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Harvard Pilgrim  
Health Care

**Helping  
you get the  
most out of  
your health  
insurance.**

**Learn about your benefits.**

Enrollment Materials





## Welcome to Harvard Pilgrim!

Health insurance can be complicated. At Harvard Pilgrim, we're here to guide you on understanding your plan, getting the most value from your benefits and finding ways to better health.

This kit contains everything you need to help you understand your benefits and the programs, tools and services available to you as a Harvard Pilgrim member.

### Get started with your plan

**After you enroll, be sure to:**

- 1 Register for your member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org)
- 2 Get your electronic ID card
- 3 Confirm that your providers are in your plan's network before your next appointment
- 4 Check to see how your prescriptions are covered

Note: Not all employer-sponsored plans include Harvard Pilgrim prescription drug benefits.

# Understand your plan

**Review what's inside this kit to learn more about:**



## Your medical benefits

High-quality coverage for a range of services, including preventive care, office visits, medical emergencies, hospitalization and more.



## Prescription drug benefits

Access to a broad range of safe, effective medications.\*



## Extras that help you make the most of your plan

Tools that help you compare costs for hundreds of medical treatments. Discounts on products and services that help you lead a healthy lifestyle. Personal health coaching and guidance to help you achieve your wellness goals.

## All the information you need, all in one place

Your online member account is your go-to place for all your member benefits and information. Access plan benefits, claims status, your personal health information and more at

[www.harvardpilgrim.org](http://www.harvardpilgrim.org).

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Let Harvard Pilgrim  
guide you to a happier,  
healthier place.

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





# New plan. New benefits. Lots of questions?

Harvard Pilgrim welcomes you as a new member.

We want to make your switch to Harvard Pilgrim as easy as possible.  
Know that we are here to help and support you every step of the way!

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## You're switching to a new health plan, and maybe you want to know:



How soon do you  
get your ID card?



How can you confirm  
coverage for an upcoming  
appointment or procedure?



How will your  
medications will  
be covered?

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## Harvard Pilgrim SmartStart will guide you through this change.

### Talk to us!



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

We'll be happy to talk with you about  
your new benefits and put you in touch  
with clinical experts to discuss your  
medical concerns.

### Get set up online.



Visit **harvardpilgrim.org**  
to set up your member account.

Use our New Member Welcome Guide to:

- **Verify** your contact information
- **Select** or change primary care providers
- **View** and print your Harvard Pilgrim ID card
- **Answer** a brief health questionnaire (responses will not affect coverage)





HPHC Insurance  
Company

**PPO**

# A guide to your medical coverage



# Getting care with the PPO plan

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.

## 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.

## 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.

### Commonly treated conditions

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

Visit [www.harvardpilgrim.org/urgentcareoptions](http://www.harvardpilgrim.org/urgentcareoptions) for more information about these options.

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

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

# How the PPO plan works

The PPO plan gives you flexibility and choice with the providers you see and the hospitals you use.

## Features



**In-network coverage**



**No referrals required**



**Out-of-network coverage**

### 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.

### 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 is key to good health

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

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.

### The role of a PCP

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

### Two ways to find a PCP:

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



Visit [harvardpilgrim.org/providerdirectory](http://harvardpilgrim.org/providerdirectory)



Call us:

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

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

TTY: 711

# Once you're a member

Register for your member account at [harvardpilgrim.org](https://harvardpilgrim.org):

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



**HPHC Insurance  
Company**

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

## Need help?

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

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

TTY: **711**



## PPO

# 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.

**Allowed amount:** Generally, this is the maximum amount that Harvard Pilgrim will pay a provider for covered services. If you see a non-participating provider, it's possible that the provider will charge more than the allowed amount for the care you received. In that case, you would be responsible for paying the difference between the provider's charges and Harvard Pilgrim's allowed amount. This is sometimes called "balance billing."

**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.



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

**See the [Schedule of Benefits](#) for more details on your coverage and cost-sharing amounts.**

HPHC Insurance  
Company**PPO**

## What your PPO plan covers

Here's how your plan covers some common services.

**No cost sharing when received  
in-network—Routine & preventive care\***

- Annual checkup
- Preventive screenings and tests
- Immunizations, including flu shots
- Routine pre-natal and post-partum visits

**Cost sharing may apply—Doctor office visits,  
diagnostic tests & services, hospital services**

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

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

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

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



Harvard Pilgrim  
Health Care

# Your guide to prescription drug coverage

Premium 3-Tier



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



**Fact:** FDA-approved generic drugs contain the same active ingredients as their brand-name counterparts.

All covered medications fall into one of three tiers.



TIER 1

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



TIER 2

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



TIER 3

**Drugs not in Tier 1 or Tier 2**

**\*Over-the-counter medication is covered under Tier 1 as of January 1, 2021.**





# Which tier is my drug in?

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

## Do drugs ever change tiers?

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

# Your drug coverage

## What drugs are covered?

- Most generic drugs
- Brand-name drugs without generic equivalents
- Certain over-the-counter medications\*

## What drugs aren’t covered?

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

## Are there limitations on certain drugs?

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

## Do some drugs require prior authorization?

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

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

## What is step therapy?

Step therapy is a process that requires you to first try one drug for a medical condition before we cover another drug for that condition.

