



# 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 1<sup>st</sup> – Tuesday, November 15<sup>th</sup>**

- 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](mailto:smartstart@Point32Health.org) to discuss your options
- To research your options, go to [Point32Health.org/employeebenefits](https://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](https://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 for emergent and urgent care</i>	<b>Limited</b> out-of-network coverage  Services beyond emergent and urgent care <i>but</i> out-of-network deductible will apply	<b>Limited</b> 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 for emergent and urgent care</i>	No out-of-network coverage  <i>Only for emergent and urgent care</i>	<b>Yes</b> 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	<b>Yes</b>  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	<b>Yes</b>  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	<b>Yes</b>  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](http://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

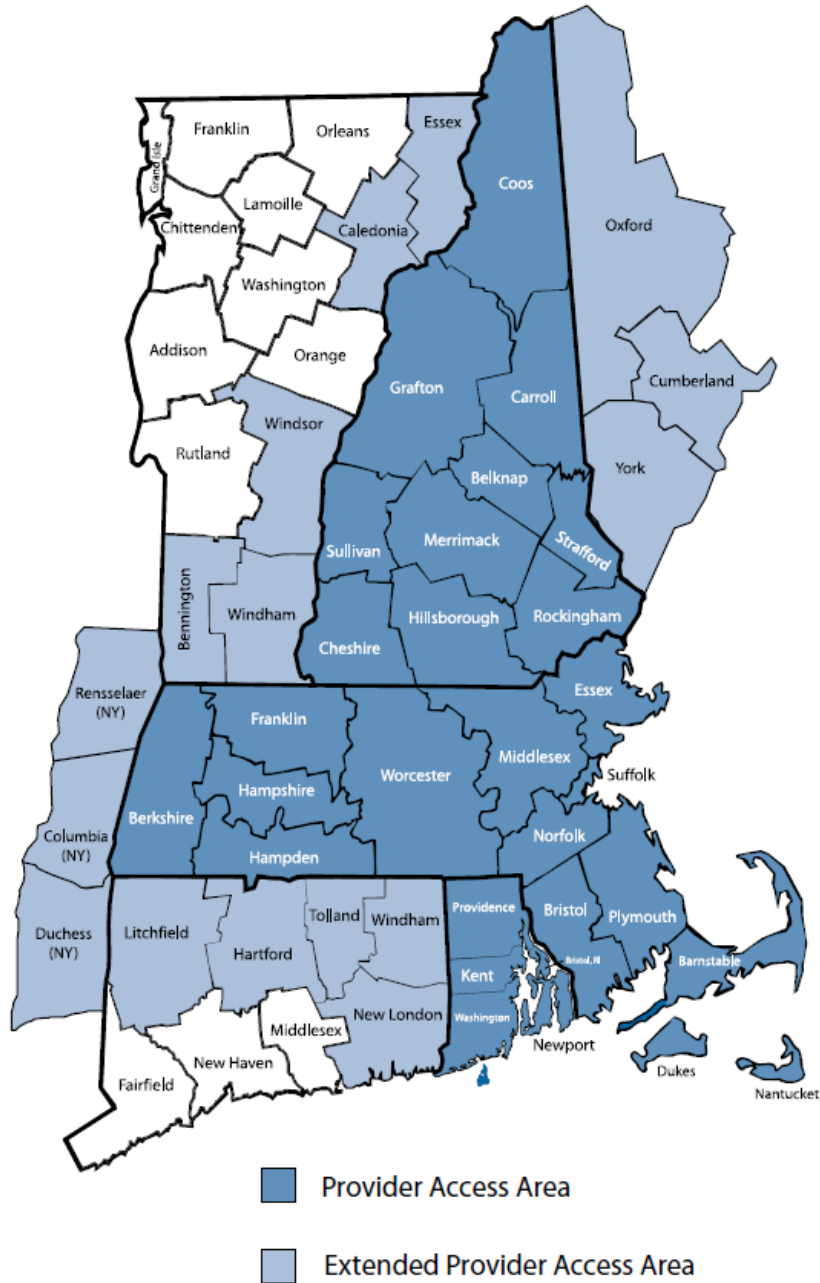
The provider access area includes all of Massachusetts, Rhode Island, and New Hampshire—where primary care providers (PCPs) who participate in our network are located and are a reasonable distance from specialists who provide the most often-used services, such as surgeons and OB/GYNs

## 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) Medical & Pharmacy combined	\$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	<b>Out of Network</b>
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

