



Harvard Pilgrim  
Health Care

a Point32Health company

# Member Guide

## Your Health Plan Highlights





Dear Member,

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

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

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

Your member guide will give you an overview of:

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

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



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

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## Digital Tools & More



### Secure Member Account and Mobile App

Log in or activate your secure online account or download the Harvard Pilgrim mobile app<sup>1</sup> to access your health plan benefits information.



[harvardpilgrim.org/create](https://harvardpilgrim.org/create)

### Find a Provider or Hospital

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

- Search for providers or hospitals by name or location, based on your plan
- Find providers accepting new patients
- View providers by specialty such as behavioral health, pediatrics and more

### Estimate My Cost

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

### Reduce My Costs

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

### Telehealth Provided by Doctor On Demand

Set up your account online to access a Doctor On Demand provider 24/7, by phone or mobile app worldwide<sup>3</sup> for everyday care and confidential therapy. Physicians can also order your prescription<sup>4</sup> at your local pharmacy when medically necessary.



[doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim)



# Whole-person Care

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

## **Broad Network of Providers**

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

## **Behavioral Health Programs and Services**

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

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

## **Behavioral Health Service Navigation**

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

## **Condition Management Programs**

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

## **Substance Use Treatment Services**

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

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



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



# Understand Your Pharmacy Benefits

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

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

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

## Prescription Cost-sharing

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

## Check if Your Prescription Has Special Requirements

If there is a "PA," "STPA," "QL" or "SP" after any of your prescriptions, talk to your provider.

## Plan Ahead if You Take Maintenance Medication

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

## Save Money With Mail Order Service

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

For more information about pharmacy benefits:



[harvardpilgrim.org/member-rx](https://harvardpilgrim.org/member-rx)



# Know Your Care Options

Health care isn't one-size-fits-all. Knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you and your dependents have access to a variety of options:

## When to See Your Primary Care Provider (PCP)

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

## When to Use Virtual Care, Through Doctor On Demand

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

## When to Go to a Retail Clinic

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

## When to Visit an Urgent Care Center

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

## When to Visit the Emergency Room

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





## Condition Management

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

Our team is here to provide confidential support if:

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

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

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

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



## Wellness Discounts & Perks

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

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



[harvardpilgrim.org/discounts](https://harvardpilgrim.org/discounts)

### Start Living Well Today

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

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





## Family & Maternal Health

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

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

Learn more:



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





## Stay Connected & Informed

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

### Member Newsletter

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

### Text Messaging

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

### Email Messages

Receive valuable information about your benefits, discounts and perks, and new programs that support your health and well-being.

### Harvardpilgrim.org

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

### Social Media

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



### How to Stay in the Know

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





# Key Terms

## Coinsurance

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

## Copayments

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

## Cost-sharing

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

## Deductible

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

## In-Network

Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage.

## Non-Covered (NC)

Medications that are not currently covered by Harvard Pilgrim.

## Out-of-Network

Out-of-network coverage applies only to POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage.

## Out-of-Pocket Maximum

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

## Premium

This is the monthly cost of your health insurance coverage.

## Prior Authorization (PA)

The need for your provider to tell us why it is medically necessary for you to receive a covered medication or service.

## Quantity Limitation (QL)

The quantity limit for a medication that can be purchased at any one time. A common QL is a 30-day supply.

## Tier

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

For details and more key terms, go to:



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

# Important Information About Your Plan

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

## When You Need Care

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

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

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

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

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

## Appeals

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

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

## Member Confidentiality

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

Visit [harvardpilgrim.org](http://harvardpilgrim.org) or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

Members: **888-333-4742**

Non-members: **800-848-9995**

TTY: **711**

## Additional Benefit Details

- <sup>1</sup> Estimating costs and some other features are not available on the mobile app.
- <sup>2</sup> Your health plan may require a referral and/or prior authorization before you receive services from a cost-effective provider. To ensure the services will be covered, please refer to your plan documents or contact Harvard Pilgrim at **888-333-4742**. For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit [harvardpilgrim.org/reducemycosts/maine](https://harvardpilgrim.org/reducemycosts/maine). Cash rewards come in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- <sup>3</sup> This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List).
- <sup>4</sup> Physicians will not order prescriptions for patients calling from outside the U.S. and they do not provide Schedule I-IV DEA controlled substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.
- <sup>5</sup> If you are experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away.

## General Notice About Nondiscrimination and Accessibility Requirements

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

### HPHC:

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

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information). If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity) you can file a grievance with:

### Civil Rights Compliance Officer

1 Wellness Way  
Canton, MA 02021-1166

**866-750-2074**, TTY service: **711**

Fax: **617-509-3085**

Email: [civil.rights@point32health.org](mailto:civil.rights@point32health.org)

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

### U.S. Department of Health and Human Services

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

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

Complaint forms are available at

[www.hhs.gov/ocr/office/file/index.html](https://www.hhs.gov/ocr/office/file/index.html)

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

# Language Assistance Services

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

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

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

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

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

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

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

**Khmer (ភាសាខ្មែរ)** បុរសិនបរអុន កនិយាយភាសាបសដេបប្រាំភាសាអង់បល: ស បសវាកមុមជំនួ យភាសា ដលៃគតលិតថុល: លីអាចរកបានសបារអុន ក។ សូ មុប្រាំកាន់បលខប្រាំលី ID កាតសាជីករសំអុន ក។

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

**Lao (ພາສາລາວ)** ກະລຸນາ ຮັບຊາບ: ຖ້າ ທ່ານເວົ້າພາສາອື່ນີ່ທໍ່ບາ ມ່ນພາສາ ອັງກິດ, ທ່ານສາມາດໃຊ້ບໍລິການດ່ານພາສາໄ ຕໍ່ ໂດຍບໍ່ເສຍ ຄ່າ. ກະລຸນາໂທຫາເບີຖ່ ຢໃນ ບັດປະຈໍາ ຕົວສະມາຊິກຂອງ ທ່ານ.

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

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

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

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

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

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

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



# Medical Coverage & Cost-Sharing Guide

## PPO

With this plan, you may receive care from medical professionals and hospitals in or out of Harvard Pilgrim's network. Your costs will be lower when you receive care from in-network providers.

- **In-network coverage**
- **Out-of-network coverage**
- **No referrals required**

### **In-network coverage**

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

### **Out-of-network coverage**

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



## Getting care with the PPO plan

### Routine and preventive care\*

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

### Specialty care

You can see specialists inside or outside of Harvard Pilgrim's network for covered services. Referrals are not required.

### Behavioral health care\*\*

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

### A note about hospital admissions

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

### A primary care provider (PCP) is key to good health

A PCP is the doctor, nurse practitioner or other qualified medical professional you see for annual checkups and for treatment when you're sick or injured. We strongly recommend having a PCP to work with even though this plan doesn't require you to have one.

- A PCP will keep a record of your care and can help you make informed decisions about your health.
- You and each of your dependents can choose different PCPs from our network of participating providers.
- Find a PCP or see if your current provider is in our network at [harvardpilgrim.org/providerdirectory](https://www.harvardpilgrim.org/providerdirectory)

### Care when you're traveling

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

### Acupuncture and chiropractic treatments

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

### Urgent and emergency care

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

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

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

# Cost-sharing overview

## No cost-sharing when received in-network:

### Routine & preventive care\*

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

## Cost-sharing may apply:

### Doctor office visits, diagnostic tests and services, hospital services

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

## What you pay for services

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

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

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

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

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

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

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

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

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

HPHC Insurance Company is an affiliate of Harvard Pilgrim Health Care and Harvard Pilgrim Health Care of New England.



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

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

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

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

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



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

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

**Representatives are available:**

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

\* Some PPO plans are underwritten by HPHC Insurance Company.

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

# Please show this to your provider

## Dear UnitedHealthcare Participating Provider,

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

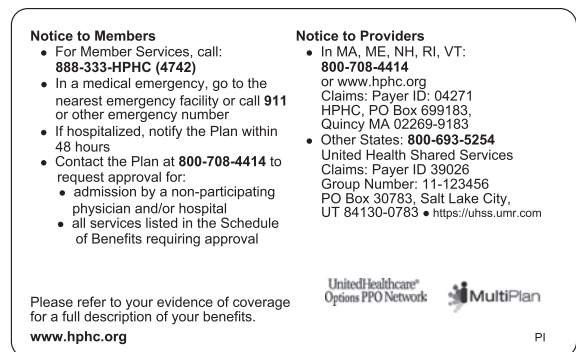
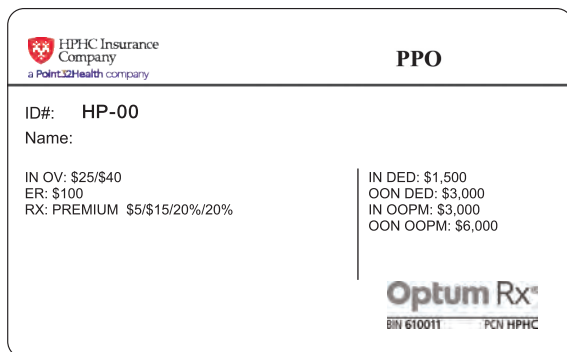
For questions about:	Contact:
<b>Eligibility or claims</b>	UnitedHealthcare Shared Services at <b>800-693-5254</b> Press 1 for Provider, then options include: <ul style="list-style-type: none"> <li>• For notifications, press 1</li> <li>• For calls and claims regarding behavioral health services, press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

## Send claims to:

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

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

## SAMPLE Member ID Card (front and back):



# Schedule of Benefits

## Harvard Pilgrim Health Care, Inc.

### BEST BUY PPO 5000

### MASSACHUSETTS

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

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

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

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

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

#### **Prior Approval**

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

- **1-800-708-4414** for medical services
- **1-888-333-4742** for Medical Drugs
- **1-800-708-4414** for mental health and substance use disorder treatment

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

#### **Medical Necessity Guidelines**

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

#### **Covered Benefits**

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

Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a physician's office, see "Physician and Other Professional Office Visits." For services provided in a

hospital emergency room, see "Emergency Room Care." For inpatient hospital care, see "Hospital – Inpatient Services," and for outpatient surgical procedures, please see "Surgery - Outpatient."

