

Schedule of Benefits

Harvard Pilgrim – Domestic and Community HMO MASSACHUSETTS

Please Note: This plan includes a limited provider network called the “Harvard Pilgrim - Domestic and Community Network.” This plan provides access to a network that is smaller than Harvard Pilgrim’s full provider network. In this plan, Members have access to network benefits only from the providers in the Harvard Pilgrim - Domestic and Community Network. This network includes a tiered provider network in which Members pay different levels of Member Cost Sharing, including Copayments and Coinsurance, depending on the tier of the provider delivering a Covered Benefit or supply. Please consult the Harvard Pilgrim - BILH Domestic and Community HMO Provider Directory or visit the provider search tool at www.harvardpilgrim.org/bilh to determine the tier of Providers in the Harvard Pilgrim - Domestic and Community Network.

This Schedule of benefits summarizes your Benefits under Harvard Pilgrim – Domestic and Community HMO (the Plan) and states the Member Cost Sharing amounts that you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for detailed information on benefits covered by the Plan and the terms and conditions of coverage.

This plan does not provide coverage for outpatient prescription drugs. Your coverage for prescription drugs is administered by a third party named CVS Caremark. If you have questions regarding your pharmacy coverage, CVS Caremark can be reached at **1-855-303-3980**.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. Your emergency room Member Cost Sharing is listed in the tables below.

Tiered Providers

Most hospitals and physicians covered by the Plan are placed into one of two benefit levels or “tiers”. Member Cost Sharing for these providers depends upon the tier in which a provider is placed. Tier 1 is the lower cost tier. Tier 2 is the higher cost tier. Only acute care hospitals, Primary Care Providers (PCPs) and medical specialists are assigned to one of these tiers. All other covered providers are designated Tier 1. In some cases, a provider may practice at more than one location and may have a different tier assigned to each location. Keep in mind that different out-of-pocket costs may apply to the same provider based upon where you are treated by that provider.

You can lower your out-of-pocket cost by selecting the physicians and hospitals in Tier 1. The tables set forth below list the Member Cost Sharing for each type of tiered service. The Plan’s Provider Directory lists all Plan Providers and their tier. You can access the Provider Directory at www.harvardpilgrim.org/bilh. You may also obtain a paper copy of the directory, free of charge, by calling Harvard Pilgrim’s Member Services Department at **1-888-333-4742**.

Because Member Cost Sharing is dependent upon the tier placement of a doctor or hospital, you will have lower out-of-pocket costs when you select providers from the lower tier. You should consider a provider’s tier and where the provider has hospital admitting privileges before selecting a provider. For example, if you require hospital care with a Tier 1 physician who performs your service at a Tier 1 hospital, you will pay the Tier 1 out-of-pocket costs for both your physician and hospital care. However, if you require hospital care with a Tier 1 physician who performs

your service at a Tier 2 hospital, you will pay the lower Tier 1 out-of-pocket costs for the physician services but the higher Tier 2 out-of-pocket costs for hospital care.

Medical Necessity Guidelines

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member’s care. Members or their practitioners may obtain a copy of our Medical Necessity Guidelines on our website at www.harvardpilgrim.org or by calling the Member Services Department at 1-888-333-4742.

Covered Benefits

Your Covered Benefits are administered on a Calendar Year basis. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a physician’s office, see “Physician and Other Professional Office Visits.” For services provided in a hospital emergency room, see “Emergency Room Care,” and for outpatient surgical procedures, please see “Surgery - Outpatient.”

When you receive a service at your home (other than home health care), your Member Cost Sharing will be the same as when the service is provided in an office or facility. For example, if you have a physician visit in your home, see “Physician and Other Professional Office Visits.” If you have blood drawn at home, see “Laboratory, Radiology and Other Diagnostic Services.”

General Cost Sharing Features:	Tier 1 Member Cost Sharing:	Tier 2 Member Cost Sharing:
Coinsurance and Copayments	See the benefits table below	
Deductibles	None	\$1,000 per Member per Calendar Year \$2,000 per family per Calendar Year
Deductible Rollover	None	
Out-of-Pocket Maximum	Includes all Member Cost Sharing except charges for prescription drugs. \$3,500 per Member per Calendar Year \$7,000 per family per Calendar Year	

