

How to Verify Benefits Coverage



Eligibility Detail Page

1. At the bottom of the eligibility detail page you'll notice co-pay, deductible and coinsurance information for many covered benefits.
2. There is also a link to the Summary of Benefits page for detailed benefit information.

1



NHP Eligibility for MEMBER NAME - NHP1234567
NHP eligibility data last updated: 10/28/2012 4:45 PMPrintable View

Current Enrollment Status: **Active**

Last Name: **MEMBER LAST NAME**
Middle Initial:
Date of Birth: **1/1/1986**
Address: **253 Summer St**

City: **Boston**
Zip Code: **02210**

First Name: **MEMBER FIRST NAME**
Member ID: **NHP1234567**
Gender: **F**

State: **MA**
Phone: **617-772-5500**

Primary Care Provider Details
Period: **Current : PROVIDER NAME**

PCP Name: **PROVIDER NAME**
Site Name: **ABC HEALTH CENTER**
Site Address: **253 SUMMER ST
BOSTON, MA 02210**
Effective Date: **8/17/2011**

PCP NPI: **123456789**
Site Phone: **617-772-5500**

End date: **---**

Enrollment Details
Period: **Current : NHP Commonwealth Choice**

Plan Type: **NHP Commonwealth Choice**
Group Number: **NHP123**
Effective Date: **6/1/2010**

Benefit Plan: **NHPCHOICE NOW 250 WITH Rx**
Enrollment Type: **Subscriber**
Termination Date: **---**

<u>Benefit</u>	<u>Copay</u>	<u>Deductible</u>	<u>Coinsurance</u>
Cardio Rehabilitation	\$25.00		
Chiropractic	\$25.00		
DME		\$250.0	30%
Early Intervention	No copayment		
Emergency Services	\$250.00		
Home Care	No copayment		
Home Care	No copayment		
Inpatient		\$250.0	30%
Inpatient Rehabilitation		\$250.0	30%
Occupational Therapy	\$25.00		
Office Visit - Primary Care	\$25.00		
Office Visit - Specialty Care	\$25.00		
Pharmacy (Brand Name - Formulary)		***	50%
Pharmacy (Brand Name - Non-Formulary)		***	50%
Pharmacy (Generic)	\$15.00	***	
Physical Therapy	\$25.00		
Routine Eye Care	\$10.00		
Skilled Nursing Facility		\$250.0	30%
Speech Therapy	\$25.00		

For more detailed benefit information please consult the Summary of Benefits documentation.

2

[Commercial](#)
[MassHealth](#)
[GIC](#)

How to Verify Benefits Coverage



Summary of Benefits Pages

Once you've verified a member is eligible, you can view detailed benefit summaries to ensure specific benefit coverage.

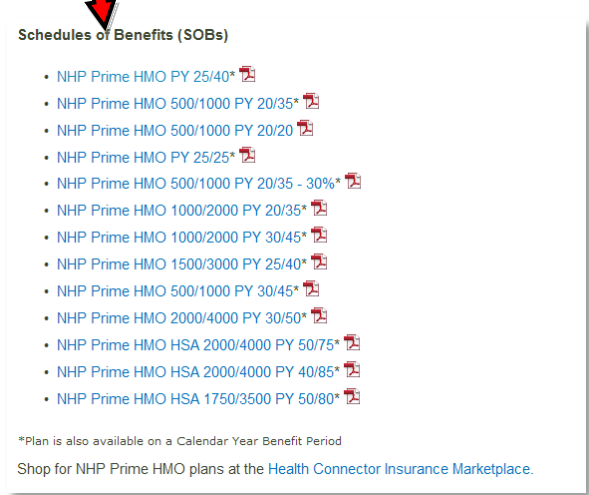
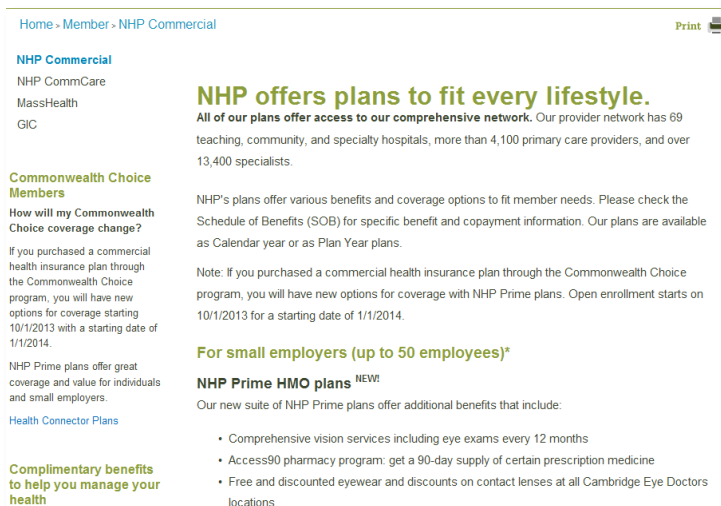
1. In this example we'll click on Commercial.



