



Harvard Pilgrim
Health Care

Member Guide

Find everything you need at [harvardpilgrim.org](https://www.harvardpilgrim.org)



Dear Member,

At Harvard Pilgrim Health Care we strongly believe in whole-person care. Our mission is to ensure that you and your loved ones have access to high-quality health care coverage and services, including medical and behavioral health services, chronic care management, wellness programs, exclusive discounts, and many other great perks. With innovative programs, we focus on enhancing physical and mental well-being whether you're connecting in person or virtually.

We encourage you to use this member guide to:

- Activate your secure member account and download our free mobile app. Your secure member account will offer details on your specific health plan coverage and costs
- Learn more about your care options
- Explore our wellness programs, including discounts and reimbursement opportunities

You can also visit **harvardpilgrim.org** for more information, resources and access to your secure member account.



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Maximize Your Health Plan: Digital Tools and More



Secure Member Account and Mobile App

Log in or activate your secure online account at harvardpilgrim.org/create or download the Harvard Pilgrim mobile app¹ to access your health plan benefits information.



Find a doctor or hospital

Log in to your secure account to find a convenient location near you:

- Search for doctors or hospitals by name or location
- Find doctors accepting new patients
- View doctors by specialty such as behavioral health, pediatrics and more



Estimate My Cost

Log in to your secure account to estimate your out-of-pocket costs and get quality care from a provider that will save you money and fit into your budget.



Reduce My Costs

Connect with a nurse at **855-772-8366** when you shop for a wide range of outpatient tests and procedures, including lab work and diagnostic imaging, and earn cash rewards when you select high-quality, cost-effective providers.²



Telehealth provided by Doctor On Demand

Set up your account at **doctorondemand.com/harvard-pilgrim**. Access a Doctor On Demand provider 24/7, by phone or mobile app worldwide³ for everyday care and confidential therapy. Physicians can also order your prescription⁴ at your local pharmacy when medically necessary.



An Integrated Approach to Behavioral Health

Harvard Pilgrim Health Care provides several programs and services, complemented by our extensive network of providers, to support you and your covered family members. Our integrated approach to care allows us to help you improve both your physical and mental well-being for the best outcomes.



Broad Network Providers

In line with our “whole-person” care approach, Harvard Pilgrim members have continuous access to high-quality comprehensive care through our expansive network of medical and behavioral health care providers. Our network covers New England and extends nationwide, offering both in-patient and out-patient services.



NEW: Behavioral health service navigation

Our specially trained service navigators provide personalized help to navigate the complex health care system, locate providers, connect to internal supports and programs, and learn more about innovative tools and services.



Care management programs

Our licensed care managers work with you and your providers to ensure optimal health and functioning through a variety of care management programs, including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support.



Behavioral health programs and services

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents and adults:

- Virtual therapy services are available 7 days/week: to support your mental health and well-being. Our services include AbleTo,⁵ Doctor on Demand, and Valera Health⁶, offering licensed therapy, medication management and more.
- Quick and easy access to specialty providers including Cortica,⁶ offering diagnostic, applied behavior analysis (ABA), occupational therapy, speech therapy and social skills under one roof. To provide rapid access appointments, we have partnered with Northeast Health Services,⁶ a virtual and in-person outpatient mental health clinic.
- Substance use treatment services are also available through multiple network providers, including Better Life Partners, and members are supported after inpatient treatment by our internal addiction recovery care management team.

Help is just a phone call away. For assistance with accessing these innovative programs and services, please call the number on the back of your ID card.

If you are experiencing a crisis or emergency, you should always call **911 or go to the nearest emergency facility right away.**

Understand Your Pharmacy Benefits

OptumRx provides Harvard Pilgrim members with retail, mail order and specialty pharmacy services, allowing you to have one pharmacy manager for all pharmacy needs.



Log in to your secure online member account to look up your prescriptions

We cover thousands of different medications, but if your current prescription isn't on our list, talk to your doctor about switching to a covered medication.

Many medications we cover have cost-sharing (copayment, deductible or coinsurance) — the amount you'll be responsible for paying, depending on your plan. The medications covered under your plan are organized into different tiers. Typically, the lower the tier, the lower your cost. Refer to your prescription drug plan documents for specific cost-sharing details and a description of the tiers.



Check if your prescription has special requirements

If there is a "PA," "STPA," "QL" or "SP" after any of your prescriptions, talk to your provider. Refer to the "Key Terms" section of this Member Guide for full "special requirements" definitions.



Plan ahead if you take maintenance medication

Maintenance medications are drugs taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance plan to Harvard Pilgrim, make sure you have enough medication on hand to cover the transition period until your new coverage with Harvard Pilgrim begins.

Check your medication expiration date, refill amount and coverage under Harvard Pilgrim. If your medication is not covered, talk to your doctor about switching to an alternate maintenance medication that is covered.



Save money with mail order service

Mail order service provides the convenience of home delivery instead of going to a retail pharmacy. On some plans, your medication may be less expensive if you buy a 90-day supply through this service.

For more information, go to harvardpilgrim.org/rx

Know Your Care Options

Health care isn't one-size-fits-all. From minor cuts to a sore throat or even a blood pressure check, knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you and your dependents have access to a variety of options:



When to visit the Emergency Room

If you think you're having an emergency and your life is in danger, call 911 or go to the nearest emergency room. Common medical emergencies that should be treated in the emergency room include choking, heart attack or severe abdominal pain.



When to see your Primary Care Provider (PCP)

For non-urgent needs such as preventive screenings, checkups, immunizations or chronic conditions, your PCP knows your medical history and is best suited to coordinate your care. And, they may also offer virtual health care services for even greater convenience.



When to visit an Urgent Care Center

You can stop by an urgent care center without an appointment for conditions that need immediate treatment but are not considered life-threatening. Examples include minor burns or cuts that may require stitches.



When to go to a Retail Clinic

Retail clinics such as CVS MinuteClinic® and Walgreens Health care Clinic are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy, and you want a health professional to check it out without an appointment.



When to use virtual care, through Doctor On Demand

You can request a virtual visit with a U.S.-based doctor 24/7 for non-emergency conditions such as upper respiratory infection, upset stomach or skin rash using live video or voice call via your smartphone, tablet or computer. You can also access confidential therapy and build an ongoing relationship with the provider of your choice.



When to reach out to our Harvard Pilgrim Care Team

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our Care Team of registered nurses and clinical social workers will answer your questions, help you navigate the health care system and support your health and wellness goals at no cost.

Wellness Discounts and Perks

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness and other services related to good health. For more information and details on the different programs and services available, visit harvardpilgrim.org/discounts⁷

Start Living Well Today

Log into harvardpilgrim.org and click "Member Login." If you don't have an account, choose "Create a secure account" to create one. Once logged in, select "Get Started" on the Health & Wellness tile.

- Take your Well-being Assessment
- Earn points towards rewards
- Participate in monthly challenges and activities to build healthy habits



Stay Connected and Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we offer many other ways to connect you with the information you need to live healthier and save money.



Member Newsletter

Our digital member newsletter shares current health topics and benefit highlights including tips to manage your health, recipes and discounts on wellness services. It's delivered to your email inbox and posted on our public website.



Text Messaging

Our text messaging service is your personalized connection to your health plan. Get reminders and notifications about flu shots, as well as updates on exclusive member discounts and perks.



Email Messages

Receive valuable information about your benefits, discount options, new program, and health and well-being opportunities.



Website

The member section of our website is a great place to learn more about the resources, wellness options, care management programs and additional member benefits to keep you and your family healthy. Bookmark the site for easy access [harvardpilgrim.org](https://www.harvardpilgrim.org)



Social Media

Follow our social feeds to keep up with the latest news, tips and stories.



How to get started

Check your secure member account to be sure we have your current email address and mobile telephone number, and we'll ensure you stay informed.



Key Terms

Premium

This is the monthly cost of your health insurance coverage.

Cost-sharing

Your out-of-pocket costs for services included within your health plan including copayments, deductibles and coinsurance.

Copayments

A fixed dollar amount that you pay for a covered medical service, prescription or medication.

Deductible

The amount you owe or pay out-of-pocket during a coverage period (usually one year) for covered health care services before your plan begins to pay.

