

# 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](http://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 Care 5

A Business Choice Plan

Benefit Summary  
Effective May 1, 2007

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**Neighborhood Health Plan**  
*Getting better together.*

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# NHP Care 5

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](http://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.

<b>OUTPATIENT MEDICAL CARE</b>	<b>COPAYMENT</b>
Office Visits for Primary and Specialty Care.....	\$ 5 per office visit
Allergy Tests and Shots .....	No copayment
Cardiac Rehabilitation Services .....	\$ 5 per office visit
Eye Exams (once every 12 months).....	\$ 5 per office visit
Family Planning Services.....	\$ 5 per office visit
Gynecological Exams .....	\$ 5 per office visit
Hearing Exams .....	\$ 5 per office visit
Immunizations/Vaccinations .....	No copayment
Infertility Services .....	\$ 5 per office visit
Physical and Occupational Therapies (up to 90 consecutive days per condition).....	\$ 5 per office visit
Prenatal and Postnatal Care .....	\$ 5 per office visit
Routine Check-Up/Physical Exams.....	\$ 5 per office visit
Speech Therapy .....	\$ 5 per office visit
Well Baby and Pediatric Care .....	\$ 5 per office visit
Mammograms .....	No copayment
Outpatient Surgery.....	No copayment
X-Rays and Laboratory Tests .....	No copayment
<b>INPATIENT MEDICAL CARE</b>	<b>COPAYMENT</b>
Inpatient Medical Services .....	No copayment
(semi-private room and board or private room, if medically necessary)	
Inpatient Care in a Skilled Nursing, Chronic Care and/or Rehabilitation Facility .....	No copayment
(for up to 100 combined days per calendar year)	
Inpatient Maternity.....	No copayment
Routine Nursery and Newborn Care.....	No copayment
<b>MENTAL HEALTH AND SUBSTANCE ABUSE CARE – OUTPATIENT</b>	<b>COPAYMENT</b>
Mental Health .....	\$ 5 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 .....	\$ 5 per office visit
<b>MENTAL HEALTH AND SUBSTANCE ABUSE CARE – INPATIENT</b>	<b>COPAYMENT</b>
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

<b>URGENT CARE</b>	<b>COPAYMENT</b>
Urgent Care provided at your primary care site or arranged by your NHP Provider .....	\$ 5 per office visit

<b>EMERGENCY CARE</b>	<b>COPAYMENT</b>
<b>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</b>	
Care you receive in an emergency room, in or out of NHP Service Area.....	\$ 35 per visit (waived if admitted to hospital)

<b>DENTAL CARE</b>	<b>COPAYMENT</b>
Emergency Dental Care immediately following accident or injury .....	\$ 5 for office visit \$ 35 in emergency room (waived if admitted to hospital)
Extraction of Impacted or Infected Wisdom Teeth.....	\$ 5 per office visit
Preventive Dental Care for children under 12.....	No copayment (one visit every six months)

<b>PRESCRIPTION DRUGS</b>	<b>COPAYMENT</b>
With a valid prescription and purchased at a participating pharmacy .....	\$ 5 generic drugs \$ 15 preferred brand \$ 35 non-preferred brand
for up to a 30-day supply	
With a valid prescription for a maintenance medication and purchased through .....	\$ 10 generic drugs \$ 30 preferred brand \$ 105 non-preferred brand
the mail order program for a 90-day supply	

<b>OVER-THE-COUNTER DRUGS</b>	<b>COPAYMENT</b>
Select generic over-the-counter cough, cold and allergy medicines with a valid .....	\$ 0 to \$ 35 copayment
prescription and purchased at a participating pharmacy for up to a 30-day supply	(depending on drug prescribed)
<b>For a complete list of over-the-counter drugs, visit <a href="http://www.nhp.org">www.nhp.org</a> or contact our Customer Care Center at 800-462-5449 or TTY 800-655-1761.</b>	

<b>ADDITIONAL SERVICES</b>	<b>COPAYMENT</b>
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