



Harvard Pilgrim
Health Care

a Point32Health company

Member Guide

Your Health Plan Highlights





Dear Member,

At Harvard Pilgrim, we're not just your health plan provider; we are your health care partner.

That's why we offer flexible health plans with robust local and national provider networks, preventive care programs, digital tools for added convenience and inclusive family-focused benefits.

We encourage you to use this member guide as a self-service tool to assist you toward better health and to maximize the benefits of your health plan.

Your member guide will give you an overview of:

- Medical services
- Behavioral health services
- Chronic condition management
- Wellness programs
- Exclusive discounts and many other great perks

Activate and use your secure member account to learn more and see your own specific health plan coverage and costs.



Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) for more information, resources and access to your secure member account.

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Digital Tools & More



Secure Member Account and Mobile App

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



harvardpilgrim.org/create

Find a Provider or Hospital

Log in to your secure account to find a provider near you:

- Search for providers or hospitals by name or location, based on your plan
- Find providers accepting new patients
- View providers 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.

Reduce My Costs

Connect with a nurse at **855-772-8366** to help 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 online to 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.



doctorondemand.com/harvard-pilgrim



Whole-person Care

Our integrated approach to care allows us to help you improve both your physical and mental well-being for the best outcome.⁵

Broad Network of Providers

You have access to high-quality care through our network of medical and behavioral health care providers. Our network covers New England and extends nationwide, offering both inpatient and outpatient services.

Behavioral Health Programs and Services

We offer innovative behavioral health programs and services for children, adolescents and adults including:

- Virtual therapy and medication management services available 7 days/week to support your mental health and well-being. Services including stress management, support for anxiety and depression and more.
- Quick and easy access to specialized providers offering services including advanced neurological therapies for children with autism spectrum disorder and other developmental differences, and outpatient mental health clinics that focus on delivering timely access to high-quality psychiatry and therapy services.

Behavioral Health Service Navigation

Our specially trained service navigation team helps you find specific resources and care, locate providers, and access innovative tools and services.

Condition Management Programs

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

Substance Use Treatment Services

Services are available through multiple network providers. Members are supported after inpatient treatment by our internal addiction recovery care management team.

For more information about Behavioral Health services call the phone number on the back of your member ID card or visit:



[harvardpilgrim.org/behavioral-health](https://www.harvardpilgrim.org/behavioral-health)



Understand Your Pharmacy Benefits

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

Log in to Your Secure Member Account to Look Up Your Prescriptions

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

Prescription Cost-sharing

The amount (copayment, deductible or coinsurance) you'll be responsible for paying, depends on your plan. The medications covered under your plan are organized into different tiers. 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.

Plan Ahead if You Take Maintenance Medication

Maintenance medications are prescriptions taken regularly for ongoing conditions, such as high blood pressure or diabetes. Check your medication expiration date, refill amount and coverage by logging into your secure online account.

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 about pharmacy benefits:



harvardpilgrim.org/member-rx



Know Your Care Options

Health care isn't one-size-fits-all. 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 See Your Primary Care Provider (PCP)

For annual checkups and physicals, as well as non-urgent needs such as preventive screenings and immunizations, your PCP is best suited to coordinate your care. They may also offer virtual health care services for even greater convenience.

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 with your smartphone, tablet or computer. You can also access confidential therapy and build an ongoing relationship with the provider of your choice.

When to Go to a Retail Clinic

Retail clinics, such as CVS MinuteClinic® and Walgreens Healthcare 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 Visit an Urgent Care Center

You can visit an urgent care center without an appointment for situations that need immediate treatment but are not considered life-threatening, such as minor burns or cuts that may require stitches.

When to Visit the Emergency Room

If you think you're having a medical emergency and your life is in danger, call 911 or go to the nearest emergency room. Examples include severe chest or abdominal pain or serious injury.





Condition Management

If you are looking for support with a health concern or condition, our team of care managers are here to help coordinate care to your specific needs. This service is included in your Harvard Pilgrim plan at no additional cost.

Our team is here to provide confidential support if:

- Your doctor says you need surgery
- You or someone you love has been diagnosed with diabetes, asthma, heart disease, depression or another chronic condition
- You're considering getting pregnant or you just found out you're pregnant
- You need help managing your medications
- You want to make lifestyle changes such as weight loss and increased physical activity

We will coordinate with your providers to be sure your care plan and services are effective and supportive of your individual needs.

Call us at **866-750-2068** to get the conversation started.

Our Care Team is available Monday-Friday, from 8:30 a.m.-5 p.m.



Wellness Discounts & Perks

At Harvard Pilgrim, we want to help you reach your wellness goals through discounts on nutrition, mind and body, fitness, vision and other services related to improving overall health.

For more details on the different programs and services available, visit:



harvardpilgrim.org/discounts

Start Living Well Today

Visit harvardpilgrim.org/livingwellportal and click "Harvard Pilgrim Member Login." If you don't have an account, choose "Create a secure member account." Once logged in, select "Get Started" on the Health & Wellness tile.

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





Family & Maternal Health

If you're thinking of starting a family, currently pregnant, a new parent, or seeking assistance with adoption or surrogacy, we are here to help you and your covered family members.

- Fertility information and services
- Pregnancy coverage and care
- Pregnancy and mental health
- Early parenthood assistance
- Parenting resources

Learn more:



[harvardpilgrim.org/parenting](https://www.harvardpilgrim.org/parenting)





Stay Connected & Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we also offer many other ways to keep you informed.

Member Newsletter

Our member newsletter shares current health topics and benefit highlights, including tips to manage your health, fun recipes, discounts on wellness services, new programs and much more. It's delivered to your email inbox and posted on our 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, discounts and perks, and new programs that support your health and well-being.

Harvardpilgrim.org

Our website is a great place to learn more about the resources, wellness options, condition management programs and additional member benefits that keep you and your family healthy. You can also find doctors, access your secure account, and stay up to date with our latest news.

Social Media

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



How to Stay in the Know

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





Key Terms

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.

Copayments

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

Cost-sharing

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

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.

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.

Non-Covered (NC)

Medications that are not currently covered by Harvard Pilgrim.

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.

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.

Premium

This is the monthly cost of your health insurance coverage.

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.

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.

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.

For details and more key terms, go to:



[harvardpilgrim.org/keyterms](https://www.harvardpilgrim.org/keyterms)

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 they must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at harvardpilgrim.org. Or you can call one of the phone 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 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 secure online 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 come 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 If you are experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away.

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 (see below for contact information). 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 (TDD)

Complaint forms are available at

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.

Language Assistance Services

Arabic (العربية) انتباه: إذا كنت تتحدث لغة أخرى غير الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. يرجى الاتصال بالرقم الموجود على بطاقة هوية العضو الخاصة بك.

French (Français) ATTENTION : Si vous parlez une langue autre que l'anglais, des services d'assistance linguistique gratuits sont à votre disposition. Veuillez appeler le numéro indiqué sur votre carte d'adhérent.

Greek (Ελληνικά) ΠΡΟΣΟΧΗ: Εάν μιλάτε κάποια άλλη γλώσσα πέρα από τα αγγλικά, γλωσσικές υπηρεσίες χωρίς χρέωση είναι στη διάθεσή σας. Καλέστε τον αριθμό στην κάρτα μέλους σας.

Gujarati (ગુજરાતી) ધ્યાન આપો: જો તમે અંગ્રેજી સિવાય બીજી ભાષા બોલો છો, તો ભાષા હિય વિાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૃપા કરીને તમારા ભિય આઈડી કાસ પરના નંબર પર કોલ કરો.

Haitian Creole (Kreyòl Ayisyen) ATANSYON: Si w pale yon lang ki pa Anglè, gen sèvis èd pou lang ki disponib gratis pou ou. Tanpri rele nimewo ki sou kat ID manm ou a.

Hindi (हिंदी) ध्यान दें: अगर आप अंग्रेजी के अलावा कोई दूसरी भाषा बोलते हैं, तो भाषा सहायता सेवाएं आपके ललए ननःशुल्क उपलब्ध हैं। कृपया अपने सदस्य आईडी कार्ड पर ददए गए नंबर पर कॉल करें।

Italian (Italiano) ATTENZIONE: se parli una lingua diversa dall'inglese, sono disponibili gratuitamente servizi di assistenza linguistica. Chiama il numero indicato sulla tua tessera membro identificativa.

Khmer (ភាសាខ្មែរ) បុរសិនបរអុន កនិយាយភាសាបសងេបប្រាំភាសាអង់បល: ស បសវាកមុមជំនួ យភាសា ដលៃតតលិតថុល: លីអាចរកបានសហរអុន ក ។ សូ មុប្រាំកាន់បលខប្រាំលី ID កាតសាជីករសំអុន ក ។

Korean (한국어) 알림: 영어 이외의 언어를 사용하신다면 언어 지원 서비스를 무료로 제공해 드립니다. 가입자 ID 카드에 명시된 번호로 전화하시기 바랍니다.

Lao (ພາສາລາວ) ກະລຸນາ ຮັບຊາບ: ຖ້າ ທ່ານເວົ້າພາສາອື່ນີ່ທໍ່ບ ມ່ນພາສາ ອັງກດ, ທ່ານສາມາດໃຊ້ບິລາກນໍາດ່ານພາສາໄ ຕໍ ໂດຍໍບເສຍ ຄ່າ. ກະລຸນາໂທຫາເບີຖ່ ຢໃນ ບັດປະຈໍາ ຕົວສະມາຊິກຂອງ ທ່ານ.

Polish (polski) UWAGA: Jeśli posługujesz się językiem innym niż angielski, możesz bezpłatnie korzystać z usług pomocy językowej. Zadzwoń pod numer podany na Twojej karcie członkowskiej.

Portuguese (Português) ATENÇÃO: caso fale outro idioma que não o inglês, são-lhe disponibilizados gratuitamente serviços de assistência linguística. Ligue para o número no seu cartão de identificação de membro.

Russian (Русский) ВНИМАНИЕ! Если вы не говорите на английском языке, то можете бесплатно воспользоваться услугами языковой поддержки. Позвоните по номеру, указанному на вашей идентификационной карте участника.

Spanish (Español) ATENCIÓN: Si usted habla un idioma que no sea inglés, están disponibles para usted, sin costo, servicios de asistencia en otros idiomas. Llame al número que figura en su tarjeta de identificación de miembro.

Traditional Chinese (繁體中文) 注意事項: 如果您講非英語的其他語言, 我們可以為您提供免費的語言協助服務。請撥打您會員 ID 卡上的電話號碼。

Vietnamese (Tiếng Việt) LƯU Ý: Nếu quý vị nói ngôn ngữ khác không phải tiếng Anh, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi đến số điện thoại trên thẻ ID hội viên của quý vị.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call the number on your member ID card.

