

A Guide to Your Health Care Costs



NHP has a plan to fit every lifestyle – and budget. Our cost-sharing plans offer you a lot of flexibility. As an NHP member, you'll have access to our top doctors and valuable benefits. On a cost-sharing plan, you'll also have more control over your total out-of-pocket expenses.

To get the most value from your cost-sharing plan, it's important for you to understand your potential costs throughout the year in addition to the premiums you may be paying to your employer or directly to NHP.

Copay

Copayments (Copays)

A set amount that you must pay to a provider when you receive care. Copay amounts for some services are listed on the front of your NHP ID card. For additional costs-sharing amounts, please refer to your schedule of benefits.

\$350

Deductible

The out-of-pocket amount that you must pay to providers each policy year before NHP begins to contribute to the costs of certain covered services.

20%
80%

Coinsurance

Coinsurance is the percent you are responsible for paying to providers for certain covered services usually after you have reached your deductible. NHP is responsible for paying the remaining percentage of those services.

\$0 \$1,000

Out-of-pocket
Maximum

Out-of-pocket Maximum

This is the most you will pay each plan year before NHP begins to pay 100% for certain covered services. Not all payments you make apply to your out-of-pocket maximum. Different plans have different policies regarding out-of-pocket maximums.

NHP has many different cost-sharing plans. Refer to your Schedule of Benefits for details about your plan.

LET'S TAKE A LOOK INSIDE

to see how a sample cost-sharing plan works
for Neighborhood Health Plan Member Mia.



EXAMPLE 1

Well Visits & Preventive Care

Member Mia visits her primary care provider (PCP) for her annual checkup.



=

\$0
total

There is no copay for this visit, because it is considered a preventive service or well visit. NHP pays for 100% of certain preventive services.

EXAMPLE 2

Getting Medical Treatment & Paying a Copay

Member Mia gets a sinus infection and makes an appointment to see her PCP for urgent care services.



+



=

\$50
total

Member Mia pays an office visit (OV) copay to see her PCP.

Her PCP prescribes an antibiotic. At the pharmacy, Member Mia pays a pharmacy copay to get her medicine.



EXAMPLE 3

Paying Toward the Deductible

Next, Member Mia breaks her leg and goes to the hospital for emergency care.



+



=

\$425
total

Member Mia's plan has a \$75 Emergency Room (ER) copay. She pays this when she gets to the ER.

Member Mia has x-rays and gets a cast, which cost a total of \$350.

Since Member Mia's plan has a \$350 deductible, she pays all of the costs for breaking her leg. She has now met her deductible for the year.



EXAMPLE 4

Paying Coinsurance with NHP

A few months after breaking her leg, Member Mia goes to her PCP for back pain.



Member Mia pays another OV copay to see her PCP.



Treatment for Member Mia's back includes x-rays and a small outpatient surgery. The total medical costs are \$2,500. Member Mia already paid her \$350 deductible when she broke her leg (in Example 3).

+



Member Mia's plan has coinsurance. This means that Member Mia and NHP will share costs for some services after she has paid her deductible. Her coinsurance amount is 20%, so she will pay for 20% of her back treatment, or \$500. NHP will pay 80%, or \$2,000.

=

\$525

total



Out-of-pocket Maximum

Let's review Member Mia's total out-of-pocket costs for the year so far.



EXAMPLE 2
\$50

+



EXAMPLE 3
\$425

+



+



EXAMPLE 4
\$525

+



=

\$1,000

total

Out-of-pocket Maximum REACHED!

EXAMPLE 5

After Reaching Your Out-of-pocket Maximum

In our final example, Member Mia cuts herself in the kitchen and goes to an urgent-care facility for stitches.



Member Mia has reached her yearly out-of-pocket maximum of \$1,000.

That means that NHP will now pay 100% of certain covered services.

At the urgent care facility, the cost of getting stitches for Member Mia's cut is \$200. NHP pays 100% of this \$200.

Member Mia must continue to pay her monthly premiums. There may be other additional costs, as well.

=

\$0

total

Glossary of Cost-sharing Terms

Benefit Year

The annual cycle for your health insurance plan. A “calendar year” cycle always starts in January and ends in December. A “plan year” cycle can start any month and runs for 12 consecutive months. Your plan’s deductibles, out-of-pocket maximums, visit, and other limits are tracked according to your plan’s benefit year.

Coinsurance

A portion of allowed medical or pharmacy expenses payable by an NHP member for NHP covered services. Coinsurance is represented as a percentage of the cost that the member is responsible for instead of a fixed dollar amount. Coinsurance may be applied either before or after other cost sharing for a given covered service.

Copayment (Copay)

A fixed amount paid by a member for certain services or for prescription medicines. You pay copays at the time you receive services or get a prescription. There may be additional costs, such as a deductible and/or coinsurance, for certain services.

Cost-sharing Plan

A health insurance plan in which you pay lower premiums in exchange for assuming more financial responsibility for your health care costs throughout the year.

Deductible

The amount you are required to pay to providers for covered health-care services before NHP begins to pay for these services. Some plans may have a separate deductible for prescription drugs. Please refer to your Schedule of Benefits to determine if your plan has a deductible.

Emergency Care

Life-threatening health problems that need immediate care. These problems can include chest pain, poisoning, or severe bleeding. If you think your medical problem is life threatening, always go to the nearest emergency room or call 911.

Preventive Services

Care to help keep you healthy, including annual physical exams, immunizations, mammograms, and other screenings or tests, usually provided by your primary care provider.

Premium

The amount of money paid to NHP by a member or by a member’s employer to cover the cost of health insurance. Premium payments do not count toward your deductible or out-of-pocket maximum.

Primary Care Provider (PCP)

A physician, nurse practitioner, or physician assistant who provides, coordinates, or helps a member obtain a range of health-care services.

Out-of-Pocket Maximum

The amount a member pays during a benefit year (either plan or calendar year) before NHP begins to pay 100% of certain covered services. The out-of-pocket maximum does not include your premium payments or any services your plan does not cover. On some plans, the out-of-pocket maximum may not include all copayments.

Schedule of Benefits

The Schedule of Benefits is a general description of your NHP coverage. It outlines the cost-sharing responsibilities specific to your plan such as:

- Annual deductible amount
- Copay amounts
- Coinsurance percentage
- Out-of-Pocket Maximum amount on covered services.

Urgent Care

Health problems such as stomach pain, earaches, and vomiting or diarrhea, that need attention but are not life threatening. Urgent care does not require a visit to the emergency room. Call your PCP first for urgent care.

Well Visit

A visit to your doctor or your child’s doctor for preventive services. Most well visits are FREE under your NHP health plan.



Questions about your plan?

Get the information you need, when you need it on My NHP.

My NHP is a secure, mobile friendly member portal where you can:

- Access your benefits, coverage, and out-of-pocket costs
- Learn about NHP perks and value-added benefits
- Estimate the cost of services
- And more!
- Visit nhp.org/member and log in to **My NHP** today.



**Neighborhood
Health Plan™**

Your health. Our promise.