

SECTION A. Summary of Benefits

This Summary is part of your Benefit Handbook. It states the Cost Sharing amounts that you must pay for Covered Benefits and some important limitations on your coverage.

Your benefits are being provided on a Plan Year basis. Your Plan Year begins on your Employer’s Anniversary Date. Please see your Benefit Handbook for more details. If you do not know your Employer’s Anniversary Date, please contact your Employer’s benefits office or call the Member Services Department at 1-888-333-4742.

For complete information on Covered Benefits, including limitations on your coverage, you must refer to Section C., (“Covered Benefits”) of the Benefit Handbook. For information on how the HealthFirst Group HMO works, please see Section B., (“About the Plan”) of the Benefit Handbook.

General Cost Sharing Features:	Your Cost Sharing:
Copayments (Please see Section B.2.f.3., (“Copayment”) for details on the PCP and Specialist Copayments)	See Covered Benefits below
Deductibles	Tier 1: \$2,500 Individual \$5,000 Family Tier 2: \$4,000 Individual \$8,000 Family
Out-of-Pocket Maximum – Covered Benefits (does not include Prescription Drugs)	\$5,000 per Member \$10,000 per family
Out-of-Pocket Maximum – Prescription Drugs	\$5,000 per Member \$10,000 per family
Covered Benefits:	Your Cost Sharing:
Outpatient Professional Services	
▪ Ambulance Transport, Non-Emergency	Subject to Tier 1 Deductible
▪ Cardiac Rehabilitation	PCP: \$20 Copayment Specialist: \$50 Copayment
▪ Diagnostic Laboratory Tests and Procedures, except for the following three services:	Nothing
▪ Colonoscopy	\$250 Copayment
▪ Hospital-based Outpatient, Inpatient or ER Diagnostic Laboratory Tests and Procedures	Subject to Deductible
▪ X-rays, MRI, CT and PET Scans	Subject to Deductible
▪ Dialysis	Subject to Deductible
▪ Early Intervention Services - \$3,200 per plan year, up to \$9,600 per lifetime	PCP: \$20 Copayment Specialist: \$50 Copayment
▪ Formulas and Low Protein Foods	Nothing
▪ Home Care and Hospice	Nothing

Covered Benefits:	Your Cost Sharing:
<ul style="list-style-type: none"> ▪ Physical therapy limited to 20 visits per condition per plan year ▪ Occupational therapy limited to 20 visits per condition per plan year ▪ Speech therapy limited to 20 visits per condition per plan year 	Outpatient: \$50 Copayment Inpatient: Subject to Deductible
<ul style="list-style-type: none"> ▪ Physician Services, except the services listed below: 	PCP: \$20 Copayment Specialist: \$50 Copayment
<ul style="list-style-type: none"> • Routine physical examinations (including family planning and well child care), • Immunizations, • Lead level testing, • PSA, • Women’s health (including mammography and annual gynecological examinations), • Preventive laboratory tests and procedures; and • An Annual Care Plan for Chronic Illnesses 	Nothing
Prenatal and Postpartum Care	Nothing
Allergy Injections	\$20 Copayment
Routine Hearing Examination	Ages 0-18: Nothing Ages 19 and older: PCP: \$20 Copayment Specialist: \$50 Copayment
<ul style="list-style-type: none"> ▪ Surgical Day Care 	Subject to Deductible
<ul style="list-style-type: none"> ▪ Telemedicine 	PCP: \$20 Copayment Specialist: \$50 Copayment
<ul style="list-style-type: none"> ▪ Urgent Care Services 	\$100 Copayment per visit
<ul style="list-style-type: none"> ▪ Vision Hardware for Special Conditions 	Nothing
<ul style="list-style-type: none"> ▪ Ambulance Transport, Emergency 	Subject to Tier 1 Deductible
<ul style="list-style-type: none"> ▪ Emergency Dental Care - in a professional office within 72 hours of injury 	\$50 Copayment
Emergency Room Facility Charges	\$200 Copayment This Copayment is waived if admitted directly to the hospital from the emergency room.
<ul style="list-style-type: none"> ▪ Emergency Room Physician Charges 	Subject to Tier 1 Deductible

