

Exclusively for members of the Group Insurance Commission

Benefit summary

NHPCare HMO plan for GIC members Effective July 1, 2011



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).

This health plan **meets Minimum Creditable Coverage standards** that were 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 were 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.



NHPCare HMO for GIC members

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 nhp.org or call the NHP Customer Care Center at **800-462-5449** (or TTY 800-655-1761) to request an NHP Care HMO Member Handbook. You are covered for most routine, specialty, and hospital care. To receive benefits, care must be provided or arranged by an NHP Care Provider.

PRIMARY CARE PROVIDER TIERS: When choosing a Primary Care Provider (PCP), please note that NHP tiers Primary Care Providers (PCPs) at the group practice (site) level for GIC members in the NHP Care HMO Plan. NHP based its PCP tiering on quality and cost-efficiency standards authorized by the GIC for its Clinical Performance Improvement initiative (CPI). Each contracted PCP group practice (site) has been given an overall quality and cost-efficiency score based on the CPI data that places it into one of three levels:

*** Tier 1 (excellent); ** Tier 2 (good); or * Tier 3 (standard).

Sites with the highest combined quality and cost-efficiency scores have been assigned to Tier 1. Sites with scores that fall within the middle range or with insufficient data for comparison are assigned to Tier 2, and sites with standard scores are assigned to Tier 3. Your choice of PCP will determine your office visit Copayment based on the site at which that PCP practices. The Tier 1 Copayment is \$15 per office visit, the Tier 2 Copayment is \$25 per office visit, and the Tier 3 Copayment is \$30 per office visit.

Please note that PCPs are tiered at the site level and not the individual level. Should you change your PCP to a PCP practicing at a site that is in a different Tier or should your PCP move to a practice site in a different Tier, you will be subject to the new site's applicable Copayment. Please refer to the NHP GIC Provider Directory to verify the site address and Tier of your PCP. To obtain the most up-to-date information on NHP providers, please refer to the online provider directory located at www.nhp.org and click on the provider directory link. You may also contact our Customer Care Center at **800-462-5449**.

SPECIALTY CARE PROVIDER TIERS: When choosing a Specialist, please note that NHP tiers the following specialties: Cardiology, Endocrinology, ENT/Otolaryngology, Gastroenterology, OB/GYN, Orthopedics, Pulmonology, and Rheumatology services. NHP based this Specialty Provider Tiering on quality and cost-efficiency standards authorized by the GIC for its Clinical Performance Improvement initiative (CPI). Each contracted Cardiology, Endocrinology, ENT/Otolaryngology, Gastroenterology, OB/GYN, Orthopedics, Pulmonology, and Rheumatology specialist has been given a quality and cost-efficiency score based on the CPI data that places it into one of three levels:

*** Tier 1 (excellent); ** Tier 2 (good); or * Tier 3 (standard).

Specialists with the highest combined quality and cost-efficiency scores have been assigned to Tier 1. Specialists with scores that fall within the middle range are assigned to Tier 2. Specialists with standard scores are assigned to Tier 3. Your choice of Cardiology, Endocrinology, ENT/Otolaryngology, Gastroenterology, OB/GYN, Orthopedics, Pulmonology and Rheumatology Specialist will determine your office visit Copayment based on his/her Tier. The Tier 1 Copayment is \$25, Tier 2 Copayment is \$35 and the Tier 3 Copayment is \$45 per office visit. Please note that the Office visit Copayment for Specialty Providers who are not being tiered is \$35. Your Copayment for outpatient Mental Health or Substance Abuse providers is \$25. Please refer to the NHP GIC Provider Directory to verify your Specialty Provider's tier. To obtain the most up-to-date information on NHP providers, please refer to the online provider directory located at www.nhp.org and click on the Provider Directory link. You may also contact our Customer Care Center at **800-462-5449**.

MEDICAL CARE DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

Deductible per Calendar Year	\$250 Individual, \$750 Family
Out-of-Pocket Maximum per Calendar Year (for indicated services)[†]	\$5,000 Individual, \$10,000 Family

OUTPATIENT MEDICAL CARE

COPAYMENTS (TIERED) TIER 1 | TIER 2 | TIER 3

Primary Care for Preventive Services	No copayment
Annual Physical Exams	No copayment
Immunization Visits	No copayment
Well Child Visits	No copayment
Family Planning	No copayment
Office Visits for Other Primary Care	\$15 \$25 \$30
Limited Services Clinic (Retail Clinics)	\$20
Office Visits for Specialty Care	\$25 \$35 \$45
Cardiology	\$25 \$35 \$45
Endocrinology	\$25 \$35 \$45
ENT/Otolaryngology	\$25 \$35 \$45
Gastroenterology	\$25 \$35 \$45
OB/GYN	\$25 \$35 \$45
Orthopedic Surgery	\$25 \$35 \$45
Pulmonology	\$25 \$35 \$45
Rheumatology	\$25 \$35 \$45
All Other Specialty Care	\$35
Annual Gynecological Exam	No copayment
Eye Exams provided by Optometrist/Ophthalmologist (once every 24 months)	\$35
Outpatient Surgery [†]	\$110 per occurrence, then Deductible*

OUTPATIENT LABORATORY AND IMAGING

COPAYMENT

Routine Laboratory Tests	Included in office visit
Diagnostic Laboratory and X-ray [†]	Deductible
Mammography	No copayment
Screening Colonoscopy	No copayment
High-technology Radiology (MRI, CT, PET Scan) [†]	\$100, then Deductible

INPATIENT MEDICAL CARE

COPAYMENT

Semi-Private room and board [†]	\$250 per admission, then Deductible*
Private room, if medically necessary [†]	\$250 per admission, then Deductible*
Physician care in the hospital	No copayment
Surgical services, X-Ray and lab, Other medically necessary services	No copayment

This Benefit Summary and the NHP/GIC Member Handbook (or Subscriber Agreement), comprise the Evidence of Coverage for NHP members covered through this employer group.

