

About Your NHP Membership

CHOOSING A PRIMARY CARE PROVIDER OR SITE

When you become a member of Neighborhood Health Plan you must choose a Primary Care Provider (PCP) for yourself and each covered member of your family. This information is listed in the NHP Provider Directory.

For the most up-to-date Provider information, go to NHP's web site at www.nhp.org or call our Customer Care Center at 800-462-5449 or TTY 800-655-1761.

YOUR PRIMARY CARE PROVIDER

Your PCP arranges your health care including referrals to specialists. Your PCP is the first person you call when you need medical care.

URGENT CARE

If you need Urgent Care, call your PCP to arrange where you will receive treatment. Examples of conditions requiring Urgent Care include, but are not limited to, fever, sore throat, earache and acute pain.

EMERGENCY CARE

In an emergency, go to the nearest emergency facility, or call 911, or your local emergency number. Please refer to your Benefit Summary for copayment amount. Your copayment is waived if you are admitted to the hospital.

All follow-up care must be arranged by your PCP. You, or someone on your behalf, should notify your PCP within 48 hours.

CUSTOMER CARE CENTER

NHP's Customer Care Center is available Monday through Friday, 8:30 am - 6:00 pm. For questions or concerns regarding your NHP coverage, contact NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761.



NHP CareTwo Select

A Business Choice Plan

Benefit Summary
Effective July 1, 2007

Neighborhood Health Plan
Getting better together.

Neighborhood Health Plan
Getting better together.

NHP CareTwo Select

This Benefit Summary is a general description of your coverage as a member of Neighborhood Health Plan (NHP). For more information about your benefits, visit www.nhp.org or call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761. All services must be medically necessary and some may require prior authorization or referral. The NHP Member Handbook may include additional coverages and/or exclusions not listed on the Benefit Summary.

OUTPATIENT MEDICAL CARE

COPAYMENT

Office Visits for Primary and Specialty Care.....	\$ 25 per office visit
Allergy Tests and Shots	Included in office visit
Cardiac Rehabilitation Services	\$ 25 per office visit
Eye Exams (once every 12 months)	\$ 25 per office visit
Family Planning Services.....	\$ 25 per office visit
Gynecological Exams	\$ 25 per office visit
Hearing Exams	\$ 25 per office visit
Immunizations/Vaccinations	Included in office visit
Infertility Services	\$ 25 per office visit
Physical and Occupational Therapies (up to 90 consecutive days per condition).....	\$ 25 per office visit
Prenatal and Postnatal Care	\$ 25 per office visit
Routine Check-Up/Physical Exams.....	\$ 25 per office visit
Speech Therapy	\$ 25 per office visit
Well Baby and Pediatric Care	\$ 25 per office visit
Mammograms.....	Included in office visit
Outpatient Surgery	\$ 500 per occurrence
X-Rays and Laboratory Tests	Included in office visit

INPATIENT MEDICAL CARE - Copayment maximum (\$ 2,000 individual / \$ 4,000 family per calendar year) COPAYMENT

Inpatient Medical Services	\$ 500 per day (semi-private room and board or private room, if medically necessary)
Inpatient Care in a Skilled Nursing Facility	\$ 500 per day (for up to 100 days per calendar year)
Inpatient Care in a Skilled Nursing, Chronic Care and/or Rehabilitation Facility	\$ 500 per day (for up to 60 days per calendar year)
Inpatient Maternity.....	\$ 500 per day
Routine Nursery and Newborn Care.....	No copayment

MENTAL HEALTH AND SUBSTANCE ABUSE CARE – OUTPATIENT

COPAYMENT

Mental Health	\$ 25 per office visit (biologically based and other state mandated coverage - no limit, non biologically based up to 25 visits per member per calendar year)
Substance Abuse Care.....	\$ 25 per office visit

MENTAL HEALTH AND SUBSTANCE ABUSE CARE – INPATIENT

COPAYMENT

Mental Health Care	No copayment (biologically based and other state mandated coverage - no limit, non biologically based covered in full up to 60 days per member per calendar year)
Substance Abuse Detoxification.....	No copayment
Substance Abuse Rehabilitation.....	No copayment

URGENT CARE

COPAYMENT

Urgent Care provided at your primary care site or arranged by your NHP Provider	\$ 25 per office visit
---	------------------------

EMERGENCY CARE

COPAYMENT

If, in your judgement, you require emergency medical care, go to the nearest emergency room or call 911 or your local emergency number. When admitted to a hospital for emergency care, you or a family member should notify your PCP within 48 hours.

Care you receive in an emergency room, in or out of NHP Service Area.....	\$ 100 per visit (waived if admitted to hospital)
---	--

DENTAL CARE

COPAYMENT

Emergency Dental Care immediately following accident or injury	\$ 25 for office visit \$ 100 in emergency room (waived if admitted to hospital)
Extraction of Impacted or Infected Wisdom Teeth.....	\$ 25 per office visit
Preventive Dental Care (One visit every 12 months)	No copayment

PRESCRIPTION DRUGS \$2,000 individual / \$4,000 family maximum out-of-pocket pharmacy expense per calendar year. COPAYMENT

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply	\$ 15 generic drugs 50 % preferred brand 50 % non-preferred brand
With a valid prescription for a maintenance medication and purchased through the mail order program for a 90-day supply	\$ 30 generic drugs 50 % preferred brand ♦ 50 % non-preferred brand ♦

♦ 50% cost of 60 day supply of medication.

OVER-THE-COUNTER DRUGS

COPAYMENT

Select generic over-the-counter cough, cold and allergy medicines with a valid prescription and purchased at a participating pharmacy for up to a 30-day supply	\$ 0 to 50 % copayment (depending on drug prescribed)
---	--

For a complete list of over-the-counter drugs, visit www.nhp.org or contact our Customer Care Center at 800-462-5449 or TTY 800-655-1761.

ADDITIONAL SERVICES

COPAYMENT

Ambulance Services	No copayment
Disposable Medical Supplies	No copayment
Durable Medical Equipment.....	No copayment up to \$2,500 per calendar year
Early Intervention.....	No copayment (from birth up to age three, up to \$5,200 per calendar year with a lifetime maximum of \$15,600)
Home Health Care.....	No copayment
Hospice.....	No copayment