



2022 Benefits Overview

City of Chelsea

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Benefit Change Effective July 1, 2022

Introduction of a \$250 Individual, \$500 Family Deductible Medical Services only

- Member is responsible for paying the provider's contracted rate for services subject to the deductible until the deductible has been met
- Deductible is based on plan year July 1 – June 30
- Once the deductible has been met, the services that are subject to the deductible continue to be covered at the copay level
- Copays do not apply to the deductible, but do count toward the Out of Pocket Maximum
- Individual members in a family plan will never be subject to more than the \$250 deductible amount
- Maximum Out of Pocket amount is \$2,000 Ind/\$4000 Family

City of Chelsea

Benefits At A Glance

<u>Benefit</u>	<u>Best Buy HMO</u>	<u>PPO Best Buy Tiered Copay ChoiceNet</u>	
Deductible – Plan Year	\$250 Ind / \$500 Fam	In Network: \$250 Individual/ \$500 Family Out of Network: \$250 Individual/ \$500 Family	
Office Visits: –Annual physical per ACA PCP Specialist	Covered in full \$20 \$35	Covered in full \$20 \$35	Deductible then 20% coinsurance
Emergency Room	Deductible then \$150 Copay	Deductible then \$100 Copay	
Inpatient	Deductible then \$300 Copay	Deductible, then \$300 Copay	Deductible then 20% coinsurance
Outpatient Surgery	Deductible then Covered in Full	Deductible, then Covered in Full	Deductible then 20% coinsurance
X-Ray, Lab	Deductible then Covered in Full	Deductible, then Covered in Full	Deductible then 20% coinsurance
HER (MRI, CT, PET SCAN)	Deductible then \$50 Copay	Deductible, then \$50 Copay	Deductible then 20% coinsurance
PT/OT 60 consecutive days each per plan year	\$30 Copay	\$30 Copay	Deductible then 20% coinsurance
Prescription Drugs	After \$100 Ind./\$200 Fam Ded. then 30 day: \$10/25/45 Mail Order: \$20/40/90	\$100 Ind./\$200 Fam Ded. then 30 day: \$10/25/45 Mail Order: \$20/40/90	

Four Facts: The Harvard Pilgrim Best Buy HMO – Massachusetts

1 Your plan includes a deductible.

- A **deductible** is an amount you must pay annually for certain covered services. Once you have paid the deductible you may be covered for these services for the rest of the year; with some plans you may have to pay cost sharing (e.g., copayments or coinsurance) for certain services after you meet the deductible. See the *Schedule of Benefits* for details.
- Under an individual membership, a member is responsible for paying the individual deductible each year.
- Under a family membership, there is usually both an individual deductible and a family deductible. The family deductible is met when the combined deductible payments of any covered family members add up to the family deductible amount. The most each member can contribute toward the yearly family deductible is equal to the individual deductible amount.

2 For services that do not apply to the deductible, there is either a copayment or no charge.

- The chart on the other side of this page provides an overview of the services that require a copayment, those for which there is no charge, and those that are subject to the deductible.
- Office visits or hospital visits may include some services that are not subject to the deductible and others that are subject to the deductible.
- Some plans have two levels of copayments for office visits. What you pay depends on the type of provider you visit, the service you receive or the location of the service. See the *Schedule of Benefits* for details.
- Copayments do not count toward your deductible.

3 Emergency room services may be subject to the deductible and/or a copayment.

- Please check the *Schedule of Benefits* to see what kind of cost sharing you have to pay for emergency services.
- The emergency room copayment amount may be different than your office visit copayment amount. See the *Schedule of Benefits* for details.
- If your plan requires you to pay toward the deductible for emergency services, you will be responsible for the emergency room copayment after the deductible is met.
- Whenever you are admitted directly to the hospital from the emergency room, you do not have to pay the emergency room copayment.

4 Harvard Pilgrim creates your Activity Summary monthly.

- The Activity Summary is not a bill. It lists the services you received, any payments Harvard Pilgrim made to the provider for your care, and any amounts you may owe the provider. A new summary will post each month to your secure *HPHConnect* for Members account at www.harvardpilgrim.org.
- You'll receive a monthly Activity Summary in the mail when you are responsible for a deductible, coinsurance or an amount not covered by your plan.
- Your provider will bill you separately. Compare the provider's bill with your Harvard Pilgrim statement to verify the services you received and any amounts you may have paid or still may owe to the provider.

