

# Member Guide

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



Dear Member,

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

We encourage you to use this member guide to:

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

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



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# Maximize Your Health Plan: Digital Tools and More



## Secure Member Account and Mobile App

Log in or activate your secure online account at [harvardpilgrim.org/create](https://harvardpilgrim.org/create) or download the Harvard Pilgrim mobile app<sup>1</sup> to access your health plan benefits information.



## Find a doctor or hospital

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

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



## Estimate My Cost

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



## Reduce My Costs

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



## Telehealth provided by Doctor On Demand

Set up your account at **[doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim)**. Access a Doctor On Demand provider 24/7, by phone or mobile app worldwide<sup>3</sup> for everyday care and confidential therapy. Physicians can also order your prescription<sup>4</sup> at your local pharmacy when medically necessary.



# An Integrated Approach to Behavioral Health

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



## Broad Network Providers

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



## **NEW:** Behavioral health service navigation

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



## Care management programs

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



## Behavioral health programs and services

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

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

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

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

# Understand Your Pharmacy Benefits

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



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

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

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



## Check if your prescription has special requirements

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



### **Plan ahead if you take maintenance medication**

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

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



### **Save money with mail order service**

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

For more information, go to [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx)



# Know Your Care Options

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



## When to visit the Emergency Room

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



## When to see your Primary Care Provider (PCP)

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



## When to visit an Urgent Care Center

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



## When to go to a Retail Clinic

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



## When to use virtual care, through Doctor On Demand

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



## When to reach out to our Harvard Pilgrim Care Team

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



# Wellness Discounts and Perks

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness and other services related to good health. For more information and details on the different programs and services available, visit [harvardpilgrim.org/discounts](https://harvardpilgrim.org/discounts)<sup>7</sup>

## Start Living Well Today

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

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



# Stay Connected and Informed

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



## Member Newsletter

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



## Text Messaging

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



## Email Messages

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



## Website

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



## Social Media

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



## How to get started

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





# Key Terms

## Premium

This is the monthly cost of your health insurance coverage.

## Cost-sharing

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

## Copayments

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

## Deductible

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

## Coinsurance

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

## Out-of-pocket maximum

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

## In-network

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

## Out-of-network

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

## Tier

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



# Pharmacy Key Terms

## Prior Authorization (PA)

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

## Step Therapy Authorization (STPA)

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

## Quantity Limitation (QL)

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

## Designated Specialty Pharmacy (SP)

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

## Non-Covered (NC)

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

## New-to-Market Drug Evaluation (NTM)

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



## Important Information About Your Plan

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

### When you need care

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

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

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

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

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

## Appeals

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

To access your Benefit Handbook online, log into your personal account on [harvardpilgrim.org](https://www.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](https://www.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

- <sup>1</sup> Estimating costs and some other features are not available on the mobile app.
- <sup>2</sup> 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](https://harvardpilgrim.org/reducemycosts/maine). Cash rewards comes in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- <sup>3</sup> 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).
- <sup>4</sup> 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.
- <sup>5</sup> AbleTo is available to Harvard Pilgrim members. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- <sup>6</sup> Valera Health services, Northeast Health Services and Cortica autism services providers are located only in Massachusetts. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- <sup>7</sup> This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care.

# General Notice About Nondiscrimination and Accessibility Requirements

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

## Harvard Pilgrim Health Care:

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

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

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

### Civil Rights Compliance Officer

1 Wellness Way

Canton, MA 02021

866-750-2074, TTY service: 711,

Fax: 617-509-3085

Email: [civil.rights@point32health.org](mailto: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](https://hhs.gov/ocr/office/file/index.html)

# Language Assistance Services

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

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

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**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).

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**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)。

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**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).

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

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**العربية (Arabic)**

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

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

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

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**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).

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

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

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

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**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)

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**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)

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

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

# Contact Us

## Member Services

888-333-4742 (TTY: 711)

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

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

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

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

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

# 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](http://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](http://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](http://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

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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," 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."

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<b>General Cost Sharing Features:</b>	<b>Tier 1 Member Cost Sharing:</b>	<b>Tier 2 Member Cost Sharing:</b>	<b>Tier 3 Member Cost Sharing:</b>
<b>Coinsurance and Copayments</b>			
	See the benefits table below		
<b>Deductibles</b>			
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
<b>Maximum Deductible</b>			
	\$300 per Member per Plan Year \$900 per family per Plan Year		
<b>Deductible Rollover</b>			
	None		
<b>Out-of-Pocket Maximum</b>			
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		

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

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Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
<b>Dental Services</b>			
<b>Important Notice:</b> 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		
<b>Dialysis</b>			
	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		
<b>Durable Medical Equipment</b>			
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		
<b>Early Intervention Services</b>			
	No charge		
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health			
<b>Emergency Admission Services</b>			
	Tier 1 Deductible, then \$500 Copayment per admission		
<b>Emergency Room Care</b>			
	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.			
<b>Fertility Services (see the Benefit Handbook for details)</b>			
	Not covered		
<b>Gender Affirming Surgery</b>			
	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."		
<b>Hearing Aids</b>			
– Limited to \$1,500 per hearing impaired ear every 2 Plan Years	No charge		



