

Schedule of Benefits

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Clinical Review Criteria

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Covered Benefits

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General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	
Deductible	
Deductible Rollover	

Out-of-Pocket

Benefit	Member Cost Sharing:
Ambulance Transport	
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Autism Spectrum Disorders Treatment	
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Chemotherapy and Radiation Therapy	
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Dental Services	
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Dialysis	
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Durable Medical Equipment	
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Early Intervention Services	
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Emergency Room Care	
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Hearing Aids	
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Home Health Care	
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Benefit	Member Cost Sharing:
Home Health Care (Continued)	
Home health care services, including supplies, durable medical equipment, and transportation	None
Hospice - Outpatient	
Hospice services, including medications, medical equipment, and transportation	None
Hospital - Inpatient Services	
Hospital inpatient services, including room and board, nursing, and other services	None
Hospital inpatient services, including room and board, nursing, and other services	None
Hospital inpatient services, including room and board, nursing, and other services	None
Hospital inpatient services, including room and board, nursing, and other services	None
Hospital inpatient services, including room and board, nursing, and other services	None
Infertility Services and Treatments (see the Benefit Handbook for details)	
Infertility services, including fertility testing, treatment, and procedures	None
Infertility services, including fertility testing, treatment, and procedures	\$2,000 per cycle
Laboratory, Radiology and Other Diagnostic Services	
Laboratory, radiology, and other diagnostic services	None
Laboratory, radiology, and other diagnostic services	None
Laboratory, radiology, and other diagnostic services	None
Laboratory, radiology, and other diagnostic services	\$1,000 per year, up to \$5,000 per year
Laboratory, radiology, and other diagnostic services	None
Low Protein Foods	
Low protein foods	None
Maternity Care - Outpatient	
Maternity care, including prenatal care, delivery, and postnatal care	None
Maternity care, including prenatal care, delivery, and postnatal care	None
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs, including prescription and over-the-counter drugs	None
Medical drugs, including prescription and over-the-counter drugs	None
Medical drugs, including prescription and over-the-counter drugs	None

Benefit	Member Cost Sharing:
Medical Formulas	
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Mental Health and Substance Use Disorder Treatment	
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Benefit	Member Cost Sharing:
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits) (Continued)	
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Preventive Services and Tests	
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Prosthetic Devices	
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Rehabilitation and Habilitation Services - Outpatient	
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Scopic Procedures - Outpatient Diagnostic and Therapeutic	
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Spinal Manipulative Therapy (including care by a chiropractor)	
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Surgery - Outpatient	
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Telemedicine Virtual Visit Services - Outpatient	
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Urgent Care Services	
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<p>Important Note: - - - - - k - - - - - k - - - - - k - - - - - t - - - - - t - - - - - www.harvardpilgrim.org</p>	
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Benefit	Member Cost Sharing:
Urgent Care Services (Continued)	
[unclear]	[unclear]
Vision Services	
[unclear]	\$2 [unclear]
Voluntary Sterilization in a Physician's Office	[unclear]
Voluntary Termination of Pregnancy	
[unclear]	[unclear]
Wigs and Scalp Hair Protheses as required by law	
[unclear] \$30 [unclear] ([unclear] 20 [unclear])	[unclear]

Language Assistance Services

... **Español/Spanish**... **ESTADOS UNIDOS**... **están a su disposición. Llame al 1-888-333-4742 (TTY: 711).**

... **Português/Portuguese**... **gratuito. Ligue para 1-888-333-4742 (TTY: 711).**

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... **888-333-4742 (TTY: 711)**

... **011-617-353-1000**... **011-617-353-1000**

... **русский/Russian/РУССКИЙ**... **русский/Russian/РУССКИЙ**

... **عربي/Arabic**

... **011-617-353-1000**

... **français/French/ATTENTION**... **français/French/ATTENTION**

... **italiano/Italian/ATTENZIONE**... **italiano/Italian/ATTENZIONE**

... **한국어 (Korean)**

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... **Ελληνικά/Greek**

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General Notice About Nondiscrimination and Accessibility Requirements

Harvard Health Care and its affiliates as noted below ("PHC") comply with applicable federal civil rights laws and Harvard Pilgrim



Exclusion
Alternative Treatments
<p>Alternative treatments, including but not limited to:</p> <ul style="list-style-type: none"> Acupuncture Chiropractic Herbal medicine Massage Meditation Yoga
Dental Services
<p>Dental services, including but not limited to:</p> <ul style="list-style-type: none"> Cosmetic dentistry Orthodontics Prosthetics Teeth whitening
Durable Medical Equipment and Prosthetic Devices
<p>Durable medical equipment and prosthetic devices, including but not limited to:</p> <ul style="list-style-type: none"> Wheelchairs Walkers Prosthetic limbs Orthotics
Experimental, Unproven or Investigational Services
<p>Experimental, unproven or investigational services, including but not limited to:</p> <ul style="list-style-type: none"> Unapproved medical devices Unapproved pharmaceuticals Unapproved surgical techniques
Foot Care
<p>Foot care services, including but not limited to:</p> <ul style="list-style-type: none"> Podiatry Foot surgery Footwear

Exclusion

All Other Exclusions

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