

Scantic Valley Regional Health Trust
Exclusive
(No Deductible)

**Scantic Valley Regional Health Trust
Exclusive
(No Deductible)**

I M P O R T A N T N U M B E R S

Member Services

413.233.3060

800.791.7944 (TTY: 800.439.2370)

Health New England

One Monarch Place, Suite 1500

Springfield, MA 01144-1500

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Special Programs & Discounts



Health New England
Where you matter.

SPECIAL PROGRAMS & DISCOUNTS

At Health New England, we strongly believe that health insurance should do more than just pay for doctor's bills when you are sick. After all, we call it health insurance, not sickness insurance. We understand that more than just your own personal health goes into your overall well being. Your work-life, your home-life, your family, your play-time – all of these things factor in to how you are feeling – and ultimately, how healthy you are.

That's why in addition to the comprehensive benefits that we offer, we also provide a number of unique programs to address you and your family's wellness at every stage of life.

YOUR FAMILY ...

Brighter Infant Beginnings

Welcoming a new baby is an exciting time in your life. It's also a busy one. We want to help by giving you the information you'll need to keep you and your baby healthy during your pregnancy. All expectant members receive the book, "Planning Your Pregnancy and Birth" and "Your Baby, Your Child: A Parents Guide to Pregnancy and Early Childhood." These books are resources for parents on prenatal issues, early childhood development, and health during the first 6 years of life.

YOUR HEALTH ...

Support for Your Healthy Lifestyle Choices

It's up to you to take charge of your health – but we can help! Want to lose weight? Get in shape? So, the motivation is there, but how do you work it into the budget. Check this out:

Health New England Fitness Promotion

Having trouble sticking to a fitness routine? Why not join a fitness club or take fitness or wellness classes. Already a gym member or taking classes? Here's some incentive to keep up the good work! When you or a covered member of your family purchase a membership to any qualified health club or take qualified aerobic or wellness classes, Health New England will reimburse you up to \$150 per family per calendar year. This reimbursement may be applied to:

- Fitness Club Memberships
- Aerobic and Wellness Classes and Personal Trainer Fees

To be eligible for reimbursement, the health club that you choose must include both cardiovascular and strength-training exercise equipment. Class instructors and personal trainers must be certified. They must work for a fitness or wellness facility. Classes may include: Pilates, yoga, spinning, aerobics, strength training, tai chi, kickboxing, and martial arts

Children need exercise too! Do you have a child in a school or town sports program? You may also apply this reimbursement to school and town sports registration fees.

Maximum reimbursement is \$150 per family per calendar year.

Reimbursement forms are available on our website, healthnewengland.org.

You also can call Member Services to ask for a form at 413.233.3060 or

800.791.7944.

Weight Watchers® Reimbursement Program

Introducing our Health New England Watchers® Reimbursement Program! When you or a covered member of your family registers and participates in weekly Weight Watchers® Traditional meetings, Weight Watchers At Work® meetings, or Weight Watchers On-line®, we will reimburse you up to \$150 per calendar year.

Note: This program does not include Weight Watchers At Home®. Reimbursement is for the cost of the Weight Watchers® Traditional meetings, Weight Watchers At Work® meetings, or Weight Watchers On-line® only and does not include fees paid for food, books, videos or any other items or services. This program does not include fees paid to any other weight loss program.

The maximum reimbursement is \$150 per family per calendar year.

Need Eyeglasses or Contact Lenses?

As a Health New England member, you and your covered family members can get up to 25% off when you buy glasses or contact lenses. For a list of participating eyewear providers, please contact our Member Services Department.

Smoking Cessation

For Health New England members who have asthma, diabetes, cardiovascular diseases, and/or who are pregnant, we provide reimbursement of up to \$50 to attend a smoking cessation program.

Living Well with Chronic Conditions:

We offer comprehensive disease management programs that help you to learn how to take an active role in your own health and be as healthy as you can be. Our current offerings are for:

- Diabetes
- Asthma (adult and pediatric)
- Healthy Heart (coronary artery disease, CHF)
- High Risk Maternity

Each program features:

- Educational materials
- Outreach by an Integrated Case Manager from Health New England
- Individualized goal setting based on your wants/needs
- Easy action plans that help you attain the goals you set for yourself
- Solution-focused approaches to assist in removing any barriers you might have in receiving and managing your healthcare.

Best of all, all programs and resources are provided to our members free of charge!

