



Point32Health 2022 Medical Plans

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Agenda

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Open Enrollment 2022 At-a-Glance







Monday, November 1st – Tuesday, November 16th

- Point32Health employees may elect medical and pharmacy coverage from either the heritage Harvard Pilgrim or heritage Tufts Health Plan offerings
- In line with Harvard Pilgrim, Tufts Health Plan rates are now on a 4-tier contract basis. You may now elect an Employee, Employee + Spouse, Employee + Child(ren) or Family contract for coverage
- To discuss your options before you make a decision, contact SmartStart at (866) 874-0817 or email smartstart@harvardpilgrim.org
- To research your options, go to Point32Health.org/employeebenefits
- For decision support, we encourage you to use Decision Doc powered by MyHealthMath to understand the most cost-effective, quality plan for your situation and be rewarded for doing so. Go to www.myhealthmath.com/Point32Health

If you do nothing, your current medical elections will *not* be in effect as of January 1, 2022

Important Differences

Certain services specifically align with the plan you elect

	Tufts Health Plan	Harvard Pilgrim Health Care
 Member Services	Call (877) 658-3635	Call (888) 333-4742
 Telehealth Services	Teladoc	Doctor on Demand
 Behavioral Health Services	In-sourced care	UBH/Optum
 Pharmacy Services	CVS Caremark	OptumRx
 Health Savings Account	Bend	HealthEquity
 Health Reimbursement Account	N/A	HealthEquity

Medical Plans Offerings

Heritage Organization	Plan Name	Who can enroll?*	Type of Coverage	
<p>Tufts Health Plan</p>	Your Choice EPO	Employees with a home state of CT, MA, ME, NH, RI, VT	In-network	Limited out-of-network coverage for urgent care / emergencies only
	Your Choice PPO	Employees with a home state of CT, MA, ME, NH, RI, VT	In-network	Out-of-network
	Advantage PPO Saver	Employees in any state	In-network	Out-of-network
<p>Harvard Pilgrim Health Care</p>	Best Buy HRA HMO	Employees with a home state of CT, MA, ME, NH, RI, VT or certain contiguous locations along NY's eastern border	In-network	Limited out-of-network coverage for urgent care / emergencies only and registered Out-of-Area Dependents
	Best Buy HSA HMO	Employees with a home state of CT, MA, ME, NH, RI, VT or certain contiguous locations along NY's eastern border	In-network	Limited out-of-network coverage for urgent care / emergencies only and registered Out-of-Area Dependents
	Best Buy HSA PPO	Employees in any state	In-network	Out-of-network

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	No PCP required	No PCP required	PCP required	PCP required	No PCP required
Referrals required	No referrals required	No referrals required	Referrals required	Referrals required	No referrals required
Co-pay based on tier of provider	In-network: co-pay based on tier of provider	In-network coverage: subject to deductible \$1,500 Employee \$3,000 Family	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
Out-of-Network coverage for Emergency and Urgent Care only	Out-of-network coverage: deductible then 20% coinsurance \$1,500 Employee \$3,000 Family deductible	Out-of-network coverage: deductible, then 20% coinsurance \$1,500 Employee \$3,000 Family deductible (Deductible cross accumulates between in and out-of-network)	Out-of-Network coverage for Emergency and Urgent Care only	Out-of-Network coverage for Emergency and Urgent Care only	Out-of-Network member cost share: Deductible, then 20% Coinsurance Annual Deductible: \$1,500/Employee \$3,000/Family In and out-of-network do not combine (cross accumulate)

Tufts Health Plan: Your Choice Plans

Your Choice EPO and PPO In-Network				PPO Only – Out of Network
Deductible	N/A			\$1,500 Employee \$3,000 Family
Annual Out of Pocket Maximum (Medical & Pharmacy combined)	\$5,000 Employee \$10,000 Family			\$5,000 Employee \$10,000 Family
In-Network	Tier 1	Tier 2	Tier 3	Out of Network
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

Tufts Health Plan: Advantage Saver PPO Plan

	Tufts Health Plan Network	Out of Network
Deductible Medical & Pharmacy: combined (Cross-accumulates)		\$1,500 Employee \$3,000 Family *Note: The Individual Deductible does not apply to a family plan. The Family Deductible is satisfied only when (1) any combination of Members in a family meet the Family Deductible; or (2) one Member of a family reaches the Family Deductible
Annual Maximum Out-of-Pocket Medical & Pharmacy: combined (Cross-accumulates)		\$3,000 Employee \$6,000 Family
Preventive Immunizations/ Screenings	Covered in full	Deductible, then 20% Coinsurance
Specialist Visits	100% after deductible	Deductible, then 20% Coinsurance
Inpatient hospital	100% after deductible	Deductible, then 20% Coinsurance
Emergency Room/Urgent Care	100% after deductible	Deductible then Covered in full

