

## WHAT YOU NEED TO KNOW:



# The Independence Plan<sup>SM</sup> POS (Point of Service)

### **Do I need a primary care provider (PCP)?**

Yes. You must have your PCP provide your care (except in emergencies) and give you referrals for most kinds of specialty care for the plan to provide in-network coverage for the service.

After you enroll, call Member Services to tell us who your PCP is. If you do not, we will assign a PCP to you upon enrollment.

### **Which providers and hospitals can I visit?**

You can visit any of the providers and hospitals that are in Harvard Pilgrim's network, as well as providers and hospitals that don't participate in Harvard Pilgrim's network (although using these providers costs more). You must live in the plan's service area. Depending on whether you get a referral and where you choose to receive care for covered services, you'll have in-network coverage or out-of-network coverage.

### **How does in-network coverage work?**

You have in-network coverage when you receive care for covered services:

- directly from your PCP
- from other Harvard Pilgrim participating providers with the appropriate referrals

In-network coverage saves money because you pay lower out-of-pocket costs than you would if you did not get referrals or used out-of-network providers and hospitals.

### **How does non-referral or out-of-network coverage work?**

You have non-referral or out-of-network coverage when you receive care for covered services from:

- participating providers without your PCP's referral
- non-participating providers

Non-referral or out-of-network coverage is usually more expensive than in-network coverage. Please note that when you refer yourself to Harvard Pilgrim participating providers, they will bill you for covered services according to the rates we negotiated with them. Also, providers who are not in our network may bill you for the differences between their charges and the amount Harvard Pilgrim pays for covered services.

### **Do I need referrals to visit specialists and hospitals?**

To receive in-network coverage and help you save money, we strongly encourage you to work with your PCP and get referrals when you need to see a specialist or be admitted to the hospital.

*continued* ►►



Harvard Pilgrim  
Health Care



Commonwealth of Massachusetts  
Group Insurance Commission

If you do not get referrals or if you use non-participating providers for covered services, you will have non-referral or out-of-network coverage and pay higher out-of-pocket costs. You can get routine eye exams and most kinds of gynecological care without your PCP's referral, but you must see participating providers for in-network coverage.

Also, except in an emergency, you must notify Harvard Pilgrim before a hospital admission when non-participating providers and hospitals are involved.

### **What do I do in a medical emergency?**

In a medical emergency (e.g., heart attack, stroke, choking, loss of consciousness or seizures), call 911 or go to the nearest emergency room. If you are admitted to the hospital, someone needs to notify Harvard Pilgrim within 48 hours, or as soon as reasonably possible. Your attending physician may do this, or you can ask someone to do it for you.

### **Do I have coverage when I'm traveling?**

You will have in-network coverage in medical emergencies and when you visit providers in Harvard Pilgrim's network. You will have out-of-network coverage when you visit non-participating providers, unless you have a medical emergency. If you would like, call Member Services when you need urgent care—e.g., earache, flu, etc.—and we may be able to help you locate a network physician near you.

### **Tiered providers and hospitals**

Harvard Pilgrim placed its participating physicians and hospitals into one of three tiers, based on cost and quality performance.

Using national quality benchmarks, as well as plan medical expense information, we placed participating hospitals and physician groups in Tier 1, Tier 2 or Tier 3. If a physician group didn't have sufficient data to rank, the affiliated doctors were placed into Tier 2.

When you see participating providers in a lower tier, you'll pay less. Your cost sharing increases when you receive services from higher-tier providers. Refer to your Harvard Pilgrim *Schedule of Benefits* to determine your plan's actual cost sharing.



### **Are providers always in the same tier as the hospitals where they admit patients?**

No. Sometimes providers and hospitals are placed in different tiers. Be sure to confirm providers' and hospitals' tiers before you seek care.

### **Will providers stay in the same tier?**

Providers' tier assignments may change at any time. For example, if providers change practice affiliations, their tier assignments may change as well. Providers who work for more than one practice may be in more than one tier; what you pay will depend on the practice location you visit.

### **Consider quality**

In all three tiers, you'll find physicians from Harvard Pilgrim's honor roll, which recognizes local providers whose performances meet high-quality, best-in-class industry standards. This means that while all Honor Roll recipients are recognized for outstanding quality, some are more cost-efficient than others. That's why you'll find Honor Roll recipients in the three different tiers for cost and quality performance.