Preventive Care – From Cradle through Retirement

Health new England offers a birthday card program to remind our members to seek age appropriate preventive care screenings and appointments with their primary care physician. We mail all members:

- 18-Month Birthday Card (sent to parents of 18 month old children)
- Whiz Kidz Birthday Card (sent to parents of children ages 5-12)
- Women's Health Birthday Card (sent to women age 35 and over)
- Men's Health Birthday Card (sent to men age 50 and over)

Living Well Grocery Store Tours

Walk through the grocery store with a registered dietician! You'll learn how to read food labels, count carbohydrates, determine portion sizes, fat and cholesterol content, and much more! We offer tours throughout the year at various locations in Western Massachusetts. We also offer this exciting program in a virtual format free of charge to members.

Healthy Alternatives

Health New England members are eligible for discounts through OptumHealth. OptumHealth is a health and wellness company with over 15 years of experience. Founded as American Chiropractic Network, OptumHealth Care has evolved into an organization that still specializes in chiropractic and physical therapy management but also offers other specialties such as acupuncture, massage therapy and nutritional counseling.

You can find information about discounted services available through OptumHealth at our web site, healthnewengland.org/optumhealth.

Health New England Wellness Brochures

Health New England designed an informational series of wellness brochures to help you make the best health and wellness decisions possible for you and your family. We cover more than 20 topics, including:

Asthma	Depression	Smoking
ADHD	Diabetes	Stress
Blood Pressure	Flu Survival	
Breast Wellness	Heart Attack & Stroke	
Cholesterol	Nutrition	

my.HealthNewEngland.org Makes it Easier to Manage your Healthcare

Simple language, straightforward menu options, and access from any device - smartphone, tablet or computer.

Access to your benefits

- Quickly access your recently processed medical and pharmacy claims
- View your HealthEquity health savings account or health reimbursement arrangement balances in real time (if applicable)
- Submit your wellness reimbursement online

Manage your account

- Designate other members on your plan to access claim information
- Set communications preferences and alerts
- Securely send messages to Health New England directly on the portal

HNEPlus – Enjoy Discounts at Local Businesses

These days, everyone wants to get the most for their money. That's the idea behind the HNEPlus program. Health New England members carry an ID card that provides valuable access to health insurance. With that same card and the HNEPlus program, members can also receive discounts for choosing healthy lifestyles!

By showing your ID card, you can get discounts from some area businesses – for travel, legal advice, and a host of fun activities. Savings from HNEPlus add up fast! What's more, our discount programs promote healthy lifestyle choices. So, you will look and feel better, too.

If you'd like to know more about the HNEPlus program, go to healthnewengland.org.

Plan Overview



Health New England
Where you matter.



H M O P L A N O V E R V I E W

WE'RE HERE WHEN YOU NEED US

If you're like most people, you don't think about your health insurance – until you need it. That's what we're here for. At Health New England, we work hard to make sure you get the care that you need, when you need it – from a routine checkup to emergency care.

Our plans offer all those services and more. Choose Health New England for:

Broad coverage *Predictable costs*

Preventive care – periodic health exams, routine childhood immunizations, well-child care, and more – we cover it. Emergency care – anywhere in the world, any time of day – we cover it. Inpatient care – hospitalization, skilled nursing facility care, rehabilitation – we cover it. Outpatient care – surgery, diagnostic imaging, specialty services – we cover it. For all covered services, your payment responsibilities are outlined in this summary.

A PRIMARY CARE PROVIDER TO MANAGE YOUR CARE

You'll choose your own Primary Care Provider (PCP) from our directory of local internists, family practitioners and pediatricians. Your PCP is available 24 hours a day to coordinate your care, provide advice and direction, refer you to specialty care, and manage follow-up treatment.

You may select any PCP, except those who have notified us that they no longer accept new patients. Member Services representatives can provide up-to-date information on PCPs in your area. You can even choose a different PCP for each member of your family.

EASY ACCESS TO YOUR OB/GYN

We cover annual preventive GYN exams and related services – medically necessary evaluations and services for GYN conditions, mammograms, and maternity care. What's more – you don't need a referral! Just schedule your appointment with your in-plan doctor and go.

SIMPLICITY AND CONVENIENCE

- There are no claim forms to submit when you get care from in-plan providers.
- We don't require referrals for in-plan specialty services – although prior approval is required for a limited number of covered services.
- You have toll-free access to knowledgeable, friendly Member Services representatives who can help you understand your benefits and get the services you need.
- If you feel more comfortable speaking a language other than English, talk to one of our Spanish speaking Member Services representatives, or for other languages, take advantage of our free interpreter and translation service.

Scantic Valley Regional Health Trust - Exclusive (FH-no deductible)
HMO Summary of Benefit Chart
(Effective 7/1/2016)

This chart provides a summary of key services offered by your Plan. Consult your Member Agreement for a full description of your Plan's benefits and provisions. If any terms in this summary differ from those in your Member Agreement, the terms of the Member Agreement apply.

- Many services require you to pay a Copay at the time of service.
- **Note about Prior Approval:**
Some services may require Prior Approval. These services are marked with † in the chart. If you do not obtain Prior Approval, benefits may be denied.

	In-Plan
In-Plan Out-of-Pocket Maximum: The most you pay for cost sharing on Essential Health Benefits during a Plan Year before your Plan begins to pay 100% of the allowed amount.	Medical: \$2,000 per individual/ \$4,000 per family
	Pharmacy: \$3,000 per individual/ \$6,000 per family

Benefit	Copay
Inpatient Care	
Acute Hospital Care*	\$500/admission
Skilled Care and Inpatient Rehabilitation †* (limited to 100 days per Calendar Year)	\$0
Outpatient Preventive Care	
PCP Office Visits*	\$0
Adult Routine Exams* (Members age 18 and older)	\$0
Well Child Care*	\$0
Child and Adult Routine Immunizations*	\$0
Routine Eye Exams* (limited to one per Calendar Year)	\$0
Annual Gynecological Exams*	\$0
Routine Mammograms*	\$0
Routine Prenatal & Postpartum Care*	\$0
Screening Colonoscopy or Sigmoidoscopy* (limited to one every five Calendar Years)	\$0
Nutritional Counseling* (limited to four visits per Calendar Year)	\$0
Other Outpatient Care	
PCP Office Visit* (Non-Routine)	\$20/visit
Specialist Office Visits*	\$35/visit
Second Opinions	\$35/visit
Telephone and video consultations with internists, family practitioners, and pediatricians for non-emergency medical conditions through Teladoc™	\$20/consultation
Hearing Tests	\$20/visit

Benefit	Copay
Diabetic-Related Items:	
• Outpatient Services* (some services require Prior Approval)	\$35/visit
• Lab/Radiological Services*	\$0
• Durable Medical Equipment* (some items require Prior Approval)	20% Coinsurance
• Individual Diabetic Education	\$35/visit
• Group Diabetic Education	\$35/session
Emergency Room Care* (Copay waived if admitted directly from the ER)	\$100/visit
Diagnostic Testing*	
• In a doctor's office	\$35/visit
• In all other settings	\$150 Copay
Lab Services*	\$0
Radiological Services: Ultrasound, X-rays, Non-Routine Mammograms*	\$0
Sleep Study †* (maximum of two per Calendar Year)	\$0
Diagnostic Imaging: CT Scans, MRIs, MRAs, PET Scans, Nuclear Cardiology †*	
• Outpatient hospital based services	\$100 Copay
• Outpatient non-hospital based services	\$0
Outpatient Short-Term Rehabilitation Services* (Limited to two months or 25 visits per condition per Calendar Year for physical or occupational therapy. The limit does not apply when services are provided to treat Autism Spectrum Disorder.)	\$20/visit per treatment type
Day Rehabilitation Program* (limited to 15 full day or ½ day sessions per condition per lifetime)	\$25/day or half day
Early Intervention Services (Limited to \$5,200 per child per Calendar Year with a lifetime maximum of \$15,600. Covered for children from birth to age three.)	\$35/visit
Applied Behavioral Analysis (ABA) to treat Autism Spectrum Disorders	\$0
Outpatient Surgical Services and Procedures* (some services require Prior Approval)	
In a doctor's office	\$35/visit
In all other settings	\$150 Copay
Allergy Testing and Treatment*	\$35/visit
Allergy Injections*	\$0
Infertility Services	
Outpatient Care	\$35/visit
• Lab Test	\$0
• Inpatient Care †	\$500/admission
Maternity Care	
Delivery/Hospital Care for Mother and Child* (Coverage for child limited to routine newborn nursery charges. For continued coverage, child must be enrolled within 30 days of date of birth. Routine nursery charges not covered for child of dependent other than spouse.)	\$500/admission
Dental Services	
Surgical Treatment of Non-Dental Conditions	
• In an Emergency Room	\$100/visit
• In a Doctor's or Dentist's office*	\$35/visit

