

Member Guide

Find everything you need at [harvardpilgrim.org](https://www.harvardpilgrim.org)



Dear Member,

At Harvard Pilgrim Health Care we strongly believe in whole-person care. Our mission is to ensure that you and your loved ones have access to high-quality health care coverage and services, including medical and behavioral health services, chronic care management, wellness programs, exclusive discounts, and many other great perks. With innovative programs, we focus on enhancing physical and mental well-being whether you're connecting in person or virtually.

We encourage you to use this member guide to:

- Activate your secure member account and download our free mobile app. Your secure member account will offer details on your specific health plan coverage and costs
- Learn more about your care options
- Explore our wellness programs, including discounts and reimbursement opportunities

You can also visit **harvardpilgrim.org** for more information, resources and access to your secure member account.



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Maximize Your Health Plan: Digital Tools and More



Secure Member Account and Mobile App

Log in or activate your secure online account at harvardpilgrim.org/create or download the Harvard Pilgrim mobile app¹ to access your health plan benefits information.



Find a doctor or hospital

Log in to your secure account to find a convenient location near you:

- Search for doctors or hospitals by name or location
- Find doctors accepting new patients
- View doctors by specialty such as behavioral health, pediatrics and more



Estimate My Cost

Log in to your secure account to estimate your out-of-pocket costs and get quality care from a provider that will save you money and fit into your budget.



Reduce My Costs

Connect with a nurse at **855-772-8366** when you shop for a wide range of outpatient tests and procedures, including lab work and diagnostic imaging, and earn cash rewards when you select high-quality, cost-effective providers.²



Telehealth provided by Doctor On Demand

Set up your account at **doctorondemand.com/harvard-pilgrim**. Access a Doctor On Demand provider 24/7, by phone or mobile app worldwide³ for everyday care and confidential therapy. Physicians can also order your prescription⁴ at your local pharmacy when medically necessary.



An Integrated Approach to Behavioral Health

Harvard Pilgrim Health Care provides several programs and services, complemented by our extensive network of providers, to support you and your covered family members. Our integrated approach to care allows us to help you improve both your physical and mental well-being for the best outcomes.



Broad Network Providers

In line with our “whole-person” care approach, Harvard Pilgrim members have continuous access to high-quality comprehensive care through our expansive network of medical and behavioral health care providers. Our network covers New England and extends nationwide, offering both in-patient and out-patient services.



NEW: Behavioral health service navigation

Our specially trained service navigators provide personalized help to navigate the complex health care system, locate providers, connect to internal supports and programs, and learn more about innovative tools and services.



Care management programs

Our licensed care managers work with you and your providers to ensure optimal health and functioning through a variety of care management programs, including care coordination, complex care, addiction recovery, transition to home, emergency department readmission diversion, supportive care, post facility discharge and peer support.



Behavioral health programs and services

Harvard Pilgrim offers innovative behavioral health programs and services for children, adolescents and adults:

- Virtual therapy services are available 7 days/week: to support your mental health and well-being. Our services include AbleTo,⁵ Doctor on Demand, and Valera Health⁶, offering licensed therapy, medication management and more.
- Quick and easy access to specialty providers including Cortica,⁶ offering diagnostic, applied behavior analysis (ABA), occupational therapy, speech therapy and social skills under one roof. To provide rapid access appointments, we have partnered with Northeast Health Services,⁶ a virtual and in-person outpatient mental health clinic.
- Substance use treatment services are also available through multiple network providers, including Better Life Partners, and members are supported after inpatient treatment by our internal addiction recovery care management team.

Help is just a phone call away. For assistance with accessing these innovative programs and services, please call the number on the back of your ID card.

If you are experiencing a crisis or emergency, you should always call 911 or go to the nearest emergency facility right away.

Understand Your Pharmacy Benefits

OptumRx provides Harvard Pilgrim members with retail, mail order and specialty pharmacy services, allowing you to have one pharmacy manager for all pharmacy needs.



Log in to your secure online member account to look up your prescriptions

We cover thousands of different medications, but if your current prescription isn't on our list, talk to your doctor about switching to a covered medication.

Many medications we cover have cost-sharing (copayment, deductible or coinsurance) — the amount you'll be responsible for paying, depending on your plan. The medications covered under your plan are organized into different tiers. Typically, the lower the tier, the lower your cost. Refer to your prescription drug plan documents for specific cost-sharing details and a description of the tiers.



Check if your prescription has special requirements

If there is a "PA," "STPA," "QL" or "SP" after any of your prescriptions, talk to your provider. Refer to the "Key Terms" section of this Member Guide for full "special requirements" definitions.



Plan ahead if you take maintenance medication

Maintenance medications are drugs taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance plan to Harvard Pilgrim, make sure you have enough medication on hand to cover the transition period until your new coverage with Harvard Pilgrim begins.

Check your medication expiration date, refill amount and coverage under Harvard Pilgrim. If your medication is not covered, talk to your doctor about switching to an alternate maintenance medication that is covered.



Save money with mail order service

Mail order service provides the convenience of home delivery instead of going to a retail pharmacy. On some plans, your medication may be less expensive if you buy a 90-day supply through this service.

For more information, go to [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx)

Know Your Care Options

Health care isn't one-size-fits-all. From minor cuts to a sore throat or even a blood pressure check, knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you and your dependents have access to a variety of options:



When to visit the Emergency Room

If you think you're having an emergency and your life is in danger, call 911 or go to the nearest emergency room. Common medical emergencies that should be treated in the emergency room include choking, heart attack or severe abdominal pain.



When to see your Primary Care Provider (PCP)

For non-urgent needs such as preventive screenings, checkups, immunizations or chronic conditions, your PCP knows your medical history and is best suited to coordinate your care. And, they may also offer virtual health care services for even greater convenience.



When to visit an Urgent Care Center

You can stop by an urgent care center without an appointment for conditions that need immediate treatment but are not considered life-threatening. Examples include minor burns or cuts that may require stitches.



When to go to a Retail Clinic

Retail clinics such as CVS MinuteClinic® and Walgreens Health care Clinic are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy, and you want a health professional to check it out without an appointment.



When to use virtual care, through Doctor On Demand

You can request a virtual visit with a U.S.-based doctor 24/7 for non-emergency conditions such as upper respiratory infection, upset stomach or skin rash using live video or voice call via your smartphone, tablet or computer. You can also access confidential therapy and build an ongoing relationship with the provider of your choice.



When to reach out to our Harvard Pilgrim Care Team

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our Care Team of registered nurses and clinical social workers will answer your questions, help you navigate the health care system and support your health and wellness goals at no cost.



Wellness Discounts and Perks

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness and other services related to good health. For more information and details on the different programs and services available, visit [harvardpilgrim.org/discounts](https://www.harvardpilgrim.org/discounts)⁷

Start Living Well Today

Log into [harvardpilgrim.org](https://www.harvardpilgrim.org) and click "Member Login." If you don't have an account, choose "Create a secure account" to create one. Once logged in, select "Get Started" on the Health & Wellness tile.

- Take your Well-being Assessment
- Earn points towards rewards
- Participate in monthly challenges and activities to build healthy habits



Stay Connected and Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we offer many other ways to connect you with the information you need to live healthier and save money.



Member Newsletter

Our digital member newsletter shares current health topics and benefit highlights including tips to manage your health, recipes and discounts on wellness services. It's delivered to your email inbox and posted on our public website.



Text Messaging

Our text messaging service is your personalized connection to your health plan. Get reminders and notifications about flu shots, as well as updates on exclusive member discounts and perks.



Email Messages

Receive valuable information about your benefits, discount options, new program, and health and well-being opportunities.



Website

The member section of our website is a great place to learn more about the resources, wellness options, care management programs and additional member benefits to keep you and your family healthy. Bookmark the site for easy access [harvardpilgrim.org](https://www.harvardpilgrim.org)



Social Media

Follow our social feeds to keep up with the latest news, tips and stories.



How to get started

Check your secure member account to be sure we have your current email address and mobile telephone number, and we'll ensure you stay informed.





Key Terms

Premium

This is the monthly cost of your health insurance coverage.

Cost-sharing

Your out-of-pocket costs for services included within your health plan including copayments, deductibles and coinsurance.

Copayments

A fixed dollar amount that you pay for a covered medical service, prescription or medication.

Deductible

The amount you owe or pay out-of-pocket during a coverage period (usually one year) for covered health care services before your plan begins to pay.

Coinsurance

This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

Out-of-pocket maximum

This is a limit on the total amount of cost-sharing you have to pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

In-network

Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost-sharing to apply.

Out-of-network

Out-of-network coverage applies only to POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral.

Tier

Medical plans often place providers and hospitals in different categories, or tiers, with different cost-sharing amounts. Typically, you'll save money when you see Tier 1 providers.



Pharmacy Key Terms

Prior Authorization (PA)

The need for your provider to tell us why it is medically necessary for you to receive a covered medication or service. We consult with your doctor(s) to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who recommended the medication or service. If the doctor believes the medication or service that requires PA is necessary for your treatment, they may submit a request for coverage to Harvard Pilgrim. We'll cover the medication or service if it meets our medical necessity coverage guidelines.

Step Therapy Authorization (STPA)

An automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective drugs are used first, before other drugs may be covered. Some types of step therapy include requiring the use of generics before brand name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits."

Quantity Limitation (QL)

The quantity limit for a medication that can be purchased at any one time. A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

Designated Specialty Pharmacy (SP)

A pharmacy management program that requires members to purchase selected medications from specific sources. Once your membership is effective, log in to [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits," or contact our Member Services department to help you receive your medication without interruption.

Non-Covered (NC)

Medications that are not currently covered by us. If your provider feels you require this medication, your provider should contact us. They may submit a request for coverage to Harvard Pilgrim. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

New-to-Market Drug Evaluation (NTM)

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drugs until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.



Important Information About Your Plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

When you need care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at [harvardpilgrim.org](https://www.harvardpilgrim.org). Or you can call one of the telephone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on harvardpilgrim.org, click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at 888-333-4742.

Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI). To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit harvardpilgrim.org or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

Members: 888-333-4742

Non-members: 800-848-9995

TTY: 711





Medical Coverage & Cost-Sharing Guide

HMO

With this plan, you will need to receive care from medical professionals and hospitals that participate in Harvard Pilgrim's provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

- › **In-network coverage only**
- › **Referrals needed for most specialists**
- › **PCP required**
- › **Co-payments for most office visits**

A primary care provider (PCP) is key to good health

A PCP is the doctor, nurse practitioner or other qualified medical professional you see for annual checkups and for treatment when you're sick or injured.

- Because this plan requires you to have a PCP, we will assign one to you automatically if we don't have one on file for you or if you don't select one when you enroll.
- You and each of your dependents can choose different PCPs from our network of participating providers.
- Find a PCP or see if your current provider is in our network at [harvardpilgrim.org/providerdirectory](https://www.harvardpilgrim.org/providerdirectory)

Getting care with the HMO plan



Routine and preventive care*

There's no extra charge for routine annual exams with your PCP and many preventive tests and services. Other tests and services your PCP orders may require cost-sharing.



Specialty care

You will need your PCP's referral before your plan will cover most kinds of specialty care (e.g., dermatology, physical therapy, etc.). Certain types of visits (e.g., routine eye exams and OB-GYN care) do not require referrals.



Hospital care

You will need a referral from your PCP or specialist for any tests, surgery or treatment you receive at a participating hospital, except in a medical emergency. If you are admitted to the hospital from the emergency room, call your PCP to arrange for any follow-up care you may need.



Behavioral health care**

Your plan covers in-person visits with thousands of participating licensed clinicians; you do not need a referral. Virtual visits via smartphone, tablet or computer are also available.



Care when you're traveling

Your plan covers emergency care if you get sick or injured anywhere in the world.



Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included without referrals on most plans.



Urgent and emergency care

If you have a non-life-threatening illness or injury and your doctor's office is closed, you have a variety of options for getting care. Of course, if you think you're having a medical emergency, go to the emergency room or call 911. Learn more about your care options at [harvardpilgrim.org/urgentcareoptions](https://www.harvardpilgrim.org/urgentcareoptions)

*Preventive services that fall under the federal Affordable Care Act.

**Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.



Cost-sharing overview

No cost-sharing:

Routine & preventive care*

- › Annual checkup with your PCP
- › Preventive screenings and tests
- › Immunizations, including flu shots
- › Routine prenatal and postpartum visits

Cost-sharing may apply:

PCP and specialist visits, diagnostic tests & services, hospital services

- › Visits to your provider when you're sick or injured
- › Diagnostic screenings and tests outside of preventive care
- › X-rays, CT scans and MRIs
- › Inpatient and outpatient hospital care
- › Emergency room visits

What you pay for services

Cost-sharing is the portion you pay for specific services like office visits, X-rays and prescriptions.** Copayments, deductibles and coinsurance are examples of cost-sharing.

Coinsurance: A fixed percentage of costs you pay for covered services. For example, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid your full annual deductible.

Copayment: A flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or pick up prescriptions at the pharmacy.

Deductible: A set amount of money you pay out of your own pocket for certain covered services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments and coinsurance do not count toward your deductible.

Out-of-pocket maximum: A limit on the total amount of cost-sharing you pay annually for covered services. This generally includes copayments, deductibles and coinsurance. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

See the Schedule of Benefits for more details on your coverage and cost-sharing amounts.

* Preventive services that fall under the federal Affordable Care Act.

** Not all employer-sponsored plans offer Harvard Pilgrim prescription drug benefits.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Learn more at [harvardpilgrim.org](https://www.harvardpilgrim.org) or call member services at (888) 333-4742

Schedule of Benefits

THE HARVARD PILGRIM HMO MASSACHUSETTS

This Schedule of Benefits states any Benefit Limits and the Member Cost Sharing amounts you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for details. Your Member Cost Sharing may include a Deductible, Coinsurance, and Copayments. Please see the tables below for details.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the tables below.

Medical Necessity Guidelines

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member's care. Members or their practitioners may obtain a copy of our Medical Necessity Guidelines on our website at www.harvardpilgrim.org or by calling the Member Services Department at **1-888-333-4742**.

Office Visit Cost Sharing Levels

Office visit cost sharing may include Copayments, Coinsurance, or Deductible amounts, as described throughout this Schedule of Benefits. There are two types of office visit cost sharing that apply to your Plan: a lower cost sharing, known as "Level 1," and a higher cost sharing known as "Level 2."

Level 1 applies to covered outpatient professional services received from the following types of providers: all Primary Care Providers (PCPs); obstetricians and gynecologists; Licensed Mental Health Professionals; certified nurse midwives; and nurse practitioners who bill independently.

Level 2 applies to covered outpatient professional services received from specialty care providers.

Your Plan may have other cost sharing amounts. Please see the benefit table below for specific cost sharing requirements.

Covered Benefits

Your Covered Benefits are administered on a Plan Year basis. Your Plan Year begins on your Employer's Anniversary Date. Please see your Benefit Handbook for more details. If you do not know your Employer's Anniversary Date, please contact your Employer's benefits office or call the Member Services Department at **1-888-333-4742**. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a physician's office, see "Physician and Other Professional Office Visits." For services provided in a hospital emergency room, see "Emergency Room Care," and for outpatient surgical procedures, please see "Surgery - Outpatient."

When you receive a service at your home (other than home health care), your Member Cost Sharing will be the same as when the service is provided in an office or facility. For example, if you have a physician visit in your home, see "Physician and Other Professional Office Visits." If you have blood drawn at home, see "Laboratory, Radiology and Other Diagnostic Services."

THE HARVARD PILGRIM HMO - MASSACHUSETTS

General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	
	See the benefits table below
Deductible	
	None
Deductible Rollover	
	None
Out-of-Pocket Maximum	
Includes all Member Cost Sharing except Member Cost Sharing for prescription drugs, which has a separate Out-of-Pocket Maximum	\$2,000 per Member per Plan Year \$4,000 per family per Plan Year

Benefit	Member Cost Sharing:
Acupuncture Treatment for Injury or Illness	
	\$20 Copayment per visit
Ambulance and Medical Transport	
Emergency ambulance transport	No charge
Non-emergency medical transport	No charge
Autism Spectrum Disorders Treatment	
Applied behavior analysis	\$20 Copayment per visit
Chemotherapy and Radiation Therapy	
Chemotherapy	No charge
Radiation therapy	No charge
Dental Services	
Important Notice: Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.	
Extraction of teeth impacted in bone (performed in a physician's office)	No charge
Pediatric Dental Care for children (up to the age of 13) – limited to 2 preventive dental exams per Plan Year	\$20 Copayment per visit
Dialysis	
	No charge
Installation of home equipment	No charge
Durable Medical Equipment	
Durable medical equipment	30% Coinsurance
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge
Oxygen and respiratory equipment	No charge
Early Intervention Services	
	No charge

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Early Intervention Services (Continued)	
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.	
Emergency Room Care	
	\$100 Copayment per visit
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the hospital directly from the emergency room. Please see "Hospital - Inpatient Services," "Observation Services," or "Surgery – Outpatient" for the Member Cost Sharing that applies to these benefits.	
Fertility Services (see the Benefit Handbook for details)	
	Your Member Cost Sharing will depend upon the types of services provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits."
Gender Affirming Surgery	
	Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."
Hearing Aids (for Members up to the age of 22)	
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	30% Coinsurance
Home Health Care	
	No charge
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.	
Hospice – Outpatient	
	No charge
Hospital – Inpatient Services	
Acute hospital care	\$500 Copayment per admission
Inpatient maternity care	\$500 Copayment per admission
Inpatient routine nursery care	No charge
Inpatient rehabilitation – limited to 60 days per Plan Year	No charge
Skilled nursing facility – limited to 100 days per Plan Year	No charge
Infertility Services and Treatments (see the Benefit Handbook for details)	
	Your Member Cost Sharing will depend upon where the service is provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits." For inpatient hospital care, see "Hospital – Inpatient Services."

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Laboratory, Radiology and Other Diagnostic Services	
Laboratory	No charge
Genetic testing	No charge
Radiology	No charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	\$100 Copayment per procedure
Other diagnostic services	No charge
Low Protein Foods	
	No charge
Maternity Care - Outpatient	
Routine outpatient prenatal and postpartum care	No charge
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under "Physician and Other Professional Office Visits" and when not specifically listed above, Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under "Laboratory, Radiology and Other Diagnostic Services."	
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs received in a physician's office or other outpatient facility	No charge
Medical drugs received in the home	No charge
Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the Member Cost Sharing listed above will apply.	
Medical Formulas	
	No charge
Mental Health and Substance Use Disorder Treatment	
Inpatient services	\$500 Copayment per admission
Intermediate care services	No charge
Annual mental health wellness examination performed by a licensed mental health professional. Please Note: Your annual mental health wellness examination may also be provided by a PCP as part of your annual routine examination for preventive care.	No charge
Outpatient group therapy	\$10 Copayment per visit
Outpatient individual therapy	\$20 Copayment per visit
Outpatient treatment, including outpatient detoxification and medication management	\$20 Copayment per visit
Outpatient methadone maintenance	No charge
Outpatient psychological testing and neuropsychological assessment	No charge

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Mental Health and Substance Use Disorder Treatment (Continued)	
Outpatient telemedicine virtual visit – group therapy	\$10 Copayment per visit
Outpatient telemedicine virtual visit services – including individual therapy, detoxification, and medication management	\$20 Copayment per visit
Observation Services	
	\$500 Copayment per observation stay
Ostomy Supplies	
	30% Coinsurance
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits)	
Routine examinations for preventive care, including immunizations	No charge
Not all services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services Notice on our website at www.harvardpilgrim.org . Please see "Laboratory, Radiology and Other Diagnostic Services" for the Member Cost Sharing that applies to diagnostic services not included on this list.	
Consultations, evaluations, sickness and injury care	Level 1: \$20 Copayment per visit Level 2: \$35 Copayment per visit
Cost sharing level varies depending on the type of provider. Please refer to the beginning of this Schedule of Benefits to determine which cost sharing level applies.	
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."	
Office based treatments and procedures, including, but not limited to administration of injections, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, and surgical procedures	No charge
Administration of allergy injections	\$5 Copayment per visit
Preventive Services and Tests	
	No charge

(Continued on next page)

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit		Member Cost Sharing:
Preventive Services and Tests (Continued)		
Under federal and state law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women, and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services Notice on our website at www.harvardpilgrim.org . You may also get a copy of the Preventive Services Notice by calling the Member Services Department at 1-888-333-4742 . Harvard Pilgrim will add or delete services from this benefit for preventive services and tests in accordance with federal and state guidance.		
The following additional preventive services, tests and devices: alpha-fetoprotein (AFP), fetal ultrasound, hepatitis C testing, lead level testing, prostate-specific antigen (PSA) screening, routine hemoglobin tests, group B streptococcus (GBS), routine urinalysis, blood pressure monitor, retinopathy screening, and international normalized ratio (INR) testing.	No charge	
Prosthetic Devices		
	20% Coinsurance	
Rehabilitation and Habilitation Services - Outpatient		
Cardiac rehabilitation	\$35 Copayment per visit	
Pulmonary rehabilitation therapy	No charge	
Speech-language and hearing services	\$35 Copayment per visit	
Physical and occupational therapies – combined up to 60 visits per Plan Year	\$35 Copayment per visit	
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children under the age of three and (2) the treatment of Autism Spectrum Disorders.		
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Colonoscopy, endoscopy and sigmoidoscopy	\$150 Copayment per visit	
Spinal Manipulative Therapy (including care by a chiropractor)		
– Limited to 12 visits per Plan Year	\$20 Copayment per visit	
Surgery – Outpatient		
	\$150 Copayment per visit	
Telemedicine Virtual Visit Services - Outpatient		
	Level 1: \$20 Copayment per visit Level 2: \$35 Copayment per visit	
For inpatient hospital care, see “Hospital — Inpatient Services” for cost sharing details.		
Urgent Care Services		
Doctor On Demand	\$20 Copayment per visit	
Important Note: Doctor On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctor On Demand, including how to access them, please visit our website at www.harvardpilgrim.org .		
Convenience care clinic	\$20 Copayment per visit	
Urgent care center	\$35 Copayment per visit	

THE HARVARD PILGRIM HMO - MASSACHUSETTS

Benefit	Member Cost Sharing:
Urgent Care Services (Continued)	
Hospital urgent care center	\$35 Copayment per visit
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefit. For example, if you have an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."	
Vision Services	
Routine eye examinations – limited to 1 exam per Plan Year	\$20 Copayment per visit
Vision hardware for special conditions	No charge
Voluntary Sterilization in a Physician's Office	
	No charge
Voluntary Termination of Pregnancy	
	No charge
Wigs and Scalp Hair Protheses as required by law	
– Limited to \$350 per Plan Year (see the Benefit Handbook for details)	No charge

General List of Exclusions MASSACHUSETTS

The following list identifies services that are generally excluded from Harvard Pilgrim Plans. Additional services may be excluded related to access or product design. For a complete list of exclusions please refer to the specific plan's Benefit Handbook.

Exclusion
<p>Alternative Treatments</p> <ul style="list-style-type: none"> • Acupuncture care, except when specifically listed as a Covered Benefit. • Acupuncture services that are outside the scope of standard acupuncture care. • Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit. • Aromatherapy, treatment with crystals and alternative medicine. • Any of the following types of programs: Health resorts, spas, recreational programs, camps, outdoor skills programs, therapeutic or educational boarding schools, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs). • Massage therapy. • Myotherapy.
<p>Dental Services</p> <ul style="list-style-type: none"> • Dental Care, except when specifically listed as a Covered Benefit. • Temporomandibular Joint Dysfunction (TMD) care, except as described in the Plan's <i>Benefit Handbook</i>. • Extraction of teeth, except when specifically listed as a Covered Benefit. • Pediatric dental care, except when specifically listed as a Covered Benefit.
<p>Durable Medical Equipment and Prosthetic Devices</p> <ul style="list-style-type: none"> • Any devices or special equipment needed for sports or occupational purposes. • Any home adaptations, including, but not limited to home improvements and home adaptation equipment. • Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services. • Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.
<p>Experimental, Unproven, or Investigational Services</p> <ul style="list-style-type: none"> • Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.
<p>Foot Care</p> <ul style="list-style-type: none"> • Foot orthotics, except for the treatment of severe diabetic foot disease or systemic circulatory disease. • Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members diagnosed with diabetes or systemic circulatory disease.
<p>Maternity Services</p> <ul style="list-style-type: none"> • Delivery outside the Service Area after the 37th week of pregnancy, or after you have been told that you are at risk for early delivery. • Planned home births. • Services provided by a doula. • Routine pre-natal and post-partum care when you are traveling outside the Service Area.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Exclusion

Mental Health and Substance Use Disorder Treatment

- Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided (1) for educational services intended to enhance educational achievement or developmental functioning, (2) to resolve problems of school performance, (3) for driver alcohol education, or (4) for community reinforcement approach and assertive continuing care.
- Any of the following types of programs: programs in which the patient has a pre-defined duration of care without the Plan's ability to conduct concurrent determinations of continued medical necessity, programs that only provide meetings or activities not based on individualized treatment plans, programs that focus solely on interpersonal or other skills rather than directed toward symptom reduction and functional recovery related to specific mental health disorders, and tuition based programs that offer educational, vocational, recreational, or personal developmental activities.
- Sensory integrative praxis tests.
- Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder.
- Mental health and substance use disorder treatment that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health.
- Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective.
- Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.

Physical Appearance

- Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, and (3) post-mastectomy care.
- Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy.
- Liposuction or removal of fat deposits considered undesirable.
- Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures).
- Skin abrasion procedures performed as a treatment for acne.
- Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin.
- Treatment for spider veins.
- Wigs and scalp hair prostheses when hair loss is due to male pattern baldness, female pattern baldness, or natural or premature aging.

Procedures and Treatments

- Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray.
- Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit.
- Commercial diet plans, weight loss programs and any services in connection with such plans or programs. **Please note:** If you have coverage through an employer group plan, your employer may participate in other wellness and health improvement incentive programs offered by Harvard Pilgrim. Please review all your Plan documents for the amount of incentives, if any, available under your Plan.
- Gender affirming services including reassignment surgery and all related drugs and procedures for self-insured groups, except when specifically listed as a Covered Benefit.
- If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a provider that has not been designated as a Center of Excellence.
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).
- Physical examinations and testing for insurance, licensing or employment.
- Services for Members who are donors for non-members, except as described under Human Organ Transplant Services.
- Testing for central auditory processing.
- Group diabetes training, educational programs or camps.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Exclusion
<p>Providers</p> <ul style="list-style-type: none"> • Charges for services which were provided after the date on which your membership ends. • Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and hospital or other facility charges, that are related to any care that is not a Covered Benefit. • Charges for missed appointments. • Concierge service fees. (See the Plan's <i>Benefit Handbook</i> for more information.) • Follow-up care after an emergency room visit, unless provided or arranged by your PCP. • Inpatient charges after your hospital discharge. • Provider's charge to file a claim or to transcribe or copy your medical records. • Services or supplies provided by: (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.
<p>Reproduction</p> <ul style="list-style-type: none"> • Any form of Surrogacy or services for a gestational carrier other than covered maternity services. • Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment. • Infertility drugs, if infertility services are not a Covered Benefit. • Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage. • Infertility treatment for Members who are not medically infertile. • Infertility treatment and birth control drugs, implants and devices, except when specifically listed as a Covered Benefit. • Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal). • Sperm collection, freezing and storage except as described in the Plan's <i>Benefit Handbook</i>. • Sperm identification when not Medically Necessary (e.g., gender identification). • The following fees: wait list fees, non-medical costs, shipping and handling charges etc. • Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit. • Voluntary termination of pregnancy, except when specifically listed as a Covered Benefit.
<p>Services Provided Under Another Plan</p> <ul style="list-style-type: none"> • Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities. • Costs for services for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.
<p>Telemedicine Services</p> <ul style="list-style-type: none"> • Telemedicine services involving e-mail or fax. • Provider fees for technical costs for the provision of telemedicine services.
<p>Types of Care</p> <ul style="list-style-type: none"> • Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities. • All institutional charges over the semi-private room rate, except when a private room is Medically Necessary. • Pain management programs or clinics. • Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation. • Private duty nursing. • Sports medicine clinics. • Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.
<p>Vision and Hearing</p> <ul style="list-style-type: none"> • Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit. • Hearing aids, except when specifically listed as a Covered Benefit. • Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD. • Over the counter hearing aids. • Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism. • Routine eye examinations, except when specifically listed as a Covered Benefit.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Exclusion

All Other Exclusions

• Any service or supply furnished in connection with a non-Covered Benefit. • Any service or supply (with the exception of contact lenses) purchased from the internet. • Any service, supply or medication when there is a less intensive Covered Benefit or more cost-effective alternative that can be safely and effectively provided. • Any service, supply or medication that is required by a third party that is not otherwise Medically Necessary (examples of a third party are an employer, an insurance company, a school or court). • Beauty or barber service. • Diabetes equipment replacements when solely due to manufacturer warranty expiration. • Donated or banked breast milk. • Externally powered exoskeleton assistive devices and orthoses. • Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law and prescribed for Members who meet HPHC policies for enteral tube feedings. • Guest services. • Medical equipment, devices or supplies except as described in the Plan's *Benefit Handbook*. • Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services. • Reimbursement for travel expenses, except as described in the Plan's *Benefit Handbook*. Excluded services include but are not limited to: Alcohol and tobacco; Childcare expenses; Entertainment; Expenses for anyone other than you and your companion; First class, business class and other luxury transportation services; Lodging other than at a hotel or motel; Lost wages; Meals; Personal care and hygiene items; Telephone calls; Tips and gratuities. • Services for non-Members. • Services for which no charge would be made in the absence of insurance. • Services for which no coverage is provided in the Plan's *Benefit Handbook*, this Schedule of Benefits, or the Prescription Drug Brochure (if applicable). • Services provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor. • Services that are not Medically Necessary. • Services your PCP or a Plan Provider has not provided, arranged or approved except as described in the *Handbook* sections "Your PCP Manages Your Health Care" and "Using Plan Providers". • Taxes or governmental assessments on services or supplies. • Transportation, except for emergency ambulance transport, and non-emergency medical transport needed for transfer between hospitals or other covered health care facilities or from a covered facility to your home when Medically Necessary. • Air conditioners, air purifiers and filters, dehumidifiers and humidifiers. • Car seats. • Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners. • Electric scooters. • Exercise equipment. • Home modifications including but not limited to elevators, handrails and ramps. • Hot tubs, jacuzzis, saunas or whirlpools. • Mattresses. • Medical alert systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.

Prescription Drug Coverage

Tier 1

Generic drugs, certain over-the-counter medications, and selected brand-name drugs

Tier 2

Brand-name drugs without generic equivalents and some high-cost generic drugs

Tier 3

Drugs not in Tier 1 or Tier 2 (non-preferred brands, and highest cost generics)

Your Drug Coverage

What is covered?

- Most generic drugs
- Select brand-name drugs without generic equivalents
- Certain over-the-counter medications

What is not covered?

- Most brand-name drugs with generic equivalents
- Cosmetic drugs
- Some brand-name and higher-cost generic drugs

Are there limitations on certain drugs?

Yes, we may limit the quantity of some drugs we cover. For example, you may be able to receive only a certain number of pills or doses.

Do some drugs require prior authorization?

Yes, certain drugs do require prior authorization. This process helps us ensure that you are using the most effective and safe medications for your health conditions. Your prescriber must request prior authorization on your behalf.

Can I request an exception?

Yes. If you need a drug that we either don't cover or limit, you or your provider can ask us for an exception. For details, visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx). Choose the year and then **Premium 3-Tier** for information on exceptions.

What is step therapy?

Step therapy is a process that requires you to first try one drug for a medical condition before we cover another drug for that condition. For example, if Drug A and Drug B both treat the same medical condition, we may require you to try Drug A first. If Drug A does not work, then we will cover Drug B.*

How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy.

Visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx), choose the year and then **Premium 3-Tier** to find out how your drugs are covered.

What kinds of over-the-counter medications are available in Tier 1?

Tier 1 includes certain cough, cold and allergy medicines; skin treatments (dermatology); stomach medicines (gastrointestinal); pain relievers; and eye preparations (ophthalmic).

How can I get an over-the-counter medication covered under my prescription drug benefit?

Visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) and choose the year and then **Premium 3-Tier**. Use the Prescription Drug Lookup to find out which over-the-counter medications are included in Tier 1. Ask your provider to write a prescription for the generic version and have it filled at a participating pharmacy.

*If you have already tried Drug A or are unable to try Drug A, an exception may be granted.



Filling Your Prescriptions

Where can I get my prescriptions filled?

You can get your prescriptions filled at any of the more than 68,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your pharmacy is in the network, visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx), choose the year and then **Premium 3-Tier** to find participating pharmacies.

Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program.

To learn more, visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx), choose the year and then **Premium 3-Tier** for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program.

If you have questions about your prescription drugs, please speak with your doctor.

What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) for information on our specialty pharmacy program, choose the year and then **Premium 3-Tier** for details.

What do I pay for my medications?

Depending on your plan, your payments — also called “cost sharing” — may include a combination of copayments, coinsurance and a deductible. Refer to the Prescription Drug Coverage insert or Schedule of Benefits to find out what you will pay when you pick up prescriptions at the pharmacy.



Learn more at [harvardpilgrim.org/rx](https://www.harvardpilgrim.org/rx) or call **888-333-4742** TTY: **711**.

Prescription Drug Coverage

PREMIUM 3 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	Up to a 30-day supply: \$10 Copayment per prescription or prescription refill Up to a 90-day supply: \$30 Copayment per prescription or prescription refill	\$20 Copayment per prescription or prescription refill
Tier 2	Up to a 30-day supply: \$25 Copayment per prescription or prescription refill Up to a 90-day supply: \$75 Copayment per prescription or prescription refill	\$50 Copayment per prescription or prescription refill
Tier 3	Up to a 30-day supply: \$50 Copayment per prescription or prescription refill Up to a 90-day supply: \$150 Copayment per prescription or prescription refill	\$110 Copayment per prescription or prescription refill

Your plan has an annual Out-of-Pocket Maximum for prescription drug costs. Your Out-of-Pocket maximum Coinsurance is \$3,000 per Member/\$6,000 per family. Once you have reached the Out-of-Pocket Maximum (including deductible, copayment and coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit www.harvardpilgrim.org/2024Premium3T for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.





SmartStart Program

Make your switch to Harvard Pilgrim easier than ever.

New plan. New benefits. Questions answered.



How soon do I get my ID card?



How can I confirm coverage for an upcoming appointment or procedure?



How will my medications be covered?

SmartStart will guide you through enrollment even before your plan is active.



Pre-enrollment phone line

Our pre-enrollment call center dedicated team will help answer your questions about your new benefits and connect you with a nurse care manager when you or your dependents have complex medical conditions —providing needed support even before your new plan is active.

Contact us at SmartStart@harvardpilgrim.org or call (866) 874-0817 for answers to your questions.



Member online secure account

Visit harvardpilgrim.org/create to activate your secure account to quickly and securely access your personal health plan benefits information such as:

- › View your ID card
- › Find a doctor or a hospital
- › Select a Primary Care Provider (PCP)
- › Estimate your out of pocket costs and more

Member Secure Account and Mobile App

Quickly access your benefits

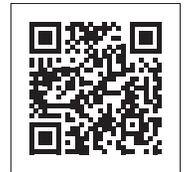
Log in at harvardpilgrim.org/login or activate your secure online account at harvardpilgrim.org/create or via the Harvard Pilgrim mobile app¹, to quickly and securely access your health plan benefits information.

- › Understand your coverage
- › Check your claims, referrals, and authorizations
- › View plan limits, including your out-of-pocket costs
- › Find a doctor or a hospital
- › Select or change your Primary Care Provider (PCP)
- › Estimate your costs²
- › Access health and wellness resources

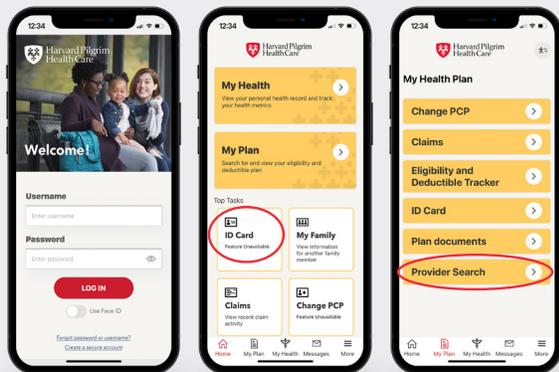
Watch our member secure account video:



English



Spanish



1. Log in to your account at harvardpilgrim.org/login
2. Click "ID card" to view your card. If you are using the app, you can add the ID card to your Apple Wallet or Google Pay by clicking on the "add" button
3. Looking for a new provider? Click "Provider Search"



- › Remember to present your member ID card when receiving health care services, such as office visits, prescription refills or lab tests. This allows your providers to quickly access your health plan benefits and help you get the most out of your plan.

