

# Howdy, member

Welcome to better benefits



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**2026 Individual and Family Plan**

Effective January 1, 2026

**Harbor  
Health**



# Coverage that keeps you well & costs you less

## Harbor Health's Individual & Family Plan

Wouldn't it be great if health insurance actually kept you healthy?

Here at Harbor Health we think so, too.

But...we may be a little biased.

That's because Harbor Health didn't start out as a health insurance company. We started out by delivering healthcare—right from our own clinics.

Before long, we felt limited by traditional health plans: confusing, expensive coverage that gets in the way of health instead of truly fostering it.

So, we decided to make our own health plan—designed by Austin's leading doctors and healthcare innovators to keep our members on the smartest path to health, for way less.

The result? A new kind of plan that brings care and coverage together.

We hope you'll love it as much as we do.

## This plan has some serious perks:



No deductible. No kidding! Just coverage that kicks in immediately



\$0 visits to Harbor Health clinics



Low cost generic prescriptions



Same-day and next-day appointments at Harbor Health clinics



Your own dedicated Health Team



# Primary Care Team

With this plan, you can see any Network Provider who participates in the Harbor Health Individual and Family Network and receive coverage for Covered Health Services.

When seeking additional healthcare services, we strongly recommend working with a Primary Care Physician. Working with a Primary Care Physician provides you with access to a broader health care team that may include other medical professionals such as a Registered Nurse, Dietician, Health Care Coach, and others depending on your health care needs.

The Harbor Health medical plan is designed to keep you well and cost you less. By taking the time to understand your plan, you can pay as little as \$0 out of pocket for certain medical expenses.

*Here's how it works.*

1

## **Make an appointment with a network primary care provider.**

Working with a PCP gives you access to an entire Health Team—including experts like registered nurses, dietitians, health coaches, mental health professionals, and more. It all depends on your unique needs and goals.

2

## **Call or visit your Health Team first.**

Whenever you have general, non-emergent health concerns, reach out to your Health Team via call, text, or portal message. They'll respond quickly to assess your needs and guide you toward the appropriate next steps.

It may be as simple as a telehealth appointment or a drop-in to Express Care. If you need a referral to a specialist or another provider, your Health Team will help with that, too.

3

## **Stick to the plan.**

As long as you follow the plan you and your Health Team make, you'll pay \$0 for certain services. If you decide to visit a Network Specialist or provider without first obtaining a referral from your Primary Care Physician, you're responsible for the higher cost share listed in the Schedule of Benefits.

## Services that are eligible for \$0 out of pocket:

- Advanced imaging (e.g., MRI, CT, PET)
- Home health care
- Home hospice care
- Laboratory Testing\*
- Outpatient habilitation & rehabilitation services
- Outpatient mental health & substance use disorder services (e.g., partial hospitalization)
- Outpatient surgery
- Scopic procedures (e.g., colonoscopy)
- Specialist office visits\*\*
- X-Ray & diagnostic imaging

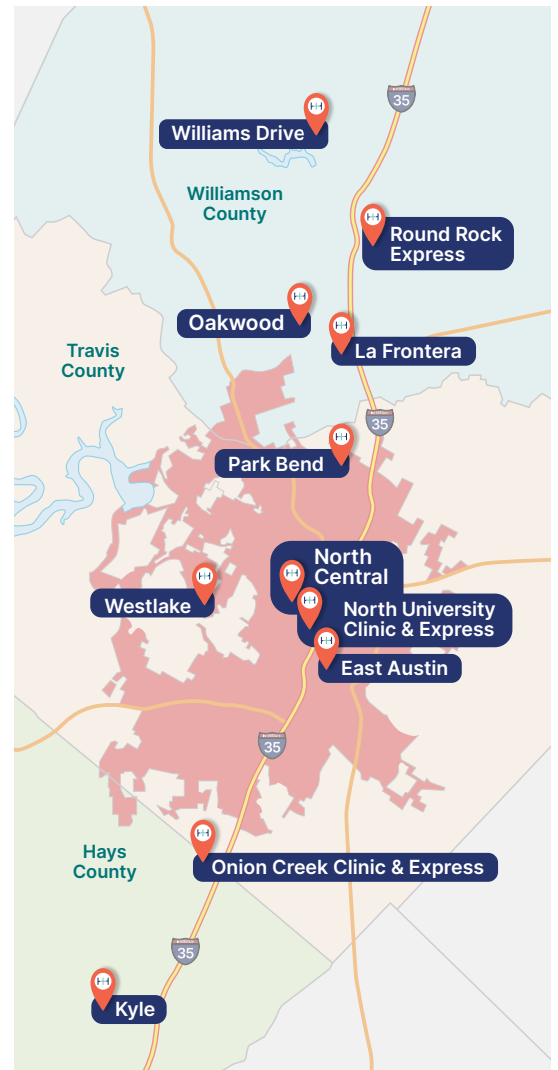
\*All genetic testing, other than BRCA, is not eligible for \$0 cost share

