

Getting
Started

Medical
Health Plan

Prescription
Drug Plan

Prescription
Home Delivery

Programs
& Savings

Behavioral
Health

Enrollment
Form

Summary of
Benefits

Important
Information



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
- 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.

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

*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!

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 can you be sure you're choosing the right health plan option for you and your family?

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 help choosing the plan that's right for you.

Trying to make sense of your plan options isn't easy, especially when considering premiums, deductibles, out-of-pocket costs and Health Savings Account (HSA) contributions. Don't worry: We're here to help with **MyHealthMath**. This personalized decision support service can help you better understand your options and choose the health plan that's right for you and your family.

Get set up online.



Visit harvardpilgrim.org to set up your member account.

Use our New Member Welcome Guide to:

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

MyHealthMath: How it Works



Sign up.

MyHealthMath will email a link so you can schedule a phone interview at a time that's convenient for you.



Talk to a MyHealthMath phone analyst.

A MyHealthMath analyst will call you and ask basic questions about your expected medical usage for the upcoming year (e.g., doctor visits, medications, planned surgeries, etc.). Calls typically last 15 minutes.

Please be assured that the information you provide and the report are completely confidential.



Review your report.

You'll receive a customized health plan comparison report with a breakdown of each plan offered by your company, including:

- Best and worst financial scenarios
- Gross and net premiums
- Estimated out-of-pocket costs, including deductibles, copays, etc.
- Employer contributions to premium and HSAs
- Recommended HSA funding levels



Make an informed decision.

The comparison report helps you understand your options so you can choose the plan that's right for your needs and gives you the best value.

**Harvard Pilgrim
Health Care**

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

Important Information about Harvard Pilgrim and Your Health Savings Account

PLEASE NOTE: This information applies only if your employer offers you a health savings account from a bank that is one of Harvard Pilgrim's preferred health savings account custodians.

Harvard Pilgrim and Your Health Savings Account

You have chosen a Harvard Pilgrim plan that allows you to establish a health savings account, also known as an "HSA." Your employer has chosen a Harvard Pilgrim preferred bank to administer the account. To facilitate setting up your health savings account, Harvard Pilgrim provides the bank with information they need to establish the account, including your name, address and social security number. You should receive literature directly from the bank on how to set up your account.

The bank cannot establish your health savings account unless you have provided Harvard Pilgrim with your social security number. This information is requested when you enroll in the plan.

Please note that health savings account funds may only be used for qualified medical expenses incurred after your account has been established. The date that your health savings account is established may be different than the date that your Harvard Pilgrim plan coverage takes effect.

Harvard Pilgrim does not hold or manage health savings account funds. The funds go directly to the bank. The bank is solely responsible for the custody, investment and disbursement of all health savings account funds.

Confidentiality of Your Information

Harvard Pilgrim is committed to safeguarding the confidentiality of member information. Banks working with Harvard Pilgrim as health savings account custodians have agreed to strict guidelines for the use and disclosure of member information. Detailed information about our privacy practices can be found at **www.harvardpilgrim.org** or can be obtained by contacting our Member Services department at **(888) 333-4742**.

Once you're a member

Register for your member account at 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!

Take advantage of an HSA

With this plan, you can set up a health savings account (HSA), provided you meet Internal Revenue Service eligibility guidelines. You can use HSA funds to help pay for qualified health care expenses or save them for future health care needs. Both you and your employer can contribute to your HSA, which may be available through your company or through a bank.

The advantages of an HSA include:

- You can contribute to your account through pre-tax deductions, which lowers your taxable income.
- Your interest earnings and withdrawals for qualified health care expenses are tax-free.
- Any unused amounts in your HSA carry over from year to year.
- Once you establish your HSA, you can use it to pay for all eligible expenses tax-free for the rest of your life. If you no longer meet eligibility guidelines (e.g., you enroll in a new plan that's not HSA-qualified), you lose only your ability to make additional contributions.
- Your HSA is portable – when you change jobs or retire, your money stays with you.



**Harvard Pilgrim
Health Care**

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

Need help?

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

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

TTY: **711**

Getting
Started

Medical
Health Plan

Prescription
Drug Plan

Prescription
Home Delivery

Programs
& Savings

Behavioral
Health

Enrollment
Form

Summary of
Benefits

Important
Information



POS HSA

A guide to your medical coverage



FORM NO: NH_cc7967_0420

How the POS HSA plan works

The POS plan gives you flexibility and choice with the providers you see and the hospitals you use. You have coverage for preventive care with no cost sharing when received in-network. Most other services fall under the annual deductible, and you may be able to open a health savings account (HSA) to help pay for qualified health care expenses.

Features



PCP required



Out-of-network coverage



Referrals needed for specialists to receive the in-network benefit level



Option to open a Health Savings Account (HSA)



In-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.

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

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

Your PCP's role

- Provides preventive and routine medical care
- Refers you to participating medical specialists, when needed
- Refers you to participating medical specialists for in-network coverage
- 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](https://www.harvardpilgrim.org/providerdirectory)



Call us:

Already a member:

(888) 333-4742

Not yet a member:

(866) 874-0817

TTY: 711

Getting care with the POS HSA 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 with your PCP's referral.

Routine and preventive care*

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

Specialty care

You can see specialists inside or outside of Harvard Pilgrim's network for covered services. Referrals are not required, but your costs will be lower when you receive care from in-network providers with your PCP's referral.

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.

Urgent and emergency care

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

Commonly treated conditions

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

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

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

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

Harvard Pilgrim
Health Care

POS HSA



What your POS HSA 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

Deductible and cost sharing applies—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
- Prescription drugs**

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

**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.

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

POS HSA

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, including prescription drugs. 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.



