

NEW HAMPSHIRE 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

| | |
|---|-----------------------|
| Plan Type | Small Group Market |
| Issuer Name | Anthem |
| Product Name | HMO On Exchange |
| Plan Name | Matthew Thornton Blue |
| Supplemented Categories (Supplementary Plan Type) | None |

BENEFITS AND LIMITS

| A Benefit | B EHB | C Is the Benefit Covered? | D Quantitative Limit on Service? | E Limit Quantity | F Limit Unit | G Exclusions | H Explanations |
|--|----------|------------------------------------|---|------------------------|---------------------------|--|---|
| Primary Care Visit to Treat an Injury or Illness | Yes | Covered | No | | | | |
| Specialist Visit | Yes | Covered | No | | | | |
| Other Practitioner Office Visit (Nurse, Physician Assistant) | Yes | Covered | No | | | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | Yes | Covered | No | | | | |
| Outpatient Surgery Physician/Surgical Services | Yes | Covered | No | | | | |
| Hospice Services | Yes | Covered | No | | | | |
| Routine Dental Services (Adult) | No | Not Covered | No | | | | |
| Infertility Treatment | Yes | Covered | No | | | Benefits do not include artificial insemination (AI) services or assisted reproductive technologies (ART) services or the diagnostic tests and Drugs to support AI or ART services. Examples of ART include in-vitro fertilization, zygote intrafallopian transfer (ZIFT), or gamete intrafallopian transfer (GIFT). | Covered Services include diagnostic tests to find the cause of infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis. Benefits also include services to treat the underlying medical conditions that cause infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). |
| Long-Term/Custodial Nursing Home Care | No | Not Covered | No | | | | |
| Private-Duty Nursing | No | Not Covered | No | | | | |
| Routine Eye Exam (Adult) | No | Not Covered | No | | | | |
| Urgent Care Centers or Facilities | Yes | Covered | No | | | | |
| Home Health Care Services | Yes | Covered | No | | | | |
| Emergency Room Services | Yes | Covered | No | | | | |
| Emergency Transportation/Ambulance | Yes | Covered | No | | | | |
| Inpatient Hospital Services (e.g., Hospital Stay) | Yes | Covered | No | | | | |
| Inpatient Physician and Surgical Services | Yes | Covered | No | | | | |
| Bariatric Surgery | Yes | Covered | No | | | Surgery to treat the condition of obesity itself or morbid obesity itself is not covered. | Benefits are available for bariatric surgery that is Medically Necessary for the treatment of diseases and ailments caused by or resulting from obesity or morbid obesity. |
| Cosmetic Surgery | No | Not Covered | No | | | | |
| Skilled Nursing Facility | Yes | Covered | Yes | 100 | Day(s) per Benefit Period | Custodial Care is not a Covered Service. | When you require Inpatient skilled nursing and related services for convalescent and rehabilitative care, Covered Services are available if the Facility is licensed or certified under state law as a Skilled Nursing Facility. |
| Prenatal and Postnatal Care | Yes | Covered | No | | | | |
| Delivery and All Inpatient Services for Maternity Care | Yes | Covered | No | | | | |
| Mental/Behavioral Health Outpatient Services | Yes | Covered | No | | | | |
| Mental/Behavioral Health Inpatient Services | Yes | Covered | No | | | | |
| Substance Abuse Disorder Outpatient Services | Yes | Covered | No | | | | |
| Substance Abuse Disorder Inpatient Services | Yes | Covered | No | | | | |
| Generic Drugs | Yes | Covered | No | | | | |
| Preferred Brand Drugs | Yes | Covered | No | | | | |
| Non-Preferred Brand Drugs | Yes | Covered | No | | | | |
| Specialty Drugs | Yes | Covered | No | | | | |

