

Benefit summary

A Business Choice plan Prescription drug coverage excluded

Effective January 1, 2012



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 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.



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Partners Network Plan

This Benefit Summary is a general description of your coverage as a member of Neighborhood Health Plan (NHP). Benefits are based upon the status of your provider in the NHP Partners Network Plan at the time of service. For the most up to date information about your provider, please refer to NHP's online directory available at www.nhp.org.

For more information about your benefits, please visit www.nhp.org or call NHP's Member Service Center at 800-462-5449 (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.

<i>Medical Care Deductible and Out-of-pocket Maximum</i>	<i>Partners Network</i>	<i>NHP Network</i>
Deductible per Calendar Year	Not applicable	\$250 Individual, \$500 Family
Out-of-Pocket Maximum per Calendar Year (for indicated services)*.....	Not applicable	\$2,000 Individual, \$4,000 Family

<i>Outpatient Medical Care</i>	<i>Partners Network</i>	<i>NHP Network</i>
Primary Care for Preventive Service	No copayment	No copayment
Annual Physical Exams	No copayment	No copayment
Immunization Visits	No copayment	No copayment
Well Child Visits	No copayment	No copayment
Office Visits for Other Primary Care	\$15 per office visit.....	\$15 per office visit
Family Planning Services (when provided by a PCP).....	\$15 per office visit.....	\$15 per office visit
Office Visits for Specialty Care	\$15 per office visit.....	\$40 per office visit
Allergy Tests and Shots	No copayment	No copayment
Annual Gynecological Exams	No copayment	No copayment
Cardiac Rehabilitation Services.....	\$15 per office visit.....	\$40 per office visit
Chiropractic Care (10 visits per member per calendar year)	\$15 per office visit.....	\$40 per office visit
Eye Exams (once every 12 months).....	\$15 per office visit.....	\$40 per office visit
Family Planning Services (when provided by an OB/GYN).....	\$15 per office visit.....	\$40 per office visit
Hearing Exams	No copayment	No copayment
Infertility Services	\$15 per office visit.....	\$40 per office visit
Physical Therapy/Occupational Therapy (up to 100 visits per calendar year)	\$15 per office visit.....	\$40 per office visit
Speech Therapy	\$15 per office visit.....	\$40 per office visit
Outpatient Surgery	No copayment	\$150 per occurrence*

<i>Outpatient Laboratory and Imaging</i>	<i>Partners Network</i>	<i>NHP Network</i>
Routine Laboratory Tests	No copayment	No copayment
Diagnostic Laboratory and X-ray	No copayment	No copayment
Mammography	No copayment	No copayment
Screening Colonoscopy	No copayment	No copayment
High-technology Radiology (MRI, CT, PET scan)	No copayment	\$150 per office visit*

<i>Inpatient Medical Care</i>	<i>Partners Network</i>	<i>NHP Network</i>
Inpatient Medical Services (semi-private room and board or private room, if medically necessary)	No copayment	Deductible, then \$250 copayment per admission* (Waived if admitted from ER)
Inpatient Care in a Skilled Nursing Facility (up to 100 days per calendar year)	No copayment	No copayment
Inpatient Care in a Rehabilitation Facility (up to 60 days per calendar year)	No copayment	Deductible, then \$250 copayment per admission*

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

Inpatient Maternity	No copayment	Deductible, then \$250 copayment per admission*
Routine Nursery and Newborn Care	No copayment	No copayment
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<i>Mental Health and Substance Abuse Care—Outpatient</i>	<i>Partners Network</i>	<i>NHP Network</i>
Mental Health/Substance Abuse Care	\$15 per office visit	\$15 per office visit
Substance Abuse Detoxification	\$15 per office visit	\$15 per office visit
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<i>Mental Health and Substance Abuse Care—Inpatient</i>	<i>Partners Network</i>	<i>NHP Network</i>
Mental Health Care	No copayment	No copayment
Substance Abuse Detoxification	No copayment	No copayment
Substance Abuse Rehabilitation	No copayment	No copayment
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<i>Urgent Care</i>	<i>Partners Network</i>	<i>NHP Network</i>
Urgent Care provided at your primary care site or arranged by your NHP Provider	\$15 per office visit	\$15 per office visit
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<i>Emergency Care</i>	<i>Partners Network</i>	<i>NHP Network</i>
<i>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.</i>		
Care you receive in an emergency room, in or out of NHP Service Area	\$100 per visit (waived if admitted to hospital)	\$100 per visit* (waived if admitted to hospital)
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<i>Dental Care</i>	<i>Partners Network</i>	<i>NHP Network</i>
Emergency Dental Care immediately following accident or injury	\$15 for office visit \$100 per emergency room visit (waived if admitted to hospital)	\$15 for office visit \$100 per emergency room visit (waived if admitted to hospital)*
Extraction of Impacted or Infected Wisdom Teeth	\$15 per office visit	\$40 per office visit
Preventive Dental Care for children under 12**	No copayment (one visit every six months)	No copayment (one visit every six months)
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<i>Prescription Drugs</i>	<i>Partners Network</i>	<i>NHP Network</i>
Prescription Drugs	Not covered	Not covered
Over-the-counter drugs	Not covered	Not covered
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<i>Additional Services</i>	<i>Partners Network</i>	<i>NHP Network</i>
Ambulance Services	No copayment	No copayment
Disposable Medical Supplies	No copayment	No copayment
Durable Medical Equipment	20% coinsurance	20% coinsurance*
Early Intervention (from birth up to age three)	No copayment	No copayment
Home Health Care	No copayment	No copayment
Hospice	No copayment	No copayment

*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 Premier Network participating dentist. To locate a Delta Dental Premier provider, please visit www.deltadentalma.com or call 800-872-0500.

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, or call our Member Service 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 Member Service 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.

Member Service Center

For questions or concerns about your NHP coverage, contact NHP's Member Service 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 Member Service 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; Eye-wear/Laser Eyesight Correction;* Foot Care;* Gender Re-Assignment Surgery; Health Club Membership;† 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.

†Unless a specific discount or reimbursement for such memberships is identified as part of your plan.



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