Health Insurance Matrix 01/01/25- 12/31/25

Description	Harvard Pilgrim Best Buy HSA	Harvard Pilgrim HMO	Harvard Pilgrim Access America PPO
Plan type	HMO - in-network benefits only	HMO - in-network benefits only	PPO - in-network and Out-of-Network benefits
Network	Harvard Pilgrim HMO (MA, NH, RI)	Harvard Pilgrim HMO (MA, NH, RI)	In-Network (MA, NH, RI): HPHC In-Network outside of HPHC service area: UHC Out-of-network: all other providers
Primary Care Physician (PCP) referrals required?	Yes. Some services do not require PCP referral including: emergency care, outpatient behavioral health/substance use disorder services, routine OB-GYN exams, maternity care, routine eye exams, acupuncture, chiropractic services and pediatric dental	Yes. Some services do not require PCP referral including: emergency care, outpatient behavioral health/substance use disorder services, routine OB-GYN exams, maternity care, routine eye exams, acupuncture, chiropractic services and pediatric dental	No PCP referrals required
Calendar Year Deductibles	For most services, you must meet a deductible before the plan starts to pay: $4,000 for an individual, or $8,000 for a family. If enrolled in a family contract the entire family deductible must be satisfied before Harvard Pilgrim Health Care will begin to pay claims for any family member.	N/A	In Network: $1,500 for each member, or $3,000 for all family members covered under the same membership Out-of-Network: $3,000 for each member, or $6,000 for all family members covered under the same membership
HSA Contributions	WPI will contribute $1,800 for an individual, or $4,000 for a family into an HSA account.	N/A	N/A
Calendar Year Out-of- Pocket Maximum: includes all medical and prescription copays, deductible and coinsurance expenses.	$6,000 for each member, or $12,000 for all family members covered under the same membership. Once this is met, the plan pays 100% for the rest of the plan year.	$2,500 for each member, or $5,000 for all family members covered under the same membership. Once this is met, the plan pays 100% for the rest of the plan year.	$5,000 for each member, or $10,000 for all family members covered under the same membership. Once this is met, the plan pays 100% for the rest of the plan year.
Office Visits	Primary Care Physician: 20% coinsurance after deductible Specialist: 20% coinsurance after deductible	Primary Care Physician: $25 copay Specialist: $25 copay (level 1), $40 copay (level 2)	In Network: Primary Care Physician: $25 copay Specialist: $25 copay (level 1), $40 copay (level 2) Out-of-Network: 20% co-insurance after deductible

Health Insurance Matrix 01/01/25- 12/31/25

Description	Harvard Pilgrim Best Buy HSA	Harvard Pilgrim HMO	Harvard Pilgrim Access America PPO
Preventive care - including routine physical, gynecological, well child, school, camp, sports,	Covered in full	Covered in full	In Network: Covered in full Out-of-Network: 20% co-insurance after deductible
Routine OB-GYN Exams	Covered in full (one per calendar year)	Covered in full (one per calendar year)	In Network: Covered in full Out-of-Network: 20% co-insurance after deductible (One per calendar year)
Pap Smears	Included as part of the physical exam	Included as part of the physical exam	Included as part of the physical exam
Routine Colonoscopy	Covered in full for screening for colon or colorectal cancer in the absence of symptoms, with or without surgery	Covered in full for screening for colon or colorectal cancer in the absence of symptoms, with or without surgery	In Network: Covered in full for screening for colon or colorectal cancer in the absence of symptoms, with or without surgery Out-of-Network: 20% co-insurance after deductible
Chiropractic Services	20% coinsurance after deductible	$40 copay	In Network: $40 copay Out-of-Network: 20% co-insurance after deductible
Acupuncture	20% coinsurance after deductible	$40 copay	In Network: $40 copay Out-of-Network: 20% co-insurance after deductible
Diagnostic Laboratory and X-Rays	20% coinsurance after deductible	Covered in full	In Network: Covered in full after deductible Out-of-Network: 20% co-insurance after deductible
High Tech Radiology - CT Scans, MRIs, and PET Scans	20% coinsurance after deductible	$75 copay Only charged twice annually per member; Maximum of 2 copays per year regardless of diagnosis	In Network: Covered in full after deductible Out-of-Network: 20% co-insurance after deductible

Health Insurance Matrix 01/01/25- 12/31/25

Description	Harvard Pilgrim Best Buy HSA	Harvard Pilgrim HMO	Harvard Pilgrim Access America PPO
Emergency Room Visits	20% coinsurance after deductible	$150 copay (waived if admitted)	$150 copay (waived if admitted)
Mental Health Counseling (Individual therapy)	20% coinsurance after deductible	$25 copay	In-Network: $25 copay Out-of-Network: 20% co-insurance after deductible
Out-of-Area Emergency Care	Seek treatment at the nearest appropriate health care facility. All emergency services are covered at the In-Network level.	Seek treatment at the nearest appropriate health care facility. All emergency services are covered at the In-Network level.	Seek treatment at the nearest appropriate health care facility. All emergency services are covered at the In-Network level
Non-Emergency Hospital Admission	Before you enter a facility for inpatient non-emergency medical care and non-maternity care, your network provider must obtain approval from the Plan in order for the care to be covered	Before you enter a facility for inpatient non-emergency medical care and non-maternity care, your network provider must obtain approval from the Plan in order for the care to be covered	Before you enter a facility for inpatient non-emergency medical care and non- maternity care, your network provider must obtain approval from the Plan in order for the care to be covered
Prescription Drugs *Retail* (Any participating pharmacy) Coverage through OptumRX (855-546-3439)	After deductible $15 - Tier 1 $30 - Tier 2 $50 - Tier 3	$15 - Tier 1 $30 - Tier 2 $50 - Tier 3	$15 - Tier 1 $30 - Tier 2 $50 - Tier 3
Prescription Drugs *Mail Order* - 90-Day Supply Coverage through OptumRX (855-546-3439)	After deductible $30 - Tier 1 $60 - Tier 2 $100 - Tier 3	$30 - Tier 1 $60 - Tier 2 $100 - Tier 3	$30 - Tier 1 $60 - Tier 2 $100 - Tier 3
Dental Care, Routine Exams, Cleaning	N/A	N/A	N/A

Description	Harvard Pilgrim Best Buy HSA	Harvard Pilgrim HMO	Harvard Pilgrim Access America PPO
Pediatric Preventive Dental Coverage for Dependent Children under age 12	Covered in Full (two visits per member, per year)	Covered in Full (two visits per member, per year)	Not Covered
Inpatient Hospital Services - Semi-Private Room	Yes	Yes	Yes
Inpatient Hospital Services - Private Room	When medically necessary	When medically necessary	When medically necessary
Inpatient Hospital Care & Surgery	20% coinsurance after deductible	$500 copay per admission	In Network: covered in full after deductible Out-of-Network: 20% co-insurance after deductible
Outpatient (Day) Surgery Hospital or Surgical Facility	20% coinsurance after deductible	$250 copay per visit	In Network: covered in full after deductible Out-of-Network: 20% co-insurance after deductible
Outpatient (Day) Surgery Office Setting	20% coinsurance after deductible	$250 copay per visit	In Network – in office: Applicable Office Visit copay applies In-network – outpatient facility: Covered in full after deductible Out-of-Network: 20% co-insurance after deductible

