



MEDICOMP Rx

LGC's Medicare Supplemental Plan

Medicomp Rx — LGC's Medicare supplemental plan — combines a number of benefits to make your medical coverage go further. By strengthening your current Medicare coverage and adding our award-winning health management programs, Medicomp Rx gives you peace of mind, ensuring you'll have the coverage you need.

MEDICOMP Rx FEATURES

- Comprehensive coverage
- Coverage no matter where you are
- Administered by Anthem Blue Cross and Blue Shield

LGC'S ADDED FEATURES

- Coverage for prescription drugs
- 'Creditable coverage' for Medicare Part D
- Access to health management programs
- Valuable vision care discounts

New Hampshire Local Government Center

MEDICOMP RX FEATURES

■ COMPREHENSIVE COVERAGE

An important part of our Medicomp RX plan is its supplemental medical coverage. Called *Medicomp Three*, this portion of the plan pays the deductible and coinsurance required by Medicare Parts A and B — lowering your out-of-pocket costs for some types of care. Medicomp Three also provides Major Medical Benefits that may help pay for additional services that Medicare does not customarily pay.

■ COVERAGE NO MATTER WHERE YOU ARE

With LGC's Medicomp RX plan, there is no need to worry about traveling in the United States. You can choose to use a provider who accepts Medicare assignment and receive the maximum benefits, but you're covered even if you see a provider who doesn't.

■ ADMINISTERED BY ANTHEM BLUE CROSS AND BLUE SHIELD

Your Medicomp RX coverage is administered by Anthem Blue Cross and Blue Shield, one of the most respected names in the business.

LGC'S ADDED FEATURES

■ COVERAGE FOR PRESCRIPTION DRUGS

With Medicomp RX, you receive coverage for prescription drugs — without an enrollment fee or income requirements. Caremark administers claims for prescriptions that are filled at a local pharmacy and through the convenient Caremark Mail Service.

■ 'CREDITABLE COVERAGE' FOR MEDICARE PART D

Medicomp RX's prescription drug coverage is considered "creditable coverage" for Medicare Part D requirements. This means Medicomp RX provides coverage that is as good or better than coverage available through Part D. Being enrolled in a creditable coverage plan also allows you to avoid late-enrollment fees if you later switch to a Medicare Part D plan.

■ ACCESS TO HEALTH MANAGEMENT PROGRAMS

Medicomp RX also allows you to participate in a variety of wellness programs and incentives, as well as the LifeResources — Member Assistance Program.

■ VALUABLE VISION CARE DISCOUNTS

When you enroll in Medicomp RX, you can take advantage of the EyeMed Vision Care plan, which offers discounts on exams, frames, lenses, and vision-correctional surgery.

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This booklet helps to explain how Medicomp Three coverage works by providing an overview of covered services. While this booklet 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 Medicomp Three Subscriber Certificate, Prescription Benefit booklet, and any other separate documents relating to features of the plan.

In the event of any discrepancy between this booklet and your Subscriber Certificate, the terms of the Subscriber Certificate will govern. This booklet does not constitute a contract, or an offer to form a contract, and is not binding on any party. The benefits described in this booklet may be changed at any time without prior notice.

Medicomp Rx

Strengthening Your Healthcare Plan

Affordable, comprehensive healthcare is important to everyone — and it becomes even more important at retirement. That's why LGC offers the Medicomp RX supplemental insurance plan.

Medicare Parts A and B provide valuable healthcare coverage to retirees. But this coverage is not complete. To help protect you from additional out-of-pocket costs, our Medicomp RX plan includes coverage through *Medicomp Three*. Medicomp Three pays the deductible and coinsurance required by Medicare Parts A and B — lowering your out-of-pocket costs for some types of care.

Medicomp Three consists of two parts:

- *Medicare Complementary Benefits*, which pick up where Medicare leaves off, paying required deductibles and coinsurance for Medicare-approved services, and
- *Major Medical Benefits*, which may cover services that Medicare does not — such as routine physical exams, immunizations, and other preventive care. Major Medical Benefits are provided in addition to Medicare Complementary Benefits. Major Medical coverage is determined by LGC and Anthem as set forth in the *Medicomp Three Subscriber Certificate*.

