

SCHEDULE OF BENEFITS:
BMC HealthNet Plan ConnectorCare
PLAN TYPE II A Qualified Health Plan



PROVIDER NETWORK: Silver Network

This Schedule of Benefits provides a summary of your benefits and *member cost-sharing*. It also tells you the name of your *provider network* (see above). Please be sure to read the BMC HealthNet Plan Evidence of Coverage (EOC) for a full description of your benefits, including exclusions, and other *plan* provisions. All *covered services* must be *medically necessary* and some require prior authorization. Always check with your *provider* to find out if necessary prior authorization has been obtained. If any terms in this summary differ from those in your EOC, the terms of your EOC apply. Italicized words in this Schedule of Benefits are defined in your EOC. For more information about your benefits, and to find *network providers*, go to www.bmchp.org or call Member Services at 1-855-833-8120.

BMCHP-CCII2018ver.1

Deductible (per <i>benefit year</i>)	Amount
Per individual <i>member</i>	None
Per family	None
Rx Out-of-Pocket maximum (per <i>benefit year</i>)	Amount
Per individual <i>member</i>	\$500
Per family	\$1,000
Medical Out-of-Pocket maximum (per <i>benefit year</i>)	Amount
Per individual <i>member</i>	\$750
Per family	\$1,500

Covered Services		Your Cost (Cost-sharing)
Note about Prior Authorization: Some services require prior authorization. Please see your EOC for more information.		
Inpatient Hospital Care	Acute hospital <i>inpatient</i> care for medical, surgical and maternity services. See also, "Newborn Coverage", below.	\$50 <i>copayment</i> per admission
	Extended care in a chronic disease hospital.	\$50 <i>copayment</i> per admission
	Extended care in a rehabilitation hospital. <u>Benefit limit:</u> limited to 60 days per <i>benefit year</i> .	\$50 <i>copayment</i> per admission
	Extended care in a skilled nursing facility. <u>Benefit limit:</u> limited to 100 days per <i>benefit year</i> .	Nothing

Covered Services

Note about Prior Authorization: Some services require prior authorization. Please see your EOC for more information.

Your Cost (Cost-sharing)

	Mental health and substance abuse:+ <i>Inpatient</i> admission to a general or mental hospital, or substance abuse facility.	\$50 <i>copayment</i> per admission
Abortion		\$50 Copayment per visit
Allergy Services	Testing and Treatment.	\$18 <i>copayment</i> per visit
	Lab tests.	See Lab Tests, below
	Allergy injections.	\$10 per injection
Ambulance	Covered ambulance.	Nothing
Autism Spectrum Disorder Services+	<ul style="list-style-type: none"> • <i>Outpatient</i> office visits. • <i>Outpatient</i> rehabilitation (physical, occupational, speech therapy and social work visits) – as is <i>medically necessary</i>. • Lab tests and other diagnostic tests. • Habilitative services. 	You pay the <i>cost sharing</i> applicable to the service(s) rendered.
Cardiac Rehabilitation	<i>Outpatient</i> services.	Nothing
Chemotherapy and Radiation Therapy	<i>Outpatient</i> services.	Nothing
Chiropractor Care	<ul style="list-style-type: none"> • Outpatient office visit, including supportive medical treatment services and spinal manipulation 	\$18 copayment per visit
	<ul style="list-style-type: none"> • Outpatient lab test and x-rays 	See test, x-ray and other test
Dialysis Services	<i>Outpatient</i> services.	Nothing
Durable Medical Equipment, Prosthetics, Orthotics, Medical Supplies, Medical Formulas and Low Protein Foods++	<ul style="list-style-type: none"> • Durable medical equipment. • Prosthetics. • Orthotics. • Medical supplies. • Medical formulas. • Wigs (scalp hair prostheses) • Low protein foods • Ostomy supply • Oxygen and respiratory equipment 	Nothing
Emergency Services	Visits to an emergency room (or for observation services in a hospital setting without use of the emergency room).	<p>\$50 <i>copayment</i> per visit</p> <p>If you are admitted as an <i>inpatient</i> immediately following the provision of <i>emergency</i> services:</p> <ul style="list-style-type: none"> • Your <i>emergency</i> services <i>copayment</i> is waived; and • If admitted to a non-<i>network hospital</i>, you or someone acting for you must call the <i>plan</i> within 2 working days. <p>If you receive <i>emergency</i> services from a non-<i>network provider</i>, the <i>plan</i> pays up to the <i>allowed amount</i>.</p>
Habilitative Services and Devices	<p><i>Outpatient</i> physical and occupational therapy as well as medically necessary Habilitative Devices.</p> <p><u><i>Benefit limit</i></u>: limited to 60 combined visits per <i>benefit year</i>. (<i>Benefit limit</i> does not apply to these services when provided to <i>members</i> with autism spectrum disorder or when receiving early intervention services.)</p>	\$10 copayment per visit
Hearing Exams	PCP exams and evaluations.	\$10 <i>copayment</i> per visit
	Specialist exams and evaluations.	\$18 <i>copayment</i> per visit
Home Health Care	Home care program.	Nothing
Hospice Services	Hospice services for terminally ill.	Nothing
Infertility Services	<i>Inpatient, outpatient surgery</i> ; lab and x-rays; <i>outpatient</i> office visits; and prescription drugs.	You pay the <i>cost sharing</i> applicable to the service(s) rendered.