| A Benefit | B EHB | C Is the Benefit Covered? | D Quantitative Limit on Service? | E Limit Quantity | F Limit Unit | G Exclusions | H Explanations |
|---|----------|------------------------------------|---|------------------------|-----------------------------|--|--|
| Outpatient Rehabilitation Services | Yes | Covered | Yes | 20 | Visit(s) per Benefit Period | | 20 visits each per PT, OT, ST. |
| Habilitation Services | Yes | Covered | Yes | 20 | Visit(s) per Benefit Period | Maintenance Therapy Treatment given when no further gains are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better. | 20 visits each per PT, OT, ST. Habilitative services include “services that help you keep, learn or improve skills and functioning for daily living.” However, though definition includes the term “keep,” the plan excludes coverage of “Maintenance Therapy,” defined as “Treatment given when no further gains are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better.” |
| Chiropractic Care | Yes | Covered | Yes | 12 | Visit(s) per Benefit Period | | |
| Durable Medical Equipment | Yes | Covered | No | | | | |
| Hearing Aids | Yes | Covered | Yes | 1 | Item(s) per Procedure | | Benefits are available for one hearing aid per ear each time a hearing aid prescription changes. |
| Imaging (CT/PET Scans, MRIs) | Yes | Covered | No | | | | |
| Preventive Care/Screening/Immunization | Yes | Covered | No | | | | |
| Routine Foot Care | Yes | Covered | No | | | | Medically Necessary Routine foot care. |
| Acupuncture | No | Not Covered | No | | | | |
| Weight Loss Programs | No | Not Covered | No | | | | |
| Routine Eye Exam for Children | Yes | Covered | No | | | | This Plan covers a complete eye exam with dilation, as needed. |
| Eye Glasses for Children | Yes | Covered | Yes | 1 | Item(s) per Benefit Period | | |
| Dental Check-Up for Children | Yes | Not Covered | No | | | | |
| Rehabilitative Speech Therapy | Yes | Covered | Yes | 20 | Visit(s) per Benefit Period | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | Yes | Covered | Yes | 20 | Visit(s) per Benefit Period | Occupational therapy does not include recreational or vocational therapies, such as hobbies, arts and crafts. | |
| Well Baby Visits and Care | Yes | Covered | No | | | | Covered under preventive care. |
| Laboratory Outpatient and Professional Services | Yes | Covered | No | | | | |
| X-rays and Diagnostic Imaging | Yes | Covered | No | | | | |
| Basic Dental Care - Child | Yes | Not Covered | No | | | | |
| Orthodontia - Child | Yes | Not Covered | No | | | | |
| Major Dental Care - Child | Yes | Not Covered | No | | | | |
| Basic Dental Care - Adult | No | Not Covered | No | | | | |
| Orthodontia - Adult | No | Not Covered | No | | | | |
| Major Dental Care – Adult | No | Not Covered | No | | | | |
| Abortion for Which Public Funding is Prohibited | No | Covered | No | | | | Covers both “therapeutic” and elective, including rape/incest. |
| Transplant | Yes | Covered | No | | | | |
| Accidental Dental | Yes | Covered | No | | | No Benefits are available for treatment if you damage your teeth or appliances as a result of biting or chewing. No Benefits are available for treatment to repair, restore or replace items such as fillings, crowns, caps or appliances that are damaged as a result of an accident. | Benefits are available for dental work that is Medically Necessary due to an accidental injury to sound natural teeth and gums when the course of treatment for the accidental injury is received or authorized within 3 months of the date of the injury. |

| A Benefit | B EHB | C Is the Benefit Covered? | D Quantitative Limit on Service? | E Limit Quantity | F Limit Unit | G Exclusions | H Explanations |
|---|----------|------------------------------------|---|------------------------|-----------------|--|---|
| Dialysis | Yes | Covered | No | | | | |
| Allergy Testing | Yes | Covered | No | | | | |
| Chemotherapy | Yes | Covered | No | | | | |
| Radiation | Yes | Covered | No | | | | |
| Diabetes Education | Yes | Covered | No | | | | |
| Prosthetic Devices | Yes | Covered | No | | | | |
| Infusion Therapy | Yes | Covered | No | | | | |
| Treatment for Temporomandibular Joint Disorders | Yes | Covered | No | | | Covered Services do not include fixed or removable appliances that involve movement or repositioning of the teeth, repair of teeth (fillings), or prosthetics (crowns, bridges, dentures). | Covered Services include removable appliances for TMJ repositioning and related surgery, medical care, and diagnostic services. |
| Nutritional Counseling | Yes | Covered | No | | | | |
| Reconstructive Surgery | Yes | Covered | No | | | | |

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

| CATEGORY | CLASS | SUBMISSION COUNT |
|--|---|------------------|
| Analgesics | Nonsteroidal Anti-inflammatory Drugs | 19 |
| Analgesics | Opioid Analgesics, Long-acting | 11 |
| Analgesics | Opioid Analgesics, Short-acting | 14 |
| Anesthetics | Local Anesthetics | 3 |
| Anti-Addiction/ Substance Abuse Treatment Agents | Alcohol Deterrents/Anti-craving | 2 |
| Anti-Addiction/ Substance Abuse Treatment Agents | Opioid Dependence Treatments | 2 |
| Anti-Addiction/ Substance Abuse Treatment Agents | Opioid Reversal Agents | 1 |
| Anti-Addiction/ Substance Abuse Treatment Agents | Smoking Cessation Agents | 3 |
| Antibacterials | Aminoglycosides | 5 |
| Antibacterials | Antibacterials, Other | 17 |
| Antibacterials | Beta-lactam, Cephalosporins | 9 |
| Antibacterials | Beta-lactam, Other | 1 |
| Antibacterials | Beta-lactam, Penicillins | 5 |
| Antibacterials | Macrolides | 5 |
| Antibacterials | Quinolones | 9 |
| Antibacterials | Sulfonamides | 5 |
| Antibacterials | Tetracyclines | 4 |
| Anticonvulsants | Anticonvulsants, Other | 4 |
| Anticonvulsants | Calcium Channel Modifying Agents | 4 |
| Anticonvulsants | Gamma-aminobutyric Acid (GABA) Augmenting Agents | 4 |
| Anticonvulsants | Glutamate Reducing Agents | 3 |
| Anticonvulsants | Sodium Channel Agents | 7 |
| Antidementia Agents | Antidementia Agents, Other | 1 |
| Antidementia Agents | Cholinesterase Inhibitors | 3 |
| Antidementia Agents | N-methyl-D-aspartate (NMDA) Receptor Antagonist | 1 |
| Antidepressants | Antidepressants, Other | 8 |
| Antidepressants | Monoamine Oxidase Inhibitors | 4 |
| Antidepressants | SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors) | 11 |
| Antidepressants | Tricyclics | 9 |
| Antiemetics | Antiemetics, Other | 10 |
| Antiemetics | Emetogenic Therapy Adjuncts | 6 |
| Antifungals | No USP Class | 20 |
| Antigout Agents | No USP Class | 6 |
| Anti-inflammatory Agents | Glucocorticoids | 26 |
| Anti-inflammatory Agents | Nonsteroidal Anti-inflammatory Drugs | 19 |
| Antimigraine Agents | Ergot Alkaloids | 1 |

| CATEGORY | CLASS | SUBMISSION COUNT |
|-----------------------|--|------------------|
| Antimigraine Agents | Prophylactic | 3 |
| Antimigraine Agents | Serotonin (5-HT) 1b/1d Receptor Agonists | 6 |
| Antimyasthenic Agents | Parasympathomimetics | 3 |
| Antimycobacterials | Antimycobacterials, Other | 2 |
| Antimycobacterials | Antituberculars | 10 |
| Antineoplastics | Alkylating Agents | 3 |
| Antineoplastics | Antiandrogens | 4 |
| Antineoplastics | Antiangiogenic Agents | 3 |
| Antineoplastics | Antiestrogens/Modifiers | 3 |
| Antineoplastics | Antimetabolites | 5 |
| Antineoplastics | Antineoplastics, Other | 4 |
| Antineoplastics | Aromatase Inhibitors, 3rd Generation | 3 |
| Antineoplastics | Enzyme Inhibitors | 6 |
| Antineoplastics | Molecular Target Inhibitors | 15 |
| Antineoplastics | Monoclonal Antibodies | 1 |
| Antineoplastics | Retinoids | 3 |
| Antiparasitics | Anthelmintics | 3 |
| Antiparasitics | Antiprotozoals | 11 |
| Antiparasitics | Pediculicides/Scabicides | 5 |
| Antiparkinson Agents | Anticholinergics | 3 |
| Antiparkinson Agents | Antiparkinson Agents, Other | 3 |
| Antiparkinson Agents | Dopamine Agonists | 4 |
| Antiparkinson Agents | Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors | 1 |
| Antiparkinson Agents | Monoamine Oxidase B (MAO-B) Inhibitors | 2 |
| Antipsychotics | 1st Generation/Typical | 10 |
| Antipsychotics | 2nd Generation/Atypical | 9 |
| Antipsychotics | Treatment-Resistant | 1 |
| Antispasticity Agents | No USP Class | 4 |
| Antivirals | Anti-cytomegalovirus (CMV) Agents | 2 |
| Antivirals | Anti-hepatitis B (HBV) Agents | 6 |
| Antivirals | Anti-hepatitis C (HCV) Agents | 7 |
| Antivirals | Antitherpetic Agents | 5 |
| Antivirals | Anti-HIV Agents, Integrase Inhibitors (INSTI) | 1 |
| Antivirals | Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) | 5 |
| Antivirals | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | 11 |
| Antivirals | Anti-HIV Agents, Other | 2 |
| Antivirals | Anti-HIV Agents, Protease Inhibitors | 9 |
| Antivirals | Anti-influenza Agents | 4 |

