

TOP SELLING PLANS

Q2 2019 Product Comparisons for NH



	Tufts Health Freedom Plan		Harvard Pilgrim Health Care		Anthem
	Granite Advantage EPO 2000 90%	Granite Advantage EPO 2000	HMO Gold 2000 - LP	HMO Gold 2000 – LP (No Coinsurance)	Anthem Gold Access Blue NE HMO 2000/10%/4000
Premium Rate Comparison*	-	+6.9%	+7.6%	+11.4%	+13.1%
Benefit Comparison***					
Deductible (Ind/Fam)	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000
Coinsurance	90%	-	90%	-	90%
Medical and Rx OOP Max (Ind/Fam)	\$6000 / \$12000	\$4000 / \$8000	\$7900 / \$15800	\$4000 / \$8000	\$4000 / \$8000
PCP/Specialist	\$25 / \$50 copay	\$25 / \$50 copay	Preferred PCP: No Charge All Other Providers: \$25 / \$50 copay	Preferred PCP: No Charge All Other Providers: \$25 / \$50 copay	\$25 / \$50 copay
PT/OT/ST	\$25 copay	\$25 copay	\$50 copay	\$50 copay	Office: \$25 copay Hospital: Deductible then 10% coinsurance
Chiro	\$25 copay (no visit limit)	\$25 copay (no visit limit)	\$25 copay (12 visit limit)	\$25 copay (12 visit limit)	\$25 copay (12 visit limit)
Labs	Covered in full	Covered in full	Select LP providers: Covered in full All other providers: Deductible then 10% coinsurance	Select LP providers: Covered in full All other providers: Deductible then covered in full	Office & Hospital: Deductible then 10% coinsurance Freestanding: Covered in full
LTI/Diagnostic Testing	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then covered in full	Office & Hospital: Deductible then 10% coinsurance Freestanding: \$150 copay
HTI	Deductible then 10% coinsurance	Deductible then covered in full	Non-hospital Based: \$200 copay Hospital Based: Deductible then 10% coinsurance	Non-hospital Based: \$200 copay Hospital Based: Deductible then covered in full	Office & Hospital: Deductible then 10% coinsurance Freestanding: \$250 copay
SDC	\$250 copay	\$250 copay	Select LP Provider: \$150 All other providers: Deductible then 10% coinsurance	Select LP Provider: \$150 All other providers: Deductible then covered in full	Hospital: Deductible then 10% coinsurance Freestanding: \$250 copay
Inpatient	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance
Non – Emergent ER	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then \$300 copay (ER Doctor and Other Services: Deductible then 10% Coinsurance)
ER			Deductible then \$300 copay	Deductible then \$300 copay	
Rx (30-Day Retail)	\$5/\$25/30%/35%/35% (\$350 max)	\$5/\$15/\$45/\$90/35% (\$350 max)	\$2/\$25/\$65/35%/40% (\$550 max)	\$2/\$25/\$65/35%/40% (\$550 max)	\$3/\$25/\$50 or 30% coinsurance whichever is greater up to \$300/\$80 or 30% coinsurance up to \$300/30% up to \$500

*Premium Rate Comparison based off of Q2 2019 NH Small Group Rate Filing, 21 year old individual
 ***Benefit Comparison developed from Q2 2019 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q2 2019 Product Comparisons for NH



