

Member Guide

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



Dear Member,

At Harvard Pilgrim, a Point32Health company, **we are committed to providing access to high-quality health care coverage and services to help you and your family stay healthy.** Our health plans offer preventive care, behavioral health services, care management for chronic conditions, wellness programs, discounts and many other great perks.

We encourage you to use this member guide to:

- Register for your secure member account and download our free mobile app
- Learn more about your care options
- Explore our wellness programs, including discounts and reimbursement opportunities

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

Your secure member account will offer details on your specific health plan coverage and costs.



Harvard Pilgrim
Health Care



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Maximize Your Health Plan

3 easy steps



1. Access your secure online account

Once your membership becomes effective, be sure to set up your online member account at harvardpilgrim.org/create. Use your smartphone, tablet or computer to:

- Get your electronic member ID card
- Choose your primary care provider (PCP)
- View your health plan benefits, coverage and costs
- Review your claims, referrals and authorizations
- Find other providers near you and estimate costs



2. Find a doctor or hospital

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

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



3. Save time and money

Telehealth Virtual Care Services

- Download the Doctor On Demand app or go to doctorondemand.com/harvard-pilgrim
- After registering and completing the screening process, you'll be able to connect to board-certified doctors using your smartphone, tablet or computer.

Wellness Discounts and Perks

- Save on a variety of products and services that can help you stay healthy, including healthy eating and fitness, holistic wellness, vision and hearing, and more.
- Visit harvardpilgrim.org/discounts

Estimate My Cost

- Our online cost estimator tool can help you find less expensive options for hundreds of services and procedures.
- Log in to your member account and click "Tools & Resources" at the top of the page, then click "Estimate My Cost."



Digital Tools for 24/7 Care



Your secure online member account

Set up your member account at harvardpilgrim.org/create to access all of your plan information. You can find or change your PCP, look up your medical benefits, view your claims history, and check your deductible and out-of-pocket amounts. Plus, explore well-being resources, such as an interactive wellness program, health coaching support and more.



Virtual urgent and behavioral health care

Connect with board-certified physicians and psychiatrists from Doctor On Demand in minutes using live video or voice call via your smartphone, tablet or computer. Receive treatment for cold and flu, allergies, urinary tract infections, skin and eye issues, anxiety and depression, and more. Visit doctorondemand.com/harvard-pilgrim to get started and be sure to download the Doctor On Demand app.



Reduce My Costs

Connect with a nurse at (855) 772-8366 or via **chat** who can help you find high-quality, cost-effective providers near you. Depending on the service and the associated cost savings,¹ you could earn cash rewards.² The Reduce My Costs program includes most outpatient services and tests that are ordered by your provider such as lab work, MRIs and mammograms. Please note, this service may not be included in all plans.

Understand Your Pharmacy Benefits

NEW: Specialty Pharmacy Services Provider

Starting January 1, 2023, OptumRx will also provide specialty pharmacy services to Harvard Pilgrim members. OptumRx already serves as the retail and mail order service provider. With this change you will now have one pharmacy benefit manager for all pharmacy needs.



Log in or register for your secure online member account

Your member account provides you with personalized information to better manage your health care coverage and make smart decisions about your health.

Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) to get started.



Look up your prescriptions

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

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





Check if your prescription has special requirements

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



Plan ahead if you take maintenance medication

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

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



Save money with mail order service

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

For more information, go to harvardpilgrim.org/rx

Know Your Care Options

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



When to visit the Emergency Room

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



When to see your Primary Care Provider (PCP)

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



When to visit an Urgent Care Center

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



When to go to a Retail Clinic

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



When to use virtual care, through Doctor On Demand

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



When to reach out to our Harvard Pilgrim Care Team

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

Wellness Discounts and Perks

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.³



Up to \$300 in fitness reimbursement⁴

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward a fitness facility or other qualified membership — up to \$150 per individual plan and up to \$300 per family plan. To qualify, your membership must be active for at least four months in the calendar year. Reimbursement amounts may vary for some plans; please ask your employer for more details.



Lifestyle management coaching

Our certified lifestyle management coaches will help you set realistic health goals, identify and address any barriers, and keep track of your progress. Best of all, this no-cost service is available to any Harvard Pilgrim member age 18 or older.

Through one-on-one coaching sessions over the phone and email check-ins, our coaches can help with:

- Controlling blood pressure
- Managing weight
- Increasing physical activity
- Lowering cholesterol
- Eating better
- Smoking cessation
- Reducing stress and finding life balance
- Dealing with back pain



Support for a healthy mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, call the Behavioral Health Access center 24/7 at (888) 777-4742 to speak with a licensed care advocate. You also have access to behavioral health care through Doctor On Demand and Talkspace, which offers behavioral health therapy with digital messaging. Prefer a self-guided approach? Try the Sanvello mobile app to help dial down the symptoms of stress, anxiety and depression.



Dedicated nurse care managers to guide you

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



Fitness and exercise

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

- Get a 30-day free trial of Daily Burn,⁵ followed by 25% off your monthly membership
- Save up to 40% off Ompractice virtual yoga
- Get 20% off in-person and virtual personal fitness training with SplitFit
- Save on footwear and workout gear
- Save 20% on your entire order of fitness products at ProSourceFit



Weight management

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

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



Wellness

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

- With our Living Well program, you can earn points toward monthly gift card drawings by participating in activities and health-focused challenges.
- Access monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,⁶ massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide



Quit smoking

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

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



Vision

Need a new pair of eyeglasses?

- Take advantage of free eyewear and other discounts at participating Visionworks locations⁷
- Get 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- Get 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers⁸

Interested in LASIK?

