

Medical Plan Comparison and Cost Summary

The chart below provides an overview of the medical plans for Postdoctoral Research Faculty. 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.

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%	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%	Deductible then you pay 30%	PCP: \$10 copay Specialist: \$25 copay	Deductible then you pay 20%	Deductible then you pay 20%
Hospital Inpatient	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%	Deductible then you pay 30%	\$200 copay then deductible	Deductible then you pay 20%	Deductible then you pay 20%
Hospital Outpatient	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%	Deductible then you pay 30%	\$50 copay then deductible	Deductible then you pay 20%	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 to a Flexible Spending Account annually. 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