



Point32Health Medical Plans

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a Point32Health company

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Agenda

- Important Differences
- Medical Plan Offerings
- Prescription Drug Coverage
- HSAs & HRAs
- Medical Plan Rates
- Decision Support Tools
- Member ID Cards



Important Differences

Certain services specifically align with the plan you elect

	Tufts Health Plan	Harvard Pilgrim Health Care
 Member Services	Call (877) 658-3635	Call (888) 333-4742
 Telehealth Services	Teladoc	Doctor on Demand
 Behavioral Health Services	In-sourced care	UBH/Optum
 Pharmacy Services	CVS Caremark	OptumRx
 Health Savings Account	Bend	HealthEquity
 Health Reimbursement Account	N/A	HealthEquity

Medical Plan Offerings

Heritage Organization	Plan Name	Who can enroll?*	Type of Coverage	
Tufts Health Plan	Your Choice EPO	Employees with a home state of CT, MA, ME, NH, RI, VT	In-network	Limited out-of-network coverage for urgent care / emergencies only
	Your Choice PPO	Employees with a home state of CT, MA, ME, NH, RI, VT	In-network	Out-of-network
	Advantage PPO Saver	Employees in any state	In-network	Out-of-network
Harvard Pilgrim Health Care	Best Buy HRA HMO	Employees with a home state of CT, MA, ME, NH, RI, VT or certain contiguous locations along NY's eastern border	In-network	Limited out-of-network coverage for urgent care / emergencies only and registered Out-of-Area Dependents
	Best Buy HSA HMO	Employees with a home state of CT, MA, ME, NH, RI, VT or certain contiguous locations along NY's eastern border	In-network	Limited out-of-network coverage for urgent care / emergencies only and registered Out-of-Area Dependents
	Best Buy HSA PPO	Employees in any state	In-network	Out-of-network

* Note that the THP Provider Access Area includes limited providers in network in Connecticut, Maine and Vermont; before selecting a Tufts Health Plan offering, be sure to check to see if your providers are in-network if you reside in any of these three states. The Your Choice PPO and Advantage Saver PPO allow for OON coverage.

Medical Plan Offerings



Your Choice EPO	Your Choice PPO	Advantage PPO Saver	Best Buy HRA HMO	Best Buy HSA HMO	Best Buy HSA PPO
Lower bi-weekly cost	Higher bi-weekly cost	Mid bi-weekly cost	Higher bi-weekly cost	Lower bi-weekly cost	Mid bi-weekly cost
PCP required	No PCP required	No PCP required	PCP required	PCP required	No PCP required
Referrals required	No referrals required	No referrals required	Referrals required	Referrals required	No referrals required
Co-pay based on tier of provider	In-network: co-pay based on tier of provider	In-network coverage: subject to deductible \$1,500 Employee \$3,000 Family	Not a tiered network plan. Member cost share based on service. Some services are subject to the deductible	Not a tiered network plan. Member cost share based on service. Some services are subject to the deductible	Not a tiered network plan. Member cost share based on service. Some services are subject to the deductible
Out-of-Network coverage for Emergency and Urgent Care only	Out-of-network coverage: deductible then 20% coinsurance	Out-of-network coverage: deductible, then 20% coinsurance	Out-of-Network coverage for Emergency and Urgent Care only	Out-of-Network coverage for Emergency and Urgent Care only	Out-of-Network coverage: Deductible, then 20% Coinsurance
No Annual Deductible	Annual OON Deductible: \$1,500 Employee \$3,000 Family deductible	Annual In and OON Deductible: \$1,500 Employee \$3,000 Family deductible (cross accumulates between in and out-of-network)	Annual In-Network Deductible: \$1,500/Employee \$3,000/Family	Annual In-Network Deductible: \$1,500/Employee \$3,000/Family	Annual In-Network Deductible: \$1,500/Employee \$3,000/Family Annual Out of Network Deductible: \$3,000 Employee \$6,000/Family

