



Benefit	Member Cost Sharing:
<b>Ambulance Transport</b>	
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<b>Autism Spectrum Disorders Treatment</b>	
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<b>Chemotherapy and Radiation Therapy</b>	
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<b>Dental Services</b>	
<b>Important Notice:</b>	
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<b>Dialysis</b>	
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<b>Durable Medical Equipment</b>	
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<b>Early Intervention Services</b>	
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<b>Emergency Room Care</b>	
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<b>Hearing Aids</b>	
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<b>Home Health Care</b>	
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Benefit	Member Cost Sharing:
<b>Home Health Care (Continued)</b>	
Home health care services, including durable medical equipment, supplies, and services provided by a qualified health care professional in the member's home.	None
<b>Hospice - Outpatient</b>	
Outpatient hospice services, including medical equipment, supplies, and services provided by a qualified health care professional in the member's home.	None
<b>Hospital - Inpatient Services</b>	
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
<b>Infertility Services and Treatments (see the Benefit Handbook for details)</b>	
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
<b>Laboratory, Radiology and Other Diagnostic Services</b>	
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 department.	None
Other diagnostic services, including physical therapy, occupational therapy, and other services provided 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
<b>Low Protein Foods</b>	
Low protein foods, including special diets and supplements provided by a qualified health care professional.	None
<b>Maternity Care - Outpatient</b>	
Outpatient maternity care services, including prenatal care, labor and delivery, and postpartum care provided in an outpatient setting.	None
Outpatient maternity care services, including prenatal care, labor and delivery, and postpartum care provided in an outpatient setting.	None
<b>Medical Drugs (drugs that cannot be self-administered)</b>	
Medical drugs, including prescription drugs and biologics provided by a qualified health care professional.	None
Medical drugs, including prescription drugs and biologics provided by a qualified health care professional.	None
Medical drugs, including prescription drugs and biologics provided by a qualified health care professional.	None

Benefit	Member Cost Sharing:
<b>Medical Formulas</b>	
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<b>Mental Health and Substance Use Disorder Treatment</b>	
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Benefit	Member Cost Sharing:
<b>Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits) (Continued)</b>	
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<b>Preventive Services and Tests</b>	
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<p data-bbox="1133 583 1446 617">www.harvardpilgrim.org</p> <p data-bbox="152 646 375 680">1-888-333-4742</p>	
<b>Prosthetic Devices</b>	
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<b>Rehabilitation and Habilitation Services - Outpatient</b>	
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k	\$2 k
	\$2 k
k 30	\$2 k
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<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>	
k	
<b>Spinal Manipulative Therapy (including care by a chiropractor)</b>	
k 30	\$2 k
<b>Surgery - Outpatient</b>	
<b>Telemedicine Virtual Visit Services - Outpatient</b>	
	\$2 k
<b>Urgent Care Services</b>	
k	\$2 k
<p data-bbox="152 1629 357 1654"><b>Important Note:</b></p> <p data-bbox="289 1688 607 1722">www.harvardpilgrim.org</p>	
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Benefit	Member Cost Sharing:
<b>Urgent Care Services (Continued)</b>	
[unclear]	[unclear]
<b>Vision Services</b>	
[unclear]	\$2 [unclear]
[unclear]	[unclear]
<b>Voluntary Sterilization in a Physician's Office</b>	
[unclear]	[unclear]
<b>Voluntary Termination of Pregnancy</b>	
[unclear]	[unclear]
<b>Wigs and Scalp Hair Protheses as required by law</b>	
[unclear] \$30 [unclear] ( [unclear] 20 [unclear] )	[unclear]

Language Assistance Services

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

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

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

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

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

Русский/Russian: Если вы говорите на русском языке, вы можете получить бесплатные услуги. Позвоните по телефону 1-888-333-4742 (TTY: 711).

العربية/Arabic: إذا كنت تتحدث العربية، يمكنك الحصول على خدمات مساعدة مجانية. اتصل بنا على الرقم 1-888-333-4742 (TTY: 711).

العربية/Arabic: إذا كنت تتحدث العربية، يمكنك الحصول على خدمات مساعدة مجانية. اتصل بنا على الرقم 1-888-333-4742 (TTY: 711).

Français/French: ATTENTION: Si vous parlez français, des services de aide linguistique gratuits sont disponibles. Appelez le 1-888-333-4742 (ATS=12).

Italiano/Italian: ATTENZIONE: In caso di lingua parlata in italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiama il numero 1-888-333-4742 (ATS=12).

한국어 (Korean): 한국어를 포함한 언어 서비스는 1-888-333-4742 (TTY: 711)에 제공됩니다.

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

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

Հայերեն/Armenian: Եթե Ձեր լեզուն հայերեն է, ապա մեր լեզվաօգնությունը անվճար է: Կոչվե՛ք 1-888-333-4742 (TTY: 711):

આપને માટે ભાષાની સહાયતા સેવાઓ 1-888-333-4742 (TTY: 711) પર ઉપલબ્ધ છે.

आपके लिए भाषा सहायता सेवाएँ 1-888-333-4742 (TTY: 711) पर उपलब्ध हैं.

ଆପଣଙ୍କ ପାଇଁ ଭାଷା ସାହାଯ୍ୟ ସେବା 1-888-333-4742 (TTY: 711) ରେ ଉପଲବ୍ଧ ଅଛି.

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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
<b>Alternative Treatments</b>
<p>Alternative treatments, including but not limited to:</p> <ul style="list-style-type: none"> <li>Acupuncture</li> <li>Chiropractic</li> <li>Herbal medicine</li> <li>Massage</li> <li>Meditation</li> <li>Yoga</li> </ul>
<b>Dental Services</b>
<p>Dental services, including but not limited to:</p> <ul style="list-style-type: none"> <li>Cosmetic dentistry</li> <li>Dentures</li> <li>Implants</li> <li>Orthodontics</li> <li>Prosthetics</li> </ul>
<b>Durable Medical Equipment and Prosthetic Devices</b>
<p>Durable medical equipment and prosthetic devices, including but not limited to:</p> <ul style="list-style-type: none"> <li>Wheelchairs</li> <li>Walkers</li> <li>Prosthetic limbs</li> <li>Orthotics</li> <li>Medical beds</li> </ul>
<b>Experimental, Unproven or Investigational Services</b>
<p>Experimental, unproven or investigational services, including but not limited to:</p> <ul style="list-style-type: none"> <li>Unapproved medical devices</li> <li>Unapproved pharmaceuticals</li> <li>Unproven surgical techniques</li> </ul>
<b>Foot Care</b>
<p>Foot care services, including but not limited to:</p> <ul style="list-style-type: none"> <li>Podiatry</li> <li>Foot surgery</li> <li>Footwear</li> </ul>





Exclusion

All Other Exclusions

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