

Schedule of Benefits

HARVARD PILGRIM CHOICENETSM BEST BUY HMO MASSACHUSETTS

Please Note: This plan includes a tiered provider network called the "ChoiceNet" Network. In this plan, Members pay different levels of Copayments, Coinsurance or Deductibles depending on the tier of the provider delivering a covered service or supply. This plan may make changes to a Provider's benefit tier annually on January 1. Please consult the HPHC ChoiceNet Provider Directory or visit the provider search tool at www.harvardpilgrim.org to determine the tier of Providers in the ChoiceNet Network.

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.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the tables below.

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 ext. 38723.

Tiered Providers

Most hospitals and physicians covered by the Plan are placed into one of three benefit levels or "tiers" based on national measures of cost efficiency and relative quality. Member Cost Sharing for these providers depends upon the tier in which a provider is placed. Tier 1 is the lowest cost tier. Tier 2 is the medium cost tier. Tier 3 is the highest cost tier. Please see your Benefit Handbook for more information on how hospitals and physicians are tiered under the Plan. Only acute care hospitals, Primary Care Physicians (PCPs) and medical specialists are assigned to one of three tiers. All other covered providers are assigned to Tier 1.

You can lower your out-of-pocket cost by selecting the physicians and hospitals in the lower cost tiers. The tables set forth below list the Member Cost Sharing for each type of tiered service. The Plan's Provider Directory lists all Plan Providers and their tier. You can access the Provider Directory at www.harvardpilgrim.org. You may also obtain a paper copy of the directory, free of charge, by calling Harvard Pilgrim's Member Services Department at 1-888-333-4742.

Please Note: When you choose a PCP, it is important to consider the tier of the hospital that your PCP uses. For example, a Tier 1 PCP may admit patients to a Tier 2 or to a Tier 3 Hospital.

Deductibles

A Deductible is a specific annual dollar amount that is payable by the Member for Covered Benefits received each Plan Year before any benefits subject to the Deductible are payable by the Plan. If a family Deductible applies, it is met when any combination of Members in a covered family incur expenses for services to which the Deductible applies. Your Plan's Deductible amounts are listed in the tables below.

EFFECTIVE DATE: 07/01/2017

The Plan has a maximum Deductible, which is the total amount of Deductible payments you are responsible for in a Plan Year. Any Deductible amount you incur for Covered Plan Year will apply toward the maximum Deductible. In addition, any Deductible amount you incur during a Plan Year applies towards a Deductible of any tier.

The Plan also has limits on the Deductible amounts that apply to each tier. If you only use services in Tier 1 during the Plan Year, you would only be responsible for the Tier 1 Deductible amount in that Plan Year. If you only use services in Tiers 1 and 2 in a Plan Year, you would only be responsible for the Tier 2 Deductible amount in that Plan Year. As explained above, even if you use Tier 3 services, your total liability for Deductible charges is limited to the maximum Deductible amount stated in the table below.

Copayment Levels

There are two types of office visit Copayments that apply to your Plan: a lower Copayment, known as the "Primary Care Copayment," and a higher Copayment, known as the "Specialty and Hospital Based Care Copayment."

The Primary Care Copayment applies to covered outpatient professional services, other than services received at a professional office operated by a hospital, from the following types of providers: all Primary Care Providers (PCPs); obstetricians and gynecologists; Licensed Mental Health Professionals; certified nurse midwives; and nurse practitioners who bill independently.

The Specialty and Hospital Based Care Copayment applies to most outpatient specialty care.

If a provider is categorized as both Copayment levels, the Primary Care Copayment applies. For example, if a provider is both a PCP and a cardiologist, you will be responsible for the Primary Care Copayment.

Your Plan may have other Copayment amounts. Please see the benefit table below for specific Copayment requirements.

Covered Benefits

Your Covered Benefits are administered on a Plan Year basis. Your Plan Year begins on your Employer's Anniversary Date. Please see your Benefit Handbook for more details. If you do not know your Employer's Anniversary Date, please contact your Employer's benefits office or call the Member Services Department at **1-888-333-4742**. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a doctor'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:	Tier 1 Member Cost Sharing:	Tier 2 Member Cost Sharing:	Tier 3 Member Cost Sharing:
Coinsurance and Copayments	See the benefits table below		

HARVARD PILGRIM CHOICENETSM BEST BUY HMO - MASSACHUSETTS

General Cost Sharing Features:	Tier 1 Member Cost Sharing:	Tier 2 Member Cost Sharing:	Tier 3 Member Cost Sharing:
Deductibles			
The following Deductibles apply to all services except where specifically noted below. The Deductible amount listed in each tier is the maximum you would pay for all services during the Plan Year in that tier or a lower tier.	\$250 per Member per Plan Year \$500 per family per Plan Year	\$250 per Member per Plan Year \$500 per family per Plan Year	\$250 per Member per Plan Year \$500 per family per Plan Year
Maximum Deductible			
	\$250 per Member per Plan Year \$500 per family per Plan Year		
Deductible Rollover			
	None		
Out-of-Pocket Maximum			
Includes all Member Cost Sharing except Member Cost Sharing for prescription drugs, which has a separate Out-of-Pocket Maximum	\$1,200 per Member per Plan Year \$2,400 per family per Plan Year		

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Acupuncture Treatment for Injury or Illness			
	Not covered		
Ambulance Transport			
Emergency ambulance transport	Tier 1 Deductible, then no charge		
Non-emergency ambulance transport	Tier 1 Deductible, then no charge		
Autism Spectrum Disorders Treatment			
Applied behavior analysis	Tier 1 Primary Care Copayment: \$20 per visit		
Chemotherapy and Radiation Therapy			
	Tier 1 Deductible, then no charge		
Dental Services			
Important Notice: Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.			
Extraction of teeth impacted in bone	Your Member Cost Sharing will depend upon where the service is provided and the tier placement of the provider rendering services, as listed in this Schedule of Benefits. For example, for services provided in a dentist's office, see "Physician and Other Professional Office Visits."		
Preventive dental care for children (up to the age of 13) – limited to 2 preventive dental exams per Plan Year, only the following services are included: cleaning, fluoride treatment, teaching plaque control and x-rays.	Tier 1 Primary Care Copayment: \$20 per visit		

