

# MA Small Group Benefit Designs

2nd Quarter 2008 • Effective April 1, 2008 through June 30, 2008

HMO								
Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	Chiro	Rx Copay
<b>Premier HMO 10</b> (0A)	\$10	\$50	None, covered in full	None	None	None	\$500 w/ OV copay	\$10/\$30/\$50 Mail: \$20/\$60/\$150**
<b>Value HMO 15</b> (05)	\$15	\$50	\$250/Admission \$250/Day Surgery	None	None	\$2,000/\$4,000	\$500 w/ OV copay	\$10/\$30/\$50 Mail: \$20/\$60/\$150 or None in '08**
<b>Affordable HMO 20</b> (W5)	\$20	\$50	\$500/Admission \$500/Day Surgery	None	None	\$2,000/\$4,000	\$500 w/ OV copay	\$10/\$30/\$50 Mail: \$20/\$60/\$150 or None in '08**
<b>Affordable HMO 25</b> (W6)	\$25	\$100	\$1,000/Admission \$500/Day Surgery	None	None	\$2,000/\$4,000	\$500 w/ OV copay	\$15/\$30/\$50 Mail:\$30/\$60/\$150 or None in '08**
<b>Tiered Copayment HMO 20</b> (0C)	\$20 PCP \$40 Specialist	\$100	\$1,000/Admission \$500/Day Surgery	None	None	\$2,000/\$4,000	\$500 w/ OV copay	\$15/\$30/\$50 Mail:\$30/\$60/\$150 or None in '08**
<b>Best Buy HMO 500</b> (19)	\$20	\$100 copay after deductible	None, covered in full after deductible	None	\$500/\$1,000	\$2,000/\$4,000	None	\$15/\$30/\$50 Mail: \$30/\$60/\$150 or None in '08**
<b>Best Buy HMO 1000</b> (0D)	\$20	\$100 copay after deductible	None, covered in full after deductible	None	\$1,000/\$2,000	\$2,000/\$4,000	None	\$15/\$30/\$50 Mail: \$30/\$60/\$150** or None in '08**
<b>Best Buy HMO 2000</b> (70)	\$20	\$100 copay after deductible	None, covered in full after deductible	None	\$2,000/\$4,000	\$4,000/\$8,000	None	\$15/\$30/\$50 Mail: \$30/\$60/\$150 or None in '08**
<b>Core Coverage HMO</b> (0H)	\$25 each first 3 visits per individual, 6 per family*	\$250	Deductible then 20% coinsurance	20%	\$1,500/\$3,000	\$5,000/\$10,000	10 visits per year w/ OV cost sharing	\$15/50%/50% Mail: \$30/50%/50% or or None in '08**

\* Visit limit applies separately to medical visits and behavioral health visits. Subsequent visits subject to deductible and coinsurance. \*\*Other options may be available. Please call your HPHC representative.

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PPO								
Product Name	OV Copay	ER Copay	Inpatient/Day Surgery Copay	Coinsurance	Deductible	Annual Out-of-Pocket Max	Chiro	Rx Copay
<b>Premier PPO 10</b> (7W)	\$10	\$50	None, covered in full	IN: None OON: 20%	IN: None OON: \$250/\$500	IN: None OON: \$1,000/\$2,000	\$500 w/ OV copay	\$10/\$30/\$50 Mail: \$20/\$60/\$150
<b>Value PPO 15</b> (07)	\$15	\$50	\$250/Admission \$250/Day Surgery	IN: None OON: 20%	IN: None OON: \$300/\$600	IN: None OON: \$2,000/\$4,000	\$500 w/ OV copay	\$10/\$30/\$50 Mail: \$20/\$60/\$150
<b>Affordable PPO 20</b> (V8)	\$20	\$50	\$500/Admission \$500/Day Surgery	IN: None OON: 20%	IN: None OON:\$400/\$800	IN: None OON: \$2,000/\$4,000	\$500 w/ OV copay	\$10/\$30/\$50 Mail: \$20/\$60/\$150 or None in '08**
<b>Affordable PPO 25</b> (AQ)	\$25	\$100	\$1,000/Admission \$500/Day Surgery	IN: None OON: 20%	IN: None OON:\$500/\$1,000	IN: \$2,000/\$4,000 OON: \$3,000/\$6,000	\$500 w/ OV copay	\$15/\$30/\$50 Mail: \$30/\$60/\$150 or None in '08**
<b>Best Buy PPO 500</b> (81)	\$20	\$100 copay after deductible	None, covered in full after deductible	IN: None OON: 20%	\$500/\$1,000 IN, OON combined	\$4,000/\$8,000 IN, OON combined	None	\$15/\$30/\$50 Mail: \$30/\$60/\$150 or None in '08**
<b>Best Buy PPO 1000</b> (0E)	\$20	\$100 copay after deductible	None, covered in full after deductible	IN: None OON: 20%	\$1,000/\$2,000 IN, OON combined	\$4,000/\$8,000 IN, OON combined	None	\$15/\$30/\$50 Mail: \$30/\$60/\$150 or None in '08**
<b>Best Buy PPO 2000</b> (84)	\$20	\$100 copay after deductible	None, covered in full after deductible	IN: None OON: 20%	\$2,000/\$4,000 IN, OON combined	\$5,000/\$10,000 IN, OON combined	None	\$15/\$30/\$50 Mail: \$30/\$60/\$150 or None in '08**

\*\*Other options may be available. Please call your HPHC representative.

