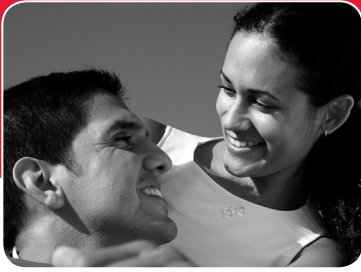


HOW IT WORKS:



The Harvard Pilgrim POS Plan – Massachusetts

The Harvard Pilgrim POS (point-of-service) Plan gives you flexible choices for your health care needs.

- ▶ If you live within the plan's service area*, you'll choose a primary care provider (PCP) to deliver or arrange for your medical care.
- ▶ Your plan has in-network coverage and out-of-network coverage, which gives you flexibility with referrals and more choices among providers and hospitals.
- ▶ You'll have coverage for routine, preventive, specialty and emergency care services.

Your PCP's role

Your PCP is the doctor, physician assistant or nurse practitioner who will see you for routine check-ups and treat you when you're sick or injured. If you need care from a specialist, your PCP can give you a referral, which can help keep your out-of-pocket costs lower.

If you live within the plan's service area* and you do not choose a PCP when you enroll, we will assign one to you and to any dependents on your policy. You will receive a letter with the names of the providers we assigned, but you can log in to your member account at harvardpilgrim.org once your coverage becomes effective to see who we assigned and to make any changes.

To find the names of participating PCPs, use the provider look-up at harvardpilgrim.org. You can also call us for help and to request a copy of our Provider Directory. The call and the directory are free.

How does in-network coverage work?

With in-network coverage, you'll typically have lower cost sharing (e.g., copayments, deductibles and coinsurance) than you will with out-of-network coverage. You will have in-network coverage when you receive care for covered services:

- Directly from your PCP; \$30 copayment
- From other Harvard Pilgrim participating providers with the appropriate referrals; \$30 specialist copayment

How does out-of-network coverage work?

With out-of-network coverage, you'll typically have higher cost sharing than you will with in-network coverage. You will have out-of-network coverage when you receive care for covered services from:

- Harvard Pilgrim participating providers without your PCP's referral
- Non-participating providers

Continued on next page ▶

*The plan's service area includes Maine, Massachusetts, New Hampshire, Connecticut, Rhode Island and Vermont. If you live outside of the service area, you are not required to have a PCP; however, we recommend you have one to coordinate your care.



SMITH COLLEGE



If you see a non-participating provider, it's possible that the provider will charge more than Harvard Pilgrim's allowed amount for the care you received. In that case, you would be responsible for paying the difference between the provider's charges and Harvard Pilgrim's allowed amount; this is sometimes called "balance billing." The balance you pay would not count toward your out-of-pocket maximum.

Note: The Schedule of Benefits has more details on in-network and out-of-network benefits and cost sharing. It governs in the event that the information in this document is different.

Going to the hospital

If you need tests or surgery at a hospital, services are covered depending on what combination of providers you use; see the following table for an illustration. Except in an emergency, you must notify us before a hospital admission when non-participating providers are involved.

	Admitted by: Participating provider with a referral	Admitted by: Non-participating provider or a participating provider without a referral
Admitted to: Participating hospital	Hospital: In-network benefit level ¹ Physician: In-network benefit level	Hospital: In-network benefit level Physician: Out-of-network benefit level
Admitted to: Non-participating hospital	Hospital: Out-of-network benefit level ² Physician: In-network benefit level	Hospital: Out-of-network benefit level Physician: Out-of-network benefit level

¹In-network inpatient cost share: \$350 per admission, up to a maximum of \$1,000 per calendar year.

²Out-of-network inpatient cost share: 20% after deductible.

³Out-of-network deductible: \$400 for individual, \$800 for double/family.

GLOSSARY

COST SHARING: This is what you pay for specific health care services (e.g., office visits, X-rays and hospital services). Coinsurance, copayments and deductibles are all examples of cost sharing.

COINSURANCE: This is a fixed percentage of costs that 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 an annual deductible.

COPAYMENT: This is a flat dollar amount you pay for certain services on your plan. Copayments are normally due when you have your appointment.

DEDUCTIBLE: This is a set amount of money that you have to pay out of your own pocket for certain services you receive out of network.³ If you receive care for services that fall under the deductible, your provider will send you a bill.

NON-PARTICIPATING PROVIDERS: Health professionals and hospitals that do not have contracts with Harvard Pilgrim to care for our members, and are therefore not in our network.

PARTICIPATING PROVIDERS: Health professionals and hospitals that have contracts with Harvard Pilgrim to care for our members, and are therefore in our network.

OUT-OF-POCKET MAXIMUM: This is a limit on the total amount of cost sharing you have to pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs. The out-of-pocket maximum is \$2,500 per person and \$5,000 per double/family.

The *Schedule of Benefits* has more details on benefits and cost sharing. It governs in the event that the information in this document is different.

Coverage when you're traveling

When you need care for covered services while you're outside the plan's service area (Maine, Massachusetts, New Hampshire, Connecticut, Rhode Island and Vermont) you will have in-network coverage when you visit participating providers and out-of-network coverage when you visit non-participating providers. You will have in-network coverage in a medical emergency.



Coverage in an emergency

In an emergency (e.g., heart attack, stroke, choking, seizure or loss of consciousness), go to the nearest emergency facility, or call 911 or another local emergency number. Once you are out of the hospital, please follow up with your PCP for any additional care you may need.

Your emergency room copayment is \$200; waived if you are admitted.

Your emergency room copayment is \$200; waived if you are admitted.

Prescription Drug Coverage

Prescription drug coverage is available through Optum Rx. Please call Optum Rx customer service for details at (888) 374-8127.

IN-NETWORK AND OUT-OF-NETWORK

Preferred and non-preferred brand name deductible:

- \$100 per person
- \$200 per double/family

Retail:

- \$10 for generic drugs
- \$30 for preferred brand name drugs after deductible
- \$50 for non-preferred brand name drugs after deductible

Pharmacy network: all participating pharmacies

Mail Order (90-day supply for two co-payments):

- \$20 for generic drugs
- \$60 for preferred brand name drugs after deductible
- \$100 for non-preferred brand name drugs after deductible

Questions?

- If you're already a member, call Member Services with questions at **(888) 333-4742**. For TTY service, call **711**.
- If you're not yet a member, call **(800) 848-9995**.
- To learn more about us in general, visit **harvardpilgrim.org**.





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