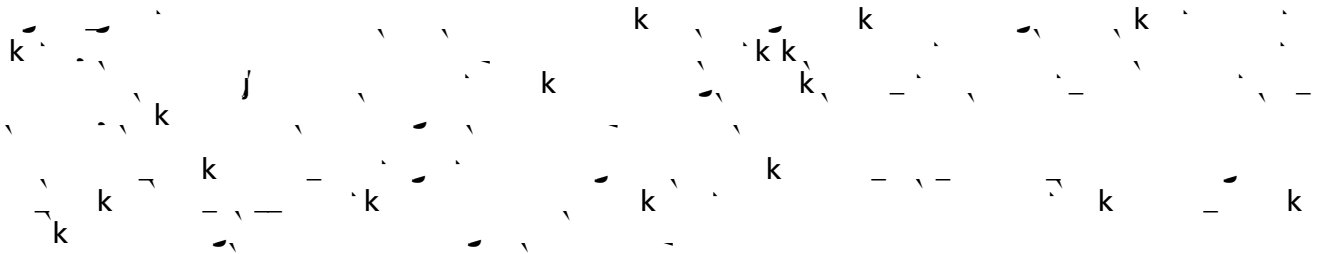


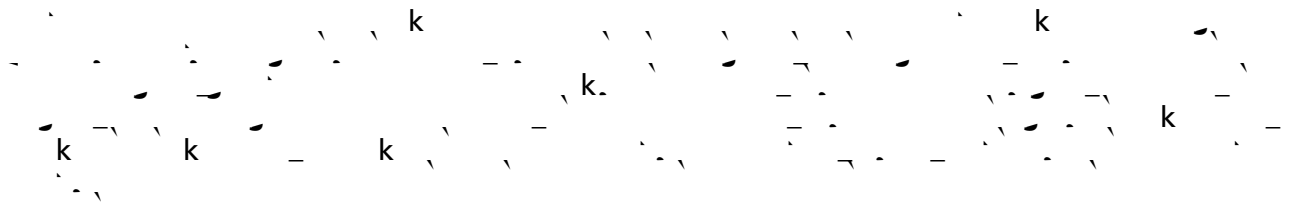
Schedule of Benefits



Clinical Review Criteria



Covered Benefits



| General Cost Sharing Features: | Member Cost Sharing: |
|-----------------------------------|----------------------|
| Coinsurance and Copayments | |
| | |
| Deductible | |
| | |
| Deductible Rollover | |
| | |
| Out-of-Pocket | |

| Benefit | Member Cost Sharing: |
|--|----------------------|
| Ambulance Transport | |
| k | - |
| k | - |
| Autism Spectrum Disorders Treatment | |
| | \$2 k |
| Chemotherapy and Radiation Therapy | |
| k | - |
| | - |
| Dental Services | |
| Important Notice: | |
| (k) | \$2 k |
| 3) k 2. (k) | - |
| Dialysis | |
| | \$2 k |
| k \$300 k | - |
| Durable Medical Equipment | |
| k k | 20 |
| k (k) | - |
| k | - |
| Early Intervention Services | |
| | - |
| k | k |
| Emergency Room Care | |
| | \$ 0 k |
| (2) k (k) | - |
| Hearing Aids | |
| k \$2 000. 3 k | - |
| Home Health Care | |
| | - |

(Continued on next page)

| Benefit | Member Cost Sharing: |
|---|----------------------|
| Home Health Care (Continued) | |
| Home Health Care (Continued) | k |
| Hospice - Outpatient | |
| Hospice - Outpatient | - |
| Hospital - Inpatient Services | |
| Hospital - Inpatient Services | - |
| Hospital - Inpatient Services | - |
| Hospital - Inpatient Services | - |
| Hospital - Inpatient Services | - |
| Hospital - Inpatient Services | - |
| Infertility Services and Treatments (see the Benefit Handbook for details) | |
| Infertility Services and Treatments (see the Benefit Handbook for details) | k |
| Infertility Services and Treatments (see the Benefit Handbook for details) | \$2 k |
| Laboratory, Radiology and Other Diagnostic Services | |
| Laboratory, Radiology and Other Diagnostic Services | - |
| Laboratory, Radiology and Other Diagnostic Services | - |
| Laboratory, Radiology and Other Diagnostic Services | - |
| Laboratory, Radiology and Other Diagnostic Services | \$ k |
| Laboratory, Radiology and Other Diagnostic Services | k \$ 0. |
| Laboratory, Radiology and Other Diagnostic Services | - |
| Low Protein Foods | |
| Low Protein Foods | k \$ 000. |
| Low Protein Foods | - |
| Maternity Care - Outpatient | |
| Maternity Care - Outpatient | - |
| Maternity Care - Outpatient | k |
| Medical Drugs (drugs that cannot be self-administered) | |
| Medical Drugs (drugs that cannot be self-administered) | - |
| Medical Drugs (drugs that cannot be self-administered) | - |
| Medical Drugs (drugs that cannot be self-administered) | k |

| Benefit | Member Cost Sharing: |
|--|----------------------|
| Medical Formulas | |
| | - |
| Mental Health and Substance Use Disorder Treatment | |
| - | - |
| <p>k</p> <p>- k</p> <p>k</p> <p>k</p> <p>k</p> <p>k</p> <p>k</p> | - |
| \$ 0 k | |