	Tufts Health Freedom Plan		Harvard Pilgrim Health Care		Anthem
	Granite Advantage EPO 3000 80% (NEW)	Granite Advantage EPO 3000	HMO Gold 3000 - LP (No Coinsurance)	HMO Gold 3000 - LP	Anthem Silver Access Blue NE HMO 3000/20%/7350
Premium Rate Comparison*	-	+2.8%	+11.2%	+6.8%	+5.8%
Benefit Comparison***					
Deductible (Ind/Fam)	\$3000 / \$6000	\$3000 / \$6000	\$3000 / \$6000	\$3000 / \$6000	\$3000 / \$6000
Coinsurance	80%	-	-	90%	80%
Medical and Rx OOP Max (Ind/Fam)	\$6000 / \$12000	\$6000 / \$12000	\$4000 / \$8000	\$7900 / \$15800	\$7350/\$14700
PCP/Specialist	\$30 / \$60 copay	\$25 / \$50 copay	Preferred PCP: No Charge All Other Providers: \$25 / \$50 copay	Preferred PCP: No Charge All Other Providers: \$25 / \$50 copay	\$40/\$80 copay
PT/OT/ST	\$30 copay	\$25 copay	\$50 copay	\$50 copay	Office: \$40 copay Hospital: Deductible then 20% coinsurance
Chiro	\$30 copay (no visit limit)	\$25 copay (no visit limit)	\$25 copay (12 visit limit)	\$25 copay (12 visit limit)	\$40 copay (12 visit limit)
Labs	Covered in full	Covered in full	Select LP providers: Covered in full All other providers: Deductible then covered in full	Select LP providers: Covered in full All other providers: Deductible then 10% coinsurance	Office & Hospital: Deductible then 20% coinsurance Freestanding: Covered in full
LTI/Diagnostic Testing	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then covered in full	Deductible then 10% coinsurance	Office & Hospital: Deductible then 20% coinsurance Freestanding: \$150 copay
HTI	Deductible then 20% coinsurance	Deductible then covered in full	Non-hospital Based: \$200 copay Hospital Based: Deductible then covered in full	Non-hospital Based: \$200 copay Hospital Based: Deductible then 10% coinsurance	Office & Hospital: Deductible then 20% coinsurance Freestanding: \$250 copay
SDC	\$250 copay	\$250 copay	Select LP Provider: \$150 All other providers: Deductible then covered in full	Select LP Provider: \$150 All other providers: Deductible then 10% coinsurance	Hospital: Deductible then 20% coinsurance Freestanding: \$250 copay
Inpatient	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Non – Emergent ER	Deductible then \$250 copay	Deductible then \$250 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then \$300 copay (ER Doctor and Other Services: Deductible then 20% Coinsurance)
ER			Deductible then \$300 copay	Deductible then \$300 copay	
Rx (30-Day Retail)	\$5/\$25/30%/35%/35% (\$350 max)	\$5/\$25/30%/35%/35% (\$350 max)	\$2/\$25/\$65/35%/40% (\$550 max)	\$5/\$35/\$80/40%/45% (\$550 max)	\$3/\$25/\$50 or 30% coinsurance whichever is greater up to \$300/\$80 or 30% coinsurance up to \$300/30% up to \$500

*Premium Rate Comparison based off of Q2 2019 NH Small Group Rate Filing, 21 year old individual

***Benefit Comparison developed from Q2 2019 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q2 2019 Product Comparisons for NH