This section of the booklet highlights how Medicare Complementary and Major Medical Benefits work with Medicare to provide you with a comprehensive healthcare plan.

Questions About Medicare Coverage?

If you have questions about Medicare, call 800.MEDICARE (800.633.4227); TTY, call 877.486.2048.

Representatives are available 24 hours a day, seven days a week.

They can answer questions about the calendar-year deductible and coinsurance amounts for Part A or Part B, covered benefits, eligibility requirements, Part D prescription drug coverage, or other Medicare benefit programs.

Be sure to have your Medicare ID card on hand when you call.

You can also find out more by reviewing the year's Medicare & You booklet, available at your local Medicare office, or by visiting the Medicare Web site at www.medicare.gov.

Understanding Medicare

Before we look at how Medicomp RX works, it's important that you understand the basics of Medicare.

Medicare is a national health insurance program for people age 65 and older, as well as for those with qualifying disabilities. It consists of multiple parts:

- **Part A — Hospital Insurance.** Part A provides limited coverage for inpatient care in hospitals, critical access hospitals, and skilled nursing facilities. Part A also covers hospice care and some home healthcare.

You do incur out-of-pocket costs, including deductibles and coinsurance.

- **Part B — Medical Insurance.** Part B provides coverage for doctor visits, laboratory tests, emergency room and urgent care, durable medical equipment, outpatient hospital care, vaccinations (including flu, pneumonia, and hepatitis B shots), mammograms, prostate cancer screenings, and pap tests. It also covers other services that Part A does not, such as some occupational and physical therapy costs.

As with Part A, you are subject to out-of-pocket costs, including deductibles and coinsurance.

To be eligible for Medicomp Three, *you must be enrolled in both Medicare Parts A and B.* While there is no premium for Medicare Part A, you do need to pay Medicare a monthly premium for Part B coverage.

Check your Medicare identification card to see if you have Part A and/or Part B coverage.

Medicare Part D

In 2006, Medicare began offering prescription drug coverage as Part D. LGC's Medicomp RX plan is considered a "creditable coverage plan," meaning it is as good or better than other Medicare Part D plans. If you enroll in Medicomp RX, you will not be able to choose another Medicare Part D plan until your coverage with Medicomp RX ends.

How Medicomp Three Works

When you enroll in Medicomp RX, you are also enrolled in *Medicomp Three*. Medicomp Three provides certain protections to help you get the highest level of benefits available. For example, your coverage cannot be denied or delayed due to any pre-existing condition. Also, if your care is denied by Medicare in whole or in part, you may submit a Major Medical claim. If your Major Medical claim is denied, you are responsible for paying 100 percent of the cost. For more information, see the section *Major Medical Benefits* on page 9.

Medicomp Three consists of two parts — Medicare Complementary Benefits and Major Medical Benefits. Now, let's look at each part.

Medicare Complementary Benefits

Medicare Parts A and B pay benefits only after you have met certain deductibles and/or coinsurance. This means, if your only coverage is through Medicare, you will likely have to pay for some of your care.

However, the Medicomp Three Medicare Complementary Benefits cover 100 percent of Medicare Parts A and B required deductibles and coinsurance amounts. This means your out-of-pocket cost for care is lowered or eliminated.

The following pages look at how Medicare Complementary Benefits supplement your Medicare benefits.

Important Note

Medicare's required deductibles and coinsurance amounts may change each year. The 2009 figures used throughout this booklet are intended for illustrative purposes only. For the most up-to-date figures after December 2009:

- *Call 800.MEDICARE (800.633.4227),*
- *Review the year's Medicare & You booklet, available at your local Medicare office, or*
- *Visit www.medicare.gov.*

Inpatient Hospital Stays

Medicare Part A provides limited coverage for inpatient care in hospitals, critical access hospitals, and skilled nursing facilities. Part A also covers hospice care and some home healthcare.

Inpatient hospital coverage includes:

- A semiprivate room,
- Meals,
- General nursing care,
- Other hospital services and supplies,
- Care you receive at a critical access hospital, and
- Inpatient behavioral healthcare.

Coverage *does not* include:

- Private duty nursing,
- A television or telephone in your room, or
- A private room, unless medically necessary.

Medicare Part A requires payment of an annual deductible as well as coinsurance for some Part A services. But, Medicomp Three Complementary Benefits cover 100 percent of these costs.

This chart shows how Medicare Part A and Medicomp Three Complementary Benefits cover inpatient hospital care.

	Medicare Part A Pays	Medicomp Three Complementary Benefits Pay	You Pay*
<i>Inpatient Hospital Benefits</i>			
First 60 days	100% after \$1,068 Medicare Part A deductible	\$1,068 Medicare Part A deductible	\$0
Days 61 through 90	100% after \$267 coinsurance per day	\$267 coinsurance per day	\$0
Days 91 through 150**	100% after \$534 coinsurance per day	\$534 coinsurance per day	\$0
After 150 days of continuous confinement	\$0	90% of covered services, up to a lifetime maximum of 365 days	10% of covered services, up to a lifetime maximum of 365 days Then 100% of charges. You may submit these charges for consideration for payment under Major Medical
Blood	100% after 3 pints	100% of first 3 pints	\$0

* Any remaining balance for covered services may be eligible for coverage under Major Medical. For specific information about Major Medical Benefits, refer to Sections 3–5 of the Medicomp Three Subscriber Certificate.

** Note that Days 91 through 150 are one-time lifetime reserve days.

As you can see, with Medicomp Three, the savings can add up. For example, if you were hospitalized for five days, you would save \$1,068 by having Medicomp Three.

Questions? Call Anthem at 800.225.2666 or visit www.nhlgc.org

Skilled Nursing Home Benefits

Skilled nursing home coverage includes:

- A semiprivate room,
- Meals,
- Skilled nursing and rehabilitative services, and
- Other services and supplies, generally after a related three-day inpatient hospital stay. Limited to up to 100 days per benefit period.

Please note that custodial care is *not* covered.

Medicare Part A covers 100 percent of Medicare-eligible expenses received in a semiprivate room in a skilled nursing facility during the first 20 days.

But, Part A requires payment of coinsurance from Days 21 through 100. Medicomp Three Complementary Benefits cover 100 percent of this cost.

This chart shows how Medicare Part A and Medicomp Three Complementary Benefits cover skilled nursing home care.

	Medicare Part A Pays	Medicomp Three Complementary Benefits Pay	You Pay*
<i>Skilled Nursing Home Benefits**</i>			
First 20 days	100%	\$0	\$0
Days 21 through 100	100% after \$133.50 coinsurance per day	\$133.50 coinsurance per day	\$0
After 100 days of continuous confinement	\$0	\$0	100% of charges. You may submit these charges for consideration for payment under Major Medical

* Any remaining balance for covered services may be eligible for coverage under Major Medical. For specific information about Major Medical Benefits, refer to Sections 3–5 of the Medicomp Three Subscriber Certificate.

** Before you receive skilled nursing home care, you are strongly advised to check to ensure that the facility qualifies for Medicare benefits. Skilled nursing home confinement must follow a hospitalization and be medically necessary. Custodial care is not covered.

Again, if you are in a skilled nursing facility for 21 days or more, the savings can add up. With Medicomp Three Complementary Benefits, you save \$133.50 each day (until you reach Day 101).

Medical Service Benefits

Medicare Part B covers Medicare-eligible expenses for services rendered by physicians and other Medicare-approved providers, including independent laboratories, ambulance services, and independent physical therapists.

Some outpatient hospital services are also covered under Medicare Part B.

Medicare Part B requires payment of an annual deductible as well as coinsurance for certain services. Medicomp Three Complementary Benefits cover 100 percent of these costs.

Limitations and Exclusions

Certain services are generally not covered by Medicare or Medicomp Three. These include but are not limited to:

- *Routine dental services,*
- *Hearing aids,*
- *Routine foot care, and*
- *Any services that are not medically necessary.*

For more information regarding limits and exclusions, refer to the Medicomp Three Subscriber Certificate, available from Anthem Blue Cross and Blue Shield by calling 800.225.2666.

This chart shows how Medicare Part B and Medicomp Three Complementary Benefits cover medical service care.

