

Schedule of benefits

A Prime Solutions 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, 2014 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, 2014. 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.



City of Boston

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 1-866-414-5533 (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 calendar year	None
Out-of-Pocket Maximum per calendar year	\$4,500 Individual, \$9,000 Family

OUTPATIENT MEDICAL CARE

Preventive Services

Annual Physical Exams*	No copayment
Annual Gynecological Exams*	No copayment
Family Planning Services	No copayment
Immunizations & Vaccinations	No copayment
Preventive Laboratory Tests	No copayment
Screening Colonoscopy	No copayment
Screening Mammography	No copayment
Well Child Visits	No copayment

Other Primary & Specialty Care Office Visits

Office Visits for Other Primary Care	\$20 copayment
Office Visits for Other Specialty Care	\$30 copayment
Allergy Shots	No copayment
Cardiac Rehabilitation Service	\$30 copayment
Routine Eye Exams (one visit per member every 12 months)	\$30 copayment
Hearing Exams	\$30 copayment
Infertility Services	No copayment
Physical Therapy/Occupational Therapy (60 combined visits per calendar year)	\$20 copayment
Speech Therapy	\$20 copayment
Routine Prenatal and Postnatal Care	No copayment

Other Outpatient Services

Outpatient Surgery—Facility and Professional Fees	No copayment
Diagnostic, Laboratory and X-ray	No copayment
High-tech Radiology (MRI, CT, PET Scan, Nuclear Cardiac Imaging)	No copayment

INPATIENT MEDICAL CARE

Inpatient Medical Services—Facility and Professional Fees	No copayment
Inpatient Care in a Skilled Nursing Facility and Professional Fees (for up to 100 days per calendar year)	No copayment
Inpatient Care in a Rehabilitation Facility and Professional Fees (for up to 60 days per calendar year)	No copayment
Inpatient Maternity—Facility Fees	No copayment
Routine Nursery and Newborn Care	No copayment

BEHAVIORAL HEALTH SERVICES—OUTPATIENT

Mental Health or Substance Use Care (eight initial visits combined, then authorization required for additional visits)	\$20 copayment
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BEHAVIORAL HEALTH SERVICES—INPATIENT

Mental Health Care—Facility and Professional Fee	No copayment
Substance Use Rehabilitation or Detoxification—Facility and Professional Fee	No copayment

*Tests for specific conditions during an annual exam may be subject to cost sharing.

The Copayments for Medical, Behavioral Health Services, and Prescription Drug expenses apply to the annual 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 \$100 copayment
(waived if admitted to hospital for inpatient care)

Ambulance Services (emergency transport only) No copayment

DENTAL CARE

Emergency Dental Care (within 72 hours of accident or injury in Emergency Room) \$100 copayment
(waived if admitted to hospital for inpatient care)

Preventive Dental Care** for children under 12 (one visit every 6 months) No copayment

PRESCRIPTION DRUGS

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply Generic: \$10 copayment
Preferred brand-name: \$25 copayment
Non-preferred brand-name: \$45 copayment

Access90: With a valid prescription for a 90-day supply of a maintenance medication and purchased through the mail or at a participating pharmacy Generic: \$20 copayment
Preferred brand-name: \$50 copayment
Non-preferred brand-name: \$100 copayment

OVER-THE-COUNTER DRUGS

For a complete list of over-the-counter drugs, visit www.nhp.org or call NHP Customer Service at 1-866-414-5533 (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-\$25 copayment
(depending on drug prescribed)

ADDITIONAL SERVICES

Diabetic Supplies No copayment
Disposable Medical Supplies No copayment
Durable Medical Equipment No copayment
Early Intervention (from birth up to age three) No copayment
Fitness Program Reimbursement Up to \$150 Individual, \$300 Family per calendar year
Hearing Aids (age 21 and under) Covered up to \$2,000 per affected ear every 36 months
Home Health Care No copayment
Hospice Care No copayment
Oxygen Supplies and Therapy No copayment
Routine Foot Care (covered for diabetes and some circulatory diseases) \$30 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 www.nhp.org for qualifications)
Wigs (when medically necessary for hair loss due to cancer treatment or other conditions) No copayment

**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.

For questions or concerns about your NHP coverage, call NHP Customer Service at 1-866-414-5533 (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.)



Neighborhood Health PlanTM

Your health. Our promise.

About Your NHP Membership

For questions or concerns about your NHP coverage, call NHP
Customer Service at 1-866-414-5533 (TTY 800-655-1761),
Mon.–Fri. 8:00 a.m.–6:00 p.m. (Thurs. 8:00 a.m.–8:00 p.m.)

Copayments Required for Certain Services

All medical, behavioral health and prescription drug copayments 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.

The family out-of-pocket maximum is satisfied by combining 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.

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 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/hcreform 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 your cost sharing amount. If you pay a copayment, it is waived if you are admitted to the hospital for inpatient care.

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; Routine Eye Exam; Physical Therapy; Occupational Therapy; Speech Therapy; and Emergency Services.

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 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

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.

To learn more about Utilization Management or Care Management at NHP, please refer to your NHP Member Handbook or call NHP Customer Service.

Benefit Exclusions

Services or supplies that NHP does not cover include: Acupuncture; Benefits from other sources; Diet foods; Educational testing and evaluations; Massage therapy; Out-of-network providers; Non-emergency care when traveling outside the U.S.

Additional benefit exclusions apply, for a complete list please refer to your plan's Benefit Handbook.



**Neighborhood
Health Plan™**

Your health. Our promise.