



CLOVER EMPLOYEE HANDBOOK  
v. 09/01/2023



# clover food lab

## Welcome!

We're building the future, and we need you to get it right.

What does that mean? It means we make a lot of mistakes. Tons and tons of mistakes. We expect you're going to screw some things up too. Maybe not as much as us, but you're going to make mistakes, and we're going to love you for them. That's what doing new things is all about.

But let's make these failures work for us. To make that happen always follow these simple rules:

- (a) Let's work together to make sure your mistakes don't cost anyone. That means don't get hurt, don't create dangerous situations for others, and don't bust my fryer, seriously.
- (b) We're going to ask you to learn (and help us learn) from EVERY SINGLE mistake you make. We love NEW MISTAKES (as long as they don't cost anyone, see above), but we hate seeing the same mistakes again and again.

Over the coming weeks we want you to learn as much as you can as quickly as possible. You're going to learn what clean looks like, how to keep up with lines that grow larger every day, and you may even learn what a "Gordon" is. Above all you're going to get to know our food. And we're going to be there with you along the way to provide the support you need.

You're going to help us make Clover better than it is today. You're going to do that by learning from your failures and helping us learn from ours.

To start with, if you have any questions or concerns regarding any of the policies outlined in this book, or if for any reason you are unable to follow any of these policies, it is your responsibility to raise your questions or concerns with a manager or our Human Resources department. We'll do our best to answer your questions or make changes that improve Clover.

This employee handbook is our attempt to keep you informed of the terms and conditions of your employment like Clover company policies and procedures, it is not considered a contract. Because we are a fast-growing company, it will require us to revise, add or delete from this handbook as needed. The newest version can always be found on the career page of our website. We will do our best to communicate when new versions are published through email as well.

We are excited to have you join the team and can't wait to get to know you better!



# clover food lab

## HIRING

We hire people based on their ability to get the job done. Employment is at will (meaning you can quit if it's not working for you, and we can drop you if it's not working for us). We work hard to help you become better at what you do and expect you to help us become better at what we do. Clover does not hire people under the age of 18.

## PROMOTING

We really enjoy seeing members of our team advance and expand their skills at Clover. To achieve the ability to accept different or expanded responsibilities at Clover there are frequently trainings and verifications that have to take place, in advance of any promotion. As a result, we adhere to a policy whereunder employee promotions are not effective, for purposes of compensation changes, until:

- (i) you, the employee, have received written confirmation from our Training, HR and/or Payroll department stating that your promotion has been approved; and
- (ii) the next new pay period has started (we have two week pay periods at Clover that start on Saturday).

## RESTAURANT POSITIONS AND PAY

### **Provisional Employee – Restaurants (\$11.50/hr.)**

When you start working for Clover you are hired provisionally. You will be considered for the position of Team Member after you have completed the required PE training. The training is outlined in our training portal we enroll you in during in-person on-boarding. Most of our Provisional Employees will train at CloverLMA for their first 3-5 shifts. You will train with Jasper and Lizzie who will show you the ropes! During this training period you will be paid \$15/hour and will not be tip eligible. This position is designated health plan Variable Hourly. After you've completed your training, you will move to your permanent restaurant. If you are not invited to join the permanent team we will explain our reservations, if after that conversation we still feel you are unable to complete training and reservations are not addressed, we will shake hands and part ways as friends.

### **Team Member - Restaurants (\$12.50/hr. - \$14.25/hr.)**

If you are invited to join the permanent team you will become a Team Member. As a Team Member, you might be making sandwiches, taking orders, keeping everything sparkling, smiling, and having a good time. This position is designated health plan Variable Hourly and eligible to receive tips in tip eligible locations. Your hourly wage with increase with your tenure in the role. A starting Team Member hourly wage is \$12.50/hr., 3 months in you will increase to \$13.50/hr., and at 6 months you will increase to \$14.25/hr. \*A Whole Food Kiosk Team Member will start at \$14.25/hr.

### **Clover Guides (\$12.50/hr. - \$14.25/hr.)**

Clover Guides are carefully chosen people who focus on growing sales and communicate Clover to others. The main responsibilities of the Clover Guide are to take orders and collect feedback, while helping to keep the front of house sparkling. You must be a fully trained Team Member to become eligible for this role and pass all Order Taking training. This position is designated health plan Variable Hourly and eligible to receive tips in tip eligible locations. Your hourly wage with increase with your tenure in the role. A starting Clover Guide hourly wage is \$12.50/hr., 3 months in you will increase to \$13.50/hr., and at 6 months you will increase to \$14.25/hr.

### **Certified Team Member - Restaurants (\$15/hr. - \$16/hr.)**

All Certified Team Members (CTM) must complete training required to become CERTIFIED at Clover. This includes but is not limited to all requisite training for Clover Operations (East, West, CG, Fry, History, Food Safety, Values) and the CTM candidate must also obtain certificates for Allergen Awareness and Serv-Safe before being promoted. This position may be obtained only after all required training is completed. The CERTIFIED Team Member should emulate and demonstrate the very best operating skills and attention that is possible in the Clover kitchen. The CTM may open a restaurant in



# clover food lab

the morning and may close the restaurant in the evening. The CTM may often be the most trained and experienced individual in the restaurant and is expected to model that level of excellence and execution for other team members who are working. A high attention to food execution and regular and individualized guest interaction is expected from the CTM. This position is designated health plan Variable Hourly and eligible to receive tips in tip eligible locations. Your hourly wage will increase with your tenure in the role. A starting CTM hourly wage is \$15/hr., 3 months in you will increase to \$15.50/hr., and at 6 months you will increase to \$16/hr.

## **Store Communications Lead (\$15/hr. - \$16/hr.)**

Store Communication Leaders have the main duty to be taking orders in a store to start. We believe this role to be most important in building Clover over time. They are living Clover encyclopedias who educate customers and employees to help build sales through word-of-mouth communication. Communication Leads attend Food Development meetings and bi-weekly communication meetings. We developed this role to build a bench for future corporate position that will support or lead recruitment, training, or communication efforts. Store Communication Leads are carefully selected members of the team, they enjoy people, love Clover, they never get sick of talking about all the things we are working toward. They must have previously been trained as Clover Guides plus pass the Order Taker validation test before becoming eligible for this role. This role will also be responsible for some minor in-store communications stuff (example: putting up posters, tweeting, Instagram account) in addition to training Clover Guides. This position is designated Health Plan Full-Time and eligible to receive tips in tip eligible locations. Your hourly wage will increase with your tenure in the role. A starting SCL hourly wage is \$15/hr., 3 months in you will increase to \$15.50/hr., and at 6 months you will increase to \$16/hr.

## **Barista (\$15/hr. - \$16/hr.)**

Our Barista should be a huge fan of Clover and coffee, loves food and sharing it with others, has excellent communications skills, and is a team-player. You will create an open, welcoming atmosphere centered around food by drawing in customers with Clover storytelling. At our coffee bar/station we make beautiful drink and our own unique coffee syrups. They must have previously been trained as Clover Guides plus pass the Order Taker validation test before becoming eligible for this role. This position is designated Health Plan Full-Time and eligible to receive tips in tip eligible locations. Your hourly wage will increase with your tenure in the role. A starting Barista hourly wage is \$15/hr., 3 months in you will increase to \$15.50/hr., and at 6 months you will increase to \$16/hr.

## **Assistant Manager – Restaurants (\$21/hr. - \$25/hr.)**

You will need to work into this role. You'll be the assistant to the General Manager and responsible for parts of the day when they are not around. Learning how to hire, train and develop a team while gaining the foundations to what it takes to run a Clover operation will be the focus to this position. We introduce you to the ideas of how to inspire the people around you to gain success. This role is where Clover's future leaders are forged. Assistant Managers are required to be fully trained Certified Team Members to be eligible for this role as well as display leadership qualities we think are important to leading and developing others. This position is designated Health Plan Full-Time. Your hourly wage will increase with your tenure in the role. A starting AM hourly wage is \$21/hr., 3 months in you will increase to \$23/hr., and at one year you will increase to \$25/hr.

## **Whole Food Kiosk Manager (\$25/hr.)**

You will work to make your restaurant the star inside Whole Foods. You'll lead a team of up to five Clover employees. You'll share financially in the profitability of the Kiosk you're running. The Kiosk Manager position is an entry role to leadership at Clover. You will have the opportunity to learn how to help build and lead a team while making beautiful food. All Whole Foods Kiosk Managers must be fully trained Assistant Managers to become eligible for this role. This position is designated Health Plan Full-Time.



# clover food lab

## **Restaurant General Manager (\$60,000-110,000 base annual salary & bonus potential)**

You'll be running a not-so-small business or maybe several at one time. Restaurants are broken into tiers based on budgeted sales volumes. The budgeted sales volume is used to place the General Manager in a corresponding Base Annual Pay Tier. General Managers are eligible to receive a quarterly bonus based on key performance metrics (mainly sales and labor). This position is designated Health Plan Full-Time. General Managers In Training are not eligible to receive a quarterly bonus until they are promoted into the General Manager role. The promotion does not occur after a set amount of time, but rather once the Trainee's skills have been reviewed and verified by members of the leadership team.

## **SALARY STRUCTURE (FOR RESTAURANT MANAGERS):**

SALARY BASED ON SALES TIERS		
TIER 1	< \$1,000,000 sales	\$60,000/yr
TIER 2	\$1,000,000 up to \$1,499,999 sales	\$75,000/yr
TIER 3	\$1,500,000 up to \$1,999,999 sales	\$90,000/yr
TIER 4	\$2,000,000 up to \$2,499,999 sales	\$100,000/yr
TIER 5	\$2,500,000 and up in sales	\$110,000/yr

**NOTE:** For new stores, base compensation for manager will be different in year 1

The General Manager Bonus Plan is determined by four factors: Sales, Labor, COGS/KPI, and Performance. It is described in detail attached hereto as Exhibit [A].

**NOTE:** Bonuses are only paid to employees holding the position of General Manager on the date of bonus issuance and who have not expressly tendered resignation to occur subsequent to the bonus issuance.

## **COMMISSARY AND KITCHEN OPERATIONS POSITIONS AND PAY**

### **Provisional Employee – (\$15/hr.)**

When you start working for Clover you are hired provisionally. You will be considered for the position of Team Member after you have completed the required PE training. The training is outlined in our training portal we enroll you in during in-person on-boarding. This position is designated health plan Variable Hourly. If you are not invited to join the permanent team we will explain our reservations, if after that conversation we still feel you are unable to complete training and reservations are not addressed, we will shake hands and part ways as friends.

### **Team Member - Production (\$15.50/hr.); Team Member – Bakery (\$16/hr.); Team Member – Cold Pack (\$16/hr.)**

If you are invited to join the permanent team you will become a Team Member. As a Team Member, you might be following recipes cards and methods of production, prepping, or baking food, keeping everything sparkling, smiling, and having a good time. This position is designated health plan Variable Hourly and eligible for BOX staff customer contribution.



# clover food lab

**Certified Team Member – Production (\$16/hr.); Certified Team Member – Bakery (\$17/hr.);  
Certified Team Member – Cold Pack (\$18/hr.)**

All Certified Team Members must be fully trained on at least three different stations. They are leaders on their stations, and they are willing and able to train others on stations, proper food handling procedures, and food safety logs. A CTM is willing and able to take on additional duties or special projects as needed like inventory, fill rate validation exercises, etc. This role is where Clover's future leaders are forged. This position is designated Health Plan Full-Time and eligible for the BOX staff customer contribution.

**Warehouse Specialist (\$18.75/hr.)**

This role will be working closely with the Logistics and Production Managers in the Commissary. They will ensure the accuracy orders picked and shipments received. They will keep the warehouse cleaned and orderly and have the hoist heavy items. This role is where Clover's future leaders are forged. This position is designated Health Plan Full-Time and eligible for the BOX staff customer contribution.

**Production/Bakery Specialist (\$18.75/hr.)**

You will need to work into this role. You'll be the assistant to the Production Manager and responsible for parts of the day and/or night when at they are not around. Learning how to hire, train and develop a team while gaining the foundations to what it takes to run a Clover operation will be the focus to this position. We introduce you to the ideas of how to inspire the people around you to gain success. This role is where Clover's future leaders are forged. Specialist are required to be fully trained Certified Team Members to be eligible for this role as well as display leadership qualities we think are important to leading and developing others. This position is designated Health Plan Full-Time and eligible for the BOX staff customer contribution.

**Sr. Production/Bakery Specialist (\$19.75/hr.)**

You will need to work into this role. You'll be the assistant to the Production Manager and responsible for parts of the day and/or night when at they are not around. Learning how to hire, train and develop a team while gaining the foundations to what it takes to run a Clover operation will be the focus to this position. We introduce you to the ideas of how to inspire the people around you to gain success. This role is where Clover's future leaders are forged. Sr. Specialist are required to have shown success in a specialist role as well as display leadership qualities we think are important to leading and developing others. This position is designated Health Plan Full-Time and eligible for the BOX staff customer contribution.

**Driver (\$20/hr.)**

Drivers help us transport food from our commissary kitchen to our restaurants and food trucks in an efficient and timely manner. As a driver you will help to move food which requires loading, packing, unpack and transporting product from our commissary operation to our store and truck locations. Drivers must present a current and valid driver's license, provide a clean driving record, and pass a driving test to qualify for this position. Drivers are responsible for notifying their manager of any traffic violations or suspensions should they occur during their tenure. This position is designated health plan Variable Hourly and eligible for the BOX staff customer contribution.

**Logistics Specialist (\$23/hr.)**

You will need to work into this role. You'll be the assistant to the Logistics Manager and responsible for parts of the day and/or night when at they are not around. Learning how to hire, train and develop a team while gaining the foundations to what it takes to run a Clover operation will be the focus to this position. We introduce you to the ideas of how to inspire the people around you to gain success. This role is where Clover's future leaders are forged. Logistics Specialists are required to be fully trained Drivers to be eligible for this role as well as display leadership qualities we think are important to



# clover food lab

leading and developing others. This position is designated Health Plan Full-Time and eligible for the BOX staff customer contribution.

## TIPPING POLICY DEFINITIONS

### **Cash Tip**

A Tip provided by a customer that is in bills, gift cards, coins or any other physical currency or item that, physically, has value (ie. trading cards, memorabilia, stamps, autographs etc.). For purposes of this policy so-called crypto currencies (ie. Bitcoin) are considered a cash tip.

### **Employee Tip Revenue**

This is the Tip Rate times the hours worked by the employee in a given time period, either the entire Payroll Period, or, in the case of a termination, a portion thereof.

### **Payroll Period**

A Clover Payroll Period starts at 12:00:00 AM on Saturday morning and it ends fourteen (14) days later at 11:59:59 PM Friday night.

### **Position Change Effective Dates**

At Clover an employee's position change effective date is the date upon which they: (i) receive a new title; (ii) receive a new compensation rate if the Position has a different rate than their prior Position; and, (ii) if changing to a Tip Eligible Position, when they begin to be eligible for Tips. These changes occur only and always when a new Payroll Period starts. Employees will never be eligible for Tips in the middle of a payroll period, unless they are a new employee beginning to work for Clover in the middle of a payroll period.

### **Tip**

At Clover, a Tip is a sum presented by a customer as a gift or gratuity in recognition of service performed, rather than as payment for the service. The Tip is not a so-called 'service charge.'

### **Tip Eligible Hours**

Hours worked by employees in a Tip Eligible Position during a Payroll Period.

### **Tip Eligible Positions**

These are the only positions that are eligible to receive tips:

- Store Communication Lead;
- Team Member;
- Certified Team Member;
- Provisional Employee; and
- Clover Guide

### **Tip Eligible Restaurants**

These are the restaurants where tips may be accepted via our Point of Sales system ("POS") and includes all Clover restaurants except for WST (Westford), SUD (Sudbury) and HSC&C (Harvard Science Center & Café).

### **Tip Pool**

The sum total of all Tips provided by guests at a particular restaurant during a specific Pay Period.

### **Tip Rate**

This is calculated for each restaurant for each pay period. The Tip Rate is equal to the restaurant's Tip Pool divided by that restaurant's Tip Eligible Hours.



# clover food lab

## TIPPING POLICY

Whether and how much to tip is determined solely by the customer, who has the right to choose the amount of the tip or to provide no tip at all. A tip provided voluntarily by the customer is the sole property of the tip pool participants. Therefore Clover, and any of its employees who are not eligible for tips, may not keep any portion of employee tips. Food truck events or retail purchases through the Square retail iPad are transactions that are not eligible for tips.

All positions at Clover, before receiving any tips, are paid at or above the prevailing minimum wage required by applicable laws and/or regulations. As a result, we do not ever use or benefit from any so-called 'tip credit'. Mandatory charges imposed on customers by Clover, often referred to as service or administrative charges, are not tips, even if the employer distributes some portion of those charges to its employees. Examples of these may include catering delivery charges. They do not involve customer discretion, are the employer's property, and are employee wages and not tips, if distributed to employees.

Employees who are eligible for tips are those employees who have (i) worked some amount of time in a location that is an Eligible Restaurant; and (ii) worked those hours in a Tip Eligible Position. Clover employees may not accept Cash Tips or any other compensatory gift in lieu of cash compensation or as compensation for service in any way. Your tips may only be accepted via credit card through the Clover Point of Sales System (POS). Accepting a cash tip is cause for disciplinary action up to and including termination of employment.

If and when the Clover order-ahead app provides tipping functionality, that tipping revenue will be allocated to the store the order is fulfilled by and will be treated identically to tipping revenue received through the traditional CloverPOS. Our tip pooling arrangement is not mandatory. Employees may opt out of the pool by notifying Human Resources directly (HR@cloverfoodlab.com), or through their Manager, that they do not want to participate.

## CALCULATION, PAYMENT AND TAXATION

A restaurant's Tip Rate is calculated by: summing the total tips received at a Tip Eligible Restaurant during a Payroll Period and dividing that sum by the total hours worked by Tip Eligible employees during the Payroll Period. A specific Employee's Tip Revenue is equal to the Tip Rate multiplied by the hours worked by the employee in a given time period which time period shall be either the entire Payroll Period, or, in the case of a termination, a portion thereof.

Examples:

- Restaurant A received \$1,000 in tips during the Payroll Period. The total tip eligible hours worked was 500. Therefore, the Tip Rate for the Payroll Period would be \$2.00 per hour ( $\$1,000/500\text{hrs} = \$2.00/\text{hr}$ ). Employee A worked 27 hours during the subject Payroll Period and would receive Employee Tip Revenue of  $27 * \$2$  or \$54.
- Restaurant B received \$1,200 in tips during the Payroll Period. The total tip eligible hours worked was 500. Therefore, the Tip Rate for the Payroll Period would be \$2.40 per hour ( $\$1,200/500\text{hrs} = \$2.40/\text{hr}$ ). Employee B worked 27 hours during the subject Payroll Period and would receive Employee Tip Revenue of  $27 * \$2.40$  or \$64.80.
- Employee C has worked 30 hours at restaurant A and 10 hours at restaurant B. They will receive \$84 in tip income for the week ( $30\text{hrs} * \$2/\text{hr}$  at Restaurant A) + ( $10\text{hrs} * \$2.40/\text{hr}$  @ Restaurant B) = \$84.

Tip income will be part of your gross pay and subject to the same taxation as other wages earned by employees in accordance with your tax elections and State and Federal guidelines. Tip income is also




# clover food lab

subject to garnishment in accordance with State and Federal guidelines. You will see tip income reported as a gross total on your pay statement.

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	010
RSV					1

<b>CLOVER FAST FOOD INC</b> 50 MILK STREET 16TH FLOOR BOSTON MA 02109 COMPANY PH#: 401-965-2544	<b>Earnings Statement</b> Period Ending: 06/14/2019 Pay Date: 06/21/2019	
--	--	---

Taxable Marital Status:	Single
Exemptions/Allowances:	
Federal:	0
MA:	0

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	12.0000	34.61	415.32	1,349.88	401K Elig Wages	535.30	1,469.86
Tips			119.98				
<b>Gross Pay</b>			<b>\$535.30</b>	1,469.86			

Deductions	Statutory		
Federal Income Tax		-39.23	67.62
Social Security Tax		-33.19	91.13
Medicare Tax		-7.76	21.31
MA State Income Tax		-24.97	68.56
<b>Net Pay</b>		<b>\$430.15</b>	
Checking 1		-430.15	
<b>Net Check</b>		<b>\$0.00</b>	

The Weekly Tip Rate calculation can be obtained by employees by requesting that their Manager email HR for that information. If you fail to clock in at a location and your work time is not included in the Payroll Period, the Tip Rate for that Payroll Period will be calculated without your hours included and

your portion of the Tip Pool will be distributed to the remaining employees accordingly. Clover cannot hold those tipped funds for you and make up for them in a subsequent payroll period.

## POSITION CHANGES: NEW HIRES AND TERMINATIONS

If you are a new-hire or a re-hire at Clover, and are starting work in a Tip Eligible Position, you will be eligible for tips as soon as you start working on your first day.

If you quit your job at Clover, then your final check will include tips calculated using the Tip Rate as calculated for the entire Pay Period.

If you are terminated from your job at Clover, you will be paid using a Tip Rate that is calculated by dividing (i) the tips received up until the moment you were terminated; by the (ii) total hours worked by Tip Eligible Employees up until the moment you were terminated. These tips will be presented to you timely in accordance with governing state and federal regulations.

If you are undergoing a: (i) position change within Clover; (ii) promotion; and/or (iii) a demotion you will not officially change positions, for purposes of tip eligibility or otherwise, until the first day of a new Payroll Period. Employee promotions or demotions may only be implemented as of the start of a new Payroll Period, so, there is no situation where an employee may be eligible and ineligible for tips, by way of positional change, during the same Pay Period.

Examples:

- John worked 1 hour at an Eligible Restaurant and 39 hours at an Ineligible Restaurant. John will receive one hour of the Tip Rate calculated for the Eligible Restaurant for that pay period.



# clover food lab

- John worked 2 hours at HSQ (Eligible Restaurant) and 10 hours at DTX (Eligible Restaurant) and 28 hours at HSC (Ineligible Restaurant). John will receive 2 hours of the Tip Rate calculated for the HSQ restaurant for that pay period. John will also receive 10 hours of the tip rate calculated for the DTX restaurant for that Pay Period. John will not receive any tips for the hours worked at HSC because that restaurant does not collect tips. Tipping is based on the location that you worked at, not your home location. Thus, you may receive two different Tip Rates if you work in two different Tip Eligible Locations in the same week.
- John worked 64 hours at HSQ (Eligible Restaurant) during the Payroll Period but was terminated on Thursday before the Friday ending that Payroll Period. John will receive the Tip Rate calculated using the total Tip Pool divided by the Tip Eligible Hours as of the time of his termination.

## WHY CAN'T EVERYONE RECEIVE TIPS AT CLOVER?

Massachusetts law does not allow certain employees to receive tips. Specifically, it states that:

“(c) No employer or person shall cause, require or permit any wait staff employee, service employee, or service bartender to participate in a tip pool through which such employee remits any wage, tip or service charge, or any portion thereof, for distribution to any person who is not a wait staff employee, service employee, or service bartender. An employer may administer a valid tip pool and may keep a record of the amounts received for bookkeeping or tax reporting purposes.”

"Wait staff employee", a person, including a waiter, waitress, bus person, and counter staff, who: (1) serves beverages or prepared food directly to patrons, or who clears patrons' tables; (2) works in a restaurant, banquet facility, or other place where prepared food or beverages are served; and (3) who has no managerial responsibility.

"Service employee", a person who works in an occupation in which employees customarily receive tips or gratuities, and who provides service directly to customers or consumers, but who works in an occupation other than in food or beverage service, and who has no managerial responsibility.

"Service bartender", a person who prepares alcoholic or nonalcoholic beverages for patrons to be served by another employee, such as a wait staff employee.

At Clover, as of the issuance of this policy, we do not have employees who work as either a Service Employee or a Service Bartender, as those two positions are defined by the law. Thus, eligible employees at Clover are able to receive tips because they qualify as a Wait Staff Employee under the law. The only positions that satisfy this definition and are therefore eligible for tips are Store

Communication Lead, Team Member, Certified Team Member, Provisional Employee, Clover Guide. All other positions are not eligible for tips.

## COMMISSARY STAFF CUSTOMER CONTRIBUTION

Commissary employees, who are employees with a worked location of KDY, KNT, BAK, BOX, or LOG, are eligible to receive a customer contribution. This is a totally optional thank-you from the customer. The customer may opt to contribute \$10 per order. Clover deducts credit card processing fees, and the remainder of the contribution is paid to eligible commissary staff, which include the following positions in the Commissary kitchen:

- Provisional Employee;
- Team Member;
- Certified Team Member;
- Driver;
- Sr. Driver;



# clover food lab

- Bakery/Production/Warehouse Specialist;
- Sr. Bakery/Production/Warehouse Specialist;

## CALCULATION, PAYMENT AND TAXATION

The commissary's contribution distribution is calculated by: summing the total contribution received at during a Payroll Period and dividing that sum by the total hours worked by Eligible employees during the Payroll Period. A specific Employee's Revenue is equal to the contribution rate multiplied by the hours worked by the employee in each time period which time period shall be either the entire Payroll Period, or, in the case of a termination, a portion thereof.

The contribution will be part of your gross pay and subject to the same taxation as other wages earned by employees in accordance with your tax elections and State and Federal guidelines. This income is also subject to garnishment in accordance with State and Federal guidelines. You will see contribution income reported as a gross total on your pay statement.

The Weekly Contribution Rate calculation can be obtained by employees by requesting that their manager email HR for that information. If you fail to clock in at a location and your work time is not included in the Payroll Period, the Contribution Rate for that Payroll Period will be calculated without your hours included and your portion of the Contribution will be distributed to the remaining employees accordingly. Clover cannot hold those funds for you and make up for them in a subsequent payroll period.

## POSITION CHANGES; NEW HIRES AND TERMINATIONS

If you are a new-hire or a re-hire at Clover, and are starting work in a eligible commissary position, you will be eligible for the contribution as soon as you start working on your first day.

If you quit your job at Clover, then your final check will include contributions calculated using the Contribution Rate as calculated for the entire Pay Period.

If you are terminated from your job at Clover, you will be paid using a Contribution Rate that is calculated by dividing (i) the contribution received up until the moment you were terminated; by the (ii) total hours worked by Eligible Employees up until the moment you were terminated. This income will be presented to you timely in accordance with governing state and federal regulations.

If you are undergoing a: (i) position change within Clover; (ii) promotion; and/or (iii) a demotion you will not officially change positions, for purposes of contribution eligibility or otherwise, until the first day of a new Payroll Period. Employee promotions or demotions may only be implemented as of the start of a new Payroll Period, so, there is no situation where an employee may be eligible and ineligible for a contribution, by way of positional change, during the same Pay Period.

## HEALTH PLAN EMPLOYEE CLASSIFICATIONS

For purposes of group health plan benefits, every employee is designated as either Health Plan Full-Time or Variable Hour.

Health Plan Full-Time status means the associate is presumed to work thirty (30) or more hours a week on average in a month. An associate who is designated Health Plan Full-Time will be offered health benefits and is eligible for them to start on the 90<sup>th</sup> day of employment.

Variable Hour means your employer has a reasonable belief that the associate will be working less than thirty (30) hours a week on average in a month. The hours worked by a Variable Hour associate may exceed that expectation, but as variations in work hours occur, that status will remain in place. Under federal health reform law, for a Variable Hour associate, your employer will track all hours worked for a full 12-month measurement period. Hours are to be tracked for a new hire starting with the first of the



# clover food lab

month following date of hire, and will be counted as provided by law, including hours actually worked, hours for which the associate is eligible for paid time off, and special leave time credit as required (generally for FMLA or military leave). If, after that entire 12-month timeframe, your employer has determined pursuant to federal guidelines that the associate's work hours are exceeding thirty (30) hours on average per week in a month, then health plan coverage will be offered no later than the first of the 13<sup>th</sup> month following date of hire.

Any Variable Hour associate who is changed to Health Plan Full-Time status will be offered health plan benefits at the beginning of the fourth month following the change in status or the date coverage would be made available under the usual measurement period rules, whichever is earlier.

Variable Hour associates will have their hours tracked throughout their employment. In addition to having their hours tracked as a new hire, Variable Hour associates' hours are tracked annually based on a 12-month period that ends prior to plan enrollment opportunities each year. A new hire will transition to that standard 12-month period.

When the associate is determined to be Full-Time and eligible for health insurance benefits, the health plan coverage will then be offered to the associate. When an associate is offered health plan coverage, they can elect or decline that coverage for the next 12-months. If a Variable Hour associate elect's health plan coverage, he/she/they and any covered family members will remain eligible for the full twelve (12) months even if hours worked fall to below thirty (30) hours per week on average in a month. In other words, if the associate elects the coverage at that time within the timeframe allowed, the associate's coverage will continue even if their hours are reduced during the associate's stability period. Be aware, though, that once an associate has elected the coverage, the associate generally cannot drop the coverage, even if hours and/or pay decrease.

The associate also may decline the coverage. Once coverage is declined, it generally cannot be elected until the next open enrollment period (if the associate is found to be eligible again at that time under the employer's standard measurement period). An exception will be made in the event of a family status or special enrollment allows for a mid-year election under plan terms. A new associate's hours worked also will be counted during the employer's standard measurement period that applies to associates who are not new hires. Eligibility at the next open enrollment will be determined based on that calculation.

Premiums are deducted from the employee's payroll bi-weekly. Any associate whose paycheck is insufficient to pay the full amount of the required premium must pay the amount due by personal check. When premiums for a month that are not paid by the 30<sup>th</sup> day of the month, the premiums are considered delinquent, and coverage will be terminated. When a partial premium has been paid for that month, your employer will administer the partial payment as required by federal law, if premiums are not paid, and coverage is terminated.

## HEALTH INSURANCE

After ninety (90) days of employment at Clover, the Health Plan Full-Time status employees, are able participate Clover's health insurance plan. The Health Insurance benefit for eligible employees and their dependents is described in detail in the Summary of Benefits and Coverage (SBC) prepared by the insurance carrier and attached hereto as Exhibit [B]. These benefits may be canceled or changed at the discretion of the Company, unless otherwise required by law.



# clover food lab

HMO FOCUS	Total Monthly Premium	Employee Bi-Weekly Cost
Individual	\$181.31	\$83.68
Employee + Spouse	\$736.20	\$339.79
Employee + Child(ren)	\$680.97	\$314.30
Family	\$1,049.08	\$484.19

HMO	Total Monthly Premium	Employee Bi-Weekly Cost
Individual	\$349.77	\$161.43
Employee + Spouse	\$820.13	\$378.52
Employee + Child(ren)	\$758.62	\$350.13
Family	\$1,168.69	\$539.39

PPO	Total Monthly Premium	Employee Bi-Weekly Cost
Individual	\$495.31	\$228.60
Employee + Spouse	\$991.93	\$457.81
Employee + Child(ren)	\$917.52	\$423.47
Family	\$1,413.53	\$652.40

In compliance with all state, federal and local laws, we observe the rights granted to all persons, stated under the Civil Rights Act of 1964 and under FMLA code, [click here](#) for more details or refer to our Human Resources department (hr@cloverfoodlab.com).

Additional benefits through Harvard Pilgrim are available for Health Plan Full-Time employees such as, fitness reimbursements, weight loss benefit programs, parenting resources and more. Please visit: [www.harvardpilgrim.com/wellness](http://www.harvardpilgrim.com/wellness).

## DENTAL INSURANCE

After ninety (90) days of employment at Clover, the Health Plan Full-Time status employees, are able to participate in Clover's Dental Insurance plan. The Dental Insurance benefit for eligible employees and their dependents is described in detail in the Summary of Benefits and Coverage (SBC) prepared by the insurance carrier and attached hereto as Exhibit [C]. These benefits may be canceled or changed at the discretion of the Company, unless otherwise required by law.

DENTAL	Total Monthly Premium	Employee Bi-Weekly Cost
Individual	\$44.01	\$20.31
Family	\$111.99	\$51.69

## VISION INSURANCE

After ninety (90) days of employment at Clover, the Health Plan Full-Time status employees, are able to participate in Clover's Vision Insurance plan. The Vision Insurance benefit for eligible employees and their dependents is described in detail in the Summary of Benefits and Coverage (SBC) prepared by the insurance carrier and attached hereto as Exhibit [D]. These benefits may be canceled or changed at the discretion of the Company, unless otherwise required by law.



# clover food lab

VISION	Total Monthly Premium	Employee Bi-Weekly Cost
Individual	\$6.89	\$3.18
Employee + Spouse	\$13.08	\$6.04
Employee + Child(ren)	\$13.77	\$6.35
Family	\$20.25	\$9.35

## LIFE AND AD&D INSURANCE AND DISABILITY INSURANCE

Exempt, Health Plan Full-Time status employees, ninety (90) calendar days from their start date in a salaried role, are automatically enrolled in Clover's Life and Disability Insurance coverage. Check your ADP portal to review the Summary Plan Document for this program. The disability coverage option offers employee protection should they miss work due to non-work-related disabilities. The terms and conditions for both programs are outlined in the Summary of Benefits and Coverage (SBC) prepared by the insurance carrier and attached hereto as Exhibit [E]. Contact HR for more info (hr@cloverfoodlab.com). This benefit is exclusive to exempt employees only and does not require them to enroll in health benefits with Clover to qualify.

## MEALS

Clover offers food and beverages for employees at a discount. All orders should be placed with an order taker. Payment for purchase must be made at the time the order is placed. Our generosity depends upon your honesty and adherence to this policy. All food should be enjoyed outside of any prep area. You will find that we TASTE food all day long. This is absolutely critical to delivering Clover's food quality. TASTING is very different than EATING. You will learn the difference as part of your training.

## 401k SAVINGS PLAN

In cooperation with Transamerica, Clover offers eligible employees to participate in a 401k Savings Plan. Eligible employees may have money deducted directly from their paychecks into a savings plan. An employee must be 21 years of age or older and must complete one (1) year of service, during which they complete 1,000 hours of service to be eligible to participate.

Please reach out to HR (hr@cloverfoodlab.com) for more information.

## OTHER EMPLOYEE BENEFITS

Employee benefits:

- Free uniforms for everyone!
- Discounted meals
- Discounted apparel and shelf stable goods sold in-store on our retail walls
- Free Knife Skills classes
- Free Cooking Classes
- Ability to attend quarterly food-sourcing trips; visit a roaster, brewer, or farmer with members of our corporate team
- Ability to attend weekly Food Development meetings
- Discount on CSA (Community Supported Agriculture) programs for all employees during signups
- Full health benefits for Health Plan Full-Time employees
- Vision and dental insurance for Health Plan Full-Time employees

Additional benefits to Salary Leadership:

- Fitness Pay-Back Program – Clover will reimburse you for any fitness related classes or day-passes, up to a max of \$10/instance, not to exceed \$100/month per employee. We do not
- 

*CLOVER HANDBOOK – PROPERTY OF CLOVER FAST FOOD INC.*

*PAGE 14 09/01/2023*



# clover food lab

- cover the cost of a gym membership but are happy to pay for every visit to a gym, just secure a printout of your visits and we'll consider that as a day-pass.
- Blue Bike Program membership covers the cost of membership and the first 30 min of every ride you take with Blue Bike.
- Winter and Summer CSA (Community Supported Agriculture) Program, we buy a winter farm share through Michael Doctor's Winter Moon Root farm (limited to General Managers only).
- Paid and Pre-Tax Commuter benefit –employees can have the monthly cost of their commute deducted from pay before taxes. Per MA regulations, the maximum pre-tax amount is \$300/month. This deduction will come out bi-weekly.

Should you have any benefit or payroll related questions, please email our Payroll Department ([payroll@cloverfoodlab.com](mailto:payroll@cloverfoodlab.com)).

## SERVSAFE AND ALLERGEREN REIMBURSEMENT POLICY

Clover will reimburse employees up to \$75 towards the cost of the test, training, materials, and exam expenses for ServSafe certification and \$10 for the Allergen Awareness Certification. Clover is reimbursing employees: (1) who are not currently certified; (2) who are working a role at Clover that requires certification; and (3) for the expense of the test and materials. This is not compensation for time spent studying, as this is not considered work time.

In order to receive reimbursement please attach the receipt(s) and certification(s) to the Promotion Zenput Form or by sending an email to Payroll ([payroll@cloverfoodlab.com](mailto:payroll@cloverfoodlab.com)) with certifications and receipts attached.

The following positions are required to have ServSafe and Allergen certifications: Certified Team Member, Team Leader, Lead Prep, Assistant Manager, Assistant General Manager, General Manager, Area Manager, Kitchen Leadership positions, and Packers. Reimbursements will be paid out on the next regularly scheduled pay day after the form has been submitted to Payroll.

## WAGES

Wages are paid to all employees every other week on Friday (unless Friday is a holiday). Wages are paid via direct deposit or an individually issued Aline Paycard. If there are ever any discrepancies in wages, bring those to the attention of your Manager quickly so that we can investigate your concerns as soon as possible.

## ADP WORKFORCE NOW

To avoid wasting paper we use an online system called ADP Workforce Now. You can use ADP Workforce Now to view and print your earnings statements and W2 information from any location at any time. This requires computer access. If you don't have access to a computer just let us know and we can help give you access.

As part of the electronic onboarding session, you will be invited to register and create an account within ADP Workforce Now. You will be required to accept all policies and procedures of Clover here as well as confirm your personal information, tax withholdings and direct deposit information. All benefits will be administered through these systems once you become eligible for them. For questions about ADP Workforce Now at any stage, please email Payroll ([payroll@cloverfoodlab.com](mailto:payroll@cloverfoodlab.com)) for assistance.

ADP Workforce Now offers:

- Access to pay stubs and W2's and 1095's;
- A place to review/signup/reference all health benefits;
- A place to review/update/add Direct Deposit info;
- A place to review/track/request Time Off (Sick or PTO);
- Review/edit your personal employee information, current employment status, position, pay rate,

*CLOVER HANDBOOK – PROPERTY OF CLOVER FAST FOOD INC.*

*PAGE 15 09/01/2023*



# clover food lab

- location and who you report to;
- Update contact info;
- Review and track training progress and plan through performance goals; and
- Access all company policy and procedures.

## ATTENDANCE

We want to provide the best possible experience to all of our customers and to our Team. When you are absent or late, customers and the whole Team suffers. We understand that there are emergencies that may cause you to be absent or run late. If you have an emergency, please let your Manager know as soon as possible. This will allow your Manager to find somebody to fill your shift and put a plan in place to help everyone feel the least amount of stress. Unless you have an emergency or are sick, you are expected to work every shift for which you are scheduled. Employees must adhere to the Time Off Policy as it pertains to taking time off from work.

There may be times when you can leave your shift early. This is at the discretion of your Manager. Everyone is expected to be on time for his, her or their shift. If you are scheduled to start work at 7:00AM, you must be dressed in a clean Clover uniform, reporting to your Team Leader or Manager at 7:00AM. You are late if you are walking in the door at 7:00AM and reporting at 7:05AM .

If an employee fails to show up for work or calls in with an acceptable reason for their absence for a period of three (3) consecutive days they are scheduled to work, he, she or they will be considered to have abandoned their job with Clover.

## CLOCKING IN AND OUT

All Clover non-exempt employees are issued an employee ID number and are expected to clock-in and out for shifts and meal breaks in order to be paid for the time they have worked. Clock-in should happen at the time you are schedule to start or stop work.