	Medicare Part B Pays	Medicomp Three Complementary Benefits Pay	You Pay*
<i>Medical Service Benefits</i>			
Physician services, hospital outpatient services, prosthetic devices, durable medical equipment, immunosuppressive drugs	80% of Medicare-approved charges after \$135 Medicare calendar-year deductible	Remaining 20% of Medicare-approved charges and \$135 Medicare calendar-year deductible	\$0 for Medicare-eligible expenses 100% of non-Medicare-eligible expenses. You may submit these charges for consideration for payment under Major Medical
Blood	100% after 3 pints	100% of first 3 pints	\$0
Non-inpatient psychiatric services (psychiatric maximums and exceptions may apply)**	80% of Medicare-eligible expenses after psychiatric reduction, if applicable	Psychiatric reduction and 20% of Medicare-eligible expenses	\$0 for Medicare-eligible expenses 100% of non-Medicare-eligible expenses. You may submit these charges for consideration for payment under Major Medical

* Any remaining balance for covered services may be eligible for coverage under Major Medical. For specific information about Major Medical Benefits, refer to Sections 3–5 of the Medicomp Three Subscriber Certificate.

** For psychiatric maximums and exceptions, refer to the Medicare & You handbook available from your local Medicare office by calling 800.633.4227 or at www.medicare.gov.

Note: Routine physical exams are *not* covered by Medicare or Medicomp Three Complementary Benefits. You may submit charges for routine physical exams for consideration for payment under Major Medical.

Major Medical Benefits

Major Medical Benefits are an important component of Medicomp Three.

Please Note: Major Medical Benefits are in addition to your Medicare Complementary Benefits. Major Medical Benefits do not duplicate coverage that is available under Medicare Part A, Medicare Part B, or Medicare Complementary Benefits.

If you receive care or services that Medicare does not cover, or if Medicare covers some but not all of your care, you may submit these charges to be considered for coverage under Major Medical.

How Major Medical Benefits Are Paid

LGC's Medicomp RX plan pays 100 percent of the cost of eligible Major Medical covered services; *you pay nothing out-of-pocket.*

Please note that Major Medical covers approved care at 100 percent of the maximum allowable benefit. The *maximum allowable benefit* is the amount the plan allows for a particular service in your geographical area. Amounts that exceed the maximum allowable benefit are not eligible for payment and are considered out-of-pocket expenses to you.

With Major Medical, covered medical services are reimbursable regardless of your choice of physician or hospital.

Maximum Lifetime Benefit

Major Medical carries a lifetime benefit maximum of \$1 million. You are responsible for 100 percent of any costs in excess of this maximum.

Any Major Medical Benefits count toward this maximum, as do any benefits previously paid by Anthem while you were covered by any Anthem and/or LGC-sponsored Anthem plan.

Eligible Services

While there is no guarantee that the services listed below will always be accepted for Major Medical payment, we encourage you to submit claims for:

- *Ambulance services.*
- *Chiropractic care* received from a participating provider.
- *Diabetes management programs.*
- *Emergency care*, which is defined as care required to prevent serious jeopardy to your health, impairment of bodily functions, or dysfunction of a bodily organ or part. This includes heart attacks, broken bones, stroke, uncontrolled bleeding, and unconsciousness.
- *Hospice care* received from a participating provider.
- *Immunizations.*
- *Laboratory and x-ray tests.*
- *Routine physical exams.*

For a list of services eligible for submission under Major Medical — as well as a list of limitations and exclusions — see your *Medicomp Three Subscriber Certificate*, available from Anthem Blue Cross and Blue Shield by calling 800.225.2666.

Using Major Medical Benefits

You are encouraged to take advantage of Major Medical Benefits whenever possible. For example, neither Medicare nor Medicaid Three covers routine physical exams. However, you may receive reimbursement from Major Medical.

Determining Claims

When determining whether your claim qualifies for Major Medical Benefits, Anthem considers the following:

1. Were the services and supplies medically necessary?
2. Were the services and supplies ordered, performed, prescribed, or supervised by a qualifying physician?
3. Are the charges consistent with the maximum allowable benefit determination?
4. If the claim is in connection with a hospital stay, are the charges within the hospital's semiprivate room rate?