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

General Cost Sharing Features:	In-Network Member Cost Sharing:	Out-of-Network Member Cost Sharing:
<b>Coinsurance and Copayments</b>		
See the benefits table below		
<b>Deductible</b>		
The following Deductibles apply to all services except where specifically noted below. Your Plan Deductible can be met by any combination of eligible In-Network and Out-of-Network expenses.	\$5,000 per Member per Plan Year \$10,000 per family per Plan Year	
<b>Out-of-Pocket Maximum</b>		
Includes all In-Network and Out-of-Network Member Cost Sharing except: – Any charges above the Allowed Amount and any penalty for failure to receive Prior Approval when using Non-Plan Providers	\$9,200 per Member per Plan Year \$18,400 per family per Plan Year	
<b>Out-of-Network Penalty Payment</b>		
Applies when the Member fails to obtain required Prior Approval for services from a Non-Plan Provider. Does not count toward the Deductible or Out-of-Pocket Maximum	\$500	
<b>Deductible Rollover</b>		
Your Plan has a Deductible Rollover. Deductible amounts that you have paid for Covered Benefits during the last 3 months of the Plan Year will be applied toward the Deductible requirement for the next Plan Year. Deductible Rollover amounts will apply toward the Out-of-Pocket Maximum for the next Plan Year.		

**BEST BUY PPO 5000 - MASSACHUSETTS**

<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Acupuncture Treatment</b>		
	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Ambulance and Medical Transport</b>		
Emergency ambulance transport	Deductible, then \$50 Copayment per transport	Same as In-Network
Non-emergency air ambulance transport	Deductible, then \$50 Copayment per transport	Same as In-Network
Non-emergency medical transport	Deductible, then \$50 Copayment per transport	Deductible, then 20% Coinsurance
<b>Autism Spectrum Disorders Treatment</b>		
Applied behavior analysis	\$25 Copayment per visit	Deductible, then 20% Coinsurance
<b>Chemotherapy and Radiation Therapy</b>		
Chemotherapy	Deductible, then no charge	Deductible, then 20% Coinsurance
Radiation therapy	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Dental Services</b>		
<b>Important Notice:</b> Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.		
Extraction of teeth impacted in bone (performed in a physician's office)	Deductible, then no charge	Deductible, then 20% Coinsurance
Pediatric dental care for children (up to the age of 13) – limited to 2 preventive dental exams per Plan Year	\$25 Copayment per visit	Deductible, then 20% Coinsurance
<b>Dialysis</b>		
	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Durable Medical Equipment</b>		
Durable medical equipment	Deductible, then 30% Coinsurance	Deductible, then 30% Coinsurance
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge	No charge
Oxygen and respiratory equipment	No charge	Deductible, then 20% Coinsurance
<b>Early Intervention Services</b>		
	No charge	No charge
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.		
<b>Emergency Admission</b>		
	Deductible, then no charge	Same as In-Network

<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Emergency Room Care</b>		
	\$150 Copayment per visit	Same as In-Network
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the hospital directly from the emergency room. Please see "Hospital - Inpatient Services," "Observation Services," or "Surgery – Outpatient" for the Member Cost Sharing that applies to these benefits.		
<b>Fertility Services (see the Benefit Handbook for details)</b>		
	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Hearing Aids (for Members up to the age of 22)</b>		
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	Deductible, then 30% Coinsurance	Deductible, then 30% Coinsurance
<b>Home Health Care</b>		
	Deductible, then no charge	Deductible, then 20% Coinsurance
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.		
<b>Hospice - Outpatient</b>		
	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Hospital – Inpatient Services</b>		
Acute hospital care	Deductible, then no charge	Deductible, then 20% Coinsurance
Inpatient maternity care	Deductible, then no charge	Deductible, then 20% Coinsurance
Inpatient routine nursery care	No charge	Deductible, then 20% Coinsurance
Inpatient rehabilitation – limited to 60 days per Plan Year	Deductible, then no charge	Deductible, then 20% Coinsurance
Skilled nursing facility – limited to 100 days per Plan Year	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Infertility Treatment (see the Benefit Handbook for details)</b>		
	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Laboratory, Radiology and Other Diagnostic Services</b>		
Laboratory	Deductible, then no charge	Deductible, then 20% Coinsurance
Genetic testing	Deductible, then no charge	Deductible, then 20% Coinsurance
Radiology	Deductible, then no charge	Deductible, then 20% Coinsurance
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Deductible, then no charge	Deductible, then 20% Coinsurance

(Continued on next page)