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Dialysis			
Dialysis services	Tier 1 Deductible, then no charge		
Installation of home equipment in a Member's lifetime	No charge		
Durable Medical Equipment			
Durable medical equipment	Tier 1 Deductible, then 20% Coinsurance		
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge		
Oxygen and respiratory equipment	Tier 1 Deductible, then no charge		
Early Intervention Services			
	No charge		
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health			
Emergency Admission Services			
	Tier 1 Deductible, then \$150 Copayment per admission		
Emergency Room Care			
	Tier 1 Deductible, then \$100 Copayment per visit		
This Copayment is waived if admitted to the hospital directly from the emergency room.			
Hearing Aids (for Members up to the age of 22)			
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	No charge		
Home Health Care			
	Deductible, then no charge		
If services include the administration of drugs, please see the benefit for “Medical Drugs” for Member Cost Sharing details.			
Hospice – Outpatient			
	Deductible, then no charge		
Hospital – Inpatient Services			
Acute hospital care	Deductible, then \$150 Copayment per admission	Deductible, then \$150 Copayment per admission	Deductible, then \$450 Copayment per admission
Inpatient maternity care	Deductible, then \$150 Copayment per admission	Deductible, then \$150 Copayment per admission	Deductible, then \$450 Copayment per admission
Inpatient routine nursery care	No charge		
Inpatient rehabilitation – limited to 100 days per Plan Year	Tier 1 Deductible, then \$150 Copayment per admission		
Skilled nursing facility – limited to 100 days per Plan Year	Tier 1 Deductible, then \$150 Copayment per admission		

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Hypodermic Syringes and Needles			
	Subject to the applicable pharmacy Member Cost Sharing listed on your ID Card. If your Plan does not include coverage for outpatient prescription drugs, then coverage is subject to the lower of the pharmacy's retail price or a Copayment of \$5 for Tier 1 drugs or supplies, \$10 for Tier 2 drugs or supplies and \$25 for Tier 3 drugs or supplies. All Copayments are based on a 30 day supply.		
For information on the drug tiers, please visit our website at www.harvardpilgrim.org/members and select " pharmacy/drug tier look up " or contact the Member Services Department at 1-888-333-4742.			
Infertility Services and Treatments (see the Benefit Handbook for details)			
	Your Member Cost Sharing will depend upon where the service is provided and the tier placement of the provider rendering services, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits."		
Laboratory and Radiology Services			
Non-hospital based laboratory and x-rays	Tier 1 Deductible, then no charge		
Physician and hospital based laboratory and x-rays	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Non-hospital based advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Tier 1 Deductible, then \$100 Copayment per procedure		
Hospital based advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Deductible, then \$100 Copayment per procedure	Deductible, then \$100 Copayment per procedure	Deductible, then \$100 Copayment per procedure
Low Protein Foods			
– Limited to \$5,000 per Plan Year	Tier 1 Deductible, then no charge		
Maternity Care - Outpatient			
Routine outpatient prenatal and postpartum care	No charge		
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 and Radiology Services."			
Medical Drugs (drugs that cannot be self-administered)			
Medical drugs received in a doctor's office or other outpatient facility	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Medical drugs received in the home	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Some medical drugs received in a physician's office or outpatient facility may be provided by the Specialty Pharmacy Program under your outpatient prescription drug benefit. If you have outpatient prescription drug coverage, your Member Cost Sharing will be listed on your ID Card. Please see the Prescription Drug Brochure for a detailed explanation of your benefits.			

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Medical Formulas			
	Tier 1 Deductible, then no charge		
Mental Health Care (Including the Treatment of Substance Abuse Disorders)			
Inpatient Services	Tier 1 Deductible, then \$150 Copayment per admission		
Intermediate services – Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization – Intensive outpatient programs, partial hospitalization and day treatment programs	Tier 1 Deductible, then no charge		
Outpatient group therapy	\$10 Copayment per visit		
Outpatient treatment, including individual therapy, outpatient detoxification and medication management	Tier 1 Primary Care Copayment: \$20 per visit		
Outpatient methadone maintenance	No charge		
Outpatient psychological testing and neuropsychological assessment – Performed by a licensed mental health professional	Tier 1 Deductible, then no charge		
– Performed by a neurologist or other medical specialist	See the benefit for "Treatments and Procedures" under "Physicians and other Professional Office Visits."		
Ostomy Supplies			
	Tier 1 Deductible, then 20% Coinsurance		
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits)			
Routine examinations for preventive care, including immunizations	No charge		
Not all 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 and Radiology Services" for the Member Cost Sharing that applies to diagnostic services not included on this list.			
Consultations, evaluations, sickness and injury care	Primary Care Copayment: \$20 per visit Specialty and Hospital Based Care Copayment: \$25 per visit	Primary Care Copayment: \$20 per visit Specialty and Hospital Based Care Copayment: \$25 per visit	Primary Care Copayment: \$20 per visit Specialty and Hospital Based Care Copayment: \$25 per visit

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Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits) (Continued)			
Office based treatments and procedures, including but not limited to: administration of injections, allergy treatments, casting, suturing and the application of dressings, genetic counseling, neurological testing, non-routine foot care, office surgical procedures, and pregnancy testing	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Administration of allergy injections	No charge	No charge	No charge
Preventive Services and Tests			
	No charge		
Under federal law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women, and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services Notice on our website at 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 guidance.			
The following additional preventive services and tests: fetal ultrasound, hepatitis C testing, lead level testing, prostate-specific antigen (PSA) screening, routine hemoglobin tests, and routine urinalysis	No charge		
Prosthetic Devices			
	Tier 1 Deductible, then 20% Coinsurance		
Rehabilitation and Habilitation Services - Outpatient			
Cardiac rehabilitation	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Pulmonary rehabilitation therapy	Tier 1 Primary Care Copayment: \$20 per visit		
Speech-language and hearing services	Tier 1 Primary Care Copayment: \$20 per visit		
Occupational therapy – limited to 90 consecutive days per condition Physical therapy – limited to 90 consecutive days per condition	Tier 1 Primary Care Copayment: \$20 per visit		
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children under the age of three and (2) the treatment of Autism Spectrum Disorders.			
Scopic Procedures - Outpatient Diagnostic and Therapeutic			
Colonoscopy, endoscopy and sigmoidoscopy	Your Member Cost Sharing will depend upon where the service is provided and the tier placement of the provider rendering services, as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."		
Spinal Manipulative Therapy (including care by a chiropractor)			
	\$20 Copayment per visit		