Anthem will notify you if your Major Medical claim is approved or denied. *If coverage is denied, you are responsible for paying 100 percent of any remaining balance.*

In addition, benefits are subject to any applicable deductible, coinsurance, benefit period restrictions, and lifetime maximums that may apply.

For more information about how to file a claim, refer to the section *Filing a Claim* on the next page.

Online Member Services Are Available

You can get information about your health plan whenever you need it by registering with MyAnthem at www.anthem.com. After you register, you'll be able to use this secure site to access information about your claims and payment status as well as what your expected out-of-pocket costs will be. You can also order additional ID cards.

Filing a Claim

In many cases, you may not have to do anything to receive benefits from Medicare and/or Medcomp RX. Whenever you receive care from a provider and/or facility that accepts Medicare assignment, your provider and/or facility submits a claim to both Medicare and Medcomp RX.

Medicare and Medcomp RX pay their portions of the claim directly to the provider. You will receive an *Explanation of Medicare Benefits* (EOMB). This document shows how much Medicare and Medcomp RX paid toward your bill as well as any remaining balance that you are required to pay.

If any part of your claim is denied, you may submit it for consideration under Major Medical Benefits. Simply follow these steps:

1. Call Anthem at 800.225.2666 for a claim form.
2. Return the claim form and a copy of the Medicare EOMB you receive to:

Anthem Blue Cross and Blue Shield
PO Box 533
North Haven, CT 06473-0533

This is your responsibility. If you do not submit your Major Medical claim for consideration, or if your Major Medical claim is denied, you are responsible for paying 100 percent of the remaining balance.

Be sure to keep copies of the claim form and the EOMB for your records.

Additional Features With Medicomp Rx

Prescription Drug Benefit

With Medicomp RX, you receive a comprehensive prescription drug benefit administered by Caremark — as soon as your coverage becomes effective with LGC. The drug benefit you are eligible for is described in the enclosed *Your Prescription Benefit* booklet.

The prescription drug coverage provided through Medicomp RX is considered *creditable coverage* and complies with Medicare Part D legislation. “Creditable coverage” means that Medicomp RX provides coverage that is as good or better than coverage available through Part D. Being enrolled in a creditable coverage plan also allows you to avoid late-enrollment fees if you later switch to a Medicare Part D plan. However, you will not be able to enroll in a Medicare Part D plan until your coverage with Medicomp RX ends.

Easy-to-Use Coverage

This is not a discount plan — you fill your prescription at either a retail pharmacy or through the mail. There are multiple plans with varying deductibles, coinsurance, or copayments. Please refer to the enclosed *Your Prescription Benefit* booklet for specific information about the plan available to you.

Short-Term Prescription Benefits

You may obtain short-term prescription drugs (up to a 34-day supply) through any participating Caremark network pharmacy. To find a network pharmacy near you, call 888.726.1631.

Just show your Caremark ID card when you obtain your prescription. Because your claim is transmitted electronically from the pharmacy, there aren't any claim forms to file.

If you use a non-participating pharmacy, you will need to pay for your prescription, file a claim, and then receive any eligible reimbursement in the mail.

For further information, refer to the enclosed *Your Prescription Benefit* booklet.

Long-Term Prescription Benefits

You also receive special mail-order pharmacy benefits for ongoing prescription drug needs. Caremark Mail Service can send you up to a 90-day supply of maintenance medications. Prescriptions and refills may be ordered for a standard copayment per prescription.

To use this service, ask your doctor to write your prescription for up to a 90-day supply, plus refills. If you need to start taking the medication right away, request two prescriptions — one for a 14-day supply to be filled at a Caremark network pharmacy and another for the balance, up to a 90-day supply.

Complete the *Mail Service Order Form* and send it with your copayment for each prescription to Caremark. Your medications will arrive via U.S. mail or UPS within 14 days.

You can request a refill by calling 888.726.1631 or by linking to Caremark through LGC's Web site at www.nhlgc.org and clicking on "HealthTrust Online."

For further information, refer to the enclosed *Your Prescription Benefit* booklet.

Health Management Programs

At LGC, we take health and safety seriously. That's why our *Slice of Life* health management program is designed to help you and your family members who are covered by an LGC medical plan get and stay healthy. The following *Slice of Life* components can help you become as active and productive as possible and enjoy a better, healthier quality of life.

- **GET HEALTHY Personal Health Analysis (PHA) Questionnaire.** This eight-page document takes just minutes to fill out and provides an in-depth look at your personal health risks. When you and your covered spouse complete the online questionnaire before March 31, 2009, you each are eligible for a \$75 reward — that's in addition to the comprehensive Personal Wellness Report you receive and access to health coaches who can help you create a personal plan to reach your health goals.

GET HEALTHY is administered through Gordian Health Solutions, a leader in health risk assessment. Note that the results of your and your spouse's questionnaires are held in strict confidentiality and are never shared with LGC.

- **Personalized health coaching.** Having healthy goals is a great first step, but knowing how to get started can be difficult. That's why Gordian staffs qualified nurses, dieticians, and exercise physiologists who can help you to develop an individualized health program.
- **Personalized lifestyle coaching.** In addition, *Slice of Life* offers a number of programs that address specific health concerns:
 - *Weigh to Be HealthySM* — a weight management program that goes beyond eating less and exercising more to introduce behavioral changes that focus on maintaining a healthy diet.
 - *Fit It InSM* — a fitness program that shows you how to incorporate exercise into daily life.
 - *Short Circuiting StressSM* — a stress management program that teaches behavioral changes, such as exercise, better sleep patterns, and breathing techniques.
 - *Cholesterol CountsSM* — an educational program that looks at what cholesterol is, how it affects the body, and ways to reach healthy levels.
 - *A Healthy HabitSM* — a stop-smoking assistance program.
 - *Beat DiabetesSM* — an educational program designed to delay or prevent diabetes.

- *Take the Pressure OffSM* — a blood-pressure management program.
- *Healthy BonesSM* — a program designed to delay or prevent osteoporosis.
- *Wise PassageSM* — a menopause management program.
- ***Health Awareness Program.*** This reimbursement program includes gym memberships (including Curves[®]), eligible one-on-one classes and counseling for personal training and nutrition, and over-the-counter tobacco-cessation products. In addition, the program reimburses other healthy activities, such as yoga, swimming, and Weight Watchers[®]. As long as you and/or your spouse completes the PHA before March 31, 2009, you, your spouse, and your children are eligible for the Health Awareness Program.
- ***Additional programs.*** In addition, *Slice of Life* includes:
 - *The Health at Home[®] self-care books* — two guides (*Health at Home[®]* and, for ages 60 and older, *Health at Home Lifetime[®]*) published by the American Institute for Preventive Medicine that include information on more than 200 health topics. If you ever lose your copy, simply call LGC at 800.852.3358 and we'll replace it free of charge.
 - *My eDoc* — a Web-based preventive care tool that provides access to health care information, storage for your personal health record, and educational videos.
 - *The Slice of Life and Slice of Life for Seniors newsletters* — quarterly publications with tips to help you and your family become wise healthcare consumers. The newsletters are also available at www.nhlgc.org by clicking on “HealthTrust Online.”

For more information about *Slice of Life*, call LGC at 800.852.3358 or send an e-mail to memberservices@nhlgc.org.

LifeResources — Member Assistance Program — 800.759.8122

From time to time, everyone can benefit from some assistance in dealing with personal concerns and issues. The LifeResources — Member Assistance Program is available to help you and members of your household with:

- Becoming a better communicator,
- Locating child care and elder care services,
- Coping with stressful situations,
- Finding answers to common parenting questions,
- Managing depression and anxiety, and
- Resolving couple's conflicts.

In addition, the LifeResources — Member Assistance Program offers free legal and financial counseling on topics such as:

- Creating a budget,
- Credit counseling,
- Buying or selling your home,
- Divorce and custody matters, and
- Preparing income tax returns.

It's important to note that this service is not available for job-related legal issues.

There is never any cost to any retiree for the LifeResources — Member Assistance Program services.

The vision care benefits outlined here may not be combined with any other discounts or promotional offers and may be subject to limitations. The discount does not apply to EyeMed's professional services or disposable contact lenses. For more information about limitations and exclusions, call LGC at 800.852.3358.

EyeMed Vision Care Plan

Routine eye care is an important part of your overall health. That's why LGC includes vision coverage as part of Medicomp RX. Through the EyeMed Vision Care plan, you and your covered family members can receive discounts on exams, frames, lenses, contact lenses, and vision-correctional surgery.

One of the most attractive features is that there is no need to enroll — coverage is automatic when you enroll in Medicomp RX.

In addition, most products don't have annual limits — in other words, you can use your EyeMed discount on frames, plastic lenses, and contact lenses each and every time you purchase them.

To take advantage of the plan, simply visit an EyeMed provider. Participants include private optometrists, ophthalmologists, and opticians, as well as national chain retailers Target Optical,[®] LensCrafters,[®] Pearle Vision,[®] and Sears Optical[®] (note that not all independent franchises may participate in the EyeMed plan; be sure to confirm a provider's participation before receiving services). To find an EyeMed provider near you, call 866.939.3633 or visit LGC's Web site at www.nhlgc.org and click on "HealthTrust Online."

Each time you visit an EyeMed provider, simply show your EyeMed ID card to take advantage of the available discounts.

In addition, you may choose to purchase replacement contact lenses online at competitive prices and have your order delivered to your door. For more information or to order, go to www.nhlgc.org, click on "HealthTrust Online," and follow the "Provider Directory" links.

This chart highlights how common procedures and services are covered by the EyeMed plan.

In addition to the benefits outlined in the chart, you are eligible for an additional 20 percent discount on any remaining balance when services or supplies are received from an EyeMed-participating provider.

Services	Benefits
<i>EyeMed Vision Care Plan</i>	
Exam (with dilation as necessary)	\$ 5 off comprehensive exam \$10 off contact lens exam
Frames ¹	35% off the retail price
Standard Plastic Lenses ^{1,2}	
Single vision	\$ 50
Bifocal	\$ 70
Trifocal	\$105
Lens Options (cost for member, which is then added to the base price of the lens) ¹	
UV coating	\$15
Tint (solid and gradient)	\$15
Standard scratch-resistance coating	\$15
Standard polycarbonate	\$40
Standard anti-reflective coating	\$45
Standard progressive (add-on to bifocal)	\$65
Other add-ons and services	20% off retail price
Contact Lenses (materials only)	
Conventional	15% off retail price
LASIK and PRK Vision-Correction Procedures ³	15% off retail price or 5% off promotional pricing

¹ Discounts for frames, lenses, and lens options apply only when purchasing a complete pair of eyeglasses. If frames, lenses, and lens options are purchased separately, members receive 20 percent off the retail price.

² Cost may increase outside of New Hampshire.

³ LASIK and PRK correctional procedures must be provided by the U.S. Laser Network. You must call 877.5LASER6 (552.7376) for pre-authorization and to find a participating provider.

Contact Information

Provider	Services
New Hampshire Local Government Center: 800.852.3358	Provides answers to questions about your membership, plan materials, and the <i>Slice of Life</i> health management programs
Medicare: 800.MEDICARE (800.633.4227)	Provides answers to questions about Part A, Part B, and Part D coverage, and other Medicare programs
Anthem Blue Cross and Blue Shield: 800.225.2666	Provides answers about your benefits, covered services, plan materials, <i>Subscriber Certificate</i> , and participating providers
Prescription Drug Program: 888.726.1631	Provides information on participating pharmacies, answers to general questions, and mail-order refills
LifeResources — Member Assistance Program: 800.759.8122	Provides counseling and resources for a variety of member needs
EyeMed: 877.939.3633	Provides discount vision care services
Links to many of these organizations are available at www.nhlgc.org (click on "HealthTrust Online").	

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In the event of any discrepancy between this guide and the actual terms of those documents, the terms of those documents 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 changed at any time without prior notice.

Medicomp Rx is offered through Anthem Blue Cross and Blue Shield.



NEW HAMPSHIRE

Local Government Center

New Hampshire Municipal Association
Workers' Compensation Trust
Property-Liability Trust
HealthTrust

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