CommonwealthConnector

Commonwealth Care
Frequently Asked Questions
December 1, 2006

Section I

1. What is Commonwealth Care?

The Commonwealth Care Health Insurance Program (Commonwealth Care) is a program run by the Commonwealth Health Insurance Connector Authority (the Connector). This program connects eligible Massachusetts residents with approved health insurance plans and helps them pay for the plans.

The Connector helps Commonwealth Care members join a health plan and find providers that meet their needs. A health plan works together with a certain group of providers, hospitals, and other health care professionals to provide specific health-care services.

Commonwealth Care pays the total cost of health insurance for qualified individuals who have income at or below the federal poverty level and helps pay for the cost of insurance for other qualified individuals.

2. Who is eligible?

You would be an eligible individual for Commonwealth Care if:

- your family's income before taxes is at or below 300% of the federal poverty level (see attached FPL chart);
- you are uninsured (see definition below);
- you are a U.S. citizen/national, qualified alien, or alien with special status; and
- you are aged 19 or older (eligible persons under age 19 receive benefits though MassHealth).

3. What is the federal poverty level (FPL)?

Every year the federal government issues income guidelines called federal poverty levels. These levels are used to determine who is financially eligible for many programs, including Commonwealth Care. See attached FPL Chart.

4. What does it mean to be uninsured?

Uninsured means that you do not already have insurance coverage that covers doctor's visits and hospitalization. Commonwealth Care is a program for individuals who are uninsured. Individuals are NOT eligible to participate in Commonwealth Care if:

- during the last six months, the individual or a family member was working for an employer who provided health-insurance coverage (if the employer's insurance plan covers at least 20% of the annual premium costs for a family plan or at least 33% of an individual plan); or,
- the individual accepted a financial incentive from their employer to not take the employer's insurance plan. (Please note that for this particular provision there is no certain percentage calculated, it is based on either if the applicant did accept a financial incentive or not)

5. What about certain subsidized health insurance programs, do they count as other health insurance?

Yes, individuals eligible for one of the following health insurances will not qualify for Commonwealth Care:

- MassHealth
- Medicare
- TRICARE
- Insurance Partnership
- Massachusetts Fisherman's Partnership Inc.
- Qualifying Student Health Insurance Program
- Massachusetts Division of Unemployment, Medical Security Plan
- Those eligible as a dependent for coverage under a family health insurance plan

6. What about individuals receiving COBRA coverage, non-group coverage or in a waiting period for group coverage?

Those individuals are not considered to meet the definition of insured and therefore will not be disqualified from Commonwealth Care eligibility (assuming they meet all other Commonwealth Care eligibility criteria).

7. What does it mean to be a qualified alien or alien with special status?

These are terms used for documented immigrants, also called legal immigrants. Please see the MassHealth member booklet for detailed information about these immigration definitions.

8. When will Commonwealth Care be available?

Commonwealth Care will begin to be available October 1, 2006, and will be phased in over several months.

Starting October 1, 2006, new applicants who meet the requirements of Commonwealth Care and who have family income at or below 100% of the federal poverty level (FPL) will get approved for the program.

From October 2006 through January 2007, eligible individuals with family income at or below100% of the FPL who have already been approved to receive services from the UncompensatedCare Pool ("Free Care") will start getting approval letters for Commonwealth Care based on information they provided when they applied for UCP These individuals do not have to file another application to get Commonwealth Care. The Connector began converting current UCP recipients under 100% on October 1, 2006. Approximately 48,000 recipients will be converted between October and January 1, 2007.

The Connector plans to be able to enroll individuals with family income that is more than 100% of the FPL and at or below 300% of the FPL beginning January 2007. See Section III and the FPL chart below for more details.

9. How do I apply for Commonwealth Care?

There is one application that is used for Commonwealth Care, MassHealth, the Uncompensated Care Pool ("Free Care"), and certain other health programs. Although Commonwealth Care is not MassHealth, MassHealth will process all applications.

Many community-based organizations, hospitals, and community health centers can help you apply for health benefits, including Commonwealth Care, through the Virtual Gateway. The Virtual Gateway is a way to apply by computer with assistance from staff at participating locations.

You can also apply by filling out and sending in a Medical Benefit Request (MBR). This is a paper application. The mail-in address appears on the application.

You can call a Commonwealth Care Customer Service Representative at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss) for information about places that can help you apply through the Virtual Gateway or to get a paper application mailed to you. You can call Commonwealth Care from 8:00 A.M. to 5:00 P.M., Monday through Friday.

Applicants will need to comply with all requests for verifications for MassHealth eligibility determination to be processed including citizen and identity verifications. Eligible applicants with income at or below the federal poverty level (FPL) will be approved for Commonwealth Care starting October 1, 2006. Approvals for people with family income that is more than 100% of the FPL and at or below 300% of the FPL will start in January 2007.

