

2016 SHOP Medical Bronze Plans

Plan ID/ Form Schedule #	96751NH0160012	96751NH0160008	19304NH0100001		19304NH0100002		19304NH0100005		19304NH0110001		59025NH0320024	59025NH0300045	61163NH0400001
Issuer	Anthem Blue Cross and Blue Shield of New Hampshire	Anthem Blue Cross and Blue Shield of New Hampshire	Community Health Options		Harvard Pilgrim Health Care of New England	Harvard Pilgrim Health Care of New England	Minuteman Health						
Plan Name	Anthem Bronze Pathway X HMO 5000 30 6550 w HSA	Anthem Bronze Pathway X HMO 6000 30 6850	Community Basic HSA		Community Access HSA		Community Option		Community Option HSA		ElevateHealth HSA HMO 6250	Best Buy HSA HMO 6250	MyDoc HMO Bronze HSA 6000
Metal Level	Bronze	Bronze	Bronze		Bronze		Bronze		Bronze		Bronze	Bronze	Bronze
Product Type	HMO	HMO	PPO		PPO		PPO		PPO		HMO	HMO	HMO
Network Coverage	Pathway X	Pathway X	New Hampshire Statewide Network		ElevateHealth	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
Deductible-Individual/Family	\$5000 per person \$10000 per group	\$6000 per person \$12000 per group	\$4300 per person \$8600 per group	\$8000 per person \$16000 per group	\$6550 per person \$13100 per group	\$10000 per person \$20000 per group	\$5500 per person \$11000 per group	\$8000 per person \$16000 per group	\$5000 per person \$10000 per group	\$7500 per person \$15000 per group	\$6250 per person \$12500 per group	\$6250 per person \$12500 per group	\$6000 per person \$12000 per group
Coinsurance	30%	30%	30%	40%	0%	0%	50%	60%	50%	60%	25%	25%	0%
Max Out of Pocket-Individual/Family	\$6550 per person \$13100 per group	\$6850 per person \$13700 per group	\$6550 per person \$13100 per group	\$13000 per person \$26000 per group	\$6550 per person \$13100 per group	\$10000 per person \$20000 per group	\$6850 per person \$13700 per group	\$13000 per person \$26000 per group	\$6550 per person \$13100 per group	\$12500 per person \$25000 per group	\$6450 per person \$12900 per group	\$6450 per person \$12900 per group	\$6450 Individual \$6850 per person \$12900 per group
Preventive Care	No Charge	No Charge	No Charge	100% Coinsurance after deductible	No Charge	No Charge	No Charge						
PCP Visits (not wellness)	30% Coinsurance after deductible	\$35 Copay for first three visits Thereafter 10% Coinsurance after deductible	30% Coinsurance after deductible	100% Coinsurance after deductible	No Charge after deductible	100% Coinsurance after deductible	\$45	100% Coinsurance after deductible	10% Coinsurance after deductible	100% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge after deductible
Specialist Visits	30% Coinsurance after deductible	\$35 Copay for first three visits Thereafter 10% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge after deductible
Urgent Care	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	\$140	60% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge after deductible
Outpatient Facility/Surgical Center	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge after deductible
Outpatient Physician' Surgical Center	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge after deductible
Emergency Room	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge after deductible
Inpatient Hospital Services	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge after deductible
Generic Drug	30% Coinsurance after deductible	\$15	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	10% Coinsurance after deductible	30% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge after deductible
Preferred Brand Drug	30% Coinsurance after deductible	\$40 Copay after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	30% Coinsurance after deductible
Durable Medical Equipment	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	20% Coinsurance after deductible
Chiropractic Care	30% Coinsurance after deductible	\$35 Copay for first three visits Thereafter 10% Coinsurance after deductible	30% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	10% Coinsurance after deductible	100% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge 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
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	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered