

# Copayment cross-reference

## Business Choice

For new business starting January 1, 2011



These health plans meet 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 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).

### This section explains:

- When NHP may use and share your health information.
- What your rights are regarding your health information.

### NHP may use or share your health information:

- When the U.S. Department of Health and Human Services needs it to make sure your privacy is protected.
- When required by law or a law enforcement agency.
- For payment activities, such as checking if you are eligible for health benefits, and paying your healthcare Providers for services you get.
- To operate programs, such as evaluating the quality of healthcare services you get, and performing studies to reduce healthcare costs.
- With your healthcare Providers to coordinate your treatment and the services you get.
- With health-oversight agencies, such as the federal Centers for Medicare and Medicaid Services, for oversight activities authorized by law, including fraud and abuse investigations.
- For research projects that meet privacy requirements, and help us evaluate or improve NHP programs.
- With government agencies that give you benefits or services.
- With plan sponsors of employer group health plans, but only if they agree to protect that information;
- To prevent or respond to an immediate and serious health or safety emergency.
- To remind you of appointments, benefits, treatment options or other health-related choices you have.

When state privacy law is stricter than federal privacy law, NHP will follow the stricter law. For example, Massachusetts state law requires NHP to get your written permission before sharing sensitive information such as HIV/AIDS or drug abuse.

Except as described above, NHP cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, as long as you tell us in writing. Please note: We cannot take back any health information we used or shared when we had your permission.

### You have the right to:

- See and get a copy of your health information. You must ask for this in writing. NHP may charge you to cover certain costs, such as copying and postage.
- Ask NHP to change your health information if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why.
- Ask NHP to limit its use or sharing of your health information. You must ask for this in writing. NHP may not be able to grant this request.
- Ask NHP to get in touch with you in some other way, if by contacting you at the address or telephone number we have on file, you believe you would be harmed.
- Get a list of when and with whom NHP has shared your health information. You must ask for this in writing.
- Get a paper copy of this notice at any time.

These rights may not apply in certain situations. By law, NHP must give you notice explaining that we protect your health information, and that we must follow the terms of this notice.

NHP can change how we use and share your health information. If NHP does make important changes, we will send you a new notice. That new notice will apply to all of the health information that NHP has about you. NHP takes your privacy very seriously. If you would like to exercise any of the rights we describe in this notice, or if you feel that NHP has violated your privacy rights, contact NHP's Privacy Officer in writing at the following address:

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

Filing a Complaint or exercising your rights will not affect your benefits. You may also file a Complaint with the U.S. Secretary of Health and Human Services at:

The U.S. Department of Health and Human Services  
200 Independence Avenue  
SW Washington, DC 20201  
Telephone: 202-619-0257 | Toll Free: 877-696-6775

For more information, or if you need help understanding this notice, call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761, Monday–Friday, 8:00 a.m.–6:00 p.m. (Thursday, 8:00 a.m.–6:00 p.m.)

### Utilization Management Program

The Utilization Management standards NHP uses are 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\* 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

### Confidentiality and Privacy of Information

NHP takes seriously, our obligation to protect your personal and health information. To help in maintaining your privacy, we have instituted the following practices:

- NHP employees do not discuss your personal information in public areas such as the cafeteria, on elevators or when out-side of the office.
- Electronic information is kept secure through the use of passwords, automatic screen savers and limiting access to only those employees with a "need to know."
- Written information is kept secure by storing it in locked file cabinets, enforcing "clean-desk" practices and using secured shredding bins for its destruction.
- All employees, as part of their initial orientation, receive training on our confidentiality and privacy practices.
- All providers and other entities with whom we need to share information are required to sign agreements in which they agree to maintain confidentiality.
- NHP only collects information about you that we need to have in order to provide you with the services you have agreed to receive by enrolling in NHP or as otherwise required by law.

In accordance with state law, NHP takes special precautions to protect any information concerning mental health or substance abuse, HIV status, sexually transmitted diseases, pregnancy or termination of pregnancy.

### Notice of Privacy Practices

This section describes how health information about you may be used and disclosed, and how you can get access to this information. Please review it carefully. Neighborhood Health Plan (NHP) provides health insurance coverage to you. Because you get health benefits from NHP, we have personal health information (PHI) about you. By law, NHP must protect the privacy of your health information.



