



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

# **HNE Products and Benefits**

Effective Date 1/1/2021 | Revised Date 1/1/2021

HNE is a Health Maintenance Organization licensed in Massachusetts. HNE's Commercial service area covers members who live or work in the four counties of Western Massachusetts (Berkshire, Franklin, Hampden and Hampshire) and Worcester County in Central Massachusetts. In these counties, we provide health care benefits to Fully Funded groups, which are employer groups who pay a premium to an insurance company or managed care organization for their employee health coverage. .

We also provide administrative services to health benefit plans sponsored and funded by employers themselves. These "Self-Funded" plans have members in Western Massachusetts and in parts of Litchfield, Tolland and Hartford counties in Connecticut and in southern Vermont. The benefits available under the terms of a Self-Funded plan can vary significantly from those available under a Fully Funded plan because the Self-Funded plans are designed by each plan sponsor/employer. You can identify a Self-Funded member by the group number, which can be found on the HNE ID card. Self-Funded group numbers always start with an "S."

HNE also offers health benefit plans to individuals and Small Employer Groups (fewer than 50 employees) through the Massachusetts Health Connector at <https://www.mahealthconnector.org/>. All HNE plans offered through the Connector are an extension of our Commercial line of business and should be treated as such. Some eligible Connector members may receive subsidies on premium payments. ID cards for this product will have "Massachusetts Health Connector" on the front of the card. Detailed benefit designs can be found on the Connector website.

It is important to know that our Fully Funded plans cover Massachusetts and Federal Health Care Reform mandated benefits. However, Self-Funded plans can choose whether to cover these mandated benefits. Also, HNE's Fully Funded plans include many standard benefits, such as free preventive care and free allergy shots, that are not always standard among our Self-Funded groups. HNE has a separate phone number dedicated to Self-Funded groups. If you have any Self-Funded eligibility or benefit questions that cannot be answered through our Private Portal at HNE Direct, please call (413) 233-3060 or (800) 791-7944.

HNE offers several types of products described below. Detailed product benefit designs are available through HNE Direct, HNE Member Services or the Summary of Benefits found on our website at <http://healthnewengland.org/plans>.

### HMO Plans (Fully Funded and Self-Funded)

HNE currently offers many types of HMO plans. Our HMO plans offer comprehensive health care coverage within our contracted network. Services are provided through our extensive network of doctors and health care professionals in Western and Central Massachusetts, as well as parts of Connecticut and Vermont. HNE has several types of HMOs in which member cost sharing may include copays, deductibles and coinsurance. HNE also offers High Deductible Health Plans (HDHPs), which may be paired with a Health Savings Account (HSA).

HMO plans require that each member select a primary care provider (PCP). PCPs will either provide medically necessary care or refer the member to an HNE specialty provider. Any referral to a non-participating provider requires prior authorization by HNE Health Services. The PCP can be either a physician, physician assistant or a nurse practitioner. HNE members may see participating specialists without being referred; however, we strongly encourage communication between the member's PCP and specialist whenever possible. Specialists can also refer members to other HNE specialists.

A comparison of HNE's most popular HMO Benefit Plans can be viewed through our website at <http://healthnewengland.org/plans>.

### PPO Plans (Fully Funded and Self-Funded)

HNE currently offers three categories of PPO plans. The following are the general plan descriptions.

- **HNE PPO National:**  
The majority of our PPO members are under this type of plan. Under this plan, members can obtain medically necessary treatment from HNE participating providers, PHCS Multiplan participating providers and non-participating providers. Members' copays are the same when using HNE and PHCS Multiplan participating providers. Services from non-participating providers are subject to coinsurance and deductibles. If the non-

participating provider's charges are greater than HNE's maximum allowable fee, the provider may bill the member for the balance. Authorization is required for some services, whether provided in or out of network. For a list of procedures or services requiring prior authorization, see [link to PA section]. The member is not required to select a PCP.