Covered Services

Note about Prior Authorization: Some services require prior authorization.
Please see your EOC for more information.

Your Cost (Cost-sharing)

Lab Tests, Radiology and Other Outpatient Diagnostic Procedures (Non-Routine Diagnostic Services)	Diagnostic laboratory tests (includes HLA testing).	Nothing
	X-rays.	Nothing
	Diagnostic high tech imaging: CT/CTA scan, MRI/MRA, PET scan and NCI/NPI (nuclear cardiac imaging).	\$30 <i>copayment</i> per visit
Lipodystrophy Syndrome Treatment	Medical and/or drug treatment such as reconstructive surgery (for example, suction assisted lipectomy)	You pay the <i>cost-sharing</i> applicable to the service(s) rendered.
	Other restorative procedures including dermal injections or fillers	
Long Term Antibiotic Therapy for Lyme Disease	Primary care provider (PCP) office visit.	\$10 <i>copayment</i> per visit
	Specialist office visit.	\$18 <i>copayment</i> per visit
Maternity Services	<i>Outpatient</i> prenatal office visits.	Nothing
	<i>Outpatient</i> postpartum office visits.	Nothing
Medical Formulas	Nonprescription enteral formulas and prescription formulas.	See Durable Medical Equipment
Medical Supplies	Includes ostomy, tracheostomy and oxygen supplies; and supplies for insulin pumps.	See Durable Medical Equipment
Mental Health and Substance Abuse Treatment – Outpatient+	Medication-Assisted Treatment (MAT) and Associated Services for Opioid Dependence Note: See prescription drug section for medication details	Nothing Non-Medication Assisted Treatment services provided during the same encounter as Medication-Assisted Treatment visits (including but not limited to counseling and drug screening) may be subject to cost-sharing.
	Outpatient office visits.	\$10 <i>copayment</i> per visit
Nutritional Counseling	Outpatient office visits by a registered dietician.	Nothing
Outpatient Office Visits for Medical Care (to evaluate and treat illness or injury)	Primary care provider (PCP) office visit.	\$10 <i>copayment</i> per visit
	Specialist office visit.	\$18 <i>copayment</i> per visit
Outpatient Surgery	Same day surgery in a hospital or ambulatory surgery setting. (Includes diagnostic colonoscopies and endoscopies.)	\$50 <i>copayment</i> per visit

Covered Services

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Your Cost (Cost-sharing)