Benefit	Copay
Other Services	
Home Health Care †*	\$0
Hospice Services †*	\$0
Durable Medical Equipment* (some items require Prior Approval)	20% Coinsurance
<ul style="list-style-type: none"> Wigs (Scalp Hair Prostheses) for hair loss due to treatment of any form of cancer or leukemia* (the Plan covers one prosthesis per Calendar Year) 	\$0
<ul style="list-style-type: none"> Prosthetic Limbs †* 	20% Coinsurance
Ambulance and Transportation Services* (includes Chair Van services)	\$25/member/day
Radiation and Chemotherapy*	\$0
Kidney Dialysis*	\$0
Nutritional Support †	\$0
Cardiac Rehabilitation*	\$35/visit
Speech, Hearing, and Language Disorders †* (Prior Approval is required for speech therapy services after the initial evaluation visit)	\$20/visit
Hearing Aids † (Covered with Prior Approval for Members age 21 and under. The Plan covers the cost of one hearing aid per hearing impaired ear, every 36 months, up to a maximum of \$2,000 for each hearing aid.)	\$0 up to \$2,000 per device per ear (you are responsible for all costs beyond maximum)
Human Organ Transplants and Bone Marrow Transplants †*	\$500/admission
Behavioral Health Services (Mental Health or Substance Abuse)	
Inpatient Services †*	\$500/admission
Outpatient Services †*	\$20/visit
Fitness and Weight Loss Reimbursement Program	
Fitness	\$150 per family per Calendar Year
Weight Loss (Weight Watchers®)	\$150 per family per Calendar Year

P R E S C R I P T I O N D R U G C O V E R A G E

Prescription Drugs (<i>certain drugs require Prior Approval</i>) Your Prescription Drug benefit covers those items described in the HNE Formulary. Please call Member Services or visit healthnewengland.org for a copy of the HNE Formulary.	Copay
At a Pharmacy: (up to a 30-day supply)	
Generic Drugs	\$10
Formulary Drugs	\$25
Non-Formulary Drugs	\$50
Through Mail Order: (a 90-day supply of maintenance medication)	
Generic Drugs	\$20
Formulary Drugs	\$50
Non-Formulary Drugs	\$110

How Your Prescription Drug Coverage Works

Health New England is committed to providing our members with access to safe and effective medications. We cover most prescription drugs and a small number of non-prescription drugs and medical supplies. Covered prescription drugs are divided into three tiers with different member copays.

The Health New England Formulary

Covered prescription drugs are divided into three tiers with different member copays.

Tier	Description	Level of Member Copay
1 - Generic	Approved by the U.S. Food and Drug Administration (FDA), Generic Drugs (Tier 1) contain the same active ingredients as brand name drugs, are just as safe and effective, and usually cost less. Health New England encourages the dispensing of generic drugs whenever possible. You pay the lowest copay for generic drugs.	Lowest
2 - Brand/ Formulary	Brand/Formulary Drugs (Tier 2) are marketed under a trademarked brand name, usually by one manufacturer, and do not have less costly generic equivalents. Brand/Formulary Drugs are selected based on a review of the relative safety, effectiveness and cost of the many FDA-approved drugs on the market. Your copay for Brand/Formulary Drugs is higher than for Generic Drugs, but lower than for Brand/Non-Formulary Drugs.	Higher than Tier 1 Lower than Tier 3
3 - Brand/ Non-Formulary	Any brand name drug that Health New England has not selected as a Brand/Formulary Drug is a Brand/Non-Formulary Drug (Tier 3). This category includes any brand name drug that has a generic equivalent (Tier 1) or brand drugs that have formulary generic and brand alternatives. These medications are still covered, but at the highest copay level. We do not waive or reduce copays for Brand/Non-Formulary drugs.	Highest

A small list of drugs is not covered. Health New England limits coverage for some prescription drugs. Coverage limits include:

- Prior Approval: Your doctor has to request coverage from Health New England before you can get the drug.
- Quantity limits: Health New England will cover only a certain amount of the drug each month.
- Step therapy: You have to try a drug used to treat the same condition (therapeutic equivalent) before Health New England will cover the drug.

To obtain a complete list of drugs that are excluded, limited, or require prior authorization, or to obtain a copy of the Health New England Formulary listing, please call Member Services at 413.233.3060 or 800.791.7944 or visit healthnewengland.org.

Two easy ways to get your prescriptions...

At a Retail Pharmacy

Through our national pharmacy network, you can get medications at participating pharmacies no matter where in the country you are. Whether you're home, on vacation, or away for business or other reasons, you can fill prescriptions at any of the more than 50,000 pharmacies that participate in our national network. Participating pharmacies include CVS, Costco, Stop & Shop, Brooks/Maxi Drug, Walgreens and Target.

