



Elevate Health Option HMO \$2000

Harvard Pilgrim (MD20285)

Tier 1 Network
 ElevateHealth Participating Providers

Tier 2 Network
 HPHC HMO Participating Providers

Benefits covered in Full (no cost to the member)	
Preventive Care Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.	Covered in Full
Chemotherapy and Radiation	Covered in Full
X-Rays	
Laboratory Tests	
Routine Maternity Care - Prenatal and Postpartum Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	
Inpatient Mental Health & Substance Abuse	
Home Health Care	
Oxygen & Respiratory Equipment	

Benefits covered after a Copayment	
Tier 1 Copayment Professional visits:	
<i>Preferred PCP Office Visit</i>	Covered in Full
PCP Office Visit	Tier 2 Deductible; then 20% Coinsurance
Routine Annual Eye Exam (1 per year)	
Chiropractic Care ; 12 visit limit	
Acupuncture ; 20 visit limit	
Outpatient Mental Health & Substance Abuse	
Tier 2 Copayment Professional visits:	
Specialist Office Visit	
Physical/Occupational/Speech Therapy ; combined 60 visit limit	
Allergy Injections	
Outpatient Surgery ; Freestanding Facility	
Prescription Drugs: Retail (30 day Supply)	\$5/\$15/\$30/\$50
Mail Order (90 day Supply)	\$5/\$15/\$30/\$50

Benefits covered after a Deductible	
Deductible: Limit one per year	Tier 1: \$2,000 (\$4,000 Family)
Hospital Inpatient	Tier 1 Deductible; then Covered in Full
Maternity Care - Delivery	
Advanced Radiology ; CT Scans, PET Scans, MRI, MRA and Nuclear medicine services	
Skilled Nursing Facility & Inpatient Rehabilitation ; combined 100 day limit	
Outpatient Surgery ; Hospital Facility	
Ambulance - Emergency Transport	Tier 1 Deductible; then Covered in Full
Emergency Room (co-pay waived if admitted)	Tier 1 Deductible; then \$250 Copay
Durable Medical Equipment	Tier 1 Deductible; then 20% Coinsurance
Out of Pocket Maximum: Medical	\$6,000 (\$12,000 Family)
Prescription Drugs	

Deductible Year: Calendar Year (January-December) **Deductible Carry-Over Provision:** Yes **Lifetime Benefit:** Unlimited

Any eligible medical expense incurred toward the Tier 1 Deductible in a Calendar Year applies to both the Tier 1 and Tier 2 Deductibles and vice versa. The maximum Deductible amount will never exceed the Tier 2 Deductible.

Extraction of teeth impacted in bone is not a covered benefit.

This is only a summary of benefits, please consult the corresponding schedule of benefits. Exceptions & exclusions apply.

Benefit limits, deductibles and out of pocket maximums are based on a calendar year.