Coinsurance

This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

Out-of-pocket maximum

This is a limit on the total amount of cost-sharing you have to pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

In-network

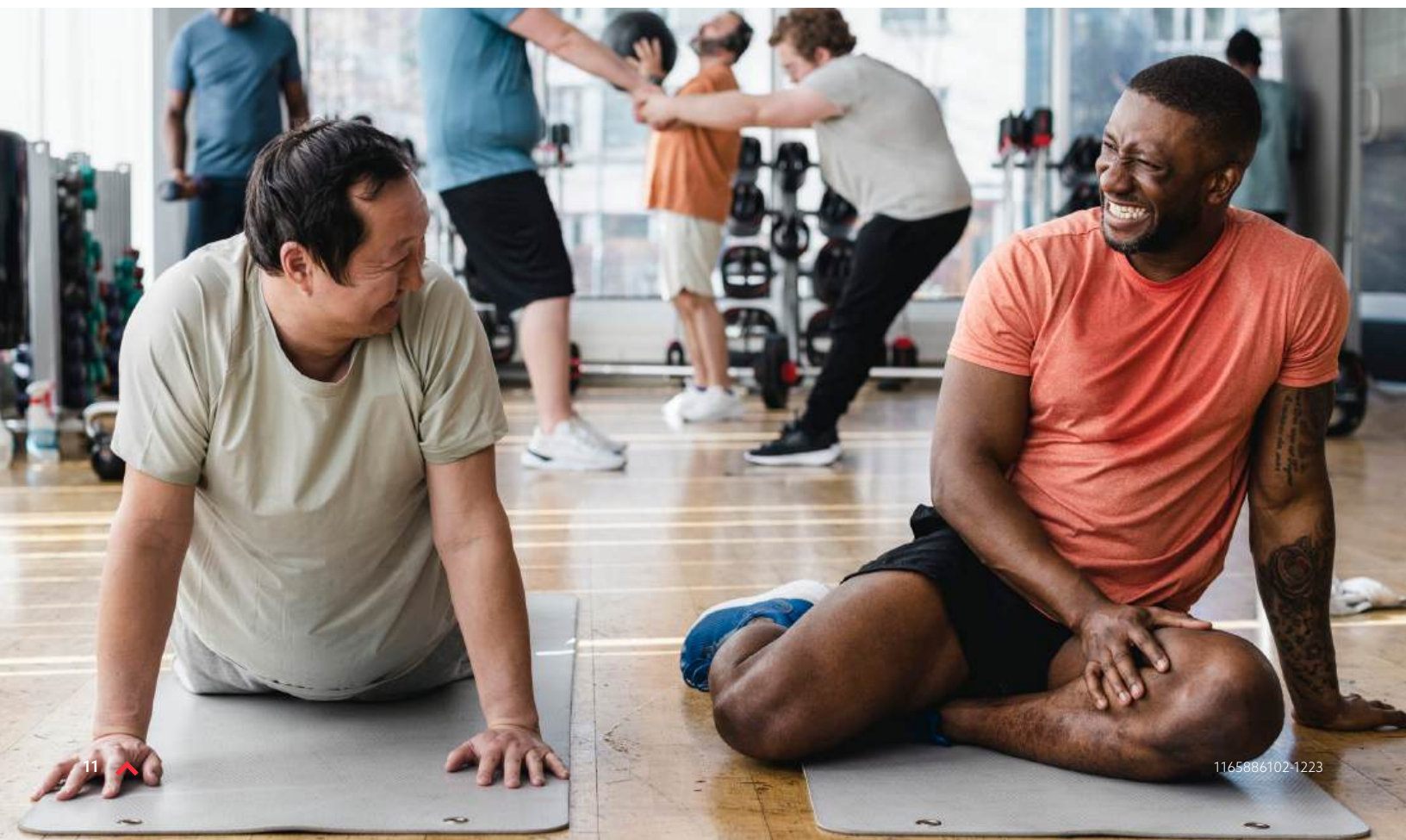
Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost-sharing to apply.

Out-of-network

Out-of-network coverage applies only to POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral.

Tier

Medical plans often place providers and hospitals in different categories, or tiers, with different cost-sharing amounts. Typically, you'll save money when you see Tier 1 providers.



Pharmacy Key Terms

Prior Authorization (PA)

The need for your provider to tell us why it is medically necessary for you to receive a covered medication or service. We consult with your doctor(s) to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who recommended the medication or service. If the doctor believes the medication or service that requires PA is necessary for your treatment, they may submit a request for coverage to Harvard Pilgrim. We'll cover the medication or service if it meets our medical necessity coverage guidelines.

Step Therapy Authorization (STPA)

An automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective drugs are used first, before other drugs may be covered. Some types of step therapy include requiring the use of generics before brand name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits."

Quantity Limitation (QL)

The quantity limit for a medication that can be purchased at any one time. A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

Designated Specialty Pharmacy (SP)

A pharmacy management program that requires members to purchase selected medications from specific sources. Once your membership is effective, log in to [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits," or contact our Member Services department to help you receive your medication without interruption.

Non-Covered (NC)

Medications that are not currently covered by us. If your provider feels you require this medication, your provider should contact us. They may submit a request for coverage to Harvard Pilgrim. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

New-to-Market Drug Evaluation (NTM)

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drugs until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.



Important Information About Your Plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

When you need care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at [harvardpilgrim.org](https://www.harvardpilgrim.org). Or you can call one of the telephone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on harvardpilgrim.org, click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at 888-333-4742.

Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI). To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit harvardpilgrim.org or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

Members: 888-333-4742

Non-members: 800-848-9995

TTY: 711



Additional Benefit Details

- ¹ Estimating costs and some other features are not available on the mobile app.
- ² Your health plan may require a referral and/or prior authorization before you receive services from a cost-effective provider. To ensure the services will be covered, please refer to your plan documents or contact Harvard Pilgrim at 888-333-4742. For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit harvardpilgrim.org/reducemycosts/maine. Cash rewards comes in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- ³ This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List).
- ⁴ Physicians will not order prescriptions for patients calling from outside the U.S. and they do not provide Schedule I-IV DEA controlled substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.
- ⁵ AbleTo is available to Harvard Pilgrim members. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- ⁶ Valera Health services, Northeast Health Services and Cortica autism services providers are located only in Massachusetts. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- ⁷ This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care.

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal 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). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Civil Rights Compliance Officer

1 Wellness Way
Canton, MA 02021

866-750-2074, TTY service: 711,

Fax: 617-509-3085

Email: civil.rights@point32health.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

hhs.gov/ocr/office/file/index.html

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)
إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) សំនុំសេវាជំនួយ: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມາດມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

Contact Us

Member Services

888-333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

Harvard Pilgrim Health Care offers interpreter services. Call 844-442-7324 (TTY: 711)

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Medical Coverage & Cost-Sharing Guide

POS

With this plan, you may receive care from medical professionals and hospitals in or out of Harvard Pilgrim's network. Your costs will be lower when you receive care from in-network providers with your primary care physician (PCP)'s referral.

> In-network coverage

> PCP required

> Out-of-network coverage

> Referrals needed for specialists to receive the in-network benefit level

In-network coverage

You get in-network coverage — which typically costs less — when you receive care from participating providers. Our network is vast, with thousands of participating providers and hospitals across the country. Chances are very good that you can receive all of your care with in-network providers.

Out-of-network coverage

You get out-of-network coverage — which typically costs more — when you receive care from non-participating providers. Our network providers have agreed to certain charges. When you choose out-of-network providers, they can charge more than the Harvard Pilgrim allowed amount, and you will be responsible for paying the difference.

Getting care with the POS plan



Routine and preventive care*

There's no extra charge for routine annual exams with your PCP and for many preventive tests and services. Other tests and services your PCP orders may require cost sharing.



Care when you're traveling

Your plan covers emergency care at the in-network level if you get sick or injured while traveling anywhere in the world.



Specialty care

You can see specialists inside or outside of Harvard Pilgrim's network for covered services. Referrals are not required, but your costs will be lower when you receive care from in-network providers with your PCP's referral.



Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included on most plans. Referrals are not required.



Behavioral health care**

Your plan covers in-person visits with thousands of participating licensed clinicians. Virtual visits via smartphone, tablet or computer are also available.



Urgent and emergency care

If you have a non-life-threatening illness or injury and your doctor's office is closed, you have a variety of options for getting care. Of course, if you think you're having a medical emergency, go to the emergency room or call 911. Learn more about your care options at [harvardpilgrim.org/urgentcareoptions](https://www.harvardpilgrim.org/urgentcareoptions)

A note about hospital admissions

When you're going to be admitted to the hospital, services are covered according to what combination of providers you use. Suppose you're being sent to a participating hospital by a non-participating doctor. In this case, your hospital visit is covered at the in-network benefit level, and the doctor's services are covered at the out-of-network benefit level. Except in an emergency, you must notify us before a hospital admission when non-participating providers are involved. Just give Member Services a call.

A PCP is key to good health

A PCP is the doctor, nurse practitioner or other qualified medical professional you see for annual checkups and for treatment when you're sick or injured.

- Because this plan requires you to have a PCP, we will assign one to you automatically if we don't have one on file for you or if you don't select one when you enroll.
- You and each of your dependents can choose different PCPs from our network of participating providers.
- Find a PCP or see if your current provider is in our network at [harvardpilgrim.org/providerdirectory](https://www.harvardpilgrim.org/providerdirectory)

*Preventive services that fall under the federal Affordable Care Act.

**Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.

Cost-sharing overview

No cost sharing when received in-network: Routine & preventive care*

- › Annual checkup
- › Preventive screenings and tests
- › Immunizations, including flu shots
- › Routine prenatal and postpartum visits

Cost sharing may apply: Doctor office visits, diagnostic tests & services, hospital services

- › Visits to your provider when you're sick or injured
- › Diagnostic screenings and tests outside of preventive care
- › X-rays, CT scans and MRIs
- › Inpatient and outpatient hospital care
- › Emergency room visits
- › Prescription drugs**

What you pay for services

Cost sharing is the portion you pay for specific services like office visits, X-rays and prescriptions.** Copayments, deductibles and coinsurance are examples of cost sharing.

Coinsurance: A fixed percentage of costs you pay for covered services. For example, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid your full annual deductible.

Copayment: A flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or pick up prescriptions at the pharmacy.

Deductible: A set amount of money you pay out of your own pocket for certain covered services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments and coinsurance do not count toward your deductible.