Just show your Health New England ID card, along with your prescription or refill, and pay the applicable copay.

Through the Mail

We also offer a mail service option, in case you want to get your prescriptions through the mail - delivered to your home! Mail service is limited to those items for which a 90-day supply is appropriate. Your copays for mail service prescriptions may be different from your standard prescription copays. Each copay covers up to a 90-day supply of a prescription or refill.

- Sorry, there are some items you can't get through the mail service:
 - Any drugs for which mail service is prohibited by law; and
 - Prescriptions for which a 90-day supply may not be appropriate as determined by Health New England.
 - Injectables

Important Notes



Health New England
Where you matter.

QUESTIONS AND ANSWERS

What if I decline coverage now – can I get it later? (Special Enrollment Rights)

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you, may in the future, be able to enroll within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

How do I get Urgent Care?

We require doctor's offices to have 24 hour phone coverage. Your doctor or someone covering will help you decide what to do – whether you should get care right away or wait to see your own doctor.

Health New England also has a 24-hour nurse line. If you can't reach your doctor, call us at 413.787.4000 or toll free 800.842.4464. An experienced nurse will listen to your concerns and help you choose the care that's right for you.

Finally, we contract with a number of Urgent Care Centers. You can find an Urgent Care Center near you on our website, healthnewengland.org. Just click on Find a Provider at the top of the page. In general, Urgent Care Centers have a Specialist copay, not

an ER copay, so you'll save time AND money. Please coordinate any follow up visits with your Primary Care Physician.

How do I get covered Durable Medical Equipment and supplies?

When prescribed by your physician, we cover certain Durable Medical Equipment (DME), medical and surgical supplies, and prostheses. Some items require Prior Approval. For HMO Plans, an In-Plan DME vendor must provide covered services. For a list of In-Plan DME vendors, please visit our website, healthnewengland.org. Then click Find a Doctor at the top of the page. If your previous insurance has been covering your supplies, please call Health New England Member Services to ensure a smooth transition.

What services are not covered by Health New England?

We cover services that are medically necessary for the prevention or treatment of illnesses or injury – as long as you follow Plan procedures. Here are some general exclusions that you should know about.

- If you have an HMO plan, care by out-of-plan providers is not covered unless it's emergency care or it's pre-authorized by the Plan.
- A small number of services require prior approval by the Plan

(see the description of Utilization Management). If you sign up for an HMO plan, and you don't get prior approval for a service that requires it, we will not cover that service. For PPO plans, coverage for that service may be either denied or reduced, depending on the type of service.

- We do not cover:
 - Care or treatment provided by a family member
 - Cosmetic surgery or procedures
 - Custodial care
 - Dental services, except as described in the Summary of Benefits.
 - Educational services or testing
 - Experimental or investigational medical services
 - Holistic treatments
 - Services for the personal comfort or convenience of the member
 - Services required by third parties (e.g., school, camp, work physical)
 - Services that should be covered by another insurer (like Workers' Compensation)
 - Veterans Administration services for service-connected disabilities

Your membership materials will include a more complete listing of specific benefits, exclusions and limitations.

Important Note: *By enrolling in the Plan, or receiving benefits or coverage under the plan, you agree to accept all of the plan terms, which we describe in your member agreement.*

UTILIZATION MANAGEMENT

At Health New England, we believe that medical decisions should be made by you and your doctor.

Like any insurer, we do have coverage requirements – such as, you need to get prior approval to see a doctor who is not part of your plan. Coverage decisions are made based on all the available information, and if necessary, discussed with your doctor.

This is an important part of our Utilization Management (UM) Program.

Purpose

Through this program, we gather information on treatment and services and review certain claims. In this way, we determine if the services are *covered benefits* and whether treatment and services are *medically necessary* and *appropriate*. Our medical director oversees the process and supervises all activities.

How it Works

We use nationally recognized guidelines and resources which measure the intensity of service along with the severity of illness or disease. If we let other provider groups perform UM functions, we approve any criteria they use. In all cases, we base decisions on whether treatment and services are medically necessary and appropriate.

