



Harvard Pilgrim
Health Care



Commonwealth of Massachusetts
Group Insurance Commission

2022-2023 Member Guide

Find everything you need at
harvardpilgrim.org/gic



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



Welcome to Harvard Pilgrim!

HPHC Insurance Company (HPHC) is proud to offer Medicare Enhance to the Group Insurance Commission's Medicare-eligible retirees and their spouses, including survivors. Our health plan offers preventive care, behavioral health services, care management, wellness programs, and many other great perks.

We encourage you to use this member guide to:

- Register for your secure member account and download our free mobile app
- Learn more about your care options
- Explore wellness programs, like discounts at health facilities and more

You can also visit harvardpilgrim.org/gic for resources specific to your plan.

Table of contents

- 4 [Medicare Enhance for the Group Insurance Commission](#)
- 7 [Well-being support for you](#)
- 8 [Discounts and savings](#)
- 10 [Key terms](#)
- 11 [Medicare Enhance benefit summary](#)
- 25 [Important information about your plan](#)
- 26 [Legal information](#)
- 27 [Language assistance services](#)
- 28 [Contact us](#)

Medicare EnhanceSM for the Group Insurance Commission

Find everything you need at
harvardpilgrim.org/gic



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

With Medicare Enhance:



Doctor's office visits are typically covered with just a simple copayment.¹



You can live anywhere in the United States, and you must be enrolled in Medicare Parts A and B.



You can visit any doctor or other provider that accepts Medicare.



You'll have coverage for emergency care anywhere in the world.



You'll enjoy savings on products and programs to help you live a healthier life.



Eligibility

No matter where you live in the United States, you are eligible for Medicare Enhance if you are enrolled in Medicare Parts A and B.

Receiving care

You can receive care from any doctor, hospital or other health care provider that accepts Medicare. You're not locked into a provider network, and you don't have to choose a primary care provider. This means you're free to visit specialists for covered services without referrals prior authorization from HPHC.

¹ Copayments do not apply to certain types of preventive visits. See the Schedule of Benefits for details. Coverage is subject to the terms of the Benefit Handbook and Schedule of Benefits.

After you enroll, you will receive a member identification (ID) card. **It will be important for you to show both your HPHC and Medicare ID cards whenever you visit the doctor or hospital.**

Paying for services

Most providers will charge you a fixed copayment at the time of service for office visits and emergency room visits, and then bill Medicare directly for the balance of the claim.* Some providers may bill you directly for the services after receiving Medicare's payment, and you will need to submit a claim to HPHC.

When you become a member, refer to your Benefit Handbook for more information about provider billing and submitting claims to HPHC. But if you need help or have questions, you can always call our Member Services department.

Emergency coverage — wherever you go

Whenever you need emergency care, just call 911 or another local emergency number. Emergency room visits are subject to a copayment that will be waived if you are admitted to the hospital. **Even if you're traveling to another part of the country or another part of the world, Medicare Enhance has you covered wherever you need care.**

Stay healthy and save money

Our discounts and savings program can help you save money on products and services such as nutrition and weight management programs, eyewear, complementary medicine services and more. Visit harvardpilgrim.org/gic for details.

² Copayments do not apply to certain types of preventive visits. See the Schedule of Benefits for details. Coverage is subject to the terms of the Benefit Handbook and Schedule of Benefits.

Medicare Enhance coverage highlights

Most office visits²

\$15

Prescriptions

30 days: \$10, \$30 or \$65

90 days (mail): \$25, \$75 or \$165

Prescription drug coverage is an Employer Group Waiver Plan (EGWP) offered by the GIC through CVS, SilverScript. Visit gic.silverscript.com for more information.

Hearing aids

Medicare Enhance pays a maximum of \$1,700 every two years. First \$500 covered in full; next \$1,500 covered at 80%.



Well-being support for you

As part of your Harvard Pilgrim membership, you get the added benefit of tools and resources to support your overall well-being, plus some extra incentives. Learn more at harvardpilgrim.org/gic.



Fitness reimbursement that fits your lifestyle

We get it. Not everyone has the same approach to fitness. Whether you prefer going to the gym or practicing yoga, we'll reimburse you for fees you pay toward a fitness facility or other qualified membership.* You can even use your reimbursement toward a virtual fitness class subscription. To qualify, your membership must be for at least four months in the calendar year.



