

Four Facts: 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 may be covered for these services for the rest of the year; with some plans you may have to pay cost sharing (e.g., copayments or coinsurance) for certain services after you meet the deductible. See the *Schedule of Benefits* for details.
- 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.
- Some plans have two levels of copayments for office visits. What you pay depends on the type of provider you visit, the service you receive or the location of the service. See the *Schedule of Benefits* for details.
- Copayments do not count toward your deductible.

3 Emergency room services may be subject to the deductible and/or a copayment.

- Please check the *Schedule of Benefits* to see what kind of cost sharing you have to pay for emergency services.
- The emergency room copayment amount may be different than your office visit copayment amount. See the *Schedule of Benefits* for details.
- If your plan requires you to pay toward the deductible for emergency services, you will be responsible for the emergency room copayment after the deductible is met.
- Whenever you are admitted directly to the hospital from the emergency room, you do not have to pay the emergency room copayment.

4 Harvard Pilgrim creates your Activity Summary monthly.

- 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. A new summary will post each month to your secure *HPHConnect* for Members account at www.harvardpilgrim.org.
- You'll receive a monthly Activity Summary in the mail when you are responsible for a deductible, coinsurance or an amount not covered by your plan.
- 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.

If you have any questions about your Best Buy HMO coverage, please call the Member Services department at (888) 333-4742. For TTY service, call 711.

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

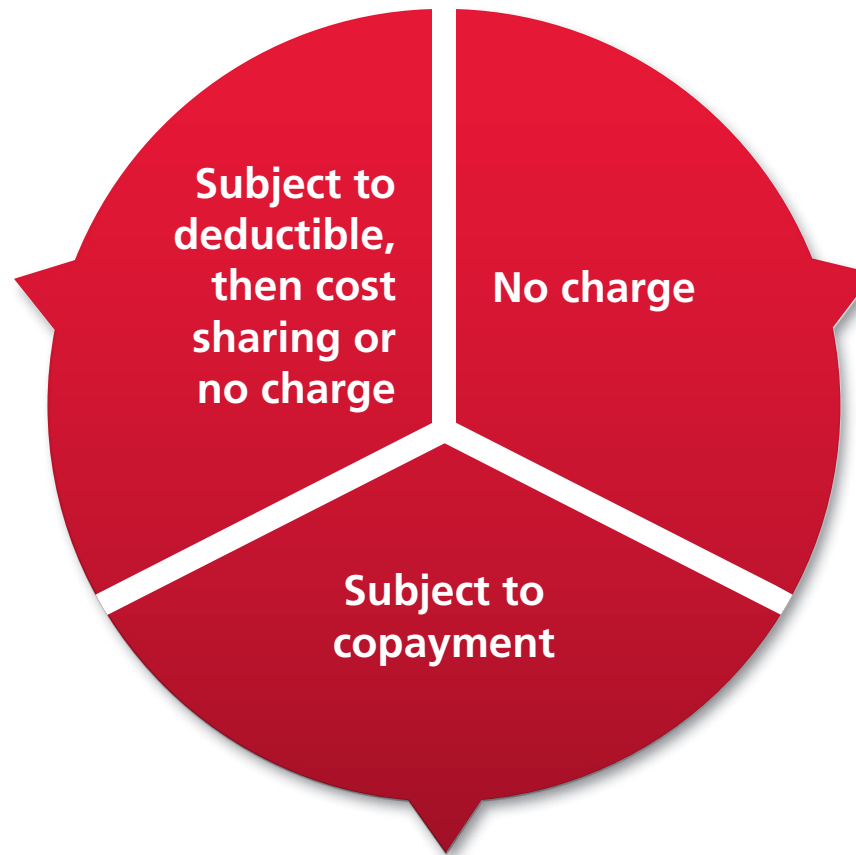


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These are partial lists of covered services. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in the event that the information in this document is different.

- Diagnostic procedures, including lab tests, MRIs and X-rays
- Treatments and procedures, including 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 services*

* The deductible may not apply to these services on all plans. Check the Schedule of Benefits for details.



- Exams for illness or injuries
- Routine eye exams
- Routine hearing exams
- Consultations with specialists
- Outpatient behavioral health services
- Outpatient substance abuse services

- 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
- Methadone maintenance

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

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