

Wellesley College - 2012 Benefits Comparison

Inpatient Services			
Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO (In-Network)	Harvard Pilgrim PPO (Out-of-Network)
Hospitalization	Covered in full for semi-private room for unlimited days including intensive care and special services. Private room covered when medically necessary.	Covered in full 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.
Surgical Charges	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Anesthesia	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Consultations	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Medical Care	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Private Duty Nurses	Covered in full, when medically necessary and approved.	Covered in full, when medically necessary and approved.	Covered at 80% of eligible expenses after deductible.
Physician's Services			
Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO (In-Network)	Harvard Pilgrim PPO (Out-of-Network)
Physicians	Members choose a primary care physician.	Any participating provider.	Any physician.
Office Visits	Covered in full, after a \$15 copayment PCP/\$25 Specialist.	Covered in full, after a \$20 copayment.	Covered at 80% of eligible expenses after deductible.
Adult Routine Physicals	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Well Child Care	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Routine Pap Test	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Immunizations	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.

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Physician's Services *(continued)*

Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO (In-Network)	Harvard Pilgrim PPO (Out-of-Network)
Allergy Injection	Covered in full, after a \$5 copayment.	Covered in full, after a \$5 copayment.	Covered at 80% of eligible expenses after deductible.
Routine Eye Exams (limit 1 per calendar year)	Covered in full, after a \$15 copayment.	Covered in full, after a \$20 copayment.	Covered at 80% of eligible expenses after deductible.
Routine Hearing Examinations or Tests	Covered in full, after a \$15 copayment.	Covered in full, after a \$20 copayment.	Covered at 80% of eligible expenses after deductible.
Emergency Room	Covered in full after \$100 copayment, waived if visit results in immediate admission.	Covered in full after \$100 copayment, waived if visit results in immediate admission.	Covered in full after \$100 copayment, waived if visit results in immediate admission. 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.
Diagnostic Tests	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Maternity Care	Covered in full, for all hospital and physician's services for mother and child.	Covered in full, for all hospital and physician's services for mother and child.	Covered at 80% of eligible expenses after deductible for all hospital and physician's services for mother and child.
Prescription Drugs	\$10 Tier 1/\$25 Tier 2/\$40 Tier 3 per prescription for up to 30 day supply when filled by a participating pharmacy, including birth control and birth control devices.	\$10 Tier 1/\$25 Tier 2/\$40 Tier 3 per prescription for up to 30 day supply when filled by a participating pharmacy, including birth control and birth control devices.	\$10 Tier 1/\$25 Tier 2/\$40 Tier 3 per prescription for up to 30 day supply when purchased through the MedImpact Network.
Mail Service Prescription Drug Option (maintenance medications only)	\$20 Tier 1/\$50 Tier 2/\$120 Tier 3 for up to a 90 day supply.	\$20 Tier 1/\$50 Tier 2/\$120 Tier 3 for up to a 90 day supply.	See In-Network Mail Order Benefit.

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Other Services			
Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO (In-Network)	Harvard Pilgrim PPO (Out-of-Network)
Mental Health Care (Including the Treatment of Substance abuse Disorders)			
Inpatient Services			
<i>Mental health care services</i>	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Intermediate Care Services			
<i>Acute residential treatment (including detoxification), crisis stabilization and in-home family stabilization Intensive outpatient programs, partial hospitalization and day treatment programs</i>	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Outpatient Services			
<i>Mental health care services Group therapy Individual therapy</i>	\$10 copayment per visit. \$15 copayment per visit	\$10 copayment per visit. \$20 copayment per visit.	Covered at 80% of eligible expenses after deductible.
<i>Detoxification Medication management Psychological testing and neuropsychological assessment</i>	\$15 copayment per visit.	\$20 copayment per visit.	Covered at 80% of eligible expenses after deductible.

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Other Services <i>(continued)</i>			
Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO (In-Network)	Harvard Pilgrim PPO (Out-of-Network)
Dental Services			
<i>Preventive care for children through the age of 12. Two visits per member per calendar year including examination, cleaning, x-rays, and fluoride treatment.</i>	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
<i>Extraction of bony impacted teeth.</i>	\$25 copayment per visit.	\$20 copayment per visit.	Covered at 80% of eligible expenses after deductible.
Ambulance Services	Covered in full, when medically necessary and authorized by a provider.	Covered in full, when medically necessary and authorized by a provider.	Covered in full.
Speech Therapies	Covered in full after \$15 copayment per visit in a doctor's office or the outpatient department.	Covered in full after \$20 copayment per visit in a doctor's office or the outpatient department.	Covered at 80% of eligible expenses after deductible.
Physical and Occupational Therapies	Covered in full after \$15 copayment per visit in a doctor's office or the outpatient department (60 visits per calendar year).	Covered in full after \$20 copayment per visit in a doctor's office or the outpatient department (60 visits per calendar year).	Covered at 80% of eligible expenses after deductible.
Family Planning	\$15 copayment per visit.	\$20 copayment per visit.	Covered at 80% of eligible expenses after deductible.
Home Health Care Services	Covered in full when medically necessary and plan approved.	Covered in full when medically necessary and plan approved.	Covered at 80% of eligible expenses after deductible.
Skilled Nursing Care Covered up to 100 days per calendar year	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Inpatient Rehabilitation Covered up to 60 days per calendar year	Covered in full.	Covered in full.	Covered at 80% of eligible expenses after deductible.
Special Programs	<p>Receive up to \$150 fitness reimbursement when you belong to a qualified, health and fitness club for four consecutive months in a calendar year.</p> <p>Alternative fitness options are also available through Cambridge Eye Associates, Harvard Vanguard locations and other participating providers. Other discount options include exercise videos and magazine subscriptions and popular nutrition programs like Weight Watchers, Jenny Craig and Diet.com. Health Education Programs include stress management, parenting, smoking cessation and alternative medicine. Please visit www.harvardpilgrim.org/savings for details.</p>		

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Other Services <i>(continued)</i>			
Benefit	Harvard Pilgrim HMO	Harvard Pilgrim PPO (In-Network)	Harvard Pilgrim PPO (Out-of-Network)
Waiting Periods	No waiting periods. Member is eligible for benefits upon enrollment.		
Eligible Dependents	A child of the subscriber or spouse of the subscriber until the child's 26th birthday.	A child of the subscriber or spouse of the subscriber until the child's 26th birthday.	
Deductible	None.	None.	\$400 per member or \$1,100 per family per calendar year. Annual maximum out-of-pocket expense limit of \$2,000 per member or \$7,500 per family per calendar year. Excludes coinsurance for mental health, drug abuse, and alcoholism services.
Pre-Admission Review	All paperwork is initiated and completed by the provider (doctor, hospital), not the member.	All paper work 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.

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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:

- 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.