A wellness program that rewards you

Harvard Pilgrim members can get rewarded for creating healthier habits. With our Living Well Everyday program, you can earn up to \$120 in gift card rewards by participating in fun and interactive activities and challenges that focus on stress management, healthy eating, physical activity, mindfulness and meditation and much more.

This program takes a holistic approach to wellness, supporting all aspects of your life. And, the more you participate, the more chances you have to earn rewards.

Covered dependents or employees who aren't Harvard Pilgrim members can participate in a separate program, where they can earn points towards monthly gift card drawings.

Go to harvardpilgrim.org/livingwelleveryday to get started.



Virtual wellness classes and webinars at no cost

You and your family can take advantage of free virtual classes and webinars through our Living WellSM at Home program. Choose from yoga, Zumba, tai chi and other specialty classes, as well mindfulness sessions and health and wellness webinars. Programs are updated monthly and easily accessible via Zoom. Visit harvardpilgrim.org/livingwellathome for details (no login is required).



Support for a healthy mind

Explore the basic practices of mindfulness with instructional videos and guided meditation through our Mind the Moment program. Practicing mindfulness involves breathing methods, guided imagery and more to help the mind to refocus on the present moment, relax the body and mind, and reduce stress. Visit harvardpilgrim.org/mindthemoment.

* \$100 maximum reimbursement per Harvard Pilgrim policy in a calendar year (individual or family contract) for Independence Plan members. For Primary Choice members, \$200 maximum reimbursement (individual contract) or \$400 maximum reimbursement (family contract). Proof of payment is required for reimbursement. Additional restrictions may apply.

Discounts and savings



Fitness and exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for YOU:

- Up to 40% off Ompractice virtual yoga
- Savings on footwear and workout gear
- 20% off in-person and virtual personal fitness training with SplitFit
- Save 20% on your entire order of fitness products at ProsourceFit



Weight management

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
- Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
- Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating



Holistic wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- Up to 40% off complementary and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture*, chiropractic*, massage therapy, natural healing, tai chi, qigong and more
- 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this clear, easy-to-use, step-by-step guide



Quit smoking

Are you or a family member trying to quit smoking or tobacco use? Don't give up! Get some extra support with discounted resources:

- 25% off Craving to Quit, a 21-day app-based program
- 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes

*This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.



Vision*

Need a new pair of eyeglasses? Take advantage of:

- Free eyewear and other discounts at participating Visionworks locations**
- 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers***

Interested in LASIK?

- Save up to 50% off national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision



Hearing****

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted state-of-the-art hearing aids and follow-up services:

- Up to \$200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- 30%-60% off hearing aids from TruHearing
- Low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty, and two years of free batteries, from Amplifon Hearing Health Care



Dental*****

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.*****



Family care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Save 20% on all GreatCall products
- Get \$15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers
- Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead Senior Care

*This is separate from any vision coverage you may be offered by your employer. Please see the Schedule of Benefits for information on coverage through Harvard Pilgrim. **Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply. ***Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card. ****This is separate from any coverage for hearing aids that you may be offered by your employer. Please see the Schedule of Benefits for information on coverage through Harvard Pilgrim. *****This is separate from any dental coverage you may be offered by your employer. *****Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.

Key terms

Premium

This is the monthly cost of your health insurance coverage

Cost sharing

Cost sharing is what you pay for specific health care services (e.g., office visits, X-rays and prescriptions).

Coinsurance, copayments and deductibles are all examples of cost sharing.

Copayments

This is 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 when you pick up prescriptions from the pharmacy. Your Plan Benefits page will tell you what your copayments are for different services.

Deductible

This is a set amount of money that you have to pay out of your own pocket for certain 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. If you receive care for services that fall under the deductible, your provider will send you a bill. If prescription drugs fall under your plan's deductible, you'll need to pay for them when you pick them up from the pharmacy. Copayments do not count toward your deductible.

Coinsurance

This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, 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.

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

In-network

Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

Out-of-network

Out-of-network coverage applies only to POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will (in most cases) have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral.

Tier

Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you'll save money when you see Tier 1 providers.

Schedule of Benefits

COMMONWEALTH OF MASSACHUSETTS GROUP INSURANCE COMMISSION MEDICARE ENHANCE

Services are covered only when Medically Necessary.
Please see your Benefit Handbook for the details of your coverage.

INTRODUCTION

This Schedule of Benefits summarizes your coverage under Medicare Enhance (the Plan) and states the Subscriber cost-sharing amounts you must pay for Covered Services. However, it is only a summary of your benefits. Please consult your *Benefit Handbook* for detailed information on the benefits covered by the Plan and the terms and conditions of coverage.

Please note that the information on Medicare benefits in this document is provided for informational purposes only. HPHC Insurance Company, Inc. (HPHC) is not responsible for Medicare Benefits. You may contact an HPHC Member Services representative by calling 1-888-333-4742. Deaf and hard-of-hearing Subscribers call 711.

Please refer to the Medicare program handbook, *Medicare and You* or contact the Centers for Medicare and Medicaid Services (CMS), for information on your Medicare benefits. You may call CMS for information on Medicare Parts A and B at: 1-800-MEDICARE (1-800-633-4227).

SECTION 1: SUBSCRIBER COST SHARING (WHAT YOU PAY)

Subscribers are required to share the cost of the benefits provided under the Plan. The following is a summary of the cost-sharing amounts under your plan.

A Copayment is a dollar amount that is payable by the Subscriber for certain Covered Services. The Copayment is due at the time services are rendered or when billed by the Provider. Your identification card contains the Copayment amounts that apply to the Plan's most frequently used services. Please see the tables below for a detailed list of the Copayments that apply to your Plan.

If your Plan provides coverage for a service that is not covered by Medicare, the Plan will pay all charges up to the Payment Maximum minus the applicable Copayment.

SECTION 2: PREVENTIVE CARE SERVICES

Medicare covers a number of preventive care services at no cost to Subscribers. The Plan will pay the Medicare Deductible and Coinsurance amounts for Medicare covered preventive care services, if any.

Medicare coverage includes a one-time “Welcome to Medicare” preventive visit received within the first 12 months a beneficiary is covered by Medicare Part B. HPHC recommends that Subscribers utilize this benefit if available. After being enrolled in Medicare Part B for one year, Medicare also covers a yearly physical exam, known as a “Wellness” visit. The first yearly “Wellness” visit must take place at least 12 months after the “Welcome to Medicare” preventive visit, if a beneficiary has had one.

When specific Medicare coverage criteria are met, Medicare also provides coverage for preventive services including, but not limited to: (1) Pap tests, pelvic and breast exams; (2) Mammograms; (3) Prostate cancer screenings; (4) Diabetes screenings; (5) Bone mass measurements; (6) Glaucoma tests; (7) Medical nutrition therapy; (8) Counseling to prevent tobacco use & tobacco-caused disease; (9) Colorectal cancer screening, including fecal occult blood tests, flexible sigmoidoscopy, colonoscopy and barium enema examinations; and (10) Immunizations for flu, pneumococcal shots and hepatitis B shots. Coverage for mammograms includes a baseline mammogram for women between ages 35 and 39 and an annual mammogram for women 40 years of age and older.

Please refer to Section III. D. of your Benefit Handbook for detailed information on additional preventive care services covered by the Plan. Please consult with your doctor and refer to the Medicare publication, *Medicare and You*, for additional information on preventive care services that may benefit you.

SECTION 3: COVERAGE OUTSIDE OF THE UNITED STATES

Your Plan provides limited coverage for Subscribers traveling outside of the United States. Please refer to Section III.D.3 of your Benefit Handbook for the details of your coverage.*

