Clear Form

Harvard Pilgrim Health Care

REASONS FOR SUBMISSION (PLEASE CHECK ONE)	**QUALIFYING EVENT DATE:**_____
☐NEW ENROLLMENT/CONTRACT ☐CHANGE TO CONTRACT ☐TERMINATE CONTRACT	☐ OPEN ENROLLMENT ☐NEW HIRE ☐COBRA ☐LOSS OF INSURANCE ☐COURT ORDER ☐BIRTH/ADOPTION ☐P/T TO F/T ☐MARRIAGE/DIVORCE ☐MOVED IN/OUT OF SERVICE AREA ☐DEATH ☐VOLUNTARY CANCELLATION

REASON FOR CHANGES (CHECK ALL THAT APPLY)

☐CHANGE COVERAGE TYPE ☐ADD DEPENDENT LISTED ☐TERMINATE DEPENDENT LISTED ☐TRANSFER/RE-ENROLL TO COBRA

☐OTHER:_____

EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)

EMPLOYER/GROUP NAME	*GROUP #DIVISION*	*DATE OF HIRE*	*EFFECTIVE DATE OF COVERAGE*

SUBSCRIBER INFORMATION

HP ID	*PRODUCT:* ☐HMO ☐PPO ☐POS ☐ACCESS AMERICA	*PLAN NAME*

SUBSCRIBER FIRST NAME	*MI*	*LAST NAME*	*DOB*	*GENDER* ☐M ☐F

SSN	*HOME PHONE*	*WORK PHONE*	*CELL PHONE*	*EMAIL*

STREET ADDRESS (NO PO BOX)	*APT #*	*CITY*	*STATE*	*ZIP*

PRIMARY LANGUAGE (OPTIONAL)	*PCP FULL NAME*	*PCP TOWN*	*CURRENT PATIENT* ☐YES ☐NO	*PCP ID #*

SPOUSE INFORMATION

SPOUSE FIRST NAME	*MI*	*LAST NAME*	*DOB*	*GENDER* ☐M ☐F

SSN	*MAILING ADDRESS (IF DIFFERENT)*	*RELATION CODE*

PCP FULL NAME	*PCP TOWN*	*CURRENT PATIENT* ☐YES ☐NO	*PCP ID #*

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	*MI*	*LAST NAME*	*DOB*	*GENDER* ☐M ☐F	*RELATION CODE*

MAILING ADDRESS (IF DIFFERENT)	*SSN*

PCP FULL NAME	*PCP TOWN*	*CURRENT PATIENT* ☐YES ☐NO	*PCP ID#*

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	*MI*	*LAST NAME*	*DOB*	*GENDER* ☐M ☐F	*RELATION CODE*

MAILING ADDRESS (IF DIFFERENT)	*SSN*

PCP FULL NAME	*PCP TOWN*	*CURRENT PATIENT* ☐YES ☐NO	*PCP ID#*

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	*MI*	*LAST NAME*	*DOB*	*GENDER* ☐M ☐F	*RELATION CODE*

MAILING ADDRESS (IF DIFFERENT)	*SSN*

PCP FULL NAME	*PCP TOWN*	*CURRENT PATIENT* ☐YES ☐NO	*PCP ID#*

☐PLEASE CHECK IF USING ADDITIONAL MEMBERSHIP APPLICATIONS 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 HPHC POLICY IS IN EFFECT? ☐YES. PLEASE COMPLETE ☐NO

NAME OF HEALTH PLAN	*HEALTH PLAN ID NUMBER*	*EFFECTIVE DATE*	*NAMES OF SUBSCRIBER*

MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM. BENEFITS UNDER THE PLAN WILL BE EXPLAINED IN YOUR EVIDENCE OF COVERAGE (EOC). I UNDERSTAND THAT HARVARD PILGRIM MAY OBTAIN PERSONAL AND MEDICAL INFORMATION TO ADMINSTER THE PLAN. FOR AN EXPLANATION OF HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION, PLEASE READ YOUR NOTICE OF PRIVACY PRACTICES. MAINE MEMBERS: YOU UNDERSTAND THAT YOUR EOC INCLUDES A SUBROGATION PROVISION THAT PERMITS SUBROGATION PAYMENTS TO US ON A JUST AND EQUITABLE BASIS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, IMCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPLANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

_____ _____ _____ _____

EMPLOYEE SIGNATURE *DATE* *EMPLOYER SIGNATURE* *DATE*

Thank you for choosing Harvard Pilgrim Health Care.

Please read the following instructions prior to completing this enrollment/change form. This form may be used for all enrollment transactions (Adding coverage, changing coverage, terminating coverage). In order to add, change or terminate coverage you must (1) experience a qualifying event, (2) complete this enrollment, and (3) provide the completed form to your employer within the allowed timeframe or approved retroactive period.

Qualifying Events:

New Enrollment	Contract change	Termination
Open Enrollment	Open Enrollment	Open Enrollment
New hire date	Marriage/Divorce	Voluntary Cancellation
Probationary Period (if applicable)	Birth/Adoption/Court Order	Left Employment
Loss of Insurance	Loss of Insurance	Moved from Area
Employment Status Change	Loss of Employer Premium contributions	No Longer Eligible (e.g. deceased, LOA, laid off, COBRA nonpayment)

Employer Section: Your Employer must fill out this section as well as the Reason for Submission in full for any transactions that this form is used for.