HARVARD PILGRIM – DOMESTIC AND COMMUNITY HMO - MASSACHUSETTS

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing
Acupuncture Treatment for Injury or Illness		
– Limited to 20 visits per Calendar Year	Adults: \$40 Copayment per visit	
	Pediatrics (up to age 19): \$40 Copayment per visit	
Ambulance and Medical Transport		
Emergency ambulance transport	10% Coinsurance	
Non-emergency medical transport	10% Coinsurance	
Autism Spectrum Disorders Treatment		
Applied Behavior Analysis	Adults: \$30 Copayment per visit	
	Pediatrics (up to age 19): \$30 Copayment per visit	
Chemotherapy and Radiation Therapy		
	Adults: 10% Coinsurance	Adults: Deductible, then 30% Coinsurance
	Pediatrics (up to age 19): 10% Coinsurance	
Dental Services		
Extraction of teeth impacted in bone (performed in a physician's office)	Adults: 10% Coinsurance	
	Pediatrics (up to age 19): 10% Coinsurance	
Preventive Dental Care for children (up to the age of 13) – limited to 2 preventive dental exams per Calendar Year, only the following services are included: cleaning, fluoride treatment, teaching plaque control and bitewing x-rays.	\$30 Copayment per visit	
Important Notice: Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.		
Dialysis		
	Adults: 10% Coinsurance	
	Pediatrics (up to age 19): 10% Coinsurance	
Durable Medical Equipment		
Durable Medical Equipment	No charge	
Blood Glucose Monitors, Infusion Devices and Insulin Pumps (including supplies)	No charge	
Oxygen and Respiratory Equipment	No charge	
Early Intervention Services		
	\$30 Copayment per visit	
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.		
Emergency Admission Services		
	10% Coinsurance	

HARVARD PILGRIM – DOMESTIC AND COMMUNITY HMO - MASSACHUSETTS

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing
Emergency Room Care		
	\$200 Copayment per visit	
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the hospital directly from the emergency room. Please see "Hospital - Inpatient Services," "Observation Services," or "Surgery – Outpatient" for the Member Cost Sharing that applies to these benefits.		
Hearing Aids (for Members up to the age of 22)		
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	No charge	
Home Health Care		
	No charge	
If your Home Health Care services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.		
Hospice – Outpatient		
	No charge	
Hospital – Inpatient Services		
Acute Hospital Care	Adults: 10% Coinsurance	Adults: Deductible, then 30% Coinsurance
	Pediatrics (up to age 19): 10% Coinsurance	
Inpatient Maternity Care	Adults: 10% Coinsurance	Adults: Deductible, then 30% Coinsurance
	Pediatrics (up to age 19): 10% Coinsurance	
Inpatient Routine Nursery Care	No charge	
Inpatient Rehabilitation – limited to 60 days per calendar year	Adults: 10% Coinsurance	
	Pediatrics (up to age 19): 10% Coinsurance	
Skilled Nursing Facility – limited to 100 days per calendar year	Adults: 10% Coinsurance	
	Pediatrics (up to age 19): 10% Coinsurance	
Infertility Services and Treatments (see the Benefit Handbook for details)		
Consultations, Evaluations and Laboratory Tests	Your Member Cost Sharing will depend upon the types of services provided and the tier placement of the provider rendering services, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits."	
Infertility Treatment (as outlined in your Benefit Handbook)	10% Coinsurance	Deductible, then 30% Coinsurance

HARVARD PILGRIM – DOMESTIC AND COMMUNITY HMO - MASSACHUSETTS

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing
Laboratory, Radiology and Other Diagnostic Services		
Laboratory, radiology, genetic testing and other diagnostic services – In a physician’s office or non-hospital affiliated facility	Adults: No charge	Adults: \$75 Copayment per visit
	Pediatrics (up to age 19): No charge	
Laboratory, radiology, genetic testing and other diagnostic services – In a hospital or hospital affiliated facility	Adults: 10% Coinsurance	Adults: Deductible, then 30% Coinsurance
	Pediatrics (up to age 19): 10% Coinsurance	
Advanced radiology, including CT scans, MRI, MRA and nuclear medicine services – In a physician’s office or non-hospital affiliated facility	Adults: No charge	Adults: \$75 Copayment per visit
	Pediatrics (up to age 19): No charge	
Advanced radiology, including CT scans, MRI, MRA and nuclear medicine services – In a hospital or hospital affiliated facility	Adults: 10% Coinsurance	Adults: Deductible, then 30% Coinsurance
	Pediatrics (up to age 19): 10% Coinsurance	
Low Protein Foods		
– Limited to \$5,000 per Calendar Year	10% Coinsurance	
Maternity Care - Outpatient		
Childbirth classes	Harvard Pilgrim will reimburse you up to \$150 annually for a childbirth class taken at any Harvard Pilgrim Health Care affiliated provider. Just send a copy of your receipt and completion certificate to: Harvard Pilgrim Health Care P.O. Box 699183 Quincy, MA 02269–9183	
Routine outpatient prenatal and postpartum care	No charge	
Please note: Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under “Physician and Other Professional Office Visits” and Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under “Laboratory, Radiology and Other Diagnostic Services.”		
Medical Drugs (drugs that cannot be self-administered)		
Medical drugs received in a physician’s office or other outpatient facility	No charge	
Medical drugs received in the home	No charge	

