

Harvard Pilgrim Health Care of New England – NH Small Group Benefit Designs

1st Quarter 2010 • Effective: January 1, 2010 through March 31, 2010

Product Name	MCC Compliant ¹	OV Copay	ER Copay	Coinsurance	Deductible (Individual/Family)	Annual Out-of-Pocket Max (I/F)	Chiropractic Care	Rx Copay	Relative Pricing*
Best Buy HMO 1000 (14)	Yes	\$20	\$100	None	\$1,000/\$3,000	None	12 Visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	0%
Best Buy Tiered HMO 1000 (M9)	Yes	\$20/\$50	\$150	None	\$1,000/\$3,000	None	12 Visits	\$10/\$35/\$50 Mail: \$20/\$70/\$150	-6%
Best Buy HMO 1000 (C1)	Yes	\$20	\$100	20% after deductible has been met	\$1,000/\$3,000	\$3,000/\$9,000	12 Visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	-8%
Best Buy HMO 1000 NetOption NH (95)	Yes	\$25	\$100	None	\$1,000/\$3,000 General deductible \$2,500/\$7,500 MA Tertiary deductible	None	12 Visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	-7%
Best Buy Tiered HMO 1500 NetOption NH (Y6)	Yes	\$25/\$50	\$150	None	\$1,500/\$4,500 General deductible \$3,000/\$9,000 MA Tertiary deductible	None	12 Visits	\$10/\$35/\$50 Mail: \$20/\$70/\$150	-20%
Best Buy HMO 2000 (87)	Yes	\$20	\$100	None	\$2,000/\$6,000	None	12 Visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	-10%
Best Buy HMO 2000 (C2)	Yes	\$20	\$100	30% after deductible has been met	\$2,000/\$6,000	\$6,000/\$18,000	12 Visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	-17%
Best Buy Tiered HMO 2000 (0U)	Yes	\$25/\$50	\$150	None	\$2,000/\$6,000	None	12 Visits	\$10/\$35/\$50 Mail: \$20/\$70/\$150	-18%
Best Buy Tiered HMO 2500 NetOption (2-LC)	Yes	\$25/\$50	\$150	None	\$2,500/\$7,500 General deductible \$4,000/\$10,000 MA Tertiary deductible	None	12 Visits	\$10/\$35/\$50 Mail: \$20/\$70/\$150	-26%
HealthFirst HMO (LW-V)	No	\$20/\$50	\$200	None	\$2,500/\$5,000 Tier 1 \$4,000/\$8,000 Tier 2	\$5,000/\$10,000	None	\$10/\$35/\$50 Mail: \$30/\$105/\$150	-21%
Best Buy Tiered HMO 3000 (0-LC)	Yes	\$25/\$50	\$150	None	\$3,000/\$9,000	None	12 visits	\$10/\$35/\$50 Mail: \$20/\$70/\$150	-21%
Best Buy HMO 3000 (Y7)	No	\$25	\$100	30% after deductible has been met	\$3,000/\$9,000	\$9,000/\$27,000	12 Visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	-22%
Best Buy Tiered HMO 3000 (3-LC)	No	\$25/\$50	\$150	30% after deductible has been met	\$3,000/\$9,000	\$9,000/\$27,000	12 Visits	\$10/\$35/\$50 Mail: \$20/\$70/\$150	-27%
Best Buy Tiered HMO 4000 (RC-D)	No	\$25/\$50	\$150	None	\$4,000/\$10,000	None	12 Visits	\$10/\$35/\$50 Mail: \$20/\$70/\$150	-26%
Best Buy PPO 1000 (H2)	Yes	\$15	\$100	IN: None OON: 30% after deductible	IN: \$1,000/\$3,000 OON: \$1,500/\$4,500 (combined)	\$3,000/\$9,000	12 visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	6%
Best Buy PPO 1000 (H3)	Yes	\$20	\$100	IN: 20% after deductible OON: 40% after deductible	IN: \$1,000/\$3,000 OON: \$2,000/\$6,000 (combined)	\$4,000/\$12,000	12 visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	-3%
Best Buy PPO 1000 (H4)	Yes	\$35	\$100	IN: 20% after deductible OON: 40% after deductible	IN: \$1,000/\$3,000 OON: \$2,000/\$6,000 (combined)	\$4,500/\$13,500	12 visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	-6%
Best Buy PPO 2000 (H5)	Yes	\$20	\$100	IN: 20% after deductible OON: 40% after deductible	IN: \$2,000/\$6,000 OON: \$3,000/\$9,000 (combined)	\$6,000/\$18,000	12 visits	\$10/\$25/\$40 Mail: \$20/\$50/\$120	-13%

I/F= Individual/Family * Relative pricing is based on the Best Buy HMO 1000 (14). Products and rates subject to NH Insurance Department approval.

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¹Mass Minimum Creditable Coverage Compliance Indicator as of 1/1/09. ² Preventive care services only/deductible applies to all other services.