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. 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. 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. 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 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. 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. 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 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



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



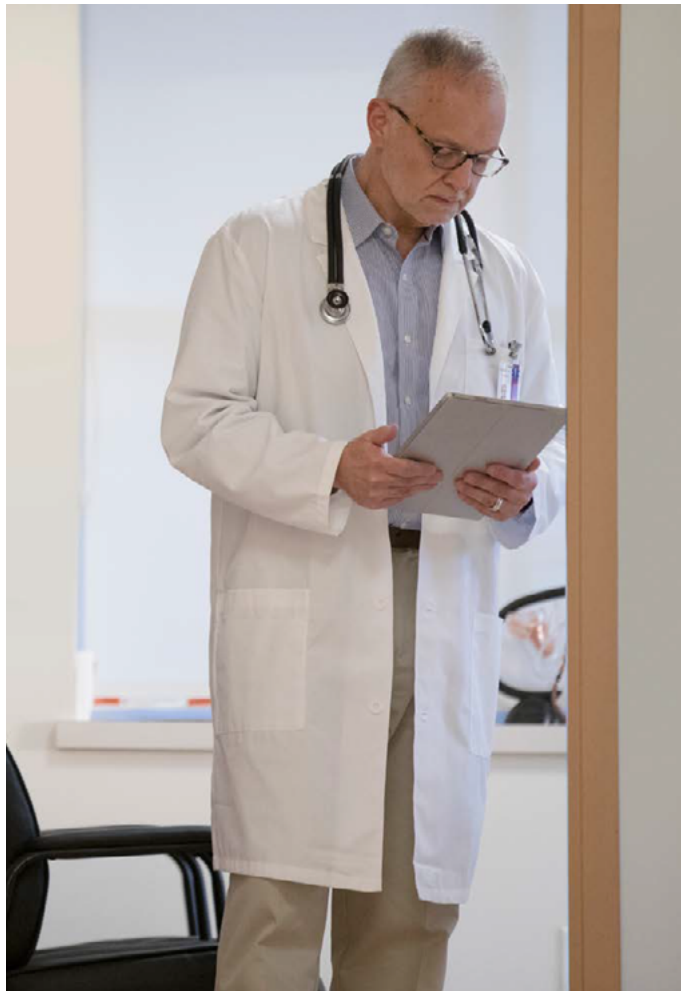
Network retail pharmacies

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

Visit www.harvardpilgrim.org/rx, 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.

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
member account.



Open the OptumRx app.



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

All Optum® trademarks and logos are owned by Optum, Inc. All other
brand or product names are trademarks or registered marks of their
respective owners.

© 2019 Optum, Inc. All rights reserved. M57321-B WF1493369



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. 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 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.

All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are trademarks or registered marks of their respective owners.

© 2019 Optum, Inc. All rights reserved. 69538-102017 M57321-A
FORM NO: NH_CC9265_1019



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_CC7973_0221

Once you're a member, register for your member account at 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, finances or stress management, our Living WellSM Everyday program is packed with tools that let you define your own vision of a healthier you.

Visit 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

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

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

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.^{1,2}

Visit www.harvardpilgrim.org/savings

Save on tests and procedures — and earn cash rewards

Find care at a lower-cost facility for elective outpatient medical procedures and diagnostic tests using Reduce My Costs, and you'll receive a cash reward for using the facility.

Visit www.harvardpilgrim.org/reducecosts

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

¹ 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.

² Some employers elect different programs to encourage fitness. Eligibility and benefits vary by employer, plan and state. Please check with your employer for your plan benefits.

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

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

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

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

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

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

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

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

FORM NO: NH_CC12008_0321

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

Extra treatment and support, on your terms

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

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



Talkspace

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

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



Sanvello mobile app

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

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

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



Doctor on Demand

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



24/7 support

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

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

Getting
Started

Medical
Health Plan

Prescription
Drug Plan

Prescription
Home Delivery

Programs
& Savings

Behavioral
Health

Enrollment
Form

Summary of
Benefits

Important
Information

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

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: 10/20

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 ID/NUMBER: 123456789 DATE OF HIRE: 10/20 EFFECTIVE DATE OF COVERAGE: 4/16/20

SUBSCRIBER INFORMATION
SUBSCRIBER FIRST NAME: John LAST NAME: Doe DATE OF BIRTH: 09/71 SEX: M ☐ F ☐ R
SSN: 123-45-6789 HOUSE PHONE: (817) 111-1111 WORK PHONE: CELL PHONE: johndoe@email.com
STREET ADDRESS (NO PO BOX): APT # CITY STATE ZIP
PRIMARY LANGUAGE (OPTIONAL): PCP FULL NAME: PCP TOWN: CURRENT RESIDENT: ☐ YES ☐ NO PCP ZIP:

SPOUSE INFORMATION
SPOUSE FIRST NAME: LAST NAME: SEX: M ☐ F ☐ R
MARITAL ADDRESS (IF DIFFERENT): RELATION CODE:
PCP FULL NAME: PCP TOWN: CURRENT RESIDENT: ☐ YES ☐ NO PCP ZIP:

DEPENDENT INFORMATION
DEPENDENT FIRST NAME: LAST NAME: SEX: M ☐ F ☐ R
MARITAL ADDRESS (IF DIFFERENT): RELATION CODE:
PCP FULL NAME: PCP TOWN: CURRENT RESIDENT: ☐ YES ☐ NO PCP ZIP:

DEPENDENT INFORMATION
DEPENDENT FIRST NAME: LAST NAME: SEX: M ☐ F ☐ R
MARITAL ADDRESS (IF DIFFERENT): RELATION CODE:
PCP FULL NAME: PCP TOWN: CURRENT RESIDENT: ☐ YES ☐ NO PCP ZIP:

DEPENDENT INFORMATION
DEPENDENT FIRST NAME: LAST NAME: SEX: M ☐ F ☐ R
MARITAL ADDRESS (IF DIFFERENT): RELATION CODE:
PCP FULL NAME: PCP TOWN: CURRENT RESIDENT: ☐ YES ☐ NO PCP ZIP:

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: POLICY NUMBER: EFFECTIVE DATE: MEMBER ID: SUBSCRIBER ID:

MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM. BENEFITS UNDER THE PLAN WILL BE EXPANDED TO YOUR DEPENDENT 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 PAYMENT TO GO ON A JUST AND EQUITABLE BASIS. IF A CLAIM TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF OBTAINING THE COMPANY. PENALTY MAY INCLUDE IMPROPERLY PAID OR DENIAL OF INSURANCE BENEFITS.