10. Does Commonwealth Care have a member booklet?

Commonwealth Care does not yet have its own Member Booklet. However, the MassHealth member booklet, which is part of the MBR, contains information about Commonwealth Care. The Commonwealth Care Enrollment Guide also provides additional information regarding the program.

11. Because the program is being phased in, what should I do if I need medical services while I'm waiting to be able to get Commonwealth Care?

You will continue to be able to get care from the Uncompensated Care Pool for services provided by the Pool. However, it is important to look out for and respond to any mailings from the Connector or MassHealth.

12. Why would I get letters from MassHealth?

Commonwealth Care is not MassHealth, but MassHealth helps the Connector determine who is eligible for the Commonwealth Care program. This is why letters about your eligibility will come from MassHealth. It is important for you to respond to any requests for information from MassHealth.

13. What letters will I get from the Connector?

After you get approved for Commonwealth Care, the Connector will send you all the information you need to choose a health plan and information about your Commonwealth Care benefits. Once you choose a health plan, you will get information from your chosen or assigned health plan.

14. What is a Commonwealth Care Plan Type?

A Plan Type is a scope of health benefits that is available to a group of eligible Commonwealth Care individuals based on their income. Each Plan Type has a certain list of health benefits and copayments.

Commonwealth Care has four Plan types:

- Plan Type 1 is available to those under 100% FPL
- Plan Type 2 is available to those greater than 100% FPL but at or below 200% FPL.
- Plan Type 3 and 4 is available to those greater than 200% FPL but at or below 300% FPL

Section II. Eligible Individuals with income less than 100% of the Federal Poverty Level (Plan Type I)

1. What does Commonwealth Care Health Insurance cover?

Eligible individuals with income at or below the federal poverty level (FPL) will be enrolled in Commonwealth Care health plans that cover:

- inpatient services;

- outpatient services and preventive care;
- prescription drugs;
- inpatient and outpatient mental health and substance abuse services;
- dental care, including preventive and restorative services; and
- vision care.

2. How do I enroll in a health plan?

Individuals who receive an approval notice for Commonwealth Care will get an enrollment packet from the Connector. To enroll in a health plan:

1. Read about health plans in the Commonwealth Care enrollment packet you receive.

2. Choose a health plan.

3. Choose a primary care provider.

4. Call a Commonwealth Care Customer Service Representative and tell the person that you want to enroll in a health plan. Starting October 2, 2006, you can call Commonwealth Care from 8:00 A.M. to 5:00 P.M., Monday through Friday, at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss). The call is free. Or, fill out the form that comes with the Commonwealth Care enrollment packet and mail it in the enclosed envelope. You do not need to pay for a stamp.

3. What are the health plan options?

The four health plans that work with Commonwealth Care are:

- Fallon Community Health Plan
- Network Health
- Neighborhood Health Plan
- Boston Medical Center HealthNet Plan

Not all health plans may be available where you live. The Commonwealth Care enrollment guide, included in the enrollment packet, will provide information about the health plans available in your area.

4. Where can I learn more in terms of comparing MCO plans?

The Commonwealth Care enrollment guide provides detailed information about all the plans. You can also contact the plans directly or visit their websites:

- Boston Medical Center HealthNet Plan:
  Member Services Department: 1-800-792-4355
  (TTY: 1-866-765-0055 for people with partial or total hearing loss)
  Mental Health and Substance Abuse Services: 1-877-957-5600
  (TTY: 1-866-765-0055 for people with partial or total hearing loss)

BMCHP - www.bmchp.org

- Fallon Community Health Plan:
  Member Services Department: 1-800-868-5200
  (TTY: 1-877-608-7677 for people with partial or total hearing loss)
  Mental Health and Substance Abuse Services: 1-888-421-8861
  (TTY: 1-781-994-7660 for people with partial or total hearing loss)
  FCHP - www.fchp.org

- Neighborhood Health Plan:
  Member Services Department: 1-800-462-5449
  (TTY: 1-800-655-1761 for people with partial or total hearing loss)
  Mental Health and Substance Abuse Services: 1-800-414-2820
  (TTY: 1-781-994-7660 for people with partial or total hearing loss)
  Neighborhood Health Plan - www.nhp.org

- Network Health:
  Member Services Department: 1-888-257-1985
  (TTY: 1-617-806-8196 for people with partial or total hearing loss)
  Mental Health and Substance Abuse Services: 1-888-257-1986
  (TTY: 1-617-806-8196 for people with partial or total hearing loss)
  Network Health - www.network-health.org

5. Where are the provider networks listed for each MCO plan?

The Commonwealth Care Customer Service Center is able to answer questions about MCO provider networks and receives weekly information from the MCOs about providers in their networks. The MCOs are also available to answer questions about their provider networks and have printed Provider Directories that are sent to members once they enroll and are also available upon request