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<b>Benefit</b>	<b>Tier 1 Member Cost Sharing</b>	<b>Tier 2 Member Cost Sharing</b>	<b>Tier 3 Member Cost Sharing</b>
<b>Home Health Care</b>			
	Deductible, then no charge		
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.			
<b>Hospice – Outpatient</b>			
	Deductible, then no charge		
<b>Hospital – Inpatient Services</b>			
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		
<b>Infertility Services and Treatments (see the Benefit Handbook for details)</b>			
	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 services provided by a physician, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."		
<b>Laboratory, Radiology and Other Diagnostic Services</b>			
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
Diagnostic services Note: All non-hospital based providers are in Tier 1	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
<b>Low Protein Foods</b>			
– Limited to \$5,000 per Plan Year	Tier 1 Deductible, then no charge		

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<b>Benefit</b>	<b>Tier 1 Member Cost Sharing</b>	<b>Tier 2 Member Cost Sharing</b>	<b>Tier 3 Member Cost Sharing</b>
<b>Maternity Care - Outpatient</b>			
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."			
<b>Medical Drugs (drugs that cannot be self-administered)</b>			
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.			
<b>Medical Formulas</b>			
	Tier 1 Deductible, then no charge		
<b>Mental Health and Substance Use Disorder Treatment</b>			
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. <b>Please Note:</b> 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		
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		

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<b>Benefit</b>	<b>Tier 1 Member Cost Sharing</b>	<b>Tier 2 Member Cost Sharing</b>	<b>Tier 3 Member Cost Sharing</b>
<b>Mental Health and Substance Use Disorder Treatment (Continued)</b>			
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		
<b>Observation Services</b>			
	Tier 1 Deductible, then no charge		
<b>Ostomy Supplies</b>			
	Tier 1 Deductible, then no charge		
<b>Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits)</b>			
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 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> . 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
<b>Preventive Services and Tests</b>			
	No charge		

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Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
<b>Preventive Services and Tests (Continued)</b>			
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 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> . You may also get a copy of the Preventive Services Notice by calling the Member Services Department at <b>1-888-333-4742</b> . 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		
<b>Prosthetic Devices</b>			
	Tier 1 Deductible, then no charge		
<b>Rehabilitation and Habilitation Services - Outpatient</b>			
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		
<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>			
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."		
<b>Spinal Manipulative Therapy (including care by a chiropractor)</b>			
– Limited to 20 visits per Plan Year	\$20 Copayment per visit		
<b>Surgery – Outpatient</b>			
	Deductible, then \$250 Copayment per visit	Deductible, then \$250 Copayment per visit	Deductible, then \$250 Copayment per visit

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<b>Benefit</b>	<b>Tier 1 Member Cost Sharing</b>	<b>Tier 2 Member Cost Sharing</b>	<b>Tier 3 Member Cost Sharing</b>
<b>Telemedicine Virtual Visit Services- Outpatient</b>			
	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.			
<b>Urgent Care Services</b>			
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 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> .			
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."			
<b>Vision Services</b>			
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		
<b>Voluntary Sterilization in a Physician's Office</b>			
	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
<b>Voluntary Termination of Pregnancy</b>			
	No charge		
<b>Wigs and Scalp Hair Protheses as required by law</b>			
	No charge		

## 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><b>Alternative Treatments</b></p> <ul style="list-style-type: none"> <li>• Acupuncture care, except when specifically listed as a Covered Benefit.</li> <li>• Acupuncture services that are outside the scope of standard acupuncture care.</li> <li>• Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit.</li> <li>• Aromatherapy, treatment with crystals and alternative medicine.</li> <li>• 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).</li> <li>• Massage therapy.</li> <li>• Myotherapy.</li> </ul>
<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• Dental Care, except when specifically listed as a Covered Benefit.</li> <li>• Temporomandibular Joint Dysfunction (TMD) care, except as described in the Plan's <i>Benefit Handbook</i>.</li> <li>• Extraction of teeth, except when specifically listed as a Covered Benefit.</li> <li>• Pediatric dental care, except when specifically listed as a Covered Benefit.</li> </ul>
<p><b>Durable Medical Equipment and Prosthetic Devices</b></p> <ul style="list-style-type: none"> <li>• Any devices or special equipment needed for sports or occupational purposes.</li> <li>• Any home adaptations, including, but not limited to home improvements and home adaptation equipment.</li> <li>• Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services.</li> <li>• Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.</li> </ul>
<p><b>Experimental, Unproven, or Investigational Services</b></p> <ul style="list-style-type: none"> <li>• Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.</li> </ul>
<p><b>Foot Care</b></p> <ul style="list-style-type: none"> <li>• Foot orthotics, except for the treatment of severe diabetic foot disease or systemic circulatory disease.</li> <li>• 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.</li> </ul>
<p><b>Maternity Services</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Planned home births.</li> <li>• Services provided by a doula.</li> <li>• Routine pre-natal and post-partum care when you are traveling outside the Service Area.</li> </ul>

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.
- Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder.
- Mental health 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 Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.
- Services related to autism spectrum disorders 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.

