

Benefit**Member Copayment****REHABILITATIVE CARE**

Inpatient care in a skilled nursing facility or rehabilitation hospital	\$0 for up to 100 days per calendar year
Short-term outpatient rehabilitation following an injury or illness, including physical, occupational and speech therapy	\$0 for up to 90 days
Home health care	\$0

ADDITIONAL SERVICES (when medically necessary)

Abortion services	\$0
Ambulance services	\$0
Dialysis services	\$0
Disposable medical supplies	\$0
Durable medical equipment	\$0
Family planning services	\$0
Hospice care	\$0
Infertility services	\$0
Nutritional formulas	\$0
Orthotics	\$0
Podiatry services	\$0
Prosthetic devices	\$0
Second opinions	\$0
Transplants	\$0

This is a general description of NHP coverage. This *Copayment Card* and the *NHP Benefit Handbook* comprise the Evidence of Coverage for any NHP member covered through your employer group. The NHP Benefit Handbook may include additional coverages and/or exclusions not listed on the *Copayment Card*.

For a copy of the *NHP Benefit Handbook*, please see the benefits administrator at your place of work. Current NHP members may call Member Services at 1-800-462-5449 to request a copy.



Neighborhood Health Plan

an affiliate of  Harvard Pilgrim HealthCare

Copayment Card for NHP's Classic Coverage

As a member of Neighborhood Health Plan (NHP), you're covered in full for most routine, specialty, and hospital care. The chart below summarizes the comprehensive benefits you'll receive as a member. To receive these benefits, care must be provided or arranged by an NHP participating provider. For complete details, please ask for a copy of the Neighborhood Health Plan Benefit Handbook at your place of work. Or give us a call at (617) 772-5500 or 1-800-871-2223.

Benefit**Member Copayment****OUTPATIENT MEDICAL CARE**

Office visits for primary and specialty care	\$0
Routine check-ups/physical exams	\$0
GYN exams	\$0
Well baby and pediatric care	\$0
Immunizations	\$0
Allergy tests and shots	\$0
Eye exams	\$0
Hearing exams	\$0
X-rays and lab tests	\$0
Outpatient surgery	\$0

HOSPITAL CARE

Semi-private room and board	\$0
Private room, if medically necessary	\$0
Physician care in the hospital	\$0
Surgical services	\$0
X-ray and lab services	\$0
Other medically necessary services	\$0

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PRESCRIPTION DRUGS

When prescribed by your NHP doctor and purchased at a participating pharmacy	For a 30-day supply: \$5 generic \$10 preferred brand \$25 non-preferred brand
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OVER-THE-COUNTER DRUGS

Generic equivalents of Children’s Tylenol, Chlortrimeton, Sudafed and Robitussin when prescribed by your NHP doctor and purchased at a participating pharmacy	\$0
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URGENT AND EMERGENCY CARE

Urgent or emergency care provided by your NHP doctor, or arranged by your NHP doctor in advance	\$0
Care you receive in an emergency when you can’t call your NHP doctor in advance	\$0 when you call your NHP doctor within 48 hours
Care you receive for injuries or sudden illnesses when you are out of the NHP service area	\$0 when you call your NHP doctor within 48 hours

MATERNITY CARE

Prenatal and postnatal care	\$0
Delivery and hospital care	\$0
Routine nursery and newborn care	\$0

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MENTAL HEALTH AND SUBSTANCE ABUSE CARE

Outpatient Care:

Mental health/substance abuse rehabilitation	\$0
Substance abuse detoxification	\$0

Inpatient Care:

Mental health care at a psychiatric hospital	\$0
Substance abuse rehabilitation at an inpatient substance abuse treatment facility	\$0
Substance abuse detoxification	\$0

DENTAL CARE

Emergency dental care immediately following an accident or injury	\$0
Extraction of impacted or infected wisdom teeth	\$0
Preventive dental care for children under 12	\$0 for up to 2 visits per calendar year

DEPENDENT CHILD COVERAGE

Unmarried dependents under age 19 and unmarried, full-time student dependents under age 23