EMPLOYEE SIGNATURE: DATE: EMPLOYER SIGNATURE: DATE:

Mail the completed enrollment form to:

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



Maine

The Harvard Pilgrim Best Buy HSA POS


Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2022 — 12/31/2022
Coverage for: Individual + Family | **Plan Type:** POS

| | <p>The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, www.harvardpilgrim.org/LGsampleEOC. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other <u>underlined</u> terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-888-333-4742 to request a copy.</p> | |
|---|---|--|
| Important Questions | Answers | Why this matters |
| What is the overall deductible ? | Medical & Prescription Drug Deductible: In and Out-of-Network Combined: \$2,800 member/\$5,600 family Benefits are administered on a calendar year basis. | Generally you must pay all the costs up to the deductible amount before this plan begins to pay. If you have other family members on the policy, they have to meet their own individual deductible until the overall family deductible amount has been met. |
| Are there services covered before you meet your deductible ? | Yes: In-Network preventive care , routine eye exams, are covered before you meet your deductibles . Certain preventive drugs will not apply to the prescription drug deductible . For a list of those drugs please visit www.harvardpilgrim.org/rx . | This plan covers some items and services even if you haven't yet met the deductible amount. But, a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services |
| What is the out-of-pocket limit for this plan ? | In-Network: \$3,000 member/ \$6,000 family Out-of-Network: \$6,000 member / \$12,000 family | The out-of-pocket limit is the most you could pay in a year of covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limit until the overall family out-of-pocket limit has been met. |

MD0000021858_A4,
 RX0000016376_B3

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

| Important Questions | Answers | Why this matters | | |
|---|---|---|--|---|
| What is not included in the out-of-pocket limit ? | Premiums , balance-billing charges, penalties for failure to obtain preauthorization for services and health care this plan doesn't cover | Even though you pay these expenses, they don't count toward the out-of-pocket limit . | | |
| Will you pay less if you use a network provider ? | Yes. See https://www.harvardpilgrim.org/public/find-a-provider or call 1-888-333-4742 for a list of preferred providers . | This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance-billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. | | |
| Do you need a referral to see a specialist ? | Yes, some exceptions apply. | This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist . | | |
|  | All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. | | | |
| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | 10% coinsurance | 30% coinsurance | None |
| | Specialist visit | 10% coinsurance | 30% coinsurance | None |
| | Preventive care/screening/immunization | No charge; deductible does not apply | 30% coinsurance | You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. |

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|---|---|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you have a test | Diagnostic test (x-ray, blood work) | X-rays: 10% coinsurance Laboratory: 10% coinsurance | X-rays: 30% coinsurance Laboratory: 30% coinsurance | None |
| | Imaging (CT/PET scans, MRIs) | 10% coinsurance | 30% coinsurance | Cost sharing may vary for certain imaging services. Out-of-Network preauthorization required. \$500 penalty if not obtained. |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.harvardpilgrim.org/2021Premium3T . | Generic drugs | 30-Day Retail Tier 1: No charge 90-Day Mail Tier 1: No charge | | None |
| | Preferred brand drugs | 30-Day Retail Tier 2: No charge 90-Day Mail Tier 2: No charge | | Some generic drugs are in this tier. |
| | Non-preferred brand drugs | 30-Day Retail Tier 3: No charge 90-Day Mail Tier 3: No charge | | Same as above. |
| | Specialty drugs | All drugs are covered in Retail Pharmacy and Mail Order Pharmacy Tiers 1 — 3 | | Some drugs must be obtained through a Specialty Pharmacy. |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | 10% coinsurance | 30% coinsurance | Out-of-Network preauthorization required. \$500 penalty if not obtained. |
| | Physician/surgeon fees | 10% coinsurance | 30% coinsurance | |
| If you need immediate medical attention | Emergency room care | 10% coinsurance | | None |
| | Emergency medical transportation | 10% coinsurance | | None |
| | Urgent care | Convenience care clinic: 10% coinsurance Urgent care center: 10% coinsurance Hospital urgent care center: 10% coinsurance | Convenience care clinic: 30% coinsurance Urgent care center: 30% coinsurance Hospital urgent care center: 30% coinsurance | None |

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|--|--|---|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 10% coinsurance | 30% coinsurance | Out-of-Network preauthorization required. \$500 penalty if not obtained. |
| | Physician/surgeon fee | 10% coinsurance | 30% coinsurance | |
| If you have mental health, behavioral health, or substance abuse needs | Outpatient services | 10% coinsurance | 30% coinsurance | Out-of-Network preauthorization required. \$500 penalty if not obtained. |
| | Inpatient services | 10% coinsurance | 30% coinsurance | |
| If you are pregnant | Office visits | 10% coinsurance | 30% coinsurance | Cost sharing does not apply for preventive services . |
| | Childbirth/delivery professional services | 10% coinsurance | 30% coinsurance | |
| | Childbirth/delivery facility services | 10% coinsurance | 30% coinsurance | |
| If you need help recovering or have other special health needs | Home health care | 10% coinsurance | 30% coinsurance | None |
| | Rehabilitation services | Physical Therapy: 10% coinsurance Occupational Therapy: 10% coinsurance Speech Therapy: 10% coinsurance | Physical Therapy: 30% coinsurance Occupational Therapy: 30% coinsurance Speech Therapy: 30% coinsurance | Out-of-Network preauthorization required. \$500 penalty if not obtained. |
| | Habilitation services | | | |
| | Skilled nursing care | | | |
| | Durable medical equipment | 10% coinsurance | 30% coinsurance | Wigs – \$350/calendar year Out-of-Network preauthorization required. \$500 penalty if not obtained. |
| | Hospice services | 10% coinsurance | 30% coinsurance | For inpatient see “If you have a hospital stay”. |
| | | | | |