Out-of-pocket maximum: A limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, deductibles and coinsurance. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

See the Schedule of Benefits for more details on your coverage and cost-sharing amounts.

* Preventive services that fall under the federal Affordable Care Act.

** Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Learn more at [harvardpilgrim.org](https://www.harvardpilgrim.org) or call member services at (888) 333-4742



Harvard Pilgrim
Health Care



United
Healthcare



Receiving care outside of Massachusetts, Maine, New Hampshire, Rhode Island and Vermont

Please bring this document when you visit a participating UnitedHealthcare provider or facility for the first time

Harvard Pilgrim's POS Plans* feature Harvard Pilgrim's broad network of providers in Massachusetts, Maine, New Hampshire, Rhode Island and Vermont, and UnitedHealthcare's extensive network of providers in other states across the nation.

We recognize that providers throughout the country see members of many insurance plans and that some offices may not be familiar with your ID card.

Please show the back of this document to participating UnitedHealthcare providers outside of Massachusetts, Maine, New Hampshire, Rhode Island and Vermont.



**Questions?
We're here to help.**

Your ID card also includes the phone number for Harvard Pilgrim Member Services. When you have any questions about your claims or coverage, please call **888-333-4742**. For TTY service, call **711**.

Representatives are available:

- Monday, Tuesday, Thursday and Friday from 8 a.m. to 8 p.m. (ET)
- Wednesday from 10 a.m. to 6 p.m. (ET)

* Some POS plans are underwritten by HPHC Insurance Company.

Coverage underwritten or administered by HPHC Insurance Company, Inc., an affiliate of Harvard Pilgrim Health Care, Inc., in Massachusetts, Maine, New Hampshire, Rhode Island and Vermont, and UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates.

1202115184-0923

Please show this to your provider

Dear UnitedHealthcare Participating Provider,

UnitedHealthcare providers outside of Massachusetts, Maine, New Hampshire, Rhode Island and Vermont participate in this Harvard Pilgrim plan. If you're a provider outside of those states, please call the numbers listed below.






For questions about:	Contact:
Eligibility or claims	UnitedHealthcare Shared Services at 800-693-5254 Press 1 for Provider, then options include: <ul style="list-style-type: none">• For notifications, press 1• For calls and claims regarding behavioral health services, press 2• For eligibility, benefits, and claim mailing address information, press 3<ul style="list-style-type: none">— Verbally state the first nine characters of the member ID, including letters and numbers— Verbally state the member's date of birth• To receive claims status information for this member, press 4
Prior authorization for services, except genetic testing OR Prior authorization for prescription drugs <ul style="list-style-type: none">• Pharmacy drugs• Medical drugs• Specialty drugs	Harvard Pilgrim's Provider Service Center at 800-708-4414 and select 1 or 2 based on the member's identification number. If you selected 1: <ul style="list-style-type: none">• For advanced imaging services through National Imaging Associates (NIA), press 2• For behavioral health services, press 5• For all authorizations including medical services and prescription drugs, benefits, claims status, eligibility, and referrals, press 7 If you selected 2: <ul style="list-style-type: none">• For all notifications and authorizations including medical services and prescription drugs, press 1• For benefits, eligibility, or claims information, press 2• For provider credentialing or demographic changes, press 3
Prior approval for genetic testing services	Carelon Medical Benefits Management at 855-574-6476

Send claims to:

United Health Shared Services, P.O. Box 30783, Salt Lake City, UT 84130-0783






Pharmacies: Call Harvard Pilgrim Provider Services at **800-708-4414** with questions about a member's coverage or associated claims

SAMPLE Member ID Card (front and back):

<div><p>Harvard Pilgrim Health Care a Point32Health company</p></div> <div>POS</div> <div>ID#: HP-00 Name: IN OV: \$25/\$45 ER: IN Ded then 20% Rx: VALUE \$10/\$35/\$60/30%*/30%* *Rx Ded applies: \$500/Rx OOPM: \$2,000</div> <div>IN Ded: \$2,500 OON Ded: \$5,000 IN OOPM: \$5,000 OON OOPM: \$10,000</div> <div><p>Optum Rx[®] BIN 610011 PCN HPHC</p></div>	<div>Notice to Members<ul style="list-style-type: none">• For Member Services, call: 888-333-HPHC (4742)• In a medical emergency, go to the nearest emergency facility or call 911 or other emergency number• If hospitalized, notify the Plan within 48 hours• Contact the Plan at 800-708-4414 to request approval for:<ul style="list-style-type: none">• admission by a non-participating physician and/or hospital• all services listed in the Schedule of Benefits requiring approval</div> <div>Notice to Providers<ul style="list-style-type: none">• In MA, ME, NH, RI, VT: 800-708-4414 or www.harvardpilgrim.org Claims: Payer ID: 04271 HPHC, PO Box 699183, Quincy MA 02269-9183• Other States: 800-693-5254 United Health Shared Services Claims: Payer ID 39026 Group Number: 11-123456 PO Box 30783, Salt Lake City, UT 84130-0783 • https://uhss.umn.com</div> <div>Please refer to your evidence of coverage for a full description of your benefits. www.harvardpilgrim.org</div> <div> MP</div>
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Value 5-Tier

Prescription Drug Coverage

Tier 1 	Low-cost generic drugs and certain OTC medications	Tier 2 	High-cost generic drugs	Tier 3 	Preferred brand-name drugs and some high-cost generic drugs	Tier 4 	Preferred specialty drugs and non-preferred brand-name drugs	Tier 5 	Non-preferred specialty drugs and other high-cost brand-name and generic drugs
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Your Drug Coverage

What is covered?

- Most generic drugs
- Brand-name drugs without generic equivalents
- Certain over-the-counter medications

What is not covered?

- Most brand-name drugs with generic equivalents
- Cosmetic drugs
- Some brand-name and higher-cost generic drugs

Are there limitations on certain drugs?

Yes, we may limit the quantity of some drugs we cover. For example, you may be able to receive only a certain number of pills or doses.

Do some drugs require prior authorization?

Yes, certain drugs do require prior authorization. This process helps us ensure that you are using the most effective and safe medications for your health conditions. Your prescriber must request prior authorization on your behalf.

Can I request an exception?

Yes. If you need a drug that we either don't cover or limit, you or your provider can ask us for an exception. For details, visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx). Choose the year and then **Value 5-Tier** for information on exceptions.

What is step therapy?

Step therapy is a process that requires you to first try one drug for a medical condition before we cover another drug for that condition. For example, if Drug A and Drug B both treat the same medical condition, we may require you to try Drug A first. If Drug A does not work, then we will cover Drug B.*

How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy. Visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx), choose the year and then **Value 5-Tier** to find out how your drugs are covered.

What kinds of over-the-counter medications are available in Tier 1?

Tier 1 includes certain cough, cold and allergy medicines; skin treatments (dermatology); stomach medicines (gastrointestinal); pain relievers; and eye preparations (ophthalmic).

How can I get an over-the-counter medication covered under my prescription drug benefit?

Visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) and choose the year and then **Value 5-Tier**. Use the Prescription Drug Lookup to find out which over-the-counter medications are included in Tier 1. Ask your provider to write a prescription for the generic version and have it filled at a participating pharmacy.

*If you have already tried Drug A or are unable to try Drug A, an exception may be granted.



Filling Your Prescriptions

Where can I get my prescriptions filled?

You can get your prescriptions filled at any of the more than 68,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your pharmacy is in the network, visit harvardpilgrim.org/rx, choose the year and then **Value 5-Tier** to find participating pharmacies.

Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program.

To learn more, visit harvardpilgrim.org/rx, choose the year and then **Value 5-Tier** for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program.

What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit harvardpilgrim.org/rx for information on our specialty pharmacy program, choose the year and then **Value 5-Tier** for details.

What do I pay for my medications?

Depending on your plan, your payments — also called “cost sharing” — may include a combination of copayments, coinsurance and a deductible. Refer to the Prescription Drug Coverage insert or Schedule of Benefits to find out what you will pay when you pick up prescriptions at the pharmacy.

If you have questions about your prescription drugs, please speak with your doctor.



Learn more at harvardpilgrim.org/rx or call **888-333-4742** TTY: **711**.

Coverage for Over-the-Counter Medications






Your health plan includes coverage for certain generic over-the-counter (OTC) medications. This means cost savings on the essentials in your medicine cabinet.

Here's how it works:

- › Use the online lookup tool at harvardpilgrim.org/rx to see which OTC medications you take are covered.
- › Ask your provider to write a prescription for the covered medication, for up to a 90-day supply.
- › Bring the prescription to any in-network pharmacy* so that the pharmacist can give you the proper medication.
- › You pay Tier 1 cost sharing instead of the retail price. If you have an HSA plan, you pay either our discounted rate or the retail cost, whichever is lower, until you meet your deductible, and then Tier 1 cost sharing applies.

There's another advantage: because your provider will be giving you a prescription for the OTC medications you take, your medical records will have a more complete medication history.






