

About Your NHP Membership

BEFORE COVERAGE BEGINS FOR CERTAIN SERVICES, YOU PAY A DEDUCTIBLE EACH CALENDAR YEAR.

Your Plan Deductible is an amount you pay for certain services each calendar year. Refer to those covered services marked "subject to deductible".

Individual members are responsible for the *individual deductible* per calendar year.

Family member's deductible payments contribute toward the *family deductible* per calendar year. The family deductible can be satisfied by combining deductibles paid for by covered family members. Each family member's contribution will not exceed the amount set for an individual deductible.

Those services subject to a deductible, are covered in full after the calendar year deductible has been met.

BEFORE PRESCRIPTION COPAYMENTS BEGIN, YOU PAY A DEDUCTIBLE EACH CALENDAR YEAR

The Prescription Deductible is an amount you pay each calendar year before prescription drug coverage begins.

Individual and/or family members contribute towards the prescription deductible.

Once the deductible is met, copayments apply.

FOR SERVICES THAT ARE NOT SUBJECT TO THE DEDUCTIBLE, THERE IS EITHER A COPAYMENT OR NO CHARGE.

There are services that require a copayment, those with no charge, and those that are subject to a deductible. Your copayment is a fixed amount you pay for certain services. Copayments do not count toward your plan or prescription deductible.

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. You will find a complete listing of PCP's 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 that may be required. 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 and earache.

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 1000

A Business Choice Plan



Neighborhood Health Plan
Getting better together.

Neighborhood Health Plan
Getting better together.

Benefit Summary
Effective May 2007

NHP Care 1000

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.

Individual Plan Deductible per Calendar Year.....	\$ 1,000 Individual maximum
Family Plan Deductible per Calendar Year	\$ 2,000 Family maximum
Individual Prescription Drug Deductible per Calendar Year.....	\$ 100 Deductible, then copayments
Family Plan Prescription Drug Deductible per Calendar Year	\$ 200 Deductible, then copayments

OUTPATIENT MEDICAL CARE	COPAYMENT
Office Visits for Primary and Specialty Care.....	\$ 20 per office visit
Allergy Tests and Shots	No copayment
Cardiac Rehabilitation Services	\$ 20 per office visit
Eye Exams (once every 12 months)	\$ 20 per office visit
Family Planning Services.....	\$ 20 per office visit
Gynecological Exams	\$ 20 per office visit
Hearing Exams	\$ 20 per office visit
Immunizations/Vaccinations	No copayment
Infertility Services	Subject to deductible
Physical and Occupational Therapies (up to 90 consecutive days per condition).....	\$ 20 per office visit
Prenatal and Postnatal Care	\$ 20 per office visit
Routine Check-Up/Physical Exams.....	\$ 20 per office visit
Speech Therapy	\$ 20 per office visit
Well Baby and Pediatric Care	\$ 20 per office visit
Mammograms.....	No copayment
Outpatient Surgery	Subject to deductible
Laboratory Tests	No copayment
X-Rays and Diagnostic Tests	Subject to deductible

INPATIENT MEDICAL CARE	COPAYMENT
Inpatient Medical Services..... (semi-private room and board or private room, if medically necessary)	Subject to deductible
Inpatient Care in a Skilled Nursing, Chronic Care and/or Rehabilitation Facility	Subject to deductible (for up to 100 combined days per calendar year)
Inpatient Maternity.....	Subject to deductible
Routine Nursery and Newborn Care.....	No copayment

MENTAL HEALTH AND SUBSTANCE ABUSE CARE – OUTPATIENT	COPAYMENT
Mental Health	\$ 20 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.....	\$ 20 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	\$ 20 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.....	\$ 20 for office visit \$ 100 in emergency room (waived if admitted to hospital)
Extraction of Impacted or Infected Wisdom Teeth.....	\$ 20 per office visit
Preventive Dental Care for children under 12 (one visit every six months)	No copayment

PRESCRIPTION DRUGS	COPAYMENT
The following copayments apply after deductible has been met:	
With a valid prescription and purchased at a participating pharmacy	\$ 10 generic drugs \$ 25 preferred brand \$ 40 non-preferred brand
for up to a 30-day supply	
With a valid prescription for a maintenance medication and purchased.....	\$ 20 generic drugs \$ 50 preferred brand \$ 120 non-preferred brand
through the mail order program for a 90-day supply	

OVER-THE-COUNTER DRUGS	COPAYMENT
Select generic over-the-counter cough, cold and allergy medicines with a valid	\$ 0 to \$ 40 copayment prescription and purchased at a participating pharmacy for up to a 30-day supply (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	Subject to deductible
Disposable Medical Supplies	Subject to deductible
Durable Medical Equipment.....	Subject to deductible 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.....	Subject to deductible
Hospice.....	No copayment