Contact Us

Member Services

888-333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8am - 6pm

Wed. 10am - 6pm

Fri. 8am - 5:30pm



Harvard Pilgrim
Health Care

a **Point32Health** company

Schedule of Benefits

THE HARVARD PILGRIM CHOICENET BEST BUY HMO
MMHG Benchmark
MASSACHUSETTS

Please Note: This plan includes a tiered provider network called the “ChoiceNet” Network. In this plan, Members pay different levels of Copayments, Coinsurance or Deductibles depending on the tier of the provider delivering a covered service or supply. This plan may make changes to a Provider’s benefit tier annually on January 1. Please consult the HPHC ChoiceNet Provider Directory or visit the provider search tool at www.harvardpilgrim.org to determine the tier of Providers in the ChoiceNet Network.

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.

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

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**.

Tiered Providers

Most hospitals and physicians covered by the Plan are placed into one of three benefit levels or “tiers” based on national measures of cost efficiency and relative quality. Member Cost Sharing for these providers depends upon the tier in which a provider is placed. Tier 1 is the lowest cost tier. Tier 2 is the medium cost tier. Tier 3 is the highest cost tier. Please see your Benefit Handbook for more information on how hospitals and physicians are tiered under the Plan. Only acute care hospitals, Primary Care Providers (PCPs) and medical specialists are assigned to one of three tiers. All other covered providers are assigned to Tier 1. Tiering also does not apply to physicians and hospitals that specialize in the provision of mental health care. These include psychiatrists and psychiatric hospitals.

You can lower your out-of-pocket cost by selecting the physicians and hospitals in the lower cost tiers. The tables set forth below list the Member Cost Sharing for each type of tiered service. The Plan’s Provider Directory lists all Plan Providers and their tier. You can access the Provider Directory at www.harvardpilgrim.org. You may also obtain a paper copy of the directory, free of charge, by calling Harvard Pilgrim’s Member Services Department at **1-888-333-4742**.

Please Note: When you choose a PCP, it is important to consider the tier of the hospital that your PCP uses. For example, a Tier 1 PCP may admit patients to a Tier 2 or to a Tier 3 Hospital.

Deductibles

A Deductible is a specific annual dollar amount that is payable by the Member for Covered Benefits received each Plan Year before any benefits subject to the Deductible are payable by the

EFFECTIVE DATE: 01/01/2025

**MMHG BENCHMARK
THE HARVARD PILGRIM CHOICENET BEST BUY HMO - MASSACHUSETTS**

Plan. If a family Deductible applies, it is met when any combination of Members in a covered family incur expenses for services to which the Deductible applies. Your Plan's Deductible amounts are listed in the tables below.

The Plan has a maximum Deductible, which is the total amount of Deductible payments you are responsible for in a Plan Year. Any Deductible amount you incur for Covered Plan Year will apply toward the maximum Deductible. In addition, any Deductible amount you incur during a Plan Year applies towards a Deductible of any tier.

The Plan also has limits on the Deductible amounts that apply to each tier. If you only use services in Tier 1 during the Plan Year, you would only be responsible for the Tier 1 Deductible amount in that Plan Year. If you only use services in Tiers 1 and 2 in a Plan Year, you would only be responsible for the Tier 2 Deductible amount in that Plan Year. As explained above, even if you use Tier 3 services, your total liability for Deductible charges is limited to the maximum Deductible amount stated in the table below.

Office Visit Copayments

There are two types of office visit Copayments that apply to your Plan: a lower Copayment, known as the "Primary Care Copayment," and a higher Copayment, known as the "Specialty and Hospital Based Care Copayment."

The Primary Care Copayment applies to covered outpatient professional services, other than services received at a professional office operated by a hospital, 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.

The Specialty and Hospital Based Care Copayment applies to most outpatient specialty care.

If a provider is categorized as both Copayment levels, the Primary Care Copayment applies. For example, if a provider is both a PCP and a cardiologist, you will be responsible for the Primary Care Copayment.

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

Covered Benefits

Your Covered Benefits are administered on a Plan Year basis. Your Plan Year begins on your Employer's Anniversary Date. Please see your Benefit Handbook for more details. If you do not know your Employer's Anniversary Date, please contact your Employer's benefits office or call the Member Services Department at **1-888-333-4742**.

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." For inpatient hospital care, see "Hospital – Inpatient Services," 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."

**MMHG BENCHMARK
THE HARVARD PILGRIM CHOICENET BEST BUY HMO - MASSACHUSETTS**

General Cost Sharing Features:	Tier 1 Member Cost Sharing:	Tier 2 Member Cost Sharing:	Tier 3 Member Cost Sharing:
Coinsurance and Copayments			
	See the benefits table below		
Deductibles			
The following Deductibles apply to all services except where specifically noted below. The Deductible amount listed in each tier is the maximum you would pay for all services during the Plan Year in that tier or a lower tier.	\$300 per Member per Plan Year \$900 per family per Plan Year	\$300 per Member per Plan Year \$900 per family per Plan Year	\$300 per Member per Plan Year \$900 per family per Plan Year
Maximum Deductible			
	\$300 per Member per Plan Year \$900 per family per Plan Year		
Deductible Rollover			
	None		
Out-of-Pocket Maximum			
Includes all Member Cost Sharing except Member Cost Sharing for prescription drugs, which has a separate Out-of-Pocket Maximum	\$2,000 per Member per Plan Year \$4,000 per family per Plan Year		

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Acupuncture Treatment			
- Limited to 12 visits per Plan Year	\$20 Copayment per visit		
Ambulance and Medical Transport			
Emergency ambulance transport	Tier 1 Deductible, then no charge		
Non-emergency medical transport	Tier 1 Deductible, then no charge		
Autism Spectrum Disorders Treatment			
Applied behavior analysis	\$20 Copayment per visit		
Chemotherapy and Radiation Therapy			
Chemotherapy	Tier 1 Deductible, then no charge		
Radiation therapy	Tier 1 Deductible, then no charge		

**MMHG BENCHMARK
THE HARVARD PILGRIM CHOICENET BEST BUY HMO - MASSACHUSETTS**

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
COVID-19 Services			
COVID-19 Testing	No charge	No charge	No charge
COVID-19 testing is covered without the use of Prior Approval processes when Medically Necessary and provided by either Plan or Non-Plan Providers.			
COVID-19 Treatment	No charge	No charge	No charge
COVID-19 treatment is covered without the use of Prior Approval processes when Medically Necessary and provided by either Plan or Non-Plan Providers.			
COVID-19 Vaccines	No charge	No charge	No charge
Dental Services			
Important Notice: Coverage of Dental Care 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 no charge	Deductible, then no charge	Deductible, then no charge
Pediatric dental care for children up to the age of 13 – limited to 2 preventive dental exams per Plan Year	\$20 Copayment per visit		
Dialysis			
	Tier 1 Deductible, then no charge		
Installation of home equipment is covered up to \$300 in a Member's lifetime	Tier 1 Deductible, then no charge		
Durable Medical Equipment			
Durable medical equipment	Tier 1 Deductible, then no charge		
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge		
Oxygen and respiratory equipment	No charge		
Early Intervention Services			
	No charge		
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health			
Emergency Admission Services			
	Tier 1 Deductible, then \$500 Copayment per admission		
Emergency Room Care			
	Tier 1 Deductible, then \$100 Copayment per visit		
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 Services (see the Benefit Handbook for details)			
	Your Plan does not cover fertility services.		

**MMHG BENCHMARK
THE HARVARD PILGRIM CHOICENET BEST BUY HMO - MASSACHUSETTS**

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Gender Affirming Services			
	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 a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."		
Hearing Aids			
– Limited to \$1,500 per hearing impaired ear every 2 Plan Years	No charge		
Home Health Care			
	Deductible, then no charge		
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.			
Hospice – Outpatient			
	Deductible, then no charge		
Hospital – Inpatient Services			
Acute hospital care	Deductible, then \$500 Copayment per admission	Deductible, then \$500 Copayment per admission	Deductible, then \$1,500 Copayment per admission
Inpatient maternity care	Deductible, then \$500 Copayment per admission	Deductible, then \$500 Copayment per admission	Deductible, then \$1,500 Copayment per admission
Inpatient routine nursery care	No charge		
Inpatient rehabilitation	Tier 1 Deductible, then no charge		
Skilled nursing facility – limited to 100 days per Plan Year	Tier 1 Deductible, then 20% Coinsurance		
Infertility Treatment (see the Benefit Handbook for details)			
	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Laboratory, Radiology and Other Diagnostic Services			
Laboratory Note: All non-hospital based providers are in Tier 1	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Radiology Note: All non-hospital based providers are in Tier 1	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Genetic testing Note: All non-hospital based providers are in Tier 1	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services Note: All non-hospital based providers are in Tier 1	Deductible, then \$100 Copayment per procedure	Deductible, then \$100 Copayment per procedure	Deductible, then \$100 Copayment per procedure

(Continued on next page)

**MMHG BENCHMARK
THE HARVARD PILGRIM CHOICENET BEST BUY HMO - MASSACHUSETTS**

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Laboratory, Radiology and Other Diagnostic Services (Continued)			
Diagnostic services Note: All non-hospital based providers are in Tier 1	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Low Protein Foods			
– Limited to \$5,000 per Plan Year	Tier 1 Deductible, then no charge		
Maternity Care - Outpatient			
Routine outpatient prenatal and postpartum care	No charge		
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."			
Medical Drugs (drugs that cannot be self-administered)			
Medical drugs received in a physician's office or other outpatient facility	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Medical drugs received in the home	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
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			
	Tier 1 Deductible, then no charge		
Mental Health and Substance Use Disorder Treatment			
Inpatient Services	Tier 1 Deductible, then \$200 Copayment per admission		
Intermediate care services – Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization – Intensive outpatient programs, partial hospitalization and day treatment programs	Tier 1 Deductible, then no charge		
Annual mental health wellness examination performed by a licensed mental health professional. Please Note: Your annual mental health wellness examination may also be provided by a PCP as part of your annual routine examination for preventive care.	No charge		
Outpatient group therapy	\$10 Copayment per visit		

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THE HARVARD PILGRIM CHOICENET BEST BUY HMO - MASSACHUSETTS**

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Mental Health and Substance Use Disorder Treatment (Continued)			
Outpatient treatment, including individual therapy, outpatient detoxification and medication management	\$20 Copayment per visit		
Outpatient methadone maintenance	No charge		
Outpatient psychological testing and neuropsychological assessment – Performed by a licensed mental health professional	Tier 1 Deductible, then no charge		
Outpatient telemedicine virtual visit – group therapy	\$10 Copayment per visit		
Outpatient telemedicine virtual visit – including individual therapy, detoxification, and medication management	\$20 Copayment per visit		
Observation Services			
	Tier 1 Deductible, then no charge		
Ostomy Supplies			
	Tier 1 Deductible, then no charge		
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits)			
Routine examinations for preventive care, including immunizations	No charge		
Not all 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" for the Member Cost Sharing that applies to diagnostic services not included on this list.			
Consultations, evaluations, sickness and injury care	Primary Care Copayment: \$20 per visit Specialty and Hospital Based Care Copayment: \$60 per visit	Primary Care Copayment: \$20 per visit Specialty and Hospital Based Care Copayment: \$60 per visit	Primary Care Copayment: \$20 per visit Specialty and Hospital Based Care Copayment: \$60 per visit
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."			
Office based treatments and procedures, including but not limited to: administration of injections, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, and surgical procedures	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Administration of allergy injections	No charge	No charge	No charge

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THE HARVARD PILGRIM CHOICENET BEST BUY HMO - MASSACHUSETTS**

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Preventive Services and Tests			
	No charge		
Under federal and state law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, 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		
Prosthetic Devices			
	Tier 1 Deductible, then no charge		
Rehabilitation and Habilitation Services - Outpatient			
Cardiac rehabilitation	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Pulmonary rehabilitation therapy	\$20 Copayment per visit		
Speech-language and hearing services	\$20 Copayment per visit		
Occupational therapy – limited to 60 visits per Plan Year Limits combined with physical therapy.	\$20 Copayment per visit		
Physical therapy – limited to 60 visits per Plan Year Limits combined with occupational therapy.	\$20 Copayment per visit		
Scopic Procedures - Outpatient Diagnostic and Therapeutic			
Colonoscopy, endoscopy and sigmoidoscopy	Your Member Cost Sharing will depend upon where the service is provided and the tier placement of the provider rendering services, as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."		
Spinal Manipulative Therapy (including care by a chiropractor)			
– Limited to 20 visits per Plan Year	\$20 Copayment per visit		
Surgery – Outpatient			
	Deductible, then \$250 Copayment per visit	Deductible, then \$250 Copayment per visit	Deductible, then \$250 Copayment per visit

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THE HARVARD PILGRIM CHOICENET BEST BUY HMO - MASSACHUSETTS**

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Telemedicine Virtual Visit Services- Outpatient			
	Primary Care Copayment: \$20 per visit Specialty and Hospital Based Care Copayment: \$60 per visit	Primary Care Copayment: \$20 per visit Specialty and Hospital Based Care Copayment: \$60 per visit	Primary Care Copayment: \$20 per visit Specialty and Hospital Based Care Copayment: \$60 per visit
For inpatient hospital care, see "Hospital – Inpatient Services" for cost sharing details.			
Travel Reimbursement Benefit			
See the Benefit Handbook for details	Not covered		
Urgent Care Services			
Doctors On Demand	\$20 Copayment per visit		
Doctors On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctors On Demand, including how to access them, please visit our website at www.harvardpilgrim.org .			
Convenience care clinic	\$20 Copayment per visit	\$20 Copayment per visit	\$20 Copayment per visit
Urgent care center	\$20 Copayment per visit	\$20 Copayment per visit	\$20 Copayment per visit
Hospital urgent care center	\$20 Copayment per visit	\$20 Copayment per visit	\$20 Copayment per visit
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefit. For example, if you have an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."			
Vision Services			
Routine eye examinations – limited to 1 exam every 2 Plan Years	No charge	No charge	No charge
Vision hardware for special conditions	Tier 1 Deductible, then no charge		
Voluntary Sterilization in a Physician's Office			
	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Voluntary Termination of Pregnancy			
	No charge		
Wigs and Scalp Hair Protheses as required by law			
	No charge		

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THE HARVARD PILGRIM CHOICENET BEST BUY HMO - MASSACHUSETTS

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) ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ដូចជាសេវាកម្មអោយស្រីកម្រិតខ្ពស់។ 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 मुफ्त में उपलब्ध है। जानकारी के लिये फोन करे। 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા છે 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, ຈະມີພ້ອມໃຫ້ທ່ານ. 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 MASSACHUSETTS

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
<p>Alternative Treatments</p> <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, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit. • Aromatherapy, treatment with crystals and alternative medicine. • Any of the following types of programs: Health resorts, spas, recreational programs, camps, outdoor skills programs, therapeutic or educational boarding schools, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs). • Massage therapy. • Myotherapy.
<p>Dental Services</p> <ul style="list-style-type: none"> • Dental Care, except when specifically listed as a Covered Benefit. • Temporomandibular Joint Dysfunction (TMD) care, except as described in the Plan's <i>Benefit Handbook</i>. • Extraction of teeth, except when specifically listed as a Covered Benefit. • Pediatric dental care, except when specifically listed as a Covered Benefit. • Dentures
<p>Durable Medical Equipment and Prosthetic Devices</p> <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.
<p>Experimental, Unproven, or Investigational Services</p> <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.
<p>Foot Care</p> <ul style="list-style-type: none"> • Foot orthotics, except for the treatment of severe diabetic foot disease or systemic circulatory 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 diagnosed with diabetes or systemic circulatory disease.
<p>Maternity Services</p> <ul style="list-style-type: none"> • Delivery outside the Service Area after the 37th week of pregnancy, or after you have been told that you are at risk for early delivery. • Planned home births. • Services provided by a doula. • Routine pre-natal and post-partum care when you are traveling outside the Service Area.

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 and Substance Use Disorder Treatment

- 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 developmental functioning, (2) to resolve problems of school performance, (3) for driver alcohol education, or (4) for community reinforcement approach and assertive continuing care.
- Any of the following types of programs: programs in which the patient has a pre-defined duration of care without the Plan's ability to conduct concurrent determinations of continued medical necessity, programs that only provide meetings or activities not based on individualized treatment plans, programs that focus solely on interpersonal or other skills rather than directed toward symptom reduction and functional recovery related to specific mental health disorders, and tuition based programs that offer educational, vocational, recreational, or personal developmental activities.
- Sensory integrative praxis tests.
- Mental health and substance use disorder treatment 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 Plan, 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) restorative surgery to repair or restore appearance damaged by an accidental injury, (3) post-mastectomy care, and (4) gender affirming procedures and related services.
- Electrolysis or laser hair removal, except for what is Medically Necessary as part of gender affirming services.
- Hair removal or restoration, including, but not limited to, transplantation or drug therapy.
- Liposuction, except for what is Medically Necessary as part of gender affirming services, 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.
- Treatments and procedures related to appearance including but not limited to, abdominoplasty; chemical peels; collagen injections; dermabrasion; implantations (e.g. cheek, calf, pectoral, gluteal); lip reduction/enhancement; panniculectomy; removal of redundant skin; and silicone injections (e.g. for breast enlargement), except for what is Medically Necessary as part of another Covered Benefit.
- Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin.
- Treatment for spider veins.
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging.

Procedures and Treatments

- 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.
- Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit.
- Commercial diet plans, weight loss programs and any services in connection with such plans or programs. **Please note:** If you have coverage through an employer group plan, 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.
- Gender affirming services including reassignment surgery and all related drugs and procedures for self-insured groups, except when specifically listed as a Covered Benefit.
- If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a provider that has not been designated as a Center of Excellence.
- 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).
- 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.

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

Exclusion	
Providers	<ul style="list-style-type: none"> • Charges for services which were provided after the date on which your membership ends. • 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 <i>Benefit Handbook</i> for more information.) • Follow-up care after an emergency room visit, unless provided or arranged by your PCP. • 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.
Reproduction	<ul style="list-style-type: none"> • Any form of Surrogacy or services for a gestational carrier other than covered maternity services. • Any reproductive related services or drugs for Members who are not medically infertile, except when specifically listed as a Covered Benefit. • 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, except as otherwise listed in this Benefit Handbook. • Intrauterine Insemination (IUI) services provided in the home. • Infertility treatment and birth control drugs, implants and devices, 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 as described in the Plan's <i>Benefit Handbook</i>. • 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, except when 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 for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.
Telemedicine Services	<ul style="list-style-type: none"> • Telemedicine services involving e-mail or fax. • Provider fees for technical costs for the provision of telemedicine services.
Types of Care	<ul style="list-style-type: none"> • Custodial Care. • Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities. • 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 when specifically listed as a Covered Benefit. • Hearing aids, except when specifically listed as a Covered Benefit. • Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD. • 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 or supply (with the exception of contact lenses) purchased from the internet. • Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided, in accordance with applicable Medical Necessity Guidelines. • 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, an insurance company, a school or court). • Beauty or barber service. • Diabetes equipment replacements when solely due to manufacturer warranty expiration. • Donated or banked breast milk. • Externally powered exoskeleton assistive devices and orthoses. • 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 described in the Plan's *Benefit Handbook*. • Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services. • Reimbursement for travel expenses, except as described in the Plan's *Benefit Handbook*. Excluded services include but are not limited to: Alcohol and tobacco; Childcare expenses; Entertainment; Expenses for anyone other than you and your companion; First class, business class and other luxury transportation services; Lodging other than at a hotel or motel; Lost wages; Meals; Personal care and hygiene items; Telephone calls; Tips and gratuities. • 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 Plan's *Benefit Handbook*, this Schedule of Benefits, or the Prescription Drug Brochure (if applicable). • Services provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor. • Services that are not Medically Necessary. • Services your PCP or a Plan Provider has not provided, arranged or approved except as described in the *Handbook* sections "Your PCP Manages Your Health Care" and "Using Plan Providers". • Taxes or governmental assessments on services or supplies. • Transportation, except for emergency ambulance transport, and non-emergency medical transport needed for transfer between hospitals or other covered health care facilities or from a covered facility to your home when Medically Necessary or when specifically listed as a Covered Benefit. • Voice modification surgery, except when Medically Necessary for gender affirming services. • 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.

Prescription Drug Coverage

PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	<p>Up to a 30-day supply: \$10 Copayment per prescription or prescription refill</p> <p>Up to a 90-day supply: \$30 Copayment per prescription or prescription refill</p>	\$25 Copayment per prescription or prescription refill
Tier 2	<p>Up to a 30-day supply: \$30 Copayment per prescription or prescription refill</p> <p>Up to a 90-day supply: \$90 Copayment per prescription or prescription refill</p>	\$75 Copayment per prescription or prescription refill
Tier 3	<p>Up to a 30-day supply: \$65 Copayment per prescription or prescription refill</p> <p>Up to a 90-day supply: \$195 Copayment per prescription or prescription refill</p>	\$165 Copayment per prescription or prescription refill

Self-administered anticancer medications are covered with no Member Cost Sharing.

Your plan has an annual Out-of-Pocket Maximum for prescription drug costs. Your Out-of-Pocket maximum is \$3,000 per Member/\$6,000 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/2025Premium3T 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. إتصل 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 मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા છે 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, ຄ່າ, 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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The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) 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 [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined 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.

