NEW HAMPSHIRE
Local Government Center

BLUECHOICE® NEW HAMPSHIRE TWO-TIER PLAN

A Point-of-Service (POS) Healthcare Plan

COMPREHENSIVE COVERAGE
You are covered for preventive care, doctor visits, emergency room visits, prescriptions, hospitalization, and more.

FREEDOM TO CHOOSE
The BlueChoice Two-Tier Plan combines the freedom of a traditional plan with the cost savings of a health maintenance organization.

Each time you need care, you may choose to see your primary care provider (PCP) or visit another provider at a lower benefit level.

OPTIONS TO REDUCE YOUR OUT-OF-POCKET COSTS
With the Two-Tier Plan, you can help control your out-of-pocket costs.

Your cost for care is generally the lowest when you see your PCP. In this case, there's no deductible to keep track of and you generally pay only a $10 copayment — or in some cases, none at all.

OFFERED THROUGH ANTHEM BLUE CROSS AND BLUE SHIELD
Your coverage is with one of the most trusted names in the business.

New Hampshire Local Government Center

Benefits	BlueChoice Two-Tier	
	PCP-REFERRED BENEFITS *When your PCP provides or arranges your care*	**SELF-REFERRED BENEFITS**[1] *When you seek care without a referral from your PCP*
Calendar-Year Deductible	None	$ 250 per person $ 500 per family
Calendar-Year Out-of-Pocket Maximum	None	$1,150 per person $2,300 per family
Preventive Care		
Routine physical exams for babies up to age 2	Covered at 100%	Covered at 100%
Routine physical exams for children 2 years and older, routine physical exams for adults, one annual gynecological exam[2]	Covered at 100% after $10 copayment	Covered at 80% after deductible
Immunizations for children and adults, mammograms, Pap smears, lead screenings, PSA screenings	Covered at 100%	Covered at 100%
Nutrition counseling, up to three visits per person per calendar year[2]	Covered at 100% after $10 copayment	Covered at 80% after deductible
Diabetes management program	Covered at 100%	Not covered
Outpatient Care		
Office visits	Covered at 100% after $10 copayment	Covered at 80% after deductible
Surgery, laboratory and allergy tests, x-rays, ultrasounds, injections, allergy injections	Covered at 100%	Covered at 80% after deductible
Maternity care	*Prenatal and postpartum office visits:* Covered at 100% *Delivery:* Covered at 100%	*Prenatal and postpartum office visits:* Covered at 100% *Delivery:* Covered at 80% after deductible
CT scans, MRIs, chemotherapy	Covered at 100%	Covered at 80% after deductible
Inpatient Hospital Care	Covered at 100%	Covered at 80% after deductible
Chiropractic Care (up to 35 visits per person per calendar year)[2]	Covered at 100% *X-rays:* Covered at 100%	Covered at 80% after deductible *X-rays:* Covered at 80% after deductible
Durable Medical Equipment	Covered at 80% after separate $100 calendar-year deductible, up to $5,000 per person per calendar year[2]	Covered at 80% after separate $100 calendar-year deductible, up to $5,000 per person per calendar year[2]
Physical, Occupational, and Speech Therapy[2,3]	Covered at 100%	Covered at 80% after deductible
Hospice Care	Covered at 100%	Covered at 80% after deductible
Emergency Room Care (copayment waived if admitted)	Covered at 100% after $50 copayment	ER charge covered at 100% after $50 copayment. Other eligible charges covered at 80% after deductible
Routine Vision Care		
Routine exams[4]	Covered at 100% after $10 copayment	Covered at 80% after deductible
Frames and lenses	Discounts available	Discounts available
Behavioral Healthcare and Substance Abuse Treatment[2,5]	*Outpatient:* Covered at 100% after $10 copayment *Inpatient:* Covered at 100%	Covered at 80% after deductible
Maximum Lifetime Benefit	None	None
Prescription Drugs	*Short-term:* Up to 34-day supply through participating pharmacies after a low copayment *Long-term:* Up to 90-day supply through Caremark Mail Service after a low copayment	

[1] *Benefits are limited to the maximum allowable benefit (MAB), which is the amount that the plan contract allows for a particular service in your geographical area. If a non-network healthcare provider charges more than the MAB, you are responsible for the difference, which does not apply to the calendar-year out-of-pocket maximum.*

[2] *Any combination of PCP- or self-referred benefits counts toward this limit.*

[3] *Up to a combined maximum of $5,000 per person per calendar year.*

[4] *Once every calendar year for children 18 years old and younger, once every two calendar years thereafter.*

[5] *Unlimited visits for medically necessary behavioral healthcare. All substance abuse detoxification and rehabilitation benefits are limited to a separate $10,000 maximum per person per calendar year and a $20,000 maximum per lifetime for all services, inpatient or outpatient.*

This chart is intended for summary purposes only. Details of coverage are set forth in separate documents, which govern this plan.

BlueChoice

Two Plans in One

The Anthem Blue Cross and Blue Shield (BCBS) BlueChoice Two-Tier Plan is a point-of-service (POS) plan. This means you can take advantage of many attractive features that have been typically limited to health maintenance organizations — without sacrificing your choice of provider.