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

SECTION 4: INPATIENT SERVICES

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Hospital Care (including acute, rehabilitation and psychiatric hospitalizations) Days 1-60 in a Benefit Period Days 61- 90 in a Benefit Period Up to 60 Lifetime Reserve Days (if any) After your 60 Lifetime Reserve Days are exhausted Note: Additional coverage may be available for mental health and substance use disorder treatment. Please see Section 6 of this Schedule of Benefits.	All but Medicare Deductible amount All but Medicare Coinsurance amount All but Reserve Days Daily Coinsurance amount Nothing	Medicare Deductible amount Medicare Coinsurance amounts Medicare Lifetime Reserve Days Daily Coinsurance amounts All charges to the extent Medically Necessary	Nothing Nothing Nothing Nothing	III.B.1
Skilled Nursing Facility Care (SNF) Days 1-20 Days 21-100 Days 100 +	Medicare allowable amount Medicare allowable amount minus SNF Daily Coinsurance amount Nothing	Nothing The SNF Daily Coinsurance amounts Nothing	Nothing Nothing All Charges	III.B.1.b
Religious Nonmedical Health Care Institutions Physicians and Other Professionals (inpatient services only)	Covered less Medicare Deductible and Coinsurance amounts Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts Medicare Deductible and Coinsurance amounts	Nothing Nothing	III.B.1.c III.B.1

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

** Section numbers refer to your Medicare Enhance Benefit Handbook.

SECTION 4: INPATIENT SERVICES

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Blood Transfusions First 3 pints of blood per calendar year	Nothing	Medicare Blood Deductible	Nothing	XI
Beyond 3 pints per calendar year	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	Nothing	
Human Organ Transplants (Including bone marrow transplants)	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	Nothing	III.B.1.a III.C.4

SECTION 5: OUTPATIENT SERVICES

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Emergency Services	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less Emergency room Copayment per visit	\$50 Emergency Room Copayment per visit, waived if admitted to a Hospital	II.B.2.a
Urgent Care Services	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	\$15 Copayment per visit	III.B.2.b
Physicians and other covered Professionals (including mental health and substance use disorder treatment)	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	\$15 Copayment per visit (Please note: No Copayment applies to diagnostic tests, x-rays, and immunizations if billed without a professional office visit and no additional services are provided.)	III.B.2.c

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

** Section numbers refer to your Medicare Enhance Benefit Handbook.

SECTION 5: OUTPATIENT SERVICES

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
House Calls by a physician	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	\$15 Copayment per visit	III
Administration of Allergy Injections	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	\$5 Copayment per visit	III
Medical Therapies including Outpatient Surgery	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	Nothing	III.B.2.f
Chiropractic Services Note: Limited coverage provided. See your <i>Benefit Handbook</i>	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit (if Medicare coverage is provided).	\$15 Copayment per visit	III.B.2.c
Podiatric Services Limited coverage provided. See your <i>Benefit Handbook</i>	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	\$15 Copayment per visit	III.B.2.c
Physical and Occupational Therapy	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	\$15 Copayment per visit	III.B.2.1

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

** Section numbers refer to your Medicare Enhance Benefit Handbook.

SECTION 5: OUTPATIENT SERVICES

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Dental Care and Oral Surgery Services Note: Limited coverage provided. See your <i>Benefit Handbook</i>	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit (if Medicare coverage is provided)	\$15 Copayment per visit	III.B.2.n
Hospice Care (including inpatient Respite Care)	100% of Medicare allowable amount and 95% of the cost of outpatient drugs and respite care (Medicare Hospice Coinsurance). Benefits are covered less the Medicare Deductible	Medicare Deductible and the Hospice Coinsurance amount	Nothing	III.B.2.j
Diagnostic Tests and Procedures	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	Nothing (No Copayment applies to diagnostic tests, X-rays, and immunizations if billed without a professional office visit and no additional services are provided.)	III.B.2.e III.D.2.b
Ambulance	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	Nothing	III.B.2.i
Durable Medical Equipment and Prosthetic Devices	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	Nothing	III.B.2.g
Home Health Care Services	Medicare allowable amount	Nothing	Nothing	III.B.2.h

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

** Section numbers refer to your Medicare Enhance Benefit Handbook.

SECTION 5: OUTPATIENT SERVICES

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Home Infusion Therapy Note: Very limited coverage provided. See your <i>Benefit Handbook</i>	Generally None	All charges minus any coverage by Medicare	Nothing	III.D.5
Consultations Concerning Contraception and Hormone Replacement Therapy	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	Nothing	III.C.7
Kidney Dialysis	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	Nothing	III.B.2.k
Cardiac Rehabilitation Services	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	\$15 Copayment per visit	III.D.7
Acupuncture Treatment	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	\$15 Copayment per visit	III.B.2.c