Member Section: Please complete all of the employee sections of this membership application in full. Failure to do so could delay enrollment. You will receive your ID card(s) and member benefit documents after your enrollment has been fully processed. If you are adding or removing a dependent(s), just include the details about the dependent(s) that you are adding or removing off the plan.

- **Product/Plan Name:** Please be sure to fill in the correct product code for the plan you have selected. Your options are HMO, POS, PPO and Access America. If your employer offers multiple Harvard Pilgrim Plans, please indicate the Plan name as listed on the enrollment materials to help clearly differentiate the plan you are choosing. If you know the Plan MD # (MD0000016670) the number to identify the plan/product please include the information.
- **Personal Information:** In addition to yourself, please include the personal information for every dependent that will be enrolled on the Plan. ***IMPORTANT: Social security numbers (or personal tax identification number) for each member on the plan are needed to ensure that federal regulatory reporting requirements are met. Social security numbers are not displayed on the member's ID card.***
- **Primary Care Provider:** If your plan is an HMO or POS, you will need to select a primary care provider (PCP). If your plan requires one, it is important that you choose a PCP right away. Be sure to fill out this section for all members, including dependents. Write the Harvard Pilgrim PCP ID (not the phone number) and the full name of the doctor you have chosen to coordinate your health care without a PCP assignment, your in-network benefits may be limited to emergency services only. To find a PCP or lookup the PCP ID, visit www.harvardpilgrim.org, and use the doctor search feature available in the Member Section.
- **Relation Code:** Please use one of the following codes to designate the dependent's relationship to the Employee:
  - 02 Spouse/Civil Union
  - 03 Child up to age 26
  - 06 Disabled (verification required)
  - 07 Ex-spouse
  - DP Domestic Partner
  - SE Spousal Equivalent

When this application is complete: Please sign the enrollment form and provide it to your employer. Your employer will need to sign this form and will forward this application to Harvard Pilgrim Health Care for processing. If you need additional assistance completing this form or selecting a PCP, please call a member services coordinator at 1-888-333-4742.

Coverage underwritten or administered by Harvard Pilgrim Health Care. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Schedule of Benefits

THE HARVARD PILGRIM HMO
MASSACHUSETTS

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

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.

Medical Necessity Guidelines

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

Covered Benefits

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

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

General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	
	See the benefits table below
Deductible	
	None
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	$2,000 per Member per Calendar Year $4,000 per family per Calendar Year

EFFECTIVE DATE: 01/01/2023

Benefit	Member Cost Sharing:
Acupuncture Treatment for Injury or Illness	
	Not covered
Ambulance and Medical Transport	
Emergency ambulance transport	No charge
Non-emergency medical transport	No charge
Autism Spectrum Disorders Treatment	
Applied behavior analysis	Not covered
Chemotherapy and Radiation Therapy	
Chemotherapy	No charge
Radiation therapy	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 (performed in a physician's office)	$15 Copayment per visit
Pediatric Dental Care for children (up to the age of 13) – limited to 2 preventive dental exams per Calendar Year, only the following services are included: cleaning, fluoride treatment, teaching plaque control and bitewing x-rays.	No charge
Dialysis	
	$15 Copayment per visit
Installation of home equipment is covered up to $300 in a Member's lifetime.	No charge
Durable Medical Equipment	
Durable medical equipment	No charge
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge
Oxygen and respiratory equipment	No charge
Early Intervention Services	
	$15 Copayment per visit
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.	
Emergency Room Care	
	$50 Copayment per visit
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the hospital directly from the emergency room. Please see "Hospital - Inpatient Services," "Observation Services," or "Surgery – Outpatient" for the Member Cost Sharing that applies to these benefits.	
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

Benefit	Member Cost Sharing:
Home Health Care	
	No charge
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.	
Hospice – Outpatient	
	No charge
Hospital – Inpatient Services	
Acute hospital care	No charge
Inpatient maternity care	No charge
Inpatient routine nursery care	No charge
Inpatient rehabilitation – limited to 60 days per Calendar Year	No charge
Skilled nursing facility – limited to 100 days per Calendar Year	No charge
Infertility Services and Treatments (see the Benefit Handbook for details)	
	Your Member Cost Sharing will depend upon where the service is provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."
Laboratory, Radiology and Other Diagnostic Services	
Laboratory	No charge
Genetic testing	No charge
Radiology	No charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	No charge
Other diagnostic services	No charge
Low Protein Foods	
– Limited to $5,000 per Calendar Year	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 when not specifically listed above, Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under "Laboratory, Radiology and Other Diagnostic Services."	
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs received in a physician's office or other outpatient facility	No charge
Medical drugs received in the home	No charge
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.	

