

# About your NHP membership

## Deductible and Coinsurance or Copayments Required for Certain Services

Before coverage begins for certain services, you pay a deductible and coinsurance until the out-of-pocket maximum is reached.

Your Plan Deductible is an amount you pay for certain services each calendar year. Refer to services marked "Deductible and coinsurance." Once you have satisfied your deductible, you are subject to 35% coinsurance until the out-of-pocket maximum is met.

All 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 the deductibles paid for by covered family members. Each family member's contribution will not exceed the amount set for an individual deductible.

For medical care services marked with an asterisk (\*), the deductible and coinsurance amounts paid apply toward the out-of-pocket maximum. Once the individual out-of-pocket maximum is satisfied, these services are covered for the member in full through the remainder of the calendar year. Copayments for services that do not count toward your medical care out-of-pocket maximum continue to apply.

The family out-of-pocket maximum is satisfied by combining the deductibles and coinsurance amounts paid by covered family members. Once the family out-of-pocket maximum is satisfied, these services are covered for all family members in full through the remainder of the calendar year.

The Rx out-of-pocket maximum applies to all retail and mail order deductible, copayments, and coinsurance amounts paid during the calendar year. Once the individual Rx out-of-pocket maximum is satisfied, these services are covered for the member in full through the remainder of the calendar year.

The family Rx out-of-pocket maximum is satisfied by combining the retail and mail order deductible, copayments, and coinsurance amounts paid by covered family members during the calendar year. Once the family Rx out-of-pocket maximum is satisfied, these Rx services are covered for all family members in full through the remainder of the calendar year.

## 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 website 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 and 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.

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## Customer Care Center

For questions or concerns about your NHP coverage, contact NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761, available Monday through Friday, 8:00 a.m.–6:00 p.m. (Thursday 8:00 a.m.–8:00 p.m.)

## Utilization Management Program

The Utilization Management standards NHP uses were created to assure our members consistently receive high quality, appropriate medical care. To determine coverage, specific criteria is used to make Utilization Management decisions. This criteria is developed by physicians and meets the standards of national accreditation organizations. As new treatments and technologies become available, NHP updates its Utilization Management standards annually.

To make utilization decisions, NHP conducts, concurrent, and retrospective reviews of the health care services our members use.

## Prospective Review

Determines if a procedure or treatment either you or your doctor is requesting is both medically appropriate and medically necessary.

## Concurrent Review

During the course of treatment, such as hospitalization, concurrent review monitors the progress of treatment and determines for how long it will be deemed medically necessary.

## Retrospective Review

After care has been provided, NHP reviews treatment outcomes to ensure that the health care services provided to you met certain quality standards.

## Care Management

When members have a severe or chronic illness or condition, they may qualify for Care Management. NHP's care managers work one-on-one with members and their providers to find the most appropriate and cost-effective ways to manage a condition. Together, a treatment plan that best meets the member's needs is developed with the goal of promoting patient education, self-care, and providing access to the right kinds of health care services and options.

By completing the Health Needs Assessment that every new NHP member receives as part of their member kit, our care managers can identify any potential unmet needs that may benefit by care management assistance. Care managers then reach out to the member to see if they would be interested in joining one of our care management programs.

To learn more about Utilization Management or Care Management at NHP, please refer to your NHP Member Handbook or contact our Customer Care Center at 800-462-5449.

## Exclusions

NHP does not cover the following services or supplies:

Acupuncture; Benefits From Other Sources; Biofeedback; Blood and Related Fees;\* Cosmetic Services and Procedures; Custodial Care; Dentures; Diet Foods; Educational Testing and Evaluations; Exams Required by a Third Party; Experimental Services and Procedures; Eyewear/Laser Eyesight Correction;\* Foot Care;\* Gender Re-Assignment Surgery; Hearing Aids; Massage Therapy; Non-Covered Providers; Personal Comfort Items; Reversal of Voluntary Sterilization; Self-Monitoring Devices\*

\*Except as specified in the NHP Member Handbook



Neighborhood Health Plan | 253 Summer Street Boston, MA 02210-1120

## NHP Choice Optimum 250

# Benefit summary

## A Business Choice and Commonwealth Choice plan



To contact the Health Connector, call 1-877-MA-ENROLL or go to [www.mahealthconnector.org](http://www.mahealthconnector.org).



This health plan meets **Minimum Creditable Coverage standards** and will satisfy the individual mandate that you have health insurance.

### MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website ([www.mahealthconnector.org](http://www.mahealthconnector.org)).

This health plan meets **Minimum Creditable Coverage standards** that are effective January 1, 2009 as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you **will satisfy** the statutory requirement that you have health insurance meeting these standards.

This disclosure is for minimum creditable coverage standards that are effective January 1, 2009. Because these standards may change, review your health plan material each year to determine whether your plan meets the latest standards.

If you have questions about this notice, you may contact the Division of Insurance by calling 617-521-7794 or visiting its website at [www.mass.gov/doi](http://www.mass.gov/doi).



[nhp.org](http://nhp.org)

# NHP Choice Optimum 250

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.

NHP's Comprehensive Network applies. To find a provider, please visit [www.nhp.org](http://www.nhp.org)

All covered services must be medically necessary and some may require prior authorization. Please check with your PCP or treating provider to determine if a prior authorization is necessary. The NHP Member Handbook may include additional coverages and/or exclusions not listed on the Benefit Summary.

