



Harvard Pilgrim
Health Care

a Point32Health company



Medical Coverage & Cost-Sharing Guide

NH Local Choice HMO HSA

With this plan, you will need to receive care from medical professionals and hospitals that participate in the NH Local Choice HMO network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

- **PCP required**
- **Referrals needed for most specialists**
- **In-network coverage only**
- **Save money when you receive care from Tier 1 providers**
- **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.

- 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.
- 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/public/find-a-provider](https://www.harvardpilgrim.org/public/find-a-provider)

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](https://www.harvardpilgrim.org/public/find-a-provider)



Getting care with the NH Local Choice HMO HSA plan

Routine and preventive care*

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.

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 care

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.

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



Coverage and important information

You will be required to choose a PCP from the NH Local Choice HMO network to handle your care and give you referrals to specialists. You pay lower cost-sharing when you receive care from Tier 1 PCPs, and higher cost-sharing when you receive care from Tier 2 PCPs.

You can get acupuncture, chiropractic care, routine eye exams and most kinds of gynecological care without your PCP's referral, but you must see NH Local Choice HMO providers for these services.

Before you visit any new doctor or hospital — even when you have a referral — please check the NH Local Choice HMO provider directory to make sure they are in the network and listed at the location where you have your appointment.

If the provider is not in the NH Local Choice HMO directory, or only listed at a different location, your care will not be covered.

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.

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.

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.

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.

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.