## OVERTIME POLICY

Non-exempt employees qualify for overtime pay in weeks where the hours they work exceed forty (40). It is the policy of Clover that the Manager in charge approves overtime in advance. It is the responsibility of the Manager to communicate any overtime occurrences with their Area Manager. Working unauthorized overtime or failure to communicate overtime, may result in disciplinary action.

Overtime is paid at the rate of one and one-half times an employee's regular rate of forty (40) hours of work in a workweek. Holidays, vacation days, and sick leave days do not accrue toward the forty (40) hour total for purposes of overtime.

## BREAK POLICY

Paid rest breaks may be issued at the discretion of the Manager In-Charge but are not always guaranteed. This means a Manager may send an employee on a paid rest break lasting up to fifteen

(15) minutes when working a shorter shift as time permits. Employees who are scheduled to work a shift of more than six (6) hours are automatically scheduled and required to take a 30-minute meal break. Employees must be relieved of all duties during the meal break. Employees must clock-in and clock-out for meal breaks. All employees taking a break must check in with the Manager In-Charge before and after taking a break. It is the responsibility of the Manager In-Charge to ensure this policy is followed.

If an employee is scheduled for six (6) or more hours of work and their Manager gives the employee, permission to work through their meal break, that employee may waive their right to the meal break. In this case, the Manager In-Charge should make a note of this change on the employee's time card in the time and attendance system.

*CLOVER HANDBOOK – PROPERTY OF CLOVER FAST FOOD INC.*

*PAGE 16 09/01/2023*



# clover food lab

## TRAVEL TIME POLICY

Non-exempt Clover employees may find they will need to visit a location that is not their usual work location (hereinafter an "Alternate Location") from time to time. If an employee travels to an Alternate Location, then Clover will pay non-exempt employees for that travel time if it exceeds the travel time to their normal work location. The same reimbursement and parameters apply for travel time home from the alternate location.

Example: If an employee's normal commute is twenty (20) minutes and the commute to an Alternate Location is thirty (30) minutes, Clover will pay the employee for the ten (10) additional minutes it took them to travel to the Alternate Location. The additional time will be paid at their regular hourly rate or overtime rate, as the case may be.

In order to request this payment, please submit an email to [payroll@cloverfoodlab.com](mailto:payroll@cloverfoodlab.com) with the following information: reason for travel, date and time travel took place, home address, usual work location, and alternate work location.

## TRAVEL EXPENSE POLICY

If a Clover employee is required to travel from one place to another, outside of their normal commuting travel, to perform work for Clover during the work day, Clover will reimburse employees for qualified expenses for the non-commuter travel expense incurred. Reimbursement amounts will reflect:

- Bus, Commuter Rail, and T-Pass: Clover will reimburse the per-ride rate only for travel during the work day.
- Cabs and Ubers: Clover will not reimburse these rides without receiving permission from the manager and the employee received permission to use this form of transportation.

## DEPARTING FROM EMPLOYMENT

Though we'd like to keep everyone around for as long as possible, we understand there may come a time for you to move on from your job at Clover. By following the correct procedure, you can ensure a successful departure for yourself and for your Manager. If you're in a non-exempt (hourly) role at Clover, we ask that you give your manager two (2) to three (3) weeks' notice. For all exempt (salaried) positions, we ask that you give your direct Manager at least one (1) months' notice. We want you to leave feeling good about your experience at Clover and we want to depart as friends. We hope that wherever you end up, you take along some of what you have learned during your time at Clover.

## REHIRE POLICY

At Clover we are excited to see former employees looking to join our amazing team again. As you may remember, we hire people based on their ability to get the job done. A rehire at Clover is a former employee who has been terminated in the HR/Payroll system. A rehire form must be submitted by the hiring manager and approved by Human Resources before the former employee can be onboarded. Once the form has been submitted, HR will determine the eligibility and respond to the General Manager and Area Manager with a decision. From there, the General Manager should complete electronic and in-person onboarding as usual. If you are rehired within one-year and at the same position, you will be paid the same hourly wage you were previously.

## REFERRAL BONUS POLICY

We like to see our employees sharing their positive experiences and referring other great people to work for us! As an added incentive, we offer a **\$300 referral bonus per referral**. The referral bonus will be paid in two increments of \$150. You will receive \$150 after their first 30 days and \$150 after their 90th day. The referral bonus will be paid if both employees are active and in good standing.

To receive the referral bonus, the following steps must be completed within one (1) week of your referral's start date.



# clover food lab

1. The referral must have selected “an employee at Clover told me about his job” in Part B of the New Hire PEP form and entered the current employee’s name in the appropriate section.
2. The current employee must submit the Employee Referral Submission Form (found on ADP homepage)
3. Your referral must have been hired and employed with Clover for four (4) consecutive months to receive the full payment.
4. Direct supervisors are not eligible to receive a referral bonus.

## UNIFORM POLICY

Our goal is to present our customers with a cleaner Clover. The way you dress and how you present yourself plays an important role in the overall impression that customers have of Clover. So anytime you are working, you are required to wear a clean Clover uniform and to present a neat and professional appearance in accordance with this policy.

All employees, including part-time and full-time employees, must adhere to the standards of this Policy. In the event you show up to work without your clothing and appearance complying with these standards – which is subject to Clover’s sole discretion – your Manager may send you home and you may be subject to additional disciplinary action up to and including termination.

Uniforms will be supplied to relevant staff and will remain the property of Clover; however, full responsibility for maintenance and cleanliness will remain the employee’s responsibility. If you need a replacement uniform for any reason (e.g. damage), you will be required to turn in your old uniform to Clover. Failure to properly care for your uniforms (i.e. Clover’s property) may result in disciplinary action up to and including termination of your employment.

All employees who work thirty (30) hours or more are issued a Clover hat, three (3) tee shirts, and two (2) aprons on their first day. All employees working less than thirty (30) hours are issued a Clover hat, two (2) tee shirts, and one (1) apron. All clothing worn by employees at work should be clean and free of stains and wrinkles. Aprons should be worn at all times.

Clover employee uniform, please refer to Exhibit [F] for more details.

- Clean and dark blue denim jeans that are full length and do not have holes,
- No-shorts or cropped pants
- Slip-resistant kitchen shoes
- Clean Clover issued logo t-shirt
- Clean Clover issued hat
- Clean Clover issued apron

## PERSONAL APPEARANCE POLICY

When working, all employees must present themselves in a neat and professional manner. First and foremost, this means being clean (e.g. having your hair washed, your fingernails clean and practicing good general hygiene). Employees should also be well groomed at all times. While a clean-shaven face is preferred; employees with facial hair must ensure that it is neat and well-trimmed. Anyone with facial hair longer than 1/4 inch will also be required to wear a beard guard. Hair should be restrained and contained within your Clover hat. Employees will also be required to wear a hair net if they have long hair that is not pulled back and contained.

It is important that all unsecured items are removed from your body when working in and around food prep areas. Things like earphones, bobby pins, hair ties, pins, false eyelashes or anything you might be wearing that could fall into food, must be removed before your shift. Hands should be clean and nails trimmed (no artificial nails) and free of polish.



# clover food lab

Jewelry like earrings, necklaces, rings; nose rings, bracelets, watches, etc. should not be worn during work. However, employees may be permitted to wear a simple band/ring that can be sanitized. Employees who have other visible facial or body piercings will be required to remove their piercings during work hours.

As with all of its policies, Clover will apply this policy in a manner that complies with all applicable State and Federal laws, including those that may require reasonable accommodations for employees that do not create an unsafe workplace or an undue hardship. Any employee with questions about this policy and how it applies to him/her/them should speak with Human Resources ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)).

## TELEPHONE POLICY

You may not use your phone for calls or text messages while working. Phones should never be used when operating a company-owned, company-leased or company-rented vehicle.

## TEXTING POLICY

We don't use texting to communicate at Clover. Please do not text your manager or co-workers about work-related issues. Use phone, email or When I Work as an alternative for of communication.

## OPEN DOOR POLICY

At Clover we want all employees to feel they can talk freely with members of our management staff. We work really hard to foster the best relationships we can and have an interested in our employees' success and happiness with us.

We established this Open-Door Policy at Clover because we want to reiterate the promotion of transparency, productivity and faster communication. We want to encourage employees to come to their managers with questions, concerns or to discuss issues they are having.

Employees are encouraged to openly discuss with their direct supervisor (in most cases your GM, the person who hired you) any problems they are having within their department or location. We work really hard to foster a genuine and positive relationship within every part of Clover. And we want to ensure appropriate action takes place in a timely manner. Sometimes that means you might have to reach out to someone above your direct manager, in that case you should report to their supervisor (see contact info below).

If for any reason you feel both your supervisor, or their direct report cannot be of assistance, you have the option of reaching out to Human Resources ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)).

## DEPARTMENT CONTACT INFO

- Training & Development ([training@cloverfoodlab.com](mailto:training@cloverfoodlab.com))
- HR & People Issues ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com))
- Payroll & Benefits ([payroll@cloverfoodlab.com](mailto:payroll@cloverfoodlab.com))
- Accounting ([accountspayable@cloverfoodlab.com](mailto:accountspayable@cloverfoodlab.com))
- IT ([it@cloverfoodlab.com](mailto:it@cloverfoodlab.com))

This contact information should be provided to the employee at the time of onboarding, should you have additional questions, contact HR ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)) for further clarification.

## EMPLOYEE REPORTING POLICY

It is the policy of Clover Food Lab, that all employee related incidents be reported and documented through the Employee Reporting Form. It is the duty of the Manager In-Charge, to fill out this form within 24 hours of being notified or upon incident. The form can be found on Zenput.



# clover food lab

## FRATERNIZATION POLICY

This policy applies to all Clover employees regardless of gender or sexual orientation. Employees may date and develop friendships and relationships with other employees—both inside and outside of the workplace—as long as the relationships do not have a negative impact on their work or the work of others. Any relationship that interferes with the company, the work environment, or the productivity of employees, will be addressed and may lead to disciplinary action up to and including termination.

Please inform HR ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)) should you enter a romantic or intimate relationship with a colleague.

## POLICY AGAINST WORKPLACE HARRASSMENT

Clover has a strict policy against all types of workplace harassment, including sexual harassment and other forms of workplace harassment based upon an individual's sex, gender, race, religion, color, national origin, physical or mental disability, marital status, age, sexual orientation, gender identity or any other status protected by Federal, Local laws. All forms of harassment of, or by, employees, vendors, visitors, customers, and clients are strictly prohibited and will not be tolerated.

## ZERO TOLERANCE SEXUAL HARRASSMENT

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment (2) submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

While it is not possible to identify each and every act that constitutes or may constitute sexual harassment, the following are some examples of sexual harassment are provided below: (a) unwelcome requests for sexual favors; (b) lewd or derogatory comments or jokes; (c) comments regarding sexual behavior or the body of another employee; (d) sexual innuendo and other vocal activity such as catcalls or whistles; (e) obscene letters, notes, emails, invitations, photographs, cartoons, articles, or other written or pictorial materials of a sexual natures; (f) repeated requests for dates after being informed that interest is unwelcome; (g) retaliating against an employee for refusing a sexual advance or reporting an incident of possible sexual harassment to ABC Sample Restaurant or any government agency; (h) offering or providing favors or employment benefits such as promotions, favorable evaluations, favorable assigned duties or shifts, etc., in exchange for sexual favors; and (i) any unwanted physical touching or assaults, or blocking or impeding movements.

## REPORTING DISCRIMINATION OR HARRASSMENT

It is important we foster a safe and enjoyable place for all our employees to report to every day. Unfortunately, there may be times when issues arise to challenge that effort, in those cases it is important for leadership to be made aware of those issues so that they can be fixed. We require that any employee who feels that he or she has witnessed, or experienced, any form of discrimination or harassment notify a Manager or the Human Resources department ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)). Note that retaliation against any employee who provides information about, complains, or assists in the investigation of any complaint of harassment or discrimination is prohibited.

We will promptly and thoroughly investigate any claim and take appropriate action where we find a claim has merit. If Clover determines that harassment or discrimination has occurred, corrective action will be taken to effectively end the harassment. Clover will follow up as necessary to ensure no retaliation for making a complaint or cooperating with an investigation takes place. Discipline for violation of this policy may result in disciplinary action.



# clover food lab

## ACCIDENT REPORTING POLICY

It is the policy of Clover Food Lab, that all incidents and accidents involving Clover employees, customers, and property, be reported and documented through the *Accident Reporting Form* in Zenput. It is the duty of the Manager In-Charge, during the time an incident or accident occurs, to fill out this form within 24 hours of being notified.

## EMPLOYEE ACCIDENT REPORTING

We don't want any of our employee to get hurt making Clover's food. Injured Clover employees are required to report all accidents no matter how minor to the person in charge immediately. This includes minor injuries like small cuts, burns, slips, non-extensive bruises, etc. to more severe injuries that may require medical attention. Following up in email is recommended. It's important we have documentation in the event complications occur later on. Failure to report immediately can result in loss of Worker's Compensation benefits.

Managers are required to document all injuries through an accident report. This should happen within 24 hours of being notified of accident. Use the *Accident Reporting Form* in Zenput and select 'reporting an accident involving an employee'. Specific details should be included, especially note any witnesses of the accident. Once the report is filled out, HR will follow up within 24 hours.

## WORKERS COMPENSATION

In the event you need medical attention due to a work-related injury, you the employee must contact your supervisor to discuss. Any paperwork you receive during appointments or emergency visits must be submitted to your supervisor within a 24-hour time frame. Failure to report immediately may result in loss of Worker's Compensation benefits.

Managers are responsible for following up with HR. They are also required call our insurance company to file a claim and then file an additional incident report documenting the claim as been filed. Use the *Accident Reporting Form* in Zenput and select 'documenting Workers Compensation claim'. Managers should then communicate Workers Compensation information (policy and claim number) to the injured employee as well.

Workers' compensation information is posted in each store and can also be accessed through by contacting Human Resources ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com))

## VEHICLE ACCIDENT REPORTING

Accidents that involve any Clover vehicle among our fleet should be immediately reported to Chris Anderson ([chris@cloverfoodlab.com](mailto:chris@cloverfoodlab.com)) and should be documented through the *Accident Reporting Form* in Zenput. Our Finance department will determine the next steps in this process.

## PROPERTY DAMAGE REPORTING

Damage or Loss to Property Owned, leased or rented by Clover Food Lab should be reported and documented through the *Accident Reporting Form* in Zenput. You will need to provide a detailed description of the damage or loss. Our Finance department will determine the next steps in this process. Property can include, but not necessarily be limited to: structures, equipment, furniture, inventory, cash, electronics or retail items.

## GENERAL LIABILITY REPORTING

Injuries or incidents that happen to Clover visitors, guests and/or the public should be reported and documented through the *Accident Reporting Form* in Zenput. It is the responsibility of the Manger In-Charge to fill out this report as soon as they happen. You will need to provide the injured person's contact info as well as anyone who was witness to the incident. You will also need to provide a detailed description of what happened. Our Finance department will determine the next steps in this process.



# clover food lab

## USE OF COMPANY TECHNOLOGY

Be careful with the iPods. We'd rather pay you more or buy better food than spend money on replacing broken electronics. Don't take them away from work. They are all equipped with tracking devices. Clover's electronic devices are the property of Clover and are to be used for work purposes. All information and messages composed, sent or received on any Clover system is the property of Clover. Employees should not hold the expectation of privacy when using Clover systems.

## ZERO TOLERANCE DRUGS AND ALCOHOL

Intoxication of any type is not permitted at Clover. This means no drinking on the job, no use of illegal drugs; no use or possession of any mind altering and/or illegal drugs or alcohol is permitted at any time. Employees are not permitted to buy or drink alcohol at Clover; doing so will result in immediate dismissal. If you experience any of these, you have the duty to report the incident to your Manager immediately or our Human Resources department ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)).

## SMOKING POLICY

Smoking is not allowed in any Clover facility, restaurant or vehicle. Any employee, especially one in uniform, wanting to smoke, must do so three (3) blocks away from any Clover location. The employee must be on break and let their Manager or Team Leader know that they are stepping out.

## TIME OFF

Just ask! Time off requests at Clover require advance notice for which we work hard to accommodate. You are responsible for reporting all time off. Not reporting time off may lead to disciplinary action up to and including termination. It is good practice to get all planned time off requests submitted as soon as possible.

Planned time off requests made by hourly employees (Provisional, Team Members, Store Communications Leaders, Driver, Assistant Managers, Assistant General Managers) should be provided at least two (2) weeks in advance.

Planned time off should be communicated through When I Work in the availability tab and then followed up with an email to your Manager.

Planned time off requests made by the leadership team (General Managers, Corporate) must be communicated at least thirty (30) days in advance from the request start date. If the request is submitted less than thirty (30) days from start date, please have a conversation with your manager before submitting the request. It is requested that you submit all planned time off through ADP Workforce Now under Time Off. Once submitted through ADP a notification will automatically be sent to your Manager who will approve or deny the time off request. These requests require approval from your Manager before they are taken. Requests that are not submitted or submitted late through ADP Workforce Now risk non-approval.

Unplanned time off requests should be communicated through a phone call to your Manager as soon as possible. And then followed up with a Time Off submission in ADP Workforce Now as soon as you are able and an email to your Manager. This policy applies to all Clover employees. Exempt salaried employee should reference the handbook for more information regarding paid and unpaid time off. Non-exempt employees should reference the Earned Sick Time Policy below as it applies to paid sick time.

## SICK DAYS

We're determined to NEVER get a customer sick. So, when you're feeling sick it's the responsibility of you the employee to let your Manager know as soon as possible. Even if it's just a sniffle we want to know. We will work with you to make sure you get as many hours as you want, but that you're not working with food when you're sick. All Clover employees must adhere to our Sickness Agreement; please refer to Exhibit [G].



# clover food lab

## EARNED SICK TIME POLICY

Non-exempt Clover employees can earn and use up to forty (40) hours of paid sick time per calendar year. Employees will earn one hour of sick time for every thirty (30) hours worked. Employees who are exempt from the overtime requirements of the Fair Labor Standards Act are assumed to work forty (40) hours in each work week for purposes of earning sick time. However, if their normal work week is less than forty (40) hours, earned sick time will accrue based on that normal work week.

## EARNED SICK TIME POLICY: USE OF EARNED SICK TIME

An employee can use paid sick time if he/she/they has to miss work for any of the following reasons:

- (1) to care for the employee's child, spouse, parent, or parent of a spouse, who is suffering from a physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care; or
- (2) to care for the employee's own physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care, or preventative medical care; or
- (3) to attend the employee's routine medical appointment or a routine medical appointment for the employee's child, spouse, parent, or parent of spouse; or
- (4) to address the psychological, physical or legal effects of domestic violence
- (5) travel to and from an appointment, a pharmacy or other location related to the purpose for which the time is taken.

Employees begin accruing sick time hours on their date of hire. Employees can begin using paid sick time on their 90th day of employment. On and after the 90th day, these employees may use paid sick time as it accrues.

The smallest amount of sick time that an employee can use is one (1) hour. For uses of sick that time that last beyond one (1) hour, employees may use earned sick time in 15-minute increments.

Employees can track their earned sick time through the employee portal, ADP Workforce Now under Time Off.

In situations where leave taken for a permissible purpose under this law also will be qualified leave under the Family and Medical Leave Act, Small Necessities Leave Act, MA Parental Leave, and/or MA Domestic Violence Leave, and all requirements are met, leave taken pursuant to the paid sick time law will run concurrent with leave taken pursuant to those laws.

Per FLSA Fair Labor Standards Act, because Earned Sick Time hours are not actually worked, they are not counted as over time. This means if those hours are taken by an employee, they are not included in the calculation of the overtime requirement.

## EARNED SICK TIME POLICY: DOCUMENTATION

Clover will require certification of the need for the sick time if the leave:

- exceeds twenty-four (24) consecutively scheduled work hours
- exceeds three (3) consecutive days on which the employee was scheduled to work
- occurs within two (2) weeks prior to an employee's final scheduled day of work before termination of employment
- occurs after four (4) unforeseeable and undocumented absences within a three-month period.

This documentation must be provided within seven (7) business days after taking the time.



# clover food lab

If an employee fails to comply with the documentation requirements, Clover may recoup the sum paid for earned sick time from future pay as an overpayment. Clover also will deny future use of an equivalent number of hours of accrued earned sick time until documentation is provided

## EARNED SICK TIME POLICY: REPORTING

For foreseeable absences, Clover requires that the employee provide no less than seven (7) days' notice (unless the employee learns of the need to use earned sick time in a shorter period). For unforeseeable absences, reasonable notice is required.

Employees should follow procedures required by Clover's Attendance and Time Off Policy (found in this handbook) for communicating the need to take time off. Per that policy time off requests must be documented in writing and sent to your Manager. An employee must make a request to use Earned Sick Time through ADP Workforce Now under 'Time Off' found on the home page of the site, reach out to Payroll ([payroll@cloverfoodlab.com](mailto:payroll@cloverfoodlab.com)) for further instructions on this. These time off requests must be approved by a Manager before Payroll pays these out. The employee has up to three (3) days to make such request from the first day missed prior to the end of the pay period end date.

Managers are responsible for approving earned sick time requests through ADP Workforce Now prior to the end of a pay period.

## EARNED SICK TIME POLICY: CARRYOVER

Employees may carry over up to forty (40) hours of unused sick time to the next calendar year but cannot use more than forty (40) hours in a calendar year.

If an employee is rehired after a break-in-service, the accrued but unused sick time at the time of separation from the prior position is a benefit available upon reinstatement under the following circumstances:

- following a break in service of up to four (4) months, employees have the right to use earned sick time that had accrued before the break in service;
- following a break in service of between four (4) and twelve (12) months, employees have the right to use earned sick time that had accrued before the break in service if the unused bank of earned sick was at or above ten (10) hours.

Employees who have a break in service of up to twelve (12) months do not need to restart the 90-day vesting period. Employees who are re-hired after a break in service of twelve (12) months or longer are treated like new hires. Employees are not paid accrued unused sick time at separation.

In the event a non-exempt employee is moved to an exempt position, earned sick time accumulation rolls over into Paid Time Off. And in the event an exempt employee moves into a non-exempt position, Paid Time Off is paid out to the employee and accrual of earned sick time begins.

## EARNED SICK TIME POLICY: NO RETALIATION FOR PERMISSIBLE USE

No employee will be subject to disciplinary or any adverse employment action for appropriate use of sick time under this policy.

If an employee engages in an activity that is not consistent with the allowable reasons for leave under this policy or exhibits a clear pattern of taking leave on days just before or after a weekend, vacation or holiday, the Company may discipline the employee for misuse of earned sick time (unless the employee provides verification of authorized use for one of the permissible reasons for use of earned sick time).



# clover food lab

Similarly, employees may not accept a shift assignment with the intention of calling out sick for all or part of that shift.

Employees can track the time they have earned through their pay stub found on the iPay website or in ADP Workforce Now under Time Off.

Earned sick time policy does not apply to exempt employees who are issued PTO. Refer to the Salaried PTO Policy for more details.

## MASSACHUSETTS SMALL NECESSITIES LEAVE

Under Massachusetts' Small Necessities Leave Act, employees who have been employed for twelve (12) months and worked at least 1,250 hours during the previous 12-month period are entitled to up to twenty-four (24) hours of unpaid leave during any 12-month period for the purposes of:

1. Attending a child's (which includes biological, adopted, or foster child, a stepchild, a legal ward, or child of a person standing in loco parentis) school-related activities;
2. Accompanying a child to routine medical or dental appointments; or
3. Accompanying an elderly relative to routine medical or dental appointments or appointments for other professional services related to the elder's care.

Employees should provide seven (7) days' notice if the need for leave is foreseeable. Otherwise, employees should provide such notice as soon as possible. Additionally, employees may be required to submit certification verifying the reason for the leave. Exempt employees may elect to use accumulated

Paid Time Off (PTO) to be paid for this leave. Employees intending to take this leave must communicate so in writing to Human Resources and their Manager. Employees have the right to this leave in addition to the twelve (12) weeks allowed by the Federal Family and Medical Leave Act.

If an employee finds that they must be out of work for more than three (3) days, they should contact the Human Resources department ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)) to determine if a leave of absence may be necessary. A leave of absence (leave) is defined as an unpaid approved absence from work for a specified period of time for medical, parental, military, or other approved reasons.

While on leave, an employee must contact the Human Resources department ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)) at least every thirty (30) days. This provision does not apply to employees taking Family and Medical Leave Act (FMLA) leave.

## PARENTAL LEAVE

Clover provides up to eight (8) weeks of unpaid leave in a 12-month period to employees for giving birth or for the placement of a child under the age of 18 (or under 23 if the child is mentally or physically disabled) for adoption. The parental leave is gender neutral, the law applies to all new parents regardless of gender. An employee must be Full-Time, having worked thirty (30) or more hours on average weekly and consecutively over a three-month period with Clover to qualify.

Employees shall provide at least 2 weeks' advance notice to Clover's Human Resources department ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)) of the anticipated date of departure and the employee's intention to return. In the case of an unforeseeable parental leave, the employee should provide notice as soon as practicable. Employees returning to work at the end of leave will be placed in their original job or an equivalent job with equivalent pay and benefits. Employees will not lose any benefits that accrued before leave was taken.

Federal FMLA leave and Massachusetts Parental Leave run concurrently and cannot be used consecutively if leave is covered under both laws.



# clover food lab

## FAMILY AND MEDICAL LEAVE ACT (FMLA)

In compliance with the Federal Medical Leave Act and Massachusetts state requirements, Clover employees are entitled up to twelve (12) weeks of job-protected leave for certain family and medical reasons in a twelve (12) month period. Employees are eligible for FMLA once they have worked 1,250 hours during the twelve (12) months prior to the start of leave or have worked for Clover for twelve (12) months.

Employees who intend on taking FMLA leave are required to submit the FMLA Employee Notice Form to Human Resources of their intention to take FMLA leave. Human Resources will then reach out to the employee with the FMLA Employer Response form, which gives employee notice of eligibility and outlines the rights and responsibilities of the employee. Failure to contact Human Resources upon request may result in voluntary termination of employment.

While on leave, if the employee's circumstances change in such a way as to affect his/her eligibility for leave, the employee must notify Human Resources ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)). The employee must indicate to their employer that they intend to return to work at the end of their authorized leave. Failure to return to work upon the expiration of the leave or refusing an offer of reinstatement for which the employee is qualified can also result in voluntary termination of employment. If an employee is on Short Term Disability and both the STD coverage and FMLA have expired, it will result in a voluntary termination of employment.

To find out more about FMLA leave or contact our Human Resources department to request details ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)).

## PAID FAMILY AND MEDICAL LEAVE (PFML)

Paid family and medical leave (PFML) is a program designed to help people in Massachusetts take paid time off work for family or medical reasons. Massachusetts's PFML law is funded through employer and employee contributions and is different from the federal Family and Medical Leave Act, and from any benefits Clover might already offer.

If you need to take paid leave, the first thing you need to do is inform Clover. Once you have done this, you are legally protected against changes in pay, losing your benefits, and retaliation. This leave is not administered by Clover. If you choose to take PFML, you will need to review the eligibility and apply on their website. Please visit: <https://www.mass.gov/info-details/paid-family-and-medical-leave-pfml-overview-and-benefits>

## PREGNANT WORKERS FAIRNESS ACT

Issued 1/23/2018

The Pregnant Workers Fairness Act ("the Act") amends the current statute prohibiting discrimination in employment, G.L. c. 151B, §4, enforced by the Massachusetts Commission Against Discrimination (MCAD). The Act, effective on April 1, 2018, expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers' obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy related conditions and have an obligation to accommodate pregnant workers.

Under the Act:

- Upon request for an accommodation, the employer has an obligation to communicate with the employee in order to determine a reasonable accommodation for the pregnancy or pregnancy-related condition. This is called an "interactive process," and it must be done in good faith. A reasonable accommodation is a modification or adjustment that allows the employee or job



# clover food lab

applicant to perform the essential functions of the job while pregnant or experiencing a pregnancy-related condition, without undue hardship to the employer.

- An employer must accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship on the employer. “Undue hardship” means that providing the accommodation would cause the employer significant difficulty or expense.
- An employer cannot require a pregnant employee to accept a particular accommodation, or to begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the employer.
- An employer cannot refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition, because of the pregnancy or the pregnancy-related condition if an applicant can perform the essential functions of the position with a reasonable accommodation.
- An employer cannot deny an employment opportunity or take adverse action against an employee because of the employee’s request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.
- An employer cannot require medical documentation about the need for an accommodation if the accommodation requested is for: (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. An employer, may, however, request medical documentation for other accommodations.
- Employers must provide written notice to employees of the right to be free from discrimination due to pregnancy or a condition related to pregnancy, including the right to reasonable accommodations for conditions related to pregnancy, in a handbook, pamphlet, or other means of notice no later than April 1, 2018.
- Employers must also provide written notice of employees’ rights under the Act: (1) to new employees at or prior to the start of employment; and (2) to an employee who notifies the employer of a pregnancy or a pregnancy-related condition, no more than 10 days after such notification.

The foregoing is a synopsis of the requirements under the Act, and both employees and employers are encouraged to read the full text of the law available on the General Court’s website here:

<https://malegislature.gov/Laws/SessionLaws/Acts/2017/Chapter54>.

If you believe you have been discriminated against on the basis of pregnancy or a pregnancy-related condition, you may file a formal complaint with the MCAD. You may also have the right to file a complaint with the Equal Employment Opportunity Commission if the conduct violates the Pregnancy Discrimination Act, which amended Title VII of the Civil Rights Act of 1964. Both agencies require the formal complaint to be filed within 300 days of the discriminatory act.

## BEREAVEMENT LEAVE

Clover recognizes the importance of taking leave on the occasion of a death in the family. Employees are entitled to whatever time needed during this difficult time. If more than three (3) consecutive days were taken, the employee would need to adhere to Clover’s Leave of Absence Policy. Employees taking Bereavement Leave must notify Human Resources and their Manager of their intention to do so.

In some cases, Clover may request documentation to support absences for Bereavement Leave.

## JURY DUTY

Clover encourages employees to fulfill their civic duties related to jury service. Employees summoned for Jury Duty are entitled to Paid Time Off for the first three (3) days of jury service served for which they would have been scheduled for work. Non-exempt employees are paid based on an assumed right



# clover food lab

(8) hour workday, exempt employees are compensated at their daily rate of pay. Any additional required days off are unpaid.

In the case an employee receives a jury summons, it is the policy of Clover that the employee follows our established Time Off Policy; informing Human Resources as soon as possible to make arrangements for a Leave of Absence. Clover will require you to provide sufficient proof of Jury Duty service. Employees are expected to return to work if excused from Jury Duty during regular working hours or if released from Jury Duty earlier than expected. Employees should contact their Manager in these cases and follow up with HR accordingly.



Every single recipe, everything we do, has been developed with help from our customers and employees. We invite you to join us in helping further the development of our food. We meet every Tuesday at 3:00PM at the CloverHUB in Inman Square for Food Development Meetings. These meetings are open to the public. We encourage everyone to attend.

If you'd like to submit a recipe for the Clover menu, follow these steps:

### STEP 1: CHAMPION AN IDEA

Think of an item you had once that you still think about. Maybe it was a dish from childhood, something your family made every year, something you had on a trip you never forgot. We like recipes that come from real places and that have real stories tied to them. Our chickpea fritter was inspired by a falafel Ayr ate in Paris. Our cinnamon lemonade came from a customer who thought it might be a good idea. The Pushpir Sandwich was developed with help from our favorite Indian chef. The Enzo Sandwich came from a salad Vincenzo's family makes in Calabria, Italy. The pimento came from Lucia's grandmother's recipe from Texas. Craig tasted fresh jalapenos and thought they'd make a great soda.

Your item should come from a real place or memory. A cookbook or an Internet search might help you develop the recipe, but it's generally not the best place to start when coming up with an idea.

Talk to your Manager or to one of Clover's Development Chefs (Chris, Enzo, Ayr). They'll be able to give you advice, point you in the right direction, and offer up a space for you to prepare your food.

### STEP 2: BRING YOUR ITEM TO A FOOD DEVELOPMENT MEETING

We'll all taste your item. Most of the time we do blind tastings. We ask ourselves questions when we taste like "Is this something I want more of?" or "Do I want another bite...?" We all give feedback, and Ayr usually makes the final decision.

### WE LOOK FOR:

- Bright, clear and clean flavors
- Celebrations of one ingredient or just a few (take a nice ingredient and highlight it, not cover it up. For example, apple soda (yes) vs. apple cinnamon soda (no))
- No processed flavors, absence of oldness or muddled flavors

### THINGS WE CONSIDER:

- Cost Structure
- Does it fit with our food model?
- Nutritional value
- Is this something we can pull off at scale?

### STEP 3: TEST AT A LOCATION

We might love what you brought. Now we want to see how the customers feel. The kitchen will scale this in small batches and send to a location where we will test it with customers. Based on their feedback, we will rework the idea and bring it back to a future Food Dev meeting. This can go on and on until we love it and our customers agree. All our items are up for re-working at any time (the falafel batter is on version 32!)



# clover food lab

## STEP 4: SCALE FOR PRODUCTION

Now that we know we love it, we have to figure out how to scale the recipe into production. This takes some testing in the kitchen. We perform costing analyses and figure out the nutritional values of the item.

### WE CONSIDER:

- Is this item profitable?
- Does it fit with our food model?
- Is this item nutritionally aligned with our menu?
- Is this something we can pull off at scale?

The kitchen also has to prepare training materials, which include videos and cards for locations and training in the kitchen on the production side.

## STEP 5: LAUNCH

Training materials are sent to locations, packaging and production is in place in kitchen, promotion is in place.



# clover food lab

*In addition to the hourly handbook, the following policies, rules and regulations apply to all exempt employees who work for Clover.*

## EXEMPT EMPLOYEES

Salaried employees are considered exempt and paid bi-weekly at a set established bi-weekly salary and therefore considered exempt from overtime pay and minimum wage provisions of State and Federal wage laws. Clover exempt employees are expected to work an average of fifty (50) hours/week and may be required to work weekends or holidays. All exempt employees are given Health Plan Full-Time benefit eligible status.

If at any time, policy or standards of Clover are broken, a salaried person may be suspended without pay for any given amount of time.

## EXEMPT TIME OFF

Salaried/exempt employees earn Paid-Time Off (PTO). The purpose of PTO is to provide exempt employees with flexible paid time off from work that can be used to cover any time an exempt employee does not want or is unable to work. This includes personal time off, vacation, holiday, sick time, bereavement, etc.

Exempt employees begin accrual on their date of hire. This chart outlines how accrual is calculated per pay period worked.

DAYS OF PTO ISSUED AT HIRE	10	15	20
ACCRUAL RATE PER PAY PERIOD	0.38	0.58	0.77

Accrued time is tracked in ADP through ADP Workforce Now under "Time Off" or the employees pay stub. Time-off requests must be approved by your Manager in ADP before time can be taken off.

At year end up to five (5) days of unused accrued time can be carried over but cannot exceed the max amount of PTO allocated for the year. Any other time previously accrued, but not taken, will expire at year-end. For terminated employees, any unused accrued time off is paid out in the employee's final paycheck. In the case a terminated employee has been paid out time that was not yet accrued, the balance of that time will be deducted from the final paycheck.

Partial days off (working less than a normal day of work) will be granted by the same PTO policy. Any salaried person that is looking to take a partial day of work off is required to notify HR (hr@cloverfoodlab.com) and their manager in writing prior to doing so. And submit that request through ADP Workforce Now.

Time off requests must follow Clover's Time Off Policy, found in this handbook. An exempt employee can request time off as either paid (PTO) or (UP) unpaid.

Taking time off requires exempt employees are not working. If your location is closed down due to weather or national holidays, we'll work with you to figure out whether you should take PTO, an UP day, or work at another location. You should never assume a day is approved without proper approval from your Manager through ADP.



# clover food lab

For planned time off that is taken, it is required that the exempt employee sets an out of office reply detailing emergency contact in time of absence prior to departure as well as sending an email to your team before you leave with a plan for coverage. For any unplanned time taken, a good faith effort to communicate that time off should be made. Please send an email to HR ([hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com)) and your manager as soon you feel sick. After you return to work, please submit a Time Off Request in ADP Workforce Now.



## CONFIDENTIALITY

Clover Fast Food Inc.

### At-Will Employee Conflicts, Confidentiality and Assignment Agreement

As a condition of my employment with Clover Fast Food, Inc., its subsidiaries, affiliates, successors or assigns (together the "Company"), and in consideration of my employment with and compensation hereafter paid to me by Company, and in recognition that Company has a legitimate interests in the foregoing provisions given its innovative approach to technology and the food service business, and in recognition of the fact that as an employee of the Company I will have access to confidential and proprietary information, I agree as follows:

1. Proprietary Information. I agree that all information, whether or not in writing, concerning the Company's business, technology, business relationships or financial affairs which the Company has not released to the general public (collectively, "Proprietary Information") is and will be the exclusive property of the Company.

By way of illustration, Proprietary Information may include information or material which has not been made generally available to the public, such as: (a) corporate information, including plans, strategies, methods, policies, resolutions, negotiations or litigation; (b) marketing information, including strategies, methods, customer identities or other information about customers, prospect identities or other information about prospects, or market analyses or projections; (c) financial information, including cost and performance data, debt arrangements, equity structure, investors and holdings, purchasing and sales data and price lists; and (d) operational and technological information, including plans, specifications, manuals, forms, templates, software, designs, methods, procedures, formulas, discoveries, inventions, improvements, concepts, recipes and ideas; and (e) personnel information, including personnel lists, reporting or organizational structure, resumes, personnel data, compensation structure, performance evaluations and termination arrangements or documents. Proprietary Information also includes information received in confidence by the Company from its customers or suppliers or other third parties.

2. Recognition of Company's Rights. I will not, at any time, without the Company's prior written permission, either during or after my employment, disclose any Proprietary Information to anyone outside of the Company, or use or permit to be used any Proprietary Information for any purpose other than the performance of my duties as an employee of the Company. I will cooperate with the Company and use my best efforts to prevent the unauthorized disclosure of all Proprietary Information. I will deliver to the Company all copies of Proprietary Information in my possession or control upon the earlier of a request by the Company or termination of my employment.

3. Rights of Others. I understand that the Company is now and may hereafter be subject to non-disclosure or confidentiality agreements with third parties, which require the Company to protect or refrain from use of proprietary information. I agree to be bound by the terms of such agreements in the event I have access to such proprietary information.

4. Commitment to Company; Avoidance of Conflict of Interest. While an employee of the Company, I will devote my good faith efforts to the Company's business and I will not engage in any other business activity that conflicts with my duties to the Company.



# clover food lab

I will advise the president of the Company or his or her nominee at such time as any activity of either the Company or another business presents me with a conflict of interest or the appearance of a conflict of interest as an employee of the Company. I will take whatever reasonable action is requested of me by the Company to resolve any conflict or appearance of conflict which it finds to exist.

By way of illustration, conflicts may include working at another restaurant directly competitive with Company or any entity the Company believes is trying to duplicate its unique approach to the fast order food service business as it relates to food product sourcing, POS technology, food trucks or organizational systems....

