Harvard Pilgrim Health Care



Medical Coverage & Cost-Sharing Guide

National Access EPO HSA

With this plan, you will need to receive care from medical professionals and hospitals that participate in the National Access EPO provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

- **In-network coverage only**
- **No referrals required**
- **Health Savings Account (HSA) option**

A primary care provider (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. We strongly recommend having a PCP to work with even though this plan doesn't require you to have one.

- A PCP will keep a record of your care and can help you make informed decisions about your health.
- You and each of your dependents can choose different PCPs from our network of participating providers.
- Find a PCP or see if your current provider is in our network at **harvardpilgrim.org/providerdirectory**

Getting care with the National Access EPO HSA plan

Routine and preventive care*

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

Specialty care

You do not need a PCP referral to receive covered services from specialists.

Behavioral health care**

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

Care when you're traveling

Your plan covers emergency care if you get sick or injured while traveling 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**

Benefits vary by plan design. For complete plan-specific information, please review your Summary of Benefits.

Take advantage of an HSA

With this plan, you can set up an 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.

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

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

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Cost-sharing overview

No cost-sharing when received in-network:
Routine & preventive care*

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

Deductible and cost-sharing applies:
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.

Learn more at harvardpilgrim.org or contact Member Services at the phone number listed on your health plan ID card.

* Preventive services that fall under the federal Affordable Care Act.
** Not all employer-sponsored plans offer Harvard Pilgrim prescription drug benefits.
*** Please refer to your Summary of Benefits for plan-specific details.
Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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