### 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, and (3) post-mastectomy care.
- Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy.
- Liposuction or removal of fat deposits considered undesirable.
- Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures).
- Skin abrasion procedures performed as a treatment for acne.
- Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin.
- Treatment for spider veins.
- Wigs 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.

<b>Exclusion</b>
<p><b>Providers</b></p> <ul style="list-style-type: none"> <li>• Charges for services which were provided after the date on which your membership ends.</li> <li>• 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.</li> <li>• Charges for missed appointments.</li> <li>• Concierge service fees. (See the Plan's <i>Benefit Handbook</i> for more information.)</li> <li>• Follow-up care after an emergency room visit, unless provided or arranged by your PCP.</li> <li>• Inpatient charges after your hospital discharge.</li> <li>• Provider's charge to file a claim or to transcribe or copy your medical records.</li> <li>• Services or supplies provided by: (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.</li> </ul>
<p><b>Reproduction</b></p> <ul style="list-style-type: none"> <li>• Any form of Surrogacy or services for a gestational carrier other than covered maternity services.</li> <li>• Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment.</li> <li>• Infertility drugs, if infertility services are not a Covered Benefit.</li> <li>• Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage.</li> <li>• Infertility treatment for Members who are not medically infertile.</li> <li>• Infertility treatment and birth control drugs, implants and devices, except when specifically listed as a Covered Benefit.</li> <li>• Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal).</li> <li>• Sperm collection, freezing and storage except as described in the Plan's <i>Benefit Handbook</i>.</li> <li>• Sperm identification when not Medically Necessary (e.g., gender identification).</li> <li>• The following fees: wait list fees, non-medical costs, shipping and handling charges etc.</li> <li>• Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit.</li> <li>• Voluntary termination of pregnancy, except when specifically listed as a Covered Benefit.</li> </ul>
<p><b>Services Provided Under Another Plan</b></p> <ul style="list-style-type: none"> <li>• Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities.</li> <li>• Costs for services for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.</li> </ul>
<p><b>Telemedicine Services</b></p> <ul style="list-style-type: none"> <li>• Telemedicine services involving e-mail or fax.</li> <li>• Provider fees for technical costs for the provision of telemedicine services.</li> </ul>
<p><b>Types of Care</b></p> <ul style="list-style-type: none"> <li>• Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities.</li> <li>• All institutional charges over the semi-private room rate, except when a private room is Medically Necessary.</li> <li>• Pain management programs or clinics.</li> <li>• Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation.</li> <li>• Private duty nursing.</li> <li>• Sports medicine clinics.</li> <li>• Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.</li> </ul>
<p><b>Vision and Hearing</b></p> <ul style="list-style-type: none"> <li>• Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit.</li> <li>• Hearing aids, except when specifically listed as a Covered Benefit.</li> <li>• Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD.</li> <li>• Over the counter hearing aids.</li> <li>• Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism.</li> <li>• Routine eye examinations, except when specifically listed as a Covered Benefit.</li> </ul>

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. • 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. • 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	<b>Up to a 30-day supply:</b> \$10 Copayment <b>Up to a 90-day supply:</b> \$30 Copayment	\$25 Copayment
Tier 2	<b>Up to a 30-day supply:</b> \$30 Copayment <b>Up to a 90-day supply:</b> \$90 Copayment	\$75 Copayment
Tier 3	<b>Up to a 30-day supply:</b> \$65 Copayment <b>Up to a 90-day supply:</b> \$195 Copayment	\$165 Copayment

Your plan has an annual Out-of-Pocket Maximum for prescription drug costs. Your Out-of-Pocket maximum Coinsurance 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/2023Premium3T](http://www.harvardpilgrim.org/2023Premium3T) 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.






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](http://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](http://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 <b>deductible</b> ?	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 <b>deductible</b> amount before this <b>plan</b> begins to pay. If you have other family members on the policy, the overall family <b>deductible</b> must be met before the <b>plan</b> begins to pay.
Are there services covered before you meet your <b>deductible</b> ?	Yes: <b>preventive care</b> , <b>provider</b> office visits, prescription drugs, outpatient mental health services, <b>rehabilitation services</b> , <b>habilitation services</b> , routine eye exams, are covered before you meet your <b>deductibles</b> .	This <b>plan</b> covers some items and services even if you haven't yet met the <b>deductible</b> amount. But, a <b>copayment</b> or <b>coinsurance</b> may apply. For example, this <b>plan</b> covers certain <b>preventive services</b> without <b>cost-sharing</b> and before you meet your <b>deductible</b> . See a list of covered <b>preventive services</b> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>
Are there other <b>deductibles</b> for specific services?	No.	You don't have to meet <b>deductibles</b> for specific services
What is the <b>out-of-pocket limit</b> for this <b>plan</b> ?	\$2,000 member/\$4,000 family. Separate <b>out-of-pocket limit</b> applies to Pharmacy, see "If you need drugs to treat your illness or condition".	The <b>out-of-pocket limit</b> is the most you could pay in a year for covered services. If you have other family members in this <b>plan</b> , they have to meet their own <b>out-of-pocket limit</b> until the overall family <b>out-of-pocket limit</b> has been met.

