

Harvard Pilgrim Health Plan HMO	
Services and Costs	Network
Annual Deductible:	None
Annual Coinsurance:	None
Annual Out-of-Pocket Maximum:	\$1,000 per person \$2,000 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.
Hospital Services and Surgery:	Covered in full, after co-pay, with referral from Primary Care Physician (PCP)
Outpatient Co-pay:	\$100
Inpatient Co-pay:	\$250 per admission, up to a maximum of \$1,000 per calendar year
Office visits:	\$15
Maternity office visits:	Covered in full
Allergy Injections:	Covered in full
Lab tests (diagnostic & screening):	Covered in full
Pap tests and mammograms:	Covered in full
Office visits to specialists:	\$15; Referral from PCP is required
Chiropractic Care:	\$15; Twelve visits (spinal manipulations only) per year, Must use chiropractors in Harvard Pilgrim network, No referral necessary
OB/Gyn visits:	\$15; No referral necessary, Must use Harvard Pilgrim provider
Vision Care:	\$15; No referral necessary for one annual exam from a Harvard Pilgrim provider
Mental Health/Substance Abuse:	
Inpatient Care:	Unlimited coverage for biologically based disorders. Mental Health Admissions in licensed general hospital unlimited, psychiatric hospital up to 60 days per year. Drug and Alcohol Rehabilitation Admission Services up to 30 days per year. Covered in full, after co-pay.
Outpatient Care:	Unlimited coverage for biologically based disorders. 24 out-patient mental health visits per year for non-biologically based disorders. Drug and Alcohol up to 20 visits or \$500 per year, \$15/visit individual therapy, \$10 group therapy.
Emergency Care:	
In-Network:	\$75 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 \$75 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:	\$5 for generic drugs \$20 for preferred brand name drugs \$40 for non-preferred brand name drugs Pharmacy Network: All participating pharmacies Mail Order: 90-day supply for two co-payments: \$10 generic, \$40 preferred brand name, \$80 non-preferred brand name

Harvard Pilgrim Health Plan POS		
	Network	Out of Network
Annual Deductible:	None	\$300 per person \$600 per double/family
Annual Coinsurance:	None	20%
Annual Out-of-Pocket Maximum:	\$2,000 per person \$4,000 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.	\$1,750 per person (Deductible and Coinsurance) \$3,500 per double/family (Deductible and Coinsurance)
Hospital Services and Surgery:	Covered in full, after co-pay, with referral from Primary Care Physician	20% after deductible; pre-authorization is required
Outpatient Co-pay:	\$150	20% after deductible
Inpatient Co-pay:	\$350 per admission, up to a maximum of \$1,000 per calendar year	20% after deductible
Office visits:	\$20	20% after deductible
Maternity office visits:	Covered in full	20% after deductible
Allergy Injections:	Covered in full	20% after deductible
Lab tests (diagnostic & screening):	Covered in full	20% after deductible
Pap tests and mammograms:	Covered in full	20% after deductible
Office visits to specialists:	\$20; Referral from PCP required	20% after deductible
Chiropractic Care:	\$20; 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
OB/Gyn visits:	\$20; No referral necessary; Must use a Harvard Pilgrim provider	20% after deductible
Vision Care:	\$20; No referral necessary; Must use a Harvard Pilgrim provider	20% after deductible
Mental Health/Substance Abuse:		
Inpatient Care:	Unlimited coverage for biologically based disorders. Mental Health Admissions in licensed general hospital unlimited, psychiatric hospital up to 60 days per year. Drug and Alcohol Rehabilitation Admission Services up to 30 days per year. Covered in full, after co-pay.	20% after deductible. Unlimited coverage for biologically based disorders. Mental Health Admissions in licensed general hospital unlimited, psychiatric hospital up to 60 days per year. Drug and Alcohol Rehabilitation Admission Services up to 30 days per year.
Outpatient Care:	Unlimited coverage for biologically based disorders. 24 out-patient mental health visits per year for non-biologically based disorders. Drug and Alcohol up to 20 visits or \$500 per year, \$20/visit individual therapy, \$10 group therapy.	20% after deductible. Unlimited coverage for biologically based disorders. 24 out-patient mental health visits per year for non-biologically based disorders. Drug and Alcohol up to 20 visits or \$500 per year.
Emergency Care:		
In-Network:	\$100 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 \$100 emergency co-pay. Non-urgent care and follow-up care are not covered out of the Harvard Pilgrim network.
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.	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.	20% after deductible
Prescription Drugs:	\$5 for generic drugs \$20 for preferred brand name drugs \$40 for non-preferred brand name drugs Pharmacy Network: All participating pharmacies Mail Order: 90-day supply for two co-payments: \$10 generic, \$40 preferred brand name, \$80 non-preferred brand name	\$5 for generic drugs \$20 for preferred brand name drugs \$40 for non-preferred brand name drugs Pharmacy Network: All participating pharmacies Mail Order: 90-day supply for two co-payments: \$10 generic, \$40 preferred brand name, \$80 non-preferred brand name