	Your Choice EPO	Your Choice PPO*	Advantage PPO Saver*	Best Buy HRA HMO	Best Buy HSA HMO	Best Buy HSA PPO**
Who can enroll? (enrollment area)	MA, RI, NH, CT, ME, VT	MA, RI, NH, CT, ME, VT	Employees in any state	MA, RI, NH, CT, ME, VT	MA, RI, NH, CT, ME, VT	Employees in any state
Provider Access (THP) Service Area (Harvard Pilgrim)	MA, RI, NH -limited counties <i>only</i> in CT, ME, VT	MA, RI, NH -limited counties <i>only</i> in CT, ME, VT	MA, RI, NH -limited counties <i>only</i> in CT, ME, VT	MA, RI, NH, CT, ME, VT	MA, RI, NH, CT, ME, VT	MA, RI, NH, CT, ME, VT -covered services rendered outside the core service area and provided by United's Options PPO network providers will process at the In-Network level; plan rules apply
Out-of-Network Coverage	No -only for emergent and urgent care	Yes -any services rendered outside the service area will process at the out-of-network level of benefits	Yes -any services rendered outside the service area will process at the out-of-network level of benefits	No -only for emergent and urgent care	No -only for emergent and urgent care	Yes -covered services rendered outside the service area and provided by United's Options PPO network providers will process at the In-Network level; plan rules apply
Out-of-Area Coverage for Dependents	No -only for emergent and urgent care	Yes -services beyond emergent and urgent care <i>but</i> out-of-network deductible will apply	Yes -services beyond emergent and urgent care <i>but</i> out-of-network deductible will apply	Yes -eligible, pre-registered dependents may receive certain medical services outside of the Enrollment Area when care is received from Out of Area Dependent Providers. View the Out of Area Dependent Provider Directory online; plan rules apply	Yes -eligible, pre-registered dependents may receive certain medical services outside of the Enrollment Area when care is received from Out of Area Dependent Providers. View the Out of Area Dependent Provider Directory online; plan rules apply	Yes -covered services rendered outside the service area and provided by United's Options PPO network providers will process at the In-Network level; plan rules apply

*Your Choice PPO, Advantage Saver PPO and Best Buy HSA PPO plans allow for out-of-network and out-of-area coverage but these services will apply the Out-of-Network member cost share (Out-of-Network deductible, etc.) when non-participating providers are used

Best Buy HSA PPO is the **only plan that when outside the service area (CT, MA, ME, NH, RI, VT), PPO members are encouraged to utilize the **UnitedHealthcare Options PPO Network (UHC)** when accessing services outside these states. Covered services received from UHC providers will be paid at the In-Network benefit level. Go to www.harvardpilgrim.org, Find A Provider. The online PPO Directory includes the UHC Network. Plan rules apply

