



Point32Health 2023 Medical Plans

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Agenda

- Open Enrollment 2023 At-a-Glance
- Medical Plan Offerings
- Pharmacy Benefit Changes
- HSAs & HRAs
- Medical Plan Rates
- Decision Support Tools
- Wrap-up & Reminders
- Appendix



Open Enrollment 2023 At-a-Glance

Tuesday, November 1st – Tuesday, November 15th

- For 2023, both heritage Harvard Pilgrim and heritage Tufts Health Plan offerings are available
- Contract options include Employee, Employee + Spouse, Employee + Child(ren) or Family
- Contact SmartStart via phone (866) 874-0817 or email smartstart@Point32Health.org to discuss your options
- To research your options, go to Point32Health.org/employeebenefits
- For decision support, we recommend use of Decision Doc powered by MyHealthMath to understand the most cost-effective, quality plan for your situation. You will be entered into a raffle for doing so! Go to myhealthmath.com/Point32Health

If you do nothing, your current medical election and covered dependents will remain as is for January 1, 2023

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	N/A	N/A	PCP required	PCP required	N/A
Referrals required	N/A	N/A	Referrals required	Referrals required	N/A
Tiered network plan. Copay based on tier of provider	Tiered network plan. In-Network: Copay based on tier of provider	In-Network coverage: Subject to 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	Not a tiered network plan. Member cost share based on service. Some services are subject to the Deductible
No Out-of-network coverage <i>Only</i> for emergent and urgent care	Limited out-of-network coverage Services beyond emergent and urgent care <i>but</i> out-of-network deductible will apply	Limited out-of-network coverage Services beyond emergent and urgent care <i>but</i> out-of-network deductible will apply	No out-of-network coverage <i>Only</i> for emergent and urgent care	No out-of-network coverage <i>Only</i> for emergent and urgent care	Yes out-of-network coverage 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
No Annual Deductible	Annual Out-of-Network Deductible: \$1,500/Employee \$3,000/Family Deductible	Annual In-Network and Out-of-Network 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)	CT, MA, ME, NH, RI, VT	CT, MA, ME, NH, RI, VT	Any state	CT, MA, ME, NH, RI, VT	CT, MA, ME, NH, RI, VT	Any state
Provider Access Area**	MA, NH, RI Limited counties <i>only</i> in CT, ME, VT	MA, NH, RI Limited counties <i>only</i> in CT, ME, VT	MA, NH, RI Limited counties <i>only</i> in CT, ME, VT	CT, MA, ME, NH, RI, VT	CT, MA, ME, NH, RI, VT	CT, MA, ME, NH, RI, 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-Area Coverage for Dependents	No <i>Only</i> for emergent and urgent care	Limited Services beyond emergent and urgent care <i>but</i> out-of-network deductible will apply	Limited 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 and these services will apply the Out-of-Network member cost share (out-of-Network deductible, etc.) when non-participating providers are used

**Provider Access Area – For THP, limited counties in CT, ME and VT. If you reside in either of these three states, before selecting a THP offering, check to see if your providers are in-network. Additionally, Harvard Pilgrim will maintain the CT network for 2023.