For example, if Drug A and Drug B both treat the same medical condition, we may require you to try Drug A first. If Drug A does not work, then we will cover Drug B. If you did not try Drug A first, then prior authorization would be required for 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 [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

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

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

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

Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) and 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.

\*Over-the-counter medication is covered under Tier 1 as of January 1, 2021.

# Filling your prescriptions

## Where can I get my prescriptions filled?

You can get your prescriptions filled at any of 67,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your local pharmacy is in the network, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" to find participating pharmacies.

## Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program. To learn more about these options, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program or at retail pharmacies in Maine.

## What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) for information on our specialty pharmacy program. Choose the year and then "Premium 3-Tier" for details.



## Questions?

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

To learn more about Harvard Pilgrim's pharmacy program:



Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx)



Call

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

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

TTY: 711

# What do I pay for my medications?

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

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

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

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

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





# Welcome to OptumRx home delivery





Once your coverage begins:

## Where can I fill my prescriptions?



### OptumRx home delivery

Order a 90-day supply of the medication you take regularly for less, depending on your plan. There's no charge for standard shipping to U.S. addresses.



Set up home delivery online, with the app or by calling OptumRx.

Please have the following items ready:

- Your doctor's contact information
- Names and strength of current medications
- Payment information



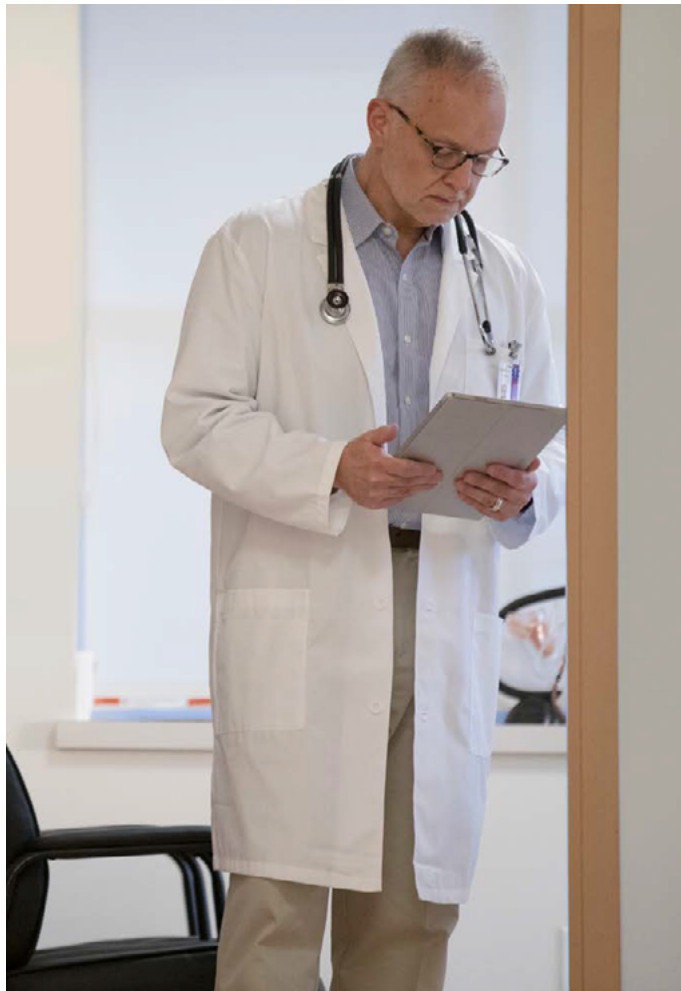
### Network retail pharmacies

Show your member ID card at any OptumRx network retail pharmacy.

Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx), call Member Services or use the app to find network pharmacies.

## About OptumRx home delivery

OptumRx® home delivery is Harvard Pilgrim's mail order pharmacy partner. Our pharmacy care experts are committed to providing safe, easy and cost-effective ways to help you get the medication you need.



## Things to do before your coverage begins

- 1 Set up your **www.harvardpilgrim.org** member account. Once logged in, click “Check drug coverage and costs” to get started with OptumRx home delivery.
- 2 Let your doctor know that OptumRx home delivery is your new mail order pharmacy, and check to see if you have refills remaining on your prescriptions.
- 3 If you are currently using another home delivery service, make sure you have at least a 1-month supply of medication on hand during the transition.

## Things to do after your coverage begins

- 1 Log in to your **www.harvardpilgrim.org** member account. Click “Check drug coverage & costs” to get started with OptumRx home delivery.
- 2 Review your formulary
  - Find out if you need to take action before filling your first prescription.
  - Check for lower-cost options.
- 3 Fill your prescriptions
  - Have your member ID card ready.
  - Use home delivery for maintenance medications, refill reminders and more.

