



MASSACHUSETTS

SUMMARY OF BENEFITS



HARVARD UNIVERSITY
GROUP HEALTH PLAN



Blue Choice Plan 2

Harvard University Group Health Plan

HUGHP - HUCTW, ATC, HUSPMGU, HUPA, CUSTODIAL, LOCAL 26 - POS

This is a summary of your benefits administered by Harvard University Group Health Plan (HUGHP). If you have questions, visit hughp.harvard.edu or contact HUGHP Member Services at 1-617-495-2008.

Your Care

Your Primary Care Provider (PCP)

When you join this plan, you must choose a primary care provider (PCP) for you and each covered member of your family from the HUGHP network of participating providers. If you need help finding a PCP, visit hughp.harvard.edu or call HUGHP Member Services.

Once you have chosen a PCP for yourself and any dependents on your plan, call HUGHP Member Services to let them know your selection(s). Taking this step is essential to ensure claims payment.

Your HUGHP PCP is the first person you should call when you need medical care. He or she will evaluate your condition and decide the most appropriate course of treatment. If you need to see a specialist, your PCP will make sure that any necessary referrals are in place.

Your physician may also work with the Plan Administrator concerning the Utilization Review Requirements, which are Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. Information concerning Utilization Review is detailed in your benefit description.

If you are scheduled to see a specialist and are uncertain if a referral is in place, be sure to call your PCP's office to confirm. When specialty care is coordinated by your PCP, your out-of-pocket expenses will be lower.

When You Choose to Receive Care on Your Own (Self-Referred)

Your health plan also allows you to seek most medically necessary care without a referral from your PCP. When you seek care on your own without a referral from your HUGHP PCP, or choose to see a licensed health care provider who is not part of the HUGHP network, you will have additional out-of-pocket expenses. If you require hospitalization, you, or someone on your behalf, must call HUGHP Member Services before you're admitted (or within 48 hours of an emergency or maternity admission) to ensure maximum benefits.

For most self-referred services, you must meet a calendar-year deductible before benefits are provided. The calendar-year deductible begins on January 1 and ends on December 31 each year. Your deductible for care you seek on your own is **\$750** per member (or **\$2,500** per family).

After meeting your calendar-year deductible, you pay a coinsurance for the remaining covered charges. See the chart for your cost share. When services are rendered by a provider that has a payment agreement with the Plan Administrator or with a local Plan Administrator's plan, these providers usually accept the total charge allowed as full payment for covered services. See your benefit description (and riders, if any) for information about the allowed charge and how your deductible and coinsurance are calculated.

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a calendar year for deductible, copayments, and coinsurance for covered services. Your out-of-pocket maximums are **\$2,000** per member (or **\$6,000** per family) for PCP/Plan-Approved services and **\$2,500** per member (or **\$7,500** per family) for Self-Referred services.

Urgent Care

If you need care right away, always call your PCP first. Your PCP's office will determine if you need to be seen, will schedule an appointment if necessary, and tell you where to go to seek treatment. Depending on the urgency of your condition, you will be seen in a medical office or instructed to go to the nearest emergency room. The copayment you are charged will depend on where you are seen.

Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). You pay a copayment per visit for emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

Telehealth Services

You are covered for certain medical and mental health services for conditions that can be treated through video visits from an approved telehealth provider. Most telehealth services are available by using the Well Connection website at wellconnection.com on your computer, or the Well Connection app on your mobile device, when you prefer not to make an in-person visit for any reason to a doctor or therapist. Some providers offer telehealth services through their own video platforms. For a list of telehealth providers, consult the Provider Directory, or call the HUGHP Member Service number on your ID card.

Service Area

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts. The service area is the geographic area in which you will receive all of your health care services and supplies.

When Outside the Service Area

If you're traveling outside the plan's service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. To receive the highest level of benefits, any additional follow-up care must be arranged by your PCP.

Dependent Benefits

This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Domestic Partner Coverage

Domestic partner coverage may be available for eligible dependents. Contact your plan sponsor for more information.

Your Medical Benefits

HUGHP provides health care services through its network of participating primary care providers. The network includes the group practices based at Harvard University Health Services (HUHS), Harvard Vanguard Medical Associates (HVMA), Dedham Medical Associates, Granite Medical Group, and PMG Physician Associates. Each of these multi-specialty group practices offers a wide range of primary and specialty medical services. If you choose to seek care on your own, your out-of-pocket expenses will be higher.

