



Harvard Pilgrim  
Health Care

*Enrollment Materials*



Right there with you.







Harvard Pilgrim has your back—and the rest of you, too.  
**Turn to us when you want a partner who . . .**

- can help you be your healthiest, no matter what your health is like.
- is well known for excellent quality and customer service.
- offers savings on products and services that can help you live a healthy lifestyle.
- makes it easy for you to use your plan.
- works to improve the health of the people and the communities we serve.



I want a health plan that:

**“Will help me and my family be as healthy as we can be.”**

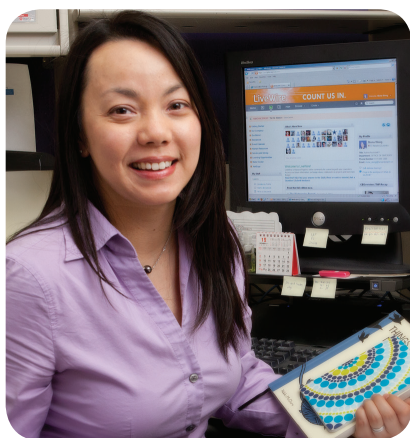
Amazing things can happen when people work together. So whether you're trying to manage your weight, bring down your stress level or deal with a challenging health condition, we'll be there for you with personalized planning and support.

Just take a personal health assessment and connect with one of our health coaches. They're nurses who have extra training and certification in health and wellness coaching. They'll listen to you, help you come up with a plan and keep you encouraged and motivated.

If you have a chronic condition such as asthma, diabetes or heart disease, we have dedicated nurse care managers who can work with you to help you be as well as you can be. They'll lend you a listening ear along with expertise and advice to help you take the best possible care of yourself.

Even when you're feeling on top of the world, remember to use your preventive care benefits. Routine exams and screenings can go a long way toward helping you stay healthy and well. And because there's more than one way to better well-being, we offer savings on services such as acupuncture, chiropractic care, yoga, Pilates and more.

I want a health plan that:



**“I can trust.”**

Harvard Pilgrim is recognized across the country for outstanding quality and customer service, and our friendly and knowledgeable Member Services representatives have a lot to do with that. Need someone to help you find the right doctor or hospital? We're on it. Give us a call when you have any questions or concerns about your plan.

Chances are very good that the doctors, health professionals and hospitals you know and trust accept Harvard Pilgrim.<sup>1</sup> To find out if yours do, use our online provider directory at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

<sup>1</sup> Some products require referrals and restrictions may apply. Check your benefit information for plan details.



I want a health plan that:

## “Gives me more than just medical coverage.”

Could you use a new pair of eyeglasses? Want to get started on a weight management plan? Harvard Pilgrim's discounts and savings program can help you save money on products and services that can help you live a healthy life, including:<sup>2</sup>

- Fitness reimbursement<sup>3</sup>
- Nutrition and weight management programs
- Eyewear
- Dental services
- Massage therapy services
- Complementary medicine services

See the discounts and savings flyer for more details.



I want a health plan that:

## “Makes it easy for me to get things done.”

With a secure member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org), you can use your mobile phone, tablet or computer to:

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| • Look up your benefits         | • Replace lost ID cards             |
| • See your claims status        | • Change your primary care provider |
| • Check your deductible balance | • Track your health history         |

And when you want to talk with someone, remember that our Member Services representatives are there for you during the week.



<sup>2</sup> These savings programs are not covered benefits under your health insurance policy. Rather, they are discounts for programs and services designed to help keep members healthy and active.

<sup>3</sup> Some restrictions apply, and reimbursement is not available to all members. Call us for details or visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org) and enter “fitness reimbursement” in the search tool. (For tax information, consult with your employer.)



I want a health plan that:

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## “Cares about the community.”



The Harvard Pilgrim Health Care Foundation supports our mission to improve the quality and value of health care for the people and the communities we serve.

The Foundation's Healthy Food Fund supports local non-profit organizations that help people eat more nutritious foods. By providing grants to non-profit programs such as farmers' markets, food pantries and community gardens throughout Harvard Pilgrim's service areas, the Foundation is supporting ways to make fresh and local food easier to find and buy. A growing fleet of Foundation-sponsored mobile produce markets brings fresh, healthy fruits and vegetables into neighborhoods where they are not readily available.

Working through the Foundation, Harvard Pilgrim employees volunteer their time and talents to organizations and causes throughout Connecticut, Maine, Massachusetts and New Hampshire. In addition, employees can award a \$500 grant to the charity of their choice each year. More than 96% of Harvard Pilgrim employees participated in the Foundation's giving and service programs in 2016.





To find out more about Harvard Pilgrim,  
talk to your employer, visit us at  
**[www.harvardpilgrim.org](http://www.harvardpilgrim.org)** or call us  
at **(800) 848-9995**.  
For TTY service, call 711.



Harvard Pilgrim  
Health Care

(800) 848-9995  
[www.harvardpilgrim.org](http://www.harvardpilgrim.org)

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**Wellesley**  
93 Worcester Street  
Wellesley, MA 02481

**Worcester**  
427 Main Street  
Worcester, MA 01608

**Hartford**  
City Place II  
Second Floor  
185 Asylum Street  
Hartford, CT 06103

**Manchester**  
650 Elm Street  
Suite 700  
Manchester, NH 03101

**Portland**  
1 Market Street  
Portland, ME 04101

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





Harvard Pilgrim  
Health Care

Virtual Visits: get care using your smart phone,  
tablet or computer

# "It's convenient to get care without leaving the house."

We all have minor illnesses and accidents. There are times when a PCP visit isn't available and we need care right away, but it's not life threatening. Visiting the ER can be time consuming and expensive.

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**56%** OF ALL ER VISITS ARE AVOIDABLE, ACCORDING  
TO NEHI, THE NEW ENGLAND HEALTH INSTITUTE

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Harvard Pilgrim offers a variety of options for you to get care in a different setting than the ER\*, no matter where you live or work, that can save you time and money.

**As a Harvard Pilgrim member, you are covered to receive virtual visits**, or telemedicine/telemental health: urgent medical care and routine behavioral health care using live video on a smartphone, tablet or computer. Visits are typically subject to the applicable outpatient office visit cost sharing based on your plan.

\*If you are experiencing a life-threatening emergency such as choking, severe head trauma, loss of consciousness, heart attack or stroke, call 911 or go to the nearest ER immediately.



The individual shown is representative only. The comment is a composite of sentiments often expressed by our members.

FORM NO: NH\_CC7049\_0519

**Learn about our options for both  
urgent medical care and behavioral health.**



Virtual visits allow you to get care from where you are with just a device and an internet connection.



Get care from licensed medical doctors, psychologists and psychiatrists



You won't need to find a babysitter



No need to travel to an office location



You receive convenient and private care from your home or any location



## Urgent Medical Care Options

**Doctor On Demand:** Using the Doctor On Demand app or website, members can receive treatment for common medical conditions such as cold & flu, asthma & allergies, bronchitis & sinus issues, upset stomach, rashes & skin issues, UTIs and eye issues. Physicians can send prescriptions directly for pick-up at your local pharmacy.\* After each video visit, you can rate your experience and write a doctor review.

