

Schedule of Benefits

There are two levels of coverage - In-Network and Out-of-Network

In-Network

Out-of-Network

Prior Approval

www.harvardpilgrim.org **1-888-333-4742**
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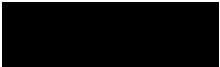
Clinical Review Criteria

www.harvardpilgrim.org **1-888-888-4742**

Covered Benefits

General Cost Sharing Features:	In-Network Member Cost Sharing:	Out-of-Network Member Cost Sharing:
Coinsurance and Copayments		
Deductible		
Individual: \$1,000 Family: \$2,000		\$2,000 \$4,000
Out-of-Pocket Maximum		
Individual: \$6,000 Family: \$12,000	\$2,000 \$4,000	\$2,000 \$4,000
Out-of-Network Penalty Payment		
Individual: \$1,000 Family: \$2,000	\$0	
Deductible Rollover		
Individual: \$1,000 Family: \$2,000		

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Acupuncture Treatment for Injury or Illness		
\$30	\$20	\$20
Ambulance Transport		
\$1,000		\$1,000
\$1,000		\$1,000
Autism Spectrum Disorders Treatment		
\$20	\$20	\$20
Chemotherapy and Radiation Therapy		
\$20		\$20
\$20		\$20



Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Dental Services		
Important Notice:	This benefit is subject to the terms, conditions, exclusions, limitations, and other provisions of the plan documents and summary plan description. Please refer to the plan documents for more information.	
()	\$2	20

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Hospice - Outpatient		
	20	20
Hospital – Inpatient Services		
	20	20
	20	20

Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
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Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan
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Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Voluntary Termination of Pregnancy		

For a complete list of covered services, please refer to the plan's Summary of Benefits and Description of Services. For more information, please contact your broker or the Harvard Pilgrim PPO Member Services Center at 1-800-368-7777.

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Language Assistance Services

están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

gratuitos. Llame para 1-888-534-4742.

Kevin J. Davis (French: 32)

888-353-4747 (Toll Free)

quỹ từ thiện phi lợi nhuận. Gọi số 1-888-333-4742 (TTY: 212-312-2100).

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888-333-4742

Ελληνικά: Gr

Order number: 888-333-4742/00Y

ॐ नमो भगवते वासुदेवाय ॥ श्रीगणेशाय नमः ॥

નીચેના માટે ભાષાકીય સહાય મેળવી શકે. ગુજરાતી (Gujarati) અને આષ્ટોત્તર 5 જુલાઈ બાદમાં છે.

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ព័ត៌មានបន្ថែម: ទូរស័ព្ទ ៨៨៨-៩៩៩-៤៧២៣

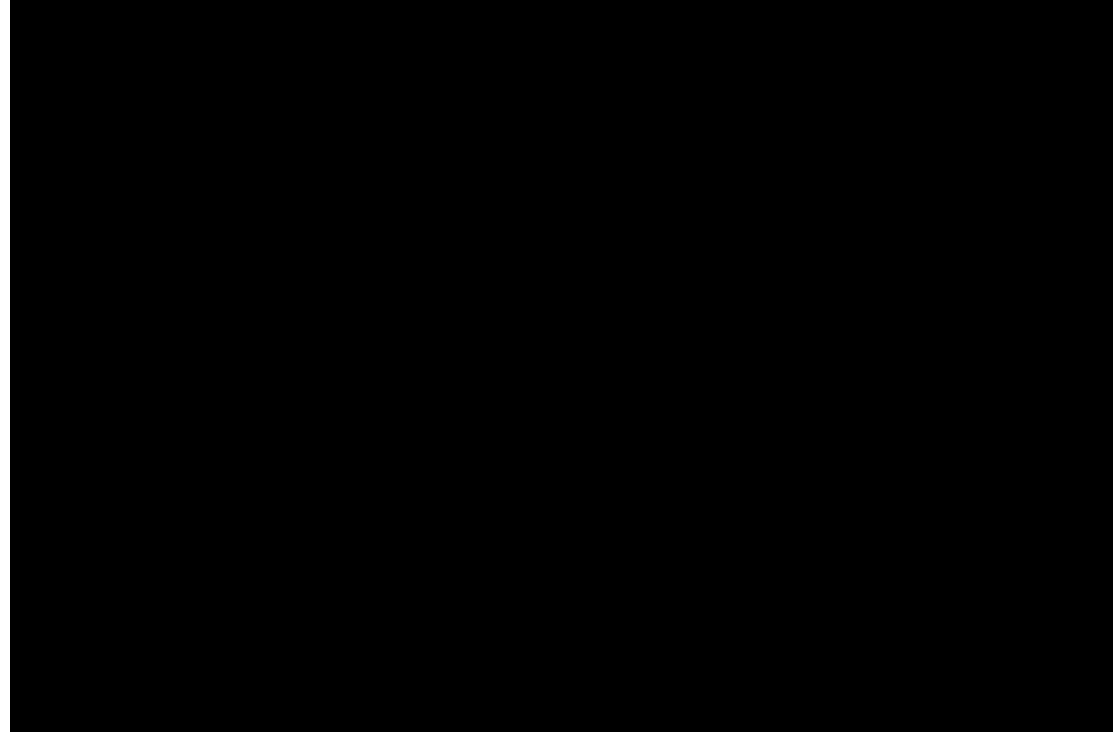
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Mental Health and Substance Use Disorder Treatment (Continued)

(2)

Exclusion

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