

Schedule of Benefits

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Clinical Review Criteria

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www.harvardpilgrim.org 1-888-888-4742

Covered Benefits

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General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	
Deductible	
Deductible Rollover	

Out-of-Pocket

Benefit	Member Cost Sharing:
Ambulance Transport	
[unreadable]	[unreadable]
[unreadable]	[unreadable]
Autism Spectrum Disorders Treatment	
[unreadable]	\$2,000/t
Chemotherapy and Radiation Therapy	
[unreadable]	[unreadable]
[unreadable]	[unreadable]
Dental Services	
Important Notice: [unreadable]	
[unreadable]	\$2,000/t
[unreadable]	[unreadable]
[unreadable]	[unreadable]
Dialysis	
[unreadable]	\$2,000/t
[unreadable]	[unreadable]
Durable Medical Equipment	
[unreadable]	20%
[unreadable]	[unreadable]
[unreadable]	[unreadable]
Early Intervention Services	
[unreadable]	[unreadable]
[unreadable]	[unreadable]
Emergency Room Care	
[unreadable]	\$0,000/t
[unreadable]	[unreadable]
Hearing Aids	
[unreadable]	[unreadable]
[unreadable]	[unreadable]
Home Health Care	
[unreadable]	[unreadable]

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Benefit	Member Cost Sharing:
Home Health Care (Continued)	
Home health care services, including durable medical equipment, supplies, and services provided by a qualified health care professional in the member's home.	None
Hospice - Outpatient	
Hospice services, including medical equipment, supplies, and services provided by a qualified health care professional in the member's home.	None
Hospital - Inpatient Services	
Hospital inpatient services, including room and board, nursing care, and other services provided by a qualified health care professional in a hospital.	None
Hospital inpatient services, including room and board, nursing care, and other services provided by a qualified health care professional in a hospital.	None
Hospital inpatient services, including room and board, nursing care, and other services provided by a qualified health care professional in a hospital.	None
Hospital inpatient services, including room and board, nursing care, and other services provided by a qualified health care professional in a hospital.	None
Hospital inpatient services, including room and board, nursing care, and other services provided by a qualified health care professional in a hospital.	None
Infertility Services and Treatments (see the Benefit Handbook for details)	
Infertility services, including fertility testing, treatment, and procedures, including but not limited to in vitro fertilization (IVF), egg donation, and surrogacy.	None
Infertility services, including fertility testing, treatment, and procedures, including but not limited to in vitro fertilization (IVF), egg donation, and surrogacy.	\$2,000 per cycle
Laboratory, Radiology and Other Diagnostic Services	
Laboratory, radiology, and other diagnostic services, including blood tests, X-rays, and ultrasounds.	None
Laboratory, radiology, and other diagnostic services, including blood tests, X-rays, and ultrasounds.	None
Laboratory, radiology, and other diagnostic services, including blood tests, X-rays, and ultrasounds.	None
Laboratory, radiology, and other diagnostic services, including blood tests, X-rays, and ultrasounds.	\$0
Laboratory, radiology, and other diagnostic services, including blood tests, X-rays, and ultrasounds.	None
Low Protein Foods	
Low protein foods, including special diets for kidney disease and other conditions.	None
Maternity Care - Outpatient	
Maternity care services, including prenatal care, delivery, and postnatal care.	None
Maternity care services, including prenatal care, delivery, and postnatal care.	None
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs, including prescription and over-the-counter drugs.	None
Medical drugs, including prescription and over-the-counter drugs.	None
Medical drugs, including prescription and over-the-counter drugs.	None

Benefit	Member Cost Sharing:
Medical Formulas	
	-
Mental Health and Substance Use Disorder Treatment	
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Benefit	Member Cost Sharing:
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits) (Continued)	
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Preventive Services and Tests	
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<p data-bbox="1128 577 1453 619">www.harvardpilgrim.org</p> <p data-bbox="154 640 381 682">1-888-333-4742</p>	
Prosthetic Devices	
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Rehabilitation and Habilitation Services - Outpatient	
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Scopic Procedures - Outpatient Diagnostic and Therapeutic	
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Spinal Manipulative Therapy (including care by a chiropractor)	
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Surgery - Outpatient	
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Telemedicine Virtual Visit Services - Outpatient	
	\$2 - , k - - - t
Urgent Care Services	
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Important Note:	
<p data-bbox="284 1690 609 1732">www.harvardpilgrim.org</p>	
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Benefit	Member Cost Sharing:
Urgent Care Services (Continued)	
[unclear]	
Vision Services	
[unclear]	\$2 [unclear]
Voluntary Sterilization in a Physician's Office	
[unclear]	
Voluntary Termination of Pregnancy	
[unclear]	[unclear]
Wigs and Scalp Hair Protheses as required by law	
[unclear] \$30 [unclear] ([unclear] 20 [unclear])	

Language Assistance Services

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

Português/Portuguese | **Atendimento** | Se você fala português, os serviços de assistência linguística estão à sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

Креки/Креки | **Служба помощи** | Если вы говорите на русском языке, вы можете обратиться к нам за помощью. Позвоните по телефону 1-888-333-4742 (TTY: 711).

888-333-4742 (TTY: 711)

عربي/Arabic | **خدمة العملاء** | إذا كنت تتحدث العربية، فخدمات المساعدة اللغوية متاحة لك. اتصل بـ 1-888-333-4742 (TTY: 711).

Русский/Russian | **ВНИМАНИЕ** | Если вы говорите на русском языке, вы можете обратиться к нам за помощью. Позвоните по телефону 1-888-333-4742 (TTY: 711).

