

# Four Facts: The Harvard Pilgrim Best Buy HSA HMO – Massachusetts

## 1 Most services, including prescription drugs, are subject to the deductible.\*

Please see the other side of this flyer for a partial list of services that are subject to the deductible. Once you meet the deductible, your services may be covered in full for the rest of the year, or you may have to pay cost sharing (e.g., copayments or coinsurance). See the *Schedule of Benefits* for details.

## 2 There are no individual contribution limits within the family deductible.

This means that individual family members will continue to pay deductible expenses until the total family deductible amount is reached. After the full, annual family deductible is met, family members on your policy no longer have to make payments toward the deductible.

## 3 Many preventive tests and services are covered in full.

A large number of preventive tests and services are covered at no charge. Please note that you may receive some tests and services that are subject to the deductible during a preventive visit.

## 4 Harvard Pilgrim will send you an Activity Summary for services you receive.

The Activity Summary is not a bill. It lists the services you received, any payments Harvard Pilgrim made to the provider for your care, and any amounts you may owe the provider. A new summary will post each month to your secure *HPHConnect* for Members account at [www.harvardpilgrim.org](http://www.harvardpilgrim.org).

You'll receive a monthly Activity Summary in the mail when you are responsible for a deductible, coinsurance or an amount not covered by the plan.

Your provider will bill you separately. Compare the provider's bill with your Activity Summary to verify the services you received and any amounts you may have paid or still may owe to the provider.

If you have questions about your Best Buy HSA HMO coverage, please call the Member Services department at (888) 333-4742. For TTY service, please call 711.

\* The deductible will not apply to certain preventive medications if your plan includes the Preventive Drug Benefit.



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These are examples of covered services. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in the event that the information in this document is different.

No charge	Deductible, then cost sharing or no charge
<ul style="list-style-type: none"><li>• Preventive tests and services, including:<ul style="list-style-type: none"><li>- Adult annual visits</li><li>- Well child visits</li><li>- Annual gynecological visits</li><li>- Routine pre-natal and post-partum visits</li><li>- Cervical cancer screening, including Pap smears</li><li>- Immunizations, including flu shots (for children and adults as appropriate)</li><li>- Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test</li><li>- Cholesterol screening (adults only) and total cholesterol tests</li><li>- Diabetes screenings</li><li>- Blood pressure screening (adults, without known hypertension)</li><li>- Breast cancer screening, including mammograms and counseling for genetic susceptibility</li></ul></li><li>• Fetal ultrasounds</li><li>• Inpatient physician care for healthy newborn</li></ul>	<ul style="list-style-type: none"><li>• Exams for illness or injuries</li><li>• Lab tests and diagnostic procedures, including EKGs, MRIs, X-rays and colonoscopies, other than those listed under "Preventive tests and services"</li><li>• Treatments and procedures, including chemotherapy, surgical procedures, allergy treatments and dialysis</li><li>• Therapeutic procedures, including occupational therapy, speech therapy, physical therapy, early intervention and cardiac rehabilitation</li><li>• Inpatient hospital services, including inpatient maternity</li><li>• Inpatient mental health, drug and alcohol rehabilitation, and detoxification</li><li>• Hospital outpatient department services and day surgery</li><li>• Outpatient mental health services</li><li>• Home health care services</li><li>• Skilled nursing care</li><li>• Ambulance transport</li></ul>

Please note: Services you receive during different kinds of visits and exams may be subject to the deductible.