

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.



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 Choice Optimum 2000

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 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

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, COINSURANCE, AND OUT-OF-POCKET MAXIMUM

Deductible per Calendar Year	\$2,000 Individual, \$4,000 Family
Out-of-Pocket Maximum per Calendar Year (for indicated services)*.....	\$5,000 Individual, \$10,000 Family
Coinsurance	20%

OUTPATIENT MEDICAL CARE

COPAYMENT

Primary Care for Preventive Service	No copayment
Annual Physical Exams.....	No copayment
Well Child Visits.....	No copayment
Immunization Visits.....	No copayment
Office Visits for Other Primary Care.....	\$25 per office visit
Allergy Tests & Shots.....	Included in office visit
Family Planning & Maternity Care (when provided by a PCP)	\$25 per office visit
Pediatric Care	\$25 per office visit
Office Visits for Specialty Care.....	\$25 per office visit
Annual Gynecological Exams.....	No copayment
Cardiac Rehabilitation Services.....	\$25 per office visit
Chiropractic Care (10 visits per member per calendar year).....	\$25 per office visit
Eye Exams (one visit per member per calendar year)	\$25 per office visit
Family Planning, Infertility Planning & Maternity Care (when provided by an OB/GYN)	\$25 per office visit
Hearing Exams	\$25 per office visit
Physical Therapy/Occupational Therapy (up to 90 consecutive days per condition).....	\$25 per office visit
Speech Therapy	\$25 per office visit
Outpatient Surgery*.....	Deductible then 20% coinsurance

OUTPATIENT LABORATORY AND IMAGING

Routine Laboratory Tests	Included in office visit
Diagnostic Laboratory & X-ray*	Deductible then 20% coinsurance
Mammography	No copayment
Screening Colonoscopy	No copayment
High-technology Radiology (MRI, CT, PET Scan)*	Deductible then 20% coinsurance
Nuclear Cardiac Imaging*	Deductible then 20% coinsurance

INPATIENT MEDICAL CARE

COPAYMENT

Inpatient Medical Services* (semi-private room and board or private room, if medically necessary).....	Deductible then 20% coinsurance
Inpatient Care in a Skilled Nursing Facility* (for up to 100 days per calendar year)	Deductible then 20% coinsurance
Inpatient Care in a Rehabilitation Facility* (for up to 60 days per calendar year)	Deductible then 20% coinsurance
Inpatient Maternity*.....	Deductible then 20% coinsurance
Routine Nursery and Newborn Care.....	No copayment

MENTAL HEALTH AND SUBSTANCE ABUSE CARE—OUTPATIENT

COPAYMENT

Mental Health Care.....	\$25 per office visit
Substance Abuse Care.....	\$25 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	\$25 per office visit
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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* Deductible, then \$100 per visit (waived if admitted to hospital)

DENTAL CARE†

Emergency Dental Care immediately following accident or injury \$25 for office visit
 Deductible, then \$100 in emergency room* (waived if admitted to hospital)

Extraction of Impacted or Infected Wisdom Teeth \$25 per office visit

Preventive Dental Care (one visit every 12 months) No copayment

COPAYMENT

COPAYMENT

PRESCRIPTION DRUG DEDUCTIBLE, COINSURANCE, AND OUT-OF-POCKET MAXIMUM

Rx Deductible per Calendar Year \$250 Individual, \$500 Family

Rx Out-of-Pocket Maximum per Calendar Year (for all retail and mail-order Rx services) \$2,000 Individual, \$4,000 Family

Rx Coinsurance 50%

PRESCRIPTION DRUGS

COPAYMENT

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply Generic drugs:
 Rx deductible, then \$15 copayment

Preferred brand:
 Rx deductible, then 50% coinsurance

Non-preferred brand:
 Rx deductible, then 50% coinsurance

With a valid prescription for a maintenance medication and purchased through the mail order program for a 90-day supply Generic drugs:
 Rx deductible, then \$30 copayment

Preferred brand:
 Rx deductible, then 50% coinsurance‡

Non-preferred brand:
 Rx deductible, then 50% coinsurance‡

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 Rx copay or
 Rx deductible, then 50% coinsurance (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

COPAYMENT

Ambulance Services* Deductible, then 20% coinsurance

Disposable Medical Supplies* Deductible, then 20% coinsurance

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 & Medical 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 or call (800) 872-0500.

‡50% cost of a 60-day supply of medication.

**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.

About your NHP membership

Deductibles, Coinsurance, and Copayments Required for Certain Services

Before coverage begins for certain services, you pay a deductible and coinsurance, or deductible and copayment until the out-of-pocket maximum is reached.

Your Plan Deductible is an amount you pay for certain services each calendar year. Refer to services marked "Deductible and coinsurance." Once you have satisfied your deductible, you are subject to 20% coinsurance until the out-of-pocket maximum is met.

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, coinsurance 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 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.

The Rx out-of-pocket maximum applies to all retail and mail order deductible, copayments, and coinsurance amounts paid during the calendar year. Once the individual Rx out-of-pocket maximum is satisfied, these services are covered for the member in full through the remainder of the calendar year.

The family Rx out-of-pocket maximum is satisfied by combining the retail and mail order deductible, copayments, and coinsurance amounts paid by covered family members during the calendar year. Once the family Rx 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, 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, immunization 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

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



**Neighborhood
Health Plan™**

Your health. Our promise.

Issued and effective April 1, 2011
NHPBC15
NHPCC15

Neighborhood Health Plan | 253 Summer Street Boston, MA 02210-1120



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	All 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.

