

Important Questions	Answers	Why This Matters
What is the overall <a href="#">deductible</a> ?	Out-of-Network: \$250 member/ \$500 family Benefits are administered on a calendar year basis.	Generally you must pay all the costs up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the policy, they have to meet their own individual <a href="#">deductible</a> until the overall family <a href="#">deductible</a> amount has been met.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes:	

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What is not included in the <a href="#">out of pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, penalties for failure to obtain preauthorization for services and health care this <a href="#">plan</a> doesn't cover	Even though you pay these expenses, they don't count toward the <a href="#">out of pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="https://www.harvardpilgrim.org/public/find-a-provider">https://www.harvardpilgrim.org/public/find-a-provider</a> or call 1-888-333-4742 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">d'Uboig network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays ( <a href="#">balance-billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without permission from this <a href="#">plan</a> .

/ent	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	X-rays: No charge; <a href="#">deductible</a> does not apply Laboratory: No charge; <a href="#">deductible</a> does not apply	X-rays: 20% <a href="#">coinsurance</a> Laboratory: 20% <a href="#">coinsurance</a>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	<a href="#">Emergency room care</a> <a href="#">Emergency medical</a>	\$150 <a href="#">copay</a> /visit; <a href="#">deductible</a>	does not apply	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<a href="#">Skilled nursing care</a>	No charge; <a href="#">deductible</a> does not apply	20% <a href="#">coinsurance</a>	

(See [plan](#) document for other covered services and your costs for these services.)





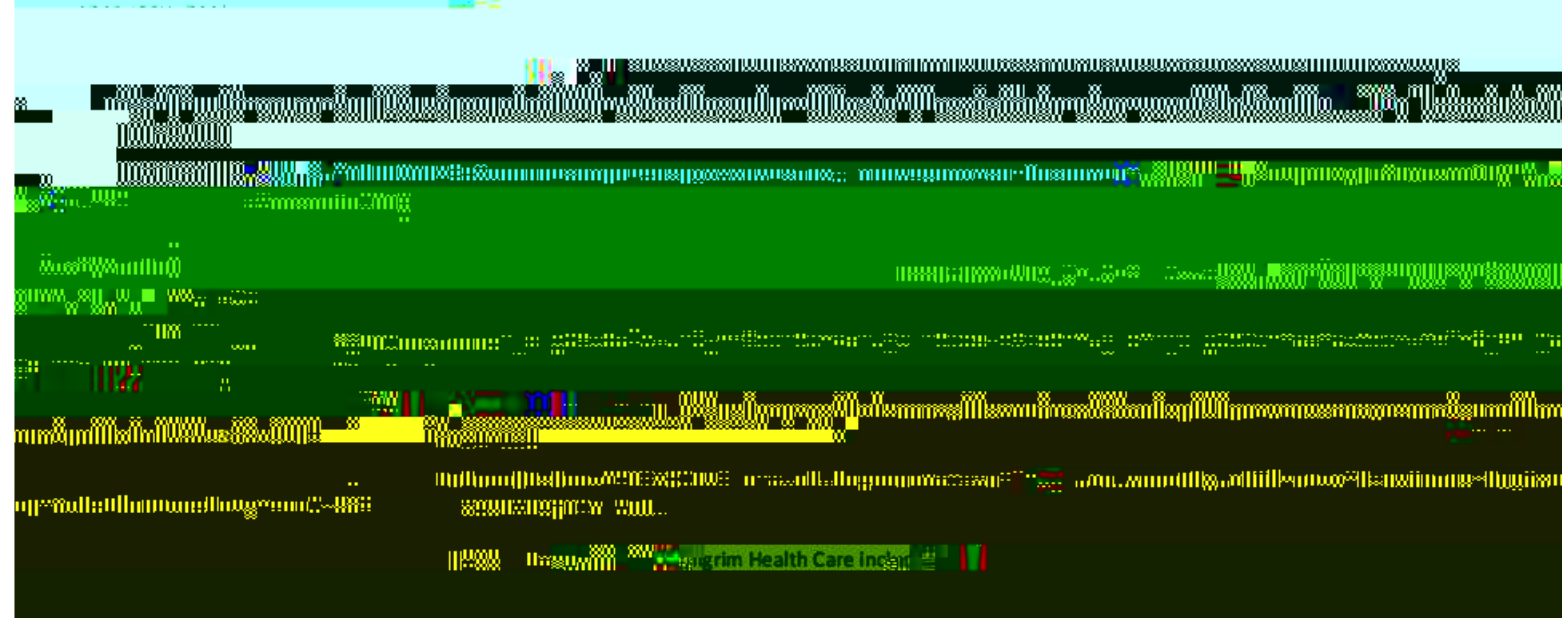
This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the [cost-sharing](#) amounts (

