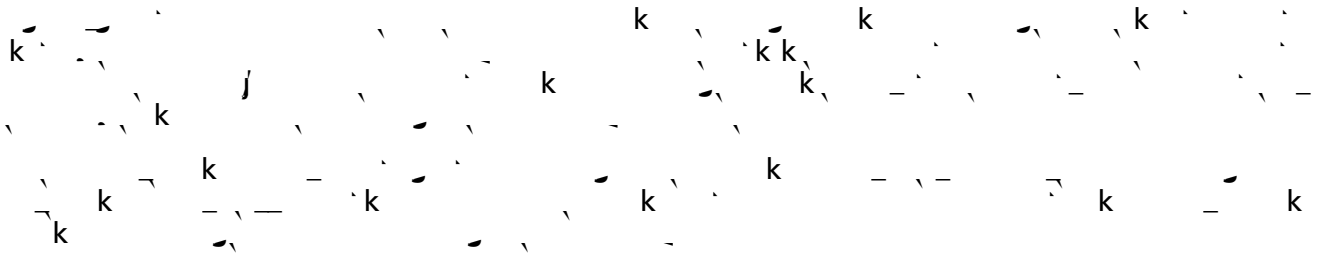


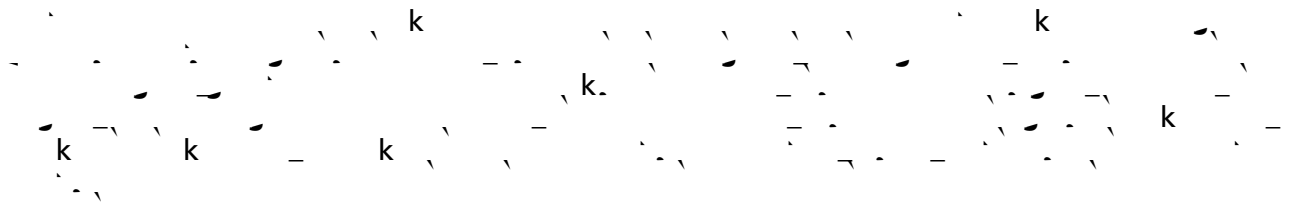
Schedule of Benefits



Clinical Review Criteria



Covered Benefits



General Cost Sharing Features:	Member Cost Sharing:
Coinsurance and Copayments	
Deductible	
Deductible Rollover	
Out-of-Pocket	

Benefit	Member Cost Sharing:
Ambulance Transport	
k	-
k	-
Autism Spectrum Disorders Treatment	
	\$2 k
Chemotherapy and Radiation Therapy	
k	-
	-
Dental Services	
Important Notice:	
(k)	\$2 k
3) k 2. (k)	-
Dialysis	
	\$2 k
k \$300 k	-
Durable Medical Equipment	
k	20
k (k)	-
k	-
Early Intervention Services	
	-
k	k
Emergency Room Care	
	\$ 0 k
(2) k (k)	-
Hearing Aids	
k \$2 000. 3 k	-
Home Health Care	
	-

(Continued on next page)

