

Schedule of Benefits

Placeholder text consisting of various characters and symbols.

Clinical Review Criteria

Placeholder text consisting of various characters and symbols.
www.harvardpilgrim.org 1-888-888-4742

Covered Benefits

Placeholder text consisting of various characters and symbols.

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

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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(Continued on next page)

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
Infertility Services and Treatments (see the Benefit Handbook for details)	
Infertility services, including diagnostic tests, fertility treatments, and procedures performed by a qualified health care professional.	None
Infertility services, including diagnostic tests, fertility 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 services performed in a radiology department.	None
Other diagnostic services, including physical therapy, occupational therapy, and other services performed by a qualified health care professional.	None
Diagnostic services, including diagnostic tests, fertility treatments, and procedures performed by a qualified health care professional.	\$0
Diagnostic services, including diagnostic tests, fertility 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 provided in an outpatient setting.	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 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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<p data-bbox="1128 1081 1323 1123">() - - - - - k - - - - - (2) t - - - - - k - - - t - - -</p>	
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]	[unclear]

Language Assistance Services

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

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

한국어 (Korean) | **한국어** 한국어를 사용하는 고객은 언어 서비스 센터에 전화하여 도움을 받으실 수 있습니다. 전화 번호: 1-888-333-4742 (TTY: 711).

Arabic | **العربية** إذا كنت تتحدث العربية، فخدمات المساعدة اللغوية متاحة لك. اتصل بـ 1-888-333-4742 (TTY: 711).

Русский/Russian | **ВНИМАНИЕ** Если вы говорите на русском языке, вы можете получить бесплатную помощь по телефону 1-888-333-4742 (TTY: 711).

Français/French | **ATTENTION** Si vous parlez français, les services de aide linguistique sont gratuits. Appelez le 1-888-333-4742 (ATS: 411).

Italiano/Italian | **ATTENZIONE** In caso di lingua italiana, il servizio di assistenza linguistica è gratuito. Chiama il 1-888-333-4742 (ATS: 411).

Ελληνικά/Greek | **ΕΛΛΗΝΙΚΑ** Οι υπηρεσίες γλωσσικής βοήθειας είναι δωρεάν. Καλέστε το 1-888-333-4742 (TTY: 711).

Հայերեն/Armenian | **Հայերեն** Եթե քո լեզու հայերեն է, ապա քեզ կարող ես օգնել 1-888-333-4742 (TTY: 711)։

ગુજરાતી/Gujarati | **ગુજરાતી** ગુજરાતી બોલનારાઓને ભાષા સેવાઓ 1-888-333-4742 (TTY: 711) પર મળી શકે છે.

தமிழ்/Tamil | **தமிழ்** தமிழ் பேசும்வர்கள் மொழி சேவைகளை 1-888-333-4742 (TTY: 711) இல் பெறலாம்.

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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 Unproven 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

All Other Exclusions

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