

# Scantic Valley Regional Health Trust

Town of East Longmeadow  
HMO - Deductible Plan  
Enrollment Kit

Effective : 7/01/2020



Health New England

**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 1-877-MA-ENROLL or visit the Connector website ([www.mahealthconnector.org](http://www.mahealthconnector.org)).**

This health plan **meets Minimum Creditable Coverage standards** that are in effect January 1, 2020 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 IN EFFECT JANUARY 1, 2020. 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](http://www.mass.gov/doi).**

**Scantic Valley Regional Health Trust  
Plan - Deductible Plan (FI)**

**IMPORTANT NUMBERS**

**Member Services  
(413) 233-3060  
(800) 791-7944 (TTY: 711)**

**Health New England  
One Monarch Place, Suite 1500  
Springfield, MA 01144-1500**

## Notice Informing Individuals of Nondiscrimination and Accessibility

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Health New England does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health New England:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Susan O'Connor, Vice President and General Counsel.

If you believe that Health New England has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Susan O'Connor, Vice President and General Counsel, One Monarch Place, Suite 1500, Springfield, MA 01104-1500, Phone: (888) 270-0189, TTY: 711, Fax: (413) 233-2685 or [ComplaintsAppeals@hne.com](mailto:ComplaintsAppeals@hne.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Susan O'Connor, Vice President and General Counsel, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Multi-Language Services

We're here to help you. We can give you information in other formats and different languages. All translation services are free to members. If you have questions regarding this document, please call the toll-free member phone number listed on your health plan ID card, (TTY:711), Monday through Friday, 8:00 a.m. - 6:00 p.m.

BeHealthy Partnership members, this information is about your BeHealthy Partnership benefits. If you have questions, need this document translated, need someone to read this or other printed information to you, or want to learn more about any of our benefits or services, call the toll-free member phone number listed on your health plan ID card, (TTY: 711), Monday through Friday, 8:00 a.m. – 6:00 p.m. For questions about your Behavioral Health, call MBHP at: (800) 495-0086 (TTY: (617) 790-4130) 24 hours a day, 7 days a week, or visit [www.masspartnership.com](http://www.masspartnership.com).

Medicare Advantage members, Health New England Medicare Advantage is an HMO and HMO-POS Plan with a Medicare contract. Enrollment in Health New England Medicare Advantage depends on contract renewal. If you have any questions regarding this document, please contact the toll-free member phone number listed on your health plan ID card, (TTY: 711).

Last Reviewed: 7/31/2019

English	You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0. (TTY: 711)
Spanish	Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 0. (TTY: 711)
Portuguese	Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. (TTY: 711)
Chinese	您有權免費以您使用的語言獲得幫助和訊息。如需口譯員，請撥打您的保健計劃 ID 卡上列出的免費會員電話號碼，按 0。(TTY: 711)
French Creole	Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo gratis manm lan ki endike sou kat ID plan sante ou, peze 0. (TTY: 711)
Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. (TTY: 711).
Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 0. Линия (телетайп: 711)
Arabic	يحق لك الحصول على المساعدة والمعلومات بلغتك مجانًا. لطلب مترجم، اتصل برقم هاتف العضو المجاني على بطاقة تعريف خطتك الصحية، ثم اضغط على 0. (TTY:711)
Mon-Khmer, Cambodian	អ្នកមានសិទ្ធិទទួលបានជំនួយ និងព័ត៌មាន ជាភាសារបស់អ្នក ដោយមិនអង្វរថ្លៃ។ ដើម្បីសុំជំនួយសេរីស អ្នកបកប្រែ សូមទូរស័ព្ទទៅដល់លេខកូដដេញថ្លៃសំរាប់សមាជិក ឬ លេខកូដដេញថ្លៃសមាជិក ID កំដរាងស ខភាពរបស់អ្នក រ្យេង រើយេ ១០ ០។ (TTY: 711)
French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. (ATS: 711).
Italian	Hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per richiedere un interprete, chiama il numero telefonico verde indicato sulla tua tessera identificativa del piano sanitario e premi lo 0. Dispositivi per non udenti (TTY: 711).
Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 0번을 누르십시오. TTY 711
Greek	Έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να ζητήσετε διερμηνέα, καλέστε το δωρεάν αριθμό τηλεφώνου που βρίσκεται στην κάρτα μέλους ασφάλισης, πατήστε 0. (TTY: 711).
Polish	Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wcisnij 0. (TTY: 711).
Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी नि:शुल्क प्राप्त करने का अधिकार है। दुआषिए के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फोन करें, 0 दबाएं। TTY 711
Gujarati	તમારી ભાષામાં વિના મૂલ્યે મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુઆષિયાની વિનંતી કરવા માટે તમારા હેલ્થ પ્લાન ID કાર્ડ પર જણાવેલા ટોલ-ફ્રી નંબર પર કોલ કરો અને 0 દબાવો. (TTY: 711).
Lao	ທ່ານມີສິດທິຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທິດປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຂໍ ຮ້ອງນາຍພາສາ, ໂທພຣິຫາຫມາຍເລກໂທລະສັບສາວລັບສະມາຊິກທີ່ໄດ້ລະບຸໄວ້ໃນບັດສະມາຊິກຂອງທ່ານ, ກົດເລກ 0. (TTY: 711).
Albanian	Ju keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të kërkuar një përkthyes, telefononi në numrin që gjendet në kartën e planit tuaj shëndetësor, shtypni 0. (TTY: 711).
Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 0. (TTY: 711).

# Health New England Hospital Network: Self-Funded

## Massachusetts

### Athol (1)

**Athol Memorial Hospital**  
2033 Main St.  
Athol, MA 01331  
(978) 249-3511

### Burlington (2)

**Lahey Clinic Hospital**  
41 Mall Rd.  
Burlington, MA 01805  
(781) 744-5100

### Clinton (3)

**Health Alliance Hospital  
Clinton Hospital**  
201 Highland St.  
Clinton, MA 01510  
(978) 368-3000

### Fitchburg (4)

**Health Alliance Hospital  
Burbank Campus**  
275 Nichols Rd.  
Fitchburg, MA 01420  
(978) 343-5000

### Gardner (5)

**Henry Heywood  
Memorial Hospital**  
242 Green St.  
Gardner, MA 01440  
(978) 632-3420

### Great Barrington (6)

**Fairview Hospital**  
29 Lewis Ave.  
Great Barrington, MA 01230  
(413) 528-0790

### Greenfield (7)

**Baystate Franklin  
Medical Center**  
164 High St.  
Greenfield, MA 01301  
(413) 773-0211

### Holyoke (8)

**Holyoke Medical Center**  
575 Beech St.  
Holyoke, MA 01040  
(413) 534-2500

### Leominster (9)

**Health Alliance Hospital  
Leominster Campus**  
60 Hospital Rd.  
Leominster, MA 01453  
(978) 466-2000

### Marlborough (10)

**Marlborough Hospital**  
157 Union St.  
Marlborough, MA 01752  
(508) 481-5000

### North Adams (11)

**Northern Berkshire  
Campus of BMC**  
*\*Non-admitting hospital\**  
71 Hospital Ave.  
North Adams, MA 01247  
(413) 664-5000

### Northampton (12)

**Cooley Dickinson Hospital**  
30 Locust St.  
Northampton, MA 01060  
(413) 582-2000

### Palmer (13)

**Baystate Wing Hospital**  
40 Wright St.  
Palmer, MA 01069  
(413) 283-765

### Pittsfield (14)

**Berkshire Medical Center**  
725 North St.  
Pittsfield, MA 01201  
(413) 447-2000

### Southbridge (15)

**Harrington Memorial  
Hospital**  
100 South St.  
Southbridge, MA 01550  
(508) 765-9771

### Springfield (16)

**Baystate Medical Center**  
759 Chestnut St.  
Springfield, MA 01199  
(413) 794-0000

### Mercy Medical Center

271 Carew St.  
Springfield, MA 01104  
(413) 748-9000

### Shriners Hospitals For Children

516 Carew St.  
Springfield, MA 01104  
(413) 787-2000

### Ware (17)

**Baystate Mary Lane  
Outpatient Center**  
*\*Non-admitting hospital\**  
85 South St.  
Ware, MA 01082  
(413) 967-6211

### Westfield (18)

**Baystate Noble Hospital**  
115 West Silver St.  
Westfield, MA 01086  
(413) 568-2811

### Worcester (19)

**St. Vincent Hospital**  
123 Summer St.  
Worcester, MA 01608  
(508) 363-5000

### UMass Memorial Medical Center Hahnemann Campus

281 Lincoln St.  
Worcester, MA 01605  
(508) 334-1000

### UMass Memorial Medical Center Memorial Campus

119 Belmont St.  
Worcester, MA 01605  
(508) 334-1000

### UMass Memorial Medical Center University Campus

55 Lake Ave. North  
Worcester, MA 01655  
(508) 334-1000

## Vermont

### Bennington (20)

**Southwestern Vermont  
Medical Center**  
100 Hospital Dr.  
Bennington, VT 05201  
(802) 442-6361

### Brattleboro (21)

**Brattleboro Memorial  
Hospital**  
17 Belmont Ave.  
Brattleboro, VT 05301  
(802) 257-0341

## Connecticut

### Hartford (22)

**Hartford Hospital**  
80 Seymour St.  
Hartford, CT 06102  
(860) 545-5000

### Meriden (23)

**MidState Medical Center**  
435 Lewis Ave.  
Meriden, CT 06451  
(203) 694-8200

### New Britain (24)

**The Hospital of Central  
Connecticut**  
100 Grand St.  
New Britain, CT 06052  
(860) 224-5011

### Norwich (25)

**William Backus Hospital**  
326 Washington St.  
Norwich, CT 06360  
(860) 889-8331

### Southington (26)

**The Hospital of Central  
Connecticut Bradley  
Memorial Campus**  
81 Meriden Ave.  
Southington, CT 06489  
(860) 276-5000