Below are the types of OTC medications that are covered along with a complete listing by medication:

Type of Therapy	Purpose
 Cough, cold, allergy	<ul style="list-style-type: none">› Antitussive (cough suppressant)› Expectorant› Nasal decongestant› Antihistamine› Nasal spray
 Dermatology	<ul style="list-style-type: none">› Anti-fungal› Poison ivy
 Eyes (ophthalmic)	<ul style="list-style-type: none">› Dry eye› Allergy
 Gastrointestinal	<ul style="list-style-type: none">› Anti-parasite› H2 blocker (antacid)› Laxative
 Pain	<ul style="list-style-type: none">› Anti-inflammatory

*Visit harvardpilgrim.org/rx to find in-network pharmacy locations near you.

Covered Over-the-Counter Generic Medications

- › When using the lookup tool for your plan's formulary, search by the generic name shown here.
- › Only the generic versions of the product names are covered.
- › Keep in mind that multiple store brands are available as generic drugs.

Type of Therapy	Medication Brand Name	Generic Name
 Cough, cold, allergy	Benadryl tabs, liquid	Diphenhydramine
	Claritin tabs, syrup	Loratadine
	Dextromethorphan liquid, syrup	Guaifenesin
	Nasalcrom nasal spray	Cromolyn
	Ocean 0.65% nasal spray	Saline
	Robitussin syrup, liquid	Phenylephrine tablet
	Sudafed tabs, liquid	Pseudoephedrine
	Zyrtec tabs, solution	Cetirizine
 Dermatology	Clotrimazole cream, vaginal cream	Clotrimazole
	Hydrocortisone cream, gel, lotion, ointment, solution (various name brands)	Hydrocortisone
	Miconazole cream, vaginal cream and suppository	Miconazole
	Tolnaftate cream, solution, aerosol	Tolnaftate
 Eyes (ophthalmic)	Artificial tears (various name brands)	Artificial tears
	Zaditor OTC 0.025%	Ketotifen
 Gastrointestinal	Citrate of Magnesium solution	Magnesium citrate
	Dulcolax tabs, suppositories	Bisacodyl
	Fleet Enema	Sodium phosphate
	Metamucil powder	Psyllium
	Miralax powder	Polyethylene glycol 3350
	Pepcid tabs	Famotidine
	Senna 8.6mg tabs	Senna, sennosides
	Tagamet tabs	Cimetidine
 Pain	Ibuprofen 100mg/5mL suspension	Ibuprofen



New for 2024: Wellness Reimbursement

Get reimbursed for fees you pay toward wellness activities — up to \$300

What qualifies for reimbursement?

- › Membership fees to gyms or fitness facilities
- › Virtual fitness class subscriptions
- › Studios or facilities that offer membership or tuition
- › Select nutrition programs
- › Select mindfulness meditation programs
- › Cardiovascular and strength training equipment
- › Seasonal town, club or school athletic fees

Studios and facilities that qualify for reimbursement include:

- Dance
- Gymnastics
- Swimming
- Martial arts
- Yoga
- Pilates
- Zumba
- Aerobic/group classes
- Spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tennis
- Indoor rock climbing
- Personal training (taught by a certified instructor)

Qualified nutrition programs include:

- PlateJoy
- MyPlate Calorie Counter
- Wondr
- Noom
- Eat Right Now
- Weight Watchers
- Savory Living
- My Fitness Pal
- Lose It!
- EatLove
- Stronger U
- The Dinner Daily

Qualified mindfulness programs include:

- Calm
- Ten Percent Happier
- Headspace
- The Mindfulness App
- Meditation Studio
- Insight Timer



Up to two covered members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150 per calendar year.*

How do I get reimbursed?

It's simple. Pay up to four months of your membership, subscription fees, or after purchase of qualified cardiovascular or strength training equipment.

After four months of Harvard Pilgrim membership, you can complete the Reimbursement Form online or by mail.

Go to harvardpilgrim.org/reimbursement

Either click on the link to submit your request online or complete the paper form and mail to the address on the form, along with a copy of your receipts.

What does not qualify for reimbursement?

- Health club initiation fees
- Fees for country clubs, social clubs and spas
- Nutrition and mindfulness programs not selected by Harvard Pilgrim
- Road race fees, sneakers, athletic wear and non-cardiovascular and non-strength training equipment
- Fitness apparel and footwear

When can I submit my request?

You can request reimbursement:

- Starting May 1 of the current calendar year, and after you've been enrolled in a Harvard Pilgrim plan for four continuous months.
- After four months of membership or subscription
- Once per calendar year, submitted by March 31 of the following year

How long will it take to be reimbursed?

Once you submit your request, reimbursement takes up to eight weeks. We'll send a check to the subscriber's address of record, made payable to the subscriber.

For complete guidelines, go to harvardpilgrim.org/reimbursement or call member services at (888) 333-4742

* Available on plans sold to fully-insured large employer groups, and ASO plans that elect this option.

Must be currently enrolled in Harvard Pilgrim at the time of reimbursement for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income. Members should consult their employer or tax advisor. Effective January 1, 2024.



Whole-Person Care

A New Integrated Approach to Behavioral Health

Starting November 1, 2023, all Harvard Pilgrim members can access a comprehensive network of medical and behavioral health care providers, along with innovative programs and services¹, to improve both physical and mental well-being in traditional and virtual settings. Our dedicated team will guide you from the first phone call to aftercare planning, to ensure that you receive “whole-person” care through an integrated approach. Our goal is to provide you and your family with a seamless, consistent, and compassionate experience to achieve optimal health and well-being.



Behavioral health service navigation

Our specially trained service navigators provide personalized help to navigate the complex health care system, locate providers, connect to internal supports and programs, and learn more about innovative tools and services.



Care management programs

Our licensed care managers work with you and your providers to ensure optimal health and functioning through a variety of care management programs, including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support.



Behavioral health programs and services

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents, and adults:

- **Virtual therapy services** are available 7 days/week: to support your mental health and well-being. Our services include AbleTo², Doctor on Demand, and Valera Health³, offering licensed coaching, talk therapy, medication management, and more
- **Quick and easy access to specialty providers** includes Cortica³ offering diagnostic, applied behavior analysis (ABA), occupational therapy, speech therapy and social skills under one roof. And to provide rapid access appointments, we have partnered with Transformations Care Network³, a virtual and in-person outpatient mental health clinic.
- **Substance use treatment services** are also available through multiple network providers including Spectrum Health³ and members are supported after inpatient treatment by our internal addiction recovery care management team.

Help is just a phone call away. For assistance with accessing these innovative programs and services, please call the number on the back of your ID card.

If you are experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away.

¹ The behavioral health programs and services including care management programs mentioned in this flyer reflect availability as of June 2023. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

² AbleTo Virtual Therapy will be available to Harvard Pilgrim members with employer-sponsored coverage. Cost share applies to members with high deductible plans with an HSA.

³ Valera Health services, Transformations Care Network, Spectrum Health Systems and Cortica autism services providers are located only in Massachusetts.

Harvard Pilgrim, a Point32Health company, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro. 若需免費的中文版本, 請撥打ID卡上的電話號碼。



Harvard Pilgrim
Health Care



Living Well Program

Earn up to \$120 in rewards

How it works:¹

Enroll in the Living WellSM program and earn rewards for participating in a variety of informative, fun and interactive activities including topics such as:

- › Stress management
- › Self-care
- › Healthy eating
- › Volunteerism
- › Financial literacy
- › Physical activity
- › Environmental wellness
- › Health plan literacy

Subscriber rewards — Earn up to \$120 in gift cards.

You'll earn rewards incrementally, so the more you participate in the program, the more rewards you earn. Subscribers can achieve up to eight levels, at \$15 each, for a total of \$120 in gift cards each year.

Covered dependents or employees who are not Harvard Pilgrim members can participate in a separate program where they can earn points towards monthly gift card drawings.

Well-being as you define it.

A community, at your fingertips.

Our program is packed with tools that let you define your own vision of well-being. Here are some of the features:



Customize to suit your goals



Sync to your wearable device



Connect with others for tips and advice



Connect with a personal health coach

Our digital engagement platform is easily accessible from most devices so you can stay on top of your goals wherever you are.



Get started at harvardpilgrim.org/livingwelleveryday

¹ Rewards are available for fully-insured commercial accounts rated as large group, with 51-999 eligible employees. Rewards may be taxable, please consult with your tax adviser.

Schedule of Benefits

Harvard Pilgrim Health Care, Inc.

POS

MAINE

This Schedule of Benefits states any Benefit Limits and Member Cost Sharing amounts you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for details. Your Member Cost Sharing may include a Deductible, Coinsurance, and Copayments. Please see the tables below for details.

There are two levels of coverage: In-Network and Out-of-Network.

In-Network coverage applies when Covered Benefits are provided or arranged by your Primary Care Provider (PCP) in the Service Area, or provided by a Plan Provider outside of the Service Area.

Out-of-Network coverage applies when Covered Benefits are provided by a Non-Plan Provider or a provided by a Plan Provider without a Referral when a Referral is required. If a Non-Plan Provider charges any amount in excess of the Allowed Amount, you are responsible for the excess amount.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the tables below.

Prior Approval

Prior Approval is required for certain benefits. Before you receive services from a Non-Plan Provider or a Plan Provider outside the Service Area, please refer to our website, www.harvardpilgrim.org or contact the Member Services Department at **1-888-333-4742** for the complete listing of services that require Prior Approval. To obtain Prior Approval, please call:

- **1-800-708-4414** for medical services
- **1-844-387-1435** for Medical Drugs
- **1-800-708-4414** for mental health and substance use disorder treatment

More information about Prior Approval can be found on our website at www.harvardpilgrim.org and in your Benefit Handbook.

