

# Expanding New Hampshire's Options for the Uninsured...

## About NHHP-FED

NHHP-FED is a Federal high risk pool program established by the United States Department of Health and Human Services (HHS) to provide access to affordable health coverage for the uninsured, regardless of health condition. The program is administered in New Hampshire by New Hampshire Health Plan, a non-profit organization, under a contract with HHS which is financially responsible for the program. New Hampshire Health Plan provides administrative services only.

## Eligibility

**NHHP-FED coverages are available to any New Hampshire resident who:**

- 1) is a citizen or national of the United States or is lawfully present in the United States;
- 2) has not been covered under creditable coverage for a continuous six (6) month period of time prior to the date on which the individual is applying for coverage under the NHHP-FED program;
- 3) has a pre-existing condition as established by the following:
  - evidence of denial of coverage by a health insurer; or
  - evidence that coverage was offered with an exclusionary rider or endorsement; or
  - letter from an insurance agent/producer licensed in New Hampshire stating that the applicant would be denied individual insurance coverage and/or coverage for his/her medical condition by a health insurer licensed in New Hampshire if s/he applied and the insurance agent/producer is appointed to write policies for the identified health insurer; or
  - has one of the pre-qualifying conditions listed below.



NHHP-FED provides individual coverage options. Dependents of qualified applicants may qualify for their own individual coverage under the Plan. There are no age restrictions for eligibility to enroll in the qualified high risk pool in New Hampshire.

### You are *not* eligible if you:

- are enrolled in
  - coverage through your employer or an employer of a spouse or parent; or
  - publicly funded health insurance coverage including Medicare, Medicaid or NH Healthy Kids.
- have had comprehensive health care coverage in the past six (6) months.

## How does the plan work?

You pay your premium monthly. Claims for covered benefits are submitted to NHHP-FED for processing. You are responsible for payment on any applicable office co-payments, amounts applied to your calendar year deductible, and any amounts applied to coinsurance (20% or 40%) up to your calendar year out-of-pocket maximum. **Please note:** if you receive services from an out-of-network provider you will also be responsible for any charges that exceed the allowed amount by NHHP-FED.

### Behavioral Health (Psychiatric)

Bipolar Disorder  
Bulimia/Anorexia  
Chemical Dependency  
Creutzfeldt-Jakob Disease  
Dementia  
Disorders From Organic Brain Syndrome  
Pick's Disease  
Psychotic Disorders  
Wernicke-Kosakoff Syndrome  
Any other behavioral health inpatient treatment within the last 12 months

### Blood/Blood Forming

Aplastic Anemia  
Hemochromatosis  
Hemophilia  
Sickle Cell Disease

### Cardiovascular

Angina Pectoris  
Cardiomyopathy  
Congestive Heart Failure  
Coronary Artery Disease  
Coronary Insufficiency  
Coronary Occlusion  
Pacemaker

### Endocrine (Hormonal)

Addison's Disease  
Cystic Fibrosis  
Diabetes (Type I or II)  
Porphyria  
Wilson's Disease

### Gastrointestinal

Ascites  
Banti's Disease or Syndrome  
Cirrhosis of the Liver

Crohn's Disease  
Esophageal Varices  
Hepatitis B or C  
Ulcerative Colitis

### Infectious

AIDS  
HIV Positive

### Musculoskeletal/Connective

Ankylosing Spondylitis  
Lupus Erythematosus – Systemic  
Rheumatoid Arthritis  
Scleroderma

### Neoplasm (Cancers)

Cancer (except skin cancer) treated or diagnosed within the past 5 years

Melanoma  
Hodgkin's Disease  
Leukemia  
Multiple Myeloma  
Non-Hodgkin's Lymphoma  
Wilm's Tumor

### Neurologic

Alzheimer's Disease  
Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)  
Friederich's Ataxia  
Guillain Barre Syndrome  
Huntington's Chorea  
Hydrocephalus  
Multiple Sclerosis  
Muscular Dystrophy  
Myasthenia Gravis  
Myotonia  
Palsy

Paraplegia  
Parkinson's Disease  
Quadraplegia  
Stroke  
Syringomyelia  
Tay-Sachs Disease

### Pulmonary (Lung)

Chronic Obstructive Pulmonary Disease (COPD)  
Emphysema

### Other

Kidney Disease requiring Dialysis  
Major Organ Transplant  
Pregnancy  
Spina Bifida  
Physician order for a medically necessary surgical procedure

Prescription for ongoing maintenance medications, e.g. treatment for blood pressure, high cholesterol, thyroid problems, etc.  
Physician order for ongoing therapies to treat a medical condition, such as physical therapy, occupational therapy, speech therapy, cardiac rehabilitation therapy

**For more information on NHHP-FED, call 1-877-505-0508 or visit [www.nhhealthplan.org](http://www.nhhealthplan.org).**

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## Coverages

Medically necessary services and supplies listed in the Benefit Plan Booklet and prescribed by a Physician are paid for a covered injury or sickness, subject to applicable deductible, coinsurance, and other policy terms.