	Tufts Health Freedom Plan		Harvard Pilgrim Health Care		Anthem
	Granite Advantage EPO 4000	Granite Advantage EPO 3500 80%	HMO Silver 4000 – LP with Rx Deductible	HMO Silver 4000 - LP	Anthem Silver Access Blue NE HMO 4000/10%/7500
Premium Rate Comparison*	-	-0.3%	+5.0%	+4.2%	+10.1%
Benefit Comparison***					
Deductible (Ind/Fam)	\$4000 / \$8000	\$3500 / \$7000	Medical: \$4000 / \$8000 Rx: \$500 per member (applies to T3, T4 & T5)	\$4000 / \$8000	\$4000 / \$8000
Coinsurance	-	80%	-	80%	90%
Medical and Rx OOP Max (Ind/Fam)	\$7900 / \$15800	\$7900 / \$15800	\$7900 / \$15800	\$7900 / \$15800	\$7500 / \$15000
PCP/Specialist	\$45 / \$80 copay	\$45 / \$80 copay	Preferred PCP: No Charge All Other Providers: \$40 / \$80 copay	Preferred PCP: No Charge All Other Providers: \$40 / \$80 copay	\$40 / \$80 copay
PT/OT/ST	\$45 copay	\$45 copay	\$60 copay	\$60 copay	Office: \$40 copay Hospital: Deductible then 10% coinsurance
Chiro	\$45 copay (no visit limit)	\$45 copay (no visit limit)	\$40 copay (12 visit limit)	\$40 copay (12 visit limit)	\$40 copay (12 visit limit)
Labs	Covered in full	Covered in full	Select LP providers: Covered in full All other providers: Deductible then 20% coinsurance	Select LP providers: Covered in full All other providers: Deductible then 20% coinsurance	Office & Hospital: Deductible then 10% coinsurance Freestanding: Covered in full
LTI/Diagnostic Testing	Deductible then covered in full	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then 20% coinsurance	Office & Hospital: Deductible then 10% coinsurance Freestanding: \$150 copay
HTI	Deductible then covered in full	Deductible then 20% coinsurance	Non-hospital Based: \$300 copay Hospital Based: Deductible then covered in full	Non-hospital Based: \$300 copay Hospital Based: Deductible then 20% coinsurance	Office & Hospital: Deductible then 10% coinsurance Freestanding: \$250 copay
SDC	\$300 copay	\$250 copay	Select LP Provider: \$250 copay All other providers: Deductible then covered in full	Select LP Provider: \$250 copay All other providers: Deductible then 20% coinsurance	Hospital: Deductible then 10% coinsurance Freestanding: \$250 copay
Inpatient	Deductible then covered in full	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then 20% coinsurance	Deductible then 10% coinsurance
Non-Emergent ER	Deductible then \$300 copay	Deductible then \$300 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then \$300 copay (ER Doctor and Other Services: Deductible then 10% Coinsurance)
ER			Deductible then \$350 copay	Deductible then \$350 copay	
Rx (30-Day Retail)	\$5/\$40/35%/35%/35% (\$350 max)	\$5/\$40/30%/35%/35% (\$350 max)	\$5/\$35/\$80/40%/45% (\$550 max)	\$5/\$35/\$80/40%/45% (\$550 max)	\$3/\$25/\$50 or 30% coinsurance whichever is greater up to \$300/\$80 or 30% coinsurance up to \$300/30% up to \$500

*Premium Rate Comparison based off of Q2 2019 NH Small Group Rate Filing, 21 year old individual
 ***Benefit Comparison developed from Q2 2019 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