- Save up to 50% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on the promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision



Hearing

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

- Save up to \$200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- Get 30%-60% off hearing aids from TruHearing
- Get a low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty and two years of free batteries from Amplifon Hearing Health Care



Dental

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.⁹



Family care

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

- Save 20% on all Lively GreatCall products
- Get \$15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers
- Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead®

Stay Connected and Informed

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

> **Member Newsletter**

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

> **NEW for 2023: Text Messaging**

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

> **Email Messages**

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

> **Website**

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

> **Social Media**

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



How to get started

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

Key Terms

Premium

This is the monthly cost of your health insurance coverage.

Cost share

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

Copayments

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

Deductible

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

Coinsurance

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

Out-of-pocket maximum

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

In-network

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

Out-of-network

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

Tier

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

Pharmacy Key Terms

Prior Authorization (PA)

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

Step Therapy Authorization (STPA)

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

Quantity Limitation (QL)

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

Designated Specialty Pharmacy (SP)

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

Non-Covered (NC)

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

New-to-Market Drug Evaluation (NTM)

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

Important Information About Your Plan

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

When you need care

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

To find out where our participating doctors admit patients, visit our online directory at harvardpilgrim.org. 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 to see Prior Authorization for Care details.

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

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

Appeals

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

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

Member confidentiality

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

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

Members: (888) 333-4742

Non-members: (800) 848-9995

TTY: 711

Additional Benefit Details

- ¹ Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- ² For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit harvardpilgrim.org/reducemycosts/maine.
- ³ This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- ⁴ Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Fitness membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply.
- ⁵ At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- ⁶ This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- ⁷ Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.
- ⁸ Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- ⁹ 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.

General Notice About Nondiscrimination and Accessibility Requirements

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

Harvard Pilgrim Health Care:

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

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

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

Civil Rights Compliance Officer

1 Wellness Way

Canton, MA 02021

(866) 750-2074, TTY service: 711,

Fax: (617) 509-3085

Email: civil.rights@point32health.org

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

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

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

Complaint forms are available at

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

Language Assistance Services

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

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

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

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

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

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

العربية (Arabic)

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

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

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

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

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

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

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

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

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

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

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

Contact us

Member Services

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

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

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

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

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




Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

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.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本，請撥打ID卡上的電話號碼。

	<p>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.harvardpilgrim.org/public/eoc?pdid=PD0000200506. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary at www.healthcare.gov/sbc-glossary or call 1-888-333-4742 to request a copy.</p>	
Important Questions	Answers	Why this matters
<p>What is the overall deductible?</p>	<p>\$1,000 member / \$2,000 family Benefits are administered on a Plan Year basis.</p>	<p>Generally you must pay all the costs up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. Preventive care, provider office visits, emergency room care, prescription drugs, services from Flex Providers, and Non-hospital based imaging, Rehabilitation services and Habilitation services are covered before you meet your deductible.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But, a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>\$7,000 member / \$14,000 family</p>	<p>The out-of-pocket limit is the most you could pay in a year of covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.</p>

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



All copayment and coinsurance cost shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	Level 1: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	\$0 <u>copay</u> for first visit
	<u>Specialist</u> visit	Level 1: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply Level 2: \$50 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	None
	<u>Preventive care</u> / <u>screening</u> / <u>immunization</u>	No charge; <u>deductible</u> does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	X-rays: \$50 copay / visit Laboratory: Flex Providers: No charge; deductible does not apply Other Plan Providers: \$45 copay / visit	Not covered	None
	Imaging (CT/PET scans, MRIs)	Non-Hospital Based: \$200 copay / procedure; deductible does not apply Hospital Based: \$300 copay / procedure	Not covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.harvardpilgrim.org/2023Value5T .	Generic drugs	30-Day Retail Tier 1: \$5 copay / prescription; deductible does not apply 90-Day Mail Tier 1: \$10 copay / prescription; deductible does not apply 30-Day Retail Tier 2: \$30 copay / prescription; deductible does not apply 90-Day Mail Tier 2: \$60 copay / prescription; deductible does not apply		Value formulary - covers a limited list; not all drugs are covered
	Preferred brand drugs	30-Day Retail Tier 3: \$60 copay / prescription; deductible does not apply 90-Day Mail Tier 3: \$120 copay / prescription; deductible does not apply		Some generic drugs are in this tier
	Non-preferred brand drugs	30-Day Retail Tier 4: \$100 copay / prescription; deductible does not apply 90-Day Mail Tier 4: \$300 copay / prescription; deductible does not apply		Same as above
	Specialty drugs	30-Day Retail Tier 4: \$100 copay / prescription; deductible does not apply 90-Day Mail Tier 4: \$300 copay / prescription; deductible does not apply		Some drugs must be obtained through a Specialty Pharmacy

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		30-Day Retail Tier 5: 20% coinsurance up to \$250; deductible does not apply 90-Day Mail Tier 5: 20% coinsurance up to \$750; deductible does not apply		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Flex Providers: \$50 copay / visit; deductible does not apply Other Plan Providers: \$300 copay / visit	Not covered	None
	Physician/surgeon fees	Flex Providers: No charge; deductible does not apply. Other Plan Providers: No charge; deductible does not apply.	Not covered	
If you need immediate medical attention	Emergency room care	\$300 copay / visit; deductible does not apply		None
	Emergency medical transportation	No charge		None
	Urgent care	Convenience care clinic: \$25 copay / visit; deductible does not apply Urgent care center: \$50 copay / visit; deductible does not apply Hospital urgent care center: \$50 copay / visit; deductible does not apply	Not covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 copay / admit	Not covered	None
	Physician/surgeon fee	No charge	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have mental health, behavioral health, or substance abuse needs	Outpatient services	\$25 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	\$0 <u>copay</u> for first mental health/substance abuse visit
	Inpatient services	\$250 <u>copay</u> / admit	Not covered	None
If you are pregnant	Office visits	\$25 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$250 <u>copay</u> / admit	Not covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	None
	<u>Rehabilitation services</u>	Physical Therapy: Non-hospital based: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply Hospital based: \$50 <u>copay</u> / visit Occupational Therapy: Non-hospital based: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply Hospital based: \$50 <u>copay</u> / visit Speech Therapy: Non-hospital based: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply Hospital based: \$50 <u>copay</u> / visit	Not covered	Physical & Occupational Therapy - 60 combined visits/ Plan Year
	<u>Habilitation services</u>			
<u>Skilled nursing care</u>	\$250 <u>copay</u> / admit	Not covered	- 100 days/ Plan Year	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Durable medical equipment	20% coinsurance	Not covered	- 1 synthetic monofilament wig/ Plan Year
	Hospice services	No charge	Not covered	For inpatient see “If you have a hospital stay”
If your child needs dental or eye care	Children’s eye exam	\$25 copay / visit; deductible does not apply.	Not covered	- 1 exam/ Plan Year
	Children’s glasses	Reimbursed first \$50, then 50% of covered charges; deductible does not apply		Frames & lenses OR contacts every 12 months up to end of month child turns 19
	Children’s dental check-up	No charge; deductible does not apply		- 2 exams/ 12 months up to end of month child turns 19
Excluded Services & Other Covered Services:				
Services Your Plan Does NOT Cover (This isn’t a complete list. Check your policy or plan document for other excluded services.)				
<ul style="list-style-type: none"> • Long-Term (Custodial) Care • Most Cosmetic Surgery • Most Dental Care (Adult) 		<ul style="list-style-type: none"> • Non-emergency care when traveling outside the U.S. • Private-duty nursing 	<ul style="list-style-type: none"> • Routine foot care (except for diabetes or systemic circulatory diseases) • Services that are not Medically Necessary 	
Other Covered Services (This isn’t a complete list. Check your policy or plan document for other covered services and your costs for these services.)				
<ul style="list-style-type: none"> • Abortion • Acupuncture • Bariatric surgery 		<ul style="list-style-type: none"> • Chiropractic Care • Hearing Aids - \$2,000/ hearing aid every 36 months/ impaired ear up to age 22 • Infertility Treatment 	<ul style="list-style-type: none"> • Routine eye care (Adult) - 1 exam/ Plan Year • Weight Loss Programs - 3 months of Weight Watchers traditional OR at Work/ Plan Year 	

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

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

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

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

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

Massachusetts Division of
Insurance
1000 Washington Street, Suite 810
Boston, MA 02118-6200
1-617-521-7794

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this Coverage Meet the Minimum Value Standard? Not Applicable

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

Language Access Services:

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

如果需要中文的帮助, 请拨打这个号码 1-888-333-4742.

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

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next page.* —————

About these Coverage Examples:



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

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$1,000	■ The plan's overall deductible	\$1,000	■ The plan's overall deductible	\$1,000
■ Specialist copayment	\$50	■ Specialist copayment	\$50	■ Specialist copayment	\$50
■ Hospital (facility) copayment	\$250	■ Hospital (facility) copayment	\$250	■ Hospital (facility) copayment	\$250
■ Other copayment	\$0	■ Other copayment	\$0	■ Other copayment	\$50
This EXAMPLE event includes services like:		This EXAMPLE event includes services like:		This EXAMPLE event includes services like:	
Specialist office visits (<i>prenatal care</i>)		Primary care physician office visits (<i>including disease education</i>)		Emergency room care (<i>including medical supplies</i>)	
Childbirth/Delivery Professional Services		Diagnostic tests (<i>blood work</i>)		Diagnostic test (<i>x-ray</i>)	
Childbirth/Delivery Facility Services		Prescription drugs		Durable medical equipment (<i>crutches</i>)	
Diagnostic tests (<i>ultrasounds and blood work</i>)		Durable medical equipment (<i>glucose meter</i>)		Rehabilitation services (<i>physical therapy</i>)	
Specialist visit (<i>anesthesia</i>)					
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$1,000	Deductibles	\$50	Deductibles	\$1,000
Copayments	\$400	Copayments	\$1,800	Copayments	\$600
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$40
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$0	Limits or exclusions	\$0	Limits or exclusions	\$0
The total Peg would pay is	\$1,400	The total Joe would pay is	\$1,850	The total Mia would pay is	\$1,640

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

Language Assistance Services

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

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

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

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

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

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

العربية (Arabic)

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

(TTY: 711)

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

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

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



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(Continued)

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

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


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

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

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

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

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

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(Continued)

General Notice About Nondiscrimination and Accessibility Requirements

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

HPHC:

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

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


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

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

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



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	<p>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.harvardpilgrim.org/public/eoc?pdid=PD0000200538. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary at www.healthcare.gov/sbc-glossary or call 1-888-333-4742 to request a copy.</p>	
Important Questions	Answers	Why this matters
<p>What is the overall deductible?</p>	<p>\$1,000 member / \$2,000 family Benefits are administered on a Plan Year basis.</p>	<p>Generally you must pay all the costs up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. Preventive care, provider office visits, prescription drugs, emergency room care, Rehabilitation services, and Habilitation services are covered before you meet your deductible.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But, a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>\$7,000 member / \$14,000 family</p>	<p>The out-of-pocket limit is the most you could pay in a year of covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.</p>

