



Choosing the Best Medical Plan for You and Your Family

Selecting a medical coverage plan can feel daunting. You're making a decision that could impact your family's healthcare; what could be more important? Here's the good news: You are choosing a plan provided by HealthTrust. That means no matter which plan you select you will have high quality coverage. This quick reference guide can be a first step to choosing the best plan for you and your family.

Why a HealthTrust Plan is Right for You

- For almost 40 years, HealthTrust has provided coverage exclusively for employees who work in New Hampshire's public sector (including teachers and school staff, police officers, firefighters, public works employees, and other municipal, school and county employees) and their covered family members.
- We cover more public sector employees than any other organization in New Hampshire.
- We offer exceptional service. When you call HealthTrust at 800.527.5001 you speak with an Enrollee Services Representative who is knowledgeable about our coverage plans, programs and services, and who works right in our office in Concord. Most issues are resolved within minutes.
- We team with only the best:
 - Medical coverage is provided in collaboration with Anthem Blue Cross and Blue Shield in New Hampshire,
 - Dental plans are provided in collaboration with Northeast Delta Dental, and
 - Prescription medication coverage is provided in collaboration with CVS Caremark, and IngenioRx, an Anthem company.
- Our Slice of Life and HealthTrust 360 wellness programs offer the resources and support you need to live your healthiest life.





7 Essential Medical Services All HealthTrust Plans Cover

1. Preventive services (screenings, routine check-ups, eye exams, and vaccines are covered in full)
2. Physician office visits and consultations
3. Medical and surgical care
4. Inpatient hospital care
5. Emergency or Urgent care
6. Prescription medications
7. Behavioral health and substance use disorder care

All plans include an extensive provider network to connect you with the best healthcare providers.



Prescription Medication Coverage

All medical plans include prescription medication benefits that support your overall health, treat illness or chronic disease and manage pain.

CVS Caremark – for Access Blue HMO and Open Access PPO Plans

- **Short-Term Medications:** Enrollees receive a prescription plan ID card through CVS Caremark for obtaining short-term prescription medications (up to a 34-day supply) at a network retail pharmacy.
- **Long-Term Medications:** All Enrollees have access to the CVS Caremark Maintenance Choice program, which provides the option to fill long-term prescriptions (up to a 90-day supply) by mail service or at a CVS Pharmacy (including Target locations). It's a convenient way to fill your long-term or maintenance medications while reducing your prescription costs.

Anthem/IngenioRX - for High Deductible Health Plans (HDHP)

- **Short-Term Medications:** Enrollees may use their Anthem medical ID card for obtaining short-term prescription medications at a network retail pharmacy.
- **Long-Term Medications:** Enrollees have the choice to fill long-term prescription medications (up to a 90-day supply) through the IngenioRx Home Delivery Pharmacy (mail order) or at a network retail pharmacy.

(See back page for vision, dental and other coverage information.)

Your Quick Guide To HealthTrust Medical Coverage Plans

HealthTrust Medical plans	Access Blue New England HMO	OR	Access Blue New England Site of Service HMO	OR	Open Access PPO Plans	OR	High Deductible Health Plans (HDHP)
How the plan works:	<p>You choose a Primary Care Provider (PCP) from a network of medical providers throughout the six New England states (CT, MA, ME, NH, RI and VT). You can choose one PCP for your family or different PCPs for each covered family member.</p> <p>You have access to in-network primary care, specialist care, urgent care, hospitals and other medical facilities anywhere in New England without a referral.</p> <p>PCP referral is required to see an out-of-network specialist.</p>		<p>This plan works similarly to the Access Blue New England HMO plan: You choose a Primary Care Provider (PCP) from a network of medical providers throughout the six New England states.</p> <p>The difference: This plan offers a preferred cost-effective network for medical labs, radiology services and certain outpatient surgeries. If you select a provider from the preferred cost-effective network, you can reduce your own costs. If you choose another provider within the network, you may pay more, and your cost will be applied toward your deductible.</p> <p>PCP referral is required to see an out-of-network specialist.</p>		<p>This plan includes a Nationwide Network and lets you choose care from any provider in the United States. Selecting a Primary Care Provider (PCP) is highly recommended, but not required.</p> <p>No referrals are required with this plan.</p> <p>To pay the lowest out-of-pocket expenses, you will want to use in-network benefits. Out-of-network benefits are also available.</p>		<p>You can access care from any provider; costs are lower if you see an in-network provider.</p> <p>High Deductible Health Plans qualify to be used in conjunction with a Health Savings Account (HSA). All covered medical and prescription expenses, with the exception of in-network preventive care services, are applied toward the deductible.</p> <p>Once you meet your standard deductible and coinsurance maximum, covered medical and prescription expenses are paid in full. If you seek care out-of-network, your out-of-pocket costs are higher.</p>
Do I need to select a PCP?	Yes. A PCP must be selected for coverage.		Yes. A PCP must be selected for coverage.		No. However, it is recommended that a PCP be selected.		No. However, it is recommended that a PCP be selected.
Are PCP referrals required?	No. Referrals are not required for in-network providers. Please note that referrals are required for out-of-network providers.		No. Referrals are not required for in-network providers. Please note that referrals are required for out-of-network providers.		No. However, costs are lower when you access medical care from network providers.		No. However, costs are significantly lower if you seek medical care within the network.
Copayment?	Yes. Copayments apply for PCP and specialist office visits. Copayments do not apply for in-network preventive care services.		Yes. Copayments apply for PCP and specialist office visits. Copayments do not apply for in-network preventive care services.		Yes. Copayments apply for PCP and specialist office visits. Copayments do not apply to in-network preventive care services. Your out-of-pocket costs will be higher for out-of-network benefits.		No. Copayments do not apply.
Deductible?	No, for most services. Some plans include a deductible for certain services such as DME and inpatient hospitalization.		Yes. Deductibles apply for certain services.		No, for most services when you access medical care from network providers. A deductible may apply for out-of-network providers and DME services.		Yes. Deductible applies to all services (including prescription expenses) except for in-network preventive care services.
Coinsurance?	No, for most services. Some plans include coinsurance for certain services such as DME.		No, for most services. Some plans include coinsurance for certain services such as DME.		Yes. Typically 20% for out-of-network services and DME.		Yes. Typically 20% to 40%.
Out-of-Pocket Limit?	Yes, an Out-of-Pocket Limit applies for medical and prescription expenses.		Yes, an Out-of-Pocket Limit applies for medical and prescription expenses.		Yes, an Out-of-Pocket Limit applies for medical and prescription expenses.		Yes, an Out-of-Pocket Limit applies for medical and prescription expenses.

