

# Wellesley College – 2024 Benefits Comparison

Inpatient Services			
Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO Plus HSA (In-Network)	Harvard Pilgrim PPO Plus HSA (Out-of-Network)
<b>Deductible</b>	None.	\$1,600 per individual contract; \$3,200 per family contract	
<b>Out-of-Pocket Maximum</b>	\$2,500 per member per calendar year. \$5,000 per family per calendar year.	\$5,000 per member per calendar year; \$10,000 per family per calendar year; \$5,000 embedded individual Out-of-Pocket Maximum per Calendar Year.	
<b>Hospitalization</b>	Covered in full after a \$500 per admission copayment for semi-private room for unlimited days including intensive care and special services. Private room covered when medically necessary.	Covered in full after deductible for semi-private room for unlimited days including intensive care and special services. Private room covered when medically necessary.	Covered at 80% of eligible expense after deductible for semi-private room for unlimited days including intensive care and special services. Private room covered when medically necessary.
<b>Surgical Charges</b>	Covered in full after \$250 copayment for outpatient procedure.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Anesthesia</b>	Covered in full.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Consultations</b>	Covered in full.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Medical Care</b>	Covered in full.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
Physician's Services			
Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO Plus HSA (In-Network)	Harvard Pilgrim PPO Plus HSA (Out-of-Network)
<b>Physicians</b>	Members choose a primary care physician.	Any participating provider.	Any physician.
<b>Office Visits</b>	Covered in full, after a \$25 copayment.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Adult Routine Physicals</b>	Covered in full.	Covered in full.	Covered at 80% of eligible expenses
<b>Well Child Care</b>	Covered in full.	Covered in full.	Covered at 80% of eligible expenses
<b>Routine Pap Test</b>	Covered in full.	Covered in full.	Covered at 80% of eligible expenses

## Physician's Services *continued*

Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO Plus HSA (In-Network)	Harvard Pilgrim PPO Plus HSA (Out-of-Network)
<b>Immunizations</b>	Covered in full.	Covered in full.	Covered at 80% of eligible expenses
<b>High Tech Radiology CT Scans, MRIs and PET Scans</b>	\$75 copayment per visit <b>Note:</b> A maximum of two copayments apply per member per calendar year for all high-end radiology scans	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Allergy Injection</b>	Covered in full, after a \$5 copayment.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Routine Eye Exams</b> (limit 1 per calendar year)	Covered in full, after a \$25 copayment.	Covered in full after \$25 copayment.	Covered at 80% of eligible expenses after deductible.
<b>Routine Hearing Examinations or Tests</b>	Covered in full, after a \$25 copayment.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Emergency Room</b>	Covered in full after \$150 copayment, waived if visit results in immediate admission.	Covered in full after deductible.	Covered in full after deductible. Failure to notify Harvard Pilgrim within 48 hours of admission will result in a \$500 reduction in coverage. The \$500 does not count toward the deductible or the annual out-of-pocket maximum.
<b>Diagnostic Tests</b>	Covered in full.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Maternity Care</b>	Covered in full after \$500 copayment, for all hospital and physician's services for mother and routine nursery care for child is covered in full.	Covered in full after deductible for all hospital and physician's services for mother and routine nursery care for child is covered in full.	Covered at 80% of eligible expenses after deductible for all hospital and physician's services for mother and routine nursery care for child is covered at 80% of eligible expenses.
<b>Prescription Drugs</b>	\$5/\$20/\$30/\$50 copayment for up to 30 day supply when filled by a participating pharmacy.	\$5/\$20/\$30/\$50 copayment after deductible for up to 30 day supply when filled by a participating pharmacy.	\$5/\$20/\$30/\$50 after deductible for up to 30 day supply when filled by a participating pharmacy.
<b>Mail Service Prescription Drug Option</b> (maintenance medications only)	\$10/\$40/\$60/\$150 — 90 day supply.	\$10/\$40/\$60/\$150 copayment after deductible — 90 day supply.	\$10/\$40/\$60/\$150 copayment after deductible — 90 day supply.

## Other Services

Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO Plus HSA (In-Network)	Harvard Pilgrim PPO Plus HSA (Out-of-Network)	
<b>Mental Health Care</b> (Including the Treatment of Substance abuse Disorders)	<b>Inpatient Services:</b>			
	<b>Mental health care services</b>	Covered in full after \$500 copayment	Covered in full after deductible	Covered at 80% of eligible expenses after deductible.
	<b>Intermediate Care Services:</b>			
	<b>Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization</b>	Covered in full.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
	<b>Intensive outpatient programs, partial hospitalization and day treatment programs</b>			
	<b>Outpatient Services:</b>			
	<b>Group therapy</b>	\$10 copayment per visit.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
	<b>Individual therapy</b>	\$25 copayment per visit.		
	<b>Detoxification</b>			
	<b>Medication management</b>			
<b>Psychological testing and neuropsychological assessment</b>				
<b>Dental Services</b>	<b>Preventive care for children through the age of 12. Two visits per member per calendar year including examination, cleaning, x-rays, and fluoride treatment.</b>	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
	<b>Extraction of bony impacted teeth (performed in physicians office).</b>	\$25 copayment per visit.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.

