

Every New Hampshire Resident Qualifies For Health Insurance...

Every New Hampshire Resident Qualifies For Health Insurance...

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

The New Hampshire Health Plan is here to help New Hampshire residents.

For application materials:

- See your New Hampshire health insurance broker,
- Check us out on the web at www.nhhealthplan.org, or
- Call toll free at 1-877-888-NHHP (6447)

How To Apply



SEE YOUR BROKER OR CALL CUSTOMER SERVICE AT 1-877-888-NHHP (6447) FOR APPLICATION MATERIALS

AS SOON AS POSSIBLE PRIOR TO THE 1ST 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 New Hampshire Health Plan is
BMI • PO Box 1090 • Great Bend, Kansas 67530
Toll-free number: 1-877-888-NHHP (6447)

About NHHP

New Hampshire Health Plan (NHHP) is a non-profit organization formed by the New Hampshire legislature. NHHP provides health coverage to New Hampshire residents who otherwise may have trouble obtaining insurance. Presently seven different major medical plans are offered.

Eligibility

NHHP coverages are available only to New Hampshire residents who:

- are currently enrolled in the NH individual market and your renewal premium is higher than a comparable NHHP plan premium – or have applied for a substantially similar individual health insurance policy within the last 6 months and:
 - a. were denied — or
 - b. were quoted a premium rate higher than a comparable NHHP plan — or
- are federally eligible¹ & have exhausted any COBRA coverage offered — or
- have been certified as eligible for either Federal Trade Act Assistance or Pension Benefit Guaranty Corporation assistance — or
- have one of these medical conditions:

Chronic kidney failure / dialysis	Major organ transplant
Cirrhosis	Multiple Sclerosis
HIV/AIDS	Muscular Dystrophy
Hemophilia	Myasthenia Gravis
Hydrocephalus	Paraplegia / Quadriplegia
Hodgkin's Disease	Pernicious Anemia
Juvenile Diabetes	Spina Bifida
Leukemia	Systemic Lupus



You also are eligible if you are a resident dependent or family member of another NHHP insured, or a resident family member if the primary NHHP insured is a child.

You are **not** eligible if you:

- are eligible for
 - 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.
- receive reimbursement by your health care provider for insurance premiums.

How does the plan work?

You pay your premium monthly. You also pay claims for covered benefits up to the deductible amount. In addition to your deductible, you pay your portion of the coinsurance (20% or 40%) up to the total out-of-pocket maximum for the calendar year. **Please note:** on indemnity plans and out-of network managed care claims you also will be responsible for any charges beyond those allowed by the plan.

What if I have a pre-existing condition?

Benefits are not payable for expenses incurred for certain preexisting conditions during the first 9 months of continuous NHHP coverage. Please refer to the limitations in the policy.

In determining whether a preexisting condition limit applies, you receive credit for certain prior Creditable Coverage¹. The waiting period also will not apply if you come in under the Trade Act or Pension Benefit Guaranty Corporation programs.

¹For details, go to www.nhhealthplan.org.



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

Have you or someone you know been turned down for health insurance?
We can help.

Every New Hampshire Resident Qualifies For Health Insurance...

Coverages

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

Benefit	Inclusions
Inpatient Medical / Surgical Services	
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
Outpatient Medical / Surgical Services	
Physician Office Visits	› Consultations, medical treatments, injections, & surgery
Outpatient Facility Care	› Hospital, ambulatory surgical center, physical, and 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
Other Covered Services (partial listing)	
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 (note: 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 policy – complete copies are available for review at www.nhhealthplan.org

Exclusions and Limitations (partial listing)	
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, eye & custodial care, hearing exams, chiropractic, experimental & alternative medicine, cosmetic, & numerous other services are excluded.

Plan Comparison Summary¹

	New Hampshire Health Plan (NHHP)		Indemnity Plans		Managed Care Plans		
	Option A	Option B	Option A	Option B	Option C	Option D	Option H ²
General Policy Provisions							
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 ³
Out of network							
Calendar Year Deductible	not applicable		\$2,000	\$3,500	\$7,500	\$12,500	\$8,100
Your Coinsurance %	not applicable		40%		20%		
Out-of-Pocket Maximum (including deductible & coinsurance)	not applicable		\$7,000	\$8,500	\$12,500	\$15,000	\$10,600 ³
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

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)	covered, subject to deductible & coinsurance	covered, subject to deductible & coinsurance
Immunizations, Pap smears, PSA tests, lead screening	covered, subject to deductible & coinsurance	covered, subject to deductible & coinsurance
Maternity rider (with added premium)	available	not available

Important Notes:

¹ 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.

² 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.

³ Out of pocket maximums listed are for individual coverage only.