



The chart below provides an overview of the Medical Plans available to UNH AAUP Tenure Track employees. See the next page for bi-weekly payroll deductions for each plan. Detailed summaries for all plans are available on MyBenefits.USNH.edu under the *Library* link.

Costs shown in the chart are the amounts you pay for health care coverage and services, unless otherwise noted.

| | 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 Employee Only \$1,300 All Other Coverage Levels | | N/A | N/A | N/A | N/A |
| Annual Deductible: The amount you generally pay each calendar year for covered services before the plan starts paying benefits. | | | | | | |
| 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 Prescription Drug | | Medical Only | | Medical Only | |
| Employee Only | \$3,000 | \$6,000 | \$3,000 | \$6,000 | \$1,500 | \$1,500 |
| All Other Coverage Levels | \$6,000 | \$12,000 | \$6,000 | \$12,000 | \$3,000 | \$3,000 |
| Medical Benefits | | | | | | |
| Preventive Care | No Charge | Deductible then you pay 30% | No Charge | Deductible then you pay 20% | No Charge | Deductible then you pay 20% |
| Doctor's 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% | \$100 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, waived if admitted | | \$75 copay, 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% |

| | 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 |
| Mental Health and Substance Abuse Treatments | | | | | | |
| In-patient | Deductible then you pay 10% | Deductible then you pay 30% | Deductible then you pay 10% | You pay 30% | \$100 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 Drug Benefits | | | | | | |
| Annual Prescription Drug Out-of-Pocket Maximum | | | | | | |
| | Combined Medical and Prescription Drug | | Prescription Drug Only | | Prescription Drug Only | |
| Employee Only | \$3,000 | \$6,000 | \$1,500 | \$1,500 | \$1,500 | \$1,500 |
| All Other Coverage Levels | \$6,000 | \$12,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 |
| 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 deductible. That means you pay the first \$1,500 of expenses (if you have Employee Only coverage) or the first \$3,000 of expenses (for All Other Coverage Levels) before you begin to pay copays for prescription drugs.

| 2019 Bi-Weekly Payroll Deductions* | | | | |
|---|----------|-------------------|---------------------------|----------|
| | Employee | Employee + Spouse | Employee + Child/Children | Family |
| Open Access Plus HSA | \$15.84 | \$64.12 | \$49.87 | \$113.21 |
| Open Access Plus 500/1000 | \$35.48 | \$111.77 | \$86.93 | \$175.63 |
| Open Access Plus 200/400 | \$42.39 | \$130.05 | \$101.15 | \$201.34 |

*Assumes 100% time and 26 pay periods.

NOTICE THE PLAN DIFFERENCES!

- Premiums and deductible amounts
- 500/1000 plan and 200/400 plan benefits are paid starting when each family member meets his/her individual deductible; for the Open Access Plus Health Savings Account plan, the full annual deductible or out-of-pocket maximum must be met before the plan starts paying benefits
- Prescription drug coverage: deductible required under the Open Access Plus Health Savings Account plan