Benefit	Member Cost Sharing:
Medical Formulas	
	No charge
Mental Health and Substance Use Disorder Treatment	
Inpatient services	No charge
Intermediate care services – Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization – Intensive outpatient programs, partial hospitalization and day treatment programs	No charge
Outpatient group therapy	$10 Copayment per visit
Outpatient individual therapy	$15 Copayment per visit
Outpatient treatment, including outpatient detoxification and medication management	$15 Copayment per visit
Outpatient methadone maintenance	No charge
Outpatient psychological testing and neuropsychological assessment	$15 Copayment per visit
Outpatient telemedicine virtual visit services	$15 Copayment per visit
Observation Services	
	No charge
Ostomy Supplies	
	No charge
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	$15 Copayment per visit
Consultations, evaluations, sickness and injury care	$15 Copayment per visit
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."	
Office based treatments and procedures, including, but not limited to administration of injections, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, and surgical procedures	No charge
Administration of allergy injections	$5 Copayment per visit
Prosthetic Devices	
	No charge

Benefit	Member Cost Sharing:
Rehabilitation and Habilitation Services - Outpatient	
Cardiac rehabilitation	$15 Copayment per visit
Pulmonary rehabilitation therapy	$15 Copayment per visit
Speech-language and hearing services	$15 Copayment per visit
Occupational therapy – limited to 60 visits per Calendar Year Physical therapy – limited to 60 visits per Calendar Year	$15 Copayment per visit
Scopic Procedures - Outpatient Diagnostic and Therapeutic	
Endoscopy and sigmoidoscopy	No charge
Colonoscopy	No charge
Spinal Manipulative Therapy (including care by a chiropractor)	
	Not covered
Surgery – Outpatient	
	No charge
Telemedicine Virtual Visit Services - Outpatient	
	$15 Copayment per visit
For inpatient hospital care, see "Hospital — Inpatient Services" for cost sharing details.	
Urgent Care Services	
Doctor On Demand	$15 Copayment per visit
Important Note: Doctor On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctor On Demand, including how to access them, please visit our website at **www.harvardpilgrim.org**.	
Convenience care clinic	$15 Copayment per visit
Urgent care center	$15 Copayment per visit
Hospital urgent care center	$15 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, Radiology and Other Diagnostic Services."	
Vision Services	
Routine eye examinations – limited to 1 exam per Calendar Year	$15 Copayment per visit
Vision hardware for special conditions	No charge
Voluntary Sterilization in a Physician's Office	
	$15 Copayment per visit
Voluntary Termination of Pregnancy	
	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Office based treatments and procedures." For inpatient hospital care, see "Hospital – Inpatient Services."

Benefit	Member Cost Sharing:
Wigs and Scalp Hair Prostheses as required by law	
– Limited to $350 per Calendar Year (see the Benefit Handbook for details)	No charge

Notice of Grandfathered Plan Status

Harvard Pilgrim Health Care, Inc. believes this Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your Employer's benefits office or human resources department. For plans governed by the Employee Retirement Income Security Act (ERISA), (generally these are plans purchased by an employer, other then a governmental entity or a church) you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1–866–444–3272** or **www.dol.gov/ebsa/healthreform**. This web site has a table summarizing which protections do and do not apply to grandfathered health plans. For Plans that are not governed by ERISA, you may also contact the U.S. Department of Health and Human Services at **www.healthreform.gov**. You may also contact our Member Services Department at **1-888-333-4742** with any questions about which protections apply to your grandfathered health plan.

General List of Exclusions
MASSACHUSETTS

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

Exclusion
Alternative Treatments
• Acupuncture care, except when specifically listed as a Covered Benefit. • Acupuncture services that are outside the scope of standard acupuncture care. • Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit. • Aromatherapy, treatment with crystals and alternative medicine. • Any of the following types of programs: Health resorts, spas, recreational programs, camps, outdoor skills programs, therapeutic or educational boarding schools, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs). • Massage therapy. • Myotherapy.
Dental Services
• Dental Care, except when specifically listed as a Covered Benefit. • Temporomandibular Joint Dysfunction (TMD) care, except as described in the Plan's *Benefit Handbook*. • 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
• 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
• Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.
Foot Care
• Foot orthotics, except for the treatment of severe diabetic foot disease or systemic circulatory 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 diagnosed with diabetes or systemic circulatory disease.
Maternity Services
• 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. • Planned home births. • Routine pre-natal and post-partum care when you are traveling outside the Service Area.

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

Exclusion
Mental Health and Substance Use Disorder Treatment
• 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 or developmental functioning, (2) to resolve problems of school performance, (3) to treat learning disabilities, (4) for driver alcohol education, or (5) for community reinforcement approach and assertive continuing care. • Any of the following types of programs: programs in which the patient has a pre-defined duration of care without the Plan's ability to conduct concurrent determinations of continued medical necessity, programs that only provide meetings or activities not based on individualized treatment plans, programs that focus solely on interpersonal or other skills rather than directed toward symptom reduction and functional recovery related to specific mental health disorders, and tuition based programs that offer educational, vocational, recreational, or personal developmental activities. • Methadone maintenance, except when specifically listed as a Covered Benefit. • 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 and substance use disorder treatment that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health. • Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.. • Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.
Physical Appearance
• Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, 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 and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging.
Procedures and Treatments
• Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray. • Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit. • Commercial diet plans, weight loss programs and any services in connection with such plans or programs, except when specifically listed as a Covered Benefit. **Please note**: If you have coverage through an employer group plan, your employer may participate in other wellness and health improvement incentive programs offered by Harvard Pilgrim. Please review all your Plan documents for the amount of incentives, if any, available under your Plan. • Gender affirming services including reassignment surgery and all related drugs and procedures for self-insured groups, unless covered under a separate rider. • If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a provider that has not been designated as a Center of Excellence. • Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods). • Physical examinations and testing for insurance, licensing or employment. • Services for Members who are donors for non-members, except

