

Schedule of Benefits

There are two levels of coverage - In-Network and Out-of-Network

In-Network

Out-of-Network

Prior Approval

www.harvardpilgrim.org **1-888-333-4742**
1-800-708-4414
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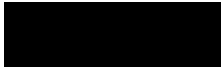
Clinical Review Criteria

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Covered Benefits

General Cost Sharing Features:	In-Network Member Cost Sharing:	Out-of-Network Member Cost Sharing:
Coinsurance and Copayments		
Deductible		
		\$2,000
		\$0
Out-of-Pocket Maximum		
	\$2,000	\$2,000
	\$0	\$0
Out-of-Network Penalty Payment		
	\$0	
Deductible Rollover		

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Acupuncture Treatment for Injury or Illness		
	\$20	20
Ambulance Transport		
Autism Spectrum Disorders Treatment		
	\$20	20
Chemotherapy and Radiation Therapy		
		20
		20



Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Dental Services		
Important Notice:		
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Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Hospice - Outpatient		
	-	20
Hospital - Inpatient Services		
	-	20
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Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
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Benefit

In-Network Plan Providers
Member Cost Sharing

Out-of-Network
Non-Plan

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
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Voluntary Termination of Pregnancy

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General Notice About Non-Discrimination and Accessibility Requirements

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



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Exclusion
Alternative Treatments

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Exclusion

Reproduction
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Exclusion

All Other Exclusions (Continued)

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