Medical Necessity Guidelines

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member's care. Members or their practitioners may obtain a copy of our Medical Necessity Guidelines on our website at www.harvardpilgrim.org or by calling the Member Services Department at **1-888-333-4742**.

Office Visit Cost Sharing Levels

Office visit cost sharing may include Copayments, Coinsurance, or Deductible amounts, as described throughout this Schedule of Benefits. There are two types of In-Network office visit cost sharing that apply to your Plan: a lower cost sharing, known as "Level 1," and a higher cost sharing known as "Level 2."

Level 1 applies to covered outpatient professional services received from the following types of providers: all Primary Care Providers (PCPs); obstetricians and gynecologists; licensed mental health professionals; certified Nurse midwives; and Nurse practitioners who bill independently.

EFFECTIVE DATE: 01/01/2024

FORM #2497_06

SCHEDULE OF BENEFITS | 1

Level 2 applies to covered outpatient professional services received from specialty care providers.

Your Plan may have other cost sharing amounts. Please see the benefit table below for specific cost sharing requirements.

Access to Lower-Priced Services

If you receive specific Covered Benefits from certain Non-Plan Providers located in Maine, New Hampshire, and Massachusetts, you may be able to receive credit for your payment for services provided by such Non-Plan Providers toward your Deductible and Out-of-Pocket Maximum. The specific Covered Benefits include services within the following categories:

- Physical and occupational therapy services
- Radiology and imaging services
- Laboratory services and x-rays
- Infusion therapy services

Go to HPHConnect for more information on this program.

Covered Benefits

Your Covered Benefits are administered on a Calendar Year basis. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a Physician's office, see "Physician and Other Professional Office Visits." For services provided in a Hospital emergency room, see "Emergency Room Care," and for outpatient surgical procedures, please see "Surgery – Outpatient."

When you receive a service at your home (other than home health care), your Member Cost Sharing will be the same as when the service is provided in an office or facility. For example, if you have a physician visit in your home, see "Physician and Other Professional Office Visits." If you have blood drawn at home, see "Laboratory, Radiology and Other Diagnostic Services."

General Cost Sharing Features:		In-Network Member Cost Sharing:	Out-of-Network Member Cost Sharing
Coinsurance and Copayments			
		See the benefits table below	
Deductible			
	\$2,500 per Member per Calendar Year \$5,000 per family per Calendar Year	\$5,000 per Member per Calendar Year \$10,000 per family per Calendar Year	
Important Notice: If a family Deductible applies, it can be met in one of two ways: a. If a Member of a covered family meets an individual Deductible, then that Member has no additional Deductible Member Cost Sharing responsibilities for Covered Benefits for the remainder of the Calendar Year. b. If any number of Members in a covered family collectively meets a family Deductible, then all Members in that covered family have no additional Deductible Member Cost Sharing responsibilities for Covered Benefits for the remainder of the Calendar Year.			
Deductible Rollover			
None			

General Cost Sharing Features:	In-Network Member Cost Sharing:	Out-of-Network Member Cost Sharing
Out-of-Pocket Maximum		
Includes all Member Cost Sharing except Member Cost Sharing for prescription drugs, which has a separate Out-of-Pocket Maximum Any charges above the Allowed Amount and any penalty for failure to receive Prior Approval when using Non-Plan Providers do not apply to the Out-of-Pocket Maximum	\$5,000 per Member per Calendar Year \$10,000 per family per Calendar Year	\$10,000 per Member per Calendar Year \$20,000 per family per Calendar Year
Out-of-Network Penalty Payment		
Applies when the Member fails to obtain required Prior Approval for services from a Non-Plan Provider. Does not count toward the Deductible or Out-of-Pocket Maximum.	\$500	

Benefit	In-Network Plan Providers with a proper Referral Member Cost Sharing	Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing
Acupuncture Treatment for Injury or Illness		
– Limited to 20 visits per Calendar Year	\$25 Copayment per visit	Deductible, then 40% Coinsurance
Ambulance and Medical Transport		
Emergency ambulance transport	20% Coinsurance	Same as In-Network
Non-emergency air ambulance transport	Deductible, then 20% Coinsurance	Same as In-Network
Non-emergency medical transport	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Autism Spectrum Disorders Treatment		
Applied behavior analysis	No Member Cost Sharing applies for your first office visit per Calendar Year with a licensed mental health professional. After the first visit, the following cost sharing applies: \$25 Copayment per visit	Deductible, then 40% Coinsurance
Chemotherapy and Radiation Therapy		
Chemotherapy	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Radiation therapy	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance

Benefit			In-Network Plan Providers with a proper Referral Member Cost Sharing	Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing
Chiropractic Care				
– Limited to 40 visits per Calendar Year			\$25 Copayment per visit	Deductible, then 40% Coinsurance
Dental Services				
Important Notice: Coverage of Dental Services is very limited. Please see your Benefit Handbook for the details of your coverage.				
Extraction of teeth impacted in bone (performed in a Physician's office)			Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Dialysis				
			Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Durable Medical Equipment				
Durable medical equipment, including orthotic devices as described in the Benefit Handbook			Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Blood glucose monitors, infusion devices, and insulin pumps (including supplies)			No charge	No charge
Oxygen and respiratory equipment			No charge	Deductible, then 40% Coinsurance
Early Intervention Services (for Members up to the age of 3)				
– Limited to \$3,200 per Member per Calendar Year, up to a maximum of \$9,600			\$40 Copayment per visit	Deductible, then 40% Coinsurance
Emergency Admission				
			Deductible, then 20% Coinsurance	Same as In-Network
Emergency Room Care				
			\$150 Copayment per visit	Same as In-Network
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the Hospital directly from the emergency room. Please see "Hospital - Inpatient Services," "Observation Services," or "Surgery – Outpatient" for the Member Cost Sharing that applies to these benefits.				
Fertility Treatment (see the Benefit Handbook for details)				
			Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Hearing Aids				
– Limited to \$3,000 per hearing aid every 36 months, for each hearing impaired ear			No charge	Deductible, then 40% Coinsurance
Home Health Care				
			Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.				

Benefit	In-Network Plan Providers with a proper Referral Member Cost Sharing	Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing
Hospice – Outpatient		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Hospital – Inpatient Services		
Acute Hospital care, including blood transfusions, and inhalation therapy	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Inpatient maternity care	No charge	Deductible, then 40% Coinsurance
Inpatient routine nursery care	No charge	Deductible, then 40% Coinsurance
Inpatient rehabilitation – limited to 100 days per Calendar Year	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Skilled nursing facility – limited to 100 days per Calendar Year	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Laboratory, Radiology and Other Diagnostic Services (including Independent Laboratories and Freestanding Imaging Centers)		
Laboratory	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Genetic testing	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Radiology	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Breast ultrasound screening	No charge	Deductible, then 40% Coinsurance
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Breast MRI screening	No charge	Deductible, then 40% Coinsurance
Other diagnostic services (including allergy testing)	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Low Protein Foods		
– Limited to \$3,000 per Calendar Year	No charge	Deductible, then 40% Coinsurance
Maternity Care – Outpatient		
Routine outpatient prenatal and postpartum care	No charge	Deductible, then 40% Coinsurance
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under “Physician and Other Professional Office Visits” and Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under “Laboratory, Radiology and Other Diagnostic Services (including Independent Laboratories and Freestanding Imaging Centers).”		
Medical Drugs (drugs that cannot be self-administered)		
Medical drugs received in a Physician’s office or other outpatient facility	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance

Benefit	In-Network Plan Providers with a proper Referral Member Cost Sharing	Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing
Medical Drugs (drugs that cannot be self-administered) (Continued)		
Medical drugs received in the home	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the Member Cost Sharing listed above will apply.		
Medical Formulas and Donor Breast Milk		
State mandated formulas and donor breast milk	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Mental Health and Substance Use Disorder Treatment		
Inpatient Services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Partial hospitalization services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Outpatient group therapy	No Member Cost Sharing applies for your first office visit per Calendar Year with a licensed mental health professional. After the first visit, the following cost sharing applies: \$10 Copayment per visit	Deductible, then 40% Coinsurance
Mental health services in the home	No Member Cost Sharing applies for your first office visit per Calendar Year with a licensed mental health professional. After the first visit, the following cost sharing applies: \$25 Copayment per visit	Deductible, then 40% Coinsurance
Outpatient treatment, including individual therapy, detoxification, and medication management	No Member Cost Sharing applies for your first office visit per Calendar Year with a licensed mental health professional. After the first visit, the following cost sharing applies: \$25 Copayment per visit	Deductible, then 40% Coinsurance
Outpatient methadone maintenance	No Member Cost Sharing applies for your first week per Calendar Year with a licensed mental health professional. After the first week, the following cost sharing applies: \$25 Copayment per week	Deductible, then 40% Coinsurance
Outpatient psychological testing and neuropsychological assessment	No Member Cost Sharing applies for your first office visit per Calendar Year with a licensed mental health	Deductible, then 40% Coinsurance

Benefit	In-Network Plan Providers with a proper Referral Member Cost Sharing	Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing
Mental Health and Substance Use Disorder Treatment (Continued)		
	professional. After the first visit, the following cost sharing applies: Deductible, then 20% Coinsurance	
Outpatient telemedicine virtual visit – group therapy	No Member Cost Sharing applies for your first office visit per Calendar Year with a licensed mental health professional. After the first visit, the following cost sharing applies: \$10 Copayment per visit	Deductible, then 40% Coinsurance
Outpatient telemedicine virtual visit - including individual therapy, detoxification, and medication management	No Member Cost Sharing applies for your first office visit per Calendar Year with a licensed mental health professional. After the first visit, the following cost sharing applies: \$25 Copayment per visit	Deductible, then 40% Coinsurance
Observation Services		
	Deductible, then 20% Coinsurance	Same as In-Network
Ostomy Supplies		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Physician and Other Professional Office Visits (This includes all covered Providers unless otherwise listed in this Schedule of Benefits.)		
Routine examinations for preventive care, including immunizations	No charge	Deductible, then 40% Coinsurance
Not all In-Network services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services Notice on our website at www.harvardpilgrim.org . Please see "Laboratory, Radiology and Other Diagnostic Services (including Independent Laboratories and Freestanding Imaging Centers)" for the Member Cost Sharing that applies to diagnostic services not included on this list.		