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing	Tier 3 Member Cost Sharing
Surgery – Outpatient			
	Deductible, then \$150 Copayment per visit	Deductible, then \$150 Copayment per visit	Deductible, then \$150 Copayment per visit
Telemedicine			
Outpatient and inpatient telemedicine services	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.”		
Urgent Care Services			
Convenience care clinic	Primary Care Copayment: \$20 per visit	Primary Care Copayment: \$20 per visit	Primary Care Copayment: \$20 per visit
Urgent care clinic (including hospital urgent care clinic)	\$20 Copayment per visit	\$20 Copayment per visit	\$20 Copayment per visit
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefit. For example, if you have an x-ray or have blood drawn, please refer to “Laboratory and Radiology Services.”			
Vision Services			
Routine eye examinations – limited to 1 exam per Plan Year	Primary Care Copayment: \$20 per visit	Primary Care Copayment: \$20 per visit	Primary Care Copayment: \$20 per visit
Vision hardware for special conditions	Tier 1 Deductible, then no charge		
Voluntary Sterilization in a Physician’s Office			
	Deductible, then no charge	Deductible, then no charge	Deductible, then no charge
Voluntary Termination of Pregnancy			
	Not covered		
Wigs and Scalp Hair Prostheses as required by law			
– Limited to \$350 per Plan Year (see the Benefit Handbook for details)	20% Coinsurance		

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) ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ឆ្លងភាសាឥតគិតថ្លៃ។ 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) ໂປດຊານ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມີພ້ອມໃຫ້ທ່ານ. 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.

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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.

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General List of Exclusions

The following list identifies services that are generally excluded from Harvard Pilgrim HMO 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	Description
Alternative Treatments	
	<ol style="list-style-type: none"> 1. Acupuncture care, except when specifically listed as a Covered Benefit. 2. Acupuncture services that are outside the scope of standard acupuncture care. 3. Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments. 4. Aromatherapy, treatment with crystals and alternative medicine. 5. Any of the following types of programs: Health resorts, spas, recreational programs, camps, wilderness programs (therapeutic outdoor programs), outdoor skills programs, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, including any services provided in conjunction with, or as part of such types of programs. 6. Massage therapy. 7. Myotherapy.
Dental Services	
	<ol style="list-style-type: none"> 1. Dental Care, except when specifically listed as a Covered Benefit. 2. All services of a dentist for Temporomandibular Joint Dysfunction (TMD). 3. Extraction of teeth, except when specifically listed as a Covered Benefit. 4. Pediatric dental care, except when specifically listed as a Covered Benefit.
Durable Medical Equipment and Prosthetic Devices	
	<ol style="list-style-type: none"> 1. Any devices or special equipment needed for sports or occupational purposes. 2. Any home adaptations, including, but not limited to home improvements and home adaptation equipment. 3. Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services. 4. 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	
	<ol style="list-style-type: none"> 1. Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.

Exclusion	Description
Foot Care	
	<ol style="list-style-type: none"> 1. Foot orthotics, except for the treatment of severe diabetic foot disease. 2. 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.
Maternity Services	
	<ol style="list-style-type: none"> 1. Delivery outside the Service Area after the 37th week of pregnancy, or after you have been told that you are at risk for early delivery. 2. Planned home births. 3. Routine pre-natal and post-partum care when you are traveling outside the Service Area.
Mental Health Care	
	<ol style="list-style-type: none"> 1. Biofeedback. 2. 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; (3) to treat learning disabilities; (4) for driver alcohol education; or (5) for community reinforcement approach and assertive continuing care. 3. Methadone maintenance, except when specifically listed as a Covered Benefit. 4. Sensory integrative praxis tests. 5. 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. 6. 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. 7. Services or supplies for the diagnosis or treatment of mental health and substance abuse disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: <ul style="list-style-type: none"> • 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. 8. Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.

Exclusion	Description
Physical Appearance	<ol style="list-style-type: none"> 1. Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of a Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, and (3) post-mastectomy care. 2. Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy. 3. Liposuction or removal of fat deposits considered undesirable. 4. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). 5. Skin abrasion procedures performed as a treatment for acne. 6. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. 7. Treatment for spider veins.
Procedures and Treatments	<ol style="list-style-type: none"> 1. 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. 2. Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit. 3. Commercial diet plans, weight loss programs and any services in connection with such plans or programs, except when specifically listed as a Covered Benefit. 4. Gender reassignment surgery and all related drugs and procedures for self-insured groups, unless covered under a separate rider. 5. If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a Provider that has not been designated as a Center of Excellence. 6. 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). 7. Physical examinations and testing for insurance, licensing or employment. 8. Services for Members who are donors for non-members, except as described under Human Organ Transplant Services. 9. Testing for central auditory processing. 10. Group diabetes training, educational programs or camps.

Exclusion	Description
Providers	<ol style="list-style-type: none"> Charges for services which were provided after the date on which your membership ends. Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and hospital or other facility charges, that are related to any care that is not a Covered Benefit. Charges for missed appointments. Concierge service fees. (See the Plan's <i>Benefit Handbook</i> for more information.) Follow-up care after an emergency room visit, unless provided or arranged by your PCP. 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.
Reproduction	<ol 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 and birth control drugs, implants and devices, 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 as described in the Plan's <i>Benefit Handbook</i>. 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 the life of the mother is in danger or unless it is specifically listed as a Covered Benefit.
Services Provided Under Another Plan	<ol 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 for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.

Exclusion	Description
Telemedicine Services	
	<ol style="list-style-type: none"> 1. Telemedicine services involving e-mail, fax, texting, or audio-only telephone. 2. Provider fees for technical costs for the provision of telemedicine services.
Types of Care	
	<ol style="list-style-type: none"> 1. Custodial Care. 2. Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities. 3. All institutional charges over the semi-private room rate, except when a private room is Medically Necessary. 4. Pain management programs or clinics. 5. Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation, except when specifically listed as a Covered Benefit. 6. Private duty nursing. 7. Sports medicine clinics. 8. Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.
Vision and Hearing	
	<ol style="list-style-type: none"> 1. Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit. 2. Hearing aids, except when specifically listed as a Covered Benefit. 3. Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD. 4. Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism. 5. Routine eye examinations, except when specifically listed as a Covered Benefit.
All Other Exclusions	
	<ol style="list-style-type: none"> 1. Any service or supply furnished in connection with a non-Covered Benefit. 2. Beauty or barber service. 3. Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services and hypodermic syringes and needles, as required by Massachusetts law, unless your Plan includes outpatient pharmacy coverage. 4. Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law. 5. Guest services. 6. Services for non-Members. 7. Services for which no charge would be made in the absence of insurance.