You can be ready for unexpected illnesses by downloading the free Doctor On Demand app from the App Store or Google Play to your mobile device now. Or create an account at [doctorondemand.com](https://doctorondemand.com).

**Harvard Pilgrim's provider network:** Some providers may offer telemedicine services to patients. We recommend that you consult with your PCP office and/or the offices of other providers you see to learn about any offerings they have.

## Connect with Doctor On Demand providers

- 1 Go to [harvardpilgrim.org](https://harvardpilgrim.org) and click "Find a provider" at the top of the page
- 2 Choose your plan
- 3 Click "Doctor On Demand Urgent Care and Behavioral Health Virtual Visits"

### SEARCH BY PROVIDER TYPE

Primary Care Providers (PCP)  
Specialists  
Behavioral Health Providers  
Hospitals  
Other Care Providers

Pediatric Dental

### USE THE FOLLOWING LINKS TO LOCATE VIRTUAL VISIT PROVIDERS

Doctor on Demand Urgent Care and Behavioral Health Virtual Visits  
Behavioral Health Virtual Visits

### SEARCH BY SPECIALTY

Internal Medicine  
Family Practice  
Pediatrics  
OB/GYN  
Dermatology  
Ophthalmology  
Optometry  
Physical Therapy  
Psychiatry  
Psychology  
Surgery

\* 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.



## Behavioral Health Care Options

**Optum:** Optum offers a behavioral health network of approximately 4,000 contracted providers in all 50 states. Providers can evaluate and treat general mental health conditions, such as depression and anxiety. They can also provide therapy, and when appropriate prescribe medications (subject to state licensure and regulatory requirements).

**Doctor On Demand:** Doctor On Demand also offers behavioral health care. The most common conditions that Doctor On Demand treats are depression, relationship issues, workplace stress, social anxiety, addiction, trauma and loss. The service is not meant for crisis or emergency situations. Anyone experiencing a crisis or emergency should call 911 or go to the nearest emergency room.

To get started, visit [doctorondemand.com](https://doctorondemand.com) to set up an account, or download the app in the App Store or Google Play.

## Easily access behavioral health services

- 1 Go to [harvardpilgrim.org](https://harvardpilgrim.org) and click "Find a provider" at the top of the page
- 2 Choose your plan
- 3 Click "Behavioral Health Virtual Visits"

SEARCH BY PROVIDER TYPE	SEARCH BY SPECIALTY
Primary Care Providers (PCP)	Internal Medicine
Specialists	Family Practice
Behavioral Health Providers	Pediatrics
Hospitals	OB/GYN
Other Care Providers	Dermatology
	Ophthalmology
	Optometry
	Physical Therapy
	Psychiatry
	Psychology
	Surgery

**USE THE FOLLOWING LINKS TO LOCATE VIRTUAL VISIT PROVIDERS**

Doctor on Demand Urgent Care and Behavioral Health Virtual Visits

Behavioral Health Virtual Visits





**Finding care is just  
a few clicks away  
with Harvard Pilgrim.**



**Harvard Pilgrim  
Health Care**

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

**93 Worcester Street, Wellesley, MA 02481**

**[harvardpilgrim.org](https://www.harvardpilgrim.org) | (800) 848-9995**



# Get up to \$150 in fitness reimbursement

If you belong to a qualified health and fitness club for four months in a calendar year, we'll reimburse you up to \$150 for you or the dependents covered under your plan.



## What qualifies for reimbursement?

Fitness reimbursement applies to monthly fees paid to a facility that provides cardiovascular and strength-training equipment for exercising and improving physical fitness (such as health clubs and community fitness centers).

Qualified facilities also include fitness studios and facilities that offer:

- Yoga
- Pilates
- Zumba
- Aerobic/group classes
- Indoor cycling/spinning classes
- Kickboxing
- CrossFit
- Strength training
- Tennis
- Indoor rock climbing
- Personal training (taught by a certified instructor)

## Getting reimbursed is simple.

1. Pay your monthly fees to your fitness club
2. After four months of membership, you may complete the Fitness Reimbursement Form; go to [harvardpilgrim.org/fitnessreimbursement](https://harvardpilgrim.org/fitnessreimbursement) and pick one of these options:



### Online

Click on the link to submit your request online.



### Mail

Complete the paper form and mail to the address on the form, along with a copy of your fitness contract or receipt.

Read on for details ►

## What does not qualify for reimbursement?

### The following are not eligible for reimbursement:

- Fees you pay for group classes or personal training outside of a fitness facility/studio
- Health club initiation fees for instructional dance studios, country clubs, social clubs (such as ski, riding or hiking clubs), spas, gymnastics facilities, martial arts schools, pool-only facilities
- Road race fees, sport camps, ski passes, sports teams or leagues, and school sports athletic user fees

## 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 fitness club membership
- One 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/fitnessreimbursement**



Call Member Services at  
**(888) 333-4742**

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\$150 maximum reimbursement per Harvard Pilgrim policy in a calendar year (individual or family contract). Must be currently enrolled in Harvard Pilgrim at time of reimbursement. If enrolled through an employer, available to the extent your employer has elected to offer this fitness reimbursement. Restrictions apply, and reimbursement is not available to all members. Certain employers will offer this program upon their annual enrollment/anniversary date. In these instances, you'll be eligible four months after the enrollment/anniversary date. For example: If your employer's enrollment/anniversary date is April 1, eligibility to submit for reimbursement begins no earlier than August 1 (as long as all other participation rules are met, including being an active member). For tax information, consult your employer or tax advisor.

Some employers, and individuals who purchase plans directly from Harvard Pilgrim, may have a fitness reimbursement amount that is different than the standard benefit. Please see your Benefit Handbook and Schedule of Benefits for details.



## 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)**

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

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**ខ្មែរ (Cambodian)** សំដៅដល់ការប្រើប្រាស់សេវាភាសាខ្មែរ ដើម្បីជួយក្នុងការស្រាវជ្រាវ ឬការបកប្រែ ឬការបកស្រាយ ឯកសារផ្សេងៗ។ 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).

(Continued)

### **General Notice About Nondiscrimination and Accessibility Requirements**

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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.

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, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@harvardpilgrim.org](mailto:civil_rights@harvardpilgrim.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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



**HARVARD PILGRIM'S**

# ChoiceNet Tiered Hospitals – 2020

ChoiceNet, our tiered provider network, includes thousands of Harvard Pilgrim's participating doctors and clinicians, plus 184 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>

When you see participating providers in a lower tier, you'll pay less. You pay more when you receive services from higher tier providers. Refer to your Harvard Pilgrim Schedule of Benefits to determine your plan's actual cost sharing.