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

Exclusion
Procedures and Treatments (Continued)
as described under Human Organ Transplant Services. • Testing for central auditory processing. • Group diabetes training, educational programs or camps.
Providers
• 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 *Benefit Handbook* 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
• Any form of Surrogacy or services for a gestational carrier other than covered maternity services. • 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 *Benefit Handbook*. • 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, except when specifically listed as a Covered Benefit.
Services Provided Under Another Plan
• 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.
Telemedicine Services
• Telemedicine services involving e-mail or fax. • Provider fees for technical costs for the provision of telemedicine services.
Types of Care
• Custodial Care. • Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities. • 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, except when specifically listed as a Covered Benefit. • 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
• Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit. • Hearing aids, except when specifically listed as a Covered Benefit. • Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD. • 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
All Other Exclusions
• 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. • 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. • Diabetes equipment replacements when solely due to manufacturer warranty expiration. • Donated or banked breast milk. • Externally powered exoskeleton assistive devices and orthoses. • Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law and prescribed for Members who meet HPHC policies for enteral tube feedings. • Guest services. • Medical equipment, devices or supplies except as described in the Plan's *Benefit Handbook*. • Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services. • Services for non-Members. • Services for which no charge would be made in the absence of insurance. • Services for which no coverage is provided in the Plan's *Benefit Handbook*, this Schedule of Benefits, or Prescription Drug Brochure (if applicable). • Services that are not Medically Necessary. • Services your PCP or a Plan Provider has not provided, arranged or approved except as described in the *Handbook* sections *"Your PCP Manages Your Health Care"* and *"Using Plan Providers"*. • Taxes or governmental assessments on services or supplies. • Transportation, except for emergency ambulance transport, and non-emergency medical transport needed for transfer between hospitals or other covered health care facilities or from a covered facility to your home when Medically Necessary. • Air conditioners, air purifiers and filters, dehumidifiers and humidifiers. • Car seats. • Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners. • Electric scooters. • Exercise equipment. • Home modifications including but not limited to elevators, handrails and ramps. • Hot tubs, jacuzzis, saunas or whirlpools. • Mattresses. • Medical alert systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

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

Harvard Pilgrim Health Care

Member Guide

Find everything you need at harvardpilgrim.org

Dear Member,

At Harvard Pilgrim, a Point32Health company, **we are committed to providing access to high-quality health care coverage and services to help you and your family stay healthy.** Our health plans offer preventive care, behavioral health services, care management for chronic conditions, wellness programs, discounts and many other great perks.

We encourage you to use this member guide to:

- Register for your secure member account and download our free mobile app
- Learn more about your care options
- Explore our wellness programs, including discounts and reimbursement opportunities

You can also visit **harvardpilgrim.org** for more information, resources and access to your secure member account.

Your secure member account will offer details on your specific health plan coverage and costs.

Harvard Pilgrim Health Care

Table of Contents

- Maximize Your Health Plan
- Digital Tools
- Understand Your Pharmacy Benefits
- Know Your Care Options
- Wellness Discounts and Perks
- Stay Connected and Informed
- Key Terms
- Important Information
- Discrimination
- Language Assistance
- Contact us

Maximize Your Health Plan

3 easy steps

1. Access your secure online account

Once your membership becomes effective, be sure to set up your online member account at **harvardpilgrim.org/create**. Use your smartphone, tablet or computer to:

- Get your electronic member ID card
- Choose your primary care provider (PCP)
- View your health plan benefits, coverage and costs
- Review your claims, referrals and authorizations
- Find other providers near you and estimate costs

2. Find a doctor or hospital

Log in to your secure account to find a convenient location near you.

- Search for doctors or hospitals by name or location
- Find doctors accepting new patients
- View doctors by specialty, such as vision, behavioral health and more

3. Save time and money

Telehealth Virtual Care Services

- Download the Doctor On Demand app or go to **doctorondemand.com/harvard-pilgrim**
- After registering and completing the screening process, you'll be able to connect to board-certified doctors using your smartphone, tablet or computer.

Wellness Discounts and Perks

- Save on a variety of products and services that can help you stay healthy, including healthy eating and fitness, holistic wellness, vision and hearing, and more.
- Visit **harvardpilgrim.org/discounts**

Estimate My Cost

- Our online cost estimator tool can help you find less expensive options for hundreds of services and procedures.
- Log in to your member account and click "Tools & Resources" at the top of the page, then click "Estimate My Cost."

Digital Tools for 24/7 Care

Your secure online member account

Set up your member account at **harvardpilgrim.org/create** to access all of your plan information. You can find or change your PCP, look up your medical benefits, view your claims history, and check your deductible and out-of-pocket amounts. Plus, explore well-being resources, such as an interactive wellness program, health coaching support and more.

Virtual urgent and behavioral health care

Connect with board-certified physicians and psychiatrists from Doctor On Demand in minutes using live video or voice call via your smartphone, tablet or computer. Receive treatment for cold and flu, allergies, urinary tract infections, skin and eye issues, anxiety and depression, and more. Visit **doctorondemand.com/harvard-pilgrim** to get started and be sure to download the Doctor On Demand app.

Reduce My Costs

Connect with a nurse at (855) 772-8366 or via **chat** who can help you find high-quality, cost-effective providers near you. Depending on the service and the associated cost savings,[1] you could earn cash rewards.[2] The Reduce My Costs program includes most outpatient services and tests that are ordered by your provider such as lab work, MRIs and mammograms. Please note, this service may not be included in all plans.