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|----------------------------|--|--|--|
| | | Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If your child needs dental or eye care | Children's eye exam | No charge; deductible does not apply | 30% coinsurance | 1 exam/calendar year |
| | Children's glasses | Not covered | Not covered | None |
| | Children's dental check-up | Not covered | Not covered | None |
| Excluded Services & Other Covered Services: | | | | |
| Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services .) | | | | |
| | | <ul style="list-style-type: none"> Long-Term (Custodial) Care Most Cosmetic Surgery Most Dental Care (Adult) | <ul style="list-style-type: none"> Private-duty nursing Routine foot care Services that are not Medically Necessary Weight Loss Programs | |
| Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.) | | | | |
| <ul style="list-style-type: none"> Acupuncture - 20 visits/calendar year Bariatric surgery | | <ul style="list-style-type: none"> Chiropractic Care Hearing Aids - \$3,000/aid every 36 months, for each impaired ear | <ul style="list-style-type: none"> Infertility Treatment Non-emergency care when traveling outside the U.S. Routine eye care (Adult) – 1 exam/calendar year | |

Your Rights to Continue Coverage:

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

Your Grievance and Appeals Rights:

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

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

| | | | |
|--|--|---|--|
| HPHC Member Appeals-Member Services Department Harvard Pilgrim Health Care, Inc. 1600 Crown Colony Drive Quincy, MA 02169 Telephone: 1-888-333-4742 Fax: 1-617-509-3085 | Department of Labor's Employee Benefits Security Administration 1-866-444-3272 www.dol.gov/ebsa/healthreform | Consumer for Affordable Health Care 12 Church Street, PO Box 2409 Augusta, Maine 04338-2490 1-800-965-7476 www.maine cahc.org consumerhealth@mainecahc.org | Maine Bureau of Insurance 34 State House Station Augusta, ME 04333 1-207-624-8475 1-800-300-5000 |
|--|--|---|--|

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

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

Language Access Services:

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


如果需要中文的帮助，请拨打这个号码 1-888-333-4742.

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

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

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

About these Coverage Examples:



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

| Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery) | Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition) | Mia's Simple Fracture (in-network emergency room visit and follow up care) | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-----------------------------|---------|----------------------------|-----|-----------------------------|-------|---|---------------------|--|-----------------------------|---------|----------------------------|-----|-----------------------------|-----|---|---------------------|--|-----------------------------|---------|----------------------------|-----|-----------------------------|-----|
| <div><div>■ The plan's overall deductible</div><div>\$2,800</div></div> <div><div>■ Specialist coinsurance</div><div>10%</div></div> <div><div>■ Hospital (facility) coinsurance</div><div>10%</div></div> <div><div>■ Other coinsurance</div><div>10%</div></div> <div><p>This EXAMPLE event includes services like:</p><p>Specialist office visits (<i>prenatal care</i>)</p><p>Childbirth/Delivery Professional Services</p><p>Childbirth/Delivery Facility Services</p><p>Diagnostic tests (<i>ultrasounds and blood work</i>)</p><p>Specialist visit (<i>anesthesia</i>)</p></div> <div><div>Total Example Cost</div><div>\$12,700</div></div> <div><p>In this example, Peg would pay:</p><table><tr><td colspan="2"><i>Cost Sharing</i></td></tr><tr><td>Deductibles</td><td>\$2,800</td></tr><tr><td>Copayments</td><td>\$0</td></tr><tr><td>Coinsurance</td><td>\$200</td></tr></table></div> <div><div><i>What isn't covered</i></div><div>Limits or exclusions</div><div>\$0</div></div> <div><div>The total Peg would pay is</div><div>\$3,000</div></div> | <i>Cost Sharing</i> | | Deductibles | \$2,800 | Copayments | \$0 | Coinsurance | \$200 | <div><div>■ The plan's overall deductible</div><div>\$2,800</div></div> <div><div>■ Specialist coinsurance</div><div>10%</div></div> <div><div>■ Hospital (facility) coinsurance</div><div>10%</div></div> <div><div>■ Other coinsurance</div><div>10%</div></div> <div><p>This EXAMPLE event includes services like:</p><p>Primary care physician office visits (<i>including disease education</i>)</p><p>Diagnostic tests (<i>blood work</i>)</p><p>Prescription drugs</p><p>Durable medical equipment (<i>glucose meter</i>)</p></div> <div><div>Total Example Cost</div><div>\$5,600</div></div> <div><p>In this example, Joe would pay:</p><table><tr><td colspan="2"><i>Cost Sharing</i></td></tr><tr><td>Deductibles</td><td>\$2,300</td></tr><tr><td>Copayments</td><td>\$0</td></tr><tr><td>Coinsurance</td><td>\$0</td></tr></table></div> <div><div><i>What isn't covered</i></div><div>Limits or exclusions</div><div>\$0</div></div> <div><div>The total Joe would pay is</div><div>\$2,300</div></div> | <i>Cost Sharing</i> | | Deductibles | \$2,300 | Copayments | \$0 | Coinsurance | \$0 | <div><div>■ The plan's overall deductible</div><div>\$2,800</div></div> <div><div>■ Specialist coinsurance</div><div>10%</div></div> <div><div>■ Hospital (facility) coinsurance</div><div>10%</div></div> <div><div>■ Other coinsurance</div><div>10%</div></div> <div><p>This EXAMPLE event includes services like:</p><p>Emergency room care (<i>including medical supplies</i>)</p><p>Diagnostic test (<i>x-ray</i>)</p><p>Durable medical equipment (<i>crutches</i>)</p><p>Rehabilitation services (<i>physical therapy</i>)</p></div> <div><div>Total Example Cost</div><div>\$2,800</div></div> <div><p>In this example, Mia would pay:</p><table><tr><td colspan="2"><i>Cost Sharing</i></td></tr><tr><td>Deductibles</td><td>\$2,800</td></tr><tr><td>Copayments</td><td>\$0</td></tr><tr><td>Coinsurance</td><td>\$0</td></tr></table></div> <div><div><i>What isn't covered</i></div><div>Limits or exclusions</div><div>\$0</div></div> <div><div>The total Mia would pay is</div><div>\$2,800</div></div> | <i>Cost Sharing</i> | | Deductibles | \$2,800 | Copayments | \$0 | Coinsurance | \$0 |
| <i>Cost Sharing</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deductibles | \$2,800 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copayments | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coinsurance | \$200 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Cost Sharing</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deductibles | \$2,300 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copayments | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coinsurance | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>Cost Sharing</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deductibles | \$2,800 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copayments | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coinsurance | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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

