

Federal Legislation Benefit Reference Guide for Small Business *Neighborhood Health Partnership*

These Benefits are available to you as part of the standard benefits presented on the Benefit Summary. The Benefits shown here may change some of the limitations and or exclusions indicated on your Benefit Summary as a result of changes due to federal legislation. Please note that a state mandate may change the Benefits described.

ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Hearing Aids		
Benefits are limited as follows: \$2,500 per year and are limited to a single purchase (including repair/replacement) every three years.	Covered at your plan design network coinsurance and deductible.	Covered at your plan design non-network coinsurance and deductible.
Mental Health and Substance Abuse (MH/SA) Services – Inpatient and Intermediate		
For groups with 50 or less employees: Benefits are limited as follows: 30 days per year.	Covered at your plan design network coinsurance after deductible has been met.	Covered at your plan design non-network coinsurance after Deductible has been met.
For groups with 51 or more employees: Benefit limits do not apply.	<i>Benefits for inpatient/intermediate Mental Health Services and Substance Abuse Services will be the same as those stated under Hospital – Inpatient Stay in the Schedule of Benefits.</i>	<i>Benefits for inpatient/intermediate Mental Health Services and Substance Abuse Services will be the same as those stated under Hospital – Inpatient Stay in the Schedule of Benefits.</i>
	<i>Prior Authorization is required from the MH/SA Designee.</i>	<i>Prior Authorization is required from the MH/SA Designee.</i>
Mental Health and Substance Abuse (MH/SA) Services - Outpatient		
For groups with 50 or less employees: Benefits are limited as follows: 20 visits per year.	100% after you pay your plan design Copayment per visit.	Covered at your plan design non-network coinsurance after Deductible has been met.
For groups with 51 or more employees: Benefit limits do not apply.	<i>Benefits for outpatient Mental Health Services and Substance Abuse Services will be the same as those stated under Physician Office Services – Sickness and Injury.</i>	<i>Benefits for outpatient Mental Health Services and Substance Abuse Services will be the same as those stated under Physician Office Services – Sickness and Injury.</i>
	<i>Prior Authorization is required from the MH/SA Designee.</i>	<i>Prior Authorization is required from the MH/SA Designee.</i>

This Federal Legislation Reference Guide is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Federal Legislation Reference Guide conflicts in any way with the Member Handbook, including the Federal Notice, the Member Handbook shall prevail. It is recommended that you review your Member Handbook, including the Federal Notice for a description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. **The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.**