- **HNE PPO Local:**  
Members enrolled in PPO plans may be seen by participating providers as well as non-participating providers. When receiving care, members will be subject to coinsurance and deductibles, which are higher when care is received outside the network. If the non-participating provider's charges are greater than HNE's maximum allowable fee, the provider may bill the member for the balance. Authorization is required for some services, whether provided in or out of network. For a list of procedures or services requiring prior authorization, see [link to PA section]. The member is not required to choose a PCP.
- **HNE PPO Premier:**  
Under this plan, members can obtain medically necessary treatment from HNE participating providers, PHCS Multiplan participating providers and non-participating providers. The member's co-pay is higher when using PHCS Multiplan providers than when using HNE providers. Service from non-participating providers is subject to coinsurance and deductibles. If the non-participating provider's charges are greater than HNE's maximum allowable fee, the provider may bill the member for the balance. Authorization is required for some services, whether provided in or out of network.. The member is not required to select a PCP.

A comparison of HNE's most popular PPO Benefit Plans can be viewed through our website at <http://healthnewengland.org/plans>.

### HNE Advantage Plus (Point of Service) Plan (Fully Funded)

The benefits and guidelines for the HNE Advantage Plus plan are similar to HMO plans. The member is required to select a PCP. However, in a point of service (POS) plan, members may elect to receive care from non-participating providers and hospitals. PCPs will either provide medically necessary care or assist in coordinating care with specialists. Medically necessary services received from participating providers do not require a referral. Authorization is required for some services, whether provided in or out of network.

Medically necessary services received from non-participating providers are subject to an annual deductible and coinsurance. If the non-participating provider's charges are greater than HNE's maximum allowable fee, the member may be billed for the balance.

### HNE Select Preferred Plan (Self-Funded)

The Select Preferred plan is also POS plan, which allows the member to receive care from non-participating providers. This plan requires each member to select a PCP.

The services received from non-participating providers must be medically necessary and are subject to an annual deductible and coinsurance. If the non-participating provider's charges are greater than HNE's maximum allowable fee the member may be billed for the balance. The deductible and coinsurance applies to all services the member receives from non-participating providers, including lab tests. For example, if a provider sent a specimen to a non-participating lab facility, the HNE Select Preferred plan would pay the claim for the lab test subject to the member's annual deductible and coinsurance.

All non-emergency inpatient stays must be approved in advance by HNE Health Services. The member is responsible for submitting the paperwork required to obtain prior approval when being admitted by a non-participating provider.

### Massachusetts Health Connector Plans

HNE also offers health benefit plans to individuals and Small Employer Groups (fewer than 50 employees) through the Massachusetts Health Connector (<https://www.mahealthconnector.org/>). All HNE plans offered through the Connector are an extension of our Commercial line of business and should be treated as such. Some eligible Connector members may receive subsidies on premium payments. ID cards for this product will have “Massachusetts Health Connector” on the front of the card. Detailed benefit designs can be found on the Connector website or <https://healthnewengland.org/connector>.

### Group Insurance Commission (GIC)

HNE offers self-funded benefit plans through the Group Insurance Commission to Active Employees/Employees without Medicare and Medicare Enrolled Retirees. Active employees must use the HNE Provider Network. Medicare Enrolled Retirees are covered by a Group Medicare Supplement Plus plan which supplements Medicare and uses Medicare Providers.

ID cards for this product will have “Group Insurance Commission” on the front of the card. Detailed benefit designs can be found on the GIC website or <https://healthnewengland.org/GIC>

The Active Employee GIC plan has different levels (or tiers) of copays for office visits with specialist physicians. Copay amounts are based on the tier assignment of the doctor. Tier assignments are included in the provider listings in the HNE Provider Directory.

**Tier 1:** Specialists other than those who are at Academic Medical Centers (AMC)

**Tier 2:** Specialists at Academic Medical Centers (AMC)

(An AMC has two components: a teaching or university-based hospital and a medical school)