



Medical Coverage & Cost-Sharing Guide

ChoiceNet HMO

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

- › **Primary care provider (PCP) required**
- › **Referrals needed for most specialists**
- › **In-network coverage only**
- › **Tiered network encourages you to choose high-quality, cost-effective providers**

Understanding the three tiers

- Harvard Pilgrim places network providers and hospitals into one of three tiers based on cost and quality performance. You will pay different cost-sharing based on a provider's assigned benefit tier. When you see participating providers in a lower tier, you'll pay less.
- Within each tier, you'll pay one copayment level for PCP visits and usually a higher copayment for specialist visits. The amount of the copayment also varies based on the provider's tier.
- In-network providers such as chiropractors, optometrists, behavioral health and substance use services, as well as physical, occupational, and speech therapists are automatically placed into Tier 1.
- You can save money on X-rays or high-end radiology tests by going to a lower-cost facility, such as an independent or non-hospital-based imaging center or a Tier 1 hospital.

Visit [harvardpilgrim.org/providerdirectory](https://www.harvardpilgrim.org/providerdirectory) to find a PCP or to see if your current provider is in our network.

Getting care with the ChoiceNet HMO plan



Routine and preventive care¹

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.



Behavioral health care²

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.



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.



Care when you're traveling

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



Acupuncture and chiropractic treatments

These benefits are included on most plans. Referrals are not required.



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.



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](https://www.harvardpilgrim.org/urgentcareoptions)

Hospital admissions and coverage

When you are admitted to the hospital, services are covered according to what combination of providers you use. For example, if you are sent to a Tier 1 hospital by a Tier 3 doctor, your hospital visit is covered at the Tier 1 benefit level, and the doctor's services are covered at the Tier 3 benefit level.³

¹ Preventive services that fall under the federal Affordable Care Act.

² Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.

³ Except in an emergency, you must notify member services before a hospital admission when visiting an out-of-network provider.



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

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.

Note: ChoiceNet plans may have separate deductibles for each tier. Check your Schedule of Benefits for your specific cost-sharing responsibilities.

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.

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

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