Benefit	Member Cost Sharing:
Home Health Care (Continued)	
Home health care services, including durable medical equipment, supplies, and services provided by a qualified health care professional in the member's home.	\$0
Hospice - Outpatient	
Hospice services, including medical care, nursing care, medical social services, and counseling.	\$0
Hospital - Inpatient Services	
Room and board, nursing care, and other services provided in a hospital.	\$0
Room and board, nursing care, and other services provided in a hospital, including intensive care unit (ICU) care.	\$0
Room and board, nursing care, and other services provided in a hospital, including intensive care unit (ICU) care, including critical care.	\$0
Room and board, nursing care, and other services provided in a hospital, including intensive care unit (ICU) care, including critical care, including cardiac intensive care.	\$0
Infertility Services and Treatments (see the Benefit Handbook for details)	
Infertility services, including fertility testing, treatment, and procedures.	\$0
Infertility services, including fertility testing, treatment, and procedures, including assisted reproductive technology (ART).	\$0
Infertility services, including fertility testing, treatment, and procedures, including ART, including surrogacy.	\$2,000
Laboratory, Radiology and Other Diagnostic Services	
Laboratory services, including blood tests, urine tests, and other diagnostic tests.	\$0
Radiology services, including X-rays, CT scans, MRI scans, and other diagnostic imaging.	\$0
Other diagnostic services, including echocardiograms, endoscopies, and other procedures.	\$0
Laboratory services, including blood tests, urine tests, and other diagnostic tests, including specialized testing.	\$0
Radiology services, including X-rays, CT scans, MRI scans, and other diagnostic imaging, including specialized imaging.	\$0
Other diagnostic services, including echocardiograms, endoscopies, and other procedures, including specialized procedures.	\$0
Low Protein Foods	
Low protein foods, including special diets for kidney disease and other conditions.	\$0
Maternity Care - Outpatient	
Maternity care services, including prenatal care, delivery, and postpartum care.	\$0
Maternity care services, including prenatal care, delivery, and postpartum care, including cesarean section.	\$0
Maternity care services, including prenatal care, delivery, and postpartum care, including cesarean section, including high-risk pregnancies.	\$0
Medical Drugs (drugs that cannot be self-administered)	
Medical drugs, including prescription drugs and biologics.	\$0
Medical drugs, including prescription drugs and biologics, including biologics.	\$0
Medical drugs, including prescription drugs and biologics, including biologics, including biologics.	\$0

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)	
k	\$ - , k -
Preventive Services and Tests	
k	-
<p data-bbox="1133 583 1446 619">www.harvardpilgrim.org</p> <p data-bbox="152 646 375 682">1-888-333-4742</p>	
Prosthetic Devices	
	20
Rehabilitation and Habilitation Services - Outpatient	
	\$2 - , k -
k	\$2 - , k -
	\$2 - , k -
k 30	\$2 - , k -
k 30	
Scopic Procedures - Outpatient Diagnostic and Therapeutic	
k	-
	-
Spinal Manipulative Therapy (including care by a chiropractor)	
k 30	\$2 - , k -
Surgery - Outpatient	
	-
Telemedicine Virtual Visit Services - Outpatient	
	\$2 - , k -
Urgent Care Services	
k	\$2 - , k -
<p data-bbox="152 1640 358 1675">Important Note:</p> <p data-bbox="289 1696 607 1732">www.harvardpilgrim.org</p>	
	\$2 - , k -

Benefit	Member Cost Sharing:
Urgent Care Services (Continued)	
[unclear]	[unclear]
Vision Services	
[unclear]	\$2 [unclear]
[unclear]	[unclear]
Voluntary Sterilization in a Physician's Office	
[unclear]	[unclear]
Voluntary Termination of Pregnancy	
[unclear]	[unclear]
Wigs and Scalp Hair Protheses as required by law	
[unclear]	[unclear]

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

Alternative treatments are those that are not generally accepted as medically necessary by the medical community. These treatments are often unproven, experimental, or investigational. They may include acupuncture, chiropractic, massage, and other non-traditional therapies. These treatments are typically excluded from coverage as they are not considered standard of care.

Dental Services

Dental services, including routine dental care, orthodontics, and dental surgery, are excluded from coverage. These services are typically covered by separate dental insurance plans.

Durable Medical Equipment and Prosthetic Devices

Durable medical equipment (DME) and prosthetic devices are excluded from coverage. These items are typically covered by separate DMEPOS (Durable Medical Equipment, Prosthetics, Orthotics, and Supplies) insurance plans.

Experimental, Unproven or Investigational Services

Experimental, unproven, or investigational services are excluded from coverage. These services are typically covered by separate research or clinical trial insurance plans.

Foot Care

Foot care services, including pedicures, nail care, and foot massages, are excluded from coverage. These services are typically covered by separate spa or wellness insurance plans.

