

### Summary of Benefits

This is only a brief summary of your coverage. Benefits apply when care is medically necessary. Services are covered up to the Maximum Allowable Benefit (MAB). Network Providers agree to accept the MAB as payment in full. Most covered services must be provided by or referred by your PCP. Some exceptions are stated in this summary. A complete list of exceptions is in the subscriber certificate.

	Your Share of the Cost
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Immunization, routine physical exams, including an annual gynecological exam, family planning visits and an annual care plan for members with chronic illnesses,</li> <li>Mammogram, pap smear, lead screening, PSA (prostate screening) and other routine preventive screenings such as total cholesterol, lipids and diabetic screenings. . . . .</li> <li>Routine hearing exams . . . . .</li> </ul>	Covered in full
<b>Other Outpatient Care</b> <ul style="list-style-type: none"> <li>Medical exams, telemedicine visits, injections (including allergy injections), office surgery and anesthesia . . . . .</li> <li>Routine vision exam - one exam each contract year for members 18 or younger, one exam every two contract years for members 19 and older . . .</li> <li>Physical therapy, occupational therapy, or speech therapy - up to 20 visits <i>each</i> per member, per contract year . . . . .</li> <li>Early Childhood Intervention therapy services for children up to age 3 – up to \$3,200 per member, per contract year and \$9,600 per member’s lifetime . . . . .</li> <li>Diagnostic labs (including allergy testing) in a physician’s office or by an independent laboratory provider. . . . .</li> <li>Colonoscopy. . . . .</li> </ul>	\$20 per PCP visit, \$50 per visit to any specialist or network provider at a network walk-in center \$50 per visit \$50 per visit Covered in full \$250 per procedure
<b>Tier 1 Deductible</b> Applies to Tier 1 hospital services <b>and</b> other services listed below	<b>\$2,500 deductible per member, no more than \$5,000 per family per contract year</b>
<b>Tier 2 Deductible</b> Applies to facility services furnished by a Tier 2 hospital.	<b>\$4,000 deductible per member, not more than \$8,000 per family per contract year</b>
<b>Short Term General Hospital</b> – (facility services while you are a bed patient)- Semi-private room and board, diagnostic tests, supplies, medication and other ancillary services for medical, surgical and maternity admissions. . . . .	Tier 1 or Tier 2 Deductible
<b>Skilled Nursing Facility Care</b> – Up to 100 inpatient days per member per calendar year. . . . . <b>Physical Rehabilitation Facility-</b> Up to 60 inpatient days per member, per calendar year . . . . .	Tier 1 Deductible
<b>Physician in-hospital care</b> , such as surgery, anesthesia, maternity care and physical, occupational and speech therapy. . . . .	
<b>Durable Medical Equipment (DME)</b> - up to \$3,000 per member per contract year. This limit does not apply to prosthetics that replace an arm or leg in whole or in part...	
<b>Diagnostic labs</b> furnished in any medical care setting other than a physician’s office or independent laboratory. . . . .	
<b>Diagnostic x-rays</b> (including ultrasounds and MRI, MRA, CT Scan, CTA, PET, and SPECT) . . . . . <b>Facility fees for use of a hospital outpatient department or ambulatory surgery center.</b> . . . . .	Tier 1 or Tier 2 Deductible
<b>Emergency room visits and network urgent care facility visits – PCP referrals are not required.</b>	
<ul style="list-style-type: none"> <li>Emergency room charge (the copayment is waived if you are admitted) . . . . .</li> <li>Network urgent care facility charge . . . . .</li> <li>Physician fee, labs, x-rays, CT scan, MRI, medical supplies, etc.</li> </ul>	\$200 per visit \$100 per visit Tier 1 Deductible
<b>Ambulance</b> (medically necessary emergency transport only) . . . . .	Tier 1 Deductible

† This health plan is administered by Anthem Blue Cross and Blue Shield and underwritten by Matthew Thornton Health Plan (MAC B)

