

HOW IT WORKS:



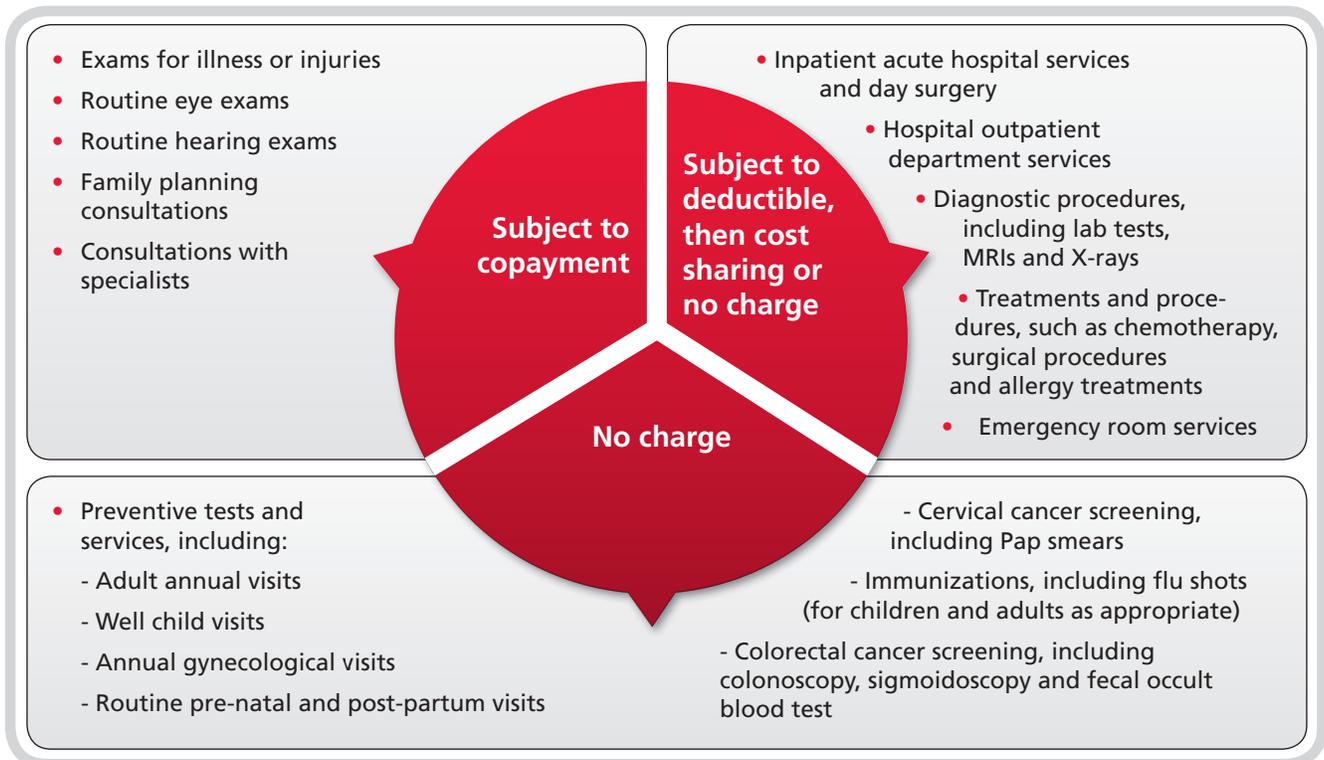
Harvard Pilgrim's Access AmericaSM Best Buy Plan

Harvard Pilgrim's Access America Best Buy Plan offers choice, flexibility and high-quality coverage for a lower premium than a traditional plan.

- ▶ You can receive care from almost any doctor or hospital — in Massachusetts or across the nation.
- ▶ You are not required to have a primary care provider or get referrals for care.
- ▶ You can receive in-network services from participating providers and out-of-network services from non-participating providers.
- ▶ Certain in-network services and all out-of-network services are subject to a deductible.

How services are covered

These are partial lists of covered **in-network services** under a typical Access America Best Buy Plan. **Most out-of-network services are subject to the annual deductible and out-of-network coinsurance.** The *Schedule of Benefits* has more details on Access America Best Buy 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 an in-network doctor's visit.



Please note: Services you receive during different kinds of visits and exams may be subject to the deductible.

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Harvard Pilgrim
HealthCare



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EXAMPLE: You visit an in-network doctor because you are injured, and the doctor 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. If you have already paid the full, annual deductible amount, you would pay nothing for the X-ray.

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.

In-network services

In-network services are covered services that you receive from **participating providers**.

Most often, receiving in-network services means paying **lower out-of-pocket costs**. Certain in-network services are subject to your yearly deductible, and with some Access America plans you may need to pay coinsurance or copayments after you meet the deductible. Many other services are covered with **copayments** or at no charge.

How to find participating providers

With Harvard Pilgrim's Access America program, you can visit our participating doctors, hospitals and other providers in Massachusetts, Maine and New Hampshire, and UnitedHealthcare's participating doctors, hospitals and other providers in all other states. So no matter where you live or work in the country, chances are very good that the doctors and hospitals you know and trust will accept your Access America plan.

- To find participating providers and hospitals, visit www.harvardpilgrim.org/providerdirectory and choose "Access America."
- If you don't have Internet access, call Member Services for a list of providers and hospitals near you. (The call and the list are free.)

GLOSSARY

PARTICIPATING PROVIDERS: Doctors, other health professionals and hospitals that have agreements to care for our members.

NON-PARTICIPATING PROVIDERS: Doctors, other health professionals and hospitals that do not have agreements to care for our members.

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.

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. Some plans may require you to pay coinsurance or copayments after you pay your annual deductible.

COINSURANCE: A percentage of the cost of covered services that you must pay for certain services after the deductible has been met.

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

Out-of-network services

Out-of-network services are covered services that you receive from **non-participating providers**.

Receiving out-of-network services typically means paying **higher out-of-pocket costs**. All services you receive outside our network are subject to your yearly deductible. After you satisfy your yearly deductible, you will need to pay **coinsurance** for most services you receive outside our network. You may need to send us claim forms to be reimbursed for covered services. Also, a non-participating provider may bill you for the difference between his or her charges and the amount we pay for that service.



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. Except in an emergency, you must notify us before a hospital admission when non-participating providers are involved.

You have coverage when you're traveling...

If you seek care for covered services while traveling, they will be covered at the in-network benefit level when you visit participating providers, and at the out-of-network level when you visit non-participating providers. Emergency services are covered at the in-network benefit level.

And 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 us within 48 hours, or as soon as reasonably possible.

Your plan covers all medical emergencies at the in-network benefit level. Emergency services may be subject to the deductible and an emergency room copayment. Check the *Schedule of Benefits* to see what kind of cost sharing you have to pay.

Be well, save money and more

Learn about different health topics and ways to be well. Keep more money in your wallet with discounts on eyewear and fitness and nutrition programs. Look up your plan details and find out about typical costs for tests and procedures. Visit www.harvardpilgrim.org to learn more.

Questions?

If you're already a member, call Member Services with questions at **(888) 333-4742**. For TTY service, call (800) 637-8257.

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

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





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