



Medical Coverage & Cost-Sharing Guide

Littleton Options HMO

With this plan, you must 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.

- Primary Care Provider (PCP) required
- Referrals needed for most specialists
- In-network coverage only
- Tiered network encourages you to choose high-quality, cost-efficient providers
- Save money on office visits with Preferred PCPs in Tier 1*

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

FORM NO: NH_1049974932_0523 1049974932-0523

^{*} Check the Schedule of Benefits to see if your plan includes the Preferred PCP benefit.

Getting care with the Littleton Options HMO plan



Routine and preventive care

There's no out-of-pocket cost 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 a referral from your PCP 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 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 on most plans; you do not need a referral.



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





Coverage and important information

You have lower out-of-pocket costs when you visit Tier 1 providers and hospitals, and higher out-of-pocket costs when you visit Tier 2 providers and hospitals. You don't have to enroll in a tier; what you pay depends on where you go for care.

Knowing the tier of your doctor or hospital is important

When a doctor has admitting privileges at a Tier 1 hospital, it doesn't always mean that the doctor belongs to Tier 1. Check the online directory to make sure you're seeing Tier 1 providers and that you are receiving your care from them at Tier 1 locations (e.g., hospitals and doctors' offices) for lower copayments and deductibles.

A 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. With this plan, you have the option to select a **Preferred PCP** within Tier 1 to save money on PCP visits.

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.

Find a PCP or see if your current provider is in our network at harvardpilgrim.org/public/find-a-provider

Cost-sharing overview

No cost-sharing:

Routine & preventive care*

- > Annual checkup with your PCP
- > Preventive screenings and tests
- > Immunizations, including flu shots
- Noutine 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.

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.

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 or call member services at (888) 333-4742

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 $[\]ensuremath{^*}$ Preventive services that fall under the federal Affordable Care Act.

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