Covered Services	Your Cost For PCP/Plan-Approved Benefits	Your Cost For Self-Referred Benefits*
Preventive Care		
Well-child care visits	Nothing	30% coinsurance after deductible**
Routine adult physical exams, including related tests	Nothing	30% coinsurance after deductible
Routine GYN exams, including related lab tests (one per calendar year)	Nothing	30% coinsurance after deductible
Routine hearing exams, including routine tests	Nothing	30% coinsurance after deductible
Hearing aids	Nothing	30% coinsurance after deductible
Routine vision exams (one per calendar year)	Nothing	30% coinsurance after deductible
Family planning services—office visits	Nothing	30% coinsurance after deductible
Outpatient Care		
Emergency room visits	\$100 per visit (waived if admitted or for observation stay)	\$100 per visit, no deductible (waived if admitted or for observation stay)
Office or health center visits (medical or specialty)	\$25 per visit	30% coinsurance after deductible
Mental health or substance use treatment—office visits	\$25 per visit	20% coinsurance, no deductible
Telehealth services for simple medical conditions or mental health	\$25 per visit	Not covered
Chiropractors' office visits (up to 18 visits per calendar year)	\$25 per visit	30% coinsurance after deductible
Acupuncture services (up to 20 visits per calendar year)	\$25 per visit	\$25 per visit, no deductible
Short-term rehabilitation therapy—physical and occupational (up to 60 visits for each type of therapy per calendar year***)	\$25 per visit	30% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$25 per visit	30% coinsurance after deductible
Diagnostic X-rays and lab tests	Nothing	30% coinsurance after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests	\$50 per category per service date	30% coinsurance after deductible
Home health care and hospice services	Nothing	30% coinsurance after deductible
Oxygen and equipment for its administration	Nothing	30% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	Nothing	30% coinsurance after deductible
Prosthetic devices	Nothing	30% coinsurance after deductible
Surgery and related anesthesia		
• Office or health center services	\$25 per visit†	30% coinsurance after deductible
• Ambulatory surgical facility, hospital outpatient department, or surgical day care unit	\$100 per admission	30% coinsurance after deductible
Inpatient Care (including maternity care)		
General or chronic disease hospital care (as many days as medically necessary)	\$100 per admission	30% coinsurance after deductible
Mental hospital or substance use facility care (as many days as medically necessary)	\$100 per admission	30% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per calendar year)	Nothing	30% coinsurance after deductible
Skilled nursing facility care (up to 100 days per calendar year)	Nothing	30% coinsurance after deductible

* In addition to your deductible and coinsurance, you may be responsible for any balance of charges above the allowed charge.

** This service is provided according to an age-based schedule through age 17.

*** No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

† Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Get the Most from Your Plan

Visit hughp.harvard.edu or call HUGHP Member Services at 1-617-495-2008 to learn about discounts, savings, resources, and special programs available to you, like those listed below.

<p>Wellness Participation Program</p> <p>Fitness Reimbursement: a benefit that rewards participation in qualified fitness programs This fitness benefit applies for fees paid to: a health club with cardiovascular and strength-training equipment; or a fitness studio offering instructor-led group classes for certain cardiovascular and strength-training programs. (See your subscriber certificate for details.)</p> <p>Weight Loss Reimbursement: a benefit that rewards participation in a qualified weight loss program This weight loss program benefit applies for fees paid to: hospital-based or non-hospital-based weight loss programs that focus on eating and physical activity habits and behavioral/lifestyle counseling with certified health professionals. (See your subscriber certificate for details.)</p>	<p>\$150 per calendar year per policy</p> <p>\$150 per calendar year per policy</p>
<p>24/7 Nurse Care Line—A 24-hour nurse line to answer your health care questions—call 1-888-247-2583</p>	<p>No additional charge</p>

Questions?

For questions, call HUGHP Member Services at 1-617-495-2008.

Limitations and Exclusions. These pages summarize the benefits of your HUGHP/Blue Choice Plan 2 health care plan. Your Plan Administrator's benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: prescription drugs for use outside of the hospital; cosmetic surgery; custodial care; dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. **Note:** The Plan Administrator administers claims payment only and does not assume financial risk for claims.