

Resumen de beneficios

Este Resumen de Beneficios es una descripción general de su cobertura como miembro del Neighborhood Health Plan (NHP). Para obtener más información sobre sus beneficios, visite www.nhp.org o llame al Departamento de Servicios a los Miembros del NHP, al 800-462-5449 o TTY 800-655-1761.

Todos los servicios deben ser médicamente necesarios y algunos pueden requerir autorización previa. El Manual del Miembro del NHP puede incluir coberturas y/o exclusiones adicionales que no figuren en este Resumen de Beneficios.

Cantidad deducible por año civil correspondiente al Plan Individual\$500 máximo Individual
Cantidad deducible por año civil correspondiente al Plan Familiar\$1,000 máximo Familiar

ATENCIÓN MÉDICA DE PACIENTES AMBULATORIOS

COPAGO

Visitas al consultorio para atención primaria y de especialistas	\$20 por visita al consultorio
Pruebas de alergia y vacunas	Sin copago
Servicios de rehabilitación cardíaca	\$20 por visita al consultorio
Atención quiropráctica (10 visitas por miembro, por año civil)	\$20 por visita al consultorio
Exámenes de la vista (uno cada 12 meses)	\$20 por visita al consultorio
Servicios de planificación familiar	\$20 por visita al consultorio
Exámenes ginecológicos	\$20 por visita al consultorio
Exámenes de la audición	\$20 por visita al consultorio
Inmunizaciones/vacunas	Sin copago
Servicios de tratamiento de la infertilidad	Sujeto a cantidad deducible
Fisioterapia y terapia ocupacional (hasta 90 días consecutivos por trastorno)	\$20 por visita al consultorio
Atención prenatal y posnatal	\$20 por visita al consultorio
Exámenes de rutina/exámenes físicos	\$20 por visita al consultorio
Terapia del habla	\$20 por visita al consultorio
Visitas del bebé sano y pediátricas	\$20 por visita al consultorio
Mamogramas	Sin copago
Cirugía de pacientes ambulatorios	Sujeto a cantidad deducible
Colonoscopias	Sujeto a cantidad deducible
Pruebas de laboratorio de rutina	Sin copago
Radiografías y pruebas de laboratorio	Sujeto a cantidad deducible

ATENCIÓN MÉDICA DE PACIENTES INTERNOS

COPAGO

Servicios médicos para pacientes internos (habitación semiprivada y alimentación o habitación privada si es médicamente necesaria)	Sujeto a cantidad deducible
Atención de pacientes internos en una institución de enfermería especializada (hasta 100 días por año civil)	Sujeto a cantidad deducible
Atención de pacientes internos en una institución de rehabilitación (hasta 60 días por año civil)	Sujeto a cantidad deducible
Maternidad, paciente interna	Sujeto a cantidad deducible
Nursery y atención de rutina del recién nacido	Sin copago

ATENCIÓN DE LA SALUD MENTAL Y DE LA DROGADICCIÓN Y EL ALCOHOLISMO—PACIENTES AMBULATORIOS

COPAGO

Atención de la salud mental	\$20 por visita al consultorio
Atención de la drogadicción y el alcoholismo	\$20 por visita al consultorio

ATENCIÓN DE LA SALUD MENTAL Y DE LA DROGADICCIÓN Y EL ALCOHOLISMO—PACIENTES INTERNOS

COPAGO

Atención de la salud mental	Sin copago
Desintoxicación de drogadicción y alcoholismo	Sin copago
Rehabilitación de drogadicción y alcoholismo	Sin copago



NHP Care 500

ATENCIÓN DE URGENCIA

Atención de urgencia proporcionada en su lugar de atención primaria o para la que hizo los arreglos su profesional médico del NHP\$20 por visita al consultorio

COPAGO

ATENCIÓN DE EMERGENCIA

COPAGO

Si, en su opinión, usted requiere atención médica de emergencia, vaya a la sala de emergencia más cercana o llame al 911 o al número de emergencia local. Si lo ingresan a un hospital para atención de emergencia, usted o un miembro de su familia deben notificárselo a su médico de atención primaria (PCP) dentro de las 48 horas.

