

# Schedule of Benefits

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## Clinical Review Criteria

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... .. [www.harvardpilgrim.org](http://www.harvardpilgrim.org) 1-888-888-4742

## Covered Benefits

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



Benefit	Member Cost Sharing:
<b>Home Health Care (Continued)</b>	
Home health care services, including supplies, durable medical equipment, and transportation, when medically necessary and ordered by a physician.	None
<b>Hospice - Outpatient</b>	
Outpatient hospice services, including medications, medical equipment, and transportation.	None
<b>Hospital - Inpatient Services</b>	
Inpatient hospital services, including room and board, nursing, and other services.	None
Inpatient hospital services, including room and board, nursing, and other services, for a maximum of 90 days per benefit year.	None
Inpatient hospital services, including room and board, nursing, and other services, for a maximum of 90 days per benefit year.	None
Inpatient hospital services, including room and board, nursing, and other services, for a maximum of 90 days per benefit year.	None
Inpatient hospital services, including room and board, nursing, and other services, for a maximum of 90 days per benefit year.	None
<b>Infertility Services and Treatments (see the Benefit Handbook for details)</b>	
Infertility services, including diagnostic tests, medications, and procedures, when medically necessary and ordered by a physician.	None
Infertility services, including diagnostic tests, medications, and procedures, when medically necessary and ordered by a physician.	\$2,000 per cycle
<b>Laboratory, Radiology and Other Diagnostic Services</b>	
Laboratory services, including blood tests, urine tests, and other diagnostic tests.	None
Radiology services, including X-rays, CT scans, and MRI scans.	None
Other diagnostic services, including ultrasound, endoscopy, and colonoscopy.	None
Diagnostic services, including laboratory, radiology, and other diagnostic services, when medically necessary and ordered by a physician.	\$0
Diagnostic services, including laboratory, radiology, and other diagnostic services, when medically necessary and ordered by a physician.	None
<b>Low Protein Foods</b>	
Low protein foods, including special diets, when medically necessary and ordered by a physician.	None
<b>Maternity Care - Outpatient</b>	
Outpatient maternity care services, including prenatal care, delivery, and postnatal care.	None
Outpatient maternity care services, including prenatal care, delivery, and postnatal care, when medically necessary and ordered by a physician.	None
<b>Medical Drugs (drugs that cannot be self-administered)</b>	
Medical drugs, including prescription drugs, when medically necessary and ordered by a physician.	None
Medical drugs, including prescription drugs, when medically necessary and ordered by a physician.	None
Medical drugs, including prescription drugs, when medically necessary and ordered by a physician.	None

Benefit	Member Cost Sharing:
<b>Medical Formulas</b>	
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<b>Mental Health and Substance Use Disorder Treatment</b>	
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Benefit	Member Cost Sharing:
<b>Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits) (Continued)</b>	
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<b>Preventive Services and Tests</b>	
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<p>1-888-333-4742 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a></p>	
<b>Prosthetic Devices</b>	
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<b>Rehabilitation and Habilitation Services - Outpatient</b>	
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<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>	
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<b>Spinal Manipulative Therapy (including care by a chiropractor)</b>	
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<b>Surgery - Outpatient</b>	
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<b>Telemedicine Virtual Visit Services - Outpatient</b>	
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<b>Urgent Care Services</b>	
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<b>Important Note:</b>	
<p><a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a></p>	
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Benefit	Member Cost Sharing:
<b>Urgent Care Services (Continued)</b>	
[unclear]	
<b>Vision Services</b>	
[unclear]	\$2 [unclear]
<b>Voluntary Sterilization in a Physician's Office</b>	
[unclear]	
<b>Voluntary Termination of Pregnancy</b>	
[unclear]	[unclear]
<b>Wigs and Scalp Hair Protheses as required by law</b>	
[unclear]	\$30 ( [unclear] 20 )

Language Assistance Services

Español/Spanish: Si usted habla español, los servicios de asistencia lingüística están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

Português/Portuguese: Se você fala português, os serviços de assistência linguística estão à sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

Português/Galês: Se você fala português ou galês, os serviços de assistência linguística estão à sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

Português/Galego: Se você fala português ou galego, os serviços de assistência linguística estão à sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

Português/Galego: Se você fala português ou galego, os serviços de assistência linguística estão à sua disposição. Ligue para 1-888-333-4742 (TTY: 711).

