

# Comparison of Medical Insurance Plans

## For USNH AAUP Employees

Choosing your plan is an important decision. The following highlights key differences among your options.

BENEFIT	HARVARD PILGRIM HMO 2 AAUP	HARVARD PILGRIM POS 2 AAUP In-Network	HARVARD PILGRIM POS 2 AAUP Out-of-Network
Annual Deductible	None	None	\$300 for individual \$600 for two-person and family
Coinsurance Level	None	None	Plan pays 80% Member pays 20%
Annual Out-of-pocket maximum	None	None	\$500 for individual \$1000 for two-person and family
Lifetime Maximum	None	None	\$2 million
Primary Care Physician Office Visit	\$10 Copayment	\$10 Copayment	Deductible, then 20% Coinsurance
Specialty Care Physician Office Visit	\$10 Copayment	\$10 Copayment	Deductible, then 20% Coinsurance
Outpatient Day Surgery	No Copayment	No Copayment	Deductible, then 20% Coinsurance
Emergency Room Treatment	\$50 Copayment	\$50 Copayment	
Inpatient Skilled Nursing Facility/Rehabilitation			
100 days combined per calendar year	No Copayment	No Copayment	Deductible, then 20% Coinsurance
Home Health Care Services	No Copayment	No Copayment	Limited to 40 visits per calendar year Deductible, then 20% Coinsurance
Inpatient Hospital Room and Board	No Copayment	No Copayment	Deductible, then 20% Coinsurance
Short-term Physical, Occupational, Speech and Cardiac Rehabilitation			
60 visits combined per calendar year	No Copayment	No Copayment	Deductible, then 20% Coinsurance
Chiropractic Care			
20 visits per calendar year	No Copayment	No Copayment	Deductible, then 20% Coinsurance
Durable Medical Equipment, including hearing aids up to age 19	\$3500 per calendar year No Copayment	\$5000 per calendar year No Copayment	Deductible, then 20% Coinsurance
Inpatient Mental Health	No Copayment	No Copayment	20%
Outpatient Mental Health			
30 visits or \$3000 per calendar year, whichever is greater (2 group visits equal to one individual visit)	\$10 Copayment	\$10 Copayment	20%
Inpatient Substance Abuse			
30 days per calendar year	20% Coinsurance	20% Coinsurance	20%
Outpatient Substance Abuse			
30 visits per calendar year (2 group visits equal to one individual visit)	\$10 Copayment	\$10 Copayment	20%
PRESCRIPTION DRUGS (Retail) Tier 1/ Tier 2/ Tier 3	30 days supply \$5 / \$15 / \$35	30 days supply \$5 / \$15 / \$35	
PRESCRIPTION DRUGS (Mail) Tier 1/ Tier 2/ Tier 3	90 days supply \$10 / \$40 / \$100	90 days supply \$5 / \$15 / \$35	

Refer to the Summary/Schedule of Benefits for details and a complete list of benefits.