

# Five Facts about the Harvard Pilgrim Maine HSA Point-of-Service (POS) plan

## 1 You'll need to choose a primary care provider (PCP) when you enroll

You must have a PCP to provide your care, or to give you a referral for most kinds of specialty care. If you do not choose a PCP when you enroll, Harvard Pilgrim will assign one to you. If you will have dependents on your plan, each can have a different PCP.

(**Note:** If you live outside of the plan's service area of Maine, New Hampshire, Massachusetts, Connecticut, Rhode Island and Vermont, you are not required to have a PCP; however, we recommend you have one to coordinate your care.)

## 2 Most services, including prescription drugs, are subject to the deductible\*

Please see the other side of this flyer for a partial list of services that are subject to the deductible. Your coverage includes separate in-network and out-of-network deductibles. The in-network deductible amount is less than the out-of-network deductible amount. If your plan includes coverage for prescription drugs, they will be subject to your in-network deductible.

## 3 Your plan has both in-network coverage and out-of-network coverage

This gives you flexibility with referrals and more choices among providers and hospitals:

- **In-network:** You'll typically have lower cost sharing (e.g., copayments, deductibles and coinsurance) than you will with out-of-network coverage. You will have in-network coverage when you receive care for covered services directly from your PCP, or from other Harvard Pilgrim participating providers with the appropriate referrals.
- **Out-of-network:** You'll typically have higher cost sharing than you will with in-network coverage. You and your dependents will have out-of-network coverage when you receive care

for covered services from Harvard Pilgrim participating providers without a PCP's referral, or when you see non-participating providers.

- **Out of service area:** If you or family members (like college students) live outside of the plan's service area, you are not required to have a PCP and you do not need referrals to see specialists; however, you should try to see a Harvard Pilgrim participating provider so you'll have lower out-of-pocket costs. If you or your family members receive care from a non-participating provider, you will be covered at the out-of-network benefit level.

## 4 Your plan includes a deductible

A deductible applies to most in-network services and most out-of-network services. Check the *Schedule of Benefits* to see whether your in-network deductible is combined with or separate from your out-of-network deductible.

## 5 After the deductible, services are subject to coinsurance

Once you have paid the deductible, you pay in-network coinsurance for covered services you receive from participating providers with the proper referral when required, or out-of-network coinsurance for covered services you receive from non-participating providers. See the *Schedule of Benefits* for details.

\*The deductible will not apply to certain preventive medications if your plan includes the Preventive Drug Benefit.

If you have questions about your Maine HSA POS coverage, please call the Member Services department at **(888) 333-4742**.  
For TTY service, call **711**.

## The Harvard Pilgrim HSA POS - Maine

These are examples of covered services. Please note that not all Maine HSA POS plans include an in-network deductible. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in the event that the information in this document is different.

Covered services	What you pay: In-network	What you pay: Out-of-network
<ul style="list-style-type: none"> <li>Preventive tests and services, including:               <ul style="list-style-type: none"> <li>Adult annual visits</li> <li>Well child visits</li> <li>Annual gynecological visits</li> <li>Routine pre-natal and post-partum visits</li> <li>Cervical cancer screening, including Pap smears</li> <li>Immunizations, including flu shots (for children and adults as appropriate)</li> <li>Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test</li> <li>Cholesterol screening (adults only) and total cholesterol tests</li> <li>Diabetes screenings</li> <li>Blood pressure screening (adults, without known hypertension)</li> <li>Breast cancer screening, including mammograms and counseling for genetic susceptibility</li> </ul> </li> </ul>	No charge	Out-of-network deductible, then out-of-network coinsurance
<ul style="list-style-type: none"> <li>Exams for illness or injuries</li> <li>Lab tests and diagnostic procedures, including EKGs, MRIs and X-rays, other than those listed under "Preventive tests and services"</li> <li>Treatments and procedures, including chemotherapy, surgical procedures, allergy treatments and dialysis</li> <li>Therapeutic procedures, including occupational therapy, speech therapy, physical therapy, early intervention and cardiac rehabilitation</li> <li>Inpatient hospital services, including inpatient maternity</li> <li>Inpatient mental health, drug and alcohol rehabilitation, and detoxification</li> <li>Outpatient day surgery</li> <li>Outpatient mental health services</li> <li>Home health care services</li> <li>Skilled nursing care</li> <li>Ambulance transport</li> </ul>	Applicable in-network cost sharing	Applicable out-of-network cost sharing
<ul style="list-style-type: none"> <li>Prescription drugs (if covered under your plan)</li> </ul>	Applicable in-network prescription drug cost sharing*	Applicable in-network prescription drug cost sharing*
<ul style="list-style-type: none"> <li>Routine eye exams</li> </ul>	No charge	Out-of-network deductible, then out-of-network coinsurance

**Please note:** Services you receive during different kinds of visits and exams may be subject to the deductible.

\* The deductible will not apply to certain preventive medications if your plan includes the Preventive Drug Benefit.