Exclusion	Description
All Other Exclusions (Continued)	
	<ol style="list-style-type: none"> 8. Services for which no coverage is provided in the Plan's Benefit Handbook, Schedule of Benefits or Prescription Drug Brochure (if applicable). 9. Services that are not Medically Necessary. 10. Services your PCP or a Plan Provider has not provided, arranged or approved except as described in the <i>Handbook</i> sections "Your PCP Manages Your Health Care" and "Using Plan Providers". 11. Taxes or governmental assessments on services or supplies. 12. Transportation other than by ambulance. 13. The following products and services: <ul style="list-style-type: none"> • 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.

	Retail	Mail (up to a 90-day supply)
Tier 1	Up to a 30-day supply: \$10 Copayment Up to a 90-day supply: \$30 Copayment	\$20 Copayment
Tier 2	Up to a 30-day supply: \$25 Copayment Up to a 90-day supply: \$75 Copayment	\$50 Copayment
Tier 3	Up to a 30-day supply: \$45 Copayment Up to a 90-day supply: \$135 Copayment	\$90 Copayment

Your plan has an annual Out-of-Pocket Maximum for prescription drug costs. Your Out-of-Pocket Maximum amount is \$5,400 per Member/\$10,800 per family. Once you have reached the Out-of-Pocket Maximum (including deductible, copayment and coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit www.harvardpilgrim.org/2018Premium3T 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 Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company

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ChoiceNet at a glance: *What you need to know*

For employees of Massachusetts municipalities

Making informed choices about your medical care can help reduce your health care costs

1 ChoiceNet features three tier levels for doctors and hospitals.

All ChoiceNet participating doctors and clinicians, plus more than 130 hospitals, have met Harvard Pilgrim's high standards for providing quality care. ChoiceNet's three tiers are based on cost and quality performance. Tier 1 features the most cost-efficient doctors and hospitals.

Tier 1 also includes:

- Providers who aren't medical doctors (like optometrists, chiropractors, physical and speech therapists)
- Behavioral health services
- Emergency room coverage
- X-rays at independent or freestanding facilities (e.g., not hospitals or those affiliated with specific doctors' groups)
- Care at skilled nursing facilities and outpatient rehabilitation

Copayments for specialists' office visits

Tier 1	\$
Tier 2	\$\$
Tier 3	\$\$\$

2 You have four forms of cost-sharing (what you pay for services).

Within each ChoiceNet tier, you have four types of cost sharing:

- Covered in full.** You pay nothing for most preventive care services.
- Copayments.** You have pre-determined dollar amounts for primary care provider (PCP) visits and a slightly higher copayment for visits to specialists.
- Deductible.** You'll pay up to these dollar amounts for services subject to the deductible, like X-rays, bloodwork and hospital care. Your deductible amount depends upon the tier of your provider (who provides your care).
- Coinsurance.** A percentage of the cost of covered services that you must pay after you have paid your full, annual deductible amount.

Refer to your *Schedule of Benefits* for specific plan details.

3 Find your doctors' and hospitals' tiers before needing medical care.

Find out your preferred doctors' and hospitals' tiers by visiting www.harvardpilgrim.org/choicenet. Select "ChoiceNet HMO" or "ChoiceNet PPO" to find your providers. (Refer to your *Schedule of Benefits* to determine if you have an HMO or PPO plan.)

With both the HMO and PPO, you're free to choose, and see, doctors from all three tiers.

- If you have an HMO, you must have a PCP who will refer you to most specialists. It's important to know whom your PCP refers to (and his/her tier) so you can plan your cost sharing accordingly.
- PPO members can see specialists without referrals and can see non-participating Harvard Pilgrim providers.

4 You have ways to save money with ChoiceNet.

- Pay less when you choose quality, cost-efficient doctors and hospitals. More than 75% of Harvard Pilgrim's participating PCPs, specialists and hospitals are in Tier 1 and Tier 2.
- Have X-rays and high-end radiology tests like MRIs done at independent or freestanding facilities and pay Tier 1 cost sharing. If you receive these services in a hospital, your cost sharing depends on the hospital's tier.
- Talk to your doctors. When your primary doctor recommends specialists, discuss other options if those specialists are in higher tiers. If you have an HMO plan, referrals from your PCP are especially important since your cost sharing varies based on specialists' tiers.

5 We're here to help. Call us!

- If you're already a Harvard Pilgrim member, call Member Services with questions at (888) 333-4742. For TTY service, call (800) 637-8257. Representatives are available weekdays from 8 a.m. – 5:30 p.m., and until 7:30 p.m. on Monday and Wednesday evenings.
- If you're not yet a member, call (800) 848-9995 on weekdays from 8:30 a.m. – 5 p.m.

This plan includes a tiered provider network called ChoiceNet. In this plan, members pay different levels of cost sharing depending on the tier of the provider delivering a covered service or medical supply. A provider's benefit tier may change annually on January 1. Please consult the Harvard Pilgrim ChoiceNet provider directory or visit the provider search tool at www.harvardpilgrim.org/choicenet to determine a provider's tier in the ChoiceNet network. You also may call Harvard Pilgrim to request a paper copy of the provider directory.



Harvard Pilgrim
HealthCare

This information refers to products, programs and services offered by Harvard Pilgrim Health Care and its affiliate, HPHC Insurance Company.



HARVARD PILGRIM'S

ChoiceNet Tiered Hospitals

2018

ChoiceNet, our tiered provider network, includes thousands of Harvard Pilgrim's participating doctors and clinicians, plus 184 hospitals, who have met Harvard Pilgrim's high standards for providing quality care. Using national quality benchmarks, as well as plan medical expense information, we placed participating hospitals in Tier 1, Tier 2 or Tier 3. You will pay different cost sharing based on a provider's assigned benefit tier.¹

When you see participating providers in a lower tier, you'll pay less. You pay more when you receive services from higher tier providers. Refer to your Harvard Pilgrim *Schedule of Benefits* to determine your plan's actual cost sharing.

If you have established relationships with certain doctors, you'll want to find out what tiers they are in before receiving care from them. Just because doctors are affiliated with certain hospitals, it doesn't mean that they'll have the same tier level. To find your doctors' tiers, use the provider search tool at www.harvardpilgrim.org or call us at (800) 848-9995 for assistance. If you're already a Harvard Pilgrim member, call (888) 333-4742.