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## Helpful tips

### Know your plan

Your plan may require one or more of the following before you can fill your prescription:

#### **Prior authorization:**

Your plan's approval to get a medication

#### **Step therapy:**

Trying one or more lower-cost medications before another

#### **Quantity limits:**

Getting a certain amount of each prescription

### Talk to your doctor

When you talk with your doctor, use our app to confirm coverage and costs. You can also talk about what you need to do to get your medication.

### Save money on medication

Your formulary is a list of covered medications. The list is broken into sections called tiers (or cost level you pay).

- Choosing medications in lower tiers may save you money.
  - Generic medications usually have lower cost sharing than brand-name medications. Ask your doctor if a generic is right for you.
-



## Questions?

Once your coverage begins



Log in to your  
**[www.harvardpilgrim.org](http://www.harvardpilgrim.org)**  
member account.



Open the OptumRx app.



Call **(855) 258-1561**. For  
TTY service, call **711**.

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

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# Fill your prescriptions with home delivery.

## How it works

- 1 **Order a 3-month supply** of your maintenance medications — ones you take regularly.
- 2 **OptumRx® home delivery fills your order**, mails it to you and lets you know when to expect your delivery.
- 3 **Your medication arrives** within 4 to 7 days of placing the order. OptumRx home delivery will notify you if there will be a delay in your order.

## Four easy ways to enroll:

- ePrescribe** Your doctor can send an electronic prescription to OptumRx home delivery.
- Online** Log in to your member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org). Click "Check drug coverage & costs" to go to an OptumRx page where you can set up your mail order account.
- Phone** Call **(855) 258-1561**. For TTY service, call **711**.
- Mail** Complete the attached order form and mail it to **OptumRx, P.O. Box 2975, Mission, KS 66201**.

## The benefits of home delivery



Your medication is delivered right to your mailbox, saving you a trip to the pharmacy.



Your maintenance medication could cost less.



Pay nothing for standard shipping.



Phone, text\* and email reminders help you remember every dose and every refill.

## Manage your medication home delivery on the go.

Starting January 1, 2020, order and track your prescriptions online at [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) or download and open the OptumRx app.

\* OptumRx home delivery provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.

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

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at [optum.com](http://optum.com).

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FORM NO: NH\_CC9265\_1019



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

Physician Phone Number with Area Code

**Over-the-counter/herbal medications taken regularly:**

**4** Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.





Harvard Pilgrim  
Health Care

**"I love that my  
plan comes with  
lots of extras  
that deliver  
more value  
and savings."**

**Programs to help you be well  
and save money.**



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

FORM NO: NH\_CC8281\_0221

Once you're a member, register for your member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org) to learn more about these and other programs that bring you value.

## Be well



### Improve your well-being

Whether you're seeking support for healthy eating, fitness or stress management, our Living Well<sup>SM</sup> Everyday program is packed with tools that let you define your own vision of a healthier you.

Visit [www.harvardpilgrim.org/livingwelleveryday](http://www.harvardpilgrim.org/livingwelleveryday)

### Learn more about managing a health condition

Our nurse care managers are available to help you manage your condition, support your care and improve your quality of life.

Visit [www.harvardpilgrim.org/nursecare](http://www.harvardpilgrim.org/nursecare)

### Coaching you to better health

A Harvard Pilgrim lifestyle management coach can support, educate and motivate you on your way to better health. This service comes at no additional cost and is available to any member age 18 and older.

Visit [www.harvardpilgrim.org/healthcoach](http://www.harvardpilgrim.org/healthcoach)

### Manage stress, increase focus and stay healthy

Explore the basic practices of mindfulness with instructional videos and guided meditation through our *Mind the Moment* program.

Visit [www.harvardpilgrim.org/mindthemoment](http://www.harvardpilgrim.org/mindthemoment)

## Save money



### Stay healthy and save with discounts on products and services

Harvard Pilgrim members can save on a wide range of products and services to help stay healthy and active, including vision, fitness, healthy eating and much more.\*

Visit [www.harvardpilgrim.org/savings](http://www.harvardpilgrim.org/savings)

### Estimate your health care expenses and compare provider costs

Get an estimate of your out-of-pocket costs before you receive care. Search for hundreds of services and procedures and compare costs for multiple providers.

Visit [www.harvardpilgrim.org/estimatecosts](http://www.harvardpilgrim.org/estimatecosts)

\* The savings programs featured in this flyer are not insurance products. Rather, they are discounts for programs and services designed to help keep members healthy and active. All programs subject to change without advance notice.

Visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org)

Prospective members: (866) 874-0817

Current members: (888) 333-4742

TTY: 711

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



# Behavioral health support for you, every step of the way

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



## Getting started with Harvard Pilgrim

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

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

## Finding care

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

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

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

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

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

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

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

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

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

FORM NO: NH\_CC12008\_0221

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

## Extra treatment and support, on your terms

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

For more details about these and other resources, go to [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth).