\*\*To pay \$0 for an office visit with a Network Specialist (e.g., a cardiologist, neurologist, etc.), you must obtain a referral from your Health Team first

# Harbor Health service area

Care from Georgetown to Kyle—and beyond

Harbor Health has over a dozen of our own clinics all across the Austin area, but your medical plan covers care at hundreds of facilities. From primary and express care clinics to specialist facilities and pharmacies, your Harbor Health plan gives you access to the care you need, when and where you need it.

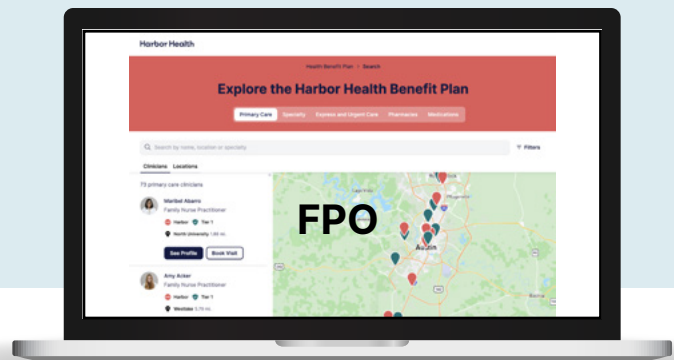


## Explore providers and clinics

Search clinics, providers, pharmacies and more with our interactive coverage map.

## Click or scan to search

Visit [harborhealth.com/shop-plans/atx-in-area-providers](https://harborhealth.com/shop-plans/atx-in-area-providers)



# Your member ID card

After you enroll in your Harbor Health medical plan, you and your covered dependents will each receive a Harbor Health member ID card. It conveniently captures all of your plan's important information.

We recommend carrying it with you at all times—you never know when you might need it!



## Your ID card

3-10 business days after enrollment, you will receive your Harbor Health ID cards in the mail.

*If you need additional cards you can call Harbor Help at: (855) 481-8375*

Harbor Health		Capital Rx	
Subscriber 123456789	Medical Plan	Coinsurance: 75/25%	
Member Name First Last Name	Deductible	Out-of-Pocket	
Member ID Health Axis Member ID	Individual: \$0	\$10,150	
Group Number Health Axis Group	Family: \$0	\$20,300	
Plan Type HMO In network coverage only	Pharmacy Plan	Rx Group Number	
Effective Date 01/01/2024	RxBIN	HHCOM	
	610852	CHM	
	Pharmacy Copay	Tier 1 Prescription Drug: \$10 Tier 2 Prescription Drug: 50% Tier 3 Prescription Drug: 50%	

HarborHealth.com		Harbor Health	
Claims Submission	Customer Service		
Medical Claims			
Electronic Payer ID: HARBR	Provider Medical Services: 855-481-0525		
Claim Address: Harbor Health PO Box: 211262 Eagan, MN 55121	Member Services: 855-481-0225 Nursing Line: 855-481-1115 Pharmacy Services: 855-481-1620		
First Health Network Complementary	Member will call this number: 855-481-0225 to report all emergency admissions within 24 hours.		

## Ready to sign up?



Visit us at [HarborHealth.com](https://HarborHealth.com)



Call your broker



Visit [healthcare.gov](https://healthcare.gov) or your state's health insurance marketplace

## 1557 Nondiscrimination and Languages/Accessibility Notices

Harbor Health complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for people with disabilities.

If you need these services, please call us at (855) 481-0225.

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

**Phone:** 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**ATTENTION:** If you speak **English**, free language assistance services and free communications in other formats, such as large print, are available to you. Please call us at (855) 481-0225.