	Your Share of the Cost
<b>Behavioral Health Care - PCP referrals are not required.</b>	
<b>Mental Health Outpatient/office visits</b> Up to 20 visits per member, per contract year*. In-network, a minimum of two office visits for diagnosis and three treatment visits are allowed each contract year without clinical review. . . . . . . . . . <b>Substance Abuse Outpatient/office visits</b> (for detoxification or rehabilitation) Up to 20 visits per member, per contract year*.	\$20 Copayment per visit
<b>Inpatient Services</b> <i>Network providers will contact Anthem for preauthorization.</i> <b>Mental Health</b> – Limited to 30 inpatient days per member per, per calendar year *  <b>Substance Abuse</b> - Medical detoxification: Medically Necessary inpatient days. Substance abuse rehabilitation – Limited to \$5,000 per member per contract year and \$10,000 per lifetime . . . . .	Tier 1 or Tier 2 Deductible
<b>Prescription Drugs – PCP Referrals are not required.</b>	
Covered medications, diabetic supplies and contraceptive devices purchased at a network retail or mail order pharmacy. <b>Prescriptions may be filled up to a 90-day supply.</b> <ul style="list-style-type: none"> <li>• You pay one copayment per 30-day supply.</li> <li>• You pay additional copayments for fills that exceed a 30-day supply. Example: You pay three copays per 90-day supply.</li> </ul> <b>Important notes:</b> <ul style="list-style-type: none"> <li>• Whenever available, your prescription will be filled generically. If you <b>choose</b> to buy a brand drug, you pay the generic copay plus the difference in cost between the brand and generic drug.</li> <li>• If, <b>due to medical necessity</b>, your physician must prescribe a brand drug, you pay only the applicable brand copay.</li> </ul>	\$10 generic copay \$35 preferred brand copay \$50 non-preferred brand copay <b>Members pay no more than \$5,000 in pharmacy copayments per contract year. Families pay no more than \$10,000 in pharmacy copayments per contract year.</b>
<b>Out-of-Pocket Limit – includes non-pharmacy Copayments and Tier 1 Deductible and Tier 2 Deductible combined.</b>	<b>\$5,000 per Member, per contract year            \$10,000 per family, per contract year</b>
<b>Lifetime Maximum</b> – Total program maximum is unlimited	
<b>Exclusions and Limitations</b> – These services are not covered. Complete details are stated in the subscriber certificate. <ul style="list-style-type: none"> <li>• Any service that is not medically necessary</li> <li>• Any service required by a third party (court ordered services are covered if all of the other terms of the plan are met)</li> <li>• Artificial insemination, assisted reproductive technologies and infertility treatments</li> <li>• Complementary and Alternative Therapies/ Medicine</li> <li>• Cosmetic surgery</li> <li>• Custodial or convalescent care</li> <li>• Educational testing and therapy</li> <li>• Experimental and/or investigational services except as required by law for clinical trials</li> <li>• Hospitalization for conditions that are not covered</li> <li>• Human organ transplants other than those listed in the Subscriber Certificate as Covered Services</li> <li>• Mental health services which do not usually result in favorable modification through short-term therapy</li> <li>• Miscellaneous devices, materials, and supplies, including, but not limited to, manual breast pumps, hearing aids (except children under 19), eyeglasses, contact lenses (except after cataract surgery), dentures and support devices for the feet and corrective shoes</li> <li>• Permanent dental restoration, most oral surgery (general anesthesia, hospital or surgical day care facility charges for dental procedures are covered for certain individuals only to the extent required by law)</li> <li>• Personal comfort items</li> <li>• Radial keratotomy or other surgery to correct vision</li> <li>• Routine podiatry</li> <li>• Services covered by government programs to the extent permitted by law</li> <li>• Services for work-related illness or injury</li> <li>• Sex changes</li> <li>• Sterilization reversal</li> <li>• Services furnished by a Doctor of Chiropractic</li> <li>• Services, treatments, procedures or programs for weight or appetite control, weight loss, weight management or control of obesity, except for diabetes education, nutrition counseling, psychological testing for bariatric surgery candidates, medically necessary surgical and non-surgical services to treat diseases and ailments caused by or resulting from obesity or morbid obesity and participation in Anthem’s Health Management Program as described on page 3, “New Hampshire HealthFirst Wellness Rewards.”</li> </ul>	
<b>Anthem Blue Cross and Blue Shield has the right to recover its costs for care of:</b> Injuries which are the responsibility of other parties • Services for which another insurance carrier or Medicare is primary • Services related to illegal conduct.	

\*This limit does not apply to biologically-based mental illnesses.

This summary of benefits is not a contract. It is a general description of the benefits and exclusions of this plan. Complete information about all benefits, limitations and exclusions is in the Subscriber Certificate, which will be mailed to you after you enroll. If you need further information, please call Customer Service at 1-800-870-3122.

(MAC B)

## New Hampshire HealthFirst Wellness Rewards

By completing HealthFirst Wellness requirements, you will be eligible for the rewards shown on this page. This is an outline of the HealthFirst Wellness program. Complete details are stated in the subscriber certificate.

