The Harvard Pilgrim Best Buy HMO offers Harvard Pilgrim’s high-quality coverage at a more affordable premium than a traditional HMO.

- You’ll choose a primary care provider (PCP) to deliver or arrange for your medical care.
- For some services you will pay a copayment.
- For other services you must first satisfy a deductible, up to an annual out-of-pocket maximum of $2,500 per member/$5,000 per double/family.
- Certain tests and screenings are covered at no charge.
- When you travel and need unforeseen care, your coverage travels with you.

How services are covered

These are examples of covered services under your plan. The Schedule of Benefits has more details on benefits and cost sharing. It governs in the event that the information in this document is different. See the next page for an example of the out-of-pocket costs you may have with a doctor’s visit.

* Annual deductible = $500 per member/$1,000 per double/family.
Annual out-of-pocket maximum = $2,500 per member/$5,000 per double/family.
EXAMPLE: You visit your PCP’s office because you are injured, and your PCP sends you for an X-ray.

- Exams for injuries are subject to an office visit copayment. Your copayment does not apply toward your deductible amount.

- X-rays are subject to the deductible. If you have not yet paid the full, annual deductible, you pay all charges for the X-ray up to the deductible amount.

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

Please note that your copayments and deductible apply to your annual out-of-pocket maximum.

Your PCP’s role

Your PCP is the doctor, physician assistant or nurse practitioner who will see you for routine check-ups and treat you when you’re sick or injured. If you need care from a specialist, you will need a referral from your PCP.

It’s very important for you to choose a PCP when you enroll. You must have your PCP provide your care (except in emergencies) and give you a referral for most kinds of specialty care in order for Harvard Pilgrim to provide coverage for the service.

Finding a PCP is easy

To find a PCP:

- Use our online directory (updated weekly) at harvardpilgrim.org/providerdirectory.

- Call one of our representatives (see “Questions?” at the end of this document for phone numbers).

- Use our printed Provider Directory. You can call Harvard Pilgrim to request one; the directory and the call are free.

If you will have dependents on your plan, each can have a different PCP. Please write the PCPs’ names and provider ID codes in the designated spaces on your enrollment form. If your employer uses Harvard Pilgrim’s web-based transaction service, you may be able to enroll online at harvardpilgrim.org.

GLOSSARY

HMO: A health maintenance organization (HMO) requires members to have primary care providers and obtain referrals for most kinds of specialty care. Members must receive care for covered services from the doctors, other health professionals and hospitals that participate in the health plan’s provider network.

COPAYMENT: A dollar amount you pay for certain covered services. The copayment is due at the time of your visit or when the provider bills you. Copayments are always fixed dollar amounts. This plan has two levels of copayments for office visits. What you pay depends on the type of provider you visit, the service you receive or the location of the service.

DEDUCTIBLE: A dollar amount you must pay annually before certain services are covered under your health plan. This means you may have to pay all or part of a bill for services, until you have paid your total deductible amount.

OUT-OF-POCKET MAXIMUM: A limit on the amount of cost sharing that you have to pay annually for covered services.

The Schedule of Benefits has more details on benefits and cost sharing. It governs in the event that the information in this document is different.

The Schedule of Benefits will be available through your members account at harvardpilgrim.org as of your plan’s effective date.
Once you’re a member, you can choose a different Harvard Pilgrim PCP for any reason. Just call Member Services or use your member account at harvardpilgrim.org to make a change.

Facts about referrals

If you need specialty care, you will need a referral from your PCP. Referrals are not necessary for some services, such as routine eye exams (if covered under your plan) or most gynecological care.

While there are many providers who take care of Harvard Pilgrim members, your PCP will usually send you to a specialist affiliated with his or her own practice. If you need to visit a cardiologist, for example, your PCP will refer you to someone in a local medical practice or hospital with which he or she is affiliated.

PCPs typically develop strong working relationships with particular specialists. This helps them collaborate more effectively on their patients’ care and helps ensure excellent communication, appropriate treatment and higher-quality care.

Whenever you need specialty care, feel free to ask your PCP about the referral process and why he or she recommends a certain specialist. Your PCP may occasionally make a referral outside his or her usual network of specialists, but only if the expertise needed to handle a particular case is not available from a specialist affiliated with his or her own practice.

Coverage when you’re traveling

When you’re away, you’re covered for care you may need if you become sick or injured. Harvard Pilgrim covers unexpected or unforeseen care (e.g., for earaches, flu, etc.) when you’re traveling outside the state in which you live. Call your PCP to arrange for any follow-up care you may need.

Coverage in an emergency

In an emergency (e.g., heart attack, stroke, choking, seizure or loss of consciousness), go to the nearest emergency facility or call 911 or another local emergency number. If you are hospitalized, you or someone else must call Harvard Pilgrim within 48 hours, or as soon as you can. If your attending physician notifies your PCP, this requirement will be met. Your PCP will arrange for any follow-up care you may need.

With the Best Buy HMO, emergency services are subject to a $150 copayment. Whenever you are admitted directly to the hospital from the emergency room, you do not have to pay the emergency room copayment. Please note, however, that the cost for the admission will apply to your annual deductible.

Prescription Drug Coverage

Prescription drug coverage is available through Optum Rx. Please call Optum Rx customer service for details at (888) 374-8127.

Preferred and non-preferred brand name deductible:

- $100 per person
- $200 per double/family

Retail:

- $10 for generic drugs
- $30 for preferred brand name drugs after deductible
- $50 for non-preferred brand name drugs after deductible

Pharmacy network: all participating pharmacies

Mail Order (90-day supply for two co-payments):

- $20 for generic drugs
- $60 for preferred brand name drugs after deductible
- $100 for non-preferred brand name drugs after deductible
Questions?
If you’re already a member, call Member Services with questions at (888) 333-4742. For TTY service, call 711.

If you’re not yet a member, call (800) 848-9995.

To learn more about us in general, visit harvardpilgrim.org.