Important Questions	Answers	Why This Matters
What is the overall deductible ?	Tier 1: \$300 member/\$900 family Tier 2: \$300 member/\$900 family Tier 3: \$300 member/\$900 family Benefits are administered on a Plan Year basis	Generally you must pay all the costs up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible ?	Yes: preventive care , provider office visits, prescription drugs, outpatient mental health services, rehabilitation services , habilitation services , routine eye exams, are covered before you meet your deductibles .	This plan covers some items and services even if you haven't yet met the deductible amount. But, a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services
What is the out-of-pocket limit for this plan ?	\$2,000 member/\$4,000 family. Separate out-of-pocket limit applies to Pharmacy, see "If you need drugs to treat your illness or condition".	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit 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, 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	Primary Care: Tier 1: \$20 copay /visit; deductible does not apply. Tier 2: \$20 copay /visit; deductible does not apply. Tier 3: \$20 copay /visit; deductible does not apply.	Not covered	None
	Specialist visit	Specialty & Hospital Based: Tier 1: \$60 copay /visit; deductible does not apply. Tier 2: \$60 copay /visit; deductible does not apply. Tier 3: \$60 copay /visit; deductible does not apply.	Not covered	None
	Preventive care/screening/immunization	No charge; deductible does not apply.	Not covered	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)	Non-Hospital Based: No charge Physician and Hospital Based: Tier 1: No charge Tier 2: No charge Tier 3: No charge	Not covered	None
	Imaging (CT/PET scans, MRIs)	Non-Hospital Based: No charge Physician and Hospital Based: Tier 1: \$100 copay /procedure Tier 2: \$100 copay /procedure Tier 3: \$100 copay /procedure	Not covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.harvardpilgrim.org/2025Premium3T .	Generic drugs	30-Day Retail Tier 1: \$10 copay /prescription; deductible does not apply 90-Day Mail Tier 1: \$25 copay /prescription; deductible does not apply	Not 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 : \$3,000 member/ \$6,000 family
	Preferred brand drugs	30-Day Retail Tier 2: \$30 copay /prescription; deductible does not apply 90-Day Mail Tier 2: \$75 copay /prescription; deductible does not apply	Not covered	
	Non-preferred brand drugs	30-Day Retail Tier 3: \$65 copay /prescription; deductible does not apply 90-Day Mail Tier 3: \$165 copay /prescription; deductible does not apply	Not covered	
	Specialty drugs	All drugs are covered in Retail Pharmacy and Mail Order Pharmacy Tiers 1 — 3	Not covered	Some drugs must be obtained through a Specialty Pharmacy.

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 outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Tier 1: \$250 copay /visit Tier 2: \$250 copay /visit Tier 3: \$250 copay /visit	Not covered	None
	Physician/surgeon fees	Tier 1: No charge Tier 2: No charge Tier 3: No charge	Not covered	
If you need immediate medical attention	Emergency room care	\$100 copay /visit		None
	Emergency medical transportation	No charge		None
	Urgent care	Urgent care center: Tier 1: \$20 copay /visit; deductible does not apply. Tier 2: \$20 copay /visit; deductible does not apply. Tier 3: \$20 copay /visit; deductible does not apply.	Not covered	Non-participating providers only covered outside the service area. Cost sharing may vary based on location.
If you have a hospital stay	Facility fee (e.g., hospital room)	Tier 1: \$500 copay /admit Tier 2: \$500 copay /admit Tier 3: \$1,500 copay /admit	Not covered	None
	Physician/surgeon fee	Tier 1: No charge Tier 2: No charge Tier 3: No charge	Not covered	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Tier 1 Primary Care: \$20 copay /visit; deductible does not apply	Not covered	None
	Inpatient services	\$200 copay /admit	Not covered	None
If you are pregnant	Office visits	Tier 1 Primary Care: \$20 copay /visit; deductible does not apply. Tier 2 Primary Care: \$20 copay /visit; deductible does not apply. Tier 3 Primary Care: \$20 copay /visit; deductible does not apply.	Not covered	Cost sharing does not apply for preventive services (such as routine prenatal visits).
	Childbirth/delivery professional services	Tier 1: No charge Tier 2: No charge Tier 3: No charge	Not covered	
	Childbirth/delivery facility services	Tier 1: \$500 copay /admit Tier 2: \$500 copay /admit Tier 3: \$1,500 copay /admit	Not covered	

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 need help recovering or have other special health needs	Home health care	No charge	Not covered	None
	Rehabilitation services	Physical Therapy: \$20 copay /visit; deductible does not apply.	Not covered	Physical and Occupational therapies – 60 combined visits per Plan Year
	Habilitation services	Occupational Therapy: \$20 copay /visit; deductible does not apply. Speech Therapy: \$20 copay /visit; deductible does not apply.		
	Skilled nursing care	20% coinsurance	Not covered	– 100 days per Plan Year
	Durable medical equipment	No charge	Not covered	None
	Hospice services	No charge	Not covered	For inpatient see “If you have a hospital stay”
If your child needs dental or eye care	Children’s eye exam	Tier 1 Primary Care: No charge; deductible does not apply. Tier 2 Primary Care: No charge; deductible does not apply. Tier 3 Primary Care: No charge; deductible does not apply.	Not covered	1 exam/2 years
	Children’s glasses	Not covered	Not covered	None
	Children’s dental check-up – Up to age of 13	Tier 1 Primary Care: \$20 copay /visit; deductible does not apply.	Not covered	2 exams/Plan Year

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 .)		
<ul style="list-style-type: none"> • Children’s glasses • Cosmetic Surgery 	<ul style="list-style-type: none"> • Dental Care (Adult) • Long-Term Care • Non-emergency care when traveling outside the U.S. • Private-duty nursing 	<ul style="list-style-type: none"> • Routine foot care (except for diabetes or systemic circulatory diseases) • Services that are not Medically Necessary • Weight Loss Programs

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 - 12 visits/Plan Year | • Chiropractic Care - 20 visits/Plan Year | • Infertility Treatment |
| • Bariatric surgery | • Hearing Aids - \$1,500/impaired ear every 2 years | • Routine eye care (Adult) – 1 exam/Plan 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

Health Care for All
30 Winter Street, Suite 1004
Boston, MA 02108
1-800-272-4232
<http://www.hcfama.org/helpline>

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	\$300	■ The plan's overall deductible	\$300	■ The plan's overall deductible	\$300
■ Specialist copayment	\$60	■ Specialist copayment	\$60	■ Specialist copayment	\$60
■ Hospital (facility) copayment	\$500	■ Hospital (facility) copayment	\$500	■ Hospital (facility) copayment	\$500
■ Other	\$0	■ Other	\$0	■ Other	\$0
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	\$300	Deductibles	\$100	Deductibles	\$300
Copayments	\$600	Copayments	\$1,300	Copayments	\$300
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
<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	\$900	The total Joe would pay is	\$1,400	The total Mia would pay is	\$600

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) 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).

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

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 ທ່ານເວົ້າພາສາ ລາວ, 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>.



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

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Medical Coverage & Cost-Sharing Guide

ChoiceNet HMO

With this plan, you will need to receive care from providers and hospitals that participate in Harvard Pilgrim's tiered provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

- **Primary care provider (PCP) required**
- **Referrals needed for most specialists**
- **In-network coverage only**
- **Tiered network encourages you to choose high-quality, cost-effective providers**

Understanding the three tiers

- Harvard Pilgrim places network providers and hospitals into one of three tiers based on cost and quality performance. You will pay different cost-sharing based on a provider's assigned benefit tier. When you see participating providers in a lower tier, you'll pay less.
- Within each tier, you'll pay one copayment level for PCP visits and usually a higher copayment for specialist visits. The amount of the copayment also varies based on the provider's tier.
- In-network providers such as chiropractors, optometrists, behavioral health and substance use services, as well as physical, occupational, and speech therapists are automatically placed into Tier 1.
- You can save money on X-rays or high-end radiology tests by going to a lower-cost facility, such as an independent or non-hospital-based imaging center or a Tier 1 hospital.

Visit [harvardpilgrim.org/providerdirectory](https://www.harvardpilgrim.org/providerdirectory) to find a PCP or to see if your current provider is in our network.



Getting care with the ChoiceNet HMO plan

Routine and preventive care¹

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

Specialty care

You will need your PCP's referral before your plan will cover most kinds of specialty care (e.g., dermatology, physical therapy, etc.). Certain types of visits (e.g., routine eye exams and OB-GYN care) do not require referrals.

Hospital care

You will need a referral from your PCP or specialist for any tests, surgery or treatment you receive at a participating hospital, except in a medical emergency. If you are admitted to the hospital from the emergency room, call your PCP to arrange for any follow-up care you may need.

Hospital admissions and coverage

When you are admitted to the hospital, services are covered according to what combination of providers you use. For example, if you are sent to a Tier 1 hospital by a Tier 3 doctor, your hospital visit is covered at the Tier 1 benefit level, and the doctor's services are covered at the Tier 3 benefit level.³

¹ Preventive services that fall under the federal Affordable Care Act.

² Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.

³ Except in an emergency, you must notify member services before a hospital admission when visiting an out-of-network provider.

Behavioral health care²

Your plan covers in-person visits with thousands of participating licensed clinicians; you do not need a referral. Virtual visits via smartphone, tablet or computer are also available.

Care when you're traveling

Your plan covers emergency care if you get sick or injured anywhere in the world.

Acupuncture and chiropractic treatments

These benefits are included on most plans. Referrals are not required.

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)



Cost-sharing overview

No cost-sharing:

Routine & preventive care*

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

Cost-sharing may apply:

PCP and specialist 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.

Note: ChoiceNet plans may have separate deductibles for each tier. Check your Schedule of Benefits for your specific cost-sharing responsibilities.

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.

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

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

** Not all employer-sponsored plans offer Harvard Pilgrim prescription drug benefits.

This plan includes a tiered network called "ChoiceNet HMO." In this plan, members pay different levels of cost-sharing depending on the tier of the provider delivering a covered service or medical supply. A provider's benefit tier may change annually on January 1. Please consult the Harvard Pilgrim ChoiceNet HMO provider directory or visit the provider search tool at [harvardpilgrim.org](https://www.harvardpilgrim.org) to determine a provider's tier in the ChoiceNet HMO network. You also may call Harvard Pilgrim to request a paper copy of the provider directory be mailed to you at no charge.

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



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ChoiceNet Tiered Hospitals

ChoiceNet, our tiered provider network, includes thousands of Harvard Pilgrim’s participating doctors and clinicians, over 150 hospitals, who have met Harvard Pilgrim’s high standards for providing quality care. Using national quality benchmarks, as well as plan medical expense information, we placed participating hospitals in Tier 1, Tier 2 or Tier 3. You will pay different cost sharing based on a provider’s assigned benefit tier.¹

If you have established relationships with certain doctors, you’ll want to find out what tiers they are in before receiving care from them. Just because doctors are affiliated with certain hospitals, it doesn’t mean that they’ll have the same tier level. To find your doctors’ tiers, use the provider search tool at harvardpilgrim.org or call us at 800-848-9995 for assistance. If you’re already a Harvard Pilgrim member, call 888 333-4742.