WHAT YOU NEED TO DO-	WELLNESS REWARDS-
<b>YEAR 1</b>	
<p>Establish and continue a relationship with a Network Primary Care Provider.</p> <p>Complete the MyHealth Assessment on <a href="http://www.anthem.com">www.anthem.com</a>.</p> <p>Remain smoke-free or participate in a smoking cessation program.</p> <p>Get a body mass indicator (BMI) measurement and blood pressure reading. Maintain a BMI of less than 25 and a blood pressure measurement of less than 140/90 or participate in an Anthem Health Management Program.*</p> <p>Get your blood glucose and cholesterol levels checked and maintain acceptable levels or participate in an Anthem Health Management Program.*</p>	<p>Within 8 months of your Group's effective date or the Subscriber's effective date <i>whichever is later</i>, submit an initial PCP Checklist to be eligible for:</p> <p><b>A \$200 reward for meeting all Year 1 requirements</b></p>
<b>YEAR 2</b>	
<p>Complete the MyHealth Assessment on <a href="http://www.anthem.com">www.anthem.com</a></p> <p>Remain smoke-free or participate in a smoking cessation program.</p> <p>Maintain a body mass indicator (BMI) of less than 25 and a blood pressure measurement of less than 140/90 or participate in an Anthem Health Management Program.*</p> <p>Maintain acceptable blood glucose and cholesterol levels or participate in an Anthem Health Management Program.*</p>	<p>Year 2 begins on the first day of your Group's annual renewal date after you submit your initial Year 1 PCP Checklist.</p> <p>Because you completed your Wellness requirements in Year 1, you receive a \$1,000 credit toward meeting your Year 2 Deductible. Your credit is applied on your Group's annual renewal date.</p> <p>Within 8 months of your Group's annual renewal date, submit your Year 2 PCP Checklist for your \$1,000 credit towards meeting your Year 3 Deductible.</p>
<b>YEAR 3</b>	
<p>Complete the MyHealth Assessment on <a href="http://www.anthem.com">www.anthem.com</a></p> <p>Remain smoke-free or participate in a smoking cessation program.</p> <p>Maintain a body mass indicator (BMI) of less than 25 and a blood pressure measurement of less than 140/90 or participate in an Anthem Health Management Program.*</p> <p>Maintain acceptable blood glucose and cholesterol levels or participate in an Anthem Health Management Program.*</p>	<p>Year 3 begins on the first day of your Group's annual renewal date after you submit your Year 2 PCP Checklist.</p> <p>Because you completed your Wellness requirements in Year 2, you receive a \$1,000 credit toward meeting your Year 3 Deductible. Your credit is applied on your Group's annual renewal date.</p> <p>Within 8 months of your Group's annual renewal date, submit your Year 3 PCP Checklist for your \$1,000 credit towards meeting your Year 4 Deductible.</p>

The Year 1 \$200 reward is available only to the Subscriber and any covered spouse, civil union partner or Domestic Partner. However, both the Subscriber and the spouse, civil union partner or Domestic Partner must meet all the requirements in order for either Member to be eligible for the \$200 reward.

If the Subscriber's spouse, civil union partner or Domestic Partner is covered, the Deductible credit is available **only if both adult Members complete all requirements**. If both adults meet the requirements, all adults and children on the family membership receive the \$1,000 reduction in deductible. However, the family deductible maximum is reduced only by \$2,000. If a family membership consists of a Subscriber and children (no spouse, civil union partner or Domestic Partner), the Subscriber and all adults and children on the family membership receive the \$1,000 reduction in deductible. However, the family deductible maximum is reduced only by \$1,000.



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## **MATTHEW THORNTON BLUE HEALTHFIRST HOSPITAL TIER LIST**

### **TIER 1 SHORT TERM GENERAL HOSPITALS ARE:**

[Alice Peck Day Memorial Hospital, Lebanon NH]  
[Androscoggin Valley Hospital, Berlin NH]  
[Cheshire Medical Center, Keene NH]  
[Cottage Hospital, Woodsville NH]  
[Elliot Hospital, Manchester NH]  
[Frisbie Memorial Hospital, Rochester NH]  
[Huggins Hospital, Wolfeboro NH]  
[Littleton Regional Hospital, Littleton NH]  
[Memorial Hospital, North Conway NH]  
[Monadnock Community Hospital, Peterborough NH]  
[New London Hospital, New London NH]  
[Parkland Medical Center, Derry NH]  
[Southern NH Medical Center, Nashua NH]  
[Speare Memorial Hospital, Plymouth NH]  
[Upper Connecticut Valley Hospital, Colebrook NH]  
[Valley Regional Hospital, Claremont NH]  
[Weeks Memorial Hospital, Lancaster NH]  
[Wentworth-Douglass Hospital, Dover NH]

**ANY SHORT TERM GENERAL HOSPITAL [IN NEW HAMPSHIRE] THAT IS NOT LISTED ABOVE AS A TIER 1 HOSPITAL IS A TIER 2 HOSPITAL.**

**[ALL SHORT-TERM GENERAL HOSPITALS LOCATED OUTSIDE NEW HAMPSHIRE ARE TIER 2 HOSPITALS.]**