

Schedule of benefits

A Prime HMO 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).

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.



nhp.org



**Neighborhood
Health Plan**TM

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NHP Prime HMO 1000/2000 PY 20/35

This Schedule of Benefits 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 or call NHP Customer Service at 800-462-5449 (TTY 800-655-1761). To find a provider, please visit 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 coverage and/or exclusions not listed on the Schedule of Benefits.

MEDICAL CARE DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

Deductible per Plan Year	Medical/Behavioral Health (Combined): \$1,000 Individual, \$2,000 Family Prescription: None
Out-of-Pocket Maximum per Plan Year	Medical/Behavioral Health/Prescription (Combined): \$5,000 Individual, \$10,000 Family

OUTPATIENT MEDICAL CARE

Preventive Services

Annual Physical Exams	No copayment
Annual Gynecological Exams	No copayment
Well Child Visits	No copayment
Allergy Shots	No copayment
Immunizations and Vaccinations	No copayment
Preventive Laboratory Tests	No copayment
Screening Colonoscopy	No copayment
Screening Mammography	No copayment

Other Primary & Specialty Care Office Visits

Office Visits for Other Primary Care	\$20 copayment
Office Visits for Other Specialty Care	\$35 copayment
Cardiac Rehabilitation Service	\$35 copayment
Chiropractic Care (12 visits per member per plan year)	\$20 copayment
Routine Eye Exams (one visit per member every 12 months)	\$35 copayment
Family Planning Services	No copayment
Hearing Exams	\$35 copayment
Infertility Services	\$35 copayment
Physical Therapy/Occupational Therapy (up to 60 visits combined per plan year)	\$20 copayment
Speech Therapy	\$20 copayment
Prenatal and Postnatal Care	No copayment

Other Outpatient Services

Diagnostic, Laboratory, and X-ray	Subject to deductible
High-tech Radiology (MRI, CT, PET Scan, Nuclear Cardiac Imaging)	Subject to deductible, then \$200 copayment
Outpatient Surgery-Facility Fee	Subject to deductible, then \$250 copayment
Outpatient Surgery-Professional Fee	Subject to deductible

INPATIENT MEDICAL CARE

Inpatient Medical Services—Facility Fee	Subject to deductible, then \$250 copayment
Inpatient Medical Services—Professional Fee	Subject to deductible
Inpatient Care in a Skilled Nursing Facility (for up to 100 days per plan year)	Subject to deductible, then \$250 copayment
Inpatient Care in a Skilled Nursing Facility—Professional Fee	Subject to deductible
Inpatient Care in a Rehabilitation Facility (for up to 60 days per plan year)	Subject to deductible, then \$250 copayment
Inpatient Care in a Rehabilitation Facility—Professional Fee	Subject to deductible
Inpatient Maternity—Facility Fee	Subject to deductible, then \$250 copayment
Inpatient Maternity—Professional Fee	Subject to deductible
Routine Nursery and Newborn Care	No copayment

BEHAVIORAL HEALTH SERVICES—OUTPATIENT

Mental Health (eight initial visits, then authorization required for additional visits)	\$20 copayment
Substance Abuse Care (eight initial visits, then authorization required for additional visits)	\$20 copayment

BEHAVIORAL HEALTH SERVICES—INPATIENT

Inpatient Mental Health Care—Facility Fee	Subject to deductible, then \$250 copayment
Inpatient Mental Health Care—Professional Fee	Subject to deductible
Inpatient Substance Abuse Detoxification or Rehabilitation—Facility Fee	Subject to deductible, then \$250 copayment
Inpatient Substance Abuse Detoxification or Rehabilitation—Professional Fee	Subject to deductible

All Medical/Behavioral Health combined Deductibles, Coinsurance, and Copayments (including Prescriptions) apply to the Medical Out-of-Pocket Maximum.

This Schedule of Benefits and the NHP Member Handbook (or Subscriber Agreement) comprise the Evidence of Coverage for NHP members covered on this health plan.

URGENT CARE

Care for an illness, injury or condition serious enough that a person would seek immediate care, but not so severe as to require Emergency room care.

