

# Benefit summary

## A Business Choice and Commonwealth Choice plan

Effective April 1, 2011



To contact the Health Connector,  
call 1-877-MA-ENROLL or go to  
[www.mahealthconnector.org](http://www.mahealthconnector.org).



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).



# NHP Choice Extra 1000

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.

NHP's Comprehensive Network applies. To find a provider, please visit [www.nhp.org](http://www.nhp.org)

All covered services must be medically necessary and some may require prior authorization. Please check with your PCP or treating provider to determine if a prior authorization is necessary. The NHP Member Handbook may include additional coverages and/or exclusions not listed on the Benefit Summary.

## MEDICAL CARE DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

Deductible per Calendar Year .....	\$1,000 Individual, \$2,000 Family
Out-of-Pocket Maximum per Calendar Year (for indicated services)* .....	\$2,000 Individual, \$4,000 Family

### OUTPATIENT MEDICAL CARE

	COPAYMENT
Primary Care for Preventive Services .....	No copayment
Annual Physical Exams .....	No copayment
Immunization Visits .....	No copayment
Well Child Visits .....	No copayment
Office Visits for Other Primary and Specialty Care .....	\$20 per office visit
Allergy Tests and Shots .....	Included in office visit
Annual Gynecological Exams .....	No copayment
Cardiac Rehabilitation Services .....	\$20 per office visit
Chiropractic Care (10 visits per member per calendar year) .....	\$20 per office visit
Eye Exams (one visit per member per calendar year) .....	\$20 per office visit
Family Planning Services .....	\$20 per office visit
Hearing Exams .....	\$20 per office visit
Infertility Services* .....	Subject to deductible
Physical Therapy/Occupational Therapy (up to 90 consecutive days per condition) .....	\$20 per office visit
Speech Therapy .....	\$20 per office visit
Prenatal and Postnatal Care .....	\$20 per office visit
Pediatric Care .....	\$20 per office visit
Outpatient Surgery* .....	Subject to deductible

### OUTPATIENT LABORATORY AND IMAGING

Routine Laboratory Tests .....	Included in office visit
Diagnostic Laboratory and X-ray* .....	Subject to deductible
Mammography .....	No copayment
Screening Colonoscopy .....	No copayment
High-technology Radiology (MRI, CT, PET Scan)* .....	Subject to deductible
Nuclear Cardiac Imaging* .....	Subject to deductible

### INPATIENT MEDICAL CARE

	COPAYMENT
Inpatient Medical Services* (semi-private room and board or private room, if medically necessary) .....	Subject to deductible
Inpatient Care in a Skilled Nursing Facility* (for up to 100 days per calendar year) .....	Subject to deductible
Inpatient Care in a Rehabilitation Facility* (for up to 60 days per calendar year) .....	Subject to deductible
Inpatient Maternity* .....	Subject to deductible
Routine Nursery and Newborn Care .....	No copayment

### MENTAL HEALTH AND SUBSTANCE ABUSE CARE—OUTPATIENT

	COPAYMENT
Mental Health .....	\$20 per office visit
Substance Abuse Care .....	\$20 per office visit

*MENTAL HEALTH AND SUBSTANCE ABUSE CARE—INPATIENT*

*COPAYMENT*

Mental Health Care.....	No copayment
Substance Abuse Detoxification .....	No copayment
Substance Abuse Rehabilitation .....	No copayment

*URGENT CARE*

*COPAYMENT*

Urgent Care provided at your primary care site or arranged by your NHP Provider .....	\$20 per office visit
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*EMERGENCY CARE*

*COPAYMENT*

*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* .....	Deductible, then \$100 per office visit (waived if admitted to hospital)
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*DENTAL CARE†*

*COPAYMENT*

Emergency Dental Care immediately following accident or injury .....	\$20 for office visit Deductible, then \$100 in emergency room* (waived if admitted to hospital)
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Extraction of Impacted or Infected Wisdom Teeth .....	\$20 per office visit
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Preventive Dental Care (one visit every 12 months) .....	No copayment
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*PRESCRIPTION DRUGS*