Tufts Health Plan Provider Access Area

Provider Access Area

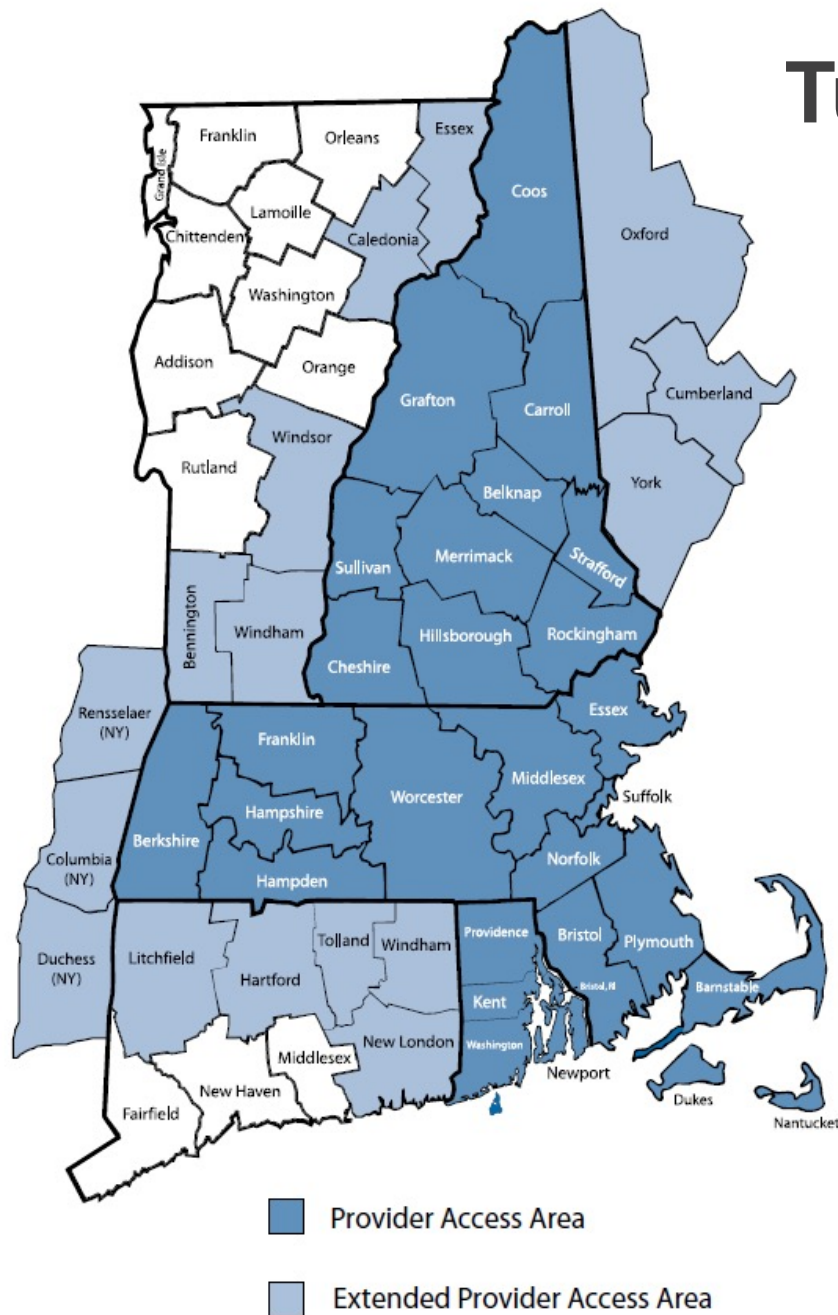
The provider access area includes all of Massachusetts, Rhode Island, and New Hampshire—where primary care providers (PCPs) who participate in our network are located and are a reasonable distance from specialists who provide the most often-used services, such as surgeons and OB/GYNs

Extended Provider Access Area (Tufts Health Plan)

The extended provider access area includes additional contracted PCPs and specialists in our network who provide the most-often-used services, such as surgeons and OB/GYNs in border states and towns.

Our network has more than 60,000 providers and includes access to 14,000 behavioral health providers and 109 hospitals.

Visit our website at <https://tuftshealthplan.com/employeebenefits> for an up-to-date list of providers in our network



Tufts Health Plan: Your Choice Plans

Your Choice EPO and PPO In-Network				PPO Only – Out of Network
Deductible	N/A			\$1,500 Employee \$3,000 Family
Annual Out of Pocket Maximum (Medical & Pharmacy combined)	\$5,000 Employee \$10,000 Family			\$5,000 Employee \$10,000 Family
In-Network	Tier 1	Tier 2	Tier 3	Out of Network
PCP Visit	\$20	\$35	\$50	Deductible, then 20% Coinsurance
Specialist Visits	\$35	\$45	\$60	Deductible, then 20% Coinsurance
Inpatient & Outpatient Surgery in Hospital	\$250	\$750	\$1,500	Deductible, then 20% Coinsurance
Outpatient Surgery- Freestanding Facility	\$200	\$200	\$200	Deductible, then 20% Coinsurance
Emergency Room	\$150	\$150	\$150	\$150

