

# Benefit summary

## A Business Choice plan



This health plan **meets Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance.

### MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

**As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website ([www.mahealthconnector.org](http://www.mahealthconnector.org)).**

This health plan **meets Minimum Creditable Coverage standards** that are effective January 1, 2009 as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you **will satisfy** the statutory requirement that you have health insurance meeting these standards.

This disclosure is for minimum creditable coverage standards that are effective January 1, 2009. Because these standards may change, review your health plan material each year to determine whether your plan meets the latest standards.

**If you have questions about this notice, you may contact the Division of Insurance by calling 617-521-7794 or visiting its website at [www.mass.gov/doi](http://www.mass.gov/doi).**



# City of Boston

*This Benefit Summary is a general description of your coverage as a member of Neighborhood Health Plan (NHP). For more information about your benefits, visit [www.nhp.org](http://www.nhp.org) or call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761.*

*All services must be medically necessary and some may require prior authorization. The NHP Member Handbook may include additional coverages and/or exclusions not listed on the Benefit Summary.*

## OUTPATIENT—MEDICAL CARE

Office Visits for primary and specialty care.....	\$10 per office visit
Routine check-up / physical exams.....	\$10 per office visit
Gyn exams.....	\$10 per office visit
Well baby and pediatric care.....	\$10 per office visit
Immunizations.....	Included in office visit
Allergy tests and shots.....	Included in office visit
Eye exams (once every 12 months).....	\$10 per office visit
Hearing exams.....	\$10 per office visit
X-rays and lab tests.....	Included in office visit
Outpatient surgery.....	No copayment

## COPAYMENT

## INPATIENT—MEDICAL CARE

Semi-Private room and board.....	No copayment
Private room, if medically necessary.....	No copayment
Physician care in the hospital.....	No copayment
Surgical services.....	No copayment
X-ray and lab services.....	No copayment
Other medically necessary services.....	No copayment

## COPAYMENT

## PRESCRIPTION DRUGS

With a valid prescription and purchased at a participating pharmacy for a 30-day supply.....	\$5 generic
	\$10 preferred brand
	\$25 non-preferred brand
With a valid prescription for a maintenance medication and purchased through the mail order program for a 90-day supply.....	\$10 generic
	\$20 preferred brand
	\$75 non-preferred brand

## COPAYMENT

## OVER-THE-COUNTER DRUGS

Select generic over-the-counter cough, cold and allergy medications with a valid prescription and purchased at a participating pharmacy for up to a 30-day supply prescribed).....	\$0–\$25 copayment (depending on drug prescribed)
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## COPAYMENT

*For a complete listing of over-the-counter drugs visit [www.nhp.org](http://www.nhp.org) or contact our Customer Care Center at 800-462-5449 or TTY 800-655-1761.*

## URGENT CARE

Urgent care provided at your primary care site by your NHP Provider, or arranged by your NHP Provider in advance.....	\$10 per office visit
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## COPAYMENT

## EMERGENCY CARE

*If, in your judgement, you require emergency medical care, go to the nearest emergency room or call 911 or your local emergency number. When admitted to a hospital for emergency care, you or a family member should notify your PCP within 48 hours.*

Care you receive in an emergency room, in or out of the NHP service area.....	\$25 per visit (waived if admitted to hospital)
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## COPAYMENT

<i>MATERNITY CARE</i>	<i>COPAYMENT</i>
Prenatal and postnatal care .....	\$10 per office visit
Hospital and delivery services .....	No copayment
Routine nursery and newborn care .....	No copayment
<i>DENTAL CARE</i>	<i>COPAYMENT</i>
Emergency dental care immediately following an accident or injury .....	\$10/\$25 depending on place of service
Extraction of impacted or infected wisdom teeth .....	\$10/\$25 depending on place of service
Preventive dental care for children under 12 .....	No copayment. One visit every six months
<i>MENTAL HEALTH AND SUBSTANCE ABUSE CARE—OUTPATIENT</i>	<i>COPAYMENT</i>
Mental Health .....	\$10 per office visit
Substance Abuse Care .....	\$10 per office visit
<i>MENTAL HEALTH AND SUBSTANCE ABUSE CARE—INPATIENT</i>	<i>COPAYMENT</i>
Mental Health Care at a psychiatric hospital .....	No copayment
Substance abuse rehabilitation .....	No copayment
Substance abuse detoxification .....	No copayment
<i>REHABILITATIVE CARE</i>	<i>COPAYMENT</i>
Inpatient Care in a Skilled Nursing Facility for up to 100 days per calendar year .....	No copayment
Inpatient Care in a Rehabilitation Hospital for up to 60 days per calendar year .....	No copayment
Short-term outpatient rehabilitation following an injury or illness, for up to 90 consecutive days, including physical and occupational therapy .....	No copayment
Home health care .....	No copayment
Speech Therapy .....	\$10 per office visit
<i>ADDITIONAL SERVICES—WHEN MEDICALLY NECESSARY*</i>	<i>COPAYMENT</i>
Ambulance services .....	No copayment
Disposable medical supplies .....	No copayment
Durable medical equipment .....	Covered in full
Prosthetic devices .....	No copayment
Family planning services, including Norplant implants, when included in your employer's group contract .....	No copayment
Fitness Club Reimbursement† .....	\$150 Individual, \$300 Family, per calendar year
Infertility services, when authorized by your NHP Provider .....	No copayment