6. Where can I get a list of covered services covered by Commonwealth Care for Plan Type 1?

Summary of Commonwealth Care Benefits | Plan Type 1

The following services are covered under Plan Type 1 for Commonwealth Care (Plan Type 1 is available to those at or below 100% FPL):

Outpatient Medical Care

- Office visits (PCP / specialty)
- Outpatient surgery (Outpatient hospital / ambulatory surgery centers)
- Community health center visits (PCP / specialty)
- Radiology, imaging (X-rays) / labs
- Abortion services

Inpatient Medical Care

- Hospital visits, which may include room and board deliveries / surgery / X-rays / labs)

Prescription Drugs

- Medication via pharmacy (1 month supply)

Emergency Care

Inpatient Mental Health & Substance Abuse

Outpatient Mental Health & Substance Abuse

Rehabilitation Services

- Cardiac rehabilitation
- Home health care
- Inpatient skilled nursing facility (up to 100 days per calendar year)
- Inpatient rehabilitation or chronic disease hospital (up to 100 days per calendar year)
- Short-term outpatient rehabilitation - Physical Therapy /Occupational Therapy/ Speech Therapy (20 combined sessions unless waived by the health plan)

Other Benefits

- Ambulance (emergency only)
- Dental (restorative / preventative / radiography / diagnostic / prosthodontic / oral surgery)
- DME/ supplies / prosthetics / oxygen & respiratory therapy equipment
- Hospice
- Orthotics (for persons with diabetes only)
- Podiatry (for persons with diabetes only)
- Vision (exam and glasses every 24 months)
- Wellness (family planning / nutrition / prenatal / nurse midwife)

7. What if I don't choose a health plan?

It is important to enroll in a health plan that you choose. By making this choice, you will be able to pick a health plan and providers that meet your needs.

If you are at or below 100% of the federal poverty level (FPL) and you do not choose a plan within 14 days after the enrollment packet is mailed, the Connector will assign a Commonwealth Care health plan and PCP for you. However, if you are assigned to a plan and want to change to a different one, you can call Commonwealth Care Customer Service to change plans within 60 days from the date you were enrolled.

8. Can I change my health plan?

After your health plan has been chosen and your enrollment starts, you will have 60 days to change your health plan if you feel a different health plan may better meet your needs. After the 60-day period has passed, you may only change your health plan for the following reasons:

- you move and your new address is outside of your health plan's service area;
- you demonstrate to the Connector that your health plan has not provided you with access to health-care providers that meet your health-care needs over time, even after you have asked the health plan for help; or
- your primary care provider is no longer part of the health plan you enrolled in or there is a significant change in the health plan's group of providers.

If you meet one of the following reasons and change plans with at least one business and one calendar day left in the month, the effective date of the new plan will be the first day of the month following the date of the change.

You can call a Commonwealth Care Customer Service Representative to ask to change your health plan for any of these reasons. Starting October 2, 2006, you can call Commonwealth Care from 8:00 A.M. to 5:00 P.M., Monday through Friday, at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss).

There will also be an annual open enrollment period for Commonwealth Care that the Connector will tell you about in the future. During this open enrollment period, you will have the chance to choose another health plan for any reason. During this time, you will get information about all of your available health plan choices and you can select a new health plan or stay enrolled in the health plan you choose when you first enrolled in Commonwealth Care.

9. When does the health plan coverage start?

In most cases, your health plan coverage will start on the first day of the month following your health plan selection. For example, if you select a plan on October 12, the effective date of your coverage would be November 1. However, if you choose your health plan on the last two days of each month, your enrollment may not start until the first day of the second month following your plan selection. For example, if you select a plan on October 31, the effective date of your coverage would be December 1. It is best to choose a health plan as soon as possible after you receive your Commonwealth Care enrollment packet.

10. What if my doctor is not part of any of the plans that are offered?

Call a Commonwealth Care Customer Service Representative to get help finding a new doctor in your area.

11. What do I have to pay to get Commonwealth Care coverage?

The exact amount an individual will be responsible for depends on their household income. See federal poverty level (FPL) chart attached.

Individuals with income that is at or below 100% of the FPL do not make monthly payments for their insurance. However, they will need to make copayments. A copayment is a fee that you will need to pay whenever you get certain Commonwealth Care benefits. For example, each time you get a pharmacy prescription filled, you would have to pay a small fee.

Copayment amounts for individuals in Commonwealth Care who have income at or below 100% of the FPL are: $1 for generic drugs, $3 for all other drugs, and $3 if you use a hospital emergency department when it is not an emergency. The most you can be charged in copayments within a calendar year is $200 for pharmacy services and $36 for other services.

Individuals with income that is more than 100% of the FPL and at or below 300% of the FPL:

Individuals with income that is more than 100% of the FPL and at or below 300% of the FPL who enroll in Commonwealth Care will get help paying the cost the health plan they enroll in so that the coverage will be affordable. Individuals will be responsible for monthly payments, called a premium, which is based on a sliding scale according to income.