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

 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 <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	Primary Care: Tier 1: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply. Tier 2: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply. Tier 3: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply.	Not covered	None
	<a href="#">Specialist</a> visit	Specialty & Hospital Based: Tier 1: \$60 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply. Tier 2: \$60 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply. Tier 3: \$60 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply.	Not covered	None
	<a href="#">Preventive care/screening/immunization</a>	No charge; <a href="#">deductible</a> 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 <a href="#">plan</a> 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	<a href="#">Diagnostic test</a> (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 <a href="#">copay</a> /procedure Tier 2: \$100 <a href="#">copay</a> /procedure Tier 3: \$100 <a href="#">copay</a> /procedure	Not covered	None
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.harvardpilgrim.org/2024Premium3T">www.harvardpilgrim.org/2024Premium3T</a> .	Generic drugs	30-Day Retail Tier 1: \$10 <a href="#">copay</a> /prescription; <a href="#">deductible</a> does not apply 90-Day Mail Tier 1: \$25 <a href="#">copay</a> /prescription; <a href="#">deductible</a> does not apply	Not covered	You pay retail price for Out of Network pharmacy drugs and are reimbursed minus applicable <a href="#">cost sharing</a> . Covered only outside of service area. Prescription drug <a href="#">Out-of-Pocket Maximum</a> : \$3,000 member/ \$6,000 family
	Preferred brand drugs	30-Day Retail Tier 2: \$30 <a href="#">copay</a> /prescription; <a href="#">deductible</a> does not apply 90-Day Mail Tier 2: \$75 <a href="#">copay</a> /prescription; <a href="#">deductible</a> does not apply	Not covered	
	Non-preferred brand drugs	30-Day Retail Tier 3: \$65 <a href="#">copay</a> /prescription; <a href="#">deductible</a> does not apply 90-Day Mail Tier 3: \$165 <a href="#">copay</a> /prescription; <a href="#">deductible</a> does not apply	Not covered	
	<a href="#">Specialty drugs</a>	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 <a href="#">copay</a> /visit Tier 2: \$250 <a href="#">copay</a> /visit Tier 3: \$250 <a href="#">copay</a> /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	<a href="#">Emergency room care</a>	\$100 <a href="#">copay</a> /visit		None
	<a href="#">Emergency medical transportation</a>	No charge		None
	<a href="#">Urgent care</a>	Urgent care center: Tier 1: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply. Tier 2: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply. Tier 3: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply.	Not covered	Non-participating providers only covered outside the service area. <a href="#">Cost sharing</a> may vary based on location.
If you have a hospital stay	Facility fee (e.g., hospital room)	Tier 1: \$500 <a href="#">copay</a> /admit Tier 2: \$500 <a href="#">copay</a> /admit Tier 3: \$1,500 <a href="#">copay</a> /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 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply	Not covered	None
	Inpatient services	\$200 <a href="#">copay</a> /admit	Not covered	None
If you are pregnant	Office visits	Tier 1 Primary Care: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply. Tier 2 Primary Care: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply. Tier 3 Primary Care: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply.	Not covered	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> (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 <a href="#">copay</a> /admit Tier 2: \$500 <a href="#">copay</a> /admit Tier 3: \$1,500 <a href="#">copay</a> /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	<a href="#">Home health care</a>	No charge	Not covered	None
	<a href="#">Rehabilitation services</a>	Physical Therapy: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply.	Not covered	Physical and Occupational therapies – 60 combined visits per Plan Year
	<a href="#">Habilitation services</a>	Occupational Therapy: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply. Speech Therapy: \$20 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply.		
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	Not covered	– 100 days per Plan Year
	<a href="#">Durable medical equipment</a>	No charge	Not covered	None
	<a href="#">Hospice services</a>	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; <a href="#">deductible</a> does not apply. Tier 2 Primary Care: No charge; <a href="#">deductible</a> does not apply. Tier 3 Primary Care: No charge; <a href="#">deductible</a> 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 <a href="#">copay</a> /visit; <a href="#">deductible</a> does not apply.	Not covered	2 exams/Plan Year