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Best Buy HSA PPO 1500 (RA)	Yes	\$20 ²	Deductible applies	IN: None OON: 20% after deductible	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	12 visits	After deductible, \$10/\$25/\$40 Mail: \$20/\$50/\$120	-19%
Best Buy HSA PPO 2000 (RB)	Yes	\$20 ²	Deductible applies	IN: None OON: 20% after deductible	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$4,000/\$8,000 OON: \$8,000/\$16,000	12 visits	After deductible, \$10/\$25/\$40 Mail: \$20/\$50/\$120	-25%
Best Buy HSA PPO 3000 (RC)	Yes	\$20 ²	Deductible applies	IN: None OON: 20% after deductible	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000	12 visits	After deductible, \$10/\$25/\$40 Mail: \$20/\$50/\$120	-37%
Best Buy HSA PPO 1500 (RD)	Yes	\$20 ²	Deductible applies	IN: 20% after deductible OON: 40% after deductible	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	12 visits	After deductible, \$10/\$25/\$40 Mail: \$20/\$50/\$120	-25%
Best Buy HSA PPO 2000 (RE)	Yes	\$20 ²	Deductible applies	IN: 20% after deductible OON: 40% after deductible	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$4,000/\$8,000 OON: \$8,000/\$16,000	12 visits	After deductible, \$10/\$25/\$40 Mail: \$20/\$50/\$120	-33%
Best Buy HSA PPO 3000 (RF)	Yes	\$20 ²	Deductible applies	IN: 20% after deductible OON: 40% after deductible	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000	12 visits	After deductible, \$10/\$25/\$40 Mail: \$20/\$50/\$120	-40%
Best Buy HSA PPO 1500 (N9)	Yes	\$0 ²	Deductible applies	IN: None OON: 20% after deductible	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000	IN: \$1,500/\$3,000 OON: \$6,000/\$12,000	12 visits	Deductible applies	-14%
Best Buy HSA PPO 2000 (NL)	Yes	\$0 ²	Deductible applies	IN: None OON: 20% after deductible	IN: \$2,000/\$4,000 OON: \$4,000/\$8,000	IN: \$2,000/\$4,000 OON: \$8,000/\$16,000	12 visits	Deductible applies	-23%
Best Buy HSA PPO 3000 (NT)	Yes	\$0 ²	Deductible applies	IN: None OON: 20% after deductible	IN: \$3,000/\$6,000 OON: \$6,000/\$12,000	IN: \$3,000/\$6,000 OON: \$10,000/\$20,000	12 visits	Deductible applies	-33%

I/F= Individual/Family * Relative pricing is based on the Best Buy HMO 1000 (14). Products and rates subject to NH Insurance Department approval.

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Deductible RX

The following BOCs can be sold with the \$10/\$25/\$40 with \$250 Individual/\$500 Family deductible.

BOCs	95	14	C1	87	C2	Y7	H2	H3	H4	H5
Relative pricing	-10%	-3%	-11%	-12%	-20%	-24%	3%	-6%	-9%	-16%

* Relative pricing is based on the Best Buy HMO 1000 (14). Products and rates subject to NH Insurance Department approval.

The following BOCs can be sold with the \$10/\$35/\$50 with \$250 Individual/\$500 Family deductible.

BOCs	M9	Y6	0U	2-LC	0-LC	3-LC
Relative pricing	-8%	-22%	-20%	-28%	-24%	-28%

* Relative pricing is based on the Best Buy HMO 1000 (14). Products and rates subject to NH Insurance Department approval.

HMO Business Rules

HPHC-NE requires 75% participation of eligible employees on a stand-alone basis, and 37.5% participation as a dual option.

Harvard Pilgrim Best Buy HMO/PPO

- The deductible applies to all inpatient services; skilled nursing facilities; all inpatient maternity; CT scans and MRI; day surgery and ambulance transport.
- OV/ER and Rx copays are exempt from the deductible.

HPHC Insurance Company Best Buy HSA PPO:

- The deductible applies to all services except select preventive services.
- Rx applies to the deductible.
- All cost sharing applies to the out-of-pocket maximum.

NetOption NH

- The deductible applies to Massachusetts tertiary hospitals for: Inpatient acute hospital services, including day surgery, CT and MRI scans, and inpatient maternity care services for mother.
- Massachusetts's tertiary hospitals include: Baystate Medical Center, Beth Israel Deaconess Medical Center, Boston Medical Center, Children's Hospital, Dana-Farber Cancer Institute, Lahey Clinic, Tufts Medical Center and UMass Memorial Medical Center.
- The following facilities/providers do not participate in the NetOption NH product: All Partners Affiliated providers including Massachusetts General Hospital (MGH) and The Brigham and Women's Hospital (BWH).

NH Allowed Side-by-Side Offerings Business Rules:

1. If two HMO products are offered (dual option), HPHC-NE requires that employer contribution percentage on high option plans must be equal to or greater than the contribution percentage on the low option plan.
2. At least 51% of eligible employees must work within NH in order to offer a PPO.
3. For side-by-side offerings, the difference in relative pricing between the side-by-side offerings cannot be greater than 33.5% (Rate of the highest option/Rate of the lowest option – 1 ≤ 33.5%)
4. For renewal accounts with dual options, their current plan options will still apply even if under the current indicated relative pricing the two plans do not fall within the differential guidelines. New accounts must follow the current pricing guidelines.