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



All copayment and coinsurance cost shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	Level 1: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	\$0 <u>copay</u> for first visit
	<u>Specialist</u> visit	Level 1: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply Level 2: \$50 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	None
	<u>Preventive care</u> / <u>screening</u> / <u>immunization</u>	No charge; <u>deductible</u> does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	X-rays: \$50 copay / visit Laboratory: \$25 copay / visit	Not covered	None
	Imaging (CT/PET scans, MRIs)	\$250 copay / procedure	Not covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.harvardpilgrim.org/2023Value5T .	Generic drugs	30-Day Retail Tier 1: \$5 copay / prescription; deductible does not apply 90-Day Mail Tier 1: \$10 copay / prescription; deductible does not apply 30-Day Retail Tier 2: \$30 copay / prescription; deductible does not apply 90-Day Mail Tier 2: \$60 copay / prescription; deductible does not apply		Value formulary - covers a limited list; not all drugs are covered
	Preferred brand drugs	30-Day Retail Tier 3: \$60 copay / prescription; deductible does not apply 90-Day Mail Tier 3: \$120 copay / prescription; deductible does not apply		Some generic drugs are in this tier
	Non-preferred brand drugs	30-Day Retail Tier 4: \$100 copay / prescription; deductible does not apply 90-Day Mail Tier 4: \$300 copay / prescription; deductible does not apply		Same as above
	Specialty drugs	30-Day Retail Tier 4: \$100 copay / prescription; deductible does not apply 90-Day Mail Tier 4: \$300 copay / prescription; deductible does not apply 30-Day Retail Tier 5: 20% coinsurance up to \$250; deductible does not apply 90-Day Mail Tier 5: 20% coinsurance up to \$750; deductible does not apply		Must be obtained through a Specialty Pharmacy
If you have outpatient surgery	Facility fee (e.g, ambulatory surgery center)	\$300 copay / visit	Not covered	None
	Physician/surgeon fees	No charge	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$300 copay / visit; deductible does not apply		None
	Emergency medical transportation	No charge		None
	Urgent care	Convenience care clinic: \$25 copay / visit; deductible does not apply Urgent care center: \$50 copay / visit; deductible does not apply Hospital urgent care center: \$50 copay / visit; deductible does not apply	Not covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 copay / admit	Not covered	None
	Physician/surgeon fee	No charge	Not covered	
If you have mental health, behavioral health, or substance abuse needs	Outpatient services	\$25 copay / visit; deductible does not apply	Not covered	\$0 copay for first mental health/substance abuse visit
	Inpatient services	\$250 copay / admit	Not covered	None
If you are pregnant	Office visits	\$25 copay / visit; deductible does not apply	Not covered	Cost sharing does not apply for preventive services .
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$250 copay / admit	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	None
	Rehabilitation services	Physical Therapy: \$50 copay / visit; deductible does not apply Occupational Therapy: \$50 copay / visit; deductible does not apply Speech Therapy: \$50 copay / visit; deductible does not apply	Not covered	Physical & Occupational Therapy - 60 combined visits/ Plan Year
	Habilitation services			
	Skilled nursing care	\$250 copay / admit	Not covered	- 100 days/ Plan Year
	Durable medical equipment	20% coinsurance	Not covered	- 1 synthetic monofilament wig/ Plan Year
	Hospice services	No charge	Not covered	For inpatient see “If you have a hospital stay”
If your child needs dental or eye care	Children’s eye exam	\$25 copay / visit; deductible does not apply	Not covered	- 1 exam/ Plan Year
	Children’s glasses	Reimbursed first \$50, then 50% of covered charges; deductible does not apply		Frames & lenses OR contacts every 12 months up to end of month child turns 19
	Children’s dental check-up	No charge; deductible does not apply		- 2 exams/ 12 months up to end of month child turns 19
Excluded Services & Other Covered Services:				
Services Your Plan Does NOT Cover (This isn’t a complete list. Check your policy or plan document for other excluded services .)				
<ul style="list-style-type: none"> Long-Term (Custodial) Care Most Cosmetic Surgery 	<ul style="list-style-type: none"> Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> Routine foot care (except for diabetes or systemic circulatory diseases) 		

• Most Dental Care (Adult)	• Private-duty nursing	• Services that are not Medically Necessary
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
<ul style="list-style-type: none"> • Abortion • Acupuncture • Bariatric surgery 	<ul style="list-style-type: none"> • Chiropractic Care • Hearing Aids - \$2,000/ hearing aid every 36 months/ impaired ear up to age 22 • Infertility Treatment 	<ul style="list-style-type: none"> • Routine eye care (Adult) - 1 exam/ Plan Year • Weight Loss Programs - 3 months of Weight Watchers traditional OR at Work/ Plan Year

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

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

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

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

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

Massachusetts Division of Insurance
1000 Washington Street, Suite 810
Boston, MA 02118-6200
1-617-521-7794

Does this plan provide Minimum Essential Coverage? Yes

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

Does this Coverage Meet the Minimum Value Standard? Not Applicable

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

Language Access Services:

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

如果需要中文的帮助，请拨打这个号码 1-888-333-4742。

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

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:



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

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$1,000	■ The plan's overall deductible	\$1,000	■ The plan's overall deductible	\$1,000
■ Specialist copayment	\$50	■ Specialist copayment	\$50	■ Specialist copayment	\$50
■ Hospital (facility) copayment	\$250	■ Hospital (facility) copayment	\$250	■ Hospital (facility) copayment	\$250
■ Other copayment	\$25	■ Other copayment	\$25	■ Other copayment	\$50
This EXAMPLE event includes services like:		This EXAMPLE event includes services like:		This EXAMPLE event includes services like:	
Specialist office visits (<i>prenatal care</i>)		Primary care physician office visits (<i>including disease education</i>)		Emergency room care (<i>including medical supplies</i>)	
Childbirth/Delivery Professional Services		Diagnostic tests (<i>blood work</i>)		Diagnostic test (<i>x-ray</i>)	
Childbirth/Delivery Facility Services		Prescription drugs		Durable medical equipment (<i>crutches</i>)	
Diagnostic tests (<i>ultrasounds and blood work</i>)		Durable medical equipment (<i>glucose meter</i>)		Rehabilitation services (<i>physical therapy</i>)	
Specialist visit (<i>anesthesia</i>)					
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$1,000	Deductibles	\$200	Deductibles	\$1,000
Copayments	\$600	Copayments	\$1,800	Copayments	\$700
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$40
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$0	Limits or exclusions	\$0	Limits or exclusions	\$0
The total Peg would pay is	\$1,600	The total Joe would pay is	\$2,000	The total Mia would pay is	\$1,740

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

Language Assistance Services

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

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

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

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

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

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

العربية (Arabic)


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

(TTY: 711)

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

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

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

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

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

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


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

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

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

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

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

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

(Continued)

General Notice About Nondiscrimination and Accessibility Requirements

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

HPHC:

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

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


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

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

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



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

	<p>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.harvardpilgrim.org/public/eoc?pdid=PD0000200510. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary at www.healthcare.gov/sbc-glossary or call 1-888-333-4742 to request a copy.</p>	
Important Questions	Answers	Why this matters
<p>What is the overall deductible?</p>	<p>\$2,000 member / \$4,000 family Benefits are administered on a Plan Year basis.</p>	<p>Generally you must pay all the costs up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. Preventive care, provider office visits, emergency room care, prescription drugs, services from Flex Providers, and Non-hospital based imaging, Rehabilitation services and Habilitation services are covered before you meet your deductible.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But, a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>\$7,000 member / \$14,000 family</p>	<p>The out-of-pocket limit is the most you could pay in a year of covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met.</p>

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



All copayment and coinsurance cost shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	Level 1: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	\$0 <u>copay</u> for first visit
	<u>Specialist</u> visit	Level 1: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply Level 2: \$50 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	None
	<u>Preventive care</u> / <u>screening</u> / <u>immunization</u>	No charge; <u>deductible</u> does not apply	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	X-rays: \$50 copay / visit Laboratory: Flex Providers: No charge; deductible does not apply Other Plan Providers: \$45 copay / visit	Not covered	None
	Imaging (CT/PET scans, MRIs)	Non-Hospital Based: \$200 copay / procedure; deductible does not apply Hospital Based: \$300 copay / procedure	Not covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.harvardpilgrim.org/2023Value5T	Generic drugs	30-Day Retail Tier 1: \$5 copay / prescription; deductible does not apply 90-Day Mail Tier 1: \$10 copay / prescription; deductible does not apply 30-Day Retail Tier 2: \$30 copay / prescription; deductible does not apply 90-Day Mail Tier 2: \$60 copay / prescription; deductible does not apply		Value formulary - covers a limited list; not all drugs are covered
	Preferred brand drugs	30-Day Retail Tier 3: \$60 copay / prescription; deductible does not apply 90-Day Mail Tier 3: \$120 copay / prescription; deductible does not apply		Some generic drugs are in this tier
	Non-preferred brand drugs	30-Day Retail Tier 4: \$100 copay / prescription; deductible does not apply 90-Day Mail Tier 4: \$300 copay / prescription; deductible does not apply		Same as above
	Specialty drugs	30-Day Retail Tier 4: \$100 copay / prescription; deductible does not apply 90-Day Mail Tier 4: \$300 copay / prescription; deductible does not apply		Must be obtained through a Specialty Pharmacy

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		30-Day Retail Tier 5: 20% coinsurance up to \$250; deductible does not apply 90-Day Mail Tier 5: 20% coinsurance up to \$750; deductible does not apply		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Flex Providers: \$50 copay / visit; deductible does not apply Other Plan Providers: \$300 copay / visit	Not covered	None
	Physician/surgeon fees	Flex Providers: No charge; deductible does not apply Other Plan Providers: No charge; deductible does not apply	Not covered	
If you need immediate medical attention	Emergency room care	\$300 copay / visit; deductible does not apply		None
	Emergency medical transportation	No charge		None
	Urgent care	Convenience care clinic: \$25 copay / visit; deductible does not apply Urgent care center: \$50 copay / visit; deductible does not apply Hospital urgent care center: \$50 copay / visit; deductible does not apply	Not covered	None
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 copay / admit	Not covered	None
	Physician/surgeon fee	No charge	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have mental health, behavioral health, or substance abuse needs	Outpatient services	\$25 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	\$0 <u>copay</u> for first mental health/substance abuse visit
	Inpatient services	\$250 <u>copay</u> / admit	Not covered	None
If you are pregnant	Office visits	\$25 <u>copay</u> / visit; <u>deductible</u> does not apply	Not covered	<u>Cost sharing</u> does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	\$250 <u>copay</u> / admit	Not covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	None
	<u>Rehabilitation services</u>	Physical Therapy: Non-hospital based: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply Hospital based: \$50 <u>copay</u> / visit Occupational Therapy: Non-hospital based: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply Hospital based: \$50 <u>copay</u> / visit Speech Therapy: Non-hospital based: \$25 <u>copay</u> / visit; <u>deductible</u> does not apply Hospital based: \$50 <u>copay</u> / visit	Not covered	Physical & Occupational Therapy - 60 combined visits/ Plan Year
	<u>Habilitation services</u>			
<u>Skilled nursing care</u>	\$250 <u>copay</u> / admit	Not covered	- 100 days/ Plan Year	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Durable medical equipment	20% coinsurance	Not covered	- 1 synthetic monofilament wig/ Plan Year
	Hospice services	No charge	Not covered	For inpatient see “If you have a hospital stay”
If your child needs dental or eye care	Children’s eye exam	\$25 copay / visit; deductible does not apply	Not covered	- 1 exam/ Plan Year
	Children’s glasses	Reimbursed first \$50, then 50% of covered charges; deductible does not apply		Frames & lenses OR contacts every 12 months up to end of month child turns 19
	Children’s dental check-up	No charge; deductible does not apply		- 2 exams/ 12 months up to end of month child turns 19

