

A guide to your medical coverage



This plan includes a tiered provider network called Hospital Prefer. In this plan, members pay different levels of cost sharing depending on the tier of the hospital delivering a covered service or medical supply. A hospital's tier may change annually on January 1. To determine a hospital's tier, please consult the Harvard Pilgrim Hospital Prefer provider directory by visiting the provider search tool at harvardpilgrim.org. You also may call Harvard Pilgrim to request a paper copy of the provider directory at no charge.

How the ChoiceNet HMO plan works

This flexible plan gives you access to Harvard Pilgrim's full New England network of providers and hospitals, and an opportunity to save money when you choose higher quality, more cost-efficient providers and hospitals.*

Features



PCP required



In-network coverage only



Referrals needed for most specialists



Tiered network encourages you to choose high-quality, cost-efficient providers

Knowing the tier of your doctor or hospital is important

- Harvard Pilgrim places network physicians 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 office visits to primary care providers (PCPs) and a higher copayment for visits to specialists. The amount of the copayment also varies based on the provider's tier.
- If you see in-network providers who aren't medical doctors, such as chiropractors, optometrists and physical, occupational and speech therapists, you'll pay the lowest copayment level since they're automatically placed into Tier 1.
- Behavioral health and substance use services with in-network providers always fall into Tier 1.
- You can save money on X-rays or high-end radiology tests by going to a lower-cost facility, including many independent or non-hospital-based imaging centers and Tier 1 hospitals.

A note about hospital admissions

When you're going to be admitted to the hospital, services are covered according to what combination of providers you use. For example, if you are being 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.

Except in an emergency, you must notify us before a hospital admission when non-participating providers are involved. Just give Member Services a call.

Your Out-of-Pocket Costs

Tier 1	Tier 2	Tier 3
\$	\$ \$	\$ \$ \$

A primary care provider is key to good health

A primary care provider (PCP) is the doctor, nurse practitioner or other qualified medical professional you see for annual check-ups 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 let us know who it is when you enroll.

You and each of your dependents can choose different PCPs from our network of participating providers.

Your PCP's role

- Provides preventive and routine medical care
- Refers you to participating medical specialists, when needed
- Knows your health history and educates you about healthy lifestyle choice

Two ways to find a PCP:

Find a PCP or see if your current provider is in our network.



Visit

www.harvardpilgrim.org/providerdirectory



Call us:

Already a member:
(888) 333-4742

Not yet a member:
(866) 874-0817

TTY: 711

Getting care with the ChoiceNet HMO plan

With this plan, you will need to receive care from medical professionals and hospitals that participate in Harvard Pilgrim's provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

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.

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.

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.

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 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.

Commonly treated conditions

	Virtual visits Real-time virtual visit with providers via smartphone, tablet or computer	Non-life-threatening illnesses and injuries (coughs/ colds, sore/strep throat, nausea/diarrhea, etc.)	\$
	Convenience care/retail clinic Walk-in, convenience care or retail clinics	Minor illnesses and infections (bronchitis, strep throat, ear & eye infections, etc.)	\$\$
	Urgent care center Walk-in clinic for urgent care	Minor illnesses, injuries and infections (burns, bites, colds & flu, sprains & strains, etc.)	\$\$\$
	Emergency room (ER) Part of a hospital that provides immediate treatment for life-threatening illnesses and injuries	Medical emergencies (heart attack, stroke, choking, loss of consciousness, seizures, etc.)	\$\$\$\$

Visit www.harvardpilgrim.org/urgentcareoptions for more information about these options.

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

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

Once you're a member

Register for your member account at www.harvardpilgrim.org:

- Look up the details of your plan.
- Compare costs for tests and procedures.
- Explore different health topics and ways to be well.
- Check out ways to save with discounts on eyewear, reimbursement for fitness programs and more!



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.

Need help?

Already a member: **(888) 333-4742**

Not yet a member: **(866) 874-0817**

TTY: **711**



What your ChoiceNet HMO plan covers

Here's how your plan covers some common services.

No cost sharing—Routine & preventive care*

- Annual checkup with your PCP
- Preventive screenings and tests
- Immunizations, including flu shots
- Routine pre-natal and post-partum 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

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

See the **Schedule of Benefits** for more details on your coverage and cost-sharing amounts.

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.

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.



*Not all employer-sponsored plans offer Harvard Pilgrim prescription drug benefits.

See the **Schedule of Benefits** for more details
on your coverage and cost-sharing amounts.