

# Five Facts About the Harvard Pilgrim Best Buy PPO – Massachusetts

- 1 Some in-network services are subject to the deductible.**
  - To see which in-network services are subject to the deductible, as well as those that require a copayment or have no charge, see the other side of this page.
- 2 Most out-of-network services are subject to the deductible and coinsurance.**
  - An out-of-network provider may bill you for the difference between the provider's charges and Harvard Pilgrim's allowed payment.
- 3 Emergency services are subject to the deductible. Once the deductible has been met, a copayment applies.**
  - Emergency services are covered this way whether you receive them from in-network (participating) or out-of-network (non-participating) providers. You're always covered in an emergency, anywhere in the world. Please note that Harvard Pilgrim must be notified within 48 hours, or as soon as reasonably possible, if you are hospitalized.
- 4 For in-network services, you are not required to make deductible payments at the time you receive services.**
  - Your provider will bill you for your deductible payments. However, your provider may ask for a credit card imprint or a written guarantee that you will pay your deductible charges.
  - For out-of-network services, payment arrangements are at the provider's discretion.
- 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 questions about your Best Buy PPO coverage, please call the Member Services department at (888) 333-4742. Representatives are available weekdays between 8:00 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.

## Glossary

**DEDUCTIBLE:** An amount you must pay annually for certain covered services. This means you may be required to pay all or part of a bill, up to your deductible amount.

**COINSURANCE:** A percentage of the cost of covered services that you must pay after you have paid your full, annual deductible amount.

**IN-NETWORK SERVICES:** Refers to services received from the doctors, hospitals and other medical professionals who are contracted to care for our members and participate in Harvard Pilgrim's provider network.

**OUT-OF-NETWORK SERVICES:** Refers to covered services received from providers who do not participate in Harvard Pilgrim's network.

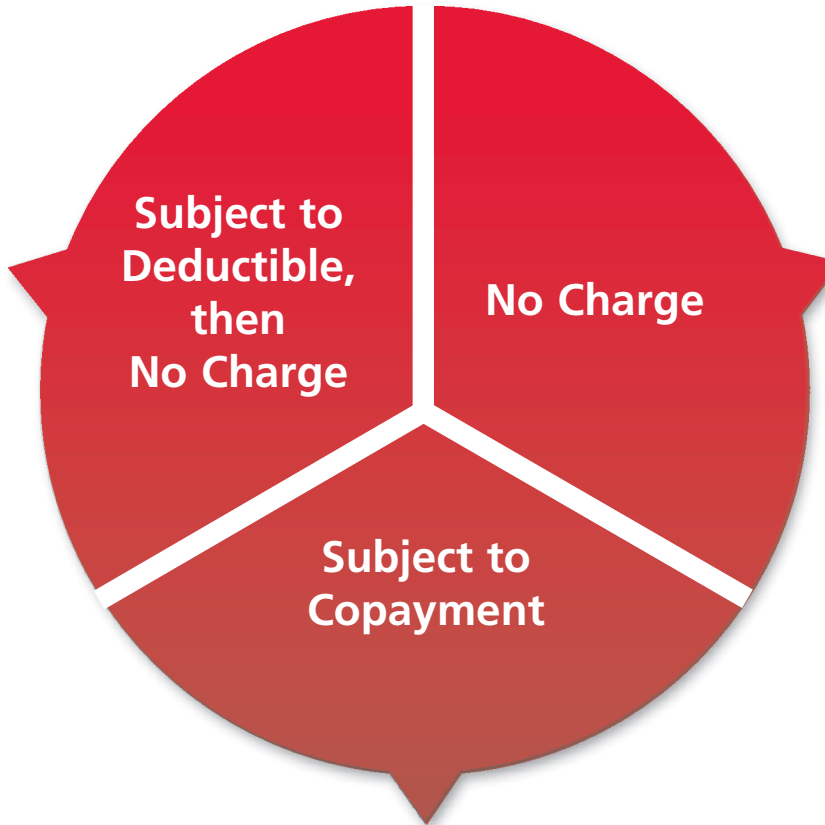


Harvard Pilgrim  
Health Care

# The Harvard Pilgrim Best Buy PPO – Massachusetts

**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. 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



- 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

- 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

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.