## 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, serviços de assistência lingüística, de forma gratuita, estão a sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

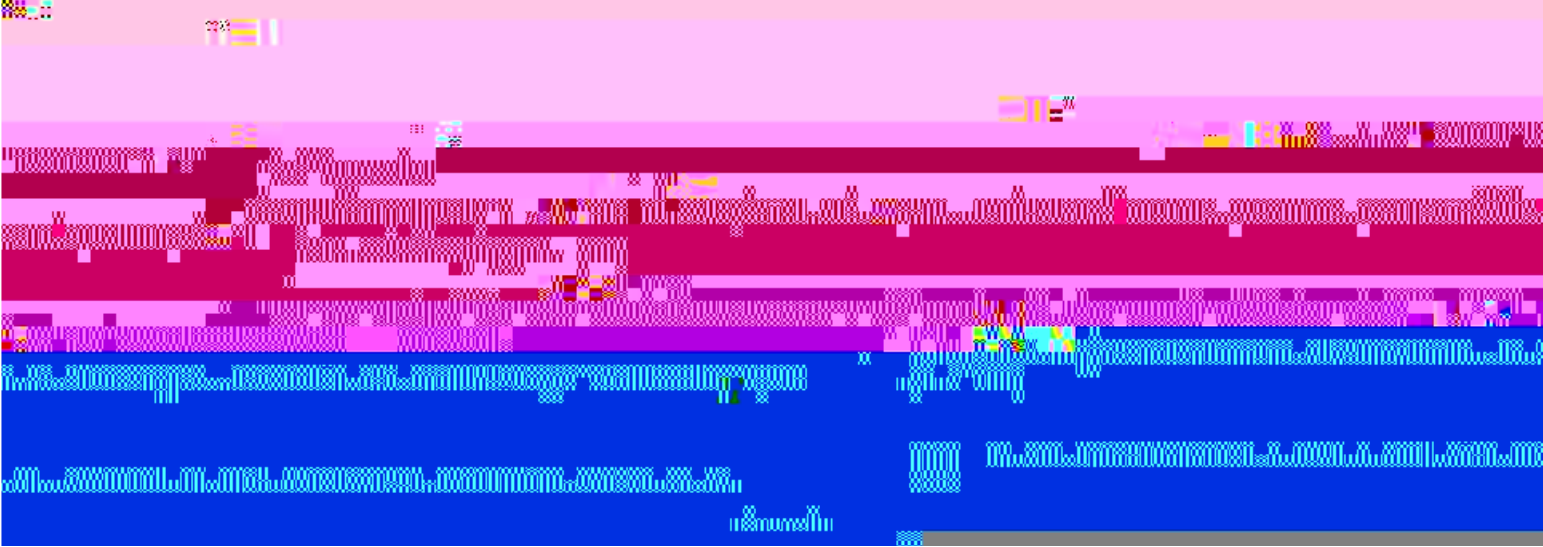
**Kreyòl Ayisyen (French Creole)** ATANSYON: Si ou pral fwe Kreyòl Ayisyen, sèvis asistans lingwistik, de fòm gratis, estàn a ou disponib. Apele 1-888-333-4742 (TTY: 711).





**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.



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