Here's how it works.

Each time you need care, you decide whether to see your PCP or visit another provider — inside or outside of the BlueChoice network. Your choice determines how your care is covered:

1. ***PCP-referred benefits.*** When your PCP provides or coordinates your care, you receive 100 percent coverage for most services with only a $10 copayment for office visits. You pay the least in out-of-pocket expenses.
2. ***Self-referred benefits.*** If you choose to see a doctor without first seeing your PCP, you're still covered. In this case, your care is generally covered at 80 percent after you meet a calendar-year deductible ($250 individual/$500 family). This option offers you the most freedom and control, and you still receive substantial benefits. However, you share in more of the cost for your services. With this option, you are responsible for managed care and precertification requirements.

Either way, your care is covered and you are able to decide which coverage option works best for you. Keep reading for more details on how specific services are covered with each option.

The chart on the foldover panel lists many BlueChoice services as well as how they're covered at both levels. For details, call 800.438.9672 or refer to the Subscriber Certificate *that you will receive after you enroll.*

Online Member Services
You can get information about your health plan whenever you need it by registering with MyAnthem at www.anthem.com. After you register, you'll be able to use this secure site to access information about:

- *Your claims and payment status,*
- *Your PCP selection, and*
- *What your copayment will be.*

You can also order additional ID cards and change your PCP.

Choosing a PCP

When you enroll in BlueChoice, you will choose a PCP for yourself and each of your enrolled family members. Because your PCP is really your healthcare partner, be sure to take the time you need and talk to others before you select your doctor. If you have questions, call BlueChoice Customer Service at 800.438.9672.

You can choose the same PCP for your entire family (such as a family or general practitioner) or select different PCPs for each person (such as a pediatrician for your children and an internist for yourself).

BlueChoice offers a number of PCPs to choose from. It's likely you'll find one close to your home, your office, or your child's school — wherever works best for you.

To find a PCP, log on to www.nhlgc.org, click on "HealthTrust Online," and follow the links to the *Directory of Providers.* Here you will find listings of local providers as well as their specialties, phone numbers, and addresses. Listings of network behavioral healthcare and substance abuse treatment providers, vision care providers, and other specialists are also included.

You can change your PCP at any time by calling BlueChoice Customer Service at 800.438.9672. The change will be effective at the time of the call.

For more information on choosing a PCP — or if you don't have online access — call BlueChoice Customer Service.

With BlueChoice, leaving the country doesn't mean leaving your health coverage behind. With BlueCard™ Worldwide, you will find network providers wherever you travel. For urgent care and emergency situations, call BlueCard at 800.810.BLUE (2583).

Precertification
If your PCP doesn't coordinate your care, some outpatient care, hospital admissions, and other services must be precertified. If you don't call Anthem Medical Management at 800.531.4450 when required, you may be responsible for additional out-of-pocket expenses. For more information, refer to your Subscriber Certificate *or call 800.438.9672.*

What's Covered

BlueChoice provides coverage for a wide array of healthcare benefits. With its emphasis on preventive care benefits, BlueChoice provides you and your family with comprehensive coverage. The following pages describe just a few of the benefits available through BlueChoice.

Preventive Care

At LGC, we believe in the importance of preventive care — it's our front-line defense to prevent more serious illnesses and injuries later, and it helps us live healthier, happier lives today. That's why BlueChoice covers routine preventive care, including:

- Physical exams, including lab tests, x-rays, and PSA screenings,
- Annual gynecological exams, which are available without a referral and include mammograms and Pap tests, and
- Well-child care, including routine checkups and immunizations.

Office Visits

With BlueChoice, common ailments — such as colds, infections, and minor injuries — are treatable and affordable. When you see your PCP, doctor visits are covered at 100 percent after a $10 copayment. For more information on how each option covers office visits, refer to the comparison chart on the foldover panel.

Inpatient Hospitalization

BlueChoice provides comprehensive coverage for inpatient hospitalizations. The amount of your benefit depends on whether your PCP coordinates your care. For more information on how each option covers hospitalizations, refer to the comparison chart on the foldover panel.

Emergency Care and Urgent Care

Emergency care is an important feature to any health plan. BlueChoice provides comprehensive coverage in the event of an emergency.

An ***emergency*** is a sudden condition that could jeopardize your life or well-being if medical treatment is delayed. Examples include possible heart attacks, broken bones, and convulsions. In this case, you should:

- Go to the nearest emergency room,
- Identify yourself as a BlueChoice member, and
- Notify your PCP within 24 hours of receiving treatment.

Urgent care refers to medical conditions that are not life- or limb-threatening but require prompt medical attention. Examples include high fevers, cuts, and sprains. In this case, to receive the highest level of benefits, you should:

- Call your PCP, regardless of the time of night or day,
- Explain the problem to the doctor or nurse you speak with, and
- Get directions on how to proceed.

With urgent care, you must call your PCP first to receive the highest level of benefits.

For more information about how the plan covers emergency care, refer to the chart on the foldover panel.

