

YOUR NHP PLAN COVERAGE

IMPORTANT NOTICE: Unless otherwise stated, care, services or treatment, not medically necessary, or not prior authorized by NHP are not covered services. *You must check your member handbook and riders for further details relating to your coverage. In the event of a conflict between this Summary of Benefits and the member handbook and riders, the member handbook and riders will control.*

Features		Requirements
Authorizations	Your provider must obtain pre-certification for designated services, including, but not limited to: all inpatient care, outpatient surgical procedures, durable medical equipment (DME), home health services, home infusion, hospice care, rehabilitation, skilled nursing facility, transplants, and other services. If these services are not pre-certified, a 20% reduction of benefit level will apply. <i>Contact Medical Management at 305-715-2600 (Miami-Dade) or 1-800-550-5568.</i>	
Diagnostic Services	In order to qualify for network-level benefits, the following services must be performed by a provider in the DMS network or in the office of an in-network physician: MRIs, MRAs, CT scans, PET scans, nuclear stress tests, diagnostic non-obstetrical ultrasounds, and echocardiograms including doppler studies.	
Services & supplies		Coverage
Hospital services	<ul style="list-style-type: none"> • Inpatient care (medical, surgical, maternity and physical rehabilitation admissions) • Outpatient non-surgical care • Outpatient surgical care • Emergency room services • Diabetes outpatient self-management training and educational services 	100% after \$5,000 deductible
Physician Office Visit	<p>Covered services include:</p> <ul style="list-style-type: none"> • Physical exams • X-ray • Laboratory Services • Well-child care • Hearing exams (children through age 17; one exam per calendar year) • Vision screening (children through age 17 to determine need for vision correction; one exam per calendar year) • Preventive health services • Intrauterine birth-control devices • Immunizations <p>Note: Services other than those listed above may be subject to additional co-payments and deductible as listed herein.</p>	100% after applicable co-payment per visit
Allergy Testing & Treatment	Performed in a Physicians Office	100% after \$40 co-payment
Urgent Care Centers	All available services	100% after \$145 co-payment
Mental health <i>(Services must be provided through Psych/Care, Inc.)</i>	<ul style="list-style-type: none"> • Inpatient (maximum benefit period of 30 days per calendar year) • Outpatient professional office visit (maximum of 20 visits per calendar year) 	<p>100% after \$5,000 deductible</p> <p>100% after co-payment per schedule</p>

Services & supplies		Coverage
Alcohol, drug, chemical dependency <i>(Services must be provided through Psych/Care, Inc.)</i>	<ul style="list-style-type: none"> Inpatient (limited to crisis intervention for medical detoxification only) Outpatient professional office visit <i>Maximum benefit of \$2000 per calendar year</i>	<p>100% after \$5,000 deductible</p> <p>100% after co-payment per schedule</p>
Rehabilitative Therapy	<ul style="list-style-type: none"> Physical, respiratory, speech, cardiac, and occupational therapy (up to 60 visits per calendar year for all services combined) 	100% after \$55 co-payment per visit
Other medical services	<ul style="list-style-type: none"> Chiropractic services (limited to 12 treatments per year) Prenatal physician office services, including one OB ultrasound between weeks 13 and 24 of pregnancy (co-payment applies for initial OB visit only) Podiatry 	100% after co-payment per schedule
	<ul style="list-style-type: none"> Injections (Chemotherapy, Pain Management & other Provider administered injections) Transplants Cancer Radiation Treatments Skilled nursing facility (up to 120 days per calendar year or spell of illness; custodial care is not covered) Ambulance Diabetes supplies & equipment (available through Express Scripts Inc. only) Sterilization (not performed in physician office) Office Surgery Cardiac testing included but not limited to: EKG, Stress Tests, catheterization High Cost Diagnostic Services; MRIs, MRAs, CT scans, PET scans, nuclear stress tests, diagnostic non-obstetrical ultrasounds, and echocardiograms including doppler studies. X-rays and other diagnostic services (not performed in physicians office) Physician services for maternity delivery 	100% after \$5,000 deductible
	<ul style="list-style-type: none"> Hospice services (up to lifetime maximum benefit of 180 days) Prosthetic devices (limited to one prosthetic per loss of limb or eye) Mammograms (includes 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) Home healthcare (up to 20 visits per calendar year or spell of illness; custodial care not included) Home infusion services (up to 20 visits per calendar year or spell of illness) Durable medical equipment and disposable medical supplies (limited to a lifetime medical maximum benefit of \$2,500) Laboratory services obtained through Quest Diagnostics or performed in the physician office. 	<p>100%</p> <p>(not subject to deductible)</p>

PROVIDER 1 PHYSICIANS

Dermatologist
Family Practitioner
General Practitioner
General Pediatrician
Internal Medicine
Mental Health/Substance
Abuse Counselors

In order to enroll a newborn child, the plan must receive a completed and signed enrollment form within 60 days of the date of birth. If the child is enrolled within 30 days of birth, no additional premium will be charged for the first 30 days of coverage. If the child is enrolled between 31 and 60 days of birth, additional premium for the child will be charged from the date of birth. For newborn children timely enrolled within 60 days of the date of birth, coverage shall be effective as of the date of birth. If the newborn child is not enrolled within 60 days of birth, the newborn child will not be eligible to enroll until the next open enrollment period. 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 and riders.

Your member handbook and riders lists the exclusions, limitations and restrictions which apply.



myNHP.com

7600 Corporate Center Drive, Miami, FL 33126 • PO Box 025680, Miami, FL 33102-5680

305-715-2500 • 1-800-354-0222 (outside Miami-Dade)

www.myNHP.com