

New Hampshire
MyDoc HMO Platinum Extra Value
 Effective Date 1/1/2017

Summary of Benefits Chart

Your Minuteman Health HMO Plan

This chart provides a summary of key services offered by your plan. Your Policy has a full description of your plan's benefits and provisions.

	In-Plan
<p>Deductible per Year</p> <p>You must pay this amount for Covered Services before MHI will begin to pay benefits. As indicated in the chart below, some services are not subject to the deductible.</p> <p>No one Member is responsible for more than the individual deductible. All members accumulate to the family deductible.</p>	<p>\$0 per individual</p> <p>\$0 per family</p>
<p>Calendar Year Benefits</p>	
<p>Coinsurance applies to some but not all benefits.</p>	
<p>Maximum Out-of-Pocket</p> <p>You are protected by an Out-of-Pocket Maximum each year. Once you reach this amount you will not have to pay Copays, Coinsurance, Deductibles for the remainder of the year. Included in your Out-of-Pocket Maximum are your Deductible, Copays and Coinsurance.</p> <p>No one Member is responsible for more than the Individual Maximum Out-of-Pocket. All Members accumulate to the family Maximum Out-of-Pocket.</p>	<p>Combined Medical and Prescription Drugs:</p> <p>\$6,000 per individual</p> <p>\$12,000 per family</p>

If you have further questions, please call the Minuteman Member Services Line at 1-855-644-1776, Monday – Friday, 8 a.m. to 6 p.m. or visit www.minutemanhealth.org

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Benefit	Deductible Applies	Copay or Coinsurance
Prescription Drugs Contraceptive methods approved by FDA and prescribed for a woman by her health care provider, subject to reasonable medical management, will be covered without cost sharing requirements.	Please see the Prescription Drug section in your Policy for details about your prescription drug coverage	
<i>In-Plan Pharmacy (30-day supply)¹</i>		
Tier 1 Generics	No	\$5 Copay
Tier 2 Brand Name (Preferred)	No	\$25 Copay
Tier 3 Brand Name (Non-Preferred)	No	40% Coinsurance
Tier 4 Specialty Drugs	No	50% Coinsurance
Tier 5 Affordable Care Act (ACA) Preventive Drugs	No	\$0 Copay
<i>Mail Service Pharmacy (90-day supply)</i>		
Tier 1 Generics	No	\$10 Copay
Tier 2 Brand Name (Preferred)	No	\$50 Copay
Tier 3 Brand Name (Non-Preferred)	No	40% Coinsurance
Tier 4 Specialty Drugs	No	50% Coinsurance
Tier 5 Affordable Care Act (ACA) Preventive Drugs	No	\$0 Copay
<i>Preventive Care</i>		
Adult Routine Exams (limited to one per Calendar Year)	No	\$0
Preventive Screenings (listed under “Outpatient Preventive Care” in the Covered Benefits Section of the Policy)	No	\$0
Routine Child and Adult Immunizations	No	\$0
Routine Eye Exams for Adults (limited to one per Calendar Year)	No	\$0
Routine Pediatric Vision Services for Children under age 19 described later in the chart		
Routine Prenatal and Postpartum Care	No	\$0
Routine Mammograms (limited to one per Calendar Year)	No	\$0
Screening Colonoscopy or Sigmoidoscopy (limited to annual high-sensitivity fecal occult blood testing, sigmoidoscopy every 5 years combined with high-sensitivity fecal occult blood testing every 3 years, and screening colonoscopy at intervals of 10 years.)	No	\$0
Well Child Care	No	\$0
Women’s Preventive Services including one routine gynecological exam per Calendar Year	No	\$0

¹ This program allows you to receive up to a 90-day supply of maintenance medications at participating retail pharmacies. A Copay will apply to each 30-day supply. To find out more about the 90-day retail program, you can call Member Services or visit the Pharmacy section at www.minutemanhealth.org.

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Outpatient Care		
Primary Care Office Visit (Non-Routine) <i>(Copay will be waived for up to four primary care and/or specialist office visits (combined) per calendar year for the diagnosis and management of asthma, diabetes and/or hypertension. Excludes visits for medical procedures. See http://minutemanhealth.org/members/understanding-your-benefit-plan for details.)</i>	No	\$5 Copay
Specialist Office Visit <i>(Copay will be waived for up to four primary care and/or specialist office visits (combined) per calendar year for the diagnosis and management of asthma, diabetes and/or hypertension. Excludes visits for medical procedures. See http://minutemanhealth.org/members/understanding-your-benefit-plan for details.)</i>	No	\$15 Copay
Allergy Injections	No	\$15 Copay
Allergy Testing	No	\$15 Copay
Cardiac Rehabilitation		
• Office Visit	No	\$5 Copay
• Hospital Outpatient or Other Approved Facility	No	\$15 Copay
Chemotherapy/Radiation Therapy/Infusion Therapy	No	\$0 Copay
Chiropractic Services (limited to 12 visits per Calendar Year)	No	\$5 Copay
Nutritional Counseling (limited to 4 visits per Calendar Year)	No	\$5 Copay
Outpatient Habilitation Services# (limited to 20 visits per member per Calendar Year for physical therapy, 20 visits per member per Calendar Year for occupational therapy, 20 visits per member per Calendar Year for speech therapy)		
• Office Visit	No	\$5 Copay
• Hospital Outpatient or Other Approved Facility	No	\$15 Copay
Outpatient Rehabilitation Services# (includes respiratory therapy, limited to 20 visits per member per Calendar Year for physical therapy, 20 visits per member per Calendar Year for occupational therapy, 20 visits per member per Calendar Year for speech therapy)		
• Office Visit	No	\$5 Copay
• Hospital Outpatient or Other Approved Facility	No	\$15 Copay
Outpatient Surgical Services and Procedures # (some services require Prior Authorization; cost sharing varies by location of service)		
• Facility Fees from Hospital, Ambulatory Surgical Center or other approved facility	No	\$500 Copay
• Physician/Surgeon Fees for services rendered in Hospital, Ambulatory Surgical Center or other approved facility	No	\$0 Copay
• Services rendered in Specialist Office	No	\$15 Copay
Second Opinions	No	\$15 Copay

Services require Prior Authorization

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Emergency Care		
Ambulance and Transportation Services # (non-emergency transportation requires Prior Authorization.)	No	\$150 Copay
Emergency Room Care (copay waived if admitted)	No	\$250 Copay
Urgent Care Center or Facilities		
<ul style="list-style-type: none"> • Freestanding or Retail Walk-In Clinic (not hospital-owned) 	No	\$5 Copay
<ul style="list-style-type: none"> • Hospital-based Urgent Care Center or Facility 	No	\$15 Copay
Labs, Tests and Imaging		
Diagnostic Imaging# - CT Scans, MRIs, MRAs, PET Scans, Nuclear Cardiac Imaging (Prior Authorization Required. Nuclear Cardiac Imaging requires Prior Authorization only when done in doctor's office)	No	\$250 Copay
Lab Services (Copay will be waived for certain diagnostic services commonly used to manage asthma, diabetes and hypertension. See http://minutemanhealth.org/members/understanding-your-benefit-plan for details.)	No	\$25 Copay
Other Diagnostic Testing (some services such as sigmoidoscopies, endoscopies, colonoscopies, arthroscopies, needle aspirations, and biopsies are covered under the Outpatient Surgical Services and Procedures Copay/Coinsurance benefit. Cost-sharing will be waived for certain diagnostic tests commonly used to manage asthma, diabetes and hypertension. See http://minutemanhealth.org/members/understanding-your-benefit-plan for details.)	See Outpatient Surgical Services and Procedures	Cost sharing varies by location of service
Radiological Services – Ultrasound, X-rays, Non-Routine Mammograms	No	\$50 Copay
Sleep Study	No	\$250 Copay; for home sleep study \$0 Copay
Inpatient Care		
Facility Fees for Acute Hospital Care#	No	\$1,000 Copay
Facility Fees for Acute Inpatient Rehabilitation # (limited to up to 60 days per Calendar Year)	No	\$1,000 Copay
Facility Fees for Bariatric Surgery#	No	\$1,000 Copay
Facility Fees for Human Organ Transplants and Bone Marrow Transplants#	No	\$1,000 Copay
Facility Fees for Reconstruction Surgery as a result of Mastectomy	No	\$1,000 Copay
Facility Fees for Skilled Nursing Facility# (limited to 100 days per Calendar Year)	No	\$1,000 Copay
Physician/Surgeon Fees for Inpatient Services	No	\$0 Copay

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Benefit	Deductible Applies	Copay or Coinsurance		
<i>Autism Spectrum Disorder</i>				
Services to diagnose and treat Autism Spectrum Disorder in accordance with New Hampshire law. Treatment plan required.				
<ul style="list-style-type: none"> • Applied behavioral analysis (ABA) 	No	\$5 Copay		
<ul style="list-style-type: none"> • Prescription drugs 	No	Cost sharing varies by Tier		
<ul style="list-style-type: none"> • Services provided by licensed psychiatrist, advanced practice registered nurse, psychologist, clinical social worker 	No	\$5 Copay		
<ul style="list-style-type: none"> • Services provided by licensed speech therapists, occupational therapists, physical therapists 	No	\$5 Copay		
<i>Dental Services</i>				
Dental Services for Children under age 19	This policy does not include pediatric dental services. Pediatric dental coverage can be purchased as a standalone product. Please contact your insurance carrier or producer, or seek assistance through Healthcare.gov if you wish to purchase pediatric dental coverage or stand-alone dental services product			
Surgical Treatment of Non-Dental Conditions# (some services are subject to the Outpatient Surgical Services and Procedures Copay/Coinsurance. Deductible may apply to some office services)				
Emergency Dental Care (Accidental injury) in an Emergency Room	No	\$250 Copay		
<i>Diabetic Treatment, Services & Supplies</i>				
<ul style="list-style-type: none"> • Outpatient Services <ul style="list-style-type: none"> ○ Specialist Office Visit 			No	\$15 Copay
<ul style="list-style-type: none"> • Lab Services (<i>Copay will be waived for certain diagnostic services commonly used to manage asthma, diabetes and hypertension.</i> See http://minutemanhealth.org/members/understanding-your-benefit-plan for details.) 	No	\$25 Copay		
<ul style="list-style-type: none"> • Durable Medical Equipment# (some DME requires Prior Authorization) 	No	20% Coinsurance		
<ul style="list-style-type: none"> • Prescription Drugs 	No	Cost sharing varies by Tier		
<ul style="list-style-type: none"> • Group Diabetic Education Services 	No	\$5 Copay		
<i>Durable Medical Equipment, Prosthetic Equipment & Medical/Surgical Supplies</i>				
Durable Medical Equipment# (some items require Prior Authorization)	No	20% Coinsurance		
Hearing Aids (one hearing aid per hearing impaired ear as needed)	No	20% Coinsurance		
Prosthetic Limbs	No	20% Coinsurance		
Wigs (Scalp Hair Prosthesis) for hair loss due to treatment of any form of cancer, leukemia or permanent hair loss due to injury. (one wig per Calendar Year)	No	20% Coinsurance		

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Early Intervention Services# (covered for children from birth to 36 months of age)		
<ul style="list-style-type: none"> • Services provided by licensed speech therapists, occupational therapists, physical therapists# 	No	\$5 Copay
<ul style="list-style-type: none"> • Services provided by licensed clinical social workers 	No	\$5 Copay
Family Planning Services		
Office Visit (Deductible may apply to some office services)	No	\$15 Copay
Preventive Contraceptive Services	No	\$0 Copay
Maternity Care		
Delivery/Hospital Care for Mother and Child (For continued coverage, child must be enrolled within 31 days of date of birth)	No	\$1,000 Copay
Non-routine Prenatal and Postpartum Care	No	\$15 Copay
Mental Health and Substance Abuse Services		
Facility Fees for Mental Health and Substance Abuse Disorder Services#	No	\$1,000 Copay
Intermediate services including but not limited to: <ul style="list-style-type: none"> • Intensive Outpatient Programs • Partial Hospitalization 	No	\$0 Copay
Neuropsychological Evaluations	No	\$5 Copay
Office Visits (Copay will be waived for up to four mental health/substance abuse outpatient visits combined per Calendar year. See http://minutemanhealth.org/members/understanding-your-benefit-plan for details.)	No	\$5 Copay
Other Services#		
Home Health Care Services#	No	\$0 Copay
Hospice Services#	No	\$0 Copay
Infusion Therapy#	No	\$0 Copay
Kidney Dialysis	No	\$0 Copay
Nutritional Support including non-prescription enteral formulas#	No	\$0 Copay
Pediatric Vision Services for members under age 19		
Routine Eye Exam	No	\$0
Collection Lenses (once per Calendar Year; available only if the contact lens benefit is not used)	No	\$0
Collection Frames (once per Calendar Year)	No	\$0
Contact Lenses (once per Calendar Year; available only if the eyeglass lens benefit is not used)	No	\$0