Participating hospitals and their tiers

Massachusetts		Massachusetts (continued)	
Hospital	Tier	Hospital	Tier
Anna Jaques Hospital	1	Boston Children's Ambulatory Surgery Centers	2
Athol Memorial Hospital	1	Children's at Brookline	
Baystate Franklin Medical Center	1	Children's at Lexington	
Baystate Medical Center	1	Children's at North Dartmouth	
Baystate Noble Hospital	1	Children's at Peabody	
Baystate Wing Hospital	1	Children's at Waltham	
Berkshire Medical Center	3	Children's at Weymouth	
Beth Israel Deaconess Hospital – Milton	1	Boston Medical Center	1
Beth Israel Deaconess Hospital – Needham	2	Brigham and Women's Faulkner Hospital	2
Beth Israel Deaconess Hospital – Plymouth	1	Brigham and Women's Hospital	3
Beth Israel Deaconess Medical Center	1	Brockton Hospital	1
Boston Children's Hospital	3	Cambridge Health Alliance	2
Children's Hospital at Brookline	2	Cape Cod Hospital	3
Children's Hospital at Lexington	2	Charlton Memorial Hospital	1
Children's Hospital at North Dartmouth	2	Cooley Dickinson Hospital	3
Children's Hospital at Peabody	2	Dana-Farber Cancer Institute	2
Children's Hospital at Waltham	2	Emerson Hospital	2
		Fairview Hospital	3

¹ A provider’s benefit tier may change annually on January 1. Please consult the Harvard Pilgrim ChoiceNet provider directory or visit the provider search tool at harvardpilgrim.org to determine a provider’s tier in the ChoiceNet network. You also may call Harvard Pilgrim to request a paper copy of the provider directory be mailed to you at no charge. See the Schedule of Benefits for more details on your cost-sharing amounts.

Participating hospitals and their tiers (continued)

Massachusetts (continued)		Massachusetts (continued)	
Hospital	Tier	Hospital	Tier
Falmouth Hospital	3	Sturdy Memorial Hospital	2
Good Samaritan Medical Center	2	Tobey Hospital	1
Harrington Hospital	1	Tufts Medical Center	1
Heywood Hospital	1	UMass Memorial HealthAlliance – Clinton Hospital	1
Holy Family Hospital	1	UMass Memorial – Marlborough Hospital	2
Holyoke Medical Center	2	UMass Memorial Medical Center	2
Lahey Clinic Hospital	2	Winchester Hospital	1
Lawrence General Hospital	1	New Hampshire	
Lowell General Hospital	2	Hospital	Tier
Martha’s Vineyard Hospital	3	Alice Peck Day Memorial Hospital	2
Massachusetts Eye and Ear Infirmary	1	Androscoggin Valley Hospital	2
Massachusetts General Hospital	3	Catholic Medical Center	1
MGB Ambulatory Surgery Centers	1	Concord Hospital	2
BWH Foxboro		Concord Hospital – Franklin	1
Mass General Brigham AmSurg		Concord Hospital - Laconia	2
Merrimack Valley Endoscopy Center		Cottage Hospital	1
MGH Amb Care Division-Danvers		The Cheshire Medical Center	1
MGH Waltham		Dartmouth Hitchcock Medical Center	2
South Shore Endoscopy Center		Elliot Hospital	1
Vernon Cancer Center at NWH		Exeter Hospital	2
MelroseWakefield Healthcare	2	Frisbie Memorial Hospital	3
Lawrence Memorial Hospital		Huggins Hospital	3
MelroseWakefield Hospital		Littleton Regional Hospital	1
Mercy Medical Center	1	The Memorial Hospital	2
Metrowest Medical Center	1	Monadnock Community Hospital	1
Framingham Union Hospital		New London Hospital	1
Leonard Morse Hospital		Parkland Medical Center	1
Milford Regional Medical Center	1	Portsmouth Regional Hospital	2
Morton Hospital	1	Southern NH Medical Center	1
Mt. Auburn Hospital	1	Speare Memorial Hospital	2
Nantucket Cottage Hospital	3	St. Joseph Hospital	1
New England Baptist Hospital	1	Upper Connecticut Valley Hospital	2
Newton-Wellesley Hospital	2	Valley Regional Hospital	3
North Adams Regional Hospital	3	Weeks Medical Center	3
Northeast Hospital Corporation	1	Wentworth-Douglass Hospital	3
Addison Gilbert Hospital		Maine	
Beverly Hospital		Hospital	Tier
Northshore Medical Center	2	Bridgton Hospital	2
Shriner’s Hospital	2	Calais Regional Hospital	2
South Shore Hospital	3	Cary Medical Center	2
St. Anne’s Hospital	2		
St. Elizabeth’s Medical Center	2		
St. Vincent Hospital	2		
Sturdy Memorial Hospital	2		

Maine (continued)

Hospital	Tier
Central Maine Medical Center	2
Down East Community Hospital	2
Franklin Memorial Hospital	2
Houlton Regional Hospital	2
Lincoln Health	2
MaineGeneral Medical Center	2
Maine Medical Center	2
Mid Coast Hospital	2
Millinocket Regional Hospital	2
Mount Desert Island Hospital	2
Northern Light A.R. Gould Hospital	2
Northern Light Blue Hill Hospital	2
Northern Light C.A. Dean Hospital	2
Northern Light Eastern Maine Medical Center	2
Northern Light Inland Hospital	2
Northern Light Maine Coast Hospital	2
Northern Light Mayo Hospital	2
Northern Light Mercy Hospital	2
Northern Light Sebecook Valley Hospital	2
Northern Maine Medical Center	2
Penobscot Bay Medical Center	2
Penobscot Valley Hospital	2
Redington-Fairview Hospital	2
Rumford Hospital	2
St. Joseph Hospital	2
St. Mary's Regional Medical Center	2
Stephens Memorial Hospital	2
Waldo County General Hospital	2
York Hospital	2

Rhode Island

Hospital	Tier
Kent County Memorial Hospital	2
Miriam Hospital	2
Newport Hospital	2

Rhode Island (continued)

Hospital	Tier
Our Lady of Fatima Hospital	2
Rhode Island Hospital	2
Roger Williams Medical Center	2
South County Hospital	2
Westerly Hospital	2
Women & Infants Hospital	2

Vermont

Hospital	Tier
Brattleboro Memorial Hospital	2
Central Vermont Medical Center	2
Copley Hospital	2
Gifford Medical Center	2
Grace Cottage Hospital	2
Mount Ascutney Hospital & Health Center	2
North Country Hospital	2
Northeastern Vermont Regional Hospital	2
Porter Medical Center, Inc.	2
Southwestern Vermont Medical Center	2
Springfield Hospital	2
University of Vermont Medical Center	2

New York

Hospital	Tier
Champlain Valley Physicians Medical Center	2
Elizabethtown Community Hospital	2



Remember, when you receive care at participating hospitals in a lower tier, you'll pay less with ChoiceNet.

Your cost sharing increases when you receive services from higher-tier hospitals. Refer to your Harvard Pilgrim Schedule of Benefits to determine your plan's actual cost sharing.

Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) or call
Member Services for more information:

Already a member?

888-333-4742

Not yet a member?

800-848-9995

TTY: **711**

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



Premium 3-Tier

Prescription Drug Coverage

Tier 1



Generic drugs, certain over-the-counter medications, and selected brand-name drugs

Tier 2



Brand-name drugs without generic equivalents and some high-cost generic drugs

Tier 3



Drugs not in Tier 1 or Tier 2 (non-preferred brands, and highest cost generics)

Your Drug Coverage

What is covered?

- Most generic drugs
- Select 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 **Premium 3-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 **Premium 3-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 **Premium 3-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](https://www.harvardpilgrim.org/rx), choose the year and then **Premium 3-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. Although most maintenance medications are appropriate for mail order, we may exclude drugs from the program for clinical reasons or to prevent potential waste.

To learn more, visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx), choose the year and then **Premium 3-Tier** for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program.

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

Learn more at [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) or call 888-333-4742 TTY: 711.

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](https://www.harvardpilgrim.org/rx) for information on our specialty pharmacy program, choose the year and then **Premium 3-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.

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
	Nasal crom 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

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

Let us bring your medications to you

With Optum® Home Delivery, you can get a 3-month supply of your long-term medications. Plus, we mail them to you with free standard shipping.

Want more reasons?



Skip the trips

We deliver your medication to your door. You don't even have to leave home or wait in the pharmacy line.



Save money

You may pay less than what you do at in-store pharmacies. And, standard shipping is free.



Stay on track

With a 3-month supply, you may be less likely to miss a dose. You can even sign up for automatic refills.

Flexible Payment Options

Make one payment upfront. Or split it up into 3 equal monthly payments.

We're here when you need us

Use the website and app any time to track orders, request refills, price medications and more. Pharmacists and customer support team are available 24/7.

Ready for home delivery?

Here are the ways to sign up.

- optumrx.com or with the Optum Rx app.
- Or ask your doctor to send an electronic prescription to Optum Rx.
- Or call the number on your member ID card.

Scan code.
Log in. Sign up.



Optum

 **Harvard Pilgrim
Health Care**

a **Point32Health** company

Frequently Asked Questions

Is the Optum Home Delivery pharmacy in my plan's network?

Yes, it's part of your plan's pharmacy network.

Once I've enrolled in home delivery, how long will it take to get my medication(s)?

Medications should arrive within 5 business days after we receive the complete order.

Do I need to set up a home delivery account?

Yes. Before we can ship your first order, you need to set up your account and provide your payment method (credit card, debit card or bank account). Using your account, you can go online or use the app any time to place and track orders, check prices, and more.

What is a long-term medication?

Long-term medications are those you take on a regular basis. These may be taken for high blood pressure, cholesterol, and depression, just to name a few.

Can I use home delivery for any medication?

Use home delivery for long-term medications. See which of your prescriptions can be filled through home delivery by going online or using the app.

Can I set up medication reminders?

Yes. Go online or use the app to check your profile and turn on email and phone notifications and reminders.

How does the automatic refill program work?

Go online or use the app to see and enroll all eligible medications. Then, we'll send your refills when it's time. We notify you before we ship and we'll use your approved payment method on file. It's that easy.

Confused about health care terms? Visit [justplainclear.com](https://www.justplainclear.com).

Sign up for home delivery today

Log in to [optumrx.com](https://www.optumrx.com) or use the Optum Rx app



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Harvard Pilgrim
Health Care

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SmartStart Program

Make your switch to Harvard Pilgrim easier than ever.



New plan. New benefits. Questions answered.

- How soon do I get my ID card?
- How can I confirm coverage for an upcoming appointment or procedure?
- How will my medications be covered?

SmartStart will guide you through enrollment even before your plan is active.

Pre-enrollment phone line

Our pre-enrollment call center dedicated team will help answer your questions about your new benefits and connect you with a nurse care manager when you or your dependents have complex medical conditions —providing needed support even before your new plan is active.

**Contact us at SmartStart@Point32Health.org
or call 866-874-0817 for answers to your questions.**

Member online secure account

Visit harvardpilgrim.org/create to activate your secure account and quickly access your plan benefits and information.