Language Assistance Services

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

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

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

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

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

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

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

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

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

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



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, 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 |
|-----------------|---------------------|------------------------|----------------------------|--------------------|-------------------|-----------------|---------------------|-----------------------|
|-----------------|---------------------|------------------------|----------------------------|--------------------|-------------------|-----------------|---------------------|-----------------------|

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

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

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

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

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

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄວບຄູ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

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



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

(Continued)

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, 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. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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



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

cc6589_memb_serv (05/20)

ID: MD0000021858_A4

Schedule of Benefits

Harvard Pilgrim Health Care, Inc.

BEST BUY HSA POS

MAINE

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

There are two levels of coverage: In-Network and Out-of-Network.

In-Network coverage applies when Covered Benefits are provided or arranged by your Primary Care Provider (PCP) in the Service Area, or provided by a Plan Provider outside of the Service Area.

Out-of-Network coverage applies when Covered Benefits are provided by a Non-Plan Provider or a provided by a Plan Provider without a Referral when a Referral is required. 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 number. A Referral from your PCP is not needed. 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 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 at 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 or by calling 1-888-888-4742.

Access to Lower-Priced Services

If you receive specific Covered Benefits from certain Non-Plan Providers located in Maine, New Hampshire, and Massachusetts, you may be able to receive credit for your payment for services provided by such Non-Plan Providers toward your Deductible and Out-of-Pocket Maximum. The specific Covered Benefits include services within the following categories:

- Physical and occupational therapy services
- Radiology and imaging services
- Laboratory services and x-rays
- Infusion therapy services

EFFECTIVE DATE: 01/01/2021

FORM #2497_03

SCHEDULE OF BENEFITS | 1

BEST BUY HSA POS - MAINE

Go to HPHConnect for more information on this program.

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."

| General Cost Sharing Features: | | In-Network Member Cost Sharing: | Out-of-Network Member Cost Sharing |
|--|--|--|---|
| Coinsurance and Copayments | | See the benefits table below | |
| Deductible | | | |
| – Your Plan Deductible can be met by any combination of eligible In-Network and Out-of-Network expenses. | | \$2,800 for Individual Coverage per Calendar Year \$5,600 for Family Coverage per Calendar Year – with a \$2,800 embedded individual Deductible per Calendar Year | |
| <p>Important Notice: If your Plan has a family Deductible with an embedded individual Deductible, the Deductible can be satisfied in one of two ways:</p> <p>a. If a Member of a covered family meets an individual embedded Deductible, then services for that Member that are subject to that Deductible are covered by the Plan for the remainder of the Calendar Year.</p> <p>b. If any number of Members in a covered family collectively meet the family Deductible, then all Members of the covered family receive coverage for services subject to that Deductible for the remainder of the Calendar Year. No one family member may contribute more than the individual embedded Deductible amount to the family Deductible.</p> <p>An embedded individual Deductible may not be less than the applicable minimum family Deductible, as defined by the Internal Revenue Service.</p> <p>Once a Deductible is met, coverage by the Plan is subject to any other Member Cost sharing that may apply.</p> | | | |
| Out-of-Pocket Maximum | | | |
| Includes all Member Cost Sharing Any charges above the Allowed Amount and any penalty for failure to receive Prior Approval when using Non-Plan Providers do not apply to the Out-of-Pocket Maximum | | \$3,000 for Individual Coverage per Calendar Year \$6,000 for Family Coverage per Calendar Year – with a \$3,000 embedded individual Out-of-Pocket Maximum per Calendar Year | \$6,000 for Individual Coverage per Calendar Year \$12,000 for Family Coverage per Calendar Year – with a \$6,000 embedded individual Out-of-Pocket Maximum per Calendar Year |
| <p>Important Notice: If you are a Member with Family Coverage, the Out-of-Pocket Maximum can be satisfied in one of two ways:</p> <p>a. If a Member of a covered family meets an individual embedded Out-of-Pocket Maximum, then that Member has no additional Member Cost Sharing for the remainder of the Calendar Year.</p> <p>b. If any number of Members in a covered family collectively meet the family Out-of-Pocket Maximum, then all Members of the covered family have no additional Member Cost Sharing for the remainder of the Calendar Year. No one family member may contribute more than the individual embedded Out-of-Pocket Maximum amount toward the family Out-of-Pocket Maximum.</p> | | | |