*Per admission/occurrence with a cap of four copayments per calendar year. Copayment will be waived for re-admission to a hospital for any reason if the re-admission occurs within 30 days of release from a hospital. The hospital inpatient Copayment is not automatic. You must contact NHP to have the copayment waived.

URGENT CARE

Urgent Care (provided at your primary care site or arranged by your NHP provider) Same as Primary Care copayment for your primary care provider

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 NHP Service Area[†] \$100 per incident, then Deductible (waived if admitted to hospital)

MATERNITY CARE

Prenatal and Postnatal Care (OB/GYN) \$25 | \$35 | \$45
 Hospital and delivery services[†] \$250 per admission, then Deductible*
 Routine Nursery and Newborn Care No copayment

DENTAL CARE

Emergency Dental Care (within 72 hours) \$35 for office visit
 For additional covered dental benefits, please refer to your NHP/GIC Member Handbook
 \$100 Emergency Room Care, then Deductible[†]
 \$110 Surgical Day Care, then Deductible[†]
 \$250 Hospital Inpatient Care, then Deductible[†]

MENTAL HEALTH AND SUBSTANCE ABUSE CARE—OUTPATIENT

Mental Health/Substance Abuse Care \$25 per office visit
 Substance Abuse Detoxification \$25 per office visit

MENTAL HEALTH AND SUBSTANCE ABUSE CARE—INPATIENT

Mental Health Care at a psychiatric hospital No copayment
 Substance Abuse Rehabilitation No copayment
 Substance Abuse Detoxification No copayment

REHABILITATIVE CARE

Inpatient care in a skilled nursing facility (for up to 100 days per calendar year)[†] Deductible
 Inpatient care in a rehabilitation hospital[†] \$250 per admission, then Deductible*
 Short-term outpatient rehabilitation following injury or illness, for up to 90 days, including physical and occupational therapy \$35
 Home Health Care No copayment
 Cardiac Rehabilitation Services No copayment

PRESCRIPTION DRUGS

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply \$10 generic
 \$25 preferred brand
 \$50 non-preferred brand
 With a valid prescription for a maintenance medication and purchased through the mail order program for a 90-day supply \$20 generic
 \$50 preferred brand
 \$110 non-preferred brand

OVER-THE-COUNTER DRUGS

Select generic over-the-counter cough, cold and allergy medicines with a valid prescription and purchased at a participating pharmacy for up to a 30-day supply \$0 to \$50 copayment (depending on drug prescribed)

For a complete list of over-the-counter drugs, visit www.nhp.org or contact our Customer Care Center at 800-462-5449 or TTY 800-655-1761.

ADDITIONAL SERVICES—WHEN MEDICALLY NECESSARY

Ambulance Services[†] Deductible
 Disposable Medical Supplies[†] Deductible
 Durable Medical Equipment[†] Deductible, then 20% of purchase or rental cost
 Hospice Care No copayment
 Nutritional Formulas No copayment
 Orthotics[†] Deductible
 Prosthetic Devices[†] Deductible
 Second Opinions Same as Primary Care copayment for your primary care provider, or Specialty Care copayment when provided by specialty care provider
 Speech Therapy \$35
 Fitness Club Reimbursement[‡] \$150 Individual, \$300 Family, per calendar year

[†]All deductibles, copays of \$100 or more, and coinsurance for indicated services apply to \$5,000 Individual / \$10,000 Family Out-of-Pocket Maximum per calendar year.
[#]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 or call our Customer Care Center at 800-462-5449.

More about NHPCare HMO for GIC members

Deductibles and Copayments Required for Certain Services

Before coverage begins for certain services, you pay a copayment and/or a deductible each calendar year.

Your deductible is an amount you pay for certain services each calendar year. Refer to services marked "Deductible." For some services, you are first required to pay a copayment and then the deductible before coverage begins.

All members are responsible for the individual deductible per calendar year. Family member's deductible payments contribute toward the family deductible per calendar year. The family deductible can be satisfied by combining the deductibles paid for by covered family members. Each family member's contribution will not exceed the amount set for an individual deductible.

All deductibles, copays of \$100 or more, and coinsurance for indicated services (†) apply to \$5,000 Individual/\$10,000 Family Out-of-Pocket Maximum per calendar year. Once the individual out-of-pocket maximum is satisfied, these services are covered for the member in full through the remainder of the calendar year. Copayments for services that do not count toward your medical care out-of-pocket maximum continue to apply.

The family out-of-pocket maximum is satisfied by combining the deductibles and copayments paid by covered family members. Once the family out-of-pocket maximum is satisfied, these services are covered for all family members in full through the remainder of the calendar year.

Primary Care Provider (PCP) and Obstetrical Rights

NHP 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, 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.

Primary Care for Preventive Care Services

NHP covers primary care for preventive services for adults, women (including pregnant women) and children, which includes coverage for annual physical exams, immunizations visits, well child visits and annual gynecological exams. For a complete list of eligible preventive care services, please visit www.nhp.org/hcreform or contact the NHP Customer Care Center for additional information.

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

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

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 Prospective, 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 promoting 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; Massage Therapy; Non-Covered Providers; Personal Comfort Items; Reversal of Voluntary Sterilization; Self-Monitoring Devices*

*Except as specified in the NHP Member Handbook



**Neighborhood
Health Plan**™

Your health. Our promise.