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

** Section numbers refer to your Medicare Enhance Benefit Handbook.

SECTION 6: MEDICARE ENHANCE PLAN BENEFITS

The plan will cover the benefits in this section when Medicare coverage is not available:

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Inpatient Mental Health Care For all Mental and Emotional disorders. For Biologically-Based and Rape Related Mental and Emotional Disorders (including Substance Use Disorders) . Note: Benefits are provided for the same number of days as the coverage provided for a physical illness.	Nothing	Full benefits, to the extent medically necessary	Nothing	III.C.1
Outpatient Mental Health Care For all Mental and Emotional disorders. For Biologically-Based and Rape Related Mental and Emotional Disorders (including Substance Use Disorders) . Benefits are provided for unlimited visits	Nothing	Full benefits, less applicable Copayment per visit	\$15 Copayment per visit	III.C.1

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

** Section numbers refer to your Medicare Enhance Benefit Handbook.

SECTION 6: MEDICARE ENHANCE PLAN BENEFITS (Continued)

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Partial Hospitalization for Mental Health and Substance Use Disorder Treatment	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	Nothing	III.B.1
Detoxification, Psychopharmacological, Psychological Testing, and Neuropsychological Assessment Services	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	\$15 Copayment per visit	III.C.1.d
Scalp Hair Prosthesis (Wigs)	Nothing	Up to \$350 per calendar year	All charges in excess of \$350	III.C.3
Low Protein Foods	Nothing	Up to \$5,000 per calendar year	All charges in excess of \$5,000	III.C.5
Special Formulas for Malabsorption	Nothing	Full benefits	Nothing	III.C.2
Hearing Aids (for Subscribers up to the age of 22) – \$2,000 per hearing aid every 36 months, for each hearing impaired ear	Nothing	Up to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	All charges in excess of \$2,000	III.C.10.a

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

** Section numbers refer to your Medicare Enhance Benefit Handbook.

SECTION 6: MEDICARE ENHANCE PLAN BENEFITS (Continued)

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Hearing Aids (for Subscribers age 22 and older) Limited to \$2,000 every two years for both ears combined	Nothing	First \$500 covered in full, then remaining \$1,500 covered at 80% (Please Note: The Maximum paid by the Plan is \$1,700. The Plan will pay the first \$500 + \$1,200 (or 80% of the remaining \$1,500) = \$1,700. You pay \$300 (or 20% of the remaining \$1,500) for a total benefit of \$500+\$1,200+\$300=\$2,000.)	20% Coinsurance after the first \$500 and all charges in excess of the \$2,000 benefit limit	III.C.10.b
Lipodystrophy Syndrome	Nothing	Full benefits	Nothing	III. C.11
Medicare Covered Clinical Trials	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	Nothing	III.B.2.p

SECTION 7: ADDITIONAL COVERED SERVICES

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Diabetes Treatment	Covered less Medicare Deductible and Coinsurance amounts for Medicare covered items	Medicare Deductible and Coinsurance amounts for Medicare covered items. Full benefits for non-Medicare covered items, less applicable Copayment per visit	\$15 Copayment per visit	III.D.4

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

** Section numbers refer to your Medicare Enhance Benefit Handbook.

Human Leukocyte Antigen Testing	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	Nothing	III.D.9
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SECTION 7: ADDITIONAL COVERED SERVICES

Service	Medicare Parts A and B Pays: (if a Medicare covered service)	Medicare Enhance Pays: *	You Pay: *	Section:**
Eye Exams Limited to one routine eye examination in each 24-month period	Nothing	Full benefits, less applicable Copayment per visit	\$15 Copayment per visit	III.D.2.b
Smoking Cessation See your <i>Benefit Handbook</i>	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts	Nothing	III.D.10
Telemedicine Virtual Visit Services	Covered less Medicare Deductible and Coinsurance amounts	Medicare Deductible and Coinsurance amounts, less applicable Copayment per visit	\$15 Copayment per visit	III.C.9