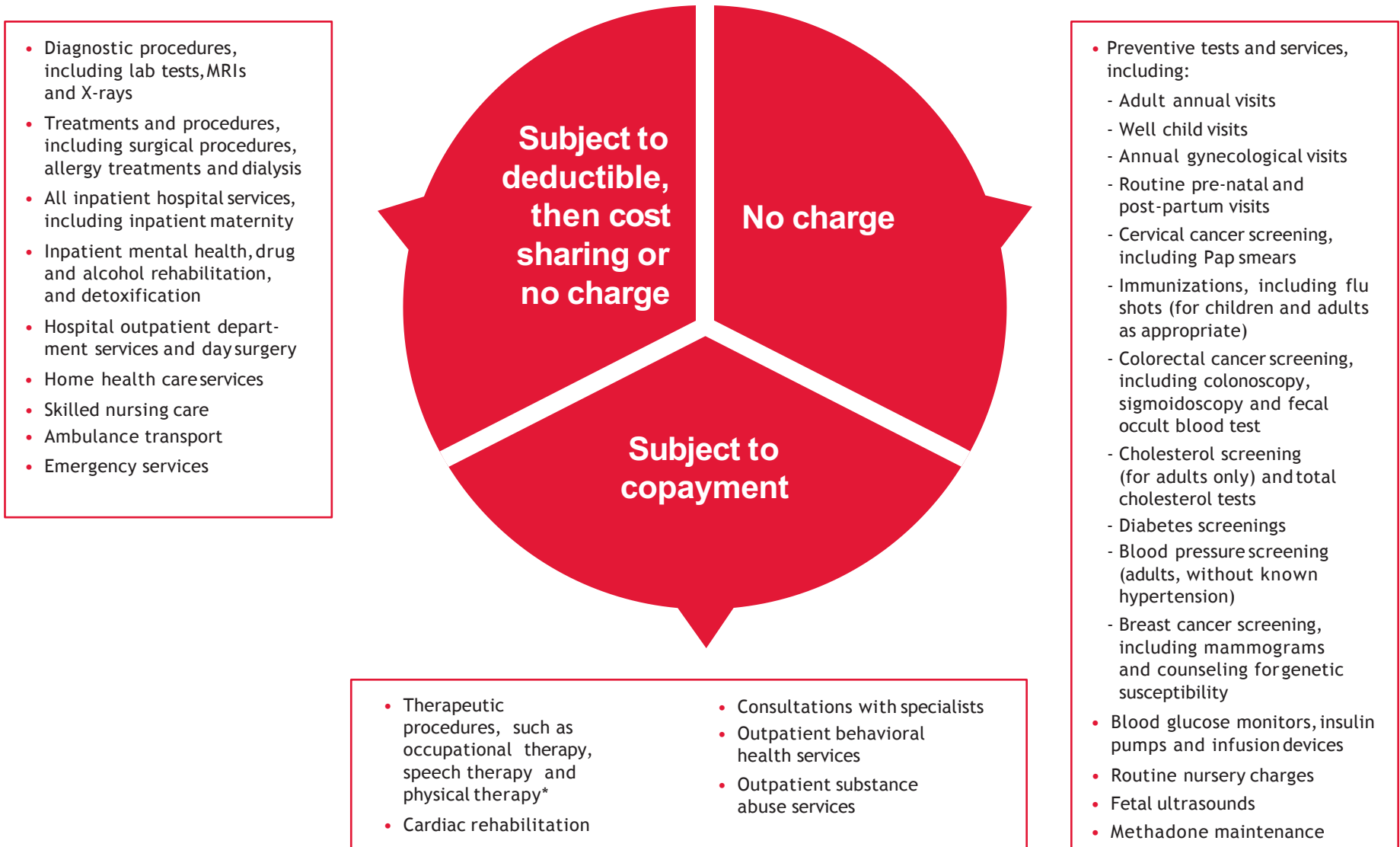
If you have any questions about your Best Buy HMO coverage, please call the Member Services department at **(888) 333-4742**. For TTY service, call **711**.

This product is offered in Massachusetts to members who purchase coverage themselves and to members enrolled through Massachusetts-based employers.