Pediatric Dental++++ (Ages 18 and under)	Type I Services: Preventive & Diagnostic	Nothing
	<ul style="list-style-type: none"> • Comprehensive Evaluation (Once per dentist per location) • Periodic Oral Exams (Twice per dentist location every 12 months) • Limited Oral evaluation (Two per calendar year per patient) • Oral evaluation under 3 years of age • Full Mouth X-Ray (Once per dentist location every 36 months) • Panoramic X-Ray(Once per dentist location every 36 months) • Bitewing X-Rays (Two per dentist location every 12 months) • Single Tooth X-Ray (As needed) • Teeth Cleaning (Twice every 12 months) • Fluoride Treatments (Once every 3 months) 	
	<p>Type II Services: Basic Covered Services</p> <ul style="list-style-type: none"> • Amalgam Restoration (Once per tooth per surface every 12 months) • Composite Resin Restorations (Once per tooth per surface every 12 months) • Recement crown/onlays (covered) • Rebase or reline dentures (Once with 24 months) • Root canals on permanent teeth (Once per tooth) • Prefabricated Stainless Steel Crowns (Four per patient per day) • Periodontal Scaling and Root Planing (Once per quadrant every 24 months) • Simple Extractions (covered.) • Surgical Extractions (covered.) • Vital pulpotomy (Limited to deciduous teeth) • Apicoectomy (Once per permanent tooth per lifetime) • Palliative care • Anesthesia (Allowed with covered surgical procedure) 	Nothing
	<p>Type III Services: Major Restorative Services</p> <ul style="list-style-type: none"> • Crown, resin (Once per tooth within 60 months) • Porcelain/ceramic crowns (Once per within 60 months) 	Nothing
	<p>Type IV Services: Orthodontia (Once per lifetime)</p> <p>(Covered only when medically necessary; patient must have severe and handicapping malocclusion as defined by HLD index score of 28 and/or one or more auto qualifiers; requires prior authorization)</p>	Nothing

Covered Services

Note about Prior Authorization: Some services require prior authorization. Please see your EOC for more information.

Your Cost (Cost-sharing)

Pediatric Vision (Ages 18 and under)	<ul style="list-style-type: none"> Conventional* Lenses: One pair every calendar year Conventional* Frames: Covered once every calendar year Contact Lenses: Covered once every calendar year – instead of eyeglasses 	Nothing
Podiatry Services	Non-routine foot care.	\$18 <i>copayment</i> per visit
	<i>Outpatient</i> lab tests and x-rays.	See Lab Tests, X-Rays and Other Tests
	Routine foot care for diabetics.	Nothing
Prescription Drugs From a <i>network</i> Retail Pharmacy: (up to a 30-day supply)	Tier 1	\$10 <i>copayment</i>
	Tier 2	\$20 <i>copayment</i>
	Tier 3	\$40 <i>copayment</i>
Prescription Drugs From Mail Service Pharmacy: (up to a 90-day supply)	Tier 1	\$20 <i>copayment</i>
	Tier 2	\$40 <i>copayment</i>
	Tier 3	\$80 <i>copayment</i>
Prescription Drugs for Medication-Assisted Treatment (MAT) and Associated Services for Opioid Dependence	Generic FDA-approved Drugs	\$0 <i>copayment</i>
	Brand-Name FDA-approved Drugs	\$0 <i>copayment</i>
	Opioid Antagonists (ex. Narcan)	\$0 <i>copayment</i>
Note: You pay nothing for: (1) oral and other forms of prescription drug contraceptives; and (2) oral anti-cancer drugs.		
Preventive Health Services The <i>plan</i> covers certain preventive health services, with no <i>cost-sharing</i>, in accordance with the <i>plan's</i> medical policy guidelines and the Affordable Care Act (ACA). For more information about which preventive services are included, see the Preventive Health Services section of your EOC, and visit the <i>plan's</i> website at www.bmchp.org or the federal government's website at www.healthcare.gov.	<ul style="list-style-type: none"> Preventive health services for children: <ul style="list-style-type: none"> Routine physical exams. Routine immunizations. Routine preventive screening tests. Routine hearing exams and tests (includes newborn hearing screening) Routine vision exams (one exam per <i>member</i> every 12 months). Preventive health services for adults: <ul style="list-style-type: none"> Routine physical exams. Routine immunizations. Routine preventive screening tests and procedures (including screening colonoscopies). Routine hearing exams and tests. Routine vision exams (one exam per <i>member</i> every 24 months). Preventive health services for women, including pregnant women: <ul style="list-style-type: none"> Routine GYN exams, including screening Pap smears. Prenatal care. Routine screening mammograms. Voluntary sterilization procedures. Breast pumps and related supplies. Family Planning. 	Nothing
Prosthetic Devices	Includes wigs (scalp hair prostheses) for hair loss due to treatment for cancer or leukemia.	See Durable Medical Equipment

