

Neighborhood Health Plan

Getting better together.

Notice to all NHP Business Choice Plan Members

Amendment to NHP coverage issued and effective July 1, 2007

Dear NHP Member:

This document represents a revision to your *NHP Business Choice Member Handbook*.

The following descriptions of plan services and/or benefits have been updated effective July 1, 2007 with new or revised information regarding:

- **Enrollment**
- **Dependent Eligibility**
- **Continuity of Medical Care**
- **Out of Plan Specialty Care**
- **Expedited Grievance Review for Special Circumstances**

The section and page number where this information is located in your handbook is provided along with the new or revised description of the benefit, policy, or procedure this notice replaces. All changes are effective July 1, 2007. Please keep this notice with your handbook.

If you have any questions about this information, please call a Customer Care Representative at 1-800-462-5449 (TTY 1-800-655-1761). Representatives are available to assist you Monday through Friday from 8:30 a.m. to 6:00 p.m.

Thank you for choosing Neighborhood Health Plan.

Sincerely,



Paul Mendis, M.D.
Chief Medical Officer

- **Enrollment** | Section 2: *Eligibility and Enrollment*, Page 12

Replace the first sentence of the first paragraph with the following new text:

There is no waiting period, pre-existing condition limitation, or exclusion under your plan with NHP.

Replace the second paragraph with the following new text:

NHP will accept you into our plan regardless of your income, physical or mental condition, age, gender, sexual orientation, religion, physical or mental disability, ethnicity or race, previous status as a Member, pre-existing conditions, occupation, claims experience, duration of medical coverage, and/or expected health status.

- **Dependent Eligibility** | Section 2: *Eligibility and Enrollment*, Page 13

The following statement appears in bullets 3 through 6:

(a) the Dependent's 26th birthday or (b) the second anniversary of Dependent's loss of dependent status according to U.S. federal tax law and regulations;

Replace the above statement in each place it appears with the following new text–

until the age of twenty-six (26) or for two years after the end of the calendar year in which such person last qualified as a dependent under 26 U.S.C. 106, whichever occurs first;

- **Continuity of Medical Care** | Section 3: *Your NHP Providers* Page 20

Add the following new text before the first bulleted item:

- *If you are enrolling in NHP as a new Member and your employer only offered you a choice of Carriers in which your existing PCP or an actively treating Provider was not a participating provider, NHP will provide coverage for up to thirty calendar (30) days from the Effective Date of coverage. With respect to a Member in her second or third trimester of pregnancy, this provision applies to services rendered through the first postpartum visit by the Provider caring for her pregnancy. With respect to a Member with a terminal illness, this provision applies to services rendered until death.*

- **Out of Plan Specialty Care** | Section 4: *Accessing Care*, Page 22

Replace the last sentence with the following new text:

If you do receive authorization for out-of-plan specialty care, copayments, if any will remain the same.

- **Expedited Grievance Review for Special Circumstances** | Section 15: *Complaint and Grievance Process*, Page 60-61

Replace the second sentence in paragraph two with the following new text:

An expedited grievance will be reviewed and resolved within 48 hours of the request; in the case of Durable Medical Equipment in which the physician has described the immediate and severe harm that will result to the Member if such equipment is not provided within 48 hours, within the reasonable time period specified by the treating physician.