**Excluded Services & Other Covered Services:**

Services Your <a href="#">Plan</a> Does NOT Cover (This isn’t a complete list. Check your policy or <a href="#">plan</a> document for other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>• Children’s glasses</li> <li>• Cosmetic Surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Dental Care (Adult)</li> <li>• Long-Term Care</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Private-duty nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Routine foot care (except for diabetes or systemic circulatory diseases)</li> <li>• Services that are not Medically Necessary</li> <li>• Weight Loss Programs</li> </ul>

**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](http://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](http://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](http://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](http://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)	
■ <a href="#">The plan's overall deductible</a>	\$300	■ <a href="#">The plan's overall deductible</a>	\$300	■ <a href="#">The plan's overall deductible</a>	\$300
■ <a href="#">Specialist copayment</a>	\$60	■ <a href="#">Specialist copayment</a>	\$60	■ <a href="#">Specialist copayment</a>	\$60
■ <a href="#">Hospital (facility) copayment</a>	\$500	■ <a href="#">Hospital (facility) copayment</a>	\$500	■ <a href="#">Hospital (facility) copayment</a>	\$500
■ <a href="#">Other</a>	\$0	■ <a href="#">Other</a>	\$0	■ <a href="#">Other</a>	\$0
<b>This EXAMPLE event includes services like:</b>		<b>This EXAMPLE event includes services like:</b>		<b>This EXAMPLE event includes services like:</b>	
<a href="#">Specialist</a> office visits ( <i>prenatal care</i> )		<a href="#">Primary care physician</a> office visits ( <i>including disease education</i> )		<a href="#">Emergency room care</a> ( <i>including medical supplies</i> )	
Childbirth/Delivery Professional Services		<a href="#">Diagnostic tests</a> ( <i>blood work</i> )		<a href="#">Diagnostic test</a> ( <i>x-ray</i> )	
Childbirth/Delivery Facility Services		Prescription drugs		<a href="#">Durable medical equipment</a> ( <i>crutches</i> )	
<a href="#">Diagnostic tests</a> ( <i>ultrasounds and blood work</i> )		<a href="#">Durable medical equipment</a> ( <i>glucose meter</i> )		<a href="#">Rehabilitation services</a> ( <i>physical therapy</i> )	
<a href="#">Specialist</a> visit ( <i>anesthesia</i> )					
<b>Total Example Cost</b>	<b>\$12,700</b>	<b>Total Example Cost</b>	<b>\$5,600</b>	<b>Total Example Cost</b>	<b>\$2,800</b>
<b>In this example, Peg would pay:</b>		<b>In this example, Joe would pay:</b>		<b>In this example, Mia would pay:</b>	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$300	<a href="#">Deductibles</a>	\$100	<a href="#">Deductibles</a>	\$300
<a href="#">Copayments</a>	\$600	<a href="#">Copayments</a>	\$1,300	<a href="#">Copayments</a>	\$300
<a href="#">Coinsurance</a>	\$0	<a href="#">Coinsurance</a>	\$0	<a href="#">Coinsurance</a>	\$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
<b>The total Peg would pay is</b>	<b>\$900</b>	<b>The total Joe would pay is</b>	<b>\$1,400</b>	<b>The total Mia would pay is</b>	<b>\$600</b>

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



# 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 care<sup>1</sup>

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.



## Behavioral health care<sup>2</sup>

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.



## 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.



## 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.



## 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.



## 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)

## 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.<sup>3</sup>

<sup>1</sup> Preventive services that fall under the federal Affordable Care Act.

<sup>2</sup> Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.

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



# 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

## 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.

\* 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](http://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.

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

# ChoiceNet Tiered Hospitals – 2024

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.<sup>1</sup>

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](http://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	Brockton Hospital	1
Athol Memorial Hospital	1	Cambridge Health Alliance	1
Baystate Franklin Medical Center	1	Cape Cod Hospital	3
Baystate Medical Center	1	Carney Hospital	1
Baystate Noble Hospital	2	Charlton Memorial Hospital	1
Baystate Wing Hospital	1	Children’s Hospital at Brookline	2
Berkshire Medical Center	3	Children’s Hospital at Lexington	2
Beth Israel Deaconess Hospital – Milton	1	Children’s Hospital at North Dartmouth	2
Beth Israel Deaconess Hospital – Needham	2	Children’s Hospital at Peabody	2
Beth Israel Deaconess Hospital – Plymouth	1	Children’s Hospital at Waltham	2
Beth Israel Deaconess Medical Center	2	Cooley Dickinson Hospital	3
Boston Children’s Hospital	3	Dana-Farber Cancer Institute	2
Boston Medical Center	2	Emerson Hospital	2
Brigham and Women’s Faulkner Hospital	1	Fairview Hospital	3
Brigham and Women’s Hospital	3	Falmouth Hospital	3
Brigham and Women’s Hospital Foxboro	1	Good Samaritan Medical Center	2

<sup>1</sup> 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](http://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.

