

# Five Facts: Best Buy - LP Plans

## *Save money with low-cost providers*

### 1 Your plan includes a deductible.

- A **deductible** is an amount you must pay annually for certain covered services. For Best Buy Tiered Copayment PPO - LP Plans, the deductible applies to certain in-network services and all out-of-network services.
- Under an individual membership, a member is responsible for paying the individual deductible each year.
- Under a family membership, there is usually an individual deductible and a family deductible. The family deductible is met when the combined deductible payments of any covered family members add up to the total family deductible amount. The most each member can contribute toward the family deductible per year is equal to the individual deductible amount.

### 2 After the deductible, services may be subject to coinsurance or copayment.

- Once you have paid the deductible, services may be covered in full for the rest of the year or you may need to pay coinsurance (a percentage of the cost of covered services) or copayments (fixed dollar amounts), depending on your plan (see the *Schedule of Benefits*).

### 3 Certain services are covered after a copayment or at no charge.

- For Best Buy Tiered Copayment PPO - LP Plans, this information applies only to in-network services. The chart on the other side of this page provides an overview of the services that require a copayment, those for which there is no charge, and those that are subject to the deductible.
- Some plans have two levels of copayments for outpatient visits. See the *Schedule of Benefits* for details.
- Copayments do not count toward your deductible.

### 4 You can save money when you receive certain services from our LP (low-cost provider) network.

- Harvard Pilgrim will waive your deductible for certain services when you receive them from LP providers. Instead, outpatient surgery will require a copayment and lab services will be covered at no charge. The deductible will still apply when you receive these services from other Harvard Pilgrim participating providers.
- To find the names of LP providers, visit [www.harvardpilgrim.org](http://www.harvardpilgrim.org). Click on “Find a Provider,” then “HMO - LP” or “PPO - LP,” depending on the plan you are considering.

### 5 Harvard Pilgrim will send you an Activity Summary for services you receive.

- The Activity Summary is not a bill. It lists the services you received, any payments Harvard Pilgrim made to the provider for your care, and any amounts you may owe the provider. A new summary will post each month to your secure member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).
- You'll receive a monthly Activity Summary in the mail when you are responsible for a deductible, coinsurance or an amount not covered by your plan.
- Your provider will bill you separately. Compare the provider's bill with your Harvard Pilgrim statement to verify the services you received and any amounts you may have paid or still may owe to the provider.

If you have questions about your coverage, please call the Member Services department at (888) 333-4742. For TTY service, call 711.

This product is offered to members enrolled through New Hampshire-based employers.

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Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

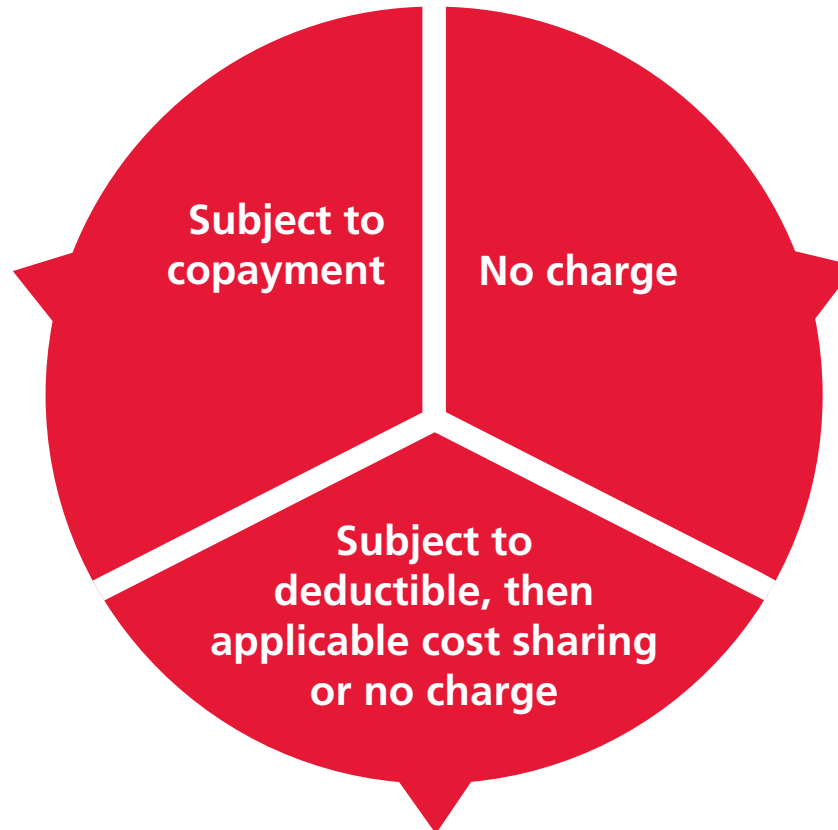
# Best Buy - LP Plans

These are partial lists of covered services. Refer to the *Schedule of Benefits* for details and a complete list of benefits. This information applies only to in-network services for the Best Buy Tiered Copayment PPO - LP. Most out-of-network services are subject to the deductible and out-of-network coinsurance. The *Schedule of Benefits* governs in the event that the information in this document is different.

- Routine eye exams
- Exams for illness or injuries
- Office visits with specialists
- Freestanding urgent care clinic
- Surgery - Outpatient (received from LP providers)

\* No deductible applies to these services when you receive them from LP providers.

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| <ul style="list-style-type: none"> <li>• Inpatient maternity services for mother</li> <li>• CT scans and MRI</li> <li>• X-rays</li> <li>• Surgery - Outpatient*</li> <li>• Inpatient acute hospital services</li> </ul> | <ul style="list-style-type: none"> <li>• Ambulance transports, skilled nursing care and inpatient rehabilitation</li> <li>• Emergency/Hospital-based urgent care clinic</li> <li>• Diagnostic lab services*</li> </ul> |
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- Preventive tests and services, including:
  - Adult annual visits
  - Well child visits
  - Annual gynecological visits
  - Routine pre-natal and post-partum visits
  - Cervical cancer screening, including Pap smears
  - Immunizations, including flu shots (for children and adults as appropriate)
  - Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test
  - Cholesterol screening (adults only) and total cholesterol tests
  - Diabetes screenings
  - Blood pressure screening (adults, without known hypertension)
  - Breast cancer screening, including mammograms and counseling for genetic susceptibility
- Routine nursery charges for newborn care
- Diagnostic lab services (received from LP providers)



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