NEW HAMPSHIRE INTERLOCAL TRUST

	HMO Super $25/$50 $2000	ElevateHealth Options HMO $2000	
	Harvard Pilgrim (MD16145)	Harvard Pilgrim (MD18113)	
	All HPHC HMO Participating Providers	**Tier 1 Network** ElevateHealth Participating Providers	**Tier 2 Network** Other HPHC HMO Participating Providers
Preventive Care Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.	Covered in Full	Covered in Full	
Chemotherapy and Radiation	Covered in Full	Covered in Full	Tier 2 Deductible; then 20% Coinsurance
X-Rays	Covered in Full	Covered in Full	Tier 2 Deductible; then 20% Coinsurance
Laboratory Tests	Covered in Full	Covered in Full	Tier 2 Deductible; then 20% Coinsurance
Routine Maternity Care - Prenatal and Postpartum Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	Covered in Full	Covered in Full	Covered in Full
Inpatient Mental Health & Substance Abuse	Covered in Full	Covered in Full	Covered in Full
Home Health Care	Covered in Full	Covered in Full	Covered in Full
Oxygen & Respiratory Equipment	Covered in Full	Covered in Full	Covered in Full
Tier 1 Copayment Professional visits:			Tier 2 Deductible; then 20% Coinsurance
***Preferred* PCP Office Visit**	$25 Copay	Covered in Full	
PCP Office Visit	$25 Copay	$25 Copay	
Routine Annual Eye Exam (1 per year)	$25 Copay	$25 Copay	
Chiropractic Care	$25 Copay; Unlimited Visits	$25 Copay; 12 Visit Limit	
Acupuncture; 20 visit limit	$25 Copay	$25 Copay	$25 Copay
Outpatient Mental Health & Substance Abuse	$25 Copay	$25 Copay	$25 Copay
Tier 2 Copayment Professional visits:	$50 Copay	$50 Copay	Tier 2 Deductible; then 20% Coinsurance
Specialist Office Visit	$50 Copay	$50 Copay	
Physical/Occupational/Speech Therapy	$50 Copay; Unlimited Visits	$50 Copay; combined 60 visit limit	
Allergy Injections	$5 Copay	$5 Copay	
Outpatient Surgery; Freestanding Facility	Deductible; then Covered in Full	$150 Copay	
Prescription Drugs: Retail (30 day Supply)	$5/$15/$30/$50	$5/$15/$30/$50	
Mail Order (90 day Supply)	$5/$15/$30/$50	$5/$15/$30/$50	
Deductible: Limit one per year	$2,000 Deductible ($6,000 Family Maximum)	Tier 1: $2,000 ($4,000 Family)	Tier 2: $4,000 ($8,000 Family)
Hospital Inpatient	Deductible; then Covered in Full	Tier 1 Deductible; then Covered in Full	Tier 2 Deductible; then 20% Coinsurance
Maternity Care - Delivery	Deductible; then Covered in Full	Tier 1 Deductible; then Covered in Full	Tier 2 Deductible; then 20% Coinsurance
Advanced Radiology	Deductible; then Covered in Full	Tier 1 Deductible; then Covered in Full	Tier 2 Deductible; then 20% Coinsurance
Skilled Nursing Facility & Inpatient Rehabilitation; combined 100 day limit	Deductible; then Covered in Full	Tier 1 Deductible; then Covered in Full	Tier 2 Deductible; then 20% Coinsurance
Outpatient Surgery; Hospital Facility	Deductible; then Covered in Full	Tier 1 Deductible; then $150 Copay	Tier 2 Deductible; then 20% Coinsurance
Ambulance - Emergency Transport	Deductible; then Covered in Full	Tier 1 Deductible; then Covered in Full	
Emergency Room (co-pay waived if admitted)	$150 Copay	Tier 1 Deductible; then $250 Copay	
Hospital Urgent Care Clinic	$75 Copay	Tier 1 Deductible; then $150 Copay per visit	Tier 2 Deductible; then 20% Coinsurance
Urgent Care Clinic	$50 Copay	$50 Copay	Tier 2 Deductible; then 20% Coinsurance
Convenience Care Clinic	$25 Copay	$25 Copay	Tier 2 Deductible; then 20% Coinsurance
Durable Medical Equipment	Separate $100 Deductible; then 20% Coinsurance	Tier 1 Deductible; then 20% Coinsurance	
Out of Pocket Maximum: Medical	$3,000 ($7,000 Family)	$6,000 ($12,000 Family)	
Prescription Drugs	$3,000 ($6,000 Family)	$6,000 ($12,000 Family)	
SaveOn Program	Available	Not Available	

Deductible Year: Calendar Year (January-December) | Deductible Carry-Over Provision: Yes | Lifetime Benefit: Unlimited

Any eligible medical expense incurred toward the Tier 1 Deductible in a Calendar Year applies to **both** the Tier 1 and Tier 2 Deductibles and vice versa. The maximum Deductible amount will never exceed the Tier 2 Deductible.

Extraction of teeth impacted in bone is not a covered benefit.

This is only a summary of benefits, please consult the corresponding schedule of benefits. Exceptions & exclusions apply.

Benefit limits, deductibles and out of pocket maximums are based on a calendar year.

Aug-18