Copayments will also be required, with certain limits. We plan to be able to enroll individuals at this income level in Commonwealth Care beginning January 2007. See Section III below for more details.

12. How can a provider find out what copayment amount the Commonwealth Care member will need to pay?

The provider should check the member's MCO identification card and contact the MCO plan directly for this information if there are any questions. This information will not be listed on the Recipient Eligibility Verification System (REVS).

13. Commonwealth Care and Uncompensated Care Pool (UCP)

Numerous questions have been raised to the Connector concerning Commonwealth Care and the Uncompensated Care Pool. The Connector is working together with the Division of Health Care Finance and Policy concerning this topic. More information will be available soon.

14. Provider Inquiries about Commonwealth Care

Providers interested in Provider Enrollment and Provider billing should contact the MCOs directly:

- Fallon Community Health Plan - 1-866-ASK-FCHP (866-275-3247)
- Network Health - 1-888-257-1985
- Neighborhood Health Plan - 1-800-462-5449
- Boston Medical Center HealthNet Plan - 1-888-566-0008

For general information about the MCO plans visit their websites at:

- FCHP - www.fchp.org
- Network Health - www.network-health.org
- Neighborhood Health Plan - www.nhp.org
- BMCHP - www.bmchp.org

Providers should continues to pursue the same business practices including checking REVS for eligibility (see MassHealth Transmittal letter for more information about new REVS messaging)

15. Applicant/Member Inquiries about Commonwealth Care

Individuals interested in applying should call Commonwealth Care Customer Service at 1-877-MA-ENROLL.

Individuals that have questions concerning an eligibility determination should contact the MassHealth Enrollment Center at 1-888-665-9993

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Section III. Eligible Individuals with income more than 100% of the Federal Poverty Level (FPL) and at or below 300% of the FPL (Plan Types 2, 3, and 4)

1. How will individuals with family income more than 100% of the Federal Poverty Level (FPL) and at or below 300% of the FPL in the Uncompensated Care Pool (UCP) be affected by Phase II of Commonwealth Care?

From January 2007 through February 2007, eligible individuals with family income more than 100% of the FPL and at or below 300% of the FPL who have already been approved to receive services from the Uncompensated Care Pool ("Free Care") will start getting approval letters for Commonwealth Care based on information they provided when they applied for UCP. These individuals do not have to file another application to get Commonwealth Care. Approximately 73,000 recipients will be "converted" from the UCP to Commonwealth Care between January and February 2007.

2. What happens once someone who is between 100-300% of the FPL is converted to Commonwealth Care?

Once notified of eligibility for Commonwealth Care, members will be sent an introductory mailing that includes general information about Commonwealth Care. It will also contain a postcard that can be completed to request an individualized enrollment packet. You can also call the Commonwealth Care Customer Support Center, Monday through Friday, 8:00 A.M. to 5:00 PM at 1-877-MA-ENROLL (1-877-623-6765) or TTY:1-877-623-7773 and tell them which health plan you have chosen.

Once your enrollment choice is received by the Commonwealth Care Customer Support Center by either sending an enrollment form, calling, or making your choice on the Connector website (available after January, 1, 2007), a bill (invoice) will be sent to you within 5 work days.

Your enrollment will not start until you pay your premium for your first month of Commonwealth Care. Your first premium payment would be due on the 20th of the month for enrollment to begin on the first of the following month. If a premium payment is made after the 20th of the month, the enrollment would be effective on the first of the following month.

If you do not choose a health plan *and* pay your premium, you will not get Commonwealth Care benefits. You will be able to use the Uncompensated Care Pool (UCP) until the effective date of your health plan enrollment. On the date your Commonwealth Care health plan enrollment starts, your health services will be provided by your health plan, not the UCP.

3. What types of materials will I receive once I am determined eligible that will help me choose a plan?

Once notified of eligibility for Commonwealth Care, members will be sent an introductory mailing that includes information about the program. The mailing will include information about Commonwealth Care, how it works, information about health plans and how they work, advice on things to consider when selecting a health plan, a comparison chart with your available health plan options and extra health services they offer. This chart includes phone numbers and website information for each of the health plans you can choose, if you decide to call them yourself. You will also receive information about the Commonwealth Care covered benefits and copayments (fees that you pay when you get certain benefits). In addition, the enrollment form included in the materials will show the costs of your premium for each of your health plan options.

Throughout the materials, you will find the phone number for the Commonwealth Care Customer Support Center that you can call toll free Monday through Friday, 8:00 A.M. to 5:00 PM at 1-877-MA-ENROLL (1-877-623-6765) or TTY:1-877-623-7773. Customer Service Representatives will be able to answer questions about the materials and provide additional information you may need to help choose a plan.

