

Four Facts: Harvard Pilgrim's Access AmericaSM Best Buy Plan

- 1 Some in-network services are subject to the deductible.**
 - To see which in-network services are subject to the deductible, see the other side of this page. With some Access America plans, you may have to pay coinsurance or copayments after you meet the annual deductible.
- 2 Most out-of-network services are subject to the deductible and coinsurance.**
 - An out-of-network provider may also bill you for the difference between the provider's charges and the allowed payment.
- 3 Emergency services may be subject to the deductible. Once the deductible has been met, a copayment applies.**
 - Check the *Schedule of Benefits* to see what kind of cost sharing you have to pay for emergency services. Emergency services are covered at the in-network benefit level anywhere in the world. Please note that we must be notified within 48 hours, or as soon as reasonably possible, if you are hospitalized.
- 4 Harvard Pilgrim will send you an Activity Summary for services you receive.**
 - The Activity Summary is not a bill. It lists the services you received, any payments made to the provider for your care, and any amounts you may owe the provider.
 - Your provider will bill you separately. Compare the provider's bill with your Harvard Pilgrim statement to verify the services you received and any amounts you may have paid or still may owe to the provider.
 - Contact a Member Services representative with questions about your statements or your annual deductible balance.

If you have questions about your Access America Best Buy coverage, please call the Member Services department at (888) 333-4742. For TTY service, call (800) 637-8257.

Glossary

DEDUCTIBLE: An amount you must pay annually for certain covered services. This means you may have to pay all or part of a bill for services, until you have paid your total deductible amount.

COPAYMENT: A fixed dollar amount you pay at the time of your visit or when the provider bills you.

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

IN-NETWORK SERVICES: Refers to covered services received from the doctors, other health professionals and hospitals that have agreements to care for our members.

OUT-OF-NETWORK SERVICES: Refers to covered services received from doctors, other health professionals and hospitals that do not have agreements to care for our members.



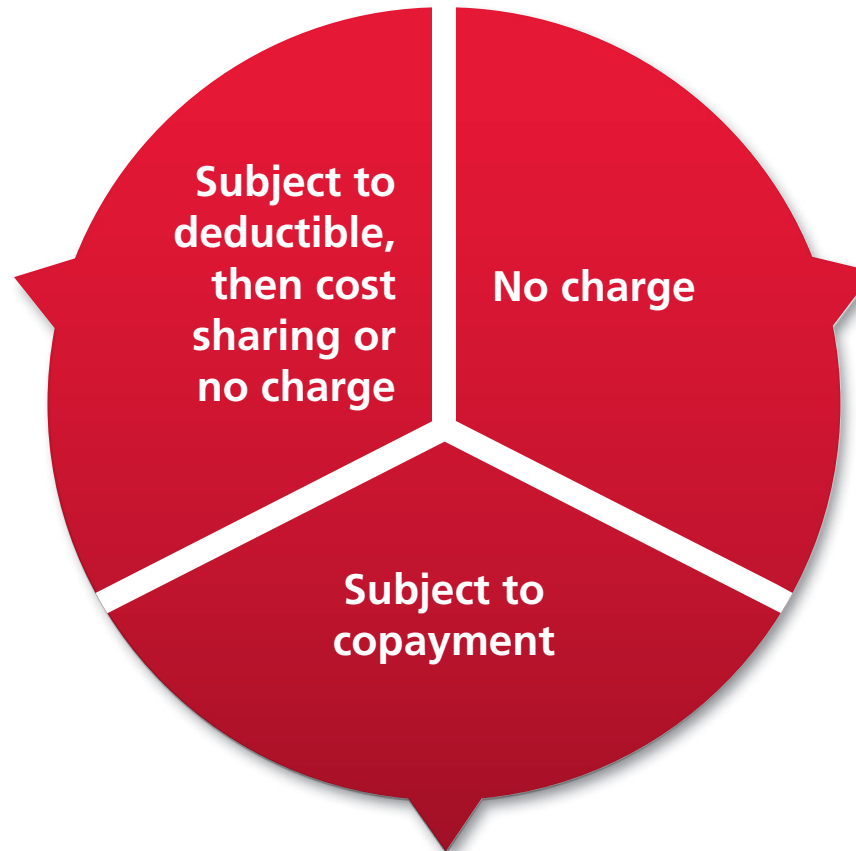
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IN-NETWORK SERVICES ONLY These are partial lists of covered in-network services. **Most out-of-network services are subject to the annual deductible and out-of-network coinsurance.** Refer to the *Schedule of Benefits* for details and a complete list of benefits. It governs in the event that the information in this document is different.

- Diagnostic procedures, including lab tests, MRIs and X-rays
- Treatments and procedures, including chemotherapy, surgical procedures, allergy treatments and dialysis
- Therapeutic procedures, such as occupational therapy, speech therapy and physical therapy
- Cardiac rehabilitation
- All inpatient hospital services, including inpatient maternity
- Inpatient mental health, drug and alcohol rehabilitation, and detoxification
- Hospital outpatient department services and day surgery
- Home health care services
- Skilled nursing care
- Ambulance transport
- Emergency room services

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

This product is offered to members enrolled through Massachusetts-based employers.



- Exams for illness or injuries
- Routine eye exams
- Routine hearing exams
- Family planning consultations
- Consultations with specialists
- Outpatient behavioral health services
- Outpatient substance abuse services
- Pediatric preventive dental care

- Preventive tests and services, including:
 - Adult annual visits
 - Well child visits
 - Annual gynecological visits
 - Routine pre-natal and post-partum visits
 - Cervical cancer screening, including Pap smears
 - Immunizations, including flu shots (for children and adults as appropriate)
 - Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test
 - Cholesterol screening (for adults only) and total cholesterol tests
 - Diabetes screenings
 - Blood pressure screening (adults, without known hypertension)
 - Breast cancer screening, including mammograms and counseling for genetic susceptibility
- Blood glucose monitors, insulin pumps and infusion devices
- Routine nursery charges
- Fetal ultrasounds