### Stafford Springs (27)

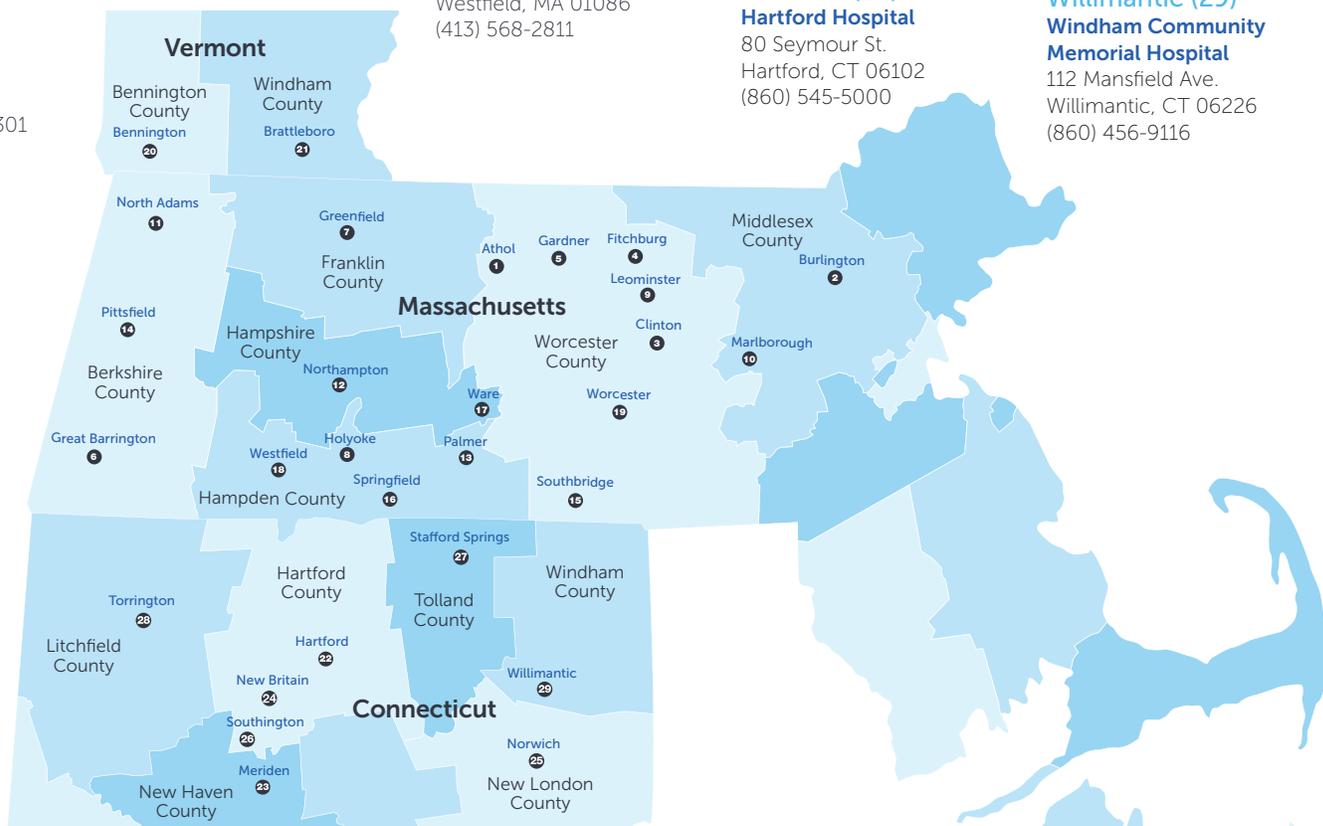
**Johnson Memorial Hospital**  
201 Chestnut Hill Rd.  
Stafford Springs, CT 06076  
(860) 684-4251

### Torrington (28)

**The Charlotte Hungerford  
Hospital**  
540 Litchfield St.  
Torrington, CT 06790  
(860) 496-6666

### Willimantic (29)

**Windham Community  
Memorial Hospital**  
112 Mansfield Ave.  
Willimantic, CT 06226  
(860) 456-9116





*Following is a list of the non-hospital laboratories and imaging (MRI/CT/PET) providers that are participating in your network. These facilities generally provide the same services you would receive at hospitals, but at a lower cost. As a Health New England member you would pay the lowest out-of-pocket costs at these locations.*

## **CT Scan - Computed Tomography Scan**

### **GREATER SPRINGFIELD MRI**

Mercy Medical Center  
271 Carew St  
Springfield, MA 01101  
413.739.0290

### **LAHEY CLINIC MRI SERVICES**

1 Essex Center Dr  
Peabody, MA 01960  
978.538.4000

### **SHIELDS MRI AND IMAGING OF CAPE COD**

2 Iyanough Rd  
West Yarmouth, MA 02673  
800.258.4674

### **SHIELDS MRI OF FRAMINGHAM**

14 Cochituate Rd  
Framingham, MA 01701  
508.872.7277

### **SHIELDS MRI OF WELLESLEY**

54 Washington St  
Wellesley Hills, MA 02481  
617.658.0100

### **SOUTH SHORE REGIONAL MRI CENTER**

26 Rockway Ave  
Weymouth, MA 02188  
800.258.4674

### **UMASS MEMORIAL MRI & IMAGING CENTER**

214 Shrewsbury St  
Worcester, MA 01604  
800.258.4674

275 Nichols Rd  
Fitchburg, MA 01420  
978.343.5633

Memorial Campus  
119 Belmont St  
Worcester, MA 01605  
800.258.4674

Wing Memorial Hospital  
40 Wright St  
Palmer, MA 01069  
800.258.4674

## **Laboratory Drawing Station**

### **BAYSTATE REFERENCE LABORATORY**

118 Conz St  
Northampton, MA 01060  
413.582.0107  
413.582.0140

2377 Boston Rd  
Wilbraham, MA 01095  
413.794.0154

3550 Main St  
Springfield, MA 01107  
413.787.5407  
413.787.5410

Amherst Family Practice  
29 Cottage St  
Amherst, MA 01002  
413.549.0291  
413.549.0092

Baystate OB/GYN Group  
50 Union St  
West Springfield, MA 01089  
413.794.5768  
413.787.5285

Birnie Avenue Professional Building  
300 Birnie Ave  
Springfield, MA 01107  
413.787.5166  
413.787.5170

Carew Medical Building  
222 Carew St  
Springfield, MA 01107  
413.785.1078

Daggett Place  
46 Daggett Dr  
West Springfield, MA 01089  
413.794.3399

Greenfield Outpatient Lab  
48 Sanderson St  
Greenfield, MA 01301  
413.773.4986

Liberty Medical Arts Building  
125 Liberty St  
Springfield, MA 01102  
413.787.5151

Longmeadow Professional Building  
167 Dwight Rd  
Longmeadow, MA 01106  
413.787.5160  
413.787.5159

Mary Lane Hospital Lab  
85 South St  
Ware, MA 01082  
413.967.2182  
413.967.2279

Medical / Dental Building  
294 N Main St  
East Longmeadow, MA 01028  
413.794.9336

Medical Office Building  
2 Medical Center Dr  
Springfield, MA 01107  
413.794.8522

North Main Medical Center  
3455 N Main St  
Springfield, MA 01107  
413.794.8933

Outpatient Lab Wesson Memorial Unit  
140 High St  
Springfield, MA 01199  
413.794.2585

Outpatient Testing Lab  
3300 Main St  
Springfield, MA 01107  
413.794.7014

Pioneer Valley Professional Center  
65 Springfield Rd  
Westfield, MA 01085  
413.568.6391  
413.568.6931

The Raymond Center  
470 Granby Rd  
South Hadley, MA 01075  
413.794.2195

Women & Infants Building  
759 Chestnut St  
Springfield, MA 01199  
413.794.5374

### **LIFE LABORATORIES**

1 S End Bridge Cir  
Agawam, MA 01001  
413.786.2908

175 Dwight St  
Longmeadow, MA 01106  
413.567.1909

200 Center St  
Ludlow, MA 01056  
413.589.1038

274 Westfield St  
West Springfield, MA 01089  
413.733.1900

35 Bridge St  
Belchertown, MA 01007  
413.323.4790

475 Sumner Ave  
Springfield, MA 01108  
413.886.0410

488 Newton St  
South Hadley, MA 01075  
413.539.5867

57 Mulberry St  
Springfield, MA 01105  
413.886.0534

827 Worcester St  
Indian Orchard, MA 01151  
413.543.1090

954 Westfield St  
West Springfield, MA 01089  
413.737.5946  
413.733.2127

Agawam Patient Service Center  
379 Walnut St Ext  
Agawam, MA 01001  
413.786.1693

Caring Health Center  
532 Sumner Ave  
Springfield, MA 01108  
413.693.1041

Catherine Horan Medical Building  
1221 Main St  
Holyoke, MA 01040  
413.539.2675

Comprehensive Family Medical Care  
120 Maple St  
Springfield, MA 01103  
413.788.1484

Mercy Medical Center  
299 Carew St  
Springfield, MA 01104  
413.748.9500

Stafford St Medical Building  
300 Stafford St  
Springfield, MA 01104  
413.748.9533

## **MRI - Magnetic Resonance Imaging**

### **ALBANY OPEN MRI**

199 Wolf Rd  
Albany, NY 12205  
518.435.1234

# Non-Hospital Laboratories and Imaging Centers



Health New England  
Where you matter.

Continued

## **BAYSTATE MRI & IMAGING CENTER**

80 Wason Ave  
Springfield, MA 01107  
413.730.9200  
800.258.4674

Baystate Mary Lane Hospital  
85 South St  
Ware, MA 01082  
413.967.4500

## **CAMBRIDGE REGIONAL MRI CENTER**

385 Western Ave  
Brighton, MA 02135  
800.258.4674  
508.897.3599

## **FALL RIVER NEW BEDFORD REGIONAL MRI CENTER**

313 Faunce Corner Rd  
North Dartmouth, MA 02747  
800.258.4674  
508.897.3549

St Lukes Hospital  
361 Allen St  
New Bedford, MA 02740  
800.258.4674  
508.997.5005

## **FRANKLIN MRI CENTER**

164 High St  
Greenfield, MA 01301  
413.772.1900  
413.772.2002

## **GREATER SPRINGFIELD MRI**

Mercy Medical Center  
271 Carew St  
Springfield, MA 01101  
413.739.0290

## **LAHEY CLINIC MRI SERVICES**

1 Essex Center Dr  
Peabody, MA 01960  
978.538.4000  
978.531.3973

## **MASS BAY REGIONAL MRI CENTER**

161 Granite Ave  
Dorchester, MA 02124  
617.282.4141  
508.897.3699

## **SHIELDS IMAGING OF LOWELL GENERAL HOSPITAL**

10 Research Pl  
North Chelmsford, MA 01863  
978.275.1342

295 Varnum Ave  
Lowell, MA 01854  
978.937.6023

## **SHIELDS MRI AND IMAGING OF CAPE COD**

2 Iyanough Rd  
West Yarmouth, MA 02673  
800.258.4674  
508.778.8777

## **SHIELDS MRI OF BROCKTON**

265 Westgate Dr  
Brockton, MA 02301  
800.258.4674  
508.897.3198

## **SHIELDS MRI OF FRAMINGHAM**

14 Cochituate Rd  
Framingham, MA 01701  
508.872.7277  
508.872.0606

## **SHIELDS MRI OF WELLESLEY**

54 Washington St  
Wellesley Hills, MA 02481  
617.658.0100  
800.253.7569

## **SOUTH SHORE REGIONAL MRI CENTER**

26 Rockway Ave  
Weymouth, MA 02188  
800.258.4674  
508.897.3649

## **THE MRI CENTER**

Chelsea MRI  
1 Orthopedics Dr  
Peabody, MA 01960  
978.818.6272  
978.818.6282

Forest Park MRI Associates  
800 W Cummings Park  
Woburn, MA 01801  
781.932.8650  
800.944.8650

## **UMASS MEMORIAL HEALTH ALLIANCE**

100 Hospital Rd  
Leominster, MA 01453  
978.466.2725  
978.466.2693

275 Nichols Rd  
Fitchburg, MA 01420  
978.343.5631

## **UMASS MEMORIAL MRI & IMAGING CENTER**

214 Shrewsbury St  
Worcester, MA 01604  
800.258.4674  
508.756.6411

275 Nichols Rd  
Fitchburg, MA 01420  
978.343.5633

Memorial Campus  
119 Belmont St  
Worcester, MA 01605  
800.258.4674  
508.756.6411

Wing Memorial Hospital  
40 Wright St  
Palmer, MA 01069  
800.258.4674  
508.756.6411

## **UMASS MEMORIAL MRI AT WING**

40 Wright St  
Palmer, MA 01069  
413.823.7651

## **UMASS MEMORIAL MRI MARLBOROUGH**

157 Union St  
Marlborough, MA 01752  
508.846.5674  
508.486.5451

## **WESTERN MASS MRI SERVICES**

Athol Memorial Hospital  
2033 Main St  
Athol, MA 01331  
800.634.2468  
866.245.5996

## **WINCHESTER HOSPITAL - SHIELDS MRI**

200 Unicorn Park  
Woburn, MA 01801  
781.756.6725  
781.756.4090

## **PET Scan - Positron Emission Tomography Scan**

## **BAYSTATE MRI & IMAGING CENTER**

80 Wason Ave  
Springfield, MA 01107  
413.730.9200  
800.258.4674

Baystate Mary Lane Hospital  
85 South St  
Ware, MA 01082  
413.967.4500

## **GREATER SPRINGFIELD MRI**

Mercy Medical Center  
271 Carew St  
Springfield, MA 01101  
413.739.0290

## **LAHEY CLINIC MRI SERVICES**

1 Essex Center Dr  
Peabody, MA 01960  
978.538.4000  
978.531.3973

## **PET IMAGING AT BERKSHIRE MEDICAL CENTER**

725 North St  
Pittsfield, MA 01201  
866.258.4738  
888.662.4700

## **SHIELDS MRI OF FRAMINGHAM**

14 Cochituate Rd  
Framingham, MA 01701  
508.872.7277  
508.872.0606

## **SHIELDS MRI OF WELLESLEY**

54 Washington St  
Wellesley Hills, MA 02481  
617.658.0100  
800.253.7569

## **SOUTH SHORE REGIONAL MRI CENTER**

26 Rockway Ave  
Weymouth, MA 02188  
800.258.4674  
508.897.3649

## **UMASS MEMORIAL MRI & IMAGING CENTER**

214 Shrewsbury St  
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800.258.4674  
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Palmer, MA 01069  
800.258.4674  
508.756.6411

# 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\*\*\*

\*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.

.....  
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.



One Monarch Place, Suite 1500  
Springfield, MA 01144-1500  
(413) 233-3535



## Scantic Valley Regional Health Trust - Exclusive (FI- with Deductible)

### HMO Benefit Chart

July 1, 2020

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.

	<b>In-Plan HNE Providers</b>
<b>Deductible per Calendar Year:</b> You must pay this amount for Covered Services before Health New England will begin to pay benefits. As indicated in the chart below, some services are not subject to the Deductible.	\$250 per Individual / \$750 per Family
<b>In-Plan Out-of-Pocket Maximum:</b> The most you pay for Cost Sharing on Essential Health Benefits during a Calendar Year before your Plan begins to pay 100% of the Allowed Amount.	<b>Medical:</b> \$2,000 per Individual / \$4,000 per Family
	<b>Pharmacy:</b> \$3,000 per Individual / \$6,000 per Family

<b>Benefit</b>	<b>Your Cost In-Plan HNE Providers</b>
<b>Inpatient Care</b>	
Acute Hospital Care	\$500 Copay per admission after Deductible
Skilled Nursing Facility and Inpatient Rehabilitation † (Limited to 100 days per Calendar Year )	\$0 after Deductible
<b>Preventive Care</b>	
Adult Routine Exams (Members age 18 and older)	\$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	\$0
Routine Mammograms (Limited to 1 per Calendar Year)	\$0
Screening Colonoscopy or Sigmoidoscopy (Limited to 1 every 5 Years)	\$0
Nutritional Counseling (Limited to 4 visits per Calendar Year)	\$0

<b>Benefit</b>	<b>Your Cost In-Plan HNE Providers</b>
<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:	
<ul style="list-style-type: none"> <li>Outpatient Services (Some services require Prior Approval.)</li> </ul>	\$35 Copay per visit
<ul style="list-style-type: none"> <li>Lab Services</li> </ul>	\$0 after Deductible
<ul style="list-style-type: none"> <li>Radiological Services</li> </ul>	\$0 after Deductible
<ul style="list-style-type: none"> <li>Durable Medical Equipment (some DME items require Prior Approval)</li> </ul>	20% Coinsurance after Deductible
<ul style="list-style-type: none"> <li>Individual Diabetic Education</li> </ul>	\$35 Copay per visit
<ul style="list-style-type: none"> <li>Group Diabetic Education</li> </ul>	\$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)	\$35 Copay
Sleep Study† (Limited to 2 per Calendar Year)	\$0 after Deductible
Lab Services	\$0 after Deductible
Radiological Services: Ultrasound, X-rays, Non-Routine Mammograms†	\$0 after Deductible
Diagnostic Imaging: CT Scans, MRIs, MRAs, PET Scans, Nuclear Cardiac Imaging† (Nuclear Cardiac Imaging requires Prior Approval in all outpatient settings, including outpatient facilities and doctor's offices)	
<ul style="list-style-type: none"> <li>Outpatient hospital based services</li> </ul>	\$100 Copay after Deductible
<ul style="list-style-type: none"> <li>Outpatient non-hospital based services</li> </ul>	\$0
Outpatient Short-Term Rehabilitation Services (Limited to 60 visits per Calendar Year for physical or occupational therapy. The Calendar year limit does not apply to services that are part of a home health plan. The limit also does not apply when services are provided to treat autism spectrum disorder.) Services that are part of a home health plan and services provided to treat autism spectrum disorder require Prior Approval.)	\$20 Copay per visit per treatment type

<b>Benefit</b>	<b>Your Cost In-Plan HNE Providers</b>
Day Rehabilitation Program (Limited to 15 full day or ½ day sessions per condition per lifetime)	\$25 Copay for 1 day or 1/2 day
Early Intervention Services	\$35 Copay
Applied Behavioral Analysis (ABA) to treat Autism Spectrum Disorder	\$0
Surgical Services and Procedures in an Outpatient Facility	
<ul style="list-style-type: none"> <li>In a Doctor's Office</li> </ul>	\$35 Copay
<ul style="list-style-type: none"> <li>In all other settings</li> </ul>	\$150 Copay after Deductible
Allergy Testing and Treatment	\$35 Copay per visit
Allergy Injections	\$0
<b>Infertility Services</b>	
Some infertility services are covered only for Massachusetts and Connecticut residents. Some services require Prior Approval.	
<ul style="list-style-type: none"> <li>Office Visit</li> </ul>	\$35 Copay per visit
<ul style="list-style-type: none"> <li>Lab Test</li> </ul>	\$0 after Deductible
<ul style="list-style-type: none"> <li>Inpatient Care†</li> </ul>	\$500 Copay per admission after Deductible
<b>Maternity Care</b>	
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.)	\$500 Copay after Deductible
<b>Dental Services</b>	
Surgical Treatment of Non-Dental Conditions	
<ul style="list-style-type: none"> <li>In a Doctor's Office</li> </ul>	\$35 Copay per visit
<ul style="list-style-type: none"> <li>In an Emergency Room (Copay waived if admitted directly from the ER)</li> </ul>	\$100 Copay per visit after Deductible
<b>Other Services</b>	
Home Health Care†	\$0 after Deductible
Hospice Services†	\$0
Durable Medical Equipment (some DME items require Prior Approval)	20% Coinsurance after Deductible
Prosthetic Devices†	20% Coinsurance after Deductible
Ambulance and Transportation Services	\$25 Copay per day
Kidney Dialysis	\$0
Nutritional Support † (not covered without Prior Approval)	\$0
Cardiac Rehabilitation	\$35 Copay per visit
Wigs (Scalp Hair Protheses) for hair loss due to treatment of any form of cancer or leukemia. Limited to 1 prosthesis per Calendar Year)	\$0
Speech, Hearing, and Language Disorders† (Prior Approval is required for speech therapy services after the initial evaluation.)	\$20 Copay per visit

<b>Benefit</b>	<b>Your Cost In-Plan HNE Providers</b>
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 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 Copay per admission after Deductible
<b>Wellness Services</b>	
The plan reimburses for certain fitness and wellness activities, including acupuncture and hypnosis related to weight loss, Weight Watchers®, gym membership, personal training, golf, ski tickets, fitness equipment, farm shares, wellness and fitness apps, nutrition apps, mindfulness apps, bike shares and more. The \$400 payment for a family can be split among family members of the plan. The maximum for each member on the plan is \$200.	\$200 per Individual / \$400 per Family
<b>Behavioral Health (Includes Mental Health and Substance Use Disorder)</b>	
Outpatient Services†	\$20 Copay per visit
Inpatient Services†	\$500 Copay per admission after Deductible

<b>Prescription Drugs</b> (certain drug require Prior Approval). Your prescription Drug benefit is based on the Health New England (HNE) Formulary. Please call Member Services or visit <a href="http://healthnewengland.org">healthnewengland.org</a> for a copy of the HNE Formulary.	
At an Retail Pharmacy (up to a 30 day supply)	
Generic Drugs	\$10 Copay
Formulary Drugs	\$25 Copay
Non-Formulary Drugs	\$50 Copay
Through Mail Order (up to a 90 day supply of maintenance medication)	
Generic Drugs	\$20 Copay
Formulary Drugs	\$50 Copay
Non-Formulary Drugs	\$110 Copay

## 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](http://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 you are in the country. 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;
- Prescriptions for which a 90-day supply may not be appropriate as determined by Health New England; and – Injectables.