| Benefit | Member Cost Sharing: |
|---|----------------------|
| Physician and Other Professional Office Visits (This includes all covered Plan Providers unless otherwise listed in this Schedule of Benefits) (Continued) | |
| k | \$ - , k - |
| Preventive Services and Tests | |
| k | - |
| <p data-bbox="1128 577 1453 619">www.harvardpilgrim.org</p> <p data-bbox="154 640 381 682">1-888-333-4742</p> | |
| Prosthetic Devices | |
| | 20 |
| Rehabilitation and Habilitation Services - Outpatient | |
| | \$2 - , k - |
| k | \$2 - , k - |
| | \$2 - , k - |
| k 30 | \$2 - , k - |
| k 30 | |
| Scopic Procedures - Outpatient Diagnostic and Therapeutic | |
| k | - |
| | - |
| Spinal Manipulative Therapy (including care by a chiropractor) | |
| k 30 | \$2 - , k - |
| Surgery - Outpatient | |
| | - |
| Telemedicine Virtual Visit Services - Outpatient | |
| | \$2 - , k - |
| Urgent Care Services | |
| k | \$2 - , k - |
| <p data-bbox="154 1648 365 1690">Important Note:</p> <p data-bbox="284 1690 609 1732">www.harvardpilgrim.org</p> | |
| | \$2 - , k - |

| Benefit | Member Cost Sharing: |
|---|----------------------|
| Urgent Care Services (Continued) | |
| [unclear] | [unclear] |
| Vision Services | |
| [unclear] | \$2 [unclear] |
| [unclear] | [unclear] |
| Voluntary Sterilization in a Physician's Office | |
| [unclear] | [unclear] |
| Voluntary Termination of Pregnancy | |
| [unclear] | [unclear] |
| Wigs and Scalp Hair Protheses as required by law | |
| [unclear] \$30. [unclear] (20 | [unclear] |

Language Assistance Services

Español/Spanish (Español) Si usted habla español, nosotros tenemos personal bilingüe disponible para ayudarle. Llámenos al 1-888-333-4742 (TTY: 711).

Português/Portuguese Se você fala português, nós temos pessoal bilingue disponível para ajudá-lo. Ligue para 1-888-333-4742 (TTY: 711).

Հայերեն/Armenian Եթե աստիճանում եմ հայերենով, ապա մենք ունենում ենք երկու լեզուներով օգնություն: Կոչվե՛ք 1-888-333-4742 (TTY: 711):

Chinese 如果您讲中文，我们提供中文和普通话服务。请拨打 1-888-333-4742 (TTY: 711)。

Грчки/Greek Αν μιλάτε ελληνικά, έχουμε προσωπικό που μιλάει ελληνικά ή αγγλικά. Κάντε κλήση στο 1-888-333-4742 (TTY: 711).

Русский/Russian Если вы говорите на русском языке, то вам доступны услуги двуязычного персонала. Позвоните по телефону 1-888-333-4742 (TTY: 711).

عربي/Arabic إذا كنت تتحدث بالعربية، فنحن نقدم خدمات بلغتي العربية والإنجليزية. اتصل بنا على 1-888-333-4742 (TTY: 711).

Հայերեն/Armenian Եթե աստիճանում եմ հայերենով, ապա մենք ունենում ենք երկու լեզուներով օգնություն: Կոչվե՛ք 1-888-333-4742 (TTY: 711):

Français/French ATTENTION: Si vous parlez français, des services de aide linguistique sont disponibles gratuitement. Appelez le 1-888-333-4742 (ATS-4742).

Italiano/Italian ATTENZIONE: In caso di lingua parlata in Italiano, sono disponibili servizi di assistenza linguistica gratuita. Chiama il 1-888-333-4742 (ATS-4742).

한국어/Korean 일용어는 한국어 서비스를 이용하실 수 있습니다. 1-888-333-4742 (TTY: 711)에 전화하십시오.

Ελληνικά/Greek Αν μιλάτε ελληνικά, έχουμε προσωπικό που μιλάει ελληνικά ή αγγλικά. Κάντε κλήση στο 1-888-333-4742 (TTY: 711).

Հայերեն/Armenian Եթե աստիճանում եմ հայերենով, ապա մենք ունենում ենք երկու լեզուներով օգնություն: Կոչվե՛ք 1-888-333-4742 (TTY: 711):

ગુજરાતી/Gujarati ગુજરાતી ભાષામાં સહાયતા મેળવવા માટે, કૃપા કરીને 1-888-333-4742 (TTY: 711) નો સંપર્ક કરો.

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General Notice About Nondiscrimination and Accessibility Requirements

Harvard Health Care and its affiliates as noted below ("PHC") comply with applicable federal civil rights laws and Harvard Pilgrim



Exclusion

Alternative Treatments

Alternative treatments are those services that are not considered medically necessary under the plan. These services are excluded from coverage. Examples of alternative treatments include:

- Acupuncture
- Chiropractic services
- Herbal medicine
- Yoga

Dental Services

Dental services are excluded from coverage. This includes services such as:

- Orthodontics
- Prosthetics
- Periodontics

Durable Medical Equipment and Prosthetic Devices

Durable medical equipment (DME) and prosthetic devices are excluded from coverage. This includes items such as:

- Wheelchairs
- Walker
- Prosthetic limbs

Experimental, Unproven or Investigational Services

Experimental, unproven or investigational services are excluded from coverage. These are services that are not generally accepted as standard of care.

Foot Care

Foot care services are excluded from coverage. This includes services such as:

- Podiatry

Exclusion

All Other Exclusions

(k) (1) The term "employee" shall not include any individual who is an independent contractor, as determined under the common law of the state in which the services are performed, and any individual who is a partner, officer, director, or shareholder of a corporation, partnership, or other unincorporated firm, or an independent contractor, as determined under the common law of the state in which the services are performed, and any individual who is a partner, officer, director, or shareholder of a corporation, partnership, or other unincorporated firm, or an independent contractor, as determined under the common law of the state in which the services are performed.