Tufts Health Plan: Advantage PPO Saver Plan

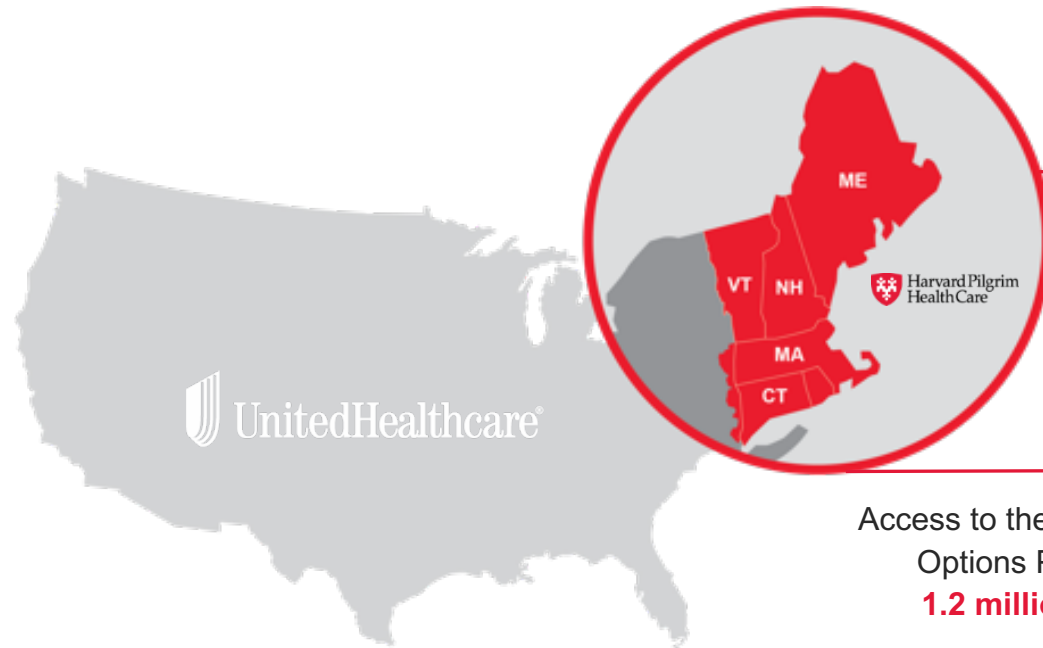
	Tufts Health Plan Network	Out of Network
Deductible Medical & Pharmacy: combined (Cross-accumulates)	\$1,500 Employee \$3,000 Family <small>*Note: The Individual Deductible does not apply to a family plan. The Family Deductible is satisfied only when (1) any combination of Members in a family meet the Family Deductible; or (2) one Member of a family reaches the Family Deductible</small>	
Annual Maximum Out-of-Pocket Medical & Pharmacy: combined (Cross-accumulates)	\$3,000 Employee \$6,000 Family	
Preventive Immunizations/ Screenings	Covered in full	Deductible, then 20% Coinsurance
Specialist Visits	100% after deductible	Deductible, then 20% Coinsurance
Inpatient hospital	100% after deductible	Deductible, then 20% Coinsurance
Emergency Room/Urgent Care	100% after deductible	Deductible then Covered in full

Tufts Health Plan: Prescription Drug Coverage

- The pharmacy coverage is administered by CVS Caremark
- All medical plan in-network options have the same pharmacy benefit
- If the copayment is higher than the actual cost of the Rx, you will pay the cost of the Rx
- **Advantage PPO Saver:** For some preventive medications, the deductible is by-passed and the co-pay applies (i.e. medications to treat/prevent high cholesterol, high blood pressure, diabetes, asthma, pre-natal vitamins)
- Out-of-network: Reimbursable at the in-network level
- *Applies to a subset of generic medications

