

About your NHP membership

Deductible and Coinsurance or Copayments Required for Certain Services

Before coverage begins for certain services, you pay a deductible and then coinsurance until the out-of-pocket maximum is reached.

Your Plan Deductible is an amount you pay for certain services each calendar year. Refer to services marked "Deductible then 35% coinsurance." Once you have satisfied your deductible, you are subject to 35% coinsurance until the out-of-pocket maximum is met. All members are responsible for the individual deductible per calendar year. Family member's deductible payments contribute toward the family deductible per calendar year. The family deductible can be satisfied by combining the deductibles paid for by covered family members. Each family member's contribution will not exceed the amount set for an individual deductible. For medical care services marked with an asterisk (*), the deductible and coinsurance amounts paid apply toward the out-of-pocket maximum. Once the individual out-of-pocket maximum 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 medical care out-of-pocket maximum continue to apply.

The family out-of-pocket maximum is satisfied by combining the deductibles and coinsurance amounts paid by covered family members. Once the family out-of-pocket maximum is satisfied, these services are covered for all family members in full through the remainder of the calendar year.

The Rx out-of-pocket maximum applies to all retail and mail order deductible, copayments, and coinsurance amounts paid during the calendar year. Once the individual Rx out-of-pocket maximum is satisfied, these services are covered for the member in full through the remainder of the calendar year.

The family Rx out-of-pocket maximum is satisfied by combining the retail and mail order deductible, copayments, and coinsurance amounts paid by covered family members during the calendar year. Once the family Rx out-of-pocket maximum is satisfied, these Rx services are covered for all family members in full through the remainder of the calendar year.

Primary Care Provider (PCP) and Obstetrical Rights

NHP generally requires the designation of a PCP. You have the right to designate any PCP who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP. Until you make this designation, NHP designates one for you.

You do not need prior authorization from NHP or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For information on how to select a PCP, or a list of the most up-to-date provider information, or a list of participating health care professionals who specialize in obstetrics or gynecology, visit our website at www.nhp.org, or call our Customer Care Center at 800-462-5449 (or TTY 800-655-1761).

Your Primary Care Provider (PCP)

Your PCP arranges your health care and is the first person you call when you need medical care.

Primary Care for Preventive Care Services

NHP covers primary care for preventive services for adults, women (including pregnant women) and children, which includes coverage for annual physical exams, immunization visits, well child visits and annual gynecological exams. For a complete list of eligible preventive care services, please visit www.nhp.org/hcreform or contact the NHP Customer Care Center for additional information.

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.

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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; 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

NHP Choice Optimum 250

Benefit summary

A Business Choice and Commonwealth Choice plan

For all groups covered on or after January 1, 2011



To contact the Health Connector, call 1-877-MA-ENROLL or go to www.mahealthconnector.org.



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.org



Neighborhood Health Plan | 253 Summer Street Boston, MA 02210-1120

NHP Choice Optimum 250

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.

NHP's Comprehensive Network applies. To find a provider, please visit www.nhp.org

All covered services must be medically necessary and some may require prior authorization. Please check with your PCP or treating provider to determine if a prior authorization is necessary. The NHP Member Handbook may include additional coverages and/or exclusions not listed on the Benefit Summary.

MEDICAL CARE DEDUCTIBLE, COINSURANCE, AND OUT-OF-POCKET MAXIMUM	
Deductible per Calendar Year	\$250 Individual, \$500 Family
Out-of-Pocket Maximum per Calendar Year (for indicated services)*	\$5,000 Individual, \$10,000 Family
Coinsurance	35%

<i>OUTPATIENT MEDICAL CARE</i>	<i>COPAYMENT</i>
Primary Care for Preventive Services	No copayment
Annual Physical Exams.....	No copayment
Immunization Visits.....	No copayment
Well Child Visits.....	No copayment
Office Visits for Other Primary Care.....	\$25 per office visit
Allergy Tests and Shots.....	Included in office visit
Family Planning and Maternity Care (when provided by PCP).....	\$25 per office visit
Pediatric Care.....	\$25 per office visit
Office Visits for Specialty Care.....	\$40 per office visit
Annual Gynecological Exams.....	No copayment
Cardiac Rehabilitation Services.....	\$40 per office visit
Chiropractic Care (10 visits per member per calendar year).....	\$25 per office visit
Eye Exams (one visit per member per calendar year).....	\$15 per office visit
Family Planning, Infertility Planning and Maternity Care (when provided by an OB/GYN).....	\$40 per office visit
Hearing Exams	\$40 per office visit
Physical Therapy/Occupational Therapy (up to 90 consecutive days per condition).....	\$40 per office visit
Speech Therapy	\$40 per office visit
Outpatient Surgery*.....	Deductible then 35% coinsurance

