NEW HAMPSHIRE INTERLOCAL TRUST

HMO $15 $500

Harvard Pilgrim (MD13960)
In-Network

Benefits Covered in Full (no cost to the member)	
Preventive Care Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.	Covered in Full
Laboratory Tests	
X-rays	
Chemotherapy & Radiation Therapy	
Routine Maternity Care - Prenatal and Postpartum Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	
Inpatient Mental Health & Substance Abuse	
Home Health Care	
Oxygen & Respiratory Equipment	

Benefits Covered after a Copayment	
Professional Visits:	$15 Copay
Physician Services/Office Visit	
Routine Annual Eye Exam (1 per year)	
Acupuncture; 20 visit limit	
Chiropractic Care; 12 visit limit	
Physical/Occupational Therapy; combined 25 visit limit	
Speech Therapy; 25 visit limit	
Outpatient Mental Health & Substance Abuse	
Allergy Injections	$5 Copay
Emergency Room (waived if admitted)	$100 Copay
Prescription Drugs: Retail (30 day supply)	$0/$25/$40
Mail Order (90 day supply)	$0/$25/$40

Benefits Covered after a Deductible	
Best Buy Deductible: Limit one per year	$500 Deductible ($1,500 Family Maximum)
Hospital Inpatient	Deductible; then Covered in Full
Maternity Care - Delivery	
Advanced Radiology; CT Scans and MRIs	
Outpatient Surgery	
Skilled Nursing Facility & Inpatient Rehabilitation; combined 100 day limit per year	
Ambulance - Emergency Transport	
Durable Medical Equipment	Separate $100 Deductible; then 20% Coinsurance
Out of Pocket Maximum: Medical	$2,000 ($4,000 Family)
Prescription Drugs	$4,000 ($8,000 Family)

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

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-15