

Five Facts About the Harvard Pilgrim Best Buy HMO – Massachusetts

1 Your plan includes a deductible.

- A **deductible** is an amount you must pay annually for certain covered services. Once you have paid the deductible you are covered for these services for the rest of the year; see the chart on the other side of this page for examples.
- Under an individual membership, a member is responsible for paying the individual deductible each year.
- Under a family membership, there is usually both an individual deductible and a family deductible. The family deductible is met when the combined deductible payments of any covered family members add up to the family deductible amount. The most each member can contribute toward the yearly family deductible is equal to the individual deductible amount.

2 For services that do not apply to the deductible, there is either a copayment or no charge.

- The chart on the other side of this page provides an overview of the services that require a copayment, those for which there is no charge, and those that are subject to the deductible.
- Office visits or hospital visits may include some services that are not subject to the deductible and others that are subject to the deductible.
- Copayments do not count toward your deductible.

3 Emergency room services are subject to the deductible and then a copayment.

- After the deductible has been met, you will be responsible for the emergency room copayment.
- However, if you are admitted directly to the hospital from the emergency room, you do not have to pay the emergency room copayment.

4 You are not required to make your deductible payment at the time you receive services.

- Providers should not require that you pay any portion of the deductible at the time you receive services. However, your provider may ask for a credit card imprint or a written guarantee that you will pay your deductible charges.
- Your provider will bill you for your deductible payments. You should then pay your provider directly.

5 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 Harvard Pilgrim 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 any questions about your Best Buy HMO coverage, please call the Member Services department at (888) 333-4742. Representatives are available weekdays between 8 a.m. and 5:30 p.m., and until 7:30 p.m. on Monday and Wednesday evenings. For TTY service, call (800) 637-8257.

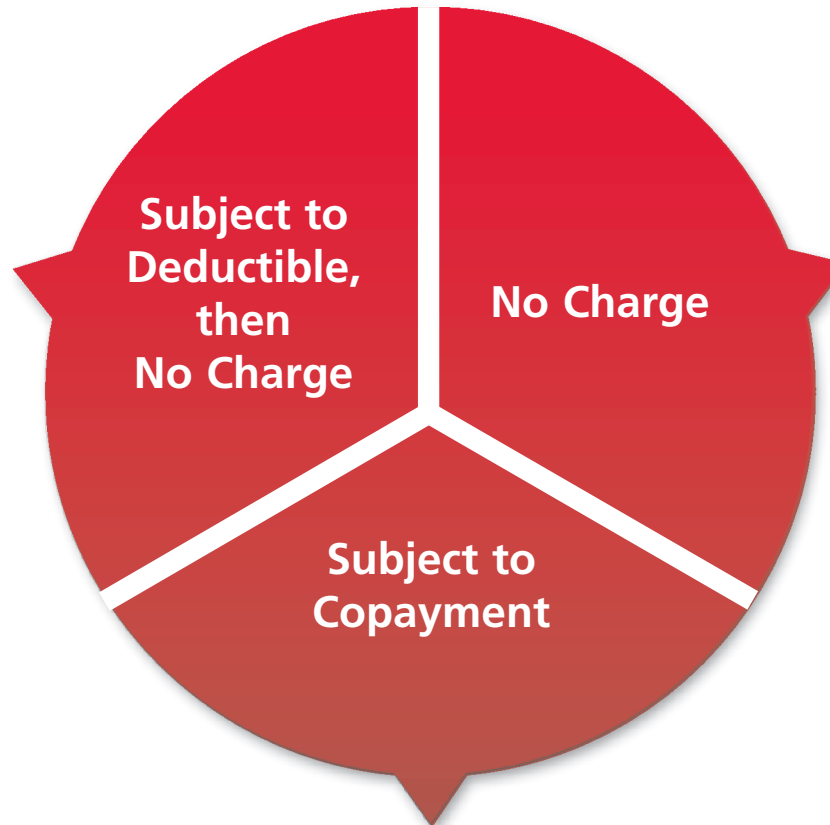
This product is offered in Massachusetts to members who purchase coverage themselves and to members enrolled through Massachusetts-based employers.



The Harvard Pilgrim Best Buy HMO – Massachusetts

These are partial lists of covered services. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in any case in which 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



- 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

Please note: Services you receive during different kinds of visits and exams may be subject to the deductible. Emergency services are subject to the deductible; once met, an emergency room copayment applies.

This product is offered in Massachusetts to members who purchase coverage themselves and to members enrolled through Massachusetts-based employers.