

# Copayment cross reference

**NHP Prime HMO Plans meet ACA requirements and are available to all commercial groups.**

Effective January 1, 2014



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)



NHP Prime HMO Plan	Deductible (D) <i>Individual/Family</i>	Out-of-Pocket Maximum <i>Individual/Family</i>	Outpatient					Inpatient	Mental Health & Substance Abuse (MH/SA)	Other	Pharmacy			
			Office Visit <i>PCP/Specialist</i>	Routine Eye Exam <i>One every 12 months</i>	Emergency Room <i>Waived if Admitted</i>	Outpatient Surgery	Outpatient Diagnostic lab/X-ray	Inpatient Medical <i>SNF (100 days/benefit year) Rehab (60 days/benefit year) Per Admission</i>	Outpatient MH/SA Visits <i>Including Rehab and Detox</i>	Inpatient MH/SA <i>Per Admission</i>	Durable Medical Equipment	Rx Deductible, if separate from Medical (Rx/D) <i>Individual/Family</i>	Retail Prescription Copayments <i>Tiers 1/2/3</i>	Mail Order Prescriptions <i>Tiers 1/2/3</i>
<b>NHP Prime HMO PY 25/40*</b>	None	\$2,000 / \$4,000	\$25 / \$40	\$40	\$150	\$500	\$0	\$500	\$25	\$500	20% coinsurance	None	\$15 / \$30 / \$50	\$30 / \$60 / \$150
<b>NHP Prime HMO 500/1000 PY 20/35*</b>	\$500 / \$1,000	\$1,500 / \$3,000	\$20 / \$35	\$35	(D), then \$100	(D), then \$0	\$0	(D), then \$0	\$20	(D), then \$0	(D), then 20% coinsurance	None	\$15 / \$25 / \$45	\$30 / \$50 / \$135
<b>NHP Prime HMO 500/1000 PY 20/20</b>	\$500 / \$1,000	\$2,000 / \$4,000	\$20 / \$20	\$20	\$100	(D), then \$0	(D), then \$0	(D), then \$0	\$20	(D), then \$0	(D), then 20% coinsurance	None	\$15 / \$25 / \$45	\$30 / \$50 / \$135
<b>NHP Prime HMO PY 25/25*</b>	None	\$1,500 / \$3,000	\$25 / \$25	\$25	\$100	\$250	\$25	\$250	\$25	\$250	20% coinsurance	None	\$15 / \$30 / \$50	\$30 / \$60 / \$150
<b>NHP Prime HMO 500/1000 PY 20/35 - 30%*</b>	\$500 / \$1,000	\$3,000 / \$6,000	\$20 / \$35	\$35	(D), then 30% coinsurance	(D), then 30% coinsurance	(D), then \$0	(D), then 30% coinsurance	\$20	(D), then 30% coinsurance	(D), then 30% coinsurance	None	\$15 / (D), then 50% coinsurance / (D), then 50% coinsurance	\$30 / (D), then 50% coinsurance / (D), then 50% coinsurance
<b>NHP Prime HMO 1000/2000 PY 30/45*</b>	\$1,000 / \$2,000	\$5,000 / \$10,000	\$30 / \$45	\$45	(D), then \$150	(D), then \$250	(D), then \$0	(D), then \$500	\$30	(D), then \$500	(D), then 20% coinsurance	None	\$20 / \$30 / \$50	\$40 / \$60 / \$150
<b>NHP Prime HMO 1500/3000 PY 25/40*</b>	\$1,500 / \$3,000	\$5,000 / \$10,000	\$25 / \$40	\$40	(D), then \$150	(D), then \$250	(D), then \$0	(D), then \$250	\$25	(D), then \$250	(D), then 20% coinsurance	None	\$15 / \$25 / \$50	\$30 / \$50 / \$150
<b>NHP Prime HMO 500/1000 PY 30/45*</b>	\$500 / \$1,000	\$5,000 / \$10,000	\$30 / \$45	\$45	(D), then \$250	(D), then \$250	(D), then \$0	(D), then \$500	\$30	(D), then \$500	(D), then 20% coinsurance	None	\$25 / \$40 / \$60	\$50 / \$80 / \$180
<b>NHP Prime HMO 1000/2000 PY 20/35*</b>	\$1,000 / \$2,000	\$5,000 / \$10,000	\$20 / \$35	\$35	(D), then \$150	(D), then \$250	(D), then \$0	(D), then \$250	\$20	(D), then \$250	(D), then 20% coinsurance	None	\$20 / \$30 / \$50	\$40 / \$60 / \$150
<b>NHP Prime HMO 2000/4000 PY 30/50*</b>	\$2,000 / \$4,000	\$6,350 / \$12,700	\$30 / \$50	\$50	(D), then \$350	(D), then \$750	(D), then \$30	(D), then \$1,000	\$30	(D), then \$1,000	(D), then 20% coinsurance	None	\$20 / \$40 / \$70	\$40 / \$80 / \$210
<b>NHP Prime HMO HSA 2000/4000 PY 50/75*</b>	\$2,000 / \$4,000	\$6,350 / \$12,700	(D), then \$50 / (D), then \$75	(D), then \$75	(D), then \$750	(D), then \$1,000	(D), then \$50	(D), then \$1,000	(D), then \$50	(D), then \$1,000	(D), then 20% coinsurance	None	(D), then \$30 / (D), then 50% coinsurance / (D), then 50% coinsurance	(D), then \$60 / (D), then 50% coinsurance / (D), then 50% coinsurance
<b>NHP Prime HMO HSA 2000/4000 PY 40/85*</b>	\$2,000 / \$4,000	\$6,350 / \$12,700	(D), then \$40 / (D), then \$85	(D), then \$85	(D), then \$750	(D), then \$750	(D), then \$0	(D), then \$1,000	(D), then \$40	(D), then \$1,000	(D), then 20% coinsurance	None	(D), then \$50 / (D), then \$80 / (D), then \$120	(D), then \$100 / (D), then \$160 / (D), then \$360
<b>NHP Prime HMO HSA 1750/3500 PY 50/80*</b>	\$1,750 / \$3,500	\$6,350 / \$12,700	(D), then \$50 / (D), then \$80	(D), then \$80	(D), then \$750	(D), then \$1,000	(D), then \$0	(D), then \$1,000	(D), then \$50	(D), then \$1,000	(D), then 20% coinsurance	\$250 / \$500	(Rx/D), then \$50 / (Rx/D), then \$85 / (Rx/D), then \$120	(Rx/D), then \$100 / (Rx/D), then \$170 / (Rx/D), then \$360

