



Notice to all NHP Business Choice Members Enrolled in South End
Community Health Center

Amendment to NHP Coverage Effective 7/30/10 and 1/1/11

Dear NHP Member:

This document represents an amendment to your NHP Member Handbook. The following definitions and additions regarding plan services and/or benefits are effective 7/30/10 and 1/1/11. The section where this information is located in your handbook is provided along with the new or revised definition, policy, or procedure this notice amends. If you wish to obtain a copy of your member handbook, please call a Customer Care Representative at 1-800-462-5449 (TTY 1-800-655-1761) or visit www.nhp.org and click on “members” and then “your plan.” This amendment addresses the following topics in order as they appear in the member handbook:

Infertility and Treatment for Infertility (7/30/10)

Coordination of Benefits (COB) (1/1/11)

INFERTILITY AND TREATMENT FOR INFERTILITY

Section 7: *Your NHP Covered Healthcare Services* | Page 36: *Infertility and Treatment for Infertility*

Replace the first paragraph with the following new text:

NHP defines Infertility as the condition of an individual who is unable to conceive or produce conception during a period of 1 year if the female is age 35 or younger or during a period of 6 months if the female is over the age of 35. For purposes of meeting the criteria for Infertility, if a person conceives but is unable to carry that pregnancy to live birth, the period of time she attempted to conceive prior to achieving that pregnancy shall be included in the calculation of the 1 year or 6 month period, as applicable.

NHP will cover Medically Necessary expenses for the diagnosis and non-experimental treatment of Infertility to the same extent that benefits are provided for other Medically Necessary services and prescription medications. The following procedures are covered, but are not limited to:



COORDINATION OF BENEFITS (COB)

Section 10: *When You Have Other Coverage* | Page 48: *Coordination of Benefits*

Replace the second paragraph under this sub-section with the following new text:

Coordination of Benefits will be based upon the Massachusetts Regulation for a service that is covered at least in part by any of the plans involved. NHP reimbursement shall not exceed the maximum allowable under the Plan. (Unless otherwise required by law, coverage under this policy by NHP will be secondary when another plan, including without limitation, medical payment coverage under an automobile or home insurance policy, provides you with coverage for health care services.)

Thank you again for choosing Neighborhood Health Plan. We look forward to serving all of your health care needs. Should you have any questions or concerns, please call our Customer Care Center at 1-800-462-5449 (TTY 1-800-655-1761) or visit www.nhp.org. Our hours of operation are Monday through Friday from 8:00am to 6:00pm and Thursday from 8:00am to 8:00pm.

Sincerely,



Paul Mendis, M.D.

Chief Medical Officer