

Schedule of Benefits

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Clinical Review Criteria

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 www.harvardpilgrim.org 1-888-888-4742

Covered Benefits

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General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	
Deductible	
Deductible Rollover	

Out-of-Pocket

Benefit	Member Cost Sharing:
Ambulance Transport	
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Autism Spectrum Disorders Treatment	
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Chemotherapy and Radiation Therapy	
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Dental Services	
Important Notice: t - - - - - , - t - k - - - - - - - - - ,	
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Dialysis	
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Durable Medical Equipment	
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Early Intervention Services	
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Emergency Room Care	
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Hearing Aids	
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Home Health Care	
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Benefit	Member Cost Sharing:
Home Health Care (Continued)	
Home health care services, including supplies, provided by a qualified health care provider in the member's home.	None
Hospice - Outpatient	
Outpatient hospice services, including medications, medical equipment, and transportation.	None
Hospital - Inpatient Services	
Inpatient hospital services, including room and board, nursing, and other services.	None
Semi-private room, including room and board, nursing, and other services.	None
Private room, including room and board, nursing, and other services.	None
Private room with bathroom, including room and board, nursing, and other services.	None
Private room with bathroom and private nurse, including room and board, nursing, and other services.	None
Infertility Services and Treatments (see the Benefit Handbook for details)	
Infertility services, including diagnostic tests, fertility treatments, and procedures.	None
Infertility services, including diagnostic tests, fertility treatments, and procedures.	\$2,000 per cycle
Laboratory, Radiology and Other Diagnostic Services	
Laboratory services, including blood tests, urine tests, and other diagnostic tests.	None
Radiology services, including X-rays, CT scans, and MRI scans.	None
Other diagnostic services, including ultrasound, endoscopy, and colonoscopy.	None
Diagnostic services, including diagnostic tests, fertility treatments, and procedures.	\$0
Diagnostic services, including diagnostic tests, fertility treatments, and procedures.	None
Low Protein Foods	
Low protein foods, including special diets and supplements.	None
Maternity Care - Outpatient	
Outpatient maternity care services, including prenatal care, delivery, and postpartum care.	None
Outpatient maternity care services, including prenatal care, delivery, and postpartum care.	None
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs, including prescription drugs and biologics.	None
Medical drugs, including prescription drugs and biologics.	None
Medical drugs, including prescription drugs and biologics.	None

Benefit	Member Cost Sharing:
Medical Formulas	
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Mental Health and Substance Use Disorder Treatment	
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Benefit	Member Cost Sharing:
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits) (Continued)	
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Preventive Services and Tests	
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<p data-bbox="1128 577 1453 619">www.harvardpilgrim.org</p> <p data-bbox="154 640 381 682">1-888-333-4742</p>	
Prosthetic Devices	
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Rehabilitation and Habilitation Services - Outpatient	
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Scopic Procedures - Outpatient Diagnostic and Therapeutic	
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Spinal Manipulative Therapy (including care by a chiropractor)	
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Surgery - Outpatient	
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Telemedicine Virtual Visit Services - Outpatient	
	\$2 - , k - - - t
Urgent Care Services	
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Important Note:	
<p data-bbox="284 1690 609 1732">www.harvardpilgrim.org</p>	
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Benefit	Member Cost Sharing:
Urgent Care Services (Continued)	
[unclear]	
Vision Services	
[unclear]	\$2 [unclear]
Voluntary Sterilization in a Physician's Office	
[unclear]	
Voluntary Termination of Pregnancy	
[unclear]	[unclear]
Wigs and Scalp Hair Protheses as required by law	
[unclear]	\$30 ([unclear] 20)

Language Assistance Services

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

Português/Portuguese: Se você fala português, os serviços de assistência linguística estão à sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

한국어 (Korean): 한국어를 포함한 언어 서비스는 1-888-333-4742에 전화하여 이용 가능합니다.

888-333-4742 (TTY: 711)

Português/Portuguese: Se você fala português, os serviços de assistência linguística estão à sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

Русский/Russian: Если вы говорите на русском языке, вы можете получить услуги переводчика по телефону 1-888-333-4742 (TTY: 711).

العربية (Arabic)

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Português/Portuguese: Se você fala português, os serviços de assistência linguística estão à sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

français (French): ATTENTION: Si vous parlez français, des services de aide linguistique gratuite sont disponibles. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian): ATTENZIONE: In caso di lingua parlata in italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiama il 1-888-333-4742 (ATS: 711).

한국어 (Korean): 한국어를 포함한 언어 서비스는 1-888-333-4742에 전화하여 이용 가능합니다.

Ελληνικά (Greek): Οι υπηρεσίες γλωσσικής βοήθειας είναι διαθέσιμες στο 1-888-333-4742 (TTY: 711).

Português/Portuguese: Se você fala português, os serviços de assistência linguística estão à sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

आपका भाषा में मदद करने के लिए हमारे सेवाएँ 1-888-333-4742 पर उपलब्ध हैं।

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General Notice About Nondiscrimination and Accessibility Requirements

Harvard Health Care and its affiliates as noted below ("PHC") comply with applicable federal civil rights laws and Harvard Pilgrim



Exclusion
Alternative Treatments
<p>Alternative treatments, including but not limited to:</p> <ul style="list-style-type: none"> Acupuncture Chiropractic Herbal medicine Massage Meditation Yoga
Dental Services
<p>Dental services, including but not limited to:</p> <ul style="list-style-type: none"> Cosmetic dentistry Dentures Implants Orthodontics Prosthetics
Durable Medical Equipment and Prosthetic Devices
<p>Durable medical equipment and prosthetic devices, including but not limited to:</p> <ul style="list-style-type: none"> Wheelchairs Walkers Prosthetic limbs Orthotics Medical beds
Experimental, Unproven or Investigational Services
<p>Experimental, unproven or investigational services, including but not limited to:</p> <ul style="list-style-type: none"> Unapproved medical devices Unapproved pharmaceuticals Unapproved surgical techniques
Foot Care
<p>Foot care services, including but not limited to:</p> <ul style="list-style-type: none"> Podiatry Foot surgery Footwear

Exclusion

Mental Health and Substance Use Disorder Treatment

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Physical Appearance

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Procedures and Treatments

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Exclusion

All Other Exclusions

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