# Additional Benefits & Programs



### \$0 for preventive care

For most of our plans we no longer require a deductible, copayment, or coinsurance for most in-plan preventive care services. We cover the following preventive care services 100% – members pay nothing.

- Adolescent and adult routine exams
- Routine prenatal care
- Well-child exams
- Childhood and adult preventive immunizations
- Annual routine gynecological exams
- Annual routine vision exams
- Preventive screenings, including: breast, cervical, colorectal, and prostate cancer
- Flu Vaccines

### No referrals for all in-plan specialty services!

Health New England members do not need a referral to see any in-plan specialist.

Health New England supports the role of the PCP in coordinating care, and we encourage our members to discuss treatment options with their PCP.

Just remember, this only applies to In-Plan specialty referrals. Prior Approval still is required for certain services and Out-of-Plan care. Services that need prior approval are listed in the member agreement. Any benefit limits and cost sharing requirements (copayments, deductibles, coinsurance) apply as well.

*For a listing of care that is considered preventive visit:*

*[healthnewengland.org/preventive-care-chart](http://healthnewengland.org/preventive-care-chart)*



### Worldwide emergency coverage

We cover medical emergencies, urgent care, and prescription drugs outside of the Health New England service area.

Our worldwide emergency coverage includes stabilization care and post-stabilization care at the direction of your treating physician.

We also cover ambulance transportation if other means of transport would endanger your health.



### Student out-of-area coverage

Dependents attending school outside of the Health New England Service Area are covered\* for:

- Follow-up visit after an ER or urgent care visit
- Non-routine medical office visit  
*Includes Diagnostic Lab and X-ray*
- Allergy injections
- Outpatient behavioral health visits
- Outpatient short-term rehabilitation services

*\*All services require prior approval and are subject to the terms of your Explanation of Coverage (EOC). Routine care, medical evacuation and repatriation are not covered.*

# Here to There Program

## Easy access to out-of-area specialty care

Should you need specialty services outside of the area, Health New England's *Here to There* program can help.

As partners in your care, you and your specialist can explore specialty care services from health care facilities outside of the Health New England network.

The following 10 facilities are available to members who have the *Here to There* program benefit:

- Beth Israel Deaconess Medical Center
- Boston Children's Hospital
- Boston Medical Center
- Brigham and Women's Hospital
- Dana Farber Cancer Institute
- Dartmouth-Hitchcock Medical Center
- Massachusetts Eye and Ear Infirmary
- Massachusetts General Hospital
- New England Baptist Hospital
- Tufts New England Medical Center, Inc.

### How to Use Your *Here to There* Benefit in 3 Simple Steps\*

*Here to There* allows you access to certain specialty services at the above facilities that your specialist may believe necessary to support your plan of care.

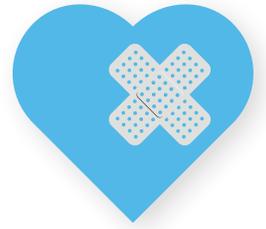
- 1** Work with your in-network specialist, who will need to submit a *Here to There* Notification Form to Health New England on your behalf. The form is located on our website at [healthnewengland.org/heretothereform](http://healthnewengland.org/heretothereform).
- 2** Upon review and consideration, you and your doctors will receive confirmation of the requested services. (Please allow at least 2 business days for processing.)
- 3** The out-of-network facility or specialist will submit your claim to Health New England for processing and payment.

When you need out-of-network specialty services, rest assured that the *Here to There* program provides you those options.

If you are unsure if you have this benefit, talk with your employer's human resources representative, or call Health New England's Member Services team. We can be reached Monday through Friday, 8:00 a.m. to 6:00 p.m., at (413) 787-4004 or toll-free (800) 310-2835 (TTY: 711).

\*Health New England's *Here to There* program is for covered specialty care. It does not include infertility services, behavioral health, substance abuse, physical therapy, occupational therapy or speech therapy. Health New England's *Here to There* program is not available for any primary care services, including internal medicine, family practice, pediatrics and obstetrics. It is not available for care not covered by Health New England, such as experimental treatment. Health New England's *Here to There* program is not available for Medicare Advantage, Medicaid or for PPO plans. Not all employer groups participate in the *Here to There* program – check with your HR representative to see if you have this benefit.

If you or someone you love gets sick or injured, know your care options ahead of time.



## In a Medical Emergency



Call 911 for an ambulance or go directly to an emergency room for:

- ✓ Life-threatening medical conditions that may cause loss of life
- ✓ Medical conditions that cause serious or severe symptoms
- ✓ Injuries that may cause lasting physical damage

## Emergency Rooms Facts

- » Only for serious and life-threatening conditions; not for non-urgent medical issues or chronic conditions
- » Cost more—ER copays and deductibles are higher than for a doctor visit or walk-in health center
- » Have long waits, especially for non-urgent medical issues
- » Don't offer preventive care services—get those from a primary care provider or walk-in health center



## Options for Non-Emergency or Non-Urgent Medical Issues

### Call your doctor

Your primary care provider (PCP) can:

- ✓ Give you medical advice over the phone
- ✓ Advise you about where to get treatment
- ✓ Schedule an appointment to evaluate your medical issue
- ✓ Provide preventive care and immunizations
- ✓ Manage chronic or on-going health conditions
- ✓ Educate you about your health and wellness



### Call the Nurse Advice Line

Health New England's health information line:

- ✓ Can connect you with experienced registered nurses for free health advice
- ✓ Can help you determine whether to seek additional care
- ✓ Is available 24 hours/day, 7 days/week
- ✓ Can help you get answers to your questions about your health or medications



Call **(866) 389-7613** to access our Nurse Advice Line.

**See reverse for more Care Options. >>**



## Go to a walk-in health center

Walk-in health centers offer:

- ✓ Preventive services and physicals
- ✓ Treatment for common illnesses and injuries
- ✓ Immunizations (shots to prevent disease)
- ✓ Health evaluations
- ✓ Health education/information
- ✓ Monitoring of chronic health conditions



## Go to an urgent care center

Urgent care centers have capabilities to handle some minor medical emergencies like:

- ✓ Broken bones and sprains
- ✓ Bronchitis and pneumonia
- ✓ Insect bites, rashes and more

A list of contracted urgent care facilities is available at [healthnewengland.org/provider-search](http://healthnewengland.org/provider-search).

Urgent care centers are more costly than your primary care provider and wait times may also be longer.

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call ((413) 787-4004 or TTY 711. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (413) 787-4004 o TTY 711. Health New England cumple as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (413) 787-4004 ou TTY 711.

# Care Management at Health New England

## Our Care Management team is here to help you make informed decisions to effectively manage your health and well-being.

Care Management is one of the most effective ways Health New England is able to help our members better manage their health. Our Care Management program is designed to address the whole individual and includes appropriate interventions for members along the entire continuum of care; reducing health risks and improving health outcomes.



### Benefits of Care Management

Care Management will help you get the care and services you need to manage your health and complex medical conditions.

**Care Management may also focus on specific concerns such as:**

- Asthma
- Behavioral Health
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Coronary Artery Disease
- Depression
- Diabetes
- High-Risk Pregnancy
- Substance Use Disorder

We can help identify community resources for your family and caregivers, help you navigate the complexities of the care system, and help you with referrals and other common care needs to help you stay healthy.

Our program offers a team-based, member-centered approach, comprised of licensed nurses and social workers acting as clinical advocates. Programs are available for all of our members, regardless of age or type of health plan. We address cultural backgrounds and offer multilingual services when required.

### How it Works

We identify members for our Care Management programs through claims data, physician referrals and/or self-referrals. When you are referred\* to our program, a Care Coordinator or Care Manager will reach out to you to determine your care needs. Once you are enrolled into a program, your Care Manager will develop an individualized care plan specific to your unique care needs and help you manage your health conditions and risk factors through regular phone calls and check-in appointments.

### Getting Started

If you or any of your family members are interested in Care Management, help is only a call away. You can enroll by calling our Care Management team today at (800) 842-4464 or (413) 787-4000, ext. 3940. You can also enroll by completing our **Care Management Referral Form** found at [healthnewengland.org/forms](http://healthnewengland.org/forms). Click Providers Tab, then click Clinical Request Forms drop-down. Submission instructions by U.S. mail or fax are on the form.

*\*Care Management is not mandatory. If you receive a call from a Care Manager, you have the ability to opt out of the program. We encourage you to take advantage of this resource to help you manage your health and well-being.*



## We Have A 24-Hour Nurse Advice Line For You!

### *Speak directly to a nurse*

Health New England wants to make sure you have the answers you need when you need them. Our nurse advice line is available 24 hours a day, 7 days a week, and 365 days a year. It is offered to you at no additional cost because you are a member of our plan. Our experienced Registered Nurses are ready to help you any time of the day or night.

### *Immediate answers to your health questions*

If your doctor's office is closed, call the 24-hour nurse advice line for questions about health concerns or health-related topics. We are here to help with things such as:

- Symptoms you cannot or do not know how to manage
- Proper dosage of medications
- Questions about pregnancy

Our team of medical professionals give helpful advice that is easy to follow. They can also help determine if you need to visit your doctor or an urgent care center.\*

### *Help is just a phone call away*

For questions about your symptoms and care, call 1-866-389-7613 (TTY/TDD: 711). Nurse advice staff speak English and Spanish. For additional languages, please ask for a translator when you are connected.