Excluded Services & Other Covered Services:

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

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

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

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Abortion • Acupuncture • Bariatric surgery | <ul style="list-style-type: none"> • Chiropractic Care • Hearing Aids - \$2,000/ hearing aid every 36 months/ impaired ear up to age 22 • Infertility Treatment | <ul style="list-style-type: none"> • Routine eye care (Adult) - 1 exam/ Plan Year • Weight Loss Programs - 3 months of Weight Watchers traditional OR at Work/ Plan Year |
|--|--|--|

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

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

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

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

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

Massachusetts Division of
Insurance
1000 Washington Street, Suite 810
Boston, MA 02118-6200
1-617-521-7794

Does this plan provide Minimum Essential Coverage? Yes

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

Does this Coverage Meet the Minimum Value Standard? Not Applicable

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

Language Access Services:

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

如果需要中文的帮助, 请拨打这个号码 1-888-333-4742.

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

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:



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

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$2,000	■ The plan's overall deductible	\$2,000	■ The plan's overall deductible	\$2,000
■ Specialist copayment	\$50	■ Specialist copayment	\$50	■ Specialist copayment	\$50
■ Hospital (facility) copayment	\$250	■ Hospital (facility) copayment	\$250	■ Hospital (facility) copayment	\$250
■ Other copayment	\$0	■ Other copayment	\$0	■ Other copayment	\$50
This EXAMPLE event includes services like:		This EXAMPLE event includes services like:		This EXAMPLE event includes services like:	
Specialist office visits (<i>prenatal care</i>)		Primary care physician office visits (<i>including disease education</i>)		Emergency room care (<i>including medical supplies</i>)	
Childbirth/Delivery Professional Services		Diagnostic tests (<i>blood work</i>)		Diagnostic test (<i>x-ray</i>)	
Childbirth/Delivery Facility Services		Prescription drugs		Durable medical equipment (<i>crutches</i>)	
Diagnostic tests (<i>ultrasounds and blood work</i>)		Durable medical equipment (<i>glucose meter</i>)		Rehabilitation services (<i>physical therapy</i>)	
Specialist visit (<i>anesthesia</i>)					
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$2,000	Deductibles	\$50	Deductibles	\$1,500
Copayments	\$400	Copayments	\$1,800	Copayments	\$500
Coinsurance	\$0	Coinsurance	\$0	Coinsurance	\$0
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$0	Limits or exclusions	\$0	Limits or exclusions	\$0
The total Peg would pay is	\$2,400	The total Joe would pay is	\$1,850	The total Mia would pay is	\$2,000

Language Assistance Services

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

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

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

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

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

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

العربية (Arabic)

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

(TTY: 711)

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

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

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



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

(Continued)

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

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


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

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

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

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

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

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

(Continued)

General Notice About Nondiscrimination and Accessibility Requirements

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

HPHC:

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

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

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

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

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



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



REASONS FOR SUBMISSION (PLEASE CHECK ONE) <input type="checkbox"/> NEW ENROLLMENT/CONTRACT <input type="checkbox"/> CHANGE TO CONTRACT <input type="checkbox"/> TERMINATE CONTRACT	QUALIFYING EVENT DATE: _____ <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
--	---

REASON FOR CHANGES (CHECK ALL THAT APPLY)
 CHANGE COVERAGE TYPE ADD DEPENDENT LISTED TERMINATE DEPENDENT LISTED TRANSFER/RE-ENROLL TO COBRA
 OTHER: _____

EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)

EMPLOYER/GROUP NAME	GROUP #DIVISION	DATE OF HIRE	EFFECTIVE DATE OF COVERAGE
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SUBSCRIBER INFORMATION

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)		APT #	CITY	STATE	ZIP
PRIMARY LANGUAGE (OPTIONAL)	PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID #	

SPOUSE INFORMATION

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 #	

DEPENDENT INFORMATION

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#		

DEPENDENT INFORMATION

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#		

DEPENDENT INFORMATION

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

OTHER INSURANCE – IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.

ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR HPHC POLICY IS IN EFFECT? YES, PLEASE COMPLETE NO

NAME OF HEALTH PLAN	HEALTH PLAN ID NUMBER	EFFECTIVE DATE	NAMES OF SUBSCRIBER
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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 _____ EMPLOYER SIGNATURE _____ DATE _____
 Enrollment Form CC4317

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 or POS, 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, 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 New England and HPHC Insurance Company.



Skip the pharmacy. We deliver to you.

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optumrx.com



Via the
Optum Rx app



Call
1-800-860-3161

Will my current prescriptions transfer?

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

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

Optum Home Delivery is a service of OptumRx.

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Behavioral health support for you, every step of the way



Welcome to Harvard Pilgrim. We understand how important your emotional health is. So, whether you're currently in treatment or looking for more support, your plan gives you lots of options.

