

**\$45 / \$80
\$500 / 85%**

HMO CO-INSURANCE

SUMMARY OF BENEFITS

A quick glance at this Summary of Benefits will introduce you to the important advantages of the Neighborhood Health Partnership (NHP) HMO.

The Summary of Benefits, although a helpful tool, is only a summary. Always refer to your member handbook for a detailed explanation of your coverage or call Member Services at 305-715-2500 or 1-800-354-0222 (outside Miami-Dade) when you have a question about your plan. In the event of a conflict between this Summary of Benefits and the member handbook, the member handbook will control.

Services must be provided by healthcare providers which have contracts with NHP, referred to as “ plan providers,” “ plan physicians,” or “plan hospitals,” unless in an emergency or upon prior authorization by NHP.

Features	Coverage when care is managed by your PCP
Co-payments	Primary Care Physician (PCP) (office visit) \$45 Specialist (office visit) \$80 Urgent Care Center \$125
Deductible	All benefits not subject to a co-payment are subject to a calendar year deductible of \$500 per member, or \$1000 per family, whichever comes first.
Co-insurance	All benefits not subject to a co-payment are subject to co-insurance of 15% once the calendar year deductible is met.
Out-of-pocket maximums	There is no out-of-pocket maximum for co-payments. For the combination of deductible and co-insurance, the limit which you and your eligible family members will be required to pay in a calendar year is: \$10,000 per member, or \$20,000 per family, whichever comes first.
Authorizations	Your PCP or specialist must obtain pre-authorization 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. <ul style="list-style-type: none">• Alcohol/chemical dependency treatment; services must be provided by Psych/Care, Inc. Call Psych/Care, Inc. for direct access to their providers.• Mental health; services must be provided by Psych/Care, Inc. Call Psych/Care, Inc. for direct access to their providers.
4-tier prescription drugs	<ul style="list-style-type: none">• If your employer has elected to provide coverage for prescription drugs, you will receive a copy of a prescription drug rider setting forth your prescription drug coverage

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. 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. In the event of a conflict between this Summary of Benefits and the member handbook, the member handbook will control.*

Services & supplies		Coverage
Physician services	<p>Covered services include: (when performed in physician's office only)</p> <ul style="list-style-type: none"> • Physical exams • Diagnostic x-ray and lab • Allergy testing • 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 • Speech exams • Office surgery • Intrauterine birth-control devices • Immunizations 	100% after applicable co-payment per visit
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 	85% after \$500 deductible
Urgent Care Centers	All available services	100% after \$125 co-payment per visit
Mental health <i>(Services must be provided by Psych/Care, Inc.)</i>	<p><i>PCP referral not required; referral required from Psych/Care, Inc.</i></p> <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>85% after \$500 deductible</p> <p>100% after \$80 co-payment per visit</p>
Alcohol, drug, chemical dependency <i>(Services must be provided by Psych/Care, Inc.)</i>	<p><i>PCP referral not required; referral required from Psych/Care, Inc.</i></p> <ul style="list-style-type: none"> • Inpatient (limited to crisis intervention for medical detoxification only) • Outpatient professional office visit <p><i>Maximum benefit of \$2000 per calendar year</i></p>	<p>85% after \$500 deductible</p> <p>100% after \$80 co-payment per visit</p>

Services & supplies	Coverage
Other medical services	<ul style="list-style-type: none"> • Physical, respiratory, speech, cardiac, and occupational therapy (up to 60 visits per calendar year for all services combined) • Chiropractic services (limited to 12 treatments per year) • Diabetes outpatient self-management training and educational services • Maternity (co-payment applies for initial OB visit only) • Podiatry
	<ul style="list-style-type: none"> • Transplants • Skilled nursing facility (up to 120 days per calendar year or spell of illness; custodial care is not covered) • Ambulance • Diabetes equipment • Sterilization (not performed in physician office) • X-rays and other diagnostic services (not performed in physician office) • Hospice services (up to lifetime maximum benefit of 180 days)
	<ul style="list-style-type: none"> • 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) • Immunizations • 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 (performed in the physician office or obtained through Quest Diagnostics)

* For coverage to begin at date of birth for newborn children, a completed and signed enrollment form must be received by the plan within 30 days of birth and no additional premium will be charged for such 30-day period. This notice period is extended to 60 days from the date of birth with no waiver of premium for the first 30 days. If the enrollment form is not received 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.

Your member handbook 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.



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