Harvard Pilgrim: Best Buy HMO Plans

	Best Buy HRA HMO In-Network	Best Buy HSA HMO In-Network
Annual Deductible: HRA HMO: Medical & Pharmacy: separate HSA HMO: Medical & Pharmacy: combined	\$1,500 Employee \$3,000 Family (Embedded)	\$1,500 Employee Coverage \$3,000 Family Coverage (If you have Family Coverage, the Deductible may be met by any combination of covered family Members. The Individual Deductible does not apply)
Annual Out-of-Pocket Maximum: Includes all member cost sharing Medical & Pharmacy: combined	\$3,000 Employee \$6,000 Family (Embedded)	\$3,000 Employee Coverage \$6,000 Family Coverage (If you have Family Coverage, the Out-of-Pocket Maximum may be met by any combination of covered family Members. The Individual Out-of-Pocket Maximum does not apply)
PCP Visit	\$20 Copayment per visit	Deductible, then no charge
Specialist Visits	\$20 Copayment per visit	Deductible, then no charge
Preventive Care: Routine examinations including immunizations, screening services	No charge	No charge
Inpatient Admission	Deductible, then no charge	Deductible, then no charge
Outpatient Surgery	Deductible, then no charge	Deductible, then no charge
Emergency Room	Deductible, then \$100 Copayment per visit	Deductible, then no charge

Harvard Pilgrim: Best Buy PPO Plan

	Best Buy HSA PPO In-Network	Best Buy HSA PPO Out-of-Network
Annual Deductible: Medical & Pharmacy: combined In & Out-of-Network: do not combine	\$1,500 Employee Coverage \$3,000 Family Coverage (If you have Family Coverage, the Deductible may be met by any combination of covered family Members. The Individual Deductible does not apply.)	\$3,000 Employee Coverage \$6,000 Family Coverage (If you have Family Coverage, the Deductible may be met by any combination of covered family Members. The Individual Deductible does not apply.)
Annual Out-of-Pocket Maximum: 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. Medical & Pharmacy: combined	\$3,000 Employee Coverage \$6,000 Family Coverage (If you have Family Coverage, the Out-of-Pocket Maximum may be met by any combination of covered family Members. The Individual Out-of-Pocket Maximum does not apply. Once)	\$6,000 Employee Coverage \$12,000 Family Coverage (If you have Family Coverage, the Out-of-Pocket Maximum may be met by any combination of covered family Members. The Individual Out-of-Pocket Maximum does not apply. Once)
Preventive Care: Routine examinations including immunizations, screening services	No charge	20% Coinsurance
Office Visits: PCP & Specialist	Deductible, then no charge	Deductible, then no charge
Inpatient Hospital	Deductible, then no charge	Deductible, then 20% Coinsurance
Emergency Room	Deductible, then no charge	Deductible, then no charge

High Deductible Plan Advantages

- Qualified high deductible health plans (HDHPs) allow you to pair your plan with a health savings account (HSA) and benefit from the tax advantages
 - You must open an HSA account to do so
- Pay an upfront deductible for covered non-routine services that are subject to the deductible
 - Once satisfied, services subject to the deductible are covered in full
 - Non-routine services include consultations, evaluations, sickness and injury care
 - Preventative 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

Tufts Health Plan: Prescription Drug Coverage

- The pharmacy coverage is administered by CVS Caremark
- All medical plan in-network options have the same pharmacy benefit
- If the copayment is higher than the actual cost of the Rx, you will pay the cost of the Rx
- **Advantage PPO Saver:** For some preventive medications, the deductible is by-passed and the co-pay applies (i.e. medications to treat/prevent high cholesterol, high blood pressure, diabetes, asthma, pre-natal vitamins)
- Out-of-network: Reimbursable at the in-network level
- *Applies to a subset of generic medications

Prescription Type	Retail Cost 30 day supply	Mail Order or Mail at Retail (90 day supply)
Low Cost Generics*	\$5	\$10
Tier 1	\$15	\$30
Tier 2	\$30	\$60
Tier 3	\$50	\$100

Harvard Pilgrim: Prescription Drug Coverage

- OptumRx is the Pharmacy Benefit Manager; Harvard Pilgrim 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
- 30-Day supply available at Retail – use the national network of pharmacies
- 90-Day supply available via OptumRx Home Delivery – maintenance medications only
- 90-Day supply available – Retail90 Network pharmacies only
- 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)
- Prescriptions are covered in full once the annual out-of-pocket maximum is reached
- The HSA plans offer the preventive drug benefit

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

Retail: 30-day supply

Tier 1: \$5
 Tier 2: \$15
 Tier 3: \$30
 Tier 4: \$50
 Tier 5: 20% Coinsurance up to \$150 maximum per prescription or refill

Retail: 30-day supply

✓ 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

Mail Order: 90-day supply

Tier 1: \$10
 Tier 2: \$30
 Tier 3: \$60
 Tier 4: \$120
 Tier 5: 20% Coinsurance up to \$450 maximum per prescription or refill

Mail Order: 90-day supply

✓ 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

Value 5-Tier Formulary

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. 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.