Our evaluation involves a number of components:

- **Pre-certification / Pre-authorization** - We collect information from doctors and members before they begin an inpatient hospital stay or undergo certain outpatient procedures and services. This allows us to determine eligibility and coverage in advance and establish open, honest communications with members and their doctors. It also makes it easier to coordinate transition to the next level of care. For example, we may elect to move members into programs for chronic diseases such as asthma; register them for a prenatal program; or, initiate case management for complex situations. We make this decision based on the information available at the time service is requested.
- **Concurrent review** - We speak with providers and facilities to help determine whether services are covered and medically necessary; identify case management opportunities; and, begin to plan discharge.
- **Discharge planning** - We help coordinate a member's transition from the inpatient setting to the next level of care.

- **Retrospective review** - After members have received care, we may speak with providers and facilities to determine whether services are covered and medically necessary. We base our determination on whether members received treatment and services appropriate for their needs at the time of service.

Making the Decision

If we determine that a service is not covered or medically necessary, coverage for the service could be denied. Only our medical directors make decisions to deny coverage for reasons of medical necessity. We notify members and providers in writing and include information about the reasons for the determination (including the clinical rationale); how to initiate an appeal; and the clinical review criteria used in the decision.

Health New England does not:

- pay employees, providers, or others involved in utilization management for denials of coverage or service
- use incentives to reward inappropriate restrictions of care

HOW WE PROTECT YOUR PRIVACY

Health New England is committed to protecting your privacy. We keep members' protected health information (PHI) confidential according to our policies and state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). Our Notice of Privacy Practices contains more detailed information about our policies and practices regarding the collection, use, and disclosure of your PHI. It also sets forth your rights with respect to your PHI. You can request a complete copy of our Notice of Privacy Practices by contacting Health New England Member Services.

How does Health New England protect my PHI?

We have a detailed policy on confidentiality. This policy applies to all oral, written, and electronic information that we have about you. All Health New England employees are required to protect the confidentiality of your PHI. An employee may only access, use, or disclose your information when he or she has an appropriate reason to do so. Each employee or temporary employee must sign a statement that he or she has read and understands the policy. Once a year, we send a notice to employees to remind them of this policy. Any employee who violates the policy is subject to discipline and may be fired. You may request a copy of our Privacy Policy from Health New England Member Services. We also include

confidentiality provisions in all of its contracts with Plan Providers. Finally, we maintain physical, electronic, and procedural safeguards to protect your information.

How does Health New England use and disclose my PHI?

HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. Health New England may use and disclose your information in connection with your treatment, the payment for your health care, and our health care operations, including our quality and utilization management activities. We also can disclose your information to providers and other health plans that have a relationship with you for their treatment, payment and some limited health care operations. In addition, federal law allows or requires us to use or disclose your PHI to serve other purposes, such as for public health activities, or when we are required by law to disclose the information. We do not need your authorization for these purposes.

For other uses and disclosures of your information, we must get your written authorization. A written authorization request will specify the purpose of the requested disclosure, the persons or class of persons to whom the information may be given, and an expiration date for the authorization. If you do provide a written authorization, you generally have the right to revoke it.

Will Health New England disclose my PHI to anyone outside Health New England?

We may share your PHI with affiliates and third party "business associates" (such as consultants and auditors) that perform various activities for us. Whenever such an arrangement involves the use or disclosure of your PHI, we will have a written contract that contains the terms designed to protect the privacy of your PHI.

Will Health New England disclose my PHI to my employer?

In general, we will release to your employer only enrollment and disenrollment information, information that has been de-identified so that your employer cannot identify you, or summary health information. If your employer would like more specific PHI about you to perform plan administrative functions, we will either get your written authorization or we will ask your employer to certify that they have established procedures in their group health plan for protecting your PHI.

Can I get a copy of my medical records?

Health New England does not provide medical care. Members receive care and treatment from providers based in their own facilities. Under Massachusetts law, you have a right to obtain a copy

of your medical records. To obtain a copy, contact your health care provider directly.

You also have the right to see and get a copy of some of the records that Health New England maintains, such as your enrollment, payment, claims, case or medical management records, and any other records that we use to make decisions about you. Requests for access to copies of these records must be in writing and sent to the Health New England Legal Department. Please provide us with the specific information we need to fulfill your request. We may charge a reasonable fee for the cost of producing and mailing the copies.



Health New England, Inc. How to Authorize a Personal Representative

Introduction

Many members ask us to share their protected health information (“PHI”) with third parties. For example, members often ask us to share their records with a spouse or caregiver. Members may also want someone to help them with paying a bill or filing an appeal.

State and federal law gives you the right to choose one or more persons to act for you and access your PHI. Each person you name is your “Personal Representative.”

How do you name a Personal Representative?