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

Tufts Health Plan Provider Access Area

Provider Access Area

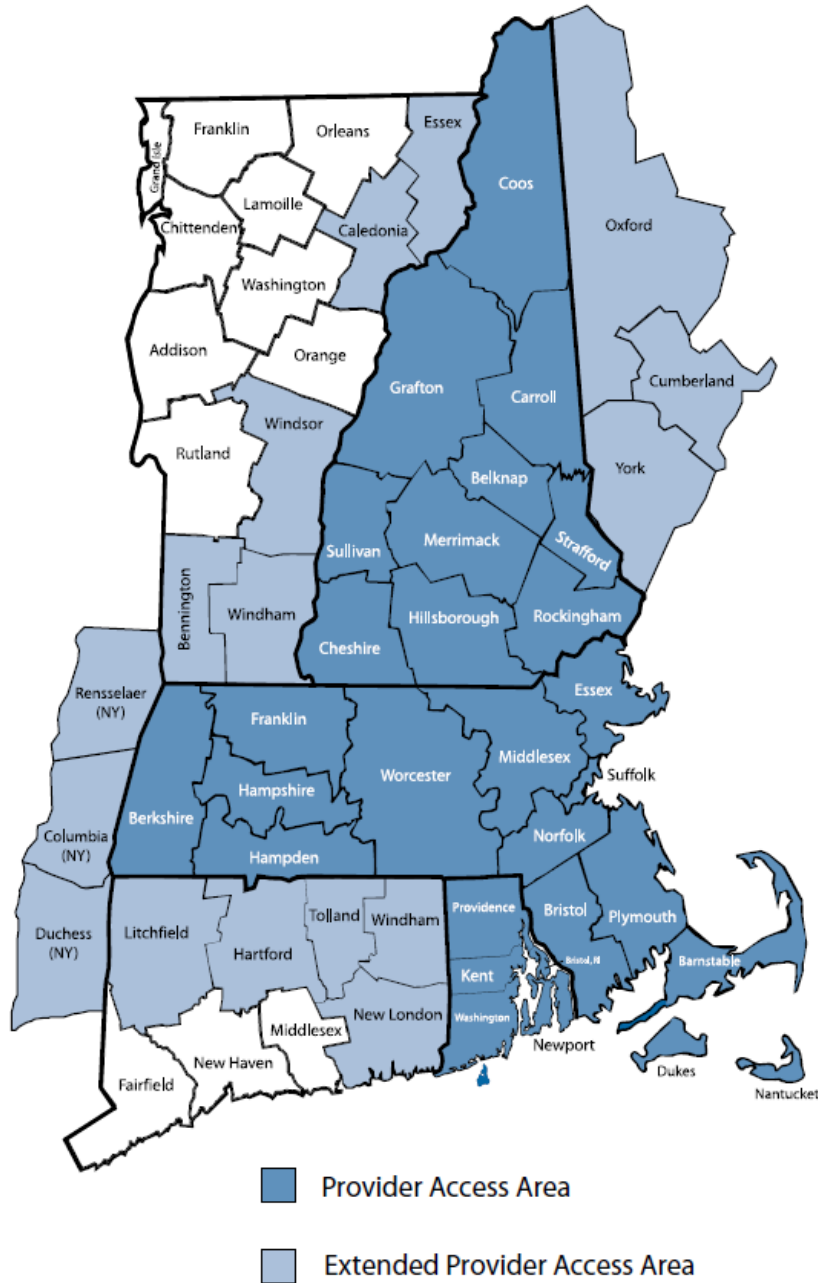
The provider access area includes all of Massachusetts, Rhode Island, and New Hampshire—where primary care providers (PCPs) who participate in our network are located and are a reasonable distance from specialists who provide the most often-used services, such as surgeons and OB/GYNs

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
Annual Deductible	N/A			\$1,500 Employee Coverage \$3,000 Family Coverage <i>Individual Deductible applies</i>
Annual Out-of-Pocket Maximum (OOPM) <small>Medical & Pharmacy combined</small>	\$5,000 Employee Coverage \$10,000 Family Coverage <i>Individual OOPM applies</i>			\$5,000 Employee Coverage \$10,000 Family Coverage <i>Individual OOPM Maximum applies</i>
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 <small>Freestanding Facility</small>	\$200	\$200	\$200	Deductible, then 20% coinsurance
Emergency Room	\$150	\$150	\$150	\$150

Your Choice PPO Only

- Family Coverage: the Individual **Deductible** applies (embedded). No one individual may contribute more than the Individual Deductible
- Family Coverage: the Individual **OOPM** applies (embedded). No one individual may contribute more than the individual OOPM