Prescription Type	Retail Cost 30 day supply	Mail Order or Mail at Retail (90 day supply)
Low Cost Generics*	\$5	\$10
Tier 1	\$15	\$30
Tier 2	\$30	\$60
Tier 3	\$50	\$100

Harvard Pilgrim's HMO & PPO Provider Networks



More than
**90,000 doctors and
other clinicians** and more
than **180 hospitals** across
Harvard Pilgrim's network

Access to the UnitedHealthcare's national
Options PPO Network with more than
1.2 million providers and more than
5,900 hospitals

PPO:

- No PCP required
- No referral necessary
- Access to both in-network and out-of-network coverage
- Receive in-network level benefits when using an Options PPO Network provider outside of CT, MA, ME, NH, RI and VT. Plan rules apply

HMO:

- Must select a PCP from our network
- Referrals are required for most specialty care
- Emergency Services Covered **worldwide***

**Must remain in-network for all other services*

Harvard Pilgrim: Best Buy HMO Plans

	Best Buy HRA HMO In-Network	Best Buy HSA HMO In-Network
Annual Deductible: HRA HMO: Medical & Pharmacy: separate HSA HMO: Medical & Pharmacy: combined	\$1,500 Employee \$3,000 Family (Embedded)	\$1,500 Employee Coverage \$3,000 Family Coverage (If you have Family Coverage, the Deductible may be met by any combination of covered family Members. The Individual Deductible does not apply)
Annual Out-of-Pocket Maximum: Includes all member cost sharing Medical & Pharmacy: combined	\$3,000 Employee \$6,000 Family (Embedded)	\$3,000 Employee Coverage \$6,000 Family Coverage (If you have Family Coverage, the Out-of-Pocket Maximum may be met by any combination of covered family Members. The Individual Out-of-Pocket Maximum does not apply)
PCP Visit	\$20 Copayment per visit	Deductible, then no charge
Specialist Visits	\$20 Copayment per visit	Deductible, then no charge
Preventive Care: Routine examinations including immunizations, screening services	No charge	No charge
Inpatient Admission	Deductible, then no charge	Deductible, then no charge
Outpatient Surgery	Deductible, then no charge	Deductible, then no charge
Emergency Room	Deductible, then \$100 Copayment per visit	Deductible, then no charge

Harvard Pilgrim: Best Buy PPO Plan

	Best Buy HSA PPO In-Network	Best Buy HSA PPO Out-of-Network
Annual Deductible: Medical & Pharmacy: combined In & Out-of-Network: do not combine	\$1,500 Employee Coverage \$3,000 Family Coverage (If you have Family Coverage, the Deductible may be met by any combination of covered family Members. Individual Deductible does not apply.)	\$3,000 Employee Coverage \$6,000 Family Coverage (If you have Family Coverage, the Deductible may be met by any combination of covered family Members. Individual Deductible does not apply.)
Annual Out-of-Pocket Maximum: Includes all Member Cost Sharing except: Any charges above the Allowed Amount and any penalty for failure to receive Prior Approval when using Non-Plan Providers. Medical & Pharmacy: combined	\$3,000 Employee Coverage \$6,000 Family Coverage (If you have Family Coverage, the Out-of-Pocket Maximum may be met by any combination of covered family Members. The Individual Out-of-Pocket Maximum does not apply.)	\$6,000 Employee Coverage \$12,000 Family Coverage (If you have Family Coverage, the Out-of-Pocket Maximum may be met by any combination of covered family Members. The Individual Out-of-Pocket Maximum does not apply.)
Preventive Care: Routine examinations including immunizations, screening services	No charge	20% Coinsurance
Office Visits: PCP & Specialist	Deductible, then no charge	Deductible, then no charge
Inpatient Hospital	Deductible, then no charge	Deductible, then 20% Coinsurance
Emergency Room	Deductible, then no charge	Deductible, then no charge

