

Getting Started

Medical Health Plan

Prescription Drug Plan

Prescription Home Delivery

Programs & Savings

Behavioral Health

Enrollment Form

Summary of Benefits

Important Information



Harvard Pilgrim
Health Care

Helping you get the most out of your health insurance.

[Learn about your benefits.](#)

Enrollment Materials





Welcome to Harvard Pilgrim!

Health insurance can be complicated. At Harvard Pilgrim, we're here to guide you on understanding your plan, getting the most value from your benefits and finding ways to better health.

This kit contains everything you need to help you understand your benefits and the programs, tools and services available to you as a Harvard Pilgrim member.

Get started with your plan

After you enroll, be sure to:

- 1 Register for your member account at www.harvardpilgrim.org
- 2 Get your electronic ID card
- 3 Confirm that your providers are in your plan's network before your next appointment
- 4 Check to see how your prescriptions are covered

Note: Not all employer-sponsored plans include Harvard Pilgrim prescription drug benefits.

Understand your plan

Review what's inside this kit to learn more about:



Your medical benefits

High-quality coverage for a range of services, including preventive care, office visits, medical emergencies, hospitalization and more.



Prescription drug benefits

Access to a broad range of safe, effective medications.*



Extras that help you make the most of your plan

Tools that help you compare costs for hundreds of medical treatments. Discounts on products and services that help you lead a healthy lifestyle. Personal health coaching and guidance to help you achieve your wellness goals.

All the information you need, all in one place

Your online member account is your go-to place for all your member benefits and information. Access plan benefits, claims status, your personal health information and more at

www.harvardpilgrim.org.

Let Harvard Pilgrim guide you to a happier, healthier place.

*Not all employer-sponsored plans include Harvard Pilgrim prescription drug benefits.





New plan. New benefits. Lots of questions?

Harvard Pilgrim welcomes you as a new member.

We want to make your switch to Harvard Pilgrim as easy as possible. Know that we are here to help and support you every step of the way!

You're switching to a new health plan, and maybe you want to know:



How soon do you get your ID card?



How can you confirm coverage for an upcoming appointment or procedure?



How will your medications will be covered?

Harvard Pilgrim SmartStart will guide you through this change.

Talk to us!



Contact us at SmartStart@harvardpilgrim.org or call (866) 874-0817 for answers to your questions.

We'll be happy to talk with you about your new benefits and put you in touch with clinical experts to discuss your medical concerns.

Get set up online.



Visit www.harvardpilgrim.org to set up your member account.

Use our New Member Welcome Guide to:

- **Verify** your contact information
- **Select** or change primary care providers
- **View** and print your Harvard Pilgrim ID card
- **Answer** a brief health questionnaire (responses will not affect coverage)



HMO

A guide to your medical coverage



Getting care with the HMO plan

With this plan, you will need to receive care from medical professionals and hospitals that participate in Harvard Pilgrim’s provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

Routine and preventive care*

There’s no extra charge for routine annual exams with your PCP and many preventive tests and services. Other tests and services your PCP orders may require cost sharing.

Specialty care

You will need your PCP’s referral before your plan will cover most kinds of specialty care (e.g., dermatology, physical therapy, etc.). Certain types of visits (e.g., routine eye exams and OB-GYN care) do not require referrals.

Behavioral health care**

Your plan covers in-person visits with thousands of participating licensed clinicians; you do not need a referral. Virtual visits via smartphone, tablet or computer are also available.

Hospital care

You will need a referral from your PCP or specialist for any tests, surgery or treatment you receive at a participating hospital, except in a medical emergency. If you are admitted to the hospital from the emergency room, call your PCP to arrange for any follow-up care you may need.

Care when you’re traveling

Your plan covers emergency care if you get sick or injured anywhere in the world.

Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included without referrals on most plans.

Urgent and emergency care

If you have a non-life-threatening illness or injury and your doctor’s office is closed, you have a variety of options for getting care. Of course, if you think you’re having a medical emergency, go to the emergency room or call 911.

Commonly treated conditions

	Virtual visits Real-time virtual visit with providers via smartphone, tablet or computer	Non-life-threatening illnesses and injuries (coughs/ colds, sore/strep throat, nausea/diarrhea, etc.)	\$
	Convenience care/retail clinic Walk-in, convenience care or retail clinics	Minor illnesses and infections (bronchitis, strep throat, ear & eye infections, etc.)	\$\$
	Urgent care center Walk-in clinic for urgent care	Minor illnesses, injuries and infections (burns, bites, colds & flu, sprains & strains, etc.)	\$\$\$
	Emergency room (ER) Part of a hospital that provides immediate treatment for life-threatening illnesses and injuries	Medical emergencies (heart attack, stroke, choking, loss of consciousness, seizures, etc.)	\$\$\$\$

Visit www.harvardpilgrim.org/urgentcareoptions for more information about these options.

*Preventive services that fall under the federal Affordable Care Act.
 **Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.

How the HMO plan works

This plan gives you access to Harvard Pilgrim's full New England network of providers and hospitals.

Features



PCP required



Referrals needed for most specialists



In-network coverage only



Copayments for most office visits

A primary care provider is key to good health

A primary care provider (PCP) is the doctor, nurse practitioner or other qualified medical professional you see for annual check-ups and for treatment when you're sick or injured.

Because this plan requires you to have a PCP, we will assign one to you automatically if we don't have one on file for you or if you don't let us know who it is when you enroll.

You and each of your dependents can choose different PCPs from our network of participating providers.

Your PCP's role

- Provides preventive and routine medical care
- Refers you to participating medical specialists, when needed
- Knows your health history and educates you about healthy lifestyle choices



Two ways to find a PCP:

Find a PCP or see if your current provider is in our network.



Visit

www.harvardpilgrim.org/providerdirectory



Call us:

Already a member:
(888) 333-4742

Not yet a member:
(866) 874-0817

TTY: 711

Once you're a member

Register for your member account at www.harvardpilgrim.org:

- Look up the details of your plan.
- Compare costs for tests and procedures.
- Explore different health topics and ways to be well.
- Check out ways to save with discounts on eyewear, reimbursement for fitness programs and more!