Understand Your Pharmacy Benefits

NEW: Specialty Pharmacy Services Provider

Starting January 1, 2023, OptumRx will also provide specialty pharmacy services to Harvard Pilgrim members. OptumRx already serves as the retail and mail order service provider. With this change you will now have one pharmacy benefit manager for all pharmacy needs.

Log in or register for your secure online member account

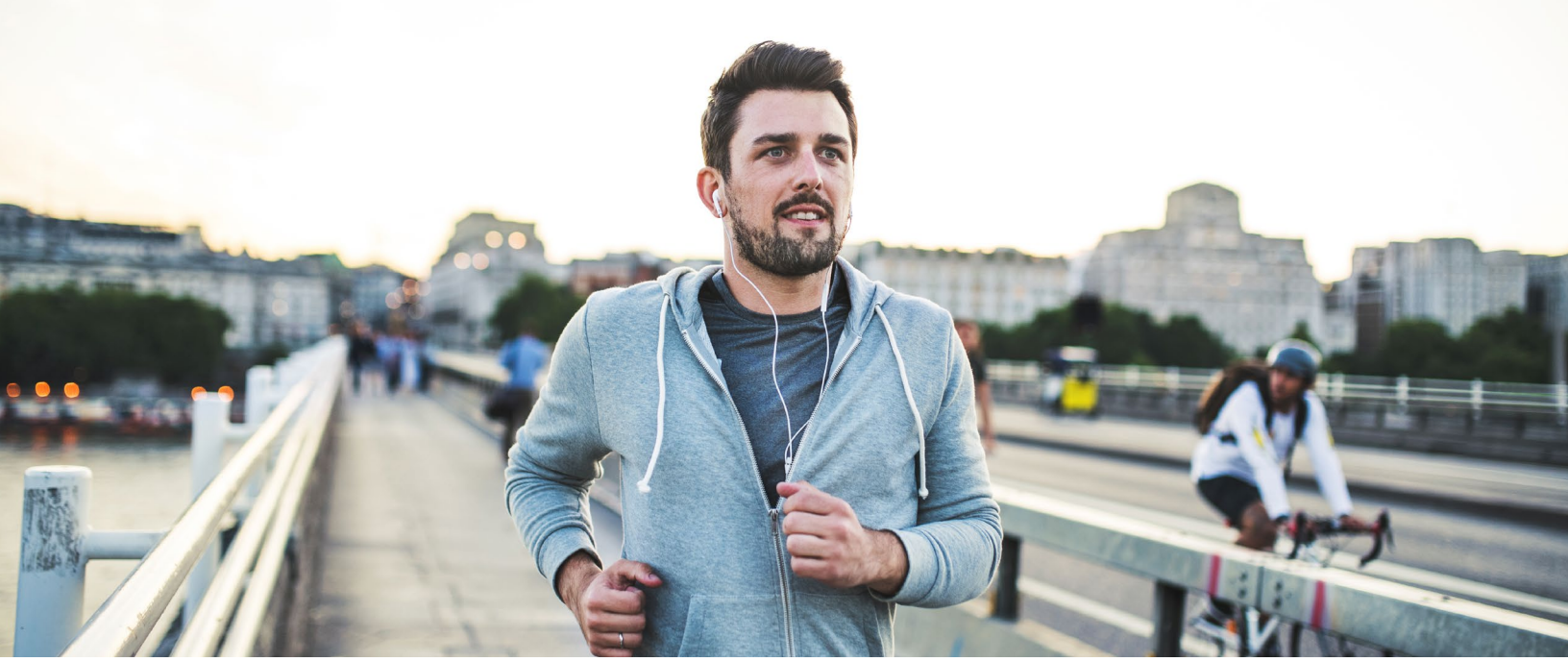
Your member account provides you with personalized information to better manage your health care coverage and make smart decisions about your health.

Visit **harvardpilgrim.org** to get started.

Look up your prescriptions

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

Many medications we cover have a cost share (copayment, deductible, or coinsurance) — the amount you'll be responsible for paying, depending on your plan. The medications covered under your plan are organized into different tiers. Typically, the lower the tier, the lower your cost. Refer to your prescription drug plan documents for specific cost share details and a description of the tiers.



Check if your prescription has special requirements

If there is a "PA," "STPA," "QL" or "SP" after any of your prescriptions, talk to your provider. Refer to the "Key Terms" section of this Member Guide for full "special requirements" definitions.

Plan ahead if you take maintenance medication

Maintenance medications are drugs taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance plan to Harvard Pilgrim, make sure you have enough medication on hand to cover the transition period until your new coverage with Harvard Pilgrim begins.

Check your medication expiration date, refill amount and coverage under Harvard Pilgrim. If your medication is not covered, talk to your doctor about switching to an alternate maintenance medication that is covered.

Save money with mail order service

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

For more information, go to **harvardpilgrim.org/rx**

Know Your Care Options

Health care isn't one-size-fits-all. From minor cuts to a sore throat or even a blood pressure check, knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you and your dependents have access to a variety of options:

When to visit the Emergency Room

If you think you're having an emergency and your life is in danger, call 911 or go to the nearest emergency room. Common medical emergencies that should be treated in the emergency room include choking, heart attack or severe abdominal pain.

When to see your Primary Care Provider (PCP)

For non-urgent needs such as preventive screenings, checkups, immunizations, or chronic conditions, your PCP knows your medical history and is best suited to coordinate your care. And, they may also offer virtual health care services for even greater convenience.