**BEST BUY PPO 5000 - MASSACHUSETTS**

<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Laboratory, Radiology and Other Diagnostic Services (Continued)</b>		
Other diagnostic services	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Low Protein Foods</b>		
	No charge	Deductible, then 20% Coinsurance
<b>Maternity Care - Outpatient</b>		
Routine outpatient prenatal and postpartum care	No charge	Deductible, then 20% Coinsurance
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under "Physician and Other Professional Office Visits" and when not specifically listed above, Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under "Laboratory, Radiology and Other Diagnostic Services."		
<b>Medical Drugs (drugs that cannot be self-administered)</b>		
Medical drugs received in a physician's office or other outpatient facility	Deductible, then no charge	Deductible, then 20% Coinsurance
Medical drugs received in the home	Deductible, then no charge	Deductible, then 20% Coinsurance
Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the Member Cost Sharing listed above will apply.		
<b>Medical Formulas</b>		
	No charge	Deductible, then 20% Coinsurance
<b>Mental Health and Substance Use Disorder Treatment</b>		
Inpatient services	Deductible, then no charge	Deductible, then 20% Coinsurance
Intermediate care services	Deductible, then no charge	Deductible, then 20% Coinsurance
Annual mental health wellness examination performed by a licensed mental health professional. <b>Please Note:</b> Your annual mental health wellness examination may also be provided by a PCP as part of your annual routine examination for preventive care.	No charge	Deductible, then 20% Coinsurance
Outpatient group therapy	\$10 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient individual therapy	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient treatment, including outpatient detoxification and medication management	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient methadone maintenance	No charge	Deductible, then 20% Coinsurance
Outpatient psychological testing and neuropsychological assessment	Deductible, then no charge	Deductible, then 20% Coinsurance

<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Mental Health and Substance Use Disorder Treatment (Continued)</b>		
Outpatient telemedicine virtual visit – group therapy	\$10 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient telemedicine virtual visit services – including individual therapy, detoxification, and medication management	\$25 Copayment per visit	Deductible, then 20% Coinsurance
<b>Observation Services</b>		
	Deductible, then no charge	Same as In-Network
<b>Ostomy Supplies</b>		
	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits.)</b>		
Routine examinations for preventive care, including immunizations	No charge	Deductible, then 20% Coinsurance
Not all <b>In-Network</b> services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services Notice on our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> . Please see "Laboratory, Radiology and Other Diagnostic Services" for the Member Cost Sharing that applies to diagnostic services not included on this list.		
Consultations, evaluations, sickness and injury care	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."		
Office based treatments and procedures, including, but not limited to administration of injections, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, and surgical procedures	Deductible, then no charge	Deductible, then 20% Coinsurance
Administration of allergy injections	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Preventive Services and Tests</b>		
	No charge	Deductible, then 20% Coinsurance

(Continued on next page)

<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Preventive Services and Tests (Continued)</b>		
Under federal and state law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women, and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services Notice on our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> . You may also get a copy of the Preventive Services Notice by calling the Member Services Department at <b>1-888-333-4742</b> . Harvard Pilgrim will add or delete services from this benefit for preventive services and tests in accordance with federal and state guidance.		
The following additional preventive services, tests and devices: alpha-fetoprotein (AFP), fetal ultrasound, hepatitis C testing, lead level testing, prostate-specific antigen (PSA) screening, routine hemoglobin tests, group B streptococcus (GBS), routine urinalysis, blood pressure monitor, retinopathy screening, and international normalized ratio (INR) testing.	No charge	Deductible, then 20% Coinsurance
<b>Prosthetic Devices</b>		
	20% Coinsurance	Deductible, then 20% Coinsurance
<b>Rehabilitation and Habilitation Services - Outpatient</b>		
Cardiac rehabilitation	Deductible, then no charge	Deductible, then 20% Coinsurance
Pulmonary rehabilitation therapy	Deductible, then no charge	Deductible, then 20% Coinsurance
Speech-language and hearing services	Deductible, then no charge	Deductible, then 20% Coinsurance
Occupational therapy – limited to 60 visits per Plan Year Limits combined with physical therapy.	Deductible, then no charge	Deductible, then 20% Coinsurance
Physical therapy – limited to 60 visits per Plan Year Limits combined with occupational therapy.	Deductible, then no charge	Deductible, then 20% Coinsurance
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children up to the age of three and (2) the treatment of Autism Spectrum Disorders.		
<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>		
Colonoscopy, endoscopy and sigmoidoscopy	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Spinal Manipulative Therapy (including care by a chiropractor)</b>		
– Limited to 12 visits per Plan Year	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Surgery – Outpatient</b>		
	Deductible, then no charge	Deductible, then 20% Coinsurance

**BEST BUY PPO 5000 - MASSACHUSETTS**

<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Telemedicine Virtual Visit Services - Outpatient</b>		
	\$25 Copayment per visit	Deductible, then 20% Coinsurance
For inpatient hospital care, see "Hospital — Inpatient Services" for cost sharing details.		
<b>Travel Reimbursement Benefit</b>		
– Limited to \$2,500 per Plan Year See the Benefit Handbook for details	No charge	
<b>Urgent Care Services</b>		
Doctor On Demand	No charge	
<b>Important Note:</b> Doctor On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctor On Demand, including how to access them, please visit our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> .		
Convenience care clinic	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Urgent care center	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Hospital urgent care center	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you have an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."		
<b>Vision Services</b>		
Routine eye examinations – limited to 1 exam per Plan Year	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Vision hardware for special conditions	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Voluntary Sterilization in a Physician's Office</b>		
	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Voluntary Termination of Pregnancy</b>		
	No charge	Deductible, then 20% Coinsurance
<b>Wigs and Scalp Hair Protheses as required by law</b>		
– Limited to \$350 per Plan Year (see the Benefit Handbook for details)	Deductible, then no charge	Deductible, then 20% Coinsurance