عربي (Arabic)

Français/French | **ATTENTION** | Si vous parlez français, des services de aide linguistique sont disponibles. Appelez le 1-888-333-4742 (ATS=17).

Italiano/Italian | **ATTENZIONE** | Se parli italiano, i servizi di assistenza linguistica sono disponibili. Chiama il 1-888-333-4742 (ATS=17).

한국어 (Korean) | **고객지원팀** | 한국어를 사용하시는 고객은 고객지원팀에 문의하십시오. 1-888-333-4742 (TTY: 711)

Ελληνικά/Greek | **Καλωσήλθε** | 1-888-333-4742 (TTY: 711)

Հայերեն/Armenian | **Կոչում** | 1-888-333-4742 (TTY: 711)

हिन्दी/Hindi | **आपका स्वागत है** | 1-888-333-4742 (TTY: 711)

ગુજરાતી/Gujarati | **આપનો સ્વાગત છે** | 1-888-333-4742 (TTY: 711)

தமிழ்/Tamil | **வரவேற்பு** | 1-888-333-4742 (TTY: 711)

فارسی/Persian | **خوش آمدید** | 1-888-333-4742 (TTY: 711)

සිංහල/Sinhala | **සුවඳ** | 1-888-333-4742 (TTY: 711)

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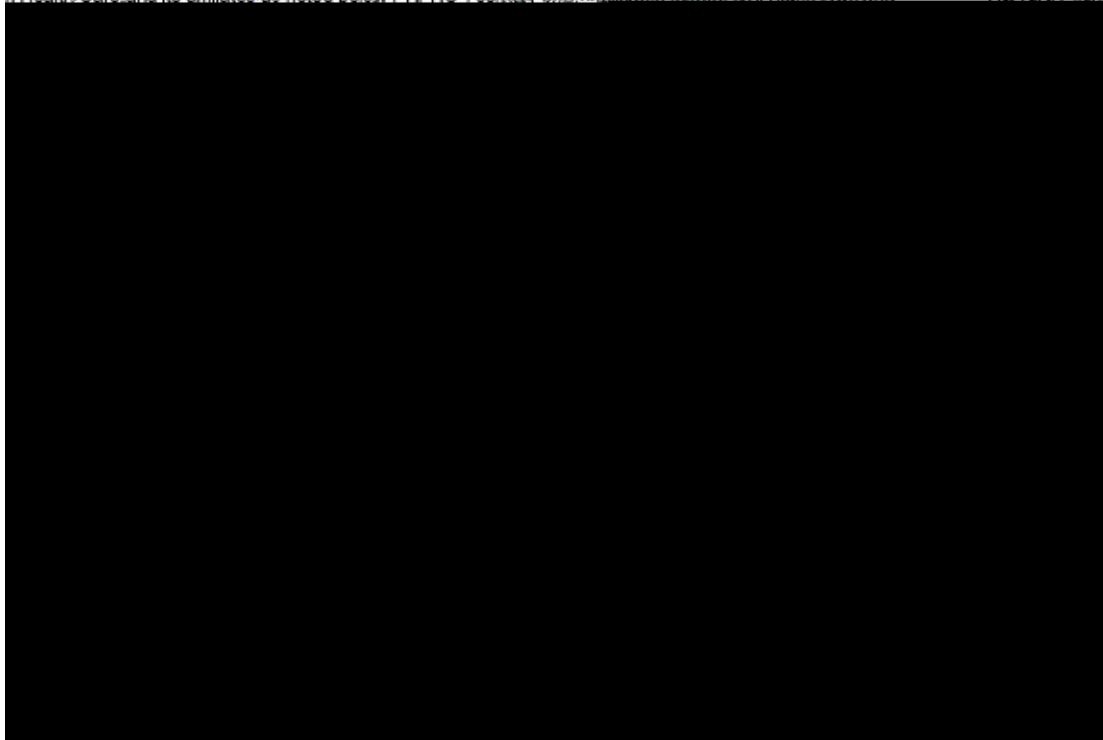
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සිංහල/Sinhala | **සුවඳ** | 1-888-333-4742 (TTY: 711)

General Notice About Non-Discrimination and Accessibility Requirements

Harvard Health Care and its affiliates as noted below ("PHC") comply with applicable federal civil rights laws and Harvard Pilgrim



Exclusion
Alternative Treatments
<p>Alternative treatments, including but not limited to:</p> <ul style="list-style-type: none"> Acupuncture Chiropractic Herbal medicine Yoga Massage Meditation Other non-conventional medical practices
Dental Services
<p>Dental services, including but not limited to:</p> <ul style="list-style-type: none"> Orthodontics Prosthetics Implants Other dental procedures
Durable Medical Equipment and Prosthetic Devices
<p>Durable medical equipment and prosthetic devices, including but not limited to:</p> <ul style="list-style-type: none"> Wheelchairs Walkers Prosthetic limbs Other medical devices
Experimental, Unproven or Investigational Services
<p>Experimental, unproven or investigational services, including but not limited to:</p> <ul style="list-style-type: none"> Unapproved medical devices Unapproved pharmaceuticals Unapproved surgical techniques Other unproven medical procedures
Foot Care
<p>Foot care services, including but not limited to:</p> <ul style="list-style-type: none"> Podiatry Foot surgery Other foot-related procedures

Exclusion

Mental Health and Substance Use Disorder Treatment

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Physical Appearance

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Procedures and Treatments

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Exclusion

All Other Exclusions

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