**Harvard Pilgrim
Health Care**

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Need help?

Already a member: **(888) 333-4742**

Not yet a member: **(866) 874-0817**

TTY: **711**

HMO

What you pay for services

Cost sharing is the portion you pay for specific services like office visits, X-rays and prescriptions.* Copayments, deductibles and coinsurance are examples of cost sharing.

Coinsurance: A fixed percentage of costs you pay for covered services. For example, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid your full annual deductible.

Copayment: A flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or pick up prescriptions at the pharmacy.

Deductible: A set amount of money you pay out of your own pocket for certain covered services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments and coinsurance do not count toward your deductible.

Out-of-pocket maximum: A limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, deductibles and coinsurance. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.



*Not all employer-sponsored plans offer Harvard Pilgrim prescription drug benefits.

See the [Schedule of Benefits](#) for more details on your coverage and cost-sharing amounts.



HMO



What your HMO plan covers

Here's how your plan covers some common services.

No cost sharing—Routine & preventive care*

- Annual checkup with your PCP
- Preventive screenings and tests
- Immunizations, including flu shots
- Routine pre-natal and post-partum visits

Cost sharing may apply—PCP and specialist visits, diagnostic tests & services, hospital services

- Visits to your provider when you're sick or injured
- Diagnostic screenings and tests outside of preventive care
- X-rays, CT scans and MRIs
- Inpatient and outpatient hospital care
- Emergency room visits

*Preventive services that fall under the federal Affordable Care Act.

See the [Schedule of Benefits](#) for more details on your coverage and cost-sharing amounts.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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Harvard Pilgrim
Health Care

Your guide to prescription drug coverage

Premium 3-Tier



FORM NO: NH_CC7782_0919

Our 3-tier prescription drug plan helps you get the most from your coverage.



Fact: Generic and brand-name drugs contain the same active ingredients.

All covered medications fall into one of three tiers.



TIER 1

Generic drugs and selected brand-name drugs



TIER 2

Brand-name drugs without generic equivalents and some high-cost generic drugs



TIER 3

Drugs not in Tier 1 or Tier 2



Which tier is my drug in?

For the most up-to-date information, visit www.harvardpilgrim.org/rx. Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

Do drugs ever change tiers?

The short answer—sometimes. The prescription drug market is rapidly changing with drug costs constantly rising. When drugs do change tiers, it usually happens in January of each year. We'll let you know in the fall about any upcoming changes to our prescription drug program.

Your drug coverage

What drugs are covered?

- Most generic drugs
- Brand-name drugs without generic equivalents
- Some non-prescription items

What drugs aren't covered?

- Brand-name drugs with generic equivalents
- Cosmetic drugs
- Some brand-name and higher-cost generic drugs

Are there limitations on certain drugs?

Yes, we may limit the quantity of some drugs we cover. For example, you may be able to receive only a certain number of pills or doses.

Do some drugs require prior authorization?

Yes, certain drugs do require prior authorization. This process helps us ensure that you are using the most effective and safe medications for your health conditions. Your prescriber must request prior authorization on your behalf.

What is step therapy?

Step therapy is a process that requires you to first try one drug for a medical condition before we cover another drug for that condition.

For example, if Drug A and Drug B both treat the same medical condition, we may require you to try Drug A first. If Drug A does not work, then we will cover Drug B. If you did not try Drug A first, then prior authorization would be required for Drug B.

Can I request an exception?

Yes. If you need a drug that we either don't cover or limit, you or your provider can ask us for an exception. For details, visit harvardpilgrim.org/rx. Choose the year and then “Premium 3-Tier” for information on exceptions.

How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy. Visit harvardpilgrim.org/rx. Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

Filling your prescriptions

Where can I get my prescriptions filled?

You can get your prescriptions filled at any of 65,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your local pharmacy is in the network, visit www.harvardpilgrim.org/rx. Choose the year and then "Premium 3-Tier" to find participating pharmacies.

Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program. To learn more about these options, visit harvardpilgrim.org/rx. Choose the year and then "Premium 3-Tier" for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program or at retail pharmacies in Maine.

What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit www.harvardpilgrim.org/rx for information on our specialty pharmacy program. Choose the year and then "Premium 3-Tier" for details.



Questions?

If you have questions about your prescription drugs, please speak with your doctor.

To learn more about Harvard Pilgrim's pharmacy program:



Visit www.harvardpilgrim.org/rx



Call

Already a member? (888) 333-4742

Not yet a member? (800) 848-9995

TTY: 711

What do I pay for my medications?

Depending on your plan, your payments—also called “cost sharing”—may include a combination of copayments, coinsurance and a deductible. Refer to the Prescription Drug Coverage insert or Schedule of Benefits to find out what you will pay when you pick up prescriptions at the pharmacy.

Copayment – A fixed dollar amount you pay for a prescription. Your copayment is typically different for each tier. Each copayment covers an individual prescription up to a 30-day supply or one refill.

Coinsurance – A fixed percentage of costs that you pay for medication. Each tier may have a different cost percentage. Your coinsurance charge will be calculated using the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

Deductible – Depending on your plan, a set amount of money you pay out of your own pocket for medical services and/or prescriptions. If your prescriptions fall under a deductible, you will pay the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

Out-of-pocket maximum – A limit on the total amount you pay for a year in copayments, coinsurance and deductibles. Your plan may include an out-of-pocket maximum for prescription drugs. Find out in the Prescription Drug Coverage insert or Schedule of Benefits.





Welcome to OptumRx home delivery



Once your coverage begins:

Where can I fill my prescriptions?



OptumRx home delivery

Order a 90-day supply of the medication you take regularly for less, depending on your plan. There's no charge for standard shipping to U.S. addresses.



Set up home delivery online, with the app or by calling OptumRx.

