

# *NHP Care 1000*

A Business Choice Plan

Benefit Summary

Issued and Effective July 2005

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

# 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](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.

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 .....	Subject to deductible (semi-private room and board or private room, if medically necessary)
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/Substance Abuse Care .....	\$ 20 per office visit
Substance Abuse Detoxification .....	\$ 20 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

**URGENT CARE**

**COPAYMENT**

Urgent Care provided at your primary care site or arranged by your NHP Provider .....	\$ 20 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 .....	\$ 100 per visit (waived if admitted to hospital)
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**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 \$ 20 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 \$ 40 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 (depending on drug prescribed)
prescription and purchased at a participating pharmacy for up to a 30-day supply	

**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 .....	Subject to deductible
Disposable Medical Supplies .....	Subject to deductible
Durable Medical Equipment .....	Subject to deductible
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

# 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](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 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.

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## ***Fast Facts***

# NHP Care 1000

## *A Business Choice Plan*

*NHP Care 1000 is different from traditional NHP HMO plans because there is a deductible you pay for certain services.*

These services include things like x-rays, outpatient surgery, or inpatient medical services. Once the annual deductible is met, you are covered for these services for the rest of the year up to any benefit limits (if applicable). A partial list of services that are subject to a deductible is provided on the other side of this page.

**With the NHP Care 1000 plan, you have a comprehensive benefit package for yourself and your family, plus access to NHP's extensive provider network.**

*For services that do not apply to the deductible, there is a copayment, or no charge.*

See the other side of this page for a list of some of the services that require a copayment, those with no charge, and those that are subject to the deductible. *Note: copayments do not count toward your deductible.*

*Emergency Room services have a copayment.*

The Emergency Room copayment is \$100. If you are admitted to the hospital directly from the Emergency Room, you do not have to pay the copayment.

*You do not have to pay any deductible at the time you receive services.*

Providers should not ask that you pay any portion of the deductible when you receive services. Your provider will send you a bill instead for your deductible amount. You should then pay your provider directly.

*NHP will send you an Explanation of Benefits (EOB) for the services you receive.*

When NHP processes a claim from a provider you have seen, you will get an EOB statement from NHP. The EOB is not a bill—it lists the services you received and any amounts you may owe the provider, who will bill you separately. Contact an NHP Customer Care Representative if you have questions about your EOB.

Questions about NHP Care 1000 coverage? Please call NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761. Representatives are available weekdays between 8:30 am and 6:00 pm.

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*Services subject to a deductible, then no charge up to benefit level limits (if applicable):*

# NHP Care 1000

## TREATMENTS AND PROCEDURES

- Diagnostic procedures, such as EKGs, MRIs, and X-rays.
- Infertility services
- Outpatient surgery

## HOSPITAL SERVICES

- All inpatient hospital services, including maternity
- Hospital outpatient department services and day surgery

## OTHER SERVICES

- Home health care
- Skilled nursing care
- Ambulance transport
- DME disposable medical equipment

*\$20 office visit copay:*

## EXAMS AND CONSULTATIONS

- Routine physical exams
- Annual GYN exams
- Routine eye exams
- Routine hearing exams
- Exams for illness or injuries
- Consultations with specialists
- Outpatient behavioral health services
- Outpatient substance abuse services

### WHAT IS A DEDUCTIBLE?

- A deductible is the amount you must pay each year for certain services before they are covered in full (see list, left such as treatments and procedures). This means you may be responsible for all or part of a bill until the deductible amount is met. See the example listed below to better understand the difference.

### WHAT IS A COPAYMENT?

- A copayment is the fixed amount you pay each time you utilize certain services (see below on left such as exams and consultations).

### EXAMPLE: YOU VISIT THE DOCTOR'S OFFICE FOR A ROUTINE PHYSICAL EXAM AND YOUR DOCTOR SENDS YOU FOR AN MRI.

- Routine physical exams are subject to **an office visit copayment**. Your copayment does not apply toward your deductible amount.
- An MRI is subject to the **deductible**. If you have already paid the full deductible amount, you pay nothing for the MRI. If you have not yet paid the full deductible, you pay all charges for the MRI, up to the annual deductible amount.

### *No charge:*

- Mammograms
- Pap Smears
- Prostate-Specific Antigen (PSA) Screening
- Total Cholesterol
- All Immunizations
- Screenings for STDs
- HIV Testing
- Hepatitis C Testing
- Routine Urinalysis
- Lead Level Testing
- Fecal Occult Blood Test
- Tuberculosis Skin Testing
- Routine Hemoglobin Tests
- Inpatient Health and Substance Abuse Care
- Preventive Pediatric Dental Care (up to 12 years old)
- Allergy Test and Shots
- Routine Inpatient Nursery Care
- Hospice Care