

# NHP Care & NHP Choice

## Overview of Deductible & Coinsurance Plans

**In order to control costs, NHP offers a variety of HMO benefits with cost-sharing features that include copayments, deductibles, and coinsurance.**

A **copayment** is a fixed dollar amount that must be paid at each time you receive a service, such as a visit to your primary care or specialty care physician.

Depending upon your plan, your benefits may also include a **deductible** that must be paid for certain services before coverage begins. The types of services that apply to a deductible include covered procedures such as X-rays, outpatient surgeries or inpatient hospital admissions. For additional examples, please refer to the following page.

**Once your deductible is met, you may also need to pay a separate copayment or coinsurance until the out-of-pocket maximum is reached.**

A **deductible** is an amount a member must pay each year for certain services. Deductible amounts vary by plan, and may range from \$250 to \$2,000 per individual. For all NHP Care and NHP Choice standard HMO plans, the deductible is based on a calendar year, which runs from January 1 through December 31.

**Coinsurance** is a percentage of your covered charges that must be paid after your deductible is reached. Coinsurance amounts also vary by plan and may range from 20% to 35% of covered charges. Covered charges are always based upon the NHP negotiated amount.

**All deductibles, coinsurance and copayments of \$100 or more always apply to your out-of-pocket maximum.**

An **out-of-pocket maximum** is the most a member must pay each year for certain covered services. Once the out-of-pocket 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 out-of-pocket maximum continue to apply.

You do not need to pay a deductible or coinsurance at the time you receive services. After processing your claim, NHP will send you an **Explanation of Benefits** statement (EOB), which lists the services you received and any amounts that you may owe the provider, who will bill you separately. Contact a NHP Customer Care Representative if you have questions about your EOB or provider bill.

Your **Benefit Summary** includes the list of services that are subject to a deductible, coinsurance and out-of-pocket maximum.

### Here's an example...

You visit the doctor's office for a routine physical exam and your doctor sends you for an MRI:

- Routine physical exams are subject to an office visit copayment. Your copayment does not apply toward your annual deductible amount or out-of-pocket maximum.
- Your MRI is subject to a deductible, and on some plans will also be subject to coinsurance.
  - Once your deductible is paid, you are no longer required to pay a deductible for any additional medical services for the remainder of the calendar year.
  - If your plan also includes coinsurance, you will also pay the coinsurance amount until the out-of-pocket maximum is satisfied. Once your out-of-pocket is satisfied, you are no longer required to pay coinsurance for any medical services for the remainder of the calendar year.

**For additional information about your plan, please refer to your Benefit Summary, contact the NHP Customer Care Center toll free at 1-800-462-5449 (TTY 1-800-655-1761), or visit NHP's website at [www.nhp.org](http://www.nhp.org).**

## Services subject to deductible:

### Treatments and procedures (\*)

- Diagnostic tests, such as EKG, MRI, CAT scan, & X-rays
- Colonoscopy
- Sigmoidoscopy
- Ultrasound
- Thyroid test
- Hemoglobin A1c (diabetic) test
- Infertility services
- Outpatient surgery
- Physical & occupational therapy (varies by plan)

### Hospital services

- All inpatient hospital services, including maternity
- Hospital outpatient department services and day surgery

### Other services

- Home health care (varies by plan)
- Skilled nursing care
- Ambulance transport
- DME disposable medical equipment (most plans)

Depending upon the plan, some of the above services may also be subject to a separate copayment or coinsurance. In all cases, the deductible must be satisfied first. All deductibles, coinsurance and copayments of \$100 or more apply to the out-of-pocket maximum. Please check your Benefit Summary for additional details.

## Services subject to office visit copayment:

### Exams and consultations

- Routine physical exams
- Annual GYN exams
- Routine eye exams
- Routine hearing exams
- Exams for illness or injuries
- Consultations with specialists
- Outpatient mental health and substance abuse care

**Emergency Care**—deductible, then copayment may apply

**Prescription Drugs** (retail & mail order)—separate Rx deductible, coinsurance & out-of-pocket maximum may apply

## Services covered in full - no charge:

- Allergy test and shots
- Immunizations
- Mammograms
- Routine laboratory tests\*
- Routine inpatient nursery & newborn care
- Inpatient mental health and substance abuse care (most plans)
- Early intervention
- Hospice care
- Preventive dental services (visit maximum varies by plan)

## Routine diagnostic tests - not subject to deductible\*:

- Alpha-fetoprotein screening test (AFP)
- Blood type and antibody screen
- Fasting blood glucose
- Fasting lipoprotein profile (Cholesterol tests)
- Fecal occult blood test
- Glucose tolerance test
- Group B strep test (GBS)
- Hemoglobin and hematocrit tests
- Hemoglobin electrophoresis
- Hepatitis B and C serology tests
- HIV serology test
- Lead screening
- Mammogram
- Pap smear (cervical cancer screening test)
- Prostate-specific antigen (PSA) screening
- Routine urinalysis
- Serology screening for rubella
- Serology testing for all STDs
- Tuberculosis skin testing
- Urine cultures
- Urine dipstick for protein and glucose

\* NHP benefits for routine laboratory and diagnostic tests are based upon recommendations of the Massachusetts Health Quality Partner's (MHQP) guidelines for Adult Preventive Care, Pediatric Preventive Care, & Perinatal Care.