

# 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 web site at [www.nhp.org](http://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

NHP's Customer Care Center is available Monday through Friday, 8:30 am - 6:00 pm. For questions or concerns regarding your NHP coverage, contact NHP's Customer Care Center at 800-462-5449 or TTY 800-655-1761.

## 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 Prospective, 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

Coverage within reach.  
Care beyond expectations.



## NHPTwo Neighborhood Health Plan

### Benefit Summary

Effective July 1, 2007

To contact the Health Connector call 1-877-MA-ENROLL or go to their Web site, [MAHealthConnector.org](http://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](http://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](http://www.mass.gov/doi).**

Neighborhood Health Plan

# NHPTwo

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](http://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.

<b>OUTPATIENT MEDICAL CARE</b>	<b>COPAYMENT</b>
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
X-Rays and Laboratory Tests .....	Included in office visit

<b>INPATIENT MEDICAL CARE - Copayment maximum (\$ 2,000 individual / \$ 4,000 family per calendar year)</b>	<b>COPAYMENT</b>
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

<b>MENTAL HEALTH AND SUBSTANCE ABUSE CARE – OUTPATIENT</b>	<b>COPAYMENT</b>
Mental Health .....	\$ 25 per office visit (biologically based and other state mandated coverage - no limit, non biologically based up to 25 visits per member per calendar year)
Substance Abuse Care.....	\$ 25 per office visit

<b>MENTAL HEALTH AND SUBSTANCE ABUSE CARE – INPATIENT</b>	<b>COPAYMENT</b>
Mental Health Care .....	No copayment (biologically based and other state mandated coverage - no limit, non biologically based covered in full up to 60 days per member per calendar year)
Substance Abuse Detoxification.....	No copayment
Substance Abuse Rehabilitation.....	No copayment

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

<b>EMERGENCY CARE</b>	<b>COPAYMENT</b>
<b>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.</b>	
Care you receive in an emergency room, in or out of NHP Service Area.....	\$ 100 per visit (waived if admitted to hospital)

<b>DENTAL CARE</b>	<b>COPAYMENT</b>
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

<b>PRESCRIPTION DRUGS</b>	<b>COPAYMENT</b>
<b>\$2,000 individual / \$4,000 family pharmacy maximum out-of-pocket expense per calendar year.</b>	
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
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 ♦

♦ 2 times 30-day supply retail cost

<b>OVER-THE-COUNTER DRUGS</b>	<b>COPAYMENT</b>
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 % copayment (depending on drug prescribed)
<b>For a complete list of over-the-counter drugs, visit <a href="http://www.nhp.org">www.nhp.org</a> or contact our Customer Care Center at 800-462-5449 or TTY 800-655-1761.</b>	

<b>ADDITIONAL SERVICES</b>	<b>COPAYMENT</b>
Ambulance Services .....	No copayment
Disposable Medical Supplies .....	No copayment
Durable Medical Equipment.....	No copayment up to \$2,500 per calendar year
Early Intervention.....	No copayment (from birth up to age three, up to \$5,200 per calendar year with a lifetime maximum of \$15,600)
Home Health Care.....	No copayment
Hospice.....	No copayment