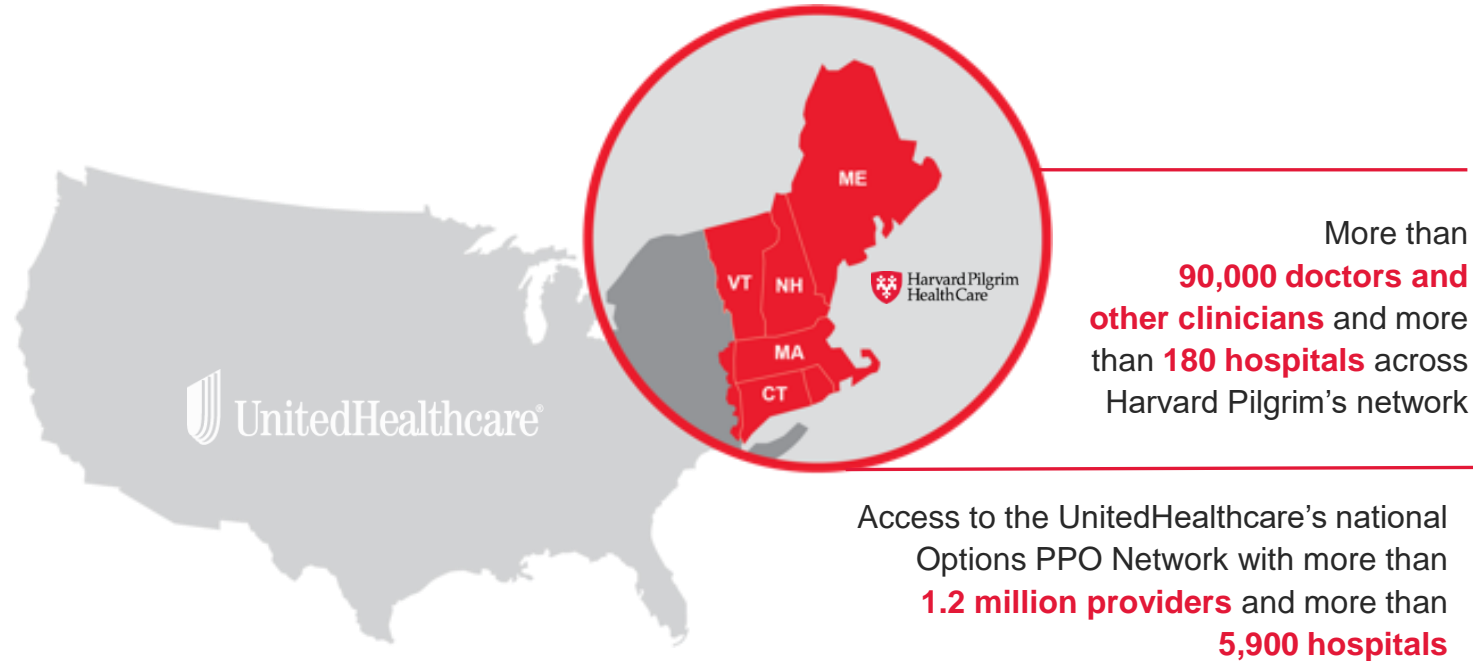
Tufts Health Plan: Advantage PPO Saver Plan

	Tufts Health Plan Network	Out of Network
Annual Deductible Medical & Pharmacy combined	\$1,500 Employee Coverage \$3,000 Family Coverage <i>Individual Deductible does not apply</i>	
Annual Out-of-Pocket Maximum (OOPM) Medical & Pharmacy combined	\$3,000 Employee Coverage \$6,000 Family Coverage <i>Individual OOPM Maximum does not apply</i>	
Preventive Care Ex: Annual physical, immunizations and flu shots, preventive screening services and tests	Covered in full	Deductible, then 20% coinsurance
Specialist Visits	Deductible, then covered in full	Deductible, then 20% coinsurance
Inpatient hospital	Deductible, then covered in full	Deductible, then 20% coinsurance
Emergency Room/Urgent Care	Deductible, then covered in full	Deductible, then covered in full

Advantage PPO Saver

- Family Coverage: the Individual **Deductible** does not apply (non-embedded). The Family Deductible is satisfied when one or any combination of Members meet the Family Deductible
- Family Coverage: the Individual **OOPM** does not apply (non-embedded). The Family OOPM is satisfied when one or any combination of Members meet the Family OOPM

Harvard Pilgrim's HMO & PPO Provider Networks



PPO:

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

HMO:

- Must select an in-network PCP
- 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 Once met, coverage by the Plan is subject to any other Member cost sharing that may apply. <i>HSA HMO: Medical & Pharmacy: combined</i>	\$1,500 Employee \$3,000 Family <i>Individual Deductible applies</i>	\$1,500 Employee Coverage \$3,000 Family Coverage <i>Individual Deductible does not apply</i>
Annual Out-of-Pocket Maximum (OOPM) Includes all member cost sharing <i>Medical & Pharmacy: combined</i>	\$3,000 Employee \$6,000 Family <i>Individual OOPM applies</i>	\$3,000 Employee Coverage \$6,000 Family Coverage <i>Individual OOPM does not apply</i>
PCP Visit	\$20 copayment per visit	Deductible, then covered in full
Specialist Visits	\$20 copayment per visit	Deductible, then covered in full
Preventive Care Ex: Annual physical, immunizations and flu shots, preventive screening services and tests	Covered in full	Covered in full
Inpatient Admission	Deductible, then covered in full	Deductible, then covered in full
Outpatient Surgery	Deductible, then covered in full	Deductible, then covered in full
Emergency Room	Deductible, then \$100 copayment per visit	Deductible, then covered in full

Best Buy HRA HMO

- Family Coverage: the Individual **Deductible** applies (embedded). No one individual may contribute more than the Individual Deductible
- Family Coverage: the Individual **OOPM** applies (embedded). No one individual may contribute more than the individual OOPM

Best Buy HSA HMO

- Family Coverage: the Individual **Deductible** does not apply (non-embedded). The Family Deductible is satisfied when one or any combination of Members meet the Family Deductible
- Family Coverage: the Individual **OOPM** does not apply (non-embedded). The Family OOPM is satisfied when one or any combination of Members meet the Family OOPM

Harvard Pilgrim: Best Buy PPO Plan

	Best Buy HSA PPO In-Network	Best Buy HSA PPO Out-of-Network
Annual Deductible Once met, coverage by the Plan is subject to any other Member cost sharing that may apply. <i>Medical & Pharmacy combined</i>	\$1,500 Employee Coverage \$3,000 Family Coverage <i>Individual Deductible does not apply IN & OON do not combine</i>	\$3,000 Employee Coverage \$6,000 Family Coverage <i>Individual Deductible does not apply IN & OON do not combine</i>
Annual Out-of-Pocket Maximum (OOPM) 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. <i>Medical & Pharmacy combined</i>	\$3,000 Employee Coverage \$6,000 Family Coverage <i>Individual OOPM does not apply IN & OON do not combine</i>	\$6,000 Employee Coverage \$12,000 Family Coverage <i>Individual OOPM does not apply IN & OON do not combine</i>
Preventive Care Ex: Annual physical, immunizations and flu shots, preventive screening services and tests	Covered in full	20% coinsurance
PCP Visit	Deductible, then covered in full	Deductible, then covered in full
Specialist Visits	Deductible, then covered in full	Deductible, then covered in full
Inpatient Hospital	Deductible, then covered in full	Deductible, then 20% coinsurance
Emergency Room	Deductible, then covered in full	Deductible, then covered in full

Best Buy HSA PPO

- Family Coverage: the Individual **Deductible** does not apply (non-embedded). The Family Deductible is satisfied when one or any combination of Members meet the Family Deductible
- Family Coverage: the Individual **OOPM** does not apply (non-embedded). The Family OOPM is satisfied when one or any combination of Members meet the Family OOPM

Changes to Our Pharmacy Benefit

OptumRx will become the **Pharmacy Benefit Manager (PBM)** on **January 1, 2023**

- **Traditional** Pharmacy Coverage
- **Specialty** Pharmacy Coverage
- **Mail Order** Program

There are plans in place for a smooth transition

Partnership Benefits

- ✓ Cost-effective retail and mail order options
- ✓ Single service provider for all pharmacy programs