BEST BUY HSA POS - MAINE

| General Cost Sharing Features: | In-Network Member Cost Sharing: | Out-of-Network Member Cost Sharing |
|--|--|---|
| Out-of-Network Penalty Payment | | |
| Does not count toward the Deductible or Out-of-Pocket Maximum. | \$500 | |

| Benefit | In-Network Plan Providers with a proper Referral Member Cost Sharing | Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing |
|--|---|--|
| Acupuncture Treatment for Injury or Illness | | |
| – Limited to 20 visits per Calendar Year | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Ambulance Transport | | |
| Emergency ambulance transport | Deductible, then 10% Coinsurance | Same as In-Network |
| Non-emergency ambulance transport | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Autism Spectrum Disorders Treatment | | |
| Applied behavior analysis | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Chemotherapy and Radiation Therapy | | |
| Chemotherapy | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Radiation therapy | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Chiropractic Care | | |
| | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Dental Services | | |
| Important Notice: Coverage of Dental Services 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 10% Coinsurance | Deductible, then 30% Coinsurance |
| Dialysis | | |
| | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Durable Medical Equipment | | |
| Durable medical equipment, including orthotic devices as described in the Benefit Handbook | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Blood glucose monitors, infusion devices, and insulin pumps (including supplies) | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |

BEST BUY HSA POS - MAINE

| Benefit | In-Network Plan Providers with a proper Referral Member Cost Sharing | Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing |
|--|--|---|
| Durable Medical Equipment (Continued) | | |
| Oxygen and respiratory equipment | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Early Intervention Services (for Members up to the age of 3) | | |
| – Limited to \$3,200 per Member per Calendar Year, up to a maximum of \$9,600 | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Emergency Admission | | |
| | Deductible, then 10% Coinsurance | Same as In-Network |
| Emergency Room Care | | |
| | Deductible, then 10% Coinsurance | Same as In-Network |
| Hearing Aids | | |
| – Limited to \$3,000 per hearing aid every 36 months, for each hearing impaired ear | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Home Health Care | | |
| | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| If services include the administration of drugs, please see the benefit for “Medical Drugs” for Member Cost Sharing details. | | |
| Hospice – Outpatient | | |
| | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Hospital – Inpatient Services | | |
| Acute Hospital care, including blood transfusions, and inhalation therapy | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Inpatient maternity care | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Inpatient routine nursery care | No charge | Deductible, then 30% Coinsurance |
| Inpatient rehabilitation – limited to 150 days per Calendar Year Inpatient rehabilitation and skilled nursing facility care limits are combined | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Skilled nursing facility – limited to 150 days per Calendar Year Inpatient rehabilitation and skilled nursing facility care limits are combined | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Infertility Services and Treatments (see the Benefit Handbook for details) | | |
| Diagnostic services including only the following: consultation, evaluation and laboratory tests | Your Member Cost Sharing will depend upon the types of services 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.” | |

BEST BUY HSA POS - MAINE

| Benefit | In-Network Plan Providers with a proper Referral Member Cost Sharing | Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing |
|---|--|---|
| Infertility Services and Treatments (see the Benefit Handbook for details) (Continued) | | |
| Infertility treatment – limited to 6 cycles per lifetime. | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Laboratory, Radiology and Other Diagnostic Services (including Independent Laboratories and Freestanding Imaging Centers) | | |
| Laboratory | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Genetic testing | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Radiology | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Other diagnostic services | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Low Protein Foods | | |
| – Limited to \$3,000 per Calendar Year | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Maternity Care – Outpatient | | |
| Routine outpatient prenatal and postpartum care | No charge | Deductible, then 30% Coinsurance |
| Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under “Physician and Other Professional Office Visits” and Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under “Laboratory, Radiology and Other Diagnostic Services (including Independent Laboratories and Freestanding Imaging Centers).” | | |
| Medical Drugs (drugs that cannot be self-administered) | | |
| Medical drugs received in a Physician’s office or other outpatient facility | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Medical drugs received in the home | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the member Cost Sharing listed above will apply. | | |
| Medical Formulas | | |
| State mandated formulas | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Mental Health and Substance Use Disorder Treatment | | |
| Inpatient Services | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |

BEST BUY HSA POS - MAINE

| Benefit | In-Network Plan Providers with a proper Referral Member Cost Sharing | Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing |
|---|--|---|
| Mental Health and Substance Use Disorder Treatment (Continued) | | |
| Partial hospitalization services | No charge | Deductible, then 30% Coinsurance |
| Outpatient group therapy | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Mental health services in the home | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Outpatient treatment, including individual therapy, detoxification, and medication management | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Outpatient methadone maintenance | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Outpatient psychological testing and neuropsychological assessment | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Observation Services | | |
| | Deductible, then 10% Coinsurance | Same as In-Network |
| Ostomy Supplies | | |
| | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Physician and Other Professional Office Visits (This includes all covered Providers unless otherwise listed in this Schedule of Benefits.) | | |
| Routine examinations for preventive care, including immunizations | No charge | Deductible, then 30% Coinsurance |
| Not all In-Network services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services notice on our website at www.harvardpilgrim.org . Please see "Laboratory, Radiology and Other Diagnostic Services (including Independent Laboratories and Freestanding Imaging Centers)" for the Member Cost Sharing that applies to diagnostic services not included on this list. | | |
| Consultations, evaluations, Sickness and injury care | Deductible, then 10% Coinsurance | Deductible, then 30% 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 (including Independent Laboratories and Freestanding Imaging Centers)." | | |
| Office based treatments and procedures, including but not limited to administration of injections, casting, suturing, and the application of dressings, non-routine foot care, and surgical procedures | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Administration of allergy injections | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Preventive Services and Tests | | |
| | No charge | Deductible, then 30% Coinsurance |