### Talkspace

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

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



### Sanvello mobile app

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

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

You can also access the app at [www.liveandworkwell.com](http://www.liveandworkwell.com). To browse as a guest, use access code: **HPHC**.



### Doctor on Demand

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



### 24/7 support

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

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



Getting  
StartedMedical  
Health PlanPrescription  
Drug PlanPrescription  
Home DeliveryPrograms  
& SavingsBehavioral  
HealthEnrollment  
FormSummary of  
BenefitsImportant  
Information

**To enroll, please download and complete  
the enrollment form by following this link:**

**[www.harvardpilgrim.org//public/docs/member-enrollment-form](http://www.harvardpilgrim.org//public/docs/member-enrollment-form)**

Harvard Pilgrim Health Care

REASONS FOR SUBMISSION (PLEASE CHECK ONE)  
☒ NEW ENROLLMENT/CONTRACT  
☐ CHANGE TO CONTRACT  
☐ TERMINATE CONTRACT

QUALIFYING EVENT DATE: \_\_\_\_\_  
☒ OPEN ENROLLMENT ☐ NEW HIRE ☐ COBRA ☐ LOSS OF INSURANCE ☐ COURT ORDER ☐ BIRTH/ADOPTION  
☐ P/T TO F/T ☐ MARRIAGE/DIVORCE ☐ MOVED IN/OUT OF SERVICE AREA ☐ DEATH ☐ VOLUNTARY CANCELLATION

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

EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)  
EMPLOYER/GROUP NAME: ABC Company GROUP NUMBER: 1 2 3 4 5 6 DATE OF HIRE: 10/20 EFFECTIVE DATE OF COVERAGE: 4/16/20

SUBSCRIBER INFORMATION  
SUBSCRIBER FIRST NAME: John LAST NAME: Doe DATE OF BIRTH: 01/91 SEX: ☒ M ☐ F  
STREET ADDRESS (NO PO BOX): 123-45-6789 HOUSE PHONE: (817) 111-1111 WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: johndoe@email.com  
PRIMARY LANGUAGE (OPTIONAL): PCP FULL NAME: \_\_\_\_\_ PCP TOWN: \_\_\_\_\_ CURRENT PROVIDER: ☐ YES ☒ NO PCP ID #: \_\_\_\_\_

SPOUSE INFORMATION  
SPOUSE FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
MARITAL STATUS (IF DIFFERENT): \_\_\_\_\_ RELATION CODE: \_\_\_\_\_  
PCP FULL NAME: \_\_\_\_\_ PCP TOWN: \_\_\_\_\_ CURRENT PROVIDER: ☐ YES ☒ NO PCP ID #: \_\_\_\_\_

DEPENDENT INFORMATION  
DEPENDENT FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
MARITAL STATUS (IF DIFFERENT): \_\_\_\_\_ RELATION CODE: \_\_\_\_\_  
PCP FULL NAME: \_\_\_\_\_ PCP TOWN: \_\_\_\_\_ CURRENT PROVIDER: ☐ YES ☒ NO PCP ID #: \_\_\_\_\_

DEPENDENT INFORMATION  
DEPENDENT FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
MARITAL STATUS (IF DIFFERENT): \_\_\_\_\_ RELATION CODE: \_\_\_\_\_  
PCP FULL NAME: \_\_\_\_\_ PCP TOWN: \_\_\_\_\_ CURRENT PROVIDER: ☐ YES ☒ NO PCP ID #: \_\_\_\_\_

DEPENDENT INFORMATION  
DEPENDENT FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
MARITAL STATUS (IF DIFFERENT): \_\_\_\_\_ RELATION CODE: \_\_\_\_\_  
PCP FULL NAME: \_\_\_\_\_ PCP TOWN: \_\_\_\_\_ CURRENT PROVIDER: ☐ YES ☒ NO PCP ID #: \_\_\_\_\_

PLEASE CHECK IF USING ADDITIONAL MEMBER INFORMATION FOR DEPENDENT CHILDREN. BE SURE TO COMPLETE EMPLOYER AND SUBSCRIBER SECTIONS ON ADDITIONAL FORMS.

OTHER INSURANCE – IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.  
ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR WHOLE POLICY IS IN EFFECT? ☐ YES PLEASE COMPLETE. ☒ NO

NAME OF OTHER POLICY: \_\_\_\_\_ DATE OF OTHER POLICY: \_\_\_\_\_ MEMBER ID: \_\_\_\_\_

MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM. BENEFITS UNDER THE PLAN WILL BE EXPANDED TO YOUR BENEFIT OF COVERAGE ONLY. I UNDERSTAND THAT HARVARD PILGRIM MAY OBTAIN PERSONAL AND MEDICAL INFORMATION TO ADMINISTER THE PLAN. OUR INFORMATION OF YOU WE MAY USE OR DISCLOSE PROTECTS YOUR INFORMATION. PLEASE READ OUR NOTICE OF PRIVACY PRACTICES. MAKE MEMBER: YOU UNDERSTAND THAT YOUR DOC INCLUDES A SUBSCRIPTION PROVISION THAT PERMITS SUBSCRIPTION PAYMENTS TO GO ON A JUST-IN-TIME BASIS. IF A CLAIM TO KNOWLEDGE PROVIDED FALSE, INACCURATE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF OBTAINING THE COMPANY. PLEASE READ OUR NOTICE OF PRIVACY PRACTICES. NOTICE OF PRIVACY PRACTICES.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ EMPLOYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Mail the completed enrollment form to:**