5. Developments. I will make full and prompt disclosure to the Company of all inventions, discoveries, designs, developments, methods, modifications, improvements, processes, algorithms, databases, computer programs, formulae, techniques, trade secrets, graphics or images, audio or visual works, recipes and other works of authorship (collectively "Developments"), whether or not patentable or copyrightable, that are created, made, conceived or reduced to practice by me (alone or jointly with others) or under my direction during the period of my employment. I acknowledge that all work performed by me is on a "work for hire" basis, and I hereby do assign and transfer to the Company and its successors and assigns all my right, title and interest in all Developments that (a) relate to the business of the Company or any of the products or services being researched, developed, manufactured or sold by the Company or which may be used with such products or services; or (b) directly result from tasks assigned to me by the Company; or (c) result from the use of premises or personal property (whether tangible or intangible) owned, leased or contracted for by the Company ("Company-Related Developments"), and all related patents, patent applications, trademarks and trademark applications, copyrights and copyright applications, and other intellectual property rights ("Intellectual Property Rights").

Company acknowledges and respects that I may be involved in personal projects that fall completely outside of the scope of my employment hereunder and I understand that it is no Company's intent in connection with the above provision to hinder my artistic freedom as it relates to my personal endeavors. Accordingly, this Agreement shall not apply to any Developments that I create entirely on my own time and with at any point using any of Company's property or Proprietary Information.

6. Documents and Other Materials. I will use best efforts to keep and maintain adequate and current records of all Proprietary Information and Company-Related Developments developed by me during my employment, which records will be available to and remain the sole property of the Company at all times.

All files, letters, notes, memoranda, reports, records, data, sketches, drawings, notebooks, layouts, charts, quotations and proposals, specification sheets, program listings, blueprints, models, prototypes, recipes or other written, photographic or other tangible material containing Proprietary Information, whether created by me or others, which come into my custody or possession, are the exclusive property of the Company to be used by me only in the performance of my duties for the Company. Any property situated on the Company's premises and owned by the Company, including without

limitation computers, disks and lockers or other work areas, is subject to inspection by the Company at any time with or without notice. In the event of the termination of my employment for any reason, I will deliver to the Company all files, letters, notes, memoranda, reports, records, data, sketches, drawings, notebooks, layouts, charts, quotations and proposals, specification sheets, program listings, blueprints,



# clover food lab

models, prototypes, recipes or other written, photographic or other tangible material containing Proprietary Information, and other materials of any nature pertaining to the Proprietary Information of the Company and to my work and will not take or keep in my possession any of the foregoing or any copies.

7. Enforcement of Intellectual Property Rights. I will cooperate fully with the Company, both during and after my employment with the Company, with respect to the procurement, maintenance and enforcement of Intellectual Property Rights in Company-Related Developments. I will sign all papers, including without limitation copyright applications, patent applications, declarations, oaths, assignments

of priority rights, and powers of attorney, which the Company may deem necessary or desirable in order to protect its rights and interests in any Company-Related Development. If the Company is unable, after reasonable effort, to secure my signature on any such papers, I hereby irrevocably designate and appoint each officer of the Company as my agent and attorney-in-fact to execute any such papers on my behalf, and to take any and all actions as the Company may deem necessary or desirable in order to protect its rights and interests in any Company-Related Development.

9. Government Contracts. I acknowledge that the Company may have from time to time agreements with other persons impose obligations or restrictions on the Company regarding inventions made during the course of work under such agreements or regarding the confidential nature of such work. I agree to comply with any such obligations or restrictions upon the direction of the Company. In addition to the rights assigned under paragraph 5, I also assign to the Company (or any of its nominees) all rights which I have or acquired in any Developments, full title to which is required to be in the United States under any contract between the Company and the United States or any of its agencies.

10. Prior Agreements. I hereby represent that, except as I have fully disclosed previously in writing to the Company, I am not bound by the terms of any agreement with any previous employer or other party to refrain from using or disclosing any trade secret or confidential or proprietary information in the course of my employment with the Company or to refrain from competing, directly or indirectly, with the business of such previous employer or any other party. I further represent that my performance of all the terms of this Agreement as an employee of the Company does not and will not breach any agreement to keep in confidence proprietary information, knowledge or data acquired by me in confidence or in trust prior to my employment with the Company. I will not disclose to the Company or induce the Company to use any confidential or proprietary information or material belonging to any previous employer or others.

11. Remedies Upon Breach. I understand that the restrictions contained in this Agreement are necessary for the protection of the business and goodwill of the Company and I consider them to be reasonable for such purpose. Any breach of this Agreement is likely to cause the Company substantial and irrevocable damage and therefore, in the event of such breach, the Company, in addition to such other remedies, which may be available, will be entitled to specific performance and other injunctive relief.

12. Use of Voice, Image and Likeness. I give the Company permission to use my voice, image or likeness, with or without using my name, for the purposes of advertising and Promoting the Company, or for other purposes deemed appropriate by the Company in its reasonable discretion, except to the extent expressly prohibited by law.

13. Publications and Public Statements. I will obtain the Company's written approval before publishing or submitting for publication any material that relates to my work at the Company and/or incorporates any Proprietary Information. To ensure that the Company delivers a consistent message about its



# clover food lab

products, services and operations to the public, and further in recognition that even positive statements may have a detrimental effect on the Company in certain securities transactions and other contexts, any statement about the Company which I create, publish or post during my period of employment and for six (6) months thereafter, on any media accessible by the public, including but not limited to electronic bulletin boards and Internet-based chat rooms, must first be reviewed and approved by an officer of the Company before it is released in the public domain.

14. No Employment Obligation. I understand that this Agreement does not create an obligation on the Company or any other person to continue my employment. I acknowledge that, unless otherwise agreed in a formal written employment agreement signed on behalf of the Company by an authorized officer, my employment with the Company is at will and therefore may be terminated by the Company or me at any time and for any reason.

15. Survival and Assignment by the Company. I understand that my obligations under this Agreement will continue in accordance with its express terms regardless of any changes in my title, position, duties, salary, compensation or benefits or other terms and conditions of employment. I further understand that my obligations under this Agreement will continue following the termination of my employment regardless of the manner of such termination and will be binding upon my heirs, executors and administrators. The Company will have the right to assign this Agreement to its affiliates, successors and assigns. I expressly consent to be bound by the provisions of this Agreement for the benefit of the Company or any parent, subsidiary or affiliate to whose employ I may be transferred without the necessity that this Agreement be resigned at the time of such transfer.

17. Severability. In case any provisions (or portions thereof) contained in this Agreement shall, for any reason, be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the other provisions of this Agreement, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein. If, moreover, any one or more of the provisions contained in this Agreement shall for any reason be held to be excessively broad as to duration, geographical scope, activity or subject, it shall be construed by limiting and reducing it, so as to be enforceable to the extent compatible with the applicable law as it shall then appear.

18. Interpretation. This Agreement will be deemed to be made and entered into in the Commonwealth of Massachusetts, and will in all respects be interpreted, enforced and governed under the laws of the Commonwealth of Massachusetts. I hereby agree to consent to personal jurisdiction of the state and federal courts situated within the Commonwealth of Massachusetts for purposes of enforcing this Agreement and waive any objection that I might have to personal jurisdiction or venue in those courts.



### Exhibit A: Clover 2022 General Manager Bonus Plan



# clover food lab

## 2022 GENERAL MANAGER BONUS PLAN

**What is a bonus?** A bonus is an amount of money added to wages on a seasonal basis, especially as a reward for great performance.

**How much can I earn?** You can earn up to 20% of your base quarterly compensation per quarter.

**What do I need to do to earn it?** To be eligible to earn a quarterly bonus you will need to meet the metrics below and be in good standing\* with Clover Food Lab.

*\* You must be actively employed by Clover Food Lab and regarded as in good standing on the date any such bonus is paid.*

Your Bonus eligibility is up to 20% of your quarterly compensation. There are four elements to the bonus plan:

(1) SALES:

- a. **Definition:** The sales portion of your bonus allows you to earn a specified percentage (%) of your quarterly compensation if you achieve certain sales goals.
- b. **Purpose:** The purpose of measuring sales is to encourage sales growth in Clover's operations.
- c. **How it is calculated:** The sales goals are expressed as percentage ranges (ie. Between 90% and 115%). The percentage you achieve is determined by dividing your quarterly sales by your quarterly budget. You can earn from 1% or up to 6% of your quarterly compensation. The quarters will be calculated using weeks and not by calendar months.

% of Target	Bonus Amount
115%	6%
110%	5%
105%	4%
100%	3%
95%	2%
90%	1%

(2) LABOR:

- a. **Definition:** Labor is defined as the total hourly labor spend over the quarter. All non-salaried employees affect your labor spend.
- b. **Purpose:** The purpose of measuring hourly labor is to hold each General Manager accountable for their total spend and maintain efficient day to day operations.



# clover food lab

- c. **How it is calculated:** Labor will be a hit or miss bonus metric, whereunder your bonus will be 7% of your quarterly compensation if your labor spend as a percentage of sales is below the corresponding labor percentage set forth in the matrix below. The sales per day will be calculated by dividing the days that your store operated into the sales you produced on the Daily Sales report for the quarter. (eg. If BUR had 84 days operating and \$205,000 in sales their Average Per Selling Day is \$2,440 (\$205,000/84) and their labor budget would be 23.60%).

APSD	WEEKLY	\$ LABOR	WKLY LABOR \$	WKLY HOURS
\$764	\$5,350	26.60%	\$1,425	92
\$917	\$6,420	26.60%	\$1,710	110
\$1,223	\$8,560	25.80%	\$2,206	142
\$1,834	\$12,840	24.50%	\$3,140	202
\$2,140	\$14,980	23.10%	\$3,467	223
\$2,446	\$17,120	22.10%	\$3,776	243
\$2,751	\$19,260	21.80%	\$4,206	271
\$3,057	\$21,400	21.60%	\$4,626	298
\$3,363	\$23,540	21.20%	\$4,986	321
\$3,669	\$25,680	20.70%	\$5,327	343
\$3,974	\$27,820	20.50%	\$5,710	368
\$4,280	\$29,960	20.30%	\$6,084	392
\$4,586	\$32,100	20.10%	\$6,449	416
\$4,891	\$34,240	19.90%	\$6,804	438
\$5,197	\$36,380	19.70%	\$7,150	461
\$5,503	\$38,520	19.40%	\$7,486	482
\$5,809	\$40,660	19.20%	\$7,813	503
\$6,114	\$42,800	19.00%	\$8,131	524
\$6,420	\$44,940	17.90%	\$8,047	518
\$7,031	\$49,220	17.70%	\$8,706	561
\$7,643	\$53,500	17.50%	\$9,346	602
\$8,254	\$54,000	17.40%	\$9,967	642
\$7,714	\$57,780	17.30%	\$9,967	642

## (3) COST OF GOODS (COGS):

- Definition:** This is a hit or miss metric, where you can earn up to 7% of your quarterly earnings for staying below 22.5%, or 3% staying below 23.5% of your total sales.
- Purpose:** This metric is being measured to watch your overall food waste, food theft, and accurately submit invoices including all Margin Edge CommissaryKIT orders.



# clover food lab

- c. **How it is calculated:** The Direct Store Delivery (DSD) column in the monthly financial reports measure COGS for your restaurants (eg: Shirazi, Arrow Paper, Russo's, CommissaryKIT.)

## (4) CUSTOMER STORE WALKS:

- a. **Definition:** A store-walk will be done by an Area Manager or Director of Operations, using the "Store Walk Customer Checklist" in Zenput.
- b. **Purpose:** The purpose of the bi-weekly store walks in our restaurants is to hold each store to the same standards from an operations standpoint. Cleanliness, guest attentiveness and proper restaurant procedures will all be measured.
- c. **How it is calculated:** Using the chart below you will be scored 1-5 after each walkthrough based on your percentage score from the Store Walk Customer Checklist. There will be 6 store walks per quarter, and you will be able to drop (1) your lowest score. Example: CloverHFI has 6 walks in the quarter, the location receives 6 total scores, 4, 4, 2, 1, 5, 4. Dropping the lowest score and dividing the 5 leftover scores =  $3.8/5 = 76\%$ .

Customer Checklist Score		% Bonus
Score:	<b>5</b>	80-100%
	<b>4</b>	60-80%
	<b>3</b>	40-60%
	<b>2</b>	20-40%
	<b>1</b>	0-20%

**At the end of the quarter, the store walk percentage will factor into your overall bonus.**

Example: CloverHFI manager earns 5% Sales Bonus, 3% COGS and 7% Labor of their quarterly earnings of \$18,750. =  $(.05+.03+.07)*\$18,750 = \$2812 * (76\% - \text{Store Walk Quarterly Score}) = \underline{\$2137}$  Quarterly Bonus Earned.



Exhibit B: The Health Insurance benefit for eligible employees and their dependents is described in detail in the Summary of Benefits and Coverage (SBC) prepared by the insurance carrier.





Harvard Pilgrim  
Health Care

# Member Guide

Find everything you need at [harvardpilgrim.org](https://www.harvardpilgrim.org)





Dear Member,

At Harvard Pilgrim, a Point32Health company,  
**we are committed to providing access  
to high-quality health care coverage  
and services to help you and your family  
stay healthy.** Our health plans offer preventive  
care, behavioral health services, care management  
for chronic conditions, wellness programs, discounts  
and many other great perks.

We encourage you to use this member guide to:

- Register for your secure member account  
and download our free mobile app
- Learn more about your care options
- Explore our wellness programs, including  
discounts and reimbursement opportunities

You can also visit **harvardpilgrim.org** for more  
information, resources and access to your secure  
member account.

Your secure member account will offer details  
on your specific health plan coverage and costs.







# Table of Contents

- Maximize Your Health Plan
  - Digital Tools
  - Understand Your Pharmacy Benefits
  - Know Your Care Options
  - Wellness Discounts and Perks
  - Stay Connected and Informed
  - Key Terms
  - Important Information
  - Discrimination
  - Language Assistance
  - Contact us
-



# Maximize Your Health Plan

## 3 easy steps



### 1. Access your secure online account

Once your membership becomes effective, be sure to set up your online member account at [harvardpilgrim.org/create](https://harvardpilgrim.org/create). Use your smartphone, tablet or computer to:

- Get your electronic member ID card
- Choose your primary care provider (PCP)
- View your health plan benefits, coverage and costs
- Review your claims, referrals and authorizations
- Find other providers near you and estimate costs



### 2. Find a doctor or hospital

Log in to your secure account to find a convenient location near you.

- Search for doctors or hospitals by name or location
- Find doctors accepting new patients
- View doctors by specialty, such as vision, behavioral health and more



### 3. Save time and money

Telehealth Virtual Care Services

- Download the Doctor On Demand app or go to [doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim)
- After registering and completing the screening process, you'll be able to connect to board-certified doctors using your smartphone, tablet or computer.

Wellness Discounts and Perks

- Save on a variety of products and services that can help you stay healthy, including healthy eating and fitness, holistic wellness, vision and hearing, and more.
- Visit [harvardpilgrim.org/discounts](https://harvardpilgrim.org/discounts)

Estimate My Cost

- Our online cost estimator tool can help you find less expensive options for hundreds of services and procedures.
- Log in to your member account and click "Tools & Resources" at the top of the page, then click "Estimate My Cost."





# Digital Tools for 24/7 Care



## Your secure online member account

Set up your member account at [harvardpilgrim.org/create](https://harvardpilgrim.org/create) to access all of your plan information. You can find or change your PCP, look up your medical benefits, view your claims history, and check your deductible and out-of-pocket amounts. Plus, explore well-being resources, such as an interactive wellness program, health coaching support and more.



## Virtual urgent and behavioral health care

Connect with board-certified physicians and psychiatrists from Doctor On Demand in minutes using live video or voice call via your smartphone, tablet or computer. Receive treatment for cold and flu, allergies, urinary tract infections, skin and eye issues, anxiety and depression, and more. Visit [doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim) to get started and be sure to download the Doctor On Demand app.



## Reduce My Costs

Connect with a nurse at (855) 772-8366 or via **chat** who can help you find high-quality, cost-effective providers near you. Depending on the service and the associated cost savings,<sup>1</sup> you could earn cash rewards.<sup>2</sup> The Reduce My Costs program includes most outpatient services and tests that are ordered by your provider such as lab work, MRIs and mammograms.



# Understand Your Pharmacy Benefits

## **NEW: Specialty Pharmacy Services Provider**

Starting January 1, 2023, OptumRx will also provide specialty pharmacy services to Harvard Pilgrim members. OptumRx already serves as the retail and mail order service provider. With this change you will now have one pharmacy benefit manager for all pharmacy needs.



## **Log in or register for your secure online member account**

Your member account provides you with personalized information to better manage your health care coverage and make smart decisions about your health. Visit [harvardpilgrim.org](https://harvardpilgrim.org) to get started.



## **Look up your prescriptions**

We cover thousands of different medications, but if your current prescription isn't on our list, talk to your doctor about switching to a covered medication.

Many medications we cover have a cost share (copayment, deductible, or coinsurance) — the amount you'll be responsible for paying, depending on your plan. The medications covered under your plan are organized in up to five tiers:

- Tier 1 includes most generic medications and is the lowest cost to you
- Tier 2 includes many generic and brand name medications
- Tier 3 includes the most expensive generic and brand name medications
- Tier 4 includes preferred specialty drugs and non-preferred brand-name drugs, some higher cost generics
- Tier 5 includes non-preferred specialty drugs and other selected, high-cost brand-name and generic drugs





### **Check if your prescription has special requirements**

If there is a "PA," "STPA," "QL" or "SP" after any of your prescriptions, talk to your provider. Refer to the "Key Terms" section of this Member Guide for full "special requirements" definitions.



### **Plan ahead if you take maintenance medication**

Maintenance medications are drugs taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance plan to Harvard Pilgrim, make sure you have enough medication on hand to cover the transition period until your new coverage with Harvard Pilgrim begins.

Check your medication expiration date, refill amount and coverage under Harvard Pilgrim. If your medication is not covered, talk to your doctor about switching to an alternate maintenance medication that is covered.



### **Save money with mail order service**

Mail order service provides the convenience of home delivery instead of going to a retail pharmacy. On some plans, your medication may be less expensive if you buy a 90-day supply through this service.

For more information, go to [harvardpilgrim.org/rx](https://harvardpilgrim.org/rx)



# Know Your Care Options

Health care isn't one-size-fits-all. From minor cuts to a sore throat or even a blood pressure check, knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you and your dependents have access to a variety of options:



## When to visit the Emergency Room

If you think you're having an emergency and your life is in danger, call 911 or go to the nearest emergency room. Common medical emergencies that should be treated in the emergency room include choking, heart attack or severe abdominal pain.



## When to see your Primary Care Provider (PCP)

For non-urgent needs such as preventive screenings, checkups, immunizations, or chronic conditions, your PCP knows your medical history and is best suited to coordinate your care. And, they may also offer virtual health care services for even greater convenience.



## When to visit an Urgent Care Center

You can stop by an urgent care center without an appointment for conditions that need immediate treatment but are not considered life-threatening. Examples include minor burns or cuts that may require stitches.



## When to go to a Retail Clinic

Retail clinics such as CVS MinuteClinic® and Walgreens Healthcare Clinic are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy, and you want a health professional to check it out without an appointment.



## When to use virtual care, through Doctor On Demand

You can request a virtual visit with a U.S.-based doctor 24/7 for non-emergency conditions such as upper respiratory infection, upset stomach or skin rash using live video or voice call via your smartphone, tablet or computer. You can also access confidential therapy and build an ongoing relationship with the provider of your choice.



## When to reach out to our Harvard Pilgrim Care Team

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our Care Team of registered nurses, clinical social workers and certified health coaches will answer your questions, help you navigate the health care system, and support your health and wellness goals at no cost.



# Wellness Discounts and Perks

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.<sup>3</sup>



## Up to \$300 in fitness reimbursement<sup>4</sup>

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward a fitness facility or other qualified membership — up to \$150 per individual plan and up to \$300 per family plan. To qualify, your membership must be active for at least four months in the calendar year.



## Lifestyle management coaching

Our certified lifestyle management coaches will help you set realistic health goals, identify and address any barriers, and keep track of your progress. Best of all, this no-cost service is available to any Harvard Pilgrim member age 18 or older.

Through one-on-one coaching sessions over the phone and email check-ins, our coaches can help with:

- Controlling blood pressure
- Managing weight
- Increasing physical activity
- Lowering cholesterol
- Eating better
- Smoking cessation
- Reducing stress and finding life balance
- Dealing with back pain



## Support for a healthy mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, call the Behavioral Health Access center 24/7 at (888) 777-4742 to speak with a licensed care advocate. You also have access to behavioral health care through Doctor On Demand and Talkspace, which offers behavioral health therapy with digital messaging. Prefer a self-guided approach? Try the Sanvello mobile app to help dial down the symptoms of stress, anxiety and depression.



## Dedicated nurse care managers to guide you

Our dedicated nurse care managers can be helpful guides when you're facing decisions about care. Whether your doctor says you need surgery, you're coping with a complex or chronic condition, or you or a family member is pregnant, our nurse care managers can provide you with confidential decision support and health advocate services — at no cost.





## Fitness and exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for you:

- Get a 30-day free trial of Daily Burn,<sup>5</sup> followed by 25% off your monthly membership
- Get 20% off in-person and virtual personal fitness training with SplitFit
- Save 20% on your entire order of fitness products at ProSourceFit
- Save up to 40% off Ompractice virtual yoga
- Save on footwear and workout gear



## Weight management

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
- Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
- Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating



## Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- With our Living Well program, you can earn points toward monthly gift card drawings by participating in activities and health-focused challenges.
- Access monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,<sup>6</sup> massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide





## Quit smoking

Are you or a family member trying to quit smoking or tobacco use? Don't give up!  
Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
- Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes



## Vision

Need a new pair of eyeglasses?

- Take advantage of free eyewear and other discounts at participating Visionworks locations<sup>7</sup>
- Get 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- Get 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers<sup>8</sup>

Interested in LASIK?

- Save up to 50% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on the promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision



## Hearing

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Save up to \$200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- Get 30%-60% off hearing aids from TruHearing
- Get a low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty and two years of free batteries from Amplifon Hearing Health Care





## Dental

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.<sup>9</sup>



## Family care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Save 20% on all Lively GreatCall products
- Get \$15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers
- Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead®



## Group Medicare plan options

For retirement, your employer may offer Medicare Enhance, which covers certain benefits beyond what traditional Medicare covers.

This plan pays your Medicare-approved deductible and coinsurance amounts. In addition, Medicare Enhance also covers certain benefits beyond what Medicare covers, such as unlimited days of hospital care after your Medicare-approved 60 Lifetime Reserve Days are exhausted. You're also covered for emergencies anywhere in the world, and have additional coverage for preventive care services, such as routine annual eye and hearing exams.

With Medicare Enhance:

- You can live anywhere in the United States and must be enrolled in Medicare Parts A and B
- You can visit any doctor or other provider that accepts Medicare patients
- You'll have coverage for emergency care anywhere in the world
- You'll enjoy savings on products and programs to help you live a healthy life

For more information, log in to your member portal at [harvardpilgrim.org](https://harvardpilgrim.org), or ask your employer for details.



# Stay Connected and Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we offer many other ways to connect you with the information you need to live healthier and save money.

## > **Member Newsletter**

Our digital member newsletter shares current health topics and benefit highlights including tips to manage your health, recipes and discounts on wellness services. Delivered to your email inbox and posted on our public website.

## > **NEW for 2023: Text Messaging**

Our text messaging service is your personalized connection to your health plan. Get reminders and notifications about flu shots, as well as updates on exclusive member discounts and perks.

## > **Email Messages**

Receive valuable information about your benefits, discount options, new programs, and health and well-being opportunities.

## > **Website**

The member section of our website is a great place to learn more about the resources, wellness options, care management programs, and additional member benefits to keep you and your family healthy. Bookmark the site for easy access [harvardpilgrim.org](https://www.harvardpilgrim.org)

## > **Social Media**

Follow our social feeds to keep up with the latest news, tips and stories.



## **How to get started**

Check your secure member account to be sure we have your current email address and mobile telephone number, and we'll ensure you stay informed.



# Key Terms

## **Premium**

This is the monthly cost of your health insurance coverage.

## **Cost share**

Your out-of-pocket costs for services included within your health plan including copayments, deductibles, and coinsurance.

## **Copayments**

A fixed dollar amount that you pay for a covered medical service, prescription or medication.

## **Deductible**

The amount you owe or pay out-of-pocket during a coverage period (usually one year) for covered health care services before your plan begins to pay.

## **Coinsurance**

This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

## **Out-of-pocket maximum**

This is a limit on the total amount of cost sharing you have to pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

## **In-network**

Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

## **Out-of-network**

Out-of-network coverage applies only to POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral.

## **Tier**

Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you'll save money when you see Tier 1 providers.



# Pharmacy Key Terms

## Prior Authorization (PA)

The need for your provider to tell us why it is medically necessary for you to receive a covered medication or service. We consult with your doctor(s) to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who recommended the medication or service. If the doctor believes the medication or service that requires PA is necessary for your treatment, they may submit a request for coverage to Harvard Pilgrim. We'll cover the medication or service if it meets our medical necessity coverage guidelines.

## Step Therapy Authorization (STPA)

An automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective drugs are used first, before other drugs may be covered. Some types of step therapy include requiring the use of generics before brand name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits".

## Quantity Limitation (QL)

The quantity limit for a medication that can be purchased at any one time. A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

## Designated Specialty Pharmacy (SP)

A pharmacy management program that requires members to purchase selected medications from specific sources. Once your membership is effective, log in to [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits", or contact our Member Services department to help you receive your medication without interruption.

## Non-Covered (NC)

Medications that are not currently covered by us. If your provider feels you require this medication, your provider should contact us. They may submit a request for coverage to Harvard Pilgrim. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

## New-to-Market Drug Evaluation (NTM)

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drugs until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.



# Important Information About Your Plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

## When you need care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at [harvardpilgrim.org](https://www.harvardpilgrim.org). Or you can call one of the telephone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

## Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on [harvardpilgrim.org](https://www.harvardpilgrim.org), click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at (888) 333-4742.

## Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI).

To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

**Members:** (888) 333-4742

**Non-members:** (800) 848-9995

**TTY:** 711



# Additional Benefit Details

- <sup>1</sup> Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- <sup>2</sup> For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit [harvardpilgrim.org/reducemycosts/maine](https://harvardpilgrim.org/reducemycosts/maine).
- <sup>3</sup> This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- <sup>4</sup> Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Fitness membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply.
- <sup>5</sup> At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- <sup>6</sup> This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- <sup>7</sup> Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.
- <sup>8</sup> Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- <sup>9</sup> Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.



# General Notice About Nondiscrimination and Accessibility Requirements

**Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.**

## **Harvard Pilgrim Health Care:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

## **Civil Rights Compliance Officer**

1 Wellness Way

Canton, MA 02021

(866) 750-2074, TTY service: 711,

Fax: (617) 509-3085

Email: [civil.rights@point32health.org](mailto:civil.rights@point32health.org)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

## **U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at

[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)



# Contact us

## Member Services

Call us: (888) 333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Harvard Pilgrim  
Health Care

## Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

Harvard Pilgrim Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。





# What your Focus HMO<sup>SM</sup> plan covers

Here's how your plan covers some common services.

## **No cost sharing—Routine & preventive care\***

- Annual checkup with your PCP
- Preventive screenings and tests
- Immunizations, including flu shots
- Routine pre-natal and post-partum visits

## **Cost sharing may apply—PCP and specialist visits, diagnostic tests & services, hospital services**

- Visits to your provider when you're sick or injured
- Diagnostic screenings and tests outside of preventive care
- X-rays, CT scans and MRIs
- Inpatient and outpatient hospital care
- Emergency room visits

\*Preventive services that fall under the federal Affordable Care Act.

**See the [Schedule of Benefits](#) for more details on your coverage and cost-sharing amounts.**

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



## What you pay for services

Cost sharing is the portion you pay for specific services like office visits, X-rays and prescriptions.\*\* Copayments, deductibles and coinsurance are examples of cost sharing.

**Coinsurance:** A fixed percentage of costs you pay for covered services. For example, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid your full annual deductible.

**Copayment:** A flat dollar amount you pay for certain services on your plan. You may have different copayments for different services (e.g., primary care visits, specialist visits and prescription drugs). Copayments are normally due when you have your appointment or pick up prescriptions at the pharmacy.

**Deductible:** A set amount of money you pay out of your own pocket for certain covered services. If you have a \$2,000 annual deductible, for example, you will have to pay \$2,000 worth of charges before Harvard Pilgrim helps pay. Copayments and coinsurance do not count toward your deductible.

**Out-of-pocket maximum:** A limit on the total amount of cost sharing you pay annually for covered services. This generally includes copayments, deductibles and coinsurance. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.



\* This plan provides access to a limited provider network that is smaller than Harvard Pilgrim's full provider network. In this plan, members have coverage only from providers in the Focus HMO provider network. Please consult the Focus HMO provider directory or visit the provider search tool at [harvardpilgrim.org](http://harvardpilgrim.org) for a list of providers in Focus HMO. You may also call Harvard Pilgrim to request a paper copy of the provider directory free of charge.

\*\*Not all employer-sponsored plans offer Harvard Pilgrim prescription drug benefits.

See the **Schedule of Benefits** for more details on your coverage and cost-sharing amounts.



# Schedule of Benefits

Harvard Pilgrim Health Care, Inc.

FOCUS NETWORK<sup>SM</sup> - MA HMO 2000

MASSACHUSETTS

**Please Note:** This plan includes a limited provider network called the "Focus Network - MA." This plan provides access to a network that is smaller than Harvard Pilgrim's full provider network. In this plan, Members have access to network benefits only from the providers in the Focus Network - MA. Please consult the Focus Network – MA Provider Directory or visit the provider search tool at [www.harvardpilgrim.org](http://www.harvardpilgrim.org) to determine which providers are included in the Focus Network - MA.

This Schedule of Benefits states any Benefit Limits and Member Cost Sharing amounts you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for details. Your Member Cost Sharing may include a Deductible, Coinsurance, and Copayments. Please see the tables below for details.

Services must be provided by a Plan Provider through our Focus Network – MA. The Focus Network – MA includes two groups of providers: (1) Easy Access Providers and (2) Authorized Access Providers. In order to receive primary care services, including internal medicine, family practice, pediatrics, routine obstetrics and gynecology, or routine or preventive care you must obtain these services from an Easy Access Provider. If you need care from a specialist, you must contact your PCP for a Referral to a specialist who is an Easy Access Provider. In order to receive Covered Benefits from designated Authorized Access Providers, your PCP or specialist must obtain Prior Approval from the Plan. Prior Approval will be provided when it has been determined that no Easy Access Provider has the professional expertise needed to provide the required services. These requirements do not apply to care needed in a Medical Emergency.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the tables below.

## Clinical Review Criteria

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member's care. Members or their practitioners may obtain a copy of our clinical review criteria on our website [www.harvardpilgrim.org](http://www.harvardpilgrim.org) or by calling 1-888-888-4742.

## Copayment Levels

There are two types of office visit Copayments that apply to your Plan: a lower Copayment, known as "Level 1," and a higher Copayment known as "Level 2".

Level 1 applies to covered outpatient professional services from the following types of providers: all Primary Care Providers (PCPs); obstetricians and gynecologists; Licensed Mental Health Professionals; certified nurse midwives; and nurse practitioners who bill independently.

Level 2 applies to most outpatient specialty care.

If a provider is categorized as both a Level 1 provider and a Level 2 provider, Level 1 applies. For example, if a provider is both a PCP and a cardiologist, you will be responsible for a Level 1 Copayment.

EFFECTIVE DATE: 01/01/2020

FORM #1557\_09

SCHEDULE OF BENEFITS | 1



Your Plan may have other Copayment amounts. Please see the benefit table below for specific Copayment requirements.

### Covered Benefits

Your Covered Benefits are administered 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**. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a physician's office, see "Physician and Other Professional Office Visits." For services provided in a hospital emergency room, see "Emergency Room Care," and for outpatient surgical procedures, please see "Surgery - Outpatient."

General Cost Sharing Features:		Member Cost Sharing:	
<b>Coinsurance and Copayments</b>			
		See the benefits table below	
<b>Deductible</b>			
The following Deductibles apply to all services except where specifically noted below.		\$2,000 per Member per Plan Year \$4,000 per family per Plan Year	
<b>Deductible Rollover</b>			
		None	
<b>Out-of-Pocket Maximum</b>			
Includes all Member Cost Sharing		\$6,600 per Member per Plan Year \$13,200 per family per Plan Year	

Benefit		Member Cost Sharing:	
<b>Acupuncture Treatment for Injury or Illness</b>			
– Limited to 20 visits per Plan Year		\$40 Copayment per visit	
<b>Ambulance Transport</b>			
Emergency ambulance transport		Deductible, then no charge	
Non-emergency ambulance transport		Deductible, then no charge	
<b>Autism Spectrum Disorders Treatment</b>			
Applied behavior analysis		\$25 Copayment per visit	
<b>Chemotherapy and Radiation Therapy</b>			
Chemotherapy		Deductible, then no charge	
Radiation therapy		Deductible, then no charge	



Benefit		Member Cost Sharing:
Dental Services		
Important Notice: Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.		
Extraction of teeth impacted in bone (performed in a physician's office)	Deductible, then no charge	
Pediatric Dental Care for children (up to the age of 13) – limited to 2 preventive dental exams per Plan Year, only the following services are included: cleaning, fluoride treatment, teaching plaque control and bitewing x-rays.	\$25 Copayment per visit	
Dialysis		
	Deductible, then no charge	
Durable Medical Equipment		
Durable medical equipment	Deductible, then 20% Coinsurance	
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge	
Oxygen and respiratory equipment	No charge	
Early Intervention Services		
	No charge	
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.		
Emergency Room Care		
	Deductible, then \$150 Copayment per visit	
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the hospital directly from the emergency room. Please see “Hospital - Inpatient Services,” “Observation Services,” or “Surgery – Outpatient” for the Member Cost Sharing that applies to these benefits.		
Hearing Aids (for Members up to the age of 22)		
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	No charge	
Home Health Care		
	Deductible, then no charge	
If services include the administration of drugs, please see the benefit for “Medical Drugs” for Member Cost Sharing details.		
Hospice – Outpatient		
	Deductible, then no charge	
Hospital – Inpatient Services		
Acute hospital care	Deductible, then no charge	
Inpatient maternity care	Deductible, then no charge	
Inpatient routine nursery care	No charge	
Inpatient rehabilitation – limited to 60 days per Plan Year	Deductible, then no charge	

(Continued on next page)



<b>Benefit</b>	<b>Member Cost Sharing:</b>
<b>Hospital – Inpatient Services (Continued)</b>	
Skilled nursing facility – limited to 100 days per Plan Year	Deductible, then no charge
<b>Infertility Services and Treatments (see the Benefit Handbook for details)</b>	
	Your Member Cost Sharing will depend upon where the service is provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits."
<b>Laboratory, Radiology and Other Diagnostic Services</b>	
Laboratory	Deductible, then no charge
Genetic testing	Deductible, then no charge
Radiology	Deductible, then no charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Deductible, then \$150 Copayment per procedure
Other diagnostic services	Deductible, then no charge
<b>Low Protein Foods</b>	
	Deductible, then 20% Coinsurance
<b>Maternity Care - Outpatient</b>	
Childbirth classes – Limited to 1 initial childbirth course or 1 refresher course per pregnancy (see the Benefit Handbook for details)	No charge
Routine outpatient prenatal and postpartum care	No charge The Deductible does not apply to prenatal and postpartum care provided in a physician's office. All other care is covered as stated in this Schedule of Benefits.
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under "Physician and Other Professional Office Visits" and when not specifically listed above, Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under "Laboratory, Radiology and Other Diagnostic Services."	
<b>Medical Drugs (drugs that cannot be self-administered)</b>	
Medical drugs received in a physician's office or other outpatient facility	Deductible, then no charge
Medical drugs received in the home	Deductible, then no charge
Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the Member Cost Sharing listed above will apply.	
<b>Medical Formulas</b>	
	Deductible, then no charge



<b>Benefit</b>		<b>Member Cost Sharing:</b>
<b>Mental Health and Substance Use Disorder Treatment</b>		
Inpatient services		Deductible, then no charge
Intermediate care services		Deductible, then no charge
Outpatient group therapy		\$10 Copayment per visit
Outpatient individual therapy		\$25 Copayment per visit
Outpatient treatment, including outpatient detoxification and medication management		\$25 Copayment per visit
Outpatient methadone maintenance		No charge
Outpatient psychological testing and neuropsychological assessment		Deductible, then no charge
<b>Observation Services</b>		
		Deductible, then no charge
<b>Ostomy Supplies</b>		
		Deductible, then 20% Coinsurance
<b>Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits)</b>		
Routine examinations for preventive care, including immunizations		No charge
<p>Not all services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services Notice on our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>. Please see "Laboratory, Radiology and Other Diagnostic Services" for the Member Cost Sharing that applies to diagnostic services not included on this list.</p>		
Consultations, evaluations, sickness and injury care		Level 1: \$25 Copayment per visit Level 2: \$40 Copayment per visit
<p>Copayment level varies depending on the type of provider. Please refer to the beginning of this Schedule of Benefits to determine which Copayment level applies.</p>		
<p>Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."</p>		
Office based treatments and procedures, including, but not limited to administration of injections, allergy treatments, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, and surgical procedures		Deductible, then no charge
Administration of allergy injections		Deductible, then no charge
<b>Preventive Services and Tests</b>		
		No charge

**(Continued on next page)**



Benefit		Member Cost Sharing:
Preventive Services and Tests (Continued)		
Under federal and state law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women, and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services Notice on our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> . You may also get a copy of the Preventive Services Notice by calling the Member Services Department at <b>1-888-333-4742</b> . Harvard Pilgrim will add or delete services from this benefit for preventive services and tests in accordance with federal and state guidance.		
The following additional preventive services, tests and devices: alpha-fetoprotein (AFP), fetal ultrasound, hepatitis C testing, lead level testing, prostate-specific antigen (PSA) screening, routine hemoglobin tests, group B streptococcus (GBS), routine urinalysis, blood pressure monitor, retinopathy screening, and international normalized ratio (INR) testing.	No charge	
Prosthetic Devices		
	Deductible, then 20% Coinsurance	
Rehabilitation and Habilitation Services - Outpatient		
Cardiac rehabilitation	Deductible, then no charge	
Pulmonary rehabilitation therapy	Deductible, then no charge	
Speech-language and hearing services	Deductible, then no charge	
Occupational therapy – limited to 20 visits per Plan Year	Deductible, then no charge	
Physical therapy – limited to 20 visits per Plan Year	Deductible, then no charge	
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children up to the age of three and (2) the treatment of Autism Spectrum Disorders.		
Scopic Procedures - Outpatient Diagnostic and Therapeutic		
Colonoscopy, endoscopy and sigmoidoscopy	Deductible, then no charge	
Spinal Manipulative Therapy (including care by a chiropractor)		
– Limited to 12 visits per Plan Year	\$40 Copayment per visit	
Surgery – Outpatient		
	Deductible, then no charge	
Telemedicine Virtual Visit Services - Outpatient		
	Level 1: \$25 Copayment per visit Level 2: \$40 Copayment per visit	
For inpatient hospital care, see “Hospital — Inpatient Services” for cost sharing details.		
Urgent Care Services		
Doctors On Demand	\$25 Copayment per visit	



Benefit		Member Cost Sharing:
<b>Urgent Care Services (Continued)</b>		
<b>Important Note:</b> Doctors On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctors On Demand, including how to access them, please visit our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> .		
Convenience care clinic		\$25 Copayment per visit
Urgent care center		\$25 Copayment per visit
Hospital urgent care center		\$25 Copayment per visit
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefit. For example, if you have an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."		
<b>Vision Services</b>		
Routine eye examinations – limited to 1 exam per Plan Year		\$25 Copayment per visit
Vision hardware for special conditions		Deductible, then no charge
<b>Voluntary Sterilization in a Physician's Office</b>		
		Deductible, then no charge
<b>Voluntary Termination of Pregnancy</b>		
		Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Office based treatments and procedures." For inpatient hospital care, see "Hospital – Inpatient Services."
<b>Wellness Reimbursement Benefits (see the Benefit Handbook for Details)</b>		
Fitness – Coverage is provided for up to 2 Members per calendar year for membership in a qualified fitness facility, health club or fitness center <b>or</b> costs paid toward a fitness tracker as follows: • One Member is covered for reimbursement of the cost of one month of individual or family membership per calendar year <b>or</b> is covered for reimbursement of fitness membership costs and/or fitness tracker costs up to a combined maximum of \$150 per calendar year.* • A second Member is covered for reimbursement of fitness membership costs and/or fitness tracker costs up to a combined maximum of \$150 per calendar year.		No charge

(Continued on next page)



Benefit	Member Cost Sharing:
<b>Wellness Reimbursement Benefits (see the Benefit Handbook for Details) (Continued)</b>	
*If a Member receives reimbursement for one month of individual or family fitness membership which is less than \$150, then the difference may be applied toward the cost of the Member's fitness tracker. If the cost of one month of individual or family fitness membership is greater than \$150, then the 1 month is covered in full and there is no further coverage available for that Member.	
Weight management programs – Coverage provided for 3 months of membership at Weight Watchers traditional meetings or Weight Watchers at Work programs per calendar year.	No charge
<b>Wigs and Scalp Hair Protheses as required by law</b>	
– Limited to 1 synthetic monofilament wig per Plan Year (see the Benefit Handbook for details)	Deductible, then 20% Coinsurance



## General List of Exclusions

### Harvard Pilgrim Health Care, Inc. | MASSACHUSETTS

The following list identifies services that are generally excluded from Harvard Pilgrim Plans. Additional services may be excluded related to access or product design. For a complete list of exclusions please refer to the specific plan's Benefit Handbook.

<b>Exclusion</b>
<b>Alternative Treatments</b>
<ul style="list-style-type: none"> <li>• Acupuncture care, except when specifically listed as a Covered Benefit.</li> <li>• Acupuncture services that are outside the scope of standard acupuncture care.</li> <li>• Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit.</li> <li>• Aromatherapy, treatment with crystals and alternative medicine.</li> <li>• Any of the following types of programs: Health resorts, spas, recreational programs, camps, outdoor skills programs, therapeutic or educational boarding schools, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs).</li> <li>• Massage therapy.</li> <li>• Myotherapy.</li> </ul>
<b>Dental Services</b>
<ul style="list-style-type: none"> <li>• Dental Care, except when specifically listed as a Covered Benefit.</li> <li>• All services of a dentist for Temporomandibular Joint Dysfunction (TMD).</li> <li>• Extraction of teeth, except when specifically listed as a Covered Benefit.</li> <li>• Pediatric dental care, except when specifically listed as a Covered Benefit.</li> </ul>
<b>Durable Medical Equipment and Prosthetic Devices</b>
<ul style="list-style-type: none"> <li>• Any devices or special equipment needed for sports or occupational purposes.</li> <li>• Any home adaptations, including, but not limited to home improvements and home adaptation equipment.</li> <li>• Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services.</li> <li>• Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.</li> </ul>
<b>Experimental, Unproven or Investigational Services</b>
<ul style="list-style-type: none"> <li>• Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.</li> </ul>
<b>Foot Care</b>
<ul style="list-style-type: none"> <li>• Foot orthotics, except for the treatment of severe diabetic foot disease.</li> <li>• Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members with diabetes.</li> </ul>
<b>Maternity Services</b>
<ul style="list-style-type: none"> <li>• Delivery outside the Service Area after the 37th week of pregnancy, or after you have been told that you are at risk for early delivery.</li> <li>• Planned home births.</li> <li>• Routine pre-natal and post-partum care when you are traveling outside the Service Area.</li> </ul>

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.



## Exclusion

### Mental Health and Substance Use Disorder Treatment

- Biofeedback.
- Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided (1) for educational services intended to enhance educational achievement or developmental functioning, (2) to resolve problems of school performance, (3) to treat learning disabilities, (4) for driver alcohol education, or (5) for community reinforcement approach and assertive continuing care.
- Any of the following types of programs: programs in which the patient has a pre-defined duration of care without the Plan's ability to conduct concurrent determinations of continued medical necessity, programs that only provide meetings or activities not based on individualized treatment plans, programs that focus solely on interpersonal or other skills rather than directed toward symptom reduction and functional recovery related to specific mental health disorders, and tuition based programs that offer educational, vocational, recreational, or personal developmental activities.
- Methadone maintenance, except when specifically listed as a Covered Benefit.
- Sensory integrative praxis tests.
- Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder.
- Mental health and substance use disorder treatment that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health.
- Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective..
- Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.

### Physical Appearance

- Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, and (3) post-mastectomy care.
- Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy.
- Liposuction or removal of fat deposits considered undesirable.
- Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures).
- Skin abrasion procedures performed as a treatment for acne.
- Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin.
- Treatment for spider veins.

### Procedures and Treatments

- Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray.
- Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit.
- Commercial diet plans, weight loss programs and any services in connection with such plans or programs, except when specifically listed as a Covered Benefit. **Please note:** If you have coverage through an employer group plan, your employer may participate in other wellness and health improvement incentive programs offered by Harvard Pilgrim. Please review all your Plan documents for the amount of incentives, if any, available under your Plan.
- Gender reassignment surgery and all related drugs and procedures for self-insured groups, unless covered under a separate rider.
- If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a provider that has not been designated as a Center of Excellence.
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).
- Physical examinations and testing for insurance, licensing or employment.
- Services for Members who are donors for non-members, except as described under Human Organ Transplant Services.
- Testing for central auditory processing.
- Group diabetes training, educational programs or camps.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.



Exclusion
<b>Providers</b>
<ul style="list-style-type: none"> <li>• Charges for services which were provided after the date on which your membership ends.</li> <li>• Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and hospital or other facility charges, that are related to any care that is not a Covered Benefit.</li> <li>• Charges for missed appointments.</li> <li>• Concierge service fees. (See the Plan's <i>Benefit Handbook</i> for more information.)</li> <li>• Follow-up care after an emergency room visit, unless provided or arranged by your PCP.</li> <li>• Inpatient charges after your hospital discharge.</li> <li>• Provider's charge to file a claim or to transcribe or copy your medical records.</li> <li>• Services or supplies provided by: (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.</li> </ul>
<b>Reproduction</b>
<ul style="list-style-type: none"> <li>• Any form of Surrogacy or services for a gestational carrier.</li> <li>• Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment.</li> <li>• Infertility drugs, if infertility services are not a Covered Benefit.</li> <li>• Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage.</li> <li>• Infertility treatment for Members who are not medically infertile.</li> <li>• Infertility treatment and birth control drugs, implants and devices, except when specifically listed as a Covered Benefit.</li> <li>• Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal).</li> <li>• Sperm collection, freezing and storage except as described in the Plan's <i>Benefit Handbook</i>.</li> <li>• Sperm identification when not Medically Necessary (e.g., gender identification).</li> <li>• The following fees: wait list fees, non-medical costs, shipping and handling charges etc.</li> <li>• Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit.</li> <li>• Voluntary termination of pregnancy, unless the life of the mother is in danger or unless it is specifically listed as a Covered Benefit.</li> </ul>
<b>Services Provided Under Another Plan</b>
<ul style="list-style-type: none"> <li>• Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities.</li> <li>• Costs for services for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.</li> </ul>
<b>Telemedicine Services</b>
<ul style="list-style-type: none"> <li>• Telemedicine services involving e-mail, fax, or audio-only telephone.</li> <li>• Provider fees for technical costs for the provision of telemedicine services.</li> </ul>
<b>Types of Care</b>
<ul style="list-style-type: none"> <li>• Custodial Care.</li> <li>• Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities.</li> <li>• All institutional charges over the semi-private room rate, except when a private room is Medically Necessary.</li> <li>• Pain management programs or clinics.</li> <li>• Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation, except when specifically listed as a Covered Benefit.</li> <li>• Private duty nursing.</li> <li>• Sports medicine clinics.</li> <li>• Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.</li> </ul>
<b>Vision and Hearing</b>
<ul style="list-style-type: none"> <li>• Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit.</li> <li>• Hearing aids, except when specifically listed as a Covered Benefit.</li> <li>• Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD.</li> <li>• Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism.</li> <li>• Routine eye examinations, except when specifically listed as a Covered Benefit.</li> </ul>

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.



## Exclusion

### All Other Exclusions

• Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services and hypodermic syringes and needles, as required by Massachusetts law, unless your Plan includes outpatient pharmacy coverage. • Any service or supply furnished in connection with a non-Covered Benefit. • Any service or supply (with the exception of contact lenses) purchased from the internet. • Beauty or barber service. • Diabetes equipment replacements when solely due to manufacturer warranty expiration. • Donated or banked breast milk. • Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law and prescribed for Members who meet HPHC policies for enteral tube feedings. • Guest services. • Medical equipment, devices or supplies except as listed in this Benefit Handbook. • Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services. • Services for non-Members. • Services for which no charge would be made in the absence of insurance. • Services for which no coverage is provided in the Plan's Benefit Handbook, this Schedule of Benefits, or Prescription Drug Brochure (if applicable). • Services that are not Medically Necessary. • Services your PCP or a Plan Provider has not provided, arranged or approved except as described in the *Handbook* sections "Your PCP Manages Your Health Care" and "Using Plan Providers". • Taxes or governmental assessments on services or supplies. • Transportation other than by ambulance. • Air conditioners, air purifiers and filters, dehumidifiers and humidifiers. • Car seats. • Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners. • Electric scooters. • Exercise equipment. • Home modifications including but not limited to elevators, handrails and ramps. • Hot tubs, jacuzzis, saunas or whirlpools. • Mattresses. • Medical alert systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.





Harvard Pilgrim  
Health Care

# Wellness Discounts and Perks

Find everything you need at [harvardpilgrim.org](https://www.harvardpilgrim.org)







Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.<sup>1</sup>



### **Up to \$300 in fitness reimbursement<sup>2</sup>**

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward a fitness facility or other qualified membership — up to \$150 per individual plan and up to \$300 per family plan. To qualify, your membership must be active for at least four months in the calendar year.



### **Lifestyle management coaching**

Our certified lifestyle management coaches will help you set realistic health goals, identify and address any barriers, and keep track of your progress. Best of all, this no-cost service is available to any Harvard Pilgrim member age 18 or older.

Through one-on-one coaching sessions over the phone and email check-ins, our coaches can help with:

- Controlling blood pressure
  - Managing weight
  - Increasing physical activity
  - Lowering cholesterol
  - Eating better
  - Smoking cessation
  - Reducing stress and finding life balance
  - Dealing with back pain
-





## Support for a healthy mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, call the Behavioral Health Access center 24/7 at (888) 777-4742 to speak with a licensed care advocate. You also have access to behavioral health care through Doctor On Demand and Talkspace, which offers behavioral health therapy with digital messaging. Prefer a self-guided approach? Try the Sanvello mobile app to help dial down the symptoms of stress, anxiety and depression.



## Dedicated nurse care managers to guide you

Our dedicated nurse care managers can be helpful guides when you're facing decisions about care. Whether your doctor says you need surgery, you're coping with a complex or chronic condition, or you or a family member is pregnant, our nurse care managers can provide you with confidential decision support and health advocate services — at no cost.



## Fitness and exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for you:

- Get a 30-day free trial of Daily Burn,<sup>3</sup> followed by 25% off your monthly membership
- Get 20% off in-person and virtual personal fitness training with SplitFit
- Save 20% on your entire order of fitness products at ProSourceFit
- Save up to 40% off Ompractice virtual yoga
- Save on footwear and workout gear



## Weight management

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
  - Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
  - Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating
-





## Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- With our Living Well program, you can earn points toward monthly gift card drawings by participating in activities and health-focused challenges.
- Access monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,<sup>4</sup> massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide



## Quit smoking

Are you or a family member trying to quit smoking or tobacco use? Don't give up! Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
  - Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes
-





## Vision

Need a new pair of eyeglasses?

- Take advantage of free eyewear and other discounts at participating Visionworks locations<sup>5</sup>
- Get 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- Get 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers<sup>6</sup>

Interested in LASIK?

- Save up to 50% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on the promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision



## Hearing

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Save up to \$200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- Get 30%-60% off hearing aids from TruHearing
- Get a low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty and two years of free batteries from Amplifon Hearing Health Care



## Dental

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.<sup>7</sup>



## Family care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Save 20% on all Lively GreatCall products
  - Get \$15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers
  - Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead®
-



# Additional Benefit Details

- <sup>1</sup> Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- <sup>2</sup> For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit [harvardpilgrim.org/reducemycosts/maine](https://harvardpilgrim.org/reducemycosts/maine).
- <sup>3</sup> This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- <sup>4</sup> Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Fitness membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply.
- <sup>5</sup> At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- <sup>6</sup> This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- <sup>7</sup> Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.
- <sup>8</sup> Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- <sup>9</sup> Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.







Harvard Pilgrim  
Health Care



# Living Well Program

Earn up to \$120 in rewards

## How it works:<sup>1</sup>

Enroll in the Living Well<sup>SM</sup> program and earn rewards for participating in a variety of informative, fun and interactive activities including topics such as:

- › Stress management
- › Self-care
- › Healthy eating
- › Volunteerism
- › Financial literacy
- › Physical activity
- › Environmental wellness
- › Health plan literacy

## Subscriber rewards — Earn up to \$120 in gift cards.

You'll earn rewards incrementally, so the longer you participate in the program, the more rewards you earn. Reach all three levels to earn a total of \$120 in gift cards.

Level 1

**\$20** Gift card

Level 2

**\$40** Gift card

Level 3

**\$60** Gift card

Covered dependents or employees who are not Harvard Pilgrim members can participate in a separate program where they can earn points towards monthly gift card drawings.

## Well-being as you define it.

### A community, at your fingertips.

Our program is packed with tools that let you define your own vision of well-being. Here are some of the features:



Customize to suit your goals



Sync to your wearable device



Connect with others for tips and advice



Connect with a personal health coach

Our digital engagement platform is easily accessible from most devices so you can stay on top of your goals wherever you are.



Get started at [harvardpilgrim.org/livingwelleveryday](https://harvardpilgrim.org/livingwelleveryday)

<sup>1</sup> Rewards are available for fully-insured commercial accounts rated as large group, with 51-999 eligible employees. Rewards may be taxable, please consult with your tax adviser.





Harvard Pilgrim  
Health Care

# Your guide to prescription drug coverage

Premium 3-Tier





# Our 3-tier prescription drug plan helps you get the most from your coverage.



**Fact:** FDA-approved generic drugs contain the same active ingredients as their brand-name counterparts.

All covered medications fall into one of three tiers.



TIER 1

**Generic drugs, selected brand-name drugs and certain over-the-counter medications\***



TIER 2

**Brand-name drugs without generic equivalents and some high-cost generic drugs**



TIER 3

**Drugs not in Tier 1 or Tier 2**

**\*Over-the-counter medication is covered under Tier 1 as of January 1, 2021.**





# Which tier is my drug in?

For the most up-to-date information, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

## Do drugs ever change tiers?

The short answer—sometimes. The prescription drug market is rapidly changing, with drug costs constantly rising. When drugs do change tiers, it usually happens in January of each year. We'll let you know in the fall about any upcoming changes to our prescription drug program.

## Your drug coverage

### What drugs are covered?

- Most generic drugs
- Brand-name drugs without generic equivalents
- Certain over-the-counter medications\*

### What drugs aren't covered?

- Brand-name drugs with generic equivalents
- Cosmetic drugs
- Some brand-name and higher-cost generic drugs

### Are there limitations on certain drugs?

Yes, we may limit the quantity of some drugs we cover. For example, you may be able to receive only a certain number of pills or doses.

### Do some drugs require prior authorization?

Yes, certain drugs do require prior authorization. This process helps us ensure that you are using the most effective and safe medications for your health conditions. Your prescriber must request prior authorization on your behalf.

### Can I request an exception?

Yes. If you need a drug that we either don't cover or limit, you or your provider can ask us for an exception. For details, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” for information on exceptions.

### What is step therapy?

Step therapy is a process that requires you to first try one drug for a medical condition before we cover another drug for that condition.

For example, if Drug A and Drug B both treat the same medical condition, we may require you to try Drug A first. If Drug A does not work, then we will cover Drug B. If you did not try Drug A first, then prior authorization would be required for Drug B.

### How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy. Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

### What kinds of over-the-counter medications are available in Tier 1?\*

Tier 1 includes certain cough, cold and allergy medicines; skin treatments (dermatology); stomach medicines (gastrointestinal); pain relievers; and eye preparations (ophthalmic).

### How can I get an over-the-counter medication covered under my prescription drug benefit?\*

Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) and use the Prescription Drug Lookup to find out which over-the-counter medications are included in Tier 1. Ask your provider to write a prescription for the generic version and have it filled at a participating pharmacy.

\*Over-the-counter medication is covered under Tier 1 as of January 1, 2021.



# Filling your prescriptions

## Where can I get my prescriptions filled?

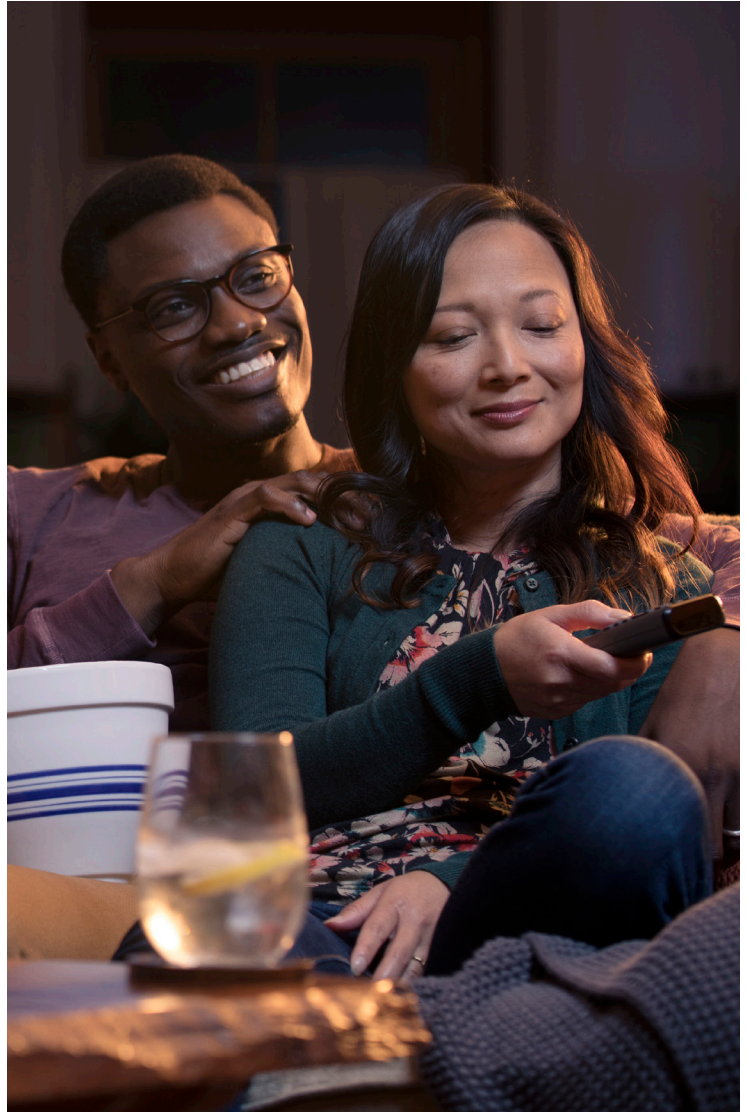
You can get your prescriptions filled at any of 67,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your local pharmacy is in the network, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" to find participating pharmacies.

## Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program. To learn more about these options, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program or at retail pharmacies in Maine.

## What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) for information on our specialty pharmacy program. Choose the year and then "Premium 3-Tier" for details.



## Questions?

If you have questions about your prescription drugs, please speak with your doctor.

To learn more about Harvard Pilgrim's pharmacy program:



Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx)



Call

**Already a member?** (888) 333-4742

**Not yet a member?** (866) 874-0817

TTY: 711



# What do I pay for my medications?

Depending on your plan, your payments—also called “cost sharing”—may include a combination of copayments, coinsurance and a deductible. Refer to the Prescription Drug Coverage insert or Schedule of Benefits to find out what you will pay when you pick up prescriptions at the pharmacy.

**Copayment** – A fixed dollar amount you pay for a prescription. Your copayment is typically different for each tier. Each copayment covers an individual prescription up to a 30-day supply or one refill.

**Coinsurance** – A fixed percentage of costs that you pay for medication. Each tier may have a different cost percentage. Your coinsurance charge will be calculated using the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Deductible** – Depending on your plan, a set amount of money you pay out of your own pocket for medical services and/or prescriptions. If your prescriptions fall under a deductible, you will pay the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Out-of-pocket maximum** – A limit on the total amount you pay for a year in copayments, coinsurance and deductibles. Your plan may include an out-of-pocket maximum for prescription drugs. Find out in the Prescription Drug Coverage insert or Schedule of Benefits.





# Prescription Drug Coverage

## VALUE 5 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	<b>Up to a 30-day supply:</b> \$5 Copayment <b>Up to a 90-day supply:</b> \$15 Copayment	\$10 Copayment
Tier 2	<b>Up to a 30-day supply:</b> \$25 Copayment <b>Up to a 90-day supply:</b> \$75 Copayment	\$50 Copayment
Tier 3	<b>Up to a 30-day supply:</b> \$50 Copayment <b>Up to a 90-day supply:</b> \$150 Copayment	\$100 Copayment
Tier 4	<b>Up to a 30-day supply:</b> \$70 Copayment <b>Up to a 90-day supply:</b> \$210 Copayment	\$210 Copayment
Tier 5	<b>Up to a 30-day supply:</b> 20% Coinsurance* up to a maximum Coinsurance of \$250 per prescription or refill <b>Up to a 90-day supply:</b> 20% Coinsurance* up to a maximum Coinsurance of \$750 per prescription or refill	20% Coinsurance* up to a maximum Coinsurance of \$750 per prescription or refill

\*Coinsurance is based on the full cost of the medication, up to a maximum dollar amount for each prescription. The full cost will be the lower of the participating pharmacy's retail price or the price of the medication at Harvard Pilgrim's discount rate.

Your plan has an annual out-of-pocket maximum, which is listed on the Schedule of Benefits. Once you have reached the out-of-pocket maximum (including Deductible, Copayment and Coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit [www.harvardpilgrim.org/2023Value5T](http://www.harvardpilgrim.org/2023Value5T) for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care,  
 Harvard Pilgrim Health Care of New England and HPHC Insurance Company

RX0000013058



## Language Assistance Services

**Español (Spanish)** ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

**Português (Portuguese)** ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

**Kreyòl Ayisyen (French Creole)** ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

**繁體中文 (Traditional Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

**Tiếng Việt (Vietnamese)** CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

**Русский (Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

**العربية (Arabic)**

إنتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1-888-333-4742

(TTY: 711)

**ខ្មែរ (Cambodian)** ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ជូរលេខ 1-888-333-4742 (TTY: 711)។

**Français (French)** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

**Italiano (Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

**한국어 (Korean)** '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

**Ελληνικά (Greek)** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

**Polski (Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

**हिंदी (Hindi)** ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है। जानकारी के लिये फोन करे। 1-888-333-4742 (TTY: 711)

**ગુજરાતી (Gujarati)** ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

**ພາສາລາວ (Lao)** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າ, ຄ່າມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

(Continued)



### **General Notice About Nondiscrimination and Accessibility Requirements**

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@point32health.org](mailto:civil_rights@point32health.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.





Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

<b>Medication allergies:</b>	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Sulfa	_____
<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines	_____
<b>Health conditions:</b>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Osteoporosis	_____
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease	_____

### 3. Payment and shipping information – do not send cash

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

- Visa, MasterCard, AMEX  
and Discover are accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.







# Connecting with behavioral health resources

Your behavioral health journey is personal, but you're not alone. Through our partners, we deliver the support you and your family need. We encourage you to check out our menu of apps, digital tools and 24/7 support, so you can choose the path that's right for you. Here are the resources available to you as a Harvard Pilgrim member.

For more details about these and other resources, go to [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth).



## 24/7 support: Behavioral Health Access Center

If you have questions about behavioral health and substance use treatment options, including finding a provider, call **(888) 777-4742** — licensed care advocates answer calls and can:

- Help you find an available behavioral health provider, including those who offer virtual visits
- Help you find Express Access providers, who offer routine appointments within five business days<sup>1</sup>
- Provide information about local behavioral health resources and plan benefits
- Help you create an individualized plan of care
- Connect you with digital self-management assessments, tools and other educational materials

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.



## Live and Work Well

At [www.liveandworkwell.com](http://www.liveandworkwell.com), you get 24/7, confidential access to professional care, self-help programs and information, wherever you are. Best of all, these resources are available at no cost to you and your family.

### Learn how you can:

- Deal with major life changes
- Balance work and life
- Manage stress, depression, anxiety and other conditions
- Connect with behavioral health and substance use disorder resources, plus you'll have the added convenience of:
  - Online scheduling with virtual visit (telehealth) providers
  - Submitting and viewing claims
  - Accessing self-assessments, educational resources and digital tools

### How to get started

Log in as a guest at [www.liveandworkwell.com](http://www.liveandworkwell.com) using company code **HPHC**.

Or, for a more personalized experience, including access to your plan benefits:<sup>2</sup>

- Go to [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth)
- Click on "Optum's Live and Work Well member website"
- Log in using your Harvard Pilgrim user ID and password

<sup>1</sup> Member cost sharing may apply.

<sup>2</sup> You must log in through your Harvard Pilgrim account to access online appointment scheduling, claims, your Explanation of Benefits (EOB) and other personalized plan information.





## Digital tools and apps

### Sanvello mobile app: on-demand stress management

Through our partnership with Optum<sup>3</sup>, you have access to the Sanvello mobile app.<sup>4</sup> This easy-to-use online tool can help you dial down the symptoms of stress, anxiety and depression — anywhere, anytime.

Get started by downloading the app from **Google Play** or the **Apple App Store**. Once downloaded, enter your Harvard Pilgrim ID number for complimentary access to the premium version.

- You can also access the app at [www.liveandworkwell.com](http://www.liveandworkwell.com). To browse as a guest, use access code **HPHC**.

### Talkspace: Behavioral therapy with digital messaging

This digital therapy service lets you connect to licensed therapists and medication management providers via secure digital messaging on your computer, smartphone or tablet. Talkspace<sup>3</sup> offers a convenient way to access outpatient therapy.

- To get started, visit [www.talkspace.com/connect](http://www.talkspace.com/connect).
- Enter your insurance information, including member ID number.
- After filling out a brief assessment, you'll immediately be matched with three prospective therapists, based on your treatment preferences. No prior authorization or referral is necessary.
- Instructions for downloading the Talkspace app will be provided during the registration process.
- Cost sharing for outpatient behavioral health services may apply.



## Confidential support 24/7

### Substance Use Treatment Helpline

(855) 780-5955

- Connect with an in-network provider within 24 hours
- Staffed by recovery advocates and licensed clinicians
- Interpreter service available

### National Suicide Prevention Lifeline

(800) 273-TALK (8255);  
TTY: (800) 273-8255

- Prevention and crisis resources for you or your loved ones
- Available in English and Spanish

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.

<sup>3</sup> Harvard Pilgrim's behavioral health services are managed through an arrangement with Optum, a national leader in managing high-quality behavioral health care programs.

<sup>4</sup> Sanvello and Talkspace are not affiliated with Harvard Pilgrim Health Care. Harvard Pilgrim has an arrangement with Sanvello and Talkspace to offer their respective services to current Harvard Pilgrim members.



**General Notice About Nondiscrimination and Accessibility Requirements**

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Compliance Officer, 93 Worcester St, Wellesley, MA 02481, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@harvardpilgrim.org](mailto:civil_rights@harvardpilgrim.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

cc6589\_memb\_serv (05/20)





Harvard Pilgrim  
Health Care

# Member Guide

Find everything you need at [harvardpilgrim.org](https://www.harvardpilgrim.org)





Dear Member,

At Harvard Pilgrim, a Point32Health company,  
**we are committed to providing access  
to high-quality health care coverage  
and services to help you and your family  
stay healthy.** Our health plans offer preventive  
care, behavioral health services, care management  
for chronic conditions, wellness programs, discounts  
and many other great perks.

We encourage you to use this member guide to:

- Register for your secure member account  
and download our free mobile app
- Learn more about your care options
- Explore our wellness programs, including  
discounts and reimbursement opportunities

You can also visit **harvardpilgrim.org** for more  
information, resources and access to your secure  
member account.

Your secure member account will offer details  
on your specific health plan coverage and costs.







# Table of Contents

- Maximize Your Health Plan
  - Digital Tools
  - Understand Your Pharmacy Benefits
  - Know Your Care Options
  - Wellness Discounts and Perks
  - Stay Connected and Informed
  - Key Terms
  - Important Information
  - Discrimination
  - Language Assistance
  - Contact us
-



# Maximize Your Health Plan

## 3 easy steps



### 1. Access your secure online account

Once your membership becomes effective, be sure to set up your online member account at [harvardpilgrim.org/create](https://harvardpilgrim.org/create). Use your smartphone, tablet or computer to:

- Get your electronic member ID card
- Choose your primary care provider (PCP)
- View your health plan benefits, coverage and costs
- Review your claims, referrals and authorizations
- Find other providers near you and estimate costs



### 2. Find a doctor or hospital

Log in to your secure account to find a convenient location near you.

- Search for doctors or hospitals by name or location
- Find doctors accepting new patients
- View doctors by specialty, such as vision, behavioral health and more



### 3. Save time and money

Telehealth Virtual Care Services

- Download the Doctor On Demand app or go to [doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim)
- After registering and completing the screening process, you'll be able to connect to board-certified doctors using your smartphone, tablet or computer.

Wellness Discounts and Perks

- Save on a variety of products and services that can help you stay healthy, including healthy eating and fitness, holistic wellness, vision and hearing, and more.
- Visit [harvardpilgrim.org/discounts](https://harvardpilgrim.org/discounts)

Estimate My Cost

- Our online cost estimator tool can help you find less expensive options for hundreds of services and procedures.
- Log in to your member account and click "Tools & Resources" at the top of the page, then click "Estimate My Cost."





# Digital Tools for 24/7 Care



## Your secure online member account

Set up your member account at [harvardpilgrim.org/create](https://harvardpilgrim.org/create) to access all of your plan information. You can find or change your PCP, look up your medical benefits, view your claims history, and check your deductible and out-of-pocket amounts. Plus, explore well-being resources, such as an interactive wellness program, health coaching support and more.



## Virtual urgent and behavioral health care

Connect with board-certified physicians and psychiatrists from Doctor On Demand in minutes using live video or voice call via your smartphone, tablet or computer. Receive treatment for cold and flu, allergies, urinary tract infections, skin and eye issues, anxiety and depression, and more. Visit [doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim) to get started and be sure to download the Doctor On Demand app.



## Reduce My Costs

Connect with a nurse at (855) 772-8366 or via **chat** who can help you find high-quality, cost-effective providers near you. Depending on the service and the associated cost savings,<sup>1</sup> you could earn cash rewards.<sup>2</sup> The Reduce My Costs program includes most outpatient services and tests that are ordered by your provider such as lab work, MRIs and mammograms.



# Understand Your Pharmacy Benefits

## **NEW: Specialty Pharmacy Services Provider**

Starting January 1, 2023, OptumRx will also provide specialty pharmacy services to Harvard Pilgrim members. OptumRx already serves as the retail and mail order service provider. With this change you will now have one pharmacy benefit manager for all pharmacy needs.



## **Log in or register for your secure online member account**

Your member account provides you with personalized information to better manage your health care coverage and make smart decisions about your health. Visit [harvardpilgrim.org](https://harvardpilgrim.org) to get started.



## **Look up your prescriptions**

We cover thousands of different medications, but if your current prescription isn't on our list, talk to your doctor about switching to a covered medication.

Many medications we cover have a cost share (copayment, deductible, or coinsurance) — the amount you'll be responsible for paying, depending on your plan. The medications covered under your plan are organized in up to five tiers:

- Tier 1 includes most generic medications and is the lowest cost to you
- Tier 2 includes many generic and brand name medications
- Tier 3 includes the most expensive generic and brand name medications
- Tier 4 includes preferred specialty drugs and non-preferred brand-name drugs, some higher cost generics
- Tier 5 includes non-preferred specialty drugs and other selected, high-cost brand-name and generic drugs





### **Check if your prescription has special requirements**

If there is a "PA," "STPA," "QL" or "SP" after any of your prescriptions, talk to your provider. Refer to the "Key Terms" section of this Member Guide for full "special requirements" definitions.



### **Plan ahead if you take maintenance medication**

Maintenance medications are drugs taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance plan to Harvard Pilgrim, make sure you have enough medication on hand to cover the transition period until your new coverage with Harvard Pilgrim begins.

Check your medication expiration date, refill amount and coverage under Harvard Pilgrim. If your medication is not covered, talk to your doctor about switching to an alternate maintenance medication that is covered.



### **Save money with mail order service**

Mail order service provides the convenience of home delivery instead of going to a retail pharmacy. On some plans, your medication may be less expensive if you buy a 90-day supply through this service.

For more information, go to [harvardpilgrim.org/rx](https://harvardpilgrim.org/rx)



# Know Your Care Options

Health care isn't one-size-fits-all. From minor cuts to a sore throat or even a blood pressure check, knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you and your dependents have access to a variety of options:



## When to visit the Emergency Room

If you think you're having an emergency and your life is in danger, call 911 or go to the nearest emergency room. Common medical emergencies that should be treated in the emergency room include choking, heart attack or severe abdominal pain.



## When to see your Primary Care Provider (PCP)

For non-urgent needs such as preventive screenings, checkups, immunizations, or chronic conditions, your PCP knows your medical history and is best suited to coordinate your care. And, they may also offer virtual health care services for even greater convenience.



## When to visit an Urgent Care Center

You can stop by an urgent care center without an appointment for conditions that need immediate treatment but are not considered life-threatening. Examples include minor burns or cuts that may require stitches.



## When to go to a Retail Clinic

Retail clinics such as CVS MinuteClinic® and Walgreens Healthcare Clinic are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy, and you want a health professional to check it out without an appointment.



## When to use virtual care, through Doctor On Demand

You can request a virtual visit with a U.S.-based doctor 24/7 for non-emergency conditions such as upper respiratory infection, upset stomach or skin rash using live video or voice call via your smartphone, tablet or computer. You can also access confidential therapy and build an ongoing relationship with the provider of your choice.



## When to reach out to our Harvard Pilgrim Care Team

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our Care Team of registered nurses, clinical social workers and certified health coaches will answer your questions, help you navigate the health care system, and support your health and wellness goals at no cost.



# Wellness Discounts and Perks

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.<sup>3</sup>



## Up to \$300 in fitness reimbursement<sup>4</sup>

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward a fitness facility or other qualified membership — up to \$150 per individual plan and up to \$300 per family plan. To qualify, your membership must be active for at least four months in the calendar year.



## Lifestyle management coaching

Our certified lifestyle management coaches will help you set realistic health goals, identify and address any barriers, and keep track of your progress. Best of all, this no-cost service is available to any Harvard Pilgrim member age 18 or older.

Through one-on-one coaching sessions over the phone and email check-ins, our coaches can help with:

- Controlling blood pressure
- Managing weight
- Increasing physical activity
- Lowering cholesterol
- Eating better
- Smoking cessation
- Reducing stress and finding life balance
- Dealing with back pain



## Support for a healthy mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, call the Behavioral Health Access center 24/7 at (888) 777-4742 to speak with a licensed care advocate. You also have access to behavioral health care through Doctor On Demand and Talkspace, which offers behavioral health therapy with digital messaging. Prefer a self-guided approach? Try the Sanvello mobile app to help dial down the symptoms of stress, anxiety and depression.



## Dedicated nurse care managers to guide you

Our dedicated nurse care managers can be helpful guides when you're facing decisions about care. Whether your doctor says you need surgery, you're coping with a complex or chronic condition, or you or a family member is pregnant, our nurse care managers can provide you with confidential decision support and health advocate services — at no cost.





## Fitness and exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for you:

- Get a 30-day free trial of Daily Burn,<sup>5</sup> followed by 25% off your monthly membership
- Get 20% off in-person and virtual personal fitness training with SplitFit
- Save 20% on your entire order of fitness products at ProSourceFit
- Save up to 40% off Ompractice virtual yoga
- Save on footwear and workout gear



## Weight management

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
- Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
- Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating



## Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- With our Living Well program, you can earn points toward monthly gift card drawings by participating in activities and health-focused challenges.
- Access monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,<sup>6</sup> massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide





## Quit smoking

Are you or a family member trying to quit smoking or tobacco use? Don't give up!  
Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
- Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes



## Vision

Need a new pair of eyeglasses?

- Take advantage of free eyewear and other discounts at participating Visionworks locations<sup>7</sup>
- Get 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- Get 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers<sup>8</sup>

Interested in LASIK?

- Save up to 50% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on the promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision



## Hearing

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Save up to \$200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- Get 30%-60% off hearing aids from TruHearing
- Get a low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty and two years of free batteries from Amplifon Hearing Health Care





## Dental

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.<sup>9</sup>



## Family care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Save 20% on all Lively GreatCall products
- Get \$15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers
- Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead®



## Group Medicare plan options

For retirement, your employer may offer Medicare Enhance, which covers certain benefits beyond what traditional Medicare covers.

This plan pays your Medicare-approved deductible and coinsurance amounts. In addition, Medicare Enhance also covers certain benefits beyond what Medicare covers, such as unlimited days of hospital care after your Medicare-approved 60 Lifetime Reserve Days are exhausted. You're also covered for emergencies anywhere in the world, and have additional coverage for preventive care services, such as routine annual eye and hearing exams.

With Medicare Enhance:

- You can live anywhere in the United States and must be enrolled in Medicare Parts A and B
- You can visit any doctor or other provider that accepts Medicare patients
- You'll have coverage for emergency care anywhere in the world
- You'll enjoy savings on products and programs to help you live a healthy life

For more information, log in to your member portal at [harvardpilgrim.org](https://harvardpilgrim.org), or ask your employer for details.



# Stay Connected and Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we offer many other ways to connect you with the information you need to live healthier and save money.

## > **Member Newsletter**

Our digital member newsletter shares current health topics and benefit highlights including tips to manage your health, recipes and discounts on wellness services. Delivered to your email inbox and posted on our public website.

