



## PLAN COMPARISON SUMMARY<sup>1</sup>

New Hampshire Health Plan (NHHP)	Indemnity Plans		Managed Care Plans				
	Option A	Option B	Option A	Option B	Option C	Option D	Option H <sup>2</sup>
<b>General Policy Provisions</b>			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 <sup>3</sup>
			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
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
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	Out of network: Not covered

\* 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](http://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)	not covered		covered, subject to deductible & coinsurance				
Immunizations, Pap smears, PSA tests, lead screening	not covered		covered, subject to deductible & coinsurance				
Maternity rider (with added premium)	available	not available	available	not available			

### Important Notes:

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Family coverage is available for Managed Care Option H. The calendar year deductible for all family members is \$11,200.