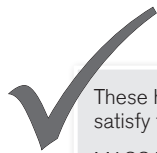


Copayment cross reference

NHP PPO Plans meet ACA requirements and are available to commercial groups pursuant to our underwriting guidelines.

Effective January 1, 2015



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).

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



NHP PPO PLANS AVAILABLE TO SMALL GROUPS AND LARGE GROUPS

NHP Prime PPO Plan Year plans	Metallic Tier	Deductible (D) <i>Individual/Family</i>	Maximum Out-of-Pocket <i>Individual/Family</i>	Outpatient					Inpatient	Mental Health & Substance Use (MH/SU)		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	Retail Prescription Copayments <i>Tiers 1/2/3</i>	Mail Order Prescriptions <i>Tiers 1/2/3</i>
NHP Prime PPO (PD) 1000/2000 <i>(embedded deductible /MOOP)</i>	Gold	\$1,000/\$2,000	\$5,000/\$10,000	IN: \$20 OON: (D) 20%	IN: \$20 OON: (D) 20%	(D) \$100	IN: (D) OON: (D) 20%	IN: (D) OON: (D) 20%	IN: (D) OON: (D) 20%	IN: \$20 OON: (D) 20%	IN: (D) OON: (D) 20%	(D) 20%	\$25/\$35/\$70	\$50/\$70/\$210
NHP Prime PPO (PD) 2000/4000 <i>(embedded deductible /MOOP)</i>	Gold	\$2,000/\$4,000	\$5,000/\$10,000	IN: \$20 OON: (D) 20%	IN: \$20 OON: (D) 20%	(D) \$100	IN: (D) OON: (D) 20%	IN: (D) OON: (D) 20%	IN: (D) OON: (D) 20%	IN: \$20 OON: (D) 20%	IN: (D) OON: (D) 20%	(D) 20%	\$20/\$30/\$50	\$40/\$60/\$150
NHP Prime PPO HSA (PD) 1500/3000 <i>(aggregate deductible/MOOP)</i>	Gold	IN: \$1,500/\$3,000 OON: \$3,000/\$6,000	IN: \$3,000/\$6,000 OON: \$10,000/\$20,000	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	(IN-D)	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) 20% OON: (OON-D) 20%	(IN-D) \$20/\$30/\$50	(IN-D) \$40/\$60/\$150
NHP Prime PPO HSA (PD) 2000/4000 <i>(aggregate deductible/MOOP)</i>	Silver	IN: \$2,000/\$4,000 OON: \$4,000/\$7,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	(IN-D)	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) 20% OON: (OON-D) 20%	(IN-D) \$25/\$40/\$80	(IN-D) \$50/\$80/\$240

NHP PPO PLAN AVAILABLE TO LARGE GROUPS ONLY

NHP Prime Solutions PPO Plan Year plan	Metallic Tier	Deductible (D) <i>Individual/Family</i>	Maximum Out-of-Pocket <i>Individual/Family</i>	Outpatient					Inpatient	Mental Health & Substance Use (MH/SU)		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	Retail Prescription Copayments <i>Tiers 1/2/3</i>	Mail Order Prescriptions <i>Tiers 1/2/3</i>
NHP Prime Solutions PPO HSA 3000/6000 <i>(aggregate deductible /MOOP)</i>	N/A	IN: \$3,000/\$5,000 OON: \$6,000/\$9,000	IN: \$5,000/\$10,000 OON: \$10,000/\$20,000	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	(IN-D)	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) OON: (OON-D) 20%	IN: (IN-D) 20% OON: (OON-D) 20%	(IN-D) \$25/\$40/\$80	(IN-D) \$50/\$80/\$240

(D) = Deductible must be met first, then copayment or coinsurance may apply. All copayments, coinsurance, and deductibles count towards the Maximum Out-of-Pocket (MOOP).

IN = In-Network coverage level
OON = Out-of-Network coverage level

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

Embedded Deductible and Out-of-Pocket Maximum

When an individual or family enrolls in an **embedded deductible plan**, NHP calculates out-of-pocket costs for each individual *and* for the family. Once a covered member meets the **individual deductible**, NHP will share costs for certain covered services for that member. And once a covered member meets the **individual out-of-pocket maximum**, NHP will pay 100% of certain covered services for that member.

In addition, embedded deductible plans track the out-of-pocket costs for the family as a whole. Once the family meets the **family deductible**, NHP will share costs for certain covered services for all the covered members in that family. Similarly, once the **family out-of-pocket maximum** is met, NHP will pay 100% of certain covered services for all the covered members in that family.

Aggregate Deductible and Out-of-Pocket Maximum

When an individual enrolls in an **aggregate deductible plan**, only the individual **deductible** and **out-of-pocket maximums** apply. Once the member meets the individual **deductible**, NHP will share costs for certain covered services for that covered member. Similarly, once the individual **out-of-pocket maximum** is met, NHP will pay 100% of certain covered services for that covered member.

When a family enrolls in an **aggregate deductible plan**, only the family deductible and out-of-pocket maximums apply. Once a family member or combination of family members meet the **family deductible**, NHP will share costs for certain covered services for all the covered members in that family. Similarly, once the **family out-of-pocket maximum** is met, NHP will pay 100% of certain covered services for all the covered members in that family.

All NHP PPO Plans Listed Include:

- Access to the national PHCS PPO Provider Network for in-network medical and behavioral services
- 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**
- No limits for Mental Health/Substance Use outpatient office visits or inpatient admissions. Must have authorization past 8 outpatient visits.
- Physical/Occupational Therapy—Coverage up to 100 visits combined per benefit year

*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
- No annual limit on what NHP pays
- No PCP referrals required
- If a Non-preferred Provider charges any amount over the Allowed Amount for a covered service, the member must pay the balance (does not apply to the OON deductible or out-of-pocket maximum).

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:

- Access90 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.

Members pay nothing, or only the plan's cost sharing, for many common over-the-counter drugs and products with a prescription at a participating pharmacy.

Affordable Care Act (ACA)

All plans listed in this document meet the ACA guidelines for Merged Market and Large Groups. These requirements:

- Cover all Essential Health Benefits (EHBs).
- All Prime plans include Pediatric Dental coverage as required for Small Groups by ACA.
- Prime plans are available without Pediatric Dental (no "(PD)" in plan name) when the Small Group submits an attestation of existing Qualified Dental Plan.
- Meet actuarial value.
- Fully cover all state and federally mandated benefits.
- Include the removal of all annual dollar limits on EHBs.

The NHP PPO must be offered alongside the NHP HMO, and the PPO in-network benefits may not be richer than the HMO benefits. Underwriting guidelines limit enrollment in the PPO to no more than 15% of enrolled subscribers.

Evidence of Coverage is comprised of the NHP *Schedule of Benefits* and *Member Handbook*. For additional plan information, please visit 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. If a member receives care that requires Notification or Prior Authorization from a Non-preferred Provider, the member is responsible for notifying or obtain a prior authorization from NHP for medical services or Beacon Health Strategies for behavioral health services.

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; Personal comfort items; Reversal of Voluntary Sterilization.

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