When to visit an Urgent Care Center

You can stop by an urgent care center without an appointment for conditions that need immediate treatment but are not considered life-threatening. Examples include minor burns or cuts that may require stitches.

When to go to a Retail Clinic

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

When to use virtual care, through Doctor On Demand

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

When to reach out to our Harvard Pilgrim Care Team

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our Care Team of registered nurses, clinical social workers and certified health coaches will answer your questions, help you navigate the health care system, and support your health and wellness goals at no cost.

Wellness Discounts and Perks

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.[3]

Up to $300 in fitness reimbursement[4]

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward a fitness facility or other qualified membership — up to $150 per individual plan and up to $300 per family plan. To qualify, your membership must be active for at least four months in the calendar year. Reimbursement amounts may vary for some plans; please ask your employer for more details.

Lifestyle management coaching

Our certified lifestyle management coaches will help you set realistic health goals, identify and address any barriers, and keep track of your progress. Best of all, this no-cost service is available to any Harvard Pilgrim member age 18 or older.

Through one-on-one coaching sessions over the phone and email check-ins, our coaches can help with:

- Controlling blood pressure
- Managing weight
- Increasing physical activity
- Lowering cholesterol
- Eating better
- Smoking cessation
- Reducing stress and finding life balance
- Dealing with back pain

Support for a healthy mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, call the Behavioral Health Access center 24/7 at (888) 777-4742 to speak with a licensed care advocate. You also have access to behavioral health care through Doctor On Demand and Talkspace, which offers behavioral health therapy with digital messaging. Prefer a self-guided approach? Try the Sanvello mobile app to help dial down the symptoms of stress, anxiety and depression.

Dedicated nurse care managers to guide you

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

Fitness and exercise

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

- Get a 30-day free trial of Daily Burn,[5] followed by 25% off your monthly membership
- Save up to 40% off Ompractice virtual yoga
- Get 20% off in-person and virtual personal fitness training with SplitFit
- Save on footwear and workout gear
- Save 20% on your entire order of fitness products at ProSourceFit

Weight management

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

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

Wellness

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

- With our Living Well program, you can earn points toward monthly gift card drawings by participating in activities and health-focused challenges.
- Access monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,[6] massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide

Quit smoking

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

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

Vision

Need a new pair of eyeglasses?

- Take advantage of free eyewear and other discounts at participating Visionworks locations[7]
- Get 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- Get 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers[8]

Interested in LASIK?

- Save up to 50% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on the promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision

Hearing

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

- Save up to $200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- Get 30%-60% off hearing aids from TruHearing
- Get a low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty and two years of free batteries from Amplifon Hearing Health Care

Dental

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.[9]

Family care

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

- Save 20% on all Lively GreatCall products
- Get $15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers
- Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead®

Stay Connected and Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we offer many other ways to connect you with the information you need to live healthier and save money.

Member Newsletter

Our digital member newsletter shares current health topics and benefit highlights including tips to manage your health, recipes and discounts on wellness services. Delivered to your email inbox and posted on our public website.

NEW for 2023: Text Messaging

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

Email Messages

Receive valuable information about your benefits, discount options, new programs, and health and well-being opportunities.

Website

The member section of our website is a great place to learn more about the resources, wellness options, care management programs, and additional member benefits to keep you and your family healthy. Bookmark the site for easy access **harvardpilgrim.org**

Social Media

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

How to get started

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

Key Terms

Premium
This is the monthly cost of your health insurance coverage.

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

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

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

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

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

In-network
Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

Out-of-network
Out-of-network coverage applies only to POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral.

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

Pharmacy Key Terms

Prior Authorization (PA)

The need for your provider to tell us why it is medically necessary for you to receive a covered medication or service. We consult with your doctor(s) to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who recommended the medication or service. If the doctor believes the medication or service that requires PA is necessary for your treatment, they may submit a request for coverage to Harvard Pilgrim. We'll cover the medication or service if it meets our medical necessity coverage guidelines.

Step Therapy Authorization (STPA)

An automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective drugs are used first, before other drugs may be covered. Some types of step therapy include requiring the use of generics before brand name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting **harvardpilgrim.org**. Click on "Plan Details," then select "Prescription Drug Benefits".

Quantity Limitation (QL)

The quantity limit for a medication that can be purchased at any one time. A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

Designated Specialty Pharmacy (SP)

A pharmacy management program that requires members to purchase selected medications from specific sources. Once your membership is effective, log in to **harvardpilgrim.org**. Click on "Plan Details," then select "Prescription Drug Benefits", or contact our Member Services department to help you receive your medication without interruption.

Non-Covered (NC)

Medications that are not currently covered by us. If your provider feels you require this medication, your provider should contact us. They may submit a request for coverage to Harvard Pilgrim. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

New-to-Market Drug Evaluation (NTM)

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drugs until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.

Harvard Pilgrim Health Care

Medical Coverage Guide

HMO

With this plan, you will need to receive care from medical professionals and hospitals that participate in Harvard Pilgrim's provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

- **In-network coverage only**
- **PCP required**
- **Referrals needed for most specialists**
- **Co-payments for most office visits**

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

A PCP is the doctor, nurse practitioner or other qualified medical professional you see for annual 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 select one when you enroll.
- You and each of your dependents can choose different PCPs from our network of participating providers.
- Find a PCP or see if your current provider is in our network at **harvardpilgrim.org/providerdirectory**

1028225723-0123

Getting care with the HMO plan

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 will need your PCP's referral before your plan will cover most kinds of specialty care (e.g., dermatology, physical therapy, etc.). Certain types of visits (e.g., routine eye exams and OB-GYN care) do not require referrals.

