

Schedule of Benefits

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Clinical Review Criteria

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Covered Benefits

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

Benefit	Member Cost Sharing:
Home Health Care (Continued)	
Home health care services, including durable medical equipment, supplies, and services provided by a qualified health care professional in the member's home.	None
Hospice - Outpatient	
Outpatient hospice services, including medical equipment, supplies, and services provided by a qualified health care professional in the member's home.	None
Hospital - Inpatient Services	
Inpatient hospital services, including room and board, nursing care, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing care, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing care, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing care, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing care, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing care, and other services provided in a hospital setting.	None
Infertility Services and Treatments (see the Benefit Handbook for details)	
Infertility services, including diagnostic tests, treatments, and procedures performed by a qualified health care professional.	None
Infertility services, including diagnostic tests, treatments, and procedures performed by a qualified health care professional.	\$2,000 per treatment cycle
Laboratory, Radiology and Other Diagnostic Services	
Laboratory services, including blood tests, urine tests, and other diagnostic tests performed in a laboratory setting.	None
Radiology services, including X-rays, CT scans, and other diagnostic imaging procedures performed in a radiology setting.	None
Other diagnostic services, including physical therapy, occupational therapy, and other diagnostic procedures performed in a diagnostic setting.	None
Diagnostic services, including diagnostic tests, treatments, and procedures performed by a qualified health care professional.	\$0
Diagnostic services, including diagnostic tests, treatments, and procedures performed by a qualified health care professional.	None
Low Protein Foods	
Low protein foods, including special diets and supplements prescribed by a qualified health care professional.	None
Maternity Care - Outpatient	
Outpatient maternity care services, including prenatal care, labor and delivery, and postpartum care.	None
Outpatient maternity care services, including prenatal care, labor and delivery, and postpartum care.	None
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs, including prescription drugs and biologics that cannot be self-administered.	None
Medical drugs, including prescription drugs and biologics that cannot be self-administered.	None
Medical drugs, including prescription drugs and biologics that cannot be self-administered.	None

Benefit	Member Cost Sharing:
Medical Formulas	
	-
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>1-888-333-4742 www.harvardpilgrim.org</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	
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Urgent Care Services	
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Important Note: www.harvardpilgrim.org	
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Benefit	Member Cost Sharing:
Urgent Care Services (Continued)	
[unclear]	[unclear]
Vision Services	
[unclear]	\$2 [unclear]
[unclear]	[unclear]
Voluntary Sterilization in a Physician's Office	
[unclear]	[unclear]
Voluntary Termination of Pregnancy	
[unclear]	[unclear]
Wigs and Scalp Hair Protheses as required by law	
[unclear] \$30 [unclear] ([unclear] 20 [unclear])	[unclear]

Language Assistance Services

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

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

Креки/Креки/Crean **Креки/Креки/Crean:** Если вы говорите на креки, услуги языковой помощи будут доступны для вас. Позвоните по телефону 1-888-333-4742 (TTY: 711).

888-333-4742 (TTY: 711)

Português/Gallego **ATENCIÓN:** Si habla gallego, los servicios de asistencia lingüística estarán a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Русский/Russian **ВНИМАНИЕ:** Если вы говорите на русском языке, услуги языковой помощи будут доступны для вас. Позвоните по телефону 1-888-333-4742 (TTY: 711).

عربي/Arabic

فارسی/Persian **توجه:** اگر شما فارسی می‌گویید، خدمات کمک‌های زبانی در دسترس شماست. با شماره 1-888-333-4742 (TTY: 711) تماس بگیرید.

Français/French **ATTENTION:** Si vous parlez français, les services de aide linguistique sont disponibles. Appelez le 1-888-333-4742 (ATS=47).

Italiano/Italian **ATTENZIONE:** Se parli italiano, i servizi di assistenza linguistica sono disponibili. Chiama il 1-888-333-4742 (TTY: 711).

한국어 (Korean) **한국어 (Korean):** 한국어를 하시는 분께는 언어 지원 서비스가 제공됩니다. 전화 번호는 1-888-333-4742 (TTY: 711)입니다.

Ελληνικά/Greek **Ελληνικά/Greek:** Αν μιλάτε ελληνικά, οι υπηρεσίες γλωσσικής βοήθειας είναι διαθέσιμες για εσάς. Καλέστε το 1-888-333-4742 (TTY: 711).

Հայերեն/Armenian **Հայերեն/Armenian:** Եթե խոսում եք հայերեն, լեզուի օգնությունը կապահովվի Ձեր համար: Կոչվե՛ք 1-888-333-4742 (TTY: 711):

हिन्दी/Hindi **हिन्दी/Hindi:** आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-333-4742 (TTY: 711) पर कॉल करें।

ગુજરાતી/Gujarati **ગુજરાતી/Gujarati:** જો તમે ગુજરાતી બોલો છો, તો ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે. 1-888-333-4742 (TTY: 711) પર કોલ કરો.

मराठी/Marathi **मराठी/Marathi:** मराठी बोलणारे व्यक्तींसाठी भाषा सहायता सेवा उपलब्ध आहे. 1-888-333-4742 (TTY: 711) पर कॉल करें।

தமிழ்/Tamil **தமிழ்/Tamil:** தமிழ் பேசும் மக்களுக்கு மொழி உதவி சேவைகள் கிடைக்கின்றன. 1-888-333-4742 (TTY: 711) ல்லை தொடர்பு கொள்ளுங்கள்.

ਪੰਜਾਬੀ/Punjabi **ਪੰਜਾਬੀ/Punjabi:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। 1-888-333-4742 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

සිංහල/Sinhala **සිංහල/Sinhala:** සිංහලයෙන් කතා කරන්නේ නම්, භාෂා සහාය සේවාවන් ඔබ සඳහා සලසා ඇත. 1-888-333-4742 (TTY: 711) දුරකථන කථන කරන්න.

සිංහල/Sinhala **සිංහල/Sinhala:** සිංහලයෙන් කතා කරන්නේ නම්, භාෂා සහාය සේවාවන් ඔබ සඳහා සලසා ඇත. 1-888-333-4742 (TTY: 711) දුරකථන කථන කරන්න.

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General Notice About Non-Discrimination 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 Yoga Massage therapy Other non-conventional medical practices
Dental Services
<p>Dental services, including but not limited to:</p> <ul style="list-style-type: none"> Cosmetic dentistry Orthodontics Prosthetics Other dental procedures
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 Other medical devices
Experimental, Unproven or Investigational Services
<p>Experimental, unproven or investigational services, including but not limited to:</p> <ul style="list-style-type: none"> Research procedures Unapproved medical treatments Other experimental services
Foot Care
<p>Foot care services, including but not limited to:</p> <ul style="list-style-type: none"> Podiatry Foot surgery Other foot-related treatments

Exclusion

All Other Exclusions

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