2016 Individual Medical Silver Plans

Plan ID/ Form Schedule #	75841NH0090002	96751NH0150020	96751NH0150022	96751NH0150025	96751NH0330005	59025NH0330008	59025NH0330006	59025NH0340001	61163NH0150001	61163NH0130001	61163NH0210001
Issuer	Ambetter from NH Healthy Families, offered by Celtic Insurance	Anthem Blue Cross and Blue Shield of New Hampshire	Anthem Blue Cross and Blue Shield of New Hampshire	Anthem Blue Cross and Blue Shield of New Hampshire	Anthem Blue Cross and Blue Shield	Harvard Pilgrim Health Care of New England	Harvard Pilgrim Health Care of New England	Harvard Pilgrim Health Care of New England	Minuteman Health	Minuteman Health	Minuteman Health
Plan Name	Ambetter Balanced Care 8 (2016)	Anthem Silver Pathway X Enhanced HMO 10 for HSA	Anthem Silver Pathway X Enhanced HMO 4000 0	Anthem Silver Pathway X Enhanced HMO 4200 0	Anthem Blue Cross and Blue Shield Silver DirectAccess, a Multi-State Plan	ElevateHealth Silver HMO	Harvard Pilgrim ElevateHealth Silver HSA HMO	New Hampshire Network Silver HMO Premium	MyDoc HMO Silver Care	MyDoc HMO Silver Basic	MyDoc HMO Silver Assistance A
Metal Level	**Silver**	**Silver**	**Silver**	**Silver**	**Silver**	**Silver**	**Silver**	**Silver**	**Silver**	**Silver**	**Silver**
Product Type	EPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Network Coverage	Granite State Health Plan	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced	ElevateHealth	ElevateHealth	New Hampshire Network	HMO	HMO	HMO
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible-Individual/Family	$3500 per person | $7000 per group	$3000 per person | $6000 per group	$4000 per person | $8000 per group	$4200 per person | $8400 per group	$2000 per person | $4000 per group	$3400 per person | $6800 per group	$3000 per person | $6000 per group	$2400 per person | $4800 per group	$3000 Individual $6000 per person | $6000 per group	$2000 per person | $4000 per group	$3500 per person | $7000 per group
Coinsurance	30%	10%	0%	0%	30%	0%	15%	0%	10%	30%	0%
Max Out of Pocket-Individual/Family	$6500 per person | $13000 per group	$6550 per person | $13100 per group	$5700 per person | $11400 per group	$5400 per person | $10800 per group	$6850 per person | $13700 per group	$5750 per person | $11500 per group	$5000 per person | $10000 per group	$6000 per person | $12000 per group	$4750 Individual $6850 per person | $9500 per group	$6000 per person | $12000 per group	$6850 per person | $13700 per group
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
PCP Visits (not wellness)	$30	10% Coinsurance after deductible	$40 Copay for first three visits Thereafter no charge after deductible	$40	$35 for first two visits Thereafter 30% Coinsurance after deductible	$25	15% Coinsurance after deductible	$30	10% Coinsurance after deductible	$30 Copay after deductible	$20
Specialist Visits	$60	10% Coinsurance after deductible	No Charge after deductible	$40 Copay after deductible	30% Coinsurance after deductible	$75	15% Coinsurance after deductible	$90	10% Coinsurance after deductible	30% Coinsurance after deductible	$40
Urgent Care	30% Coinsurance after deductible	$50 Copay and 10% Coinsurance after deductible	$50 Copay after deductible	$50 Copay after deductible	$50 Copay and 30% Coinsurance after deductible	$75	15% Coinsurance after deductible	$90	10% Coinsurance after deductible	30% Coinsurance after deductible	$20 Copay after deductible
Outpatient Facility/Surgical Center	No Charge after deductible	10% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible	30% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	$500 Copay after deductible
Outpatient Physician' Surgical Center	No Charge after deductible	10% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible	30% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	No Charge after deductible
Emergency Room	$150 Copay after deductible	$200 Copay and 10% Coinsurance after deductible	$500 Copay after deductible	$500 Copay after deductible	$200 Copay and 30% Coinsurance after deductible	$300 Copay after deductible	$300 Copay after deductible	$300 Copay after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	$250 Copay after deductible
Inpatient Hospital Services	$300 Copay per Stay after deductible	10% Coinsurance after deductible	$500 Copay per Stay after deductible	$500 Copay per Stay after deductible	$500 Copay and 30% Coinsurance per Stay after deductible	$1000 Copay per Stay after deductible	15% Coinsurance after deductible	$1000 Copay per Stay after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	$1000 Copay per Stay after deductible
Generic Drug	$25	10% Coinsurance after deductible	$20	$15	$15	$15	$15 Copay after deductible	$15	No Charge after deductible	$20	$30
Preferred Brand Drug	$50	10% Coinsurance after deductible	$50	$50	$40	$50	$50 Copay after deductible	$50	No Charge after deductible	30%	$60
Durable Medical Equipment	30% Coinsurance after deductible	10% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	15% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible	20% Coinsurance after deductible
Chiropractic Care	$30	10% Coinsurance after deductible	$40 Copay for first three visits Thereafter no charge after deductible	$40	$35 for first two visits Thereafter 30% Coinsurance after deductible	$25	15% Coinsurance after deductible	$30	10% Coinsurance after deductible	$30 Copay after deductible	$20
Adult Dental	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

Updated 12-9-2015