Covered Services

Note about Prior Authorization: Some services require prior authorization. Please see your EOC for more information.

Your Cost (Cost-sharing)

Rehabilitation Therapies	Short term <i>outpatient</i> physical and occupational therapy. <i>Benefit limit:</i> limited to 60 combined visits per <i>benefit year</i> . (<i>Benefit limit</i> does not apply to these services when provided to <i>members</i> with autism spectrum disorder.)	\$10 <i>copayment</i> per visit
	Short term <i>outpatient</i> aural and pulmonary therapy.	
Second Opinions	<i>Outpatient second and third opinions.</i>	See Outpatient Office Visits for Medical Care
Speech-Language and Hearing Disorder Services (no limits other than medical necessity)	<i>Outpatient</i> office visits for medical care.	See Outpatient Office Visits for Medical Care
	<i>Outpatient</i> speech therapy.	\$10 <i>copayment</i> per visit
	<i>Outpatient</i> diagnostic tests.	See Lab Tests, X-Rays and Other Tests
Spinal Manipulation	Manual manipulation of the spine.	\$18 <i>copayment</i> per visit
TMJ Disorder Treatment	<i>Outpatient</i> x-rays, surgical services, physical therapy or medical care services.	You pay the <i>cost sharing</i> applicable to the service(s) rendered.
Vision Services	Non-routine eye exams and treatment (to treat a medical condition of the eye).	\$18 <i>copayment</i> per visit
	Routine Vision Exams – see “Preventive Health Services” above.	
Member Extras+++	<ul style="list-style-type: none"> • Fitness Reimbursement <ul style="list-style-type: none"> ○ Reimbursement of 25% of annual membership fees in a Qualifying Health Club – limited to one <i>member</i> per family per calendar year. • Weight Watchers® <ul style="list-style-type: none"> ○ Reimbursement of 25% of fees for certain Weight Watchers® programs – limited to one <i>member</i> per family per calendar year. • Eyewear Discounts for Adults <ul style="list-style-type: none"> ○ You must use a Vision Services Provider (VSP): <ul style="list-style-type: none"> ▪ 20% off the retail price of complete sets of prescription glasses – frames and lenses ▪ 15% off the professional fee for prescription contact lens fitting and evaluation 	
Member Incentive	<ul style="list-style-type: none"> • BMCHP VBID Program - \$25 Gift Card <ul style="list-style-type: none"> ○ Members with diabetes will automatically be enrolled in BMCHP Diabetes VBID program (Members may opt out of the program) ○ Members who receive an annual eye exam will receive a \$25 gift card 	
Newborn Coverage	<ul style="list-style-type: none"> • Coverage for newborns is limited to routine nursery charges and well newborn care. 	

Note: In the course of receiving certain *outpatient* services (which may or may not be subject to *cost-sharing*), you may also receive other *covered services* that require separate *cost-sharing*. (For example, during a preventive health services office visit (no *cost-sharing*), you may have a lab test that does require *cost-sharing*.)

▣ Qualified Health Plans are offered through the MA Health Connector.

▣▣ The BMC HealthNet Plan Silver Network may contain different *providers* from those in the *plan's* other *provider networks*. When looking up network providers on our website, please be sure to look under the BMC HealthNet Plan Silver Network.