Benefit	In-Network Plan Providers with a proper Referral Member Cost Sharing	Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing
Physician and Other Professional Office Visits (This includes all covered Providers unless otherwise listed in this Schedule of Benefits.) (Continued)		
Consultations, evaluations, Sickness and injury care	PCP: No Member Cost Sharing for the first visit per Calendar Year with a PCP. After the first visit, the following cost sharing applies: Level 1: \$25 Copayment per visit All Other Providers: Level 1: \$25 Copayment per visit Level 2: \$40 Copayment per visit	Deductible, then 40% Coinsurance
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services (including Independent Laboratories and Freestanding Imaging Centers)."		
Office based treatments and procedures, including but not limited to administration of injections, casting, suturing, and the application of dressings, non-routine foot care, and surgical procedures	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Administration of allergy injections	\$25 Copayment per visit	Deductible, then 40% Coinsurance
Preventive Services and Tests		
	No charge	Deductible, then 40% Coinsurance
Under Federal and state law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies (even if polyp removal or other necessary medically necessary procedure is required), screening mammograms (including a second screening in the event that the initial screening is inconclusive or an abnormality is discovered), pap tests, certain labs and x-rays, voluntary sterilization for women and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services Notice on our website at www.harvardpilgrim.org . You may also get a copy of the Preventive Services Notice by calling the Member Services Department at 1-888-333-4742 . Harvard Pilgrim will add or delete services from this benefit for preventive services and tests in accordance with Federal and state guidance.		
The following additional preventive services, tests and devices: alpha-fetoprotein (AFP), fetal ultrasound, hepatitis C testing, lead level testing, prostate-specific antigen (PSA) screening, routine hemoglobin tests, group B streptococcus (GBS), routine urinalysis, blood pressure monitor, retinopathy screening, and international normalized ratio (INR) testing.	No charge	Deductible, then 40% Coinsurance

Benefit	In-Network Plan Providers with a proper Referral Member Cost Sharing	Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing
Prosthetic Devices		
Prosthetic devices (other than arms and legs)	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Prosthetic arms and legs	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Rehabilitation and Habilitation Services – Outpatient		
Cardiac rehabilitation	\$40 Copayment per visit	Deductible, then 40% Coinsurance
Pulmonary rehabilitation therapy	\$40 Copayment per visit	Deductible, then 40% Coinsurance
Occupational therapy – limited to 60 visits per Calendar Year Occupational, physical, and speech therapy limits are combined	\$40 Copayment per visit	Deductible, then 40% Coinsurance
Physical therapy – limited to 60 visits per Calendar Year Occupational, physical, and speech therapy limits are combined	\$40 Copayment per visit	Deductible, then 40% Coinsurance
Speech therapy – limited to 60 visits per Calendar Year Occupational, physical, and speech therapy limits are combined	\$40 Copayment per visit	Deductible, then 40% Coinsurance
Outpatient physical, occupational and speech therapies are covered to the extent Medically Necessary for: (1) children up to the age of three and (2) the treatment of Autism Spectrum Disorders. Outpatient physical therapy for postpartum related pelvic floor disorders is not subject to visit limits.		
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Colonoscopy, endoscopy and sigmoidoscopy	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Surgery – Outpatient		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Travel Reimbursement Benefit		
– Limited to \$2,500 per Calendar Year See the Benefit Handbook for details	No charge	

Benefit	In-Network Plan Providers with a proper Referral Member Cost Sharing	Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing
Telemedicine Virtual Visit Services – Outpatient		
	PCP: No Member Cost Sharing for the first visits per Calendar Year with a PCP. After the first visit, the following cost sharing applies: Level 1: \$25 Copayment per visit All Other Providers: Level 1: \$25 Copayment per visit Level 2: \$40 Copayment per visit	Deductible, then 40% Coinsurance
For inpatient Hospital care, see “Hospital – Inpatient Services” for cost sharing details.		
Urgent Care Services		
Doctor on Demand	\$25 Copayment per visit	
Important Note: Doctor On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctor On Demand, including how to access them, please visit our website at www.harvardpilgrim.org .		
Convenience care clinic	\$25 Copayment per visit	Deductible, then 40% Coinsurance
Urgent care center	\$25 Copayment per visit	Deductible, then 40% Coinsurance
Hospital urgent care center	\$40 Copayment per visit	Deductible, then 40% Coinsurance
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you have an x-ray or have blood drawn, please refer to “Laboratory, Radiology and Other Diagnostic Services (including Independent Laboratories and Freestanding Imaging Centers).”		
Vision Services		
Urgent eye care	PCP: No Member Cost Sharing for the first visit per Calendar Year with a PCP. After the first visit, the following cost sharing applies: Level 1: \$25 Copayment per visit All Other Providers: Level 1: \$25 Copayment per visit Level 2: \$40 Copayment per visit	Deductible, then 40% Coinsurance
Routine adult eye examinations – limited to 1 exam per Calendar Year	\$25 Copayment per visit	Deductible, then 40% Coinsurance

Benefit	In-Network Plan Providers with a proper Referral Member Cost Sharing	Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing
Vision Services (Continued)		
Routine pediatric eye examinations – limited to 1 exam per Calendar Year	\$25 Copayment per visit	Deductible, then 40% Coinsurance
Vision hardware for special conditions	No charge	Deductible, then 40% Coinsurance
Voluntary Sterilization – in a Physician's Office		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Voluntary Termination of Pregnancy – Outpatient		
	No charge	Deductible, then 40% Coinsurance
Wigs and Scalp Hair Prostheses		
– Limited to \$350 per Calendar Year (see the Benefit Handbook for details)	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)
إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्तमें उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ຄ່າມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

(Continued)

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal 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). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@point32health.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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General List of Exclusions

Harvard Pilgrim Health Care, Inc. | MAINE

The following list identifies services that are generally excluded from Harvard Pilgrim Plans. Additional services may be excluded related to access or product design. For a complete list of exclusions please refer to the specific plan's Benefit Handbook.

Exclusion
Alternative Treatments
<ul style="list-style-type: none"> • Acupuncture care except when specifically listed as a Covered Benefit. • Acupuncture services that are outside the scope of standard acupuncture care. • Alternative or holistic services and all procedures, laboratories and nutritional supplements associated with such treatments. • Aromatherapy, treatment with crystals and alternative medicine. • Any of the following types of programs: Health resorts, spas, recreational programs, camps, wilderness programs (therapeutic outdoor programs), outdoor skills programs, life skills programs, therapeutic or educational boarding schools, and relaxation or lifestyle programs. • Massage therapy when performed by anyone other than a licensed physical therapist, physical therapy assistant, occupational therapist, or certified occupational therapy assistant. • Myotherapy. • Services by a naturopath that are not covered by other Plan Providers under the Plan.
Clinical Trials
Coverage is not provided for the following: <ul style="list-style-type: none"> • The investigational item, device, or service itself; or • For services, tests or items that are provided solely to satisfy data collection and analysis for the clinical trial and that are not used for the direct clinical management of your condition.
Dental Services
<ul style="list-style-type: none"> • Dental Care, except when specifically listed as a Covered Benefit. • All services of a dentist for Temporomandibular Joint Dysfunction (TMD). • Extraction of teeth, except when specifically listed as a Covered Benefit. • Pediatric dental care, except when specifically listed as a Covered Benefit.
Durable Medical Equipment and Prosthetic Devices
<ul style="list-style-type: none"> • Any devices or special equipment needed for sports or occupational purposes. • Any home adaptations, including, but not limited to home improvements and home adaptation equipment. • Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services. • Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.
Experimental, Unproven or Investigational Services
<ul style="list-style-type: none"> • Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.
Foot Care
<ul style="list-style-type: none"> • Foot orthotics, except for the treatment of severe diabetic foot disease. • Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members with diabetes.
Maternity Services
Planned home births. Services provided by a doula

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Exclusion

Mental Health Care

- Biofeedback.
- Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided: (1) for educational services intended to enhance educational achievement; or (2) to resolve problems of school performance.
- Sensory integrative praxis tests.
- Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder.
- Mental health care that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health.
- Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.

