



Harvard Pilgrim
Health Care

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Medical Coverage & Cost-Sharing Guide

Virtual Choice HMO and Virtual Choice HSA HMO

With this plan, you will need to receive care from medical professionals and hospitals that participate in Harvard Pilgrim's HMO 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**
- **Copayments for most office visits**
- **Pay less when you choose a virtual PCP**
- **Health Savings Account (HSA) options available**

Please see Benefit Handbook for more details.

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



Getting care with the Virtual Choice HMO plan

Routine and preventive care¹

There's no extra charge for routine annual exams with your PCP² 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 care³

Your plan covers both in-person and virtual visits with thousands of participating licensed clinicians; you do not need a referral.

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



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

²A member must establish a relationship with a provider by: (1) registering with Doctor On Demand in the state the member resides in, and (2) completing a PCP appointment in the same state.

³Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim. See your Schedule of Benefits for coverage details.

A PCP is key to good health

A PCP* is the doctor, nurse practitioner or other qualified medical professional you see for annual checkups and for treatment when you're sick or injured.

Adult members 19+ can choose one of two primary care options that works for them:

- **Virtual:** You have 24/7 access to PCPs through virtual visits with Doctor On Demand.* Once you choose a Doctor On Demand virtual PCP, all visits take place virtually through video and voice communication via your smartphone, tablet or computer — in real time. Your virtual PCP or office-based PCP will refer you when you need specialist consultations, labs, X-rays and immunizations. Referrals are required for most specialist visits, and members will access Harvard Pilgrim's HMO network.
- **Office-based:** You select a PCP from Harvard Pilgrim's HMO network and receive office-based care from your PCP.

Members under the age of 19 must select a Harvard Pilgrim HMO network PCP and continue to receive office-based care. They'll always pay the lowest cost-sharing.



To find a PCP or see if your current provider is in our network:

- Visit doctorondemand.com/HPHCVirtual for virtual primary care — Doctor On Demand PCPs for members age 19 and older
- Visit harvardpilgrim.org/providerdirectory for office-based care — including specialists and PCPs for members younger than 19, and members age 19 and older who choose an office-based PCP

Virtual Choice HSA HMO: How to take advantage of an HSA

If you are enrolled on a Virtual Choice HSA HMO plan, you can set up a health savings account (HSA), provided you meet Internal Revenue Service eligibility guidelines. You can use HSA funds to help pay for qualified health care expenses or save them for future health care needs. Both you and your employer can contribute to your HSA, which may be available through your company or through a bank.

- Your interest earnings and withdrawals for qualified health care expenses are tax-free.
- Any unused amounts in your HSA carry over from year to year.

- You can contribute to your account through pre-tax deductions, which lowers your taxable income.
- Once you establish your HSA, you can use it to pay for all eligible expenses tax-free for the rest of your life. If you no longer meet eligibility guidelines (e.g., you enroll in a new plan that's not HSA-qualified), you lose only your ability to make additional contributions.
- Your HSA is portable — when you change jobs or retire, your money stays with you.

* A member must establish a relationship with a provider by: (1) registering with Doctor On Demand in the state the member resides in, and (2) completing a PCP appointment in the same state.

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
- Option to open a Health Savings Account (HSA)

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.

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.

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

* 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.