



Chris Nicolopoulos
Commissioner

**The State of New Hampshire
Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301
(603) 271-2261
Fax (603) 271-1406 TDD
Access: Relay NH
1-800-735-2964**

The following document serves as a single document which brings together all plans available ON the New Hampshire Health Insurance Marketplace for Individual, Small Group and Stand-Alone Dental Plans. This document provides each plan's summary of benefits, plan brochure, provider directory and formularies (or list of covered drugs). This document does not outline all available benefits, please refer to each plan's plan brochure and summary of benefits PDFs for further information on each plan.

Plan Compare Glossary:

Ambetter – Ambetter plans as offered by Celtic Insurance Company

F – Family, which refers to the cost sharing for a family plan, as compared to the cost sharing for an individual looking to purchase the same plan.

Harvard – Harvard Pilgrim Health Care of New England

Ind – Individual, which refers to the cost sharing for an individual person as compared to the cost sharing for a family plan.

MTHP – Matthew Thornton Health Plan

Plan Year 2021 - Medical Small Group Plans

Insurance Company	Plan Name	Metal Level	Plan Documents & Links				Deductible	Max Out of Pocket
Anthem	Anthem Bronze Preferred Blue PPO 7000 0 7000 w HSA	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$7000 F: \$14000	I: \$7000 F: \$14000
Anthem	Anthem Bronze Preferred Blue PPO 8500 0 8500	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$8500 F: \$17000	I: \$8500 F: \$17000
Anthem	Anthem Gold Preferred Blue PPO 1000 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1000 F: \$3000	I: \$7000 F: \$14000
Anthem	Anthem Gold Preferred Blue PPO 1500 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1500 F: \$3000	I: \$7000 F: \$14000
Anthem	Anthem Gold Preferred Blue PPO 2000 0 6000 RxD	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$6000 F: \$12000
Anthem	Anthem Gold Preferred Blue PPO 2000 10 4250 w HSA	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$4250 F: \$8500
Anthem	Anthem Gold Preferred Blue PPO 2000 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$7000 F: \$14000
Anthem	Anthem Gold Preferred Blue PPO 3000 0 6000 RxD	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$6000 F: \$12000
Anthem	Anthem Gold Preferred Blue PPO 3000 10 7350	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$7350 F: \$14700
Anthem	Anthem Gold Preferred Blue PPO 4000 0 6500 RxD	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4000 F: \$8000	I: \$6500 F: \$13000
Anthem	Anthem Platinum Preferred Blue PPO 200 20 3200	Platinum	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$200 F: \$600	I: \$3200 F: \$6400
Anthem	Anthem Silver Preferred Blue PPO 3000 10 7000 w HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$7000 F: \$14000
Anthem	Anthem Silver Preferred Blue PPO 3000 20 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$8500 F: \$17000
Anthem	Anthem Silver Preferred Blue PPO 4000 10 7000 w HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4000 F: \$8000	I: \$7000 F: \$14000
Anthem	Anthem Silver Preferred Blue PPO 4000 20 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4000 F: \$8000	I: \$8500 F: \$17000

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs

Plan Year 2021 - Medical Small Group Plans

Insurance Company	Plan Name	Metal Level	Plan Documents & Links				Deductible	Max Out of Pocket
Anthem	Anthem Silver Preferred Blue PPO 5000 0 8500 RxD	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5000 F: \$10000	I: \$8500 F: \$17000
Anthem	Anthem Silver Preferred Blue PPO 5000 0 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5000 F: \$10000	I: \$8500 F: \$17000
Anthem	Anthem Silver Preferred Blue PPO 5000 30 7000 w HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5000 F: \$10000	I: \$7000 F: \$14000
Anthem	Anthem Silver Preferred Blue PPO 6000 0 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6000 F: \$12000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Bronze Access Blue New England HMO 7000 0 7000 w HSA	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$7000 F: \$14000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Bronze Access Blue New England HMO 8500 0 8500	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$8500 F: \$17000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Bronze Pathway X HMO 7000 0 7000 w HSA	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$7000 F: \$14000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Bronze Pathway X HMO 8500 0 8500	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$8500 F: \$17000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Gold Access Blue New England HMO 1000 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1000 F: \$3000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Gold Access Blue New England HMO 1500 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1500 F: \$3000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Gold Access Blue New England HMO 2000 0 6000 RxD	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$6000 F: \$12000
Anthem (MTHP)	Anthem Gold Access Blue New England HMO 2000 10 4250 w HSA	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$4250 F: \$8500
Anthem (MTHP)	Anthem Gold Access Blue New England HMO 2000 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Gold Access Blue New England HMO 3000 0 6000 RxD	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3,000 F: \$6,000	I: \$6000 F: \$12000

