

Neighborhood Health Plan

Getting better together.

NHP Care is Here!

Update on New Plan Names

Beginning on July 1st, 2005, Neighborhood Health Plan has renamed its plans to more clearly reflect copay levels and benefits. If you have been a member of one of the plans listed below, your Benefit Summary will reflect a new look and plan name.

Please Note: Your benefits and coverage will not be affected by these changes unless your employer chooses to offer a different plan.

- ▶ Classic is now **NHP Care Classic**
- ▶ Option 1 is now **NHP Care 5**
- ▶ Option 2 is now **NHP Care 10**
- ▶ Option 3 is now **NHP Care 10/75 (Prescription Drug Coverage Excluded)**
- ▶ Value is now **NHP Care 15**

Please call the [NHP Customer Care Center](#) if you have any questions about your benefits or coverage.

[View your Benefit Summary](#)

NHP Care 10

A Business Choice Plan

Benefit Summary

Issued and Effective July 2005

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NHP Care 10

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.

OUTPATIENT MEDICAL CARE

COPAYMENT

Office Visits for Primary and Specialty Care	\$ 10 per office visit
Allergy Tests and Shots	No copayment
Cardiac Rehabilitation Services	\$ 10 per office visit
Eye Exams (once every 12 months)	\$ 10 per office visit
Family Planning Services	\$ 10 per office visit
Gynecological Exams	\$ 10 per office visit
Hearing Exams	\$ 10 per office visit
Immunizations/Vaccinations	No copayment
Infertility Services	\$ 10 per office visit
Physical and Occupational Therapies (up to 90 consecutive days per condition)	\$ 10 per office visit
Prenatal and Postnatal Care	\$ 10 per office visit
Routine Check-Up/Physical Exams	\$ 10 per office visit
Speech Therapy	\$ 10 per office visit
Well Baby and Pediatric Care	\$ 10 per office visit
Mammograms	No copayment
Outpatient Surgery	\$ 50 per occurrence
X-Rays and Laboratory Tests	No copayment

INPATIENT MEDICAL CARE

COPAYMENT

Inpatient Medical Services	\$ 50 per day
(semi-private room and board or private room, if medically necessary)	\$ 250 per admission maximum
Inpatient Care in a Skilled Nursing, Chronic Care and/or Rehabilitation Facility	\$ 50 per day
(for up to 100 combined days per calendar year)	\$ 250 per admission maximum
Inpatient Maternity	\$ 50 per day
	\$ 250 per admission maximum
Routine Nursery and Newborn Care	No copayment

MENTAL HEALTH AND SUBSTANCE ABUSE CARE - OUTPATIENT

COPAYMENT

Mental Health/Substance Abuse Care	\$ 10 per office visit
Substance Abuse Detoxification	\$ 10 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

Urgent Care provided at your primary care site or arranged by your NHP Provider \$ 10 per office visit

COPAYMENT**EMERGENCY CARE**

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 \$ 50 per visit
(waived if admitted to hospital)

COPAYMENT**DENTAL CARE**

Emergency Dental Care immediately following accident or injury \$ 10 for office visit
\$ 50 in emergency room
(waived if admitted to hospital)

Extraction of Impacted or Infected Wisdom Teeth \$ 10 per office visit

Preventive Dental Care for children under 12 No copayment
(one visit every six months)

COPAYMENT**PRESCRIPTION DRUGS**

With a valid prescription and purchased at a participating pharmacy \$ 10 generic drugs
for up to a 30-day supply \$ 15 preferred brand
\$ 30 non-preferred brand

With a valid prescription for a maintenance medication and purchased \$ 20 generic drugs
through the mail order program for a 90-day supply \$ 30 preferred brand
\$ 90 non-preferred brand

COPAYMENT**OVER-THE-COUNTER DRUGS**

Select generic over-the-counter cough, cold and allergy medicines with a valid \$ 0 to \$ 30 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.

COPAYMENT**ADDITIONAL SERVICES**

Ambulance Services No copayment

Disposable Medical Supplies No copayment

Durable Medical Equipment No copayment

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

COPAYMENT

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 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.

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