

Four Facts: The Harvard Pilgrim Best Buy PPO – Massachusetts

- 1 Some in-network services are subject to the deductible.**
 - To see which in-network services are subject to the deductible, see the other side of this page. With some plans you may have to pay cost sharing (e.g., copayments or coinsurance) for certain services after you meet the annual deductible. See the *Schedule of Benefits* for details.
- 2 Most out-of-network services are subject to the deductible and coinsurance.**
 - An out-of-network provider may bill you for the difference between the provider's charges and Harvard Pilgrim's allowed payment.
- 3 Emergency services may be subject to the deductible and/or a copayment.**
 - Emergency services are covered at the in-network benefit level, anywhere in the world. Please note that Harvard Pilgrim must be notified within 48 hours, or as soon as you can, if you are hospitalized.
 - Please check the *Schedule of Benefits* to see what kind of cost sharing you have to pay for emergency services.
 - The emergency room copayment amount may be different than your office visit copayment amount. See the *Schedule of Benefits* for details.
 - If your plan requires you to pay toward the deductible for emergency services, you will be responsible for the emergency room copayment after the deductible has been met.
 - Whenever you are admitted directly to the hospital from the emergency room, you do not have to pay the emergency room copayment.
- 4 Harvard Pilgrim creates your Activity Summary monthly.**
 - The Activity Summary is not a bill. It lists the services you received, any payments Harvard Pilgrim made to the provider for your care, and any amounts you may owe the provider. A new summary will post each month to your secure *HPHConnect* for Members account at www.harvardpilgrim.org.
 - You'll receive a monthly Activity Summary in the mail when you are responsible for a deductible, coinsurance or an amount not covered by your plan.
 - Your provider will bill you separately. Compare the provider's bill with your Harvard Pilgrim statement to verify the services you received and any amounts you may have paid or still may owe to the provider.

Glossary

DEDUCTIBLE: An amount you must pay annually for certain covered services. This means you may have to pay all or part of a bill for services, until you have paid your total deductible amount.

COPAYMENT: A fixed dollar amount you must pay at the time of your visit or when the provider bills you. Some plans have two levels of copayments for outpatient visits. What you pay depends on the type of provider you visit, the service you receive or the location of the service.

COINSURANCE: A percentage of the cost of covered services that you must pay after you have paid your full, annual deductible amount.

IN-NETWORK SERVICES: Refers to covered services received from the doctors, other health professionals and hospitals that have agreements to care for our members and participate in Harvard Pilgrim's provider network.

OUT-OF-NETWORK SERVICES: Refers to covered services received from doctors, other health professionals and hospitals that do not participate in Harvard Pilgrim's provider network.

If you have questions about your Best Buy PPO coverage, please call the Member Services department at (888) 333-4742. For TTY service, call (800) 637-8257.



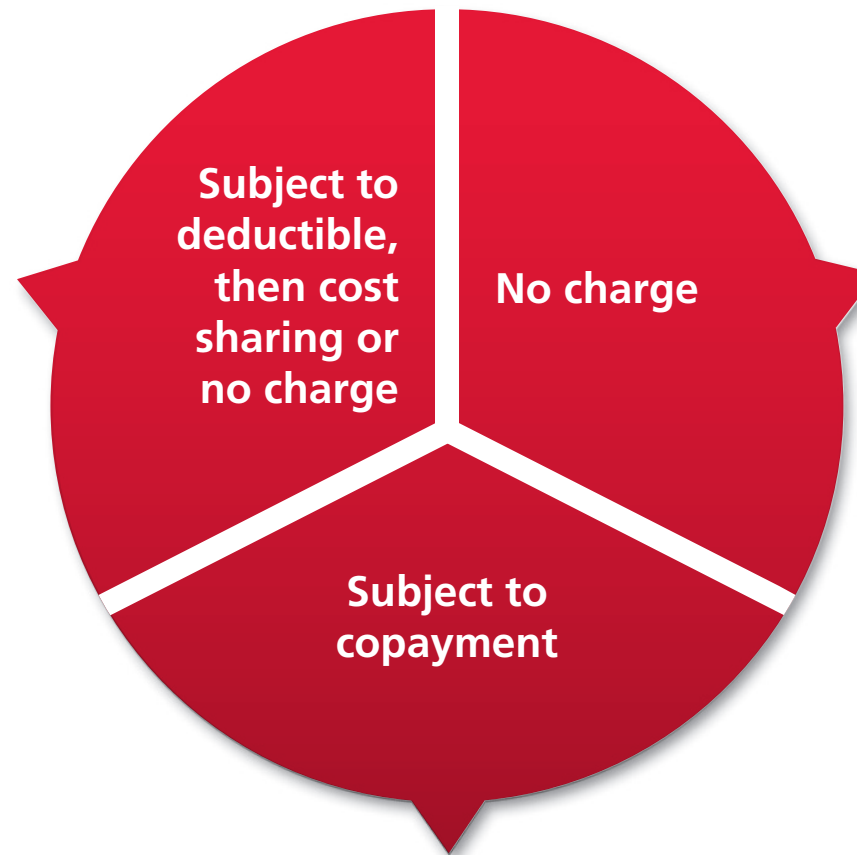
Harvard Pilgrim
Health Care

The Harvard Pilgrim Best Buy PPO – Massachusetts

IN-NETWORK SERVICES ONLY These are examples of covered in-network services. **Most out-of-network services are subject to the annual deductible and out-of-network coinsurance.** Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in the event that the information in this document is different.

- Diagnostic procedures, including lab tests, MRIs and X-rays
- Treatments and procedures, including surgical procedures, allergy treatments and dialysis
- Therapeutic procedures, such as occupational therapy, speech therapy and physical therapy
- Cardiac rehabilitation
- All inpatient hospital services, including inpatient maternity
- Inpatient mental health, drug and alcohol rehabilitation, and detoxification
- Hospital outpatient department services and day surgery
- Home health care services
- Skilled nursing care
- Ambulance transport
- Emergency services*

* The deductible may not apply to emergency services on all plans. Check the Schedule of Benefits for details.



- Exams for illness or injuries
- Routine eye exams
- Routine hearing exams
- Consultations with specialists
- Outpatient behavioral health services
- Outpatient substance abuse services

- Preventive tests and services, including:
 - Adult annual visits
 - Well child visits
 - Annual gynecological visits
 - Routine pre-natal and post-partum visits
 - Cervical cancer screening, including Pap smears
 - Immunizations, including flu shots (for children and adults as appropriate)
 - Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test
 - Cholesterol screening (for adults only) and total cholesterol tests
 - Diabetes screenings
 - Blood pressure screening (adults, without known hypertension)
 - Breast cancer screening, including mammograms and counseling for genetic susceptibility
- Blood glucose monitors, insulin pumps and infusion devices
- Routine nursery charges
- Fetal ultrasounds

Please note: Services you receive during different kinds of visits and exams may be subject to the deductible.

This product is offered in Massachusetts to members who purchase coverage themselves and to members enrolled through Massachusetts-based employers.