# The HPHC Insurance Company Best Buy HSA PPO — MA Small Group

## High Deductible Health Plan Benefit Designs

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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
<b>Best Buy HSA PPO 1500 (G)</b>	\$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
<b>Best Buy HSA PPO 1500 (GM)</b>	\$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
<b>Best Buy HSA PPO 2000 (GK)</b>	\$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
<b>Best Buy HSA PPO 2000 (GN)</b>	\$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
<b>Best Buy HSA PPO 3000 (GL)</b>	\$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
<b>Best Buy HSA PPO 3000 (GO)</b>	\$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



An affiliate of Harvard Pilgrim Health Care

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## Side-by-Side Options

Allowed Side-by-Side Options – HMO								
Premier HMO 10 (0A)	Value HMO 15 (05)	Affordable HMO 20 (W5)	Affordable HMO 25 (W6)	Tiered Copayment HMO 20 (0C)	Best Buy HMO 500 (19)	Best Buy HMO 1000 (0D)	Best Buy HMO 2000 (70)	Core Coverage HMO (0H)
	HMO: W5, W6, 0C, 19, 0D, 70 PPO: 07, V8, AQ, 81, 0E, 84, GJ	HMO: 05, W6, 0C, 19, 0D, 70 PPO: V8, AQ, 81, 0E, 84, GJ, GM	HMO: 05, W5, 0C, 19, 0D, 70, 0H PPO: AQ, 0E, 84, GJ, GM, GK	HMO: 05, W5, W6, 19, 0D, 70 PPO: AQ, 0E, 84 GJ, GM, GK	HMO: 05, W5, W6, 0C, 0D, 70 PPO: AQ, 81, 0E, 84, GJ, GM, GK	HMO: 05, W5, W6, 0C, 19, 70, 0H PPO: 0E, 84, GJ, GK, GM	HMO: 05, W5, W6, 0C, 19, 0D, 0H PPO: 84, GJ, GM, GK, GN, GL	HMO: W6, 0D, 70 HSA PPO: GN, GL, GO
Allowed Side-by-Side Options – PPO								
Premier PPO 10 (7W)	Value PPO 15 (07)	Affordable PPO 20 (V8)	Affordable PPO 25 (AQ)	Best Buy PPO 500 (81)	Best Buy PPO 1000 (0E)	Best Buy PPO 2000 (84)		
	HMO: 05 PPO: V8, AQ, 81, 0E, 84	HMO: 05, W5 PPO: 07, AQ, 81, 0E, 84, GJ	HMO: 05, W5, W6, 0C, 19 PPO: 07, V8, 81, 0E, 84, GJ	HMO: 05, W5, 19 PPO: 07, V8, AQ, 0E, 84, GJ	HMO: 05, W5, W6, 0C, 19, 0D PPO: 07, V8, AQ, 81, 84, GJ, GM	HMO: 05, W5, W6, 19, 0C, 0D, 70 PPO: 07, V8, AQ, 81, 0E, GJ, GK, GM		
Allowed Side-by-Side Options – Best Buy HSA PPO								
Best Buy HSA PPO 1500 (GJ)	Best Buy HSA PPO 2000 (GK)	Best Buy HSA PPO 3000 (GL)	Best Buy HSA PPO 1500 (GM)	Best Buy HSA PPO 2000 (GN)	Best Buy HSA PPO 3000 (GO)			
HMO: 05, W5, W6, 0C, 19, 0D, 70 PPO: V8, AQ, 81, 0E, 84, GK, GL, GM, GN	HMO: W6, 0C, 19, 0D, 70 PPO: 0E, 84, GJ, GM, GN, GL, GO	HMO: 70, 0H PPO: GJ, GM, GK, GN, GO	HMO: W5, W6, 0C, 19, 0D, 70 PPO: 84, GJ, GK, GN, GL, GO	HMO: 70, 0H PPO: GJ, GM, GK, GL, GO	HMO: 0H PPO: GM, GK, GN, GL			

# Harvard Pilgrim Health Care – MA Small Group Benefit Designs

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## Business Rules

### HMO Business Rules

- An account cannot offer an HMO/HMO side-by-side option with a PPO product.
- 75% of eligible employees must participate in the HMO/HMO side-by-side option.
- All HMO products are available through Intermediaries.

### Best Buy HSA PPO Business Rules

- HPHC Insurance Company Best Buy HSA PPO products can be sold only to sole source accounts.
- Accounts with fewer than 10 eligible employees can offer the Best Buy HSA PPO products only on a stand-alone basis.
- All Best Buy HSA PPO products are available through Intermediaries.

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

#### Group Size

1-5 eligible employees:

6-9 eligible employees (PPO):

10-50 eligible employees (PPO):

6-50 eligible employees (HMO):

#### Eligibility Requirements

100% of eligible employees

75% of eligible employees

75% of eligible employees

Renewals: 50% of eligible employees; 75% for side-by-side product options

Prospects: 75% of eligible employees

### PPO Business Rules

- At least 51% of eligible subscribers in the account must work within Massachusetts.

### Triple Option Business Rules

- An employer with out-of-area subscribers may offer two HMOs side-by-side for in-area subscribers and a PPO plan exclusively for the out-of-area subscribers. The PPO plan must be a product that can be offered with both HMO products.

### Minimum Number of Participating Subscribers

75% of those employees who are eligible for health benefits must participate in a group health plan sponsored by the employer (not necessarily those provided by HPHC).

All plans listed meet **Massachusetts Minimum Creditable Coverage (MCC) Standards**

**Notes:** Please note that this document provides an overview of small group benefit designs only. Complete plan designs are defined in the applicable Evidence of Coverage (EOC). If there are discrepancies between this document and the EOC, the terms of the EOC apply.

For any questions on the application of these rules to a specific account, please call your HPHC representative.



Harvard Pilgrim  
HealthCare



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Company