4. When will my coverage start?

Your enrollment will not start until you pay your premium for your first month of Commonwealth Care. Your first premium payment would be due on the 20th of the month for enrollment to begin on the first of the following month. If a premium payment is made after the 20th of the month, the enrollment would be effective on the first of the following month.

5. Where can I get a list of covered services covered by Commonwealth Care for Plan Types 2, 3, and 4?

The following services are covered under Plan Types 2, 3, and 4 for Commonwealth Care:

Summary of Commonwealth Care Benefits | Plan Type 2, 3, and 4

Outpatient Medical Care

- Office visits (PCP / specialty)
- Outpatient surgery (Outpatient hospital / ambulatory surgery centers)
- Community health center visits (PCP / specialty)
- Radiology, imaging (X-rays) / labs
- Abortion services

Inpatient Medical Care

- Hospital visits, which may include room and board deliveries / surgery / X-rays / labs)

Prescription Drugs
- Medication via pharmacy (1 month supply)
- Medication via Mail (3 month supply)

Emergency Care

Inpatient Mental Health & Substance Abuse

Outpatient Mental Health & Substance Abuse

Rehabilitation Services
- Cardiac rehabilitation
- Home health care
- Inpatient skilled nursing facility (up to 100 days per calendar year)
- Inpatient rehabilitation or chronic disease hospital (up to 100 days per calendar year)
- Short-term outpatient rehabilitation - Physical Therapy /Occupational Therapy/ Speech Therapy (20 combined sessions unless waived by the health plan)

Other Benefits
- Ambulance (emergency only)
- DME/ supplies / prosthetics / oxygen & respiratory therapy equipment
- Hospice
- Orthotics (for persons with diabetes only)
- Podiatry (for persons with diabetes only)
- Vision (exam and glasses every 24 months)
- Wellness (family planning / nutrition / prenatal / nurse midwife)

6. What happens if I choose to disenroll from Commonwealth Care?

You will be disenrolled as of the last day of the month when your request is made. When your enrollment ends, you will no longer get Commonwealth Care benefits, including coverage for inpatient services, outpatient services and preventive care, prescription drugs, inpatient and outpatient mental health and substance abuse services, and vision care. After your disenrollment, you would be eligible for the Uncompensated Care Pool.

7. Can I change my health plan?

After your health plan has been chosen and your enrollment starts, you will have 60 days to change your health plan if you feel a different health plan may better meet your needs. After the 60-day period has passed, you may only change your health plan for the following reasons:

- you move and your new address is outside of your health plan's service area;
- you demonstrate to the Connector that your health plan has not provided you with access to health-care providers that meet your health-care needs over time, even after you have asked the health plan for help; or
- your primary care provider is no longer part of the health plan you enrolled in or there is a significant change in the health plan's group of providers.

If you meet one of the following reasons and change plans with at least one business and one calendar day left in the month, the effective date of the new plan will be the first day of the month following the date of the change. Any adjustments to your premium will be made in your next bill.

You can call a Commonwealth Care Customer Service Representative to ask to change your health plan for any of these reasons. You can call Commonwealth Care from 8:00 A.M. to 5:00 P.M., Monday through Friday, at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss).

There will also be an annual open enrollment period for Commonwealth Care that the Connector will tell you about in the future. During this open enrollment period, you will have the chance to choose another health plan for any reason. During this time, you will get information about all of your available health plan choices and you can select a new health plan or stay enrolled in your health plan.

8. Where can I learn more about the provider networks for each of the plans?

The Commonwealth Care Customer Service Center is able to answer questions about MCO provider networks and receives weekly information from the MCOs about providers in their networks. The MCOs are also available to answer questions about their provider networks and have printed Provider Directories that are sent to members once they enroll and are also available upon request

9. What happens if I don't choose a health plan once I am determined eligible for Commonwealth Care?

If you do not choose a health plan *and* pay your premium, you will not get Commonwealth Care benefits. You will be able to use the Uncompensated Care Pool (UCP) until the effective date of your health plan enrollment. On the date your Commonwealth Care health plan enrollment starts, your health services will be provided by your health plan, not the UCP.

10. How can I determine what my premium costs will be for Commonwealth Care if I am between 100-300% of the FPL?

You will need to pay a monthly premium to get Commonwealth Care benefits. This premium is a share of the costs for covering the care that you need. The other share is paid for you by the Connector.

The actual premium costs for you will vary depending on your income (see the FPL table) and what health plan you choose.

If you choose the lowest cost plan available to you, the premium for each adult for each income category would be as follows:

Family income as a percent of the Federal Poverty Level (FPL)	Monthly premium cost for lowest cost plan for each adult
100.1% -150%	$18
150.1% - 200%	$40
200.1% - 250%	$70
250.1% - 300%	$106

If you choose another health plan, they may have higher premiums.

