

New Hampshire Healthy Kids Silver Cost Sharing Schedule



This Cost Sharing Schedule is an important part of your Subscriber Certificate. Please keep this schedule with your Certificate, because it contains important information about coverage and limitations. Please remember that Copayments apply to each visit, each admission or each inpatient day as indicated below.

<i>Medical/Surgical Care</i>	Your Cost
I. Inpatient Services	
in a Short Term General Hospital facility charges for medical, surgical and maternity admissions	You pay \$0
in a Skilled Nursing Facility (facility charges) up to 100 Inpatient days per year	
in a Physical Rehabilitation Facility (facility charges) up to 100 Inpatient days per year	
Inpatient physician and professional services (such as physician visits, consultations, surgery, anesthesia, delivery of a baby, therapy, laboratory and x-ray tests) For Skilled Nursing or Physical Rehabilitation Facility admissions: limited to the number of Inpatient days stated (above).	
II. Outpatient Services	
<i>Preventive Care</i>	
immunizations (including travel and rabies immunizations), mammograms, pap smears, lead screening, prostatic specific antigen (PSA) screening	You pay \$0
well child visit	
routine physical exams (including one annual gynecological exam) family planning visits	
routine vision exams (one exam each year) Eye wear (limited selection of frames) (limited to one pair of glasses per year)	\$5 Copayment
routine hearing exams (one exam each year) hearing aid (limited to one hearing aid per year)	
diabetes management program	You pay \$0
<i>Medical/Surgical Care in a Physician's Office</i>	
medical exams and consultations	\$10 Copayment
office surgery and anesthesia	You pay \$0
laboratory and x-ray tests (including allergy testing and ultrasound)	
CT Scan, MRI, chemotherapy, medical supplies and drugs	
maternity care (prenatal and postpartum visits)	
<i>Also, see III, "Outpatient Physical Rehabilitation Services" (below)</i>	

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	Your Cost
<i>Outpatient Facility Care in the Outpatient Department of a Hospital, Ambulatory Surgical Center, Hemodialysis Center or Birthing Center</i>	
medical exams and consultations by a physician	\$10 Copayment
operating room for surgery or delivery of a baby	You pay \$0
physician and professional services: surgery, anesthesia, delivery of a baby or management of therapy	
hemodialysis, chemotherapy, radiation therapy, infusion therapy, CT Scan, MRI	
facility charges, medical supplies, drugs, other ancillaries, observation	
laboratory and x-ray tests (including ultrasounds)	
<i>Also, see III, "Outpatient Physical Rehabilitation Services" (below)</i>	
<i>Emergency Room Visits for Emergency Care</i>	
use of the emergency room (The Copayment is waived if you are admitted)	\$50 Emergency Room Copayment
emergency room physician's fee, surgery, CT Scan, MRI, medical supplies and drugs	You pay \$0
laboratory and x-ray tests	
Ambulance Services limited to Medically Necessary emergency transport	
III. Outpatient Physical Rehabilitation Services	
Physical Therapy, Occupational Therapy and Speech Therapy	\$5 Copayment
Chiropractic Office Visits	\$10 Copayment
Cardiac Rehabilitation Visits	You pay \$0
Early Intervention Services up to \$3,200 per Member, per year and \$9,600 per Member, per lifetime	\$10 Copayment
IV. Home Care	
Physician services medical exams and routine physical, injections (including allergy injections), medical treatments, surgery and anesthesia	\$10 Copayment
Home Health Agency services	You pay \$0
Hospice	
Infusion Therapy	
Medical Equipment, Medical Supplies and Prosthetics	

Your Cost

V. Mental Health and Substance Abuse Care

All Mental Health and Substance Abuse Care must be approved in advance by the Behavioral Health Network (BHN). Call 1-800-228-5975 for Precertification. Please see Section 4, article III in your Member Coverage Certificate for details.

Outpatient/office visits

Mental Health visits are limited to 20 visits, per Member, per year. This limit does not apply to biologically-based mental illnesses.

Substance Abuse visits (including detoxification and substance abuse rehabilitation combined) are limited to 20 visits, per member, per year.

\$10 Copayment

Inpatient Care

Benefits for Mental Disorders: limited to 15 Inpatient days per Member, per year. This limit does not apply to biologically-based mental illnesses.

Benefits for Substance abuse Conditions are limited to:

- medical detoxification days, as approved by BHN's Precertification.
- substance abuse rehabilitation, as approved in advance by BHN's Precertification. Benefits may be limited as stated in your Substance Abuse Rehabilitation Endorsement.

You pay \$0

partial hospitalization

limited to the 15 day Inpatient maximum. Two partial hospitalization days count as one full day toward the 15 day maximum. This limit does not apply to biologically-based mental illnesses.

Day/evening (or intensive outpatient treatment) programs for substance abuse rehabilitation are covered. Benefits may be limited as stated in your Substance Abuse Rehabilitation Endorsement.

scheduled ambulance transport limited to Medically Necessary transport from one facility to another

VI. Prescription Drugs

Pharmacy Benefit

At a Network Retail Pharmacy or Mail Order:

Generic

Formulary Brand

Nonformulary Brand

Benefit Maximum

\$ 5 Copayment

\$15 Copayment

\$25 Copayment

unlimited

Note: Prescriptions may be filled up to a 30-day supply.

At a retail pharmacy – any single fill (or refill) exceeding the 30-day supply requires additional Copayments.

Through the mail order pharmacy – a 90-day supply requires 2 Copayments

Please see your Network Pharmacy Endorsement for complete information about your prescription drug Benefits.