# NHP Business Choice | NHP Choice / NHP Care



PLAN	Annual Deductible Individual/Family	Annual Out-of-Pocket Maximum Individual/Family	Outpatient					Inpatient	Mental Health/ Substance Abuse	Other	Pharmacy				
			Office Visit PCP/Specialist	Routine Eye Exam One per Year	Emergency Room Waived if Admitted	Outpatient Surgery	Outpatient Diagnostic Lab/X-Ray	Inpatient Medical SNF (100 days/yr.) Rehab (60 days/yr.) Per Admission	Outpatient MH/SA Visits Including Rehab and Detox	Inpatient MH/SA Per Admission	Durable Medical Equipment	Annual Rx Deductible Individual/Family	Annual Rx Out-of-Pocket Maximum Individual/Family	Retail Prescription Copayments Tiers 1/2/3	Mail Order Prescriptions Tiers 1/2/3
NHP Choice Plus	N/A	N/A	\$20/\$30	\$30	\$75	\$150	\$25	\$150	\$20	\$150	\$0	N/A	N/A	\$15/\$30/\$50	\$30/\$60/\$150
NHP Choice Extra	N/A	\$2,000/\$4,000	\$25/\$25	\$25	\$100	\$500	\$0	\$500	\$25	\$0	\$0	N/A	\$2,000/\$4,000	\$15/50%/50%	\$30/50%/50%
NHP Choice Extra 500	\$500/\$1,000	\$2,000/\$4,000	\$20/\$20	\$20	\$100	(D) \$0	(D) \$0	(D) \$0	\$20	\$0	(D) \$0	N/A	N/A	\$15/\$35/\$60	\$30/\$70/\$120
NHP Choice Extra 1000	\$1,000/\$2,000	\$2,000/\$4,000	\$20/\$20	\$20	(D) \$100	(D) \$0	(D) \$0	(D) \$0	\$20	\$0	(D) \$0	N/A	N/A	\$15/\$30/\$50	\$30/\$60/\$150
NHP Choice Optimum 250	\$250/\$500	\$5,000/\$10,000	\$25/\$40	\$15	\$150	(D) 35%	(D) 35%	(D) 35%	\$25	\$0	(D) 35%	\$250/\$500 Tiers 2, 3 Retail, Mail Order	\$2,000/\$4,000	\$15/50%/50%	\$30/50%/50%
NHP Choice Optimum 2000/4000	\$2,000/\$4,000	\$5,000/\$10,000	\$30/\$45	\$30	(D) \$150	(D) \$250	(D) \$0	(D) \$500	\$30	\$0	(D) \$0	\$250/\$500 Tiers 2, 3 Retail, Mail Order	\$2,000/\$4,000	\$10/\$30/\$50	\$20/\$60/\$90
NHP Choice Optimum 2000	\$2,000/\$4,000	\$5,000/\$10,000	\$25/\$25	\$25	(D) \$100	(D) 20%	(D) 20%	(D) 20%	\$25	\$0	(D) 20%	\$250/\$500 Retail, Mail Order	\$2,000/\$4,000	\$15/50%/50%	\$30/50%/50%
NHP Care One Version 2008	N/A	N/A	\$15/\$25	\$25	\$75	\$100	\$0	\$100	\$15	\$100	\$0	N/A	N/A	\$10/\$25/\$45	\$20/\$50/\$135

(D) Deductible must be met first, then copayment or coinsurance may apply. Rx expenses apply to the annual Rx out-of-pocket maximum.

## ALL NHP CHOICE PLANS INCLUDE:

- Chiropractic benefits:\* 10 visits per year at PCP copayment.
- Routine Dental benefits:\* one preventive dental care visit per year with Delta Dental PPO provider, no copayment. To locate a Delta PPO provider, members should visit [www.deltadentalma.com](http://www.deltadentalma.com) or call Delta at 800-872-0500.
- Fitness club reimbursement:\* up to \$150 per individual and \$300 per family, per calendar year.

\*NHP Care One does not cover chiropractic care or routine dental services and does not reimburse for fitness club memberships.

## ALL NHP CHOICE PLANS & NHP CARE ONE INCLUDE:

- Access to NHP's Comprehensive network of providers.
- Up to 90 consecutive days per condition for Physical and Occupational Therapies. Specialist copayment applies.
- No day or dollar limit for Speech Therapy or Cardiac Rehabilitation.
- No limits for Mental Health/Substance Abuse outpatient office visits or inpatient admissions.
- No limit to Durable Medical Equipment. Starting 4/1/2011, all NHP plans will include 20% coinsurance for DME, except Choice Optimum 250, which will continue to include 35% coinsurance.

## MEDICAL BENEFITS (OUTPATIENT, INPATIENT, OTHER)

- No copayment, deductible or coinsurance applies to preventive services.
- No copayments or deductibles apply for routine laboratory tests.
- All deductibles, coinsurance, and copayments of \$100 or more apply to the annual out-of-pocket maximum.
- The deductible and out-of-pocket maximums accumulate on a calendar year basis. No annual benefit maximums apply.
- NHP Choice Plus and NHP Choice Extra include \$75 copayment for high-tech radiology (CT, MRI, PET Scan) and \$25 copayment for nuclear cardiac imaging.
- All plans meet minimum creditable coverage requirements.

## PHARMACY BENEFITS

- All Rx deductibles, coinsurance, and copayments apply to the annual Rx out-of-pocket maximum. Rx expenses do not count toward the annual out-of-pocket maximum for medical benefits.
- A 90-day supply of many medications are available via mail or through a participating Access90 retail pharmacy including Walgreens, Rite Aid, and Stop & Shop. Select over-the-counter medications (including cough, cold, and allergy) are also covered with valid prescription, up to a 30-day supply. Copayment may vary depending on drug prescribed.