

Schedule of Benefits

UHH Local 26 Select Plan for UNITE HERE HEALTH Local 26 MASSACHUSETTS

Please Note: 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 providers in the UHH Local 26 Select Network. Please consult the UHH Local 26 Select Provider Directory or visit the provider search tool at www.harvardpilgrim.org/local26 to determine the network status of your provider.

This Schedule of Benefits states any Benefit Limits and the Member Cost Sharing amounts you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for details. Your Member Cost Sharing may include a Deductible, Coinsurance, and Copayments. Please see the tables below for details.

In a Medical Emergency you should go to the nearest emergency facility (Plan Provider or Non-Plan Provider) or call 911 or other local emergency access number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the tables below.

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/provider/medical-necessity-guidelines/ or by calling the Member Services Department at 1-877-594-7196.

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." For inpatient hospital care, see "Hospital – Inpatient Services," 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:	Member Cost Sharing:
Coinsurance and Copayments	See the benefits table below
Deductible	None
Deductible Rollover	None

EFFECTIVE DATE: 05/01/2025

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General Cost Sharing Features:		Member Cost Sharing:
Out-of-Pocket Maximum		
Includes all Member Cost Sharing		\$6,350 per Member per Calendar Year \$12,700 per family per Calendar Year

Benefit	Member Cost Sharing with Plan Providers:	
Acupuncture Treatment		
	Not covered. However, see your EAP benefit through Modern Assistance Programs, Inc.	
Ambulance and Medical Transport		
Emergency ambulance transport	No charge	
Non-emergency medical transport	No charge	
Autism Spectrum Disorders Treatment		
Applied behavior analysis	No charge	
Chemotherapy and Radiation Therapy		
Chemotherapy	No charge	
Radiation therapy	No charge	
Chiropractic Care		
– Limited to 20 visits per Calendar Year Please Note: A chiropractic evaluation does not count toward the visit limit.	No charge	
COVID-19 Services		
COVID-19 Testing	No charge	
COVID-19 Treatment	No charge	
COVID-19 Vaccines	No charge	
Dental Services		
Important Notice: Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.		
Extraction of teeth impacted in bone (performed in a physician's office)	No charge	
Dialysis		
	No charge	
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		
	No charge	
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.		

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Benefit		Member Cost Sharing with Plan Providers:
Emergency Room Care (Covered with Plan Providers and Non-Plan Providers)		
		\$100 Copayment per visit
<p>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.</p> <p>In a Medical Emergency you should go to the nearest emergency facility (Plan Provider or Non-Plan Provider) or call 911 or other local emergency access number. A Referral from your PCP is not needed.</p>		
Gender Affirming Surgery		
		No charge. See your Benefit Handbook for details of your coverage.
Hearing Aids		
– Limited to \$10,000 per hearing aid every 36 months, for each hearing impaired ear		No charge
Home Health Care		
		No charge
Hospice – Outpatient		
		No charge
Hospital – Inpatient Services		
Acute hospital care		No charge
Inpatient maternity care		No charge
Inpatient routine nursery care		No charge
Inpatient rehabilitation		No charge
Skilled nursing facility		No charge
Laboratory, Radiology and Other Diagnostic Services		
Laboratory		No charge
Genetic testing		No charge
Radiology		No charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services		No charge
Other diagnostic services		No charge
Low Protein Foods		
		No charge
Maternity Care - Outpatient		
Routine outpatient prenatal and postpartum care		No charge
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
Medical Formulas		
		No charge

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Benefit		Member Cost Sharing with Plan Providers:
Mental Health and Substance Use Disorder Treatment		
Inpatient services		No charge
Intermediate care services		No charge
Annual mental health wellness examination performed by a licensed mental health professional. Please Note: Your annual mental health wellness examination may also be provided by a PCP as part of your annual routine examination for preventive care.		No charge
Outpatient group therapy		No charge
Outpatient individual therapy		No charge
Outpatient treatment, including outpatient detoxification and medication management		No charge
Outpatient methadone maintenance		No charge
Outpatient psychological testing and neuropsychological assessment		No charge
Outpatient telemedicine virtual visit – group therapy		No charge
Outpatient telemedicine virtual visit services – including individual therapy, detoxification, and medication management		No charge
Nutritional Counseling		
		No charge
Observation Services		
		No charge
Ostomy Supplies		
		No charge
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
Consultations, evaluations, sickness and injury care		No charge
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		No charge
Administration of allergy injections		No charge

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Benefit		Member Cost Sharing with Plan Providers:
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/local26 . You may also get a copy of the Preventive Services Notice by calling the Member Services Department at 1-877-594-7196 . Harvard Pilgrim will add or delete services from this benefit for preventive services and tests in accordance with federal guidance.		
The following additional preventive services, tests and devices: alpha-fetoprotein (AFP), fetal ultrasound, hepatitis C testing, lead level testing, prostate-specific antigen (PSA) screening, routine hemoglobin tests, group B streptococcus (GBS), routine urinalysis, blood pressure monitor, retinopathy screening, and international normalized ratio (INR) testing.		No charge
Prosthetic Devices		
		No charge
Rehabilitation and Habilitation Services - Outpatient		
Cardiac rehabilitation		No charge
Pulmonary rehabilitation therapy		No charge
Speech-language and hearing services		No charge
Occupational therapy		No charge
Physical therapy		No charge
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Colonoscopy, endoscopy and sigmoidoscopy		No charge
Surgery – Outpatient		
		No charge
Telemedicine Virtual Visit Services - Outpatient		
		No charge
For inpatient hospital care, see “Hospital – Inpatient Services” for cost sharing details.		
Travel Reimbursement Benefit		
– Limited to \$5,000 per Calendar Year Additional limits apply. See the Benefit Handbook for details.		No charge
Urgent Care Services		
Please Note: Urgent Care Center Services are covered with Plan Providers. When outside the network Service Area, Urgent Care Services are covered with Non-Plan Providers.		
Doctor On Demand		No charge

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Benefit		Member Cost Sharing with Plan Providers:	
Urgent Care Services (Continued)			
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/local26 .			
Convenience care clinic		No charge	
Urgent care center		No charge	
Hospital urgent care center		No charge	
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefit. For example, if you have an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."			
Vision Services			
Routine eye examinations		Not covered	
Vision hardware for special conditions		No charge	
Voluntary Sterilization in a Physician's Office for Males			
		No charge	
Voluntary Termination of Pregnancy			
		No charge	
Wigs and Scalp Hair Protheses			
– Limited to \$350 per Calendar Year (see the Benefit Handbook for details)		No charge	

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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) ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, 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 मुफ्तमें 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 ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ຄ່າມີພ້ອມໃຫ້ທ່ານ. 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, or sex (including pregnancy, sexual orientation, and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and 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, or sex (including pregnancy, sexual orientation, and 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>.



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