NEW HAMPSHIRE INTERLOCAL TRUST

HMO Super $1500

Harvard Pilgrim (MD21375)
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
Routine Maternity Care - Prenatal and Postpartum Counseling about alcolhol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	
Routine Annual Eye Exam (1 per year)	

Benefits covered after a Deductible	
Laboratory Tests	Deductible; then 20% Coinsurance
X-Rays	
Chemotherapy & Radiation Therapy	
Inpatient Mental Health & Substance Abuse	
Home Health Care	
Oxygen & Respiratory Equipment	
Professional visits:	
Physician Services/Office Visit	
Acupuncture; unlimited visits	
Chiropractic Care; unlimited visits	
Physical/Occupational/Speech Therapy; unlimited visits	
Outpatient Mental Health & Substance Abuse	
Allergy Injections	
Emergency Room	
Hospital Inpatient	
Maternity Care - Delivery	
Advanced Radiology CT Scans, PET Scans, MRI, MRA and Nuclear medicine services	
Outpatient Surgery	
Skilled Nursing Facility & Inpatient Rehabilitation; combined 100 day limit	
Ambulance - Emergency Transport	
Prescription Drugs: Retail (30 day Supply)	Deductible; then 10% Coinsurance
Mail Order (90 day Supply)	Deductible; then 10% Coinsurance
Durable Medical Equipment	Deductible; then 20% Coinsurance

Other Benefit Features	
Deductible: Individual	$1,500
Family	$3,000
Out of Pocket Maximum: Medical	Combined $2,000 ($4,000 Family)
Prescription Drugs	

Deductible Year: Plan Year (July-June) **Deductible Carry-Over Provision:** No **Lifetime Benefit:** Unlimited

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 calendar year.

Aug-21