



# How it Works:

## The Harvard Pilgrim PPO Plan

### For all Beth Israel Lahey Health organizations, except legacy Lahey Health

The Harvard Pilgrim PPO Plan gives you maximum flexibility for your health care needs. You have both in-network and out-of-network coverage, and the freedom to visit virtually any provider or hospital in Massachusetts or across the nation.

#### Do I need a primary care provider (PCP)?

No, you are not required to have a PCP with this plan, although we recommend that you have one to help coordinate your care.

#### How does in-network coverage work?

You have in-network coverage when you receive care from Harvard Pilgrim participating providers and hospitals.

In-network coverage can help you save money with lower out-of-pocket costs.

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, search the online PPO directory at [harvardpilgrim.org/bilh](http://harvardpilgrim.org/bilh).

#### How does out-of-network coverage work?

You have out-of-network coverage when you receive covered services from providers and hospitals that do not belong to the Harvard Pilgrim network. Out-of-network coverage is usually more expensive than in-network coverage. Non-participating providers may bill you for the differences between their charges and the amount Harvard Pilgrim pays for covered services.

#### Do I need referrals to visit specialists?

No, you do not need referrals to visit specialists.

#### What about going to the hospital?

You do not need a referral to go to the hospital. When you're going to be admitted to the hospital, services are covered according to what combination of providers you use. For example, if a non-participating doctor performs your surgery at a participating hospital, you have out-of-network coverage

for the doctor's services and in-network coverage for the hospital's services. Except in an emergency, you must notify Harvard Pilgrim in advance of a hospital admission when non-participating providers and hospitals are involved.

#### What do I do in an emergency?

In a medical emergency, just call 911 or go straight to the nearest emergency room. You have in-network coverage for medical emergencies no matter where you are. If you are admitted to the hospital, someone needs to notify Harvard Pilgrim within 48 hours, or as soon as reasonably possible. Your attending physician may do this, or you can ask someone to do it for you.

#### Do I have coverage when I'm traveling?

You will have in-network coverage in emergencies and when you visit participating providers. You will have out-of-network coverage when you visit non-participating providers.

#### What about my prescription drug coverage?

Harvard Pilgrim does not administer your prescription drug coverage. CVS Caremark administers the prescription drug plan for BILH employees. Prescriptions may be filled at your local pharmacy (e.g., CVS or Walgreens) with a copay. To save money, you may also fill your prescriptions at select BILH pharmacies, including the BIDMC pharmacy and the Lahey outpatient pharmacies. At the BILH pharmacies, you may fill up to a 30-day supply for a \$5 copay or up to a 90-day supply for a \$10 copay. Additionally, BILH pharmacies provide home delivery services. If you have questions about your pharmacy coverage, please contact CVS Caremark at **(855) 303-3980**. If you have questions about the BIDMC pharmacy, please call **(617) 667-6200** or email [pharmacy@bidmc.harvard.edu](mailto:pharmacy@bidmc.harvard.edu).

## Get personalized service with MyConnect

With Harvard Pilgrim MyConnect, your dedicated Member Advocate team can answer questions about benefits and claims, help coordinate your care, help you find BILH PCPs and specialists, and find resources to help you meet your healthy lifestyle goals.

They can also connect you to a dedicated nurse care manager for personalized, confidential and free health support if you are coping with a complex medical condition or chronic illness, or if you have an upcoming surgery or a test.

For the best experience, use the free mobile app to:

- › Send a secure chat message to your Member Advocate at your convenience
- › Set medication and appointment reminders and receive alerts for preventive screenings
- › Track and monitor physical activity goals
- › Access health-related articles and videos

Download the MyConnect app from the App Store or Google Play and use the access code **HAPICONNECT**. You'll need to enter your date of birth and Harvard Pilgrim member ID number.

Or, contact your Member Advocate team through your online member account at [harvardpilgrim.org/bilh](http://harvardpilgrim.org/bilh) or

by calling **(888) 333-4742** (have your Harvard Pilgrim ID number handy). Hours are Monday, Tuesday, Thursday: 8 a.m. – 6 p.m.; Wednesday: 10 a.m. – 6 p.m.; Friday: 8 a.m. – 5:30 p.m.

## BILH Living Well: stay healthy and earn rewards

This customized well-being program gives you and your spouse the resources and motivation you need to get and stay healthy. Access exclusive programs that focus on improving stress management, nutrition, sleep and physical activity — all available at no cost to you:

- › Confidential behavioral health resources and digital tools that fit your lifestyle
- › Up to \$170 in gift card rewards for participating in challenges, activities and webinars, and qualify for special reward drawings all year long
- › Up to \$150 in fitness reimbursement and access to dozens of healthy discounts
- › Free virtual yoga classes
- › Support from lifestyle management coach
- › And much more.

Go to [harvardpilgrim.org/bilhlivingwell](http://harvardpilgrim.org/bilhlivingwell) for complete details.

# The Harvard Pilgrim PPO Plan cost-sharing highlights

	In-network	Out-of-network (out of HPHC network)
<b>Annual deductible</b>	None	\$200 per member/\$600 per family
<b>Annual medical out-of-pocket maximum</b>	\$1,500 per member/\$4,500 per family	\$2,000 per member/\$6,000 per family
<b>Preventive care visits</b>	None	Deductible, then 20% coinsurance
<b>PCP visits</b>	\$20 copay	Deductible, then 20% coinsurance
<b>Specialist visits</b>	\$20 copay	Deductible, then 20% coinsurance
<b>Outpatient mental health/substance use disorder treatment</b> (group and individual)	\$20 copay	Deductible, then 20% coinsurance
<b>Inpatient mental health/substance use disorder treatment</b>	No charge	Deductible, then 20% coinsurance
<b>Emergency room</b>	\$150 copay	
<b>Urgent care</b>	\$20 copay	Deductible, then 20% coinsurance
<b>Inpatient hospital</b>	\$150 copay per admission	Deductible, then 20% coinsurance
<b>Outpatient hospital (day surgery)</b>	\$150 copay per admission	Deductible, then 20% coinsurance
<b>Short-term therapy - outpatient</b> Physical and Occupational Therapy: combined limit of 72 visits per calendar year	\$20 copay	Deductible, then 20% coinsurance
<b>Lab/X-ray/diagnostic services/high-end radiology (MRI, CT, PET)</b>		
› In physician's office or non-hospital-affiliated facility	No charge	Deductible, then 20% coinsurance
› In hospital or hospital-affiliated facility	No charge	Deductible, then 20% coinsurance

Please refer to the Schedule of Benefits and Benefit Handbook for details and a complete list of benefits. The Schedule of Benefits and Benefit Handbook govern in any case in which the information in this document is different.