

# How services are covered

These are partial lists of covered services. For PPO plans, this information applies only to in-network services; most out-of-network services are subject to the annual deductible and out-of-network coinsurance.

<b>Deductible<sup>1</sup></b>	<ul style="list-style-type: none"><li>• Emergency services: ambulance, hospital emergency room</li><li>• All inpatient hospital services, including inpatient maternity</li><li>• Diagnostic tests, including lab tests,<sup>2</sup> MRIs and X-rays</li><li>• Treatments and therapeutic procedures, including day surgery;<sup>2</sup> allergy treatments; dialysis; and occupational, speech and physical therapy</li></ul>
<b>Copayment</b>	<ul style="list-style-type: none"><li>• Consultations and exams for illness or injuries with PCP, specialist or urgent care facility</li><li>• Routine eye and hearing exams</li><li>• Chiropractic and acupuncture treatment</li><li>• Outpatient behavioral health and substance use disorder treatment</li></ul>
<b>No charge</b>	<ul style="list-style-type: none"><li>• Adult and child well visits</li><li>• Preventive tests and services that fall under the federal Affordable Care Act<sup>3</sup></li><li>• Routine prenatal visits, fetal ultrasounds, nursery and postnatal visits</li></ul>

<sup>1</sup> After you meet the annual deductible, these services may be covered at no charge, or you may need to pay additional cost sharing (i.e., copayments or coinsurance). Also, the deductible may not apply to all of these services on all plans. You may need to pay copayments or coinsurance instead. Be sure to check the plan Schedule of Benefits for specifics.

<sup>2</sup> With a Flex plan provider, there is no cost sharing for laboratories, and a copayment applies for day surgery.

<sup>3</sup> For full list and details visit [www.harvardpilgrim.org/public/docs/preventive-care-services](http://www.harvardpilgrim.org/public/docs/preventive-care-services).



**Read on for  
definitions and  
to learn how your  
deductible works.**

**Refer to the Schedule of Benefits for details and a complete list of benefits. The Schedule of Benefits governs in the event that this information is different.**

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

cc122302\_03102021

## Definitions

**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.

**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.

**Cost sharing:** Cost sharing is what you pay for specific health care services (e.g., office visits, X-rays and prescriptions). Coinsurance, copayments and deductibles are all examples of cost sharing.



### A note about family plans

- With family plans, there's usually an individual deductible (e.g., \$1,500) and a family deductible (e.g., \$3,000).
- The individual deductible amount (e.g., \$1,500) is the most that any covered family member can pay toward the family deductible (e.g., \$3,000).
- You'll meet the family deductible when the combined deductible expenses of your covered family members add up to the family deductible amount.

## How the deductible works

**Here's an example:** You visit your PCP's office because you're injured, and your PCP sends you for an X-ray.

- The PCP office visit for your injury is subject to copayment.
- The X-ray is subject to the deductible.



### Activity Summary

This document includes details on services you received, any payment Harvard Pilgrim made to the provider and any amounts you may owe the provider. Your Activity Summary will be posted to your member account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

If you have **not yet paid the full, annual deductible**



**then you pay all charges for the X-ray up to the deductible amount.**

If you have **already paid the full, annual deductible amount**



**then you pay nothing for the X-ray**

(assuming your plan does not have additional cost sharing for X-rays).

**In summary, you would be responsible for charges for the X-ray if you had not yet met your total deductible.**

**Questions? Please call Member Services at (888) 333-4742; TTY 711.**