Atención que recibe en una sala de emergencia, dentro o fuera de la Zona de Servicio del NHP\$100 por visita (no lo tiene que pagar si lo ingresan al hospital)

ATENCIÓN DENTAL

COPAGO

Atención dental de emergencia inmediatamente después de un accidente o lesión\$20 por visita al consultorio \$100 en la sala de emergencia (no lo tiene que pagar si lo ingresan al hospital)

Extracción de muelas de juicio retenidas o infectadas\$20 por visita al consultorio

Atención dental preventiva para niños menores de 12 años de edad (una visita cada seis meses)Sin copago

MEDICAMENTOS RECETADOS

COPAGO

Con receta válida y comprados en una farmacia participante, para un suministro de hasta 30 días ...\$10 para medicamentos genéricos \$25 marca preferente \$40 marca no preferente

Con receta válida para medicamentos de mantenimiento y comprados por medio del programa de pedidos por correo, para un suministro de 90 días\$20 para medicamentos genéricos \$50 marca preferente \$120 marca no preferente

MEDICAMENTOS SIN RECETA MÉDICA

COPAGO

Medicamentos seleccionados de venta libre para la tos, los resfriados y la alergia, con receta válida y comprados en una farmacia participante, para un suministro de hasta 30 días.....Copago de \$0 a \$40 (dependiendo del medicamento recetado)

Para obtener una lista de medicamentos de venta libre, visite www.nhp.org o póngase en contacto con el Departamento de Servicios a los Miembros, llamando al 800-462-5449 o TTY 800-655-1761.

SERVICIOS ADICIONALES

COPAGO

Servicios de ambulancia.....Sujeto a cantidad deducible

Suministros médicos desechablesSujeto a cantidad deducible

Equipo médico duraderoSujeto a una cantidad deducible de hasta \$2,500 por año civil

Intervención temprana (desde el nacimiento hasta los tres años de edad).....Sin copago

Reembolso de gimnasio*\$150 Individual, \$300 Familiar, por año civil

Atención de la salud en el hogarSujeto a cantidad deducible

Cuidados paliativosSin copago

*Los miembros del NHP inscritos en este plan pueden recibir un reembolso de hasta \$150, por individuo, hasta un máximo de \$300 por familia, por año civil, para el pago de la cuota de socios de gimnasios que cumplen con ciertos requisitos. Las cantidades de los reembolsos no pueden exceder el monto de la cuota que se paga para ser socio del gimnasio. Para cumplir con los requisitos, los miembros tienen que estar inscritos en el NHP por un mínimo de cuatro meses y solicitar sus reembolsos el o antes del 31 de marzo del próximo año civil. Para obtener más información, visite www.nhp.org o llame a nuestro Departamento de Servicios a los Miembros, al 800-462-5449.

Si hay alguna diferencia entre este Resumen de Beneficios en español y la versión en inglés, la versión en inglés es aplicable. Si tiene alguna pregunta, llame al Departamento de Servicios a los Miembros del NHP, al **1-800-462-5449**. Hay representantes disponibles de lunes a viernes de 8 de la mañana a 8 de la noche (los jueves de 8 de la mañana a 8 de la noche).

Este Resumen de Beneficios y el Manual del Miembro del NHP (o Acuerdo de Suscriptor) componen la Prueba de Cobertura de los miembros del NHP cubiertos por medio de este grupo de empleador.

Benefit summary

A Business Choice plan



This health plan meets **Minimum Creditable Coverage standards** and will satisfy the individual mandate that you have health insurance.

MASSACHUSETTS REQUIREMENT TO PURCHASE HEALTH INSURANCE:

As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 877-MA-ENROLL or visit the Connector website (www.mahealthconnector.org).

This health plan meets **Minimum Creditable Coverage standards** that are effective January 1, 2009 as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you **will satisfy** the statutory requirement that you have health insurance meeting these standards.

