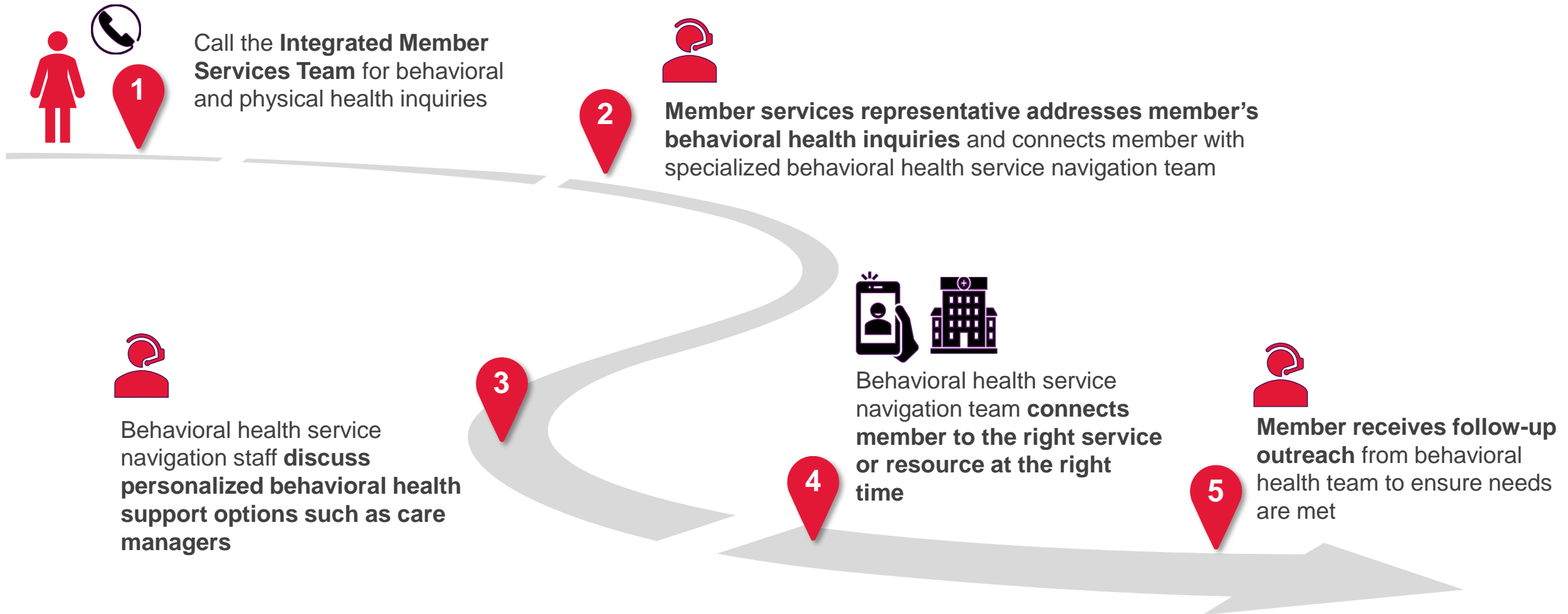


**Have questions about the Report:**

Reach out to [questions@letshyke.com](mailto:questions@letshyke.com)

# Your Well-being

# Behavioral Health Service Navigation: a Supported Journey





# Telehealth Options with Doctor On Demand

## Non-emergency, virtual urgent care 24/7

- Connect with a U.S. board-certified physician in less than 15 minutes from your smartphone, tablet or computer
- Convenient and cost-effective care for conditions 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+

# Tips & Reminders

# Tips & Reminders

- Review your options – [point32health.org/employeebenefits](https://point32health.org/employeebenefits)
- Prospective members – contact **SmartStart** via email [smartstart@point32health.org](mailto:smartstart@point32health.org) or phone (866) 874-0817
- Take advantage of **SmartStart** to discuss your options and coordination of care needs, particularly if they are complex
- We recommend HYKE's **Decision Doc**, a decision support tool, to help you determine the most cost-effective, quality plan for your situation [www.myhyke.com/point32health2025](https://www.myhyke.com/point32health2025)
- Enroll via **Workday** – after you have completed your enrollment elections, click “Review and Sign”, check the “I Accept” box and then click “**Submit**”

**It is necessary to enroll and submit via Workday**



# Addendum

a Point32Health company



# Health Savings Account (HSA) with Fidelity

	Point32Health Annual HSA Contribution	2025 IRS Maximum Contributions
Employee only	\$500	\$4,300
Family	\$1,000	\$8,550 <i>Additional \$1,000/year if age 55+</i>

- You may make biweekly pre-tax payroll contributions into your account. However, you are not required to contribute 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**

## Plan Administrator: Fidelity

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

**The Point32Health contributions will post to your Fidelity HSA**

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

You can easily invest HSA funds

## 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

# 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 (con't)

## 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