Benefits Glossary

Coinsurance: Your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, in some plans, after you have paid your annual deductible, your medical plan will cover 80 percent of costs and you will pay the remaining 20 percent.

Copayment: A flat fee that you pay each time you seek covered medical services, usually when you receive the service. For example, the copayment for a PCP-referred visit to your dermatologist or a physical therapist might be \$20; for emergency room services, it might be \$100.

Deductible: The amount you have to pay for medical services before your medical plan benefits begin. For example, if your plan carries a \$500 deductible, each year you will need to pay the first \$500 of your medical expenses before your plan begins to pay at least part of your medical costs.

Durable Medical Equipment (DME): Including but not limited to crutches, apnea monitors, oxygen and oxygen equipment, wheelchairs, hospital beds for home use, and home dialysis equipment.

Maximum Allowed Amount (MAA): The amount a plan allows for a particular service in your geographical area. (If you choose an out-of-network provider who charges more than the MAA, you are responsible for the difference; this difference does not apply to your annual out-of-pocket limit.)

Out-of-Pocket Limit: Includes all Deductibles, Coinsurance, and Copayments you pay during a plan year for medical and prescription expenses under this medical plan and your HealthTrust prescription benefit plan. It does not include your premium, amounts over the Maximum Allowed Amount, penalties, or charges for noncovered services. Once the combined Out-of-Pocket Limit is satisfied, you will not have to pay additional Deductibles, Coinsurance, or Copayments for the rest of the plan year.



Vision Care

Routine eye care is an important part of your overall health. That's why HealthTrust collaborates with Anthem and Delta Dental to offer a vision discount program to all Enrollees, Retirees and their eligible family members who are enrolled in medical and/or dental plan coverage.

Discounts are available at:

- Private practicing ophthalmologists, optometrists and opticians
- Leading optical retailers such as Target Optical, LensCrafters and Pearle Vision

Anthem

- Discounts of up to 30 percent off retail price for vision care services
- For more information, go to: www.healthtrustnh.org, and click on the medical icon.

Northeast Delta Dental

- Discounts of up to 35 percent for vision care services through EyeMed Vision Care
- For more information, go to: www.healthtrustnh.org, and click on the dental icon.



Dental Care

HealthTrust offers dental care coverage plans in collaboration with Northeast Delta Dental. Coverage under the program is provided by HealthTrust, while Northeast Delta Dental administers the program and pays the claims.

All of HealthTrust's dental plans offer:

- Comprehensive coverage, including up to 100 percent coverage for preventive care
- An extensive network of dentists
- Direct billing convenience through most New Hampshire dental offices; Enrollees are not required to pay up front when visiting a participating dentist
- Exceptional claims service



"Peace of Mind" Coverage

The death of a family member is an overwhelming, stressful time, and survivors may be forced to make critical and difficult decisions regarding finances, housing, caregiving and other issues. That's why HealthTrust offers Transition Care and Survivor Care plans that allow us to continue providing medical and/or dental benefits to your covered family members as long as they are eligible.

- **Transition Care:** If you die while you are actively employed and have a HealthTrust-sponsored medical and/or dental plan, Transition Care allows your covered family members to continue coverage through your employer at no cost for up to 12 months.
- **Survivor Care:** If you die while performing your job duties, Survivor Care allows your covered family members to continue their HealthTrust-sponsored medical and/or dental plan coverage through your employer at no cost until they experience an event that changes their eligibility (such as a spouse becoming eligible for Medicare or remarrying, or a dependent child no longer meeting the definition of dependent). Survivor Care works in conjunction with COBRA or your employer's retiree coverage policy.

Special Enrollment Rights

HealthTrust medical and dental plans comply with the coverage portability as well as privacy and security requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If you experience a loss of coverage or certain family status changes, HIPAA provides additional opportunities to enroll in a group health plan.

- If you decline coverage for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. If eligible, you must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.
- If you have previously declined coverage and experience a qualifying family status change (e.g., change in your marital status, birth or adoption of a child, death of a dependent, or change in employment status), you may be able to enroll yourself and your eligible dependents in coverage. If eligible, you must enroll and provide the applicable required supporting documentation within 31 days of the qualifying family status change.