Getting started with Harvard Pilgrim

Once your Harvard Pilgrim membership is active, you have access to a vast network of behavioral health providers in all 50 states through our partner, Optum.*

These providers evaluate and treat general behavioral health conditions, such as depression and anxiety. This includes both in-person and virtual therapy, as well as prescribing medication when appropriate and in accordance with regulatory requirements.

Finding care

Our online provider directory makes it easy for you to find the right provider for you:

- 1 Log in to www.harvardpilgrim.org.
- 2 Under Top Tasks, click "Find a provider"
- 3 Click "Behavioral Health," then select the type of behavioral health provider (e.g., Psychiatry, Mental Health Counselor, etc.)
- 4 Filter your search by "Virtual Visits/Telemedicine" if you prefer.

If you have your ID number, but haven't set up your online account yet, just go to www.harvardpilgrim.org, click the **Member Login** button, then click **Create a secure account**.

Don't have a Harvard Pilgrim ID number yet? Call Harvard Pilgrim's SmartStart team at **(866) 874-0817**.

Transition of care benefits: When your provider doesn't participate with Harvard Pilgrim

Once you become an active member of Harvard Pilgrim, you may request authorization to continue care with a non-participating provider for a transitional period. You must request authorization within 30 days of your enrollment effective date. To learn more, please call our Behavioral Health Access Center at **(888) 777-4742**. Licensed care advocates are available to answer your questions and assist you.

If you are not yet an active Harvard Pilgrim member, you can still call the Behavioral Health Access Center to find out if your current provider is in our network.

Read on for more options to support your behavioral and emotional health ►

* Please check your Schedule of Benefits for providers available through your plan.
Note: Cost-sharing amounts may vary depending on your plan. As always, be sure to review your Schedule of Benefits for complete details about your benefits and coverage.

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

Extra treatment and support, on your terms

Your behavioral health journey is personal, but you're not alone. Through our partners, we deliver the support you and your family need. We encourage you to check out our menu of apps, digital tools and 24/7 support, so you can choose the path that's right for you. Here are just a few of the resources available to you as a Harvard Pilgrim member.

For more details about these and other resources, go to www.harvardpilgrim.org/behavioralhealth.



Talkspace

This digital therapy service lets you connect to a licensed therapist in your state via secure digital messaging on your computer, smartphone or tablet. Talkspace** offers a convenient way to access outpatient therapy.

To get started, visit www.talkspace.com/connect and enter your insurance information, including member ID number. After filling out a brief assessment, you'll immediately be matched with three prospective therapists, based on your needs. Choose one and start therapy within hours. No prior authorization or referral is necessary. Instructions for downloading the Talkspace app will be provided during the registration process.



Sanvello mobile app

Through our partnership with Optum, you have access to the Sanvello mobile app.** This easy-to-use online tool can help you dial down the symptoms of stress, anxiety and depression — anywhere, anytime.

Get started by downloading the app from **Google Play** or the **Apple App Store**. Once downloaded, enter your Harvard Pilgrim ID number for complimentary access to the premium version.

You can also access the app at www.liveandworkwell.com. To browse as a guest, use access code: **HPHC**.



Doctor on Demand

With this virtual care option, you can access routine behavioral health support for common conditions and concerns such as depression, relationship issues, workplace stress, social anxiety, addiction, trauma and loss. Get details and set up an account at www.doctorondemand.com.



24/7 support

For non-emergent, routine behavioral health treatment issues, please contact your behavioral health provider. If you have more urgent questions about finding treatment or a behavioral health provider, please call the Behavioral Health Access Center at **(888) 777-4742**. Licensed care advocates answer calls around the clock, seven days a week. If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.

** Sanvello and Talkspace are not affiliated with Harvard Pilgrim Health Care. Harvard Pilgrim has an arrangement with Sanvello and Talkspace to offer their respective services to current Harvard Pilgrim members.



Reduce My Costs

Shop, Save, and Earn

Did you know that the cost of a common MRI can range from \$780 to \$2,230 depending on where you go?¹ Reduce My Costs is a personalized health care concierge service, you can connect with a nurse, via phone or chat, who can help you find high-quality, cost-effective providers near you. Depending on the service and the associated cost savings, you could earn a gift card.² The Reduce My Costs program includes most outpatient services and tests that are ordered by your provider such as lab work, MRIs and mammograms and more.^{3,4}



Lower costs and more savings

On average, you can save more than \$1,000 for services such as a colonoscopy or an MRI. And, if you're already seeing a cost-effective provider, you'll receive a reward just for using the Reduce My Costs program.⁵



Quick and easy access

Get exclusive access to an experienced nurse who will help you compare costs and shop for cost-effective providers near you. The nurse can assist with appointment scheduling or required paperwork, if needed.



What members are saying:

"Janine at Reduce My Costs helped me get the MRI I needed for \$254 instead of \$1200. This was tremendous savings!"
– Mr. Cox, Harvard Pilgrim member



Make the call and get rewarded

Connect with a nurse at (855) 772-8366 or scan the QR code to chat.

Monday through Friday from 8 a.m. to 6 p.m. ET.



¹ Ranges are based on Harvard Pilgrim's data, actual service prices vary by provider type and location. The figures represent Q1 2022.

² Cash rewards comes in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.

³ Your health plan may require a referral and/or prior authorization before you receive services from a cost-effective provider. To ensure the services will be covered, please refer to your plan documents or contact Harvard Pilgrim at (888) 333-4742.

⁴ For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit harvardpilgrim.org/reducemycosts/maine

⁵ Reduce My Costs program may not be included in all plan. The program is included for FI members, buy up options are available to self insured employers. And the program is not currently offered with the Littleton Options HMO. Ask your employer if your plan includes Reduce My Costs program.



Estimate My Cost

Get costs before you get care

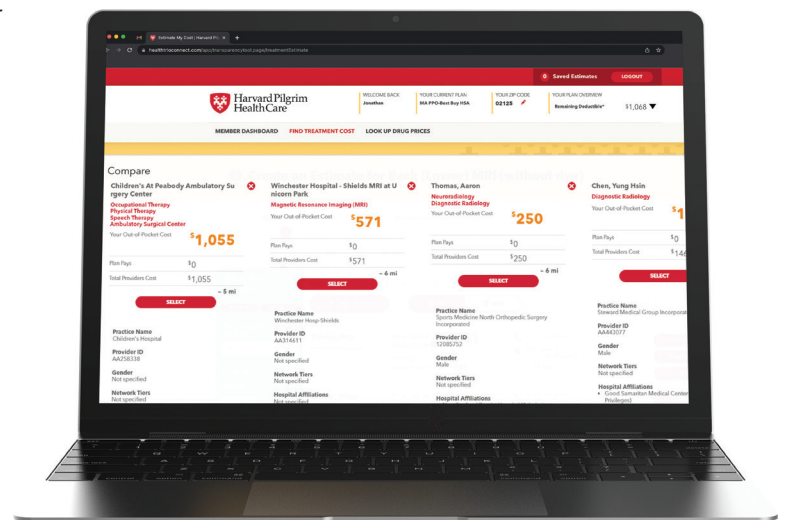
Prices for the exact same procedure can vary by hundreds or even thousands of dollars. Harvard Pilgrim's Estimate My Cost tool helps you estimate your out-of-pocket costs and get quality care from a provider that fits your budget. This tool can also help you:

- › Estimate your out-of-pocket costs before you select a provider
- › Compare cost and quality ratings for multiple providers and facilities
- › Find and choose a doctor or hospital
- › Make more informed, cost-conscious care decisions
- › Plan and budget for the care you need—get an evaluation and discuss your options with your doctor

Get started in 3 easy steps:

1. Log in to your member account at harvardpilgrim.org/login
2. Click "Tools & Resources" at the top of the page
3. Click "Estimate My Cost"

To learn more visit harvardpilgrim.org/public/estimate-my-cost



Prices are generated by HealthTrio and Harvard Pilgrim. They are personalized estimates and may not reflect the actual total price. The estimates are based on the details of your Harvard Pilgrim plan as of today. If there is not enough cost information available for your specific plan, the pricing you see will be based on the experience of a wider range of Harvard Pilgrim plans. In these cases, the amount shown may be less accurate than a cost estimate based on your specific plan. Also, the actual cost may differ if you receive additional services, your coverage changes, or the provider bills the service differently. It's important to note that you should not rely only on this or any other price estimate to make your health care purchasing decisions. Please note that some services may require a referral from your primary care provider or prior authorization before you receive the service. See your plan documents for more details.

A guide to your medical coverage



Getting care with the HMO plan

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

Routine and preventive care*

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

Specialty care

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

Behavioral health care**

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

Hospital care

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

Care when you're traveling

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





Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included without referrals on most plans.

Urgent and emergency care

If you have a non-life-threatening illness or injury and your doctor's office is closed, you have a variety of options for getting care. Of course, if you think you're having a medical emergency, go to the emergency room or call 911.

Commonly treated conditions

	Virtual visits Real-time virtual visit with providers via smartphone, tablet or computer	Non-life-threatening illnesses and injuries (coughs/ colds, sore/strep throat, nausea/diarrhea, etc.)	\$
	Convenience care/retail clinic Walk-in, convenience care or retail clinics	Minor illnesses and infections (bronchitis, strep throat, ear & eye infections, etc.)	\$\$
	Urgent care center Walk-in clinic for urgent care	Minor illnesses, injuries and infections (burns, bites, colds & flu, sprains & strains, etc.)	\$\$\$
	Emergency room (ER) Part of a hospital that provides immediate treatment for life-threatening illnesses and injuries	Medical emergencies (heart attack, stroke, choking, loss of consciousness, seizures, etc.)	\$\$\$\$

Visit www.harvardpilgrim.org/urgentcareoptions for more information about these options.

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

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

How the HMO plan works

This plan gives you access to Harvard Pilgrim's full New England network of providers and hospitals.

Features



PCP required



Referrals needed for most specialists



In-network coverage only



Copayments for most office visits

A primary care provider is key to good health

A primary care provider (PCP) is the doctor, nurse practitioner or other qualified medical professional you see for annual check-ups and for treatment when you're sick or injured.

Because this plan requires you to have a PCP, we will assign one to you automatically if we don't have one on file for you or if you don't let us know who it is when you enroll.

You and each of your dependents can choose different PCPs from our network of participating providers.

Your PCP's role

- Provides preventive and routine medical care
- Refers you to participating medical specialists, when needed
- Knows your health history and educates you about healthy lifestyle choices



Two ways to find a PCP:

Find a PCP or see if your current provider is in our network.



Visit harvardpilgrim.org/providerdirectory



Call us:

Already a member:

(888) 333-4742

Not yet a member:

(866) 874-0817

TTY: 711

Once you're a member

Register for your member account at www.harvardpilgrim.org:

- Look up the details of your plan.
- Compare costs for tests and procedures.
- Explore different health topics and ways to be well.
- Check out ways to save with discounts on eyewear, reimbursement for fitness programs and more!



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

Need help?

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

Not yet a member: **(866) 874-0817**

TTY: **711**