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs

Plan Year 2021 - Medical Small Group Plans

Insurance Company	Plan Name	Metal Level	Plan Documents & Links				Deductible	Max Out of Pocket
Anthem (MTHP)	Anthem Gold Access Blue New England HMO 3000 10 7350	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$7350 F: \$14700
Anthem (MTHP)	Anthem Gold Access Blue New England HMO 4000 0 6500 RxD	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4,000 F: \$8,000	I: \$6500 F: \$13000
Anthem (MTHP)	Anthem Gold HMO Blue New England Choice 2000 0 6500	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$6500 F: \$13000
Anthem (MTHP)	Anthem Gold Pathway X HMO 1000 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1000 F: \$3000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Gold Pathway X HMO 1500 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1500 F: \$3000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Gold Pathway X HMO 2000 0 6000 RxD	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$6000 F: \$12000
Anthem (MTHP)	Anthem Gold Pathway X HMO 2000 10 4250 w HSA	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$4250 F: \$8500
Anthem (MTHP)	Anthem Gold Pathway X HMO 2000 10 7000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$2000 F: \$4000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Gold Pathway X HMO 3000 0 6000 RxD	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$6000 F: \$12000
Anthem (MTHP)	Anthem Gold Pathway X HMO 3000 10 7350	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$7350 F: \$14700
Anthem (MTHP)	Anthem Gold Pathway X HMO 4000 0 6500 RxD	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4000 F: \$8000	I: \$6500 F: \$13000
Anthem (MTHP)	Anthem Platinum Access Blue New England HMO 200 20 3200	Platinum	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$200 F: \$600	I: \$3200 F: \$6400
Anthem (MTHP)	Anthem Platinum Pathway X HMO 200 20 3200	Platinum	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$200 F: \$600	I: \$3200 F: \$6400
Anthem (MTHP)	Anthem Silver Access Blue New England HMO 3000 10 7000 w HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$8500 F: \$17000

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs

Plan Year 2021 - Medical Small Group Plans

Insurance Company	Plan Name	Metal Level	Plan Documents & Links				Deductible	Max Out of Pocket
Anthem (MTHP)	Anthem Silver Access Blue New England HMO 3000 20 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver Access Blue New England HMO 4000 10 7000 w HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4000 F: \$8000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Silver Access Blue New England HMO 4000 20 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4000 F: \$8000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver Access Blue New England HMO 5000 0 8500 RxD	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5,000 F: \$10,000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver Access Blue New England HMO 5000 0 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5000 F: \$10000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver Access Blue New England HMO 5000 30 7000 w HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5000 F: \$10000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Silver Access Blue New England HMO 6000 0 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6000 F: \$12000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver HMO Blue New England Choice 3000 10 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver HMO Blue New England Choice 4000 20 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4000 F: \$8000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver Pathway X HMO 3000 10 7000 w HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Silver Pathway X HMO 3000 20 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3000 F: \$6000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver Pathway X HMO 4000 10 7000 w HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4000 F: \$8000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Silver Pathway X HMO 4000 20 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4000 F: \$8000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver Pathway X HMO 5000 0 8500 RxD	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5000 F: \$10000	I: \$8500 F: \$17000

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs

Plan Year 2021 - Medical Small Group Plans

Insurance Company	Plan Name	Metal Level	Plan Documents & Links				Deductible	Max Out of Pocket
Anthem (MTHP)	Anthem Silver Pathway X HMO 5000 0 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5000 F: \$10000	I: \$8500 F: \$17000
Anthem (MTHP)	Anthem Silver Pathway X HMO 5000 30 7000 w HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5000 F: \$10000	I: \$7000 F: \$14000
Anthem (MTHP)	Anthem Silver Pathway X HMO 6000 0 8500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6000 F: \$12000	I: \$8500 F: \$17000