**ATENCIÓN:** Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro.

تالسا رمل او ٲين اجمال ٲي وغلل ٲدع اسمل ا تامدخ كل رفوتتس (Arabic) ٲي برعل ٲغلل ا شحتت تنك اذ: ٲظالم  
فيري عت ٲق اطب ىل ع نودمل ٲين اجمال مقرلاب لصتا. ٲري بك فرح أب عاب طلال لثم، ىرخ ا ٲاقى سن تب ٲين اجمال  
كتصاخ وضعل

**দখেুন:** আপনি যনি **বাংলায় (Bengali)** কথা বলতে, তাহলে নবমিলে ভাষা সহায়তা পনলিষবা এবং বড়  
মুদ্রলটে মলতা অটিে ফমিলে যযাগলযাগগুনে আপাি জাি নবমিলে উপবেধ।আপনার সদস্সরে পররচয়প্সরে  
কাস্ডরে টাল-রনি নম্বস্সর কল করুন

**ATENSHUN:** Gare kapetal **Faluwasch (Carolinian)**, ye toore paliuwal kapetal Faluwasch lane sew me sew  
format, tapil lane fateofat, bwe bwale tepangiyom. Kol yegili nampa la ye toore paliuwal woal kard la laumw.

**ATENSION:** Yanggen fifino' hao **Chamoru (Chamorro)** guaha setbisio siha para hãgu ni' mandibãtdi, i setbision  
fino' pat lengguãhi yan fina'uma'espiahi gi otro na manera siha taiguihi i para mana'dãngkolo i inemprenta.  
Ågang i dibãtdi na numiru gi kattã-mu aidentifikasion membro.

請注意：如果說中文 (**Chinese - Traditional**)，可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電的會員身上的免付費電話號碼。

یامبلاق رد ناگیار تاطابترا و ینابز کمک ناگیار تامدخ، دینکی تب حص (**Farsi**) یسراف نابز م رب رگا: هجوت سامت ناتتیوض ع ییاسانش تراک یور جردنم ناگیار مرامش اب. دن تسه امش سرتسد رد، گرزب پاچ دن نام، رگی د دیری گب.

**ATTENTION:** Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

**ACHTUNG:** Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

**ધ્યાન આપો:** જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વનિ મૂલ્યે ભાષાકીય મદદરૂપ સેવિઓ અને અન્ય ફોર્મેટમાં વનિ મૂલ્યે સાંચાર, જેમ કે મોટી વનિટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

**ATANSYON:** Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

**ध्यान दें:** यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके दलए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त सौंचार, जैसे दक बडे दप्रौट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर ददए गए टोल-फ्री नंबर पर कॉल करें।

**ATTENZIONE:** Se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、大文字など他の形式での無料コミュニケーションをご利用いただけます。[] にお電話ください。

**알림사항:** **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

**GEB ACHT:** Wann du **Deitsch (Pennsylvania Dutch)** schwetzscht, Schprooch Hilfe mitaus Koscht un Communications in annere Formats wie groosse Druck iss meeglich. Ruf die koschdelos Nummer uff dei Member Identification Kaart.

**UWAGA:** Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

**ATENÇÃO:** se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

**ВНИМАНИЕ:** Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например, напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

**FA'AALIGA:** Afai e te tautala i le **Faa-Samoa (Samoan)**, o lo'o avanoa mo oe 'au'aunaga fesoasoani tau gagana e leai se totogi ma feso'ota'iga e leai se totogi i isi faiga, e pei o lomiga e lapopo'a mata'itusi. Valaau i le numera e leai se totogi i lau kata faailo o le sui auai (ID).



**PAUNAWA:** Kung nagsasalita ka **ng Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

**LƯU Ý:** Nếu quý vị nói Tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ nhận dạng thành viên của quý vị.

ۛیم ٲیمراف رگیډ روا تامډخ نواعم یک نابز ےیل ےک ٲآ وت ۛیہ ےتلوب نابز (**Urdu**) وډرا ٲآ رگا :ۛیډ ۛچوت لوٲ ےیگ ےیډ رٲ ٲراک ی تخانش ربم ےن ٲا ۛیہ بابایتسد ےیل ےک ٲآ ،ٲن رٲ ےٲب ےسیج ،تال صاوم تفم لاک رٲ ربمن یرف

**BAA'ĀKONĪNĪZIN:** Diné (**Navajo**), saad bee yániłti'go, t'áá jiik'eh saad bee áka'e'eyeed bee áka'anida'wo'l dóó nááná łahgo át'éego bee hadadilyaa bee ahił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóq. Bee atah nil'íní ninaaltsoos nil'i'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'i námboo bee hodiilnih.

## **We're in this together**

For help with your Harbor Health Plan,  
call Harbor Help at (855) 481-0225.

# Harbor Health