## Other Services *continued*

Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO Plus HSA (In-Network)	Harvard Pilgrim PPO Plus HSA (Out-of-Network)
<b>Ambulance Services</b>	Covered in full, when medically necessary and authorized by a provider.	Covered in full after deductible, when medically necessary and authorized by a provider	Covered in full after deductible for emergency transport. Non-emergency transport covered at 80% of eligible expenses after deductible.
<b>Speech Therapies</b>	Covered in full after \$25 copayment per visit in a doctor's office or the outpatient department.	Covered in full after deductible in a doctor's office or the outpatient department.	Covered at 80% of eligible expenses after deductible.
<b>Physical and Occupational Therapies</b> 60 visits per calendar year for each	Covered in full after \$25 copayment per visit in a doctor's office or the outpatient department.	Covered in full after deductible in a doctor's office or the outpatient department.	Covered at 80% of eligible expenses after deductible.
<b>Acupuncture and Chiropractic Care</b>	\$25 copayment per visit.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Family Planning</b>	\$25 copayment per visit.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Home Health Care Services</b>	Covered in full when medically necessary and plan approved.	Covered in full after deductible when medically necessary and plan approved.	Covered at 80% of eligible expenses after deductible.
<b>Durable Medical Equipment</b>	Covered at 80% coinsurance.	Covered at 80% coinsurance after deductible	Covered at 80% of eligible expenses after deductible.
<b>Skilled Nursing Care</b> Covered up to 100 days per calendar year	Covered in full after \$500 copayment.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Inpatient Rehabilitation</b> Covered up to 60 days per calendar year	Covered in full after \$500 copayment.	Covered in full after deductible.	Covered at 80% of eligible expenses after deductible.
<b>Special Programs</b>	As of 1/1/2022: up to two covered 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 is still \$150. Must still belong to a qualified, health and fitness club for four consecutive months in a calendar year. Vision discounts are also available through Visionworks, Harvard Vanguard locations and other participating providers. Health Education Programs discounts include stress management, parenting, smoking cessation and alternative medicine. Please visit <a href="https://www.harvardpilgrim.org/discounts">harvardpilgrim.org/discounts</a> for details. Received up to \$150 weight management reimbursement when you participate in traditional weight watchers, WW at work programs or hospital based weight management programs.		

## Other Services *continued*

Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO Plus HSA (In-Network)	Harvard Pilgrim PPO Plus HSA (Out-of-Network)
<b>Waiting Periods</b>	No waiting periods. Member is eligible for benefits upon enrollment.		
<b>Eligible Dependents</b>	A child of the subscriber until the end of the month of the child's 26th birthday or spouse of the subscriber.		
<b>Pre-Admission Review</b>	All paperwork is initiated and completed by the provider (doctor, hospital), not the member.		Pre-admission review is required for all non-emergency admissions. Member must call and notify Harvard Pilgrim Health Care. Failure to do so will result in a \$500 reduction in coverage.

## Important Information

### Accessing care within the Harvard Pilgrim HMO:

- As a member of the Harvard Pilgrim HMO, you will be required to choose a Primary Care Physician (PCP) for you and each member of your family.
- Each member may choose a different PCP.
- Your PCP will provide or arrange all of your medical care.
- You can change your PCP at any time by simply writing or calling your Plan's Member Services Department.

Should you or a covered family member require care from a specialist, your Primary Care Physician will refer you to an appropriate participating specialist. However, such referrals are usually made to those specialists affiliated with the same physician group or hospital as the Primary Care Physician. In cases where the needed service is not available at that location, you will be referred to the appropriate providers at other locations in the respective Plan's network.

### Accessing care within the Harvard Pilgrim PPO Plus HSA:

- Members are allowed to select the provider of their choice when obtaining covered services.
- A member's responsibilities and financial obligations differ depending upon whether a participating provider or a non-participating provider is selected.

This comparison is in no way intended as a comprehensive or definitive statement for any aspects of these plans. Please refer to the appropriate plan documents for detailed descriptions of all benefits, exclusions, deductibles and member responsibilities. In the event of a conflict between this comparison and the appropriate plan documents, such as the Harvard Pilgrim Member Agreement and Summary Plan Description, the Harvard Pilgrim Member Agreement and Summary Plan Description will govern.

