

## Medical Plan Comparison and Cost Summary

The chart below provides an overview of the medical plans for negotiating KSC Staff. For bi-weekly payroll contribution rates for each plan, see the next page. Detailed summaries for all plans can be found on the 2017 Benefits link at [MyUSNHBenefits.net](http://MyUSNHBenefits.net).

Medical Plan Comparison								
	Open Access Plus Health Savings Account		Open Access Plus In-Network Only 200/400		Open Access Plus 200/400			
	In-Network	Out-of-Network	In-Network		In-Network	Out-of-Network		
	Health Savings Account Employer Contribution \$600 Individual \$1,200 Family							
<b>Annual deductible:</b> Amount you generally pay each calendar year for covered services before the plan begins to pay a share of the cost								
Employee Only	\$1,500	\$3,000	\$200		\$200	\$400		
All Other Coverage Levels	\$3,000	\$6,000	\$400		\$400	\$800		
<b>Annual Out-of-Pocket Maximum:</b> A limit on the total amount you pay each calendar year for covered services (deductibles, copays, and coinsurance)								
	Combined Medical and Pharmacy	Combined Medical and Pharmacy	Separate Medical	Separate Pharmacy	Separate Medical	Separate Pharmacy	Separate Medical	Separate Pharmacy
Employee Only	\$3,000	\$6,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
All Other Coverage Levels	\$6,000	\$12,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
<b>Coinsurance and/or Copays:</b> A percentage of the negotiated covered cost that you generally pay after you meet the annual deductible and before you meet the annual out-of-pocket maximum								
Preventive Care	No Charge	Deductible then you pay 30%	No Charge		No Charge	Deductible then you pay 20%		
Doctor/Specialist Office Visit	Deductible then you pay 10%	Deductible then you pay 30%	PCP: \$10 copay Specialist: \$25 copay		PCP: \$10 copay Specialist: \$25 copay	Deductible then you pay 20%		
Hospital In-patient	Deductible then you pay 10%	Deductible then you pay 30%	\$200 copay then deductible		\$200 copay then deductible	Deductible then you pay 20%		
Hospital Out-patient	Deductible then you pay 10%	Deductible then you pay 30%	\$50 copay then deductible		\$50 copay then deductible	Deductible then you pay 20%		
Emergency Room	Deductible then you pay 10%		\$75 copay per visit, waived if admitted		\$75 copay, per visit, waived if admitted			
High Tech Radiology	Deductible then you pay 10%	Deductible then you pay 30%	\$50 copay then deductible		\$50 copay then deductible	Deductible then you pay 20%		

Mental Health and Substance Abuse Treatment					
In-patient	Deductible then you pay 10%	Deductible then you pay 30%	\$200 copay then deductible	\$200 copay then deductible	You pay 20%
Out-patient	Deductible then you pay 10%	Deductible then you pay 30%	\$10 copay	\$10 copay	You pay 20%
Prescription Drugs					
Retail Tier 1/Tier 2/Tier 3	Deductible, then \$5/\$25/\$40 copay*		\$5/\$25/\$40 copay	\$5/\$25/\$40 copay	
Mail-Order Tier 1/Tier 2/Tier 3	Deductible, then \$10/\$50/\$80 copay*		\$10/\$50/\$80 copay	\$5/\$25/\$40 copay	

\*In the Open Access Plus HSA, prescription drugs are subject to the in-network plan deductible. That means you are responsible to pay the first \$1,500, of expenses (if you have Employee only coverage) and the first \$3,000 of expenses (for all other coverage levels), before you begin to pay copays for prescription drugs.

How the Plans are Alike	How the Plans are Different
<ul style="list-style-type: none"> <li>• <b>National network of providers.</b></li> <li>• <b>Covers the same services</b>, including preventive care (generally covered at 100% in-network), emergency services, in-patient and out-patient care.</li> <li>• <b>Prescription drug coverage is included.</b></li> <li>• The <b>plans have a deductible.</b></li> <li>• You <b>share in the cost of services</b> through copayments and/or coinsurance, and are protected by an annual out-of-pocket maximum. The out-of-pocket maximum is the most you will pay for covered services in the calendar year.</li> <li>• Your <b>USNH fitness club membership benefit</b> will pay up to \$500 for a membership in a participating health club, provided the eligibility requirements are met.</li> </ul>	<ul style="list-style-type: none"> <li>• The cost in <b>premiums and deductible amounts.</b></li> <li>• <b>Prescription drugs</b> are paid with no deductible required under the 200/400 plans. In the Open Access Plus HSA Plan, you must meet the medical plan deductible before the plan shares in prescription drug costs with you.</li> <li>• If you are covering dependents, the <b>deductible and out-of-pocket maximums work differently.</b> In the 200/400 plans, benefits are paid when each family member meets their individual deductible or out-of-pocket maximum. In the Open Access Plus HSA, the entire deductible or out-of-pocket maximum must be met before the plan pays benefits.</li> <li>• The <b>tax advantaged accounts</b> are different. With the 200/400 plans, you may elect to contribute to a Flexible Spending Account annually. Only you make contributions. Amounts do not roll over year to year.</li> <li>• The <b>Open Access Plus HSA offers a Health Saving Account or "HSA"</b>. Both you and USNH can contribute. Amounts roll over year to year.</li> </ul>

2017 Bi-Weekly Payroll Contributions (Assumes 26 payroll periods for a status 75% - 100% appointment.)			
	Employee	Two Person	Family
Open Access Plus HSA	\$14.71	\$52.91	\$114.60
Open Access Plus In-Network Only 200/400	\$34.62	\$96.83	\$186.69
Open Access Plus 200/400	\$63.52	\$166.58	\$273.58