OTHER PLANS

Q2 2019 Product Comparisons for NH



	Tufts Health Freedom Plan	Harvard Pilgrim Health Care		Anthem
	Granite Advantage EPO 5000	HMO Silver 5000 – LP with Rx Deductible	HMO Silver 5000 - LP	Anthem Silver Access Blue NE HMO 5000/0%/7500
Premium Rate Comparison*	-	+2.7%	+3.3%	+10.1%
Benefit Comparison***				
Deductible (Ind/Fam)	\$5000 / \$10000	Medical: \$5000 / \$10000 Rx: \$500 per member (applies to T3, T4 & T5)	\$5000 / \$10000	\$5000 / \$10000
Coinsurance	-	-	80%	-
Medical and Rx OOP Max (Ind/Fam)	\$7900 / \$15800	\$7900 / \$15800	\$7900 / \$15800	\$7500 / \$15000
PCP/Specialist	\$40 / \$80 copay	Preferred PCP: No Charge All Other Providers: \$40 / \$80 copay	Preferred PCP: No Charge All Other Providers: \$40 / \$80 copay	\$40 / \$80 copay
PT/OT/ST	\$40 copay	\$60 copay	\$60 copay	Office: \$40 copay Hospital: Deductible then 10% coinsurance
Chiro	\$40 copay (no visit limit)	\$40 copay (12 visit limit)	\$40 copay (12 visit limit)	\$40 copay (12 visit limit)
Labs	Covered in full	Select LP providers: Covered in full All other providers: Deductible then covered in full	Select LP providers: Covered in full All other providers: Deductible then 20% coinsurance	Office & Hospital: Deductible then covered in full Freestanding: Covered in full
LTI/Diagnostic Testing	Deductible then covered in full	Deductible then covered in full	Deductible then 20% coinsurance	Office & Hospital: Deductible then covered in full Freestanding: \$150 copay
HTI	Deductible then covered in full	Non-hospital Based: \$300 copay Hospital Based: Deductible then covered in full	Non-hospital Based: \$300 copay Hospital Based: Deductible then 20% coinsurance	Office & Hospital: Deductible then covered in full Freestanding: \$250 copay
SDC	\$250 copay	Select LP Provider: \$250 copay All other providers: Deductible then covered in full	Select LP Provider: \$250 copay All other providers: Deductible then 20% coinsurance	Hospital: Deductible then covered in full Freestanding: \$250 copay
Inpatient	Deductible then covered in full	Deductible then covered in full	Deductible then 20% coinsurance	Deductible then 10% coinsurance
Non-Emergent ER	Deductible then \$250 copay	Deductible then 50% coinsurance	Deductible then 50% coinsurance	Deductible then \$300 copay (ER Doctor and Other Services: Deductible then 10% Coinsurance)
ER		Deductible then \$350 copay	Deductible then \$350 copay	
Rx (30-Day Retail)	\$5/\$25/30%/35%/35% (\$350 max)	\$5/\$35/\$80/40%/45% (\$550 max)	\$5/\$35/\$80/40%/45% (\$550 max)	\$3/\$25/\$50 or 30% coinsurance whichever is greater up to \$300/\$80 or 30% coinsurance up to \$300/30% up to \$500

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 ***Benefit Comparison developed from Q2 2019 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q2 2019 Product Comparisons for NH



	Tufts Health Freedom Plan	Harvard Pilgrim Health Care	Anthem
	Granite Premier Choice EPO 3000	ElevateHealth Options Silver 3000	Anthem Silver HMO Blue NE Choice 3000/15%/7500
Premium Rate Comparison*	-	+2.1%	+9.1%
Benefit Comparison***			
Deductible (Ind/Fam)	Tier 1: \$3000 / \$6000 Tier 2: \$6000 / \$12000	Tier 1: \$3000 / \$6000 Tier 2: \$4000 / \$8000	Tier 1: \$3000 / \$6000 Tier 2: \$6650/\$13300
Coinsurance	Tier 1: 100% Tier 2: 80%	Tier 1: 100% Tier 2: 70%	Tier 1: 85% Tier 2: 80%
Medical and Rx OOP Max (Ind/Fam)	\$7900 / \$15800	\$7900 / \$15800	\$7500 / \$15000
PCP/Specialist	Tier 1: \$50 / \$60 copay Tier 2: \$60 / \$80 copay	Preferred PCP: No charge Tier 1: \$40 / \$80 copay Tier 2: Deductible then 30% coinsurance	Tier 1 : \$30 / \$50 copay Tier 2: \$50 / \$50 copay
PT/OT/ST	\$50 copay	Tier 1: \$60 copay Tier 2: Deductible then 30% coinsurance	Office: \$30 copay Tier 1 Hospital: Deductible then 15% coinsurance Tier 2 Hospital: Deductible then 20% coinsurance
Chiro	\$50 copay (no visit limit)	Tier 1: \$40 copay Tier 2: Deductible then 30% coinsurance (12 visit limit for both tiers)	\$30 copay (12 visit limit)
Labs	Tier 1: Covered in full Tier 2: Deductible then 20% coinsurance	Tier 1: Covered in full Tier 2: Deductible then 30% coinsurance	Tier 1 Office & Hospital: Deductible then 15% coinsurance Tier 2 Office & Hospital: Deductible then 20% coinsurance Freestanding: Covered in full
LTI/Diagnostic Testing	Tier 1: Deductible then covered in full Tier 2: Deductible then 20% coinsurance	Tier 1: Deductible then covered in full Tier 2: Deductible then 30% coinsurance	Tier 1 Office & Hospital: Deductible then 15% coinsurance Tier 2 Office & Hospital: Deductible then 20% coinsurance Freestanding: \$150 copay
HTI	Tier 1: Deductible then covered in full Tier 2: Deductible then 20% coinsurance	Tier 1: Deductible then covered in full Tier 2: Deductible then 20% coinsurance	Tier 1 Office & Hospital: Deductible then 15% coinsurance Tier 2 Office & Hospital: Deductible then 20% coinsurance Freestanding: \$250 copay
SDC	Tier 1: \$250 copay Tier 2: Deductible then 20% coinsurance	Tier 1 Ambulatory Surgical Center: \$250 copay Tier 2 Ambulatory Surgical Center: Deductible then 30% coinsurance Tier 1 Hospital: Deductible then \$250 copay Tier 2 Hospital: Deductible then 30% coinsurance	Tier 1 Hospital: Deductible then 15% coinsurance Tier 2 Hospital: Deductible then 20% coinsurance Freestanding: \$250 copay
Inpatient	Tier 1: Deductible then covered in full Tier 2: Deductible then 20% coinsurance	Tier 1: Deductible then covered in full Tier 2: Deductible then 20% coinsurance	Tier 1 Hospital: Deductible then 15% coinsurance Tier 2 Hospital: Deductible then 20% coinsurance
Non-Emergent ER	Deductible then \$250 copay	Deductible then 50% coinsurance	Deductible then \$300 copay (ER Doctor and Other Services: Deductible then 15% Coinsurance)
ER		Deductible then \$350 copay	
Rx (30-Day Retail)	\$5/\$40/35%/35%/35% (\$350 max)	\$5/\$35/\$80/40%/45% (\$550 max)	\$3/\$25/\$50 or 30% coinsurance whichever is greater up to \$300/\$80 or 30% coinsurance up to \$300/30% up to \$500