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**


<b>MASSACHUSETTS</b>		<b>MASSACHUSETTS (CONTINUED)</b>	
Hospital	Tier	Hospital	Tier
Anna Jaques Hospital	1	Brigham and Women's Faulkner Hospital	2
Athol Memorial Hospital	1	Brigham and Women's Hospital Foxboro	1
Baystate Franklin Medical Center	2	Brockton Hospital	1
Baystate Medical Center	1	Cape Cod Hospital	3
Baystate Wing Hospital	1	Carney Hospital	2
Berkshire Medical Center	3	Charlton Memorial Hospital	2
Beth Israel Deaconess Hospital - Milton	1	Children's Hospital	3
Beth Israel Deaconess Hospital - Needham	2	Children's Hospital at Lexington	2
Beth Israel Deaconess Hospital - Plymouth	1	Children's Hospital at North Dartmouth	2
Beth Israel Deaconess Medical Center	2	Children's Hospital at Peabody	2
Boston Medical Center	2	Children's Hospital at Waltham	2
Brigham and Women's Hospital	3	Cooley Dickinson Hospital	3

<sup>1</sup> This plan includes a tiered network called "ChoiceNet." 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 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

MASSACHUSETTS (CONTINUED)		NEW HAMPSHIRE	
Hospital	Tier	Hospital	Tier
Dana-Farber Cancer Institute	2	Alice Peck Day Memorial Hospital	2
Emerson Hospital	2	Androscoggin Valley Hospital	2
Fairview Hospital	3	Catholic Medical Center	1
Falmouth Hospital	3	Concord Hospital	2
Floating Hospital for Children at Tufts Medical Center	2	Cottage Hospital	1
Good Samaritan Medical Center	2	Elliot Hospital	1
Hallmark Health Systems	2	Exeter Hospital	1
Harrington Memorial Hospital	1	Franklin Regional Hospital	2
HealthAlliance Hospital – Clinton Hospital	1	Frisbie Memorial Hospital	1
Heywood Hospital	1	Huggins Hospital	3
Holy Family Hospital	2	Lakes Region General Hospital	1
Holyoke Medical Center	1	Littleton Regional Hospital	1
Lahey Clinic Hospital	2	Mary Hitchcock Memorial Hospital	1
Lawrence General Hospital	1	Monadnock Community Hospital	1
Lowell General Hospital	1	New London Hospital	1
Marlborough Hospital	2	Parkland Medical Center	2
Martha's Vineyard Hospital	3	Portsmouth Regional Hospital	3
Massachusetts Eye and Ear Infirmary	1	Southern NH Medical Center	1
Massachusetts General Hospital	3	Speare Memorial Hospital	1
Massachusetts General Hospital Ambulatory Care Division Danvers	1	St. Joseph Hospital	1
Mercy Medical Center	1	The Cheshire Medical Center	1
Metrowest Medical Center	1	The Memorial Hospital	3
Milford Regional Medical Center, Inc.	1	Upper Connecticut Valley Hospital	3
Morton Hospital	1	Valley Regional Hospital	2
Mt. Auburn Hospital	1	Weeks Medical Center	3
Nantucket Cottage Hospital	3	Wentworth-Douglass Hospital	2
Nashoba Valley Medical Center	1	MAINE	
New England Baptist Hospital	1	Hospital	Tier
Newton-Wellesley Hospital	2	Bridgton Hospital	2
Noble Hospital	1	Calais Regional Hospital	2
Northeast Hospital Corporation	1	Cary Medical Center	2
Northshore Medical Center	2	Central Maine Medical Center	2
Norwood Hospital	2	Down East Community Hospital	2
Shriner's Hospital	2	Franklin Memorial Hospital	2
South Shore Hospital	3	Houlton Regional Hospital	2
St. Anne's Hospital	2	LincolnHealth	2
St. Elizabeth's Medical Center	2	MaineGeneral Medical Center	2
St. Luke's Hospital	2	Maine Medical Center	2
St. Vincent Hospital	2	Mayo Regional Hospital	2
Sturdy Memorial Hospital	2	Midcoast Hospital	2
The Cambridge Health Alliance	1	Millinocket Regional Hospital	2
Tobey Hospital	2	Mount Desert Island Hospital	2
Tufts Medical Center	2	Northern Light A.R. Gould Hospital	2
UMass Memorial Medical Center	3	Northern Light Blue Hill Hospital	2
Vernon Cancer Center at Newton Wellesley Hospital	1	Northern Light C.A. Dean Hospital	2
Winchester Hospital	1	Northern Light Eastern Maine Medical Center	2
		Northern Light Inland Hospital	2



MAINE (CONTINUED)		CONNECTICUT (CONTINUED)	
Hospital	Tier	Hospital	Tier
Northern Light Maine Coast Hospital	2	Day Kimball Hospital	2
Northern Light Mercy Hospital	2	Greenwich Hospital	2
Northern Light Seabasticook Valley Hospital	2	Griffin Hospital	2
Northern Maine Medical Center	2	Hartford Hospital	2
Penobscot Bay Medical Center	2	John Dempsey Hospital	2
Penobscot Valley Hospital	2	Johnson Memorial Medical Center	2
Redington-Fairview Hospital	2	Lawrence & Memorial Hospital	2
Rumford Hospital	2	Middlesex Hospital	2
Southern Maine HealthCare	2	MidState Medical Center	2
St. Joseph Hospital	2	Milford Hospital	2
St. Mary’s Regional Medical Center	2	Norwalk Hospital	2
Stephens Memorial Hospital	2	Prospect Manchester Hospital	2
Waldo County General Hospital	2	Prospect Rockville Hospital	2
York Hospital	2	Sharon Hospital	2
RHODE ISLAND		St. Francis Hospital and Medical Center	2
Hospital	Tier	St. Vincent’s Medical Center	2
Kent County Memorial Hospital	2	Stamford Hospital	2
Miriam Hospital	2	The Hospital of Central Connecticut	2
Newport Hospital	2	The William W. Backus Hospital	2
Our Lady of Fatima Hospital	2	Waterbury Hospital	2
Rhode Island Hospital	2	Windham Hospital	2
Roger Williams Medical Center	2	Yale-New Haven Hospital	2
South County Hospital	2	NEW YORK	
Westerly Hospital	2	Hospital	Tier
Women & Infants Hospital	2	Champlain Valley Physicians Medical Center	2
VERMONT		Elizabethtown Community Hospital	2
Hospital	Tier	<div></div> <p>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.</p>	
Brattleboro Memorial Hospital	2		
Central Vermont Medical Center	2		
Gifford Medical Center	2		
Grace Cottage Hospital	2		
Mount Ascutney Hospital & Health Center	2		
North Country Hospital	2		
Northeastern Vermont Regional Hospital	2		
Porter Medical Center, Inc.	2		
Southwestern Vermont Medical Center	2		
Springfield Hospital	2		
University of Vermont Medical Center	2		
CONNECTICUT			
Hospital	Tier		
Bridgeport Hospital	2		
Bristol Hospital	2		
Charlotte Hungerford Hospital	2		
Connecticut Children’s Medical Center	2		
Danbury Hospital	2		



Harvard Pilgrim  
Health Care

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

Already a member?

**(888) 333-4742**

Not yet a member?