SECTION 8: WHAT THE PLAN DOES NOT COVER

A. No benefits will be provided by the Plan for any of the following:

1. Any product or service that is not covered by Medicare unless specifically listed as a Covered Service in this *Benefit Handbook* or the *Schedule of Benefits*.
2. Any charges for products or services covered by a Medicare Advantage plan operated under Medicare Part C or a Prescription Drug Plan (PDP) under Medicare Part D.
3. Any product or service obtained at an unapproved hospital (or other facility) if Medicare requires that a service be provided at a hospital (or other facility) specifically approved for that service. This exclusion applies to weight loss (bariatric) surgery; liver, lung, heart and heart-lung transplants; and any other services Medicare determines must be obtained at a hospital (or other facility) that has been specifically approved for a specific service to be eligible for coverage by Medicare.

* The Plan pays up to the Payment Maximum. Please see section *V.H. The Payment Maximum* in your Medicare Enhance Benefit Handbook for more information.

** Section numbers refer to your Medicare Enhance Benefit Handbook.

4. Any product or service that is provided to you after the date on which your enrollment in the plan has ended.
5. Any charges that exceed the Payment Maximum. (Please see the Glossary for the definition of “Payment Maximum.”)
6. Any products or services received in a hospital not certified to provide services to Medicare beneficiaries, unless the hospital is outside the United States.
7. Any product or service for which no charge would be made in the absence of insurance.

B. No Benefits will be provided by the Plan for any of the following unless they are covered by Medicare Parts A or B:

1. Any product or service that is not Medically Necessary.
2. Any product or service (1) for which you are legally entitled to treatment at government expense or (2) for which payment is required to be made by a Workers' Compensation plan or laws of similar purpose.
3. Any charges for inpatient care over the semi-private room rate, except when a private room is Medically Necessary.
4. Any product or service received outside of the United States that is: (1) related to the provision of routine or preventive care of any kind; (2) a service that was, or could have been, scheduled before leaving the United States, even if such scheduling would have delayed travel plans; (3) a form of transportation, including transportation back to the United States, except road ambulance to the nearest hospital; or (4) a service that would not be covered by Medicare or the Plan in the United States.
5. Any product or service that is Experimental or Unproven. (Please see the Glossary for the definition of “Experimental or Unproven.”)
6. Any service or supply purchased from the internet.
7. Private duty nursing.
8. Chiropractic care. (Note that Medicare provides limited benefits for chiropractic services to correct a subluxation of the spine.)
9. Cosmetic services or products, including, but not limited to, cosmetic surgery, except for services required to be covered under the Women’s Health and Cancer Rights Act of 1998.
10. Rest or Custodial Care.
11. Eyeglasses and contact lenses, or examinations to prescribe, fit, or change eyeglasses or contact lenses (Note that Medicare provides limited benefits for eyeglasses or contact lenses after cataract surgery.).
12. Biofeedback, massage therapy (including myotherapy), sports medicine clinics, treatment with crystals or routine foot care services such as the trimming of corns and bunions, removal of calluses, unless such care is Medically Necessary due to circulatory system disease such as diabetes.

13. Foot orthotics, except as required for the treatment of severe diabetic foot disease.
14. Any form of hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy. (Please see Section III.C.3. for the coverage provided for wigs.)
15. Dental Services, except the specific dental services listed in your *Benefit Handbook* and this *Schedule of Benefits*. This exclusion includes, but is not limited to: (a) dental services for temporomandibular joint dysfunction (TMD); (b) extraction of teeth, except when specifically listed as a Covered Service; and (c) dentures, except that (1) the Plan will cover the Medicare Deductible and Coinsurance amount for any Dental Service that has been covered by Medicare. (Please see the Glossary for the definition of “Dental Services.”)
16. Ambulance services except as specified in this *Benefit Handbook* or the *Schedule of Benefits*. No benefits will be provided for transportation other than by ambulance.
17. Exercise equipment; or personal comfort or convenience items such as radios, telephone, television, or haircutting services.
18. Any product or service provided by (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.
19. Refractive eye surgery, including laser surgery, orthokeratology or lens implantation for correction of myopia, hyperopia and astigmatism.
20. Any products or services related to diet plans or weight loss programs, including diet foods, drinks or drugs of any kind. (However, the Plan will cover Medicare Deductible and Coinsurance amounts for professional services or surgery covered by Medicare for the treatment of obesity.)
21. Drugs or medications that can be self-administered.
22. Educational services or testing; services for problems of school performance; sensory integrative praxis tests, vocational rehabilitation, or vocational evaluations focused on job adaptability, job placement, or therapy to restore function for a specific occupation.
23. Planned home births.
24. Devices or special equipment needed for sports or occupational purposes.
25. Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and Hospital or other facility charges, that are related to any care that is not a Covered Service under this *Benefit Handbook*.
26. Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD.
27. Aromatherapy, or alternative medicine
28. Mental health services that are (1) provided to Subscribers who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health.
29. Telemedicine services involving e-mail, fax or non-secure texting.