Harvard Pilgrim: Prescription Drug Coverage

- OptumRx is the Pharmacy Benefit Manager; Harvard Pilgrim manages the formulary
- The 5-Tier Value Formulary applies to all three of the Harvard Pilgrim plans
 - Tier 1: lower-cost generic drugs
 - Tier 2: higher-cost generic drugs
 - Tier 3: preferred brand-name drugs that do not have generic equivalents
 - Tier 4: preferred specialty drugs and non-preferred brand-name drugs
 - Tier 5: non-preferred specialty drugs and other selected, high-cost brand-name and generic drugs
- 30-Day supply available at Retail – use the national network of pharmacies
- 90-Day supply available via OptumRx Home Delivery – maintenance medications only
- 90-Day supply available – Retail90 Network pharmacies only
- Coinsurance is based on the full cost of the medication (the lower of the participating pharmacy's retail price or Harvard Pilgrim's discount rate)
- Prescriptions are covered in full once the annual out-of-pocket maximum is reached
- The HSA plans offer the preventive drug benefit

Harvard Pilgrim: Prescription Drug Coverage

Harvard Pilgrim’s Best Buy HRA HMO	Harvard Pilgrim’s Best Buy HSA HMO and Best Buy HSA PPO Plans
Retail: 30-day supply	Retail: 30-day supply
Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$50 Tier 5: 20% Coinsurance up to \$150 maximum per prescription or refill	✓ Preventive drugs are not subject to the deductible. ✓ All other drugs are subject to an in-network deductible, then: Tier 1: \$5 Tier 2: \$15 Tier 3: \$30 Tier 4: \$50 Tier 5: 20% Coinsurance up to \$150 maximum per prescription or refill
Mail Order: 90-day supply	Mail Order: 90-day supply
Tier 1: \$10 Tier 2: \$30 Tier 3: \$60 Tier 4: \$120 Tier 5: 20% Coinsurance up to \$450 maximum per prescription or refill	✓ Preventive drugs are not subject to the deductible. ✓ All other drugs are subject to an in-network deductible, then: Tier 1: \$10 Tier 2: \$30 Tier 3: \$60 Tier 4: \$120 Tier 5: 20% Coinsurance up to \$450 maximum per prescription or refill
<div>Value 5-Tier Formulary</div> <div>Coinsurance - Once the Deductible is met, Coinsurance is based on the full cost of the medication, up to a maximum dollar amount for each prescription. The full cost will be the lower of the participating pharmacy’s retail price or the price of the medication at Harvard Pilgrim’s discount rate.</div>	

High Deductible Plan Advantages

- Qualified high deductible health plans (HDHPs) allow you to pair your plan with a health savings account (HSA) and benefit from the tax advantages
 - You must open an HSA account to do so
- Pay an upfront deductible for covered non-routine services that are subject to the deductible
 - Once satisfied, services subject to the deductible are covered in full
 - Non-routine services include consultations, evaluations, sickness and injury care
 - Preventative care services, annual physicals, and immunizations are *not* subject to the deductible and are covered in full
- HSA plans include a Preventive Drug Benefit
 - Certain medications that help prevent chronic conditions and illnesses are exempt from the Deductible
 - You are responsible for any applicable Copayment or Coinsurance
- Before enrolling, be sure to calculate your expenses and understand your potential out-of-pocket costs

Health Savings Accounts (HSA)

	Tufts Health Plan	Harvard Pilgrim Health Care
Plan Administrator	Bend	HealthEquity
Point32Health Contribution	\$500 individual/\$1,000 family	\$500 individual/\$1,000 family
Want to learn more about HSAs?	Bendhsa.com/resources	healthequity.com/learn/hsa
How to set up your HSA bank account?	Follow the instructions sent to your work e-mail by Bend	Bank account is automatically opened once your enrollment is received.
How to activate your HSA bank card	You will receive a home mailing with your card and instructions to activate it	You will receive a member Welcome Kit including a HealthEquity Visa Health Account Card. Activation instructions are included in the envelope
Will I be receiving a new card if I'm already enrolled?	Only if your current card is expiring soon – check the date on your current card	Only if your current card is expiring soon – check the date on your current card