Special Enrollment Opportunities

If you decline coverage for yourself or your eligible family members because of other health insurance coverage, you may be able to enroll yourself or your dependents in your employer's plan in the future, provided that you request enrollment within 31 days of when your other coverage ends.

This special enrollment right is available if the other coverage ends:

- *Because of the loss of eligibility through no fault of your own,*
- *Because an employer's contributions for the other coverage stop, or*
- *In the case of COBRA coverage, because the maximum COBRA period has expired.*

In addition, if you previously have declined coverage and you have a new dependent as the result of marriage, birth, adoption, or placement for adoption (a "qualified family status change"), you may be able to enroll yourself and your dependents, provided you request enrollment within 31 days of the change in family status.

Prescription Drug Coverage

Short-Term Prescriptions

Short-term prescription drugs — those issued in a 34-day supply or less — are covered through the Prescription Drug Card Program when you have them filled at any Caremark participating pharmacy. You pay only a low copayment for generic prescriptions (the copayment for brand-name drugs is higher).

Most major pharmacies participate in the Caremark network. To find out if your pharmacy participates, call 888.726.1631. For further information, refer to *Your Prescription Benefit* booklet, which you will receive after you enroll.

Long-Term Prescriptions

Caremark Mail Service is designed for up to 90-day supplies of maintenance medications. Prescriptions and refills may be ordered through Caremark Mail Service for a low copayment per prescription.

To use this service, ask your doctor to write your prescription for up to a 90-day supply, plus refills. If you need to start taking the medication right away, request two prescriptions — one for a 14-day supply to be filled at a Caremark participating pharmacy and another for the balance, up to a 90-day supply.

Complete the *Mail Service Order Form,* and send it with your copayment for each prescription to Caremark. Your medications will arrive via U.S. mail or UPS within 14 days. You can request a refill by linking to Caremark through LGC's Web site at www.nhlgc.org and clicking on "HealthTrust Online," or by calling 888.726.1631. For further information, refer to *Your Prescription Benefit* booklet, which you will receive after you enroll.

Behavioral Healthcare and Substance Abuse Treatment

BlueChoice provides comprehensive coverage for behavioral healthcare and substance abuse treatment. The amount of your benefit depends on whether you see an approved provider or self-refer your care. Refer to the foldover panel for more information about how the plan covers behavioral healthcare and substance abuse treatment, including any limitations.

Other Valuable Benefits

In addition to providing medical coverage, your BlueChoice plan provides:

- Routine vision care, including discounts on eyeglasses and contact lenses,
- Benefits for the services of a dentist or oral surgeon for the treatment of temporomandibular joint syndrome (TMJ), gingivectomy for up to four quadrants, and the removal of bone-impacted teeth,
- Annual routine hearing exams for children age 18 and younger,
- Personalized health information on a wealth of topics through MyHealth@Anthem,
- Savings on health-related products and services through SpecialOffers@Anthem, and
- Access to LGC's wide variety of health management programs.

You will receive more information about each of these benefits after you enroll.

Filing a Claim

In most cases, obtaining your care through your PCP means no paperwork. If you self-refer your care, you may need to complete a claim form and submit it for reimbursement.

To file claims, mail a claim form and a copy of your receipt to: Anthem BCBS, Claims Department, PO Box 533, North Haven, CT 06473-0533. For details, refer to your *Subscriber Certificate,* which you will receive after you enroll.

If you have questions or need a claim form, call 800.438.9672.

Contact Information

Provider	Services
BlueChoice Customer Service 800.438.9672 www.anthem.com	Provides answers to general questions, as well as plan and claim-status information
Anthem Medical Management 800.531.4450 www.anthem.com	Provides precertification services
Prescription Drug Program 888.726.1631 www.caremark.com	Provides information on participating pharmacies, answers to general questions, and mail-service refills
LifeResources — Member Assistance Program 800.759.8122	Provides counseling and resources for a variety of employee needs
EyeMed 866.939.3633 www.eyemedvisioncare.com	Provides discount vision care services
New Hampshire Local Government Center 800.852.3358 OUTSIDE NEW HAMPSHIRE 800.527.5001 www.nhlgc.org	Provides information on prescription drug coverage and the *Slice of Life* health management program. More information about all LGC benefits is available by logging on to www.nhlgc.org and clicking on "HealthTrust Online"

This guide provides an overview of benefits coverage with BlueChoice Two-Tier. *While it is intended to describe your benefits as accurately as possible, the specific terms and conditions of eligibility and benefits are set forth in and governed by your* Subscriber Certificate, Your Prescription Benefit *booklet, and any other separate documents relating to features of the plan.*

In the event of any discrepancy between this guide and your Subscriber Certificate, *the terms of the* Subscriber Certificate *will govern. This guide does not constitute a contract, or an offer to form a contract, and is not binding on any party. The benefits described in this guide may be changed at any time without prior notice.*

BlueChoice Two-Tier *is offered through Anthem Blue Cross and Blue Shield.*

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New Hampshire Municipal Association
Workers' Compensation Trust
Property-Liability Trust
HealthTrust

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