

	Harvard Pilgrim Health Care, Inc.		
Bristol	Stride Value Rx (HMO) (\$61)	Stride ValueRx Plus (HMO) (\$157)	Stride Basic RX (HMO) (\$25)
Dukes	Stride Value Rx (HMO) (\$61)	Stride ValueRx Plus (HMO) (\$157)	
Essex	Stride Value Rx (HMO) (\$61)	Stride ValueRx Plus (HMO) (\$157)	
Middlesex	Stride Value Rx (HMO) (\$61)	Stride ValueRx Plus (HMO) (\$157)	
Norfolk	Stride Value Rx (HMO) (\$61)	Stride ValueRx Plus (HMO) (\$157)	
Plymouth	Stride Value Rx (HMO) (\$61)	Stride ValueRx Plus (HMO) (\$157)	Stride Basic RXs (HMO) (\$25)
Suffolk	Stride Value Rx (HMO) (\$61)	Stride ValueRx Plus (HMO) (\$157)	
Worcester	Stride Value Rx (HMO) (\$61)	Stride ValueRx Plus (HMO) (\$157)	
CO-PAYS - Beneficiary Costs			
Health Plan Deductible	\$0	\$0	\$0
PCP	\$20	\$10	\$20
Specialist	\$40	\$25	\$40
Inpatient Hospital	D1-D6 \$275 p/day (no limit)	D1-D5:\$150 p/day (\$750 annual limit)	\$320 / Day 1-5
Outpatient Services/Surgery	\$250	\$150	\$20%

NOT FOR DISTRIBUTION

10/7/2011

Diagnostic Tests and Labs	\$20 lab/xray, \$150 imaging	\$0 lab/xray, \$60 imaging	\$20 lab/xray, \$20% imaging
Skilled Nursing	D1-20 \$20 / Day 1-20 & \$160 / Day 21-100	D1-20 \$20 p/day D21-44 \$100 p/day & D45-100 \$0 p/day	\$0 / Day 1-20 & \$160 / Day 21-100
Emergency Room	\$100	\$100	\$80
Urgent Care	\$40	\$30	\$45
Ambulance	\$150	\$150	\$250
DME	\$20%	\$20%	\$20%
Diabetic Supplies	\$0	\$0	\$20%
Part B Medications	\$20%	\$15%	\$20%
Annual Maximum	\$3,400	\$3,400	\$6,700
Drug Deductible	\$320 tier 3,4, and 5	\$0	\$405 T3-T5
Drug Co-pays Tier 1	30d \$0, 90d mail\$0	30d \$0, 90d mail\$0	30d \$0, 90d mail\$0
Tier 2	30d\$10 ,90d mail\$20	30d\$10, 90d mail \$20	30d\$10, 90d mail \$20
Tier 3	30d\$47, 90d mail\$94	30d\$47, 90d mail\$94	30d\$47, 90d mail\$94
Tier 4	30d\$100, 90d mail/\$250	30d\$100, 90d mail/\$250	30d\$100, 90d mail/\$250
Tier 5	26%	33%	33%
Gap Generic Coverage	not covered	tier 1 \$0/\$0	tier 1 \$0/\$0
Vision (Yes/No)	yes	yes	yes
Hearing (Yes/no)	yes	yes	yes
Dental (Yes/No)	yes	yes	no

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