



Medical Coverage & Cost-Sharing Guide

ElevateHealth HMO and ElevateHealth HSA HMO

High-quality care close to home

Harvard Pilgrim's **ElevateHealth** plans are HMOs (health maintenance organizations) built around a select network of New Hampshire's leading health professionals and hospitals. Compared to other options, choosing a plan with a select network such as this may help you save money on your annual premium. Here's what you need to know about care and coverage as a member of an ElevateHealth plan.*

Getting care

- With this plan, you must receive all of your care from ElevateHealth providers and hospitals (except in a medical emergency).
- You will be required to choose a primary care provider (PCP) from the ElevateHealth network to handle your care and give you referrals to specialists.
- If you will be covering family members on your policy, each of them can choose different ElevateHealth PCPs.
- You can get acupuncture, chiropractic care, routine eye exams and most kinds of gynecological care without your PCP's referral, but you must see ElevateHealth providers for these services.
- In the unlikely event that an ElevateHealth provider or hospital cannot provide the care you need, your doctor can ask Harvard Pilgrim for authorization to send you outside the ElevateHealth network.
- In a medical emergency (e.g., heart attack, stroke, choking, loss of consciousness or seizures), call 911 or go to the nearest emergency room. Once you are out of the hospital, be sure to follow up with your PCP for any additional care you may need.
- You have coverage for unexpected or unforeseen urgent care (e.g., earache, flu or sprain) when you're traveling. Otherwise, you must receive care from ElevateHealth providers and hospitals.

*Changes to our network may occur at any time. For the most current information, visit the provider search tool at harvardpilgrim.org/public/find-a-provider

Your coverage

Your medical plan will be either an ElevateHealth HMO or an ElevateHealth HSA HMO.

- Both plans feature no-cost preventive care.
- The ElevateHealth HSA HMO has a broader range of services that fall under the annual deductible, and you may be able to open a health savings account (HSA) to help pay for qualified health care expenses.
- Please check the Schedule of Benefits for details and specific cost-sharing amounts.

› Finding ElevateHealth providers and hospitals

Before you visit any new doctor or hospital — even when you have a referral — please check the ElevateHealth HMO provider directory to make sure they are in the network and listed at the location where you have your appointment. If the provider is not in the ElevateHealth HMO directory, or only listed at a different location, your care will not be covered.

For the latest information on ElevateHealth providers and hospitals, visit [harvardpilgrim.org](https://www.harvardpilgrim.org) and click on “Find a Provider.” Choose “ElevateHealth HMO.”

› Reminder when choosing a doctor

When a doctor has admitting privileges at an ElevateHealth hospital, it doesn't necessarily mean that the doctor participates in the ElevateHealth provider network. Check the online ElevateHealth HMO directory to make sure you're seeing ElevateHealth participating providers and that you are receiving your care from them at participating ElevateHealth locations (e.g., hospitals and doctors' offices).



Cost-sharing overview

No cost-sharing:

Routine & preventive care*

- › Annual checkup with your PCP
- › Preventive screenings and tests
- › Immunizations, including flu shots
- › Routine prenatal and postpartum visits

Cost-sharing may apply:

PCP and specialist visits, diagnostic tests & services, hospital services

- › Visits to your provider when you're sick or injured
- › Diagnostic screenings and tests outside of preventive care
- › X-rays, CT scans and MRIs
- › Inpatient and outpatient hospital care
- › Emergency room visits
- › Prescription drugs**

What you pay for services

Cost-sharing is the portion you pay for specific services like office visits, X-rays and prescriptions.** Copayments, deductibles and coinsurance are examples of cost-sharing.

Coinsurance: A fixed percentage of costs you pay for covered services. For example, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid your full annual deductible.

Copayment: A flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or pick up prescriptions at the pharmacy.

Deductible: A set amount of money you pay out of your own pocket for certain covered services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments and coinsurance do not count toward your deductible.

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

See the Schedule of Benefits for more details on your coverage and cost-sharing amounts.

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

** Not all employer-sponsored plans offer Harvard Pilgrim prescription drug benefits.

Please see Benefit Handbook for more details.

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](https://www.harvardpilgrim.org) or call member services at (888) 333-4742