



*Benefits You Can Trust*



*This presentation contains summary information as of April 2024 for Open Enrollment Plan Year - July Fiscal Year 2025*

# WHY HEALTHTRUST?

## Who is HealthTrust?

A nonprofit, public risk pool dedicated to serving our Members – New Hampshire’s schools, towns, cities, counties and other quasi-public entities.

- *Exceptional service with a personal touch*
- *More than 70,000 NH public sector workers and their family members choose HealthTrust for their coverage*

## Our focus is YOU!

- Quality, cost-effective, comprehensive benefit plans
- Innovative programs
- Enrollee Services Center
- Slice of Life Wellness Program
- Well-Being Programs
- Secure Enrollee Portal - [www.healthtrustnh.org](http://www.healthtrustnh.org)
- Transition Care & Survivor Care
- Vision and Hearing Discount Programs



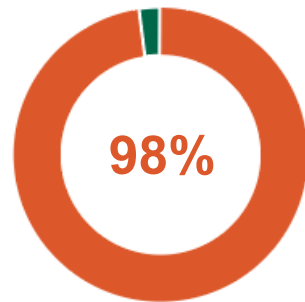
# ACCESS BLUE HMO AND SITE OF SERVICE PLANS

- **Network includes all six New England States**
- **Choose a PCP** from any New England State
- **No PCP referral needed in Network**
- **PCP referral needed** to see **Out-of-Network** specialists