Benefit	Inclusions
<b>Inpatient Medical / Surgical Services</b>	
Hospital Confinement	› Hospital room and board at average semiprivate room rate, general nursing care, inpatient medical service, & supplies
Diagnostic Services	› Laboratory, X-ray, MRI
Intensive Care	› Up to four times average semiprivate room rate
Skilled Nursing Care	› Up to 60 days per year at up to ½ of the average semiprivate room rate. Must follow a minimum of 3 days in a row of hospital confinement
Short-term Rehab	› Facility charges and physician / professional services
Professional Services	› Physician visits, consultations, & surgery
Therapy	› Physical, speech, or occupational therapist under physician's direction
Rehabilitation	› Cardiac & pulmonary rehabilitation
<b>Outpatient Medical / Surgical Services</b>	
Physician Office Visits	› Consultations, medical treatments, injections, & surgery
Outpatient Facility Care	› Hospital, ambulatory surgical center, physical, & professional
Medical Services & Supplies	› Consultations, surgery, anesthesia, & therapy management
Rehabilitation	› Up to 25 visits per year total for physical, occupational, & speech therapy
Diagnostic Services	› CT scan, MRI, allergy testing
Therapy	› Chemotherapy, dialysis, radiation, & immunosuppressant drugs
Medical Supplies	› Blood & blood plasma, artificial eyes or limbs, surgical dressings, casts, splints, trusses, braces, crutches, or heart pacemakers
Emergency Room	› Necessary use of emergency room, physician's fees, surgery, medical supplies & drugs, laboratory, & X-ray
<b>Other Covered Services (partial listing)</b>	
Ambulance	› Necessary ground ambulance services
Home Health Care	› Up to two visits per day, 100 per year
Hospice Care	› Inpatient, physician services, home hospice care by qualified program
Medical Equipment	› Up to \$5,000 per year for durable medical equipment ( <b>note:</b> there is no \$5,000 limit for prosthetic devices)
Organ Transplants	› Cornea, heart, lung, kidney, pancreas, liver, bone marrow, small bowel, & certain donor testing
TMJ	› Up to \$1,000 lifetime
Oxygen & Equipment	› Up to \$5,000 per year

## Limitations

Benefits are subject to exceptions and limitations as stated in the Benefit Plan Booklet – complete copies are available for review at [www.nhhealthplan.org](http://www.nhhealthplan.org)

<b>Exclusions and Limitations (partial listing)</b>	
Precertification Review	› Required for hospital or skilled nursing care confinement, home health care, cardiac/pulmonary rehab, hospice care, infusion therapy, durable medical equipment, organ & tissue transplants, prosthetic devices, & maternity care.
Excluded Services	› Dental, routine eye exams*, routine hearing exams*, custodial care, chiropractic care, experimental & alternative medicine, cosmetic, & numerous other services are excluded.

\* Limited coverage available, please refer to your Outline of Coverage

# Plan Comparison Summary<sup>1</sup>

NHHP-FED General Plan Provisions	Indemnity Plan	Managed Care Plans	
	Option A	Option A	Option B
Office Visits:	<b>In Network</b>	<b>In Network</b>	
Primary Care Physician	n/a	\$25	
Specialist	n/a	\$40	
Calendar Year Deductible	\$2,000	\$1,000	\$2,500
Your Coinsurance %	20%	20%	
Out-of-Pocket Maximum (including deductible & coinsurance)	\$5,000	\$3,500	\$5,000
	<b>Out of Network<sup>3</sup></b>	<b>Out of Network<sup>3</sup></b>	
Calendar Year Deductible	\$2,000	\$2,000	\$3,500
Your Coinsurance %	20%	40%	
Out-of-Pocket Maximum (including deductible & coinsurance)	\$5,000	\$7,000	\$8,500
Emergency Room Co-payment	\$100	\$100	

## Prescription Drug Benefit<sup>2</sup>

Calendar Year Deductible	\$500
Retail Co-pays (generic / preferred* / brand*)	\$10 / \$30+25% / \$45+25%
Mail Order Co-pays (generic / preferred* / brand*)	\$20 / \$60+25% / \$90+25%

\* 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)

## Mental Health and Alcohol & Drug Benefit

Counseling / Therapy	covered, subject to deductible & coinsurance	covered, subject to deductible & coinsurance
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## Selected Benefit Comparisons

Preventative Care Physical Exams (including annual GYN)	paid in full	paid in full
Immunizations, Pap Smears, PSA Tests, Lead Screening	paid in full	paid in full
Maternity Benefit	covered, subject to deductible & coinsurance	covered, subject to deductible & coinsurance

## Important Notes:

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

<sup>2</sup> The combined out-of-pocket expenses under the Prescription Drug Benefit and the General Plan Provisions will not exceed \$5,950.00 in a Calendar Year.

<sup>3</sup> Any dollar amount above the amount allowed by the Plan is the Member's responsibility.

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call 1-877-505-0508 or visit [www.nhhealthplan.org](http://www.nhhealthplan.org).**

# Expanding New Hampshire's Options for the Uninsured...

## Have you or someone you know been turned down for health insurance?

NHHP-FED is here  
to help New Hampshire residents.

### For application materials:

- See your New Hampshire health insurance producer,
- Check out NHHP-FED on the web at [www.nhhealthplan.org](http://www.nhhealthplan.org), or
- Call toll free at 1-877-505-0508

## How To Apply



SEE YOUR PRODUCER OR CALL CUSTOMER SERVICE  
AT **1-877-505-0508** FOR APPLICATION MATERIALS  
OR GO TO OUR WEBSITE: [www.nhhealthplan.org](http://www.nhhealthplan.org)

AS SOON AS POSSIBLE PRIOR TO THE 1<sup>ST</sup> OF THE MONTH IN WHICH  
YOU WANT COVERAGE TO BEGIN, SEND TO **BMI:**

- A complete application with ALL items listed in the application form.
- Payment in full for the first month's premium.

**The Pool Administrator for NHHP-FED is**  
BMI • PO Box 1090 • Great Bend, Kansas 67530  
Toll-free number: 1-877-505-0508



c/o BMI • PO Box 1090  
Great Bend, Kansas 67530

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## We can help.