**Participating hospitals and their tiers (continued)**

<b>Massachusetts (continued)</b>		<b>New Hampshire</b>	
<b>Hospital</b>	<b>Tier</b>	<b>Hospital</b>	<b>Tier</b>
Holyoke Medical Center	1	Alice Peck Day Memorial Hospital	1
Lahey Clinic Hospital	2	Androscoggin Valley Hospital	3
Lawrence General Hospital	1	Catholic Medical Center	1
Lowell General Hospital	1	Concord Hospital	2
Martha's Vineyard Hospital	3	Concord Hospital – Franklin	1
Massachusetts Eye and Ear Infirmary	1	Concord Hospital - Laconia	1
Massachusetts General Hospital	3	Cottage Hospital	1
MGH Ambulatory Care Division Danvers	1	The Cheshire Medical Center	2
MelroseWakefield Healthcare	2	Dartmouth Hitchcock Medical Center	2
Lawrence Memorial Hospital		Elliot Hospital	1
MelroseWakefield Hospital		Exeter Hospital	1
Mercy Medical Center	1	Frisbie Memorial Hospital	2
Metrowest Medical Center	2	Huggins Hospital	3
Framingham Union Hospital		Littleton Regional Hospital	1
Leonard Morse Hospital		The Memorial Hospital	2
Milford Regional Medical Center, Inc.	1	Monadnock Community Hospital	1
Morton Hospital	1	New London Hospital	2
Mt. Auburn Hospital	1	Parkland Medical Center	1
Nantucket Cottage Hospital	3	Portsmouth Regional Hospital	2
Nashoba Valley Medical Center	2	Southern NH Medical Center	1
New England Baptist Hospital	1	Speare Memorial Hospital	2
Newton-Wellesley Hospital	2	St. Joseph Hospital	1
Northeast Hospital Corporation	1	Upper Connecticut Valley Hospital	3
Addison Gilbert Hospital		Valley Regional Hospital	2
Beverly Hospital		Weeks Medical Center	3
Northshore Medical Center	2	Wentworth-Douglass Hospital	3
Norwood Hospital	1		
Shriner's Hospital	2		
South Shore Hospital	3		
St. Anne's Hospital	2		
St. Elizabeth's Medical Center	2		
St. Luke's Hospital	1		
St. Vincent Hospital	2		
Sturdy Memorial Hospital	3		
Tobey Hospital	1		
Tufts Medical Center	2		
UMass Memorial HealthAlliance – Clinton Hospital	2		
UMass Memorial Health – Harrington Hospital	1		
UMass Memorial – Marlborough Hospital	2		
UMass Memorial Medical Center	3		
Vernon Cancer Center at Newton Wellesley Hospital	1		
Winchester Hospital	1		
Heywood Hospital	1		
Holy Family Hospital	2		

<b>Maine</b>	
<b>Hospital</b>	<b>Tier</b>
Bridgton Hospital	2
Calais Regional Hospital	2
Cary Medical Center	2
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

Maine (continued)		Vermont	
Hospital	Tier	Hospital	Tier
Northern Light Blue Hill Hospital	2	Brattleboro Memorial Hospital	2
Northern Light C.A. Dean Hospital	2	Central Vermont Medical Center	2
Northern Light Eastern Maine Medical Center	2	Copley Hospital	2
Northern Light Inland Hospital	2	Gifford Medical Center	2
Northern Light Maine Coast Hospital	2	Grace Cottage Hospital	2
Northern Light Mayo Hospital	2	Mount Ascutney Hospital & Health Center	2
Northern Light Mercy Hospital	2	North Country Hospital	2
Northern Light Sebecook Valley Hospital	2	Northeastern Vermont Regional Hospital	2
Northern Maine Medical Center	2	Porter Medical Center, Inc.	2
Penobscot Bay Medical Center	2	Southwestern Vermont Medical Center	2
Penobscot Valley Hospital	2	Springfield Hospital	2
Redington-Fairview Hospital	2	University of Vermont Medical Center	2
Rumford Hospital	2	<b>New York</b>	
Southern Maine Health Care	2	<b>Hospital</b>	
St. Joseph Hospital	2	Champlain Valley Physicians Medical Center	2
St. Mary's Regional Medical Center	2	Elizabethtown Community Hospital	2
Stephens Memorial Hospital	2		
Waldo County General Hospital	2		
York Hospital	2		
<b>Rhode Island</b>			
<b>Hospital</b>	<b>Tier</b>		
Kent County Memorial Hospital	2		
Miriam Hospital	2		
Newport Hospital	2		
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		



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.