**(800) 848-9995**

TTY: **711**



# Schedule of Benefits

## HPHC Insurance Company, Inc.

### CHOICENET<sup>SM</sup> BEST BUY PPO

### 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.

#### **There are two levels of coverage - In-Network and Out-of-Network**

**In-Network** coverage applies when you use a Plan Provider for Covered Benefits.

**Out-of-Network** coverage applies when you use a Non-Plan Provider for Covered Benefits. If a Non-Plan Provider charges any amount in excess of the Allowed Amount, you are responsible for the excess amount.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. Your emergency room Member Cost Sharing is listed in the tables below.

#### **Prior Approval**

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

- **1-800-708-4414** for medical services
- **1-844-387-1435** for Medical Drugs
- **1-888-777-4742** for mental health and substance use disorder treatment

More information about Prior Approval can be found on our website, [www.harvardpilgrim.org](http://www.harvardpilgrim.org) and in your Benefit Handbook.

#### **Clinical Review Criteria**

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 clinical review criteria on our website at [www.harvardpilgrim.org](http://www.harvardpilgrim.org) or by calling **1-888-888-4742**.

#### **Tiered Providers — In-Network**

In-Network acute hospitals, Primary Care Providers (PCPs), and medical specialists 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

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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 In-Network 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 ChoiceNet 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 our Member Services Department at 1-888-333-4742.

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

### Deductibles

A Deductible is a dollar amount a Member must pay each Plan Year before any benefits subject to the Deductible are payable by the Plan. Any eligible expenses you incur toward the Deductible in a Plan Year apply to **both** your Plan's In-Network and Out-of-Network Deductibles. Your Plan has an individual Deductible. If you have family coverage you also have a separate family deductible. 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 Deductibles are listed in the tables below.

For **In-Network Coverage**, the Plan has separate limits on the Deductible that apply to each tier. If you only use services in Tier 1 during the Plan Year, you will only be responsible for the Tier 1 Deductible in that Plan Year. If you only use services in Tiers 1 and 2 in a Plan Year, you will only be responsible for the Tier 2 Deductible amount in that Plan Year. Even if you use Tier 3 services, your Deductible for In-Network Services, is limited to the Tier 3 Deductible stated in the tables below.

For **Out-of-Network Coverage**, the Plan has a separate Deductible that applies to Out-of-Network Services. The Out-of-Network Deductible is generally higher than the Tier 3 In-Network Deductible. Please see the tables below for your Out-of-Network Deductible.

**Please Note:** Any Deductible you incur for Covered Benefits under the Plan applies to both your In-Network and Out-of-Network Deductibles for the remainder of the Plan Year. For example, if you incurred \$200 in Deductible charges for care by a Tier 1 physician in January, for the remainder of the Plan Year that \$200 amount would apply toward any Deductible under the Plan. If you used Out-of-Network services later in the Plan Year, the \$200 would count toward the Out-of-Network Deductible.

### Copayment Levels

There are two types of In-Network 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 at 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.

### **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."

**CHOICENET<sup>SM</sup> BEST BUY PPO - MASSACHUSETTS**

General Cost Sharing Features	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing:	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Coinsurance and Copayments				
	See the benefits table below			
Deductibles				
Your Plan Deductible can be met by any combination of eligible In-Network and Out-of-Network expenses.  – 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	\$400 per Member per Plan Year \$800 per family per Plan Year
Out-of-Pocket Maximum				
Includes all Member Cost Sharing – Any charges above the Allowed Amount and any penalty for failure to receive Prior Approval when using Non-Plan Providers	\$3,000 per Member per Plan Year \$6,000 per family per Plan Year			\$3,000 per Member per Plan Year \$6,000 per family per Plan Year
Out-of-Network Penalty Payment				
Does not count toward the Deductible or Out-of-Pocket Maximum.	\$500			
Deductible Rollover				
None				

Benefit	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Acupuncture Treatment for Injury or Illness				
– Limited to 20 visits per Plan Year	\$45 Copayment per visit			Deductible, then 20% Coinsurance
Ambulance Transport				
Emergency ambulance transport	Tier 1 Deductible, then no charge			Same as In-Network
Non-emergency ambulance transport	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance

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Benefit	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Autism Spectrum Disorders Treatment				
Applied behavior analysis	Tier 1 Primary Care Copayment: \$30 per visit			Deductible, then 20% Coinsurance
Chemotherapy and Radiation Therapy				
	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge	Deductible, then 20% Coinsurance
Dental Services				
Important Notice: Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.				
Extraction of teeth impacted in bone (performed in a physician's office)	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 in a dentist's office, see "Physician and Other Professional Office Visits."			Deductible, then 20% Coinsurance
Pediatric dental care for children up to the age of 13 – limited to 2 preventive dental exams per Plan Year, only the following services are included: cleaning, fluoride treatment, teaching plaque control and x-rays.	No charge			Deductible, then 20% Coinsurance
Dialysis				
	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance
Durable Medical Equipment				
Durable medical equipment	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge			No charge
Oxygen and respiratory equipment	No charge			Deductible, then 20% Coinsurance
Early Intervention Services				
	No charge			No charge
The Plan does not cover the Family Participation Fee required by the Massachusetts Department of Public Health				
Emergency Admission				
	Tier 1 Deductible, then \$300 Copayment per admission			Same as In-Network



**CHOICENET<sup>SM</sup> BEST BUY PPO - MASSACHUSETTS**

Benefit	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Emergency Room Care				
	Tier 1 Deductible, then \$100 Copayment per visit			Same as In-Network
This Copayment is waived if admitted to the hospital directly from the emergency room.				
Hearing Aids (for Members up to the age of 22)				
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	No charge			Deductible, then 20% Coinsurance
Home Health Care				
	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance
If services include the administration of drugs, please see the benefit for “Medical Drugs” for Member Cost Sharing details.				
Hospice – Outpatient				
	Your Member Cost Sharing will depend upon the types of services 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.”			Deductible, then 20% Coinsurance
Hospital – Inpatient Services				
Acute hospital care	Deductible, then \$300 Copayment per admission	Deductible, then \$300 Copayment per admission	Deductible, then \$1,500 Copayment per admission	Deductible, then 20% Coinsurance
Inpatient maternity care	Deductible, then \$300 Copayment per admission	Deductible, then \$300 Copayment per admission	Deductible, then \$1,500 Copayment per admission	Deductible, then 20% Coinsurance
Inpatient routine nursery care	No charge			Deductible, then 20% Coinsurance
Inpatient rehabilitation	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance
Skilled nursing facility – limited to 120 days per Plan Year	Tier 1 Deductible, then 20% Coinsurance			Deductible, then 20% Coinsurance
Infertility Services and Treatments (see the Benefit Handbook for details)				
	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 in a physician’s office, see “Physician and Other Professional Office Visits.” For inpatient hospital care, see “Hospital – Inpatient Services.”			Deductible, then 20% Coinsurance

