

# HPHC MA Small Group HMO Benefit Designs

Massachusetts Business Association

Effective October 1, 2010

HMO										
Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	CT, MRI, PET Scans	Chiro	PT/OT	Rx Copay
<b>Affordable HMO 25 Calendar Year</b> (W6)	\$25	\$100	\$1,000/Admission \$500/Day Surgery	None	None	\$2,000/\$4,000	Covered in Full	\$500 w/ OV copay	Up to 60 consecutive days/condition	\$15/\$30/\$50 Mail: \$30/\$60/\$150 (5Z) or low option Rx*
<b>Best Buy HMO 500 Plan Year</b> (RW-V)	\$20	\$100 copay after deductible	Subject to deductible	None	\$500/\$1,000 per plan year	\$2,000/\$4,000	Subject to deductible	12 visits w/ OV copay	Up to 20 visits each per plan year	\$15/\$30/\$50 Mail: \$30/\$60/\$150 (5Z) or low option Rx*
<b>Best Buy HMO 1000 Plan Year</b> (RW-Y)	\$20	\$100 copay after deductible	Subject to deductible	None	\$1,000/\$2,000 per plan year	\$2,000/\$4,000	Subject to deductible	12 visits w/ OV copay	Up to 20 visits each per plan year	\$15/\$30/\$50 Mail: \$30/\$60/\$150 (5Z) or low option Rx*
<b>Best Buy HMO 1500 Plan Year</b> (RW-W)	\$20	\$100 copay after deductible	Subject to deductible	None	\$1,500/\$3,000 per plan year	\$3,000/\$6,000	Subject to deductible	12 visits w/ OV copay	Up to 20 visits each per plan year	\$15/\$30/\$50 Mail: \$30/\$60/\$150 (5Z) or low option Rx*
<b>Best Buy HMO 2000 Plan Year</b> (RW-X)	\$20	\$100 copay after deductible	Subject to deductible	None	\$2,000/\$4,000 per plan year	\$4,000/\$8,000	Subject to deductible	12 visits w/ OV copay	Up to 20 visits each per plan year	\$15/\$30/\$50 Mail: \$30/\$60/\$150 (5Z) or low option Rx*

\*Low option Rx—\$15/50%/50% with \$250/\$500 deductible on tiers 2&3; Mail: \$30/50%/50% no deductible (9S or 88).

Plan Year for MBA members is April 1 to March 31.

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Effective October 1, 2010

## TIERED HMO

Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	CT, MRI, PET Scans	Chiro	PT/OT	Rx Copay
<b>Tiered Copayment HMO 20 Calendar Year (0C)</b>	\$20 PCP \$40 Specialist	\$100	\$1,000/Admission \$500/Day Surgery	None	None	\$2,000/\$4,000	Covered in Full	\$500 w/ OV copay	Up to 60 visits combined per calendar year	\$15/\$30/\$50 Mail: \$30/\$60/\$150 (5Z) or low option Rx*
<b>Tiered Copayment HMO 30 Calendar Year (8-LC)</b>	\$30 PCP \$50 Specialist	\$150	\$1,000/Admission \$500/Day Surgery	None	None	\$2,000/\$4,000	Covered in Full	Not applicable	Up to 60 visits combined per calendar year	\$15/\$30/\$50, \$250/\$500 deductible on Tiers 2 & 3 Mail:\$30/\$60/\$150 (9Y) or low option Rx*

## CORE COVERAGE HMO

<b>Core Coverage 1500 HMO Calendar Year (0H)</b>	\$25 each first 3 per individual, 6 per family visits**	\$250	20% after deductible	20%	\$1,500/\$3,000 per calendar year	\$5,000/\$10,000	20% after deductible	10 visits per year w/ OV cost sharing	Up to 20 visits combined per calendar year	\$15/50%/50% Mail: \$30/50%/50% (8Y) or low option Rx*
<b>Core Coverage 1750 HMO Calendar Year (6-LC)</b>	\$25 each first 3 per individual, 6 per family visits**	\$250	20% after deductible	20%	\$1,750/\$3,500 per calendar year	\$5,000/\$10,000	20% after deductible	10 visits per year w/ OV cost sharing	Up to 20 visits combined per calendar year	\$15/50%/50% with \$250/\$500 deductible on Tiers 2 & 3 Mail: \$30/50%/50% (9S)

\* Low option Rx—\$15/50%/50% with \$250/\$500 deductible on tiers 2&3; Mail: \$30/50%/50% no deductible (9S).

\*\* Visit limit applies separately to medical visits and to behavioral health visits. Subsequent visits subject to deductible and 20% coinsurance.