Please have the following items ready:

- Your doctor's contact information
- Names and strength of current medications
- Payment information

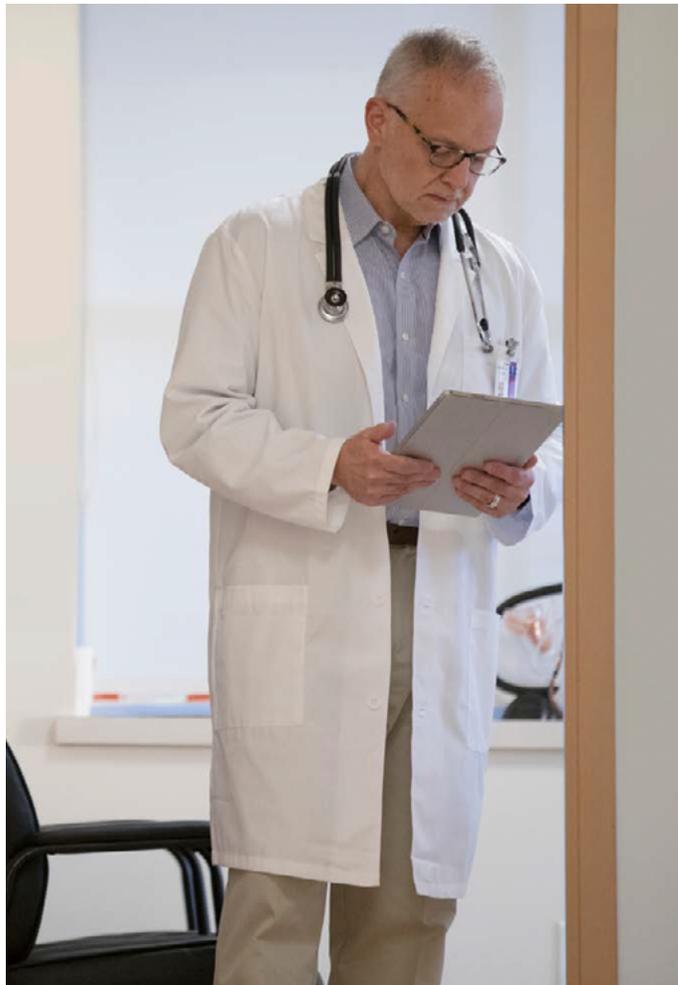


Network retail pharmacies

Show your member ID card at any OptumRx network retail pharmacy. Visit www.harvardpilgrim.org/rx, call Member Services or use the app to find network pharmacies.

About OptumRx home delivery

OptumRx® home delivery is Harvard Pilgrim's mail order pharmacy partner. Our pharmacy care experts are committed to providing safe, easy and cost-effective ways to help you get the medication you need.



Things to do before your coverage begins

- 1 Set up your **www.harvardpilgrim.org** member account. Once logged in, click “Check drug coverage and costs” to get started with OptumRx home delivery.
- 2 Let your doctor know that OptumRx home delivery is your new mail order pharmacy, and check to see if you have refills remaining on your prescriptions.
- 3 If you are currently using another home delivery service, make sure you have at least a 1-month supply of medication on hand during the transition.

Things to do after your coverage begins

- 1 Log in to your **www.harvardpilgrim.org** member account. Click “Check drug coverage & costs” to get started with OptumRx home delivery.
 - 2 Review your formulary
 - Find out if you need to take action before filling your first prescription.
 - Check for lower-cost options.
 - 3 Fill your prescriptions
 - Have your member ID card ready.
 - Use home delivery for maintenance medications, refill reminders and more.
-

Helpful tips

Know your plan

Your plan may require one or more of the following before you can fill your prescription:

Prior authorization:

Your plan's approval to get a medication

Step therapy:

Trying one or more lower-cost medications before another

Quantity limits:

Getting a certain amount of each prescription

Talk to your doctor

When you talk with your doctor, use our app to confirm coverage and costs. You can also talk about what you need to do to get your medication.

Save money on medication

Your formulary is a list of covered medications. The list is broken into sections called tiers (or cost level you pay).

- Choosing medications in lower tiers may save you money.
 - Generic medications usually have lower cost sharing than brand-name medications. Ask your doctor if a generic is right for you.
-

Questions?

Once your coverage begins



Log in to your www.harvardpilgrim.org member account.



Open the OptumRx app.



Call **(855) 258-1561**. For TTY service, call **711**.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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Fill your prescriptions with home delivery.

How it works

- 1 Order a 3-month supply** of your maintenance medications — ones you take regularly.
- 2 OptumRx® home delivery fills your order**, mails it to you and lets you know when to expect your delivery.
- 3 Your medication arrives** within 4 to 7 days of placing the order. OptumRx home delivery will notify you if there will be a delay in your order.

Four easy ways to enroll:

- ePrescribe** Your doctor can send an electronic prescription to OptumRx home delivery.
- Online** Log in to your member account at www.harvardpilgrim.org. Click "Check drug coverage & costs" to go to an OptumRx page where you can set up your mail order account.
- Phone** Call **(855) 258-1561**. For TTY service, call **711**.
- Mail** Complete the attached order form and mail it to **OptumRx, P.O. Box 2975, Mission, KS 66201**.

The benefits of home delivery

 Your medication is delivered right to your mailbox, saving you a trip to the pharmacy.

 Your maintenance medication could cost less.

 Pay nothing for standard shipping.

 Phone, text* and email reminders help you remember every dose and every refill.

Manage your medication home delivery on the go.

Starting January 1, 2020, order and track your prescriptions online at www.harvardpilgrim.org/rx or download and open the OptumRx app.

* OptumRx home delivery provides this service at no additional cost. Standard message and data rates charged by your carrier may apply.

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OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at optum.com.

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FORM NO: NH_CC9265_1019



NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number		
(Additional coverage, if applicable) Secondary Member ID Number		
Last Name	First Name	MI
Delivery Address		Apt. #
City	State	ZIP
Phone Number with Area Code		
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F	Email
Physician Name		
Physician Phone Number with Area Code		

2 Health history

Medication Allergies: Aspirin Erythromycin Quinolones Others:
 None known Cephalosporins NSAIDs Sulfa
 Amoxil/Ampicillin Codeine Penicillin Tetracyclines

Health Conditions: Asthma Glaucoma High cholesterol Others:
 None known Cancer Heart condition Osteoporosis
 Arthritis Diabetes High blood pressure Thyroid Disease

Over-the-counter/herbal medications taken regularly:

3 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to optumrx.com to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

Ship overnight. Add \$12.50 to order amount (subject to change).

