



The chart below provides an overview of the Medical Plans available to USNH Faculty and Staff. See the next page for bi-weekly payroll deductions for each plan. Detailed summaries for all plans are available on [MyBenefits.USNH.edu](https://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
<b>Health Savings Account Employer Contribution</b>	\$750 Employee Only \$1,500 All Other Coverage Levels		N/A	N/A	N/A	N/A
<b>Annual Deductible:</b> The amount you generally pay each calendar year for covered services before the plan starts paying benefits.						
<b>Employee Only</b>	\$1,500	\$3,000	\$500	\$1,000	\$200	\$400
<b>All Other Coverage Levels</b>	\$3,000	\$6,000	\$1,000	\$2,000	\$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 Prescription Drug		Medical Only		Medical Only	
<b>Employee Only</b>	\$3,000	\$6,000	\$3,000	\$6,000	\$1,500	\$1,500
<b>All Other Coverage Levels</b>	\$6,000	\$12,000	\$6,000	\$12,000	\$3,000	\$3,000
<b>Medical Benefits</b>						
<b>Preventive Care</b>	No Charge	Deductible then you pay 30%	No Charge	Deductible then you pay 20%	No Charge	Deductible then you pay 20%
<b>Doctor's Office Visit</b>	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%
<b>Hospital In-patient</b>	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%
<b>Hospital Out-patient</b>	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%
<b>Emergency Room</b>	Deductible then you pay 10%		\$100 copay, waived if admitted		\$75 copay, waived if admitted	
<b>High Tech Radiology</b>	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
<b>Mental Health and Substance Abuse Treatments</b>						
<b>In-patient</b>	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%
<b>Out-patient</b>	Deductible then you pay 10%	Deductible then you pay 30%	\$15 copay	You pay 30%	\$10 copay	You pay 20%
<b>Prescription Drug Benefits</b>						
<b>Annual Prescription Drug Out-of-Pocket Maximum</b>						
	Combined Medical and Prescription Drug		Prescription Drug Only		Prescription Drug Only	
<b>Employee Only</b>	\$3,000	\$6,000	\$1,500	\$1,500	\$1,500	\$1,500
<b>All Other Coverage Levels</b>	\$6,000	\$12,000	\$3,000	\$3,000	\$3,000	\$3,000
<b>Retail Tier 1 / Tier 2 / Tier 3</b>	Deductible then \$5 / \$25 / \$50 copay*		\$5 / \$25 / \$50 copay		\$5 / \$25 / \$40 copay	
<b>Mail-Order Tier 1 / Tier 2 / Tier 3</b>	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.

<b>2019 Bi-Weekly Payroll Deductions*</b>				
	Employee	Employee + Spouse	Employee + Child/Children	Family
<b>Open Access Plus HSA</b>	\$16.30	\$66.01	\$51.34	\$116.54
<b>Open Access Plus 500/1000</b>	\$33.71	\$107.77	\$83.82	\$170.76
<b>Open Access Plus 200/400</b>	\$47.69	\$141.64	\$110.16	\$215.08

\*Assumes 100% time and 26 pay periods.

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.

## 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