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*Health concerns can happen at any time. Our 24-hour nurse advice line from Health New England is always available to provide help right over the phone.*

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\* If you or a family member is having a life-threatening condition, immediately call 911 or go to the emergency room.

# Save Time and Make Fewer Trips to the Pharmacy with Health New England's Access 90 Program

Under Health New England's Access 90 Program, you can save on trips to the pharmacy. Now you can order your prescriptions once every three months instead of monthly. Many maintenance drugs (drugs that need to be taken daily) are part of this program.

We offer the Access 90 Program for your convenience. Your pharmacy copay applies to each 30-day supply of medication. When filling a 90-day supply, three copays apply.

The Health New England Access 90 Program does not apply:

- To drugs that do not qualify under the program
- To prescriptions filled at our specialty vendor
- If prohibited by law

## Signing up is easy

1. Go to [healthnewengland.org/Access-90](http://healthnewengland.org/Access-90) to see if your drugs qualify.
2. Ask your doctor for a prescription for a 90-day supply of your drugs.
3. Bring your prescription to a participating pharmacy.

*(All in-network pharmacies participate in the Access 90 Program.)*

For a list of pharmacies near you and to learn more, visit [healthnewengland.org/pharmacy](http://healthnewengland.org/pharmacy).



# ENROLL NOW to get all the benefits of medication home delivery.

OptumRx home delivery is safe and reliable.



### **Cost savings**

You may pay less for your medication with a three-month supply through OptumRx<sup>®</sup>.



### **Convenience**

Get free standard shipping on medications delivered to your mailbox.



### **24/7 access and reminders**

Speak to a pharmacist who can answer your questions any time, any day. You can also sign up for text message reminders, letting you know when to take or refill your medications.

Whether you have a new prescription or need to transfer an existing one, it's easy to get started with OptumRx.

### **Here's how:**



### **ePrescribe**

Ask your doctor to send an electronic prescription to OptumRx.



### **Online**

Visit **optumrx.com** or use the OptumRx<sup>®</sup> app. From there, you can fill new prescriptions, transfer others to home delivery and more.



### **Phone**

Call the toll-free number on your member ID card to speak to a customer service advocate.

Once OptumRx receives your complete order for a new prescription, your medication should arrive within seven business days. Completed refill orders should arrive in about four business days.

We look forward to serving you.

### **Need your medication right away?**

Ask your doctor for a one-month supply that can be immediately filled at a participating retail pharmacy.

# Looking to Save Money on Prescriptions?

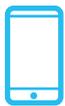
**Check out Rx Savings Solutions.** This program – that's no cost to you and your plan dependents – provides transparency into prescription costs and options.

**It's a simpler way to save money at the pharmacy.**



## How to get started:

1.



### ACCESS YOUR PORTAL

Register for this program at [my.healthnewengland.org/rxss](https://my.healthnewengland.org/rxss). You will need a HNE member portal account to register.

2.



### REVIEW YOUR SAVINGS

Medications you or your family take will be displayed, along with all options to maximize your savings.

3.



### TAKE ACTION

When savings are available, you'll receive a notice and in your RxSS dashboard, you'll find the next steps to start saving.

Get started through your Health New England member portal at: <https://my.healthnewengland.org/rxss>.

**Questions? Contact the Rx Savings Solutions Pharmacy Support team.**

To reach the Pharmacy Support team, call **1-800-268-4476** or email [support@rxsavingsolutions.com](mailto:support@rxsavingsolutions.com), 8 a.m. to 9 p.m. ET, Monday through Friday.

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call (413) 787-4000 or TTY 711. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (413) 787-4000 o TTY 711. Health New England cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (413) 787-4000 ou TTY 711.

# Frequently Asked Questions

## What is Rx Savings Solutions? How does it work?

Rx Savings Solutions is a no-cost program that is a part of your health plan. This confidential program provides you and your plan dependents with cost-saving opportunities on your medications. Rx Savings Solutions looks at the medications you take and prepares a personalized prescription savings plan for you. When there is an opportunity to save, Rx Savings Solutions will send you a letter, text or email letting you know to log in and view your savings opportunities. Rx Savings Solutions is a fully HIPAA-compliant company. To learn more about how Rx Savings Solutions handles your information, visit the privacy policy at: <https://rxsavingsolutions.com/privacy-policy>.

## Is this the same as my CURRENT Insurance or Mail Order Pharmacy?

Rx Savings Solutions is not the same as your prescription insurance and it is not a mail order pharmacy. It is a transparency program that is being offered to you and your health plan dependents to help you understand your prescription insurance and help you alleviate your out-of-pocket costs for prescription medications. It aims to find your medication for the lowest price possible at the pharmacy you choose.

## How do I get the savings Rx Savings Solutions has found for me?

Details of each savings opportunity are available on your dashboard. To access, log in at <https://my.healthnewengland.org/rxss>. The secure portal will walk you through all the ways you could save money on any prescription you've filled in the last six months. If you find a prescription alternative that will cost you less, you can request the Rx Savings Solutions Pharmacy Support team to contact your doctor for their approval before they switch your medication to save you money.

## What if I am not interested in the savings suggestions made?

The savings Rx Savings Solutions finds for you are suggestions for making more informed decisions about your healthcare. You may use the suggestions if you and your prescriber feel they are a good fit for you. If not, there is no requirement to use the savings found.

## When I login to my account, I don't see one of the medications I'm taking. Why isn't it there and how do I add it?

The medications listed on your dashboard are those which you have filled in the last six months. In addition, the claims information that Rx Savings Solutions receives from your insurance company may come at a slight delay. If you have started a new medication, you can wait for the information from your insurance company to be delivered to Rx Savings Solutions, or you can use the Search Drug Prices tool located on your dashboard.

## How do I look at my dependent's prescriptions?

Primary Policy Holders (subscribers) will have access to savings information for any minor dependents on their dashboard. Adult dependents will be required to create their own profile. A red dot over a member's name indicates that person can save on a prescription.

Access your account at <https://my.healthnewengland.org/rxss>

## Questions? Contact the Rx Savings Solutions Pharmacy Support team.

To reach the Pharmacy Support team, call **1-800-268-4476** or email [support@rxsavingsolutions.com](mailto:support@rxsavingsolutions.com), 8 a.m. to 9 p.m. ET, Monday through Friday.

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# Get More from your Wellness Reimbursement

There is more to staying healthy than seeing your doctor. It's up to you to make healthy choices. That's why Health New England gives you more than just coverage for your doctor visits. Health New England will reimburse you up to \$200 per individual plan and \$400 per family plan per calendar year towards services such as\*:

- Acupuncture and hypnosis related to weight loss
- Aerobic/wellness classes
- Athletic event registration fees
- Bike shares
- Community supported agriculture (CSA) or farm shares
- Fitness equipment and devices (i.e., treadmill, workout videos, fitbit)
- Golf and ski tickets
- Mindfulness classes and apps
- Nutrition classes and apps
- Personal trainer fees
- Qualifying fitness club memberships
- School and town sports
- Weight Watchers®
- Wellness and fitness apps



**\$200** For Individual Plans

**\$400** For Family Plans

## Member Portal—Your Online Health Plan Resource

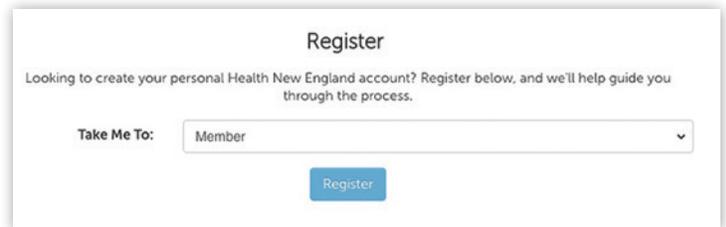
We love to hear from our members, but we know it isn't always convenient to call during our regular business hours. On Health New England's Member Portal, [my.HealthNewEngland.org](http://my.HealthNewEngland.org), you can do many of the same things online that you would over the phone.

On the Member Portal, you can access recent medical and pharmacy claims, see your family's deductible balances, and search for a provider. You can also view and print your Explanations of Benefits (EOBs) from the Claims page. EOBs are no longer automatically mailed to members, but you can change your preference on the Member Portal to have your EOBs mailed to you. You can change other mailing preferences here as well.

Visit [my.HealthNewEngland.org](http://my.HealthNewEngland.org) and register today!

### How to sign up for Health New England's Member Portal

1. Have your HNE member ID card on hand
2. Go to [my.healthnewengland.org](http://my.healthnewengland.org)
3. Select **Member** in the drop-down menu
4. Click the **Register** button
5. Enter your **member ID** number and follow the on-screen prompts



The screenshot shows a registration form titled "Register". Below the title, it says "Looking to create your personal Health New England account? Register below, and we'll help guide you through the process." There is a dropdown menu labeled "Take Me To:" with "Member" selected. A blue "Register" button is located below the dropdown menu.

### Follow Health New England on Social Media

Become a fan to find out what Health New England is up to in the community.



[facebook.com/HealthNewEngland](https://facebook.com/HealthNewEngland)



[twitter.com/hneinc](https://twitter.com/hneinc)



## Helping you get the right care for the best value

When choice is an option, being informed about cost can make a big difference in that decision. Health New England's Cost of Care Calculator helps members make affordable health care choices more easily.

Members are able to search for specific treatments or services, such as an MRI; browse by topic, from inpatient and outpatient procedures to vaccines and immunizations; and compare costs among providers.



### Getting started: Log into your member portal account at [my.healthnewengland.org](http://my.healthnewengland.org).

You can access the tool in two easy steps:



On the Coverage page, scroll down and click **"Cost of Care Calculator"** icon.

Cost of Care Calculator



Click the **"Get Started"** button.

### Using the Cost of Care Calculator

The Cost of Care Calculator uses your plan benefits and coverage to estimate your share of costs for many common conditions, and matches those costs to qualified providers in your area.

Use the search bar to look up a condition, procedure or service, or click on a topic.