Complete and send us the “Authorization of Personal Representative Form.” This form tells Health New England that you have named a Personal Representative. This form also authorizes Health New England to share your PHI with the person you choose.

 **Health New England**
One Monarch Place, Suite 1500
Springfield, MA 01104-1500
healthnewengland.org

AUTHORIZATION OF PERSONAL REPRESENTATIVE FORM

State and federal law gives you the right to choose one or more persons to act on your behalf with respect to the health information that pertains to you. By completing this form, you are telling Health New England, Inc. that you choose the named person as your Personal Representative. **This form also authorizes Health New England to disclose your Protected Health Information (“PHI”) to the person indicated.**

INSTRUCTIONS: Complete both the front and back of this form. Please print all responses. A minor over the age of 12 is required to authorize release of sensitive information to their parent or legal guardian. (The minor must complete Section C below and sign this form.) This form must be filled out completely in order to be valid. Once completed, mail or fax 413.233.2655 the form to:

HEALTH NEW ENGLAND, INC.
One Monarch Place, Suite 1500, Springfield, MA 01104-1500
Attn: Enrollment Department

A. MEMBER INFORMATION

Your Name: _____
Last Name: _____ First Name: _____ Middle: _____

Home Address: _____

Home Telephone: _____ Date of Birth: _____

Health New England Member ID Number: _____

HICN (Medicare Members): _____

B. PERSONAL REPRESENTATIVE SECTION

Name of person to whom you are authorizing Health New England to disclose your PHI. (If you wish to choose more than one Personal Representative, please fill out a separate form for each person.)

Last Name: _____ First Name: _____ Middle: _____

Address: _____

Telephone: _____

C. HEALTH INFORMATION SUBJECT TO THIS AUTHORIZATION

By signing this form, I agree to allow Health New England to disclose to my Personal Representative the following information:

- Enrollment, Eligibility, and Billing information (such as name, address, employer, effective date, etc.);
- Claims information (which may include diagnosis, procedures performed, providers seen, information in appeals files and case management records, subject to any restrictions set forth below).

Authorization of Personal Representative Form
Rev. September 16, 2012

How do you get a copy of this form?

On the internet, go to healthnewengland.org, click *Members*, go down to *Forms*, and click *Learn More*. We also provide instructions to tell you how to complete and send us the form. You can call Health New England Member Services for a copy of the form as well.

Why didn't Health New England include a copy of the form in this kit?

We scan the forms into our system. This only works when the member ID number is typed at the top of the page. Handwritten member ID numbers do not work. If you request a copy from us or print the form after filling it out on the internet, we can make sure your ID number is typed.



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Springfield, MA 01144-1500
healthnewengland.org

#@@@# = PERF

ENROLLMENT/ADD/TERMINATION FORM

PLEASE PRINT AND/OR TYPE INFORMATION. PRINT TO SIGN.

EMPLOYEE NAME (FIRST, LAST)		COMPANY NAME		PLAN		WILL ANYONE COVERED ON THIS POLICY KEEP OTHER HEALTH INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY CARE PROVIDER (PCP) (REQUIRED FOR HMO PLANS)		(PCP) PROVIDER ID# (REQUIRED FOR HMO PLANS)		IS THIS YOUR DOCTOR NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF INSURANCE CO. _____ POLICY # _____	
SS# (REQUIRED)		DOB	MONTH	DAY	YEAR	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	NAMES OF COVERED INDIVIDUALS _____
ADDRESS		APT NO.		P.O. BOX		IS EMPLOYEE RETIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO RETIREMENT DATE _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		STATE		ZIP		ARE YOU OR ANY OF YOUR DEPENDENTS COVERED BY MEDICARE?* <input type="checkbox"/> YES <input type="checkbox"/> NO	
TELEPHONE (HOME)		TELEPHONE (WORK)		EMAIL		IF YES, <input type="checkbox"/> PART A <input type="checkbox"/> PART B INCLUDE COPY OF MEDICARE CARD	
MARRITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER		PRIMARY LANGUAGE SPOKEN		RACE (Use codes from back of form)		MEDICARE CLAIM # _____	
ETHNICITY (use codes from back of form)		OTHER		DATE OF BIRTH MO DAY YR		*If you have not indicated yes or no regarding your Medicare or other insurance status, you may receive a follow-up questionnaire.	
DEPENDENT NAME(S) FIRST LAST (IF NOT SAME AS EMPLOYEE)		LANGUAGE		GENDER		FOR GROUP MEDICARE SUPPLEMENT MEMBERS: WILL THIS POLICY REPLACE ANY OTHER ACCIDENT AND SICKNESS INSURANCE CURRENTLY IN FORCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		RACE (SEE REVERSE)		MO DAY YR		SOCIAL SECURITY # (REQUIRED)	
				M F		POP NAME (REQUIRED FOR HMO PLANS)	
				M F		FIRST LAST	
				M F		PROVIDER ID#	
				M F		IS THIS YOUR DOCTOR NOW?	
				M F		Y N	
				M F		Y N	
				M F		Y N	
				M F		Y N	

