Benefit Period
For non-group coverage with NHP, the benefit period resets on January 1. For employer-sponsored group coverage with NHP, the benefit period resets on the employer’s anniversary date.

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 sure 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 criteria accordingly.

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 kind 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 NHP’s Benefit 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, break rooms, or when using telephones or when outside of their 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.

• NHP provides all patients 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 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 access 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 about you. NHP is required by law to protect the privacy of your health information.

THE FOLLOWING SECTIONS EXPLAIN:
• When 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 and operations purposes, such as checking if you are eligible for health benefits, and paying your health care Providers for services you render
  • 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 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 your 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:
• If a federal or state privacy law provides 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" 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 what 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 be required to agree to your request.

• Ask NHP to not use or disclose your health information for treatment, payment or operations purposes when the information was created for or received from an entity that is not a health care provider.

• Ask NHP to limit its use or sharing of your health information with a family member.

• 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 discloses a breach of your unsecured protected health information.

• Get a paper copy of this notice at any time.

These rights may not all 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 previously received from NHP about the privacy of your health information. NHP can change how we use and share your health information. If NHP makes 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

Copayment
If you have questions about this notice, you may contact the Division of Insurance by calling 877-521-7504 or visiting its website at www.mass.gov/doi

Copayment

NHP Prime HMO Plans meet ACA requirements.

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 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, or if you need help understanding this 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 877-521-7504 or visiting its website at www.mass.gov/doi
<table>
<thead>
<tr>
<th>NHP Prime HMO Plans</th>
<th>Metallic Tier</th>
<th>Deductible (D) Individual/Family</th>
<th>Out-of-Pocket Maximum Individual/Family (embedded unless otherwise noted)</th>
<th>Office Visit PDP/专科</th>
<th>Routine Well Visit 1 every 12 months</th>
<th>Emergency Room Waived or Admitted</th>
<th>Outpatient Surgery</th>
<th>Outpatient Diagnostic Lab/X-ray</th>
<th>Inpatient Medical (SNP) Reimbursable benefit period</th>
<th>Outpatient Mental Health/Substance Abuse</th>
<th>Other</th>
<th>Pharmacy</th>
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<tbody>
<tr>
<td>NHP Prime HMO (PD) 25/25*</td>
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<td>NHP Prime HMO (PD) 25/25*</td>
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</tbody>
</table>

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

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. Similarly, once the individual out-of-pocket maximum is met, NHP will pay 100% of all covered services for that covered member.

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 all covered services for that covered member.

When a family enrolls in an aggregate deductible plan, both 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 all covered services for all the covered members in that family.

All NHP Prime Plans Listed Include:
- Chiropractic benefits—12 visits per benefit period.
- Fitness Benefits: One month gym membership (covers a minimum of $100 per pack).
- Weight Loss Benefit: Six months of membership at Weight Watchers or Jenny Craig weight loss programs.
- Access to NHP’s Comprehensive network of providers.
- No limits on Mental Health/Substance Abuse outpatient office visits or inpatient admissions. Must have authorization prior to outpatient visits.
- Physical/Occupational Therapy: Coverage up to 60 visits combined per benefit period.

Medical Benefits (Outpatient, Inpatient, Other)

- No copayment, deductible or coinsurance applies to preventive services or routine laboratory tests. Please note that tests for specific conditions during an annual exam may be subject to cost sharing.
- NHP Prime Platinum plans include low or no cost sharing for outpatient diagnostic labs/X-rays.
- 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 diagnostic 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 to a network of approved pharmacies in the mail, with certain restrictions.

Other

NHP offers a variety of options including:
- Fully cover all state and federally mandated benefits.
- Meet Actuarial Value.
- Fully cover all state and federally mandated benefits.
- Include the removal of all annual dollar limits on EHBP.

Affordable Care Act (ACA)

All plans listed in this document meet the ACA guidelines for metal plan levels. These requirements:
- Cover all Essential Health Benefits (EHBs).
- All plans include Pediatric Dental coverage as required by ACA.
- Meet Actuarial Value.
- Fully cover all state and federally mandated benefits.
- Include the removal of all annual dollar limits on EHBP.

Evidence of Coverage is comprised of the NHP Schedule of Benefits and Member Handbook. For additional plan information, please visit nhp.org.
NHP Prime HMO Plans meet ACA requirements.

Effective January 1, 2015

These health plans meet Minimum Creditable Coverage standards and will satisfy the individual mandate that you have health insurance.

M A S S A C H U S E T T S R E Q U I R E M E N T T O P U R C H A S E H E A L T H I N S U R A N C E:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires Massachusetts residents eighteen (18) years of age and older to 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 877-521-7504 or visiting its website at www.mass.gov/doi

nhp.org

Your health. Our promise.