Hospital care

You will need a referral from your PCP or specialist for any tests, surgery or treatment you receive at a participating hospital, except in a medical emergency. If you are admitted to the hospital from the emergency room, call your PCP to arrange for any follow-up care you may need.

Behavioral health care**

Your plan covers in-person visits with thousands of participating licensed clinicians; you do not need a referral. Virtual visits via smartphone, tablet or computer are also available.

Care when you're traveling

Your plan covers emergency care if you get sick or injured anywhere in the world.

Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included without referrals 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. Learn more about your care options at **harvardpilgrim.org/urgentcareoptions**

*Preventive services that fall under the federal Affordable Care Act.
**Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.

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

Learn more at **harvardpilgrim.org** or call member services at **(888) 333-4742**

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, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Harvard Pilgrim Health Care:

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

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Civil Rights Compliance Officer
1 Wellness Way
Canton, MA 02021

(866) 750-2074, TTY service: 711,
Fax: (617) 509-3085
Email: **civil.rights@point32health.org**

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

Complaint forms are available at
www.hhs.gov/ocr/office/file/index.html

Harvard Pilgrim Health Care

Premium 3-Tier

Prescription Drug Coverage

Tier 1	Tier 2	Tier 3
$	$$	$$$
Generic drugs, certain over-the-counter medications, and selected brand-name drugs	Brand-name drugs without generic equivalents and some high-cost generic drugs	Drugs not in Tier 1 or Tier 2 (non-preferred brands, and highest cost generics)

Your Drug Coverage

What is covered?

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

What is not covered?

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

Are there limitations on certain drugs?

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

Do some drugs require prior authorization?

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

Can I request an exception?

Yes. If you need a drug that we either don't cover or limit, you or your provider can ask us for an exception. For details, visit **harvardpilgrim.org/rx**. 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.*

How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy.

Visit **harvardpilgrim.org/rx**, 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 **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.

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

Filling Your Prescriptions

Where can I get my prescriptions filled?

You can get your prescriptions filled at any of the more than 67,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your pharmacy is in the network, visit **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, visit **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 **harvardpilgrim.org/rx** for information on our specialty pharmacy program, choose the year and then **Premium 3-Tier** for details.

What do I pay for my medications?

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

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

Learn more at **harvardpilgrim.org/rx** or call **(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.

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	$10 Copayment
Tier 2	**Up to a 30-day supply:** $25 Copayment **Up to a 90-day supply:** $75 Copayment	$25 Copayment
Tier 3	**Up to a 30-day supply:** $45 Copayment **Up to a 90-day supply:** $135 Copayment	$45 Copayment

Visit **www.harvardpilgrim.org/2023Premium3T** 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.

Optum

Skip the pharmacy. We deliver to you.

If you take a medication regularly, you could save time and money with Optum® Home Delivery after **January 1, 2023**.

- Order up to a 3-month supply.
- Get your medications delivered right to your mailbox – with free standard shipping.
- Talk to a pharmacist 24/7.

Submit your order one of three ways:

Online at **optumrx.com**

Via the Optum Rx app

Call **1-800-860-3161**

Will my current prescriptions transfer?

Yes, most will transfer to Optum Home Delivery. But prescriptions for some medications such as controlled substances will not transfer. In these cases, you'll need a new prescription from your doctor.

Beginning **January 1, 2023**, Optum Rx will be the new pharmacy benefit manager for Harvard Pilgrim Health Care and Tufts Health Plan members.

Optum Home Delivery is a service of OptumRx.

All Optum trademarks and logos are owned by Optum, Inc. in the U.S. and other jurisdictions. All other trademarks are the property of their respective owners.

© 2022 Optum, Inc. All rights reserved. WF8214627 082622

Optum

New home delivery prescription order form

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

Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

2. Health history

Medication allergies:	☐ Aspirin	☐ Erythromycin	☐ Quinolones	☐ Others:_____
☐ None known	☐ Cephalosporins	☐ NSAIDs	☐ Sulfa	_____
☐ Amoxil/Ampicillin	☐ Codeine	☐ Penicillin	☐ Tetracyclines	_____
Health conditions:	☐ Asthma	☐ Glaucoma	☐ High cholesterol	☐ Others:_____
☐ None known	☐ Cancer	☐ Heart condition	☐ Osteoporosis	_____
☐ Arthritis	☐ Diabetes	☐ High blood pressure	☐ Thyroid disease	_____

Over-the-counter medications, vitamins and herbal supplements taken regularly:

3. Payment and shipping information — do not send cash

Standard delivery is included at no charge. Prescriptions should arrive within 5 business days after the pharmacy receives the complete order. The pharmacy will contact you if there will be an extended delay in delivering your medications.

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

- ☐ **Expedite shipping.** Add $20.00 to order amount (subject to change).
- ☐ **Check enclosed.** All checks must be signed and made payable to: Optum Rx.
- ☐ **Charge to my credit card on file**.
- ☐ **Charge to my new credit card**.

