

NHP Business Choice | NHP Choice / NHP Care



PLAN	Annual Deductible		Outpatient					Inpatient	Mental Health/ Substance Abuse		Other	Pharmacy			
	Individual/Family	Maximum Individual/Family	Office Visit PCP/Specialist	Routine Eye Exam One per Year	Emergency Room Waived if Admitted	Outpatient Surgery	Outpatient Diagnostic Lab/X-Ray	Inpatient Medical IME (100 days/yr.) Rehab (60 days/yr.) Per Admission	Outpatient MH/SA Visits Including Rehab and Detox	Inpatient MH/SA Per Admission	Durable Medical Equipment	Annual Rx Deductible Individual/Family	Annual Rx Out-of-Pocket Maximum Individual/Family	Retail Prescription Copayments Tiers 1/2/3	Mail Order Prescriptions Tiers 1/2/3
NHP Choice Plus	N/A	N/A	\$20/\$30	\$30	\$75	\$150	\$25	\$150	\$20	\$150	\$0	N/A	N/A	\$15/\$30/\$50	\$30/\$60/\$150
NHP Choice Extra	N/A	\$2,000/\$4,000	\$25/\$25	\$25	\$100	\$500	\$0	\$500	\$25	\$0	\$0	N/A	\$2,000/\$4,000	\$15/\$0%/50%	\$30/\$0%/50%
NHP Choice Extra 500	\$500/\$1,000	\$2,000/\$4,000	\$20/\$20	\$20	\$100	(D) \$0	(D) \$0	(D) \$0	\$20	\$0	(D) \$0	N/A	N/A	\$15/\$35/\$60	\$30/\$70/\$120
NHP Choice Extra 1000	\$1,000/\$2,000	\$2,000/\$4,000	\$20/\$20	\$20	(D) \$100	(D) \$0	(D) \$0	(D) \$0	\$20	\$0	(D) \$0	N/A	N/A	\$15/\$30/\$50	\$30/\$60/\$150
NHP Choice Optimum 250	\$250/\$500	\$5,000/\$10,000	\$25/\$40	\$15	\$150	(D) 35%	(D) 35%	(D) 35%	\$25	\$0	(D) 35%	\$250/\$500 Tiers 2, 3 Retail, Mail Order	\$2,000/\$4,000	\$15/\$0%/50%	\$30/\$0%/50%
NHP Choice Optimum 2000/4000	\$2,000/\$4,000	\$5,000/\$10,000	\$30/\$45	\$30	(D) \$150	(D) \$250	(D) \$0	(D) \$500	\$30	\$0	(D) \$0	\$250/\$500 Tiers 2, 3 Retail, Mail Order	\$2,000/\$4,000	\$10/\$30/\$50	\$20/\$60/\$90
NHP Choice Optimum 2000	\$2,000/\$4,000	\$5,000/\$10,000	\$25/\$25	\$25	(D) \$100	(D) 20%	(D) 20%	(D) 20%	\$25	\$0	(D) 20%	\$250/\$500 Retail, Mail Order	\$2,000/\$4,000	\$15/\$0%/50%	\$30/\$0%/50%
NHP Care One Version 2008	N/A	N/A	\$15/\$25	\$25	\$75	\$100	\$0	\$100	\$15	\$100	\$0	N/A	N/A	\$10/\$25/\$45	\$20/\$50/\$35

(D) Deductible must be met first, then copayment or coinsurance may apply. Rx expenses apply to the annual Rx out-of-pocket maximum.

ALL NHP CHOICE PLANS INCLUDE:

- Chiropractic benefits:* 10 visits per year at PCP copayment.
- Routine Dental benefits:* one preventive dental care visit per year with Delta Dental PPO provider, no copayment. To locate a Delta PPO provider, members should visit www.deltadentalma.com or call Delta at 800-872-0500.
- Fitness club reimbursement:* up to \$150 per individual and \$300 per family, per calendar year.

*NHP Care One does not cover chiropractic care or routine dental services and does not reimburse for fitness club memberships.

ALL NHP CHOICE PLANS & NHP CARE ONE INCLUDE:

- Access to NHP's Comprehensive network of providers.
- Up to 90 consecutive days per condition for Physical and Occupational Therapies. Specialist copayment applies.
- No day or dollar limit for Speech Therapy or Cardiac Rehabilitation.
- No limits for Mental Health/Substance Abuse outpatient office visits or inpatient admissions.
- No limit to Durable Medical Equipment. Starting 4/1/2011, all NHP plans will include 20% coinsurance for DME, except Choice Optimum 250, which will continue to include 35% coinsurance.

MEDICAL BENEFITS (OUTPATIENT, INPATIENT, OTHER)

- No copayments or deductibles apply for routine laboratory tests.
- All deductibles, coinsurance, and copayments of \$100 or more apply to the annual out-of-pocket maximum.
- The deductible and out-of-pocket maximums accumulate on a calendar year basis. No annual benefit maximums apply.
- NHP Choice Plus and NHP Choice Extra include \$75 copayment for high-tech radiology (CT, MRI, PET Scan) and \$25 copayment for nuclear cardiac imaging.
- All plans meet minimum creditable coverage requirements.

PHARMACY BENEFITS

- All Rx deductibles, coinsurance, and copayments apply to the annual Rx out-of-pocket maximum. Rx expenses do not count toward the annual out-of-pocket maximum for medical benefits.
- A 90-day supply of many medications are available via mail or through a participating Access90 retail pharmacy including Walgreens, Rite Aid, and Stop & Shop. Select over-the-counter medications (including cough, cold, and allergy) are also covered with valid prescription, up to a 30-day supply. Copayment may vary depending on drug prescribed.

Evidence of Coverage is based upon the NHP Benefit Summary and Member Handbook. For additional plan details, please visit www.nhp.org