

HARVARD PILGRIM PPO

Comparison Chart

Effective 07-01-2012

SUMMARY OF BENEFITS	PPO	
	IN-NETWORK	OUT-OF-NETWORK
BENEFIT	YOU PAY	YOU PAY
Lifetime Benefit Maximum	None	None
Deductible for Non-network Services	\$100 per member per year not to exceed \$200 per family per year	\$100 per member per year not to exceed \$200 per family per year
Coinsurance	20%	20%
Out-of Pocket Maximum	\$1,600 per member per year not to exceed \$3,200 per family per year (includes deductible)	\$1,600 per member per year not to exceed \$3,200 per family per year (includes deductible)
Family Covered	Spouse; dependents; and adult children until age 26	Spouse; dependents; and adult children until age 26
Selection of Primary Care Physician (PCP)	Any PCP in network	No requirement
Specialist Referrals	Any HPHC Specialist	Any licensed specialist
Providers of Service	Any provider or hospital in the Harvard Pilgrim network	Any licensed provider; any hospital
Pre-existing Conditions	No restrictions	No restrictions
INPATIENT		
General Hospital/Mental Hospital/Substance Abuse Facility (semi-private room and board and ancillary services)	Nothing	20% coinsurance after deductible
Physician Services	Nothing	20% coinsurance after deductible
Skilled Nursing Facility	Nothing up to 100 days per calendar year	20% coinsurance after deductible up to 100 days per calendar year
Newborn Well Baby Care (Inpatient)	Nothing	20% coinsurance after deductible
OUTPATIENT		
Emergency Room Visits for Emergency or Accident Care	\$40 copay, waived if admitted	\$40 copay, waived if admitted
Outpatient Surgery	Nothing	20% coinsurance after deductible
CT, MRI and Pet Scans	Nothing	20% coinsurance after deductible
Hemodialysis	Nothing	20% coinsurance after deductible
Physical Therapy	Nothing	20% coinsurance after deductible
Office Visits Primary Care Physician	\$5 copay per visit	Not covered
Preventive Office Visit-PCP	Nothing	Nothing
Medical Care/Mental Health Care/Substance Abuse Care	\$5 copay per visit	20% coinsurance after deductible
Office Visits Specialist	\$5 copay per visit	20% coinsurance after deductible
OB/GYN Exam	\$5 copay per visit	Not covered
GYN-Preventive Office Visit	Nothing	Nothing
Diagnostic X-ray and Lab	Nothing	20% coinsurance after deductible
Routine Vision Exam	\$5 copay per visit; one visit per calendar year. \$0 copay for children under 5years of age Eyewear discounts available at participating providers	20% coinsurance after deductible Eyewear discounts available at participating providers
Pre-Admission Testing	Nothing	20% coinsurance after deductible
Maternity Care	Nothing	20% coinsurance after deductible
Dental Services	Children under age 14 - Covered in full for preventative care. All members - \$5 copay for extraction of impacted teeth and initial emergency treatment.	Children under age 14 - 20% coinsurance after deductible for preventative care. All members - 20% coinsurance after deductible for extraction of impacted teeth and initial emergency treatment.

SUMMARY OF BENEFITS	PPO	
	IN-NETWORK	OUT-OF-NETWORK
BENEFIT	YOU PAY	YOU PAY
OTHER FEATURES		
Private Duty Nursing (only when medically necessary)	Nothing when medically necessary	20% coinsurance after deductible
Home Health Care	Nothing	20% coinsurance after deductible
Hospice Care	Nothing	20% coinsurance after deductible
Durable Medical Equipment	20% coinsurance	20% coinsurance, up to out-of-pocket max of \$1,000 per year, max benefit of \$5,000 per year
Ambulance	Nothing, when medically necessary	Nothing, when medically necessary
Radiation Therapy	Nothing	20% coinsurance after deductible
Chemotherapy	Nothing	20% coinsurance after deductible
Chiropractor Visits	\$5 copay per visit, up to \$500 per calendar year	20% coinsurance after deductible
Prescription Drugs (Inpatient drugs paid in full)	Retail Pharmacy: Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay up to a 30 day supply MedImpact Mail Order: Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$75 copay up to a 90 day supply	Retail Pharmacy: Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$25 copay up to a 30 day supply No mail order coverage except through MedImpact Mail Order
Fitness Benefit	Reimbursement	Reimbursement
	Fitness reimbursement up to \$150 per subscriber at a fitness facility per calendar year. Must be an active member of the HPHC and fitness facility for 4 months. Discounts at IFCN-affiliated clubs. Discount at Weight Watchers®	Fitness reimbursement up to \$150 per subscriber at a fitness facility per calendar year. Must be an active member of the HPHC and fitness facility for 4 months. Discounts at IFCN-affiliated clubs. Discount at Weight Watchers®
<p>These pages summarize benefits of the plan(s). The Subscriber Certificate(s) & applicable riders define the terms & conditions of these benefits in greater detail. Should any questions arise, the certificate(s) & riders will govern.</p> <p>* Fallon DirectCare members now have access to Acton Medical Associates, Charles River Medical Associates and Southboro Medical Group, Fallon Clinic, Highland Healthcare Associates IPA, Lahey Clinic, Lawrence General IPA, Lowell General PHO, Mount Auburn Cambridge IPA, and Northeast PHO.</p> <p>**FCHP SelectCare members have access to FCHP Clinic providers, as well as hundreds of private practice physicians in Central, Northern, Eastern and Southeastern, Massachusetts.</p> <p>The information provided here is an abbreviated description of health plan features. Details of coverage and exclusion are available from each health plan provider. Health plan representatives provided the information for this summary of benefits and the West Suburban Health Group is not responsible for its accuracy.</p>		