11. What other costs are there besides premiums?

In addition to your Commonwealth Care premiums, you will also have to pay copayments (fees that you must pay each time you use a benefit). For some benefits, there is a cap on how much you must pay each calendar year. For example, for Plan Type 2 eligible individuals, they have a cap on their pharmacy benefit of $250. Once you have been charged $250 in copayments during a year, you will no longer have to pay copayments for pharmacy services you receive until the next calendar year.

The charts below list the benefits for Plan Types 2, 3, and 4, the copayments for these benefits, and the copayment caps for certain benefits.

Plan Type 2 Health Benefits and Copays

HEALTH BENEFIT (Plan Type 2)	**COPAY**
Outpatient Medical Care	
• Office visits (PCP / specialty)	$5 / $10
• Community health center visits (PCP / specialty)	$5 / $10
• Outpatient surgery (Outpatient hospital / ambulatory surgery centers)	$50
• Radiology, imaging (X-rays) / labs	$0
• Abortion services	$50
Inpatient Medical Care	
• Hospital visits, which may include room and board deliveries / surgery / X-rays / labs)	$50

HEALTH BENEFIT (Plan Type 2)	COPAY
Prescription Drugs	
• Medication via pharmacy (1 month supply)	Generic $5 / Preferred $10 / Non-preferred $30
• Medication via Mail (3 month supply)	Generic $10 / Preferred $20 / Non-preferred $90
Emergency Care	$50 ($0 if admitted to hospital)
Inpatient Mental Health & Substance Abuse	$50
Outpatient Mental Health & Substance Abuse	$10
Rehabilitation Services	
• Cardiac rehabilitation	$0
• Home health care	$0
• Inpatient skilled nursing facility (up to 100 days per calendar year)	$0
• Inpatient rehabilitation or chronic disease hospital (up to 100 days per calendar year)	$50
• Short-term outpatient rehabilitation - Physical Therapy /Occupational Therapy/ Speech Therapy (20 combined sessions unless waived by the health plan)	$10
Other Benefits	
• Ambulance (emergency only)	$0
• DME/ supplies / prosthetics / oxygen & respiratory therapy equipment	$0
• Hospice	$0
• Orthotics (for persons with diabetes only)	$0
• Podiatry (for persons with diabetes only)	$5
• Vision (exam and glasses every 24 months)	$10 for eye exam visit; $0 for glasses
• Wellness (family planning / nutrition / prenatal / nurse midwife)	$0

MAXIMUM OUT-OF-POCKET EXPENSES (each calendar year)	CAP AMOUNT
Inpatient Medical Care or Outpatient surgery	$250
Pharmacy	$250

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Plan Type 3 Health Benefits and Copays

HEALTH BENEFIT (Plan Type 3)	COPAY
Outpatient Medical Care	
• Office visits (PCP / specialty)	$10 / $20
• Community health center visits (PCP / specialty)	$10 / $20
• Outpatient surgery (Outpatient hospital / ambulatory surgery centers)	$100
• Radiology, imaging (X-rays) / labs	$0
• Abortion services	$100
Inpatient Medical Care	
• Hospital visits, which may include room and board deliveries / surgery / X-rays / labs)	$250
Prescription Drugs	
• Medication via pharmacy (1 month supply)	Generic $10 / Preferred $20 / Non-preferred $40
• Medication via Mail (3 month supply)	Generic $20 / Preferred $40 / Non-preferred $120
Emergency Care	$75 ($0 if admitted to hospital)
Inpatient Mental Health & Substance Abuse	$250
Outpatient Mental Health & Substance Abuse	$20
Rehabilitation Services	
• Cardiac rehabilitation	$0
• Home health care	$0
• Inpatient skilled nursing facility (up to 100 days per calendar year)	$0
• Inpatient rehabilitation or chronic disease hospital (up to 100 days per calendar year)	$250
• Short-term outpatient rehabilitation - Physical Therapy /Occupational Therapy/ Speech Therapy (20 combined sessions unless waived by the health plan)	$20
Other Benefits	
• Ambulance (emergency only)	$0
• DME/ supplies / prosthetics / oxygen & respiratory therapy equipment	10%

HEALTH BENEFIT (Plan Type 3)	COPAY
• Hospice	$0
• Orthotics (for persons with diabetes only)	$0
• Podiatry (for persons with diabetes only)	$10
• Vision (exam and glasses every 24 months)	$20 for eye exam visit; $0 for glasses
• Wellness (family planning / nutrition / prenatal / nurse midwife)	$0

MAXIMUM OUT-OF-POCKET EXPENSES (each calendar year)	CAP AMOUNT
Inpatient Medical Care or Outpatient surgery	$500
Pharmacy	$500
DME/ supplies / prosthetics / oxygen & respiratory therapy equipment	$500
Total by special request	$750

