

A guide to your medical coverage

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How the Focus HMOSM plan works

This plan is designed to help you lower costs and offers a select network of Massachusetts' leading health professionals and hospitals. The network includes nearly 60 hospitals and more than 20,000 doctors and other clinicians called Easy Access providers.*

Features



PCP required



Care limited to Easy Access providers and hospitals (except in a medical emergency)



Referrals needed for most specialists

On rare occasions, specialty care cannot be provided by an Easy Access specialist or facility. In these instances, we have a limited number of additional providers who can be seen after a medical review and authorization for care from Harvard Pilgrim.

A primary care provider is key to good health

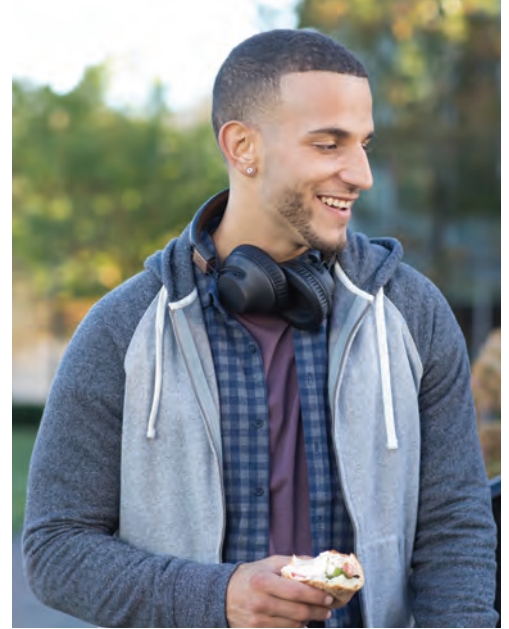
A primary care provider (PCP) is the doctor, nurse practitioner or other qualified medical professional you see for annual check-ups and for treatment when you're sick or injured.

Because this plan requires you to have a Focus HMO PCP, we will assign one to you automatically if we don't have one on file for you or if you don't let us know who it is when you enroll.

You and each of your dependents can choose different Focus HMO PCPs.

Your PCP's role

- Provides preventive and routine medical care
- Refers you to participating Focus HMOSM medical specialists, when needed
- Knows your health history and educates you about healthy lifestyle choices



Two ways to find a PCP:

Find a PCP or see if your current provider is in our network.



Visit harvardpilgrim.org/providerdirectory



Call us:
Already a member:
(888) 333-4742
Not yet a member:
(866) 874-0817
TTY: **711**

Getting care with the Focus HMOSM plan

With this plan, you must receive care from medical professionals and hospitals that participate in the Focus HMO provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

Routine and preventive care*

There's no extra charge for routine annual exams with your PCP and many preventive tests and services. Other tests and services your PCP orders may require cost sharing.

Specialty care

You will need your PCP's referral before your plan will cover most kinds of specialty care (e.g., dermatology, physical therapy, etc.). Certain types of visits (e.g., routine eye exams and OB-GYN care) do not require referrals.

Behavioral health care**

Your plan covers in-person visits with thousands of participating licensed clinicians; you do not need a referral. Virtual visits via smartphone, tablet or computer are also available.

Hospital care

You will need a referral from your PCP or specialist for any tests, surgery or treatment you receive at a participating Focus HMO hospital, except in a medical emergency. If you are admitted to the hospital from the emergency room, call your PCP to arrange for any follow-up care you may need.

Care when you're traveling

Your plan covers emergency care if you get sick or injured anywhere in the world.





Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included without referrals on most plans.

Urgent and emergency care

If you have a non-life-threatening illness or injury and your doctor's office is closed, you have a variety of options for getting care. Of course, if you think you're having a medical emergency, go to the emergency room or call 911.

Commonly treated conditions

	Virtual visits Real-time virtual visit with providers via smartphone, tablet or computer	Non-life-threatening illnesses and injuries (coughs/ colds, sore/strep throat, nausea/diarrhea, etc.)	\$
	Convenience care/retail clinic Walk-in, convenience care or retail clinics	Minor illnesses and infections (bronchitis, strep throat, ear & eye infections, etc.)	\$\$
	Urgent care center Walk-in clinic for urgent care	Minor illnesses, injuries and infections (burns, bites, colds & flu, sprains & strains, etc.)	\$\$\$
	Emergency room (ER) Part of a hospital that provides immediate treatment for life-threatening illnesses and injuries	Medical emergencies (heart attack, stroke, choking, loss of consciousness, seizures, etc.)	\$\$\$\$

Visit www.harvardpilgrim.org/urgentcareoptions for more information about these options.

*Preventive services that fall under the federal Affordable Care Act.

**Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.

Once you're a member

Register for your member account at harvardpilgrim.org:

- Look up the details of your plan.
- Compare costs for tests and procedures.
- Explore different health topics and ways to be well.
- Check out ways to save with discounts on eyewear, reimbursement for fitness programs and more!



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

Need help?

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Not yet a member: **(866) 874-0817**

TTY: **711**



What your Focus HMOSM plan covers

Here's how your plan covers some common services.

No cost sharing—Routine & preventive care*

- Annual checkup with your PCP
- Preventive screenings and tests
- Immunizations, including flu shots
- Routine pre-natal and post-partum visits

Cost sharing may apply—PCP and specialist visits, diagnostic tests & services, hospital services

- Visits to your provider when you're sick or injured
- Diagnostic screenings and tests outside of preventive care
- X-rays, CT scans and MRIs
- Inpatient and outpatient hospital care
- Emergency room visits

*Preventive services that fall under the federal Affordable Care Act.

See the **Schedule of Benefits** for more details on your coverage and cost-sharing amounts.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

What you pay for services

Cost sharing is the portion you pay for specific services like office visits, X-rays and prescriptions.** Copayments, deductibles and coinsurance are examples of cost sharing.

Coinsurance: A fixed percentage of costs you pay for covered services. For example, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid your full annual deductible.

Copayment: A flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or pick up prescriptions at the pharmacy.

Deductible: A set amount of money you pay out of your own pocket for certain covered services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments and coinsurance do not count toward your deductible.

Out-of-pocket maximum: A limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, deductibles and coinsurance. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.



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