**Harvard Pilgrim Health Care  
PO Box 152108  
Tampa, FL 33684-2108**

ID: MD0000021184\_A3

## Schedule of Benefits

PPO

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
- 1-844-387-1435 for Medical Drugs
- 1-888-777-4742 for mental health and substance use disorder treatment

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

### Clinical Review Criteria

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

### Covered Benefits

Your Covered Benefits are administered on a Calendar Year basis. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a physician's office, see "Physician and Other Professional Office Visits." For services provided in a hospital emergency room, see "Emergency Room Care," and for outpatient surgical procedures, please see "Surgery - Outpatient."

EFFECTIVE DATE: 07/01/2020

## PPO - MASSACHUSETTS

General Cost Sharing Features:		In-Network Member Cost Sharing:	Out-of-Network Member Cost Sharing:
<b>Coinurance and Copayments</b>		See the benefits table below	
<b>Deductible</b>			
		None	\$100 per Member per Calendar Year \$200 per family per Calendar Year
<b>Out-of-Pocket Maximum</b>			
Includes all Member Cost Sharing except: Member Cost Sharing for prescription drugs, which has a separate Out-of-Pocket Maximum – Any charges above the Allowed Amount and any penalty for failure to receive Prior Approval when using Non-Plan Providers		\$2,000 per Member per Calendar Year \$4,000 per family per Calendar Year	None
<b>Out-of-Network Penalty Payment</b>			
Does not count toward the Deductible or Out-of-Pocket Maximum		\$500	
<b>Deductible Rollover</b>			
Your Plan has a Deductible Rollover that applies to any Deductible amount that is incurred for services during the last 3 months of the Calendar Year and is applied toward the Deductible requirement for the next Calendar Year			

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
<b>Acupuncture Treatment for Injury or Illness</b>		
– Limited to 12 visits per Calendar Year	\$5 Copayment per visit	Deductible, then 20% Coinsurance
<b>Ambulance Transport</b>		
Emergency ambulance transport	No charge	Same as In-Network
Non-emergency ambulance transport	No charge	No charge
<b>Autism Spectrum Disorders Treatment</b>		
Applied behavior analysis	\$5 Copayment per visit	Deductible, then 20% Coinsurance
<b>Chemotherapy and Radiation Therapy</b>		
	No charge	Deductible, then 20% Coinsurance

PPO - MASSACHUSETTS

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
<b>Dental Services</b>		
<b>Important Notice:</b> Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.		
Extraction of teeth impacted in bone (performed in a physician's office)	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Pediatric dental care for children (up to the age of 14) – limited to 2 preventive dental exams per Calendar Year, only the following services are included: cleaning, fluoride treatment, teaching plaque control and x-rays.	No charge	Deductible, then 20% Coinsurance
<b>Dialysis</b>		
	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Installation of home equipment is covered up to \$300 in a Member's lifetime.	No charge	Deductible, then 20% Coinsurance
<b>Durable Medical Equipment</b>		
Durable medical equipment	20% Coinsurance in equipment cost to HPHC, not to exceed a Member's total expense of \$1,000	Deductible, then 20% Coinsurance in equipment cost to HPHC, not to exceed a Member's total expense of \$1,000
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>		
	No charge	Same as In-Network
<b>Emergency Room Care</b>		
	\$40 Copayment per visit	Same as In-Network
This Copayment is waived if admitted to the hospital directly from the emergency room.		
<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	No charge	Deductible, then 20% Coinsurance
<b>Home Health Care</b>		
	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.		

## PPO - MASSACHUSETTS

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Hospice - Outpatient		
	No charge	Deductible, then 20% Coinsurance
Hospital – Inpatient Services		
Acute hospital care	No charge	Deductible, then 20% Coinsurance
Inpatient maternity care	No charge	Deductible, then 20% Coinsurance
Inpatient routine nursery care	No charge	Deductible, then 20% Coinsurance
Inpatient rehabilitation – limited to 100 days per Calendar Year	No charge	Deductible, then 20% Coinsurance
Skilled nursing facility – limited to 100 days per Calendar Year	No charge	Deductible, then 20% Coinsurance
Infertility Services and Treatments (see the Benefit Handbook for details)		
	Your Member Cost Sharing will depend upon where the service is provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see “Physician and Other Professional Office Visits.” For inpatient hospital care, see “Hospital – Inpatient Services.”	
Laboratory, Radiology and Other Diagnostic Services		
Laboratory	No charge	Deductible, then 20% Coinsurance
Genetic testing	No charge	Deductible, then 20% Coinsurance
Radiology	No charge	Deductible, then 20% Coinsurance
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	No charge	Deductible, then 20% Coinsurance
Other diagnostic services	No charge	Deductible, then 20% Coinsurance
Low Protein Foods		
– Limited to \$5,000 per Calendar Year	No charge	No charge
Maternity Care - Outpatient		
Routine outpatient prenatal and postpartum care	No charge	Deductible, then 20% Coinsurance
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under “Physician and Other Professional Office Visits” and 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.”		
Medical Drugs (drugs that cannot be self-administered)		
Medical drugs received in a physician's office or other outpatient facility	No charge	Deductible, then 20% Coinsurance
Medical drugs received in the home	No charge	Deductible, then 20% Coinsurance