<i>OUTPATIENT LABORATORY AND IMAGING</i>	
Routine Laboratory Tests	Included in office visit
Diagnostic Laboratory and X-ray*.....	Deductible then 35% coinsurance
Mammography.....	No copayment
Screening Colonoscopy.....	No copayment
High-technology Radiology (MRI, CT, PET Scan)*.....	Deductible then 35% coinsurance
Nuclear Cardiac Imaging*	Deductible then 35% coinsurance

<i>INPATIENT MEDICAL CARE</i>	<i>COPAYMENT</i>
Inpatient Medical Services*.....	Deductible then 35% coinsurance (semi-private room and board or private room, if medically necessary)
Inpatient Care in a Skilled Nursing Facility*.....	Deductible then 35% coinsurance (for up to 100 days per calendar year)
Inpatient Care in a Rehabilitation Facility*.....	Deductible then 35% coinsurance (for up to 60 days per calendar year)
Inpatient Maternity*.....	Deductible then 35% coinsurance
Routine Nursery and Newborn Care.....	No copayment

<i>MENTAL HEALTH AND SUBSTANCE ABUSE CARE—OUTPATIENT</i>	<i>COPAYMENT</i>
Mental Health Care.....	\$25 per office visit
Substance Abuse Care.....	\$25 per office visit

<i>MENTAL HEALTH AND SUBSTANCE ABUSE CARE—INPATIENT</i>	<i>COPAYMENT</i>
Mental Health Care.....	No copayment
Substance Abuse Detoxification	No copayment
Substance Abuse Rehabilitation	No copayment

<i>URGENT CARE</i>	<i>COPAYMENT</i>
Urgent Care provided at your primary care site or arranged by your NHP Provider	\$25 per office visit

<i>EMERGENCY CARE</i>	<i>COPAYMENT</i>
<i>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.</i>	
Care you receive in an emergency room, in or out of NHP Service Area*	\$150 per visit (waived if admitted to hospital)

<i>DENTAL CARE†</i>	<i>COPAYMENT</i>
Emergency Dental Care immediately following accident or injury.....	\$25 for office visit \$150 in emergency room* (waived if admitted to hospital)
Extraction of Impacted or Infected Wisdom Teeth	\$25 per office visit
Preventive Dental Care (one visit every 12 months).....	No copayment

PRESCRIPTION DRUG DEDUCTIBLE, COINSURANCE, AND OUT-OF-POCKET MAXIMUM	
Rx Deductible per Calendar Year	\$250 Individual, \$500 Family
Rx Out-of-Pocket Maximum per Calendar Year (for all retail and mail-order Rx services)	\$2,000 Individual, \$4,000 Family
Rx Coinsurance	50%

<i>PRESCRIPTION DRUGS</i>	<i>COPAYMENT</i>
With a valid prescription and purchased at a participating pharmacy for up to a 30-day supply	\$15 generic drugs Preferred brand: Rx deductible then 50% coinsurance Non-preferred brand: Rx deductible then 50% coinsurance
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: Rx deductible then 50% coinsurance‡ Non-preferred brand: Rx deductible then 50% coinsurance‡

<i>OVER-THE-COUNTER DRUGS</i>	<i>COPAYMENT</i>
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	Rx copay or Rx deductible then 50% coinsurance (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.

<i>ADDITIONAL SERVICES</i>	<i>COPAYMENT</i>
Ambulance Services*	Deductible then 35% coinsurance
Disposable Medical Supplies*	Deductible then 35% coinsurance
Durable Medical Equipment*	Deductible then 35% coinsurance
Early Intervention (from birth up to age three)	No copayment
Fitness Club Reimbursement**	\$150 Individual, \$300 Family, per calendar year
Home Health Care	No copayment
Hospice.....	No copayment

*The Medical Care Deductible, Coinsurance & Medical Copayments of \$100 or more apply to the Out-of-Pocket Maximum.

†Preventive dental services must be provided by a Delta Dental PPO Network participating dentist. To locate a Delta Dental PPO provider, please visit www.deltadentalma.com or call (800) 872-0500.

‡50% cost of a 60-day supply of medication.

**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.