

2016 SHOP Medical Silver Plans

Plan ID/ Form Schedue #	96751NH0160006	96751NH0160010	19304NH0100003		19304NH0100004		19304NH0100006		19304NH0100007		59025NH0320008	59025NH0320016	59025NH0320006	59025NH0300021	59025NH0300033	59025NH0300015	61163NH0380001
Issuer	Anthem Blue Cross and Blue Shield of New Hampshire	Anthem Blue Cross and Blue Shield of New Hampshire	Community Health Options		Community Health Options		Community Health Options		Community Health Options		Harvard Pilgrim Health Care of New England	Harvard Pilgrim Health Care of New England	Harvard Pilgrim Health Care of New England	Harvard Pilgrim Health Care of New England	Harvard Pilgrim Health Care of New England	Harvard Pilgrim Health Care of New England	Minuteman Health
Plan Name	Anthem Silver Pathway X HMO 3500 10 6000	Anthem Silver Pathway X HMO 3000 0 5000 w HSA	Community Balance HSA		Community Core HSA		Community Choice		Community Preferred		ElevateHealth HMO 3000 Low Option	ElevateHealth HMO 4000	ElevateHealth HSA HMO 3000	Best Buy Tiered Copayment HMO LP 3000 Low Option	Best Buy Tiered Copayment HMO LP 4000	Best Buy HSA HMO 3000	MyDoc HMO Silver HSA 3000
Metal Level	Silver	Silver	Silver		Silver		Silver		Silver		Silver	Silver	Silver	Silver	Silver	Silver	Silver
Product Type	HMO	HMO	PPO		PPO		PPO		PPO		HMO	HMO	HMO	HMO	HMO	HMO	HMO
Network Coverage	Pathway X	Pathway X	New Hampshire Statewide Network		New Hampshire Statewide Network		New Hampshire Statewide Network		New Hampshire Statewide Network		ElevateHealth	ElevateHealth	ElevateHealth	Full HMO	Full HMO	Full HMO	HMO
	In-Network	In-Network	In-Network	Out-of-Netowrk	In-Network	Out-of-Netowrk	In-Network	Out-of-Netowrk	In-Network	Out-of-Netowrk	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	\$2600 per person \$5200 per group	\$7500 per person \$15000 per group	\$3000 per person \$6000 per group	\$7500 per person \$15000 per group	\$2500 per person \$5000 per group	\$5500 per person \$11000 per group	\$2450 per person \$4900 per group	\$5000 per person \$10000 per group	\$3000 per person \$6000 per group	\$4000 per person \$8000 per group	\$3000 per person \$6000 per group	\$3000 per person \$6000 per group	\$4000 per person \$8000 per group	\$3000 per person \$6000 per group	\$3000 Individual \$6000 per person \$6000 per group
Coinsurance	10%	0%	10%	30%	30%	50%	30%	50%	30%	50%	20%	0%	0%	20%	0%	0%	10%
Max Out of Pocket-Individual/Family	\$6000 per person \$12000 per group	\$5000 per person \$10000 per group	\$4500 per person \$9000 per group	\$12500 per person \$25000 per group	\$4750 per person \$9500 per group	\$13000 per person \$26000 per group	\$6850 per person \$13700 per group	\$10500 per person \$21000 per group	\$6000 per person \$12000 per group	\$10500 per person \$21000 per group	\$5500 per person \$11000 per group	\$6500 per person \$13000 per group	\$6450 per person \$12900 per group	\$5500 per person \$11000 per group	\$6500 per person \$13000 per group	\$6450 per person \$12900 per group	\$4750 Individual \$6850 per person \$9500 per group
Preventive Care	No Charge	No Charge	No Charge	100% Coinsurance after deductible	No Charge	100% Coinsurance after deductible	No Charge	100% Coinsurance after deductible	No Charge	100% Coinsurance after deductible	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
PCP Visits (not wellness)	\$35 Copay for first three visits Thereafter 10% Coinsurance after deductible	No Charge after deductible	10% Coinsurance after deductible	100% Coinsurance after deductible	30% Coinsurance after deductible	100% Coinsurance after deductible	\$30	100% Coinsurance after deductible	\$25	100% Coinsurance after deductible	\$40	\$40	No Charge after deductible	\$40	\$40	No Charge after deductible	10% Coinsurance after deductible
Specialist Visits	\$35 Copay for first three visits Thereafter 10% Coinsurance after deductible	No Charge after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	\$80	50% Coinsurance after deductible	\$85	50% Coinsurance after deductible	\$80	\$80	No Charge after deductible	\$80	\$80	No Charge after deductible	10% Coinsurance after deductible
Urgent Care	10% Coinsurance after deductible	No Charge after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	\$80	50% Coinsurance after deductible	\$85	50% Coinsurance after deductible	\$80	\$80	No Charge after deductible	\$80	\$80	No Charge after deductible	10% Coinsurance after deductible
Outpatient Facility/Surgical Center	10% Coinsurance after deductible	No Charge after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	\$150	\$150	No Charge after deductible	\$150	\$150	No Charge after deductible	10% Coinsurance after deductible
Outpatient Physician' Surgical Center	10% Coinsurance after deductible	No Charge after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	No Charge	No Charge	No Charge after deductible	No Charge	No Charge	No Charge after deductible	10% Coinsurance after deductible
Emergency Room	10% Coinsurance after deductible	No Charge after deductible	10% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	\$250 Copay after deductible	\$250 Copay after deductible	No Charge after deductible	\$250 Copay after deductible	\$250 Copay after deductible	No Charge after deductible	10% Coinsurance after deductible
Inpatient Hospital Services	10% Coinsurance after deductible	No Charge after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	20% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	10% Coinsurance after deductible
Generic Drug	\$15	20% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	\$5 Copay after deductible	50% Coinsurance after deductible	\$15	50% Coinsurance after deductible	\$10	50% Coinsurance after deductible	\$5 Copay after deductible	\$5	20% Coinsurance after deductible	\$5 Copay after deductible	\$5	20% Coinsurance after deductible	No Charge after deductible
Preferred Brand Drug	\$40	20% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	\$10 Copay after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	\$40	50% Coinsurance after deductible	30% Coinsurance after deductible	30%	20% Coinsurance after deductible	30% Coinsurance after deductible	30%	20% Coinsurance after deductible	No Charge after deductible
Durable Medical Equipment	10% Coinsurance after deductible	No Charge after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
Chiropractic Care	\$35 Copay for first three visits Thereafter 10% Coinsurance after deductible	No Charge after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	50% Coinsurance after deductible	\$40	\$40	No Charge after deductible	\$40	\$40	No Charge after deductible	10% Coinsurance after deductible
Adult Dental	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	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	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered