

The Harvard Pilgrim POS Plan

The Harvard Pilgrim POS Plan gives you flexible choices for your health care needs.

- ▶ You're covered for routine, preventive, specialty and emergency care.
- ▶ You'll choose a primary care physician—from among thousands that accept Harvard Pilgrim—who can provide or coordinate your care.
- ▶ When you receive in-network services from your PCP or with your PCP's referral, you have lower out-of-pocket costs and little paperwork.
- ▶ You can choose to receive out-of-network services from virtually any provider—without your PCP's referral—for higher out-of-pocket costs and some paperwork.
- ▶ When you're traveling, your coverage travels with you.

Your primary care physician's role

Your primary care physician (PCP) can provide or arrange for all the health services you need—treating you when you're sick, and providing routine check-ups, preventive screenings and immunizations. If you need care from a specialist, your PCP can give you a referral.

As a Plan member, you must choose a PCP when you enroll. If you do not have a PCP, non-emergency and most specialty services may be covered at your out-of-network benefit level.

Finding a primary care physician

Thousands of doctors participate in the Harvard Pilgrim provider network. To find one:

- use our online directory (updated weekly) at www.harvardpilgrim.org
- call one of our representatives (See "Questions?" at the end of this document for phone numbers.)
- use our printed *Provider Directory* (Your employer may have a copy, or you can call Harvard Pilgrim to request one.)

If you will have covered dependents on your policy, you can each have a different PCP. Please write the doctors' names *and provider ID codes* in the designated spaces on your enrollment

form. If your employer uses *HPHConnect*, Harvard Pilgrim's Web-based transaction service, you may be able to enroll online at www.harvardpilgrim.org.

Once you're a member, you can choose a different Harvard Pilgrim PCP for any reason. Just call Member Services or use *HPHConnect* to change doctors.

In-network services

In-network services are covered services that your PCP:

- provides to you directly
- arranges for you to receive from other Harvard Pilgrim *participating providers*

Typically, receiving in-network services means *lower out-of-pocket costs*. Your care is covered after you pay a *copayment* at the doctor's office, and there are normally no bills or paperwork involved.

Out-of-network services

Out-of-network services are covered services that you receive:

- from participating providers *without* your PCP's referral
- from *non-participating providers*

Continued on reverse ▶



Receiving out-of-network services typically means higher out-of-pocket costs. Your care is covered after you satisfy a yearly *deductible*, which means you may be required to pay all or part of a bill for services, until you have paid your total deductible amount. After you have paid your total deductible amount for the year, you typically pay an amount that is called *coinsurance*. You may need to submit claim forms to Harvard Pilgrim to be reimbursed for covered services. In addition, a non-participating provider may bill you for the difference between his or her charges and the amount Harvard Pilgrim pays for that service.

GLOSSARY

PARTICIPATING PROVIDERS: Doctors, hospitals and other medical professionals that are contracted to care for our members and belong to Harvard Pilgrim's provider network.

NON-PARTICIPATING PROVIDERS: Doctors, hospitals and other medical professionals that do not belong to Harvard Pilgrim's provider network.

COPAYMENT: A dollar amount you pay for in-network services. The copayment is due at the time of the visit or when billed by the provider. Copayments are always fixed dollar amounts.

DEDUCTIBLE: A dollar amount you must pay each calendar year before services are covered under your health plan.

COINSURANCE: A percentage of the cost of out-of-network services that you must pay.

See the *Schedule of Benefits* for more detailed information on copayments, deductibles and coinsurance and the services to which they apply.

Going to the hospital

When you're going to be admitted to the hospital, services are covered according to what combination of providers you use. Suppose that you are being sent to a participating hospital by a non-participating doctor. In this case your hospital visit is covered at the in-network benefit level, and the doctor's services are covered at

the out-of-network benefit level. Whenever non-participating providers are involved (or when you use participating providers without your PCP's referral), you must notify Harvard Pilgrim in advance.

You're covered when you're traveling...

When you're away, you're covered for virtually any care you may need if you become sick or injured. Harvard Pilgrim covers unexpected or unforeseen care (e.g., for earaches, flu, etc.) at the out-of-network benefit level when you're traveling outside of the state in which you live.

And in an emergency

Harvard Pilgrim covers all medical emergencies (e.g., heart attack, stroke, choking, loss of consciousness or seizures) at the in-network benefit level. Just go to the nearest emergency facility or call 911 or another local emergency number.

If you are hospitalized, call your PCP and Harvard Pilgrim within 48 hours, or as soon as you can (or ask someone to do this for you). If your attending physician notifies your PCP, this requirement will be met. Your PCP will arrange for any follow-up care you may need.

Questions?

If you're already a member, call Member Services with questions at **(888) 333-4742**. For TTY service, call (800) 637-8257. Representatives are available weekdays from 8:00 a.m. – 5:30 p.m., and until 7:30 p.m. on Monday and Wednesday evenings.

If you're not yet a member, call **(800) 848-9995** on weekdays from 8:30 a.m. – 5:00 p.m.

To learn more about Harvard Pilgrim in general, including our member savings programs and online health support services, visit www.harvardpilgrim.org.