# Summary of Benefits — July 1, 2017–June 30, 2018

Independence Plan <sup>SM</sup> POS		
In-Network		Out-of-Network *
Deductible	\$500 per Member / \$1,000 per Family	\$500 per Member / \$1,000 per Family
Out-of-Pocket Maximum	\$5,000 per Member / \$10,000 per Family (All in-network medical, prescription drug and mental health Copays and Deductibles apply to the out-of-pocket maximum.)	\$5,000 per Member / \$10,000 per Family (excluding Coinsurance for Skilled Nursing Facility Care)
Outpatient Care		
Primary Care Provider Visits	\$10/\$20/\$40	Deductible, then 20% Coinsurance
Specialist Visits	Tier 1 Copayment: \$30 Tier 2 Copayment: \$60 Tier 3 Copayment: \$90	Deductible, then 20% Coinsurance
Emergency Room Copayment – waived if admitted	\$100 Copayment, then Deductible	\$100 Copayment, then Deductible
Mammograms and Pap Smears	No charge	Deductible, then 20% Coinsurance
Administration of Allergy Injections	Deductible, then no charge	Deductible, then 20% Coinsurance
High-Tech Radiology (e.g., MRI, PET and CT scans)	\$100 Copayment per scan, then Deductible	Deductible, then 20% Coinsurance
Hospital Services		
Inpatient Semi-Private Room and Board and Physicians’ Services Inpatient copayment: <ul style="list-style-type: none"><li>• Tier 1 = \$275</li><li>• Tier 2 = \$500</li><li>• Tier 3 = \$1,500</li></ul>	Subject to Hospital Inpatient Copayment, then Deductible (Limited to one Copayment per quarter)	Deductible, then 20% Coinsurance
Surgical Day Care	\$250 Copayment per visit, then Deductible. (There is a maximum of four Surgical Day Care Copayments per Member per plan year.)	Deductible, then 20% Coinsurance
Hospital Outpatient Services (e.g., lab tests, anesthesia and X-rays)	Deductible, then no charge	Deductible, then 20% Coinsurance
Skilled Nursing Facility Care Services up to 45 days per plan year	20% of Reasonable Charges (Coinsurance) after the Deductible has been met	Deductible, then 20% Coinsurance
Inpatient Rehabilitation Services	Deductible, then no charge	Deductible, then 20% Coinsurance
Prescription Drug Benefit		
In-Network Retail Pharmacy – 30-day supply	Deductible: \$100 per Member / \$200 per Family, then \$10/\$30/\$65 \$25/\$75/\$165	
Mail Order – 90-day supply		
Other Services		
Durable Medical Equipment including Prosthetics	Deductible, then no charge	Deductible, then 20% Coinsurance
Physical and Occupational Therapies up to 90 consecutive days per illness or injury	\$20 Copayment	Deductible, then 20% Coinsurance

\* Please note that non-participating providers may bill you for the differences between their charges and the amount Harvard Pilgrim pays for covered services.

continued >>

# Summary of Benefits — July 1, 2017–June 30, 2018

Independence Plan <sup>SM</sup> POS		
	In-Network	Out-of-Network*
<b>Other Services (continued)</b>		
<b>Chiropractic Care</b> 20 visits per plan year	\$20 Copayment	Deductible, then 20% Coinsurance
<b>Bi-Annual Routine Vision Exam – covered once every 24 months</b> <i>A \$20 copayment applies when you have this exam with a participating optometrist.</i>	Tier 1 Copayment: \$30 Tier 2 Copayment: \$60 Tier 3 Copayment: \$90	Deductible, then 20% Coinsurance
<b>Ambulance</b>	Deductible, then no charge	Deductible, then 20% Coinsurance
<b>Behavioral Health</b>		
<b>Office Visits</b>	<b>Individual:</b> \$10 per visit <b>Group:</b> \$15 per visit	Deductible, then 20% Coinsurance
<b>Inpatient – General Hospital (semi-private room and board and special services)</b>	\$275 Copayment per admission (Limited to one Copayment per quarter)	Deductible, then 20% Coinsurance
<b>Inpatient Mental Hospital Facility</b>	\$275 Copayment per admission (Limited to one Copayment per quarter)	Deductible, then 20% Coinsurance
<b>Inpatient Substance Abuse Facility</b>	\$275 Copayment per admission (Limited to one Copayment per quarter)	Deductible, then 20% Coinsurance

\* Please note that non-participating providers may bill you for the differences between their charges and the amount Harvard Pilgrim pays for covered services.



Harvard Pilgrim  
Health Care



Commonwealth of Massachusetts  
Group Insurance Commission