## > **NEW for 2023: Text Messaging**

Our text messaging service is your personalized connection to your health plan. Get reminders and notifications about flu shots, as well as updates on exclusive member discounts and perks.

## > **Email Messages**

Receive valuable information about your benefits, discount options, new programs, and health and well-being opportunities.

## > **Website**

The member section of our website is a great place to learn more about the resources, wellness options, care management programs, and additional member benefits to keep you and your family healthy. Bookmark the site for easy access [harvardpilgrim.org](https://www.harvardpilgrim.org)

## > **Social Media**

Follow our social feeds to keep up with the latest news, tips and stories.



## **How to get started**

Check your secure member account to be sure we have your current email address and mobile telephone number, and we'll ensure you stay informed.



# Key Terms

## **Premium**

This is the monthly cost of your health insurance coverage.

## **Cost share**

Your out-of-pocket costs for services included within your health plan including copayments, deductibles, and coinsurance.

## **Copayments**

A fixed dollar amount that you pay for a covered medical service, prescription or medication.

## **Deductible**

The amount you owe or pay out-of-pocket during a coverage period (usually one year) for covered health care services before your plan begins to pay.

## **Coinsurance**

This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

## **Out-of-pocket maximum**

This is a limit on the total amount of cost sharing you have to pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

## **In-network**

Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

## **Out-of-network**

Out-of-network coverage applies only to POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral.

## **Tier**

Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you'll save money when you see Tier 1 providers.



# Pharmacy Key Terms

## Prior Authorization (PA)

The need for your provider to tell us why it is medically necessary for you to receive a covered medication or service. We consult with your doctor(s) to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who recommended the medication or service. If the doctor believes the medication or service that requires PA is necessary for your treatment, they may submit a request for coverage to Harvard Pilgrim. We'll cover the medication or service if it meets our medical necessity coverage guidelines.

## Step Therapy Authorization (STPA)

An automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective drugs are used first, before other drugs may be covered. Some types of step therapy include requiring the use of generics before brand name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits".

## Quantity Limitation (QL)

The quantity limit for a medication that can be purchased at any one time. A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

## Designated Specialty Pharmacy (SP)

A pharmacy management program that requires members to purchase selected medications from specific sources. Once your membership is effective, log in to [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits", or contact our Member Services department to help you receive your medication without interruption.

## Non-Covered (NC)

Medications that are not currently covered by us. If your provider feels you require this medication, your provider should contact us. They may submit a request for coverage to Harvard Pilgrim. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

## New-to-Market Drug Evaluation (NTM)

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drugs until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.



# Important Information About Your Plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

## When you need care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at [harvardpilgrim.org](https://www.harvardpilgrim.org). Or you can call one of the telephone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

## Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on [harvardpilgrim.org](https://www.harvardpilgrim.org), click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at (888) 333-4742.

## Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI).

To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

**Members:** (888) 333-4742

**Non-members:** (800) 848-9995

**TTY:** 711



# Additional Benefit Details

- <sup>1</sup> Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- <sup>2</sup> For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit [harvardpilgrim.org/reducemycosts/maine](https://harvardpilgrim.org/reducemycosts/maine).
- <sup>3</sup> This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- <sup>4</sup> Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Fitness membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply.
- <sup>5</sup> At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- <sup>6</sup> This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- <sup>7</sup> Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.
- <sup>8</sup> Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- <sup>9</sup> Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.



# General Notice About Nondiscrimination and Accessibility Requirements

**Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.**

## **Harvard Pilgrim Health Care:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

## **Civil Rights Compliance Officer**

1 Wellness Way

Canton, MA 02021

(866) 750-2074, TTY service: 711,

Fax: (617) 509-3085

Email: [civil.rights@point32health.org](mailto:civil.rights@point32health.org)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

## **U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at

[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)



# Contact us

## Member Services

Call us: (888) 333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Harvard Pilgrim  
Health Care

## Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

Harvard Pilgrim Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。





Harvard Pilgrim  
Health Care

**HMO**

# A guide to your medical coverage





# Getting care with the HMO plan

With this plan, you will need to receive care from medical professionals and hospitals that participate in Harvard Pilgrim's provider network, except in a medical emergency. Otherwise, you will be responsible for paying all charges.

## Routine and preventive care\*

There's no extra charge for routine annual exams with your PCP and many preventive tests and services. Other tests and services your PCP orders may require cost sharing.

## Specialty care

You will need your PCP's referral before your plan will cover most kinds of specialty care (e.g., dermatology, physical therapy, etc.). Certain types of visits (e.g., routine eye exams and OB-GYN care) do not require referrals.

## Behavioral health care\*\*

Your plan covers in-person visits with thousands of participating licensed clinicians; you do not need a referral. Virtual visits via smartphone, tablet or computer are also available.

## Hospital care

You will need a referral from your PCP or specialist for any tests, surgery or treatment you receive at a participating hospital, except in a medical emergency. If you are admitted to the hospital from the emergency room, call your PCP to arrange for any follow-up care you may need.

## Care when you're traveling

Your plan covers emergency care if you get sick or injured anywhere in the world.





## Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included without referrals on most plans.

## Urgent and emergency care

If you have a non-life-threatening illness or injury and your doctor's office is closed, you have a variety of options for getting care. Of course, if you think you're having a medical emergency, go to the emergency room or call 911.

### Commonly treated conditions

	<b>Virtual visits</b> Real-time virtual visit with providers via smartphone, tablet or computer	Non-life-threatening illnesses and injuries (coughs/ colds, sore/strep throat, nausea/diarrhea, etc.)	\$
	<b>Convenience care/retail clinic</b> Walk-in, convenience care or retail clinics	Minor illnesses and infections (bronchitis, strep throat, ear & eye infections, etc.)	\$\$
	<b>Urgent care center</b> Walk-in clinic for urgent care	Minor illnesses, injuries and infections (burns, bites, colds & flu, sprains & strains, etc.)	\$\$\$
	<b>Emergency room (ER)</b> Part of a hospital that provides immediate treatment for life-threatening illnesses and injuries	Medical emergencies (heart attack, stroke, choking, loss of consciousness, seizures, etc.)	\$\$\$\$

Visit [www.harvardpilgrim.org/urgentcareoptions](http://www.harvardpilgrim.org/urgentcareoptions) for more information about these options.

\*Preventive services that fall under the federal Affordable Care Act.

\*\*Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.



# How the HMO plan works

This plan gives you access to Harvard Pilgrim's full New England network of providers and hospitals.

## Features



**PCP required**



**Referrals needed for most specialists**



**In-network coverage only**



**Copayments for most office visits**

### A primary care provider is key to good health

A primary care provider (PCP) is the doctor, nurse practitioner or other qualified medical professional you see for annual check-ups and for treatment when you're sick or injured.

Because this plan requires you to have a PCP, we will assign one to you automatically if we don't have one on file for you or if you don't let us know who it is when you enroll.

You and each of your dependents can choose different PCPs from our network of participating providers.

### Your PCP's role

- Provides preventive and routine medical care
- Refers you to participating medical specialists, when needed
- Knows your health history and educates you about healthy lifestyle choices



### Two ways to find a PCP:

Find a PCP or see if your current provider is in our network.



Visit **harvardpilgrim.org/providerdirectory**



Call us:

Already a member:  
**(888) 333-4742**

Not yet a member:  
**(866) 874-0817**

TTY: **711**



# Once you're a member

Register for your member account at [harvardpilgrim.org](https://harvardpilgrim.org):

- Look up the details of your plan.
- Compare costs for tests and procedures.
- Explore different health topics and ways to be well.
- Check out ways to save with discounts on eyewear, reimbursement for fitness programs and more!



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

## Need help?

Already a member: **(888) 333-4742**

Not yet a member: **(866) 874-0817**

TTY: **711**



# Schedule of Benefits

## Harvard Pilgrim Health Care, Inc.

### BEST BUY HMO 2000

### MASSACHUSETTS

This Schedule of Benefits states any Benefit Limits and the Member Cost Sharing amounts you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for details. Your Member Cost Sharing may include a Deductible, Coinsurance, and Copayments. Please see the tables below for details.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. A Referral from your PCP is not needed. Your emergency room Member Cost Sharing is listed in the tables below.

#### Clinical Review Criteria

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member's care. Members or their practitioners may obtain a copy of our clinical review criteria on our website at [www.harvardpilgrim.org](http://www.harvardpilgrim.org) or by calling 1-888-888-4742.

#### Office Visit Cost Sharing Levels

Office visit cost sharing may include Copayments, Coinsurance, or Deductible amounts, as described throughout this Schedule of Benefits. There are two types of office visit cost sharing that apply to your Plan: a lower cost sharing, known as "Level 1," and a higher cost sharing known as "Level 2."

Level 1 applies to covered outpatient professional services received from the following types of providers: all Primary Care Providers (PCPs); obstetricians and gynecologists; Licensed Mental Health Professionals; certified nurse midwives; and nurse practitioners who bill independently.

Level 2 applies to covered outpatient professional services received from specialty care providers.

Your Plan may have other cost sharing amounts. Please see the benefit table below for specific cost sharing requirements.

#### Covered Benefits

Your Covered Benefits are administered 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. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a physician's office, see "Physician and Other Professional Office Visits." For services provided in a hospital emergency room, see "Emergency Room Care," and for outpatient surgical procedures, please see "Surgery - Outpatient."

General Cost Sharing Features:	Member Cost Sharing:
Coinurance and Copayments	
	See the benefits table below

EFFECTIVE DATE: 01/01/2020

FORM #1556\_12

SCHEDULE OF BENEFITS | 1



**BEST BUY HMO 2000 - MASSACHUSETTS**

<b>General Cost Sharing Features:</b>		<b>Member Cost Sharing:</b>
<b>Deductible</b>		
The following Deductibles apply to all services except where specifically noted below.		\$2,000 per Member per Plan Year \$4,000 per family per Plan Year
<b>Deductible Rollover</b>		
		None
<b>Out-of-Pocket Maximum</b>		
Includes all Member Cost Sharing		\$6,600 per Member per Plan Year \$13,200 per family per Plan Year

<b>Benefit</b>	<b>Member Cost Sharing:</b>
<b>Acupuncture Treatment for Injury or Illness</b>	
– Limited to 20 visits per Plan Year	\$40 Copayment per visit
<b>Ambulance Transport</b>	
Emergency ambulance transport	Deductible, then no charge
Non-emergency ambulance transport	Deductible, then no charge
<b>Autism Spectrum Disorders Treatment</b>	
Applied behavior analysis	\$25 Copayment per visit
<b>Chemotherapy and Radiation Therapy</b>	
Chemotherapy	Deductible, then no charge
Radiation therapy	Deductible, then no charge
<b>Dental Services</b>	
<b>Important Notice:</b> Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.	
Extraction of teeth impacted in bone (performed in a physician's office)	Deductible, then no charge
Pediatric Dental Care for children (up to the age of 13) – limited to 2 preventive dental exams per Plan Year, only the following services are included: cleaning, fluoride treatment, teaching plaque control and bitewing x-rays.	\$25 Copayment per visit
<b>Dialysis</b>	
	Deductible, then no charge
<b>Durable Medical Equipment</b>	
Durable medical equipment	Deductible, then 20% Coinsurance
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge
Oxygen and respiratory equipment	No charge
<b>Early Intervention Services</b>	
	No charge
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.	



<b>Benefit</b>		<b>Member Cost Sharing:</b>
<b>Emergency Room Care</b>		
		\$150 Copayment per visit
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the hospital directly from the emergency room. Please see "Hospital - Inpatient Services," "Observation Services," or "Surgery – Outpatient" for the Member Cost Sharing that applies to these benefits.		
<b>Hearing Aids (for Members up to the age of 22)</b>		
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear		No charge
<b>Home Health Care</b>		
		Deductible, then no charge
If services include the administration of drugs, please see the benefit for "Medical Drugs" for Member Cost Sharing details.		
<b>Hospice – Outpatient</b>		
		Deductible, then no charge
<b>Hospital – Inpatient Services</b>		
Acute hospital care		Deductible, then no charge
Inpatient maternity care		Deductible, then no charge
Inpatient routine nursery care		No charge
Inpatient rehabilitation – limited to 60 days per Plan Year		Deductible, then no charge
Skilled nursing facility – limited to 100 days per Plan Year		Deductible, then no charge
<b>Infertility Services and Treatments (see the Benefit Handbook for details)</b>		
		Your Member Cost Sharing will depend upon where the service is provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see "Physician and Other Professional Office Visits."
<b>Laboratory, Radiology and Other Diagnostic Services</b>		
Laboratory		Deductible, then no charge
Genetic testing		Deductible, then no charge
Radiology		Deductible, then no charge
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services		Deductible, then \$150 Copayment per procedure
Other diagnostic services		Deductible, then no charge
<b>Low Protein Foods</b>		
– Limited to \$5,000 per Plan Year		Deductible, then no charge



Benefit		Member Cost Sharing:
Maternity Care - Outpatient		
Routine outpatient prenatal and postpartum care	No charge The Deductible does not apply to prenatal and postpartum care provided in a physician's office. All other care is covered as stated in this Schedule of Benefits.	
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under "Physician and Other Professional Office Visits" and when not specifically listed above, Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under "Laboratory, Radiology and Other Diagnostic Services."		
Medical Drugs (drugs that cannot be self-administered)		
Medical drugs received in a physician's office or other outpatient facility	Deductible, then no charge	
Medical drugs received in the home	Deductible, then no charge	
Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the Member Cost Sharing listed above will apply.		
Medical Formulas		
	Deductible, then no charge	
Mental Health and Substance Use Disorder Treatment		
Inpatient services	Deductible, then no charge	
Intermediate care services	Deductible, then no charge	
Outpatient group therapy	\$10 Copayment per visit	
Outpatient individual therapy	\$25 Copayment per visit	
Outpatient treatment, including outpatient detoxification and medication management	\$25 Copayment per visit	
Outpatient methadone maintenance	No charge	
Outpatient psychological testing and neuropsychological assessment	Deductible, then no charge	
Outpatient telemedicine virtual visit services	\$25 Copayment per visit	
Observation Services		
	Deductible, then no charge	
Ostomy Supplies		
	Deductible, then 20% Coinsurance	



Benefit		Member Cost Sharing:
Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits)		
Routine examinations for preventive care, including immunizations	No charge	
Not all services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services Notice on our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> . Please see "Laboratory, Radiology and Other Diagnostic Services" for the Member Cost Sharing that applies to diagnostic services not included on this list.		
Consultations, evaluations, sickness and injury care	Level 1: \$25 Copayment per visit Level 2: \$40 Copayment per visit	
Copayment level varies depending on the type of provider. Please refer to the beginning of this Schedule of Benefits to determine which Copayment level applies.		
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."		
Office based treatments and procedures, including, but not limited to administration of injections, allergy treatments, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, and surgical procedures	Deductible, then no charge	
Administration of allergy injections	Deductible, then no charge	
Preventive Services and Tests		
	No charge	
Under federal and state law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women, and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services Notice on our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> . You may also get a copy of the Preventive Services Notice by calling the Member Services Department at <b>1-888-333-4742</b> . Harvard Pilgrim will add or delete services from this benefit for preventive services and tests in accordance with federal and state guidance.		
The following additional preventive services, tests and devices: alpha-fetoprotein (AFP), fetal ultrasound, hepatitis C testing, lead level testing, prostate-specific antigen (PSA) screening, routine hemoglobin tests, group B streptococcus (GBS), routine urinalysis, blood pressure monitor, retinopathy screening, and international normalized ratio (INR) testing.	No charge	
Prosthetic Devices		
	Deductible, then 20% Coinsurance	



<b>Benefit</b>		<b>Member Cost Sharing:</b>
<b>Rehabilitation and Habilitation Services - Outpatient</b>		
Cardiac rehabilitation		Deductible, then no charge
Pulmonary rehabilitation therapy		Deductible, then no charge
Speech-language and hearing services		Deductible, then no charge
Occupational therapy – limited to 20 visits per Plan Year		Deductible, then no charge
Physical therapy – limited to 20 visits per Plan Year		Deductible, then no charge
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children up to the age of three and (2) the treatment of Autism Spectrum Disorders.		
<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>		
Colonoscopy, endoscopy and sigmoidoscopy		Deductible, then no charge
<b>Spinal Manipulative Therapy (including care by a chiropractor)</b>		
– Limited to 12 visits per Plan Year		\$25 Copayment per visit
<b>Surgery – Outpatient</b>		
		Deductible, then no charge
<b>Telemedicine Virtual Visit Services - Outpatient</b>		
		Level 1: \$25 Copayment per visit Level 2: \$40 Copayment per visit
For inpatient hospital care, see “Hospital — Inpatient Services” for cost sharing details.		
<b>Urgent Care Services</b>		
Doctor On Demand		\$25 Copayment per visit
<b>Important Note:</b> Doctor On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctor On Demand, including how to access them, please visit our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> .		
Convenience care clinic		\$25 Copayment per visit
Urgent care center		\$40 Copayment per visit
Hospital urgent care center		\$40 Copayment per visit
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefit. For example, if you have an x-ray or have blood drawn, please refer to “Laboratory, Radiology and Other Diagnostic Services.”		
<b>Vision Services</b>		
Routine eye examinations – limited to 1 exam per Plan Year		\$25 Copayment per visit
Vision hardware for special conditions		Deductible, then no charge
<b>Voluntary Sterilization in a Physician’s Office</b>		
		Deductible, then no charge



Benefit	Member Cost Sharing:
<b>Voluntary Termination of Pregnancy</b>	
	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery – Outpatient." For services provided in a physician's office, see "Office based treatments and procedures." For inpatient hospital care, see "Hospital – Inpatient Services."
<b>Wigs and Scalp Hair Protheses as required by law</b>	
– Limited to \$350 per Plan Year (see the Benefit Handbook for details)	Deductible, then 20% Coinsurance



## General List of Exclusions

### Harvard Pilgrim Health Care, Inc. | MASSACHUSETTS

The following list identifies services that are generally excluded from Harvard Pilgrim Plans. Additional services may be excluded related to access or product design. For a complete list of exclusions please refer to the specific plan's Benefit Handbook.

<b>Exclusion</b>
<b>Alternative Treatments</b>
<ul style="list-style-type: none"> <li>• Acupuncture care, except when specifically listed as a Covered Benefit.</li> <li>• Acupuncture services that are outside the scope of standard acupuncture care.</li> <li>• Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit.</li> <li>• Aromatherapy, treatment with crystals and alternative medicine.</li> <li>• Any of the following types of programs: Health resorts, spas, recreational programs, camps, outdoor skills programs, therapeutic or educational boarding schools, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs).</li> <li>• Massage therapy.</li> <li>• Myotherapy.</li> </ul>
<b>Dental Services</b>
<ul style="list-style-type: none"> <li>• Dental Care, except when specifically listed as a Covered Benefit.</li> <li>• All services of a dentist for Temporomandibular Joint Dysfunction (TMD).</li> <li>• Extraction of teeth, except when specifically listed as a Covered Benefit.</li> <li>• Pediatric dental care, except when specifically listed as a Covered Benefit.</li> </ul>
<b>Durable Medical Equipment and Prosthetic Devices</b>
<ul style="list-style-type: none"> <li>• Any devices or special equipment needed for sports or occupational purposes.</li> <li>• Any home adaptations, including, but not limited to home improvements and home adaptation equipment.</li> <li>• Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services.</li> <li>• Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.</li> </ul>
<b>Experimental, Unproven or Investigational Services</b>
<ul style="list-style-type: none"> <li>• Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.</li> </ul>
<b>Foot Care</b>
<ul style="list-style-type: none"> <li>• Foot orthotics, except for the treatment of severe diabetic foot disease.</li> <li>• Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members with diabetes.</li> </ul>
<b>Maternity Services</b>
<ul style="list-style-type: none"> <li>• Delivery outside the Service Area after the 37th week of pregnancy, or after you have been told that you are at risk for early delivery.</li> <li>• Planned home births.</li> <li>• Routine pre-natal and post-partum care when you are traveling outside the Service Area.</li> </ul>

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.



## Exclusion

### Mental Health and Substance Use Disorder Treatment

- Biofeedback.
- Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided (1) for educational services intended to enhance educational achievement or developmental functioning, (2) to resolve problems of school performance, (3) to treat learning disabilities, (4) for driver alcohol education, or (5) for community reinforcement approach and assertive continuing care.
- Any of the following types of programs: programs in which the patient has a pre-defined duration of care without the Plan's ability to conduct concurrent determinations of continued medical necessity, programs that only provide meetings or activities not based on individualized treatment plans, programs that focus solely on interpersonal or other skills rather than directed toward symptom reduction and functional recovery related to specific mental health disorders, and tuition based programs that offer educational, vocational, recreational, or personal developmental activities.
- Methadone maintenance, except when specifically listed as a Covered Benefit.
- Sensory integrative praxis tests.
- Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder.
- Mental health and substance use disorder treatment that is (1) provided to Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health.
- Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective..
- Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.

### Physical Appearance

- Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, and (3) post-mastectomy care.
- Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy.
- Liposuction or removal of fat deposits considered undesirable.
- Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures).
- Skin abrasion procedures performed as a treatment for acne.
- Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin.
- Treatment for spider veins.

### Procedures and Treatments

- Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray.
- Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit.
- Commercial diet plans, weight loss programs and any services in connection with such plans or programs, except when specifically listed as a Covered Benefit. **Please note:** If you have coverage through an employer group plan, your employer may participate in other wellness and health improvement incentive programs offered by Harvard Pilgrim. Please review all your Plan documents for the amount of incentives, if any, available under your Plan.
- Gender reassignment surgery and all related drugs and procedures for self-insured groups, unless covered under a separate rider.
- If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a provider that has not been designated as a Center of Excellence.
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).
- Physical examinations and testing for insurance, licensing or employment.
- Services for Members who are donors for non-members, except as described under Human Organ Transplant Services.
- Testing for central auditory processing.
- Group diabetes training, educational programs or camps.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.



Exclusion
<b>Providers</b>
<ul style="list-style-type: none"> <li>• Charges for services which were provided after the date on which your membership ends.</li> <li>• Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and hospital or other facility charges, that are related to any care that is not a Covered Benefit.</li> <li>• Charges for missed appointments.</li> <li>• Concierge service fees. (See the Plan's <i>Benefit Handbook</i> for more information.)</li> <li>• Follow-up care after an emergency room visit, unless provided or arranged by your PCP.</li> <li>• Inpatient charges after your hospital discharge.</li> <li>• Provider's charge to file a claim or to transcribe or copy your medical records.</li> <li>• Services or supplies provided by: (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.</li> </ul>
<b>Reproduction</b>
<ul style="list-style-type: none"> <li>• Any form of Surrogacy or services for a gestational carrier other than covered maternity services.</li> <li>• Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment.</li> <li>• Infertility drugs, if infertility services are not a Covered Benefit.</li> <li>• Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage.</li> <li>• Infertility treatment for Members who are not medically infertile.</li> <li>• Infertility treatment and birth control drugs, implants and devices, except when specifically listed as a Covered Benefit.</li> <li>• Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal).</li> <li>• Sperm collection, freezing and storage except as described in the Plan's <i>Benefit Handbook</i>.</li> <li>• Sperm identification when not Medically Necessary (e.g., gender identification).</li> <li>• The following fees: wait list fees, non-medical costs, shipping and handling charges etc.</li> <li>• Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit.</li> <li>• Voluntary termination of pregnancy, unless the life of the mother is in danger or unless it is specifically listed as a Covered Benefit.</li> </ul>
<b>Services Provided Under Another Plan</b>
<ul style="list-style-type: none"> <li>• Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities.</li> <li>• Costs for services for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.</li> </ul>
<b>Telemedicine Services</b>
<ul style="list-style-type: none"> <li>• Telemedicine services involving e-mail or fax.</li> <li>• Provider fees for technical costs for the provision of telemedicine services.</li> </ul>
<b>Types of Care</b>
<ul style="list-style-type: none"> <li>• Custodial Care.</li> <li>• Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities.</li> <li>• All institutional charges over the semi-private room rate, except when a private room is Medically Necessary.</li> <li>• Pain management programs or clinics.</li> <li>• Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation, except when specifically listed as a Covered Benefit.</li> <li>• Private duty nursing.</li> <li>• Sports medicine clinics.</li> <li>• Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.</li> </ul>
<b>Vision and Hearing</b>
<ul style="list-style-type: none"> <li>• Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit.</li> <li>• Hearing aids, except when specifically listed as a Covered Benefit.</li> <li>• Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD.</li> <li>• Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism.</li> <li>• Routine eye examinations, except when specifically listed as a Covered Benefit.</li> </ul>

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.



## Exclusion

### All Other Exclusions

• Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services and hypodermic syringes and needles, as required by Massachusetts law, unless your Plan includes outpatient pharmacy coverage. • Any service or supply furnished in connection with a non-Covered Benefit. • Any service or supply (with the exception of contact lenses) purchased from the internet. • Beauty or barber service. • Diabetes equipment replacements when solely due to manufacturer warranty expiration. • Donated or banked breast milk. • Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law and prescribed for Members who meet HPHC policies for enteral tube feedings. • Guest services. • Medical equipment, devices or supplies except as listed in this Benefit Handbook. • Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services. • Services for non-Members. • Services for which no charge would be made in the absence of insurance. • Services for which no coverage is provided in the Plan's Benefit Handbook, this Schedule of Benefits, or Prescription Drug Brochure (if applicable). • Services that are not Medically Necessary. • Services your PCP or a Plan Provider has not provided, arranged or approved except as described in the *Handbook* sections "Your PCP Manages Your Health Care" and "Using Plan Providers". • Taxes or governmental assessments on services or supplies. • Transportation other than by ambulance. • Air conditioners, air purifiers and filters, dehumidifiers and humidifiers. • Car seats. • Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners. • Electric scooters. • Exercise equipment. • Home modifications including but not limited to elevators, handrails and ramps. • Hot tubs, jacuzzis, saunas or whirlpools. • Mattresses. • Medical alert systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.





Harvard Pilgrim  
Health Care

# Wellness Discounts and Perks

Find everything you need at [harvardpilgrim.org](https://www.harvardpilgrim.org)







Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.<sup>1</sup>



### **Up to \$300 in fitness reimbursement<sup>2</sup>**

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward a fitness facility or other qualified membership — up to \$150 per individual plan and up to \$300 per family plan. To qualify, your membership must be active for at least four months in the calendar year.



### **Lifestyle management coaching**

Our certified lifestyle management coaches will help you set realistic health goals, identify and address any barriers, and keep track of your progress. Best of all, this no-cost service is available to any Harvard Pilgrim member age 18 or older.

Through one-on-one coaching sessions over the phone and email check-ins, our coaches can help with:

- Controlling blood pressure
  - Managing weight
  - Increasing physical activity
  - Lowering cholesterol
  - Eating better
  - Smoking cessation
  - Reducing stress and finding life balance
  - Dealing with back pain
-





## Support for a healthy mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, call the Behavioral Health Access center 24/7 at (888) 777-4742 to speak with a licensed care advocate. You also have access to behavioral health care through Doctor On Demand and Talkspace, which offers behavioral health therapy with digital messaging. Prefer a self-guided approach? Try the Sanvello mobile app to help dial down the symptoms of stress, anxiety and depression.



## Dedicated nurse care managers to guide you

Our dedicated nurse care managers can be helpful guides when you're facing decisions about care. Whether your doctor says you need surgery, you're coping with a complex or chronic condition, or you or a family member is pregnant, our nurse care managers can provide you with confidential decision support and health advocate services — at no cost.



## Fitness and exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for you:

- Get a 30-day free trial of Daily Burn,<sup>3</sup> followed by 25% off your monthly membership
- Get 20% off in-person and virtual personal fitness training with SplitFit
- Save 20% on your entire order of fitness products at ProSourceFit
- Save up to 40% off Ompractice virtual yoga
- Save on footwear and workout gear



## Weight management

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
  - Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
  - Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating
-





## Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- With our Living Well program, you can earn points toward monthly gift card drawings by participating in activities and health-focused challenges.
- Access monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,<sup>4</sup> massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide



## Quit smoking

Are you or a family member trying to quit smoking or tobacco use? Don't give up! Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
  - Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes
-





## Vision

Need a new pair of eyeglasses?

- Take advantage of free eyewear and other discounts at participating Visionworks locations<sup>5</sup>
- Get 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- Get 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers<sup>6</sup>

Interested in LASIK?

- Save up to 50% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on the promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision



## Hearing

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Save up to \$200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- Get 30%-60% off hearing aids from TruHearing
- Get a low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty and two years of free batteries from Amplifon Hearing Health Care



## Dental

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.<sup>7</sup>



## Family care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Save 20% on all Lively GreatCall products
  - Get \$15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers
  - Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead®
-



# Additional Benefit Details

- <sup>1</sup> Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- <sup>2</sup> For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit [harvardpilgrim.org/reducemycosts/maine](https://harvardpilgrim.org/reducemycosts/maine).
- <sup>3</sup> This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- <sup>4</sup> Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Fitness membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply.
- <sup>5</sup> At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- <sup>6</sup> This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- <sup>7</sup> Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.
- <sup>8</sup> Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- <sup>9</sup> Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.





Harvard Pilgrim  
Health Care



# Living Well Program

Earn up to \$120 in rewards

## How it works:<sup>1</sup>

Enroll in the Living Well<sup>SM</sup> program and earn rewards for participating in a variety of informative, fun and interactive activities including topics such as:

- › Stress management
- › Self-care
- › Healthy eating
- › Volunteerism
- › Financial literacy
- › Physical activity
- › Environmental wellness
- › Health plan literacy

## Subscriber rewards — Earn up to \$120 in gift cards.

You'll earn rewards incrementally, so the longer you participate in the program, the more rewards you earn. Reach all three levels to earn a total of \$120 in gift cards.

Level 1

**\$20** Gift card

Level 2

**\$40** Gift card

Level 3

**\$60** Gift card

Covered dependents or employees who are not Harvard Pilgrim members can participate in a separate program where they can earn points towards monthly gift card drawings.

## Well-being as you define it.

### A community, at your fingertips.

Our program is packed with tools that let you define your own vision of well-being. Here are some of the features:



Customize to suit your goals



Sync to your wearable device



Connect with others for tips and advice



Connect with a personal health coach

Our digital engagement platform is easily accessible from most devices so you can stay on top of your goals wherever you are.



Get started at [harvardpilgrim.org/livingwelleveryday](https://harvardpilgrim.org/livingwelleveryday)

<sup>1</sup> Rewards are available for fully-insured commercial accounts rated as large group, with 51-999 eligible employees. Rewards may be taxable, please consult with your tax adviser.





Harvard Pilgrim  
Health Care

# Your guide to prescription drug coverage

Premium 3-Tier





# Our 3-tier prescription drug plan helps you get the most from your coverage.



**Fact:** FDA-approved generic drugs contain the same active ingredients as their brand-name counterparts.

All covered medications fall into one of three tiers.



TIER 1

**Generic drugs, selected brand-name drugs and certain over-the-counter medications\***



TIER 2

**Brand-name drugs without generic equivalents and some high-cost generic drugs**



TIER 3

**Drugs not in Tier 1 or Tier 2**

**\*Over-the-counter medication is covered under Tier 1 as of January 1, 2021.**





# Which tier is my drug in?

For the most up-to-date information, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

## Do drugs ever change tiers?

The short answer—sometimes. The prescription drug market is rapidly changing, with drug costs constantly rising. When drugs do change tiers, it usually happens in January of each year. We'll let you know in the fall about any upcoming changes to our prescription drug program.

## Your drug coverage

### What drugs are covered?

- Most generic drugs
- Brand-name drugs without generic equivalents
- Certain over-the-counter medications\*

### What drugs aren't covered?

- Brand-name drugs with generic equivalents
- Cosmetic drugs
- Some brand-name and higher-cost generic drugs

### Are there limitations on certain drugs?

Yes, we may limit the quantity of some drugs we cover. For example, you may be able to receive only a certain number of pills or doses.

### Do some drugs require prior authorization?

Yes, certain drugs do require prior authorization. This process helps us ensure that you are using the most effective and safe medications for your health conditions. Your prescriber must request prior authorization on your behalf.

### Can I request an exception?

Yes. If you need a drug that we either don't cover or limit, you or your provider can ask us for an exception. For details, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” for information on exceptions.

### What is step therapy?

Step therapy is a process that requires you to first try one drug for a medical condition before we cover another drug for that condition.

For example, if Drug A and Drug B both treat the same medical condition, we may require you to try Drug A first. If Drug A does not work, then we will cover Drug B. If you did not try Drug A first, then prior authorization would be required for Drug B.

### How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy. Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

### What kinds of over-the-counter medications are available in Tier 1?\*

Tier 1 includes certain cough, cold and allergy medicines; skin treatments (dermatology); stomach medicines (gastrointestinal); pain relievers; and eye preparations (ophthalmic).

### How can I get an over-the-counter medication covered under my prescription drug benefit?\*

Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) and use the Prescription Drug Lookup to find out which over-the-counter medications are included in Tier 1. Ask your provider to write a prescription for the generic version and have it filled at a participating pharmacy.

\*Over-the-counter medication is covered under Tier 1 as of January 1, 2021.



# Filling your prescriptions

## Where can I get my prescriptions filled?

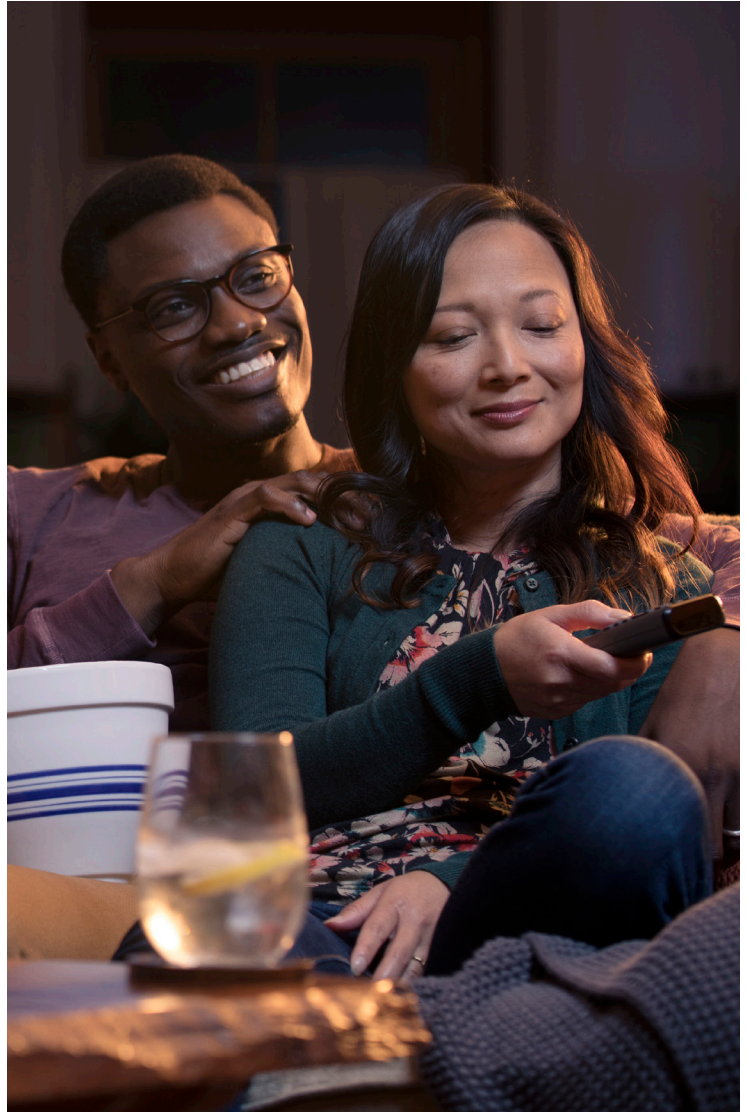
You can get your prescriptions filled at any of 67,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your local pharmacy is in the network, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" to find participating pharmacies.

## Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program. To learn more about these options, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program or at retail pharmacies in Maine.

## What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) for information on our specialty pharmacy program. Choose the year and then "Premium 3-Tier" for details.



## Questions?

If you have questions about your prescription drugs, please speak with your doctor.

To learn more about Harvard Pilgrim's pharmacy program:



Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx)



Call

**Already a member?** (888) 333-4742

**Not yet a member?** (866) 874-0817

TTY: 711



# What do I pay for my medications?

Depending on your plan, your payments—also called “cost sharing”—may include a combination of copayments, coinsurance and a deductible. Refer to the Prescription Drug Coverage insert or Schedule of Benefits to find out what you will pay when you pick up prescriptions at the pharmacy.

**Copayment** – A fixed dollar amount you pay for a prescription. Your copayment is typically different for each tier. Each copayment covers an individual prescription up to a 30-day supply or one refill.

**Coinsurance** – A fixed percentage of costs that you pay for medication. Each tier may have a different cost percentage. Your coinsurance charge will be calculated using the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Deductible** – Depending on your plan, a set amount of money you pay out of your own pocket for medical services and/or prescriptions. If your prescriptions fall under a deductible, you will pay the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Out-of-pocket maximum** – A limit on the total amount you pay for a year in copayments, coinsurance and deductibles. Your plan may include an out-of-pocket maximum for prescription drugs. Find out in the Prescription Drug Coverage insert or Schedule of Benefits.







Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

<b>Medication allergies:</b>	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Sulfa	_____
<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines	_____
<b>Health conditions:</b>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Osteoporosis	_____
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease	_____

### 3. Payment and shipping information – do not send cash

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

- Visa, MasterCard, AMEX  
and Discover are accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.





# Prescription Drug Coverage

## VALUE 5 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	<b>Up to a 30-day supply:</b> \$5 Copayment <b>Up to a 90-day supply:</b> \$15 Copayment	\$10 Copayment
Tier 2	<b>Up to a 30-day supply:</b> \$25 Copayment <b>Up to a 90-day supply:</b> \$75 Copayment	\$50 Copayment
Tier 3	<b>Up to a 30-day supply:</b> \$40 Copayment <b>Up to a 90-day supply:</b> \$120 Copayment	\$80 Copayment
Tier 4	<b>Up to a 30-day supply:</b> \$60 Copayment <b>Up to a 90-day supply:</b> \$180 Copayment	\$120 Copayment
Tier 5	<b>Up to a 30-day supply:</b> 20% Coinsurance* up to a maximum Coinsurance of \$250 per prescription or refill <b>Up to a 90-day supply:</b> 20% Coinsurance* up to a maximum Coinsurance of \$750 per prescription or refill	20% Coinsurance* up to a maximum Coinsurance of \$750 per prescription or refill

\*Coinsurance is based on the full cost of the medication, up to a maximum dollar amount for each prescription. The full cost will be the lower of the participating pharmacy's retail price or the price of the medication at Harvard Pilgrim's discount rate.

Your plan has an annual out-of-pocket maximum, which is listed on the Schedule of Benefits. Once you have reached the out-of-pocket maximum (including Deductible, Copayment and Coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit [www.harvardpilgrim.org/2023Value5T](http://www.harvardpilgrim.org/2023Value5T) for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care,  
 Harvard Pilgrim Health Care of New England and HPHC Insurance Company

RX0000011408



### **General Notice About Nondiscrimination and Accessibility Requirements**

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@point32health.org](mailto:civil_rights@point32health.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.





# Connecting with behavioral health resources

Your behavioral health journey is personal, but you're not alone. Through our partners, we deliver the support you and your family need. We encourage you to check out our menu of apps, digital tools and 24/7 support, so you can choose the path that's right for you. Here are the resources available to you as a Harvard Pilgrim member.