Health Savings Accounts (HSA)

	Tufts Health Plan	Harvard Pilgrim Health Care
Plan Administrator	Bend	HealthEquity
Want to learn more about HSAs?	Bendhsa.com/resources	https://healthequity.com/learn/hsa
How to set up your HSA bank account?	Follow the instructions sent to your work e-mail by Bend	Bank account is automatically opened once your enrollment is received.
How to activate your HSA bank card	You will receive a home mailing with your card and instructions to activate it	Once your account is opened, you will receive a member Welcome Kit including a HealthEquity Visa Health Account Card. Activation instructions are included in the envelope
Who is the banking partner?	UMB Bank	Bancorp
Will I be receiving a new card if I'm already enrolled?	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
- Harvard Pilgrim 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 <https://healthequity.com/learn/hra>
 - Member phone number - 877.826.6882
 - Member portal login - <https://my.healthequity.com>
 - Member Services email - memberservices@healthequity.com

Medical Plan Rates

Tufts Health Plan				
Your Choice EPO		Your Choice PPO		
Employee				
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$297	\$52	\$306	\$77
\$65,000 to \$129,999	\$271	\$78	\$269	\$114
\$130,000 and up	\$226	\$123	\$229	\$154
Employee + Child(ren)				
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$564	\$99	\$582	\$146
\$65,000 to \$129,999	\$517	\$146	\$512	\$216
\$130,000 and up	\$431	\$232	\$438	\$290
Employee + Spouse				
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$622	\$110	\$644	\$161
\$65,000 to \$129,999	\$571	\$161	\$567	\$238
\$130,000 and up	\$475	\$257	\$484	\$321
Family				
Annual Salary	Company Pays	You Pay	Company Pays	You Pay
\$64,999 and under	\$949	\$167	\$981	\$245
\$65,000 to \$129,999	\$870	\$246	\$864	\$362
\$130,000 and up	\$725	\$391	\$736	\$490

Tufts Health Plan		
Advantage PPO Saver		
Coverage Tier	Company Pays	You Pay
Employee	\$276	\$57
Employee + Child(ren)	\$494	\$139
Employee + Spouse	\$545	\$154
Family	\$832	\$234

Harvard Pilgrim Health Care					
Best Buy HRA HMO		Best Buy HSA HMO		Best Buy HSA PPO	
Company Pays	You Pay	Company Pays	You Pay	Company Pays	You Pay
\$362	\$79	\$349	\$67	\$354	\$73
\$745	\$223	\$721	\$192	\$731	\$206
\$813	\$243	\$787	\$209	\$797	\$225
\$983	\$293	\$951	\$253	\$963	\$272



Decision Support Tools

Important: These are not enrollment tools. To complete your elections, you must enroll in Workday

Decision Doc powered by MyHealthMath

www.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*



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



Member ID Cards

- New ID cards will be issued for members who elect a different plan or who are new to the plan
 - New cards will comply with the Federal Consolidated Appropriations Act (CAA)/No Surprised Act card requirements
- For existing members who do not change their plan, you will receive a new ID card upon request only.
 - Your electronic member ID card will be No Surprise Act compliant
- Members may go to their member account, which requires initial set-up, to view, download their member ID card to Apple Wallet and Google Pay, print and/or email a PDF of their ID card to their provider

Wrap Up & Reminders

Open Enrollment: Monday, November 1st – Tuesday, November 16th

You must take action in Workday to enroll in your medical coverage, an FSA or an HSA for 2022!

If you are connected through VPN and are ready to make your elections, click <https://wd5.myworkday.com/tuftshealthplan/d/home.html>

- Attend a virtual open enrollment meeting – go to <https://app.wellable.co/point32health> for the schedule
- Recognize that certain services align with the carrier you select – for more information go to www.Point32Health.org/employeebenefits
- If you elect a high deductible health plan option, you must open an HSA account through HealthEquity (Harvard Pilgrim) or Bend (THP) to take part in the tax advantages
- If you are interested in Out-of-Area Dependent coverage for eligible dependents, ask the SmartStart or Member Services teams for information