

Benefits Covered in Full (no cost to the member)	
Preventive Care Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.	Covered in Full
Radiation Therapy	
Routine Maternity Care - Prenatal and Postpartum Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	
Inpatient Mental Health & Substance Abuse	
Home Health Care	
Oxygen & Respiratory Equipment	

Benefits Covered after a Copayment	
Tier 1 Copayment Professional Visits:	\$25 Copay
PCP Office Visit	
Routine Annual Eye Exam (1 per year)	
Acupuncture ; unlimited visits	
Chiropractic Care ; unlimited visits	
Outpatient Mental Health & Substance Abuse	
Tier 2 Copayment Professional Visits:	\$50 Copay
Specialist Office Visit	
Physical/Occupational/Speech Therapy ; unlimited visits	
Chemotherapy	
Allergy Injections	\$5 Copay
Prescription Drugs: Retail (30 day Supply)	\$0/\$25/\$40
Mail Order (90 day Supply)	\$0/\$25/\$40

Benefits Covered after a Deductible	
Best Buy Deductible: Limit one per year	\$3,000 Deductible (\$9,000 Family Maximum)
Hospital Inpatient	Deductible; then Covered in Full
Maternity Care - Delivery	
Advanced Radiology CT Scans, PET Scans, MRI, MRA and Nuclear medicine services	
X-rays	
Skilled Nursing Facility & Inpatient Rehabilitation ; combined 100 day limit per year	
Ambulance - Emergency Transport	
Emergency Room (copayment waived if admitted)	Deductible; then \$150 Copay
Diagnostic Lab Services	Covered in Full at Select LP Providers Deductible, then Covered in Full at Other Plan Providers
Outpatient Surgery	\$75 Copay at Select LP Providers Deductible, then Covered in Full at Other Plan Providers
Scopic Procedures	
Durable Medical Equipment	Separate \$100 Deductible; then 20% Coinsurance
Out of Pocket Maximum: Medical	\$5,000 (\$10,000 Family)
Prescription Drugs	

Deductible Year: Plan*

Deductible Carry-Over Provision: No

Lifetime Benefit: Unlimited

Select LP Providers are pre-determined by Harvard Pilgrim and are subject to change.

Extraction of teeth impacted in bone is not a covered benefit.

This is only a summary of benefits, please consult corresponding schedule of benefits. Exceptions & exclusions apply.

Benefit limits, deductibles and out of pocket maximums are based on a plan year.