PPO - MASSACHUSETTS

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
<b>Medical Drugs (drugs that cannot be self-administered) (Continued)</b>		
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	No charge
<b>Mental Health and Substance Use Disorder Treatment</b>		
Inpatient services	No charge	Deductible, then 20% Coinsurance
Intermediate care services – Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization – Intensive outpatient programs, partial hospitalization and day treatment programs	No charge	Deductible, then 20% Coinsurance
Outpatient group therapy	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient individual therapy	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient treatment, including outpatient detoxification and medication management	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient methadone maintenance	\$5 Copayment per week	Deductible, then 20% Coinsurance
Outpatient psychological testing and neuropsychological assessment	\$5 Copayment per visit	Deductible, then 20% Coinsurance
<b>Observation Services</b>		
	No charge	Deductible, then 20% Coinsurance
<b>Ostomy Supplies</b>		
	Same as Durable medical equipment	Same as Durable medical equipment
<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	\$5 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		

(Continued on next page)



**PPO - MASSACHUSETTS**

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
<b>Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits.) (Continued)</b>		
below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."		
Office based treatments and procedures, including, but not limited to administration of injections, allergy treatments, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, pregnancy testing, and surgical procedures	No charge	Deductible, then 20% Coinsurance
Administration of allergy injections	\$5 Copayment per visit	Deductible, then 20% Coinsurance
<b>Preventive Services and Tests</b>		
	No charge	Deductible, then 20% Coinsurance
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.		
<b>Prosthetic Devices</b>		
	Same as Durable medical equipment	Same as Durable medical equipment
<b>Rehabilitation and Habilitation Services - Outpatient</b>		
Cardiac rehabilitation	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Pulmonary rehabilitation therapy	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Speech-language and hearing services	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Occupational therapy – limited to 90 consecutive days per condition Physical therapy – limited to 90 consecutive days per condition	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children under the age of three and (2) the treatment of Autism Spectrum Disorders.		
<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>		
Colonoscopy, endoscopy and sigmoidoscopy	No charge	Deductible, then 20% Coinsurance
<b>Spinal Manipulative Therapy (including care by a chiropractor)</b>		
– Limited to \$500 per Calendar Year	\$5 Copayment per visit	Deductible, then 20% Coinsurance
<b>Surgery – Outpatient</b>		
	No charge	Deductible, then 20% Coinsurance

**PPO - MASSACHUSETTS**

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Telemedicine Virtual Visit Services - Outpatient		
	\$5 Copayment per visit	Deductible, then 20% Coinsurance
For inpatient hospital care, see “Hospital — Inpatient Services” for cost sharing details.		
Urgent Care Services		
Convenience care clinic	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Urgent care center	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Hospital urgent care center	\$5 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.”		
Vision Services		
Routine eye examinations – limited to 1 exam per Calendar Year	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Vision hardware for special conditions	No charge	Deductible, then 20% Coinsurance
Voluntary Sterilization in a Physician’s Office		
	\$5 Copayment per visit	Deductible, then 20% Coinsurance
Voluntary Termination of Pregnancy		
	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see “Surgery– Outpatient.” For services provided in a physician’s office, see “Office based treatments and procedures.” For inpatient hospital care, see “Hospital – Inpatient Services.”	
Wigs and Scalp Hair Prostheses as required by law		
– Limited to \$350 per Calendar Year (see the Benefit Handbook for details)	Same as Durable medical equipment	Same as Durable medical equipment

## PPO - MASSACHUSETTS

## Language Assistance Services

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

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

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

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

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

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

**العربية (Arabic)**

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

**ខ្មែរ (Cambodian)** សេវាជំនួយភាសាខ្មែរ: យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

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

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

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

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

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

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

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

**ພາສາລາວ (Lao)** ໂປດລາວ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

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



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

(Continued)

Getting Started	Medical Health Plan	Prescription Drug Plan	Prescription Home Delivery	Programs & Savings	Behavioral Health	Enrollment Form	Summary of Benefits	Important Information
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## PPO - MASSACHUSETTS

### General Notice About Nondiscrimination and Accessibility Requirements

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

HPHC:

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

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

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

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

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



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

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## General List of Exclusions MASSACHUSETTS

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

Exclusion
<b>Alternative Treatments</b> <ul style="list-style-type: none"> <li>• Acupuncture care, except when specifically listed as a Covered Benefit.</li> <li>• Acupuncture services that are outside the scope of standard acupuncture care.</li> <li>• Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit.</li> <li>• Aromatherapy, treatment with crystals and alternative medicine.</li> <li>• Any of the following types of programs: Health resorts, spas, recreational programs, camps, outdoor skills programs, therapeutic or educational boarding schools, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs).</li> <li>• Massage therapy.</li> <li>• Myotherapy.</li> </ul>
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Dental Care, except when specifically listed as a Covered Benefit.</li> <li>• All services of a dentist for Temporomandibular Joint Dysfunction (TMD).</li> <li>• Extraction of teeth, except when specifically listed as a Covered Benefit.</li> <li>• Pediatric dental care, except when specifically listed as a Covered Benefit.</li> </ul>
<b>Durable Medical Equipment and Prosthetic Devices</b> <ul style="list-style-type: none"> <li>• Any devices or special equipment needed for sports or occupational purposes.</li> <li>• Any home adaptations, including, but not limited to home improvements and home adaptation equipment.</li> <li>• Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services.</li> <li>• Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.</li> </ul>
<b>Experimental, Unproven or Investigational Services</b> <ul style="list-style-type: none"> <li>• Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.</li> </ul>
<b>Foot Care</b> <ul style="list-style-type: none"> <li>• Foot orthotics, except for the treatment of severe diabetic foot disease.</li> <li>• Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members with diabetes.</li> </ul>
<b>Maternity Services</b> <ul style="list-style-type: none"> <li>• Planned home births.</li> </ul>
<b>Mental Health and Substance Use Disorder Treatment</b> <ul style="list-style-type: none"> <li>• Biofeedback.</li> <li>• Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided (1) for educational services intended to enhance educational achievement or developmental functioning, (2) to resolve problems of school performance, (3) to treat learning disabilities, (4) for driver alcohol education, or (5) for community reinforcement approach and assertive continuing care.</li> <li>• Any of the following types of programs: programs in which the patient has a pre-defined duration of care without the Plan's ability to conduct concurrent determinations of continued medical necessity, programs that only provide meetings or activities not based on individualized treatment plans, programs that focus solely on interpersonal or other skills rather than directed toward symptom reduction and functional recovery related to specific mental health disorders, and tuition based programs that offer educational, vocational, recreational, or personal developmental activities.</li> <li>• Methadone maintenance, except when specifically listed as a Covered Benefit.</li> <li>• Sensory integrative praxis tests.</li> <li>• Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder.</li> <li>• Mental health and substance use disorder treatment that is (1) provided to</li> </ul>

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



Exclusion
<b>Mental Health and Substance Use Disorder Treatment (Continued)</b>
Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health. • Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective. • Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.
<b>Physical Appearance</b>
• Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, and (3) post-mastectomy care. • Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy. • Liposuction or removal of fat deposits considered undesirable. • Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). • Skin abrasion procedures performed as a treatment for acne. • Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin. • Treatment for spider veins.
<b>Procedures and Treatments</b>
• Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray. • Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit. • Commercial diet plans, weight loss programs and any services in connection with such plans or programs, except when specifically listed as a Covered Benefit. <b>Please note:</b> If you have coverage through an employer group plan, your employer may participate in other wellness and health improvement incentive programs offered by Harvard Pilgrim. Please review all your Plan documents for the amount of incentives, if any, available under your Plan. • Gender reassignment surgery and all related drugs and procedures for self-insured groups, unless covered under a separate rider. • If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a provider that has not been designated as a Center of Excellence. • Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods). • Physical examinations and testing for insurance, licensing or employment. • Services for Members who are donors for non-members, except as described under Human Organ Transplant Services. • Testing for central auditory processing. • Group diabetes training, educational programs or camps.
<b>Providers</b>
• Charges for services which were provided after the date on which your membership ends. • Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and hospital or other facility charges, that are related to any care that is not a Covered Benefit. • Charges for missed appointments. • Concierge service fees. (See the Plan's <i>Benefit Handbook</i> for more information.) • Inpatient charges after your hospital discharge. • Provider's charge to file a claim or to transcribe or copy your medical records. • Services or supplies provided by: (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.

