

**NH HealthFirst
Wellness Design**

Employees and Spouses

Reward Per Adult

<p align="center">Year One</p>	<ul style="list-style-type: none"> √ Establish and continue a relationship with a Primary Care Provider √ Complete a Health Risk Questionnaire √ Remain Smoke-Free or Participate in a Smoking Cessation Program √ Get a BMI measurement and Blood Pressure reading, and maintain a BMI of <25 and BP of <140/90 or participate in a health management program √ Get your Blood Glucose and Cholesterol levels checked, and maintain acceptable levels or participate in a health management program 	<p align="center">\$200 for Meeting All Requirements*</p>
<p>Year One - Within 8 Months of Employee's Effective Date</p>	<ul style="list-style-type: none"> √ Submit a Wellness Verification Form for Year 2 Deductible Credit 	
<p align="center">Year Two</p>	<ul style="list-style-type: none"> √ Complete a Health Risk Questionnaire √ Remain Smoke-Free or Participate in a Smoking Cessation Program √ Maintain a BMI of <25 and BP of <140/90 or participate in a health management program √ Maintain acceptable Blood Glucose and Cholesterol levels or participate in a health management program 	<p align="center">\$1,000 Deductible Credit for Meeting All Requirements</p>
<p>Year Two - Within 8 Months of Benefit Year Start Date</p>	<ul style="list-style-type: none"> √ Submit a Wellness Verification Form for Year 3 Deductible Credit 	
<p align="center">Year Three</p>	<ul style="list-style-type: none"> √ Complete a Health Risk Questionnaire √ Remain Smoke-Free or Participate in a Smoking Cessation Program √ Maintain a BMI of <25 and BP of <140/90 or participate in a health management program √ Maintain acceptable Blood Glucose and Cholesterol levels or participate in a health management program 	<p align="center">\$1,000 Deductible Credit for Meeting All Requirements</p>

*\$200 reward is granted upon completion of all requirements and submission of the Wellness Verification Form.

Deductible Credits are awarded for the benefit year period following submission of the form.

For families applying for the deductible credit, both parents must comply in order to obtain the credit. If both satisfy the requirements, then the single deductible amount is reduced by 1 x the credit, and the family is reduced by 2 x the credit (i.e., one credit for each adult parent)

The deductible for children covered under a family plan will match that of the parents.

The Form must be submitted within 8 months of the benefit year start date in order to obtain the rewards.

NH HealthFirst Program Benefit Summary

Benefits	HealthFirst Plan
Preventive Care Services Immunizations, Lead Screenings, PSA, Routine Physical Exams (including family planning, pre-natal & well child care), Women's Health (including mammography), Routine Hearing, Routine Laboratory and Annual Care Plan for Chronic Illnesses	Covered in Full
Other Office Visits Primary Care Copay Specialist Copay	\$20 per visit \$50 per visit
Colonoscopy	\$250 Copay
Deductible (single/family traditional)	Tier 1 Facilities: \$2,500/\$5,000 Tier 2 Facilities: \$4,000/\$8,000
Coinsurance	None
Max out of pocket (single/family traditional)	\$5,000/\$10,000
Lifetime Maximum	No Maximum
In/Out Patient Hospital Care	Subject to deductible
Skilled Nursing & Rehab Facilities SNF limited to 100 days/CY; Rehabilitation Facility limited to 60 days/CY	Subject to deductible
Diagnostic Labs and X-Rays Physician or Independent Outpatient Labs Hospital-based outpatient, Inpatient or ER Labs X-Rays MRI, CT and PET Scans	Covered in full Subject to deductible Subject to deductible Subject to deductible
Outpatient Surgery Doctor's Office Hospital/Surgical Day Care	\$20/\$50 per visit Subject to deductible
Urgent/Emergency Room Care Urgent Care Facility Copay Other Covered Services subject the Tier 1 or 2 deductible ** Emergency Room Facility Copay Other Covered Services, including radiology and laboratory work subject to the Tier 1 deductible	\$100 per visit for the facility charge \$200 per visit for the facility charge
Ambulance (medically necessary)	Subject to deductible
Short Term Therapy (PT, OT, ST) (20 visit limit each for PT, OT and ST)	\$50 per visit
Chiropractic	Not covered
Mental Health/Substance Abuse Services Office Visits (20 visit limit) Facility	\$20 per visit Subject to deductible
Durable Medical Equipment Limited to \$3,000/Mbr./CY	Subject to deductible
Prescription Drugs Covered medications, diabetic supplies and contraceptive devices purchased at a network pharmacy <u>At least one brand antihypertensive and one brand diabetic medication will be covered at the generic rate. Blood glucose test strips will also be covered at the generic rate.</u> Includes maintenance drugs at a retail and mail order pharmacy. Only certain drugs are considered maintenance and are available for a supply greater than 30 days. Important Notes: Whenever available, your prescription will be filled generically. If you choose to buy a brand drug, you pay the generic copay, plus the difference in the cost between the brand and generic. If, due to medical necessity, your physician needs to prescribe a brand drug, you pay only the formulary or non-formulary brand copay showing on this summary.	\$10 copay/generic \$35 copay/formulary brand \$50 copay/non-formulary brand Out of pocket maximum (single/family traditional) \$5,000/\$10,000 Copayment applies to each fill, up to a 30 day supply for both retail and mail order. Example: a 3-month supply through mail order requires 3 copayments.
<p>Members will need to work with a Care Navigator for elective tests and procedures. Members will need to establish a relationship with a primary care provider. The benefit plan will additionally cover the following services:</p> <ul style="list-style-type: none"> • Screening and Brief Intervention for Alcohol and Drug Abuse • Body Mass Index Screening • After-hours care • Telemedicine 	
<p>** Urgent Care – if the Urgent Care facility is not hospital owned, the services shall be subject to the Tier 1 deductible</p>	