This disclosure is for minimum creditable coverage standards that are effective January 1, 2009. Because these standards may change, review your health plan material each year to determine whether your plan meets the latest standards.

If you have questions about this notice, you may contact the Division of Insurance by calling 617-521-7794 or visiting its website at www.mass.gov/doi.



NHP Care 500

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. The NHP Member Handbook may include additional coverages and/or exclusions not listed on the Benefit Summary.

Individual Plan Deductible per Calendar Year	\$500 Individual maximum
Family Plan Deductible per Calendar Year	\$1,000 Family maximum

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
Chiropractic Care (10 visits per member, per calendar year)	\$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
Colonoscopies	Subject to deductible
Routine Laboratory Tests	No copayment
X-Rays and Diagnostic Tests	Subject to deductible

INPATIENT MEDICAL CARE

COPAYMENT

Inpatient Medical Services (semi-private room and board or private room, if medically necessary)	Subject to deductible
Inpatient Care in a Skilled Nursing Facility (for up to 100 days per calendar year)	Subject to deductible
Inpatient Care in a Rehabilitation Facility (for up to 60 days per calendar year)	Subject to deductible
Inpatient Maternity	Subject to deductible
Routine Nursery and Newborn Care	No copayment

MENTAL HEALTH AND SUBSTANCE ABUSE CARE—OUTPATIENT

COPAYMENT

Mental Health Care	\$20 per office visit
Substance Abuse Care	\$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

Urgent Care provided at your primary care site or arranged by your NHP Provider \$20 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.

COPAYMENT

Care you receive in an emergency room, in or out of NHP Service Area \$100 per visit
(waived if admitted to hospital)

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

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply \$10 generic drugs
\$25 preferred brand
\$40 non-preferred brand

With a valid prescription for a maintenance medication and purchased through the mail order program for a 90-day supply \$20 generic drugs
\$50 preferred brand
\$120 non-preferred brand

OVER-THE-COUNTER DRUGS

COPAYMENT

Select generic over-the-counter cough, cold and allergy medicines with a valid prescription and purchased at a participating pharmacy for up to a 30-day supply \$0 to \$40 copayment
(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.

ADDITIONAL SERVICES

COPAYMENT

Ambulance Services Subject to deductible
Disposable Medical Supplies Subject to deductible
Durable Medical Equipment Subject to deductible
up to \$2,500 per calendar year
Early Intervention (from birth up to age three) No copayment
Fitness Club Reimbursement* \$150 Individual, \$300 Family,
per calendar year
Home Health Care Subject to deductible
Hospice No copayment

*NHP members enrolled in this plan are eligible to receive up to \$150 reimbursement, per Subscriber, per calendar year toward health club membership at qualifying facilities. Reimbursement amounts may not exceed the amount paid for the membership. To be eligible, members must be enrolled in NHP for at least four months and submit their reimbursement requests by March 31 of the following calendar year. For additional information, please visit www.nhp.org or call our Customer Care Center at 800-462-5449.



**Neighborhood
Health Plan**™

Your health. Our promise.

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 website 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 and 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

For questions or concerns about your NHP coverage, contact NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761, available Monday through Friday, 8:00 a.m.–6:00 p.m. (Thursday 8:00 a.m.–8:00 p.m.)

Utilization Management Program

The Utilization Management standards NHP uses were created to assure our members consistently receive high quality, appropriate medical care. To determine coverage, specific criteria is used to make Utilization Management decisions. This criteria is developed by physicians and meets the standards of national accreditation organizations. As new treatments and technologies become available, NHP updates its Utilization Management standards annually.

To make utilization decisions, NHP conducts, concurrent, and retrospective reviews of the health care services our members use.

Prospective Review

Determines if a procedure or treatment either you or your doctor is requesting is both medically appropriate and medically necessary.

Concurrent Review

During the course of treatment, such as hospitalization, concurrent review monitors the progress of treatment and determines for how long it will be deemed medically necessary.

