



Harvard Pilgrim
Health Care

a Point32Health company



Medical Coverage & Cost-Sharing Guide

ChoiceNet PPO

With this plan, you may receive care from providers and hospitals in or out of Harvard Pilgrim's tiered provider network. Your costs will be lower when you receive care from in-network providers.

- In-network coverage
- Out-of-network coverage
- No referrals required
- 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 primary care provider (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 labs, X-rays or high-end radiology tests by going to a Tier 1 facility.

➤ 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 PPO Plan

Routine and preventive care¹

There's no extra charge for routine annual exams and many preventive tests and services with in-network providers. Other tests and services your in-network provider orders may require cost-sharing.

Specialty care

You can see specialists in or out of Harvard Pilgrim's network for covered services. Referrals are not required.

Behavioral health care²

Your plan covers in-person visits with thousands of participating licensed clinicians. Virtual visits via smartphone, tablet or computer are also available.

In-network coverage

You get in-network coverage — which typically costs less — when you receive care from participating providers. Our network is vast, with thousands of providers and hospitals across the country. Chances are very good that you can receive all of your care with in-network providers.

Out-of-network coverage

You get out-of-network coverage — which typically costs more — when you receive care from non-participating providers. Our network providers have agreed to certain charges. When you choose out-of-network providers, they can charge more than our allowed amount and you will be responsible for paying the difference.

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 If you are sent to a participating hospital by a non-participating doctor, your hospital visit is covered at the in-network benefit level and the tier of that hospital, and the doctor's services are covered at the out-of-network benefit level.

Care when you're traveling

Your plan covers emergency care at the in-network level if you get sick or injured while traveling anywhere in the world.

Acupuncture and chiropractic treatments

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

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)

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
- 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.

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.

➤ 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.

This plan includes a tiered network called "ChoiceNet PPO." 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 PPO provider directory or visit the provider search tool at [harvardpilgrim.org](https://www.harvardpilgrim.org) to determine a provider's tier in the ChoiceNet PPO 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.



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