Physical Appearance

- Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) reconstructive surgery to repair or restore appearance damaged by an Accidental Injury, and (3) post-mastectomy care.
- Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy.
- Liposuction or removal of fat deposits considered undesirable.
- Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures).
- Skin abrasion procedures performed as a treatment for acne.
- Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin.
- Treatment for spider veins.
- Wigs, except when specifically listed as a Covered Benefit.

Procedures and Treatments

- Gender reassignment surgery and all related drugs and procedures, except when specifically listed as a Covered Benefit.
- Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray.
- Commercial diet plans, weight loss programs and any services in connection with such plans or programs. **Please note:** Your employer may participate in other wellness and health improvement incentive programs offered by Harvard Pilgrim. Please review all your Plan documents for the amount of incentives, if any, available under your Plan.
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).
- If a service is listed as requiring that it be provided at a Center of Excellence, no coverage will be provided under this Handbook if that service is received from a Provider that has not been designated as a Center of Excellence.
- Physical examinations and testing for insurance, licensing or employment.
- Services for Members who are donors for non-members, except as described under Human Organ Transplant Services.
- Testing for central auditory processing.
- Group diabetes training, educational programs or camps.

Providers

- Charges for services which were provided after the date on which your membership ends, except as required by Maine law.
- Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and Hospital or other facility charges, that are related to any care that is not a Covered Benefit.
- Charges for missed appointments.
- Concierge service fees. (See the Plan's *Benefit Handbook* for more information.)
- Inpatient charges after your Hospital discharge.
- Provider's charge to file a claim or to transcribe or copy your medical records.
- Services or supplies provided by: (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Exclusion
Reproduction
<ul style="list-style-type: none"> • Any form of Surrogacy or services for a gestational carrier other than covered maternity services. • Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment. • Infertility drugs, if infertility services are not a Covered Benefit. • Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage. • Infertility treatment for Members who are not medically infertile. • Infertility treatment, except when specifically listed as a Covered Benefit. • Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal). • Sperm collection, freezing and storage except when infertility treatment is specifically listed as a Covered Benefits. • Sperm identification when not Medically Necessary (e.g., gender identification). • The following fees: wait list fees, non-medical costs, shipping and handling charges etc. • Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit. • Voluntary termination of pregnancy unless necessary to preserve the life or health of a Member,, or unless it is specifically listed as a Covered Benefit.
Services Provided Under Another Plan
<ul style="list-style-type: none"> • Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities. • Costs for services covered by third party liability, other insurance coverage, and which are required to be covered by a Workers' Compensation plan or an Employer under state or federal law, unless a notice of controversy has been filed with the Workers' Compensation Board contesting the work-relatedness of the claimant's condition and no decision has been made by the Board.
Telemedicine
<ul style="list-style-type: none"> • Telemedicine services involving e-mail, pr fax. • Telemedicine services involving audio-only telephone, except where telemedicine is technologically unavailable at a scheduled time and is medically appropriate for the corresponding covered health services. • Provider fees for technical costs for the provision of telemedicine services.
Transgender Health Services
<ul style="list-style-type: none"> • Abdominoplasty. • Chemical peels. • Collagen injections. • Dermabrasion. • Electrolysis or laser hair removal (for all indications, except when required pre-operatively for genital surgery). • Hair transplantation. • Reversal of transgender health services and all related drugs and procedures. • Implantations (e.g. cheek, calf, pectoral, gluteal). • Liposuction. • Lip reduction/enhancement. • Panniculectomy. • Removal of redundant skin. • Silicone injections (e.g. for breast enlargement). • Voice modification therapy/surgery. • Transgender health services and all related drugs and procedures for self-insured groups, unless covered under a separate rider. • Reimbursement for travel expenses
Types of Care
<ul style="list-style-type: none"> • Custodial Care. • Rest or domiciliary care. • All institutional charges over the semi-private room rate, except when a private room is Medically Necessary. • Pain management programs or clinics. • Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation. • Private duty nursing. • Sports medicine clinics. • Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.
Vision and Hearing
<ul style="list-style-type: none"> • Eyeglasses, contact lenses and fittings, except as listed in the Plan's <i>Benefit Handbook</i> and any associated Riders. • Over the counter hearing aids • Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism. • Routine eye examinations, except when specifically listed as a Covered Benefit.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Exclusion


All Other Exclusions

• Any service or supply furnished in connection with a non-Covered Benefit. • Any service, supply or medication when there is a less intensive Covered Benefit or most cost-effective alternative that can be safely and effectively provided • Any service, supply or medication that is required by a third party that is not otherwise Medically Necessary (examples of a third party are an employer, and insurance company, a school or court). • Any service or supply (with the exception of contact lenses) purchased from the internet. • Beauty or barber service. • Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services, unless your Plan includes outpatient pharmacy coverage. • Diabetes equipment replacements when solely due to manufacturer warranty expiration. • Donated or banked breast milk. • Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law and prescribed for Members who meet HPHC policies for enteral tube feedings. • Guest services. • Medical equipment, devices or supplies except as listed in this Benefit Handbook. • Medical services that are provided to Members who are confined or committed to jail, house of correction, or prison, or custodial facility of the Department of Youth Services. • Services for non-Members. • Services for which no charge would be made in the absence of insurance. • Services for which no coverage is provided in the Benefit Handbook, Schedule of Benefits, or Prescription Drug Brochure. • Services that are not Medically Necessary. • Taxes or governmental assessments on services or supplies. • Transportation other than by ambulance. • Air conditioners, air purifiers and filters, dehumidifiers and humidifiers. • Car seats. • Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners. • Electric scooters. • Exercise equipment. • Home modifications including but not limited to elevators, handrails and ramps. • Hot tubs, jacuzzis, saunas or whirlpools. • Mattresses. • Medical alert systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
The Harvard Pilgrim Deductible POS

Coverage Period: 11/01/2024 — 10/31/2025
Coverage for: Individual + Family | Plan Type: POS

	<p>The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.harvardpilgrim.org/LGsampleEOC. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-888-333-4742 to request a copy.</p>
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Important Questions	Answers	Why This Matters
What is the overall <u>deductible</u> ?	In-Network: \$2,500 member/ \$5,000 family Out-of-Network: \$5,000 member/ \$10,000 family Benefits are administered on a calendar year basis.	Generally you must pay all the costs up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, they have to meet their own individual <u>deductible</u> until the overall family <u>deductible</u> amount has been met.
Are there services covered before you meet your <u>deductible</u> ?	Yes: <u>In-Network emergency room care</u> , <u>emergency medical transportation</u> , prescription drugs, outpatient mental health services, <u>preventive care</u> , <u>provider</u> office visits, <u>rehabilitation services</u> , <u>habilitation services</u> , routine eye exams, are covered before you meet your <u>deductibles</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But, a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	In-Network: \$5,000 member/ \$10,000 family Out-of-Network: \$10,000 member / \$20,000 family Separate <u>out-of-pocket limit</u> applies to Pharmacy, see "If you need drugs to treat your illness or condition".	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limit</u> until the overall family <u>out-of-pocket limit</u> has been met.