### Welcome.

**Find cost estimate by**

Treatment  
  Physician  
  Medical Facility

from Springfield, MA 01144   [Change](#)

  [SEARCH](#)

---

**Browse by**

Health Topics	A-Z List of Everything
Diagnostic Tests & X-rays	Diseases & Conditions
Inpatient Procedures	Lab Tests
Office Visits	Outpatient Procedures
Vaccines & Immunizations	

---

**Popular Searches**

Pregnancy	Baby Delivery
Colonoscopy	Office Visit, Established Patient
Knee Surgery	MRI
Back Surgery	CT Scan
X-Ray	

---

**How We Calculate Your Cost Estimates**

	+		=	
<p><b>Your Benefits</b></p> <p>Your healthcare coverage, remaining deductible, and remaining out-of-pocket for the year.</p>		<p><b>Local Costs</b></p> <p>Average cost of medical treatments in your area.</p>		<p><b>Your Estimate</b></p> <p>Your estimated out-of-pocket expense.</p>

**My Benefit Summary**

Health Plan: HNE WISE MAX 3000 HDHP-LGE GRP

	Deductible	Out-of-Pocket Max
Plan Coverage:	\$ 6,000	\$ 6,000
Year-to-Date Spend:	\$ 3,711	\$ 671
Remaining:	\$ 2,289	\$ 5,329

**Tips on keyword search...**

As you enter search terms, you'll see a list of services that match what you're typing.

## MRI of Leg or Hip Without Dye

### Description

(Procedure code: 73721) This test takes pictures of a joint in a lower limb. MRI uses powerful magnets and radio waves, not radiation. Lower limb joints include those in the hip, knee, ankle, and foot.  
[Learn more](#)

### Diagnostic Tests & X-rays

### Your likely out-of-pocket cost: \$732

Based on average costs for in-network healthcare providers in Massachusetts (excl. Boston area).

Estimated Total Cost: \$732

Professional: \$0 | Technical Component: \$732

Depending on which in-network provider you choose, your out-of-pocket estimate may range from: **\$423 - \$732**

Plan Share: \$0  
Out-of-Pocket Estimate: \$732  
Deductible: \$732 | Copay: \$0 | Co-insurance: \$0

### Where You Can Go For Care

Explore your place of service options to see how they impact your estimated cost.

- Office Or Imaging Center
- Outpatient Hospital : +\$227

### Cost Savings Tip...

Radiology procedures done in a provider's office or a freestanding imaging center often cost less than in a hospital department. Be sure to consider these options.

### Things to consider...

Our goal is to connect you with the highest quality and most affordable healthcare. Check out Healthcare Compass for more information on how providers in Massachusetts rate on patient experience and clinical quality.

> HOW WE CALCULATED YOUR COST ESTIMATE

## Compare providers for a better estimate

Now that you have a general idea of what your out-of-pocket costs might be, you should compare providers to get a more specific estimate.

View detailed cost estimates.

Compare costs for qualified providers and make the most informed decision.

## Compare providers for a better estimate

Now that you have a general idea of what your out-of-pocket costs might be, you should compare providers to get a more specific estimate.

Physician Facility

### Provider Search

9 Facilities found near Springfield, MA

25 mile from Springfield, MA 01144 [Change](#)

[SEARCH](#)

Enter a facility name

> Filter

Sort by: [Your Out-of-Pocket Estimate - Low](#)

	<p><b>GREATER SPRINGFIELD MRI</b> Imaging Center Location GREATER SPRINGFIELD MRI LIMITED PARTNERSHIP MERCY MEDICAL CENTER 271 CAREW ST SPRINGFIELD, MA 01101 1.0 Miles   <a href="#">Map/Directions</a></p>	<b>In-network</b>	Outpatient Hospital	<p><b>Out-of-Pocket Estimate:</b> \$422 Estimated Total Cost: \$422</p> <p><a href="#">Compare</a></p>
	<p><b>WESTERN MASS MRI SERVICES</b> Imaging Center Location WESTERN MASS MRI SERVICES SERVICES 444 MONTGOMERY ST CHICOPPEE, MA 01020 4.9 Miles   <a href="#">Map/Directions</a></p>	<b>In-network</b>	Office Or Imaging Center	<p><b>Out-of-Pocket Estimate:</b> \$423 Estimated Total Cost: \$423</p> <p><a href="#">Compare</a></p>
	<p><b>CHELMSFORD MRI</b> Radiology Imaging Center Location CHELMSFORD MRI PC MRI CTR FOR DIAG IMAG 3640 MAIN ST SPRINGFIELD, MA 01107 2.1 Miles   <a href="#">Map/Directions</a></p>	<b>In-network</b>	Outpatient Hospital	<p><b>Out-of-Pocket Estimate:</b> Estimate not available Low volume of claims data \$520 Estimated Total Cost: \$520</p> <p><a href="#">Compare</a></p>

# The new way to save on dental care

## Chewsi and Health New England

Health New England is pleased to partner with Chewsi® to offer members a cost-saving resource that can help enhance overall health.

## Meet Chewsi

Chewsi is the new way for you to say yes to affordable dental care – and no to dental insurance hassles. Chewsi connects you with dentists who offer significant savings on any service and at every visit.

## Save on every service, every time

Chewsi helps you save on *all* dental services – from cleanings and crowns to teeth whitening and implants – so you can use it every time and save. And, there are no monthly fees or premiums, which means you pay only for the services you need, *when* you need them.

## Chewsi is ideal for you if:

- You don't have dental insurance
- You need dental services not covered by your dental plan
- You like to save on dental care with no commitments

## Use Chewsi today and save

Chewsi is so easy to use! Just download the app, register with referral code **HNE**, find a Chewsi dentist and call to book your appointment. Then, just pay with the app at the time of service and you'll see the savings immediately.

### To Use Chewsi:

Download the app and register using referral code **HNE**



## Ready to see how Chewsi can work for you?

Visit [ChewsiDental.com](http://ChewsiDental.com) or download Chewsi today!

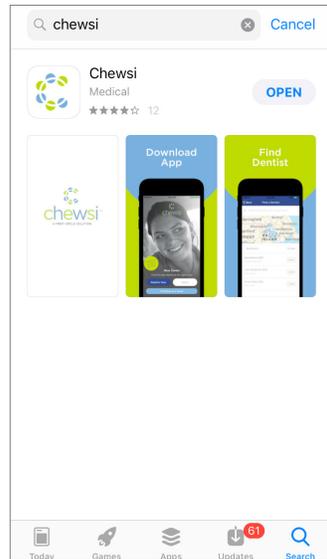
# Get Chewsi



Chewsi® is the new way for you to save on dental care. Chewsi connects you with dentists who offer significant savings on any service and at every visit. The best part? It's free to download and easy to use!

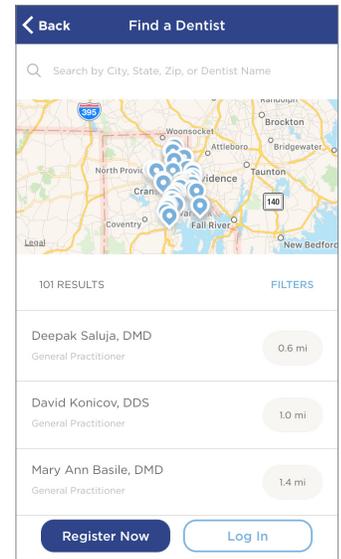
1

Download the app in the App Store or Google Play



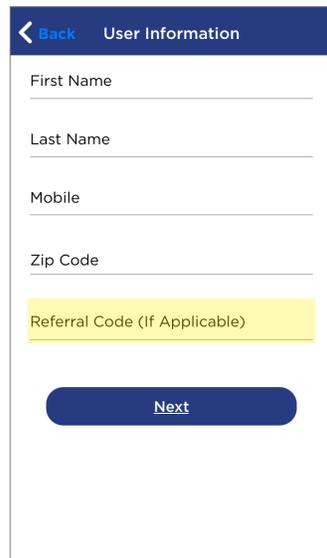
4

Find a Chewsi dentist and call to book your appointment



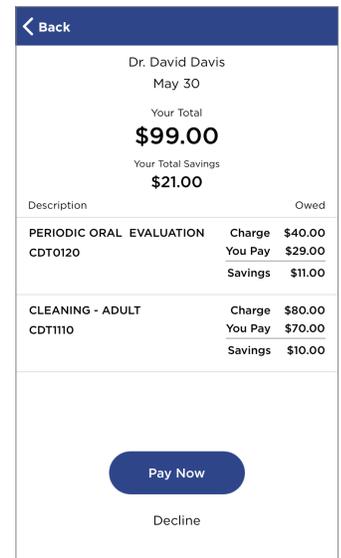
2

Register using code **HNE**



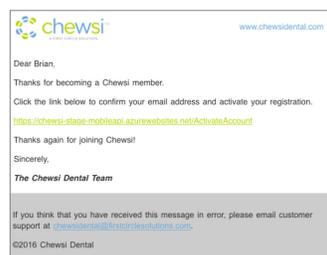
5

Pay with the app when you have a service and see your savings immediately



3

When you receive a verification email from Chewsi, click the link to activate your registration



Download the app and register using code **HNE** to start saving today.

[ChewsiDental.com](http://ChewsiDental.com)

Health New England complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATTENTION: If you speak any language other than English, language assistance services, free of charge, are available to you. Call (413) 787-4004 or TTY 711. Health New England cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (413) 787-4004 o TTY 711. Health New England cumple as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (413) 787-4004 ou TTY 711.

# Important Notes



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



### What if I decline coverage how 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 a 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.

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### 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](http://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. Please coordinate any follow up visits with your Primary Care Physician.

### How do I get covered Durable Medical Equipment and supplies?

Health New England partners with Northwood, Inc., a nationally recognized durable medical equipment benefit manager, to manage most Durable Medical Equipment and Supplies. Examples of what Northwood manages include wheelchairs, oxygen and other kinds of respiratory equipment, nebulizers, prosthetics, orthotics, wigs, speech devices and other medical supplies (diabetic, ostomy, urological, incontinence and wound care). Some equipment and supplies are still managed by Health New England.

**Please note:** All DMEPOS services require prior approval. It is your health care provider's responsibility to prescribe, get prior approval and make any necessary arrangements with Northwood or Health New England for medically necessary equipment and supplies.

---

### 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 is 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.*

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.

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## 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.

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## 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.