# The HPHC Insurance Company Best Buy HSA PPO

Massachusetts Business Association

High Deductible Health Plan Benefit Designs

Effective October 1, 2010

## Best Buy HSA PPO

Product Name	Medical In Network					Medical Out of Network					Rx Copay After Deductible	Chiro	PT/OT
	Deductible		Coinsurance	OOP Max		Deductible		Coinsurance	OOP Max				
	Individual	Family		Individual	Family	Individual	Family		Individual	Family			
Best Buy HSA PPO 1500 Calendar Year (GJ)	\$1,500	\$3,000	None	\$3,000	\$6,000	\$3,000	\$6,000	20%	\$6,000	\$12,000	\$10/\$25/\$40 Mail: \$20/\$50/\$120	Not applicable	Up to 20 visits per condition per calendar year combined
Best Buy HSA PPO 1500 Calendar Year (GM)	\$1,500	\$3,000	20%	\$3,000	\$6,000	\$3,000	\$6,000	40%	\$6,000	\$12,000	\$10/\$25/\$40 Mail: \$20/\$50/\$120	Not applicable	Up to 20 visits per condition per calendar year combined
Best Buy HSA PPO 2000 Calendar Year (GK)	\$2,000	\$4,000	None	\$4,000	\$8,000	\$4,000	\$7,000	20%	\$8,000	\$14,000	\$10/\$25/\$40 Mail: \$20/\$50/\$120	Not applicable	Up to 20 visits per condition per calendar year combined
Best Buy HSA PPO 2000 Calendar Year (GN)	\$2,000	\$4,000	20%	\$4,000	\$8,000	\$4,000	\$7,000	40%	\$8,000	\$14,000	\$10/\$25/\$40 Mail: \$20/\$50/\$120	Not applicable	Up to 20 visits per condition per calendar year combined
Best Buy HSA PPO 3000 Calendar Year (GL)	\$3,000	\$6,000	None	\$5,000	\$10,000	\$6,000	\$9,000	20%	\$10,000	\$18,000	\$10/\$25/\$40 Mail: \$20/\$50/\$120	Not applicable	Up to 20 visits per condition per calendar year combined
Best Buy HSA PPO 3000 Calendar Year (GO)	\$3,000	\$6,000	20%	\$5,000	\$10,000	\$6,000	\$9,000	40%	\$10,000	\$18,000	\$10/\$25/\$40 Mail: \$20/\$50/\$120	Not applicable	Up to 20 visits per condition per calendar year combined

All Best Buy HSA plan deductibles are applied on a calendar year basis.



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# HPHC Commonwealth Choice Benefit Designs

Massachusetts Business Association

Effective October 1, 2010

The HPHC Commonwealth Choice Plans feature deductibles, benefits and limits applied on a calendar year basis. Routine eye examinations are covered every 24 months. The plans do not include 4th quarter deductible carryovers (where applicable). Please see the Schedule of Benefits for specific cost sharing details.

Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	CT, MRI, PET Scans	Chiro	PT/OT	Rx Copay
<b>Bronze</b>										
<b>Harvard Pilgrim Bronze 250 HMO Calendar Year (RW-H)</b>	\$25 PCP \$40 Specialist	\$150	35% after deductible	35%	\$250/\$500 per calendar year	\$5,000/\$10,000	35% after deductible	None	Up to 20 visits per calendar year	Deductible of \$250/\$500 Tiers 2 & 3 retail and mail \$15/50%/50% coinsurance Mail: \$30/50% coinsurance (75)
<b>Harvard Pilgrim Bronze 2000 HMO Calendar Year (RW-I)</b>	\$30 PCP \$45 Specialist	\$150 after deductible	\$500 after deductible/ Admission \$250 after deductible/ Day Surgery	None	\$2,000/\$4,000 per calendar year	\$5,000/\$10,000	20% after deductible	None	Up to 20 visits per calendar year	Deductible of \$250/\$500 Tiers 2 & 3 retail and mail \$10/\$30/\$50 Mail: \$20/\$60/\$90 (76)
<b>Harvard Pilgrim Bronze HSA PPO 2000 Calendar Year (RW-J)</b>	IN: \$25 after deductible for sick visits, \$0 Preventive OON: 40% after deductible for sick visits, 20% Preventive	\$100 after deductible	IN: 20% after deductible OON: 40% after deductible	IN: \$ 20% OON: 40%	IN: \$2,000/\$4,000 OON: \$4,000/\$7,000 per calendar year	IN: \$5,000/\$10,000 OON: \$8,000/\$14,000	IN: 20% after deductible OON: 40% after deductible	None	Up to 20 visits per calendar year	After deductible: \$15/50%/50% coinsurance Mail: \$30/50%/50% coinsurance (80)

# Harvard Pilgrim Health Care – MA Intermediary Benefit Design

4th Quarter • 2010 • Effective October 1, 2010

## Business Rules

### HMO and PPO Business Rules

- Side-by-side options are not permitted for employers with less than 10 eligible employees except in cases when a PPO plan is offered exclusively for out-of-area subscribers and approved by HPHC.

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

#### Group Size

1-5 eligible employees:

6-9 eligible employees (HMO):

#### Eligibility Requirements

100% of eligible employees

Renewals: 50% of eligible employees;

Prospects: 75% of eligible employees

All plans meet **Massachusetts Minimum Creditable Coverage (MCC) Standards.**

**Notes:** *Please note that this document provides an overview of small group benefit designs only. Complete plan designs are defined in the applicable Evidence of Coverage (EOC). If there are discrepancies between this document and the EOC, the terms of the EOC apply.*

