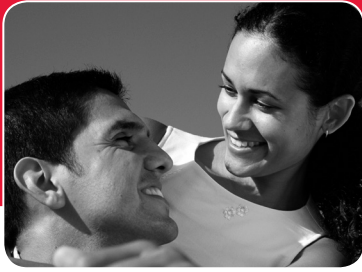


HOW IT WORKS:



Harvard Pilgrim PPO Plans *Massachusetts*

The Harvard Pilgrim PPO plans are among the most flexible options you can choose for your health care needs.

- ▶ You can receive care from almost any doctor or hospital — in Massachusetts or across the nation.
- ▶ You are not required to have a primary care provider or get referrals for care.
- ▶ You can receive in-network services from participating providers and out-of-network services from non-participating providers.

In-network services

In-network services are covered services you receive from Harvard Pilgrim **participating providers**.

Most often, receiving in-network services means paying **lower out-of-pocket costs**. Many services are covered after you pay a **copayment** at the doctor's office.¹ Some plans may require you to pay a **yearly deductible and then coinsurance** for certain covered services that you receive inside our network. (Check the *Schedule of Benefits* to see if your plan has a deductible and additional cost sharing for in-network services.)

With thousands of participating doctors and hospitals across the country, chances are very good that you can find one near your home or work.

- To locate participating providers, use our online directory at www.harvardpilgrim.org/providerdirectory and choose "PPO."
- If you don't have Internet access, call Member Services for a list of nearby providers and hospitals. (The call and the list are free.)

¹ Deductibles, copayments and coinsurance do not apply to certain in-network preventive visits. Please see the *Schedule of Benefits* for details and for your cost-sharing amounts.

Out-of-network services

Out-of-network services are covered services you receive from **non-participating providers**.

Receiving out-of-network services typically means paying **higher out-of-pocket costs**. All services you receive outside our network are subject to a yearly **deductible**. After you satisfy your total deductible amount for the year, you typically pay **coinsurance** for most out-of-network services. You may need to send us claim forms to be reimbursed for covered services. Also, a non-participating provider may bill you for the difference between his or her charges and the amount we pay for the service.

Going to the hospital

When you're going to be admitted to the hospital, services are covered according to what combination of providers you use. Suppose that you are being sent to a participating hospital by a non-participating doctor. In this case your hospital visit is covered at the in-network benefit level, and the doctor's services are covered at the out-of-network benefit level. Except in an emergency, you must notify us before a hospital admission when non-participating providers are involved.

Continued on reverse ▶



GLOSSARY

PARTICIPATING PROVIDERS: Doctors, other health professionals and hospitals that have agreements to care for our members and belong to Harvard Pilgrim's provider network.

NON-PARTICIPATING PROVIDERS: Doctors, other health professionals and hospitals that do not belong to Harvard Pilgrim's provider network.

COPAYMENT: A dollar amount you pay for in-network services. The copayment is due at the time of the visit or when the provider bills you. Copayments are always fixed dollar amounts. Some plans may have two levels of copayments for office visits.

DEDUCTIBLE: A dollar amount you must pay annually before services are covered under your health plan. This means you may have to pay all or part of a bill for services until you have met your total deductible amount. If your plan has a deductible for in-network services, check the *Schedule of Benefits* to see if your in-network deductible and out-of-network deductible are combined or separate from each other.

COINSURANCE: A percentage of the cost of covered services that you must pay for certain services after the deductible has been met.

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

If you seek care for covered services while traveling, they will be covered at the in-network benefit level when you visit participating providers, and at the out-of-network level when you visit non-participating providers. Emergency services are covered at the in-network benefit level as well.

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. If you are hospitalized, you or someone else must call Harvard Pilgrim within 48 hours, or as soon as reasonably possible.

Your plan covers all medical emergencies at the in-network benefit level. Check the *Schedule of Benefits* to see what kind of cost sharing you have to pay.

Be well, save money and more

Learn about different health topics and ways to be well. Keep more money in your wallet with discounts on eyewear and fitness and nutrition programs. Look up your plan details and find out about typical costs for tests and procedures. Visit www.harvardpilgrim.org to learn more.

Questions?

If you're already a member, call Member Services with questions at **(888) 333-4742**. For TTY service, call (800) 637-8257.

If you're not yet a member, call **(800) 848-9995**.

To learn more about us in general, visit www.harvardpilgrim.org.

