Schedule of Benefits

General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	
Deductible	
Deductible Rollover	
	-

Out-of-Pocket

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Benefit	Member Cost Sharing:
Ambulance Transport	
k \ k \ \ \	_' -
_k \	_' -
Autism Spectrum Disorders Treatment	
- ' <u>+</u> ' '	\$2 · k +
Chemotherapy and Radiation Therapy	·
_k	_1 ~
1 1 -1	_1 ~
Dental Services	
Important Notice:	- t - k
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(_ k _ ,	\$2 · k t
- 1	_' _
- · - · k - · - · - · - ·	
1 - 1	
Dialysis	
	\$2 \ \ k t
- t	_ ' ~
Durable Medical Equipment	
1 - k - 2 - k -	20
, - k (_ (t)	_' ~
- , - , - k-	_' ~
Early Intervention Services	
	_' _
	· · · · · · k -
Emergency Room Care	
	\$ 0 · k ,
(2), k _ 't , _ (),	k - k - k - k
_t	- k - ' ' ' ' -
Hearing Aids	
k \$2 000 - 1	_' ~
Home Health Care	
	_1 ~
	_

(Continued on next page)

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Benefit	Member Cost Sharing:	
Home Health Care (Continued)		
t · · k · ·	.,	
Hospice - Outpatient		
	_' ~	
Hospital – Inpatient Services		
' ' ' ' - '	_ \	
- \ - \ k\ - \ <u>-</u> \ -	_ ' ~	
- ' <u></u>	_' ~	
1 - 1 - 1 -1	_' ~	
1 - 1 - 1 - 1	_' ~	
Infertility Services and Treatments (see th		
t';	t , t , , , , , , , , , , , , , , , , ,	
	\$2 · k t	
Laboratory, Radiology and Other Diagnos	tic Services	
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	_ ' ~	
`	_ ` -	
t' ' \ k t '	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
- \ _t	_ \	
Low Protein Foods		
k - \$ 000 - \ - \ \ \	_ ' ~	
Maternity Care - Outpatient		
, k <u>.</u> -	_ ' -	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
Medical Drugs (drugs that cannot be self-administered)		
- <u>-</u> t - ' '	_' ~	
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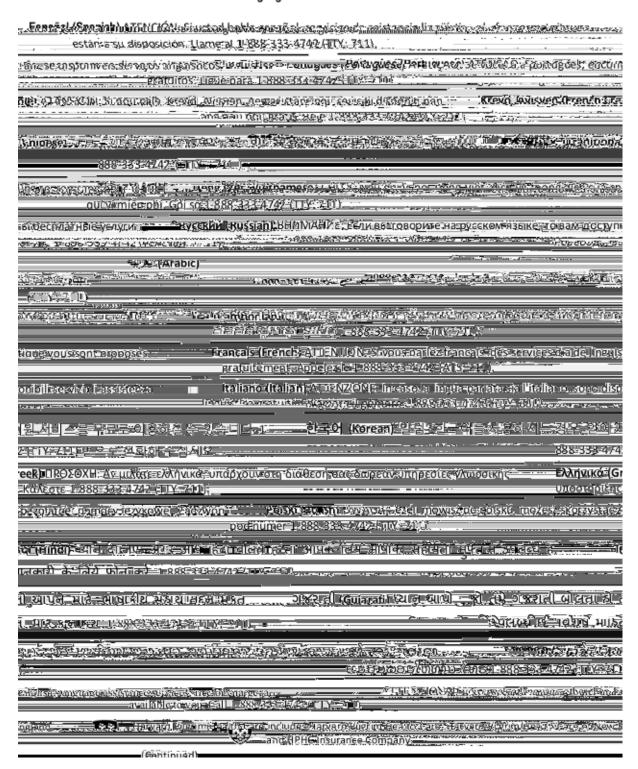
Benefit	Member Cost Sharing:
Medical Formulas	
	_' -
Mental Health and Substance Use Disord	er Treatment
- '	_' _
k - \ \ \ k - \ \ \ \ \ \ \ \ \	
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Benefit	Member Cost Sharing:		
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits) (Continued)			
k , , , , , , , , , , , , , , , , , , ,	\$ \ k		
Preventive Services and Tests	•		
k - ' - t - ' - t -			
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
Prosthetic Devices			
	20		
Rehabilitation and Habilitation Services -			
' ''	\$2 · k · · · · · · · · · · · · · · · · ·		
k , _ , , _ ,	\$2 \ \ \ \ \		
	\$2 · k		
_ ' ' ' k - 30	\$2 · k †		
t k			
k - k ()	$\frac{1}{2}$		
Scopic Procedures - Outpatient Diagnostic	and Therapeutic		
_ , k _			
	_1 ~		
Spinal Manipulative Therapy (including ca	are by a chiropractor)		
k = 30, - 1 = 1	\$2 \ k +		
Surgery - Outpatient			
	_ ' ~		
Telemedicine Virtual Visit Services - Outpa	atient		
	\$2 · k · · · t		
1 - 1 - 1	- 1 1 - 1		
Urgent Care Services			
	\$2 · k · · · •		
Important Note: k, \ k \ k \ k \ www.harvardpilgrim.org	$\frac{1}{2}$ $\frac{1}$		
t	\$2 · k · · t		

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Benefit	Member Cost Sharing:
Urgent Care Services (Continued)	
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Vision Services	
k	\$2
' '	_ ' ~
Voluntary Sterilization in a Physician's Of	fice
	\
Voluntary Termination of Pregnancy	• •
Wigs and Scalp Hair Prostheses as require	ed by law
k = \$30 = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20

Language Assistance Services



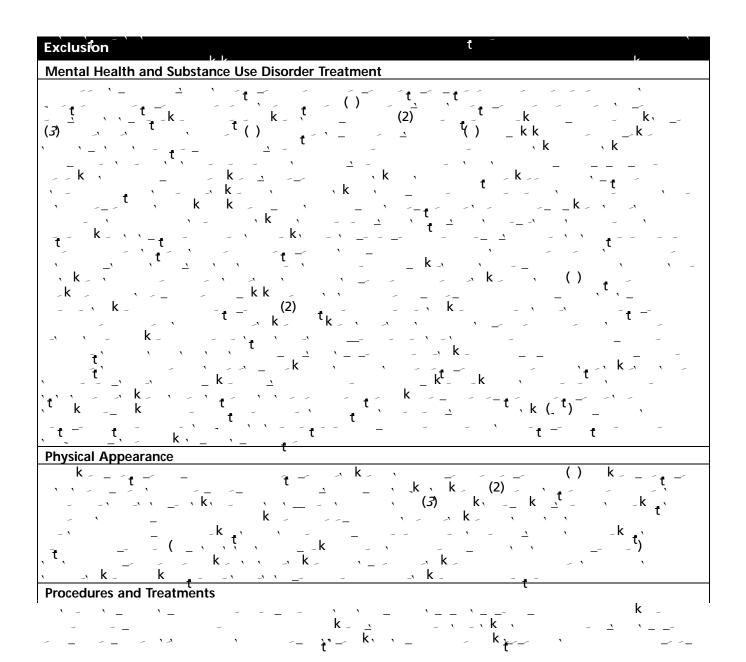
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General Notice Apput Nondiscrimination and Accessioning Redulterments			
n Health-Care∍and its affiliates-as-noted below+"HPHC") comply7with applicable federal civil ridhts laws and	Harvard Pilorir		

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Exclusion
Alternative Treatments
t
Dental Services
_k k,
Durable Medical Equipment and Prosthetic Devices
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Experimental, Unproven or Investigational Services
Foot Care



Exclusion

All Other Exclusions

