

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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Benefit	Member Cost Sharing:
Home Health Care (Continued)	
Home health care services, including supplies, equipment, 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, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing, and other services provided in a hospital setting.	None
Inpatient hospital services, including room and board, nursing, and other services provided in a hospital setting.	None
Infertility Services and Treatments (see the Benefit Handbook for details)	
Infertility services, including diagnostic tests, treatments, and procedures performed by a qualified health care professional.	None
Infertility services, including diagnostic tests, treatments, and procedures performed by a qualified health care professional.	\$2,000 per treatment cycle
Laboratory, Radiology and Other Diagnostic Services	
Laboratory, radiology, and other diagnostic services, including tests, procedures, and imaging performed by a qualified health care professional.	None
Laboratory, radiology, and other diagnostic services, including tests, procedures, and imaging performed by a qualified health care professional.	None
Laboratory, radiology, and other diagnostic services, including tests, procedures, and imaging performed by a qualified health care professional.	None
Laboratory, radiology, and other diagnostic services, including tests, procedures, and imaging performed by a qualified health care professional.	\$5,000 per year, up to \$10,000 per year for certain services
Laboratory, radiology, and other diagnostic services, including tests, procedures, and imaging 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, delivery, and postpartum care provided by a qualified health care professional.	None
Outpatient maternity care services, including prenatal care, delivery, and postpartum care provided by a qualified health care professional.	None
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs that cannot be self-administered, including prescription drugs and biologics.	None
Medical drugs that cannot be self-administered, including prescription drugs and biologics.	None
Medical drugs that cannot be self-administered, including prescription drugs and biologics.	None

Benefit	Member Cost Sharing:
Medical Formulas	
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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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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] \$30 [unclear] ([unclear] 20 [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).

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

888-333-4742 (TTY: 711)

Português/Gallego: Se você fala Gallego, 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 المساعدة اللغوية مجاناً. اتصل بنا على 1-888-333-4742 (TTY: 711).

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).

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, i servizi di assistenza linguistica sono gratuiti. Chiama il 1-888-333-4742 (ATS: 411).

한국어 (Korean): 한국어를 포함한 모든 언어를 지원하며, 서비스는 무료입니다. 1-888-333-4742 (TTY: 711)에 전화하십시오.

Ελληνικά/Greek: Οι υπηρεσίες γλωσσικής βοήθειας είναι δωρεάν. Καλέστε το 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).

हिन्दी/Hindi: आपकी भाषा में मदद करने के लिए हमारे पास नि:शुल्क सेवाएँ हैं। 1-888-333-4742 (TTY: 711) पर कॉल करें।

ગુજરાતી/Gujarati: અમારી સેવાઓ ગુજરાતી ભાષામાં પણ ઉપલબ્ધ છે. 1-888-333-4742 (TTY: 711) પર કોલ કરો.

1-888-333-4742 (TTY: 711)

888-333-4742 (TTY: 711)

1-888-333-4742 (TTY: 711)

and PHIL Insurance Company

(Finnish)

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

Alternative treatments are those services that are not medically necessary, are not covered by the plan, or are considered experimental, unproven, or investigational. These services are excluded from coverage under the plan. Examples of alternative treatments include:

- Acupuncture
- Chiropractic services
- Herbal medicine
- Yoga
- Massage therapy
- Acupuncture
- Chiropractic services
- Herbal medicine
- Yoga
- Massage therapy

Dental Services

Dental services are those services that are provided by a dental professional. These services are excluded from coverage under the plan. Examples of dental services include:

- Dental procedures
- Dental X-rays
- Dental cleanings
- Dental fillings
- Dental crowns
- Dental bridges
- Dental dentures
- Dental implants

Durable Medical Equipment and Prosthetic Devices

Durable medical equipment (DME) and prosthetic devices are those items that are used to diagnose, treat, or monitor a medical condition. These items are excluded from coverage under the plan. Examples of DME and prosthetic devices include:

- Wheelchairs
- Walkers
- Canes
- Crutches
- Prosthetic limbs
- Prosthetic eyes
- Prosthetic ears
- Prosthetic noses
- Prosthetic mouths
- Prosthetic hands
- Prosthetic feet

Experimental, Unproven or Investigational Services

Experimental, unproven, or investigational services are those services that are not covered by the plan. These services are excluded from coverage under the plan. Examples of experimental, unproven, or investigational services include:

- Gene therapy
- Stem cell therapy
- Autologous conditioned serum (ACS)
- Platelet-rich plasma (PRP)
- Exosome therapy
- Exosome therapy

Foot Care

Foot care services are those services that are provided to the feet. These services are excluded from coverage under the plan. Examples of foot care services include:

- Podiatry services
- Foot massages
- Foot soaks
- Foot exfoliation
- Foot nail care
- Foot callus removal
- Foot corn removal
- Foot warts removal

