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Schedule of Benefits

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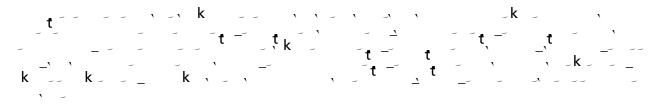
There are two levels of coverage - In-Network and Out-of-Network

Prior Approval

Clinical Review Criteria

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Covered Benefits



EFFECTIVE DATE: 0 0 2022

THE HARVARD PILGRIM PPO -

General Cost Sharing Features:	In-Network Member Cost Sharing:	Out-of-Network Member Cost Sharing:
Coinsurance and Copayments		
Deductible		
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Out-of-Pocket Maximum	•	•
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Out-of-Network Penalty Payment		
kk t`k kk	\$ 00	
Deductible Rollover		
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Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Acupuncture Treatment for Injury or Illne	SS	
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Ambulance Transport		
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Autism Spectrum Disorders Treatment		
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Chemotherapy and Radiation Therapy		
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THE HA	THE HARVARD PILGRIM PPO -	
Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Dental Services		
Important Notice:	`- t - k	1
(\$2 , k t	- <u> </u>

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

THE HARVARD PILGRIM PPO -

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

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<mark>일 시험 소등 위문도와</mark> 영정 본 수 있습 전1176491일 등 수 관요회 (수 주 <mark>시</mark> 요)	는 도 <mark>등 :한국안</mark> (Korean)은 등 관등	이는 산 같이 시 <u></u>
eeRp IIROXOXH:Accuttorsee787qvik@2070 Kohogeo1-888=337=4-442_1 <u>04-410</u>	ດ້ອງເປັນເອົາເຫັນເອົາເຫຼົ່າ ເປັນເອົາເຫຼົ່າ ເປັນເອົາເປັນເຫຼົ່າ ເປັນເອົາເປັນເອົາເປັນເອົາເປັນເອົາເປັນເອົາເປັນເອົາເປ	λοδοικής Ελληνικά (Gr υποστεριέης
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General Nonce Agout Nondiscrimination and Accessionity Requirements	
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Exclusion

Alternative Treatments

Exclusion

Mental Health and Substance Use Disorder Treatment (Continued)

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Exclusion

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All Other Ex	clusions (Continued)		
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