\*The NHP Member Handbook may include additional coverages and/or exclusions not listed on the Benefit Summary.

†NHP members enrolled in this plan are eligible to receive up to \$150 reimbursement, per Subscriber, per calendar year toward health club membership at qualifying facilities. Reimbursement amounts may not exceed the amount paid for the membership. To be eligible, members must be enrolled in NHP for at least four months and submit their reimbursement requests by March 31 of the following calendar year. For additional information, please visit [www.nhp.org](http://www.nhp.org) or call our Customer Care Center at 800-462-5449.

# About your NHP membership

## **Primary Care Provider (PCP) and Obstetrical Rights**

NHP generally requires the designation of a PCP. You have the right to designate any PCP who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP. Until you make this designation, NHP designates one for you.

You do not need prior authorization from NHP or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a PCP, or a list of the most up-to date provider information, or a list of participating health care professionals who specialize in obstetrics or gynecology, visit our website at [www.nhp.org](http://www.nhp.org), or call our Customer Care Center at 800-462-5449 (or TTY 800-655-1761).

## **Your Primary Care Provider**

Your PCP arranges your health care and is the first person you call when you need medical care.

## **Urgent Care**

If you need urgent care, call your PCP to arrange where you will receive treatment. Examples of conditions requiring urgent care include, but are not limited to, fever, sore throat, earache and acute pain.

## **Emergency Care**

In an emergency, go to the nearest emergency facility, or call 911, or your local emergency number. Please refer to your Benefit Summary for copayment amount. Your copayment is waived if you are admitted to the hospital.

All follow-up care must be arranged by your PCP. You, or someone on your behalf, should notify your PCP within 48 hours.

## **Customer Care Center**

For questions or concerns about your NHP coverage, contact NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761, available Monday through Friday, 8:00 a.m.–6:00 p.m. (Thursday 8:00 a.m.–8:00 p.m.)

## **Utilization Management Program**

The Utilization Management standards NHP uses were created to assure our members consistently receive high quality, appropriate medical care. To determine coverage, specific criteria is used to make Utilization Management decisions. This criteria is developed by physicians and meets the standards of national accreditation organizations. As new treatments and technologies become available, NHP updates its Utilization Management standards annually.

To make utilization decisions, NHP conducts, concurrent, and retrospective reviews of the health care services our members use.

## **Prospective Review**

Determines if a procedure or treatment either you or your doctor is requesting is both medically appropriate and medically necessary.

## **Concurrent Review**

During the course of treatment, such as hospitalization, concurrent review monitors the progress of treatment and determines for how long it will be deemed medically necessary.

## **Retrospective Review**

After care has been provided, NHP reviews treatment outcomes to ensure that the health care services provided to you met certain quality standards.

## **Care Management**

When members have a severe or chronic illness or condition, they may qualify for Care Management. NHP's care managers work one-on-one with members and their providers to find the most appropriate and cost-effective ways to manage a condition. Together, a treatment plan that best meets the member's needs is developed with the goal of promotion patient education, self-care, and providing access to the right kinds of health care services and options.

By completing the Health Needs Assessment that every new NHP member receives as part of their member kit, our care managers can identify any potential unmet needs that may benefit by care management assistance. Care managers then reach out to the member to see if they would be interested in joining one of our care management programs.

To learn more about Utilization Management or Care Management at NHP, please refer to your NHP Member Handbook or contact our Customer Care Center at 800-462-5449.

## **Exclusions**

NHP does not cover the following services or supplies:

Acupuncture; Benefits From Other Sources; Biofeedback; Blood and Related Fees\* Chiropractic Care; Cosmetic Services and Procedures; Custodial Care; Dentures; Diet Foods; Educational Testing and Evaluations; Exams Required by a Third Party; Experimental Services and Procedures; Eyewear/Laser Eyesight Correction;\* Foot Care;\* Gender Re-Assignment Surgery; Hearing Aids; Massage Therapy; Non-Covered Providers; Personal Comfort Items; Reversal of Voluntary Sterilization; Self-Monitoring Devices\*

\*Except as specified in the NHP Member Handbook.