

Plan Comparison Summary¹

New Hampshire Health Plan (NHHP)	Indemnity Plans		Managed Care Plans				
	Option A	Option B	Option A	Option B	Option C	Option D	Option H ²
General Policy Provisions			In network				
Calendar Year Deductible	\$1,750	\$3,500	\$1,000	\$2,500	\$5,000	\$10,000	\$5,600
Your Coinsurance %	20%		20%		0%		
Out-of-Pocket Maximum (including deductible & coinsurance)	\$4,750	\$7,000	\$3,500	\$5,000	\$7,500	\$10,000	\$5,600 ³
			Out of network				
Calendar Year Deductible	not applicable		\$2,000	\$3,500	\$7,500	\$12,500	\$8,100
Your Coinsurance %			40%		20%		
Out-of-Pocket Maximum (including deductible & coinsurance)			\$7,000	\$8,500	\$12,500	\$15,000	\$10,600 ³
Emergency Room Copayment	\$100	\$100	\$100	\$100	\$100	\$100	N/A
Lifetime NHHP Maximum	\$2.5 million						

Prescription Drug Benefit

Calendar Year Deductible	\$300						In network: Same as general policy provisions Out of network: Not covered
Retail copays (generic / preferred* / brand*)	\$10 / \$30+20% / \$45+20%						
Mail order copays (generic / preferred* / brand*)	\$20 / \$60+20% / \$90+20%						
Calendar year maximum benefit	\$10,000						

* You will pay additional amounts if you purchase a non-generic name drug if a generic is available.
For a listing of preferred drugs see www.restat.com/members/formulary.cfm

All Mental Health and Alcohol & Drug Abuse – combined benefit limitations

Calendar year maximum benefit	\$3,000	\$1,000	\$3,000	\$1,000	\$1,000	\$1,000	\$1,000
Lifetime NHHP Maximum	\$10,000	\$3,000	\$10,000	\$3,000	\$3,000	\$3,000	\$3,000

Selected Benefit Comparisons

Routine Physical Exams (including annual GYN)	covered, subject to deductible & coinsurance		covered, subject to deductible & coinsurance				
Immunizations, Pap smears, PSA tests, lead screening	covered, subject to deductible & coinsurance		covered, subject to deductible & coinsurance				
Maternity rider (with added premium)	available	not available	available	not available			

Important Notes:

¹ Additional limitations beyond those in this summary apply. Any NHHP plan description in this summary or elsewhere is intended only as a starting guide. Actual plan provisions are set forth in the policy. It is important for you to review your policy. You will have 10 days from the date you receive your policy to return it and receive a full refund of premiums paid if, for any reason, you are not happy with it.

² Managed Care Option H qualifies as a “high deductible health plan” under federal Health Savings Account (“HSA”) provisions. Enrollees in this plan may be able to create an HSA to pay certain medical expenses and enjoy certain tax benefits. Please consult with your tax advisor regarding this.

³ Out of pocket maximums listed are for individual coverage only.

**For more information on New Hampshire Health Plan,
call 1-877-888-NHHP (6447) or visit www.nhhealthplan.org.**