Check enclosed. All checks must be signed and made payable to: OptumRx.

Charge to my credit card on file.

Charge to my NEW credit card.

New Credit Card Number:

Expiration Date (Month/Year):

Signature: _____ Date: _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, I authorize OptumRx to maintain my credit card on file as payment method for any future charges. To modify payment selection, contact customer service at any time.

4 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.



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Harvard Pilgrim
Health Care

“I love that my plan comes with lots of extras that deliver more value and savings.”

Programs to help you be well and save money.



The individual shown is representative only. The comment is a composite of sentiments often expressed by our members.

FORM NO: NH_CC7973_0420

Once you're a member, register for your member account at www.harvardpilgrim.org to learn more about these and other programs that bring you value.

Be well



Improve your well-being

Whether you're seeking support for healthy eating, fitness, finances or stress management, our Living WellSM Everyday program is packed with tools that let you define your own vision of a healthier you.

Visit www.harvardpilgrim.org/livingwelleveryday

Learn more about managing a health condition

Our nurse care managers are available to help you manage your condition, support your care and improve your quality of life.

Visit www.harvardpilgrim.org/nursecare

Coaching you to better health

A Harvard Pilgrim lifestyle management coach can support, educate and motivate you on your way to better health. This service comes at no additional cost and is available to any member age 18 and older.

Visit www.harvardpilgrim.org/healthcoach

Manage stress, increase focus and stay healthy

Explore the basic practices of mindfulness through instructional videos and guided meditation through our *Mind the Moment* program.

Visit www.harvardpilgrim.org/mindthemoment

Save money



Stay healthy and save with discounts on products and services

Harvard Pilgrim members can save on a wide range of products and services to help stay healthy and active, including vision, fitness, healthy eating and much more.*

Visit www.harvardpilgrim.org/savings

Save on tests and procedures – and earn cash rewards

Find care at a lower-cost facility for elective outpatient medical procedures and diagnostic tests using Reduce My Costs and you'll receive a cash reward for using the facility.

Visit www.harvardpilgrim.org/reducecosts

Estimate your health care expenses and compare provider costs

Get an estimate of your out-of-pocket costs before you receive care. Search for hundreds of services and procedures and compare costs for multiple providers.

Visit www.harvardpilgrim.org/estimatecosts

*The savings programs featured in this flyer are not insurance products. Rather, they are discounts for programs and services designed to help keep members healthy and active. All programs subject to change without advance notice.

Visit www.harvardpilgrim.org

Prospective members: **(866) 874-0817**

Current members: **(888) 333-4742**

TTY: **711**

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



"Accessing behavioral health care is easy with Harvard Pilgrim."

Whether you're currently in treatment and/or looking for more support, your Harvard Pilgrim plan gives you lots of options.

Once your Harvard Pilgrim membership is active, you have access to a vast network* of behavioral health providers in all 50 states through our partner, United Behavioral Health (UBH).

These providers evaluate and treat general mental health conditions, such as depression and anxiety. This includes therapy — both in-person and "virtual" — and prescribing medication when appropriate and in accordance with regulatory requirements.

Read on for more. ►

* Please check your Schedule of Benefits for providers available through your plan.

The individual shown is representative only. The comment is a composite of sentiments often expressed by our members.

FORM NO: NH_CC12008_0720

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Getting started: accessing behavioral health providers

Log in to www.harvardpilgrim.org, click “**Find a provider**” at the top of the page and select “**Behavioral Health**.” Here you can also filter for “**Virtual Visits**” if that’s your preference for care.

If your membership is active...

you can find a provider online whenever you’re ready.

Not sure if your membership is active?

Review these steps to check and be sure you’re all set.

- 1 **No Harvard Pilgrim ID #?**
Call Harvard Pilgrim’s SmartStart team at **(866) 874-0817** for assistance.
- 2 **Got your ID # and just need to set up your online account?**
It’s easy. At www.harvardpilgrim.org, follow the simple steps after the “**Member Login**” prompt.



Transition of care benefits: continuing care with a non-participating provider

Once you become an active member of Harvard Pilgrim you may request authorization to continue care with a non-participating provider for a transitional period. Please be aware that authorization must be requested within 30 days of your enrollment effective date. To learn more about your transition of care benefits, please call our Behavioral Health Access Center at **(888) 777-4742**. Licensed care advocates are available to answer your questions and assist you.

If you are not yet active with Harvard Pilgrim, you can still call the Behavioral Health Access Center to check whether or not your current provider is in our network.



Virtual Visits: get care using your smartphone, tablet or computer

Did you know that Harvard Pilgrim’s got you covered for routine behavioral health “virtual” care? Even better, the convenience doesn’t cost you more. Find a virtual care provider at www.harvardpilgrim.org.

Another virtual option — for both routine or occasional behavioral health support — is Doctor on Demand. Get details and set up an account at www.doctorondemand.com.

These services are a convenient option for routine care and not meant for emergencies.



24/7 support

For non-emergent, routine behavioral health treatment issues, please contact your behavioral health provider. If you have more urgent questions about finding treatment or a behavioral health provider, please call the Behavioral Health Access Center at **(888) 777-4742**. Licensed care advocates answer calls around the clock, seven days a week.

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.

Get extra support with the Sanvello mobile app



Through our partnership with United Behavioral Health you also have access to the Sanvello mobile app, another resource to help you dial down the symptoms of stress, anxiety and depression — anywhere, anytime. Use the app to track your daily mood, learn coping tools, experience guided journeys, and so much more.

Once downloaded, enter your Harvard Pilgrim ID for complimentary access to the premium version.

You can also access the app at www.liveandworkwell.com. To browse as a guest, use access code: **HPHC**.

Note: Cost-sharing amounts may vary depending on your plan. As always, be sure to review your Schedule of Benefits for complete details about your benefits and coverage.

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To enroll, please use the fillable, printable PDF file titled "HPHC_enrollment_form.pdf" included with this digital kit.

Clear Form



REASONS FOR SUBMISSION (PLEASE CHECK ONE)
 NEW ENROLLMENT/CONTRACT
 CHANGE TO CONTRACT
 TERMINATE CONTRACT

REASON FOR CHANGES (CHECK ALL THAT APPLY)
 CHANGE COVERAGE TYPE ADD DEPENDENT LISTED TERMINATE DEPENDENT LISTED TRANSFER/RE-ENROLL TO COBRA
 OTHER:

EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)
 EMPLOYER/GROUP NAME: ABC Company GROUP POSITION: DATE OF HIRE: 4/16/20 EFFECTIVE DATE OF COVERAGE: 4/16/20

SUBSCRIBER INFORMATION
 PRODUCT: HMO PPO ACCESS AMERICA PLAN NAME: HMO Value Plan
 SUBSCRIBER FIRST NAME: John LAST NAME: Doe DOB: 1/1/1971 GENDER: M F
 SSN: 123-45-6789 HOME PHONE: (617) 111-1111 WORK PHONE: CELL PHONE: EMAIL: johndoe@email.com
 STREET ADDRESS (INDICATE MAILING ADDRESS): CITY: STATE: ZIP: POP IC #:

SPOUSE INFORMATION
 SPOUSE FIRST NAME: LAST NAME: DOB: GENDER: M F
 MAILING ADDRESS (IF DIFFERENT): CITY: STATE: ZIP: POP IC #:
 POP FULL NAME: POP TOWN: CURRENT PATIENT? YES NO POP IC #:

DEPENDENT INFORMATION
 DEPENDENT FIRST NAME: LAST NAME: DOB: GENDER: M F RELATION CODE:
 MAILING ADDRESS (IF DIFFERENT): CITY: STATE: ZIP: POP IC #:
 POP FULL NAME: POP TOWN: CURRENT PATIENT? YES NO POP IC #:

DEPENDENT INFORMATION
 DEPENDENT FIRST NAME: LAST NAME: DOB: GENDER: M F RELATION CODE:
 MAILING ADDRESS (IF DIFFERENT): CITY: STATE: ZIP: POP IC #:
 POP FULL NAME: POP TOWN: CURRENT PATIENT? YES NO POP IC #:

DEPENDENT INFORMATION
 DEPENDENT FIRST NAME: LAST NAME: DOB: GENDER: M F RELATION CODE:
 MAILING ADDRESS (IF DIFFERENT): CITY: STATE: ZIP: POP IC #:
 POP FULL NAME: POP TOWN: CURRENT PATIENT? YES NO POP IC #:

OTHER INSURANCE - IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.
 ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR HPHC POLICY IS IN EFFECT? YES, PLEASE COMPLETE NO
 NAME OF HEALTH PLAN: EFFECTIVE DATE: MEMBER ID NUMBER:

MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM HEALTHCARE. ACCEPTANCE OF THIS PLAN WILL BE EXTENDED BY YOUR EMPLOYER'S COVERAGE DECISION. UNDERSTAND THAT HARVARD PILGRIM HEALTHCARE MAY OBTAIN MEDICAL AND FINANCIAL INFORMATION TO DETERMINE THE PLAN. FOR AN EXPLANATION OF HOW WE MAY USE OR DISCLOSE YOUR INFORMATION, PLEASE READ OUR NOTICE OF PRIVACY PRACTICES. PLEASE READ OUR NOTICE OF PRIVACY PRACTICES. YOU UNDERSTAND THAT YOUR SIGNATURE INCLUDES A SUBROGATION PROVISION THAT PERMITS SUBROGATION PAYMENTS TO US ON A JUST AND EQUABLE BASIS. IF A CLAIM TO KNOWINGLY PROVIDE FALSE, MISLEADING OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF OBTAINING THE COVERAGE, PENALTIES MAY INCLUDE AMENDMENT, FINE OR DENIAL OF INSURANCE BENEFITS.

EMPLOYEE SIGNATURE: DATE: EMPLOYER SIGNATURE: DATE:

Standard Form 00117

ID: MD0000017960_A2

Schedule of Benefits

BEST BUY HMO 250 MASSACHUSETTS

This Schedule of Benefits states any Benefit Limits and the Member Cost Sharing amounts you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for details. Your Member Cost Sharing may include a Deductible, Coinsurance, and Copayments. Please see the tables below for details.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the tables below.

Clinical Review Criteria

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member's care. Members or their practitioners may obtain a copy of our clinical review criteria on our website at www.harvardpilgrim.org or by calling 1-888-888-4742 ext. 38723.

Copayment Levels

There are two types of office visit Copayments that apply to your Plan: a lower Copayment, known as "Level 1," and a higher Copayment known as "Level 2".

Level 1 applies to covered outpatient professional services from the following types of providers: all Primary Care Providers (PCPs); obstetricians and gynecologists; Licensed Mental Health Professionals; certified nurse midwives; and nurse practitioners who bill independently.

Level 2 applies to most outpatient specialty care.

If a provider is categorized as both a Level 1 provider and a Level 2 provider, Level 1 applies. For example, if a provider is both a PCP and a cardiologist, you will be responsible for a Level 1 Copayment.

Your Plan may have other Copayment amounts. Please see the benefit table below for specific Copayment requirements.

Covered Benefits

Your Covered Benefits are administered on a Plan Year basis. Your Plan Year begins on your Employer's Anniversary Date. Please see your Benefit Handbook for more details. If you do not know your Employer's Anniversary Date, please contact your Employer's benefits office or call the Member Services Department at 1-888-333-4742. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a doctor's office, see "Physician and Other Professional Office Visits." For services provided in a hospital emergency room, see "Emergency Room Care," and for outpatient surgical procedures, please see "Surgery - Outpatient."

General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	See the benefits table below

EFFECTIVE DATE: 01/01/2018

BEST BUY HMO 250 - MASSACHUSETTS

General Cost Sharing Features:		Member Cost Sharing:
Deductible		
Applies to all services except where specifically noted below		\$250 per Member per Plan Year \$750 per family per Plan Year
Deductible Rollover		
		None
Out-of-Pocket Maximum		
Includes all Member Cost Sharing except Member Cost Sharing for prescription drugs, which has a separate Out-of-Pocket Maximum		\$2,000 per Member per Plan Year \$4,000 per family per Plan Year

Benefit	Member Cost Sharing:
Acupuncture Treatment for Injury or Illness	
	Not covered
Ambulance Transport	
Emergency ambulance transport	Deductible, then no charge
Non-emergency ambulance transport	Deductible, then no charge
Autism Spectrum Disorders Treatment	
Applied behavior analysis	Level 1: \$20 Copayment per visit
Chemotherapy and Radiation Therapy	
	Deductible, then no charge
Dental Services	
Important Notice: Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.	
Extraction of teeth impacted in bone (performed in a physician's office)	Deductible, then no charge
Pediatric Dental Care for children (up to the age of 14) – limited to 2 preventive dental exams per Plan Year, only the following services are included: cleaning, fluoride treatment, teaching plaque control and x-rays.	No charge
Dialysis	
	Deductible, then no charge
Installation of home equipment is covered up to \$300 in a Member's lifetime.	Deductible, then no charge
Durable Medical Equipment	
Durable medical equipment	Deductible, then 20% Coinsurance in equipment cost to HPHC, not to exceed a Member's total expense of \$1,000
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge
Oxygen and respiratory equipment	No charge
Early Intervention Services	
	Level 1: \$20 Copayment per visit

BEST BUY HMO 250 - MASSACHUSETTS

Benefit		Member Cost Sharing:
Early Intervention Services (Continued)		
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.		
Emergency Room Care		
		Deductible, then \$75 Copayment per visit
This Copayment is waived if admitted to the hospital directly from the emergency room.		
Hearing Aids (for Members up to the age of 22)		
- Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear		No charge
Home Health Care		
		Deductible, then no charge
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.		
Hospice – Outpatient		
		Deductible, then no charge
Hospital – Inpatient Services		
Acute hospital care		Deductible, then \$100 Copayment per admission per quarter
Inpatient maternity care		Deductible, then \$100 Copayment per admission per quarter
Inpatient routine nursery care		No charge
Inpatient rehabilitation – limited to 100 days per Plan Year		Deductible, then \$100 Copayment per admission per quarter
Skilled nursing facility – limited to 100 days per Plan Year		Deductible, then \$100 Copayment per admission per quarter
Hypodermic Syringes and Needles		
		Subject to the applicable pharmacy Member Cost Sharing listed on your outpatient prescription drug flyer and Summary of Benefits and Coverage If your Plan does not include coverage for outpatient prescription drugs, then coverage is subject to the lower of the pharmacy's retail price or a Copayment of \$5 for Tier 1 drugs or supplies, \$10 for Tier 2 drugs or supplies and \$25 for Tier 3 drugs or supplies. All Copayments are based on a 30 day supply.
For information on the drug tiers, log into your secure online account at www.harvardpilgrim.org or contact the Member Services Department at 1-888-333-4742 .		
Infertility Services and Treatments (see the Benefit Handbook for details)		
The Plan covers the following diagnostic services for infertility: – Consultation – Evaluation – Laboratory tests		Your Member Cost Sharing will depend upon where the service is provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits."
Infertility treatment (see the Benefit Handbook for details)		Deductible, then no charge

BEST BUY HMO 250 - MASSACHUSETTS

Benefit	Member Cost Sharing:
Laboratory and Radiology Services	
Laboratory	Deductible, then no charge
Genetic testing	Deductible, then no charge
X-rays	Deductible, then no charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Deductible, then no charge
Low Protein Foods	
– Limited to \$5,000 per Plan Year	Deductible, then no charge
Maternity Care - Outpatient	
Routine outpatient prenatal and postpartum care	No charge The Deductible does not apply to prenatal and postpartum care provided in a physician's office. All other care is covered as stated in this Schedule of Benefits.
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under "Physician and Other Professional Office Visits" and Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under "Laboratory and Radiology Services."	
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs received in a doctor's office or other outpatient facility	Deductible, then no charge
Medical drugs received in the home	Deductible, then no charge
Some medical drugs received in a physician's office or outpatient facility may be provided by the Specialty Pharmacy Program under your outpatient prescription drug benefit. If you have outpatient prescription drug coverage, your Member Cost Sharing will be listed on your outpatient prescription drug flyer and Summary of Benefits and Coverage. Please see the Prescription Drug Brochure for a detailed explanation of your benefits.	
Medical Formulas	
	Deductible, then no charge
Mental Health Care (Including the Treatment of Substance Use Disorders)	
Inpatient services	Deductible, then no charge
Intermediate services – Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization – Intensive outpatient programs, partial hospitalization and day treatment programs	Deductible, then no charge
Outpatient group therapy	\$10 Copayment per visit
Outpatient treatment, including individual therapy, outpatient detoxification and medication management	Level 1: \$20 Copayment per visit
Outpatient methadone maintenance	Level 1: \$20 Copayment per week
Outpatient psychological testing and neuropsychological assessment	Deductible, then no charge