BEST BUY HSA POS - MAINE

| Benefit | In-Network Plan Providers with a proper Referral Member Cost Sharing | Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing |
|--|--|---|
| Preventive Services and Tests (Continued) | | |
| Under Federal and state law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies (even if polyp removal or other necessary medically necessary procedure is required), screening mammograms, pap tests, 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 www.harvardpilgrim.org . You may also get a copy of the Preventive Services notice by calling the Member Services Department at 1-888-333-4742 . 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 30% Coinsurance |
| Prosthetic Devices | | |
| Prosthetic devices (other than arms and legs) | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Prosthetic arms and legs | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Rehabilitation and Habilitation Services – Outpatient | | |
| Cardiac rehabilitation | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Pulmonary rehabilitation therapy | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Occupational therapy | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Physical therapy | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Speech therapy | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Outpatient physical, occupational and speech therapies are covered to the extent Medically Necessary for: (1) children up to the age of three and (2) the treatment of Autism Spectrum Disorders. | | |
| Scopic Procedures - Outpatient Diagnostic and Therapeutic | | |
| Colonoscopy, endoscopy and sigmoidoscopy | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Surgery – Outpatient | | |
| | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Telemedicine Virtual Visit Services – Outpatient | | |
| | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| For inpatient Hospital care, see “Hospital – Inpatient Services” for cost sharing details. | | |

BEST BUY HSA POS - MAINE

| Benefit | In-Network Plan Providers with a proper Referral Member Cost Sharing | Out-of-Network Non-Plan Providers and Plan Providers without a Referral Member Cost Sharing |
|--|--|---|
| Urgent Care Services | | |
| Doctors on Demand | Deductible, then 10% Coinsurance | |
| Important Note: Doctors On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctors On Demand, including how to access them, please visit our website at www.harvardpilgrim.org . | | |
| Convenience care clinic | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Urgent care center | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Hospital urgent care center | Deductible, then 10% Coinsurance | Deductible, then 30% 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 (including Independent Laboratories and Freestanding Imaging Centers)." | | |
| Vision Services | | |
| Urgent eye care | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Routine adult eye examinations – limited to 1 exam per Calendar Year | No charge | Deductible, then 30% Coinsurance |
| Routine pediatric eye examinations – limited to 1 exam per Calendar Year | No charge | Deductible, then 30% Coinsurance |
| Vision hardware for special conditions | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Voluntary Sterilization – in a Physician’s Office | | |
| | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Voluntary Termination of Pregnancy | | |
| | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |
| Wigs and Scalp Hair Prostheses | | |
| – Limited to \$350 per Calendar Year (see the Benefit Handbook for details) | Deductible, then 10% Coinsurance | Deductible, then 30% Coinsurance |

BEST BUY HSA POS - MAINE

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)

(TTY: 711)

ខ្មែរ (Cambodian) ចំណាំ: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរស័ព្ទ 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, ແມ່ນມີຢູ່ສຳລັບທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

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



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

(Continued)

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

BEST BUY HSA POS - MAINE

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

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

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



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

cc6589_memb_serv (05/20)

General List of Exclusions

Harvard Pilgrim Health Care, Inc. | MAINE

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 |
|--|
| Alternative Treatments |
| <ul style="list-style-type: none"> • Acupuncture care except when specifically listed as a Covered Benefit. • Acupuncture services that are outside the scope of standard acupuncture care. • Alternative or holistic services and all procedures, laboratories and nutritional supplements associated with such treatments. • Aromatherapy, treatment with crystals and alternative medicine. • Any of the following types of programs: Health resorts, spas, recreational programs, camps, wilderness programs (therapeutic outdoor programs), outdoor skills programs, life skills programs, therapeutic or educational boarding schools, and relaxation or lifestyle programs. • Massage therapy when performed by anyone other than a licensed physical therapist, physical therapy assistant, occupational therapist, or certified occupational therapy assistant. • Myotherapy. • Services by a naturopath that are not covered by other Plan Providers under the Plan. |
| Clinical Trials |
| Coverage is not provided for the following: <ul style="list-style-type: none"> • The investigational item, device, or service itself; or • For services, tests or items that are provided solely to satisfy data collection and analysis for the clinical trial and that are not used for the direct clinical management of your condition. |
| Dental Services |
| <ul style="list-style-type: none"> • Dental Care, except when specifically listed as a Covered Benefit. • All services of a dentist for Temporomandibular Joint Dysfunction (TMD). • Extraction of teeth, except when specifically listed as a Covered Benefit. • Pediatric dental care, except when specifically listed as a Covered Benefit. |
| Durable Medical Equipment and Prosthetic Devices |
| <ul style="list-style-type: none"> • Any devices or special equipment needed for sports or occupational purposes. • Any home adaptations, including, but not limited to home improvements and home adaptation equipment. • Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services. • Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft. |
| Experimental, Unproven or Investigational Services |
| <ul style="list-style-type: none"> • Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational. |
| Foot Care |
| <ul style="list-style-type: none"> • Foot orthotics, except for the treatment of severe diabetic foot disease. • 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. |