(X) _____ DATE

EMPLOYEE SIGNATURE

BELOW SECTION TO BE COMPLETED BY EMPLOYER

EFFECTIVE DATE _____ (new enroll choose qualifying event below)

NEW ENROLLMENT ADD DEPENDENT CHANGE MEMBER INFO

CHOOSE REASON:

NEW HIRE (DATE OF HIRE REQUIRED) LOSS OF INSURANCE ANNUAL OE OTHER (SPECIFY) _____

TRANSFER TO COBRA HNE COBRA HNE COBRA WITH HEALTH EQUITY HRA

CHOOSE ONE:

TYPE OF PLAN: HMO PPO GROUP MEDICARE SUPPLEMENT

TYPE OF COVERAGE: INDIVIDUAL FAMILY EE+1 OTHER

DATE OF HIRE: _____ HNE GROUP #: _____ - _____

(X) EMPLOYER SIGNATURE _____ DATE _____

IMPORTANT: PLEASE READ THESE TERMS OF ENROLLMENT

As an employee, I understand that:

1. By submitting this form or accepting coverage under the plan, I agree, on behalf of myself and all enrolled dependents, to abide by the terms of the Health New England (HNE) Agreement, which includes this form as well as the applicable Explanation of Coverage or Summary Plan Description.
 2. Membership will become effective upon acceptance by the Plan and that benefits under the Plan will be explained in a separate document (Explanation of Coverage or Summary Plan Description).
 3. I may only enroll dependents subject to the guidelines outlined in my HNE Agreement.
 4. Whenever I seek treatment or services, I must identify myself as an HNE member by presenting my HNE Identification Card.
 5. I must select a Primary Care Physician for myself and my dependents (does not apply to PPO).
 6. If appropriate, I authorize my employer to deduct from my wages the rate required for the coverage selected.
- As an employer, I understand that:**
1. **By submitting this form, I certify that the information provided on this form is accurate.**

RACE & ETHNICITY

Why are these questions being asked?

The Commonwealth of Massachusetts has established statewide goals for improving health care quality and reducing racial and ethnic disparities in health care. HNE wants to do our part to remove any barriers to fair and unbiased treatment for all of our members. By collecting information about your race and ethnic background, we may be able to identify possible issues that affect the care or treatment you receive. HNE will then be able to work with our provider community to address any issues. We appreciate your assistance in this effort.

This information is designed for the purpose of data collection and will not be used for determining eligibility, rating or claim payment. HNE keeps this information confidential according to our policies and state and federal law.

RACE Please choose from the following:
Fill in the code where indicated on the front of this form.

Code	Description	R5	White
R1	American Indian/Alaska Native	R9	Other Race
R2	Asian	UNKNOWN	Unknown/not specified
R3	Black/African American		
R4	Native Hawaiian or other Pacific Islander		

ETHNIC GROUP Please choose from the following: you may choose more than one. Fill in the code where indicated on the front of this form.

Code	Description	Code	Description
2182-4	Cuban	2034-7	Chinese
2184-0	Dominican	2169-1	Columbian
2148-5	Mexican, Mexican American, Chicano	2108-9	European
2180-8	Puerto Rican	2036-2	Filipino
2161-8	Salvadoran	2157-6	Guatemalan
2155-0	Central American (not otherwise specified)	2071-9	Haitian
2165-9	South American (not otherwise specified)	2158-4	Honduran
2060-2	African	2039-6	Japanese
2058-6	African American	2040-4	Korean
AMERCN	American	2041-2	Laotian
2028-9	Asian	2118-8	Middle Eastern
2029-7	Asian Indian	PORTUG	Portuguese
BRAZIL	Brazilian	RUSSIA	Russian
2033-9	Cambodian	EASTEU	Eastern European
CVERDN	Cape Verdean	2047-9	Vietnamese
CARIBI	Caribbean Island	OTHER	Other Ethnicity
		UNKNOWN	Unknown/not specified