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Matthew Thornton Blue SM
Cost Sharing Schedule

This Cost Sharing Schedule is an important part of Your Subscriber Certificate and is an outline of Your coverage. Do not rely on this outline alone. Keep this schedule with Your Certificate because it contains important information about coverage and limitations. Please read Your Subscriber Certificate carefully as important terms and limitations apply.

Cost Sharing Summary	YOUR COST
Visit Copayment Applies each time You visit Your Primary Care Provider (PCP) or Network obstetrical/gynecological specialist.	$5 per visit
Specialty Visit Copayment Applies each time You visit a specialist. This Copayment also applies each time You visit a Network Provider at a Network Walk-In Center for diagnosis, care and treatment of an illness or injury.	$5 per visit
Emergency Room Copayment	$25 per visit
Urgent Care Facility Copayment Applies each time You visit a licensed hospital's Network urgent care facility for diagnosis, care and treatment of illness or injury.	$25 per visit
Standard Deductible	not applicable
Standard Coinsurance	
Coinsurance Maximum	
Durable Medical Equipment, Medical Supplies and Prosthetics	
Deductible	not applicable
Coinsurance	20%

Please note that throughout this schedule any reference to year means calendar year.

Coverage Outline	YOUR COST
Medical/Surgical Care	
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 Member, per year	
In a Physical Rehabilitation Facility (Facility charges) Up to 100 Inpatient days per Member, 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	
Preventive Care	
Immunizations for babies, children and adults (including travel and rabies immunizations) Mammograms, pap smears, lead screening, prostatic specific antigen (PSA) screening	You pay $0
Routine physical exams for babies, children and adults (including one annual gynecological exam) Family planning visits Nutrition counseling Routine vision exams - One exam each year for Members 18 years old and younger; one exam every two years for Members 19 years old and older. Routine hearing exams - One exam each year for Members 18 years old and younger.	You pay $0
Medical/Surgical Care in a Physician's Office or Walk-In Center or furnished by an Independent Ambulatory Surgical Center, Independent Infusion Therapy Provider, Independent Laboratory Provider, or Independent Radiology Provider	
Medical exams, consultations, anesthesia, medical treatments, and Network Provider services at a Network Walk-In Center	Visit Copayment or Specialty Visit Copayment
Injections (including allergy injections)	You pay $0
Office surgery	
Laboratory tests (including allergy testing)	
X-ray tests (including ultrasound)	
MRA, MRI, PET, SPECT, CT Scan, CTA, Chemotherapy, medical supplies and drugs	
Maternity care (prenatal and postpartum visits) Please see Your Subscriber Certificate for information about total maternity care.	You pay no Visit Copayment for prenatal or postpartum office visits. Your share of the cost for delivery of a baby is the same as shown for "Inpatient Services" (above) and "Outpatient Facility Care" (below).

	YOUR COST
Outpatient Facility Care in the Outpatient Department of a Hospital, a Short Term General Hospital's Ambulatory Surgical Center, a Hemodialysis Center or Birthing Center	
Medical exams and consultations by a physician	Visit Copayment or Specialty Visit Copayment
Services of a surgeon, operating room for surgery and anesthesia	You pay $0
Physician and professional services for the delivery of a baby or management of therapy. Hemodialysis, chemotherapy, radiation therapy, infusion therapy, MRA, MRI, PET, SPECT, CT Scan, CTA Fees for use of a facility, medical supplies, drugs, other ancillaries, observation	
Laboratory and x-ray tests (including ultrasounds)	
Emergency Room Visits and Urgent Care Facility Visits	
Use of the emergency room (The Copayment is waived if you are admitted)	Emergency Room Copayment
Use of a licensed hospital's urgent care facility in the Network	Urgent Care Facility Copayment
Physician's fee, surgery, MRA, MRI, PET, SPECT, CT Scan, CTA, medical supplies and drugs	You pay $0
Laboratory and x-ray tests	
Ambulance Services Transport by ambulance must be Medically Necessary	
III. Outpatient Physical Rehabilitation Services	
Physical Therapy and Occupational Therapy and Speech Therapy Up to a combined maximum of 60 visits per Member, per year	Visit Copayment or Specialty Visit Copayment
Cardiac Rehabilitation Visits	
Chiropractic Care • **Office visits** - up to 12 visits per Member, per year	
• **Laboratory and x-ray tests** furnished by a chiropractor	You pay $0
Early Intervention Services Available from birth to a covered child's third birthday. Limited to $3,200 per Member per year and $9,600 by the child's third birthday.	Visit Copayment or Specialty Visit Copayment
IV. Home Care	
Physician services Medical exams, injections, medical treatments, surgery and anesthesia	Visit Copayment or Specialty Visit Copayment
Home Health Agency services	You pay $0
Hospice	
Infusion Therapy	
Durable Medical Equipment, Medical Supplies and Prosthetics	Subject to the DME Coinsurance

	YOUR COST
V. Behavioral Health Care (Mental Health and Substance Abuse Care)	
Outpatient/Office Visits	
Mental Health Visits: Unlimited Medically Necessary visits **Substance Abuse Visits:** Unlimited Medically Necessary visits (including detoxification and substance abuse rehabilitation services)	Visit Copayment or Specialty Visit Copayment
Partial Hospitalization and Intensive Outpatient Treatment Programs	
Mental Disorders: Unlimited Medically Necessary care **Substance Abuse Conditions**: Unlimited Medically Necessary care for rehabilitation and detoxification	You pay $0
Inpatient Care	
Mental Disorders: Unlimited Medically Necessary Inpatient days **Substance Abuse Conditions**: • Medical detoxification days – Unlimited Medically Necessary Inpatient days • Substance abuse rehabilitation – Unlimited Medically Necessary Inpatient days	You pay $0
Scheduled Ambulance Transport Limited to Medically Necessary transport from one facility to another	
VI. Prescription Eyewear	
Benefits are limited to a maximum of **$40** per Member, per year. Please refer to your Prescription Eyewear Rider for more information.	

NEW HAMPSHIRE
Local Government Center

PRESCRIPTION BENEFIT PROGRAM OVERVIEW

CVS CAREMARK

	RETAIL PHARMACY	MAIL SERVICE PHARMACY
	For immediate or short-term medication needs*	For maintenance or long-term medication needs*
You Will Pay:	• **$3** for each generic medication • **$15** for each preferred/non-preferred brand-name medication**	• **$1** for each generic medication • **$1** for each preferred/non-preferred brand-name medication**
Day Supply Limit:	**34**-day supply	**90**-day supply
Refill Limit:	One initial fill plus two refills for maintenance or long-term medicines. For each additional fill a 100% copay will be applied.	**None**
Prior Authorization Required:	Botox and Myobloc for Non-Cosmetic Purposes Only, Wellbutrin SR Tab 150mg and its generic: Bupropion ER tab 150mg, Wellbutrin SR Tab 200mg and its generic: Bupropion SR tab 200mg, Wellbutrin XL Tab 150mg and its generic: Budeprion XL tab 150mg, Wellbutrin XL Tab 300mg and its generic: Bupropion XL tab 300mg. **All forms of Wellbutrin and its generics are not covered for use as a smoking deterrent.**	

*Your plan may have coverage limits, be subject to dispensing limitations and may not cover certain medicine. Please log on to **www.caremark.com** for the most up-to-date plan information.

**When a generic equivalent is available, but the pharmacy dispenses the brand-name medication for any reason other than a doctor's "dispense as written" or equivalent instructions, you will pay the generic copayment plus the difference in cost between the brand-name and the generic.

For Medications Purchased at a Retail Pharmacy:

The CVS Caremark Retail Program includes more than 62,000 participating pharmacies nationwide, including over 20,000 independent community pharmacies. For a full listing, visit ***www.caremark.com***.

Day Supply Limit
You can get up to a 34-day supply of medication each time you have a prescription filled at a retail pharmacy. Ask your doctor to write a prescription for up to a 34-day supply, when clinically appropriate.

Refill Limit
For maintenance or long-term medication, you may obtain one initial fill plus two refills at a retail pharmacy. It will then be necessary for you to utilize CVS Caremark Mail Service for additional supplies. Otherwise, you will be responsible for 100 percent of the cost of the medication when filled at a retail pharmacy. CVS Caremark Mail Service is the most convenient and economical way to purchase maintenance or long-term medication.

CVS Caremark Participating Retail Pharmacies
Participating pharmacies can easily access information about your prescription benefit program and the appropriate payment. You will not need to file any additional paperwork when you use a CVS Caremark participating retail pharmacy.

Non-Participating Retail Pharmacies
In most cases, you will pay more for your prescription if you use a pharmacy outside the CVS Caremark network. You will be asked to pay 100 percent of the prescription price at the pharmacy. Then, you will need to submit a paper claim form, along with the original prescription receipt(s), to CVS Caremark for reimbursement of covered expenses.

For Medications Purchased Through the CVS Caremark Mail Service Pharmacy:

CVS Caremark operates five mail service pharmacies across the United States to provide quick service to plan participants wherever they live. To ensure your safety, registered pharmacists staff our mail service pharmacies. Just like your neighborhood pharmacist, our pharmacists check each prescription to make sure it's filled correctly. In addition, your prescription history is reviewed to identify any possible problems with new medications you may be prescribed.

Day Supply Limit
You can get up to a 90-day supply of medication when you get a prescription filled through CVS Caremark Mail Service. Ask your doctor to write a prescription for up to a 90-day supply plus three refills when clinically appropriate. Prescriptions written in this way will be valid for up to one year.
Please Note: By law, CVS Caremark must fill your prescription for the exact quantity of medication prescribed by your doctor, up to the 90-day supply limit.

Payment Options
While checks and money orders are accepted and a "bill me later" option is available, the preferred method of payment is by credit card. For credit card payments, simply include your VISA®, Discover®, MasterCard® or American Express® number and expiration date in the space provided on the mail service order form.

Convenient Home Delivery
Please allow 7-10 days for delivery from the time your order is placed. Refills are delivered within seven days following CVS Caremark's receipt of your refill request by phone or online. Your package will include a new mail service order form and an invoice, if applicable. You will also receive the same type of information about your prescribed medication that you would receive from a retail pharmacy.

For Both Retail and Mail Service Pharmacies:

www.caremark.com
Using CVS Caremark's Web site is the most convenient way to manage prescription drug benefits. Registering online is easy, quick and secure. You can order mail service refills, check the status of recent orders, access prescription drug history, price medications and locate a CVS Caremark participating retail pharmacy. The Web site also offers information about various health topics, including a prescription drug reference library.

Drug List
Your plan is subject to a list of prescription drugs that are preferred by the plan because of their safety, clinical effectiveness and ability to help control prescription drug costs. The drug list is updated on a regular basis. Log onto ***www.caremark.com*** to access the most current drug list for your plan.

Prior Authorization
Some medications may require approval before the prescription can be filled. Your pharmacist will give you or your doctor a toll-free number to call in order to obtain approval. If prior authorization is required on a prescription filled through the mail service, CVS Caremark's Mail Service Pharmacy will contact your physician directly for approval.

Have Questions?

Customer Care is available to assist you 24 hours a day, seven days a week, for your prescription benefit–related questions—including the status of prescription drug benefit orders and refills. Contact Customer Care at **1-888-726-1631** to speak to a Customer Care representative or to access CVS Caremark's fully automated refill phone service. You may also e-mail Customer Care at ***customerservice@caremark.com.***

Caremark.com is a hassle free, round-the-clock way to order refill prescriptions, check order status and get important medication information.

When you call or log in, be ready to provide:
- Your date of birth
- Your CVS Caremark ID number located on the front of your CVS Caremark ID card
- Your VISA®, Discover®, MasterCard® or American Express® number, with expiration date, if your plan requires a payment. Checks and money orders are accepted; however, the preferred method of payment is by credit card.

New Hampshire Local Government Center's (LGC) Member Services Representatives are available for issues or concerns with enrollment or eligibility and any other prescription drug benefit inquiries. To contact LGC, call **1-800-527-5001** between the hours of 8:30 a.m. and 4:30 p.m. (EST) Monday through Friday or visit ***www.nhlgc.org***. For further information or questions you may also e-mail Member Services at **memberservices@nhlgc.org.**

Need Another Benefit ID Card? Additional ID cards can be obtained by calling Customer Care at **1-888-726-1631**. For a temporary ID card, go to ***www.caremark.com***.

This guide provides an overview of prescription coverage. While it is intended to describe your benefits as accurately as possible, the specific terms and conditions of eligibility and benefits are set forth in and governed by Your Prescription Benefit booklet and any other separate documents relating to features of the plan. In the event of any discrepancy between this guide and Your Prescription Benefit booklet, the terms of the Your Prescription Benefit booklet will govern. This guide does not constitute a contract or an offer to form a contract, and is not binding on any party. The benefits described in this guide may be subject to change without prior notice.

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NEW HAMPSHIRE
Local Government Center

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	For maintenance or long-term medication needs*
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