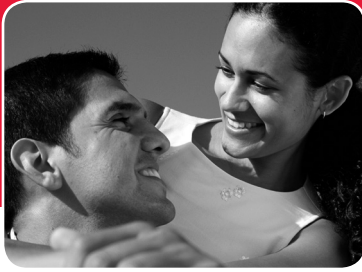


HOW IT WORKS:



Harvard Pilgrim PPO Plan for Harvard University employees

Welcome to Harvard Pilgrim. Your Massachusetts-based employer, Harvard University, is offering you one of our PPO plans for your health care coverage. The Harvard Pilgrim PPO plans are among the most flexible options you can choose for your health care needs.

- ▶ You decide which doctors and hospitals you want to visit—you don't need a primary care physician or referrals.
- ▶ You can receive in-network services from thousands of providers that belong to our network or out-of-network services from those that do not.

In-network services

In-network services are covered services you receive from **participating providers**. Typically, receiving in-network services means **lower out-of-pocket** costs. Many services are covered after you pay a **copayment** at the doctor's office. Some plans may require you to pay **coinsurance** for certain covered services that you receive inside our network.

Outside of Massachusetts, Maine, New Hampshire, Connecticut, Rhode Island and Vermont, you have in-network access to UnitedHealthcare's extensive national provider network. This means that you may receive care for covered services from UnitedHealthcare providers outside of those states and be covered at the in-network benefit level.

To find participating providers, just visit www.harvardpilgrim.org/providerdirectory and you'll be able to find participating providers near your work or home. When you seek care from UnitedHealthcare providers, please be sure to show them the back of your member ID card for the information they need to serve you.

Out-of-network services

Out-of-network services are covered services you receive from **non-participating providers**.

Receiving out-of-network services typically means higher out-of-pocket costs. All services you receive outside our network are subject to a yearly **deductible**. This means you may be required to pay all or part of a bill for services, until you have paid your total deductible amount. After you have paid your total deductible amount for the year, you typically pay coinsurance for services you receive outside our network. You may need to submit claim forms to Harvard Pilgrim to be reimbursed for covered services. In addition, a non-participating provider may bill you for the difference between his or her charges and the amount Harvard Pilgrim pays for that service.

Going to the hospital

When you're going to be admitted to the hospital, services are covered according to what combination of providers you use. Suppose that you are being sent to a participating hospital by a non-participating doctor. In this case your hospital visit is covered at the in-network benefit level, and the doctor's services are covered at the out-of-network benefit level.

And in an emergency

Harvard Pilgrim covers all medical emergencies (e.g., heart attack, stroke, choking, loss of consciousness or seizures) at the in-network benefit level. Just go to the nearest emergency facility or call 911 or another local emergency number.

Once you are out of the hospital, please follow up with your primary care provider, if you have one, for any additional care you may need.



► Important information: Prior Approval

You must seek prior approval for the following services when you are using a non-participating provider or facility. Prior approval may be required for some services you receive from participating providers as well. Please refer to the *Benefit Handbook* for details. The *Benefit Handbook* governs in the event that the information in this document is different.

► Mental health and drug and alcohol rehabilitation services

Call (888) 777-4742 for prior approval.

- Planned inpatient admissions
- Intensive outpatient program treatment
- Partial hospitalization and day treatment programs
- Extended outpatient treatment visits
- Outpatient electro-convulsive treatment (ECT)
- Psychological testing
- Applied behavioral analysis (ABA) for the treatment of autism

► Medical services

Call (800) 708-4414 for prior approval.

- Planned inpatient admissions
- Cosmetic, reconstructive and restorative procedures
- Dental and oral surgery
- Durable medical equipment
- Formulas and enteral nutrition
- Home health care
- Immune globulin (IVIg)
- Infertility services
- Non-emergency air ambulance transportation
- Occupational therapy
- Physical therapy
- Pulmonary rehabilitation
- Radiology – advanced radiology
- Skilled nursing facility (SNF) and rehabilitation hospital care
- Speech and language therapy
- Surgery (both inpatient and outpatient)

► When calling for prior approval, please give:

- Member’s name and ID number
- Treating physician’s name, address and telephone number
- Diagnosis for which care is ordered
- Treatment ordered and the date it is expected to be performed

For inpatient admission to a non-participating provider, please also give:

- Name and address of the facility where care will be received
- Admitting physician’s name, address and telephone number
- Admitting diagnoses and date of admission
- Name of any procedure to be performed and the date it is expected to be performed

This chart shows who is responsible for requesting Prior Approval for hospital admissions:

Admitted by:	Admitted to:	Approval Responsibility:
Participating Physician	Participating Hospital	Participating Physician
Participating Physician	Non-Participating Hospital	Member
Non-Participating Physician	Participating Hospital	Member
Non-Participating Physician	Non-Participating Hospital	Member

If you have any questions about your Harvard Pilgrim coverage, please call Member Services at (888) 333-4742 or e-mail ms_web_response@harvardpilgrim.org.

For TTY service, call 711.