For more details about these and other resources, go to [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth).



## 24/7 support: Behavioral Health Access Center

If you have questions about behavioral health and substance use treatment options, including finding a provider, call **(888) 777-4742** — licensed care advocates answer calls and can:

- Help you find an available behavioral health provider, including those who offer virtual visits
- Help you find Express Access providers, who offer routine appointments within five business days<sup>1</sup>
- Provide information about local behavioral health resources and plan benefits
- Help you create an individualized plan of care
- Connect you with digital self-management assessments, tools and other educational materials

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.



## Live and Work Well

At [www.liveandworkwell.com](http://www.liveandworkwell.com), you get 24/7, confidential access to professional care, self-help programs and information, wherever you are. Best of all, these resources are available at no cost to you and your family.

### Learn how you can:

- Deal with major life changes
- Balance work and life
- Manage stress, depression, anxiety and other conditions
- Connect with behavioral health and substance use disorder resources, plus you'll have the added convenience of:
  - Online scheduling with virtual visit (telehealth) providers
  - Submitting and viewing claims
  - Accessing self-assessments, educational resources and digital tools

### How to get started

Log in as a guest at [www.liveandworkwell.com](http://www.liveandworkwell.com) using company code **HPHC**.

Or, for a more personalized experience, including access to your plan benefits:<sup>2</sup>

- Go to [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth)
- Click on "Optum's Live and Work Well member website"
- Log in using your Harvard Pilgrim user ID and password

<sup>1</sup> Member cost sharing may apply.

<sup>2</sup> You must log in through your Harvard Pilgrim account to access online appointment scheduling, claims, your Explanation of Benefits (EOB) and other personalized plan information.





## Digital tools and apps

### Sanvello mobile app: on-demand stress management

Through our partnership with Optum<sup>3</sup>, you have access to the Sanvello mobile app.<sup>4</sup> This easy-to-use online tool can help you dial down the symptoms of stress, anxiety and depression — anywhere, anytime.

Get started by downloading the app from **Google Play** or the **Apple App Store**. Once downloaded, enter your Harvard Pilgrim ID number for complimentary access to the premium version.

- You can also access the app at [www.liveandworkwell.com](http://www.liveandworkwell.com). To browse as a guest, use access code **HPHC**.

### Talkspace: Behavioral therapy with digital messaging

This digital therapy service lets you connect to licensed therapists and medication management providers via secure digital messaging on your computer, smartphone or tablet. Talkspace<sup>3</sup> offers a convenient way to access outpatient therapy.

- To get started, visit [www.talkspace.com/connect](http://www.talkspace.com/connect).
- Enter your insurance information, including member ID number.
- After filling out a brief assessment, you'll immediately be matched with three prospective therapists, based on your treatment preferences. No prior authorization or referral is necessary.
- Instructions for downloading the Talkspace app will be provided during the registration process.
- Cost sharing for outpatient behavioral health services may apply.



## Confidential support 24/7

### Substance Use Treatment Helpline

(855) 780-5955

- Connect with an in-network provider within 24 hours
- Staffed by recovery advocates and licensed clinicians
- Interpreter service available

### National Suicide Prevention Lifeline

(800) 273-TALK (8255);  
TTY: (800) 273-8255

- Prevention and crisis resources for you or your loved ones
- Available in English and Spanish

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.

<sup>3</sup> Harvard Pilgrim's behavioral health services are managed through an arrangement with Optum, a national leader in managing high-quality behavioral health care programs.

<sup>4</sup> Sanvello and Talkspace are not affiliated with Harvard Pilgrim Health Care. Harvard Pilgrim has an arrangement with Sanvello and Talkspace to offer their respective services to current Harvard Pilgrim members.



To enroll, please download and complete the enrollment form by following this link:

<https://www.harvardpilgrim.org//public/docs/member-enrollment-form>

Clear Form



<b>REASONS FOR SUBMISSION (PLEASE CHECK ONE)</b> <input type="checkbox"/> NEW ENROLLMENT/CONTRACT <input type="checkbox"/> CHANGE TO CONTRACT <input type="checkbox"/> TERMINATE CONTRACT		<b>QUALIFYING EVENT DATE:</b> <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> COBRA <input type="checkbox"/> LOSS OF INSURANCE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> BIRTH/ADOPTION <input type="checkbox"/> P/T TO F/T <input type="checkbox"/> MARRIAGE/DIVORCE <input type="checkbox"/> MOVED IN/OUT OF SERVICE AREA <input type="checkbox"/> DEATH <input type="checkbox"/> VOLUNTARY CANCELLATION	
<b>REASON FOR CHANGES (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> CHANGE COVERAGE TYPE <input type="checkbox"/> ADD DEPENDENT LISTED <input type="checkbox"/> TERMINATE DEPENDENT LISTED <input type="checkbox"/> TRANSFER/RE-ENROLL TO COBRA <input type="checkbox"/> OTHER:			
<b>EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)</b> EMPLOYER/GROUP NAME: _____ GROUP DIVISION: _____ DATE OF HIRE: _____ EFFECTIVE DATE OF COVERAGE: _____			
<b>SUBSCRIBER INFORMATION</b> HP ID: _____ PRODUCT: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> ACCESS AMERICA PLAN NAME: _____ SUBSCRIBER FIRST NAME: _____ MI: _____ LAST NAME: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F SSN: _____ HOME PHONE: _____ WORK PHONE: _____ PHONE: _____ EMAIL: _____ STREET ADDRESS (NO PO BOX): _____ APT # _____ CITY: _____ STATE: _____ ZIP: _____ PRIMARY LANGUAGE (OPTIONAL): _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<b>SPOUSE INFORMATION</b> SPOUSE FIRST NAME: _____ MI: _____ LAST NAME: _____ DOB: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F SSN: _____ MAILING ADDRESS (IF DIFFERENT): _____ RELATION CODE: _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<b>DEPENDENT INFORMATION</b> DEPENDENT FIRST NAME: _____ MI: _____ LAST NAME: _____ DOB: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F RELATION CODE: _____ MAILING ADDRESS (IF DIFFERENT): _____ SSN: _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<b>DEPENDENT INFORMATION</b> DEPENDENT FIRST NAME: _____ MI: _____ LAST NAME: _____ DOB: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F RELATION CODE: _____ MAILING ADDRESS (IF DIFFERENT): _____ SSN: _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<b>DEPENDENT INFORMATION</b> DEPENDENT FIRST NAME: _____ MI: _____ LAST NAME: _____ DOB: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F RELATION CODE: _____ MAILING ADDRESS (IF DIFFERENT): _____ SSN: _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<input type="checkbox"/> PLEASE CHECK IF USING ADDITIONAL MEMBERSHIP APPLICATIONS FOR DEPENDENT CHILDREN. BE SURE TO COMPLETE EMPLOYER AND SUBSCRIBER SECTIONS ON ADDITIONAL FORMS			
<b>OTHER INSURANCE – IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.</b> ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR HPIC POLICY IS IN EFFECT? <input type="checkbox"/> YES, PLEASE COMPLETE <input type="checkbox"/> NO NAME OF HEALTH PLAN: _____ HEALTH PLAN ID NUMBER: _____ EFFECTIVE DATE: _____ NAMES OF SUBSCRIBER: _____			
<small>MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM. BENEFITS UNDER THE PLAN WILL BE EXPLAINED IN YOUR EVIDENCE OF COVERAGE (EOC). I UNDERSTAND THAT HARVARD PILGRIM MAY OBTAIN PERSONAL AND MEDICAL INFORMATION TO ADMINISTER THE PLAN. FOR AN EXPLANATION OF HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION, PLEASE READ YOUR NOTICE OF PRIVACY PRACTICES. MAINE MEMBERS: YOU UNDERSTAND THAT YOUR EOC INCLUDES A SUBROGATION PROVISION THAT PERMITS SUBROGATION PAYMENTS TO US ON A JUST AND EQUITABLE BASIS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDATING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.</small>			
EMPLOYEE SIGNATURE _____		DATE _____	
EMPLOYEE SIGNATURE _____		DATE _____	

Enrollment Form CCR017

Mail the completed enrollment form to:

Harvard Pilgrim Health Care  
PO Box 9185  
Quincy, MA 02269



# Contact us

## Member Services

Call us: (888) 333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Harvard Pilgrim  
Health Care

## Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

Harvard Pilgrim Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。



# Member Guide

Find everything you need at [harvardpilgrim.org](https://www.harvardpilgrim.org)





Dear Member,

At Harvard Pilgrim, a Point32Health company,  
**we are committed to providing access  
to high-quality health care coverage  
and services to help you and your family  
stay healthy.** Our health plans offer preventive  
care, behavioral health services, care management  
for chronic conditions, wellness programs, discounts  
and many other great perks.

We encourage you to use this member guide to:

- Register for your secure member account  
and download our free mobile app
- Learn more about your care options
- Explore our wellness programs, including  
discounts and reimbursement opportunities

You can also visit **harvardpilgrim.org** for more  
information, resources and access to your secure  
member account.

Your secure member account will offer details  
on your specific health plan coverage and costs.







# Table of Contents

- Maximize Your Health Plan
  - Digital Tools
  - Understand Your Pharmacy Benefits
  - Know Your Care Options
  - Wellness Discounts and Perks
  - Stay Connected and Informed
  - Key Terms
  - Important Information
  - Discrimination
  - Language Assistance
  - Contact us
-



# Maximize Your Health Plan

## 3 easy steps



### 1. Access your secure online account

Once your membership becomes effective, be sure to set up your online member account at [harvardpilgrim.org/create](https://harvardpilgrim.org/create). Use your smartphone, tablet or computer to:

- Get your electronic member ID card
- Choose your primary care provider (PCP)
- View your health plan benefits, coverage and costs
- Review your claims, referrals and authorizations
- Find other providers near you and estimate costs



### 2. Find a doctor or hospital

Log in to your secure account to find a convenient location near you.

- Search for doctors or hospitals by name or location
- Find doctors accepting new patients
- View doctors by specialty, such as vision, behavioral health and more



### 3. Save time and money

Telehealth Virtual Care Services

- Download the Doctor On Demand app or go to [doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim)
- After registering and completing the screening process, you'll be able to connect to board-certified doctors using your smartphone, tablet or computer.

Wellness Discounts and Perks

- Save on a variety of products and services that can help you stay healthy, including healthy eating and fitness, holistic wellness, vision and hearing, and more.
- Visit [harvardpilgrim.org/discounts](https://harvardpilgrim.org/discounts)

Estimate My Cost

- Our online cost estimator tool can help you find less expensive options for hundreds of services and procedures.
- Log in to your member account and click "Tools & Resources" at the top of the page, then click "Estimate My Cost."





# Digital Tools for 24/7 Care



## Your secure online member account

Set up your member account at [harvardpilgrim.org/create](https://harvardpilgrim.org/create) to access all of your plan information. You can find or change your PCP, look up your medical benefits, view your claims history, and check your deductible and out-of-pocket amounts. Plus, explore well-being resources, such as an interactive wellness program, health coaching support and more.



## Virtual urgent and behavioral health care

Connect with board-certified physicians and psychiatrists from Doctor On Demand in minutes using live video or voice call via your smartphone, tablet or computer. Receive treatment for cold and flu, allergies, urinary tract infections, skin and eye issues, anxiety and depression, and more. Visit [doctorondemand.com/harvard-pilgrim](https://doctorondemand.com/harvard-pilgrim) to get started and be sure to download the Doctor On Demand app.



## Reduce My Costs

Connect with a nurse at (855) 772-8366 or via **chat** who can help you find high-quality, cost-effective providers near you. Depending on the service and the associated cost savings,<sup>1</sup> you could earn cash rewards.<sup>2</sup> The Reduce My Costs program includes most outpatient services and tests that are ordered by your provider such as lab work, MRIs and mammograms.



# Understand Your Pharmacy Benefits

## **NEW: Specialty Pharmacy Services Provider**

Starting January 1, 2023, OptumRx will also provide specialty pharmacy services to Harvard Pilgrim members. OptumRx already serves as the retail and mail order service provider. With this change you will now have one pharmacy benefit manager for all pharmacy needs.



## **Log in or register for your secure online member account**

Your member account provides you with personalized information to better manage your health care coverage and make smart decisions about your health. Visit [harvardpilgrim.org](https://harvardpilgrim.org) to get started.



## **Look up your prescriptions**

We cover thousands of different medications, but if your current prescription isn't on our list, talk to your doctor about switching to a covered medication.

Many medications we cover have a cost share (copayment, deductible, or coinsurance) — the amount you'll be responsible for paying, depending on your plan. The medications covered under your plan are organized in up to five tiers:

- Tier 1 includes most generic medications and is the lowest cost to you
- Tier 2 includes many generic and brand name medications
- Tier 3 includes the most expensive generic and brand name medications
- Tier 4 includes preferred specialty drugs and non-preferred brand-name drugs, some higher cost generics
- Tier 5 includes non-preferred specialty drugs and other selected, high-cost brand-name and generic drugs





### **Check if your prescription has special requirements**

If there is a "PA," "STPA," "QL" or "SP" after any of your prescriptions, talk to your provider. Refer to the "Key Terms" section of this Member Guide for full "special requirements" definitions.



### **Plan ahead if you take maintenance medication**

Maintenance medications are drugs taken regularly for ongoing conditions, such as high blood pressure or diabetes. If you're switching from another health insurance plan to Harvard Pilgrim, make sure you have enough medication on hand to cover the transition period until your new coverage with Harvard Pilgrim begins.

Check your medication expiration date, refill amount and coverage under Harvard Pilgrim. If your medication is not covered, talk to your doctor about switching to an alternate maintenance medication that is covered.



### **Save money with mail order service**

Mail order service provides the convenience of home delivery instead of going to a retail pharmacy. On some plans, your medication may be less expensive if you buy a 90-day supply through this service.

For more information, go to [harvardpilgrim.org/rx](https://harvardpilgrim.org/rx)



# Know Your Care Options

Health care isn't one-size-fits-all. From minor cuts to a sore throat or even a blood pressure check, knowing where to seek care for your situation can save you time and money. As a Harvard Pilgrim member, you and your dependents have access to a variety of options:



## When to visit the Emergency Room

If you think you're having an emergency and your life is in danger, call 911 or go to the nearest emergency room. Common medical emergencies that should be treated in the emergency room include choking, heart attack or severe abdominal pain.



## When to see your Primary Care Provider (PCP)

For non-urgent needs such as preventive screenings, checkups, immunizations, or chronic conditions, your PCP knows your medical history and is best suited to coordinate your care. And, they may also offer virtual health care services for even greater convenience.



## When to visit an Urgent Care Center

You can stop by an urgent care center without an appointment for conditions that need immediate treatment but are not considered life-threatening. Examples include minor burns or cuts that may require stitches.



## When to go to a Retail Clinic

Retail clinics such as CVS MinuteClinic® and Walgreens Healthcare Clinic are a good option when you're experiencing mild symptoms such as an ear infection or skin conditions like poison ivy, and you want a health professional to check it out without an appointment.



## When to use virtual care, through Doctor On Demand

You can request a virtual visit with a U.S.-based doctor 24/7 for non-emergency conditions such as upper respiratory infection, upset stomach or skin rash using live video or voice call via your smartphone, tablet or computer. You can also access confidential therapy and build an ongoing relationship with the provider of your choice.



## When to reach out to our Harvard Pilgrim Care Team

Need assistance managing a chronic condition, understanding costs related to health insurance or coordinating access to quality care? Our Care Team of registered nurses, clinical social workers and certified health coaches will answer your questions, help you navigate the health care system, and support your health and wellness goals at no cost.



# Wellness Discounts and Perks

Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.<sup>3</sup>



## Up to \$300 in fitness reimbursement<sup>4</sup>

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward a fitness facility or other qualified membership — up to \$150 per individual plan and up to \$300 per family plan. To qualify, your membership must be active for at least four months in the calendar year.



## Lifestyle management coaching

Our certified lifestyle management coaches will help you set realistic health goals, identify and address any barriers, and keep track of your progress. Best of all, this no-cost service is available to any Harvard Pilgrim member age 18 or older.

Through one-on-one coaching sessions over the phone and email check-ins, our coaches can help with:

- Controlling blood pressure
- Managing weight
- Increasing physical activity
- Lowering cholesterol
- Eating better
- Smoking cessation
- Reducing stress and finding life balance
- Dealing with back pain



## Support for a healthy mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, call the Behavioral Health Access center 24/7 at (888) 777-4742 to speak with a licensed care advocate. You also have access to behavioral health care through Doctor On Demand and Talkspace, which offers behavioral health therapy with digital messaging. Prefer a self-guided approach? Try the Sanvello mobile app to help dial down the symptoms of stress, anxiety and depression.



## Dedicated nurse care managers to guide you

Our dedicated nurse care managers can be helpful guides when you're facing decisions about care. Whether your doctor says you need surgery, you're coping with a complex or chronic condition, or you or a family member is pregnant, our nurse care managers can provide you with confidential decision support and health advocate services — at no cost.





## Fitness and exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for you:

- Get a 30-day free trial of Daily Burn,<sup>5</sup> followed by 25% off your monthly membership
- Get 20% off in-person and virtual personal fitness training with SplitFit
- Save 20% on your entire order of fitness products at ProSourceFit
- Save up to 40% off Ompractice virtual yoga
- Save on footwear and workout gear



## Weight management

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
- Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
- Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating



## Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- With our Living Well program, you can earn points toward monthly gift card drawings by participating in activities and health-focused challenges.
- Access monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,<sup>6</sup> massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide





## Quit smoking

Are you or a family member trying to quit smoking or tobacco use? Don't give up!  
Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
- Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes



## Vision

Need a new pair of eyeglasses?

- Take advantage of free eyewear and other discounts at participating Visionworks locations<sup>7</sup>
- Get 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- Get 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers<sup>8</sup>

Interested in LASIK?

- Save up to 50% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on the promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision



## Hearing

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Save up to \$200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- Get 30%-60% off hearing aids from TruHearing
- Get a low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty and two years of free batteries from Amplifon Hearing Health Care





## Dental

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.<sup>9</sup>



## Family care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Save 20% on all Lively GreatCall products
- Get \$15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers
- Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead®



## Group Medicare plan options

For retirement, your employer may offer Medicare Enhance, which covers certain benefits beyond what traditional Medicare covers.

This plan pays your Medicare-approved deductible and coinsurance amounts. In addition, Medicare Enhance also covers certain benefits beyond what Medicare covers, such as unlimited days of hospital care after your Medicare-approved 60 Lifetime Reserve Days are exhausted. You're also covered for emergencies anywhere in the world, and have additional coverage for preventive care services, such as routine annual eye and hearing exams.

With Medicare Enhance:

- You can live anywhere in the United States and must be enrolled in Medicare Parts A and B
- You can visit any doctor or other provider that accepts Medicare patients
- You'll have coverage for emergency care anywhere in the world
- You'll enjoy savings on products and programs to help you live a healthy life

For more information, log in to your member portal at [harvardpilgrim.org](https://harvardpilgrim.org), or ask your employer for details.



# Stay Connected and Informed

While your secure member account provides detailed information on your specific health plan coverage and costs, we offer many other ways to connect you with the information you need to live healthier and save money.

## > **Member Newsletter**

Our digital member newsletter shares current health topics and benefit highlights including tips to manage your health, recipes and discounts on wellness services. Delivered to your email inbox and posted on our public website.

## > **NEW for 2023: Text Messaging**

Our text messaging service is your personalized connection to your health plan. Get reminders and notifications about flu shots, as well as updates on exclusive member discounts and perks.

## > **Email Messages**

Receive valuable information about your benefits, discount options, new programs, and health and well-being opportunities.

## > **Website**

The member section of our website is a great place to learn more about the resources, wellness options, care management programs, and additional member benefits to keep you and your family healthy. Bookmark the site for easy access [harvardpilgrim.org](https://www.harvardpilgrim.org)

## > **Social Media**

Follow our social feeds to keep up with the latest news, tips and stories.



## **How to get started**

Check your secure member account to be sure we have your current email address and mobile telephone number, and we'll ensure you stay informed.



# Key Terms

## **Premium**

This is the monthly cost of your health insurance coverage.

## **Cost share**

Your out-of-pocket costs for services included within your health plan including copayments, deductibles, and coinsurance.

## **Copayments**

A fixed dollar amount that you pay for a covered medical service, prescription or medication.

## **Deductible**

The amount you owe or pay out-of-pocket during a coverage period (usually one year) for covered health care services before your plan begins to pay.

## **Coinsurance**

This is a fixed percentage of costs that you pay for covered services. For example, if you have a plan with coinsurance, you may have to pay 20% of a provider's bill for your care, while Harvard Pilgrim pays 80%. Coinsurance is usually something you pay after you have paid an annual deductible.

## **Out-of-pocket maximum**

This is a limit on the total amount of cost sharing you have to pay annually for covered services. This generally includes copayments, coinsurance and deductibles. After you meet your out-of-pocket maximum, Harvard Pilgrim will pay all additional covered health care costs.

## **In-network**

Generally, this describes coverage for care that POS and PPO members receive from participating providers in the Harvard Pilgrim network. In-network coverage typically costs less than out-of-network coverage. In most cases, if you have a POS plan, you need to have a referral from your primary care provider (PCP) to another participating provider in order for in-network cost sharing to apply.

## **Out-of-network**

Out-of-network coverage applies only to POS and PPO plans. Harvard Pilgrim will cover care that POS and PPO members receive from non-participating providers, but it usually costs more than in-network coverage. In addition, if you have a POS plan, you will — in most cases — have out-of-network coverage when you receive care for covered services from participating providers without your primary care provider's referral.

## **Tier**

Medical plans often place providers and hospitals in different categories, or tiers, with different cost sharing amounts. Typically, you'll save money when you see Tier 1 providers.



# Pharmacy Key Terms

## Prior Authorization (PA)

The need for your provider to tell us why it is medically necessary for you to receive a covered medication or service. We consult with your doctor(s) to provide you with better health outcomes, cost savings and assure your safety. Contact the doctor who recommended the medication or service. If the doctor believes the medication or service that requires PA is necessary for your treatment, they may submit a request for coverage to Harvard Pilgrim. We'll cover the medication or service if it meets our medical necessity coverage guidelines.

## Step Therapy Authorization (STPA)

An automated form of prior authorization that encourages clinically proven use of first-line therapies so that the most therapeutically appropriate and cost-effective drugs are used first, before other drugs may be covered. Some types of step therapy include requiring the use of generics before brand name drugs or preferred drugs before non-preferred brand name drugs. Check our step therapy drug list to find out which step your drug is on. If you haven't previously taken the steps we require, and your doctor believes the drug prescribed for you is necessary, your doctor may request authorization. You can check the list by visiting [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits".

## Quantity Limitation (QL)

The quantity limit for a medication that can be purchased at any one time. A common QL is a 30-day supply, which is the maximum number of units needed for 30 days based on the prescribed daily/weekly dose. You're covered for up to the quantity posted in our covered drug list. If your doctor believes you need to take more than that quantity, the doctor may submit a request for authorization.

## Designated Specialty Pharmacy (SP)

A pharmacy management program that requires members to purchase selected medications from specific sources. Once your membership is effective, log in to [harvardpilgrim.org](https://www.harvardpilgrim.org). Click on "Plan Details," then select "Prescription Drug Benefits", or contact our Member Services department to help you receive your medication without interruption.

## Non-Covered (NC)

Medications that are not currently covered by us. If your provider feels you require this medication, your provider should contact us. They may submit a request for coverage to Harvard Pilgrim. We will cover the medication if it meets our coverage guidelines. If the request is approved, you will be covered for your prescription.

## New-to-Market Drug Evaluation (NTM)

In an effort to ensure the new-to-market prescriptions that we cover are safe, effective and affordable, we delay coverage of many new drugs until a physician specialist reviews them. If your doctor feels you need a new medication, they can contact us to request coverage.



# Important Information About Your Plan

The following information refers to plans offered by Harvard Pilgrim Health Care and its affiliates ("Harvard Pilgrim").

## When you need care

If your doctor admits you to a hospital for a test, surgery or other procedure, including admission for surgical day care, hospital representatives are responsible for notifying Harvard Pilgrim on your behalf. There are a few procedures that require Harvard Pilgrim's authorization, and your doctor is aware of the procedures he/she must discuss with us before they take place.

To find out where our participating doctors admit patients, visit our online directory at [harvardpilgrim.org](https://www.harvardpilgrim.org). Or you can call one of the telephone numbers at the end of this document to have one of our representatives assist you.

Harvard Pilgrim requires prior authorization (prospective review of medical necessity and clinical appropriateness) for selected medications, procedures, services and items. The prior authorization process is used to verify member eligibility and facilitate the appropriate utilization of these elective, non-urgent services. Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) to see Prior Authorization for Care details.

When you're in the hospital, Harvard Pilgrim's nurse care managers are available to work with your doctors and other providers to ensure that you receive the care you need. They may evaluate the quality and appropriateness of the services you receive, and when you no longer need hospital care, will work with your medical team to coordinate the services you need in an appropriate clinical setting (e.g., at home, or in a skilled nursing or rehabilitation facility).

In situations where Harvard Pilgrim was not notified of services (e.g., when a member was unable to give insurance information to providers), a post-service review may be completed to evaluate proper use of services or to identify quality of care issues.

## Appeals

You may file a complaint about a coverage decision or appeal that decision with Harvard Pilgrim. For details, see your Benefit Handbook.

To access your Benefit Handbook online, log into your personal account on [harvardpilgrim.org](https://www.harvardpilgrim.org), click on More Tasks from your Member Dashboard and select View My Plan Documents under Documents. For assistance, call Member Services at (888) 333-4742.

## Member confidentiality

Harvard Pilgrim values individuals' privacy rights and is committed to safeguarding protected health information (PHI) and personal information (PI).

To support this commitment, Harvard Pilgrim has established a number of Privacy and Security policies, including those describing the administration of its privacy and security programs, requirements for staff training, and permitted uses and disclosures of PHI and PI. We may collect, use and disclose financial and medical information about you when doing business with you or with others. We do this in accordance with our privacy policies and applicable state and federal laws. Harvard Pilgrim also requires its business partners who administer health care coverage to you on our behalf to protect your information in accordance with applicable state and federal laws.

Visit [harvardpilgrim.org](https://www.harvardpilgrim.org) or call us for a copy of Harvard Pilgrim's Notice of Privacy Practices.

**Members:** (888) 333-4742

**Non-members:** (800) 848-9995

**TTY:** 711



# Additional Benefit Details

- <sup>1</sup> Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- <sup>2</sup> For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit [harvardpilgrim.org/reducemycosts/maine](https://harvardpilgrim.org/reducemycosts/maine).
- <sup>3</sup> This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- <sup>4</sup> Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Fitness membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply.
- <sup>5</sup> At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- <sup>6</sup> This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- <sup>7</sup> Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.
- <sup>8</sup> Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- <sup>9</sup> Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.



# General Notice About Nondiscrimination and Accessibility Requirements

**Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Harvard Pilgrim Health Care does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.**

## **Harvard Pilgrim Health Care:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer (see below for contact information).

If you believe that Harvard Pilgrim Health Care has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

## **Civil Rights Compliance Officer**

1 Wellness Way

Canton, MA 02021

(866) 750-2074, TTY service: 711,

Fax: (617) 509-3085

Email: [civil.rights@point32health.org](mailto:civil.rights@point32health.org)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

## **U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at

[www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html)



# Contact us

## Member Services

Call us: (888) 333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Harvard Pilgrim  
Health Care

## Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

Harvard Pilgrim Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。





HPHC Insurance  
Company

**PPO**

# A guide to your medical coverage





# Getting care with the PPO plan

With this plan, you may receive care from medical professionals and hospitals in or out of Harvard Pilgrim's network. Your costs will be lower when you receive care from in-network providers.

## Routine and preventive care\*

There's no extra charge for routine annual exams and many preventive tests and services with in-network providers. Other tests and services your in-network provider orders may require cost sharing.

## Specialty care

You can see specialists inside or outside of Harvard Pilgrim's network for covered services. Referrals are not required.

## Behavioral health care\*\*

Your plan covers in-person visits with thousands of participating licensed clinicians. Virtual visits via smartphone, tablet or computer are also available.

## Care when you're traveling

Your plan covers emergency care at the in-network level if you get sick or injured while traveling anywhere in the world.





## Acupuncture and chiropractic treatments

Acupuncture and chiropractic benefits are included on most plans. Referrals are not required.

## Urgent and emergency care

If you have a non-life-threatening illness or injury and your doctor's office is closed, you have a variety of options for getting care. Of course, if you think you're having a medical emergency, go to the emergency room or call 911.

### Commonly treated conditions

	<b>Virtual visits</b> Real-time virtual visit with providers via smartphone, tablet or computer	Non-life-threatening illnesses and injuries (coughs/ colds, sore/strep throat, nausea/diarrhea, etc.)	\$
	<b>Convenience care/retail clinic</b> Walk-in, convenience care or retail clinics	Minor illnesses and infections (bronchitis, strep throat, ear & eye infections, etc.)	\$\$
	<b>Urgent care center</b> Walk-in clinic for urgent care	Minor illnesses, injuries and infections (burns, bites, colds & flu, sprains & strains, etc.)	\$\$\$
	<b>Emergency room (ER)</b> Part of a hospital that provides immediate treatment for life-threatening illnesses and injuries	Medical emergencies (heart attack, stroke, choking, loss of consciousness, seizures, etc.)	\$\$\$\$

Visit [www.harvardpilgrim.org/urgentcareoptions](http://www.harvardpilgrim.org/urgentcareoptions) for more information about these options.

\*Preventive services that fall under the federal Affordable Care Act.

\*\*Not all employer-sponsored plans offer behavioral health benefits through Harvard Pilgrim.



# How the PPO plan works

The PPO plan gives you flexibility and choice with the providers you see and the hospitals you use.

## Features



**In-network coverage**



**No referrals required**



**Out-of-network coverage**

### In-network coverage

You get in-network coverage—which typically costs less—when you receive care from participating providers. Our network is vast, with thousands of participating providers and hospitals across the country. Chances are very good that you can receive all of your care with in-network providers.

### Out-of-network coverage

You get out-of-network coverage—which typically costs more—when you receive care from non-participating providers. Our network providers have agreed to certain charges. When you choose out-of-network providers, they can charge more than the Harvard Pilgrim allowed amount and you will be responsible for paying the difference.

### A note about hospital admissions

When you're going to be admitted to the hospital, services are covered according to what combination of providers you use. Suppose that you are being sent to a participating hospital by a non-participating doctor. In this case your hospital visit is covered at the in-network benefit level, and the doctor's services are covered at the out-of-network benefit level.

Except in an emergency, you must notify us before a hospital admission when non-participating providers are involved. Just give Member Services a call.

### A primary care provider is key to good health

A primary care provider (PCP) is the doctor, nurse practitioner or other qualified medical professional you see for annual check-ups and for treatment when you're sick or injured.

We strongly recommend having a PCP to work with even though this plan doesn't require you to have one. A PCP will keep a record of your care and can help you make informed decisions about your health.

You and each of your dependents can choose different PCPs from our network of participating providers.

### The role of a PCP

- Provides preventive and routine medical care
- Refers you to participating medical specialists, when needed
- Knows your health history and educates you about healthy lifestyle choices

### Two ways to find a PCP:

Find a PCP or see if your current provider is in our network.



Visit **harvardpilgrim.org/providerdirectory**



Call us:

Already a member:

**(888) 333-4742**

Not yet a member:

**(866) 874-0817**

TTY: **711**



# Once you're a member

Register for your member account at [harvardpilgrim.org](https://harvardpilgrim.org):

- Look up the details of your plan.
- Compare costs for tests and procedures.
- Explore different health topics and ways to be well.
- Check out ways to save with discounts on eyewear, reimbursement for fitness programs and more!



**HPHC Insurance  
Company**

HPHC Insurance Company is an affiliate of Harvard Pilgrim Health Care, and Harvard Pilgrim Health Care of New England.

## Need help?

Already a member: **(888) 333-4742**

Not yet a member: **(866) 874-0817**

TTY: **711**



# Schedule of Benefits

## Harvard Pilgrim Health Care, Inc.

### BEST BUY PPO 2000

### MASSACHUSETTS

This Schedule of Benefits states any Benefit Limits and the Member Cost Sharing amounts you must pay for Covered Benefits. However, it is only a summary of your benefits. Please see your Benefit Handbook for details. Your Member Cost Sharing may include a Deductible, Coinsurance, and Copayments. Please see the tables below for details.

#### **There are two levels of coverage - In-Network and Out-of-Network**

**In-Network** coverage applies when you use a Plan Provider for Covered Benefits.

**Out-of-Network** coverage applies when you use a Non-Plan Provider for Covered Benefits. If a Non-Plan Provider charges any amount in excess of the Allowed Amount, you are responsible for the excess amount.

In a Medical Emergency you should go to the nearest emergency facility or call 911 or other local emergency access number. Your emergency room Member Cost Sharing is listed in the tables below.

#### **Prior Approval**

Prior Approval is required for certain benefits. Before you receive services from a Non-Plan Provider or a Plan Provider outside the Service Area, please refer to our website, [www.harvardpilgrim.org](http://www.harvardpilgrim.org) or contact the Member Services Department at 1-888-333-4742 for the complete listing of services that require Prior Approval. To obtain Prior Approval please call:

- 1-800-708-4414 for medical services
- 1-844-387-1435 for Medical Drugs
- 1-888-777-4742 for mental health and substance use disorder treatment

More information about Prior Approval can be found on our website, [www.harvardpilgrim.org](http://www.harvardpilgrim.org) and in your Benefit Handbook.

#### **Clinical Review Criteria**

We use clinical review criteria to evaluate whether certain services or procedures are Medically Necessary for a Member's care. Members or their practitioners may obtain a copy of our clinical review criteria on our website at [www.harvardpilgrim.org](http://www.harvardpilgrim.org) or by calling 1-888-888-4742.

#### **Office Visit Cost Sharing Levels**

Office visit cost sharing may include Copayments, Coinsurance, or Deductible amounts, as described throughout this Schedule of Benefits. There are two types of In-Network office visit cost sharing that apply to your Plan: a lower cost sharing, known as "Level 1," and a higher cost sharing known as "Level 2."

Level 1 applies to covered outpatient professional services received from the following types of providers: all Primary Care Providers (PCPs); obstetricians and gynecologists; Licensed Mental Health Professionals; certified nurse midwives; and nurse practitioners who bill independently.

Level 2 applies to covered outpatient professional services received from specialty care providers.

EFFECTIVE DATE: 01/01/2020

FORM #1561\_12

SCHEDULE OF BENEFITS | 1



Your Plan may have other cost sharing amounts. Please see the benefit table below for specific cost sharing requirements.

### Covered Benefits

Your Covered Benefits are administered 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**. Your Member Cost Sharing will depend upon the type of service provided and the location the service is provided in, as listed in this Schedule of Benefits. For example, for services provided in a physician's office, see "Physician and Other Professional Office Visits." For services provided in a hospital emergency room, see "Emergency Room Care," and for outpatient surgical procedures, please see "Surgery - Outpatient."