Participating hospitals and their tiers

Massachusetts		Massachusetts	
Hospital	Tier	Hospital	Tier
Anna Jaques Hospital	1	Beth Israel Deaconess Medical Center	2
Athol Memorial Hospital	1	Boston Medical Center	2
Baystate Franklin Medical Center	3	Brigham and Women's Hospital	3
Baystate Medical Center	2	Brigham and Women's Faulkner Hospital	2
Baystate Noble Hospital	1	Brigham and Women's Hospital Foxboro	1
Baystate Wing Hospital	1	Brockton Hospital	1
Berkshire Medical Center	3	Cape Cod Hospital	3
Beth Israel Deaconess Hospital - Milton	1	Carney Hospital	2
Beth Israel Deaconess Hospital - Needham	2	Charlton Memorial Hospital	1
Beth Israel Deaconess Hospital - Plymouth	1	Children's Hospital	3

¹This plan includes a tiered network called "ChoiceNet." In this plan, members pay different levels of cost sharing depending on the tier of the provider delivering a covered service or medical supply. A provider's benefit tier may change annually on January 1. Please consult the Harvard Pilgrim ChoiceNet provider directory or visit the provider search tool at www.harvardpilgrim.org to determine a provider's tier in the ChoiceNet network. You also may call Harvard Pilgrim to request a paper copy of the provider directory be mailed to you at no charge.

Participating hospitals and their tiers

Massachusetts (continued)

Hospital	Tier
Children's Hospital at Lexington	2
Children's Hospital at North Dartmouth	2
Children's Hospital at Peabody	2
Children's Hospital at Waltham	2
Clinton Hospital	1
Cooley Dickinson Hospital	3
Dana-Farber Cancer Institute	2
Emerson Hospital	1
Fairview Hospital	3
Falmouth Hospital	3
Floating Hospital for Children at Tufts Medical Center	2
Good Samaritan Medical Center	2
Hallmark Health Systems	2
Harrington Memorial Hospital	1
HealthAlliance Hospital	1
Heywood Hospital	1
Holy Family Hospital	1
Holyoke Medical Center	1
Lahey Clinic Hospital	2
Lawrence General Hospital	1
Lowell General Hospital	1
Marlborough Hospital	1
Martha's Vineyard Hospital	3
Massachusetts Eye and Ear Infirmary	1
Massachusetts General Hospital	3
Massachusetts General Hospital Ambulatory Care Division Danvers	1
Mercy Medical Center	2
Metrowest Medical Center	1
Milford Regional Medical Center, Inc.	1
Morton Hospital	2
Mt. Auburn Hospital	2
Nantucket Cottage Hospital	3
Nashoba Valley Medical Center	2
New England Baptist Hospital	1
Newton-Wellesley Hospital	2
Northeast Hospital Corporation	1
Northshore Medical Center	2
Norwood Hospital	1
Shriner's Hospital	2
South Shore Hospital	3
St. Anne's Hospital	2
St. Elizabeth's Medical Center	3
St. Luke's Hospital	1
St. Vincent Hospital	2

Massachusetts (continued)

Hospital	Tier
Sturdy Memorial Hospital	2
The Cambridge Health Alliance	1
Tobey Hospital	1
Tufts Medical Center	2
UMass Memorial Medical Center	3
Vernon Cancer Center at Newton Wellesley Hospital	1
Winchester Hospital	1

New Hampshire

Hospital	Tier
Alice Peck Day Memorial Hospital	2
Androscoggin Valley Hospital	2
Catholic Medical Center	1
Concord Hospital	2
Cottage Hospital	1
Elliot Hospital	1
Exeter Hospital	1
Franklin Regional Hospital	1
Frisbie Memorial Hospital	1
Huggins Hospital	2
Lakes Region General Hospital	2
Littleton Regional Hospital	2
Mary Hitchcock Memorial Hospital	1
Monadnock Community Hospital	1
New London Hospital	1
Parkland Medical Center	1
Portsmouth Regional Hospital	3
Southern NH Medical Center	1
Speare Memorial Hospital	1
St. Joseph Hospital	1
The Cheshire Medical Center	1
The Memorial Hospital	2
Upper Connecticut Valley Hospital	3
Valley Regional Hospital	2
Weeks Medical Center	3
Wentworth-Douglass Hospital	3

Maine

Hospital	Tier
Blue Hill Memorial Hospital	2
Bridgton Hospital	2
Calais Regional Hospital	2
Calais Regional Hospital	2
Cary Medical Center	2
Central Maine Medical Center	2

Participating hospitals and their tiers

Maine (continued)

Hospital	Tier
Charles A. Dean Memorial Hospital	2
Down East Community Hospital	2
Eastern Maine Medical Center	2
Franklin Memorial Hospital	2
Houlton Regional Hospital	2
Inland Hospital	2
LincolnHealth	2
Maine Coast Memorial Hospital	2
MaineGeneral Medical Center	2
Maine Medical Center	2
Mayo Regional Hospital	2
Mercy Hospital	2
Midcoast Hospital	2
Millinocket Regional Hospital	2
Mount Desert Island Hospital	2
Northern Maine Medical Center	2
Penobscot Bay Medical Center	2
Penobscot Valley Hospital	2
Redington-Fairview Hospital	2
Rumford Hospital	2
Sebastcook Valley Hospital	2
Southern Maine HealthCare	2
St. Joseph Hospital	2
St. Mary's Regional Medical Center	2
Stephens Memorial Hospital	2
The Aroostook Medical Center	2
Waldo County General Hospital	2
York Hospital	2

Rhode Island

Hospital	Tier
Kent County Memorial Hospital	2
Memorial Hospital of Rhode Island	2
Miriam Hospital	2
Newport Hospital	2
Rhode Island Hospital	2
Roger Williams Medical Center	2
South County Hospital	2
St. Joseph Health Services of Rhode Island	2
Westerly Hospital	2
Women & Infants Hospital	2

Vermont

Hospital	Tier
Brattleboro Memorial Hospital	2
Central Vermont Medical Center	2
Champlain Valley Physicians Medical Center	2
Elizabethtown Community Hospital	2

Vermont (continued)

Hospital	Tier
Gifford Medical Center	2
Grace Cottage Hospital	2
Mount Ascutney Hospital & Health Center	2
Northeastern Vermont Regional Hospital	2
Porter Medical Center, Inc.	2
Southwestern Vermont Medical Center	2
Springfield Hospital	2
University of Vermont Medical Center	2