## General List of Exclusions

### Harvard Pilgrim Health Care, Inc. | MASSACHUSETTS

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

Exclusion
<p><b>Alternative Treatments</b></p> <ul style="list-style-type: none"> <li>• Acupuncture care, except when specifically listed as a Covered Benefit.</li> <li>• Acupuncture services that are outside the scope of standard acupuncture care.</li> <li>• Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit.</li> <li>• Aromatherapy, treatment with crystals and alternative medicine.</li> <li>• Any of the following types of programs: Health resorts, spas, recreational programs, camps, outdoor skills programs, therapeutic or educational boarding schools, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs).</li> <li>• Massage therapy.</li> <li>• Myotherapy.</li> </ul>
<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>• Dental Care, except when specifically listed as a Covered Benefit.</li> <li>• Temporomandibular Joint Dysfunction (TMD) care, except as described in the Plan's <i>Benefit Handbook</i>.</li> <li>• Extraction of teeth, except when specifically listed as a Covered Benefit.</li> <li>• Pediatric dental care, except when specifically listed as a Covered Benefit.</li> <li>• Dentures</li> </ul>
<p><b>Durable Medical Equipment and Prosthetic Devices</b></p> <ul style="list-style-type: none"> <li>• Any devices or special equipment needed for sports or occupational purposes.</li> <li>• Any home adaptations, including, but not limited to home improvements and home adaptation equipment.</li> <li>• Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services.</li> <li>• Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.</li> </ul>
<p><b>Experimental, Unproven, or Investigational Services</b></p> <ul style="list-style-type: none"> <li>• Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.</li> </ul>
<p><b>Foot Care</b></p> <ul style="list-style-type: none"> <li>• Foot orthotics, except for the treatment of severe diabetic foot disease or systemic circulatory disease.</li> <li>• Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members diagnosed with diabetes or systemic circulatory disease.</li> </ul>
<p><b>Maternity Services</b></p> <ul style="list-style-type: none"> <li>• Planned home births.</li> <li>• Services provided by a doula.</li> </ul>

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

## Exclusion

### Mental Health and Substance Use Disorder Treatment

- Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided (1) for educational services intended to enhance educational achievement or developmental functioning, (2) to resolve problems of school performance, (3) for driver alcohol education, or (4) for community reinforcement approach and assertive continuing care.
- Any of the following types of programs: programs in which the patient has a pre-defined duration of care without the Plan's ability to conduct concurrent determinations of continued medical necessity, programs that only provide meetings or activities not based on individualized treatment plans, programs that focus solely on interpersonal or other skills rather than directed toward symptom reduction and functional recovery related to specific mental health disorders, and tuition based programs that offer educational, vocational, recreational, or personal developmental activities.
- Sensory integrative praxis tests.
- Mental health and substance use disorder treatment that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health.
- Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Plan, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.

### Physical Appearance

- Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, (3) post-mastectomy care, and (4) gender affirming procedures and related services.
- Electrolysis or laser hair removal, except for what is Medically Necessary as part of gender affirming services.
- Hair removal or restoration, including, but not limited to transplantation or drug therapy.
- Liposuction, except for what is Medically Necessary as part of gender affirming services, or removal of fat deposits considered undesirable.
- Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures).
- Skin abrasion procedures performed as a treatment for acne.
- Treatments and procedures related to appearance including but not limited to, abdominoplasty; chemical peels; collagen injections; dermabrasion; implantations (e.g. cheek, calf, pectoral, gluteal); lip reduction/enhancement; panniculectomy; removal of redundant skin; and silicone injections (e.g. for breast enlargement), except for what is Medically Necessary as part of another Covered Benefit.
- Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin.
- Treatment for spider veins.
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging.

### Procedures and Treatments

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

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

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

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

## Exclusion

### All Other Exclusions

• Any service or supply furnished in connection with a non-Covered Benefit. • Any service or supply (with the exception of contact lenses) purchased from the internet. • Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided, in accordance with applicable Medical Necessity Guidelines. • Any service, supply or medication that is required by a third party that is not otherwise Medically Necessary (examples of a third party are an employer, an insurance company, a school or court). • Beauty or barber service. • Diabetes equipment replacements when solely due to manufacturer warranty expiration. • Donated or banked breast milk. • Externally powered exoskeleton assistive devices and orthoses. • Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law and prescribed for Members who meet HPHC policies for enteral tube feedings. • Guest services. • Medical equipment, devices or supplies except as described in the Plan's *Benefit Handbook*. • Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services. • Reimbursement for travel expenses, except as described in the Plan's *Benefit Handbook*. Excluded services include but are not limited to: Alcohol and tobacco; Childcare expenses; Entertainment; Expenses for anyone other than you and your companion; First class, business class and other luxury transportation services; Lodging other than at a hotel or motel; Lost wages; Meals; Personal care and hygiene items; Telephone calls; Tips and gratuities. • Services for non-Members. • Services for which no charge would be made in the absence of insurance. • Services for which no coverage is provided in the Plan's *Benefit Handbook*, this Schedule of Benefits, or the Prescription Drug Brochure (if applicable). • Services provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor. • Services that are not Medically Necessary. • Taxes or governmental assessments on services or supplies. • Transportation, except for emergency ambulance transport, and non-emergency medical transport needed for transfer between hospitals or other covered health care facilities or from a covered facility to your home when Medically Necessary or when specifically listed as a Covered Benefit. • Voice modification surgery, except when Medically Necessary for gender affirming services. • Air conditioners, air purifiers and filters, dehumidifiers and humidifiers. • Car seats. • Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners. • Electric scooters. • Exercise equipment. • Home modifications including but not limited to elevators, handrails and ramps. • Hot tubs, jacuzzis, saunas or whirlpools. • Mattresses. • Medical alert systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