# 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.





## 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://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.

To learn more, visit [harvardpilgrim.org/rx](https://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.**

### 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://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.



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

# Coverage for Over-the-Counter Medications






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

## Here's how it works:

- › Use the online lookup tool at [harvardpilgrim.org/rx](https://www.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
 <b>Cough, cold, allergy</b>	<ul style="list-style-type: none"> <li>› Antitussive (cough suppressant)</li> <li>› Expectorant</li> <li>› Nasal decongestant</li> <li>› Antihistamine</li> <li>› Nasal spray</li> </ul>
 <b>Dermatology</b>	<ul style="list-style-type: none"> <li>› Anti-fungal</li> <li>› Poison ivy</li> </ul>
 <b>Eyes (ophthalmic)</b>	<ul style="list-style-type: none"> <li>› Dry eye</li> <li>› Allergy</li> </ul>
 <b>Gastrointestinal</b>	<ul style="list-style-type: none"> <li>› Anti-parasite</li> <li>› H2 blocker (antacid)</li> <li>› Laxative</li> </ul>
 <b>Pain</b>	<ul style="list-style-type: none"> <li>› Anti-inflammatory</li> </ul>

\*Visit [harvardpilgrim.org/rx](https://www.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
 <b>Cough, cold, allergy</b>	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
 <b>Dermatology</b>	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
 <b>Eyes (ophthalmic)</b>	Artificial tears (various name brands)	Artificial tears
	Zaditor OTC 0.025%	Ketotifen
 <b>Gastrointestinal</b>	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
 <b>Pain</b>	Ibuprofen 100mg/5mL suspension	Ibuprofen

# Discover medication savings

As your pharmacy benefit provider, we are always looking for ways to help our members save money. That's why we have created the Savings Center – one place where you can see the medication savings we have found for you.

## Here's how it works:



Register for your online account using your member ID card or sign in to [optumrx.com](https://optumrx.com) to see the actual price you would pay for a drug, plus the expected savings amount. You can:

- Explore generics.
- Switch to Optum® Home Delivery.
- Choose a new pharmacy that fits your needs.
- See the cost for another covered drug.



You may receive an email to alert you when you have savings opportunities. Click the link in the email and sign in to view your personal Savings Center.



Sign in to your account at any time to see if savings are available. Follow a few simple instructions to save.



We find ways you can pay less. Sign in to [optumrx.com](https://optumrx.com) > Member Tools > Savings Center or scan the QR code to get started.





# Skip the pharmacy. We deliver to you.

If you take a medication regularly, you could save time and money with Optum® Home Delivery after **January 1, 2023**.

- Order up to a 3-month supply.
- Get your medications delivered right to your mailbox – with free standard shipping.
- Talk to a pharmacist 24/7.

## Submit your order one of three ways:



Online at  
[optumrx.com](https://www.optumrx.com)



Via the  
Optum Rx app



Call  
**1-800-860-3161**

## Will my current prescriptions transfer?

Yes, most will transfer to Optum Home Delivery. But prescriptions for some medications such as controlled substances will not transfer. In these cases, you'll need a new prescription from your doctor.

Beginning **January 1, 2023**, Optum Rx will be the new pharmacy benefit manager for Harvard Pilgrim Health Care and Tufts Health Plan members.

Optum Home Delivery is a service of OptumRx.

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### 1. Member and physician information – please use black or blue ink. One form per member.

Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

### 2. Health history

<b>Medication allergies:</b>	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> None known	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Sulfa
	<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines
<b>Health conditions:</b>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Others: _____
	<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Osteoporosis
	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease

**Over-the-counter medications, vitamins and herbal supplements taken regularly:**

### 3. Payment and shipping information – do not send cash

Standard delivery is included at no charge. Prescriptions should arrive within 5 business days after the pharmacy receives the complete order. The pharmacy will contact you if there will be an extended delay in delivering your medications.

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

<input type="checkbox"/> <b>Expedite shipping.</b> Add \$20.00 to order amount (subject to change).	New credit card number
<input type="checkbox"/> <b>Check enclosed.</b> All checks must be signed and made payable to: Optum Rx.	<input type="text" value=""/>
<input type="checkbox"/> <b>Charge to my credit card on file.</b>	Expiration Date (Month/Year)
<input type="checkbox"/> <b>Charge to my new credit card.</b>	<input type="text" value=""/> / <input type="text" value=""/>
Signature: _____	Date: _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

### 4. Mail this completed order form with your new prescription(s) to Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.





# 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@harvardpilgrim.org](mailto:SmartStart@harvardpilgrim.org) or call (866) 874-0817 for answers to your questions.



### Member online secure account

Visit [harvardpilgrim.org/create](https://harvardpilgrim.org/create) to activate your secure account to quickly and securely access your personal health plan benefits information such as:

- › 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.<sup>1,2</sup> 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 prescription<sup>3</sup> 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 5+ years average experience and diverse background**



**60%**  
Female



**69%**  
Parents

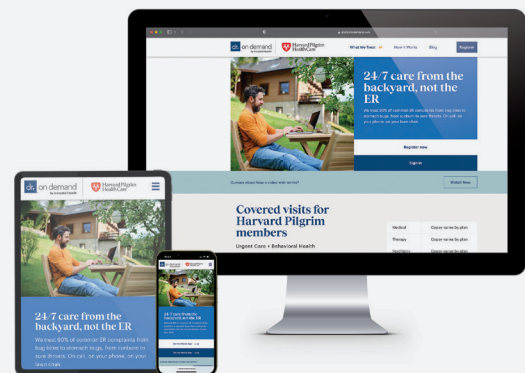


**20%**  
LGBTQ+

## 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



Set up your account at [doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim)

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>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.