General Cost Sharing Features:		In-Network Member Cost Sharing:	Out-of-Network Member Cost Sharing:
Coinsurance and Copayments			
		See the benefits table below	
Deductible			
The following Deductibles apply to all services except where specifically noted below.	\$2,000 per Member per Plan Year \$4,000 per family per Plan Year	\$4,000 per Member per Plan Year \$8,000 per family per Plan Year	
Out-of-Pocket Maximum			
Includes all Member Cost Sharing except: – Any charges above the Allowed Amount and any penalty for failure to receive Prior Approval when using Non-Plan Providers	\$6,600 per Member per Plan Year \$13,200 per family per Plan Year	\$13,200 per Member per Plan Year \$26,400 per family per Plan Year	
Out-of-Network Penalty Payment			
Applies when the Member fails to obtain required Prior Approval for services from a Non-Plan Provider.  Does not count toward the Deductible or Out-of-Pocket Maximum	\$500		
Deductible Rollover			
None			



**BEST BUY PPO 2000 - MASSACHUSETTS**

<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Acupuncture Treatment for Injury or Illness</b>		
– Limited to 20 visits per Plan Year	\$40 Copayment per visit	Deductible, then 20% Coinsurance
<b>Ambulance Transport</b>		
Emergency ambulance transport	Deductible, then 20% Coinsurance	Same as In-Network
Non-emergency ambulance transport	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
<b>Autism Spectrum Disorders Treatment</b>		
Applied behavior analysis	\$25 Copayment per visit	Deductible, then 20% Coinsurance
<b>Chemotherapy and Radiation Therapy</b>		
Chemotherapy	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Radiation therapy	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
<b>Dental Services</b>		
<b>Important Notice:</b> Coverage of Dental Care is very limited. Please see your Benefit Handbook for the details of your coverage.		
Extraction of teeth impacted in bone (performed in a physician's office)	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Pediatric dental care for children (up to the age of 13) – limited to 2 preventive dental exams per Plan Year, only the following services are included: cleaning, fluoride treatment, teaching plaque control and bitewing x-rays.	\$25 Copayment per visit	Deductible, then 20% Coinsurance
<b>Dialysis</b>		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
<b>Durable Medical Equipment</b>		
Durable medical equipment	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance
Blood glucose monitors, infusion devices and insulin pumps (including supplies)	No charge	No charge
Oxygen and respiratory equipment	No charge	Deductible, then 20% Coinsurance
<b>Early Intervention Services</b>		
	No charge	No charge
The Plan does not cover the family participation fee required by the Massachusetts Department of Public Health.		
<b>Emergency Admission</b>		
	Deductible, then 20% Coinsurance	Same as In-Network



Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Emergency Room Care		
	Deductible, then \$150 Copayment per visit	Same as In-Network
This Copayment is waived if you are (1) transferred to either Observation Services or Outpatient Surgery or (2) admitted to the hospital directly from the emergency room. Please see “Hospital - Inpatient Services,” “Observation Services,” or “Surgery – Outpatient” for the Member Cost Sharing that applies to these benefits.		
Hearing Aids (for Members up to the age of 22)		
– Limited to \$2,000 per hearing aid every 36 months, for each hearing impaired ear	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance
Home Health Care		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
If services include the administration of drugs, please see the benefit for “Medical Drugs” for Member Cost Sharing details.		
Hospice - Outpatient		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Hospital – Inpatient Services		
Acute hospital care	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Inpatient maternity care	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Inpatient routine nursery care	No charge	Deductible, then 20% Coinsurance
Inpatient rehabilitation – limited to 60 days per Plan Year	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Skilled nursing facility – limited to 100 days per Plan Year	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Infertility Services and Treatments (see the Benefit Handbook for details)		
	Your Member Cost Sharing will depend upon where the service is provided, as listed in this Schedule of Benefits. For example, for services provided by a physician, see “Physician and Other Professional Office Visits.” For inpatient hospital care, see “Hospital – Inpatient Services.”	
Laboratory, Radiology and Other Diagnostic Services		
Laboratory	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Genetic testing	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Radiology	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Advanced radiology, including CT scans, PET scans, MRI, MRA and nuclear medicine services	Deductible, then \$150 Copayment per procedure	Deductible, then 40% Coinsurance

(Continued on next page)



<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Laboratory, Radiology and Other Diagnostic Services (Continued)</b>		
Other diagnostic services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
<b>Low Protein Foods</b>		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
<b>Maternity Care - Outpatient</b>		
Routine outpatient prenatal and postpartum care	No charge The Deductible does not apply to prenatal and postpartum care provided in a physician's office. All other care is covered as stated in this Schedule of Benefits.	Deductible, then 20% Coinsurance
Routine prenatal and postpartum care is usually received and billed from the same Provider as a single or bundled service. Different Member Cost Sharing may apply to any specialized or non-routine service that is billed separately from your routine outpatient prenatal and postpartum care. For example, Member Cost Sharing for services provided by a specialist is listed under "Physician and Other Professional Office Visits" and when not specifically listed above, Member Cost Sharing for an ultrasound billed as a specialized or non-routine service is listed under "Laboratory, Radiology and Other Diagnostic Services."		
<b>Medical Drugs (drugs that cannot be self-administered)</b>		
Medical drugs received in a physician's office or other outpatient facility	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Medical drugs received in the home	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Some Medical Drugs may be supplied by a specialty pharmacy. When Medical Drugs are supplied by a specialty pharmacy, the Member Cost Sharing listed above will apply.		
<b>Medical Formulas</b>		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
<b>Mental Health and Substance Use Disorder Treatment</b>		
Inpatient services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Intermediate care services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Outpatient group therapy	\$10 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient individual therapy	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient treatment, including outpatient detoxification and medication management	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Outpatient methadone maintenance	No charge	Deductible, then 20% Coinsurance
Outpatient psychological testing and neuropsychological assessment	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Outpatient telemedicine virtual visit services	\$25 Copayment per visit	Deductible, then 20% Coinsurance



<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Observation Services</b>		
	Deductible, then 20% Coinsurance	Same as In-Network
<b>Ostomy Supplies</b>		
	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance
<b>Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits.)</b>		
Routine examinations for preventive care, including immunizations	No charge	Deductible, then 20% Coinsurance
Not all <b>In-Network</b> services you receive during your routine exam are covered at no charge. Only preventive services designated under the Patient Protection and Affordable Care Act (PPACA) are covered at no charge. Other services not included under PPACA may be subject to additional cost sharing. For the current list of preventive services covered at no charge under PPACA, please see the Preventive Services Notice on our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> . Please see "Laboratory, Radiology and Other Diagnostic Services" for the Member Cost Sharing that applies to diagnostic services not included on this list.		
Consultations, evaluations, sickness and injury care	Level 1: \$25 Copayment per visit Level 2: \$40 Copayment per visit	Deductible, then 20% Coinsurance
Copayment level varies depending on the type of provider. Please refer to the beginning of this Schedule of Benefits to determine which Copayment level applies.		
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you need sutures, please refer to office based treatments and procedures below. If you need an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."		
Office based treatments and procedures, including, but not limited to administration of injections, allergy treatments, casting, suturing and the application of dressings, genetic counseling, non-routine foot care, and surgical procedures	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Administration of allergy injections	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
<b>Preventive Services and Tests</b>		
	No charge	Deductible, then 20% Coinsurance

(Continued on next page)



<b>Benefit</b>	<b>In-Network Plan Providers Member Cost Sharing</b>	<b>Out-of-Network Non-Plan Providers Member Cost Sharing</b>
<b>Preventive Services and Tests (Continued)</b>		
Under federal and state law, many preventive services and tests are covered with no Member Cost Sharing, including preventive colonoscopies, certain labs and x-rays, voluntary sterilization for women, and all FDA approved contraceptive devices. For a complete list of covered preventive services, please see the Preventive Services Notice on our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> . You may also get a copy of the Preventive Services Notice by calling the Member Services Department at <b>1-888-333-4742</b> . Harvard Pilgrim will add or delete services from this benefit for preventive services and tests in accordance with federal and state guidance.		
The following additional preventive services, tests and devices: alpha-fetoprotein (AFP), fetal ultrasound, hepatitis C testing, lead level testing, prostate-specific antigen (PSA) screening, routine hemoglobin tests, group B streptococcus (GBS), routine urinalysis, blood pressure monitor, retinopathy screening, and international normalized ratio (INR) testing.	No charge	Deductible, then 20% Coinsurance
<b>Prosthetic Devices</b>		
	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance
<b>Rehabilitation and Habilitation Services - Outpatient</b>		
Cardiac rehabilitation	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Pulmonary rehabilitation therapy	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Speech-language and hearing services	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Occupational therapy – limited to 20 visits per Plan Year	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Physical therapy – limited to 20 visits per Plan Year	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Outpatient physical and occupational therapy is not subject to the limit listed above and is covered to the extent Medically Necessary for: (1) children up to the age of three and (2) the treatment of Autism Spectrum Disorders.		
<b>Scopic Procedures - Outpatient Diagnostic and Therapeutic</b>		
Colonoscopy, endoscopy and sigmoidoscopy	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
<b>Spinal Manipulative Therapy (including care by a chiropractor)</b>		
– Limited to 20 visits per Plan Year	\$40 Copayment per visit	Deductible, then 20% Coinsurance
<b>Surgery – Outpatient</b>		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance



Benefit	In-Network Plan Providers Member Cost Sharing	Out-of-Network Non-Plan Providers Member Cost Sharing
Telemedicine Virtual Visit Services - Outpatient		
	Level 1: \$25 Copayment per visit Level 2: \$40 Copayment per visit	Deductible, then 20% Coinsurance
For inpatient hospital care, see "Hospital — Inpatient Services" for cost sharing details.		
Urgent Care Services		
Doctor On Demand	\$25 Copayment per visit	
Important Note: Doctor On Demand is a specific network of providers contracted to provide virtual Urgent Care services. For more information on Doctor On Demand, including how to access them, please visit our website at <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a> .		
Convenience care clinic	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Urgent care center	\$40 Copayment per visit	Deductible, then 20% Coinsurance
Hospital urgent care center	\$40 Copayment per visit	Deductible, then 20% Coinsurance
Additional Member Cost Sharing may apply. Please refer to the specific benefit in this Schedule of Benefits. For example, if you have an x-ray or have blood drawn, please refer to "Laboratory, Radiology and Other Diagnostic Services."		
Vision Services		
Routine eye examinations – limited to 1 exam per Plan Year	\$25 Copayment per visit	Deductible, then 20% Coinsurance
Vision hardware for special conditions	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Voluntary Sterilization in a Physician's Office		
	Deductible, then 20% Coinsurance	Deductible, then 40% Coinsurance
Voluntary Termination of Pregnancy		
	Your Member Cost Sharing will depend upon where the service is provided as listed in this Schedule of Benefits. For example, for a service provided in an outpatient surgical center, see "Surgery– Outpatient." For services provided in a physician's office, see "Office based treatments and procedures." For inpatient hospital care, see "Hospital – Inpatient Services."	
Wigs and Scalp Hair Protheses as required by law		
– Limited to \$350 per Plan Year (see the Benefit Handbook for details)	Deductible, then 20% Coinsurance	Deductible, then 20% Coinsurance



## General List of Exclusions

### Harvard Pilgrim Health Care, Inc. | MASSACHUSETTS

The following list identifies services that are generally excluded from Harvard Pilgrim Plans. Additional services may be excluded related to access or product design. For a complete list of exclusions please refer to the specific plan's Benefit Handbook.

<b>Exclusion</b>
<b>Alternative Treatments</b> <ul style="list-style-type: none"> <li>• Acupuncture care, except when specifically listed as a Covered Benefit.</li> <li>• Acupuncture services that are outside the scope of standard acupuncture care.</li> <li>• Alternative, holistic or naturopathic services and all procedures, laboratories and nutritional supplements associated with such treatments, except when specifically listed as a Covered Benefit.</li> <li>• Aromatherapy, treatment with crystals and alternative medicine.</li> <li>• Any of the following types of programs: Health resorts, spas, recreational programs, camps, outdoor skills programs, therapeutic or educational boarding schools, educational programs for children in residential care, self-help programs, life skills programs, relaxation or lifestyle programs, and wilderness programs (therapeutic outdoor programs).</li> <li>• Massage therapy.</li> <li>• Myotherapy.</li> </ul>
<b>Dental Services</b> <ul style="list-style-type: none"> <li>• Dental Care, except when specifically listed as a Covered Benefit.</li> <li>• All services of a dentist for Temporomandibular Joint Dysfunction (TMD).</li> <li>• Extraction of teeth, except when specifically listed as a Covered Benefit.</li> <li>• Pediatric dental care, except when specifically listed as a Covered Benefit.</li> </ul>
<b>Durable Medical Equipment and Prosthetic Devices</b> <ul style="list-style-type: none"> <li>• Any devices or special equipment needed for sports or occupational purposes.</li> <li>• Any home adaptations, including, but not limited to home improvements and home adaptation equipment.</li> <li>• Non-durable medical equipment, unless used as part of the treatment at a medical facility or as part of approved home health care services.</li> <li>• Repair or replacement of durable medical equipment or prosthetic devices as a result of loss, negligence, willful damage, or theft.</li> </ul>
<b>Experimental, Unproven or Investigational Services</b> <ul style="list-style-type: none"> <li>• Any products or services, including, but not limited to, drugs, devices, treatments, procedures, and diagnostic tests that are Experimental, Unproven, or Investigational.</li> </ul>
<b>Foot Care</b> <ul style="list-style-type: none"> <li>• Foot orthotics, except for the treatment of severe diabetic foot disease.</li> <li>• Routine foot care. Examples include nail trimming, cutting or debriding and the cutting or removal of corns and calluses. This exclusion does not apply to preventive foot care for Members with diabetes.</li> </ul>
<b>Maternity Services</b> <ul style="list-style-type: none"> <li>• Planned home births.</li> </ul>
<b>Mental Health and Substance Use Disorder Treatment</b> <ul style="list-style-type: none"> <li>• Biofeedback.</li> <li>• Educational services or testing, except services covered under the benefit for Early Intervention Services. No benefits are provided (1) for educational services intended to enhance educational achievement or developmental functioning, (2) to resolve problems of school performance, (3) to treat learning disabilities, (4) for driver alcohol education, or (5) for community reinforcement approach and assertive continuing care.</li> <li>• Any of the following types of programs: programs in which the patient has a pre-defined duration of care without the Plan's ability to conduct concurrent determinations of continued medical necessity, programs that only provide meetings or activities not based on individualized treatment plans, programs that focus solely on interpersonal or other skills rather than directed toward symptom reduction and functional recovery related to specific mental health disorders, and tuition based programs that offer educational, vocational, recreational, or personal developmental activities.</li> <li>• Methadone maintenance, except when specifically listed as a Covered Benefit.</li> <li>• Sensory integrative praxis tests.</li> <li>• Services for any condition with only a "Z Code" designation in the Diagnostic and Statistical Manual of Mental Disorders, which means that the condition is not attributable to a mental disorder.</li> <li>• Mental health and substance use disorder treatment that is (1) provided to</li> </ul>

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.



## Exclusion

### Mental Health and Substance Use Disorder Treatment (Continued)

Members who are confined or committed to a jail, house of correction, prison, or custodial facility of the Department of Youth Services; or (2) provided by the Department of Mental Health. • Services or supplies for the diagnosis or treatment of mental health and substance use disorders that, in the reasonable judgment of the Behavioral Health Access Center, are any of the following: not consistent with prevailing national standards of clinical practice for the treatment of such conditions; not consistent with prevailing professional research demonstrating that the services or supplies will have a measurable and beneficial health outcome; typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective. • Services related to autism spectrum disorders provided under an individualized education program (IEP), including any services provided under an IEP that are delivered by school personnel or any services provided under an IEP purchased from a contractor or vendor.

### Physical Appearance

- Cosmetic Services, including drugs, devices, treatments and procedures, except for (1) Cosmetic Services that are incidental to the correction of Physical Functional Impairment, (2) restorative surgery to repair or restore appearance damaged by an accidental injury, and (3) post-mastectomy care.
- Hair removal or restoration, including, but not limited to, electrolysis, laser treatment, transplantation or drug therapy.
- Liposuction or removal of fat deposits considered undesirable.
- Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures).
- Skin abrasion procedures performed as a treatment for acne.
- Treatment for skin wrinkles and skin tags or any treatment to improve the appearance of the skin.
- Treatment for spider veins.

### Procedures and Treatments

- Care by a chiropractor outside the scope of standard chiropractic practice, including but not limited to, surgery, prescription or dispensing of drugs or medications, internal examinations, obstetrical practice, or treatment of infections and diagnostic testing for chiropractic care other than an initial X-ray.
- Spinal manipulative therapy (including care by a chiropractor), except when specifically listed as a Covered Benefit.
- Commercial diet plans, weight loss programs and any services in connection with such plans or programs, except when specifically listed as a Covered Benefit. **Please note:** If you have coverage through an employer group plan, your employer may participate in other wellness and health improvement incentive programs offered by Harvard Pilgrim. Please review all your Plan documents for the amount of incentives, if any, available under your Plan.
- Gender reassignment surgery and all related drugs and procedures for self-insured groups, unless covered under a separate rider.
- If a service is listed as requiring that it be provided at a Center of Excellence, no In-Network coverage will be provided if that service is received from a provider that has not been designated as a Center of Excellence.
- Nutritional or cosmetic therapy using vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes, and foods of any kind (including high protein foods and low carbohydrate foods).
- Physical examinations and testing for insurance, licensing or employment.
- Services for Members who are donors for non-members, except as described under Human Organ Transplant Services.
- Testing for central auditory processing.
- Group diabetes training, educational programs or camps.

### Providers

- Charges for services which were provided after the date on which your membership ends.
- Charges for any products or services, including, but not limited to, professional fees, medical equipment, drugs, and hospital or other facility charges, that are related to any care that is not a Covered Benefit.
- Charges for missed appointments.
- Concierge service fees. (See the Plan's *Benefit Handbook* for more information.)
- Inpatient charges after your hospital discharge.
- Provider's charge to file a claim or to transcribe or copy your medical records.
- Services or supplies provided by: (1) anyone related to you by blood, marriage or adoption, or (2) anyone who ordinarily lives with you.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.



## Exclusion

### Reproduction

- Any form of Surrogacy or services for a gestational carrier other than covered maternity services.
- Infertility drugs if a Member is not in a Plan authorized cycle of infertility treatment.
- Infertility drugs, if infertility services are not a Covered Benefit.
- Infertility drugs that must be purchased at an outpatient pharmacy, unless your Plan includes outpatient pharmacy coverage.
- Infertility treatment for Members who are not medically infertile.
- Infertility treatment and birth control drugs, implants and devices, except when specifically listed as a Covered Benefit.
- Reversal of voluntary sterilization (including any services for infertility related to voluntary sterilization or its reversal).
- Sperm collection, freezing and storage except as described in the Plan's *Benefit Handbook*.
- Sperm identification when not Medically Necessary (e.g., gender identification).
- The following fees: wait list fees, non-medical costs, shipping and handling charges etc.
- Voluntary sterilization, including tubal ligation and vasectomy, except when specifically listed as a Covered Benefit.
- Voluntary termination of pregnancy, unless the life of the mother is in danger or unless it is specifically listed as a Covered Benefit.

### Services Provided Under Another Plan

- Costs for any services for which you are entitled to treatment at government expense, including military service connected disabilities.
- Costs for services for which payment is required to be made by a Workers' Compensation plan or an Employer under state or federal law.

### Telemedicine Services

- Telemedicine services involving e-mail or fax.
- Provider fees for technical costs for the provision of telemedicine services.

### Types of Care

- Custodial Care.
- Recovery programs including rest or domiciliary care, sober houses, transitional support services, and therapeutic communities.
- All institutional charges over the semi-private room rate, except when a private room is Medically Necessary.
- Pain management programs or clinics.
- Physical conditioning programs such as athletic training, body-building, exercise, fitness, flexibility, and diversion or general motivation, except when specifically listed as a Covered Benefit.
- Private duty nursing.
- Sports medicine clinics.
- Vocational rehabilitation, or vocational evaluations on job adaptability, job placement, or therapy to restore function for a specific occupation.

### Vision and Hearing

- Eyeglasses, contact lenses and fittings, except when specifically listed as a Covered Benefit.
- Hearing aids, except when specifically listed as a Covered Benefit.
- Hearing aid batteries, and any device used by individuals with hearing impairment to communicate over the telephone or internet, such as TTY or TDD.
- Refractive eye surgery, including, but not limited to, lasik surgery, orthokeratology and lens implantation for the correction of naturally occurring myopia, hyperopia and astigmatism.
- Routine eye examinations, except when specifically listed as a Covered Benefit.

### All Other Exclusions

- Any drug or other product obtained at an outpatient pharmacy, except for pharmacy supplies covered under the benefit for diabetes services and hypodermic syringes and needles, as required by Massachusetts law, unless your Plan includes outpatient pharmacy coverage.
- Any service or supply furnished in connection with a non-Covered Benefit.
- Any service or supply (with the exception of contact lenses) purchased from the internet.
- Beauty or barber service.
- Diabetes equipment replacements when solely due to manufacturer warranty expiration.
- Donated or banked breast milk.
- Food or nutritional supplements, including, but not limited to, FDA-approved medical foods obtained by prescription, except as required by law and prescribed for Members who meet HPHC policies for enteral tube feedings.
- Guest services.
- Medical equipment, devices or supplies except as listed in this Benefit Handbook.
- Medical services that are provided to Members who are confined or committed to jail, house of correction, prison, or custodial facility of the Department of Youth Services.
- Services for non-Members.
- Services for which no charge would be made in the absence of insurance.
- Services for which no coverage is provided in the Benefit Handbook, this Schedule of Benefits, or Prescription Drug Brochure (if applicable).
- Services that are not Medically Necessary.
- Taxes or governmental assessments on services or supplies.
- Transportation other than by ambulance.
- Air conditioners, air purifiers and filters, dehumidifiers and humidifiers.
- Car seats.
- Chairs, bath chairs, feeding chairs, toddler chairs, chair lifts, recliners.
- Electric scooters.
- Exercise equipment.
- Home modifications including but not limited

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.



Exclusion
<b>All Other Exclusions (Continued)</b>
to elevators, handrails and ramps. • Hot tubs, jacuzzis, saunas or whirlpools. • Mattresses. • Medical alert systems. • Motorized beds. • Pillows. • Power-operated vehicles. • Stair lifts and stair glides. • Strollers. • Safety equipment. • Vehicle modifications including but not limited to van lifts. • Telephone. • Television.

This exclusion list is not binding and is provided exclusively for information purposes. Please see your Benefit Handbook and Schedule of Benefits.





Harvard Pilgrim  
Health Care

# Wellness Discounts and Perks

Find everything you need at [harvardpilgrim.org](https://www.harvardpilgrim.org)







Harvard Pilgrim wants to help you reach your wellness goals with discounts on nutrition, mind and body, fitness, and other services related to good health.<sup>1</sup>



### **Up to \$300 in fitness reimbursement<sup>2</sup>**

Whether you prefer going to the gym or taking a virtual fitness class from home, we'll reimburse you for fees you pay toward a fitness facility or other qualified membership — up to \$150 per individual plan and up to \$300 per family plan. To qualify, your membership must be active for at least four months in the calendar year.



### **Lifestyle management coaching**

Our certified lifestyle management coaches will help you set realistic health goals, identify and address any barriers, and keep track of your progress. Best of all, this no-cost service is available to any Harvard Pilgrim member age 18 or older.

Through one-on-one coaching sessions over the phone and email check-ins, our coaches can help with:

- Controlling blood pressure
  - Managing weight
  - Increasing physical activity
  - Lowering cholesterol
  - Eating better
  - Smoking cessation
  - Reducing stress and finding life balance
  - Dealing with back pain
-





## Support for a healthy mind

Your emotional health is an important part of your overall health. That's why Harvard Pilgrim provides access to a wide range of innovative resources and tools to support you. If you need help finding treatment for you or a family member, call the Behavioral Health Access center 24/7 at (888) 777-4742 to speak with a licensed care advocate. You also have access to behavioral health care through Doctor On Demand and Talkspace, which offers behavioral health therapy with digital messaging. Prefer a self-guided approach? Try the Sanvello mobile app to help dial down the symptoms of stress, anxiety and depression.



## Dedicated nurse care managers to guide you

Our dedicated nurse care managers can be helpful guides when you're facing decisions about care. Whether your doctor says you need surgery, you're coping with a complex or chronic condition, or you or a family member is pregnant, our nurse care managers can provide you with confidential decision support and health advocate services — at no cost.



## Fitness and exercise

Whether you work out from home or seek the thrill of outdoor adventures, we help make it more affordable for you to reach new heights. Choose what works for you:

- Get a 30-day free trial of Daily Burn,<sup>3</sup> followed by 25% off your monthly membership
- Get 20% off in-person and virtual personal fitness training with SplitFit
- Save 20% on your entire order of fitness products at ProSourceFit
- Save up to 40% off Ompractice virtual yoga
- Save on footwear and workout gear



## Weight management

Sink your teeth into discounts that can help you manage your weight or eat healthier:

- Save 25% and try the first session for free with Savory Living, an online healthy eating lifestyle program
  - Save 25% on The Dinner Daily meal planning service, which provides personalized weekly dinner plans based on your needs
  - Save 25% on a subscription to Eat Right Now, a mindful eating app that combines neuroscience and mindfulness to reduce craving-related eating
-





## Wellness

Well-being is more than healthy eating and exercise. No matter what stage of life you're in, we have discounts that focus on the whole person:

- With our Living Well program, you can earn points toward monthly gift card drawings by participating in activities and health-focused challenges.
- Access monthly fitness classes and webinars through Living Well at Home
- Save up to 30% off complementary therapies and alternative medicine services through our partnership with WholeHealth Living Choices: acupuncture, chiropractic,<sup>4</sup> massage therapy, natural healing, tai chi, qigong and more
- Get 25% off Magic Weighted Blanket
- Save 15% on Mighty Well wearable wellness products
- Get the first month free and savings on Ten Percent Happier, and learn how to meditate with this step-by-step guide



## Quit smoking

Are you or a family member trying to quit smoking or tobacco use? Don't give up! Get some extra support with discounted resources:

- Get 25% off Craving to Quit, a 21-day app-based program
  - Get 30% off QuitSmart's Stop Smoking Kit and Stop Smoking Classes
-





## Vision

Need a new pair of eyeglasses?

- Take advantage of free eyewear and other discounts at participating Visionworks locations<sup>5</sup>
- Get 40% off frames at Harvard Vanguard Medical Associates Optical shop locations
- Get 35% off frames with purchase of a complete pair of glasses at participating EyeMed affiliated providers<sup>6</sup>

Interested in LASIK?

- Save up to 50% off the national average price of traditional LASIK, and get special pricing for other laser procedures with QualSight
- Save 15% on regular pricing and 5% on the promotional pricing for LASIK, PRK or e-LASIK with US Laser Vision Network
- Save up to 25% on provider's usual and customary fees for PRK or LASIK through Davis Vision



## Hearing

You and your loved ones don't have to miss a thing. Our partnership with trusted vendors gives you access to discounted, state-of-the-art hearing aids and follow-up services:

- Save up to \$200 on each hearing aid purchase, free quarterly cleanings and adjustments from Massachusetts-based Flynn Associates and Speech-Language & Hearing Associates of Greater Boston, PC
- Get 30%-60% off hearing aids from TruHearing
- Get a low-price guarantee on hearing aids, a 60-day trial period with money-back guarantee, a one-year free follow-up, a three-year warranty and two years of free batteries from Amplifon Hearing Health Care



## Dental

Available to residents of Maine and Massachusetts, Universal Dental Plan can help take the sting out of dental costs with savings of up to 50% on procedures from a network of participating dentists.<sup>7</sup>



## Family care

Caring for a loved one can be overwhelming. Get the extra support you need at a discounted price:

- Save 20% on all Lively GreatCall products
  - Get \$15 off each week of menu plans or prepared meals from Savor Health; they offer fresh, nutritious and delicious meals designed for people with cancer and their caregivers
  - Help your family assess needs and find care through CareScout® Elder Advocacy Program and Home Instead®
-



# Additional Benefit Details

- <sup>1</sup> Rewards are offered on services that meet minimum savings threshold. Rewards are considered taxable income; please consult with your tax advisor. Massachusetts members may receive a maximum of \$500 in Reduce My Costs rewards per member per calendar year.
- <sup>2</sup> For Maine-based members of a small group employer whose plans include a Health Savings Account (HSA), these additional services are included in the Reduce My Costs program: physical therapy and occupational therapy. For more information, please visit [harvardpilgrim.org/reducemycosts/maine](https://harvardpilgrim.org/reducemycosts/maine).
- <sup>3</sup> This information has been provided by the vendors and has not been independently confirmed by Harvard Pilgrim Health Care. Check with your health care provider regarding any health or medical condition before beginning any new treatment, exercise or nutrition regimen. Discounts are subject to change at any time.
- <sup>4</sup> Up to two members on a family plan can be reimbursed for up to \$150 each, for a maximum reimbursement of \$300. Any combination of subscriber, spouse or dependent is eligible for reimbursement. For plans with one covered member, the maximum reimbursement amount is \$150. Fitness membership must be for at least four months in a calendar year. For members enrolled in a Massachusetts small group or individual plan, fitness trackers qualify for reimbursement. Reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor. Additional restrictions may apply.
- <sup>5</sup> At the end of your 30-day free trial, Daily Burn will automatically charge your card \$14.96 USD/month until you cancel. No refunds or credits for partial months. Additional taxes may apply.
- <sup>6</sup> This program is not related to your Harvard Pilgrim medical benefits. Some Harvard Pilgrim plan designs include acupuncture coverage and chiropractic coverage, in which case the provider networks and office visit benefits differ. Refer to your plan documents for more information.
- <sup>7</sup> Free eyewear program is available only at select participating Visionworks locations in Massachusetts, Rhode Island, New Hampshire and New York. You must have an eye exam and choose eyeglasses during the same visit. Additional restrictions apply.
- <sup>8</sup> Participating eyewear providers offer special savings on items such as eyeglasses and contact lenses. Not all are contracted with Harvard Pilgrim to provide covered eye exams. Before making an appointment, refer to the most up-to-date listing of contracted eye exam providers online or call Member Services at the number on the back of your member ID card.
- <sup>9</sup> Universal Dental Plan is not dental insurance and does not meet minimum creditable coverage under applicable state law. The plan provides discounts at specific dental providers for dental services. The plan does not make payments directly to the providers of dental services. The plan member is obligated to pay for all dental care services but will receive a discount from those dental care providers who have contracted with the discount dental plan organization. The range of discounts will vary depending on the services provided.





Harvard Pilgrim  
Health Care



# Living Well Program

Earn up to \$120 in rewards

## How it works:<sup>1</sup>

Enroll in the Living Well<sup>SM</sup> program and earn rewards for participating in a variety of informative, fun and interactive activities including topics such as:

- › Stress management
- › Self-care
- › Healthy eating
- › Volunteerism
- › Financial literacy
- › Physical activity
- › Environmental wellness
- › Health plan literacy

## Subscriber rewards — Earn up to \$120 in gift cards.

You'll earn rewards incrementally, so the longer you participate in the program, the more rewards you earn. Reach all three levels to earn a total of \$120 in gift cards.

Level 1

**\$20** Gift card

Level 2

**\$40** Gift card

Level 3

**\$60** Gift card

Covered dependents or employees who are not Harvard Pilgrim members can participate in a separate program where they can earn points towards monthly gift card drawings.

## Well-being as you define it.

### A community, at your fingertips.

Our program is packed with tools that let you define your own vision of well-being. Here are some of the features:



Customize to suit your goals



Sync to your wearable device



Connect with others for tips and advice



Connect with a personal health coach

Our digital engagement platform is easily accessible from most devices so you can stay on top of your goals wherever you are.



Get started at [harvardpilgrim.org/livingwelleveryday](https://harvardpilgrim.org/livingwelleveryday)

<sup>1</sup> Rewards are available for fully-insured commercial accounts rated as large group, with 51-999 eligible employees. Rewards may be taxable, please consult with your tax adviser.





Harvard Pilgrim  
Health Care

# Your guide to prescription drug coverage

Premium 3-Tier





# Our 3-tier prescription drug plan helps you get the most from your coverage.



**Fact:** FDA-approved generic drugs contain the same active ingredients as their brand-name counterparts.

All covered medications fall into one of three tiers.



TIER 1

**Generic drugs, selected brand-name drugs and certain over-the-counter medications\***



TIER 2

**Brand-name drugs without generic equivalents and some high-cost generic drugs**



TIER 3

**Drugs not in Tier 1 or Tier 2**

**\*Over-the-counter medication is covered under Tier 1 as of January 1, 2021.**





# Which tier is my drug in?

For the most up-to-date information, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

## Do drugs ever change tiers?

The short answer—sometimes. The prescription drug market is rapidly changing, with drug costs constantly rising. When drugs do change tiers, it usually happens in January of each year. We'll let you know in the fall about any upcoming changes to our prescription drug program.

## Your drug coverage

### What drugs are covered?

- Most generic drugs
- Brand-name drugs without generic equivalents
- Certain over-the-counter medications\*

### What drugs aren't covered?

- Brand-name drugs with generic equivalents
- Cosmetic drugs
- Some brand-name and higher-cost generic drugs

### Are there limitations on certain drugs?

Yes, we may limit the quantity of some drugs we cover. For example, you may be able to receive only a certain number of pills or doses.

### Do some drugs require prior authorization?

Yes, certain drugs do require prior authorization. This process helps us ensure that you are using the most effective and safe medications for your health conditions. Your prescriber must request prior authorization on your behalf.

### Can I request an exception?

Yes. If you need a drug that we either don't cover or limit, you or your provider can ask us for an exception. For details, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” for information on exceptions.

### What is step therapy?

Step therapy is a process that requires you to first try one drug for a medical condition before we cover another drug for that condition.

For example, if Drug A and Drug B both treat the same medical condition, we may require you to try Drug A first. If Drug A does not work, then we will cover Drug B. If you did not try Drug A first, then prior authorization would be required for Drug B.

### How can I learn more?

Use our online Prescription Drug List to find out which drugs we cover. It will show you which ones have quantity limits or require prior authorization or step therapy. Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then “Premium 3-Tier” to find out how your drugs are covered.

### What kinds of over-the-counter medications are available in Tier 1?\*

Tier 1 includes certain cough, cold and allergy medicines; skin treatments (dermatology); stomach medicines (gastrointestinal); pain relievers; and eye preparations (ophthalmic).

### How can I get an over-the-counter medication covered under my prescription drug benefit?\*

Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) and use the Prescription Drug Lookup to find out which over-the-counter medications are included in Tier 1. Ask your provider to write a prescription for the generic version and have it filled at a participating pharmacy.

\*Over-the-counter medication is covered under Tier 1 as of January 1, 2021.



# Filling your prescriptions

## Where can I get my prescriptions filled?

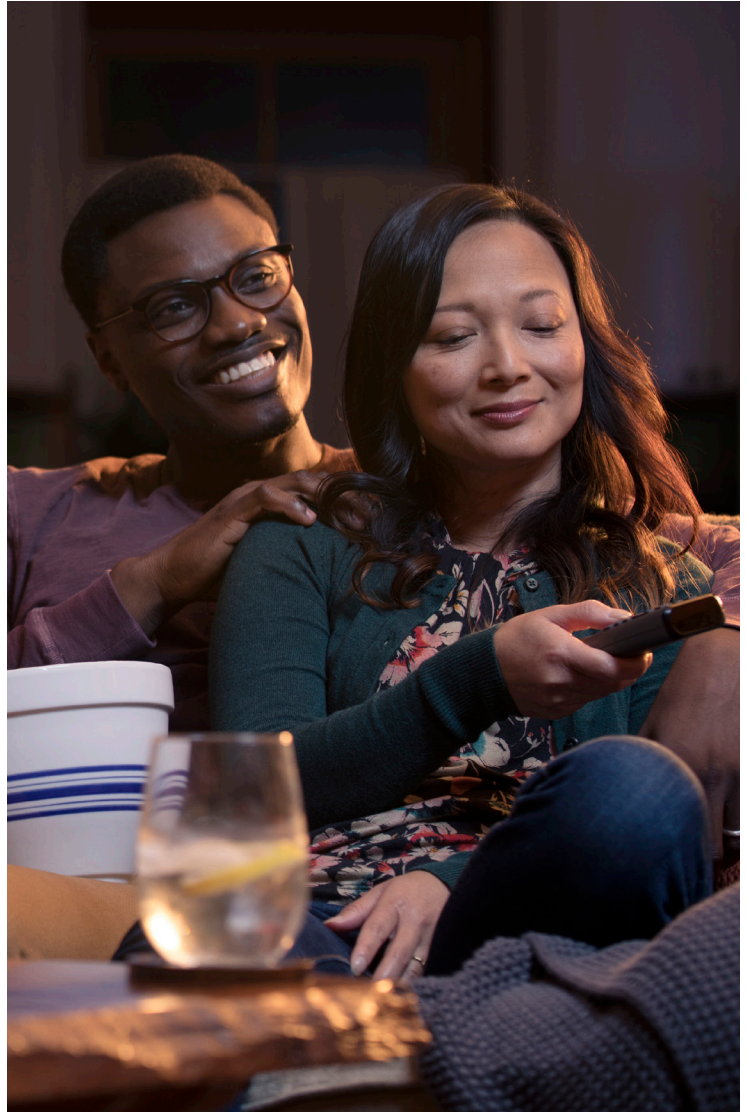
You can get your prescriptions filled at any of 67,000 retail pharmacies that belong to our national participating pharmacy network. To confirm whether your local pharmacy is in the network, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" to find participating pharmacies.

## Can I get a 90-day supply?

If you take maintenance medications (i.e., ones you take continually for conditions such as heart disease, diabetes or depression), you can get a 90-day supply from many retail pharmacies or through our mail order program. To learn more about these options, visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx). Choose the year and then "Premium 3-Tier" for details. Depending on your coverage, your cost sharing may be lower when you get these drugs through the mail order program or at retail pharmacies in Maine.

## What if I take specialty medications?

If you take medications for conditions such as hepatitis C, multiple sclerosis or rheumatoid arthritis, your provider must order your prescriptions through our designated specialty pharmacy. Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx) for information on our specialty pharmacy program. Choose the year and then "Premium 3-Tier" for details.



## Questions?

If you have questions about your prescription drugs, please speak with your doctor.

To learn more about Harvard Pilgrim's pharmacy program:



Visit [www.harvardpilgrim.org/rx](http://www.harvardpilgrim.org/rx)



Call

**Already a member?** (888) 333-4742

**Not yet a member?** (866) 874-0817

TTY: 711



# What do I pay for my medications?

Depending on your plan, your payments—also called “cost sharing”—may include a combination of copayments, coinsurance and a deductible. Refer to the Prescription Drug Coverage insert or Schedule of Benefits to find out what you will pay when you pick up prescriptions at the pharmacy.

**Copayment** – A fixed dollar amount you pay for a prescription. Your copayment is typically different for each tier. Each copayment covers an individual prescription up to a 30-day supply or one refill.

**Coinsurance** – A fixed percentage of costs that you pay for medication. Each tier may have a different cost percentage. Your coinsurance charge will be calculated using the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Deductible** – Depending on your plan, a set amount of money you pay out of your own pocket for medical services and/or prescriptions. If your prescriptions fall under a deductible, you will pay the lower of the pharmacy’s retail price or Harvard Pilgrim’s discount price for the drugs.

**Out-of-pocket maximum** – A limit on the total amount you pay for a year in copayments, coinsurance and deductibles. Your plan may include an out-of-pocket maximum for prescription drugs. Find out in the Prescription Drug Coverage insert or Schedule of Benefits.







Harvard Pilgrim  
Health Care

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care,  
Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

**Already a member?** (888) 333-4742

**Not yet a member?** (866) 874-0817

TTY: 711

**[harvardpilgrim.org](https://www.harvardpilgrim.org)**



# Prescription Drug Coverage

## VALUE 5 TIER

Covered prescription medications are available at participating pharmacies.

	Retail	Mail (up to a 90-day supply)
Tier 1	<b>Up to a 30-day supply:</b> \$5 Copayment <b>Up to a 90-day supply:</b> \$15 Copayment	\$10 Copayment
Tier 2	<b>Up to a 30-day supply:</b> \$25 Copayment <b>Up to a 90-day supply:</b> \$75 Copayment	\$50 Copayment
Tier 3	<b>Up to a 30-day supply:</b> \$50 Copayment <b>Up to a 90-day supply:</b> \$150 Copayment	\$100 Copayment
Tier 4	<b>Up to a 30-day supply:</b> \$70 Copayment <b>Up to a 90-day supply:</b> \$210 Copayment	\$210 Copayment
Tier 5	<b>Up to a 30-day supply:</b> 20% Coinsurance* up to a maximum Coinsurance of \$250 per prescription or refill <b>Up to a 90-day supply:</b> 20% Coinsurance* up to a maximum Coinsurance of \$750 per prescription or refill	20% Coinsurance* up to a maximum Coinsurance of \$750 per prescription or refill

\*Coinsurance is based on the full cost of the medication, up to a maximum dollar amount for each prescription. The full cost will be the lower of the participating pharmacy's retail price or the price of the medication at Harvard Pilgrim's discount rate.

Your plan has an annual out-of-pocket maximum, which is listed on the Schedule of Benefits. Once you have reached the out-of-pocket maximum (including Deductible, Copayment and Coinsurance amounts), your prescriptions are covered in full for the rest of the year with no other cost sharing required.

Visit [www.harvardpilgrim.org/2023Value5T](http://www.harvardpilgrim.org/2023Value5T) for participating pharmacy locations and mail order details. Be sure to show your Harvard Pilgrim ID card at the pharmacy to ensure you pay the correct cost-sharing amounts.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care,  
 Harvard Pilgrim Health Care of New England and HPHC Insurance Company

RX0000013058



### **General Notice About Nondiscrimination and Accessibility Requirements**

Harvard Pilgrim Health Care and its affiliates as noted below ("HPHC") comply with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. HPHC does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

HPHC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters.

If you need these services, contact our Civil Rights Compliance Officer.

If you believe that HPHC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Compliance Officer, 1 Wellness Way, Canton, MA 02021-1166, (866) 750-2074, TTY service: 711, Fax: (617) 509-3085, Email: [civil\\_rights@point32health.org](mailto:civil_rights@point32health.org). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Civil Rights Compliance Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TTY)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.





Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

<b>Medication allergies:</b>	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Sulfa	_____
<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines	_____
<b>Health conditions:</b>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Osteoporosis	_____
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease	_____

### 3. Payment and shipping information – do not send cash

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

- Visa, MasterCard, AMEX  
and Discover are accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.







# Connecting with behavioral health resources

Your behavioral health journey is personal, but you're not alone. Through our partners, we deliver the support you and your family need. We encourage you to check out our menu of apps, digital tools and 24/7 support, so you can choose the path that's right for you. Here are the resources available to you as a Harvard Pilgrim member.

For more details about these and other resources, go to [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth).



## 24/7 support: Behavioral Health Access Center

If you have questions about behavioral health and substance use treatment options, including finding a provider, call **(888) 777-4742** — licensed care advocates answer calls and can:

- Help you find an available behavioral health provider, including those who offer virtual visits
- Help you find Express Access providers, who offer routine appointments within five business days<sup>1</sup>
- Provide information about local behavioral health resources and plan benefits
- Help you create an individualized plan of care
- Connect you with digital self-management assessments, tools and other educational materials

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.



