

NHP Prime™ HMO Plans for Merged Market

Copayment cross reference

Effective January 1, 2016

Great doctors. Great benefits. Great Choice.

See inside for details on the plan options offered by Neighborhood Health Plan. No matter what Neighborhood plan you choose, you and your employees will enjoy:

- Some of the most competitive premiums available
- Access to the top doctors and hospitals
- Comprehensive benefits that are simple to understand and use
- A FlexRxSM pharmacy solution that controls pharmacy costs while offering money and time savings for members:
 - 4-Tier coverage for a wide variety of medications, including a \$5 low-cost tier
 - An over-the-counter (OTC) drug benefit that covers many common over-the counter cough, cold, and allergy drugs and products with a prescription
 - A 90-day supply of maintenance medications at participating retail pharmacies
- Wellness benefits and perks for a healthier workforce
- Neighborhood's 360 degree focus on providing caring, personalized support in ways that matter to members

Neighborhood Health Plan is a member of Partners HealthCare.

nhp.org



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All plans meet Minimum Creditable Coverage and Medicare Part D creditable coverage requirements.

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NHP Prime HMO Plan	Metallic Tier	Deductible (D) Individual/Family (embedded, unless otherwise noted)	Out-of-Pocket Maximum Individual/Family (embedded)	Outpatient					Inpatient	Mental Health & Substance Use (MH/SU)		Other	Pharmacy
				Office Visit PCP/Specialist	Routine Eye Exam One every 12 months	Emergency Room Waived if Admitted	Outpatient Surgery	Outpatient Diagnostic lab/X-ray	Inpatient Medical, SNF (100 days/benefit period) and Rehab (60 days/benefit period) Per Admission	Outpatient MH/SU Visits Including Rehab and Detox	Inpatient MH/SU Per Admission	Durable Medical Equipment	Retail Prescription Copayments Tiers 1/2/3/4 Mail order Rx available on all plans
NHP Prime HMO (PD) 25/25 with \$5 Low-Cost Generic Rx	Platinum	None	\$1,500/\$3,000	\$25/\$25	\$25	\$100	\$250	\$25	\$250	\$25	\$250	20%	\$5/\$15/\$30/\$50
NHP Prime HMO (PD) 500/1000 20/35 with \$5 Low-Cost Generic Rx	Platinum	\$500/\$1,000	\$1,500/\$3,000	\$20/\$35	\$35	(D) \$100	(D) \$0	\$0	(D) \$0	\$20	(D) \$0	(D)20%	\$5/\$15/\$25/\$45
NHP Prime HMO (PD) 500/1000 20/20 with \$5 Low-Cost Generic Rx	Platinum	\$500/\$1,000	\$2,000/\$4,000	\$20/\$20	\$20	\$100	(D) \$0	(D) \$0	(D) \$0	\$20	(D) \$0	(D)20%	\$5/\$15/\$25/\$45
NHP Prime HMO (PD) 25/40 with \$5 Low-Cost Generic Rx*	Platinum	None	\$2,000/\$4,000	\$25/\$40	\$40	\$150	\$500	\$40	\$500	\$25	\$500	20%	\$5/\$15/\$30/\$50
NHP Prime HMO (PD) 1000/2000 25/40/150 with \$5 Low-Cost Generic Rx	Gold	\$1,000/\$2,000	\$5,350/\$10,700 \$1,000/\$2,000 Pharmacy	\$25/\$40	\$0	\$150	(D) \$250	(D) \$40	(D) \$0	\$25	(D) \$0	(D) 20%	\$5/\$30/\$50/\$80
NHP Prime HMO (PD) 1500/3000 25/40/150 with \$5 Low-Cost Generic Rx	Gold	\$1,500/\$3,000	\$5,350/\$10,700 \$1,000/\$2,000 Pharmacy	\$25/\$40	\$0	\$150	(D) \$0	(D) \$40	(D) \$0	\$25	(D) \$0	(D) 20%	\$5/\$20/\$40/\$60
NHP Prime HMO (PD) 500/1000 20/35 – 30% with \$5 Low-Cost Generic Rx*	Gold	\$500/\$1,000	\$3,000/\$6,000	\$20/\$35	\$35	(D) 30%	(D) 30%	(D) \$35	(D) 30%	\$20	(D) 30%	(D) 30%	\$5/\$15/(D) then 50%/ (D) then 50%
NHP Prime HMO (PD) 1000/2000 20/35 with \$5 Low-Cost Generic Rx	Gold	\$1,000/\$2,000	\$5,000/\$10,000	\$20/\$35	\$35	(D) \$150	(D) \$250	(D) \$35	(D) \$250	\$20	(D) \$250	(D) 20%	\$5/\$20/\$30/\$50
NHP Prime HMO (PD) 500/1000 30/45 with \$5 Low-Cost Generic Rx	Gold	\$500/\$1,000	\$5,000/\$10,000	\$30/\$45	\$45	(D) \$250	(D) \$250	(D) \$45	(D) \$500	\$30	(D) \$500	(D) 20%	\$5/\$25/\$40/\$60
NHP Prime HMO (PD) 2000/4000 25/40/150 with \$5 Low-Cost Generic Rx	Gold	\$2,000/\$4,000	\$5,350/\$10,700 \$1,000/\$2,000 Pharmacy	\$25/\$40	\$0	\$150	(D) \$0	(D) \$40	(D) \$0	\$25	(D) \$0	(D) 20%	\$5/\$15/\$25/\$45
NHP Prime HMO (PD) 1000/2000 30/45 with \$5 Low-Cost Generic Rx*	Gold	\$1,000/\$2,000	\$5,000/\$10,000	\$30/\$45	\$45	(D) \$150	(D) \$250	(D) \$45	(D) \$500	\$30	(D) \$500	(D) 20%	\$5/\$20/\$30/\$50
NHP Prime HMO HSA (PD) 1500/3000 with \$5 Low-Cost Generic Rx	Gold	\$1,500/\$3,000 Aggregate	\$6,350/\$12,700	(D) \$0	(D) \$0	(D) \$0	(D) \$0	(D) \$0	(D) \$0	(D) \$0	(D) \$0	(D) 20%	(D) then \$5/ (D) then \$30/ (D) then \$70/ (D) then \$90
NHP Prime HMO (PD) 1500/3000 25/40 with \$5 Low-Cost Generic Rx*	Gold	\$1,500/\$3,000	\$5,000/\$10,000	\$25/\$40	\$40	(D) \$150	(D) \$250	(D) \$40	(D) \$250	\$25	(D) \$250	(D) 20%	\$5/\$15/\$25/\$50
NHP Prime HMO HSA (PD) 2000/4000 with \$5 Low-Cost Generic Rx	Silver	\$2,000/\$4,000 Aggregate	\$6,450/\$12,900	(D) \$0	(D)\$0	(D)\$0	(D)\$0	(D)\$0	(D)\$0	(D)\$0	(D)\$0	(D) 20%	(D) then \$5/ (D) then \$60/ (D) then \$80/ (D) then \$100
NHP Prime HMO (PD) 2000/4000 30/50 with \$5 Low-Cost Generic Rx*	Silver	\$2,000/\$4,000	\$6,850/\$13,700	\$30/\$50	\$50	(D) \$500	(D) \$750	(D) \$50	(D) \$1,000	\$30	(D) \$1,000	(D) 20%	\$5/\$20/\$50/\$75
NHP Prime HMO (PD) 1750/3500 50/75 with \$5 Low-Cost Generic Rx*	Silver	\$1,750/\$3,500	\$5,000/\$10,000	\$50/\$75	\$75	\$750	(D) \$1,000	(D) \$75	(D) \$1,000	\$50	(D) \$1,000	(D) 20%	\$5/\$30/\$50/\$80
NHP Prime HMO (PD) 2000/4000 30/50 35% with \$5 Low Cost Generic Rx*	Silver	\$2,000/\$4,000	\$6,850/\$13,700	\$30/\$50	\$50	(D) 35%	(D) 35%	(D) \$50	(D) 35%	\$30	(D) 35%	(D) 35%	\$5/\$30/(D) then 35%/ (D) then 35%
NHP Prime HMO HSA (PD) 2750/5500 50/75 with \$5 Low-Cost Generic Rx*	Bronze	\$2,750/\$5,500 Aggregate	\$6,550/\$13,100	(D) \$50/(D) \$75	(D) \$75	(D)\$1,000	(D) \$500	(D)\$75	(D) \$1,000	(D) \$50	(D) \$1,000	(D) 20%	(D) then\$5,(D) then\$60, (D)then \$80,(D)then \$100