*COPAYMENT*

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply .....	\$15 generic drugs \$30 preferred brand \$50 non-preferred brand
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With a valid prescription for a maintenance medication and purchased through the mail order program for a 90-day supply .....	\$30 generic drugs \$60 preferred brand \$150 non-preferred brand
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*OVER-THE-COUNTER DRUGS*

*COPAYMENT*

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)
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*For a complete list 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.*

*ADDITIONAL SERVICES*

*COPAYMENT*

Ambulance Services* .....	Subject to deductible
Disposable Medical Supplies* .....	Subject to deductible
Durable Medical Equipment* .....	Deductible, then 20% coinsurance
Early Intervention (from birth up to age three) .....	No copayment
Fitness Club Reimbursement‡ .....	\$150 individual, \$300 family, per calendar year
Home Health Care .....	No copayment
Hospice .....	No copayment

\*The Medical Care Deductible, Coinsurance, and Copayments of \$100 or more apply to the Out-of-Pocket Maximum.

†Preventive dental services must be provided by a Delta Dental PPO Network participating dentist. To locate a Delta Dental PPO provider, please visit [www.deltadentalma.com](http://www.deltadentalma.com) or call 800-872-0500.

‡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

## **Copayments or Deductibles Required for Certain Services**

Before coverage begins for certain services, you pay a deductible each calendar year.

Your Plan Deductible is an amount you pay for certain services each calendar year. Refer to services marked "subject to a deductible." For some services, after the deductible is satisfied, members are also required to pay a copayment 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.

For medical care services marked with an asterisk (\*), the deductible and copayment amounts paid apply toward the out-of-pocket maximum. 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 copayment amounts 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 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 (PCP)**

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, immunization visits, well child visits and annual gynecological exams. For a complete list of eligible preventive care services, please visit [www.nhp.org/hcreform](http://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**

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 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;\* 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

Issued and effective April 1, 2011

NHPBC12

NHPCC12



**Neighborhood  
Health Plan™**

*Your health. Our promise.*



# Neighborhood Health Plan™

Dear NHP Member:

As you know, your NHP plan has a deductible that applies to diagnostic testing, as well as other services. This document is intended to explain those diagnostic tests that are considered routine, and thus excluded from your deductible obligation, and those diagnostic tests that are considered non-routine, and thus subject to a deductible.

NHP has relied upon the recommendations of the Massachusetts Health Quality Partners’ (MHQP)\* Guidelines for Adult Preventive Care, Pediatric Preventive Care and Perinatal Care in order to determine which tests are routine, and which tests are non-routine. Those guidelines provide recommendations for the types of tests that should be included in all preventive and perinatal care doctor visits. NHP has endorsed those guidelines and we encourage our providers to follow them.

Tests Not Subject to Deductible	Tests Subject to Deductible
Hemoglobin and hematocrit tests	<b>All</b> other tests, including but not limited to:
Hemoglobin electrophoresis	X-rays
Blood type and antibody screen	Electrocardiogram (EKG)
Fasting lipoprotein profile (cholesterol tests)	Magnetic Resonance Imaging (MRI)
Fasting blood glucose	Computerized Axial Tomography (CAT scan)
Glucose tolerance test	Ultrasound
Serology testing for all sexually transmitted diseases, including chlamydia, gonorrhea, and syphilis.	Thyroid test
HIV serology test	Hemoglobin A1c (diabetic) test
Hepatitis B and C serology tests	
Serology screening for rubella	
Prostate specific antigen (PSA)	
Alpha-fetoprotein screening test (AFP)	
Group B strep test (GBS)	
Lead screening	
Routine urinalysis	
Urine dipstick for protein and glucose	
Urine cultures	
Fecal occult blood test	
TB skin test	
Pap smear (cervical cancer screening test)	
Mammogram	
Screening colonoscopy	
Screening sigmoidoscopy	

\*MHQP brings together a large number of Massachusetts health care organizations—including the MA Department of Public Health, MA Medical Society, MA Hospital Association, physician specialty societies and several major health plans—to endorse and disseminate a variety of evidence-based practice guidelines.

For further information contact NHP’s Customer Care Center at 1-800-462-5449 (TTY 1-800-655-1761), Monday, Tuesday, Wednesday and Friday 8:00 a.m. to 6:00 p.m., and Thursday 8:00 a.m. to 8:00 p.m.

