

Substance Abuse Services In-Patient Substance Abuse Services Out-Patient Substance Abuse Office Visits Out-Patient Substance Abuse Facility Services	Subject to Deductible \$20 per visit Subject to Deductible
Durable Medical Equipment ("DME") (including DME used to treat diabetes)/ External Prosthetic Devices/Ostomy Supplies	Subject to Deductible \$3,000 maximum/Contract Year
Artificial Limb Devices	Subject to Deductible
Surgery at Primary Care Provider office Surgery at Specialist office Out-patient Hospital/Facility Surgery	\$20 per visit \$50 per visit Subject to Deductible
Emergency Room (ER) Visit	\$200 per visit, for the ER facility charge. Other Covered Services shall be subject to the Tier 1 deductible.
Pre-Admission Testing at Primary Care Provider office Pre-Admission Testing at Specialist office Out-patient Hospital/Facility Pre-Admission Testing	\$20 per visit \$50 per visit Subject to Deductible
Diagnostic Labs and X-Rays: Labs X-Rays MRI, CT and PET Scans	Covered in Full Subject to deductible Subject to deductible
Out-patient Therapeutic Services	Subject to Deductible
Outpatient Physical, Occupational & Speech Therapy	\$50 per visit
Outpatient Cardiac Rehabilitation	\$50 per visit
Mammography Screening	Covered in Full
Ambulance Services	Subject to Deductible
Colonoscopy/Sigmoidoscopy	\$250 Copay
Maternity Benefits Prenatal Care Office Visit Postnatal Care Office Visits Initial Newborn Exam Inpatient Services (facility/physician/midwife)	Covered in Full Covered in Full Covered in Full Subject to Deductible
Skilled Nursing Facility	Subject to Deductible
Home Health Care	\$20 per visit
Inpatient Physical Rehabilitation Care	Subject to Deductible
Hospice	Subject to deductible

Transplant services	Subject to deductible
Urgent Care Center	\$100 per visit, for the facility charge. All other services are subject to Tier 1 or Tier 2 deductible. If Urgent Care Center is not hospital owned, the services shall be subject to the Tier 1 deductible.
Screening and brief intervention for alcohol and drug abuse	Covered in Full
Body Mass Index Screening	Covered in Full
Telehealth Services may substitute for certain Covered Services such as in-person visit for consultations, office and outpatient visits, psychiatric diagnostic interviews, individual psychotherapy, individual medical nutrition therapy, end-stage renal disease (ESRD) services, and pharmacologic management.	Subject to any applicable Deductible and Copayment which applies to the substituted Covered Service

HOSPITAL TIERING STRUCTURE

Hospital Name	Hospital Tier
Alice Peck Day Memorial Hospital []	1
Androscoggin Valley Hospital []	1
The Cheshire Medical Center[*]	1
Catholic Medical Center[*]	2
Concord Hospital []	1
Cottage Hospital	1
Dartmouth Hitchcock Medical Center []	2
Elliot Hospital []	1
Exeter Hospital []	2
Frisbie Memorial Hospital []	2
Huggins Hospital []	1
Littleton Regional Hospital []	2
Franklin Regional Hospital []	2
Lakes Region General Hospital []	1
Monadnock Community Hospital []	1
New London Hospital []	1
Parkland Medical Center []	1
Portsmouth Regional Hospital []	2
Southern NH Medical Center []	1
Speare Memorial Hospital []	1
St. Joseph Hospital []	2
Upper Connecticut Valley Hospital []	1
Valley Regional Hospital []	1
Weeks Medical Center []	1
Wentworth-Douglas Hospital []	1
Non-hospital facility charges will be applied to the deductible at the Tier 1 rate. All MVP Participating out of state hospitals will be assigned to Tier 2.	

* Hospital is considered in-network for Mental Health or Substance Abuse Covered Services. Any Hospitals not indicated as in-network are considered out of network for Mental Health and Substance Abuse Covered Services only.

MVP HEALTH INSURANCE COMPANY OF NEW HAMPSHIRE, INC.
EXCLUSIVE PROVIDER ORGANIZATION
NEW HAMPSHIRE HEALTHFIRST PLAN
RIDER HE518S
PRESCRIPTION DRUGS
(\$10.00/\$35.00/\$50.00)
Three Tier Formulary

This Rider amends the terms of your MVP Health Insurance Company of New Hampshire, Inc. (“MVP”) HealthFirst Certificate of Coverage (the “COC”) as follows:

1. This Rider adds the Coverage for prescription drugs to your COC as described herein.
2. Definitions.
 - A. Any reference to **Covered Drugs** in this Rider, shall refer collectively to Medically Necessary FDA approved self-administered prescription drugs, including prescription drugs for bone mineral density, diabetic supplies, and contraceptive devices, not excluded by the terms and conditions of this Rider. Covered Drugs must also be recognized as safe and effective for treatment of the prescribed indication in prevailing Peer Reviewed Medical Literature or the Standard Medical Reference Compendia listed below:
 - The American Hospital Formulary Service Drug Information.
 - B. Any reference to **Participating Pharmacy** (this includes references to Retail, Mail or Specialty Pharmacies) in this Rider shall mean a pharmacy within MVP’s Provider Network. You may obtain a list of Participating Pharmacies by calling MVP’s Member Services Department at 1-888-MVP-MBRS (1-888-687-6277) or by viewing the list online at www.mvphealthcare.com.
 - C. Any reference to **Allowable Charge** or **Allowable Amount** in this Rider refers to the maximum amount or benefit that MVP will pay for a Covered Drug. The Allowable Amount shall be equivalent to the negotiated rate charged to MVP or at the pharmacy's usual and customary cost whichever is less. Any cost share requirements (e.g. Copayment, Deductible and Coinsurance) shall be deducted from MVP’s Allowable Charge in determining your benefit.
 - D. **Tier Structure.** MVP divides prescription drugs into 3 tiers to make it easier for you and your doctor to choose the most appropriate, lowest cost drug to treat your condition. Medications are placed into different tiers

4. Benefits Available. Medically Necessary prescription drugs are covered up to a thirty (30) day supply. Prescription contraceptives and prescription contraceptive devices approved by the Federal Food and Drug Administration are covered subject to the applicable Copayment or Coinsurance in this Rider. You may get two Vacation Supplies per Contract Year. This means that you may get up to an additional 30 day supply for vacation periods two times per Contract Year. You must pay the applicable multiple Copayment or Coinsurance for a Vacation Supply. You may be able to get 90-Day Supply Benefits from a Participating Retail Pharmacy. See paragraph B below.

A. Retail Pharmacy Benefit. For covered prescription drugs obtained at an MVP Participating Retail Pharmacy, MVP will provide coverage subject to our Allowable Charge for up to a thirty (30) day supply per dispensing (Standard Supply) and subject to the following cost share requirements:

- (i) Tier 1 drugs listed on MVP's Formulary are subject to a \$10 Copayment per Standard Supply or the Allowable Charge, whichever is less.
- (ii) Tier 2 drugs listed on MVP's Formulary are subject to \$35 Copayment per Standard Supply or the Allowable Charge, whichever is less.
- (iii) Tier 3 drugs are subject to a \$50 Copayment per Standard Supply or the Allowable Charge, whichever is less.

90-Day Supply Benefits from Participating Retail Pharmacy. You may be able to get a 90-day supply per dispensing of Covered Drugs from a Participating Retail Pharmacy.

You may ask whether a particular Participating Retail Pharmacy has agreed to provide 90-Day Supply Benefits by calling MVP's Member Services Department at 1-888-687-6277.

B. Mail Order Pharmacy Benefit. For covered prescription drugs listed on MVP's Mail Order List and obtained through MVP's Mail Order Pharmacy, MVP will provide coverage subject to our Allowable Charge for up to a ninety (90) day supply per dispensing (Standard Mail Order Supply) and subject to following cost share requirements:

- (i) Tier 1 drugs listed on MVP's Formulary are subject to a \$25 Copayment per Standard Mail Order Supply or the Allowable Charge, whichever is less.
- (ii) Tier 2 drugs listed on MVP's Formulary are subject to a \$87.50 Copayment per Standard Mail Order Supply or the Allowable Charge, whichever is less.

- (iii) Tier 3 drugs are subject to a \$125 Copayment per Standard Mail Order Supply or the Allowable Charge, whichever is less.

How to Use the Mail Order Program.

1. New Prescriptions. You must complete a Mail Order Pharmacy Form. You may request a copy of the Form by calling MVP's Member Services Department at 1-888-MVP-MBRS (1-888-687-6277). You may also visit MVP's web site at www.mvphealthcare.com to download the Form or request a copy. Complete and sign the Form and attach the 90-day prescription with your check or credit card number for your Copayment. Then, mail everything to the address listed on the Form.
2. Refills. When you need to refill a prescription, you may
 - (i) Refill By Phone. Call the number listed on your order form. Have your prescription number, name, address and credit card information available to make your Copayment.
 - (ii) Refill By Mail. Complete the order form enclosed with your most recent delivery form and, if your health has changed, update your health profile. Complete the refill section, enclose your check or credit card number for your Copayment and mail it to the address listed on the delivery form.
 - (iii) Refills on line. You can order refills online at www.mvphealthcare.com
3. Obtaining Mail Order Drug List. Only drugs approved by MVP for mail order may be obtained through the mail order pharmacy program. You may obtain a copy of the list of drugs approved for mail order or inquire whether a particular drug is an approved maintenance drug by contacting MVP's Member Services Department at 1-888-MVP-MBRS (1-888-687-6277). You may also visit MVP's web site at www.mvphealthcare.com and enter the name of a drug to determine whether it is approved for mail order or to request a copy of the list of drugs approved for mail order.
4. Changes to the Mail Order Drug List. MVP notifies Providers, in writing, when we add new drugs to the list of drugs approved for mail order or delete previously approved drugs from the list of drugs approved for mail order. MVP provides at least 30 days prior