BEST BUY HMO 250 - MASSACHUSETTS

Benefit	Member Cost Sharing:
Ostomy Supplies	
	Deductible, then 20% Coinsurance in equipment cost to HPHC, not to exceed a Member's total expense of \$1,000
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits)	
Routine examinations for preventive care, including immunizations	No charge
Not all services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services Notice on our website at www.harvardpilgrim.org . Please see "Laboratory and Radiology Services" for the Member Cost Sharing that applies to diagnostic services not included on this list.	
Consultations, evaluations, sickness and injury care	Level 1: \$20 Copayment per visit Level 2: \$30 Copayment per visit
Copayment level varies depending on the type of provider. Please refer to the beginning of this Schedule of Benefits to determine which Copayment level applies.	
Office based treatments and procedures, including, but not limited to administration of injections, allergy treatments, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, pregnancy testing, and surgical procedures	Deductible, then no charge
Administration of allergy injections	Deductible, then no charge
Preventive Services and Tests	
	No charge
Under federal law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women, and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services Notice on our website at www.harvardpilgrim.org . You may also get a copy of the Preventive Services Notice by calling the Member Services Department at 1-888-333-4742 . Harvard Pilgrim will add or delete services from this benefit for preventive services and tests in accordance with Federal guidance.	
The following additional preventive services and tests: alpha-fetoprotein (AFP), fetal ultrasound, hepatitis C testing, lead level testing, prostate-specific antigen (PSA) screening, routine hemoglobin tests, group B streptococcus (GBS), and routine urinalysis	No charge
Prosthetic Devices	
	Deductible, then 20% Coinsurance in equipment cost to HPHC, not to exceed a Member's total expense of \$1,000
Rehabilitation and Habilitation Services - Outpatient	
Cardiac rehabilitation	Deductible, then no charge

(Continued on next page)

BEST BUY HMO 250 - MASSACHUSETTS

Benefit	Member Cost Sharing:
Rehabilitation and Habilitation Services - Outpatient (Continued)	
Pulmonary rehabilitation therapy	Deductible, then no charge
Speech-language and hearing services	Level 1: \$20 Copayment per visit
Occupational therapy – limited to 30 visits per Plan Year Physical therapy – limited to 30 visits per Plan Year	Level 1: \$20 Copayment per visit
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children under the age of three and (2) the treatment of Autism Spectrum Disorders.	
Scopic Procedures - Outpatient Diagnostic and Therapeutic	
Colonoscopy, endoscopy and sigmoidoscopy	Deductible, then \$100 Copayment per Plan Year
Spinal Manipulative Therapy (including care by a chiropractor)	
	Not covered
Surgery – Outpatient	
	Deductible, then \$100 Copayment per Plan Year
Telemedicine	
Outpatient and inpatient telemedicine services	Your Member Cost Sharing will depend upon the types of services provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see “Physician and Other Professional Office Visits.” For inpatient hospital care, see “Hospital - Inpatient Services.”
Urgent Care Services	
Convenience care clinic	Level 1: \$20 Copayment per visit
Urgent care clinic (including hospital urgent care clinic)	\$20 Copayment per visit
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you have an x-ray or have blood drawn, please refer to “Laboratory and Radiology Services.”	
Vision Services	
Routine eye examinations – limited to 1 exam per Plan Year	Level 1: \$20 Copayment per visit
Vision hardware for special conditions	Deductible, then no charge
Voluntary Sterilization in a Physician’s Office	
	Deductible, then no charge
Voluntary Termination of Pregnancy	
	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see “Surgery – Outpatient.” For services provided in a physician’s office, see “Office based treatments and procedures.” For inpatient hospital care, see “Hospital – Inpatient Services.”
Wigs and Scalp Hair Protheses as required by law	
– Limited to \$350 per Plan Year (see the Benefit Handbook for details)	Deductible, then 20% Coinsurance in equipment cost to HPHC, not to exceed a Member’s total expense of \$1,000

BEST BUY HMO 250 - MASSACHUSETTS

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, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)
 انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1-888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) សេវាជំនួយភាសាខ្មែរ: យើងមានសេវាកម្មបកប្រែសេវាភាសាខ្មែរដោយឥតគិតថ្លៃ។ ជូនសេវា 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 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. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດລາວ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

 Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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BEST BUY HMO 250 - MASSACHUSETTS

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 (800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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MASSACHUSETTS HMO General List of Exclusions

The following list identifies services that are generally excluded from Harvard Pilgrim HMO Plans. Additional services may be excluded related to access or product design. For a complete list of exclusions please refer to the specific plan's Benefit Handbook.

Exclusion	Description
Alternative Treatments	
	<ol style="list-style-type: none"> 1. Acupuncture care, except when specifically listed as a Covered Benefit. 2. Acupuncture services that are outside the scope of standard acupuncture care. 3. Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments. 4. Aromatherapy, treatment with crystals and alternative medicine. 5. Any of the following types of programs: Health resorts, spas, recreational programs, camps, wilderness programs (therapeutic outdoor programs), outdoor skills programs, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, including any services provided in conjunction with, or as part of such types of programs and wellness clinics. 6. Massage therapy. 7. Myotherapy.
Dental Services	
	<ol style="list-style-type: none"> 1. Dental Care, except when specifically listed as a Covered Benefit. 2. All services of a dentist for Temporomandibular Joint Dysfunction (TMD). 3. Extraction of teeth, except when specifically listed as a Covered Benefit. 4. Pediatric dental care, except when specifically listed as a Covered Benefit.
Durable Medical Equipment and Prosthetic Devices	
	<ol style="list-style-type: none"> 1. Any devices or special equipment needed for sports or occupational purposes. 2. Any home adaptations, including, but not limited to home improvements and home adaptation equipment. 3. Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services. 4. Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.
Experimental, Unproven or Investigational Services	
	<ol style="list-style-type: none"> 1. Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.

Exclusion	Description
Foot Care	<ol style="list-style-type: none"> 1. Foot orthotics, except for the treatment of severe diabetic foot disease. 2. Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members with diabetes.
Maternity Services	<ol style="list-style-type: none"> 1. Delivery outside the Service Area after the 37th week of pregnancy, or after you have been told that you are at risk for early delivery. 2. Planned home births. 3. Routine pre-natal and post-partum care when you are traveling outside the Service Area.
Mental Health Care	<ol style="list-style-type: none"> 1. Biofeedback. 2. Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided (1) for educational services intended to enhance educational achievement, (2) to resolve problems of school performance, (3) to treat learning disabilities, (4) for driver alcohol education, or (5) for community reinforcement approach and assertive continuing care. 3. Methadone maintenance, except when specifically listed as a Covered Benefit. 4. Sensory integrative praxis tests. 5. Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder. 6. Mental health care that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health. 7. Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: <ul style="list-style-type: none"> • Not consistent with prevailing national standards of clinical practice for the treatment of such conditions. • Not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome. • Typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective. 8. Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.