Description	Harvard Pilgrim Best Buy HSA	Harvard Pilgrim HMO	Harvard Pilgrim Access America PPO
Lifetime Maximum (Catastrophic Illness)	None	None	None
Optical--through EyeMed	Vision Exam - $25 copay, One per calendar Year 35% off the retail price of frames, as well as discounts on lenses and lens options with the purchase of a complete pair of eyeglasses 15% off the retail price, or 5% off the promotional price of LASIK and PRK laser vision correction	Vision Exam - $25 copay, One per calendar Year 35% off the retail price of frames, as well as discounts on lenses and lens options with the purchase of a complete pair of eyeglasses 15% off the retail price, or 5% off the promotional price of LASIK and PRK laser vision correction	Vision Exam - $25 copay, One per calendar year 35% off the retail price of frames, as well as discounts on lenses and lens options with the purchase of a complete pair of eyeglasses 15% off the retail price, or 5% off the promotional price of LASIK and PRK laser vision correction
Durable Medical Equipment	20% coinsurance after deductible	20% coinsurance	In Network: 20% coinsurance Out of network: 20% coinsurance after deductible
Diabetic Equipment	Therapeutic molded shoes and inserts, dosage gauges, injectors, lancet devices, voice synthesizers and visual magnifying aids - Subject to the applicable cost sharing under the durable medical equipment benefit. Blood glucose monitors, insulin pumps and supplies and infusion devices - 20% coinsurance after deductible. Insulin, insulin syringes, insulin pens with insulin, lancets, oral agents for controlling blood sugar, blood test strips, and glucose, ketone and urine test strips - Subject to the applicable prescription drug copay. These items are also available through DME providers and are covered in full after deductible	Therapeutic molded shoes and inserts, dosage gauges, injectors, lancet devices, voice synthesizers and visual magnifying aids - Subject to the applicable cost sharing under the durable medical equipment benefit. Blood glucose monitors, insulin pumps and supplies and infusion devices - Subject to the applicable cost sharing under the durable medical equipment benefit (No deductible). Insulin, insulin syringes, insulin pens with insulin, lancets, oral agents for controlling blood sugar, blood test strips, and glucose, ketone and urine test strips - Subject to the applicable prescription drug copay. These items are also available through DME providers and are covered in full	Therapeutic molded shoes and inserts, dosage gauges, injectors, lancet devices, voice synthesizers and visual magnifying aids - Subject to the applicable cost sharing under the durable medical equipment benefit. Blood glucose monitors, insulin pumps and supplies and infusion devices - Subject to the applicable cost sharing under the durable medical equipment benefit Insulin, insulin syringes, insulin pens with insulin, lancets, oral agents for controlling blood sugar, blood test strips, and glucose, ketone and urine test strips - Subject to the applicable prescription drug copay. These items are also available through DME providers and are covered in full (In-Network) or 20% coinsurance (Out-of-network)

Health Insurance Matrix 01/01/25- 12/31/25

Description	Harvard Pilgrim Best Buy HSA	Harvard Pilgrim HMO	Harvard Pilgrim Access America PPO
Wellness Plans	Weight Loss Benefit: $150 per year per subscriber Wellness Benefit: $150 per year for up to two covered members; $300 combined maximum Mindfulness & Stress Management: 15% discount on cost of tuition for 8- week Programs at UMASS	Weight Loss Benefit: $150 per year per subscriber Wellness Benefit: $150 per year for up to two covered members; $300 combined maximum Mindfulness & Stress Management: 15% discount on cost of tuition for 8- week Programs at UMASS	Weight Loss Benefit: $150 per year per subscriber Wellness Benefit: $150 per year for up to two covered members; $300 combined maximum Mindfulness & Stress Management: 15% discount on cost of tuition for 8- week Programs at UMASS
Unique Features	Allergy Injections: Deductible applies Speech, Hearing, and Language Disorder Treatment: 100% after deductible - no limit Short Term Rehabilitation Therapy (Physical and Occupational): 100% after deductible - Covered up to 30 visits each per calendar year	Allergy Injections: $5 copay Speech, Hearing, and Language Disorder Treatment: $25 copay - no limit Short Term Rehabilitation Therapy (Physical and Occupational): $25 copay- Covered up to 30 visits each per calendar year	Allergy Injections: In-Network: $5 copay Out-of-Network: 20% coinsurance after deductible Speech, Hearing, and Language Disorder Treatment: In-Network: $25 copay - no limit Out-of-Network: 20% coinsurance after deductible Short Term Rehabilitation Therapy (Physical and Occupational): In-Network: $25 copay - Covered up to 30 visits each per calendar year Out-of-Network: 20% coinsurance

Description	Harvard Pilgrim Best Buy HSA	Harvard Pilgrim HMO	Harvard Pilgrim Access America PPO
Hospitals	100% of all MA, NH, and RI hospitals	100% of all MA, NH, and RI hospitals	100% of all MA, NH, and RI hospitals National network of providers and hospitals

For a complete description of benefits, please refer to your plan certificate (booklet). In case of a discrepancy, the plan certificate will prevail. Please refer to the summary plan description (SPD) for complete details on plan eligibility.