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Translation Information

English	If you, or someone you are helping, have questions about Minuteman Health, you have the right to get help and information in your language at no cost. To speak with an interpreter, call (855) 644-1776.
Arabic	إذا كان لديك أنت، أو شخص ما تقدم له المساعدة، أية أسئلة حول Minuteman Health، يحق لك الحصول على المساعدة والمعلومات بلغتك دون اية تكلفة. للتحدث إلى مترجم فوري، اتصل على الرقم (855) 644-1776.
Brazilian Portuguese	Se você ou alguém que você esteja ajudando tem dúvidas sobre a Minuteman Health, você tem o direito de obter ajuda e informações no seu idioma sem nenhum custo. Para falar com um intérprete, ligue para (855) 644-1776.
Canadian French	Si vous, ou quelqu'un que vous aidez, avez des questions sur Minuteman Health, vous avez le droit d'obtenir de l'aide et une information dans votre langue et ce, gratuitement. Pour parler avec un interprète, appelez le (855) 644-1776.
Greek	Εάν εσείς ή κάποιος τον οποίο βοηθάτε έχει ερωτήσεις για την Minuteman Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς κόστος. Για να μιλήσετε με έναν διερμηνέα, καλέστε το (855) 644-1776.
Gujarati	જો તમે અથવા તમે જેને મદદ કરી રહ્યા હો તેવી વ્યક્તિને મિનટમેન હેલ્થ (Minuteman Health) વિશે પ્રશ્ન હોય તો તમારી પાસે વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે (855) 644-1776 પર કોલ કરો.
Haitian Creole	Si ou menm, oswa yon moun ou ap ede, gen kesyon konsènan Minuteman Health, ou gen dwa pou jwenn èd ak enfòmasyon nan lang pa ou gratis. Pou pale ak yon entèprete, rele (855) 644-1776.
Hindi	अगर आपको या ऐसे किसी व्यक्ति को, जिसकी आप मदद कर रहे हैं, मिनटमैन हेल्थ (Minuteman Health) को लेकर कुछ पूछना है तो आपको अपनी भाषा में मुफ्त सहायता और जानकारी प्राप्त करने का अधिकार है। दुभाषिये के साथ बात करने के लिए (855) 644-1776 पर फोन करें।
Indonesian	Apabila Anda, atau orang yang sedang Anda bantu, memiliki pertanyaan tentang Minuteman Health, Anda berhak untuk mendapat bantuan dan informasi dalam bahasa Anda secara gratis. Untuk berbicara dengan salah seorang penerjemah lisan, hubungi (855) 644-1776.
Italian	In caso di domanda da parte vostra, o da parte di persone da voi assistite, in merito a Minuteman Health, avete il diritto di ricevere assistenza e informazioni nella vostra lingua senza alcun costo. Per parlare con un interprete, chiamare il numero (855) 644-1776.
Khmer (Cambodian)	ប្រសិនបើលោកអ្នកឬអ្នកណាម្នាក់ ដែលលោកអ្នកកំពុងតែជួយ ហើយមានសំណួរអំពី កម្មវិធីម៉ីនុតមេន ហ៊ីល Minuteman Health នោះ លោកអ្នកមានសិទ្ធិទទួលជំនួយ និងព័ត៌មានជាភាសារបស់អ្នកដោយ ឥតគិតថ្លៃ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែភាសា សូមហៅទូរស័ព្ទលេខ (855) 644-1776 ។
Kirundi	Nimba wowe, canke undimuntu ufasha, mufite ikibazo cerekanye Minuteman Health, mufise uburenganzira bwo kuronka ubufasha na amakuru mururimi rwanyu kubuntu. Kuvugana na umusemuzi, hamagara (855) 644-1776.
Korean	귀하 또는 귀하를 돕고 있는 사람이 Minuteman Health(미닛맨 의료보험)에 대해 질문이 있으면, 귀하께서는 귀하의 언어로 도움과 정보를 무료로 받을 권리가 있습니다. 통역과 말씀하려면 (855) 644-1776으로 전화하십시오.
Mexican Spanish	Si usted, o alguien a quien está ayudando, tiene preguntas sobre Minuteman Health, tiene derecho a obtener ayuda e información en su idioma sin ningún costo. Para hablar con un intérprete, llame al (855) 644-1776.