Exclusion	Description
Physical Appearance	<ol style="list-style-type: none"> 1. Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of a Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, and (3) post-mastectomy care. 2. Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy. 3. Liposuction or removal of fat deposits considered undesirable. 4. Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures). 5. Skin abrasion procedures performed as a treatment for acne. 6. Treatment for skin wrinkles or any treatment to improve the appearance of the skin. 7. Treatment for spider veins.
Procedures and Treatments	<ol style="list-style-type: none"> 1. Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray. 2. Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit. 3. Commercial diet plans, weight loss programs and any services in connection with such plans or programs, except when specifically listed as a Covered Benefit. 4. Gender reassignment surgery and all related drugs and procedures for self-insured groups, unless covered under a separate rider. 5. If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a Provider that has not been designated as a Center of Excellence. 6. Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods). 7. Physical examinations and testing for insurance, licensing or employment. 8. Services for Members who are donors for non-Members, except as described under Human Organ Transplant Services. 9. Testing for central auditory processing. 10. Group diabetes training, educational programs or camps.

Exclusion	Description
Providers	<ol style="list-style-type: none"> Charges for services which were provided after the date on which your membership ends. Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and hospital or other facility charges, that are related to any care that is not a Covered Benefit. Charges for missed appointments. Concierge service fees. (See the Plan's <i>Benefit Handbook</i> for more information.) Follow-up care after an emergency room visit, unless provided or arranged by your PCP. Inpatient charges after your hospital discharge. Provider's charge to file a claim or to transcribe or copy your medical records. Services or supplies provided by (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.
Reproduction	<ol style="list-style-type: none"> Any form of Surrogacy or services for a gestational carrier. Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment. Infertility drugs, if infertility services are not a Covered Benefit. Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage. Infertility treatment for Members who are not medically infertile. Infertility treatment and birth control drugs, implants and devices, except when specifically listed as a Covered Benefit. Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal). Sperm collection, freezing and storage except as described in the Plan's <i>Benefit Handbook</i>. Sperm identification when not Medically Necessary (e.g., gender identification). The following fees: wait list fees, non-medical costs, shipping and handling charges etc. Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit. Voluntary termination of pregnancy, unless the life of the mother is in danger or unless it is specifically listed as a Covered Benefit.
Services Provided Under Another Plan	<ol style="list-style-type: none"> Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities. Costs for services for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.

Exclusion	Description
Telemedicine Services	
	<ol style="list-style-type: none"> 1. Telemedicine services involving e-mail, fax, texting, or audio-only telephone. 2. Provider fees for technical costs for the provision of telemedicine services.
Types of Care	
	<ol style="list-style-type: none"> 1. Custodial Care. 2. Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities. 3. All institutional charges over the semi-private room rate, except when a private room is Medically Necessary. 4. Pain management programs or clinics. 5. Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation, except when specifically listed as a Covered Benefit. 6. Private duty nursing. 7. Sports medicine clinics. 8. Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.
Vision and Hearing	
	<ol style="list-style-type: none"> 1. Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit. 2. Hearing aids, except when specifically listed as a Covered Benefit. 3. Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD. 4. Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism. 5. Routine eye examinations, except when specifically listed as a Covered Benefit.
All Other Exclusions	
	<ol style="list-style-type: none"> 1. Any service or supply furnished in connection with a non-Covered Benefit. 2. Beauty or barber service. 3. Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services and hypodermic syringes and needles, as required by Massachusetts law, unless your Plan includes outpatient pharmacy coverage. 4. Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law. 5. Guest services. 6. Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services.

Exclusion	Description
All Other Exclusions (Continued)	
	<p>7. Services for non-Members.</p> <p>8. Services for which no charge would be made in the absence of insurance.</p> <p>9. Services for which no coverage is provided in the Plan's Benefit Handbook, Schedule of Benefits or Prescription Drug Brochure (if applicable).</p> <p>10. Services that are not Medically Necessary.</p> <p>11. Services your PCP or a Plan Provider has not provided, arranged or approved except as described in the <i>Handbook</i> sections "Your PCP Manages Your Health Care" and "Using Plan Providers".</p> <p>12. Taxes or governmental assessments on services or supplies.</p> <p>13. Transportation other than by ambulance.</p> <p>14. The following products and services:</p> <ul style="list-style-type: none"> • Air conditioners, air purifiers and filters, dehumidifiers and humidifiers. • Car seats. • Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners. • Electric scooters. • Exercise equipment. • Home modifications including but not limited to elevators, handrails and ramps. • Hot tubs, jacuzzis, saunas or whirlpools. • Mattresses. • Medical alert systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

Prescription Drug Coverage

PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	Up to a 30-day supply: \$15 Copayment Up to a 90-day supply: \$45 Copayment	\$25 Copayment
Tier 2	Up to a 30-day supply: \$25 Copayment Up to a 90-day supply: \$75 Copayment	\$45 Copayment
Tier 3	Up to a 30-day supply: \$40 Copayment Up to a 90-day supply: \$120 Copayment	\$75 Copayment

Your plan has an annual Out-of-Pocket Maximum for prescription drug costs. Your Out-of-Pocket Maximum amount is \$4,600 per Member/\$9,600 per family. Once you have reached the Out-of-Pocket Maximum (including deductible, copayment and coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit www.harvardpilgrim.org/2020Premium3T for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



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ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ຈຳນວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

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Getting Started	Medical Health Plan	Prescription Drug Plan	Prescription Home Delivery	Programs & Savings	Behavioral Health	Enrollment Form	Summary of Benefits	Important Information
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General Notice About Nondiscrimination and Accessibility Requirements

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: civil_rights@harvardpilgrim.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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Important information about your plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

When you need care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at www.harvardpilgrim.org. Or you can call one of the telephone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit www.harvardpilgrim.org to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give

insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on www.harvardpilgrim.org, click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at (888) 333-4742.

Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI). To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use, and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit www.harvardpilgrim.org or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

MEMBERS: (888) 333-4742

NON-MEMBERS: (800) 848-9995

TTY: 711

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Room 509F, HHH Building
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