| CATEGORY | CLASS | SUBMISSION COUNT |
|--|---|------------------|
| Anxiolytics | Anxiolytics, Other | 4 |
| Anxiolytics | Benzodiazepines | 0 |
| Anxiolytics | SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors) | 5 |
| Bipolar Agents | Bipolar Agents, Other | 7 |
| Bipolar Agents | Mood Stabilizers | 5 |
| Blood Glucose Regulators | Antidiabetic Agents | 21 |
| Blood Glucose Regulators | Glycemic Agents | 1 |
| Blood Glucose Regulators | Insulins | 8 |
| Blood Products/Modifiers/ Volume Expanders | Anticoagulants | 7 |
| Blood Products/Modifiers/ Volume Expanders | Blood Formation Modifiers | 6 |
| Blood Products/Modifiers/ Volume Expanders | Coagulants | 0 |
| Blood Products/Modifiers/ Volume Expanders | Platelet Modifying Agents | 8 |
| Cardiovascular Agents | Alpha-adrenergic Agonists | 4 |
| Cardiovascular Agents | Alpha-adrenergic Blocking Agents | 4 |
| Cardiovascular Agents | Angiotensin II Receptor Antagonists | 8 |
| Cardiovascular Agents | Angiotensin-converting Enzyme (ACE) Inhibitors | 10 |
| Cardiovascular Agents | Antiarrhythmics | 10 |
| Cardiovascular Agents | Beta-adrenergic Blocking Agents | 13 |
| Cardiovascular Agents | Calcium Channel Blocking Agents | 9 |
| Cardiovascular Agents | Cardiovascular Agents, Other | 4 |
| Cardiovascular Agents | Diuretics, Carbonic Anhydrase Inhibitors | 2 |
| Cardiovascular Agents | Diuretics, Loop | 4 |
| Cardiovascular Agents | Diuretics, Potassium-sparing | 4 |
| Cardiovascular Agents | Diuretics, Thiazide | 6 |
| Cardiovascular Agents | Dyslipidemics, Fibric Acid Derivatives | 2 |
| Cardiovascular Agents | Dyslipidemics, HMG CoA Reductase Inhibitors | 7 |
| Cardiovascular Agents | Dyslipidemics, Other | 5 |
| Cardiovascular Agents | Vasodilators, Direct-acting Arterial | 3 |
| Cardiovascular Agents | Vasodilators, Direct-acting Arterial/Venous | 3 |
| Central Nervous System Agents | Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines | 4 |
| Central Nervous System Agents | Attention Deficit Hyperactivity Disorder Agents, Amphetamines | 4 |
| Central Nervous System Agents | Central Nervous System, Other | 8 |
| Central Nervous System Agents | Fibromyalgia Agents | 3 |
| Central Nervous System Agents | Multiple Sclerosis Agents | 5 |
| Dental and Oral Agents | No USP Class | 7 |
| Dermatological Agents | No USP Class | 79 |
| Enzyme Replacement/ Modifiers | No USP Class | 7 |
| Gastrointestinal Agents | Antispasmodics, Gastrointestinal | 4 |

