



HMO \$15 \$500
 Harvard Pilgrim (MD17282)
 In-Network
 HPHC HMO Participating Providers

HMO LP \$25 \$1000
 Harvard Pilgrim (MD13914)
 In-Network
 HPHC HMO Participating Providers

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| Preventive Care Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings. | | |
| Chemotherapy and Radiation | | |
| X-Rays | | |
| Laboratory Tests | | |
| Routine Maternity Care - Prenatal and Postpartum Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications. | | |
| Inpatient Mental Health & Substance Abuse | | |
| Home Health Care | | |
| Oxygen & Respiratory Equipment | | |
| Tier 1 Copayment Professional visits: | | |
| <i>Preferred PCP Office Visit</i> | | |
| PCP Office Visit | | |
| Routine Annual Eye Exam (1 per year) | | |
| Chiropractic Care ; 12 visit limit | | |
| Acupuncture ; 20 visit limit | | |
| Outpatient Mental Health & Substance Abuse | | |
| Tier 2 Copayment Professional visits: | | |
| Specialist Office Visit | | |
| Physical/Occupational/Speech Therapy | | |
| Allergy Injections | | |
| Outpatient Surgery ; Freestanding Facility or Ambulatory Surgery Center | | |
| Emergency Room (co-pay waived if admitted) | | |
| Prescription Drugs: Retail (30 day Supply) | | |
| Mail Order (90 day Supply) | | |
| Deductible: Limit one per year | | |
| Hospital Inpatient | | |
| Maternity Care - Delivery | | |
| Advanced Radiology ; CT Scans, PET Scans, MRI, MRA and Nuclear medicine services | | |
| Outpatient Surgery ; Hospital Facility | | |
| Skilled Nursing Facility & Inpatient Rehabilitation combined 100 day limit | | |
| Ambulance - Emergency Transport | | |
| Durable Medical Equipment | | |
| Out of Pocket Maximum: Medical | | |
| Prescription Drugs | | |
| Deductible Year | | |
| Deductible Carry-Over Provision | | |
| Lifetime Benefit | | |

Extraction of teeth impacted in bone is not a covered benefit.

This is only a summary of benefits, please consult the corresponding schedule of benefits. Exceptions & exclusions apply.

Benefit limits, deductibles and out of pocket maximums are based on a plan year.