Русский/Russian: Если вы говорите на русском языке, вы можете получить бесплатные услуги.

العربية/Arabic: إذا كنت تتحدث العربية، يمكنك الحصول على خدمات مساعدة مجانية.

Français/French: Si vous parlez français, les services de aide linguistique sont gratuits.

Italiano/Italian: Se parli italiano, i servizi di assistenza linguistica sono gratuiti.

한국어/Korean: 한국어를 하시는 분은 무료 언어 서비스를 받으실 수 있습니다.

Ελληνικά/Greek: Οι υπηρεσίες γλωσσικής βοήθειας είναι δωρεάν.

Հայերեն/Armenian: Եթե Ձեր լեզուն հայերենն է, ապա Ձեր լեզուն օգնությունը անվճար է:

ગુજરાતી/Gujarati: ગુજરાતી બોલતા હોય તો મફત ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે.

मराठी/Marathi: मराठी बोलणारे व्यक्तींना मुफ्त भाषा सहायता सेवा उपलब्ध आहेत.

தமிழ்/Tamil: தமிழ் பேசும் மக்களுக்கு மொழி உதவி சேவைகள் கட்டாமல் கிடைக்கின்றன.

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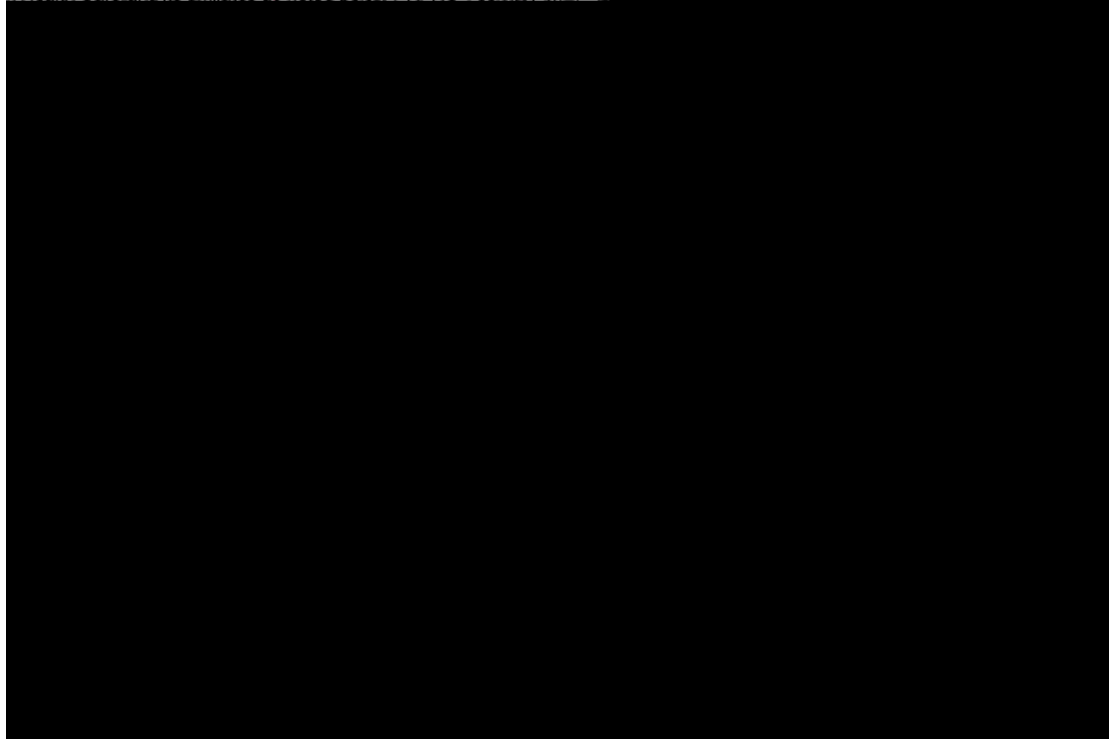
मराठी/Marathi: मराठी बोलणारे व्यक्तींना मुफ्त भाषा सहायता सेवा उपलब्ध आहेत.

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गुजराती/Gujarati: ગુજરાતી બોલતા હોય તો મફત ભાષા સહાયતા સેવાઓ ઉપલબ્ધ છે.

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





Exclusion

All Other Exclusions

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