

# Schedule of Benefits

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## Clinical Review Criteria

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... .. [www.harvardpilgrim.org](http://www.harvardpilgrim.org) ... .. **1-888-888-4742** ... ..

## Covered Benefits

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General Cost Sharing Features:	Member Cost Sharing:
<b>Coinsurance and Copayments</b>	
<b>Deductible</b>	
<b>Deductible Rollover</b>	

## Out-of-Pocket

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> t - - - - - , - t - k - - - - - - - - - ,	
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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 supplies, equipment, and services provided by a qualified health care professional in the member's home.	None
<b>Hospice - Outpatient</b>	
Outpatient hospice services, including medications, medical equipment, 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 MRI scans performed in a radiology department.	None
Other diagnostic services, including ultrasound, endoscopy, and other procedures performed by a qualified health care professional.	None
Diagnostic services, including diagnostic tests, fertility treatments, and procedures performed by a qualified health care professional.	\$0
Diagnostic services, including diagnostic tests, fertility treatments, and procedures performed by a qualified health care professional.	None
<b>Low Protein Foods</b>	
Low protein foods, including special diets and supplements prescribed by a qualified health care professional.	None
<b>Maternity Care - Outpatient</b>	
Outpatient maternity care services, including prenatal care, delivery, and postpartum care provided in an outpatient setting.	None
Outpatient maternity care services, including prenatal care, delivery, and postpartum care provided in an outpatient setting.	None
<b>Medical Drugs (drugs that cannot be self-administered)</b>	
Medical drugs, including prescription medications and biologics that cannot be self-administered.	None
Medical drugs, including prescription medications and biologics that cannot be self-administered.	None
Medical drugs, including prescription medications and biologics that cannot be self-administered.	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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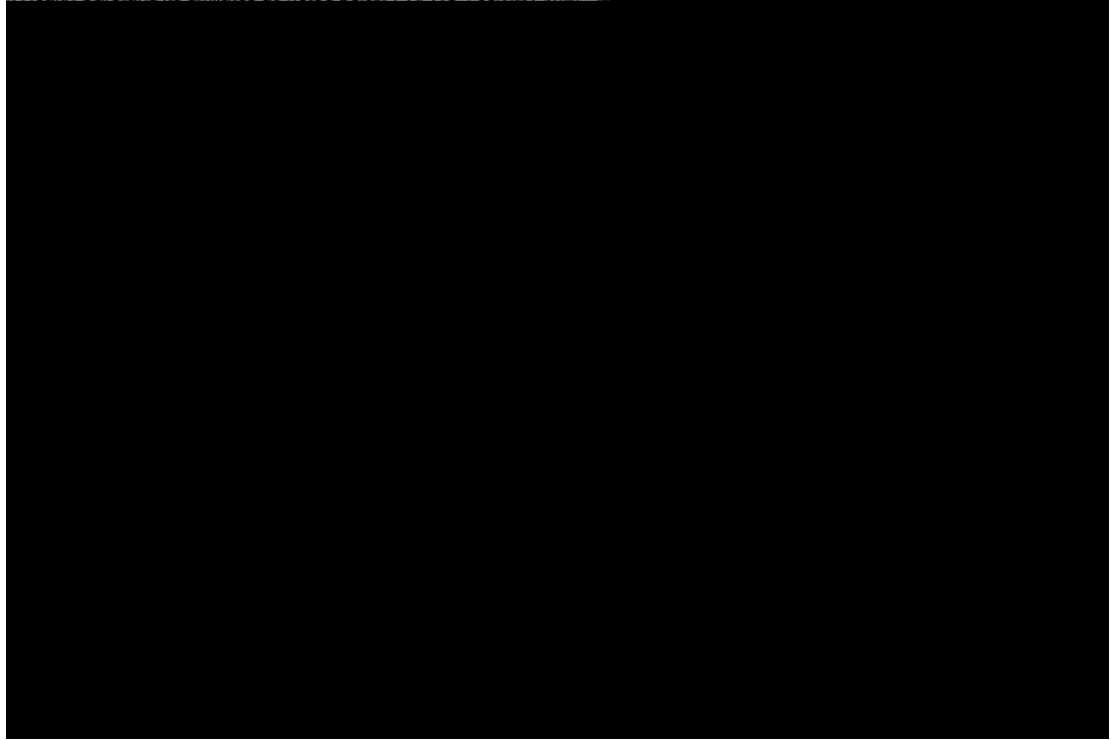
Benefit	Member Cost Sharing:
<b>Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits) (Continued)</b>	
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<b>Preventive Services and Tests</b>	
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<p data-bbox="1128 577 1453 619"><a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a></p> <p data-bbox="154 640 381 682">1-888-333-4742</p>	
<b>Prosthetic Devices</b>	
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<b>Rehabilitation and Habilitation Services - Outpatient</b>	
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<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>	
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<b>Spinal Manipulative Therapy (including care by a chiropractor)</b>	
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<b>Surgery - Outpatient</b>	
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<b>Telemedicine Virtual Visit Services - Outpatient</b>	
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<b>Urgent Care Services</b>	
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<b>Important Note:</b>	
<p data-bbox="284 1690 609 1732"><a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a></p>	
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Benefit	Member Cost Sharing:
<b>Urgent Care Services (Continued)</b>	
[unclear]	
<b>Vision Services</b>	
[unclear]	\$2 [unclear]
<b>Voluntary Sterilization in a Physician's Office</b>	
[unclear]	
<b>Voluntary Termination of Pregnancy</b>	
[unclear]	[unclear]
<b>Wigs and Scalp Hair Protheses as required by law</b>	
[unclear]	\$30 ( [unclear] 20 )



**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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