

Medical Plan Comparison and Cost Summary

The chart below provides an overview of the medical plans for USNH Faculty and 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. (Note: If you are covered by or in negotiations with a collective bargaining unit, please refer to that unit's specific medical plan comparison chart.)

| Medical Plan Comparison | | | | | | | | | | |
|---|---|-------------------------------|---|-------------------|-----------------------------|-------------------|---|-------------------|-----------------------------|-------------------|
| | Open Access Plus Health Savings Account | | Open Access Plus 500/1000 | | | | Open Access Plus 200/400 | | | |
| | In-Network | Out-of-Network | In-Network | | Out-of-Network | | In-Network | | Out-of-Network | |
| | Health Savings Account Employer Contribution \$700 Individual \$1,300 Family | | | | | | | | | |
| Annual deductible: 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 | \$500 | | \$1,000 | | \$200 | | \$400 | |
| All Other Coverage Levels | \$3,000 | \$6,000 | \$1,000 | | \$2,000 | | \$400 | | \$800 | |
| Annual Out-of-Pocket Maximum: 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 | Separate Medical | Separate Pharmacy |
| Employee Only | \$3,000 | \$6,000 | \$3,000 | \$1,500 | \$6,000 | \$1,500 | \$1,500 | \$1,500 | \$1,500 | \$1,500 |
| All Other Coverage Levels | \$6,000 | \$12,000 | \$6,000 | \$3,000 | \$12,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 |
| Coinsurance and/or Copays: 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 | | Deductible then you pay 20% | | No Charge | | Deductible then you pay 20% | |
| Doctor/Specialist Office Visit | Deductible then you pay 10% | Deductible then you pay 30% | PCP: \$15 copay Specialist: \$30 copay | | Deductible then you pay 30% | | PCP: \$10 copay Specialist: \$25 copay | | Deductible then you pay 20% | |
| Hospital In-patient | Deductible then you pay 10% | Deductible then you pay 30% | Deductible then you pay 10% | | Deductible then you pay 30% | | \$200 copay then deductible | | Deductible then you pay 20% | |
| Hospital Out-patient | Deductible then you pay 10% | Deductible then you pay 30% | Deductible then you pay 10% | | Deductible then you pay 30% | | \$50 copay then deductible | | Deductible then you pay 20% | |
| Emergency Room | Deductible then you pay 10% | | \$100 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% | Deductible then you pay 10% | | Deductible then you pay 30% | | \$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% | Deductible then you pay 10% | You pay 30% | \$200 copay then deductible | You pay 20% |
| Out-patient | Deductible then you pay 10% | Deductible then you pay 30% | \$15 copay | You pay 30% | \$10 copay | You pay 20% |
| Prescription Drugs | | | | | | |
| Retail Tier 1/Tier 2/Tier 3 | Deductible, then \$5/\$25/\$50 copay* | | \$5/\$25/\$50 copay | | \$5/\$25/\$40 copay | |
| Mail-Order Tier 1/Tier 2/Tier 3 | Deductible, then \$10/\$50/\$100 copay* | | \$10/\$50/\$100 copay | | \$10/\$50/\$80 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"> • National network of providers. • Covers the same services, including preventive care (generally covered at 100% in-network), emergency services, in-patient and out-patient care. • Prescription drug coverage is included. • The plans have a deductible. • You share in the cost of services 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. • Your USNH fitness club membership benefit will pay up to \$500 for a membership in a participating health club, provided the eligibility requirements are met. | <ul style="list-style-type: none"> • The cost in premiums and deductible amounts. • Prescription drugs are paid with no deductible required under the 500/1000 and 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. • If you are covering dependents, the deductible and out-of-pocket maximums work differently. In the 500/1000 and 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. • The tax advantaged accounts are different. With the 500/1000 and 200/400 plans, you may elect to contribute annually to a Flexible Spending Account. Only you make contributions. Amounts do not roll over year to year • The Open Access Plus HSA offers a Health Saving Account or “HSA”. Both you and USNH can contribute. Amounts roll over year to year. |

| 2017 Bi-Weekly Payroll Contributions (Assumes 26 payroll periods for a status 75% - 100% appointment.) | | | | |
|--|----------|-----------------------|-------------------|----------|
| | Employee | Employee + Child(ren) | Employee + Spouse | Family |
| Open Access Plus HSA | \$14.92 | \$47.00 | \$60.43 | \$106.68 |
| Open Access Plus 500/1000 | \$30.09 | \$76.07 | \$91.42 | \$156.31 |
| Open Access Plus 200/400 | \$39.55 | \$94.38 | \$121.34 | \$187.86 |