Health Reimbursement Account (HRA)

- The HRA is an account funded by Point32Health
 - The HRA is owned and funded exclusively by Point32Health
 - You must elect the Harvard Pilgrim Best Buy HRA HMO to participate
- Point32Health funds \$500 for Employee coverage and \$1,000 for Family coverage in the first pay period
 - Family coverage is defined as Employee + Spouse, Employee + Child(ren) or Family contracts
- The HRA account may be used to pay for member cost sharing
- HealthEquity reimburses providers automatically
- To learn more about your HRA go to healthequity.com/learn/hra
 - Member phone number - 877.826.6882
 - Member portal login - my.healthequity.com
 - Member Services email - memberservices@healthequity.com

Medical Plan Rates

	Tufts Health Plan			
	Your Choice EPO		Your Choice PPO	
	Employee			
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$297	\$52	\$306	\$77
\$65,000 to \$129,999	\$271	\$78	\$269	\$114
\$130,000 and up	\$226	\$123	\$229	\$154
	Employee + Child(ren)			
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$564	\$99	\$582	\$146
\$65,000 to \$129,999	\$517	\$146	\$512	\$216
\$130,000 and up	\$431	\$232	\$438	\$290
	Employee + Spouse			
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$622	\$110	\$644	\$161
\$65,000 to \$129,999	\$571	\$161	\$567	\$238
\$130,000 and up	\$475	\$257	\$484	\$321
	Family			
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$949	\$167	\$981	\$245
\$65,000 to \$129,999	\$870	\$246	\$864	\$362
\$130,000 and up	\$725	\$391	\$736	\$490

Tufts Health Plan		
Advantage PPO Saver		
Coverage Tier	Company Pays	You Pay
Employee	\$276	\$57
Employee + Child(ren)	\$494	\$139
Employee + Spouse	\$545	\$154
Family	\$832	\$234

Harvard Pilgrim Health Care					
Best Buy HRA HMO		Best Buy HSA HMO		Best Buy HSA PPO	
Company Pays	You Pay	Company Pays	You Pay	Company Pays	You Pay
\$362	\$79	\$349	\$67	\$354	\$73
\$745	\$223	\$721	\$192	\$731	\$206
\$813	\$243	\$787	\$209	\$797	\$225
\$983	\$293	\$951	\$253	\$963	\$272



Decision Support Tools

Important: These are not enrollment tools. To complete your elections, you must enroll in Workday

Decision Doc powered by MyHealthMath
myhealthmath.com/Point32Health

- MyHealthMath is an online benefits decision support tool
 - The medical plan options are compared based on how you respond to some key questions – some requiring personal information
 - The plans are ranked and then you decide which plan is right for you
 - Note: *Your personal information is not stored*



SmartStart

- SmartStart provides a pre-enrollment phone line for member decision and clinical support
 - Call if you are enrolling in a Point32Health plan for the first time or are considering changing from a heritage Tufts Health Plan to a Harvard Pilgrim Health Care plan or vice versa

SmartStart
(866) 874-0817



Member ID Cards

- New ID cards will be issued for members who elect a different plan or who are new to the plan
 - New cards will comply with the Federal Consolidated Appropriations Act (CAA)/No Surprise Act card requirements
- For existing members who do not change their plan, you will receive a new ID card upon request only.
 - Your electronic member ID card will be No Surprise Act compliant
- Members may go to their member account, which requires initial set-up, to view, download their member ID card to Apple Wallet and Google Play, print and/or email a PDF of their ID card to their provider