

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.

ATENCIÓN MÉDICA DE PACIENTES AMBULATORIOS

COPAGO

Visitas al consultorio para atención primaria y de especialistas	\$25 por visita al consultorio
Pruebas de alergia y vacunas	Incluido en la visita al consultorio
Servicios de rehabilitación cardíaca	\$25 por visita al consultorio
Exámenes de la vista (uno cada 12 meses)	\$25 por visita al consultorio
Servicios de planificación familiar	\$25 por visita al consultorio
Exámenes ginecológicos	\$25 por visita al consultorio
Exámenes de la audición	\$25 por visita al consultorio
Inmunizaciones/vacunas	Incluido en la visita al consultorio
Servicios de tratamiento de la infertilidad	\$25 por visita al consultorio
Fisioterapia y terapia ocupacional (hasta 90 días consecutivos por trastorno)	\$25 por visita al consultorio
Atención prenatal y posnatal	\$25 por visita al consultorio
Exámenes de rutina/exámenes físicos	\$25 por visita al consultorio
Terapia del habla	\$25 por visita al consultorio
Visitas del bebé sano y pediátricas	\$25 por visita al consultorio
Mamogramas	Incluido en la visita al consultorio
Cirugía de pacientes ambulatorios	\$500 por instancia
Colonoscopias	\$500 por instancia
Radiografías y pruebas de laboratorio	Incluido en la visita al consultorio

ATENCIÓN MÉDICA DE PACIENTES INTERNOS

COPAGO

Copago máximo (\$2,000 individual/\$4,000 familiar, por año civil)

Servicios médicos para pacientes internos (habitación semiprivada y alimentación o habitación privada si es médicamente necesaria)	\$500 por día
Atención de pacientes internos en una institución de enfermería especializada (por hasta 100 días por año civil)	\$500 por día
Atención de pacientes internos en una Institución de rehabilitación (por hasta 60 días por año civil)	\$500 por día
Maternidad, paciente interna	\$500 por día
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

Salud mental	\$25 por visita al consultorio
Atención de la drogadicción y el alcoholismo	\$25 por visita al consultorio



NHP Care Two

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

ATENCIÓN DE URGENCIA

COPAGO

Atención de urgencia proporcionada en su lugar de atención primaria o para la que hizo los arreglos su profesional médico del NHP	\$25 por visita al consultorio
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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)
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ATENCIÓN DENTAL

COPAGO

Atención dental de emergencia inmediatamente después de un accidente o lesión	\$25 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	\$25 por visita al consultorio

MEDICAMENTOS RECETADOS

COPAGO

(\$2,000 individual/\$4,000 familiar, gasto de farmacia máximo del propio bolsillo por año civil)

Con receta válida y comprados en una farmacia participante, para un suministro de hasta 30 días ...	\$15 para medicamentos genéricos 50% marca preferente 50% 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	\$30 para medicamentos genéricos Marca preferente* Marca no preferente*

MEDICAMENTOS SIN RECETA

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	\$0 a 50% de coaseguro (dependiendo del medicamento recetado)
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Para obtener una lista de medicamentos sin receta médica, visite www.nhp.org o póngase en contacto con nuestro Departamento de Servicios a los Miembros, llamando al 800-462-5449 o TTY 800-655-1761.

SERVICIOS ADICIONALES

COPAGO

Servicios de ambulancia	Sin copago
Suministros médicos desechables	Sin copago
Equipo médico duradero	Sin copago hasta \$2,500 por año civil
Intervención temprana (desde el nacimiento hasta los tres años de edad)	Sin copago
Atención de la salud en el hogar	Sin copago
Cuidados paliativos	Sin copago

*50% del costo de un suministro de 60 días de medicamento.

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.

Emitido y eficaz July 1, 2009

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 1-877-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 CareTwo

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.

OUTPATIENT MEDICAL CARE

COPAYMENT

Office Visits for Primary and Specialty Care	\$25 per office visit
Allergy Tests and Shots	Included in office visit
Cardiac Rehabilitation Services	\$25 per office visit
Eye Exams (once every 12 months)	\$25 per office visit
Family Planning Services	\$25 per office visit
Gynecological Exams	\$25 per office visit
Hearing Exams	\$25 per office visit
Immunizations/Vaccinations	Included in office visit
Infertility Services	\$25 per office visit
Physical and Occupational Therapies (up to 90 consecutive days per condition)	\$25 per office visit
Prenatal and Postnatal Care	\$25 per office visit
Routine Check-Up/Physical Exams	\$25 per office visit
Speech Therapy	\$25 per office visit
Well Baby and Pediatric Care	\$25 per office visit
Mammograms	Included in office visit
Outpatient Surgery	\$500 per occurrence
Colonoscopies	\$500 per occurrence
X-Rays and Laboratory Tests	Included in office visit

Inpatient Medical Copayment Maximum per Calendar Year \$2,000 Individual, \$4,000 Family

INPATIENT MEDICAL CARE

COPAYMENT

Inpatient Medical Services	\$500 per day
(semi-private room and board or private room, if medically necessary)	
Inpatient Care in a Skilled Nursing Facility	\$500 per day
(for up to 100 days per calendar year)	
Inpatient Care in a Rehabilitation Facility	\$500 per day
(for up to 60 days per calendar year)	
Inpatient Maternity	\$500 per day
Routine Nursery and Newborn Care	No copayment

MENTAL HEALTH AND SUBSTANCE ABUSE CARE—OUTPATIENT

COPAYMENT

Mental Health	\$25 per office visit
Substance Abuse Care	\$25 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

COPAYMENT

Urgent Care provided at your primary care site or arranged by your NHP Provider	\$25 per office visit
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EMERGENCY CARE

COPAYMENT

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	\$100 per visit (waived if admitted to hospital)
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DENTAL CARE

COPAYMENT

Emergency Dental Care immediately following accident or injury	\$25 for office visit \$100 in emergency room (waived if admitted to hospital)
Extraction of Impacted or Infected Wisdom Teeth	\$25 per office visit

Prescription Drug Out-of-Pocket Maximum per Calendar Year \$2,000 Individual, \$4,000 Family

PRESCRIPTION DRUGS

COPAYMENT

With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply	\$15 generic drugs 50 % preferred brand 50 % non-preferred brand
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With a valid prescription for a maintenance medication and purchased through the mail order program for a 90-day supply	\$30 generic drugs preferred brand* non-preferred brand*
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*50% cost of 60 day supply of medication.

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 50 % coinsurance (depending on drug prescribed)
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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	No copayment
Disposable Medical Supplies	No copayment
Durable Medical Equipment	No copayment up to \$2,500 per calendar year
Early Intervention (from birth up to age three)	No copayment
Home Health Care	No copayment
Hospice	No 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 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;* Chiropractic Care; 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™**

Your health. Our promise.