# Get Confidential Therapy Your Way

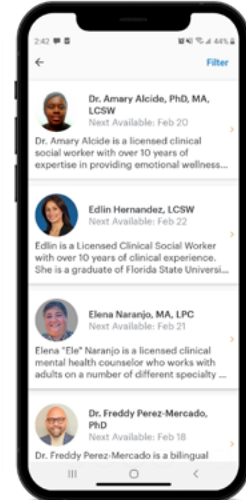
Talk to a Doctor On Demand Provider  
and Establish an Ongoing Relationship

From talk therapy to medication<sup>1</sup> management, Doctor On Demand licensed providers are here to support you and your dependents by video or phone visits, with concerns such as anxiety, depression, seasonal affective disorder, or PTSD. Appointments are confirmed in less than 72 hours.

## How to request a visit

- › Download the Doctor On Demand app from the **App Store** or **Google Play** and **set up your account**
- › Request a visit and answer a few questions
- › Select the provider of your choice and the appointment that works best for you

**"I was able to get a prescription at my local pharmacy and a dr's note stating my return to work date for my employer. Best part, my insurance covered it!" – Lois**



More diversity among providers  
to improve health equity 60%  
female 20% LGBTQ+ BH Specialists

Set up your account at [patient.doctorondemand.com/register](https://patient.doctorondemand.com/register)

When you or your dependents need non-emergency care, talk to a doctor 24/7 and save time and money. You can even receive your prescription at your local pharmacy when medically necessary.

1 dr+ on demand doctors are unable to write prescriptions for controlled substances such as benzodiazepines (e.g. Xanax, Ambien) and stimulants (e.g. Adderall, Ritalin). Please see a doctor in person if you require medication classified as a controlled substance. Testimonial reflects this member's experience.



Harvard Pilgrim  
Health Care

# Wellness Discounts and Perks

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





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.<sup>1</sup>

### **NEW in 2024! Wellness Reimbursement<sup>2</sup>**

Harvard Pilgrim is excited to offer our new wellness reimbursement program. Now, 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.



## **Fitness reimbursement<sup>2</sup>**

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,<sup>3</sup> 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 free monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,<sup>4</sup> massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent 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 providers<sup>5</sup>
- Have your routine eye exam at participating Visionworks locations and get a free pair of prescription eyeglasses from a select store collection.<sup>6</sup> You must choose and order your free eyewear on the day of your exam

### Interested in LASIK?

- Save up to 50% 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:

- 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 provide 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

- <sup>1</sup> 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.
- <sup>2</sup> Any combination of subscriber, spouse or dependent is eligible for reimbursement. 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.
- <sup>3</sup> 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.
- <sup>4</sup> This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- <sup>5</sup> 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.
- <sup>6</sup> 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.





# 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](https://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](https://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](https://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: ___/___/___				

### 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)



## 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 \_\_\_\_\_

## 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) \_\_\_\_\_

# Member Secure Account and Mobile App

## Quickly access your benefits

Log in at [harvardpilgrim.org/login](https://harvardpilgrim.org/login) or activate your secure online account at [harvardpilgrim.org/create](https://harvardpilgrim.org/create) or via the Harvard Pilgrim mobile app<sup>1</sup>, 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 costs<sup>2</sup>
- › Access health and wellness resources

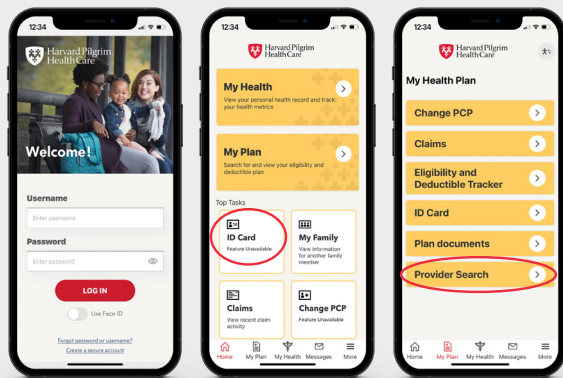
## Watch our member secure account video:



English



Spanish



1. Log in to your account at [harvardpilgrim.org/login](https://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](https://harvardpilgrim.org/login)

<sup>1</sup> 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.

<sup>2</sup> 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.

# 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](mailto: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](https://hhs.gov/ocr/office/file/index.html).

# Contact us

## Member Services

Call us: (888) 333-4742 (TTY: 711)

Mon, Tue & Thu: 8am - 6pm

Wed: 10am - 6pm

Fri: 8am - 5:30pm