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HARVARD PILGRIM – DOMESTIC AND COMMUNITY HMO - MASSACHUSETTS

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing
Medical Drugs (drugs that cannot be self-administered) (Continued)		
<p>Please Note: Your Employer Group also provides a separate outpatient prescription drug plan through CVS Caremark. That benefit provides coverage for most prescription drugs purchased at an outpatient pharmacy. Some medical drugs received in a physician’s office or outpatient facility may be provided under your CVS Caremark outpatient prescription drug benefit. Please contact CVS Caremark at 1-855-303-3980 for information on outpatient prescription drugs.</p>		
Medical Formulas		
	No charge	
Mental Health and Substance Use Disorder Treatment		
Inpatient Services	10% Coinsurance	
Intermediate Mental Health Care Services – Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization – Intensive outpatient programs, partial hospitalization and day treatment programs for mental health and drug and alcohol rehabilitation services	10% Coinsurance	
Outpatient group therapy	Adults: Tier 1 Primary Care Copayment: \$30 per visit Pediatrics (up to age 19): Tier 1 Primary Care Copayment: \$30 per visit	
Outpatient treatment, including individual therapy, outpatient detoxification and medication management	Adults: Tier 1 Primary Care Copayment: \$30 per visit Pediatrics (up to age 19): Tier 1 Primary Care Copayment: \$30 per visit	
– Outpatient methadone maintenance	No charge	
Outpatient psychological testing and neuropsychological assessment	Adults: Tier 1 Primary Care Copayment: \$30 per visit Pediatrics (up to age 19): Tier 1 Primary Care Copayment: \$30 per visit	
– Performed by a Licensed Mental Health Professional	Adults: \$40 Copayment per visit Pediatrics (up to age 19): \$40 Copayment per visit	
– Performed by a Neurologist or other medical specialist.	Adults: \$40 Copayment per visit	Adults: \$65 Copayment per visit
Outpatient telemedicine virtual visit services	Adults: Tier 1 Primary Care Copayment: \$30 per visit Pediatrics (up to age 19): Tier 1 Primary Care Copayment: \$30 per visit	
Observation Services		
	No charge	
Ostomy Supplies		
	No charge	

HARVARD PILGRIM – DOMESTIC AND COMMUNITY HMO - MASSACHUSETTS

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits.)		
Routine examinations for preventive care, including immunizations	No charge	
Not all services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services notice on our website at www.harvardpilgrim.org . Please see "Laboratory and Radiology Services" for the Member Cost Sharing that applies to diagnostic services not included on this list.		
Consultations, evaluations, sickness and injury care – Primary Care Copayments	Adults: \$30 Copayment per visit	Adults: \$55 Copayment per visit
	Pediatrics (up to age 19): \$30 Copayment per visit	
Consultations, evaluations, sickness and injury care – Specialty and Hospital Based Care Copayments	Adults: \$40 Copayment per visit	Adults: \$65 Copayment per visit
	Pediatrics (up to age 19): \$40 Copayment per visit	
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."		
Office based treatments and procedures, including, but not limited to administration of injections, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, and surgical procedures	Adults: 10% Coinsurance	Adults: Deductible, then 30% Coinsurance
	Pediatrics (up to age 19): 10% Coinsurance	
Administration of allergy injections	\$15 Copayment per visit	
Preventive Services and Tests		
	No charge	
Under federal law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women, and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services Notice on our website at www.harvardpilgrim.org . You may also get a copy of the Preventive Services notice by calling the Member Services Department at 1-888-333-4742. Harvard Pilgrim will add or delete services from this benefit for preventive services and tests in accordance with Federal guidance.		
Prosthetic Devices		
	No charge	
Rehabilitation and Habilitation Services - Outpatient		
Cardiac Rehabilitation Pulmonary rehabilitation therapy Speech-Language and Hearing Services	Adults: \$40 Copayment per visit	Adults: \$65 Copayment per visit
	Pediatrics (up to age 19): \$40 Copayment per visit	
Physical and Occupational therapies – combined limited to 72 visits per Calendar Year	Adults: \$40 Copayment per visit	Adults: \$65 Copayment per visit
	Pediatrics (up to age 19): \$40 Copayment per visit	

