

City of Northampton MedPlus PPO

(Plan effective July 1, 2009)

PPO Summary of Benefits Chart

This chart provides a summary of key services offered by your HNE 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.

This Plan provides additional coverage to your Medicare Hospital Insurance (Part A) and to your Medicare Medical Insurance (Part B). Medicare is the primary insurer. Your coverage under this Plan supplements your Medicare insurance by paying part or all of the Part A and Part B Deductibles and Coinsurance when those same services and supplies are eligible for coverage under this Plan. Your Medicare Handbook explains your Medicare coverage in detail as well as the restrictions that apply to Medicare coverage. Your Medicare Handbook also explains how you can get other booklets that deal with specific topics related to your Medicare coverage.

- When you receive services from an Out-of-Plan provider, you are also responsible for any Remaining Balances. A Remaining Balance is that portion of an Out-of-Plan provider's charge that is above HNE's Maximum Allowable Fee.
- Note about Prior Approval:
Some services require prior approval from HNE. In some cases, if you fail to ask for prior approval the service will not be covered at all. In other cases if you fail to ask for prior approval you may have a reduction of benefit up to the amount indicated below. Remember that exclusions or limitations of this plan still apply, even if you ask for prior approval. For example, services that are not medically necessary are not covered, even if you ask for prior approval. See your member agreement for a list of services that require prior approval.

	In-Plan Provider HNE & PHCS Providers		Out-of-Plan Provider
	To search for providers in the HNE Network go to www.hne.com	To search for providers in the PHCS Network go to www.PHCS.com	
Reduction of Benefit Applies to certain services if prior approval is required but not requested.	HNE Provider: Not applicable PHCS Provider: \$250		\$250

BENEFIT	Copayment In-Plan Provider HNE & PHCS	Coinsurance Out-of-Plan Provider
Inpatient Care <ul style="list-style-type: none"> • Acute Hospital Care • Acute Inpatient Rehabilitation • Skilled Nursing Facility <i>(100 day calendar year maximum)</i> • Mental Health Services <i>(care for some conditions may be limited to 60 days per calendar year maximum)</i> • Substance Abuse Services 	\$0	\$0
Outpatient Preventive Care	\$0/visit	\$15/visit
Other Outpatient Care		
Physician Office Visits <i>(non-routine)</i>	\$10/visit	\$15/visit
Routine Eye Exams <i>(one per calendar year)</i>	\$0/visit	\$10/visit
Individual Diabetic Education	\$10/visit	\$15/visit
Group Diabetic Education	\$10/session	\$15/session
Emergency Room Care <i>(copayment waived if admitted directly from ER)</i>	\$75/visit	\$75/visit
Laboratory Services	\$0	\$0
Radiological Services: Ultrasound, X-rays, Nuclear Cardiology, Mammograms	\$0	\$0
Diagnostic Imaging: CT Scans, MRIs, MRAs, PET Scans	\$0	\$0
Outpatient Short-Term Rehabilitation Services <i>(two months or 25 visits, whichever is greater, per condition per calendar year for physical or occupational therapy)</i>	\$10/visit/treatment type	\$15/visit/treatment type
Day Rehabilitation Program <i>(limited to 15 full day or half day sessions per condition per lifetime)</i>	\$25/day or half day	\$25/day or half day
Outpatient Surgical Services and Procedures	\$0	\$0
Family Planning Services		
Office Visit	\$10/visit	\$15/visit
Laboratory Tests	\$0	\$0
Other Services		
Home Health Care	\$0/visit	\$0/visit

BENEFIT	Copayment In-Plan Provider HNE & PHCS	Coinsurance Out-of-Plan Provider
Hospice Services	\$0/visit	\$0/visit
Durable Medical Equipment, including ostomy supplies <i>(limited to \$3,000 per calendar year)</i>	20%	20%
Prosthetic Limbs	20%	20%
Ambulance and Chair Van Services	\$25/member/day	\$25/member/day
Nutritional Counseling <i>(limited to 4 visits per calendar year)</i>	\$10/visit	\$15/visit
Human Organ Transplants and Bone Marrow Transplants	\$0/admission	\$0/admission
Outpatient Mental Health and Substance Abuse Services <i>(At least \$500 per calendar year can be provided for the treatment of alcoholism.)</i>	\$10/visit	\$15/visit