

Neighborhood Health Plan

Getting better together

COMMONWEALTH CHOICE PLANS BENEFIT DESIGNS effective April 1, 2008

2008 v1

BENEFITS	NHP CARE ONE	NHP CARE TWO	NHP CARE TWO SELECT	NHP CARE THREE SELECT	NHP CARE THREE SELECT no Rx *+
Physician Network	Comprehensive	Comprehensive	Select	Select	Select
Deductible	\$0	\$0	\$0	\$2000 Individual \$4000 Family	\$2000 Individual \$4000 Family
Co-insurance	\$0	\$0	\$0	20%	20%
Maximum out of Pocket	\$0	\$0	\$0	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Office Visits Primary & Specialty Co-pay	\$10	\$25	\$25	\$25	\$25
Emergency Room Co-pay	\$50	\$100	\$100	\$100 after Deductible	\$100 after Deductible
Inpatient Surgery Co-pay	\$0	\$500 per day up to \$2000 max per year	\$500 per day up to \$2000 max per year	Subject to deductible and co-insurance	Subject to deductible and co-insurance
Outpatient Surgery Co-pay	\$0	\$500	\$500	Subject to deductible and co-insurance	Subject to deductible and co-insurance
Dental	Not Covered	Not Covered	Included	Included	Included
Prescriptions 30 day pharmacy Co-pay	\$10/25/45	\$15 generics/50% brand	\$15 generics/50% brand	\$15 generics/50% brand after \$100 individual/\$200 family deductible	Not Covered

* Closed to new groups effective 1/1/08. All existing groups who are enrolled on these plans as of 12/31/07 are grandfathered and may continue their coverage.

+ Groups enrolled on a plan that excludes prescription drugs must change on January 1, 2009 to a plan that includes prescription drugs.