Connecticut

Hospital	Tier
Bridgeport Hospital	2
Bristol Hospital	2
Charlotte Hungerford Hospital	2
Connecticut Children's Medical Center	2
Danbury Hospital	2
Day Kimball Hospital	2
Greenwich Hospital	2
Griffin Hospital	2
Hartford Hospital	2
John Dempsey Hospital	2
Johnson Memorial Medical Center	2
Lawrence & Memorial Hospital	2
Middlesex Hospital	2
MidState Medical Center	2
Milford Hospital	2
Norwalk Hospital	2
Prospect Manchester Hospital	2
Prospect Rockville Hospital	2
Sharon Hospital	2
St. Francis Hospital and Medical Center	2
St. Vincent's Medical Center	2
Stamford Hospital	2
The Hospital of Central Connecticut	2
The William W. Backus Hospital	2
Waterbury Hospital	2
Windham Hospital	2
Yale-New Haven Hospital	2

Remember, when you receive care at participating hospitals in a lower tier, you'll pay less with Hospital Prefer. Your cost sharing increases when you receive services from higher-tier hospitals. Refer to your Harvard Pilgrim *Schedule of Benefits* to determine your plan's actual cost sharing.

Want more information?

Visit www.harvardpilgrim.org.

You can also call Harvard Pilgrim:

- If you're already a Harvard Pilgrim member, call Member Services with questions at **(888) 333-4742**. For TTY service, call 711.
- If you're not yet a member, call **(800) 848-9995**.



**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.

Five Facts About the Harvard Pilgrim ChoiceNet Best Buy HMO – Massachusetts – *for employees of municipalities*

1 Your plan includes a deductible.

- A **deductible** is an amount you are responsible for each year before certain services are covered by the Plan. After the deductible has been met, some services require that you pay additional cost sharing. See the chart on the other side of this page for examples.
- Under an individual membership, a member is responsible for paying the individual deductible each year.
- Under a family membership, there is usually both an individual deductible and a family deductible. The family deductible is met when the combined deductible payments of any covered family members add up to the family deductible amount. The most each member can contribute toward the yearly family deductible is equal to the individual deductible amount.

2 For services that do not apply to the deductible, there is either a copayment or no charge.

- The chart on the other side of this page provides an overview of the cost sharing payable under the Plan for different types of services.
- Office visits or hospital visits may include some services that are not subject to the deductible and others that are subject to the deductible.
- Copayments do not count toward your deductible.

3 Emergency room services are subject to the deductible and then a copayment.

- After the deductible has been met, you will be responsible for the emergency room copayment.
- However, if you are admitted directly to the hospital from the emergency room, you do not have to pay the emergency room copayment.

4 You are not required to make your deductible payment at the time you receive services.

- Providers should not require that you pay any portion of the deductible at the time you receive services. However, your provider may ask for a credit card imprint or a written guarantee that you will pay your deductible charges.
- Your provider will bill you for your deductible payments. You should then pay your provider directly.

5 Harvard Pilgrim will send you an Activity Summary for services you receive.

- The Activity Summary is not a bill. It lists the services you received, any payments Harvard Pilgrim made to the provider for your care, and any amounts you may owe the provider.
- Your provider will bill you separately. Compare the provider's bill with your Harvard Pilgrim statement to verify the services you received and any amounts you may have paid or still may owe to the provider.
- Contact a Member Services representative with questions about your statements or your annual deductible balance.

If you have any questions about your ChoiceNet Best Buy HMO coverage, please call the Member Services department at (888) 333-4742. For TTY service, call (800) 637-8257.

This plan includes a tiered provider network called ChoiceNet. In this plan, members pay different levels of cost sharing depending on the tier of the provider delivering a covered service or medical supply. A provider's benefit tier may change annually on January 1. Please consult the Harvard Pilgrim ChoiceNet provider directory or visit the provider search tool at www.harvardpilgrim.org/choicenet to determine a provider's tier in the ChoiceNet network. You also may call Harvard Pilgrim to request a paper copy of the provider directory at no charge.



**Harvard Pilgrim
Health Care**

This information refers to products and services offered by Harvard Pilgrim Health Care and its affiliate, HPHC Insurance Company.

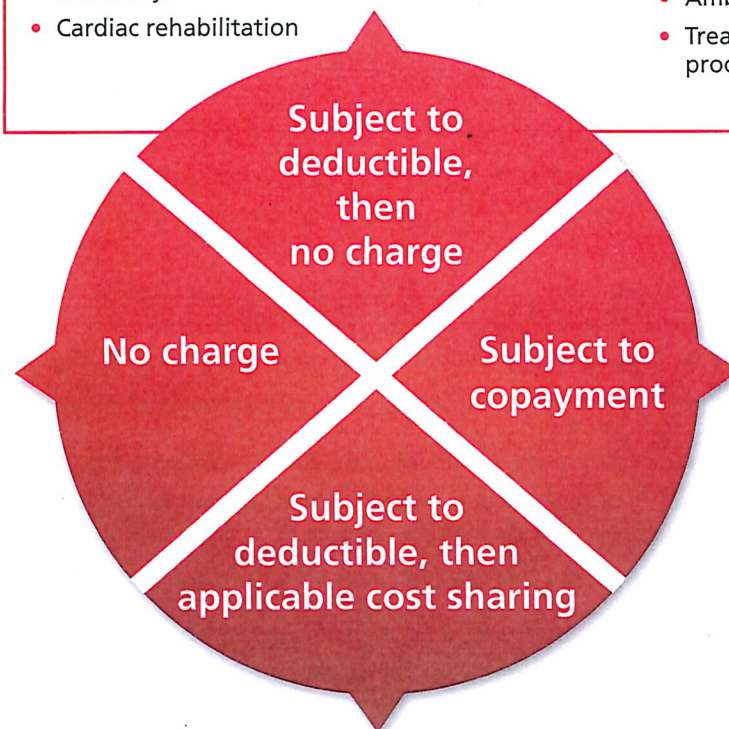
Five Facts About the Harvard Pilgrim ChoiceNet Best Buy HMO – Massachusetts – *for employees of municipalities*

These are partial lists of covered services. 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.