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs

Plan Year 2021 - Medical Individual Plans

Insurance Company	Plan Name	Metal Level	Plan Documents & Links				Deductible	Max Out of Pocket
Anthem(MTHP)	Anthem Bronze Pathway X Enhanced HMO 35% for HSA	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5,650 F: \$11,300	I: \$7,000 F: \$14,000
Anthem(MTHP)	Anthem Bronze Pathway X Enhanced HMO 5750/10%	Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5750 F: \$11,500	I: \$8,550 F: \$17,100
Anthem(MTHP)	Anthem Silver Pathway X Enhanced HMO 10% for HSA	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3,000 F: \$6,000	I: \$7,000 F: \$14,000
Anthem(MTHP)	Anthem Silver Pathway X Enhanced HMO 4000/0%	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4,000 F: \$8,000	I: \$8,550 F: \$17,100
Anthem(MTHP)	Anthem Catastrophic Pathway X Enhanced HMO 8550/0%	Catastrophic	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$8,550 F: \$17,100	I: \$8,550 F: \$17,100
Anthem(MTHP)	Anthem Silver Pathway X Enhanced HMO 3500/0%	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3,500 F: \$7,000	I: \$8,550 F: \$17,100
Anthem(MTHP)	Anthem Bronze Pathway X Enhanced HMO 6500/40%	Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,500 F: \$13,000	I: \$8,550 F: \$17,100
Anthem(MTHP)	Anthem Silver Pathway X Enhanced HMO 6300/30%	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,300 F: \$12,600	I: \$8,550 F: \$17,100
Anthem(MTHP)	Anthem Gold Pathway X Enhanced HMO 1500/15%	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1,500 F: \$4,500	I: \$8,550 F: \$17,100
Anthem(MTHP)	Anthem Bronze Pathway X Enhanced HMO 4500/15%	Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4,500 F: \$9,000	I: \$8,550 F: \$17,100
Ambetter	Ambetter Secure Care 5 (2021)	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1,450 F: \$2,900	I: \$6,300 F: \$12,600
Ambetter	Ambetter Essential Care 2 HSA (2021)	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,900 F: \$13,800	I: \$6,900 F: \$13,800
Ambetter	Ambetter Balanced Care 12 (2021)	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,500 F: \$13,000	I: \$8,400 F: \$16,800
Ambetter	Ambetter Balanced Care 29 (2021)	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5,450 F: \$10,900	I: \$8,400 F: \$16,800

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs

Plan Year 2021 - Medical Individual Plans

Insurance Company	Plan Name	Metal Level	Plan Documents & Links				Deductible	Max Out of Pocket
Ambetter	Ambetter Essential Care 1 (2021)	Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$8,300 F: \$16,600	I: \$8,300 F: \$16,600
Ambetter	Ambetter Essential Care 10 (2021)	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$7,200 F: \$14,400	I: \$8,400 F: \$16,800
Ambetter	Ambetter Balanced Care 11 (2021)	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,000 F: \$12,000	I: \$8,500 F: \$17,000
Ambetter	Ambetter Balanced Care 25 HSA (2021)	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4,900 F: \$9,600	I: \$4,900 F: \$9,600
Ambetter	Ambetter Balanced Care 26 (2021)	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5,450 F: \$10,900	I: \$8,100 F: \$16,200
Ambetter	Ambetter Balanced Care 28 (2021)	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1,500** F: \$3,000**	I: \$8,400 F: \$16,800
Ambetter	Ambetter Essential Care 1 (2021) + Vision + Adult Dental	Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$8,300 F: \$16,600	I: \$8,300 F: \$16,600
Ambetter	Ambetter Essential Care 2 HSA (2021) + Vision + Adult Dental	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,900 F: \$13,800	I: \$6,900 F: \$13,800
Ambetter	Ambetter Essential Care 10 (2021) + Vision + Adult Dental	Expanded Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$7,200 F: \$14,400	I: \$8,400 F: \$16,800
Ambetter	Ambetter Balanced Care 11 (2021) + Vision + Adult Dental	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,000 F: \$12,000	I: \$8,500 F: \$17,000
Ambetter	Ambetter Balanced Care 12 (2021) + Vision + Adult Dental	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,500 F: \$13,000	I: \$8,400 F: \$16,800
Ambetter	Ambetter Balanced Care 12 (2021) + Vision + Adult Dental	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,500 F: \$13,000	I: \$8,400 F: \$16,800
Ambetter	Ambetter Balanced Care 25 HSA (2021) + Vision + Adult Dental	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4,800 F: \$9,600	I: \$4,800 F: \$9,600
Ambetter	Ambetter Balanced Care 26 (2021) + Vision + Adult Dental	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5,450 F: \$10,900	I: \$8,100 F: \$16,200