Plan Type 4 Health Benefits and Copays

HEALTH BENEFIT (Plan Type 4)	COPAY
Outpatient Medical Care	
• Office visits (PCP / specialty)	$5 / $10
• Community health center visits (PCP / specialty)	$5 / $10
• Outpatient surgery (Outpatient hospital / ambulatory surgery centers)	$50
• Radiology, imaging (X-rays) / labs	$0
• Abortion services	$50
Inpatient Medical Care	
• Hospital visits, which may include room and board deliveries / surgery / X-rays / labs)	$50 per visit
Prescription Drugs	
• Medication via pharmacy (1 month supply)	Generic $5 / Preferred $10 / Non-preferred $30
• Medication via Mail (3 month supply)	Generic $10 / Preferred $20 / Non-preferred $90
Emergency Care	$50 ($0 if admitted to hospital)
Inpatient Mental Health & Substance Abuse	$50

HEALTH BENEFIT (Plan Type 4)	COPAY
Outpatient Mental Health & Substance Abuse	$10
Rehabilitation Services	
• Cardiac rehabilitation	$0
• Home health care	$0
• Inpatient skilled nursing facility (up to 100 days per calendar year)	$0
• Inpatient rehabilitation or chronic disease hospital (up to 100 days per calendar year)	$50
• Short-term outpatient rehabilitation - Physical Therapy /Occupational Therapy/ Speech Therapy (20 combined sessions unless waived by the health plan)	$10
Other Benefits	
• Ambulance (emergency only)	$0
• DME/ supplies / prosthetics / oxygen & respiratory therapy equipment	$0
• Hospice	$0
• Orthotics (for persons with diabetes only)	$0
• Podiatry (for persons with diabetes only)	$5
• Vision (exam and glasses every 24 months)	$10 for eye exam visit; $0 for glasses
• Wellness (family planning / nutrition / prenatal / nurse midwife)	$0

MAXIMUM OUT-OF-POCKET EXPENSES (each calendar year)	CAP AMOUNT
Inpatient Medical Care or Outpatient surgery	$250
Pharmacy	$250

12. Once I'm eligible for Commonwealth Care, what do I need to do to enroll in a health plan?

Once notified of eligibility for Commonwealth Care, members will be sent an introductory mailing that includes general information about Commonwealth Care. It will also contain a postcard that can be completed to request an individualized enrollment packet. You can also call the Commonwealth Care Customer Support Center, Monday through Friday, 8:00 A.M. to 5:00 PM at 1-877-MA-ENROLL (1-877-623-6765) or TTY:1-877-623-7773 and tell them which health plan you have chosen.

Once your enrollment choice is received by the Commonwealth Care Customer Support Center by either sending an enrollment form, calling, or making your choice

on the Connector website (available after January, 1, 2007), a bill (invoice) will be sent to you within 5 work days.

Your enrollment will not start until you pay your premium for your first month of Commonwealth Care. Your first premium payment would be due on the 20th of the month for enrollment to begin on the first of the following month. If a premium payment is made after the 20th of the month, the enrollment would be effective on the first of the following month.

13. What are the health plan options?

The four health plans that work with Commonwealth Care are:

- Fallon Community Health Plan
- Network Health
- Neighborhood Health Plan
- Boston Medical Center HealthNet Plan

Not all health plans may be available where you live. The Commonwealth Care enrollment guide, included in the enrollment packet, will provide information about the health plans available in your area.

14. Where can I learn more in terms of comparing MCO plans?

The Commonwealth Care enrollment guide provides detailed information about all the plans. You can also contact the plans directly or visit their websites:

- Boston Medical Center HealthNet Plan:
  Member Services Department: 1-800-792-4355
  (TTY: 1-866-765-0055 for people with partial or total hearing loss)
  Mental Health and Substance Abuse Services: 1-877-957-5600
  (TTY: 1-866-765-0055 for people with partial or total hearing loss)
  BMCHP - www.bmchp.org

- Fallon Community Health Plan:
  Member Services Department: 1-800-868-5200
  (TTY: 1-877-608-7677 for people with partial or total hearing loss)
  Mental Health and Substance Abuse Services: 1-888-421-8861
  (TTY: 1-781-994-7660 for people with partial or total hearing loss)
  FCHP - www.fchp.org

- Neighborhood Health Plan:
  Member Services Department: 1-800-462-5449
  (TTY: 1-800-655-1761 for people with partial or total hearing loss)
  Mental Health and Substance Abuse Services: 1-800-414-2820
  (TTY: 1-781-994-7660 for people with partial or total hearing loss)

Neighborhood Health Plan - www.nhp.org

- Network Health:
  Member Services Department: 1-888-257-1985
  (TTY: 1-617-806-8196 for people with partial or total hearing loss)
  Mental Health and Substance Abuse Services: 1-888-257-1986
  (TTY: 1-617-806-8196 for people with partial or total hearing loss)
  Network Health - www.network-health.org

15. How does the premium billing/payment process work each month?

The premium billing process is a monthly cycle. You pay your premium each month to cover Commonwealth Care benefits for the next month. You will be sent a bill by the 1st day of each month and payments will be due by the 20th day of each month. For example, you will receive a bill on March 1 to cover your premium share for April.