- View your ID card
- Find a doctor or a hospital
- Select a Primary Care Provider (PCP)
- Estimate your out of pocket costs and more

Telehealth

Provided by Doctor On Demand

Access virtual urgent care in minutes 24/7

Connect with a U.S. board-certified provider via your smartphone, tablet or computer from anywhere in the world.^{1,2} Get care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes.

Access confidential therapy your way. Appointments are confirmed within 72 hours

Doctor On Demand licensed providers can support you with concerns such as anxiety, depression, grief, family issues, trauma or PTSD. Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs. Doctor On Demand providers can also order your prescription³ at your local pharmacy when medically necessary.

- **95% case resolution rate**
- **5 min average wait time**
- **4.9 out of 5 stars average rating**
- **Providers with 15+ years average experience and diverse background**



78%
Female



69%
Parents



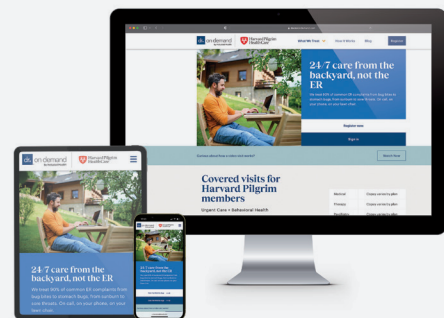
11%
LGBTQ+

- Set up your account at
doctorondemand.com/harvard-pilgrim

What our members are saying:

"With Doctor On Demand I don't have to rearrange my schedule and worry about the logistics of driving to an office. The service works around me and my family instead."

— Harvard Pilgrim Health Care Member



1 In case of emergency, please call 9-1-1 or visit the nearest emergency department. Doctor On Demand virtual care services are available to Harvard Pilgrim Commercial members. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

2 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). Physicians will not order prescriptions for patients calling from outside the U.S.

3 Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.



Harvard Pilgrim
Health Care

a Point32Health company

Connecting You to Whole-Person Care

An integrated approach to behavioral health





All Harvard Pilgrim members can access a comprehensive network of medical and behavioral health care providers, along with innovative programs and services, to improve 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.

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

Member cost sharing may apply for the programs listed in this brochure. Members should refer to their plan documents for specific details regarding their coverage and benefits. 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。



Behavioral Health Service Navigation

Our specially trained Service Navigators provide personalized help to find and access the care that's right for you and your dependents. They can help you:

- Navigate the complex health care system through enhanced personalized interactions
- Connect to Harvard Pilgrim's support and programs, such as care managers
- Locate providers and obtain timely behavioral health appointments
- Learn more about the innovative tools and services we offer to support your needs



Care Management Programs

Our licensed, integrated care managers have extensive experience and will work with you and our network of providers to help you manage medical and behavioral health conditions, create an aftercare plan and connect you with a variety of resources to ensure optimal health.

Care Coordination offers assistance in finding services for members with co-existing medical and/or behavioral health conditions.

Complex Care aims to achieve optimal health and functioning through a comprehensive assessment and tailored care plan based on the member/guardian's priorities for both adults and children with complex and immediate needs.

Addiction Recovery offers information on personalized recovery plans and treatment programs for members who are taking steps towards recovery from substance use and have recently received inpatient treatment for substance use.

Transition to Home offers resources for aftercare plans to assist members who have recently been hospitalized and need help transitioning back home.

Emergency Department Readmission Diversion offers support and assistance for members who have recently visited the emergency room due to medical or behavioral health symptoms.

Supportive Care is designed to assist both adults and children in achieving their health goals. This program is available to members who do not require complex care and may have recently received other treatment, such as in the emergency room. Our care managers provide extended support for those who need additional assistance for a longer period of time. They also work in tandem with our behavioral health team to provide whole-person care for members who have medical and behavioral health needs.

Post Facility Discharge is designed to support members who have recently been discharged from an acute level of care for their behavioral health needs. Our care managers work to ensure follow-up needs are met and identify any risks for readmission, providing a smooth transition back to the community.

Peer Support provides members with access to community resources and support from a peer specialist who has personal experience with mental health issues. We also offer a peer support program for members in our Addiction Recovery program.





Behavioral Health Programs and Services

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents and adults. These programs are designed to provide personalized and effective care, with a focus on improving access to care and overall health outcomes.



Virtual Therapy Services

Available seven days a week to support your mental health and well-being. Our services include AbleTo, Doctor on Demand, Grow Therapy and Valera Health,¹ and offer licensed coaching, talk therapy, medication management and more.

AbleTo Need help managing stress, changing unhealthy habits, improving your mood or managing your time? Harvard Pilgrim members have access to mental health support from AbleTo. These programs aim to seamlessly combine on-demand self-care tools and personalized virtual therapy sessions, helping to ensure access to a range of options from enhancing mental resilience with self-care techniques to connecting with AbleTo licensed therapists for structured guidance and access.

Visit ableto.com/harvardpilgrim to get started

Doctor On Demand licensed providers can support you and your dependents for concerns such as anxiety, depression, seasonal affective disorder, medication management or PTSD by video or phone visits. Appointments are confirmed in less than 72 hours.

Set up your account at doctorondemand.com/harvard-pilgrim

Valera Health provides virtual therapy and psychiatry services for adults, children aged 6+ and adolescents in Massachusetts. From mild depression to severe schizophrenia, their expert clinicians have a collaborative approach, focused on your needs and overall well-being.

Schedule a consultation with a Valera Health connector at valerahealth.com/consult

Grow Therapy provides virtual and in-person outpatient therapy and medication management for a wide range of behavioral health needs. This program helps to ensure timely and personalized care for members ages 6+.

Get started at growththerapy.com



Quick and Easy Access to Specialty Providers

Cortica is a physician-led autism services provider in Massachusetts that offers advanced neurological therapies for children with autism spectrum disorder and other developmental differences. They provide a whole-child integrated care model which aims to significantly reduce wait times for diagnostic assessments, medical care, applied behavior analysis, occupational therapy, speech therapy, social skills coaching and counseling — all under one roof.

Families interested in receiving services can visit corticacare.com to schedule an appointment or call 888-885-5068

Autism Care Partners² offers a full suite of services and therapies in the Northeast region² for children with autism and other developmental differences. Their integrated approach helps ensure effective and efficient care tailored to each child's unique needs.

Get started at autismcarepartners.com

Northeast Health Services¹ is a network of outpatient mental health clinics that focuses on delivering timely access to high-quality psychiatry and therapy services for adults, children and adolescents in Massachusetts. The network offers a hybrid of in-person and telehealth services to best serve your needs.

Schedule an appointment at neh.transformationsnetwork.com



Substance Use Treatment

Available through multiple network providers, including Spectrum Health Systems.¹ Members are supported after inpatient treatment by our internal Addiction Recovery Care Management Team.

Spectrum Health Systems is a nonprofit organization dedicated to improving the lives of individuals affected by substance use, opioid addiction and/or mental health disorders. They offer a range of evidence-based treatment options, including inpatient detoxification, residential treatment, medication for substance use disorders, outpatient counseling and peer recovery support.

For more information, visit spectrumhealthsystems.org

Better Life Partners³ delivers integrated health care, with an integration of primary and behavioral health care, members can truly focus on all aspects of recovery from medical and emotional well-being to substance use disorder. The close relationships with local community organizations add an extra layer of support for members. Members have access to a comprehensive support team of medical experts and specialized clinicians offering key benefits including:

- **Rapid Withdrawal Relief:** Access to medication assisted therapy quickly
- **Flexible Therapy:** Choice of group or individual sessions
- **Expert Counseling:** Weekly and as-needed sessions with trained counselors
- **All-in-One Health:** Virtual and in-person primary care options
- **Easy Communication:** Reachable via phone, email or text message
- **Community Resources:** Connection to local services tailored to unique needs
- **Progress Tracking:** Regular, structured evaluations

For more information, visit betterlifepartners.com

Our Addiction Recovery Care Management Team offers information and support on personalized recovery plans and treatment programs for members who are taking steps towards recovery from substance use and have recently received inpatient treatment for substance use.

¹ Valera Health services, Cortica providers, Spectrum Health Systems and Northeast Health Services are located only in Massachusetts. Grow Therapy Services are available across the country. Services in Rhode Island will be added soon.

² Autism Care Partners services are located in Massachusetts, New Hampshire, Rhode Island, Connecticut, New York, and Vermont.

³ Better Life Partners services are available in Massachusetts, New Hampshire, Maine and Vermont.

We strive to provide a comprehensive and integrated approach to care, supporting you and your family in achieving optimal health and well-being through a seamless, consistent and compassionate experience. Our programs reflect our commitment to health equity by removing barriers to care and ensuring that everyone has access to the quality care they deserve.



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 member ID card.



Harvard Pilgrim
Health Care

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Harvard Pilgrim
Health Care

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Wellness Discounts and Perks

Large Group





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.¹

Childbirth Education Classes

Expanded for January 1, 2025 – Get reimbursed for childbirth education courses. Harvard Pilgrim members can get reimbursed up to \$150 for completing a childbirth education class at a hospital or facility. Taking a class is a great way to build your confidence and prepare for childbirth and early parenthood. In addition, we have added a virtual component eligible for reimbursement. Tinyhood, an online learning platform for parents, brings you a set of on-demand classes designed for expecting parents.* Learn everything you need to know – about childbirth, postpartum recovery, breastfeeding, newborn sleep, infant CPR, and more.

*Available to fully insured and eligible ASO plans.

Wellness Reimbursement²

Harvard Pilgrim is excited to offer our wellness reimbursement program. You and dependents on your health plan can be reimbursed for a range of qualifying programs, which include:

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



The wellness reimbursement is available to members of fully insured Large Group plans and eligible ASO plans. Check with your employer to confirm program eligibility. Members may only be eligible for the wellness reimbursement or the fitness reimbursement, not both.

Fitness Reimbursement²

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward qualifying gym memberships and virtual fitness class subscriptions. Available to fully insured Small Group plans and eligible ASO plans.

Support for a Healthy Mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, you also have access to behavioral health care through Doctor On Demand.

Dedicated Nurse Care Managers to Guide You

Our dedicated nurse care managers can be helpful guides when you're facing decisions about care. Whether your doctor says you need surgery, you're coping with a complex or chronic condition, or you or a family member is pregnant, our nurse care managers can provide you with confidential decision support and health advocate services – at no cost.

Fitness and exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for you:

- Get a 30-day free trial of Daily Burn,³ followed by 25% off your monthly membership
- Save up to 40% off Ompractice virtual yoga
- Save 20% on your entire order of fitness products at ProSourceFit

Weight management

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
- Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
- Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating
- Save 25% on InsideTracker's science-based, personalized nutrition plan based on your blood test results

Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- Enroll in our Living Well program, and start earning rewards for participating in a variety of informative, fun and interactive activities
- Access virtual yoga, guided mindfulness and more through our Living Well at Home programs. All classes are at no cost to you and easy to access via Zoom.
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Happier, and learn how to meditate with this step-by-step guide
- Get 50% off digital subscriptions and courses at [Mindful.org](https://www.mindful.org)

Quit smoking

Are you or a family member trying to quit smoking or tobacco use? Don't give up! Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
- Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes

Vision

Need a new pair of eyeglasses?