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





Harvard Pilgrim  
Health Care

a Point32Health company

# Wellness Discounts and Perks

Large Group





Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness and other services related to good health.<sup>1</sup>

## Childbirth Education Classes

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

\*Available to fully insured and eligible ASO plans.

## Wellness Reimbursement<sup>2</sup>

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

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



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

## Fitness Reimbursement<sup>2</sup>

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

## Support for a Healthy Mind

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

## Dedicated Nurse Care Managers to Guide You

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

## Fitness and exercise

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

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

## Weight management

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

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

## Wellness

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

- Enroll in our Living Well program, and start earning rewards for participating in a variety of informative, fun and interactive activities
- Access virtual yoga, guided mindfulness and more through our Living Well at Home programs. All classes are at no cost to you and easy to access via Zoom.
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,<sup>4</sup> massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide
- Get 50% off digital subscriptions and courses at [Mindful.org](https://www.Mindful.org)

## Quit smoking

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

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

## Vision

### Need a new pair of eyeglasses?

- Get discounts on frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers<sup>5</sup>
- Have your routine eye exam at participating Visionworks locations and get a free pair of prescription eyeglasses from a select store collection.<sup>6</sup> You must choose and order your free eyewear on the day of your exam

### Interested in LASIK?

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

## Hearing

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

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





## Family Care

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

- **Tinyhood Virtual Pregnancy and Parenting Classes**

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

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

## Additional Benefit Details

- <sup>1</sup> This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- <sup>2</sup> Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply. Reimbursement amounts may vary by employer group.
- <sup>3</sup> At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- <sup>4</sup> This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- <sup>5</sup> Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- <sup>6</sup> Free eyewear program is available only at select participating locations in Massachusetts, Rhode Island, New Hampshire and New York. Offer subject to restrictions; limited to one free pair of eyeglasses per member per year.



a **Point32Health** company



# Wellness Reimbursement

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

## What Qualifies for Reimbursement?

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



## Studios and Facilities That Qualify for Reimbursement Include:

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

### Qualified Nutrition Programs Include:

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

### Qualified Mindfulness Programs Include:

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

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

### How Do I Get Reimbursed?

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

After four months of Harvard Pilgrim membership, you can complete the Wellness Reimbursement Form online or by mail. Go to [harvardpilgrim.org/reimbursement](https://harvardpilgrim.org/reimbursement).

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

### What Does Not Qualify for Reimbursement?

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

### When Can I Submit My Request?

You can request reimbursement:

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

### How Long Will it Take to be Reimbursed?

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



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

\* Available on plans sold to fully-insured large employer groups, and ASO plans that elect this option. Must be currently enrolled in Harvard Pilgrim at the time of reimbursement for at least four months within a calendar year. Restrictions apply. Reimbursement may be considered taxable income. Members should consult their employer or tax advisor. Effective January 1, 2024.

# Digital Tools

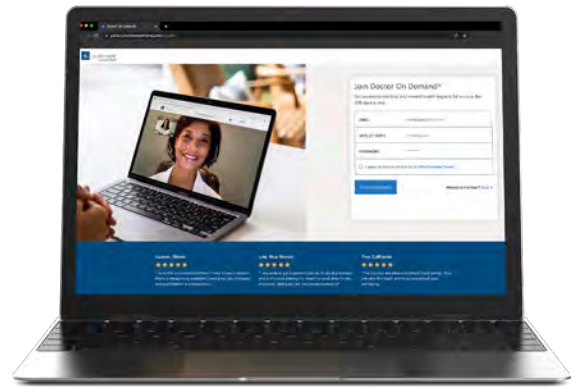
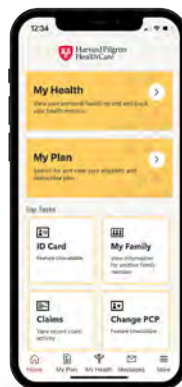
Quick and easy access to your health plan benefits

## Member Secure Account & Mobile App

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

## Find a Provider Online Tool

To find participating providers for your plan, use our online "Find a provider" tool<sup>2</sup>. Log into your **secure account** for personalized search results and refine your search by specialty, location, name, and review the provider details such as in-office and virtual availability.



## Telehealth Virtual Health Care

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

## Estimate My Cost

Log in to your **secure account** to find a doctor, estimate your out of pocket costs, and get the quality care from the provider that will save you money and fits into your budget.

