NEW HAMPSHIRE INTERLOCAL TRUST

HMO OA LP $25 $1000

Harvard Pilgrim (MD25223)
In-Network

Benefits Covered in Full (no cost to the member)	
Preventive Care Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.	Covered in Full
Chemotherapy & Radiation Therapy	
Routine Maternity Care - Prenatal and Postpartum Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	
Inpatient Mental Health & Substance Abuse	
Home Health Care	
Oxygen & Respiratory Equipment	

Benefits Covered after a Copayment	
Professional Visits:	$25 Copay
Physician Services/Office Visit	
Routine Annual Eye Exam (1 per year)	
Acupuncture; unlimited visits	
Chiropractic Care; unlimited visits	
Outpatient Mental Health & Substance Abuse	
Physical/Occupational/Speech Therapy; unlimited visits	
Allergy Injections	$5 Copay
Emergency Room (waived if admitted)	$150 Copay
Prescription Drugs: Retail (30 day Supply)	$5/$20/$30
Mail Order (90 day Supply)	$5/$20/$30

Benefits Covered after a Deductible	
Best Buy Deductible: Limit one per year	$1,000 Deductible ($3,000 Family Maximum)
Hospital Inpatient	Deductible; then Covered in Full
Maternity Care - Delivery	
X-rays	
Advanced Radiology CT Scans, PET Scans, MRI, MRA and Nuclear medicine services	
Skilled Nursing Facility & Inpatient Rehabilitation; combined 100 day limit per year	
Ambulance - Emergency Transport	
Outpatient Surgery	Covered in Full at **Select LP Providers** Deductible, then Covered in Full at **Other Plan Providers**
Scopic Procedures	
Diagnostic Lab Services	
Durable Medical Equipment	Separate $100 Deductible; then 20% Coinsurance
Out of Pocket Maximum: Medical	$5,000 ($10,000 Family)
Prescription Drugs	

Deductible Year: Plan* **Deductible Carry-Over Provision:** No **Lifetime Benefit:** Unlimited

Select LP Providers are pre-determined by Harvard Pilgrim and are subject to change.
Extraction of teeth impacted in bone is not a covered benefit.
This is only a summary of benefits, please consult corresponding schedule of benefits. Exceptions & exclusions apply.
Benefit limits, deductibles and out of pocket maximums are based on a plan year.

Mar-24