The Harvard Pilgrim Best Buy HMO – Massachusetts

These are partial lists of covered services. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in the event that the information in this document is different.



Please note: Services you receive during different kinds of visits and exams may be subject to the deductible.

This product is offered in Massachusetts to members who purchase coverage themselves and to members enrolled through Massachusetts-based employers.



Harvard Pilgrim
HealthCare

Your Activity Summary

Sent once we receive a claim for your services.

Deductible and Out Of Pocket Maximum Accumulator

- Accumulator info for entire family displays on the subscriber's statement.
- Subscriber's statement shows deductible and OOP max for every member on the contract.
- Dependent's statement only displays his/her own deductible and OOP max information.

Key Words in Your Activity Summary

Date(s) of Service Claim Number Provider Description	Provider Charge	Amount Denied	Explanation Note	Harvard Pilgrim Negotiated	Harvard Pilgrim Paid	Deductible Applied	Coinsurance	Your Copayment	Your Responsibility
	A	B				E	F	G	H I

DEFINITIONS

Summary Period: 2/1/2010-2/28/2010
Member Name: Joseph Smith
ID#: HPP123456-00

Want a copy of a previous Activity Summary, your latest claims information or your detailed plan coverage?
Log in to HPHConnect, your secure member account, at www.harvardpilgrim.org.

Harvard Pilgrim HealthCare

ACTIVITY SUMMARY

FAMILY DEDUCTIBLE SUMMARY YEAR-TO-DATE

	IN-NETWORK			OUT-OF-NETWORK		
	Annual	Applied	Remaining	Annual	Applied	Remaining
John B.	\$1,000.00	\$920.48	\$79.52	\$1,000.00	\$141.00	\$859.00
Mark L.	\$1,000.00	\$34.56	\$965.44	\$1,000.00	\$141.00	\$859.00
Amy R.	\$1,000.00	\$141.00	\$859.00	\$1,000.00	\$920.48	\$79.52
Edward G.	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$34.56	\$965.44
Family	\$2,000.00	\$1,096.04	\$903.96	\$2,000.00	\$1,237.04	\$762.96

Your Deductible Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 2/28/2010.

FAMILY OUT-OF-POCKET MAXIMUM SUMMARY YEAR-TO-DATE

	IN-NETWORK			OUT-OF-NETWORK		
	Annual	Applied	Remaining	Annual	Applied	Remaining
John B.	\$2,000.00	\$980.48	\$1,019.52	\$2,000.00	\$141.00	\$1,859.00
Mark L.	\$2,000.00	\$34.56	\$1,965.44	\$2,000.00	\$141.00	\$1,859.00
Amy R.	\$2,000.00	\$141.00	\$1,859.00	\$2,000.00	\$920.48	\$1,079.52
Edward G.	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00	\$34.56	\$1,965.44
Family	\$4,000.00	\$1,156.04	\$2,843.96	\$4,000.00	\$1,237.04	\$2,762.96

Your Out-of-Pocket Maximum Summary reflects all medical, behavioral health and pharmacy claims that have been processed as of 2/28/2011.

DEDUCTIBLE: A dollar amount you must pay yearly before certain services are covered under your health plan. This means you may be required to pay all or part of a provider bill until you have paid your full deductible amount.

OUT-OF-POCKET MAXIMUM: A limit on the amount of copayments, coinsurance and deductibles that you must pay yearly for covered services. Please refer to your *Benefit Handbook* and *Schedule of Benefits* for specific information on the out-of-pocket maximum that applies to your plan.

This is not a bill. Questions? Call Member Services at (888) 333-4742.

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more information to process your claim

Explanation Note field. If the note says we need more information about the claim, you or your provider must submit the information within 45 days from the date of this claim, or a portion of it, may remain for review.

hospital or clinician) billed Harvard Pilgrim for this service. The amount appears in this field, refer to the Explanation Note field for denied and the reason for the action taken. The member pays the provider based on our contract with that provider for this service.

You must pay before your health plan begins to pay all or part of a provider bill until you have paid your deductible, when applicable.

es. You may have already paid your copayment at the time of service if prior approval is not received when required. You must include a copayment, deductible, coinsurance and any amount already paid your copayment.

Date and type of service, plus provider name

Retail price, negotiated price and amount charged to the member's deductible

 Get healthy. Get **HaPi.** 