OptumRx: Creating a Smooth Member Transition

For Tufts Health Plan members

Retail Pharmacy Network

NEW: Administered by OptumRx; 67,000 retail pharmacies nationwide, including CVS

Specialty & Mail Order Pharmacy

NEW: Administered by Optum Specialty and Optum Home Delivery

Prior Authorizations (PAs) & Open Refills

Active prior authorizations & open refills will be transitioned to OptumRx

Formulary

NEW: Premium 3-Tier formulary + Low-Cost Generics List

Member Communications

Member website, newsletter, plan collateral, member notifications

Member ID Cards

ID cards with the OptumRx logo will be mailed for receipt by 12/31/2022

Required Member Action

Open an OptumRx Account

Tufts Health Plan: Prescription Drug Coverage

- **NEW:** OptumRx is the Pharmacy Benefit Manager; Point32Health manages the formulary
- **NEW:** Premium 3-Tier formulary + Low-Cost Generics applies to ***all*** THP medical plan options
 - ✓ **Low-Cost Generics:** specific drugs that are part of our low-cost drug program
 - ✓ **Tier 1:** Generics
 - ✓ **Tier 2:** Preferred brands and some higher cost generics
 - ✓ **Tier 3:** Generics and brand-name covered drugs not selected for Tier 2
- **NEW:** 30-day supply available at Retail – use the Optum national network of pharmacies
- **NEW:** 90-day supply available at Retail – maintenance medications only
- **NEW:** 90-day supply available via Optum Home Delivery – maintenance medications *only*
- If the copay is higher than the actual cost of the drug, you will pay the lower of the two
- Prescriptions are covered in full once the annual out-of-pocket maximum is reached
- **Advantage PPO Saver** – Preventive Drug Rider: For designated preventive medications, only the copay applies. The deductible does not apply (Ex: medications to treat/prevent high cholesterol, high blood pressure, diabetes, asthma, pre-natal vitamins.)

OptumRx: A Fully Integrated Pharmacy Program

For Harvard Pilgrim plan members

Retail & Mail Order
Pharmacy Network

OptumRx, as it is today

Specialty Pharmacy

NEW: Administered by Optum Specialty effective 1/1/2023
Transitioning Members receive 60-days notice prior to changes

Prior Authorizations (PA) &
Open Refills

Active prior authorizations and open refills will be transferred to
OptumRx

Formulary

Value 5-Tier Formulary

Member Communications

Targeted **outreach** to impacted members

Member ID Cards

ID cards will be sent only if you change your medical plan selection or
request a new card

Harvard Pilgrim: Prescription Drug Coverage

- OptumRx is the Pharmacy Benefit Manager; Point32Health manages the formulary
- The Value 5-Tier 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
 - 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)
- 30-day supply available at Retail – use the national network of pharmacies
- 90-day supply at Retail – maintenance medications only
- 90-day supply available via Optum Home Delivery – maintenance medications *only*
- Prescriptions are covered in full once the annual out-of-pocket maximum is reached
- The HSA plans offer a preventive drug benefit

High Deductible Plan Advantages

Qualified **high deductible health plans** allow you to pair your plan with a health savings account (HSA) and benefit from the tax advantages

Advantage PPO Saver

Best Buy HSA HMO

Best Buy HSA PPO

- You must open an HSA account to do so
- Pay an upfront Deductible for covered non-routine services that are subject to the deductible
 - Non-routine services include consultations, evaluations, sickness and injury care
 - Once satisfied, services subject to the Deductible are covered in full (some exceptions may apply)
 - **Preventive 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 Account (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)

- **You must elect the Harvard Pilgrim Best Buy HRA HMO to participate**
- The HRA is an account owned and funded exclusively by Point32Health
- 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 medical Deductible expenses (not medical or pharmacy copays or coinsurance)
- 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

Rate Setting Approach:

- ***Your Choice plans*** are based on salary band and coverage tiers
- ***High deductible plans*** are based on coverage tier only
- ***Employee + Child(ren) tier*** includes any number of children up to age 26

	Tufts Health Plan			
	Your Choice EPO		Your Choice PPO	
	Employee			
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$332	\$58	\$342	\$86
\$65,000 to \$129,999	\$303	\$87	\$301	\$127
\$130,000 and up	\$252	\$137	\$256	\$172
	Employee + Child(ren)/DP Child(ren)			
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$630	\$111	\$651	\$163
\$65,000 to \$129,999	\$577	\$163	\$572	\$241
\$130,000 and up	\$481	\$259	\$490	\$324
	Employee + Spouse/Domestic Partner			
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$695	\$123	\$719	\$180
\$65,000 to \$129,999	\$639	\$180	\$633	\$266
\$130,000 and up	\$531	\$287	\$541	\$359
	Family			
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$1,061	\$187	\$1,097	\$274
\$65,000 to \$129,999	\$972	\$275	\$966	\$405
\$130,000 and up	\$810	\$437	\$823	\$548