- Get discounts on frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers⁴
- Have your routine eye exam at participating Visionworks locations and get a free pair of prescription eyeglasses from a select store collection.⁵ You must choose and order your free eyewear on the day of your exam

Interested in LASIK?

- Save up to 35% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight

Hearing

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Get 30%-60% off state-of-the-art technology from top hearing aid manufacturers and hearing solutions for every type of hearing loss from TruHearing
- Get significant savings on hearing aids, a 60-day trial period with money-back guarantee, follow-up care, and a three-year warranty from Amplifon Hearing Health Care





Family Care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- **Tinyhood Virtual Pregnancy and Parenting Classes**

Get 1 Month Free followed by 25% off your annual membership. Learn everything you need to know when it comes to birth, baby and beyond. Learn from Tinyhood's expanding library of hundreds of lessons ranging from childbirth, baby care, infant and child CPR, sleep, potty training, toddler behavior and much more! You may also be eligible for childbirth class reimbursement. Please contact member services or your employer for details.

- Help your family assess needs and find care through Home Instead®
- Be Safer At Home (BSAH) offers our members substantially discounted rates on the installation and monthly fees of a Personal Emergency Response System (PERS). PERS provides 24/7 emergency assistance and care, increasing safety and independence
- Save on a variety of services provided by LifeCycle Transitions that help members with chronic health problems stay well at home or transition to a new location
- Save 10% on Vigorous Minds science-based, personalized program for maintaining brain health and quality of life after 50

Additional Benefit Details

- ¹ This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- ² Up to two 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. Membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply. Reimbursement amounts may vary by employer group.
- ³ At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- ⁴ Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- ⁵ Free eyewear program is available only at select participating locations in Massachusetts, Rhode Island, New Hampshire and New York. Offer subject to restrictions; limited to one free pair of eyeglasses per member per year.



a **Point32Health** company



Wellness Reimbursement – Custom

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



Any combination of two covered members on a family plan (subscriber, spouse or dependent) can be reimbursed for up to \$300 total. For plans with one covered member, the maximum reimbursement amount is \$300 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.

Wellness Reimbursement – Custom Form Instructions

Please read the instructions below, then fill out the Wellness Reimbursement Form.

Want your reimbursement faster? Submit your request online at harvardpilgrim.org/reimbursement

Getting reimbursed is easy

Please enclose copies of the following:

- Copy of your membership agreement (if applicable)
- Completed Wellness Reimbursement Form
- Receipts showing that you paid for at least four months in a calendar year for activity fees, membership, subscription fees or receipts showing you paid for qualified fitness equipment (must show your name and the facility or program name). Fees must equal or exceed amounts being claimed.



Mail to:

Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

Frequently Asked Questions

> How do I qualify for a wellness reimbursement?

- You must be eligible for wellness reimbursement through your Harvard Pilgrim plan.
- Fitness facility membership or other qualified wellness programs must be for at least four months in a current calendar year.
- Current Harvard Pilgrim membership must be at least four months in a calendar year and must coincide with four months of qualified programs.
- Wellness reimbursement available to members of fully-insured Large Group plans and eligible ASO plans.

> When can I submit my Wellness Reimbursement Form?

- Starting on May 1 of the current calendar year and when you have met the above-stated criteria.
- Only expenses accrued from January 1, 2024 and onward are available for reimbursement.

› What qualifies for reimbursement?

- Full-service health/fitness facilities that have cardiovascular and strength-training equipment qualify, as well as facilities for exercising and improving physical fitness.
- Fitness studios/facilities that offer dance, gymnastics, martial arts, yoga, Pilates, Zumba, aerobic/group classes, indoor cycling/spinning classes, kick-boxing, CrossFit, strength training, tennis, indoor rock climbing and personal training (taught by a certified instructor).
- Virtual fitness subscriptions.
- Fitness equipment used for cardiovascular health and strength training. Excludes fitness apparel and footwear.
- Select nutrition programs include: PlateJoy, MyPlate Calorie Counter, Wondr, Noom, Eat Right Now, Weight Watchers Savory Living, My Fitness Pal, Lose It!, EatLove, Stronger U, and The Dinner Daily.
- Mindfulness programs include: Calm, Ten Percent Happier, Headspace, The Mindfulness App, Meditation Studio, Insight Timer, and Unwinding Anxiety.
- Membership fees that you pay for seasonal sports including club, town or school athletic teams or leagues.
- Not eligible for reimbursement: fees you pay for group classes or personal training outside of a fitness facility/studio, health club initiation fees or costs that you pay for country clubs, social clubs (such as riding or hiking clubs), spas and road race fees.
- Validation of all facilities and programs are subject to approval by Harvard Pilgrim.

› How much can I claim for wellness reimbursement?*

- When eligible, any combination of two covered members on a family plan (subscriber, spouse or dependent) can be reimbursed for up to \$300 total. For plans with one covered member, the maximum reimbursement amount is \$300.
- Some members may be eligible for a different reimbursement amount based on their health plan.
- Check with your employer or contact Member Services for eligibility and reimbursement amount.

› What happens after I submit the Wellness Reimbursement Form?

- Reimbursement checks will be mailed and made payable **only** to the Subscriber only at the Subscriber's address of record. No other address will be accepted. If you believe your current address is different from the address we have on file, please call the Member Services number on the back of your ID card before you submit the form.
- Please allow up to 8 weeks for processing.

* Wellness reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor.

Wellness Reimbursement Form

To be filled out by Harvard Pilgrim Health Care SUBSCRIBER only. Please use blue or black ink and print all information clearly.

When to submit this form

- When you are eligible for reimbursement through your employer or individual plan.
- After you have been a member in qualified wellness program and Harvard Pilgrim Health Care for at least four months in a calendar year.
- Once per calendar year, submitted by March 31 of the following year, with all necessary receipts or proof of payment.
- After all sections have been completely filled out and signed by the subscriber.

Section A – Subscriber Information (person who holds coverage)

Harvard Pilgrim ID Number	Subscriber's Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)			
Address	City	State	ZIP Code
Daytime Phone (area code) xxx-xxxx	Company Name (Employer)	Subscriber's Email	

Section B – Subscriber and/or Member Information for Reimbursement

Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C – Wellness Program Information (List all wellness and facility memberships that you and/or your dependent(s) are submitting for reimbursement spanning the qualifying four months. Please note only select nutrition and mindfulness programs qualify for reimbursement.)

ATTACH DOCUMENTATION	Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy	Facility or Program Name	City, State address and/or email address	Phone Number (area code) xxx-xxxx	\$ Amount being claimed
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				

Section D – Fitness Equipment

ATTACH RECEIPT	Purchase Date	Brand/model	Cardiovascular equipment	Strength training equipment	\$ Amount being claimed

Total number of documents: _____ Total dollar amount being claimed : \$ _____

Section E – Subscriber Certification

I certify the information on the form and all supporting documents are complete, accurate and unaltered. I will attempt, in good faith, to regularly use my fitness services for which I am being reimbursed.

Subscriber's Signature _____ Date (mm/dd/yyyy) _____

Large Group Plans

Get Reimbursed for Childbirth Education Classes

Congratulations! Having a baby is an exciting time in your life, but it can also be overwhelming. Taking a class is a great way to build your confidence and prepare for childbirth and early parenthood. If you're a Harvard Pilgrim member, **you can get reimbursed up to \$150 for completing a childbirth education class.** Reimbursement is available to large group plans that opt in for childbirth class reimbursement.

Your questions answered

What's considered a qualifying class?

Qualifying classes are offered through your local hospital, birthing center, physician's office or childbirth education organization. They may consist of a one-day course or a series of weekly sessions. Led by a trained childbirth educator, classes typically address labor and birth, pain relief and coping management, birthing options, postpartum care, and the basics of caring for your newborn baby.

What do I need to prove that I took the class?

Be sure to get a paid receipt verifying class enrollment. The receipt must show your name, the name and location of the class, the amount paid, and the date of payment.

What if the class costs less or more than \$150?

Harvard Pilgrim will reimburse up to \$150*, but not more than the cost of the class. For example, if the class fee is \$225, we will only reimburse \$150. If the class costs \$120, we will reimburse \$120.

I took my class a year ago. Can I still get reimbursed?

You have until March 31 of the next calendar year to submit your form and receipt. For example, if you took your class in 2023, you must submit your request by March 31, 2024.

I took a childbirth class during my last pregnancy. If I take another class in preparation for the birth of my next child, can I be reimbursed?

Yes. You're eligible to be reimbursed for one childbirth class per pregnancy, per calendar year.

Take the class, get a receipt and send it in — it's that simple.

- 1 Select the qualifying childbirth class that meets your needs.
- 2 Fill out the form at [harvardpilgrim.org/reimbursement](https://www.harvardpilgrim.org/reimbursement). Remember, only the subscriber can request the reimbursement. If the dependent is enrolled in the class, the subscriber must complete and submit the form.
- 3 Mail your form and receipt to the address listed on the form.

For more details, see the Childbirth Class Reimbursement Form at [harvardpilgrim.org/reimbursement](https://www.harvardpilgrim.org/reimbursement)

*Maximum reimbursement per Harvard Pilgrim policy in a calendar year (individual or family contract). Some employers may offer a different reimbursement amount. Must be currently enrolled in Harvard Pilgrim at time of reimbursement. For tax information, consult your employer or tax advisor. Childbirth reimbursement details vary for MA and RI small or individual group.



Questions?
Call Member Services at
(888) 333-4742

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



Childbirth Class Reimbursement Form

Keep copies of all documentation before sending in your Childbirth Class Reimbursement Form.

Mailing Instructions

Please enclose copies of the following:

1. Completed and signed Childbirth Class Reimbursement Form
2. Paid receipts verifying enrollment in a qualifying childbirth education class (Receipts from the program must show name of the member, name/location of the class, amount paid and date paid.)
3. Mail the Childbirth Class Reimbursement Form and all documentation to:
Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

Commonly Asked Questions and Answers

How do I qualify for a reimbursement?

- You may only submit for reimbursement once per pregnancy.

When can I submit my Childbirth Class Reimbursement Form?

- Members must submit the form before the end of the calendar year following the year for which you are requesting reimbursement.
- Submission dates may vary by employer.

How much can I claim for reimbursement?

- Subscribers may claim up to \$150 for a childbirth education class for themselves and/or their dependents.
- Reimbursement will not exceed the cost of the childbirth class.
- Subscribers may receive reimbursement for a childbirth class only once per pregnancy.

What happens once I submit the Childbirth Class Reimbursement Form?

- Reimbursement checks will be made payable to the Subscriber and mailed only to the Subscriber's address of record. No alternative address will be accepted.
- If you believe your current address is different than the address of record in Harvard Pilgrim's systems, please contact us before submitting your Childbirth Class Reimbursement Form.
- Please allow up to 8 weeks for processing.

This information refers to plans offered by Harvard Pilgrim Health Care and its affiliates, including Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Childbirth Class Reimbursement Form

To be filled out by Harvard Pilgrim Health Care SUBSCRIBER only. Please use blue or black ink and print all information clearly.

When to submit this form

- After you enroll in a Harvard Pilgrim plan that includes the Childbirth Class Reimbursement benefit.
• After you have enrolled in and paid for a childbirth education class.
• Once per pregnancy with all necessary receipts and documentation.
• Once all sections on the form have been completed and signed by the subscriber.

Section A – Subscriber Information (person who holds coverage)

Form fields for Section A: Harvard Pilgrim ID Number, Subscriber's Last Name, First Name, Middle Initial, Date of Birth (mm/dd/yyyy), Address, City, State, ZIP Code, Daytime Phone (area code) xxx-xxxx, Company Name (Employer), Subscriber's Email

Section B – Subscriber and/or Member Information for Reimbursement

Form fields for Section B: Harvard Pilgrim ID Number, Last Name, First Name, Date of Birth (mm/dd/yyyy) (repeated three times)

Section C – Childbirth Class Information (List all programs that you are submitting for on behalf of you and/or your dependents, including dates.)

Table with 6 columns: ATTACH DOCUMENTATION, Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy, Name of Program, City, State, Phone Number (Area Code) xxx-xxxx, \$ Amount being claimed. Includes rows for 'from:' and 'to:' dates.

Total number of documents ____ Total dollar amount being claimed \$ _____

Section D – Subscriber Certification

I certify that the information on the form and all supporting documents are complete, accurate and unaltered. I affirm that I and/or my covered dependent(s) attended the childbirth class for which I am being reimbursed.

Subscriber's Signature _____ Date _____

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)

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

ខ្មែរ (Cambodian) សំនួរដំណឹង: 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).

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, 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).

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, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or 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, sex, sexual orientation, or 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.

Harvard Pilgrim Weight Management Reimbursement Form

Please read the instructions below, then fill out the Weight Management Reimbursement Form.

Mailing Instructions

Keep copies of all documentation before mailing in your Weight Management Reimbursement Form.

Please enclose copies of the following:

1. Completed, signed and dated Weight Management Reimbursement Form.
2. Copy of paid receipts for fees clearly documenting your name and the weight management program name. Fees must equal or exceed amount being claimed.

Mail to: Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

Commonly Asked Questions and Answers

How do I qualify for a reimbursement?

- Your employer must offer Harvard Pilgrim's weight management reimbursement benefit.
- You must be active with coverage that includes the weight management program benefit.

When can I submit my Reimbursement Form?

Starting with January 1 of the current calendar year and when you have met the above stated criteria.

How much can I claim for reimbursement?

- Reimbursement is up to \$150 per calendar year (i.e., January-December) in total for qualified weight management program fees for the subscriber and/or their dependents.
- Subscriber may receive weight management reimbursement only **once** per calendar year.

What happens once I submit the Weight Management Reimbursement Form?

- Reimbursement checks will be mailed and made payable to the subscriber only at the subscriber's address of record. No alternative address will be accepted.
- If you believe your current address is different than the address of record in Harvard Pilgrim's systems, please contact us prior to submitting your Weight Management Reimbursement Form.
- Please allow up to 8 weeks for processing.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company. Reimbursement program requirements are subject to change without notice.



Harvard Pilgrim Weight Management Reimbursement Form

To be filled out by Harvard Pilgrim Health Care **SUBSCRIBER** only. Please use blue or black ink and print all information clearly.

When to submit this form

- After you have accumulated up to \$150 in weight management program expenses.
- Once per calendar year, submitted by March 31 of the following year, with all necessary receipts.

- Once all sections of this form have been completed, signed and dated by the subscriber.

Programs that qualify: WW (Weight Watchers)® digital program or workshop, or a hospital-based weight management program.

Section A – Member Information (person who holds coverage)

Harvard Pilgrim ID Number	Subscriber's Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)			
Address	City	State	ZIP Code
Daytime Phone (area code) xxx-xxxx		Member's Email	

Section B – Subscriber and/or Member Information for Reimbursement

Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C – Weight Management Program Information

List all programs that you and/or your dependent(s) are submitting for reimbursement

ATTACH DOCUMENTATION	Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy	Program Name	City, State	Phone Number (area code) xxx-xxxx	\$ Amount being claimed
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				

Total number of documents _____ Total dollar amount being claimed (up to \$150 per calendar year) \$ _____

Section D – Member Certification

I certify that the information on this form and all supporting documents are complete, accurate and unaltered.

Subscriber's Signature _____ Date (mm/dd/yyyy) _____

How to Find a Doctor

Our Online Provider Directory Helps Make it Easier

Looking for a Primary Care Provider (PCP), Specialist or Hospital? You can use our “Find a provider” online tool to look up your plan’s participating providers. The tool is updated five days per week to reflect the most recent providers in our network.

Get Started in 3 Simple Steps:

- 1. Log in to your secure member account** at harvardpilgrim.org for personalized search results. If you don’t have an account, visit harvardpilgrim.org/create to activate your secure online account and access your plan’s directory.
- 2. Click on “Find a provider”** on the top right of the webpage and refine your search by specialty, location, name or distance.
- 3. Narrow your options** by checking details such as in-office and virtual availability, and whether providers are accepting new patients.



You can also search for providers without logging into your secure account. To search for participating providers, visit harvardpilgrim.org/providerdirectory. You will need to select your plan name, mentioned on the top right of your member ID card.

How to Select or Change Your PCP

- **Log in to your member account** and click “Change PCP” under the “Your Plan Snapshot” section.
- **Search for your PCP** by location, provider name or provider ID. Click “Select PCP.”
- **Save your choice** to help ensure your care is coordinated, especially for plans that require in-network providers. Your PCP can also assist in coordinating any specialty care you might need.

> Need Assistance?

Call Members Services at the number on the back of your member ID card.

Member Secure Account and Mobile App

Quickly access your benefits

Log in at harvardpilgrim.org/login or activate your secure online account at harvardpilgrim.org/create or via the Harvard Pilgrim mobile app¹, to quickly and securely access your health plan benefits information.

- › Understand your coverage
- › Check your claims, referrals, and authorizations
- › View plan limits, including your out-of-pocket costs
- › Find a doctor or a hospital
- › Select or change your Primary Care Provider (PCP)
- › Estimate your costs²
- › Access health and wellness resources

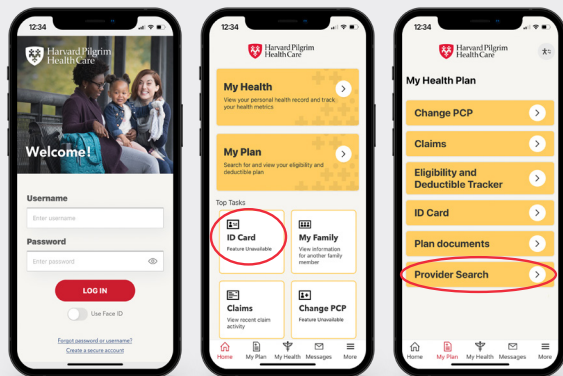
Watch our member secure account video:



English



Spanish



1. Log in to your account at harvardpilgrim.org/login
2. Click "ID card" to view your card. If you are using the app, you can add the ID card to your Apple Wallet or Google Pay by clicking on the "add" button
3. Looking for a new provider? Click "Provider Search"



- › Remember to present your member ID card when receiving health care services, such as office visits, prescription refills or lab tests. This allows your providers to quickly access your health plan benefits and help you get the most out of your plan.

Get started by logging in to your member secure account at harvardpilgrim.org/login

¹ Some features are website features integrated into the mobile app: change PCP, ID Card, Other Documents, Plan Documents. Other features while offered on the website, function differently on the mobile app: claims, eligibility and deductible tracker, and provider search.

² Estimating costs feature is not available on the mobile app

Out-of-Area Dependent Coverage

For members enrolled in an HMO plan

If you're enrolled in a Harvard Pilgrim HMO plan that includes out-of-area dependent coverage, you and your covered family members typically must receive care from in-network providers. But did you know these plans provide coverage for dependents under the age of 26 who live outside of Harvard Pilgrim's enrollment area?* With this benefit, they have access to in-network providers and services through Harvard Pilgrim's national provider network with UnitedHealthcare (UHC) Options.

How does out-of-area dependent coverage work?

We provide limited out-of-area dependent coverage because many dependent children attend schools or colleges outside of the enrollment area where participating providers are not available to provide care. Please note that all dependents under the age of 26 (not just students) may be covered by your HMO plan if they live outside of the enrollment area.

How can my dependent take advantage of this benefit?

Before using this benefit, the plan's subscriber must first call Harvard Pilgrim to register the dependent who lives outside of the enrollment area. To do this, please call Member Services at **888-333-4742**.

Is my dependent required to have a primary care provider (PCP) and get referrals to see specialists?

As with all HMO plans, your registered dependent must have a Harvard Pilgrim network PCP on file with us. When the dependent is within the enrollment area (e.g., for school breaks or visits) and need to see a specialist, they must get a referral from their PCP. While living outside of the enrollment area, they do not need a referral from their PCP to see a specialist, but they will need to choose a specialist from the UHC Options network.

How can my dependent find a provider?

To find a provider outside of the enrollment area, they should search the **Dependent Out-of-Area provider directory**, which is listed under the "Standard Plans" section of our online provider directory at **harvardpilgrim.org**.

What services are covered out-of-area?

Your registered dependent can receive most of the same coverage available to them under the plan as though they

were within the enrollment area. Please refer to your Benefit Handbook and Schedule of Benefits for specific coverage information. Bariatric surgery, infertility treatment and fertility services (when covered under your plan) are not covered outside of the enrollment area.

What about behavioral health services?

To find a behavioral health provider outside of the enrollment area, your registered dependent should search the **Dependent Out-of-Area provider directory**.

What cost sharing applies for out-of-area services?

For services received out-of-area, including urgent care, your dependent's cost sharing will follow your plan's Schedule of Benefits. If your plan includes a tiered network, the cost sharing for the highest tier will apply.

Does my dependent need to get prior approval for certain services?

If your dependent requires certain care, like being admitted to a hospital, home infusion or durable medical equipment, they will need to call Harvard Pilgrim at **800-708-4414** to get approval before they receive the service. Please refer to your Benefit Handbook for specific coverage information.

Need assistance?

- › Call Member Services at **888-333-4742** for additional help or to register your dependent under the age of 26.
- › Log in to your online account at **harvardpilgrim.org** to view your plan documents.

* See your plan's Benefit Handbook for information on your enrollment area.

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