

Harvard Pilgrim Health Care – MA Intermediary Benefit Designs

Effective: July 1, 2008

Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Deductible/Coinsurance	Annual Out-of-Pocket Max	Chiro	Rx Copay
Value HMO 15 (05)	\$15	\$50	\$250/Admission \$250/Day Surgery	None	\$2,000 individual \$4,000 family	\$500 w/ OV copay	\$10/\$30/\$50 Mail: \$20/\$60/\$150 or None in 2008*
Affordable HMO 20 (W5)	\$20	\$50	\$500/Admission \$500/Day Surgery	None	\$2,000 individual \$4,000 family	\$500 w/ OV copay	\$10/\$30/\$50 Mail: \$20/\$60/\$150 or None in 2008*
Affordable HMO 25 (W6)	\$25	\$100	\$1,000/Admission \$500/Day Surgery	None	\$2,000 individual \$4,000 family	\$500 w/ OV copay	\$15/\$30/\$50 Mail:\$30/\$60/\$150 or None in 2008*
Tiered Copayment HMO 20 (0C)	\$20 PCP \$40 Specialist	\$100	\$1,000/Admission \$500/Day Surgery	None	\$2,000 individual \$4,000 family	\$500 w/ OV copay	\$15/\$30/\$50 Mail:\$30/\$60/\$150 or None in 2008*
Tiered Copayment HMO 30 (8-LC)	\$30 PCP \$50 Specialist	\$150	\$1,000/Admission \$500/Day Surgery	None	\$2,000 individual \$4,000 family	None	\$15/\$30/\$50 \$250/\$500 deductible on Tiers 2 and 3 Mail:\$30/\$60/\$150 or None in 2008*
Best Buy HMO 500 (19)	\$20	\$100 copay after deductible	None, covered in full after deductible	\$500 individual \$1,000 family No coinsurance	\$2,000 individual \$4,000 family	None	\$15/\$30/\$50 Mail: \$30/\$60/\$150 or None in 2008*
Best Buy HMO 1000 (0D)	\$20	\$100 copay after deductible	None, covered in full after deductible	\$1,000 individual \$2,000 family No coinsurance	\$2,000 individual \$4,000 family	None	\$15/\$30/\$50 Mail: \$30/\$60/\$150* or None in 2008*
Best Buy HMO 2000 (70)	\$20	\$100 copay after deductible	None, covered in full after deductible	\$2,000 individual \$4,000 family No coinsurance	\$4,000 individual \$8,000 family	None	\$15/\$30/\$50 Mail: \$30/\$60/\$150 or None in 2008*
Core Coverage 1500 HMO (0H)	\$25 each first 3 visits per individual, 6 per family**	\$250	Deductible then 20% coinsurance	\$1,500 individual \$3,000 family 20% coinsurance	\$5,000 individual \$10,000 family	10 visits per year w/ OV cost sharing	\$15/50%/50% Mail: \$30/50%/50% or None in 2008*
Core Coverage 1750 HMO (6-LC)	\$25 each first 3 visits per individual, 6 per family**	\$250	Deductible then 20% coinsurance	\$1,750 individual \$3,500 family 20% coinsurance	\$5,000 individual \$10,000 family	10 visits per year w/ OV cost sharing	\$15/50%/50% \$250/\$500 deductible on Tiers 2 and 3 Mail:\$30/50%/50%

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

1-5 eligible employees: 100% 6-9 eligible employees: 50% for renewals, 75% for prospects

* Other options may be available. Please call your intermediary representative for details.

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

All plans listed meet Massachusetts Minimum Creditable Coverage (MCC) standards.



The HPHC Insurance Company – Best Buy HSA PPO – MA Intermediary

Federally Qualified High Deductible Health Plans to be used with Health Savings Accounts (HSAs)

Effective: July 1, 2008

Product Name	OV Copay Preventive Care	Coinsurance In Network	Coinsurance Out of Network	Deductible In Network	Deductible Out of Network	Annual Out-of-Pocket Max In Network	Annual Out-of-Pocket Max Out of Network	Rx Copay After Deductible
Best Buy HSA PPO 1500 (GJ)	\$20	None	20%	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$10/\$25/\$40 Mail: \$20/\$50/\$120
Best Buy HSA PPO 1500 (GM)	\$20	20%	40%	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family	\$10/\$25/\$40 Mail: \$20/\$50/\$120
Best Buy HSA PPO 2000 (GK)	\$20	None	20%	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$7,000 Family	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$14,000 Family	\$10/\$25/\$40 Mail: \$20/\$50/\$120
Best Buy HSA PPO 2000 (GN)	\$20	20%	40%	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$7,000 Family	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$14,000 Family	\$10/\$25/\$40 Mail: \$20/\$50/\$120
Best Buy HSA PPO 3000 (GL)	\$20	None	20%	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$9,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$18,000 Family	\$10/\$25/\$40 Mail: \$20/\$50/\$120
Best Buy HSA PPO 3000 (GO)	\$20	20%	40%	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$9,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$18,000 Family	\$10/\$25/\$40 Mail: \$20/\$50/\$120

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

1-5 eligible employees: 100% 6-9 eligible employees: 50% for renewals, 75% for prospects

All plans listed meet Massachusetts Minimum Creditable Coverage (MCC) standards.

