

# NHP Care & NHP Choice

## Overview of Deductible & Coinsurance Plans

**In order to control costs, NHP offers a variety of HMO benefits with cost-sharing features that include copayments, deductibles, and coinsurance.**

A **copayment** is a fixed dollar amount that must be paid at each time you receive a service, such as a visit to your primary care or specialty care physician.

Depending upon your plan, your benefits may also include a deductible that must be paid for certain services before coverage begins. The types of services that apply to a deductible include covered procedures such as X-rays, outpatient surgeries or inpatient hospital admissions. For additional examples, please refer to the following page.

**Once your deductible is met, you may also need to pay a separate copayment or coinsurance until the out-of-pocket maximum is reached.**

A **deductible** is an amount a member must pay each year for certain services. Deductible amounts vary by plan, and may range from \$250 to \$2,000 per individual. For all NHP Care and NHP Choice standard HMO plans, the deductible is based on a calendar year, which runs from January 1 through December 31.

**Coinsurance** is a percentage of your covered charges that must be paid after your deductible is reached. Coinsurance amounts also vary by plan and may range from 20% to 35% of covered charges. Covered charges are always based upon the NHP negotiated amount.

**All deductibles, coinsurance and copayments of \$100 or more always apply to your out-of-pocket maximum.**

An **out-of-pocket maximum** is the most a member must pay each year for certain covered services. Once the out-of-pocket 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 out-of-pocket maximum continue to apply.

NHP Care and NHP Choice HMO members are not required to pay cost sharing (copayments, deductibles, or coinsurance) for many preventive health care services, such as for annual check-ups, well child visits, and certain preventive tests and screenings.

When cost sharing does apply, you do not need to pay a deductible or coinsurance at the time you receive services. After processing your claim, NHP will send you an **Explanation of Benefits** statement (EOB), which lists the services you received and any amounts that you may owe the provider, who will bill you separately. Contact a NHP Customer Care Representative if you have questions about your EOB or provider bill.

Your **Benefit Summary** includes the list of services that are subject to a deductible, coinsurance and out-of-pocket maximum.

### Here's an example...

You visit the doctor's office for a routine physical exam and your doctor sends you for an MRI:

- Routine physical exams are not subject to an office visit copayment.
- Your MRI is subject to a deductible, and on some plans is also subject to coinsurance.
  - Once your deductible is paid, you are no longer required to pay a deductible for any additional medical services for the remainder of the calendar year.
  - If your plan also includes coinsurance, you will also pay the coinsurance amount until the out-of-pocket maximum is satisfied. Once your out-of-pocket is satisfied, you are no longer required to pay coinsurance for any medical services for the remainder of the calendar year.

**For additional information about your plan, please refer to your Benefit Summary, contact the NHP Customer Care Center toll free at 1-800-462-5449 (TTY 1-800-655-1761), or visit NHP's website at [www.nhp.org](http://www.nhp.org).**



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## Services subject to deductible:

### Treatments and procedures (\*)

- Diagnostic tests, such as EKG, MRI, CAT scan, & X-rays
- Hemoglobin A1c (diabetic) test
- Infertility services
- Outpatient surgery
- Physical & occupational therapy (varies by plan)
- Thyroid test
- Ultrasound

### Hospital services

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

### Other services

- Ambulance transport
- DME disposable medical equipment (most plans)
- Home health care (varies by plan)
- Skilled nursing care

Depending upon the plan, some of the above services may also be subject to a separate copayment or coinsurance. In all cases, the deductible must be satisfied first. All deductibles, coinsurance and copayments of \$100 or more apply to the out-of-pocket maximum. Please check your Benefit Summary for additional details.

## Services subject to office visit copayment:

### Exams and consultations

- Exams for illness or injuries
- Consultations with specialists
- Outpatient mental health and substance abuse care

**Emergency Care**—deductible, then copayment may apply

**Prescription Drugs** (retail & mail order)—separate Rx deductible, coinsurance & out-of-pocket maximum may apply

\* NHP benefits for routine laboratory and diagnostic tests are based upon recommendations of the Massachusetts Health Quality Partner's (MHQP) guidelines for Adult Preventive Care, Pediatric Preventive Care, & Perinatal Care.

## Services covered in full - no charge:

- Allergy test and shots
- Annual GYN exams
- Early intervention
- Hospice care
- Immunization visits
- Inpatient mental health and substance abuse care (most plans)
- Mammograms
- Preventive dental services (visit maximum varies by plan)
- Routine inpatient nursery & newborn care
- Routine laboratory tests\*
- Routine physical exams
- Well child visits

## Routine tests - not subject to deductible\*:

- Alpha-fetoprotein screening test (AFP)
- Blood type and antibody screen
- Fasting blood glucose
- Fasting lipoprotein profile (Cholesterol tests)
- Fecal occult blood test
- Glucose tolerance test
- Group B strep test (GBS)
- Hemoglobin and hematocrit tests
- Hemoglobin electrophoresis
- Hepatitis B and C serology tests
- HIV serology test
- Lead screening
- Mammogram
- Pap smear (cervical cancer screening test)
- Prostate-specific antigen (PSA) screening
- Routine urinalysis
- Serology screening for rubella
- Serology testing for all STDs
- Screening colonoscopy
- Screening sigmoidoscopy
- Tuberculosis skin testing
- Urine cultures
- Urine dipstick for protein and glucose