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Benefit	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Laboratory, Radiology and Other Diagnostic Services				
Non-hospital based laboratory	No charge			Deductible, then 20% Coinsurance
Physician and hospital based laboratory	No charge	No charge	No charge	Deductible, then 20% Coinsurance
Non-hospital based radiology	No charge			Deductible, then 20% Coinsurance
Physician and hospital based radiology	No charge	No charge	No charge	Deductible, then 20% Coinsurance
Non-hospital based genetic testing	No charge			Deductible, then 20% Coinsurance
Physician and hospital based genetic testing	No charge	No charge	No charge	Deductible, then 20% Coinsurance
Non-hospital based advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Tier 1 Deductible, then \$100 Copayment per procedure			Deductible, then 20% Coinsurance
Hospital based advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Deductible, then \$100 Copayment per procedure	Deductible, then \$100 Copayment per procedure	Deductible, then \$100 Copayment per procedure	Deductible, then 20% Coinsurance
Non-hospital based diagnostic services	No charge			Deductible, then 20% Coinsurance
Physician and hospital based diagnostic services	No charge	No charge	No charge	Deductible, then 20% Coinsurance
Low Protein Foods				
– Limited to \$5,000 per Plan Year	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance
Maternity Care - Outpatient				
Routine outpatient prenatal and postpartum care	No charge			Deductible, then 20% Coinsurance
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under “Physician and Other Professional Office Visits” and Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under “Laboratory, Radiology and Other Diagnostic Services.”				

Benefit	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Medical Drugs (drugs that cannot be self-administered)				
Medical drugs received in a physician’s office or other outpatient facility	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge	Deductible, then 20% Coinsurance
Medical drugs received in the home	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge	Deductible, then 20% Coinsurance
Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the Member Cost Sharing listed above will apply.				
Medical Formulas				
	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance
Mental Health and Substance Use Disorder Treatment				
Inpatient Services	Tier 1 Deductible, then \$300 Copayment per admission			Deductible, then 20% Coinsurance
Intermediate care services	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance
Outpatient group therapy	\$10 Copayment per visit			Deductible, then 20% Coinsurance
Outpatient treatment, including individual therapy, outpatient detoxification and medication management	Tier 1 Primary Care Copayment: \$30 per visit			Deductible, then 20% Coinsurance
Outpatient methadone maintenance	No charge			Deductible, then 20% Coinsurance
Outpatient psychological testing and neuropsychological assessment – Performed by a licensed mental health professional	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance
– Performed by a neurologist or other medical specialist	See the benefit for "Treatments and Procedures" under "Physicians and other Professional Office Visits."			Deductible, then 20% Coinsurance
Observation Services				
	Tier 1 Deductible, then \$300 Copayment per observation stay			Same as In-Network
Ostomy Supplies				
	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance



Benefit	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Physician and Other Professional Office Visits (This includes all covered Providers unless otherwise listed in this Schedule of Benefits)				
Routine examinations for preventive care, including immunizations	No charge			Deductible, then 20% Coinsurance
Not all In-Network services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services Notice on our website at <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: \$30 per visit Specialty and Hospital Based Care Copayment: \$45 per visit	Primary Care Copayment: \$30 per visit Specialty and Hospital Based Care Copayment: \$45 per visit	Primary Care Copayment: \$30 per visit Specialty and Hospital Based Care Copayment: \$45 per visit	Deductible, then 20% Coinsurance
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."				
Office based treatments and procedures, including, but not limited to: administration of injections, allergy treatments, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, pregnancy testing, and surgical procedures	No charge	No charge	No charge	Deductible, then 20% Coinsurance
Administration of allergy injections	No charge	No charge	No charge	Deductible, then 20% Coinsurance
Preventive Services and Tests				
	No charge			Deductible, then 20% Coinsurance

Benefit	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Preventive Services and Tests (Continued)				
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			Deductible, then 20% Coinsurance
Prosthetic Devices				
	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance
Rehabilitation and Habilitation Services - Outpatient				
Cardiac rehabilitation	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge	Deductible, then 20% Coinsurance
Pulmonary rehabilitation therapy	Tier 1 Primary Care Copayment: \$45 per visit			Deductible, then 20% Coinsurance
Speech-language and hearing services	Tier 1 Primary Care Copayment: \$45 per visit			Deductible, then 20% Coinsurance
Occupational therapy – limited to 30 visits per Plan Year Physical therapy – limited to 30 visits per Plan Year	Tier 1 Primary Care Copayment: \$45 per visit			Deductible, then 20% Coinsurance
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children under the age of three and (2) the treatment of Autism Spectrum Disorders.				

Benefit	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Scopic Procedures - Outpatient Diagnostic and Therapeutic				
Colonoscopy, endoscopy and sigmoidoscopy	Your Member Cost Sharing will depend upon where the service is provided and the tier placement of the provider rendering services, as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."			Deductible, then 20% Coinsurance
Spinal Manipulative Therapy (including care by a chiropractor)				
– Limited to 20 visits per Plan Year	\$45 Copayment per visit			Deductible, then 20% Coinsurance
Surgery – Outpatient				
	Deductible, then \$250 Copayment per visit	Deductible, then \$250 Copayment per visit	Deductible, then \$250 Copayment per visit	Deductible, then 20% Coinsurance
Telemedicine Virtual Visit Services - Outpatient				
	Primary Care Copayment: \$30 per visit Specialty and Hospital Based Care Copayment: \$45 per visit	Primary Care Copayment: \$30 per visit Specialty and Hospital Based Care Copayment: \$45 per visit	Primary Care Copayment: \$30 per visit Specialty and Hospital Based Care Copayment: \$45 per visit	Deductible, then 20% Coinsurance
For inpatient hospital care, see "Hospital – Inpatient Services" for cost sharing details.				
Urgent Care Services				
Convenience care clinic	\$30 Copayment per visit	\$30 Copayment per visit	\$30 Copayment per visit	Deductible, then 20% Coinsurance
Urgent care center	\$45 Copayment per visit	\$45 Copayment per visit	\$45 Copayment per visit	Deductible, then 20% Coinsurance
Hospital urgent care center	\$45 Copayment per visit	\$45 Copayment per visit	\$45 Copayment per visit	Deductible, then 20% Coinsurance
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefit. For example, if you have an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."				
Vision Services				
Routine eye examinations – limited to 1 exam per Plan Year	Primary Care Copayment: \$30 per visit	Primary Care Copayment: \$30 per visit	Primary Care Copayment: \$30 per visit	Deductible, then 20% Coinsurance
Vision hardware for special conditions	Tier 1 Deductible, then no charge			Deductible, then 20% Coinsurance



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Benefit	In-Network Tier 1 Member Cost Sharing	In-Network Tier 2 Member Cost Sharing	In-Network Tier 3 Member Cost Sharing	Out-of- Network Member Cost Sharing
Voluntary Sterilization in a Physician's Office				
	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge	Deductible, then 20% Coinsurance
Voluntary Termination of Pregnancy				
	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 "Office based treatments and procedures." For inpatient hospital care, see "Hospital – Inpatient Services"			Deductible, then 20% Coinsurance
Wigs and Scalp Hair Protheses as required by law				
	No charge			Deductible, then 20% Coinsurance

