

YOUR NHP PLAN COVERAGE

IMPORTANT NOTICE: Unless otherwise stated, care, services or treatment not managed by your Primary Care Physician, not Medically Necessary, or not prior authorized by NHP are not Covered Services. Services must be provided by Plan Providers, except when prior authorized or in the case of an Emergency Medical Condition. [You must check your Member Handbook for further details relating to your coverage.](#)

Services & Supplies	Coverage When Care Is Managed By Your PCP
Alcohol, drug, chemical dependency <i>(Services must be provided by NHP's behavioral health network)</i>	Maximum benefit of \$2,000 per calendar year. PCP referral not required. <i>Outpatient:</i> 100% after \$45 co-payment. <i>Inpatient:</i> 80% after deductible, limited to crisis intervention and detoxification only.
Ambulance	80% after deductible in emergency situations only or when authorized by NHP to transfer you to an NHP facility.
Chiropractic services	100% after \$45 co-payment; limited to 12 visits per calendar year; PCP referral not required.
Dermatology	100% after \$45 office visit co-payment; PCP referral not required for first 5 visits per calendar year; additional visits require PCP referral.
Diabetes	100% after \$45 office visit co-payment; services include outpatient self management training and educational services.
Durable Medical Equipment (DME) and disposable medical supplies	100% for DME and disposable medical supplies used in connection with DME; limited to a lifetime medical maximum benefit of \$2,500.
Emergency room services	80% after deductible for emergencies.
Family Planning	Covered as any other eligible service, based on place of service that care is rendered; limited to surgical sterilization, implantable contraceptives and intrauterine birth control devices.
Gynecology	100% after \$45 office visit co-payment; PCP referral not required for one well-women exam per calendar year and necessary follow-up; additional visits require a PCP referral.
Hearing exams <i>(children through age 17)</i>	100% when performed by PCP, to determine need for hearing correction; one exam per Calendar Year.
Home health services	100% for up to 60 visits per calendar year. Custodial care is not covered.
Home infusion services	100% for up to 60 visits per calendar year.
Hospice care	80% after deductible up to a lifetime maximum benefit of 180 days of inpatient and/or outpatient care for a terminally ill member when requested by a Plan Physician.
Hospital facility care	80% after deductible per admission for inpatient; 80% after deductible for outpatient surgery.
Laboratory Services (Outpatient) Minor Diagnostic/X-Ray Major Diagnostic Services	100%. \$200 co-pay per visit for CT, MRI, MRA PET scans, and nuclear imaging.
Mammogram	100% for one baseline for women age 35 through 39, one every year for women age 40 and over, or more frequently based on physician's recommendation.
Mastectomy	80% after deductible.
Maternity care, including pre- and post- natal care, delivery*	100% after \$45 co-payment for initial OB visit; <i>Inpatient:</i> 80% after deductible.

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Mental health (Services must be provided by NHP's behavioral health network)	<i>Outpatient:</i> 100% after \$45 co-payment; maximum of 20 visits per calendar year. PCP referral not required. <i>Inpatient:</i> 80% after deductible; maximum benefit of 30 days per calendar year.
Newborn Children* (birth – 30 days)	100% after \$25 co-payment per office visit for well baby care and treatment of Illness or Injury.
Organ Transplant Inpatient Services	80% after deductible, after prior approval by NHP Medical Director.
Osteoporosis	Covered as any other eligible service, based on place of service that care is rendered for diagnosis and treatment of high-risk individuals.
Outpatient therapies	100% after \$25 co-payment for physical, respiratory, speech, cardiac and occupational therapy up to 20 visits per calendar year per modality; 36 visits for cardiac therapy.
Physical Rehabilitation	80% after deductible limited to 60 days of inpatient stay per calendar year for restorative physical therapy.
Physician Services	80% after deductible for inpatient care or outpatient surgical services when performed in an Inpatient setting or an Outpatient Facility.
Podiatry	100% after \$45 co-payment; PCP referral not required.
Preventive health services	100% after \$25 co-payment per office visit.
Primary Care Physician (PCP)	100% after \$25 co-payment per office visit; only by your designated PCP.
Prosthetic Devices	80% after deductible; limited to one prosthetic per loss of limb or eye per lifetime.
Skilled nursing facility	80% after deductible for up to 120 days per calendar year; custodial care is not covered.
Specialist office visits	100% after \$45 co-payment per office visit; PCP referral required unless direct access is allowed, as indicated.
Sterilization	Covered as any other eligible service, based on place of service that care is rendered. Reversals are not covered.
Urgent Care Center	100% after \$50 co-payment per visit.
Vision screening (children through age 17)	100% when performed by PCP, to determine need for vision correction; one exam per Calendar Year.

* For coverage to begin at the date of birth for newborn children, a completed and signed enrollment form must be received by the Plan. When received within 30 days of birth; no additional premium will be charged for this 30 day period. When notice is received within 60 days from the date of birth, premium will be charged from the date of birth. If the enrollment form is not received within 60 days of birth, the newborn child will be a Late Enrollee under the Plan. You must enroll your newborn within these time periods regardless of whether your coverage is family coverage.

A full list and description of benefits are in your Member Handbook.

Your Member Handbook also lists the Exclusions, Limitations and Restrictions which apply.

You have coverage for Prescription Drugs only if your Employer/Group has elected to obtain a Prescription Drug Rider.