Get started by logging in to your member secure account at harvardpilgrim.org/login

¹ Some features are website features integrated into the mobile app: change PCP, ID Card, Other Documents, Plan Documents. Other features while offered on the website, function differently on the mobile app: claims, eligibility and deductible tracker, and provider search.

² Estimating costs feature is not available on the mobile app

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Civil Rights Compliance Officer

1 Wellness Way

Canton, MA 02021

866-750-2074, TTY service: 711,

Fax: 617-509-3085

Email: civil.rights@point32health.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at

hhs.gov/ocr/office/file/index.html

Telehealth

Provided by Doctor On Demand

Access virtual health care in minutes 24/7

Connect with a U.S. board-certified provider via your smartphone, tablet or computer from anywhere in the world^{1,2} and in less than 15 minutes. Get care for concerns such as bronchitis, sinus issues, pink eye, UTIs, or skin rashes.

Access confidential therapy your way

Doctor On Demand licensed providers can support you with concerns such as anxiety, depression, grief, family issues, trauma or PTSD. Choose from a variety of therapists with different backgrounds and specialties, and build a relationship with the provider who best meets your needs. Doctor On Demand providers can also order your prescription³ at your local pharmacy when medically necessary.



95% case resolution rate



4.5 min average wait time



4.9 out of 5 stars average rating



Providers with 17+ years average experience and diverse background



60%
Female



69%
Parents

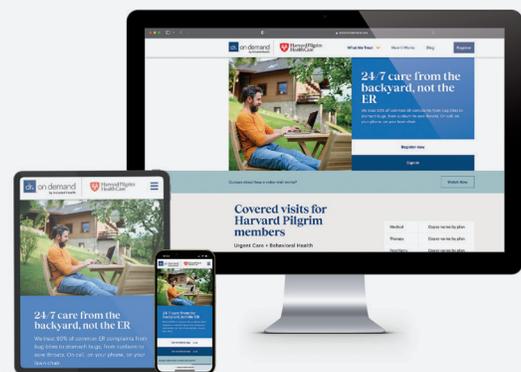


20%
LGBTQ+

What our members are saying:

"With Doctor On Demand I don't have rearrange my schedule and worry about the logistics of driving to an office. The service works around me and my family instead."

-Harvard Pilgrim Health Care Member



Set up your account at doctorondemand.com/harvard-pilgrim

¹In case of emergency, please call 9-1-1 or visit the nearest emergency department.

²This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List). Physicians will not order prescriptions for patients calling from outside the U.S.

³Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.



Get Confidential Therapy Your Way

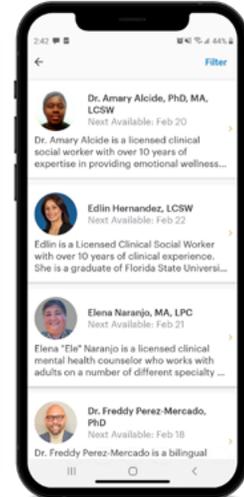
Talk to a Doctor On Demand Provider
and Establish an Ongoing Relationship

From talk therapy to medication¹ management, Doctor On Demand licensed providers are here to support you and your dependents by video or phone visits, with concerns such as anxiety, depression, seasonal affective disorder, or PTSD. Appointments are confirmed in less than 72 hours.

How to request a visit

- › Download the Doctor On Demand app from the **App Store** or **Google Play** and **set up your account**
- › Request a visit and answer a few questions
- › Select the provider of your choice and the appointment that works best for you

"I was able to get a prescription at my local pharmacy and a dr's note stating my return to work date for my employer. Best part, my insurance covered it!" – Lois



More diversity among providers
to improve health equity 60%
female 20% LGBTQ+ BH Specialists

Set up your account at patient.doctorondemand.com/register

When you or your dependents need non-emergency care, talk to a doctor 24/7 and save time and money. You can even receive your prescription at your local pharmacy when medically necessary.

1 dr+ on demand doctors are unable to write prescriptions for controlled substances such as benzodiazepines (e.g. Xanax, Ambien) and stimulants (e.g. Adderall, Ritalin). Please see a doctor in person if you require medication classified as a controlled substance. Testimonial reflects this member's experience.



REASONS FOR SUBMISSION (PLEASE CHECK ONE) <input type="checkbox"/> NEW ENROLLMENT/CONTRACT <input type="checkbox"/> CHANGE TO CONTRACT <input type="checkbox"/> TERMINATE CONTRACT	QUALIFYING EVENT DATE: _____ <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> COBRA <input type="checkbox"/> LOSS OF INSURANCE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> BIRTH/ADOPTION <input type="checkbox"/> P/T TO F/T <input type="checkbox"/> MARRIAGE/DIVORCE <input type="checkbox"/> MOVED IN/OUT OF SERVICE AREA <input type="checkbox"/> DEATH <input type="checkbox"/> VOLUNTARY CANCELLATION
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REASON FOR CHANGES (CHECK ALL THAT APPLY)
 CHANGE COVERAGE TYPE ADD DEPENDENT LISTED TERMINATE DEPENDENT LISTED TRANSFER/RE-ENROLL TO COBRA
 OTHER: _____

EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)

EMPLOYER/GROUP NAME	GROUP #DIVISION	DATE OF HIRE	EFFECTIVE DATE OF COVERAGE
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SUBSCRIBER INFORMATION

HP ID	PRODUCT: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> ACCESS AMERICA	PLAN NAME		
SUBSCRIBER FIRST NAME	MI	LAST NAME	DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SSN	HOME PHONE	WORK PHONE	CELL PHONE	EMAIL
STREET ADDRESS (NO PO BOX)		APT #	CITY	STATE ZIP
PRIMARY LANGUAGE (OPTIONAL)	PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID #

SPOUSE INFORMATION

SPOUSE FIRST NAME	MI	LAST NAME	DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
SSN	MAILING ADDRESS (IF DIFFERENT)			RELATION CODE
PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID #	

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	MI	LAST NAME	DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)				SSN	
PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID#		

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	MI	LAST NAME	DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)				SSN	
PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID#		

DEPENDENT INFORMATION

DEPENDENT FIRST NAME	MI	LAST NAME	DOB	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	RELATION CODE
MAILING ADDRESS (IF DIFFERENT)				SSN	
PCP FULL NAME	PCP TOWN	CURRENT PATIENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PCP ID#		

PLEASE CHECK IF USING ADDITIONAL MEMBERSHIP APPLICATIONS FOR DEPENDENT CHILDREN. BE SURE TO COMPLETE EMPLOYER AND SUBSCRIBER SECTIONS ON ADDITIONAL FORMS

OTHER INSURANCE – IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.

ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR HPHC POLICY IS IN EFFECT? YES, PLEASE COMPLETE NO

NAME OF HEALTH PLAN	HEALTH PLAN ID NUMBER	EFFECTIVE DATE	NAMES OF SUBSCRIBER
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MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM. BENEFITS UNDER THE PLAN WILL BE EXPLAINED IN YOUR EVIDENCE OF COVERAGE (EOC). I UNDERSTAND THAT HARVARD PILGRIM MAY OBTAIN PERSONAL AND MEDICAL INFORMATION TO ADMINISTER THE PLAN. FOR AN EXPLANATION OF HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION, PLEASE READ YOUR NOTICE OF PRIVACY PRACTICES. MAINE MEMBERS: YOU UNDERSTAND THAT YOUR EOC INCLUDES A SUBROGATION PROVISION THAT PERMITS SUBROGATION PAYMENTS TO US ON A JUST AND EQUITABLE BASIS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.

EMPLOYEE SIGNATURE _____ DATE _____ EMPLOYER SIGNATURE _____ DATE _____
 Enrollment Form CC4317

Thank you for choosing Harvard Pilgrim Health Care.

Please read the following instructions prior to completing this enrollment/change form. This form may be used for all enrollment transactions (Adding coverage, changing coverage, terminating coverage). In order to add, change or terminate coverage you must (1) experience a qualifying event, (2) complete this enrollment, and (3) provide the completed form to your employer within the allowed timeframe or approved retroactive period.

Qualifying Events:

New Enrollment	Contract change	Termination
Open Enrollment	Open Enrollment	Open Enrollment
New hire date	Marriage/Divorce	Voluntary Cancellation
Probationary Period (if applicable)	Birth/Adoption/Court Order	Left Employment
Loss of Insurance	Loss of Insurance	Moved from Area
Employment Status Change	Loss of Employer Premium contributions	No Longer Eligible (e.g. deceased, LOA, laid off, COBRA nonpayment)

Employer Section: Your Employer must fill out this section as well as the Reason for Submission in full for any transactions that this form is used for.

Member Section: Please complete all of the employee sections of this membership application in full. Failure to do so could delay enrollment. You will receive your ID card(s) and member benefit documents after your enrollment has been fully processed. If you are adding or removing a dependent(s), just include the details about the dependent(s) that you are adding or removing off the plan.

- ❖ **Product/Plan Name:** Please be sure to fill in the correct product code for the plan you have selected. Your options are HMO, POS, PPO and Access America. If your employer offers multiple Harvard Pilgrim Plans, please indicate the Plan name as listed on the enrollment materials to help clearly differentiate the plan you are choosing. If you know the Plan MD # (MD0000016670) the number to identify the plan/product please include the information.
- ❖ **Personal Information:** In addition to yourself, please include the personal information for every dependent that will be enrolled on the Plan. **IMPORTANT: Social security numbers (or personal tax identification number) for each member on the plan are needed to ensure that federal regulatory reporting requirements are met. Social security numbers are not displayed on the member's ID card.**
- ❖ **Primary Care Provider:** If your plan is an HMO or POS, you will need to select a primary care provider (PCP). If your plan requires one, it is important that you choose a PCP right away. Be sure to fill out this section for all members, including dependents. Write the Harvard Pilgrim PCP ID (not the phone number) and the full name of the doctor you have chosen to coordinate your health care without a PCP assignment, your in-network benefits may be limited to emergency services only. To find a PCP or lookup the PCP ID, visit www.harvardpilgrim.org, and use the doctor search feature available in the Member Section.
- ❖ **Relation Code:** Please use one of the following codes to designate the dependent's relationship to the Employee:
 - 02 Spouse/Civil Union
 - 03 Child up to age 26
 - 06 Disabled (verification required)
 - 07 Ex-spouse
 - DP Domestic Partner
 - SE Spousal Equivalent

When this application is complete: Please sign the enrollment form and provide it to your employer. Your employer will need to sign this form and will forward this application to Harvard Pilgrim Health Care for processing. If you need additional assistance completing this form or selecting a PCP, please call a member services coordinator at 1-888-333-4742.

Coverage underwritten or administered by Harvard Pilgrim Health Care. Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Additional Benefit Details

- ¹ Estimating costs and some other features are not available on the mobile app.
- ² Your health plan may require a referral and/or prior authorization before you receive services from a cost-effective provider. To ensure the services will be covered, please refer to your plan documents or contact Harvard Pilgrim at 888-333-4742. For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit harvardpilgrim.org/reducemycosts/maine. Cash rewards comes in an e-gift card format that is emailed directly to the member. Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- ³ This excludes U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands) and certain other countries (e.g., nations on the U.S. Sanctions List).
- ⁴ Physicians will not order prescriptions for patients calling from outside the U.S. and they do not provide Schedule I-IV DEA controlled substances and may elect not to treat or prescribe other medications based on what is clinically appropriate.
- ⁵ AbleTo is available to Harvard Pilgrim members. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- ⁶ Valera Health services, Northeast Health Services and Cortica autism services providers are located only in Massachusetts. Member cost sharing may apply. Members should refer to their plan documents for specific details regarding their coverage and benefits.
- ⁷ This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care.

General Notice About Nondiscrimination and Accessibility Requirements

Harvard Pilgrim Health Care and its affiliates as noted below (“HPHC”) comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Harvard Pilgrim Health Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with:

Civil Rights Compliance Officer

1 Wellness Way
Canton, MA 02021

866-750-2074, TTY service: 711,
Fax: 617-509-3085

Email: civil.rights@point32health.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
hhs.gov/ocr/office/file/index.html

Language Assistance Services

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

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

العربية (Arabic)

انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 888-333-4742 (TTY: 711)

ខ្មែរ (Cambodian) សំនុំជូនដំណឹង: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).

Contact Us

Member Services

888-333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

Harvard Pilgrim Health Care offers interpreter services. Call 844-442-7324 (TTY: 711)

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.