## Language Assistance Services

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

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

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

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

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

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

**العربية (Arabic)**

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

**ខ្មែរ (Cambodian)** ចំពោះអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ឆ្លងភាសាឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

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

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

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

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

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

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

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

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

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



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

(Continued)

**General Notice About Nondiscrimination and Accessibility Requirements**

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

HPHC:

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

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

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@harvardpilgrim.org](mailto:civil_rights@harvardpilgrim.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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



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## General List of Exclusions

### HPHC Insurance Company, Inc. | 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.

<b>Exclusion</b>
<b>Alternative Treatments</b> <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>
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Dental Care, except when specifically listed as a Covered Benefit.</li> <li>• All services of a dentist for Temporomandibular Joint Dysfunction (TMD).</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>
<b>Durable Medical Equipment and Prosthetic Devices</b> <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>
<b>Experimental, Unproven or Investigational Services</b> <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>
<b>Foot Care</b> <ul style="list-style-type: none"> <li>• Foot orthotics, except for the treatment of severe diabetic foot 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 with diabetes.</li> </ul>
<b>Maternity Services</b> <ul style="list-style-type: none"> <li>• Planned home births.</li> </ul>
<b>Mental Health and Substance Use Disorder Treatment</b> <ul style="list-style-type: none"> <li>• Biofeedback.</li> <li>• 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) to treat learning disabilities, (4) for driver alcohol education, or (5) for community reinforcement approach and assertive continuing care.</li> <li>• 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.</li> <li>• Methadone maintenance, except when specifically listed as a Covered Benefit.</li> <li>• Sensory integrative praxis tests.</li> <li>• 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.</li> <li>• Mental health and substance use disorder treatment that is (1) provided to</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 (Continued)

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.

### 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, except when specifically listed as a Covered Benefit. **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 reassignment surgery and all related drugs and procedures for self-insured groups, unless covered under a separate rider.
- 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.

### Providers

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

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

<b>Exclusion</b>
<b>Reproduction</b> <ul style="list-style-type: none"> <li>• Any form of Surrogacy or services for a gestational carrier.</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, unless the life of the mother is in danger or unless it is specifically listed as a Covered Benefit.</li> </ul>
<b>Services Provided Under Another Plan</b> <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>
<b>Telemedicine Services</b> <ul style="list-style-type: none"> <li>• Telemedicine services involving e-mail, fax, texting, or audio-only telephone.</li> <li>• Provider fees for technical costs for the provision of telemedicine services.</li> </ul>
<b>Types of Care</b> <ul style="list-style-type: none"> <li>• Custodial Care.</li> <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, except when specifically listed as a Covered Benefit.</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>
<b>Vision and Hearing</b> <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>• 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>
<b>All Other Exclusions</b> <ul style="list-style-type: none"> <li>• Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services and hypodermic syringes and needles, as required by Massachusetts law, unless your Plan includes outpatient pharmacy coverage.</li> <li>• Any service or supply furnished in connection with a non-Covered Benefit.</li> <li>• Any service or supply (with the exception of contact lenses) purchased from the internet.</li> <li>• Beauty or barber service.</li> <li>• Diabetes equipment replacements when solely due to manufacturer warranty expiration.</li> <li>• Donated or banked breast milk.</li> <li>• 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.</li> <li>• Guest services.</li> <li>• 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.</li> <li>• Services for non-Members.</li> <li>• Services for which no charge would be made in the absence of insurance.</li> <li>• Services for which no coverage is provided in the Benefit Handbook, this Schedule of Benefits, or Prescription Drug Brochure (if applicable).</li> <li>• Services that are not Medically Necessary.</li> <li>• Taxes or governmental assessments on services or supplies.</li> <li>• Transportation other than by ambulance.</li> <li>• Air conditioners, air purifiers and filters, dehumidifiers and humidifiers.</li> <li>• Car seats.</li> <li>• Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners.</li> <li>• Electric scooters.</li> <li>• Exercise equipment.</li> <li>• Home modifications including but not limited to elevators, handrails and ramps.</li> <li>• Hot tubs, jacuzzis, saunas or whirlpools.</li> <li>• Mattresses.</li> <li>• Medical alert</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
<b>All Other Exclusions (Continued)</b>
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, which is listed on the Schedule of Benefits. 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/2020Premium3T](http://www.harvardpilgrim.org/2020Premium3T) 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.





Harvard Pilgrim  
Health Care

# Your guide to prescription drug coverage

Premium 3-Tier



# Our 3-tier prescription drug plan helps you get the most from your coverage.



**Fact:** Generic and brand-name drugs contain the same active ingredients.

All covered medications fall into one of three tiers.



TIER 1

**Generic drugs 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**



# Which tier is my drug in?

For the most up-to-date information, visit [harvardpilgrim.org/rx](https://harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

## Do drugs ever change tiers?

The short answer—sometimes. The prescription drug market is rapidly changing with drug costs constantly rising. When drugs do change tiers, it usually happens in January of each year. We'll let you know in the fall about any upcoming changes to our prescription drug program.

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## Your drug coverage

### What drugs are covered?

- Most generic drugs
- Brand-name drugs without generic equivalents
- Some non-prescription items

### What drugs aren't covered?

- 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.

### 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. If you did not try Drug A first, then prior authorization would be required for Drug B.

### 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://harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” for information on exceptions.

### 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://harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

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# Filling your prescriptions

## Where can I get my prescriptions filled?

You can get your prescriptions filled at any of 65,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your local 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 about these options, 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 or at retail pharmacies in Maine.

## 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.



## Questions?

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

To learn more about Harvard Pilgrim's pharmacy program:



Visit [harvardpilgrim.org/rx](https://harvardpilgrim.org/rx)



Call

**Already a member?** (888) 333-4742

**Not yet a member?** (800) 848-9995

TTY: 711



# 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.

**Copayment** – A fixed dollar amount you pay for a prescription. Your copayment is typically different for each tier. Each copayment covers an individual prescription up to a 30-day supply or one refill.

**Coinsurance** – A fixed percentage of costs that you pay for medication. Each tier may have a different cost percentage. Your coinsurance charge will be calculated using the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Deductible** – Depending on your plan, a set amount of money you pay out of your own pocket for medical services and/or prescriptions. If your prescriptions fall under a deductible, you will pay the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Out-of-pocket maximum** – A limit on the total amount you pay for a year in copayments, coinsurance and deductibles. Your plan may include an out-of-pocket maximum for prescription drugs. Find out in the Prescription Drug Coverage insert or Schedule of Benefits.