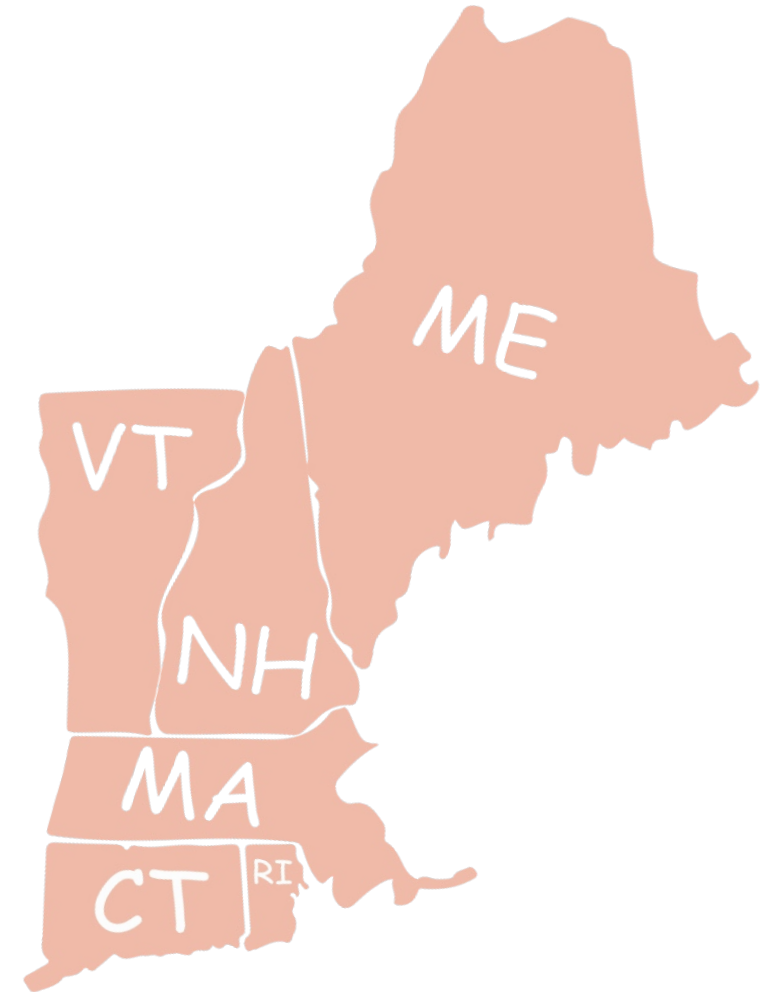
## *New Hampshire Statistics:*



PCPs and  
Hospitals in  
Network



Specialists in  
Network



# ACCESS BLUE SITE OF SERVICE PLANS (SOS)

*Get the care you need – and pay less!*

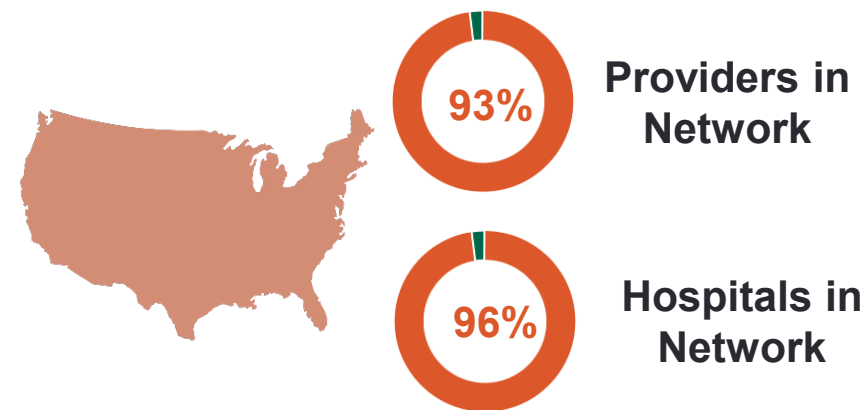


- **Your choice!** If you use a SOS preferred network provider for lab work, radiology or outpatient surgeries, you will pay \$0.
- You **may still use** the provider of your choice.
  - Any out-of-pocket expenses you pay will be subject to your standard deductible, unless you have already satisfied this amount for the plan year.
- Choosing preferred providers helps to lower claims costs for you – and for your overall plan. Approximately **90%** of contributions are for claims expenses.

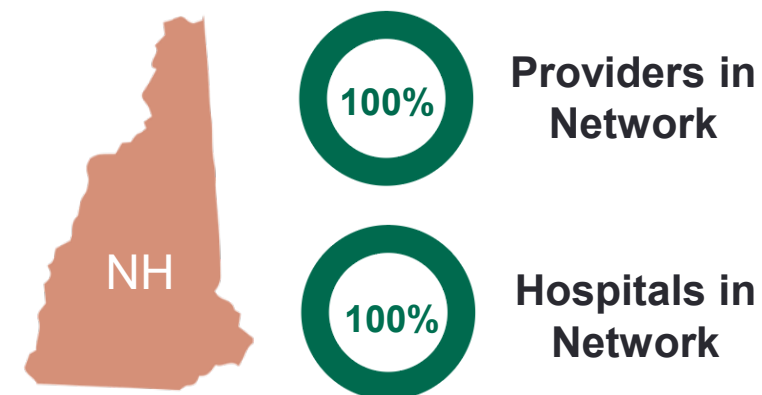
# LUMENOS PLAN

- High Deductible Health Plan (HDHP) that qualifies to be used in conjunction with a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA).
- All covered medical and prescription expenses, except in-network preventive care services, are subject to the deductible.
- **Nationwide Network** and lets you choose care anywhere in the United States.
- Selecting a PCP is highly recommended, but not required.
- **No referrals required.**
- To pay the lowest out-of-pocket expenses, you will want to use in-network benefits. Out-of-network benefits are also available.

## Nationwide Network



## New Hampshire

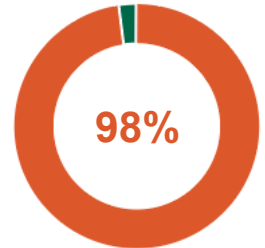


# BLUECHOICE POINT OF SERVICE (POS) PLANS

- Selecting a PCP is highly recommended, but not required.
- All PCPs in New Hampshire and some in the border states participate.
- To pay the lowest out-of-pocket expenses, you **will need** a PCP referral to access **Network** or **Out-of-Network** specialists for most services.
- You may access care without a referral, however, your costs will be higher.



PCPs and Hospitals  
in Network



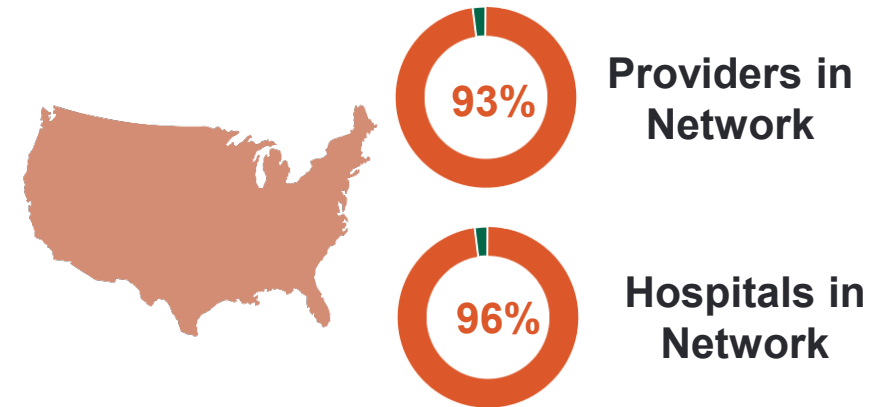
Specialists in  
Network

# OPEN ACCESS PREFERRED PROVIDER ORGANIZATION (PPO) PLANS

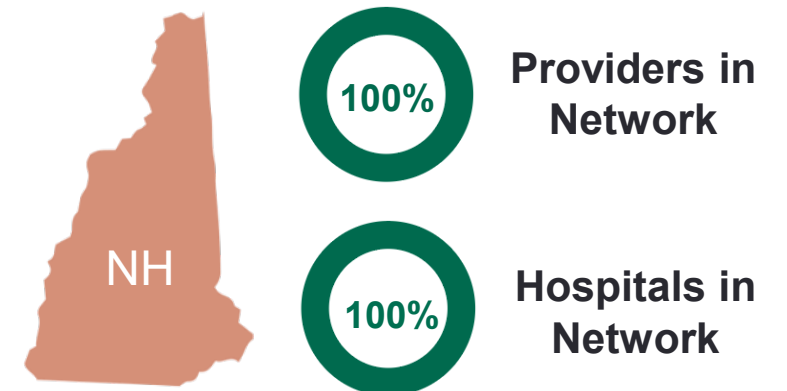
- **Nationwide Network** and lets you choose care anywhere in the United States.
- Selecting a PCP is highly recommended, but not required.
- **No referrals required.**
- To pay the lowest out-of-pocket expenses, you will want to use in-network benefits. Out-of-network benefits are also available.



## Nationwide Network



## New Hampshire



# MEDICAL BENEFIT OPTIONS

## July Plan Year (7/1/ through 6/30)

Current Medical Plan(s)			
Medical Plan Type			Open Access PPO
Plan Name	BC3T5RDR	BC2T10	OA10
	<b>GESS-G2</b>	<b>GEA-G1</b>	
Visit Copay	\$5	\$10	\$10
Specialty Visit Copay	\$5	\$10	\$10
Walk-In Center Copay	\$5	\$10	\$10
Urgent Care Copay	\$25	\$50	\$75
ER Copay	\$25	\$50	\$150
Standard Deductible (per person/per family)	\$150 / \$450 (Self-Referred Only)	\$250 / \$500 (Self-Referred Only)	\$1,000 / \$3,000 (Out-of-Network)
Standard Coinsurance	20% (Self-Referred Only)	20% (Self-Referred Only)	20% (Out-of-Network)
Chiropractic Visits/Copay	Unlimited / \$5	35 / \$0	Unlimited / \$10
Therapy Visits (PT/OT/ST)/Copay	Unlimited / \$0	60 / \$0	Unlimited / \$10
Acupuncture Visits/Copay	N/A	N/A	Unlimited / \$10
Durable Medical Equipment	You pay \$0 (PCP-Referred Only)	\$100 deductible, then you pay 20%	\$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay \$0 (PCP-Referred Only)	You pay \$0 (PCP-Referred Only)	You pay \$0 (In-Network Only)
X-Rays and Ultrasounds	You pay \$0 (PCP-Referred Only)	You pay \$0 (PCP-Referred Only)	You pay \$0 (In-Network Only)
Labs (including allergy testing)	You pay \$0 (PCP-Referred Only)	You pay \$0 (PCP-Referred Only)	You pay \$0 (In-Network Only)
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
<b>Monthly Medical Rates with Prescription Benefit Option RX10/20/45</b>			
single	N/A	N/A	\$ 1,348.51
2-person	N/A	N/A	\$ 2,697.02
family	N/A	N/A	\$ 3,640.98
OR			
<b>Monthly Medical Rates with Prescription Benefit Option R10/25/40M10/40/70</b>			
single	N/A	N/A	\$ 1,317.46
2-person	N/A	N/A	\$ 2,634.92
family	N/A	N/A	\$ 3,557.14

1. Member Groups may choose ONE medical plan from each colored section with a maximum of three medical options per employee group.

2. Employer may fund up to 50% of the deductible. This applies to all methods of deductible funding including Health Reimbursement Arrangements and Health Savings Accounts.



# MEDICAL BENEFIT OPTIONS

## July Plan Year (7/1/ through 6/30)

Medical Plan Type	Open Access PPO
Plan Name	OA20
Visit Copay	\$20
Specialty Visit Copay	\$20
Walk-In Center Copay	\$20
Urgent Care Copay	\$75
ER Copay	\$150
Standard Deductible (per person/per family)	\$1,000 / \$3,000 (Out-of-Network)
Standard Coinsurance	20% (Out-of-Network)
Chiropractic Visits/Copay	Unlimited / \$20
Therapy Visits (PT/OT/ST)/Copay	Unlimited / \$20
Acupuncture Visits/Copay	Unlimited / \$20
Durable Medical Equipment	\$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay \$0 (In-Network Only)
X-Rays and Ultrasounds	You pay \$0 (In-Network Only)
Labs (including allergy testing)	You pay \$0 (In-Network Only)
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	\$3,000 / \$6,000

Monthly Medical Rates with Prescription Benefit Option RX10/20/45		
single		\$ 1,336.58
2-person		\$ 2,673.16
family		\$ 3,608.76

OR

Monthly Medical Rates with Prescription Benefit Option R10/25/40M10/40/70		
single		\$ 1,305.80
2-person		\$ 2,611.60
family		\$ 3,525.66

Medical Plan Type	High Deductible Health Plan (HSA Qualified)		
Plan Name	LUMENOS2500	OAHD/2.5K/20COIN	
Standard Deductible	\$2,500 per person / \$5,000 per 2-person or family (1)	\$2,500 per person / \$5,000 per family (In-Network); \$4,000 per person / \$12,000 per family (Out-of-Network)	
Standard Coinsurance	0% (In-Network); 30% (Out-of-Network)	20% (In-Network); 40% (Out-of-Network)	
Coinsurance Maximum	N/A (In-Network); \$2,500 / \$5,000 (Out-of-Network) (1)	\$1,500 per person / \$3,000 per family (In-Network); \$10,000 per person / \$16,000 per family (Out-of-Network)	
Chiropractic Visits	Unlimited / Standard Deductible and/or Coinsurance	Unlimited / Standard Deductible and/or Coinsurance	
Therapy Visits (PT/OT/ST)	60 Visits / Standard Deductible and/or Coinsurance	60 Visits / Standard Deductible and/or Coinsurance	
Acupuncture Visits	Unlimited / Standard Deductible and/or Coinsurance	Unlimited / Standard Deductible and/or Coinsurance	
Durable Medical Equipment	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance	
Prescription Drugs	Standard Deductible and/or Coinsurance	Standard Deductible and/or Coinsurance	
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	\$2,500 / \$5,000 (In-Network); \$5,000 / \$10,000 (Out-of-Network) (1)	\$4,000 / \$8,000 (In-Network); \$14,000 / \$28,000 (Out-of-Network)	
	single	\$ 1,036.37	\$ 945.52
	2-person	\$ 2,072.74	\$ 1,891.04
	family	\$ 2,798.19	\$ 2,552.90

(1) For LUMENOS2500: If you are enrolled at the 2-person or family level, eligible expenses incurred by you or any of your enrolled family members count toward satisfying the entire 2-person/family deductible and/or coinsurance.

1. Member Groups may choose ONE medical plan from each colored section with a maximum of three medical options per employee group.

2. Employer may fund up to 50% of the deductible. This applies to all methods of deductible funding including Health Reimbursement Arrangements and Health Savings Accounts.

# MEDICAL BENEFIT OPTIONS

## G1 - GEA

### July Plan Year (7/1/ through 6/30)

Current Medical Plan(s)		
Medical Plan Type	Access Blue New England HMO	Access Blue New England HMO with Deductible
Plan Name	AB20	ABSOS20/40/1KDED
Visit Copay	\$20	\$20
Specialty Visit Copay	\$20	\$40
Walk-In Center Copay	\$20	\$20
Urgent Care Copay	\$50	\$50
ER Copay	\$100	\$100
Standard Deductible (per person/per family)	\$0	\$1,000 / \$3,000
Standard Coinsurance	N/A	N/A
Chiropractic Visits/Copay	Unlimited / \$20	Unlimited / \$20
Therapy Visits (PT/OT/ST)/Copay	60 / \$20	60 / \$20
Acupuncture Visits/Copay	Unlimited / \$20	Unlimited / \$20
Durable Medical Equipment	You pay 20%	\$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
X-Rays and Ultrasounds	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
Labs (including allergy testing)	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	\$3,000 / \$6,000	\$5,000 / \$10,000

Monthly Medical Rates with Prescription Benefit Option RX10/20/45			
	single	\$ 1,286.41	\$ 1,065.52
	2-person	\$ 2,572.82	\$ 2,131.04
	family	\$ 3,473.30	\$ 2,876.91

OR

Monthly Medical Rates with Prescription Benefit Option R10/25/40M10/40/70			
	single	\$ 1,256.85	\$ 1,040.98
	2-person	\$ 2,513.70	\$ 2,081.96
	family	\$ 3,393.49	\$ 2,810.64

1. Member Groups may choose ONE medical plan from each colored section with a maximum of three medical options per employee group.

2. Employer may fund up to 50% of the deductible. This applies to all methods of deductible funding including Health Reimbursement Arrangements and Health Savings Accounts.

# MEDICAL BENEFIT OPTIONS

## G2 - GESS

### July Plan Year (7/1/ through 6/30)

Current Medical Plan(s)		
Medical Plan Type	Access Blue New England HMO	Access Blue New England HMO with Deductible
Plan Name	AB10	ABSOS20/40/1KDED
Visit Copay	\$10	\$20
Specialty Visit Copay	\$10	\$40
Walk-In Center Copay	\$10	\$20
Urgent Care Copay	\$50	\$50
ER Copay	\$50	\$100
Standard Deductible (per person/per family)	\$0	\$1,000 / \$3,000
Standard Coinsurance	N/A	N/A
Chiropractic Visits/Copay	12 / \$10	Unlimited / \$20
Therapy Visits (PT/OT/ST)/Copay	60 / \$10	60 / \$20
Acupuncture Visits/Copay	N/A	Unlimited / \$20
Durable Medical Equipment	You pay 20%	\$100 deductible, then you pay 20%
MRI, CT scan, PET, MRA	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
X-Rays and Ultrasounds	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
Labs (including allergy testing)	You pay \$0	You pay \$0 at SOS providers. Otherwise, Standard Deductible
Maximum Out-of-Pocket (per person/per family; medical and RX expenses combined)	\$3,000 / \$6,000	\$5,000 / \$10,000

Monthly Medical Rates with Prescription Benefit Option RX10/20/45			
	single	\$ 1,335.36	\$ 1,065.52
	2-person	\$ 2,670.72	\$ 2,131.04
	family	\$ 3,605.47	\$ 2,876.91

OR

Monthly Medical Rates with Prescription Benefit Option R10/25/40M10/40/70			
	single	\$ 1,304.58	\$ 1,040.98
	2-person	\$ 2,609.16	\$ 2,081.96
	family	\$ 3,522.36	\$ 2,810.64

1. Member Groups may choose ONE medical plan from each colored section with a maximum of three medical options per employee group.

2. Employer may fund up to 50% of the deductible. This applies to all methods of deductible funding including Health Reimbursement Arrangements and Health Savings Accounts.

# PRESCRIPTION BENEFIT OPTION



Prescription Plan (G1/G2 – ABSOSOS and G2-AB10)	Your Cost Per RX
RX10/20/45	Retail / Maintenance Choice Copays: \$10 generics \$20 preferred brands \$45 non-preferred brands <b><i>\$0 for Certain Preventive Medications and Contraceptives</i></b>

**Retail Pharmacy: Up to a 34-day supply - Choose from over 68,000 network pharmacies nationwide!**

Short-term medication needs (i.e. antibiotics, pain relief, creams, etc.)

**Maintenance Choice (Mail Service or CVS Retail Pharmacy): ONE Copay for Up to a 90-day supply**

Long-term medications\* taken regularly for chronic conditions (i.e. high blood pressure, asthma, diabetes, high cholesterol, etc.)



**CVS Caremark Mail Service Pharmacy®** – Enjoy convenient delivery to the location of your choice.



**CVS Pharmacy®** – Pick up your medication at a time that is convenient for you whether here in New Hampshire or nationwide (including Target locations).

***\*Please note: You may fill your long-term medications (one initial plus two refills) at any network retail pharmacy for up to a 34-day supply, then you will need to use mail service or a CVS Pharmacy for additional supplies.***

# PRESCRIPTION BENEFIT OPTION



Prescription Plan (G1 AB20/BCT10, G2 – BC3T5RDR)	Your Cost Per RX	
R10/25/40 M10/40/70	<i>Retail Copays:</i> \$10 generics \$25 preferred brands \$40 non-preferred brands <b><i>\$0 for Certain Preventive Medications and Contraceptives</i></b>	<i>Maintenance Choice Copays:</i> \$10 generics \$40 preferred brands \$70 non-preferred brands

**Retail Pharmacy: Up to a 34-day supply - Choose from over 68,000 network pharmacies nationwide!**

Short-term medication needs (i.e. antibiotics, pain relief, creams, etc.)

**Maintenance Choice (Mail Service or CVS Retail Pharmacy): ONE Copay for Up to a 90-day supply**

Long-term medications\* taken regularly for chronic conditions (i.e. high blood pressure, asthma, diabetes, high cholesterol, etc.)



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**\*Please note: You may fill your long-term medications (one initial plus two refills) at any network retail pharmacy for up to a 34-day supply, then you will need to use mail service or a CVS Pharmacy for additional supplies.**

# PRESCRIPTION COVERAGE: HIGH DEDUCTIBLE HEALTH PLANS (LUMENOS/OAHD/2.5K/20COIN)



- Your medical and prescription expenses are both subject to your Standard Deductible and/or Coinsurance each plan year
  - You will pay \$0 for certain preventive medications, vaccines and contraceptives
- You may need to pay up front for your prescriptions
  - Especially at the start of your plan year
- You may be subject to certain requirements. Before leaving your doctor's office, ask if your medications are subject to:
  - Formulary Exclusions
  - Prior Authorization
  - Quantity Limits
  - Step Therapy
- **Questions? Call Pharmacy Member Services at 833.267.2133.**

# PRESCRIPTION COVERAGE: HIGH DEDUCTIBLE HEALTH PLANS (LUMENOS/OAHD/2.5K/20COIN)



- **Short-Term Medications**
  - Simply present your Anthem medical ID card at a network retail pharmacy
- **Long-Term Medications:**
  - You have the choice to fill up to 90-day supplies through the mail service or at a network retail pharmacy.
- **Specialty Medications:**
  - Exclusively filled by specialty pharmacy
  - Questions or to get started – call **833.255.0645**.

# HOW TO FIND AN ANTHEM NETWORK PROVIDER

Log in to your *Secure Enrollee Portal (SEP)* account at [www.healthtrustnh.org](http://www.healthtrustnh.org) and click on the *Anthem* button.

**Start here!**

**SECURE LOGIN**  
Access the SEP, SMP, and WCP



**Connect With Care**

- Find Care & Cost**  
Find health services from doctors and hospitals. Get 24/7 virtual care for as little as \$0.
- Primary Care Physician**  
View or update your Primary Care Physician (PCP) information.
- Your ID Card**  
View or request member ID cards. Access plan information, including the names of your plan's network(s) and medication list if your plan has them.
- Discounts**  
View member exclusive offers

**Find Care**

03234 Search for care by specialty, procedure, name, NPI or license number

**Search by Zip Code**

**Click here to search by Care Provider or Procedure**

**Search by Care Provider**

- Primary Care
- Urgent Care
- Behavioral Health
- Lab (Blood Work)
- Imaging (MRI or X-ray)

**Search by Procedure**

- Colonoscopy
- Vasectomy
- Prenatal Care
- Chiropractic
- Physical Therapy
- Behavioral Health Office Visit

**Please always contact the provider directly to confirm the services available are Site of Service (SOS) for the location.**



# HOW TO FIND AN ANTHEM NETWORK PROVIDER

**Anthem**

My Plans Claims & Payments Care My Health Dashboard Support Español Profile Log Out

### Find Care

03234 Search for care by specialty, procedure, name, NPI or license number

Finding care for Hank Humberfloob in Anthem Access Blue Ne HMO SOS

Virtual Care

Care Action Items Care Team

**Click here to search by Care Provider or Procedure**

Search by Care Provider

- Primary Care
- Urgent Care
- Behavioral Health
- Lab (Blood Work)
- Imaging (MRI or X-ray)

Search by Procedure

- Colonoscopy
- Vasectomy
- Prenatal Care
- Chiropractic
- Physical Therapy
- Behavioral Health Office Visit

Lab (Blood Work)

### Labs, Pathology & Radiology in Your Plan Network

8 results within 20 miles of 03301  
Finding care for in Anthem Access Blue NE HMO SOS.

[Change Plan or Member](#)

**QUEST DIAGNOSTICS INC** In Medical Network 2 Recognitions/Tier

QUEST DIAGNOSTICS INC  
10 Ferry St  
CONCORD, NH 03301  
MERRIMACK County, NH

Clinical Medical Laboratory

### Recognitions

- Tier 1
- Site of Service

### Recognitions/Tier

Provider's Recognitions (2)

#### Site of Service

This is a Site of Service (SOS) provider. Using an SOS provider may result in lower costs to you for laboratory and imaging services. Not all plans offer a Site of Service benefit; please contact Member Services to confirm benefits. In addition, all sites may not provide all testing services; please contact the provider to confirm services.



# WE ARE HERE FOR YOU!



Call 800.527.5001



Send a message directly from the Secure Enrollee Portal →



or by email [enrolleeservices@healthtrustnh.org](mailto:enrolleeservices@healthtrustnh.org)



ID CARDS/FORMS



MESSAGE CENTER



ENROLLMENT/MEMBERSHIP INFO



SLICE OF LIFE WELLNESS PROGRAM



MEDICAL CARE ACCESS



EXPERT MEDICAL SUPPORT



DISEASE MANAGEMENT



MENTAL HEALTH

# Thank you!