## Reduce My Costs

Connect with a nurse at **855-772-8366** to save money before you schedule routine services such as lab-work, mammograms, colonoscopy and MRIs, and earn a Visa® gift card when you select high quality-cost effective providers<sup>5</sup>.

> Learn more at [harvardpilgrim.org/digitaltools](https://harvardpilgrim.org/digitaltools)

<sup>1</sup> Estimating costs and other features are not available on the mobile app.

<sup>2</sup> To help avoid unanticipated costs, always choose providers within the Harvard Pilgrim network. If your plan requires you to use in-network healthcare providers, check with your PCP, who can assist in coordinating your care. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

<sup>3</sup> This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List).

<sup>4</sup> Physicians will not order prescriptions for patients calling from outside the U.S. and they do not provide Schedule I-IV DEA controlled substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.

<sup>5</sup> 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. Rewards vary based on plan and state. Reduce My Costs program is included with all fully insured plans except Littleton Options HMO. Buy up options are available to self insured employers. Ask your employer if your plan includes the Reduce My Costs program.



# Living Well at Home

## Free virtual wellness classes & webinars

Our well-being programs are here for you when you need them the most. Whether you are looking to shake it up, stretch it out, or get centered, we've got you covered with Zumba®, yoga, strength training, guided mindfulness, and wellness sessions, which are available to everyone. All classes are free and easy to access via Zoom.

### Guided mindfulness sessions

Experiment with short bursts of mindfulness instruction followed by mini meditations led by our expert instructors.

**Tuesdays | 8:30-9:00 a.m. ET**

[Click here](#)

**Wednesdays | 8:30-9:00 a.m. ET**

Attendees are invited to use their webcams (live class)

[Click here](#) | **Passcode 203720**

**Thursdays | 8:30-9:00 a.m. ET**

[Click here](#)

### Rotating health & wellness topics

These classes take a holistic look at health to help you stay physically and mentally resilient. Enjoy a variety of topics.

**Wednesdays | 1:00-1:30 p.m. ET**

[Click here](#)

**Thursdays | 1:00-1:30 p.m. ET**

[Click here](#)

### Zumba classes

Dance like nobody's watching! Our Zumba® classes will be the most fun you've ever had working out. Enjoy upbeat music and moves anyone can try!

**Tuesdays & Thursdays | 5:15-6:15 p.m. ET**

[Click here](#)

### Yoga classes

Breathe in, breathe out and stretch it out with a relaxing yoga practice. These live sessions are accessible to all fitness levels and are the perfect way to wind down.

**Mondays & Wednesdays | 5:15-6:15 p.m. ET**

[Click here](#)

### Strength Training classes

These sessions will get you ready to start your day! A quick warm up to get started, moving through various strengthening exercises and closing with some stretching. Weights are optional.

**Tuesdays & Thursdays | 7:30-8:00 a.m. ET**

[Click here](#)

For future and past sessions, visit [harvardpilgrim.org/livingwellathome](https://harvardpilgrim.org/livingwellathome)



Harvard Pilgrim  
Health Care

# Connecting You to Whole-Person Care

A new integrated approach to behavioral health



**Starting November 1, 2023 all Harvard Pilgrim members can access a comprehensive network of medical and behavioral health care providers, along with innovative programs and services, to improve physical and mental well-being in traditional and virtual settings.<sup>1</sup> Our dedicated team will guide you from the first phone call to aftercare planning, to ensure that you receive whole-person care through an integrated approach.**



<sup>1</sup> The behavioral health programs and services including care management programs mentioned in this flyer reflect availability as of November 1, 2023. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits. Harvard Pilgrim, a Point32Health company, complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro. 若需免費的中文版本, 請撥打ID卡上的電話號碼。



## Behavioral Health Service Navigation

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



Navigate the complex health care system through enhanced personalized interactions



Connect to Harvard Pilgrim's support and programs, such as care managers



Locate providers and obtain timely behavioral health appointments



Learn more about the innovative tools and services we offer to support your needs



## Care Management Programs

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

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

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

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

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

## **Emergency Department**

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

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

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

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





## **Behavioral Health Programs and Services**

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

## Virtual Therapy Services

Available seven days a week to support your mental health and well-being. Our services include AbleTo,<sup>2</sup> Doctor on Demand and Valera Health,<sup>3</sup> and offer licensed coaching, talk therapy, medication management and more.

**AbleTo** Need help managing stress, changing unhealthy habits, improving your mood or managing your time? Starting November 1, 2023, Harvard Pilgrim members have access to mental health support from AbleTo. These programs aim to seamlessly combine on-demand self-care tools and personalized virtual therapy sessions, helping to ensure access to a range of options from enhancing mental resilience with self-care techniques to connecting with AbleTo licensed therapists for structured guidance and access.

➤ Visit [ableto.com/harvardpilgrim](https://ableto.com/harvardpilgrim) to get started.

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

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

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

➤ Schedule a consultation with a Valera Health connector at [valerahealth.com/consult](https://valerahealth.com/consult).

<sup>2</sup> AbleTo Virtual Therapy will be available to Harvard Pilgrim members with employer-sponsored coverage starting November 1, 2023. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

<sup>3</sup> Valera Health services, Cortica providers, Spectrum Health Systems and Northeast Health Services are located only in Massachusetts. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.