Urgent Care \$20 copayment

EMERGENCY CARE

If 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 Subject to deductible, then \$150 copayment (copayment waived if admitted to hospital)
Ambulance Services (emergency transport only) Subject to deductible

DENTAL CARE

Emergency Dental Care (within 72 hours of accident or injury) Subject to deductible, then \$150 copayment (copayment waived if admitted to hospital)

PRESCRIPTION DRUGS

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply Generic: \$20 copayment
Preferred brand name: \$30 copayment
Non-preferred brand name: \$50 copayment

Access 90: With a valid prescription for a 90-day supply of a maintenance medication and purchased through the mail or at a participating pharmacy Generic: \$40 copayment
Preferred brand name: \$60 copayment
Non-preferred brand name: \$150 copayment

OVER-THE-COUNTER DRUGS

For a complete list of over-the-counter drugs, visit www.nhp.org or call NHP Customer Service at 800-462-5449 (TTY 800-655-1761).

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-\$30 copayment (depending on drug prescribed)

ADDITIONAL SERVICES

Disposable Medical Supplies Subject to deductible, then 20% coinsurance
Diabetic Supplies No copayment
Oxygen Supplies No copayment
Durable Medical Equipment Subject to deductible, then 20% coinsurance
Early Intervention (from birth up to age three) No copayment
Fitness Program Benefit Coverage for one month of membership fees (minimum of \$150) at a qualified health club for either a covered Subscriber or one covered Dependent (see Member Handbook or www.nhp.org for qualifications)
Hearing Aids (age 21 and under) Covered up to \$2,000 for each affected ear every 36 months
Home Health Care No copayment
Hospice No copayment
Routine Foot Care (covered for diabetes and some circulatory diseases) \$35 copayment
Weight Loss Program Benefit Coverage for six months of membership fees in a Jenny Craig or Weight Watchers program for either a covered Subscriber or one covered Dependent (see Member Handbook or www.nhp.org for qualifications)
Wigs (Scalp Hair Prosthesis for Cancer Patients) Subject to deductible, then 20% coinsurance



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For questions or concerns about your NHP coverage, call NHP Customer Service at 800-462-5449 (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.)

About Your NHP Membership

For questions or concerns about your NHP coverage, call NHP Customer Service at 800-462-5449 (TTY 800-655-1761), Mon.–Fri. 8:00 a.m.–6:00 p.m. (Thurs. 8:00 a.m.–8:00 p.m.).

Copayments, Coinsurance, or Deductibles Required for Certain Services

Before coverage begins for certain services, you pay a deductible each plan year. Your Plan deductible is an amount you pay for certain services each plan year. 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 plan year. Family member's deductible payments contribute toward the family deductible per plan 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.

Medical/Behavioral Health combined Deductibles, Copayments (including Prescriptions), and Coinsurance apply to the Medical 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 plan 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, coinsurance, 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 plan year.

Your Primary Care Provider (PCP)

Your PCP arranges your health care and is the first person you call when you need medical care. Be sure to check with your PCP to find out office hours and whether urgent care is offered.

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.

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 NHP Customer Service.

Preventive Care Services

NHP covers eligible preventive services for adults, women (including pregnant women) and children, which includes coverage for annual physical exams, immunizations, well child visits and annual gynecological exams. For a complete list of eligible preventive care services, please visit www.nhp.org or call NHP Customer Service.

Primary Care Provider (PCP) and Obstetrical Rights

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. However, the health care professional 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.

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 or an earache.

Emergency Care

In an emergency, go to the nearest emergency facility, or call 911, or your local emergency number. Please refer to this Schedule of Benefits 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.

Referrals

NHP requires referral for specialist services provided by in-network NHP Providers, except the following: Gynecologist or Obstetrician for routine, preventive or urgent care; Family Planning services; Outpatient and Diversionary Behavioral Health Services; and Emergency Services.

Utilization Management Program

The Utilization Management standards NHP uses were created to assure that our members consistently receive high quality, appropriate medical care. To determine coverage, specific criteria are used to make Utilization Management decisions. These criteria are developed by physicians and meet the standards of national accreditation organizations. As new treatments and technologies become available, we update our 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 (Prior Authorization)

Determines in advance 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 call NHP Customer Service.

Exclusions

NHP does not cover the following services or supplies: Acupuncture; All institutional charges over the semi-private room rate, except when a private room is Medically Necessary; 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;* Gender re-assignment surgery; Long-term care; Massage therapy; Non-covered providers; Non-emergency care when traveling outside the U.S.; Personal comfort items; Private-duty nursing; Reversal of voluntary sterilization; Self-monitoring devices.*

*Except as specified in the NHP Member Handbook.



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