### 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 of 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.



# Forms



## Authorization of Personal Representative Form Instructions

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 the Authorization of Personal Representative form, you are telling Health New England that you chose the named person as your Personal Representative. This form also allows Health New England to disclose your Protected Health Information (PHI) to the person you choose. The signature of a minor over the age of 12 is required to authorize release of sensitive information to their parent or legal guardian. (To authorize the release, the minor must complete Section 3 and sign this form.)

If you have questions about this form, call Member Services at **(413) 787-4004 or (800) 310-2835**. **Medicare Advantage members** should call **(413) 787-0010 or (877) 443-3314 (TTY 711)**.

**INSTRUCTIONS:** Complete all sections of the form. Please type or print all responses. This form must be filled out completely to be valid.

### Once completed, print and mail or fax the form to:

Health New England

Attention: Enrollment Department

One Monarch Place, Suite 1500, Springfield, MA 01144-1500 | Fax: (413) 233-2635

**Please note:** This form is available to print online at [healthnewengland.org/forms](http://healthnewengland.org/forms).

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### Section 1. Provide the following Member identifying information

- **Health New England Member ID# from your member ID card.**
- **Medicare Number.** Medicare members only, provide your Original Medicare # from the red, white and blue card.
- **Name, Address, Telephone and Date of Birth of member.**

### Section 2. Provide the following Personal Representative identifying information:

- **Representative Name:** Name of the individual you are authorizing to receive your PHI
- **Address:** Address of your Personal Representative
- **Telephone:** Telephone #s (home, cell and work) of your Personal Representative
- **Relationship to Member:** Personal Representative's relationship to the member (for example, parent, spouse, friend or attorney)

### Section 3. Provide the Type of Information that may be disclosed and any date limitations.

- **All Information:** Check if authorizing all PHI to be shared with your Personal Representative except for Sensitive Health Information. (Please note that you still need to check the boxes for sharing any Sensitive Information if you wish to authorize release of this information.)
- **Sensitive Health Information:** Check the boxes for the types of information authorized if any. Please note: The signature of a minor over the age of 12 is required to authorize release of Sensitive Health Information to their parent or legal guardian in order for Health New England to disclose this information. (To authorize the release, the minor must complete this section and sign the form along with the parent/guardian to be valid.)
- **Only the information specified (type(s)/date(s)):** Provide the type(s) of information and any date ranges authorized. For example, you may authorize Health New England to share information about specific claims for specific dates of service.

**Section 4. Provide the Purpose of the authorization.**

- ***Any and all:*** Check if you are authorizing disclosure for any and all reasons. Your Personal Representative shall have all of the rights and privileges that you have with respect to your health information, including, but not limited to, requesting authorization on your behalf for certain services, changing your Primary Care Provider, discussing your eligibility, billing or claims information, and requesting copies of your records.
- ***Grievance/Appeal:*** Check if you are only authorizing disclosure to help with an appeal or grievance. Specify in Section 3 the type of information – for example, the name of the provider and the date(s) of the denied claim or authorization you wish to appeal. Such authorization shall include the right to view any documents, including medical records, related to this appeal.
- ***Other purpose (specify):*** Specify other specific reasons for disclosure, for example, to “Help with my bill.” Again, be sure to include any limits on what you want to allow us to discuss.

**Section 5. Review the Terms of the Authorization and specify an end date, if appropriate.**

If you do not provide an end date, the authorization will remain in effect until you send us a written notice that you wish to end the authorization. To revoke the authorization, the Revocation of Authorization form is available to print online at [healthnewengland.org/forms](http://healthnewengland.org/forms).

**Section 6. Print, sign and date the form.** (Please note: a minor over age 12 must sign the form here and complete Section 3 if the minor wishes to authorize a parent to receive Sensitive Information as noted above.)

**Section 7. If the individual is a minor or is otherwise unable to sign (for example, due to incapacitation), the Personal Representative also needs to sign and complete this section.** (If other than “parent,” please attach documentation, such as court appointment, power of attorney, etc.)

**Section 8. For Medicare Members Only**

If you want your Personal Representative to file prior approval requests, claims, grievances or appeals on your behalf, your Personal Representative **MUST** complete this section and accept the appointment. Authorization to do these things is only valid for ONE YEAR from the date you sign the Authorization Form.



# AUTHORIZATION OF PERSONAL REPRESENTATIVE FORM

<b>1.</b>	Member ID #:		(Health New England card #)	
	Medicare #:		(Original Medicare card # if applicable)	
	Member Name:			
	Home Address:			
	Home Telephone:		Date of Birth:	
<b>2.</b>	Representative Name:			
	Address:			
	Telephone:	Home:	Cell:	Work:
	Relationship to Member:			
<b>3.</b>	<p>Provide the Type of Information that may be disclosed and any date limitations. I authorize Health New England to disclose the following health information to my Personal Representative:</p> <p><input type="checkbox"/> All non-sensitive health information</p> <p><b>The following types of sensitive health information (check all that you authorize)*</b></p> <p> <input type="checkbox"/> Abortion      <input type="checkbox"/> Alcohol/Substance Abuse      <input type="checkbox"/> Mental Health      <input type="checkbox"/> Pregnancy  <input type="checkbox"/> AIDS/HIV      <input type="checkbox"/> Genetic Testing      <input type="checkbox"/> Physical Abuse      <input type="checkbox"/> Sexually Transmitted Diseases  <input type="checkbox"/> <b>Only the information specified (type(s)/date(s)):</b> </p> <hr/> <p><i>*Members age 12 or older must specifically authorize each type of Sensitive Health Information that can be disclosed</i></p>			
<b>4.</b>	<p><b>Purpose:</b>    <input type="checkbox"/> Any and all    <input type="checkbox"/> Grievance/Appeal only    <input type="checkbox"/> Other: _____</p> <hr/>			
<b>5.</b>	<p><b>Terms of this Authorization:</b></p> <p>a. I understand that once my information is disclosed to my Personal Representative, Health New England cannot guarantee that my Personal Representative will not redisclose my health information to a third party, and that state and federal laws may no longer protect such information.</p> <p>b. I understand that I may refuse to sign or may revoke (at any time) this Authorization for any reason and that such refusal or revocation will not affect the commencement, continuation or quality of Health New England's treatment of me, enrollment in the health plan, or eligibility for benefits.</p> <p>c. <b>I understand that this Authorization will remain in effect until:</b> _____ <b>(date)</b>  <b>or (if no date is provided) until I provide written revocation notice to the address listed below.</b>  The revocation will be effective immediately upon Health New England's receipt and processing of my written notice, except that the revocation will not have any effect on any action taken in reliance on my Authorization before Health New England received my written notice of its revocation.</p>			

<b>6.</b>	<p><b>I have read and understand the terms of this Authorization. I hereby, knowingly and voluntarily, authorize Health New England to use or disclose my information in the manner described above.</b></p> <p>_____</p> <p><b>Signature of Individual Authorizing Release of Health Information</b> <span style="float: right;"><b>Date</b></span></p>
<b>7.</b>	<p><b>If Individual is a minor or is otherwise unable to sign, please sign and complete below. (If other than “parent,” please attach documentation, such as court appointment, power of attorney, etc.)</b></p> <p>_____</p> <p><b>Signature of Authorized Legal Guardian, Health Care Agent or other Personal Representative</b> <span style="margin-left: 150px;"><b>Relationship</b></span> <span style="float: right;"><b>Date</b></span></p>
<b>8 .</b>	<p><b>MEDICARE MEMBERS ONLY</b></p> <p><b>If you intend for your Personal Representative to be able to file (i) a request for prior approval, (ii) a claim, (iii) a grievance or (iv) an appeal on your behalf, your Personal Representative must complete this section.</b></p> <p><b>Acceptance of Appointment (to be completed by the Personal Representative):</b></p> <p>I, _____, accept the above appointment.</p> <p style="text-align: center;">(Printed Name)</p> <p>_____</p> <p style="text-align: center;">(Signature) <span style="float: right;">(Date)</span></p> <p><b>This Authorization is only effective for ONE YEAR from the date of the member’s signature.</b></p>

## NEW PRESCRIPTION MAIL-IN ORDER FORM

### Formulario de Pedido por Correo para Nuevas Recetas

**1 Member and physician information — please use black or blue ink. One form per member.**  
**Información sobre el miembro y el médico — use tinta negra o azul. Un formulario por miembro.**

Member ID Number   <i>Número de Identificación del Miembro</i>		
(Additional coverage, if applicable   <i>Cobertura adicional, si corresponde</i> ) Secondary Member ID Number   <i>N.º de Identificación del Miembro Secundario</i>		
Last Name   <i>Apellido</i>	First Name   <i>Nombre</i>	MI   <i>Inicial 2.do Nombre</i>
Delivery Address   <i>Dirección de Entrega</i>		Apt. #   <i>N.º de Apto.</i>
City   <i>Ciudad</i>	State   <i>Estado</i>	ZIP   <i>Código Postal</i>
Phone Number with Area Code   <i>Número de Teléfono con Código de Área</i>		
Date of Birth (mm/dd/yyyy)   <i>Fecha de Nacimiento (mm/dd/aaaa)</i>	Gender   <i>Sexo</i> <input type="radio"/> M <input type="radio"/> F	Email   <i>Correo Electrónico</i>
Physician Name   <i>Nombre del Médico</i>		
Physician Phone Number with Area Code   <i>Número de Teléfono del Médico con Código de Área</i>		

**2 Health history | *Historial médico***

<b>Medication Allergies   <i>Alergias a Medicamentos:</i></b> <input type="radio"/> None known   <i>Ninguna conocida</i> <input type="radio"/> Amoxil/Ampicillin   <i>Amoxicilina/Ampicilina</i> <input type="radio"/> Aspirin   <i>Aspirina</i> <input type="radio"/> Cephalosporins   <i>Cefalosporinas</i> <input type="radio"/> Codeine   <i>Codeína</i> <input type="radio"/> Others   <i>Otros:</i> _____	<input type="radio"/> Erythromycin   <i>Eritromicina</i> <input type="radio"/> NSAIDs   <i>NSAID</i> <input type="radio"/> Penicillin   <i>Penicilina</i> <input type="radio"/> Quinolones   <i>Quinolonas</i> <input type="radio"/> Sulfa   <i>Sulfamidas</i> <input type="radio"/> Tetracyclines   <i>Tetraciclinas</i>
<b>Health Conditions   <i>Condiciones de Salud:</i></b> <input type="radio"/> None known   <i>Ninguna conocida</i> <input type="radio"/> Arthritis   <i>Artritis</i> <input type="radio"/> Asthma   <i>Asma</i> <input type="radio"/> Cancer   <i>Cáncer</i> <input type="radio"/> Diabetes   <i>Diabetes</i> <input type="radio"/> Others   <i>Otros:</i> _____	<input type="radio"/> Glaucoma   <i>Glaucoma</i> <input type="radio"/> Heart condition   <i>Condición cardíaca</i> <input type="radio"/> High blood pressure   <i>Presión arterial alta</i> <input type="radio"/> High cholesterol   <i>Colesterol alto</i> <input type="radio"/> Osteoporosis   <i>Osteoporosis</i> <input type="radio"/> Thyroid Disease   <i>Enfermedad de la glándula tiroide</i>