▣▣▣ The *plan* contracts with EnvisionRx Options to manage prescription drug benefits for *members*. To locate *network pharmacies*, go to our website www.bmchp.org or call EnvisionRx Options at 1-800-361-4542.

+ The *plan* contracts with [Beacon Health Strategies], LLC (Beacon) to manage all mental health and substance abuse services for *members*. To locate a *network provider* of mental health or substance abuse services, go to our website www.bmchp.org or call Beacon at 1-877-957-5600.

++ The *plan* contracts with Northwood, Inc. to manage most durable medical equipment, prosthetics, orthotics, medical supplies, medical formulas and low protein foods. Contact the *plan's* Member Services for more information.


+++ See your EOC for further information on how to access these Member Extras, or visit www.bmchp.org.

++++ The plan contracts with Delta Dental to manage all pediatric dental covered services for eligible members. For assistance call Delta Dental at 1-844-260-6097.

*Conventional lenses are defined under the Federal Vision Insurance Plan as single vision, lined bifocal, lined trifocal, lenticular glass or plastic lenses, all lens powers, fashion and gradient tinting, ultraviolet protective coating, oversized and glass-grey #3 prescription sunglass lenses. Polycarbonate lenses are covered for children, monocular patients and patients with prescriptions greater than or equal to +/- 6.00 diopters. All lenses include scratch resistant coating.

Notice for American Indian and Alaskan Native (AI/AN) Members:

According to Federal law, you may be able to enroll in a QHP plan that has limited or no cost sharing. Depending on your income, you may have no copays, deductibles, or coinsurance when you receive services from an Indian Health or Tribal provider, or when your Indian Health or Tribal provider refers you to another provider. The Massachusetts Health Connector will determine your eligibility for this benefit when you submit your QHP application. In addition to verifying your income, the Health Connector may also ask for documentation that proves your AI/AN status. If you qualify, the Health Connector will send us your information so that we can share it with our providers. If you have any questions, you may reach out to the MA Health Connector or to Member Services 855-833-8120

 This health plan meets **Minimum Creditable Coverage standards** and will satisfy the individual mandate that you have health insurance.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE: As of January 1, 2009, the Massachusetts Health Care Reform Law requires 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).

Minimum Creditable Coverage Standards. This health plan meets applicable Minimum Creditable Coverage standards that are effective January 1, 2017 as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you will satisfy the statutory requirement that you have health insurance meeting these standards.

THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE January 1, 2018. 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: (617) 521-7794 or visiting its website at www.mass.gov/doi.

If you, or someone you are helping, have questions about BMC HealthNet Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call **1-855-833-8120**.

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص BMC HealthNetPlan، فلديك الحق في الحصول على المساعدة والمعلومات
الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ **1-855-833-8120**. (ARA)

រប័យគ្នា : អោយបានជំនួយជាមួយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ។
ដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-855-833-8120**។ (CAM)

如果您，或是您正在協助的對象，有關於 BMC HealthNetPlan 方面的問題，您
有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 **1-855-833-8120**。(CH)

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de BMC HealthNet Plan, vous
avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète,
appelez **1-855-833-8120**. (FR)

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω από το BMC HealthNet Plan, έχετε
το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να
μιλήσετε σε έναν διερμηνέα, καλέστε **1-855-833-8120**. (GR)

જો તમે અથવા તમે કોઈને મદદ કરી રહ્યાં તેમ જોઈ કોઈને BMC HealthNet Plan વહીવટી પ્રશ્નો હોય તો તમને મદદ અને મદદથી
મેળવવા અવકાશ છે. તે ખર્ચ વગર તમને રીલેક્ષ મેં પ્રપ્ત કરી શકે છે. દલ વધારે તિ કરમિ ટે,આ **1-855-833-8120** પર કોલ
કરો. (GUJ)

Si oumenm oswa yon moun w ap ede gen kesyon konsènan BMC HealthNet Plan, se dwa w pou resevwa asistans
ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan
1-855-833-8120. (HC)