Covered Benefits:	Your Cost Sharing:
Inpatient Services	
▪ Acute Hospital Care	Subject to Deductible
▪ Maternity Care (routine nursery charges for newborn care are covered in full)	Nothing
▪ Rehabilitation Hospital up to 60 days per plan year	Subject to Deductible
▪ Skilled Nursing Facility Care up to 100 days per plan year	Subject to Deductible
Mental Health Services	
Important Note: Benefit limits do not apply to care for Serious Mental Illnesses. See Section C.5.a., (“Inpatient and Outpatient Mental Health and Drug and Alcohol Rehabilitation Services for Serious Mental Illness”) for details.	
▪ Inpatient Care limited to 30 days per plan year	Subject to Deductible
▪ Outpatient Care limited to 20 visits per plan year	
Group Therapy	\$20 Copayment
Individual Therapy	\$20 Copayment
▪ Psychological Testing	\$20 Copayment
Drug and Alcohol Rehabilitation Services: Screening and Brief Intervention	
▪ Inpatient Care limited to 30 days per plan year	Subject to Deductible
▪ Outpatient Care limited to 20 visits per plan year	
Group Therapy	\$20 Copayment
Individual Therapy	\$20 Copayment
▪ Inpatient Detoxification	Nothing
▪ Outpatient Detoxification	Nothing
Durable Medical Equipment and Prosthetic Devices	
▪ Limited to \$3,000 per member per plan year for all covered equipment. This limit does not apply to the five items listed below.	Subject to Deductible
Blood Glucose Monitors, Insulin Pumps and Infusion Devices	Subject to Deductible
Breast Prostheses, including Replacements and Mastectomy Bras	Subject to Deductible
Medical Equipment and Supplies for Diabetes Treatment	Subject to Deductible
Oxygen and Respiratory Equipment	Subject to Deductible
Prosthetic Arms and Legs	Subject to Deductible

Covered Benefits:	Your Cost Sharing:
Prescription Drugs – Three Tier Coverage	
Tier 1 Drugs	\$10
Tier 2 Drugs	\$35
Tier 3 Drugs	\$50
• 90 day Mail Order	
Tier 1 Drugs	\$30
Tier 2 Drugs	\$105
Tier 3 Drugs	\$150

Harvard Pilgrim HealthFirst NH Hospital Tiering

NH Hospitals		
Hospital Name	State	Tier
Alice Peck Day Memorial Hospital	NH	[1]
Androscoggin Valley Hospital	NH	[1]
Catholic Medical Center	NH	[2]
Concord Hospital	NH	[1]
Cottage Hospital	NH	[1]
Elliot Hospital	NH	[1]
Exeter Hospital	NH	[2]
Franklin Regional Hospital	NH	[2]
Frisbie Memorial Hospital	NH	[2]
Huggins Hospital	NH	[1]
Lakes Region General Hospital	NH	[1]
Littleton Regional Hospital	NH	[2]
Mary Hitchcock Memorial Hospital	NH	[2]
Monadnock Community Hospital	NH	[1]
New London Hospital	NH	[1]
Parkland Medical Center	NH	[1]
Portsmouth Regional Hospital	NH	[2]
Southern NH Medical Center	NH	[1]
Speare Memorial Hospital	NH	[1]
St. Joseph Hospital	NH	[2]
The Cheshire Medical Center	NH	[1]
The Memorial Hospital	NH	[1]
Upper Connecticut Valley Hospital	NH	[1]
Valley Regional Hospital	NH	[1]
Weeks Medical Center	NH	[1]
Wentworth-Douglas Hospital	NH	[1]

MA Hospitals		
Hospital Name	State	Tier
Anna Jacques Hospital	MA	[1]
Athol Memorial Hospital	MA	[2]
Baystate Medical Center	MA	[2]
Berkshire Medical Center	MA	[2]
Beth Israel Deaconess	MA	[2]
Beth Israel Deaconess - Needham	MA	[2]
Boston Medical Center	MA	[2]
Brigham & Womens Hospital	MA	[2]
Brockton Hospital	MA	[2]
Cambridge Hospital	MA	[1]
Cape Cod Hospital	MA	[1]
Caritas Carney Hospital Inc.	MA	[1]
Charlton Memorial Hospital	MA	[2]
Childrens Hospital	MA	[2]
Clinton Hospital	MA	[2]
Cooley Dickinson HOSP	MA	[2]
Dana Farber Cancer Institute	MA	[2]
Emerson Hospital	MA	[1]
Fairview Hospital	MA	[2]
Falmouth Hospital	MA	[1]
Faulkner Hospital	MA	[2]