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

Exclusion
<b>Reproduction</b> <ul style="list-style-type: none"> <li>Any form of Surrogacy or services for a gestational carrier.</li> <li>Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment.</li> <li>Infertility drugs, if infertility services are not a Covered Benefit.</li> <li>Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage.</li> <li>Infertility treatment for Members who are not medically infertile.</li> <li>Infertility treatment and birth control drugs, implants and devices, except when specifically listed as a Covered Benefit.</li> <li>Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal).</li> <li>Sperm collection, freezing and storage except as described in the Plan's <i>Benefit Handbook</i>.</li> <li>Sperm identification when not Medically Necessary (e.g., gender identification).</li> <li>The following fees: wait list fees, non-medical costs, shipping and handling charges etc.</li> <li>Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit.</li> <li>Voluntary termination of pregnancy, unless the life of the mother is in danger or unless it is specifically listed as a Covered Benefit.</li> </ul>
<b>Services Provided Under Another Plan</b> <ul style="list-style-type: none"> <li>Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities.</li> <li>Costs for services for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.</li> </ul>
<b>Telemedicine Services</b> <ul style="list-style-type: none"> <li>Telemedicine services involving e-mail, fax, texting, or audio-only telephone.</li> <li>Provider fees for technical costs for the provision of telemedicine services.</li> </ul>
<b>Types of Care</b> <ul style="list-style-type: none"> <li>Custodial Care.</li> <li>Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities.</li> <li>All institutional charges over the semi-private room rate, except when a private room is Medically Necessary.</li> <li>Pain management programs or clinics.</li> <li>Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation, except when specifically listed as a Covered Benefit.</li> <li>Private duty nursing.</li> <li>Sports medicine clinics.</li> <li>Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.</li> </ul>
<b>Vision and Hearing</b> <ul style="list-style-type: none"> <li>Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit.</li> <li>Hearing aids, except when specifically listed as a Covered Benefit.</li> <li>Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD.</li> <li>Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism.</li> <li>Routine eye examinations, except when specifically listed as a Covered Benefit.</li> </ul>
<b>All Other Exclusions</b> <ul style="list-style-type: none"> <li>Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services and hypodermic syringes and needles, as required by Massachusetts law, unless your Plan includes outpatient pharmacy coverage.</li> <li>Any service or supply furnished in connection with a non-Covered Benefit.</li> <li>Any service or supply (with the exception of contact lenses) purchased from the internet.</li> <li>Beauty or barber service.</li> <li>Diabetes equipment replacements when solely due to manufacturer warranty expiration.</li> <li>Donated or banked breast milk.</li> <li>Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law and prescribed for Members who meet HPHC policies for enteral tube feedings.</li> <li>Guest services.</li> <li>Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services.</li> <li>Services for non-Members.</li> <li>Services for which no charge would be made in the absence of insurance.</li> <li>Services for which no coverage is provided in the Benefit Handbook, this Schedule of Benefits, or Prescription Drug Brochure (if applicable).</li> <li>Services that are not Medically Necessary.</li> <li>Taxes or governmental assessments on services or supplies.</li> <li>Transportation other than by ambulance.</li> <li>Air conditioners, air purifiers and filters, dehumidifiers and humidifiers.</li> <li>Car seats.</li> <li>Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners.</li> <li>Electric scooters.</li> <li>Exercise equipment.</li> <li>Home modifications including but not limited to elevators, handrails and ramps.</li> <li>Hot tubs, jacuzzis, saunas or whirlpools.</li> <li>Mattresses.</li> <li>Medical alert</li> </ul>

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

Exclusion
<b>All Other Exclusions (Continued)</b>
systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

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

# Prescription Drug Coverage

## PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	<b>Up to a 30-day supply:</b> \$5 Copayment <b>Up to a 90-day supply:</b> \$15 Copayment	\$10 Copayment
Tier 2	<b>Up to a 30-day supply:</b> \$10 Copayment <b>Up to a 90-day supply:</b> \$30 Copayment	\$20 Copayment
Tier 3	<b>Up to a 30-day supply:</b> \$25 Copayment <b>Up to a 90-day supply:</b> \$75 Copayment	\$75 Copayment

Your plan has an annual Out-of-Pocket Maximum for prescription drug costs. Your Out-of-Pocket Maximum amount is \$2,000 per Member/\$4,000 per family. Once you have reached the Out-of-Pocket Maximum (including deductible, copayment and coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit [www.harvardpilgrim.org/2020Premium3T](http://www.harvardpilgrim.org/2020Premium3T) for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



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### Language Assistance Services

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

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

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

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

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

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

**العربية (Arabic)**

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

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

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

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

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

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

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

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

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

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

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



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Getting Started	Medical Health Plan	Prescription Drug Plan	Prescription Home Delivery	Programs & Savings	Behavioral Health	Enrollment Form	Summary of Benefits	Important Information
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### General Notice About Nondiscrimination and Accessibility Requirements

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HPHC:

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

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

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

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

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



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## Important information about your plan

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

### When you need care

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

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

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

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

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give

insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

### Appeals

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

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

### Member confidentiality

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

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

**MEMBERS:** (888) 333-4742

**NON-MEMBERS:** (800) 848-9995

**TTY:** 711

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

### Language Assistance Services

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

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

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

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

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

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

**العربية (Arabic)**

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

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

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

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

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

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

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

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

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

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

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



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Getting Started	Medical Health Plan	Prescription Drug Plan	Prescription Home Delivery	Programs & Savings	Behavioral Health	Enrollment Form	Summary of Benefits	Important Information
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If you need these services, contact our Civil Rights Compliance Officer.

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

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



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