New credit card number

Expiration Date (Month/Year)

/

Visa, MasterCard, AMEX and Discover are accepted.

Signature: _____ Date: _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

4. Mail this completed order form with your new prescription(s) to Optum Rx, P.O. Box 2975, Mission, KS 66201. Do not staple or tape prescriptions to the order form.

Harvard Pilgrim Health Care

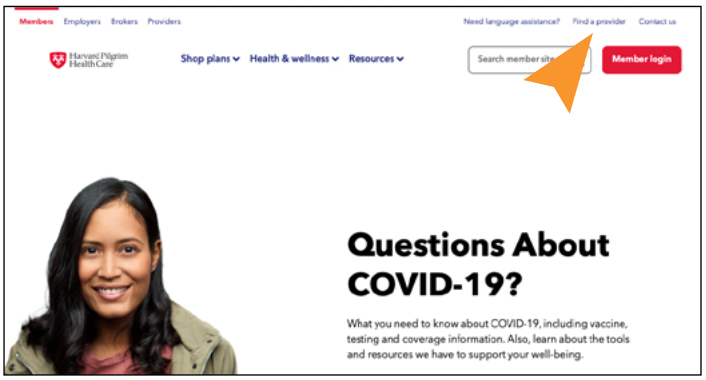
Let's find your doctor.

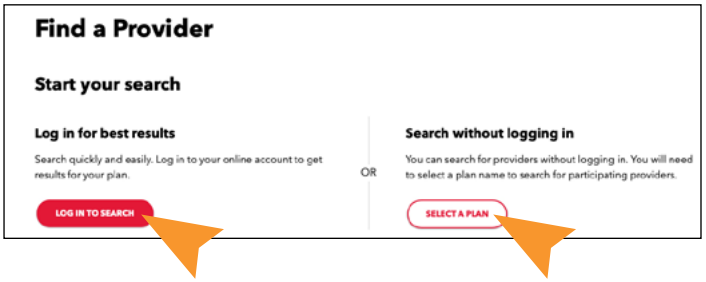
Use "Find a provider" online, which we update weekly, to find participating doctors, hospitals and other clinicians.

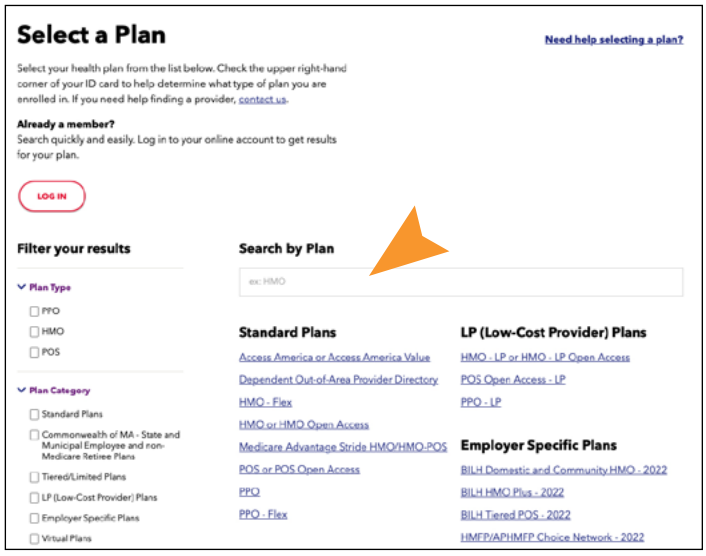
To find Harvard Pilgrim participating providers:

- Visit **harvardpilgrim.org**.
- Click **"Find a Provider."**
- If you have created a Harvard Pilgrim member account, click **"Login to search."** After logging in, you will be taken to your plan's directory.
- If you don't have a Harvard Pilgrim member account, click "**Select a plan.**" Choose a plan on the page or locate your plan on your ID card or plan documents and type the plan in the search bar.

  Within each plan directory, you can search by provider type (primary care providers, specialists, behavioral health providers, hospitals and other care providers) or by specialty.







Need assistance? Call us.

Not yet a member? Call **(800) 848-9995.**

Already a member? Call Member Services at **(888) 333-4742.** For TTY service, call **(800) 637-8257.**

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 quí vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quí 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 أللُغةِ **ألعربية** ، خَدَمات ألمُساعَدة أللُغَوية مُتَوفرة لك مَجانا. **إتصل على 1 888-333-4742** (TTY: 711)

ខ្មែរ (Cambodian) ប្រសុំជូនដំណឹង៖ 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).

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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 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).

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 **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 **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 **harvardpilgrim.org**, click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at (888) 333-4742.

Member confidentiality

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

Visit **harvardpilgrim.org** or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

Members: (888) 333-4742
Non-members: (800) 848-9995
TTY: 711

Additional Benefit Details

[1] Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of $500 in Reduce My Costs rewards per member per calendar year.

[2] For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit **harvardpilgrim.org/reducemycosts/maine**.

[3] This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.

[4] Up to two members on a family plan can be reimbursed for up to $150 each, for a maximum reimbursement of $300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is $150. Fitness membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply.

[5] At the end of your 30-day free trial, Daily Burn will automatically charge your card $14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.

[6] This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.

[7] Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.

[8] Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.

[9] Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.

Contact us

Member Services

Call us: (888) 333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

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

Interpreter Services Available:
With the help of Language Line Solutions, we speak more than 250 languages.

Harvard Pilgrim Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。