| CATEGORY | CLASS | SUBMISSION COUNT |
|--|---|------------------|
| Gastrointestinal Agents | Gastrointestinal Agents, Other | 9 |
| Gastrointestinal Agents | Histamine2 (H2) Receptor Antagonists | 4 |
| Gastrointestinal Agents | Irritable Bowel Syndrome Agents | 2 |
| Gastrointestinal Agents | Laxatives | 3 |
| Gastrointestinal Agents | Protectants | 2 |
| Gastrointestinal Agents | Proton Pump Inhibitors | 6 |
| Genitourinary Agents | Antispasmodics, Urinary | 7 |
| Genitourinary Agents | Benign Prostatic Hypertrophy Agents | 9 |
| Genitourinary Agents | Genitourinary Agents, Other | 5 |
| Genitourinary Agents | Phosphate Binders | 3 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | No USP Class | 31 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins) | No USP Class | 1 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Anabolic Steroids | 2 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Androgens | 4 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Estrogens | 14 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Progesterone Agonists/Antagonists | 0 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Progestins | 12 |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Selective Estrogen Receptor Modifying Agents | 1 |
| Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary) | No USP Class | 5 |
| Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid) | No USP Class | 3 |
| Hormonal Agents, Suppressant (Adrenal) | No USP Class | 1 |
| Hormonal Agents, Suppressant (Parathyroid) | No USP Class | 2 |
| Hormonal Agents, Suppressant (Pituitary) | No USP Class | 7 |
| Hormonal Agents, Suppressant (Thyroid) | Antithyroid Agents | 2 |
| Immunological Agents | Angioedema (HAE) Agents | 0 |
| Immunological Agents | Immune Suppressants | 17 |
| Immunological Agents | Immunizing Agents, Passive | 0 |
| Immunological Agents | Immunomodulators | 13 |
| Inflammatory Bowel Disease Agents | Aminosaliclates | 3 |
| Inflammatory Bowel Disease Agents | Glucocorticoids | 5 |
| Inflammatory Bowel Disease Agents | Sulfonamides | 1 |
| Metabolic Bone Disease Agents | No USP Class | 13 |
| Ophthalmic Agents | Ophthalmic Prostaglandin and Prostanoid Analogs | 3 |
| Ophthalmic Agents | Ophthalmic Agents, Other | 18 |
| Ophthalmic Agents | Ophthalmic Anti-allergy Agents | 9 |
| Ophthalmic Agents | Ophthalmic Antiglaucoma Agents | 17 |
| Ophthalmic Agents | Ophthalmic Anti-inflammatories | 11 |
| Otic Agents | No USP Class | 8 |

| CATEGORY | CLASS | SUBMISSION COUNT |
|---|---|------------------|
| Respiratory Tract/ Pulmonary Agents | Antihistamines | 11 |
| Respiratory Tract/ Pulmonary Agents | Anti-inflammatories, Inhaled Corticosteroids | 7 |
| Respiratory Tract/ Pulmonary Agents | Antileukotrienes | 3 |
| Respiratory Tract/ Pulmonary Agents | Bronchodilators, Anticholinergic | 2 |
| Respiratory Tract/ Pulmonary Agents | Bronchodilators, Sympathomimetic | 10 |
| Respiratory Tract/ Pulmonary Agents | Cystic Fibrosis Agents | 1 |
| Respiratory Tract/ Pulmonary Agents | Mast Cell Stabilizers | 1 |
| Respiratory Tract/ Pulmonary Agents | Phosphodiesterase Inhibitors, Airways Disease | 6 |
| Respiratory Tract/ Pulmonary Agents | Pulmonary Antihypertensives | 6 |
| Respiratory Tract/ Pulmonary Agents | Respiratory Tract Agents, Other | 2 |
| Skeletal Muscle Relaxants | No USP Class | 6 |
| Sleep Disorder Agents | GABA Receptor Modulators | 3 |
| Sleep Disorder Agents | Sleep Disorders, Other | 5 |
| Therapeutic Nutrients/ Minerals/ Electrolytes | Electrolyte/Mineral Modifiers | 7 |
| Therapeutic Nutrients/ Minerals/ Electrolytes | Electrolyte/Mineral Replacement | 6 |
| Therapeutic Nutrients/ Minerals/ Electrolytes | Vitamins | 0 |