## 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

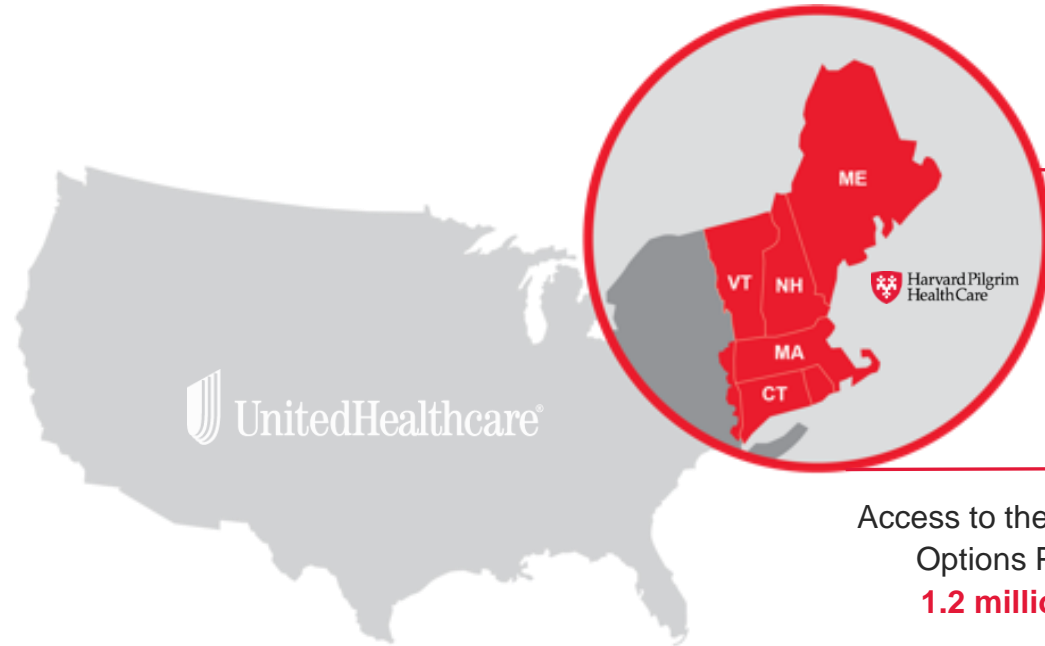
	Tufts Health Plan Network	Out of Network
<b>Annual Deductible</b> Medical & Pharmacy combined	\$1,500 Employee Coverage \$3,000 Family Coverage <i>Individual Deductible <b>does not</b> apply</i>	
<b>Annual Out-of-Pocket Maximum (OOPM)</b> Medical & Pharmacy combined	\$3,000 Employee Coverage \$6,000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



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

**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

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 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
    - 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
<b>Plan Administrator</b>	Bend	HealthEquity
<b>Point32Health Contribution</b>	\$500 individual/\$1,000 family	\$500 individual/\$1,000 family
<b>Want to learn more about HSAs?</b>	<a href="http://Bendhsa.com/resources">Bendhsa.com/resources</a>	<a href="http://healthequity.com/learn/hsa">healthequity.com/learn/hsa</a>
<b>How to set up your HSA bank account?</b>	Follow the instructions sent to your work e-mail by Bend	Bank account is automatically opened once your enrollment is received.
<b>How to activate your HSA bank card</b>	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
<b>Will I be receiving a new card if I'm already enrolled?</b>	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](https://healthequity.com/learn/hra)
  - Member phone number – 877-826-6882
  - Member portal login – [my.healthequity.com](https://my.healthequity.com)
  - Member Services email – [memberservices@healthequity.com](mailto: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

Coverage Tier	Tufts Health Plan		Harvard Pilgrim Health Care					
	Advantage PPO Saver		Best Buy HRA HMO		Best Buy HSA HMO		Best Buy HSA PPO	
	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

# 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

- Attend a virtual open enrollment meeting – go to [app.wellable.co/point32health](https://app.wellable.co/point32health) for the schedule
- Recognize that certain services align with the carrier you select – for more information go to [Point32Health.org/employeebenefits](https://Point32Health.org/employeebenefits)
- Utilize MyHealthMath [myhealthmath.com/Point32Health](https://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](mailto: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
<b>Retail: 30-day supply</b>	<b>Retail: 30-day supply</b>
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
<b>Mail Order: 90-day supply</b>	<b>Mail Order: 90-day supply</b>
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
<b>Premium 3-Tier Formulary</b>  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
<b>Retail: 30-day supply</b>	<b>Retail: 30-day supply</b>
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
<b>Mail Order: 90-day supply</b>	<b>Mail Order: 90-day supply</b>
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
<b>Value 5-Tier Formulary</b> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> </ul>	



# Important Differences

Certain services align with the plan you elect

	Tufts Health Plan	Harvard Pilgrim Health Care
<b>Member Services</b>	Call (877) 658-3635	Call (888) 333-4742
<b>Telehealth Services</b>	Teladoc	Doctor on Demand
<b>Behavioral Health Services</b>	In-sourced No change for 7/1/2023	UBH/Optum currently In-sourced care – 7/1/23
<b>Pharmacy Services</b>	OptumRx	OptumRx
<b>Health Savings Account</b>	Bend	HealthEquity
<b>Health Reimbursement Account</b>	N/A	HealthEquity

# 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](https://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*



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## 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