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs

Plan Year 2021 - Medical Individual Plans

Insurance Company	Plan Name	Metal Level	Plan Documents & Links				Deductible	Max Out of Pocket
Ambetter	Ambetter Balanced Care 28 (2021) + Vision + Adult Dental	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$0 F: \$0 50% coinsurance	I: \$8,200 F: \$16,400
Ambetter	Ambetter Secure Care 5 (2021) + Vision + Adult Dental	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1,450 F: \$2,900	I: \$6,300 F: \$12,600
Harvard Pilgrim	ElevateHealth HMO Gold 1500	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1,500 F: \$3,000	I: \$8,150 F: \$16,300
Harvard Pilgrim	ElevateHealth HMO Silver 3500	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3,500 F: \$7,000	I: \$8,500 F: \$17,000
Harvard Pilgrim	ElevateHealth HMO Silver 4000	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$4,000 F: \$8,000	I: \$8,500 F: \$17,000
Harvard Pilgrim	ElevateHealth HMO Silver 5000	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$5,000 F: \$10,000	I: \$8,500 F: \$17,000
Harvard Pilgrim	ElevateHealth HMO Silver 6300	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,300 F: \$12,600	I: \$8,500 F: \$17,000
Harvard Pilgrim	ElevateHealth HMO Bronze 6000	Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,000 F: \$12,000	I: \$8,500 F: \$17,000
Harvard Pilgrim	ElevateHealth HMO Bronze 7200	Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$7,200 F: \$14,400	I: \$8,500 F: \$17,000
Harvard Pilgrim	ElevateHealth HMO Catastrophic	Catastrophic	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$8,550 F: \$17,100	I: \$8,550 F: \$17,100
Harvard Pilgrim	ElevateHealth HMO HSA Silver 3750	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3,750 F: \$7,500	I: \$6,900 F: \$13,800
Harvard Pilgrim	ElevateHealth HMO HSA Bronze 6250	Bronze	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$6,250 F: \$12,500	I: \$6,900 F: \$13,800
Harvard Pilgrim	ElevateHealth Options HMO Gold 1000	Gold	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$1,000 F: \$2,000	I: \$8,150 F: \$16,300
Harvard Pilgrim	ElevateHealth Options HMO Silver 3000	Silver	Summary of Benefits	Plan Brochure	Provider Directory	List of Covered Drugs	I: \$3,000 F: \$6,000	I: \$8,500 F: \$17,000

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs

Plan Year 2021 - SADP Small Group

Insurance Company	Plan Name	Metal Level	Plan Documents & Links			Deductible	Max Out of Pocket
Anthem Health Plans of NH	Anthem Dental Family	Low	Summary of Benefits	Plan Brochure	Provider Directory	\$50 per covered person	I: \$350 F: \$700
Anthem Health Plans of NH	Anthem Dental Family Enhanced	High	Summary of Benefits	Plan Brochure	Provider Directory	\$50 per covered person	I: \$350 F: \$700

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs

Plan Year 2021 - SADP Individual

Insurance Company	Plan Name	Metal Level	Plan Documents & Links			Deductible	Max Out of Pocket
Anthem Health Plans of NH	Anthem Dental Family	Low	Summary of Benefits	Plan Brochure	Provider Directory	\$50 per covered person	I: \$350 F: \$700
Anthem Health Plans of NH	Anthem Dental Family Enhanced	High	Summary of Benefits	Plan Brochure	Provider Directory	\$50 per covered person	I: \$350 F: \$700
Anthem Health Plans of NH	Anthem Dental Family Value	Low	Summary of Benefits	Plan Brochure	Provider Directory	\$50 per covered person	I: \$350 F: \$700
Anthem Health Plans of NH	Anthem Dental Family Preventative	Low	Summary of Benefits	Plan Brochure	Provider Directory	\$50 per covered person	I: \$350 F: \$700
Delta Dental	Delta Dental Family High Plan	High	Summary of Benefits	Plan Brochure	Provider Directory	\$50 per covered person	I: \$350 F: \$700
Delta Dental	Delta Dental Family Low Plan	Low	Summary of Benefits	Plan Brochure	Provider Directory	\$150 per covered person	I: \$350 F: \$700
Delta Dental	Delta Dental Pediatric High Plan	High	Summary of Benefits	Plan Brochure	Provider Directory	\$50 per covered person	I: \$350 F: \$700
Delta Dental	Delta Dental Pediatric Low Plan	Low	Summary of Benefits	Plan Brochure	Provider Directory	\$150 per covered person	I: \$350 F: \$700
Renaissance	New Hampshire Preferred Plus Plan	High	Summary of Benefits	Plan Brochure	Provider Directory	I: \$50 F: \$150	I: \$350 F: \$700
Renaissance	New Hampshire Preferred Plan	Low	Summary of Benefits	Plan Brochure	Provider Directory	I: \$50 F: \$150	I: \$350 F: \$700
Renaissance	New Hampshire Preferred Plus Plan (Pediatric Only)	High	Summary of Benefits	Plan Brochure	Provider Directory	I: \$50 F: \$150	I: \$350 F: \$700
Renaissance	New Hampshire Preferred Plan (Pediatric Only)	Low	Summary of Benefits	Plan Brochure	Provider Directory	I: \$50 F: \$150	I: \$350 F: \$700

NOTE: The above serves only as a high level summary, for further details please reference the Plan Brochures and Summary of Benefits PDFs