**Harvard Pilgrim  
Health Care**

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TTY: 711

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

<b>REASONS FOR SUBMISSION {PLEASE CHECK ONE}</b> <input type="checkbox"/> NEW ENROLLMENT/CONTRACT <input type="checkbox"/> CHANGE TO CONTRACT <input type="checkbox"/> TERMINATE CONTRACT	<b>QUALIFYING EVENT DATE:</b> <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> COBRA <input type="checkbox"/> LOSS OF INSURANCE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> BIRTH/ADOPTION <input type="checkbox"/> P/T TO F/T <input type="checkbox"/> MARRIAGE/DIVORCE <input type="checkbox"/> MOVED IN/OUT OF SERVICE AREA <input type="checkbox"/> DEATH <input type="checkbox"/> VOLUNTARY CANCELLATION
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<b>REASON FOR CHANGES {CHECK ALL THAT APPLY}</b> <input type="checkbox"/> CHANGE COVERAGE TYPE <input type="checkbox"/> ADD DEPENDENT LISTED <input type="checkbox"/> TERMINATE DEPENDENT LISTED <input type="checkbox"/> TRANSFER/RE-ENROLL TO COBRA <input type="checkbox"/> OTHER:
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<b>EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)</b>											
EMPLOYER/GROUP NAME				GROUP #DIVISION				DATE OF HIRE		EFFECTIVE DATE OF COVERAGE	

<b>SUBSCRIBER INFORMATION</b>										
HP ID				PRODUCT: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> ACCESS AMERICA				PLAN NAME		
SUBSCRIBER FIRST NAME				MI	LAST NAME				DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SSN		HOME PHONE		WORK PHONE		CELL PHONE		EMAIL		
STREET ADDRESS (NO PO BOX for HMO allowed)				APT #	CITY				STATE	ZIP
PRIMARY LANGUAGE (OPTIONAL)		PCP FULL NAME			PCP TOWN			CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID #	

<b>SPOUSE INFORMATION</b>										
SPOUSE FIRST NAME				MI	LAST NAME				DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SSN		MAILING ADDRESS (IF DIFFERENT)						RELATION CODE		
PCP FULL NAME				PCP TOWN		CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO		PCP ID #		

<b>DEPENDENT INFORMATION</b>											
DEPENDENT FIRST NAME				MI	LAST NAME				DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)								SSN			
PCP FULL NAME				PCP TOWN		CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO		PCP ID#			

<b>DEPENDENT INFORMATION</b>											
DEPENDENT FIRST NAME				MI	LAST NAME				DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)								SSN			
PCP FULL NAME				PCP TOWN		CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO		PCP ID#			

<b>DEPENDENT INFORMATION</b>											
DEPENDENT FIRST NAME				MI	LAST NAME				DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)								SSN			
PCP FULL NAME				PCP TOWN		CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO		PCP ID#			

☐ PLEASE CHECK IF USING ADDITIONAL MEMBERSHIP APPLICATIONS FOR DEPENDENT CHILDREN. BE SURE TO COMPLETE EMPLOYER AND SUBSCRIBER SECTIONS ON ADDITIONAL FORMS

<b>OTHER INSURANCE - IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.</b>									
ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR HPHC POLICY IS IN EFFECT? <input type="checkbox"/> YES. PLEASE COMPLETE <input type="checkbox"/> NO									
NAME OF HEALTH PLAN			HEALTH PLAN ID NUMBER			EFFECTIVE DATE		NAMES OF SUBSCRIBER	

MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM. BENEFITS UNDER THE PLAN WILL BE EXPLAINED IN YOUR EVIDENCE OF COVERAGE (EOC). I UNDERSTAND THAT HARVARD PILGRIM MAY OBTAIN PERSONAL AND MEDICAL INFORMATION TO ADMINISTER THE PLAN. FOR AN EXPLANATION OF HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION, PLEASE READ YOUR NOTICE OF PRIVACY PRACTICES. MAINE MEMBERS: YOU UNDERSTAND THAT YOUR EOC INCLUDES A SUBROGATION PROVISION THAT PERMITS SUBROGATION PAYMENTS TO US ON A JUST AND EQUITABLE BASIS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

EMPLOYEE SIGNATURE      DATE  
NH-7458-0718

EMPLOYER SIGNATURE

DATE

## Thank you for choosing Harvard Pilgrim Health Care.

Please read the following instructions prior to completing this enrollment/change form. This form may be used for all enrollment transactions (Adding coverage, changing coverage, terminating coverage). In order to add, change or terminate coverage you must (1) experience a qualifying event, (2) complete this enrollment, and (3) provide the completed form to your employer within the allowed timeframe or approved retroactive period.

### Qualifying Events:

New Enrollment	Contract change	Termination
Open Enrollment	Open Enrollment	Open Enrollment
New hire date	Marriage/Divorce	Voluntary Cancellation
Probationary Period (if applicable)	Birth/Adoption/Court Order	Left Employment
Loss of Insurance	Loss of Insurance	Moved from Area
Employment Status Change	Loss of Employer Premium contributions	No Longer Eligible (e.g. deceased, LOA, laid off, COBRA nonpayment)

**Employer Section:** Your Employer must fill out this section as well as the Reason for Submission in full for any transactions that this form is used for.

**Member Section:** Please complete all of the employee sections of this membership application in full. Failure to do so could delay enrollment. You will receive your ID card(s) and member benefit documents after your enrollment has been fully processed. If you are adding or removing a dependent(s), just include the details about the dependent(s) that you are adding or removing off the plan.

- **Product/Plan Name:** Please be sure to fill in the correct product code for the plan you have selected. Your options are HMO, POS, PPO and Access America. If your employer offers multiple Harvard Pilgrim Plans, please indicate the Plan name as listed on the enrollment materials to help clearly differentiate the plan you are choosing. If you know the Plan MD # (MD0000016670) the number to identify the plan/product please include the information.
- **Personal Information:** In addition to yourself, please include the personal information for every dependent that will be enrolled on the Plan. **IMPORTANT: Social security numbers (or personal tax identification number) for each member on the plan are needed to ensure that federal regulatory reporting requirements are met. Social security numbers are not displayed on the member's ID card.**
- **Primary Care Provider:** If your plan is an HMO, you will need to select a primary care provider (PCP). If your plan requires one, it is important that you choose a PCP right away. Be sure to fill out this section for all members, including dependents. Write the Harvard Pilgrim PCP ID (not the phone number) and the full name of the doctor you have chosen to coordinate your health care without a PCP assignment, your in-network benefits may be limited to emergency services only. To find a PCP or lookup the PCP ID, visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org), and use the doctor search feature available in the Member Section.
- **Relation Code:** Please use one of the following codes to designate the dependent's relationship to the Employee:
  - 02 Spouse/Civil Union
  - 03 Child up to age 26
  - 06 Disabled (verification required)
  - 07 Ex-spouse
  - DP Domestic Partner
  - SE Spousal Equivalent

When this application is complete: Please sign the enrollment form and provide it to your employer. Your employer will need to sign this form and will forward this application to Harvard Pilgrim Health Care for processing. If you need additional assistance completing this form or selecting a PCP, please call a member services coordinator at 1-888-333-4742.

Coverage underwritten or administered by Harvard Pilgrim Health Care. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



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





# Discounts & Savings

for Massachusetts members

To help you and your family on your path to well-being



## Vision

- **Visionworks:** Get a **free** pair of prescription eyeglasses with your covered routine eye exam.<sup>1</sup> Also, save 40% on frames.
- **Vision discounts at popular locations:** Save 35% on frames when you buy a complete pair of glasses. Save 20% on any frame or lens options purchased separately, or save 20% on other lens add-ons and services. Locations include: Target Optical, JC Penney Optical, Pearle Vision, Lenscrafters and other EyeMed access network optical providers.<sup>2</sup>
- **Harvard Vanguard Medical Associates:** Save 40% on frames and 20% on prescription sunglasses.
- **Laser vision correction:** Save up to 50% on procedures from Davis Vision, QualSight LASIK and US Laser Network locations in MA, ME, NH and CT.



## Hearing

- **Amplifon Hearing Health Care:** Save on hearing services and save up to 50% on hearing aids. Plus, one year of follow-up services is included with purchase. Locations nationwide.
- **Flynn Associates:** Save up to \$200 per hearing aid, and get free quarterly cleanings, adjustments and more.
- **Speech-Language and Hearing Associates of Greater Boston, PC:** Save up to \$200 on each hearing aid purchase.
- **TruHearing:** Save 30-60% on hearing aids. You'll get state-of-the-art technology from top manufacturers, solutions for every type of hearing loss and personalized help.



## Healthy Eating

- **DASH for Health:** Save 50% on a six-month online subscription. DASH is a flexible and balanced eating plan that helps create a heart-healthy eating style for life.
- **Eat Right Now:** Save 25% on a subscription to this mindful eating app that combines neuroscience and mindfulness to reduce your craving-related eating by 40%.
- **Jenny Craig:** Free three-month program (food not included), plus \$120 in food savings (purchase required).<sup>3</sup> Or, save 50% off their premium programs (food cost separate).<sup>4</sup>
- **InsideTracker:** Save 25% on a science-based, personalized nutrition plan based on your blood test results.
- **PlateJoy:** Save \$20 on any PlateJoy plan, and get personalized meal plans and fast recipes to fit your lifestyle (expires February, 29, 2020).
- **Savor Health:** Save \$15 on each week of fresh, nutritious menu plans or meals for cancer patients and their caregivers.
- **Savory Living:** Save 25% and try the first session for free. This online, healthy eating lifestyle program empowers you to take control of how you eat and feel.



## Quit Smoking

- **Craving to Quit:** Save 25% on this smartphone-based program to help you quit smoking.
- **QuitSmart:** Save 30% on this program that offers hypnosis, medication recommendations and a patented simulated cigarette.



<sup>1</sup> You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.

<sup>2</sup> Valid at participating locations only. Restrictions apply.

<sup>3</sup> Valid for 3-month trial membership. Weekly full menu average \$156 (before discount) and any shipping costs not included. Discount split over 12 consecutive weeks with full menu purchase. Valid at participating centers and Jenny Craig Anywhere. New members only. No cash value. Not valid with any other offers or discounts. One offer per person.

<sup>4</sup> 50% off enrollment and/or membership fees for eligible premium programs. Weekly full menu average \$156 (before discount) and any shipping cost not included. No cash value. Not valid with any other offer or discounts. Valid at participating locations and Jenny Craig Anywhere. New members only.

These savings programs are not insurance products. Rather, they are discounts for programs and services designed to help keep members healthy and active. All programs subject to change without advance notice.

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## Fitness



- **Appalachian Mountain Club:** Save 20% on individual and family memberships. Use your membership for all kinds of outdoor activities to keep you healthy and fit.
- **Boston Ski & Sports Club:** Save 23% on annual membership, with access to fun ways to stay active and healthy, such as playing sports, skiing, traveling and connecting with other enthusiasts in the region.
- **Marathon Sports:** Save 15% on athletic footwear. Multiple locations in MA.
- **ProSourceFit:** Save 20% on your entire order of high performance products for strength and resistance workouts, yoga and Pilates, and muscle recovery.
- **SplitFit:** Save 20% on quality, personalized training at leading gyms and fitness studios in Greater Boston. You'll get a customized workout at an affordable price by sharing the cost of a session with up to three other people.

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## Dental



- **Universal Dental Plan:** Save up to 28% on Universal Dental Plan's membership fees, and 20-50% on all procedures from a network of participating dentists.<sup>5</sup>

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## Holistic Wellness



- **Ava Fertility Tracker:** Save 10% on the Basic Bundle or 15% on the Plus Bundle. Both include the bracelet and app to help you find your fertile window, track your pregnancy or better understand your body.
- **Complementary and Alternative Medicine:** Save up to 30% on services offered through our partnership with WholeHealth Networks, including: acupuncture <sup>6</sup>, chiropractic <sup>6</sup>, tai chi, massage and body work, naturopathic medicine and more.
- **DharmaCrafts:** Save 15% on all meditation cushions and restorative yoga mats for your mindfulness meditation practice.
- **Center for Mindfulness and Compassion (Cambridge Health Alliance):** Save 15% on their eight-week Mindfulness-Based Stress Reduction and Mindful Self-Compassion courses.
- **Ivy Child:** Save 15% on mindfulness health education programs that focus on meditation, yoga, art and music for children and teens.

- **Magic Weighted Blanket:** Save 25% on "the blanket that hugs you back." These blankets have a calming, comforting and soothing effect and come in a wide assortment of fabrics, colors and sizes.
- **Mighty Well:** Save 15% on products that help patients manage their lives with dignity, confidence and style, including PICC line covers, cozy wraps and more.
- **Mindful Magazine:** Get 67% off the cover price when you subscribe.
- **The Original Healing Threads by Spirited Sisters:** Save 20% on their clothing, perfect for people with knee or hip replacements, leg and foot problems, upper body radiation and chemotherapy treatments, or recovery from heart surgery. Also ideal for nursing moms and anyone who has difficulty with gross motor skills.
- **Unwinding Anxiety®:** Save 25% on a subscription to this step-by-step program, available on your smartphone or tablet. Uncover triggers, identify your habits, break the cycle of worry and panic, and learn anti-anxiety tools.
- **Ten Percent Happier:** Get the first month free. Subscribe to the rest of the program for \$14.99 per month or \$99.99 per year for this online meditation program.

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## Family & Senior Care

- **CareScout Advocacy Program:** Save 20% on this program and connect with trained care advocates to help your family assess needs and find adult day care, home health care services or facility care.
- **Great Call:** Save 20% on innovative, easy-to-use mobile products that help aging consumers live more independent lives.
- **Home Instead Senior Care:** Get a one-time \$100 credit toward charges for routine services at participating offices and get a free home safety inspection at the start-up of services.
- **SeniorAssist (Senior Resource Center, Inc.):** Save \$500 on the lifetime flat fee for services.



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<sup>5</sup> Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.

<sup>6</sup> Does not replace or supplement coverage under your Harvard Pilgrim medical benefits plan. Some plans include chiropractic and/or acupuncture coverage, in which case the provider networks and benefits differ. Consult your Benefit Handbook or call Member Services for details.

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**Find more discounts at [harvardpilgrim.org/discounts](https://www.harvardpilgrim.org/discounts).**

**Already a member? (888) 333-4742**

**Not a member? (800) 848-9995**

**TTY: 711.**

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