Important Questions	Answers	Why This Matters
What is not included in the out-of-pocket limit ?	Prescription drugs, premiums , balance-billing charges, penalties for failure to obtain preauthorization for services and health care this plan doesn't cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See https://www.harvardpilgrim.org/public/find-a-provider or call 1-888-333-4742 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance-billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Level 1: \$25 copay /visit; deductible does not apply	40% coinsurance	No copay for the first office visit/Member.
	Specialist visit	Level 1: \$25 copay /visit; deductible does not apply Level 2: \$40 copay /visit; deductible does not apply	40% coinsurance	None
	Preventive care / screening / immunization	No charge; deductible does not apply	40% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	X-rays: 20% coinsurance Laboratory: 20% coinsurance	X-rays: 40% coinsurance Laboratory: 40% coinsurance	None
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	Cost sharing may vary for certain imaging services. Out-of-Network preauthorization required. \$500 penalty if not obtained.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.harvardpilgrim.org/2024Value5T .	Generic drugs	30-Day Retail Tier 1: \$5 copay /prescription; deductible does not apply 90-Day Mail Tier 1: \$10 copay /prescription; deductible does not apply 30-Day Retail Tier 2: \$25 copay /prescription; deductible does not apply 90-Day Mail Tier 2: \$50 copay /prescription; deductible does not apply	30-Day Retail Tier 1: \$5 copay /prescription; deductible does not apply 90-Day Mail Tier 1: \$10 copay /prescription; deductible does not apply 30-Day Retail Tier 2: \$25 copay /prescription; deductible does not apply 90-Day Mail Tier 2: \$50 copay /prescription; deductible does not apply	Value formulary - covers a limited list; not all drugs are covered. You pay retail price for Out of Network pharmacy drugs and are reimbursed minus applicable cost sharing . Covered only outside of service area. Prescription drug Out-of-Pocket Maximum : \$1,000 member/ \$2,000 family
	Preferred brand drugs	30-Day Retail Tier 3: \$50 copay /prescription; deductible does not apply 90-Day Mail Tier 3: \$100 copay /prescription; deductible does not apply	30-Day Retail Tier 3: \$50 copay /prescription; deductible does not apply 90-Day Mail Tier 3: \$100 copay /prescription; deductible does not apply	
	Non-preferred brand drugs	30-Day Retail Tier 4: 30% coinsurance up to \$300; deductible does not apply 90-Day Mail Tier 4: 30% coinsurance up to \$600; deductible does not apply	30-Day Retail Tier 4: 30% coinsurance up to \$300; deductible does not apply 90-Day Mail Tier 4: 30% coinsurance up to \$600; deductible does not apply	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Specialty drugs	30-Day Retail Tier 4: 30% coinsurance up to \$300; deductible does not apply 90-Day Mail Tier 4: 30% coinsurance up to \$600; deductible does not apply 30-Day Retail Tier 5: 30% coinsurance up to \$500; deductible does not apply 90-Day Mail Tier 5: 30% coinsurance up to \$1,000; deductible does not apply	30-Day Retail Tier 4: 30% coinsurance up to \$300; deductible does not apply 90-Day Mail Tier 4: 30% coinsurance up to \$600; deductible does not apply 30-Day Retail Tier 5: 30% coinsurance up to \$500; deductible does not apply 90-Day Mail Tier 5: 30% coinsurance up to \$1,000; deductible does not apply	Some drugs must be obtained through a Specialty Pharmacy.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	Out-of-Network preauthorization required. \$500 penalty if not obtained.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	
If you need immediate medical attention	Emergency room care	\$150 copay /visit; deductible does not apply		None
	Emergency medical transportation	20% coinsurance ; deductible does not apply		None
	Urgent care	Urgent care center: \$25 copay /visit; deductible does not apply	Urgent care center: 40% coinsurance	Cost sharing may vary based on location.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	Out-of-Network preauthorization required. \$500 penalty if not obtained.
	Physician/surgeon fee	20% coinsurance	40% coinsurance	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 copay /visit; deductible does not apply	40% coinsurance	No copay for the first mental health/substance abuse visit/Member. Out-of-Network preauthorization required. \$500 penalty if not obtained.
	Inpatient services	20% coinsurance	40% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	\$25 copay /visit; deductible does not apply	40% coinsurance	Cost sharing does not apply for preventive services (such as routine prenatal visits).
	Childbirth/delivery professional services	No charge; deductible does not apply	40% coinsurance	
	Childbirth/delivery facility services	No charge; deductible does not apply	40% coinsurance	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	40% coinsurance	None
	Rehabilitation services	Physical Therapy: \$40 copay /visit; deductible does not apply Occupational Therapy: \$40 copay /visit; deductible does not apply Speech Therapy: \$40 copay /visit; deductible does not apply	Physical Therapy: 40% coinsurance Occupational Therapy: 40% coinsurance Speech Therapy: 40% coinsurance	Occupational, physical & speech therapy – 60 combined visits /calendar year Out-of-Network preauthorization required. \$500 penalty if not obtained.
	Habilitation services			
	Skilled nursing care	20% coinsurance	40% coinsurance	100 days/calendar year
	Durable medical equipment	20% coinsurance	40% coinsurance	Wigs – \$350/calendar year Out-of-Network preauthorization required. \$500 penalty if not obtained.
	Hospice services	20% coinsurance	40% coinsurance	For inpatient see “If you have a hospital stay”
If your child needs dental or eye care	Children’s eye exam	\$25 copay /visit; deductible does not apply	40% coinsurance	1 exam/calendar year
	Children’s glasses	Not covered	Not covered	None
	Children’s dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Does NOT Cover (This isn't a complete list. Check your policy or [plan](#) document for other [excluded services](#).)

- | | | |
|----------------------|--|--|
| • Children's glasses | • Dental Care (Adult) | • Routine foot care (except for diabetes or systemic circulatory diseases) |
| • Cosmetic Surgery | • Long-Term Care | • Services that are not Medically Necessary |
| | • Non-emergency care when traveling outside the U.S. | • Weight Loss Programs |
| | • Private-duty nursing | |

Other Covered Services (This isn't a complete list. Check your policy or [plan](#) document for other covered services and your costs for these services.)

- | | | |
|---|---|---|
| • Acupuncture - 20 visits/calendar year | • Chiropractic Care - 40 visits/calendar year | • Infertility Treatment |
| • Bariatric surgery | • Hearing Aids - \$3,000/aid every 36 months, for each impaired ear | • Routine eye care (Adult) – 1 exam/calendar year |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or the Department of Health and Human Services, Centers for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov, or for more information on your rights to continue coverage, you can contact the Member Service number listed on your ID card or call 1-888-333-4742. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

HPHC Member Appeals-Member Services Department
Harvard Pilgrim Health Care, Inc.
1 Wellness Way
Canton, MA 02021-1166
Telephone: 1-888-333-4742
Fax: 1-617-509-3085

Department of Labor's Employee Benefits Security Administration
1-866-444-3272
www.dol.gov/ebsa/healthreform

Consumer for Affordable Health Care
12 Church Street, PO Box 2409
Augusta, Maine 04338-2490
1-800-965-7476
www.maine cahc.org
consumerhealth@mainecahc.org

Maine Bureau of Insurance
34 State House
Station Augusta, ME 04333
1-207-624-8475
1-800-300-5000

Does this plan meet the Minimum Value Standard? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Language Access Services:

Para obtener asistencia en Español, llame al 1-888-333-4742.

如果需要中文的帮助, 请拨打这个号码 1-888-333-4742.

De assistência em Português, por favor ligue 1-888-333-4742.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your **providers** charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductible](#), [copayment](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$2,500	■ The plan's overall deductible	\$2,500	■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$40	■ Specialist copayment	\$40	■ Specialist copayment	\$40
■ Hospital (facility) coinsurance	20%	■ Hospital (facility) coinsurance	20%	■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%	■ Other coinsurance	20%	■ Other coinsurance	20%
This EXAMPLE event includes services like:		This EXAMPLE event includes services like:		This EXAMPLE event includes services like:	
Specialist office visits (<i>prenatal care</i>)		Primary care physician office visits (<i>including disease education</i>)		Emergency room care (<i>including medical supplies</i>)	
Childbirth/Delivery Professional Services		Diagnostic tests (<i>blood work</i>)		Diagnostic test (<i>x-ray</i>)	
Childbirth/Delivery Facility Services		Prescription drugs		Durable medical equipment (<i>crutches</i>)	
Diagnostic tests (<i>ultrasounds and blood work</i>)		Durable medical equipment (<i>glucose meter</i>)		Rehabilitation services (<i>physical therapy</i>)	
Specialist visit (<i>anesthesia</i>)					
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$1,300	Deductibles	\$100	Deductibles	\$500
Copayments	\$50	Copayments	\$1,300	Copayments	\$400
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$200
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$0	Limits or exclusions	\$0	Limits or exclusions	\$0
The total Peg would pay is	\$1,350	The total Joe would pay is	\$1,400	The total Mia would pay is	\$1,100

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)

إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 888-333-4742

(TTY: 711)

ខ្មែរ (Cambodian) ព្រះសុខដំណឹង: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).


Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्तमें उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

 Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

(Continued)

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal 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). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@point32health.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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Prescription Drug Coverage

VALUE 5 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	Up to a 30-day supply: \$5 Copayment per prescription or prescription refill Up to a 90-day supply: \$15 Copayment per prescription or prescription refill	\$10 Copayment per prescription or prescription refill
Tier 2	Up to a 30-day supply: \$25 Copayment per prescription or prescription refill Up to a 90-day supply: \$75 Copayment per prescription or prescription refill	\$50 Copayment per prescription or prescription refill
Tier 3	Up to a 30-day supply: \$50 Copayment per prescription or prescription refill Up to a 90-day supply: \$150 Copayment per prescription or prescription refill	\$100 Copayment per prescription or prescription refill
Tier 4	Up to a 30-day supply: 30% Coinsurance* up to a maximum Coinsurance of \$300 per prescription or refill Up to a 90-day supply: 30% Coinsurance* up to a maximum Coinsurance of \$900 per prescription or refill	30% Coinsurance* up to a maximum Coinsurance of \$600 per prescription or refill
Tier 5	Up to a 30-day supply: 30% Coinsurance* up to a maximum Coinsurance of \$500 per prescription or refill Up to a 90-day supply: 30% Coinsurance* up to a maximum Coinsurance of \$1,500 per prescription or refill	30% Coinsurance* up to a maximum Coinsurance of \$1,000 per prescription or refill

Please Note: All infertility drugs will apply 20% Coinsurance per prescription refill. Copayments and/or



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Coinsurance maximums listed above (if any) will never apply. If a Deductible applies to a particular tier, you will be responsible for paying the Deductible, then 20% Coinsurance.

*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.

You may purchase up to a 90-day supply of maintenance medications from certain Maine retail pharmacies. When you obtain a 90-day prescription from one of these Maine retail pharmacies, you will pay the Mail Service Prescription Drug Program Member Cost Sharing. Although most maintenance medications are available for a 90-day supply, we may limit drugs for clinical reasons or to prevent potential waste. In addition, specialty drugs, discussed above, are not available for a 90-day supply.

Your plan has an annual Out-of-Pocket Maximum for prescription drug costs. Your Out-of-Pocket maximum Coinsurance is \$1,000 per Member/\$2,000 per family. Once you have reached the Out-of-Pocket Maximum (including deductible, copayment and coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit **www.harvardpilgrim.org/2024Value5T** for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.

Language Assistance Services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)

إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1-888-333-4742

(TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ជូរល្អ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है। जानकारी के लिये फोन करे। 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ຄ່າມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).



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(Continued)

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal 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). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

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