

# Plan Overview



**Health New England**  
*Where you matter.*

# HMO PLAN OVERVIEW

## How the Plan Works

This is a Health Maintenance Organization (HMO) health plan. This plan requires you to get your care from specific doctors, hospitals, and other health care providers, we call these providers “In-Plan Providers. When you use In-Plan Providers, you will not have to submit claim forms or pay bills for covered services. Covered Services from In-Plan

Providers are paid at the In-Plan level and are covered in full. Some services are free of charge, but for most Covered Services you will be responsible for a Copay. Your plan may have a Deductible that applies to certain services. apply to select routine and preventive care services such as routine physicals, annual eye exams, immunizations, prenatal ultrasounds, lab work, diabetic educations, and nutritional counseling and support.

## Everyday Benefits: Quality Care and Convenient Tools that Help You Save

- 1 A Provider Network that Works for You** – Our network of hospitals and providers offers members convenience and quality care throughout Western and Central Massachusetts, and parts of Vermont and Connecticut.
- 2 Estimate medical costs with the Cost of Care Calculator** - The calculator helps members estimate the cost of medical treatments and services, and compare costs among area providers to help them make the most cost-effective choice. Members can also view plan benefits and coverage, search specific areas for services, and look up costs by condition, procedure or service.
- 3 Convenience with our online member portal** - Members can manage their health care online using our secure member portal at [my.HealthNewEngland.org](http://my.HealthNewEngland.org). Our portal allows easy access to information that can help members better manage their benefits and claims, search for providers, look up drugs and pharmacies, and sign up for mail order. Through the portal, tools such as the Cost of Care Calculator, wellness programs and trusted partner resources are just a click away.
- 4 No referrals needed for in-plan specialists** - Health New England members do not need a referral to see any in-plan specialist.
- 5 Skip the deductible for many routine services** - With Health New England, deductibles do not apply to select routine and preventive care services such as routine physicals, annual eye exams, immunizations, prenatal ultrasounds, lab work, diabetic education, and nutritional counseling and support.

- 6 Reimbursement for wellness services and activities\*\*** - The health of our members is important to us, that’s why Health New England offers a wellness reimbursement of up to \$200 per individual and \$400 per family per calendar year towards wellness services and activities\*\* Visit our website [healthnewengland.org/wellness/reimbursement-programs](http://healthnewengland.org/wellness/reimbursement-programs) for a full list of approved activities such as aerobic/wellness classes; Weight Watchers®, bike shares; farm shares; fitness equipment and devices; nutrition and wellness apps; and much more.
- 7 Tiered prescription plans and transparent drug cost** - Prescription drug costs are a major contributor to rising health care costs. Health New England offers a tiered prescription plan that can help members save out-of-pocket costs by offering generic alternatives (tier one) and lower cost alternatives to higher brand drugs (tier two). Members can also save by using our mail order option. Our partnership with Rx Savings Solutions gives members access to savings options delivered right to their email or phone.
- 8 Emergency coverage (worldwide and when away at school)** - Members traveling outside the country or just outside of Health New England’s service area are covered for medical emergencies, urgent care and prescription drugs. And, students attending schools outside the service area are covered too. If they need follow-up care after an ER or urgent care visit, an allergy injection or select outpatient services\*\*\*

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If you feel more comfortable speaking a language other than English, talk to one of our Spanish speaking Member Service representatives, or for other languages, take advantage of our free interpreter and translation service.

\*Teladoc is available to most Health New England members, but some self-funded employer groups do not participate.

\*\*Exclusions may apply. Not all employer groups offer this reimbursement amount

\*\*\*Outpatient services include behavioral health visits and short-term rehabilitation services.



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## City of Westfield - Principle HMO (FO)

### HMO Benefit Chart

July 1, 2022

This chart provides a summary of key services offered by your Plan. Your Summary Plan Description (SPD) has a full description of your Plan's benefits and provisions. If any terms in this summary differ from those in your SPD, the terms of the SPD apply.

#### 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 HNE Providers
<b>Deductible per Policy Year:</b> You must pay this amount for Covered Services before Health New England will begin to pay benefits. The Deductibles are applied on a Policy Year basis, from July 1 through June 30 of the following year. As indicated in the chart below, some services are not subject to the Deductible.	\$250 per Individual/ \$750 per Family per Policy Year
<b>In-Plan Out-of-Pocket Maximum:</b> The most you pay for Cost Sharing on Essential Health Benefits during a Policy Year before your Plan begins to pay 100% of the Allowed Amount. <b>(Pharmacy Included)</b>	\$6,350 per Individual/ \$12,700 per Family
<b>Maximum Responsibility for Copays of \$100 or more:</b> Once you reach this amount, you will not have to pay Copays for certain services for the rest of the year. (Included in your Out-of-Pocket Maximum are: your Deductible and all medical services with a Copay of \$100 or more, including Copays for Durable Medical Equipment and Prosthetics.)	\$750 per Individual/ \$1,500 per Family

Benefit	Your Cost In-Plan HNE Providers
<b>Inpatient Care</b>	
Acute Hospital Care †	\$250 Copay per admission after Deductible
Skilled Nursing Facility and Inpatient Rehabilitation † (Limited to 100 days per Calendar Year)	\$0 after Deductible

<b>Benefit</b>	<b>Your Cost In-Plan HNE Providers</b>
<b>Preventive Care</b>	
Adult Routine Exams	\$0
Well Child Care	\$0
Child and Adult Routine Immunizations	\$0
Routine Prenatal & Postpartum Care	\$0
Routine Eye Exams (Limited to 1 per Calendar Year)	\$0
Annual Gynecological Exams (Limited to 1 per Calendar Year)	\$0
Routine Mammograms	\$0
Screening Colonoscopy or Sigmoidoscopy (Limited to 1 every 5 Years)	\$0
Nutritional Counseling (Limited to 4 visits per Calendar Year)	\$0
Preventive Screenings Listed under "Outpatient Preventive Care" in the Covered Benefits Section of the SPD	\$0
<b>Outpatient Care</b>	
Primary Care Office Visit (Non-Routine)	\$20 Copay per visit
Specialist Care Office Visit	\$35 Copay per visit
Second Opinions	\$35 Copay per visit
Hearing Tests in Specialist Office or Outpatient Facility (other than routine screenings covered as part of your Annual Routine Exam)	\$20 Copay per visit
Diabetic-Related Items:	
• Outpatient Services	\$35 Copay per visit
• Lab Services	\$0
• Radiological Services	\$0
• Durable Medical Equipment (some DME items require Prior Approval)	20% Coinsurance
• Individual Diabetic Education	\$35 Copay per visit
• Group Diabetic Education	\$20 Copay per session
Emergency Room Care (Copay waived if admitted directly from the ER)	\$100 Copay per visit after Deductible
Diagnostic Testing (some services, including, but not limited to, sigmoidoscopies, endoscopies, colonoscopies, arthroscopies, needle aspirations, and biopsies, are covered under the Outpatient Surgical Services and Procedures benefit)	\$0 after Deductible
Sleep Study†	\$0; without Prior Approval, Member pays all costs)
Lab Services	\$0