Translation Information

Nepali	यदि तपाईं, वा तपाईंले मद्दत गर्ने कसैको, मिनिटम्यान हेल्थ (Minuteman Health) बारे प्रश्नहरू भए, तपाईंले कुनै खर्च बेगर आफ्नो भाषामा सहयोग र जानकारी पाउने अधिकार हुन्छ। कुनै दोभाषेसँग कुरा गर्न, (855) 644- 1776मा कल गर्नुहोस्।
Polish	Jeśli Ty, lub osoba której oferujesz pomoc, posiada pytania na temat programu Minuteman Health, przysługuje Ci prawo do pomocy oraz informacji w języku ojczystym bez poniesionych kosztów. Tłumacz jest dostępny pod numerem (855) 644-1776.
Russian	Если у вас или у лица, которому вы помогаете, есть вопросы о плане Minuteman Health, вы имеете право бесплатно получить помощь и информацию на вашем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону (855) 644-1776.
Serbo-Croatian	Ako vi ili netko kome pomažete, imate pitanja o Minuteman Health zdravstvenom planu, imate pravo da dobijete pomoć i informacije na svom jeziku bez ikakvih dodatnih troškova. Da biste razgovarali s prevoditeljem, nazovite (855) 644-1776.
Somali	Haddii adiga, ama qof aad caawinaysid, qabo su'aalo ku saabsan Minuteman Health, waxa aad xaq u leedahay inaad heshid caawimaad iyo macluumaad lagugu siiyo luqaddaada kharash la'aan. Si aad ula hadashid turjubaan, wac (855) 644-1776.
Traditional Chinese	如果您或您正在幫助之人士對Minuteman Health存疑，您有權免費獲得母語援助和母語資訊。請致電(855) 644-1776聯絡口譯員。
Vietnamese	Nếu quý vị, hoặc người nào đó mà quý vị đang giúp đỡ, có các thắc mắc về Minuteman Health, thì quý vị có quyền nhận sự giúp đỡ và các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, hãy gọi (855) 644-1776.

Non-Discrimination Information

Minuteman Health (MHI) complies with all applicable state and Federal civil rights laws and does not discriminate, exclude or treat individuals differently on the basis of race, color, national origin, age, disability or sex.

MHI provides the following free language services to people whose primary language is not English: (1) Qualified interpreters available by phone; (2) Plan information available in other languages. If you need these services, contact the Member Services Team at 855-644-1776 Monday through Friday from 8am until 6pm.

If you believe that Minuteman Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex you can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Minuteman Health's Complaints and Appeals Manager is available to help you.

To file by mail, fax, or email contact: Complaints and Appeals Manager; P.O. Box 120025; Boston, MA 02111; 855-644-1776; MA TTY Number: (800) 439-2370; NH TTY Number: (800) 735-2964; Fax: 888-225-8716; appealscomplaints@minutemanhealth.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by mail or phone at: U.S. Department of Health and Human Services; 200 Independence Avenue SW, Room 509F; HHH Building; Washington, DC 20201; Phone: 800-368-1019, 800-537-7697 (TTY).

You can also submit a complaint electronically through the Office for Civil Rights Complaint Portal. Forms are available at [http:// www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).