## Quick and Easy Access to Specialty Providers

Get started with Cortica,<sup>3</sup> with a focus on a whole-child integrated care model and Northeast Health Services,<sup>3</sup> a virtual and in-person outpatient mental health clinic.

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

- Families interested in receiving services can visit [corticacare.com](https://corticacare.com) to schedule an appointment or call **888-885-5068**.

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

- Schedule an appointment at [nehs.transformationsnetwork.com](https://nehs.transformationsnetwork.com).

## Substance Use Treatment

Available through multiple network providers, including Spectrum Health Systems.<sup>3</sup> Members are supported after inpatient treatment by our internal Addiction Recovery Care Management Team.

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

➤ For more information, visit [spectrumhealthsystems.org](https://spectrumhealthsystems.org).

**Better Life Partners**<sup>4</sup> delivers integrated health care, with an integration of primary and behavioral health care, members can truly focus on all aspects of recovery from medical and emotional well-being to substance use disorder. The close relationships with local community organizations add an extra layer of support for members. Members have access to a comprehensive support team of medical experts and specialized clinicians offering key benefits including:

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

➤ For more information, visit: [betterlifepartners.com](https://betterlifepartners.com)

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

<sup>3</sup> Valera Health services, Cortica providers, Spectrum Health Systems and Northeast Health Services are located only in Massachusetts. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

<sup>4</sup> Better Life Partners services are available in Massachusetts, New Hampshire, Maine and Vermont. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.

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



### **Help is just a phone call away**

For assistance with accessing these innovative programs and services, please call the number on the back of your member ID card.





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



## Premium 4-Tier

# Prescription Drug Coverage

<b>Tier 1</b>  Low-cost generic drugs and certain over-the-counter medications	<b>Tier 2</b>  High-cost generic drugs and selected brand-name drugs	<b>Tier 3</b>  Brand-name drugs without generic equivalents and some high-cost generic drugs	<b>Tier 4</b>  Drugs not in Tiers 1, 2 or 3 (nonpreferred brands and highest-cost generics)
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## Your Drug Coverage

### What is covered?

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

### What is not covered?

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

### Are there limitations on certain drugs?

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

### Do some drugs require prior authorization?

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

### Can I request an exception?

Yes. If you need a drug that we either don't cover or limit, you or your provider can ask us for an exception. For details, visit [harvardpilgrim.org/rx](http://harvardpilgrim.org/rx). Choose the year and then **Premium 4-Tier** for information on exceptions.

## What is step therapy?

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

## How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy. Visit [harvardpilgrim.org/rx](http://harvardpilgrim.org/rx), choose the year and then **Premium 4-Tier** to find out how your drugs are covered.

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

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

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

Visit [harvardpilgrim.org/rx](http://harvardpilgrim.org/rx) and choose the year and then **Premium 4-Tier**. Use the Prescription Drug Lookup to find out which over-the-counter medications are included in Tier 1. Ask your provider to write a prescription for the generic version and have it filled at a participating pharmacy.

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



## Filling Your Prescriptions

### Where can I get my prescriptions filled?

You can get your prescriptions filled at any of the more than 68,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your pharmacy is in the network, visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx), choose the year and then **Premium 4-Tier** to find participating pharmacies.

### Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program. Although most maintenance medications are appropriate for mail order, we may exclude drugs from the program for clinical reasons or to prevent potential waste.

To learn more, visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx), choose the year and then **Premium 4-Tier** for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program.

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

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

### What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) for information on our specialty pharmacy program, choose the year and then **Premium 4-Tier** for details.

### What do I pay for my medications?

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

# Prescription Drug Coverage

## PREMIUM 4 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	<b>Up to a 30-day supply:</b> \$5 Copayment per prescription or prescription refill <b>Up to a 90-day supply:</b> \$15 Copayment per prescription or prescription refill	\$5 Copayment per prescription or prescription refill
Tier 2	<b>Up to a 30-day supply:</b> \$10 Copayment per prescription or prescription refill <b>Up to a 90-day supply:</b> \$30 Copayment per prescription or prescription refill	\$10 Copayment per prescription or prescription refill
Tier 3	<b>Up to a 30-day supply:</b> \$20 Copayment per prescription or prescription refill <b>Up to a 90-day supply:</b> \$60 Copayment per prescription or prescription refill	\$20 Copayment per prescription or prescription refill
Tier 4	<b>Up to a 30-day supply:</b> \$35 Copayment per prescription or prescription refill <b>Up to a 90-day supply:</b> \$105 Copayment per prescription or prescription refill	\$35 Copayment per prescription or prescription refill

Your plan has an annual Out-of-Pocket Maximum, which is listed on the Schedule of Benefits. Once you have reached the Out-of-Pocket Maximum (including Deductible, Copayment and Coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit [www.harvardpilgrim.org/2025Premium4T](http://www.harvardpilgrim.org/2025Premium4T) for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



# Contact Us

## Member Services

888-333-4742 (TTY: 711)

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

Wed. 10am - 6pm

Fri. 8am - 5:30pm



Harvard Pilgrim  
Health Care

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