## Live and Work Well

At [www.liveandworkwell.com](http://www.liveandworkwell.com), you get 24/7, confidential access to professional care, self-help programs and information, wherever you are. Best of all, these resources are available at no cost to you and your family.

### Learn how you can:

- Deal with major life changes
- Balance work and life
- Manage stress, depression, anxiety and other conditions
- Connect with behavioral health and substance use disorder resources, plus you'll have the added convenience of:
  - Online scheduling with virtual visit (telehealth) providers
  - Submitting and viewing claims
  - Accessing self-assessments, educational resources and digital tools

### How to get started

Log in as a guest at [www.liveandworkwell.com](http://www.liveandworkwell.com) using company code **HPHC**.

Or, for a more personalized experience, including access to your plan benefits:<sup>2</sup>

- Go to [www.harvardpilgrim.org/behavioralhealth](http://www.harvardpilgrim.org/behavioralhealth)
- Click on "Optum's Live and Work Well member website"
- Log in using your Harvard Pilgrim user ID and password

<sup>1</sup> Member cost sharing may apply.

<sup>2</sup> You must log in through your Harvard Pilgrim account to access online appointment scheduling, claims, your Explanation of Benefits (EOB) and other personalized plan information.





## Digital tools and apps

### Sanvello mobile app: on-demand stress management

Through our partnership with Optum<sup>3</sup>, you have access to the Sanvello mobile app.<sup>4</sup> This easy-to-use online tool can help you dial down the symptoms of stress, anxiety and depression — anywhere, anytime.

Get started by downloading the app from **Google Play** or the **Apple App Store**. Once downloaded, enter your Harvard Pilgrim ID number for complimentary access to the premium version.

- You can also access the app at [www.liveandworkwell.com](http://www.liveandworkwell.com). To browse as a guest, use access code **HPHC**.

### Talkspace: Behavioral therapy with digital messaging

This digital therapy service lets you connect to licensed therapists and medication management providers via secure digital messaging on your computer, smartphone or tablet. Talkspace<sup>3</sup> offers a convenient way to access outpatient therapy.

- To get started, visit [www.talkspace.com/connect](http://www.talkspace.com/connect).
- Enter your insurance information, including member ID number.
- After filling out a brief assessment, you'll immediately be matched with three prospective therapists, based on your treatment preferences. No prior authorization or referral is necessary.
- Instructions for downloading the Talkspace app will be provided during the registration process.
- Cost sharing for outpatient behavioral health services may apply.



## Confidential support 24/7

### Substance Use Treatment Helpline

(855) 780-5955

- Connect with an in-network provider within 24 hours
- Staffed by recovery advocates and licensed clinicians
- Interpreter service available

### National Suicide Prevention Lifeline

(800) 273-TALK (8255);  
TTY: (800) 273-8255

- Prevention and crisis resources for you or your loved ones
- Available in English and Spanish

If you are experiencing a crisis or emergency, you should always call **911** or go to the nearest emergency facility right away.

<sup>3</sup> Harvard Pilgrim's behavioral health services are managed through an arrangement with Optum, a national leader in managing high-quality behavioral health care programs.

<sup>4</sup> Sanvello and Talkspace are not affiliated with Harvard Pilgrim Health Care. Harvard Pilgrim has an arrangement with Sanvello and Talkspace to offer their respective services to current Harvard Pilgrim members.



To enroll, please download and complete the enrollment form by following this link:

<https://www.harvardpilgrim.org//public/docs/member-enrollment-form>

Clear Form



<b>REASONS FOR SUBMISSION (PLEASE CHECK ONE)</b> <input type="checkbox"/> NEW ENROLLMENT/CONTRACT <input type="checkbox"/> CHANGE TO CONTRACT <input type="checkbox"/> TERMINATE CONTRACT		<b>QUALIFYING EVENT DATE:</b> <input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> COBRA <input type="checkbox"/> LOSS OF INSURANCE <input type="checkbox"/> COURT ORDER <input type="checkbox"/> BIRTH/ADOPTION <input type="checkbox"/> P/T TO F/T <input type="checkbox"/> MARRIAGE/DIVORCE <input type="checkbox"/> MOVED IN/OUT OF SERVICE AREA <input type="checkbox"/> DEATH <input type="checkbox"/> VOLUNTARY CANCELLATION	
<b>REASON FOR CHANGES (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> CHANGE COVERAGE TYPE <input type="checkbox"/> ADD DEPENDENT LISTED <input type="checkbox"/> TERMINATE DEPENDENT LISTED <input type="checkbox"/> TRANSFER/RE-ENROLL TO COBRA <input type="checkbox"/> OTHER:			
<b>EMPLOYER/GROUP INFO (TO BE COMPLETED BY EMPLOYER)</b> EMPLOYER/GROUP NAME: _____ GROUP DIVISION: _____ DATE OF HIRE: _____ EFFECTIVE DATE OF COVERAGE: _____			
<b>SUBSCRIBER INFORMATION</b> HP ID: _____ PRODUCT: <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> ACCESS AMERICA PLAN NAME: _____ SUBSCRIBER FIRST NAME: _____ MI: _____ LAST NAME: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F SSN: _____ HOME PHONE: _____ WORK PHONE: _____ PHONE: _____ EMAIL: _____ STREET ADDRESS (NO PO BOX): _____ APT # _____ CITY: _____ STATE: _____ ZIP: _____ PRIMARY LANGUAGE (OPTIONAL): _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<b>SPOUSE INFORMATION</b> SPOUSE FIRST NAME: _____ MI: _____ LAST NAME: _____ DOB: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F SSN: _____ MAILING ADDRESS (IF DIFFERENT): _____ RELATION CODE: _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<b>DEPENDENT INFORMATION</b> DEPENDENT FIRST NAME: _____ MI: _____ LAST NAME: _____ DOB: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F RELATION CODE: _____ MAILING ADDRESS (IF DIFFERENT): _____ SSN: _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<b>DEPENDENT INFORMATION</b> DEPENDENT FIRST NAME: _____ MI: _____ LAST NAME: _____ DOB: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F RELATION CODE: _____ MAILING ADDRESS (IF DIFFERENT): _____ SSN: _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<b>DEPENDENT INFORMATION</b> DEPENDENT FIRST NAME: _____ MI: _____ LAST NAME: _____ DOB: _____ GENDER: <input type="checkbox"/> M <input type="checkbox"/> F RELATION CODE: _____ MAILING ADDRESS (IF DIFFERENT): _____ SSN: _____ PCP FULL NAME: _____ PCP TOWN: _____ CURRENT PATIENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PCP ID # _____			
<input type="checkbox"/> PLEASE CHECK IF USING ADDITIONAL MEMBERSHIP APPLICATIONS FOR DEPENDENT CHILDREN. BE SURE TO COMPLETE EMPLOYER AND SUBSCRIBER SECTIONS ON ADDITIONAL FORMS			
<b>OTHER INSURANCE – IF YOU HAVE NOT COMPLETED THIS SECTION, YOU MAY RECEIVE A FOLLOW-UP QUESTIONNAIRE AND CLAIMS MAY BE DELAYED.</b> ARE YOU OR ANYONE LISTED ABOVE COVERED BY ANOTHER HEALTH INSURANCE POLICY AT THE SAME TIME YOUR HPHC POLICY IS IN EFFECT? <input type="checkbox"/> YES, PLEASE COMPLETE <input type="checkbox"/> NO NAME OF HEALTH PLAN: _____ HEALTH PLAN ID NUMBER: _____ EFFECTIVE DATE: _____ NAMES OF SUBSCRIBER: _____			
<small>MEMBERSHIP WILL BECOME EFFECTIVE UPON ACCEPTANCE BY HARVARD PILGRIM. BENEFITS UNDER THE PLAN WILL BE EXPLAINED IN YOUR EVIDENCE OF COVERAGE (EOC). I UNDERSTAND THAT HARVARD PILGRIM MAY OBTAIN PERSONAL AND MEDICAL INFORMATION TO ADMINISTER THE PLAN. FOR AN EXPLANATION OF HOW WE MAY USE OR DISCLOSE PROTECTED HEALTH INFORMATION, PLEASE READ YOUR NOTICE OF PRIVACY PRACTICES. MAINE MEMBERS: YOU UNDERSTAND THAT YOUR EOC INCLUDES A SUBROGATION PROVISION THAT PERMITS SUBROGATION PAYMENTS TO US ON A JUST AND EQUITABLE BASIS. IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDATING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.</small>			
EMPLOYEE SIGNATURE _____		DATE _____	
EMPLOYEE SIGNATURE _____		DATE _____	

Enrollment Form CC0317

Mail the completed enrollment form to:

Harvard Pilgrim Health Care  
PO Box 9185  
Quincy, MA 02269



# Language Assistance Services

**Español (Spanish)** ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-888-333-4742 (TTY: 711).

**Português (Portuguese)** ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-888-333-4742 (TTY: 711).

**Kreyòl Ayisyen (French Creole)** ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-888-333-4742 (TTY: 711).

**繁體中文 (Traditional Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-333-4742 (TTY: 711)。

**Tiếng Việt (Vietnamese)** CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-888-333-4742 (TTY: 711).

**Русский (Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-333-4742 (телетайп: 711).

**العربية (Arabic)**

انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً. اتصل على 1 888-333-4742 (TTY: 711)

**ខ្មែរ (Cambodian)** សូមជូនដំណឹង: បើអ្នកនិយាយភាសាខ្មែរ, យើងមានសេវាកម្មបកប្រែ ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ ជូរ ទូរស័ព្ទ 1-888-333-4742 (TTY: 711)។

**Français (French)** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-333-4742 (ATS: 711).

**Italiano (Italian)** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-333-4742 (TTY: 711).

**한국어 (Korean)** '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711) 번으로 전화해 주십시오.

**Ελληνικά (Greek)** ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-888-333-4742 (TTY: 711).

**Polski (Polish)** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-333-4742 (TTY: 711).

**हिंदी (Hindi)** ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता मुफ्त में उपलब्ध है. जानकारी के लिये फोन करे. 1-888-333-4742 (TTY: 711)

**ગુજરાતી (Gujarati)** ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-888-333-4742 (TTY: 711)

**ພາສາລາວ (Lao)** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-333-4742 (TTY: 711).

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-333-4742 (TTY: 711).



# Contact us

## Member Services

Call us: (888) 333-4742 (TTY: 711)

Mon., Tues. & Thurs. 8 a.m. - 6 p.m.

Wed. 10 a.m. - 6 p.m.

Fri. 8 a.m. - 5:30 p.m.

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.



Harvard Pilgrim  
Health Care

## Interpreter Services Available:

With the help of Language Line Solutions, we speak more than 250 languages.

Harvard Pilgrim Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

若需免費的中文版本, 請撥打ID卡上的電話號碼。



Exhibit C: The Dental Insurance benefit for eligible employees and their dependents is described in detail in the Summary of Benefits and Coverage (SBC) prepared by the insurance carrier.



# Delta Dental PPO<sup>SM</sup> *Plus Premier*

## Voluntary Enhanced Plan

The Delta Dental PPO *Plus Premier* Enhanced Plan is primarily an employee-paid dental plan that will enable you and your family to enjoy the benefits of quality, affordable dental care from dentists in Massachusetts and across the country.

The approximate level of coverage for services performed by dentists who participate in the Delta Dental PPO or Delta Dental Premier networks is shown below. Any limitations that may exist for each service are also indicated. The limitations reflect the availability of coverage only. It is up to you and your dentist to determine the need and frequency of dental procedures. Please see the backside of this document for information about how to use your plan.

<b>Deductible:</b> \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories. <b>Calendar Year Maximum:</b> \$1,000 per person.		Co-insurance Coverage	
Category / Procedure	Qualifications	In-Network	Out-Of-Network
<b>Diagnostic</b> Comprehensive Evaluation Periodic Oral Exam Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months per dentist. Once every 6 months. Once every 60 months. Once every 6 months. As needed.	100%	100%
<b>Preventive</b> Teeth Cleaning Fluoride Treatments Space Maintainers  Sealants  Chlorhexidine Mouthrinse  Fluoride Toothpaste  Periodontal Cleaning	Once every 6 months. Once every 6 months for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing. This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	100%
<b>Restorative</b> Silver Fillings White Fillings (Front Teeth) White Fillings (Back Teeth)    Temporary Fillings Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible for the difference between the silver filling and the Delta Dental negotiated fee for white fillings, where permitted by state law. In other states, the patient may be responsible for paying up to the provider's full submitted charge for white fillings. Once per tooth. Once every 24 months per tooth.	50%	50%
<b>Oral Surgery</b> Simple Extractions Surgical Extractions	Once per tooth. Once per tooth.	50%	50%
<b>Periodontics</b> Periodontal Scaling and Root Planing	Once in 24 months, per quadrant.	50%	50%
<b>Endodontics</b> Root Canal Treatment Vital Pulpotomy	Once per tooth. Limited to baby teeth.	50%	50%
<b>Prosthetic Maintenance</b> Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair. Once within 36 months. Once per tooth.	50%	50%
<b>Emergency Dental Care</b> Minor treatment for Pain Relief General Anesthesia	Three occurrences in 12 months. Allowed with covered surgical services only.	50%	50%
<b>Prosthodontics</b> Dentures Fixed Bridges and Crowns Implants	Once within 60 months. When part of a bridge. Once within 60 months. An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all adjacent teeth do not require crowns.) Once per 60 months per Implant.	50%	50%
<b>Major Restorative</b> Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth.	50%	50%
<b>Dependent Eligibility:</b>	Dependents are eligible to age 26.		
<b>Rollover Max:</b>	This plan is eligible for <i>Rollover Max</i> . Visit <a href="http://www.deltadentalma.com/pdf/07/rollovermax.pdf">www.deltadentalma.com/pdf/07/rollovermax.pdf</a> for rules and details.		

### Choosing a Dentist

As a **Delta Dental PPO *Plus Premier* Voluntary Enhanced Plan** member, you benefit from having access to two of Delta Dental's extensive national networks — **Delta Dental PPO**, with more than 268,000 participating dentist locations and **Delta Dental Premier**, the largest dental network in the country with more than 341,000 dentist locations. You will enjoy great benefits when you receive your dental care from a participating dentist in either of these networks.

- You will enjoy the greatest out-of-pocket savings when visiting **Delta Dental PPO** network dentists.
- You will receive good value from **Delta Dental Premier** network dentists who generally accept discounted fees.
- Both networks offer discounted fees and a no balance-billing policy



Choosing a Dentist cont’d...

If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and no balance-billing policy **do not apply**.

Delta Dental members can also take advantage of expanded discounts on many covered services, even after they have used up their benefit dollars, visit limits and other situations. Get the details at <http://deltadentalma.com/members/discounts-on-covered-services/>.

Visit [www.deltadentalma.com](http://www.deltadentalma.com) to find a participating dentist in your area.

Identification Cards

Two identification cards from Delta Dental will be mailed to your home shortly after your enrollment. Both cards are issued in the subscriber’s name, but can be used by everyone covered under the Delta Dental PPO *Plus Premier* Enhanced Plan. Simply provide your dentist with the information that is printed on your ID card at your next dental office visit.

The Claims Process for Delta Dental PPO or Delta Dental Premier Participating Dentists

- Simply provide your dentist with the information that is printed on your ID card.
- The dentist will submit your claim and be paid directly by Delta Dental.
- If you have a patient responsibility, Delta Dental will send you an Explanation of Benefits (EOB) detailing what Delta Dental paid the dentist under your plan’s coverage and your remaining patient balance, which you pay directly to the dentist.
- You are responsible for any co-payments and deductibles.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist’s normal rate rather than Delta Dental’s contracted rate. To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental’s website at [www.deltadentalma.com](http://www.deltadentalma.com) or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

About Non-Participating Dentists and Out-of-Network Coverage

Your Delta Dental PPO *Plus Premier* Enhanced Plan provides coverage for services received from dentists who don’t participate in the Delta Dental PPO or Delta Dental Premier networks. However, your out-of-pocket expenses may be more.

Delta Dental’s payment for services received from non-participating dentists is based on either the dentist’s fee or the maximum plan allowance for non-participating dentists, whichever is lower. If you utilize the services of a non-participating dentist whose fees are higher than the maximum plan allowance, you will be responsible for the difference between Delta Dental’s payment and the dentist’s total submitted charges.

The Claims Process for Non-Participating Dentists

- Simply provide your dentist with the information that is printed on your ID card. Your dentist will collect his/her fees directly from you.
- Delta Dental will reimburse you based on a claim form that you submit to: Delta Dental, P.O. Box 2907, Milwaukee, WI 53201-2907.
- You are responsible for paying any deductibles or co-payments as well as the difference between what Delta Dental pays and what the dentist charges.

Coordination of Benefits

If your family is covered by more than one dental plan (or a medical plan that offers dental coverage), Delta Dental will coordinate benefits with the other carrier. In determining coverage, total payments from both carriers cannot exceed the allowable charge for service. If you have a question about Coordination of Benefits (COB), please contact our Customer Service Department at 1-800-872-0500.

Other Claims Information

- All claims must be submitted within one year.
- Ask your dentist to submit a “pre-treatment estimate” to Delta Dental for any procedure that exceeds \$300. This

- will enable us to help you estimate any out-of-pocket expenses you may incur.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist’s normal rate rather than Delta Dental’s negotiated rate. To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental’s website at [www.deltadentalma.com](http://www.deltadentalma.com) or call Customer Service at 1-800-872-0500 to determine your remaining benefits.
  - If a claim is denied, you can request an appeal by writing to Delta Dental within 180 days of receiving notice on the claim. Appeals should be sent to: Delta Dental of Massachusetts, P.O. Box 2907, Milwaukee, WI 53201-2907.
  - Under your plan’s subrogation clause, you may be required to reimburse Delta Dental for claim payments if you also receive payment from a third party who is held liable for an injury that required the dental care.

Where To Get More Information

If you have further questions, please contact Delta Dental’s Customer Service department at **1-800-872-0500**.

At your request, Interpreter and translation services related to administrative procedures are available to you or a covered family member.

خدمات ترجمة فورية/ترجمة  
في حالة طلبكم نقوم بتوفير مترجمين وخدمات ترجمة تتعلق بالإجراءات الإدارية.

អ្នកបកប្រែ ឬកិច្ចការបកប្រែ  
បើអ្នកស្នើឱ្យមានអ្នកបកប្រែ និងកិច្ចការបកប្រែ ដែលជាប់ទាក់ទងទៅនឹង  
វិធីចាត់ចែងការ យើងមានផ្តល់ជូន ។

翻譯服務  
如果您提出要求,我們可以為您提供相關的行政禮節的翻譯服務。

Services de traduction et d’interprétariat.  
Les services de traduction et d’interprétariat en connexion avec les procédures administratives sont disponibles sur demande.

Услуги устного/письменного перевода.  
По Вашему требованию будут предоставлены услуги устного и письменного перевода, связанные с административными процедурами.

Sèvis Entèprèt ak TradiskyonSi w mande sèvis entèprèt ak tradiksyon pou prosede administratif, nap mete yo a dispozisyon ou.

Servizi di interpretariato e traduzioneA richiesta, sono disponibili servizi di interpretariato e traduzione relazionati con pratiche amministrative.

ບໍລິການແປພາສາ ແລະ ນາຍພາສາ  
ຕາມທີ່ທ່ານຂໍມາ, ພວກເຮົາມີບໍລິການນາຍ ແປພາສາ ແລະ ການແປພາສາທີ່ກ່ຽວກັບຂັ້ນຕອນການບໍລິຫານໃຫ້ທ່ານແລະ ສມາຊິກໃນຄອບຄົວຂອງທ່ານ

Servicos de tradutor(a)/interprete Se assim o solicitar, estao disponiveis servicos de traducao e interpretacao para os procedimentos administrativos.

Υπηρεσίες Διερμηνεία/Μεταφραστή  
Μετά από αίτησή σας, υπηρεσίες διερμηνεία και μεταφραστή σχετικά με διοικητικές διαδικασίες είναι στη διάθεσή σας.

Servicios de interpretación/traducción Si usted lo solicita, se encuentran a su disposición servicios de interpretación y traducción para asistirle en procedimientos administrativos.



Your Plan is Administered by:  
**Delta Dental of Massachusetts**  
(800) 872-0500  
[www.deltadentalma.com](http://www.deltadentalma.com)

465 Medford Street  
Boston, MA 02129

An Independent Licensee of the Delta Dental Plans Association.  
\* Registered Marks of the Delta Dental Plans Association. ©2017 DSM.  
Current Dental Terminology ©2017 American Dental Association.  
All Rights Reserved.



# Delta Dental PPO *Plus Premier*

## Nondiscrimination Notice

Delta Dental of Massachusetts complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Delta Dental of Massachusetts does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Massachusetts:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, and accessible electronic formats)
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, visit: <http://www.deltadentalma.com> or call the number on your member ID card.

If you believe that Delta Dental of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Ugonna Onyekwu  
Civil Rights Coordinator  
Compliance Department  
465 Medford Street  
Boston, MA 02129  
Fax: 617-886-1390  
Phone: 617-886-1683  
Email: [FairTreatment@greatdentalplans.com](mailto:FairTreatment@greatdentalplans.com)  
TTY: 711

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ugonna Onyekwu is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can file a complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

*Delta Dental of Massachusetts PPO and Premier insurance products are offered by Dental Service of Massachusetts, Inc. Delta Dental of Massachusetts EPO and DeltaCare insurance products are offered DSM Massachusetts Insurance Company, Inc.*

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-872-0500.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-872-0500.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-872-0500。

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-872-0500.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-872-0500.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-872-0500.

ان اطلب كل رفاوتت فيو غلل ادع اسملا تامدخ ناف، غلل افا تدرحت تنك اذا: عطو ح لم 1-800-872-0500.

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្លូវភាសាដោយមិនគិតយូឡួស គឺអាចមានសំរាប់អ្នក។ ជូរ ទូរស័ព្ទ 1-800-872-0500។

ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-800-872-0500.

ATTENZIONE: In caso la lingua parlata sia l’italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-872-0500.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-872-0500.번으로 전화해 주십시오.

ΠΡΟΣΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-872-0500.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-872-0500.

ध्यान दें: यदि आप हंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-872-0500. पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો ન:શિલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-872-0500.



# clover food lab

Exhibit D: The Vision Insurance benefit for eligible employees and their dependents is described in detail in the Summary of Benefits and Coverage (SBC) prepared by the insurance carrier.





## Clover Food Group

### Additional discounts

**40% OFF**

Complete pair of prescription eyeglasses

**20% OFF**

Non-prescription sunglasses

**20% OFF**

Remaining balance beyond plan coverage

These discounts are for in-network providers only

### Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of **in-network** providers near you, use our **Enhanced** Provider Locator on [www.eyemed.com](http://www.eyemed.com) or call **1-866-804-0982**.
- For Lasik providers, call 1-877-5LASER6.

### SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam With Dilation as Necessary</b>	\$10 Co-pay	Up to \$50
<b>Retinal Imaging</b>	Up to \$39	N/A
<b>Frames</b>	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$104
<b>Standard Plastic Lenses</b>		
Single Vision	\$25 Co-pay	Up to \$42
Bifocal	\$25 Co-pay	Up to \$78
Trifocal	\$25 Co-pay	Up to \$130
Standard Progressive Lens	\$75 Co-pay	Up to \$140
Premium Progressive Lens <sup>4</sup>	\$95 Co-pay - \$120 Co-pay	
Tier 1	\$95 Co-pay	Up to \$140
Tier 2	\$105 Co-pay	Up to \$140
Tier 3	\$120 Co-pay	Up to \$140
Tier 4	\$75 Co-pay, 80% of charge less \$120 Allowance	Up to \$140
Lenticular	\$25 Co-pay	Up to \$130
<b>Lens Options</b> (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 26	\$0	Up to \$32
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating <sup>4</sup>	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
<b>Contact Lens Fit and Follow-Up</b> (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
<b>Contact Lenses</b>		
Conventional	\$0 Co-pay; \$130 allowance; 15% off balance over \$130	Up to \$130
Disposable	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$130
Medically Necessary	\$0 Co-pay, Paid-in-Full	Up to \$210
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

<sup>4</sup>Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Benefits are not provided from services or materials arising from: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care 9) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered-fund as a Bifocal lens. Standard Progressive lens covered-fund Premium Progressive as a Standard. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. The Certificate of Insurance is on file with your employer. Benefit allowance provides no remaining balance for future use within the same benefit year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered.



# What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
<b>Exam with dilation as necessary</b> (Once every 12 months)	\$10 Co-pay	Up to \$50
<b>Frames</b> (Once every 24 months)	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$104
<b>Single Vision Lenses</b> (Once every 12 months)	\$25 Co-pay	Up to \$42
Or		
<b>Contacts</b> (Once every 12 months)	\$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$130

## And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

**77%**  
**SAVINGS**  
with us\*

With EyeMed	Without Insurance**
Exam \$10 Co-pay	Exam \$106
Frame \$163 - \$130 allowance \$33 - \$6.60 (20% discount off balance) \$26.40	Frame \$163
Lens \$25 Co-pay \$15 UV treatment add-on + \$15 Scratch coating add-on \$55	Lens \$78 \$23 UV treatment add-on + \$25 Scratch coating add-on \$126
<b>Total \$91.40</b>	<b>Total \$395</b>



## Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



\*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. \*\*Based on industry averages.



# clover food lab

Exhibit E: The Life and AD&D Insurance and Disability Insurance benefit for eligible employees is described in detail in the Summary of Benefits and Coverage (SBC) prepared by the insurance carrier.





# Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Clover Fast Food, Inc.

## Eligibility

<b>Definition of a Member</b>	You are a member if you are an active employee of Clover Fast Food, Inc. and regularly working at least 40 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
<b>Class Definition</b>	Class 2 - All other Members, other than Chief Executive Officers and Chief Operating Officers
<b>Eligibility Waiting Period</b>	You are eligible on the first day that follows 90 consecutive days as a member.

## Benefits

<b>Basic Life Coverage Amount</b>	1 times your annual earnings to a maximum of \$100,000.
<b>Basic AD&amp;D Coverage Amount</b>	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
<b>Life Age Reductions</b>	Basic Life and AD&D insurance coverage amount reduces to 65 percent at age 70 and to 50 percent at age 75.

## Other Basic Life Features and Services

- Accelerated Benefit
- Life Services Toolkit
- Portability of Insurance Provision
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium



## Other Basic AD&D Features

- Air Bag Benefit
- Family Benefits Package
- Seat Belt Benefit

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Clover Fast Food, Inc. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Clover Fast Food, Inc. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 13279-D-MA-165173-C2 (11/18)  
5858023-288661





# Group Short Term Disability Insurance

Group Short Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a weekly benefit in the event of a covered disability.

The cost of this insurance is paid by Clover Fast Food, Inc.

## Eligibility

<b>Definition of a Member</b>	You are a member if you are a regular employee of Clover Fast Food, Inc., actively working at least 40 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
<b>Class Definition</b>	Class 2 - All other Members, other than Chief Executive Officers and Chief Operating Officers
<b>Eligibility Waiting Period</b>	You are eligible on the first day that follows 90 consecutive days as a member.

## Benefits

<b>Weekly Benefit</b>	60 percent of the first \$1,667 of weekly predisability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
<b>Maximum Weekly Benefit</b>	\$1,000
<b>Minimum Weekly Benefit</b>	\$25
<b>Benefit Waiting Period</b>	Your weekly benefit becomes payable after you have been continuously disabled for 14 days for disability caused by accidental injury and after 14 days for disability caused by physical disease, pregnancy or mental disorder.



**Definition of Disability**

For the benefit waiting period and while the Short Term Disability benefits are payable, you are considered disabled if you:

- Are unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of your own occupation, and
- Suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

You will no longer be considered disabled when your earnings from any occupation meet or exceed 80 percent of your predisability earnings.

**Maximum Benefit Period**

90 days

---

## Other Features and Services

- Reasonable Accommodation Expense Benefit
- Return to Work Incentive
- Temporary Recovery Provision

This information is only a brief description of the group Short Term Disability insurance policy sponsored by Clover Fast Food, Inc. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Clover Fast Food, Inc. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 13275-D-MA-165173-C2 (11/18)

5858023-288700





# Group Long Term Disability Insurance

Group Long Term Disability insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by Clover Fast Food, Inc.

## Eligibility

<b>Definition of a Member</b>	You are a member if you are a regular employee of Clover Fast Food, Inc., actively working at least 40 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
<b>Class Definition</b>	Class 2 - All other Members, other than Chief Executive Officers and Chief Operating Officers
<b>Eligibility Waiting Period</b>	You are eligible on the first day that follows 90 consecutive days as a member.

## Benefits

<b>Monthly Benefit</b>	60 percent of the following amounts of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)  Effective January 1, 2019, the first \$15,833 Effective January 1, 2020, the first \$16,625 Effective January 1, 2021, the first \$17,456 Effective January 1, 2022, the first \$18,329 Effective January 1, 2023, the first \$19,245 Effective January 1, 2024, the first \$20,207
<b>Maximum Monthly Benefit</b>	Effective January 1, 2019, \$9,500 Effective January 1, 2020, \$9,975 Effective January 1, 2021, \$10,474 Effective January 1, 2022, \$10,997 Effective January 1, 2023, \$11,547 Effective January 1, 2024, \$12,125
<b>Minimum Monthly Benefit</b>	\$100 or 10 percent of the Long Term Disability benefit before reduction by deductible income, whichever is greater



<b>Benefit Waiting Period</b>	90 days																		
<b>Definition of Disability</b>	<p>For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:</p> <ul style="list-style-type: none"><li>• You are unable to perform with reasonable continuity the material duties of your own occupation, and</li><li>• You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.</li></ul> <p>You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.</p> <p>After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.</p>																		
<b>Maximum Benefit Period</b>	<p>If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longest. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:</p> <table><tr><th>Age</th><th>Maximum Benefit Period</th></tr><tr><td>62</td><td>To SSNRA, or 3 years 6 months, whichever is longer</td></tr><tr><td>63</td><td>To SSNRA, or 3 years, whichever is longer</td></tr><tr><td>64</td><td>To SSNRA, or 2 years 6 months, whichever is longer</td></tr><tr><td>65</td><td>2 years</td></tr><tr><td>66</td><td>1 year 9 months</td></tr><tr><td>67</td><td>1 year 6 months</td></tr><tr><td>68</td><td>1 year 3 months</td></tr><tr><td>69+</td><td>1 year</td></tr></table>	Age	Maximum Benefit Period	62	To SSNRA, or 3 years 6 months, whichever is longer	63	To SSNRA, or 3 years, whichever is longer	64	To SSNRA, or 2 years 6 months, whichever is longer	65	2 years	66	1 year 9 months	67	1 year 6 months	68	1 year 3 months	69+	1 year
Age	Maximum Benefit Period																		
62	To SSNRA, or 3 years 6 months, whichever is longer																		
63	To SSNRA, or 3 years, whichever is longer																		
64	To SSNRA, or 2 years 6 months, whichever is longer																		
65	2 years																		
66	1 year 9 months																		
67	1 year 6 months																		
68	1 year 3 months																		
69+	1 year																		

## Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Employee Assistance Program
- Family Care Expense Adjustment
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while Long Term Disability benefits are payable

This information is only a brief description of the group Long Term Disability insurance policy sponsored by Clover Fast Food, Inc. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reduction in benefits, exclusions and when The Standard and Clover Fast Food, Inc. may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 13271-D-MA-165173-C2 (11/18)



## Exhibit F: Uniform Policy Basics



# clover Uniform Basics

## Hair

- Restrained
- Use a hairnet when needed (in KIT)

## Face

- Use beard net (if more than 1/4 inch long)
- No facial piercings, extreme jewelry or makeup

## Hands

- Clean
- Free of rings and bracelets

## Attitude

- Positive
- Ready to have fun, work hard as part of the team and make friends



## Hat

- Clean Clover Hat
- Worn bill forward

## Shirt

- Clean
- Clover t-shirt

## Apron

- Clean
- It's blue to symbolize that we are always learning
- Half-Aprons for Clover Guides

## Jeans

- Clean
- Dark blue denim

**Shoes:** Slip resistant kitchen shoes  
(Look at [www.shoesforcrews.com](http://www.shoesforcrews.com))  
For some great low cost options!

## Apron Protocol

### DO:

- Start your shift with a clean apron
- Fold your apron into itself so that the food facing portion is protected

### DON'T:

- Wipe your hands on your apron or use as a rag
- Leave on the counter

## Uniform Specs

- Uniforms will be supplied to relevant staff and will remain the property of Clover
- Full responsibility for maintenance and cleanliness will remain the employee's responsibility
- If you need a replacement uniform for any reason (e.g. damage), you will be required to turn in your old uniform to Clover.
- All clothing worn by employees at work should be clean and free of stains and wrinkles.
- Aprons should only be worn in food prep areas at all times.
- Clean and dark blue denim jeans
  - Full length
  - No-shorts or cropped pants
  - No holes



## Exhibit G: Food Handlers Sickness Reporting Policy



## FOOD HANDLERS SICKNESS REPORTING POLICY

Clover requires that Food Employees notify the Person in Charge when they experience any of the conditions listed. The Person in Charge can take appropriate steps to preclude the transmission of foodborne illness. Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on illness due to Salmonella Typhi, Shigella spp., Escherichia coli 0157:H7, and Hepatitis A Virus.

***Employees who handle food at Clover are required to report to the person in charge the following:***

Future Symptoms and Pustular Lesions:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)
7. Persistent coughing and/or sneezing

Future Medical Diagnosis

Whenever diagnosed as being ill with typhoid fever (Salmonella Typhi), shigellosis (Shigella spp.), Escherichia coli 0157:H7 infection (E. coli 0157:H7), or hepatitis A (hepatitis A virus, Entamoeba histolytica, Campylobacter spp., Vibrio Cholera spp., Cryptosporidium parvum, Giardia lamblia, Hemolytic Uremic Syndrome, Salmonella spp. (non-typhi), Yersinia enterocolitica, or cyclospora cayetanensis.

Future High-Risk Conditions:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli 0157:H7 infection, or hepatitis A
2. A household member diagnosed with typhoid fever, shigellosis, illness due to E. coli 0157:H7, or hepatitis A
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, illness due to E. coli 0157:H7, or hepatitis A



## FOOD HANDLERS SICKNESS REPORTING POLICY

Clover requires that Food Employees notify the Person in Charge when they experience any of the conditions listed. The Person in Charge can take appropriate steps to preclude the transmission of foodborne illness. Preventing Transmission of Diseases through Food by Infected Food Employees with Emphasis on illness due to Salmonella Typhi, Shigella spp., Escherichia coli 0157:H7, and Hepatitis A Virus.

***Employees who handle food at Clover are required to report to the person in charge the following:***

Future Symptoms and Pustular Lesions:

1. Diarrhea
2. Fever
3. Vomiting
4. Jaundice
5. Sore throat with fever
6. Lesions containing pus on the hand, wrist, or an exposed body part (such as boils and infected wounds, however small)
7. Persistent coughing and/or sneezing

Future Medical Diagnosis

Whenever diagnosed as being ill with typhoid fever (Salmonella Typhi), shigellosis (Shigella spp.), Escherichia coli 0157:H7 infection (E. coli 0157:H7), or hepatitis A (hepatitis A virus, Entamoeba histolytica, Campylobacter spp., Vibrio Cholera spp., Cryptosporidium parvum, Giardia lamblia, Hemolytic Uremic Syndrome, Salmonella spp. (non-typhi), Yersinia enterocolitica, or cyclospora cayetanensis.

Future High-Risk Conditions:

1. Exposure to or suspicion of causing any confirmed outbreak of typhoid fever, shigellosis, E. coli 0157:H7 infection, or hepatitis A
2. A household member diagnosed with typhoid fever, shigellosis, illness due to E. coli 0157:H7, or hepatitis A
3. A household member attending or working in a setting experiencing a confirmed outbreak of typhoid fever, shigellosis, illness due to E. coli 0157:H7, or hepatitis A



## Exhibit H: COVID-19 POLICIES



# clover food lab

## **CLOVER COVID-19 POLICY**

*\*subject to change based on CDC and MA guidelines, please reach out to [hr@cloverfoodlab.com](mailto:hr@cloverfoodlab.com) for most up-to-date guidelines.*

### **COVID-19 TRAINING**

All employees of Clover are required to complete the COVID-19 Operations Training in Talent LMS.

### **EMPLOYEE MASK POLICY**

All Clover employees are not required to wear a mask, but we support people who may choose to wear a mask. Masks must be continued to be worn, according to CDC and/or MA Department of Public Health in certain situations:

- Wear a mask around others for 10 days if you were exposed
- Wear a mask around other for 10 days if you test positive for COVID-19 and/or have symptoms

### **ARE YOU VACCINATED?**

If you are vaccinated please upload proof of your vaccination [here](#).

### **IF YOU WERE EXPOSED TO SOMEONE WITH COVID-19**

Please inform your GM and/or HR right away if you have been exposed to a confirmed case of COVID-19.

- Wear a mask as soon as you find out you were exposed for 10 days any time you are around others inside your home or indoors in public.
- Do not go places where you are unable to wear a mask, including travel and public transportation settings.
- Start counting from Day 1, Day 0 is the day of your last exposure to someone with COVID-19 and Day 1 is the first full day after your last exposure.
- Get tested at least 5 full days after your last exposure. Test even if you don't develop symptoms. If you already had COVID-19 within the past 90 days, [see specific testing recommendations](#).
  - If you test negative continue taking precautions through Day 10.
  - If you test positive, isolate immediately.

**Close Contact:** *Someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes.*

### **IF YOU TEST POSITIVE FOR COVID-19 AND/OR HAVE SYMPTOMS**

Please inform your GM and/or HR right away if you have been exposed to a confirmed case of COVID-19.

Regardless of vaccination status, you should isolate from others when you have COVID-19. You should also isolate if you are sick and suspect that you have COVID-19 but do not yet have test results. If your results are positive, follow the full isolation recommendations below. If your results are negative, you can end your isolation.



# clover food lab

- **If you had symptoms:** Day 0 of isolation is the day of symptom onset, regardless of when you tested positive. Day 1 is the first full day after the day your symptoms started.
- **If you had NO symptoms:** Day 0 is the day you were tested (not the day you received your positive result). Day 1 is the first full day following the day you were tested. If you develop symptoms within 10 days of when you were tested, the clock restarts at day 0 on the day of symptom onset.

## **ENDING ISOLATION**

End isolation based on how serious your COVID-19 symptoms were.

- **If you had symptoms,** you may end isolation after day 5 if you are fever-free for 24 hours (without fever-reducing medication) and your symptoms are improving. Consult your doctor if you had moderate illness (shortness of breath or difficulty breathing); severe illness (hospitalized); or weakened immune system before ending isolation. If you are unsure whether your symptoms were moderate or severe, consult a healthcare provider. Continue to wear your mask through Day 10. If you have access to antigen tests, you should consider using them. With two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.
- **If you had NO symptoms,** you may end isolation on day 5. Continue to wear your mask through Day 10. If you have access to antigen tests, you should consider using them. With two sequential negative tests 48 hours apart, you may remove your mask sooner than day 10.

*After you have ended isolation, if your COVID-19 symptoms recur or worsen, restart your isolation at day 0. Talk to a healthcare provider if you have questions about your symptoms or when to end isolation.*

**Here is a link to the CDC site with all up to date COVID information:**

**<https://www.cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html>**