- Preventive tests and services, including:
 - Adult annual visits
 - Well child visits
 - Annual gynecological visits
 - Routine pre-natal and post-partum visits
 - Cervical cancer screening, including Pap smears
 - Immunizations, including flu shots (for children and adults as appropriate)
 - Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test
 - Cholesterol screening (for adults only) and total cholesterol tests
 - Routine eye exams
 - Diabetes screenings
 - Blood pressure screening (adults, without known hypertension)
 - Breast cancer screening, including mammograms and counseling for genetic susceptibility
- Blood glucose monitors, insulin pumps and infusion devices
- Routine nursery charges
- Fetal ultrasounds

- Diagnostic procedures, including lab tests and X-rays
- Cardiac rehabilitation

- Home health care services
- Ambulance transport
- Treatments and procedures, including surgical procedures, allergy treatments and dialysis



- Exams for illness or injuries
- Routine hearing exams
- Consultations with specialists
- Outpatient behavioral health services
- Outpatient substance abuse services
- Therapeutic procedures, such as occupational therapy, speech therapy and physical therapy

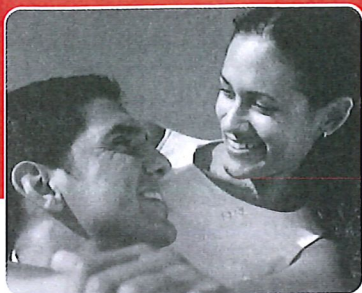
- All inpatient hospital services, including inpatient maternity
- Inpatient mental health, drug and alcohol rehabilitation, and detoxification
- Hospital outpatient and day surgery
- High-end radiology tests, including MRIs
- Skilled nursing care

Please note: Services you receive during different kinds of visits and exams may be subject to the deductible. Emergency services are subject to the deductible; once met, an emergency room copayment applies.

This product is offered to members enrolled through Massachusetts-based municipalities.



HOW IT WORKS:



The Harvard Pilgrim ChoiceNet Best Buy Tiered Copayment HMO - *Massachusetts*

For employees of municipalities

The Harvard Pilgrim ChoiceNet Best Buy Tiered Copayment HMO offers Harvard Pilgrim's high-quality coverage and the opportunity to get the most out of your health care dollars. It features a tiered provider network to help you make smart choices.

ChoiceNet highlights:

- ▶ ChoiceNet includes thousands of Harvard Pilgrims' participating providers, plus more than 130 hospitals, who have met Harvard Pilgrim's high standards for providing quality care.
- ▶ Harvard Pilgrim placed physicians and hospitals into one of three tiers based on cost and quality performance. You will pay different cost sharing based on a provider's assigned benefit tier.¹
- ▶ You'll pay less when you receive services from providers with lower tiers. More than 75% of Harvard Pilgrim's primary care providers (PCPs), specialists and hospitals are in Tier 1 and Tier 2.
- ▶ Tier 1 features the most cost-efficient doctors and hospitals. Tier 1 also includes providers who aren't physicians, such as chiropractors or optometrists. If we had insufficient data, we placed a doctor in Tier 2.
- ▶ In all three tiers, you'll find physicians and hospitals from Harvard Pilgrim's Honor Roll recognizing local providers whose performances meet high-quality, best-in-class industry standards.
- ▶ Behavioral health services, including the treatment of substance abuse disorders, always fall in Tier 1.
- ▶ Emergency room care always falls under Tier 1, the lowest cost tier.

What you'll want to know about your coverage

- You'll choose a PCP to deliver or arrange for your medical care. Most PCP visits are subject to Tier 1 cost sharing.
- You'll pay Tier 1 cost sharing for all providers who aren't medical doctors, including chiropractors, optometrists, and physical, occupational and speech therapists.²
- You'll pay Tier 1, Tier 2 or Tier 3 cost sharing for specialists, depending on the provider's tier.

¹ This plan includes a tiered provider network called ChoiceNet. In this plan, members pay different levels of cost sharing depending on the tier of the provider delivering a covered service or medical supply. A provider's benefit tier may change annually on January 1. Please consult the Harvard Pilgrim ChoiceNet provider directory or visit the provider search tool at www.harvardpilgrim.org/choicenet to determine a provider's tier in the ChoiceNet network. You also may call Harvard Pilgrim to request a paper copy of the provider directory.

² All providers who are not medical doctors are automatically placed into Tier 1 at the lowest copayment level. Harvard Pilgrim only tiered physicians and hospitals for cost and quality performance.



Harvard Pilgrim
HealthCare

- Your plan includes a deductible to help keep your premium lower than a traditional plan.
- Certain preventive care visits and services are covered in full.³
- When you travel and need care, your coverage travels with you.
- When you need X-rays or high-end radiology tests, you can save money by going to an independent or freestanding imaging center (not in hospitals or in certain doctors' offices). Tier 1 cost sharing applies at these types of facilities. If you go to a hospital, what you pay depends upon the hospital's tier.
- For plan details about medical services and applicable costs, refer to your *Schedule of Benefits*.

Primary care copayments apply to:	Specialty and hospital-based copayments apply to:
<ul style="list-style-type: none"> • All PCPs, including: internal medicine doctors, family practitioners, general practitioners and pediatricians • Obstetricians and gynecologists • Certified nurse midwives • Nurse practitioners • Chiropractors • Mental health providers (including those who treat for substance abuse disorders) • Optometrists for covered eye exams • And others 	<ul style="list-style-type: none"> • All specialist physicians, e.g., cardiologists, endocrinologists, neurologists and rheumatologists • All others not listed under the Tier 1 copayment level <p>Refer to your <i>Schedule of Benefits</i> for additional information.</p>

What matters most: your providers

The relationships you have with your doctors are important. With an HMO, your relationship with a PCP is essential. Your PCP is the doctor or nurse practitioner who will see you for routine check-ups and treat you when you're sick or injured. If you need care from a specialist, you will need a referral from your PCP.

It's very important for you to choose a PCP when you enroll. If you do not choose a PCP, we will assign one to you. You must have your PCP provide your care (except in emergencies) and give you a referral for most kinds of specialty care in order for Harvard Pilgrim to provide coverage for the service.

Here's how to find out if your doctors participate, as well as their tier:

- Visit www.harvardpilgrim.org/choicenet and use the online Find a Doctor search tool. Make sure you select the ChoiceNet HMO as your plan type.

- Call Harvard Pilgrim for assistance. (See "Questions?" at the end of this document for phone numbers.)

If you will have dependents on your plan, each can have a different PCP. Please write the PCPs' names and provider ID codes in the designated spaces on your enrollment form. If your employer uses *HPHConnect*, Harvard Pilgrim's Web-based transaction service, you may be able to enroll online at www.harvardpilgrim.org/choicenet.

Once you're a member, you can choose a different Harvard Pilgrim PCP for any reason. Just call Member Services or use *HPHConnect* to make a change.