*Premium Rate Comparison based off of Q2 2019 NH Small Group Rate Filing, 21 year old individual

***Benefit Comparison developed from Q2 2019 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

HSA/SAVER PLANS

Q2 2019 Product Comparisons for NH



	Tufts Health Freedom Plan		Harvard Pilgrim Health Care	Anthem
	Granite Advantage EPO Saver 3000 80%	Granite Advantage EPO Saver 3000	HMO HSA Silver 3000 with Preventive Rx	Anthem Silver Access Blue NE HMO 3000/10%/6650 w/HSA
Premium Rate Comparison*	-	+7.4%	+8.6%	+10.0%
Benefit Comparison***				
Combined Med/Rx Deductible (Ind/Fam)	\$3000 / \$6000 (Embedded)	\$3000 / \$6000 (Embedded)	\$3000 / \$6000 (Embedded)	\$3000/\$6000 (Embedded)
Coinsurance	80%	-	90%	90%
Medical and Rx OOP Max (Ind/Fam)	\$5500 / \$11000	\$6650 / \$13300	\$6750 / \$13500	\$6650 / \$13300
PCP/Specialist	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then 10% coinsurance
PT/OT/ST	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then 10% coinsurance
Chiro	Deductible then 20% coinsurance (no visit limit)	Deductible then covered in full (no visit limit)	Deductible then 10% coinsurance (12 visit limit)	Deductible then 10% coinsurance (12 visit limit)
Labs	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then 10% coinsurance
LTI/Diagnostic Testing	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then 10% coinsurance
HTI	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then 10% coinsurance
SDC	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then 10% coinsurance
Inpatient	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then 10% coinsurance
Non – Emergent ER	Deductible then 20% coinsurance	Deductible then covered in full	Deductible then 50% coinsurance	Deductible then 10% coinsurance
ER			Deductible then 10% coinsurance	
Rx (30-Day Retail)	\$5/20%/20%/20%/20% (\$500 max)	\$5/25%/25%/25%/25% (\$500 max)	20%/20%/20%/20%/20% (no max)	20%/20%/20%/20%/20% (no max)