SECTION 9: IMPORTANT NOTICES

Medical Emergency: You are always covered for care you need in a medical emergency. In the event of a medical emergency, you should go to the nearest emergency facility or call 911 or the local emergency number.

Coverage will be subject to the terms, conditions, exclusions and limitation of Medicare-eligible services and supplies, and is subject to change pursuant to Medicare guidelines. This brochure is not intended as an explanation of Medicare benefits. Information and guidelines as established by the Centers for Medicare and Medicaid Services (CMS) regarding Medicare, may be obtained by contacting your local Social Security office.

This Plan is only available to Subscribers enrolled through the Group Insurance Commission (GIC). Coverage under the Plan is effective on the first day of the month chosen by the GIC and renews year to year on the GIC's anniversary date unless terminated in accordance with the terms of the contract between the GIC and HPHC. Please refer to your Benefit Handbook for information about your eligibility and continuation of coverage rights under this Plan.

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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.

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Important information about your plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

When you need care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at harvardpilgrim.org. Or you can call one of the telephone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit www.harvardpilgrim.org to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on harvardpilgrim.org, click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at (888) 333-4742.

Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI). To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use, and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit harvardpilgrim.org or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

Members: (888) 333-4742

Non-members: (800) 848-9995

TTY: 711

Discrimination is against the law

Harvard Pilgrim Health Care complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services, such as qualified interpreters, to people whose primary language is not English

Contact our Civil Rights Compliance Officer if you:

- Need access to any of these services, or
- Believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, and want to file a grievance:

Civil Rights Compliance Officer

93 Worcester St.

Wellesley, MA 02481

Phone: (866) 750-2074, TTY service: 711

Fax: (617) 509-3085

Email: civil_rights@harvardpilgrim.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Ave., SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019; TTY service: (800) 537-7697

Complaint forms are available at:

<https://www.hhs.gov/ocr/complaints/index.html>

Harvard Pilgrim provider directory inaccuracy

To notify Harvard Pilgrim of inaccurate information found in our provider directory:

- Members can call us at (888) 333-4742 (TTY: 711) or send a secure email to Member Services through your online member account at www.harvardpilgrim.org.
- If you are not a Harvard Pilgrim member, you can send an email to Directory_Inaccuracy_Research@harvardpilgrim.org

Consumer Complaint Notice

Consumer complaints relating to provider directory inaccuracies or provider network access issues may be filed with the state insurance department that regulates your health plan as follows:

For Massachusetts Health Plans:

Commonwealth of Massachusetts Division of Insurance Consumer Services Unit

1000 Washington Street, Suite 810

Boston, MA 02118-6200

Tel: (617) 521-7794; Toll-free: (877) 563-4467;

Fax: (617) 753-6830

Website:

<https://www.mass.gov/file-an-insurance-complaint>

Email: CSSComplaints@mass.gov

Language assistance services

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)
إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. إتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) សូមជូនដំណឹង: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມາດມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

Questions?

If you have questions or need help, just give us a call — please be sure to tell us you are enrolling through the GIC.

Already a Harvard Pilgrim member?

Call: (888) 333-4742.

Not yet a member?

Call: (866) 874-0817.

For TTY service, call 711.



**Harvard Pilgrim
Health Care**

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



**Commonwealth of Massachusetts
Group Insurance Commission**

Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。