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

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

| Exclusion |
|---|
| Mental Health Care <ul style="list-style-type: none"> • Biofeedback. • 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; (2) to resolve problems of school performance; or (3) to treat learning disabilities. • Sensory integrative praxis tests. • Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder. • Mental health care that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health. • Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective. |
| Physical Appearance <ul style="list-style-type: none"> • Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) reconstructive surgery to repair or restore appearance damaged by an Accidental Injury, and (3) post-mastectomy care. • Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy. • Liposuction or removal of fat deposits considered undesirable. • Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). • Skin abrasion procedures performed as a treatment for acne. • Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin. • Treatment for spider veins. • Wigs, except when specifically listed as a Covered Benefit. |
| Procedures and Treatments <ul style="list-style-type: none"> • Gender reassignment surgery and all related drugs and procedures, except when specifically listed as a Covered Benefit. • 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. • Commercial diet plans, weight loss programs and any services in connection with such plans or programs. Please note: 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. • 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). • If a service is listed as requiring that it be provided at a Center of Excellence, no coverage will be provided under this Handbook if that service is received from a Provider that has not been designated as a Center of Excellence. • Physical examinations and testing for insurance, licensing or employment. • Services for Members who are donors for non-members, except as described under Human Organ Transplant Services. • Testing for central auditory processing. • Group diabetes training, educational programs or camps. |
| Providers <ul style="list-style-type: none"> • Charges for services which were provided after the date on which your membership ends, except as required by Maine law. • 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 |
|--|
| Reproduction <ul style="list-style-type: none"> Any form of Surrogacy or services for a gestational carrier. Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment. Infertility drugs, if infertility services are not a Covered Benefit. Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage. Infertility treatment for Members who are not medically infertile. Infertility treatment, except when specifically listed as a Covered Benefit. Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal). Sperm collection, freezing and storage except when infertility treatment is specifically listed as a Covered Benefits. Sperm identification when not Medically Necessary (e.g., gender identification). The following fees: wait list fees, non-medical costs, shipping and handling charges etc. Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit. Voluntary termination of pregnancy unless necessary to preserve the life or health of a Member,, or unless it is specifically listed as a Covered Benefit. |
| Services Provided Under Another Plan <ul style="list-style-type: none"> Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities. Costs for services covered by third party liability, other insurance coverage, and which are required to be covered by a Workers' Compensation plan or an Employer under state or federal law, unless a notice of controversy has been filed with the Workers' Compensation Board contesting the work-relatedness of the claimant's condition and no decision has been made by the Board. |
| Telemedicine <ul style="list-style-type: none"> Telemedicine services involving e-mail, pr fax. Telemedicine services involving audio-only telephone, except where telemedicine is technologically unavailable at a scheduled time and is medically appropriate for the corresponding covered health services. Provider fees for technical costs for the provision of telemedicine services. |
| Transgender Health Services <ul style="list-style-type: none"> Abdominoplasty. Chemical peels. Collagen injections. Dermabrasion. Electrolysis or laser hair removal (for all indications, except when required pre-operatively for genital surgery). Hair transplantation. Reversal of transgender health services and all related drugs and procedures. Implantations (e.g. cheek, calf, pectoral, gluteal). Liposuction. Lip reduction/enhancement. Panniculectomy. Removal of redundant skin. Silicone injections (e.g. for breast enlargement). Voice modification therapy/surgery. Reimbursement for travel expenses |
| Types of Care <ul style="list-style-type: none"> Custodial Care. Rest or domiciliary care. All institutional charges over the semi-private room rate, except when a private room is Medically Necessary. Pain management programs or clinics. Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation. Private duty nursing. Sports medicine clinics. Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation. |
| Vision and Hearing <ul style="list-style-type: none"> Eyeglasses, contact lenses and fittings, except as listed in the Plan's <i>Benefit Handbook</i> and any associated Riders. Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism. Routine eye examinations, except when specifically listed as a Covered Benefit. |

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

| Exclusion |
|--|
| <p>All Other Exclusions</p> <ul style="list-style-type: none"> • 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. • Beauty or barber service. • Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services, unless your Plan includes outpatient pharmacy coverage. • Diabetes equipment replacements when solely due to manufacturer warranty expiration. • Donated or banked breast milk. • 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 listed in this Benefit Handbook. • Medical services that are provided to Members who are confined or committed to jail, house of correction, or prison, or custodial facility of the Department of Youth Services. • 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 Benefit Handbook, Schedule of Benefits, or Prescription Drug Brochure. • Services that are not Medically Necessary. • Taxes or governmental assessments on services or supplies. • Transportation other than by ambulance. • 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. |

Prescription Drug Coverage

PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

Covered prescription drugs are subject to your plan's Deductible (for Access America and PPO plans, covered prescriptions are subject to the In-Network Deductible). This means that you need to pay the full cost of your medications until you reach the required Deductible amount. The full cost will be the lower of the participating pharmacy's retail price or the price of the medication at Harvard Pilgrim's discount rate. See the *Schedule of Benefits* for your plan's Deductible amount. Once you meet the Deductible for the year, your drugs are covered in full with no additional cost sharing.

Your plan includes the Preventive Drug Benefit. This means that certain medications that help prevent chronic conditions and illnesses are exempt from the Deductible. However, you are still subject to any applicable Copayment or Coinsurance listed in the table below. Visit www.harvardpilgrim.org/2021Premium3T for more information.

| | Retail | Mail (up to a 90-day supply) |
|--------|--|---------------------------------|
| Tier 1 | Up to a 30-day supply: Deductible, then no charge Up to a 90-day supply: Deductible, then no charge | Deductible, then no charge |
| Tier 2 | Up to a 30-day supply: Deductible, then no charge Up to a 90-day supply: Deductible, then no charge | Deductible, then no charge |
| Tier 3 | Up to a 30-day supply: Deductible, then no charge Up to a 90-day supply: Deductible, then no charge | Deductible, then no charge |

You may purchase up to a 90-day supply of maintenance medications from certain Maine retail pharmacies. When you obtain a 90-day prescription from one of these Maine retail pharmacies, you will pay the Mail Service Prescription Drug Program Member Cost Sharing. Although most maintenance medications are available for a 90-day supply, we may limit drugs for clinical reasons or to prevent potential waste. In addition, specialty drugs, discussed above, are not available for a 90-day supply.

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/2021Premium3T for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



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

RX0000016376

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) សូមជូនដំណឹង: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ស្របទៅតាមតម្រូវការរបស់អ្នកដោយឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

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

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

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

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

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

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

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

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

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



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

(Continued)

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

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

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

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



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

cc6589_memb_serv (05/20)



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. 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 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, 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 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

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).



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 |
|-----------------|---------------------|------------------------|----------------------------|--------------------|-------------------|-----------------|---------------------|-----------------------|
|-----------------|---------------------|------------------------|----------------------------|--------------------|-------------------|-----------------|---------------------|-----------------------|

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. 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.

cc6589_memb_serv (11/9)

Harvard Pilgrim Health Care. Your guide to better health.

To learn more:



Talk to your employer



Visit www.harvardpilgrim.org



Call | Prospective members: (800) 848-9995
Current members: (888) 333-4742
TTY: 711



Harvard Pilgrim
Health Care

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