Retrospective Review

After care has been provided, NHP reviews treatment outcomes to ensure that the health care services provided to you met certain quality standards.

Care Management

When members have a severe or chronic illness or condition, they may qualify for Care Management. NHP's care managers work one-on-one with members and their providers to find the most appropriate and cost-effective ways to manage a condition. Together, a treatment plan that best meets the member's needs is developed with the goal of promoting patient education, self-care, and providing access to the right kinds of health care services and options.

By completing the Health Needs Assessment that every new NHP member receives as part of their member kit, our care managers can identify any potential unmet needs that may benefit by care management assistance. Care managers then reach out to the member to see if they would be interested in joining one of our care management programs.

To learn more about Utilization Management or Care Management at NHP, please refer to your NHP Member Handbook or contact our Customer Care Center at 800-462-5449.

Exclusions

NHP does not cover the following services or supplies:

Acupuncture; Benefits From Other Sources; Biofeedback; Blood and Related Fees;* Cosmetic Services and Procedures; Custodial Care; Dentures; Diet Foods; Educational Testing and Evaluations; Exams Required by a Third Party; Experimental Services and Procedures; Eyewear/Laser Eyesight Correction;* Foot Care;* Gender Re-Assignment Surgery; Health Club Membership;† Hearing Aids; Massage Therapy; Non-Covered Providers; Personal Comfort Items; Reversal of Voluntary Sterilization; Self-Monitoring Devices*

*Except as specified in the NHP Member Handbook.

†Unless a specific discount or reimbursement for such memberships is identified as part of your plan.



**Neighborhood
Health Plan**TM

Your health. Our promise.



Neighborhood Health Plan™

Dear NHP Member:

As you know, your NHP plan has a deductible that applies to diagnostic testing, as well as other services. This document is intended to explain those diagnostic tests that are considered routine, and thus excluded from your deductible obligation, and those diagnostic tests that are considered non-routine, and thus subject to a deductible.

NHP has relied upon the recommendations of the Massachusetts Health Quality Partners’ (MHQP)* Guidelines for Adult Preventive Care, Pediatric Preventive Care and Perinatal Care in order to determine which tests are routine, and which tests are non-routine. Those guidelines provide recommendations for the types of tests that should be included in all preventive and perinatal care doctor visits. NHP has endorsed those guidelines and we encourage our providers to follow them.

Tests Not Subject to Deductible	Tests Subject to Deductible
Hemoglobin and hematocrit tests	All other tests, including but not limited to:
Hemoglobin electrophoresis	Colonoscopy
Blood type and antibody screen	Sigmoidoscopy
Fasting lipoprotein profile (cholesterol tests)	X-rays
Fasting blood glucose	Electrocardiogram (EKG)
Glucose tolerance test	Magnetic Resonance Imaging (MRI)
Serology testing for all sexually transmitted diseases, including chlamydia, gonorrhea, and syphilis.	Computerized Axial Tomography (CAT scan)
HIV serology test	Ultrasound
Hepatitis B and C serology tests	Thyroid test
Serology screening for rubella	Hemoglobin A1c (diabetic) test
Prostate specific antigen (PSA)	
Alpha-fetoprotein screening test (AFP)	
Group B strep test (GBS)	
Lead screening	
Routine urinalysis	
Urine dipstick for protein and glucose	
Urine cultures	
Fecal occult blood test	
TB skin test	
Pap smear (cervical cancer screening test)	
Mammogram	

*MHQP brings together a large number of Massachusetts health care organizations—including the MA Department of Public Health, MA Medical Society, MA Hospital Association, physician specialty societies and several major health plans—to endorse and disseminate a variety of evidence-based practice guidelines.

For further information contact NHP’s Customer Care Center at 1-800-462-5449 (TTY 1-800-655-1761), Monday, Tuesday, Wednesday and Friday 8:00 a.m. to 6:00 p.m., and Thursday 8:00 a.m. to 8:00 p.m.

