

SERVICE CATEGORY¹	COVERAGE INFORMATION²
Annual Deductible per Contract Year	Tier 1 Facilities: \$2,500 per individual/\$5,000 per family Tier 2 Facilities: \$4,000 per individual/\$8,000 per family
Lifetime Maximum Benefit Payable	No Maximum
Annual Out-of-Pocket Maximum	\$5,000 per individual/\$10,000 per family
Preventive & Well Care Services³ Well Baby, Child Care & Immunizations Routine Physical Exams Lead Screenings Mammography & Prostate Cancer Screenings Annual Pap Test & Ob/Gyn Exam Family Planning & Prenatal Care Immunizations for Adults Routine Laboratory Services Routine Hearing Exams Annual Care Plan for Chronic Illnesses Colonoscopy & Sigmoidoscopy Screening for Adults	Covered in Full
Hospital Services Inpatient Outpatient Surgery Inpatient/Outpatient Physician Care High Tech Imaging Services (MRI, MRA, CT, etc.) Skilled Nursing Facility (100 days per Member per Contract Year) Ambulance	Subject to Deductible
Emergency Room Facility Copay	\$200/Visit (other charges Subject to Deductible)
Physician Office Visits Office Surgery Diabetic Services	\$20 Primary Care Copay/\$50 Specialist Copay
Physical/Occupational/Speech Therapy (20 Visits per Member per Contract Year, each)	\$50 Copay/Visit
Home Health Care (60 Visits/Contract Year)	\$20 Copay/Visit
Urgent Care Facility Copay	\$100/Visit (other charges Subject to Deductible)
Maternity Physician Pre/Postnatal Care Office Visits Initial Newborn Exam Inpatient Services (Facility/Physician/Midwife)	Covered in Full Covered in Full Subject to Deductible
Mental Health Inpatient Hospital Facility (30 day max per Member per Contract Year ⁴) Outpatient Hospital Facility (Up to 20 combined Visits or \$3,000, whichever is greater per Member per Contract Year) Office Visits	Subject to Deductible Subject to Deductible \$20 Copay/Visit
Substance Abuse Inpatient Hospital Facility (30 day max per Member per Contract Year ⁴) Outpatient Hospital Facility (Up to 20 combined Visits per Member per Contract Year) Office Visits	Subject to Deductible Subject to Deductible \$20 Copay/Visit
Durable Medical Equipment	Subject to Deductible
Routine Vision Exam⁵	\$20 Copay/Visit

¹Some services are subject to Notification or Prior Authorization requirements. See your Certificate of Coverage under the section titled *Utilization Review and Claims Filing* for details.

²A network provider must deliver all care. Copays are not applicable toward the deductible.

³This represents a partial list of preventive services covered under this Plan. MVP will also cover all preventive services as required under the Patient Protection and Affordable Care Act of 2010 (PPACA). For a full listing of the PPACA preventive services, including any applicable limitations, please visit www.mvphealthcare.com.

⁴Mental Health and Substance Abuse Inpatient Hospital Facility benefits are limited to a combined 30 days maximum per Member per Contract Year.

⁵Contract limits apply.

This Summary of Benefits chart is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule and any applicable Rider(s), your Certificate of Coverage, Schedule and Rider(s) will be controlling. For details, please call 1-800-TALK-MVP (1-800-825-5687), option #2.

SERVICE CATEGORY¹

COVERAGE INFORMATION²

Prescription Drug Benefit⁶ (Must use a participating pharmacy)

- Tier 1 (generally Formulary Generic)
- Tier 2 (generally Formulary Brand)
- Tier 3 (generally Non-Formulary)

- \$10 Copay
- \$35 Copay
- \$50 Copay

⁶The annual medical deductible and out-of-pocket maximum do not apply to the prescription drug benefit. Diabetic supplies like insulin and oral agents are covered under the Prescription Drug Benefit.

Here's how it works

Welcome to a new health plan just for New Hampshire - from a company known for great customer service. MVP New Hampshire HealthFirst provides the coverage you need, along with services and incentives to help you take on life and live well.

- Preventive care is free - including routine physicals, immunizations, mammography screenings, routine lab services, and more.
- Free annual care plan for chronic illnesses by participating in a Health Management Program (see below).
- Comprehensive coverage from sick care and hospital visits to routine eye exams and prescription drugs.
- Lower deductible for designated Tier 1 hospitals.

Personalized Care Navigator

Care Advantage Program

Each member is assigned a dedicated Personal Care Advocate that serves as a resource and single point of contact for navigating health and wellness benefits **(1-888-687-6367)**.

Personalized Support Health Management Programs

Working in partnership with your doctor, we provide guidance and support for:

- Asthma
- Cardiac Conditions
- Depression
- Diabetes
- Low Back Pain

Healthyroads Coaching Programs

Healthyroads Coaching™ is a new way to look at weight management, tobacco cessation and healthy living. It's telephone-based and allows you to track your progress online. These programs are customized to meet your unique needs including educational resources, web based tools and rewards.

Take advantage of our Wellness Incentive Program

You can earn a \$200 Wellness Incentive (per eligible subscriber and spouse/civil union partner) and a deductible credit of up to \$2,000 by completing a series of wellness measures and submitting a wellness verification form.

For more information, please refer to the Wellness Incentive Program Guide, or call the Customer Care Center at **1-888-MVP-MBRS (1-888-687-6277)**.

Hospital Tiering Structure

New Hampshire HealthFirst has two levels of facilities/hospitals, which are referenced below as Tier 1 or Tier 2. The services you receive at these institutions impacts the amount of your deductible - your deductible is higher when services are rendered at Tier 2 hospitals or facilities. The specific deductibles for each tier are listed above, next to the words "Annual Deductible per Contract Year".

Hospital Name	Tier
Alice Peck Day Memorial Hospital	1
Androscoggin Valley Hospital	1
Catholic Medical Center*	2
The Cheshire Medical Center*	1
Concord Hospital*	1
Cottage Hospital	1
Dartmouth Hitchcock Medical Center*	2
Elliot Hospital	1
Exeter Hospital	2
Franklin Regional Hospital	1
Frisbie Memorial Hospital	2
Huggins Hospital	1
Lakes Region General Hospital	2
Littleton Regional Hospital	2
Monadnock Community Hospital*	1
New London Hospital	1
Parkland Medical Center	1
Portsmouth Regional Hospital	2
Southern NH Medical Center*	1
Speare Memorial Hospital*	1
St. Joseph Hospital	2
Upper Connecticut Valley Hospital	1
Valley Regional Hospital*	2
Weeks Medical Center	1
Wentworth-Douglas Hospital	1

All non-hospital facility charges will be applied to the deductible at the Tier 1 rate. All MVP Participating out-of-state hospitals will be assigned to Tier 2.

*This hospital is considered in-network for Mental Health or Substance Abuse Covered Services. Any hospitals not indicated as in-network are considered out-of-network for Mental Health and Substance Abuse Covered Services only.]

We are here for you

- Reach our Customer Care Center at **1-888-MVP-MBRS**
- Access **mvphealthcare.com** to find doctors, compare drug costs, look up benefits, change your address, research hospitals and many other time-saving services.