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 ***Benefit Comparison developed from Q2 2019 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q2 2019 Product Comparisons for NH



	Tufts Health Freedom Plan	Harvard Pilgrim Health Care	Anthem	Anthem
	Granite Advantage EPO Saver 4000	HMO HSA Silver 4000 with Preventive Rx	Anthem Silver Access Blue NE HMO 4000/0%/6650 w/HSA	Anthem Bronze Access Blue NE HMO 4000/25%/6650 w/HSA
Premium Rate Comparison*	-	+1.3%	+6.7%	-2.0%
Benefit Comparison***				
Combined Med/Rx Deductible (Ind/Fam)	\$4000 / \$8000 (Embedded)	\$4000 / \$8000 (Embedded)	\$4000 / \$8000 (Embedded)	\$4000 / \$8000 (Embedded)
Coinsurance	-	90%	-	75%
Medical and Rx OOP Max (Ind/Fam)	\$6650 / \$13300	\$6750 / \$13500	\$6650 / \$13300	\$6650 / \$13300
PCP/Specialist	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 25% coinsurance
PT/OT/ST	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 25% coinsurance
Chiro	Deductible then covered in full (no visit limit)	Deductible then 10% coinsurance (12 visit limit)	Deductible then covered in full (12 visit limit)	Deductible then 25% coinsurance (12 visit limit)
Labs	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 25% coinsurance
LTI/Diagnostic Testing	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 25% coinsurance
HTI	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 25% coinsurance
SDC	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 25% coinsurance
Inpatient	Deductible then covered in full	Deductible then 10% coinsurance	Deductible then covered in full	Deductible then 25% coinsurance
Non – Emergent ER	Deductible then covered in full	Deductible then 50% coinsurance	Deductible then covered in full	Deductible then 25% coinsurance
ER		Deductible then 10% coinsurance		
Rx (30-Day Retail)	\$5/25%/25%/25%/25% (\$500 max)	20%/20%/20%/20%/20% (no max)	20%/20%/20%/20%/20% (no max)	25%/25%/25%/25%/25% (no max)

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 ***Benefit Comparison developed from Q2 2019 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents

Q2 2019 Product Comparisons for NH



	Tufts Health Freedom Plan	Harvard Pilgrim Health Care	Anthem
	Granite Advantage EPO Saver 5000 80% (NEW)	HMO HSA Bronze 5000	Anthem Bronze Access Blue NE HMO 5000/30%/6650 w/HSA
Premium Rate Comparison*	-	+1.6%	+4.8%
Benefit Comparison***			
Combined Med/Rx Deductible (Ind/Fam)	\$5000 / \$10000 (Embedded)	\$5000 / \$10000 (Embedded)	\$5000 / \$10000 (Embedded)
Coinsurance	80%	70%	70%
Medical and Rx OOP Max (Ind/Fam)	\$6650 / \$13300	\$6750 / \$13500	\$6650 / \$13300
PCP/Specialist	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
PT/OT/ST	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
Chiro	Deductible then 20% coinsurance (no visit limit)	Deductible then 30% coinsurance (12 visit limit)	Deductible then 30% coinsurance (12 visit limit)
Labs	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
LTI/Diagnostic Testing	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
HTI	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
SDC	Deductible then 20% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
Inpatient	Deductible then 10% coinsurance	Deductible then 30% coinsurance	Deductible then 30% coinsurance
Non – Emergent ER	Deductible then 20% coinsurance	Deductible then 50% coinsurance	Deductible then 30% coinsurance
ER		Deductible then 30% coinsurance	
Rx (30-Day Retail)	\$5/20%/20%/20%/20% (\$500 max)	30%/30%/30%/30%/30% (no max)	30%/30%/30%/30%/30% (no max)

*Premium Rate Comparison based off of Q2 2019 NH Small Group Rate Filing, 21 year old individual
 ***Benefit Comparison developed from Q2 2019 product grids, summary of benefits & coverage, benefit summaries & evidence of coverage documents