\*Plan is also available on a Calendar Year Benefit Period

All copayments, coinsurance, and deductibles count towards the Maximum Out-of-Pocket (MOOP)

**ALL PLANS MEET MINIMUM CREDITABLE COVERAGE REQUIREMENTS**

**ALL NHP PRIME PLANS LISTED 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 weight loss programs \*†
- Access to NHP's Comprehensive network of providers.
- No limits for Mental Health/Substance Abuse outpatient office visits or inpatient admissions. Must have authorization past 8 outpatient visits.
- Physical/Occupational Therapy: Coverage up to 60 visits combined per benefit year

**MEDICAL BENEFITS (OUTPATIENT, INPATIENT, OTHER)**

- No copayment, deductible or coinsurance applies to preventive services
- No copayments or deductibles apply for routine laboratory tests
- No annual limit on what NHP pays
- A referral is needed for any specialty care, with the following exceptions:
  - A Gynecologist or Obstetrician for routine, preventive, or urgent care
  - Family planning services provided by an NHP provider
  - Outpatient and diversionary Behavioral Health Services
  - Emergency services
  - Routine eye exam
  - Chiropractic care

**PHARMACY BENEFITS**

NHP requires that members receive maintenance medications in a 90-day supply through the Maintenance 90-day Supply program.

- 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 Catamaran Home Delivery.

**AFFORDABLE CARE ACT (ACA)**

All plans listed in this document meet the ACA guidelines for merged market. These requirements:

- Cover all Essential Health Benefits (EHBs) when bundled with pediatric dental coverage
- Meet Actuarial Value
- Fully cover all state and federally mandated benefits
- Include the removal of all annual dollar limits on EHBs

\* One per policy (either subscriber or dependent)  
† Weight loss membership benefit excludes food

Evidence of Coverage is comprised of the NHP Schedule of benefits, NHP Summary of Benefits and Coverage, and Member Handbook. For additional plan information, please visit [www.nhp.org](http://www.nhp.org).

## 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.

## 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. 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.

### 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 health care Providers for services you get
- To operate programs, such as evaluating the quality of health care services you get, and performing studies to reduce health care costs
- With your health care 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 specific privacy requirements
- 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
- With entities that provide services or perform functions on behalf of NHP (Business Associates), provided that they have agreed to safeguard your information.

### Please also note:

- When a federal or state privacy law provides for stricter safeguards of your PHI, NHP will follow the stricter law.
- 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.
- We cannot take back any health information we used or shared when we had your permission.
- For purposes of underwriting, NHP is prohibited from using or disclosing any genetic information.
- NHP does not use your health information for any marketing purposes and will not sell your health information to anyone.

### You have the right to:

- See and get a copy of your health information that is contained in a "designated record set." You must ask for this in writing. To the extent your information is held in an electronic health record, you may be able to receive the information in electronic form. In some cases, we may deny your request to see and get a copy of your health information NHP may charge you to cover certain costs, such as copying and postage.
- Ask NHP to change your health information that is in a "designated record set" if you think it is wrong or incomplete. You must tell us in writing which health information you want us to change, and why. If we deny your request, you may file a statement of disagreement with us that will be included in any future disclosures of the disputed information.
- 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.
- Be notified in the event that we or one of our Business Associates discovers a breach of your unsecured protected health information.
- 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. This notice took effect on March 26, 2013 and will remain in effect until we change it. This notice replaces any other information you have previously received from NHP about the privacy of your health information. NHP can change how we use and share your health information. If NHP does make important changes, we will send you a new notice and post an updated notice on our website. 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

NHP will not retaliate against you if you file a complaint either with NHP or the U.S. Secretary of Health and Human Services. For more information, or if you need help understanding this notice, call NHP Customer Service at 800-462-5449 (TTY 800-655-1761), Monday–Friday 8:00 a.m.–6:00 p.m., Thursday 8:00 a.m.–8:00 p.m.