<b>MEDICAL CARE DEDUCTIBLE, COINSURANCE, AND OUT-OF-POCKET MAXIMUM</b>	
<b>Deductible per Calendar Year</b> .....	<b>\$250 Individual, \$500 Family</b>
<b>Out-of-Pocket Maximum per Calendar Year (for indicated services)*</b> .....	<b>\$5,000 Individual, \$10,000 Family</b>
<b>Coinsurance</b> .....	<b>35%</b>

## OUTPATIENT MEDICAL CARE

## COPAYMENT

Office Visits for Primary Care .....	\$25 per office visit
Allergy Tests and Shots .....	Included in office visit
Chiropractic Care (10 visits per member, per calendar year) .....	\$25 per office visit
Family Planning, Gynecological Exams & Maternity Care (when provided by a PCP) .....	\$25 per office visit
Immunizations/Vaccinations .....	Included in office visit
Routine Check-Up/Physical Exams .....	\$25 per office visit
Well Baby and Pediatric Care .....	\$25 per office visit
Mammograms .....	Included in office visit
Outpatient Surgery*.....	Deductible and 35% coinsurance
Colonoscopies*.....	Deductible and 35% coinsurance
Office Visits for Specialty Care.....	\$40 per office visit
Cardiac Rehabilitation .....	\$40 per office visit
Eye Exams (one visit per member per calendar year) .....	\$15 per office visit
Hearing Exams .....	\$40 per office visit
Physical & Occupational Therapies (up to 90 consecutive days per condition) .....	\$40 per office visit
Speech Therapy .....	\$40 per office visit
Family Planning, Infertility Planning, Gynecological Exams and Maternity Care (when provided by an OB/GYN) .....	\$40 per office visit

## OUTPATIENT LABORATORY AND IMAGING

Routine Laboratory Tests .....	Included in office visit
Diagnostic Laboratory & X-ray* .....	Deductible and 35% coinsurance
High-technology Radiology (MRI, CT, PET Scan)* .....	Deductible and 35% coinsurance
Nuclear Cardiac Imaging* .....	Deductible and 35% coinsurance

## INPATIENT MEDICAL CARE

## COPAYMENT

Inpatient Medical Services*..... (semi-private room and board or private room, if medically necessary)	Deductible and 35% coinsurance
Inpatient Care in a Skilled Nursing Facility*..... (for up to 100 days per calendar year)	Deductible and 35% coinsurance
Inpatient Care in a Rehabilitation Facility*..... (for up to 60 days per calendar year)	Deductible and 35% coinsurance
Inpatient Maternity*.....	Deductible and 35% coinsurance
Routine Nursery and Newborn Care.....	No copayment

## MENTAL HEALTH AND SUBSTANCE ABUSE CARE—OUTPATIENT

## COPAYMENT

Mental Health Care.....	\$25 per office visit
Substance Abuse Care.....	\$25 per office visit

## MENTAL HEALTH AND SUBSTANCE ABUSE CARE—INPATIENT

## COPAYMENT

Mental Health Care.....	No copayment
Substance Abuse Detoxification .....	No copayment
Substance Abuse Rehabilitation .....	No copayment

\*Applies to \$5,000 Individual/\$10,000 Family Out-of-Pocket Maximum per Calendar Year.

This Benefit Summary and the NHP Member Handbook comprise the Evidence of Coverage for NHP members.

## URGENT CARE

Urgent Care provided at your primary care site or arranged by your NHP Provider .....	\$25 per office visit
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## 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* .....	\$150 per visit (waived if admitted to hospital)
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## DENTAL CARE†

## COPAYMENT

Emergency Dental Care immediately following accident or injury .....	\$25 for office visit \$150 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 DRUG DEDUCTIBLE, COINSURANCE, AND OUT-OF-POCKET MAXIMUM

<b>Rx Deductible per Calendar Year</b> .....	<b>\$250 Individual, \$500 Family</b>
<b>Rx Out-of-Pocket Maximum per Calendar Year (for all retail and mail-order Rx services)</b> .....	<b>\$2,000 Individual, \$4,000 Family</b>
<b>Rx Coinsurance</b> .....	<b>50%</b>

## PRESCRIPTION DRUGS

## COPAYMENT

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply .....	\$15 generic drugs Preferred brand: Rx deductible and 50% coinsurance Non-preferred brand: Rx deductible and 50% coinsurance
With a valid prescription for a maintenance medication and purchased through the mail order program for a 90-day supply.....	\$30 generic drugs Preferred brand: Rx deductible and 50% coinsurance‡ Non-preferred brand: Rx deductible and 50% coinsurance‡

## 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 .....	Rx copay or Rx deductible and 50% coinsurance (depending on drug prescribed)
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For a complete list of over-the-counter drugs, visit [www.nhp.org](http://www.nhp.org) or contact our Customer Care Center at 800-462-5449 or TTY 800-655-1761.

## ADDITIONAL SERVICES

## COPAYMENT

Ambulance Services* .....	Deductible and 35% coinsurance
Disposable Medical Supplies* .....	Deductible and 35% coinsurance
Durable Medical Equipment* .....	Deductible and 35% coinsurance up to \$2,500 per calendar year
Early Intervention (from birth up to age three) .....	No copayment
Fitness Club Reimbursement** .....	\$150 Individual, \$300 Family, per calendar year
Home Health Care .....	No copayment
Hospice.....	No copayment

†Preventive dental services must be provided by a Delta Dental PPO Network participating dentist. To locate a Delta Dental PPO provider, please visit [www.deltadentalma.com](http://www.deltadentalma.com) or call (800) 872-0500.

‡50% cost of a 60-day supply of medication.

\*\*NHP members enrolled in this plan are eligible to receive up to \$150 reimbursement, per Subscriber, per calendar year toward health club membership at qualifying facilities. Reimbursement amounts may not exceed the amount paid for the membership. To be eligible, members must be enrolled in NHP for at least four months and submit their reimbursement requests by March 31 of the following calendar year. For additional information, please visit [www.nhp.org](http://www.nhp.org) or call our Customer Care Center at 800-462-5449.