यदिआपके ,या आप द्वारा सहायता ककर जा रहे ककसी व्यक्ति के BMC HealthNet Plan के बारे में प्रश्न हैं ,तो आपके
पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी भिु षषए से बात करने के लएि , **1-855-
833-8120** पर कॉिकरें। (HIN)

Se tu o qualcuno che stai aiutando avete domande su BMC HealthNet Plan, hai il diritto di ottenere aiuto e
informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare **1-855-833-8120**. (IT)

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 BMC HealthNet Plan 에 관해서 질문이 있다면 귀하는 그러한
도와움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서
는 **1-855-833-8120** 로 전화하십시오. (KO)

Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie BMC HealthNet Plan, masz
prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozma-
wiać z tłumaczem, zadzwoń pod numer **1-855-833-8120**. (POL)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o BMC HealthNet Plan, você tem o direito de
obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para **1-855-833-8120**. (PORT)

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу BMC Health-
Net Plan, то вы имеете право на бесплатное получение помощи и информации на вашем
языке. Для разговора с переводчиком позвоните по телефону **1-855-833-8120**. (RUS)

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de BMC HealthNet Plan, tiene derecho a
obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al **1-855-833-8120**. (SP)

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về BMC HealthNet Plan, quý
vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để
nói chuyện với một thông dịch viên, xin gọi **1-855-833-8120**. (VIET)

**Notice About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement:
Discrimination is Against the Law**

Boston Medical Center HealthNet Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Boston Medical Center HealthNet Plan does not exclude people or treat them differently because of race, color national origin, age, disability, or sex.

Boston Medical Center HealthNet Plan:

- 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 Boston Medical Center HealthNet Plan.

If you believe that Boston Medical Center HealthNet Plan 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:

Civil Rights Coordinator
529 Main Street, Suite 500
Charlestown, MA 02129
Phone: 1-855-833-8120 (TTY 711)
Fax: 1-617-897-0805

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Boston Medical Center HealthNet Plan 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are also available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW THIS NOTICE OF PRIVACY PRACTICES CAREFULLY.

If you have any questions or would like a copy of this Notice of Privacy Practices, please contact the BMC HealthNet Plan Member Services Call Center.

Qualified Health Plans, including ConnectorCare members: 1-855-833-8120

BMC HealthNet Plan

529 Main Street, Suite 500
Charlestown, MA 02129

Web site: <http://www.bmchp.org>

This Notice of Privacy Practices is effective September 23, 2013. This Notice describes how we may use and disclose your health information to carry out treatment, payment or health care operations, and for other purposes that are permitted or required by law. It also describes your rights to access and control your health information.

“Protected health information” or “PHI” is health information, including individually identifiable information, related to your physical or behavioral health condition used in providing health care to you or for payment for health care services.

By law, we are required to:

- Maintain the privacy and confidentiality of your protected health information
- Give you this Notice of Privacy Practices
- Follow the practices in this Notice

We use physical, electronic and procedural safeguards to protect your privacy. Even when disclosure of PHI is allowed, we only use and disclose PHI to the minimum amount necessary for the permitted purpose.

Other than the situations mentioned in this Notice, we cannot use or share your protected health information without your written permission, and you may cancel your permission at any time by sending us a written notice.

We reserve the right to change this Notice and to make the revised notice effective for any of your current or future protected health information. You are entitled to a copy of the Notice currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION (PHI)

For Treatment: We may communicate PHI about you to doctors, nurses, technicians, office staff or other personnel who are involved in taking care of you and need the information to provide you with medical care. For example, if you are being treated for a back injury, we may share information with your primary care physician, the back specialist and the physical therapist so they can determine the proper care for you. We will also record the actions they took and the medical claims they made. Other examples of when we may disclose your PHI include:

- Quality improvement and cost containment wellness programs, preventive health initiatives, early detection programs, safety initiatives and disease management programs.
- To administer quality-based cost effective care models, such as sharing information with medical providers about the services you receive elsewhere to assure effective and high quality care is coordinated.