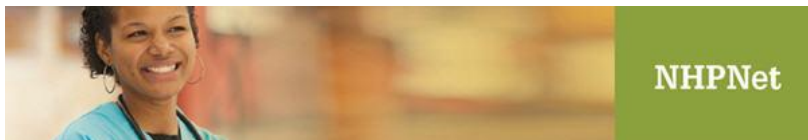
Detailed Benefit Information

The landing page provides a general overview of the Commercial Benefit.

To view specific benefits, click on one of the Schedule of Benefits PDF links.



How to Verify Benefits Coverage



Detailed Benefit Information

The Schedule of Benefits provides detailed information for a specific product. Similar documents are available for other products/lines of business via the same search method. Please ensure you are verifying benefits coverage through the online tools prior to rendering services.

NHP Prime HMO PY 25/40

This Schedule of Benefits 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 or call NHP Customer Service at 800-462-5449 (TTY 800-655-1761). To find a provider, please visit www.nhp.org.

All covered services must be medically necessary and some may require prior authorization. Please check with your PCP or treating provider to determine if a prior authorization is necessary. The NHP Member Handbook may include additional coverage and/or exclusions not listed on the Schedule of Benefits.

MEDICAL CARE DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM

Deductible per Plan Year.....	Medical/Behavioral Health (Combined): None Prescription: None
Out-of-Pocket Maximum per Plan Year	Medical/Behavioral Health/ Prescription (Combined): \$2,000 Individual, \$4,000 Family

OUTPATIENT MEDICAL CARE

Preventive Services

Annual Physical Exams	No copayment
Annual Gynecological Exams	No copayment
Well Child Visits	No copayment
Allergy Shots	No copayment
Immunizations and Vaccinations	No copayment
Preventive Laboratory Tests	No copayment
Screening Colonoscopy	No copayment
Screening Mammography	No copayment

Other Primary & Specialty Care Office Visits

Office Visits for Other Primary Care	\$25 copayment
Office Visits for Other Specialty Care	\$40 copayment
Cardiac Rehabilitation Service	\$40 copayment
Chiropractic Care (12 visits per member per plan year)	\$25 copayment
Routine Eye Exams (one visit per member every 12 months)	\$40 copayment
Family Planning Services	No copayment
Hearing Exams	\$40 copayment
Infertility Services	\$40 copayment
Physical Therapy/Occupational Therapy (up to 60 visits combined per plan year)	\$25 copayment
Speech Therapy	No copayment
Routine Prenatal and Postnatal Care	No copayment

Other Outpatient Services

Diagnostic, Laboratory, and X-ray	No copayment
High-tech Radiology (MRI, CT, PET Scan, Nuclear Cardiac Imaging)	\$150 copayment
Outpatient Surgery—Facility Fee	\$500 copayment
Outpatient Surgery—Professional Fee	No copayment

INPATIENT MEDICAL CARE

Inpatient Medical Services—Facility Fee	\$500 copayment
Inpatient Medical Services—Professional Fee	No copayment
Inpatient Care in a Skilled Nursing Facility (for up to 100 days per plan year)	\$500 copayment
Inpatient Care in a Skilled Nursing Facility—Professional Fee	No copayment
Inpatient Care in a Rehabilitation Facility (for up to 60 days per plan year)	\$500 copayment
Inpatient Care in a Rehabilitation Facility—Professional Fee	No copayment
Inpatient Maternity—Facility Fee	\$500 copayment
Inpatient Maternity—Professional Fee	No copayment
Routine Nursery and Newborn Care	No copayment

BEHAVIORAL HEALTH SERVICES—OUTPATIENT

Mental Health (eight initial visits, then authorization required for additional visits)	\$25 copayment
Substance Abuse Care (eight initial visits, then authorization required for additional visits)	\$25 copayment

BEHAVIORAL HEALTH SERVICES—INPATIENT

Inpatient Mental Health Care—Facility Fee	\$500 copayment
Inpatient Mental Health Care—Professional Fee	No copayment
Inpatient Substance Abuse Detoxification or Rehabilitation—Facility Fee	\$500 copayment
Inpatient Substance Abuse Detoxification or Rehabilitation—Professional Fee	No copayment