Harvard Pilgrim HealthFirst NH Hospital Tiering

MA Hospitals		
Hospital Name	State	Tier
Framingham Union Hospital	MA	[1]
Franklin Medical Center	MA	[2]
Good Samaritan Hospital	MA	[1]
Harrington Memorial Hospital	MA	[2]
HealthAlliance Hospital	MA	[1]
Heywood Hospital	MA	[1]
Holy Family Hospital	MA	[2]
Holyoke Medical Center	MA	[2]
Hubbard Regional Hospital	MA	[2]
Jordan Hospital Inc.	MA	[1]
Lahey Clinic Hospital	MA	[2]
Lawrence General Hospital	MA	[2]
Lawrence Memorial Hospital	MA	[1]
Leonard Morse Hospital	MA	[1]
Lowell General Hospital	MA	[2]
Marlborough Hospital	MA	[1]
Marthas Vineyard Hospital	MA	[2]
Mary Lane Hospital	MA	[2]
Mass Eye & Ear Infirmary	MA	[2]
Mass General Hospital	MA	[2]
Melrose Wakefield Hospital	MA	[1]
Mercy Hospital	MA	[1]
Merrimack Valley Hospital	MA	[1]
Milford Whitinsville Regional Hospital	MA	[1]
Milton Hospital	MA	[2]
Morton Hospital & Medical Center	MA	[1]
Mt Auburn Hospital	MA	[1]
Nantucket Cottage Hospital	MA	[2]
Nashoba Valley Medical Center	MA	[1]
Northeastern Hospital Corporation	MA	[1]
New England Baptist Hospital	MA	[2]
Newton Wellelsley Hospital	MA	[2]
Noble Hospital	MA	[2]
North Adams Regional Hospital	MA	[2]
Salem Hospital	MA	[2]
Union Hospital	MA	[2]
Norwood Hospital	MA	[1]
Quincy Medical Center Inc.	MA	[1]
Saints Medical Center	MA	[1]
Somerville Hospital	MA	[1]
South Shore Hospital	MA	[2]
St Annes Hospital	MA	[2]
St Elizabeths Hospital	MA	[2]
St Lukes Hospital	MA	[2]
St. Vincent Hospital	MA	[1]
Sturdy Memorial Hospital	MA	[2]
Tobey Hospital	MA	[2]
Tufts Medical Center (New England Medical Center)	MA	[1]
UMass Memorial Medical Center	MA	[2]
Whidden Hospital	MA	[1]
Winchester Hospital	MA	[2]
Wing Memorial Hospital	MA	[2]

Harvard Pilgrim HealthFirst NH Hospital Tiering

ME Hospitals		
Hospital Name	State	Tier
Barbara Bush Children's Hospital	ME	[2]
Blue Hill Memorial Hospital	ME	[2]
Bridgton Hospital	ME	[2]
Cary Medical Center	ME	[2]
Central Maine Medical	ME	[2]
Eastern Maine Medical Center	ME	[2]
Franklin Memorial Hospital	ME	[2]
Goodall Hospital	ME	[2]
Inland Hospital	ME	[2]
Maine Coast Memorial Hospital	ME	[2]
Maine General Health	ME	[2]
Maine Medical Center	ME	[2]
Mayo Regional Hospital	ME	[2]
Mercy Hospital	ME	[2]
Midcoast Hospital	ME	[2]
Miles Memorial Hospital	ME	[2]
New England Rehab Hospital of Portland	ME	[2]
Parkview Hospital	ME	[2]
Penobscot Bay Medical Center	ME	[2]
Redington - Fairview General Hospital	ME	[2]
Rumford Hospital	ME	[2]
Sebasticook Valley Hospital	ME	[2]
Southern Maine Medical Center	ME	[2]
St Joseph Hospital	ME	[2]
St Mary Regional Medical Center	ME	[2]
Stephens Memorial Hospital	ME	[2]
Waldo County General Hospital	ME	[2]
York Hospital	ME	[2]
RI Hospitals		
Hospital Name	State	Tier
Kent Hospital	RI	[2]
Landmark Medical Center	RI	[2]
Memorial Hospital of Rhode Island	RI	[2]
Newport Hospital	RI	[2]
Rhode Island Hospital	RI	[2]
Roger Williams Medical Center	RI	[2]
South County Hospital	RI	[2]
The Miriam Hospital	RI	[2]
Women & Infants Hospital of Rhode Island	RI	[2]
VT Hospitals		
Hospital Name	State	Tier
Brattleboro Memorial Hospital	VT	[2]
Grace Cottage Hospital	VT	[2]
Mount Ascutney Hospital	VT	[2]
Northeastern Vermont Regional Hospital	VT	[2]
Springfield Hospital	VT	[2]

<Note to regulator: Harvard Pilgrim has used variable tiering for each hospital to address future changes>