For Payment: We may use and disclose your PHI to administer your health benefits, which may include claims payment,

utilization review activities, determination of eligibility, medical necessity review, coordination of benefits and appeals. For example, we may pay claims submitted to us by a provider or hospital.

For Health Care Operations: We may use and disclose your PHI to support our normal business activities. For example, we may use your information for care management, customer service, coordination of care or quality management.

Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services: We may contact you to provide appointment or refill reminders, or information about possible treatment options or alternatives and other health-related benefits, or services that may be of interest to you.

As Required By Law: We will disclose PHI about you when we are required to do so by international, federal, state or local law.

Business Associates: We may disclose PHI to our business associates who perform functions on our behalf or provide services if the PHI is necessary for those functions or services. All of our business associates are obligated, under contract with us, to protect the privacy of your PHI.

Coroners, Medical Examiners and Funeral Directors: We may communicate PHI to coroners, medical examiners and funeral directors for identification purposes and as needed to help them carry out their duties consistent with applicable law.

Correctional Facilities: If you are or become an inmate in a correctional facility, we may communicate your PHI to the correctional facility or its agents, as necessary, for your health and the health and safety of other individuals.

Disaster Relief: We may communicate PHI to an authorized public or private entity for disaster relief purposes. For example, we might communicate your PHI to help notify family members of your location or general condition.

Family and Friends: We may communicate PHI to a member of your family, a relative, a close friend, or any other person you identify who is directly involved in your health care or payment related to your care.

Food and Drug Administration (FDA): We may communicate to the FDA, or persons under the jurisdiction of the FDA, your PHI as it relates to adverse events with drugs, foods, supplements and other products and marketing information to support product recalls, repairs or replacement.

Health Oversight Activities: We may communicate your PHI to state or federal health oversight agencies authorized to oversee the health care system or governmental programs, or to their contractors, for activities authorized by law, audits, investigations, inspections, and licensing purposes.

Law Enforcement: We may release your PHI upon request by a law enforcement official in response to a valid court order, subpoena or similar process.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may communicate PHI about you in response to a court or administrative order. We may also communicate PHI about you because of a subpoena or other lawful process, subject to all applicable legal requirements.

Military, Veterans, National Security and Intelligence: If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may be required by other government authorities to release your PHI for national security activities.

Minors: We may disclose PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

Organ and Tissue Donation: If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation – such as an organ bank – as necessary to facilitate organ or tissue donation and transplantation.

Personal Representative: If you have a personal representative, such as a legal guardian (or an executor or administrator of your estate after your death), we will treat that person as if that person is you with respect to disclosures of your PHI.

Public Health and Safety: We may communicate your PHI for public health activities. This includes disclosures to: (1) prevent or control disease, injury or disability; (2) report birth and deaths; (3) report child abuse or neglect; (4) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (5) the appropriate government authority if we believe a person has been the victim of abuse, neglect, or domestic violence and the person agrees or we are required to by law to make that disclosure or (6) when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Research: We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify persons who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. But we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the security of the data, and (3) not identify the information or use it to contact any individual.

Worker's Compensation: We may use or disclose PHI for worker's compensation or similar programs that provide benefits for work-related injuries or illness.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT OUT

Fundraising: We may use PHI about you in an effort to raise money. If you do not want us to contact you for fundraising efforts, you may opt out by notifying us, in writing, with a letter addressed to the BMC HealthNet Plan Privacy Officer.

SPECIAL PROTECTIONS FOR HIV, ALCOHOL AND SUBSTANCE ABUSE, MENTAL HEALTH, AND GENETIC INFORMATION

Special privacy protections apply to HIV-related information, alcohol and substance abuse, mental health, and genetic information that require your written permission, and therefore some parts of this general Notice of Privacy Practices may not apply to these more restricted kinds of PHI.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Right to Access and Copy: You have the right to inspect and obtain a copy of your PHI. To do so, you must submit a written request to the BMC HealthNet Plan Privacy Officer. We will provide you with a copy or a summary of your records, usually within 30 days and we may ask you to pay a fee to cover our costs of providing you with that PHI, and certain information may not be easily available prior to July 1, 2002. We may deny your request to inspect and copy, in certain limited circumstances.

