

Harvard Pilgrim Health Plan HMO	
Services and Costs	Network
Annual Deductible:	None
Annual Coinsurance:	None
Annual Out-of-Pocket Maximum:	\$2,000 per person per double/family \$4,000 This is the total amount in co-pays (office visits, emergency room, inpatient or day surgery) you are required to pay each year for services, not including prescription drugs.
Hospital Services and Surgery:	Covered in full, after co-pay, with referral from Primary Care Physician (PCP)
Outpatient Co-pay:	\$250
Inpatient Co-pay:	\$350 per admission, up to a maximum of \$1,000 per calendar year
Office visits:	\$20
Maternity office visits, allergy injections, lab tests (diagnostic & screening), pap tests, mammograms, preventative services*:	Covered in full
Office visits to specialists:	\$20; Referral from PCP is required
Chiropractic Care:	\$20; Twelve visits (spinal manipulations only) per year, Must use chiropractors in Harvard Pilgrim network, No referral necessary
OB/Gyn visits:	\$20; No referral necessary, Must use Harvard Pilgrim provider
Vision Care:	\$20; No referral necessary for one annual exam from a Harvard Pilgrim provider
Mental Health/Substance Abuse:	
Inpatient Care:	Covered in full, after co-pay.
Outpatient Care:	\$20/visit individual therapy, \$10 group therapy.
Emergency Care:	
In-Network:	\$100 co-pay for emergency room, waived if admitted. Notify Harvard Pilgrim or your PCP within 48 hrs. after receiving emergency care. For non-life-threatening conditions, call your PCP before going to the emergency room, or coverage may be denied.
Out-of-Area Health Care:	For urgent or emergency care, seek attention at nearest facility. You must call Harvard Pilgrim within 48 hours of the event. Harvard Pilgrim will cover charges less the \$100 emergency co-pay. Non-urgent care and follow-up care are not covered out of the Harvard Pilgrim network.
Pediatric Dental Care:	Two preventive visits per year for children through the age of 12, Covered in full; Must use a Harvard Pilgrim dentist or services will not be covered.
Prescription Drugs:	\$10 for generic drugs \$25 for preferred brand name drugs \$45 for non-preferred brand name drugs Pharmacy Network: All participating pharmacies Mail Order: 90-day supply for two co-payments: \$20 generic \$50 preferred brand name \$90 non-preferred brand name

Harvard Pilgrim Health Plan POS	
Network	Out of Network
None	\$400 per person \$800 per double/family
None	20%
\$2,500 per person \$5,000 per double/family This is the total amount in co-pays (office visits, emergency room, inpatient or day surgery) you are required to pay each year for services, not including prescription drugs.	\$2,000 per person (Deductible and Coinsurance) \$4,000 per double/family (Deductible and Coinsurance)
Covered in full, after co-pay, with referral from Primary Care Physician	20% after deductible; pre-authorization is required
\$300	20% after deductible
\$350 per admission, up to a maximum of \$1,000 per calendar year	20% after deductible
\$25	20% after deductible
Covered in full	20% after deductible
\$25; Referral from PCP required	20% after deductible
\$25; Twelve visits (spinal manipulations only) per year, Must use chiropractors in Harvard Pilgrim network	20% coverage after deductible; Twelve visits (spinal manipulations only) per year
\$25; No referral necessary; Must use a Harvard Pilgrim provider	20% after deductible
\$25; No referral necessary; Must use a Harvard Pilgrim provider	20% after deductible
Covered in full, after co-pay.	20% after deductible.
\$25/visit individual therapy, \$10 group therapy.	20% after deductible.
\$150 co-pay for emergency room, waived if admitted. Notify Harvard Pilgrim or your PCP after receiving emergency care. For non-life-threatening conditions, call your PCP before going to the emergency room, or coverage may be denied.	For urgent or emergency care, seek attention at nearest facility. You must call Harvard Pilgrim within 48 hours of the event. Harvard Pilgrim will cover charges less the \$150 emergency co-pay. Non-urgent care and follow-up care are not covered out of the Harvard Pilgrim network.
For urgent or emergency care, seek attention at nearest facility. You must call Harvard Pilgrim within 48 hours of the event. Harvard Pilgrim will cover charges less the \$150 emergency co-pay. Non-urgent care and follow-up care are not covered out of the Harvard Pilgrim network.	For urgent or emergency care, seek attention at nearest facility. You must call Harvard Pilgrim within 48 hours of the event. Harvard Pilgrim will cover charges less the \$150 emergency co-pay. Non-urgent care and follow-up care are not covered out of the Harvard Pilgrim network.
Two preventive visits per year for children through the age of 12, Covered in full; Must use a Harvard Pilgrim dentist or services will not be covered.	20% after deductible
	\$10 for generic drugs \$25 for preferred brand name drugs \$45 for non-preferred brand name drugs Pharmacy Network: All participating pharmacies Mail Order: 90-day supply for two co-payments: \$20 generic, \$50 preferred brand name, \$90 non-preferred brand name

*Preventative services may include, but are not limited to: routine exams, screenings and tests, immunizations, certain family planning services, routine GYN exams, routine vision exams, and routine hearing exams. Please see the Schedule of Benefits for a detailed list of covered services.