	Tufts Health Plan		Harvard Pilgrim Health Care					
	Advantage PPO Saver		Best Buy HRA HMO		Best Buy HSA HMO		Best Buy HSA PPO	
Coverage Tier	Company Pays	You Pay	Company Pays	You Pay	Company Pays	You Pay	Company Pays	You Pay
Employee	\$309	\$64	\$376	\$82	\$363	\$70	\$368	\$76
Employee + Child(ren)/DP Child(ren)	\$552	\$155	\$773	\$232	\$749	\$199	\$759	\$214
Employee + Spouse/Domestic Partner	\$610	\$172	\$844	\$252	\$818	\$217	\$828	\$234
Family	\$930	\$262	\$1,020	\$304	\$988	\$263	\$1,000	\$283

Decision Support Tools

Important: To complete your election, you must enroll in Workday. Don't forget to submit!

Decision Doc powered by MyHealthMath

www.myhealthmath.com/point32health2023 [myhealthmath.com]

- **Decision Doc** is a personalized, online health plan guidance tool
 - Respond to a series of questions about your health needs and then get matched to your optimal plan
 - Decision Doc only takes five minutes; it could save you over a thousand dollars a year on health care costs
 - Your personal information is not stored
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SmartStart

- SmartStart provides a pre-enrollment phone line for member decision and clinical support
- Available M,T, TH, F from 8:30am to 5:00pm and W from 10am to 5pm by calling (866) 874-0817
- Questions may be sent via email to Smartstart@point32health.org
 - Emails will be answered as quickly as possible within a 48-business hour timeframe

Wrap Up & Reminders

Open Enrollment: November 1st – November 15th

If you wish to change your medical coverage or covered dependent information, you *must* take action in Workday

- An onsite benefit fair will take place 11/9 from 11am-2pm in the Lobby of our Canton office
- Attend a scheduled, virtual open enrollment meeting on 11/1, 11/7 and 11/15 – go to app.wellable.co/point32health for details
- Recognize that certain services align with the carrier you select – for more information go to Point32Health.org/employeebenefits
- Utilize MyHealthMath myhealthmath.com/Point32Health, the online decision support tool, to help narrow down your plan options
- Call SmartStart (866) 874-0817 or email smartstart@Point32Health.org, the pre-enrollment phone line for member decision and clinical support

To enroll in an FSA or an HSA for 2023, you *must* take action in Workday

If you are connected through VPN and are ready to make your elections, click <https://wd5.myworkday.com/tuftshealthplan/d/home.html>



Appendix

Tufts Health Plan: Prescription Drug Coverage

Your Choice EPO and PPO	Advantage PPO Saver
Retail: 30-day supply	Retail: 30-day supply
Low-Cost Generics: \$5 Tier 1: \$15 Tier 2: \$30 Tier 3: \$50	✓ Preventive drugs are not subject to the deductible ✓ All other drugs are subject to an in-network deductible, then: Low-Cost Generics: \$5 Tier 1: \$15 Tier 2: \$30 Tier 3: \$50
Mail Order: 90-day supply	Mail Order: 90-day supply
Low-Cost Generics: \$10 Tier 1: \$30 Tier 2: \$60 Tier 3: \$100	✓ Preventive drugs are not subject to the deductible ✓ All other drugs are subject to an in-network deductible, then: Low-Cost Generics: \$10 Tier 1: \$30 Tier 2: \$60 Tier 3: \$100
Premium 3-Tier Formulary If the copay is higher than the actual cost of the drug, you will pay the lower of the two	

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
Value 5-Tier Formulary <ul style="list-style-type: none"> 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 	

Important Differences

Certain services 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 No change for 7/1/2023	UBH/Optum currently In-sourced care – 7/1/23
Pharmacy Services	OptumRx	OptumRx
Health Savings Account	Bend	HealthEquity
Health Reimbursement Account	N/A	HealthEquity