

# Every New Hampshire Resident Qualifies For Health Insurance...

## 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 eligible<sup>1</sup> & 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 Coverage<sup>1</sup>. The waiting period also will not apply if you come in under the Trade Act or Pension Benefit Guaranty Corporation programs.

<sup>1</sup>For details, go to [www.nhhealthplan.org](http://www.nhhealthplan.org).

**For more information on New Hampshire Health Plan, call 1-877-888-NHHP (6447) or visit [www.nhhealthplan.org](http://www.nhhealthplan.org).**

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## 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
<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, 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
<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
<b>Limitations</b>	
Benefits are subject to exceptions and limitations as stated in the policy – complete copies are available for review at <a href="http://www.nhhealthplan.org">www.nhhealthplan.org</a>	
<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, eye & custodial care, hearing exams, chiropractic, experimental & alternative medicine, cosmetic, & numerous other services are excluded.

# 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 %	not applicable		40%		20%		
Out-of-Pocket Maximum (including deductible & coinsurance)	not applicable		\$7,000	\$8,500	\$12,500	\$15,000	\$10,600 <sup>3</sup>
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)	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	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> Out of pocket maximums listed are for individual coverage only.

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**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](http://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 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 New Hampshire Health Plan is**

**BMI • PO Box 1090 • Great Bend, Kansas 67530**

**Toll-free number: 1-877-888-NHHP (6447)**



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

**Have you or someone you  
know been turned down  
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**We can help.**

**Every New Hampshire Resident  
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Do you qualify for a discount on premiums?

**Find out how you can save money!**

**Save 10% to 20%  
on your premiums!**

*The New Hampshire Health Plan is pleased to announce an opportunity for reduced premiums on all its benefit plans. Effective January 1, 2009, existing members and new enrollees who qualify for subsidy can receive reductions to monthly premiums of 10% or 20%.*

To determine eligibility for this reduced premium opportunity, your annual income must be at 250% or less than the 2009 Federal Poverty Level published in the Federal Registry by the United States Government. To determine if you might be eligible please use the following as a guideline: A family of one person whose annual income is \$26,000 or less may qualify for a 10% discount. For each additional person that is a qualified dependent family member you must add \$9,000 to the annual income limit of \$26,000 to determine qualification for a discount. The additional family members/dependents need not be an insured member of NHHP. Please read the application rules in their entirety.

**For more information and application rules in their entirety, visit the website  
[www.nhhealthplan.org](http://www.nhhealthplan.org) or contact us at 1-877-888-6447.**

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**PLEASE NOTE – IMPORTANT LIMITATIONS:** The NHHP Low Income Premium Subsidy (LIPS) Program\* is funded entirely by a federal grant recently received by NHHP. NHHP will stop enrollment in the Program when its projections show that all of the grant money will be used, and it is uncertain whether NHHP will receive more grant money in the future. There is no guarantee that every qualified person who applies will be enrolled into the Program, and enrollees may not receive any premium subsidy at the end of the twelve (12) month guarantee period. Enrollment in the LIPS Program does not change any of the benefits, exclusions, or conditions described in your insurance policy, and you will remain subject to all of NHHP's underwriting policies and procedures.

\* This discount program is a temporary benefit provided by Federal Grant funds. Depending upon availability of funds, this program may end December 31, 2009.

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