If you are having trouble making payments, you will have the option to request a payment plan or a hardship waiver. See question X below for more details.

16. What forms of payment will be accepted?

For January 1, 2006, eligible individuals will need to send a check with their bill for their payment to be processed. Other forms of payment are expected to be made available in the near future.

17. What happens if I don't pay my premium?

You will be disenrolled from your health plan and lose Commonwealth Care eligibility if you do not pay your premiums for 2 months (60 days). During this time, you will receive multiple notices telling you that payment has not been received. You will receive a final cancellation warning letter 14 days prior to your disenrollment.

For example, you will receive a bill on March 1 to cover your premium share for April. If payment is not received by March 20, the bill you receive on April 1st will include the amount you owe for April and May, and will include a message telling you that you were late with your April payment. If no payment is received by April 5th, a cancellation warning letter would be sent with a bill for April and May. If no payment is received by April 20th, your enrollment would be cancelled effective April 30th.

If you are having trouble making payments, you will have the option to request a payment plan or a hardship waiver. See question #20 below for more details.

18. What happens if I am late paying my premium?

The billing process is a monthly cycle. You pay your premium each month to cover Commonwealth Care benefits for the next month. You will be sent a bill by the 1st day of each month and payments will be due by the 20th day of each month. If your payment is not received by the 20th of the month, the following month's bill will include the unpaid amount plus next month's amount due, and a late message. If you pay the entire bill for both months by the 20th of the month, you would no longer have an amount overdue.

For example, you will receive a bill on March 1 to cover your premium share for April. If payment is not received by March 20, the bill you receive on April 1st will include the amount you owe for April and May, and will include a message telling you that you were late with your April payment.

If you are having trouble making payments, you will have the option to request a payment plan or a hardship waiver. See question #20 below for more details.

19. What happens if you are having trouble paying your premiums?

If you are having difficulty making premium payments, you can request either a payment plan or a hardship waiver.

A payment plan that is approved by the Connector will allow individuals to spread owed amounts over several months. For example, if you do not pay your $15 premium for one month and the Connector agrees to a three month payment plan, your next 3 bills will be $20 ($15 premium plus $5, which is calculated by taking the $15 owed amount and dividing it by 3 for each month in the payment plan).

You may request a hardship waiver for extreme financial hardship. Details on what extreme financial hardship means will be provided soon. If your request for a hardship waiver is approved by the Connector, you would not have to pay a premium for up to 6 months, if your request is approved by the Connector. The time period would begin the month after the waiver is granted.

You can call a Commonwealth Care Customer Service Representative to ask for a payment plan or a hardship waiver. You can call Commonwealth Care from 8:00 A.M. to 5:00 P.M., Monday through Friday, at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss).

20. What if I lose my coverage – when will it stop?

If a member is found to no longer meet eligibility criteria for Commonwealth Care, their benefit will terminate the last day of the month from when the change in circumstance was reported.

21. How do I request a hardship waiver?

You can call a Commonwealth Care Customer Service Representative to ask for a hardship waiver. You can call Commonwealth Care from 8:00 A.M. to 5:00 P.M., Monday through Friday, at 1-877-MA-ENROLL (1-877-623-6765) (TTY: 1-877-623-7773 for people with partial or total hearing loss).

CommonwealthConnector

Federal Poverty Level (FPL) Charts

Commonwealth Care for people at or below 100%FPL began on October 1, 2006.

You are at or below 100% FPL if:

Family group size is	**and your gross monthly or annual income is less than**	100 Percent of Federal Poverty Level	
		Monthly	Annually
1		$817	$9,804
2		$1,100	$13,200
3		$1,384	$16,608
4		$1,667	$20,004
5		$1,950	$23,400
6		$2,234	$26,808
7		$2,517	$30,204
8		$2,800	$33,600

Commonwealth Care eligibility for those 100-300%FPL will begin in January 2007.

You are 100-300% FPL if:

Family group size is	and your gross monthly or annual income is greater than		**but less than**	300 Percent of Federal Poverty Level	
	Monthly	Annually		Monthly	Annually
1	$817	$9,804		$2,451	$29,412
2	$1,100	$13,200		$3,300	$39,600
3	$1,384	$16,608		$4,150	$49,800
4	$1,667	$20,004		$5,001	$60,012
5	$1,950	$23,400		$5,850	$70,200
6	$2,234	$26,808		$6,700	$80,400
7	$2,517	$30,204		$7,551	$90,612
8	$2,800	$33,600		$8,400	$100,800

Note: FPL amounts that are used to determine eligibility change every year on April 1.