## 2026 MEDICAL PLAN COMPARISON AND COST SUMMARY USNH Faculty and Staff Retirees, LTD, and Enhanced Separation (ES) Employees



The chart below provides an overview of the medical plans available to USNH Faculty and Staff retirees, LTD and ES employees. If you have questions, contact Joye Cushing at 603-862-2525 or joye.cushing@usnh.edu.

	LIGNIII Ot	LICA 0750/5500*	LICALLO				
	USNH Open Access HSA 2750/5500*		USNH Open Access 1600/3200		USNH Open Access 600/1200		
Feature/Service	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible							
Retiree, LTD and ES Employee Only	\$2,750	\$5,500	\$1,600	\$3,200	\$600	\$1,200	
All Other Coverage Levels	\$5,500	\$11,000	\$3,200	\$6,400	\$1,200	\$2,400	
Annual Out-of-Pocket Ma	aximum						
	Combined Medical and Prescription Drugs		Medical Only		Medical Only		
Retiree, LTD and ES Employee Only	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$6,000	
All Other Coverage Levels	\$10,600	\$24,000	\$12,000	\$24,000	\$12,000	\$12,000	
Medical Benefits							
Preventive Care	No charge	Deductible, then 40%	No charge	Deductible, then 40%	No charge	Deductible, then 20%	
Doctor's Office Visit	Deductible, then 20%	Deductible, then 40%	PCP: \$30 copay Specialist: \$60 copay	Deductible, then 40%	PCP: \$30 copay Specialist: \$60 copay	Deductible, then 20%	
Hospital Inpatient	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%	\$500 copay, then deductible	Deductible, then 20%	
Hospital Outpatient	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%	\$300 copay, then deductible	Deductible, then 20%	
Urgent Care	Deductible, then 20%		\$75 copay		\$75 copay		
Emergency Room	Deductible, then 20%		\$250 copay, waived if admitted		\$250 copay, waived if admitted		
High Tech Radiology	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%	\$200 copay, then deductible	Deductible, then 20%	
Mental Health and Subst	tance Use Treatments						
Inpatient	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%	\$500 copay, then deductible	Deductible, then 20%	
Outpatient	Deductible, then 20%	Deductible, then 40%	\$30 copay	You pay 40%	\$30 copay	You pay 20%	

<sup>\*</sup> The Health Savings Account employer contribution for this plan does not apply to retirees, LTD, or ES recipients.

## 2026 MEDICAL PLAN COMPARISON AND COST SUMMARY (CONT'D)

## **USNH Faculty and Staff Retirees, LTD and Enhanced Separation (ES) Employees**

	USNH Open Access HSA 2750/5500		USNH Open Access 1600/3200		USNH Open Access 600/1200				
Prescription Drug Benefits									
Annual Prescription Drug Out-of-Pocket Maximum									
	Combined Medical a	nd Prescription Drugs	Prescription Drugs Only		Prescription Drugs Only				
Retiree/LTD Employee Only	\$6,000	\$12,000	\$2,000	\$2,000	\$2,000	\$2,000			
All Other Coverage Levels	\$10,600	\$24,000	\$4,000	\$4,000	\$4,000	\$4,000			
Retail (30-day supply) Tier 1 / Tier 2 / Tier 3	Deductible, then \$10 / \$50 / \$70 copay*		\$10 / \$50 / \$70 copay		\$10 / \$50 / \$70 copay				
<i>Mail-Order (90-day supply)</i> Tier 1 / Tier 2 / Tier 3	Deductible, then \$20 / \$100 / \$140 copay*		\$20 / \$100 / \$140 copay		\$20 / \$100 / \$140 copay				

<sup>\*</sup> In the Open Access Plus HSA, prescription drugs are subject to the in-network deductible. That means you pay the first \$2,500 of expenses (if you have Retiree/LTD Employee Only coverage) or the first \$5,000 of expenses (for all other coverage levels) before you begin to pay copays for prescription drugs.

## **2026 Monthly Contributions\*\*\***

	USNH Open Access HSA 2750/5500	USNH Open Access 1600/3200	USNH Open Access 600/1200	
Retiree, LTD and ES Employee Only	\$53.29	\$106.30	\$161.07	
Retiree, LTD and ES Employee + Spouse	\$199.78	\$326.16	\$455.93	
Retiree, LTD and ES Employee +Child/Children	\$155.39	\$253.69	\$354.61	
Family	\$346.11	\$508.43	\$671.56	

<sup>\*\*\*</sup> Assumes the monthly rate is calculated using active employee rates.

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.



✓ Premiums and deductible amounts

✓ USNH Open Access 1600/3200 and USNH Open Access 600/1200 Plan benefits are paid starting when each family member meets his/her individual deductible; for the USNH Open Access HSA 2750/5500 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 USNH Open Access HSA 2750/5500 Plan

Every effort has been made to ensure that the information on this Medical Plan Comparison and Cost Summary is accurate. If, however, there is any discrepancy between this summary and the SPDs, plan documents, and/or any USNH policy, the applicable plan document, or USNH policy shall govern.