**Over-the-counter/herbal medications taken regularly | *Medicamentos a base de hierbas/de venta sin receta que toma regularmente:***

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There is more to staying healthy than seeing your doctor. It's up to you to make healthy choices. That's why Health New England gives you more than just coverage for your doctor visits. Health New England will reimburse you up to \$200 per individual plan and \$400 per family plan per calendar year towards services such as:

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Acupuncture and hypnosis related to weight loss</li> <li>• Aerobic/wellness classes</li> <li>• Athletic event registration fees</li> <li>• Bike shares</li> </ul> | <ul style="list-style-type: none"> <li>• Community supported agriculture (CSA) or farm shares</li> <li>• Fitness equipment (i.e., treadmill, workout videos)</li> <li>• Golf and ski tickets</li> <li>• Nutrition classes and apps</li> </ul> | <ul style="list-style-type: none"> <li>• Mindfulness classes and apps</li> <li>• Personal trainer fees</li> <li>• Qualifying fitness club memberships</li> <li>• School and town sports</li> <li>• Weight Watchers®</li> </ul> |
|--|---|--|

**Fitness Club Requirements**

- The fitness club must have cardiovascular and strength training exercise equipment (YMCA, Planet Fitness, Healthtrax, Gold's Gym, LA Fitness, Springfield Jewish Community Center, Attain, etc.) that are included in membership.

**Weight Watchers® Requirements**

- Reimbursement applies only to Weight Watchers®, Weight Watchers® Online and Weight Watchers at Work® meetings.
- You must submit proof of payment (dated paid receipts or copies of bank or credit card statements).
- For traditional Weight Watchers®, please submit a copy of your stamped Weight Watchers® membership book.
- For Weight Watchers® online, please provide a print out of your account billing history.

**School and Town Sports Registration Requirements**

- You must submit a dated paid receipt.<sup>1</sup>

**Aerobic/Wellness Class and Personal Trainer Requirements**

- Class instructors and personal trainers must be certified.
- Classes may include: pilates, yoga, spinning, aerobics, strength training, tai chi, kickboxing, martial arts, etc.

**Reimbursement Requirements - All Programs**

- The participant in the program must be an active Health New England member at the time of participation.
- You can submit your form up to 2 times per family in each calendar year.
- Receipts will not be returned. Health New England will accept copies of the receipts.

**Health New England will not reimburse you for:**

<ul style="list-style-type: none"> <li>• Classes or personal training sessions with uncertified trainers</li> </ul>	<ul style="list-style-type: none"> <li>• Kids' camps (i.e., art, bible, town, etc.). Will cover sports camps, if run by certified coaches/trainers.</li> </ul>
<ul style="list-style-type: none"> <li>• Country clubs, social clubs, or tanning salons, golf clubs, food/drink and golf carts</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamins, supplements</li> </ul>
<ul style="list-style-type: none"> <li>• Fees paid for food (food source not from CSA), books, transportation, non-workout videos, or any other items or services</li> </ul>	<ul style="list-style-type: none"> <li>• Requests received later than March 31 of the following year</li> </ul>

**HNEPlus**

Combine this reimbursement program with our HNEPlus Discount program and save even more! Through the HNEPlus program, members can also receive discounts for choosing healthy lifestyles. Check out [healthnewengland.org/hneplus](http://healthnewengland.org/hneplus) to find ways a Health New England card adds extra value.

<sup>1</sup>Examples of receipts could be a canceled check, or bank/credit card statements.

**For Health New England Use Only**  
 Current Health New England member  
 Receipts/Contract that reflect payment  
 Amount to reimburse \$ \_\_\_\_\_

**WELLNESS REIMBURSEMENT FORM**  
**Scantic Valley Regional Health Trust**

Subscriber Information		
Last Name:		First Name:
Street Address:		
City:	State:	Zip:
Health New England ID #:		
Telephone #:		
All reimbursements will be sent to the Subscriber's address currently on file with Health New England.		

Member Information (Names of all covered family members for whom you are submitting this request)		
Member Name (Last, First)	Relationship to Subscriber	Date of Birth

Activity for Reimbursement				
Type of activity	Program/facility name	Address/Phone#	Amount requested	Calendar Year

**Information needed for reimbursement**

- A copy of relevant contracts, membership agreements, personal trainer agreements with license #, or registration forms: (school and town sports may submit dated paid receipt<sup>1</sup> only).
- Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name.
- For traditional Weight Watchers®, please submit a copy of your stamped Weight Watchers® membership book.
- For Weight Watchers® online, please provide a print out of your account billing history.

Certification and Authorization. *(This form must be signed by each covered family member aged 18 or older for whom reimbursement is sought.)*

I authorize the release of any information to Health New England about my acupuncture and hypnosis related to weight loss; aerobic/wellness classes; athletic event registration fees; bike shares; CSA or farm share purchases; fitness equipment; fitness club membership; golf and ski tickets; nutrition classes and apps; mindfulness classes and apps; personal trainer fees; school and town sports registration; and, if applicable, Weight Watchers® participation. I certify that the information provided in support of this submission is complete and correct.

**Subscriber/Member signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail completed form and the "Information needed for reimbursement" described above to**  
 Health New England, Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144-1500.

Please allow 4–6 weeks for processing.  
 NOTE: Reimbursement requests for a prior year must be received by Health New England no later than March 31.



One Monarch Place, Suite 1500  
Springfield, MA 01144-1500  
healthnewengland.org  
Phone: (413) 787-4000 | (800) 842-4464 | Enrollment Fax (413) 233-2635

# ENROLLMENT/ADD/TERMINATION FORM

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

TYPE OF PLAN:  HMO  PPO  GROUP MEDICARE SUPPLEMENT

EMPLOYEE NAME (FIRST, LAST)		COMPANY NAME		PLAN	
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	
SS# (REQUIRED)	DOB	MONTH	DAY	YEAR	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS		STREET		P.O. BOX	
CITY		STATE		ZIP	
TELEPHONE (HOME)		TELEPHONE (WORK)		EMAIL	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER		PRIMARY LANGUAGE SPOKEN			
ETHNICITY (Use codes from back of form)		OTHER		RACE (Use codes from back of form)	
DEPENDENT NAME(S) FIRST LAST (IF NOT SAME AS EMPLOYEE)		ETHNICITY	RACE	LANGUAGE	DATE OF BIRTH MO DAY YR
<input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER		(SEE REVERSE)			
					GENDER M F
					M F
					M F
					M F

WILL ANYONE COVERED ON THIS POLICY KEEP OTHER HEALTH INSURANCE?  YES  NO

NAME OF INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_

NAMES OF COVERED INDIVIDUALS \_\_\_\_\_

IS EMPLOYEE RETIRED?  YES  NO RETIREMENT DATE \_\_\_\_\_  YES  NO

ARE YOU OR ANY OF YOUR DEPENDENTS COVERED BY MEDICARE?  YES  NO

IF YES,  PART A  PART B INCLUDE COPY OF MEDICARE CARD

MEDICARE CLAIM # \_\_\_\_\_

*\*If you have not indicated yes or no regarding your Medicare or other insurance status, you may receive a follow-up questionnaire.*

FOR GROUP MEDICARE SUPPLEMENT MEMBERS: WILL THIS POLICY REPLACE ANY OTHER ACCIDENT AND SICKNESS INSURANCE CURRENTLY IN FORCE?  YES  NO

SOCIAL SECURITY # (REQUIRED)	PCP NAME (REQUIRED FOR HMO PLANS) FIRST LAST	PROVIDER ID#	IS THIS YOUR DOCTOR NOW?
- - - - -	- - - - -	- - - - -	Y N
- - - - -	- - - - -	- - - - -	Y N
- - - - -	- - - - -	- - - - -	Y N
- - - - -	- - - - -	- - - - -	Y N

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I UNDERSTAND THAT BY ACCEPTING COVERAGE UNDER THIS PLAN, HEALTH NEW ENGLAND AND ANY HEALTH CARE PROVIDER MAY RECEIVE, USE AND DISCLOSE MY MEDICAL INFORMATION FOR TREATMENT, PAYMENT, HEALTH CARE OPERATIONS, AND ANY AND ALL OTHER USES ALLOWED BY LAW. I HAVE READ AND UNDERSTAND THE TERMS OF ENROLLMENT ON THE BACK OF THIS FORM. I CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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:  
 HNE COBRA  HNE COBRA WITH HEALTH EQUITY HRA

TYPE OF COVERAGE:  INDIVIDUAL  FAMILY  EE+1  OTHER

DATE OF HIRE: \_\_\_\_\_ HNE GROUP #: \_\_\_\_\_

EMPLOYER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## IMPORTANT: PLEASE READ THESE TERMS OF ENROLLMENT

### As an employee, I understand that:

- 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.
- 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).
- I may only enroll dependents subject to the guidelines outlined in my HNE Agreement.
- Whenever I seek treatment or services, I must identify myself as an HNE member by presenting my HNE Identification Card.
- I must select a Primary Care Physician for myself and my dependents (does not apply to PPO).
- If appropriate, I authorize my employer to deduct from my wages the rate required for the coverage selected.

### As an employer, I understand that:

- 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



# Where you matter.

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At Health New England, our mission is to improve the health and lives of the people in our communities, and we are deeply committed to the individuals we serve every day. Based in Springfield, Massachusetts, we have been meeting the health care needs of our members for more than 30 years.

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One Monarch Place, Suite 1500  
Springfield, MA 01144-1500  
(413) 787-4000 | (800) 842-4464

[healthnewengland.org](http://healthnewengland.org)