³ For benefit details, refer to your *ChoiceNet Best Buy Tiered Copayment HMO for Massachusetts Municipalities Five Facts* flier and *Schedule of Benefits*.

Facts about referrals

If you need specialty care, you will need a referral from your PCP. Referrals are not necessary for some services, such as routine eye exams (if covered under your plan) or most gynecological care.



If you have established relationships with certain specialists, you'll want to make sure you find out what tier they are in to help you plan for your health care costs. You'll also want to find out which hospitals they have admitting privileges to, and their tiers. Once you know your doctors' tiers, you'll want to keep them handy. Write them down or enter them into your mobile phone.

While there are many providers who take care of Harvard Pilgrim members, your PCP will usually send you to a specialist affiliated with his or her own practice. If you need to visit a cardiologist, for example, your PCP will refer you to someone in a local medical practice or hospital with which he or she is affiliated. Just remember that doctors affiliated with the same hospital don't necessarily have the same tier.

Whenever you need specialty care, feel free to ask your PCP about the referral process and why he or she recommends a certain specialist. As long as you have referrals when needed, you can see doctors in all three tiers. You might want to talk with your doctor about referring to specialists in lower tiers so you can spend less on your medical care.

Your PCP may occasionally make a referral outside his or her usual network of specialists, but only if the expertise needed to handle a particular case is not available

from a specialist affiliated with his or her own practice. In all cases, be sure to look up and know your specialists' tiers before receiving care from them.

You're covered when you're traveling . . .

When you're away, you're covered for care you may need if you become sick or injured. Harvard Pilgrim covers unexpected or unforeseen care (e.g., for earaches, flu, etc.) when you're traveling outside the state in which you live.

In an emergency

Harvard Pilgrim covers all medical emergencies (e.g., heart attack, stroke, choking, loss of consciousness or seizures). Just go to the nearest emergency facility or call 911 or another local emergency number.

With the ChoiceNet Best Buy Tiered Copayment HMO for Massachusetts municipalities, emergency services are subject to the Tier 1 deductible. Once you meet the deductible, an emergency room copayment applies. This copayment is waived if you are admitted directly to the hospital from the emergency room.

If you are hospitalized, you must call your PCP within 48 hours, or as soon as you can (or ask someone to do this for you). If your attending physician notifies your PCP, this requirement will be met. Your PCP will arrange for any follow-up care you may need.

Help for your health care decisions

Harvard Pilgrim is here to help you be an informed consumer. You'll find resources that make it easier to understand tiers and health care costs plus tools to encourage you to take charge and live a healthier life. Here are some resources to support your tier decisions and help you get the most out of your plan, and your money.

- **ChoiceNet provider directory.** You'll learn about participating providers and their tiers, as well as which providers are recognized for quality through the Harvard Pilgrim Honor Roll. We encourage you to use the online directory since it's updated weekly and you can search providers by tier.
- **www.harvardpilgrim.org/choicenet.** From wellness tools to links to reliable health information resources, members have numerous tools and resources at their fingertips – 24/7, including links to state Web sites providing public cost and quality information, and questions to encourage conversations with your doctors and help you possibly save money on your care.

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- **Harvard Pilgrim's Member Services representatives.** They're available to answer any questions and support you; they're also a big part of the reason Harvard Pilgrim is consistently ranked among the nation's highest-rated health plans.⁴



Harvard Pilgrim membership also comes with more than important health benefits. You'll discover support tools to learn about different health topics and ways to be well.

You also have exclusive member savings programs like a free eyewear program⁵, and discounts on fitness and nutrition programs. Learn more at www.harvardpilgrim.org/choicenet.

⁴ NCQA's Private Health Insurance Plan Rankings, 2011-12 HMO/POS. NCQA's Health Insurance Plan Rankings 2010-11 – Private. *U.S. News/NCQA America's Best Health Insurance Plans 2005-2009* (annual). America's Best Health Insurance Plans is a trademark of *U.S. News & World Report*. NCQA The State of Health Care Quality 2004.

⁵ Restrictions apply. Visit www.harvardpilgrim.org/savings or call us for details.

Questions?

- If you're already a member, call Member Services with questions at (888) 333-4742. For TTY service, call (800) 637-8257. Representatives are available weekdays from 8:00 a.m. – 5:30 p.m., and until 7:30 p.m. on Monday and Wednesday.
- If you're not yet a member, call (800) 848-9995 on weekdays from 8:30 a.m. – 5:00 p.m.
- To learn more about us, visit www.harvardpilgrim.org/choicenet.



**Harvard Pilgrim
HealthCare**

93 Worcester St., Wellesley, MA, 02481

(800) 848-9995

www.harvardpilgrim.org

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 at any time 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 in *HPHConnect* and select Plan Documents under My Documents. For assistance, call Member Services at (888) 333-4742.

Member confidentiality

Harvard Pilgrim is committed to ensuring and safeguarding the confidentiality of its members’ personal information, including medical information, in all settings. Harvard Pilgrim staff use and disclose members’ personal information only in connection with providing services and benefits and in accordance with Harvard Pilgrim’s confidentiality policies. Harvard Pilgrim permits only designated employees who are trained in the proper handling of member information to have access to and use of your information.

Harvard Pilgrim sometimes contracts with other organizations or entities to assist with the delivery of care or administration of benefits. Any such entity must agree to adhere to Harvard Pilgrim’s confidentiality and privacy standards.

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When Harvard Pilgrim uses or discloses your personal information, it does so using the minimum amount of information necessary to accomplish the specific activity. Harvard Pilgrim discloses its members' personal information only: (1) in connection with the delivery of care or administration of benefits, such as utilization review, quality assurance activities and third-party reimbursement by other payers, including self-insured employer groups; (2) when you specifically authorize the disclosure; (3) in connection with certain activities allowed under law, such as research and fraud detection; (4) when required by law; or (5) as otherwise allowed under the terms of your Benefit Handbook. Whenever possible, Harvard Pilgrim discloses member information without member identifiers and in all cases only discloses the amount of information necessary to achieve the purpose for which it was disclosed. Harvard Pilgrim will not disclose to other third parties, such as employers, member-specific information (i.e., information from which you are personally identifiable) without your specific consent unless permitted by law or as necessary to accomplish the types of activities described above.

In accordance with applicable laws, Harvard Pilgrim and all of its contracted health care providers agree to give members access to, and a copy of, their medical records upon a member's request. In addition, your medical records cannot be released to a third party without your consent or unless permitted by law.

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



Harvard Pilgrim
Health Care