Right to an Electronic Copy of PHI: You have the right to require that an electronic copy of your health information be given to you or transmitted to another individual or entity if it is readily producible. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic record.

Right to Get Notice of a Security Breach: We are required to notify you by first class mail of any breach of your Unsecured PHI as soon as possible, but no later than 60 days after we discover the breach. "Unsecured PHI" is PHI that has not been made unusable or unreadable. The notice will give you the following information:

- A short description of what happened, the date of the breach and the date it was discovered
- The steps you should take to protect yourself from potential harm from the breach;
- The steps we are taking to investigate the breach, mitigate losses, and protect against further breaches; and
- Contact information where you can ask questions and get additional information

Right to Amend: If you believe the PHI we have about you is incorrect or incomplete, you may ask us to amend the PHI. You must request an amendment, in writing, to the BMC HealthNet Plan Privacy Officer and include a reason that supports your request. In certain cases, we may deny your request for amendment, but we will advise you of the reason within 60 days. For example, we may deny a request if we did not create the information, or if we believe the current information is

correct.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of PHI about you for most purposes other than treatment, payment and health care operations. The right to receive an accounting is subject to certain exceptions, restrictions and limitations. To obtain an accounting, you must submit your request, in writing, to the BMC HealthNet Plan Privacy Officer. We will provide one accounting a year for free but may charge a reasonable, cost-based fee if you submit a request for another one within 12 months. It must state a time period, which may not be longer than six years and may not include dates before April 14, 2003.

Right to Request Restrictions: You have the right to request, in writing, to the BMC HealthNet Plan Privacy Officer, a restriction or limitation on our use or disclosure of your PHI. We are not, however, required by law to agree to your request. If we do agree, we will comply with your request unless the PHI is needed to provide emergency treatment to you.

Right to Request Confidential Communication: You have the right to request that we communicate with you about medical matters only in writing or at a different residence or post office box. To request confidential communications, you must complete and submit a Request for Confidential Communication Form to the BMC HealthNet Plan Privacy Officer. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Notice of Privacy Practice: You have the right to receive a paper copy of the Notice of Privacy Practices upon request at any time.

HOW TO EXERCISE YOUR RIGHTS

To exercise your rights as described in this Notice, send your request, in writing, to our Privacy Officer at the address listed in this Notice.

Assistance in Preparing Written Documents: BMC HealthNet Plan will provide you with assistance in preparing any of the requests explained in this Notice that must be submitted in writing. There will be no cost to you for this.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

Other Uses and Disclosures of PHI: We will obtain your written authorization before using or disclosing your PHI for purposes other than those provided for above (or as otherwise permitted or required by law). You may revoke such an authorization at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the authorization.

We will never sell your health information or use your health information for marketing purposes or to offer you services or products unrelated to your health care coverage or your health status, without your written authorization.

Compliance with State and Federal Laws: If more than one law applies to this Notice, we will follow the more stringent law. You may be entitled to additional rights under state law, and we protect your health information as required by these state laws.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with our office or with the Department of Health and Human Services. To file a complaint with our office, contact:

Privacy Officer
BMC HealthNet Plan
529 Main Street, Suite 500
Charlestown, MA 02129

Or, you may call this office at 1-617-748-6325.

You may also notify the Secretary of the Department of Health and Human Services (HHS). Send your complaint to:

Medical Privacy, Complaint Division
Office for Civil Rights (OCR)

United States Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington D.C., 20201.

You may also contact OCR's Voice Hotline Number at (800) 368-1019 or send the information to their Internet address www.hhs.gov/ocr.

BMC HealthNet Plan will not take retaliatory action against you if you file a complaint about our privacy practices with either OCR or BMC HealthNet Plan.