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HARVARD PILGRIM – DOMESTIC AND COMMUNITY HMO - MASSACHUSETTS

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing
Rehabilitation and Habilitation Services - Outpatient (Continued)		
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children up to the age of three and (2) the treatment of Autism Spectrum Disorders.		
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Colonoscopy, endoscopy and sigmoidoscopy	Adults: 10% Coinsurance	Adults: Deductible, then 30% Coinsurance
	Pediatrics (up to age 19): 10% Coinsurance	
Spinal Manipulative Therapy (including care by a chiropractor)		
– Limited to 12 visits per Calendar Year	\$40 Copayment per visit	\$40 Copayment per visit
Surgery – Outpatient		
	Adults: 10% Coinsurance	Adults: Deductible, then 30% Coinsurance
	Pediatrics (up to age 19): 10% Coinsurance	
Telemedicine Virtual Visit Services – Outpatient		
Consultations, evaluations, sickness and injury care – Primary Care Copayments	Adults: \$30 Copayment per visit	Adults: \$55 Copayment per visit
	Pediatrics (up to age 19): \$30 Copayment per visit	
Consultations, evaluations, sickness and injury care – Specialty and Hospital Based Care Copayments	Adults: \$40 Copayment per visit	Adults: \$65 Copayment per visit
	Pediatrics (up to age 19): \$40 Copayment per visit	
Urgent Care Services		
Doctor on Demand	Adults: \$30 Copayment per visit	
	Pediatrics (up to age 19): \$30 Copayment per visit	
Important Note: Doctor On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctor On Demand, including how to access them, please visit our website at www.harvardpilgrim.org .		
Convenience care clinic	Adults: \$30 Copayment per visit	
	Pediatrics (up to age 19): \$30 Copayment per visit	
Urgent Care	Adults: \$40 Copayment per visit	Adults: \$90 Copayment per visit
	Pediatrics (up to age 19): \$40 Copayment per visit	

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HARVARD PILGRIM – DOMESTIC AND COMMUNITY HMO - MASSACHUSETTS

Benefit	Tier 1 Member Cost Sharing	Tier 2 Member Cost Sharing
Urgent Care Services (Continued)		
<p>Please Note: These urgent care copays only apply to urgent care centers identified in the Plan's Provider Directory. You can access the Provider Directory at www.harvardpilgrim.org/bilh and search for providers under the "Urgent Care Center" specialty to find a participating urgent care center near you. Also, additional Member Cost Sharing may apply at urgent care centers. For example, if you have an x-ray or have blood drawn additional cost sharing may apply; please refer to "Laboratory, Radiology and Other Diagnostic Services" in this Schedule of Benefit. Urgent care locations that are not specifically noted in the Provider Directory under the "Urgent Care Center" specialty may have <i>different</i> cost sharing.</p>		
Vision Services		
Routine eye examinations - limited to 1 exam per Calendar Year	Adults: \$40 Copayment per visit	Adults: \$65 Copayment per visit
	Pediatrics (up to age 19): \$40 Copayment per visit	
Vision hardware for special conditions (see the Benefit Handbook for details)	No charge	
Voluntary Sterilization in a Physician's Office		
	10% Coinsurance	Deductible, then 30% Coinsurance
Voluntary Termination of Pregnancy		
	Your Member Cost Sharing will depend upon where the service is provided and the tier placement of the provider rendering services, as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery– Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."	
Wigs and Scalp Hair Protheses		
When needed as a result of any form of cancer or leukemia, alopecia areata, alopecia totalis or permanent hair loss due to injury – Limited to \$350 per Calendar Year (see the Benefit Handbook for details)	No charge	

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. اتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ដូចជាសេវាកម្មអោយស្រីភីភីភីថ្ងៃ។ 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 છે તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີພ້ອມໃຫ້ທ່ານ. 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).



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

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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, sex, sexual orientation, or gender identity. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@point32health.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 New England and HPHC Insurance Company.