*This plan (without pediatric dental coverage) is also available through the Massachusetts Health Connector.

(D) = Deductible must be met first, then copayment or coinsurance may apply. Cost sharing for medical, behavioral health, pharmacy, and dental applies to the Out-of-Pocket Maximum (MOOP). As noted above, some plans have a separate Pharmacy Out-of-Pocket Maximum.

Embedded Deductible and/or Out-of-Pocket Maximum

All members are responsible for the individual deductible per benefit period. The family deductible can be satisfied by combining the deductibles paid by covered family members. With family coverage, the family out-of-pocket maximum is satisfied by combining the deductibles, coinsurance, and copayment amounts paid by covered family members. A covered family member will not exceed the Individual maximum out-of-pocket amount.

Aggregate Deductible

With family coverage, the individual deductible amount does not apply. The entire family deductible amount must be met before benefits are payable for anyone in the family.

All NHP Prime Plans Include:

- Chiropractic benefits—12 visits per benefit period
- Fitness Benefit: One month gym membership fee (covers a minimum of \$150 per policy)*
- Weight Loss Benefit: 6 months of membership at Weight Watchers or Jenny Craig**
- No limits for Mental Health/Substance Use outpatient office visits or inpatient admissions
- Physical/Occupational Therapy: Coverage up to 60 combined visits per benefit period
- Childbirth education class reimbursement: \$130 per pregnancy

*One per policy (either subscriber or dependent)

† Weight loss membership benefit excludes food

Medical Benefits (Outpatient, Inpatient, Other)

- No copayment, deductible or coinsurance applies to preventive services when through an in-network provider
- A referral is needed for any specialty care, with the following exceptions when provided by an NHP provider:
 - Gynecologist or Obstetrician for routine, preventive, or urgent care
 - Family planning services
 - Outpatient and diversionary behavioral health services
 - Emergency services provided by any provider
 - Routine eye exam
 - Physical, occupational, and speech therapy
 - Chiropractic care

Pharmacy Benefits

NHP requires that members receive maintenance medications in a 90-day supply through the Maintenance 90-Day Supply program. Members can fill their maintenance medications in two convenient ways:

- Access 90 provides members with a 90-day supply of certain maintenance medications when purchased through participating pharmacies.
- For members who prefer the convenience of receiving their prescriptions through the mail, certain maintenance medications are available through our Mail Order Pharmacy.

Evidence of Coverage is comprised of the NHP Schedule of benefits and Member Handbook. For additional plan information, please visit www.nhp.org.