

# Comparison of Medical Insurance Plans For USNH Staff and Faculty Employees

## 2009 Plan Year

Choosing your plan is an important decision. The following highlights key differences among your options.

BENEFIT	HARVARD PILGRIM HMO 1 Staff and Faculty	HARVARD PILGRIM POS 1 Staff and Faculty In-Network	HARVARD PILGRIM POS 1 Staff and Faculty Out-of-Network
<b>Annual Deductible</b>	None	None	\$300 for individual \$600 for two-person and family
<b>Coinsurance Level</b>	None	None	Plan pays 80% Member pays 20%
<b>Annual Out-of-pocket maximum</b>	None	None	\$500 for individual \$1000 for two-person and family
<b>Lifetime Maximum</b>	None	None	\$2 million
<b>Primary Care Physician Office Visit</b>	\$10 Copayment	\$10 Copayment	Deductible, then 20% Coinsurance
<b>Specialty Care Physician Office Visit</b>	\$20 Copayment	\$20 Copayment	Deductible, then 20% Coinsurance
<b>Outpatient Day Surgery</b>	\$50 Copayment	\$50 Copayment	Deductible, then 20% Coinsurance
<b>Emergency Room Treatment</b>	\$75 Copayment	\$75 Copayment	
<b>Inpatient Skilled Nursing Facility/Rehabilitation</b>			
100 days combined per calendar year	No Copayment	No Copayment	Deductible, then 20% Coinsurance
<b>Home Health Care Services</b>	No Copayment	No Copayment	Limited to 40 visits per calendar year Deductible, then 20% Coinsurance
<b>Inpatient Hospital Room and Board</b>	\$200 Copayment Per Admission	\$200 Copayment Per Admission	Deductible, then 20% Coinsurance
<b>Short-term Physical, Occupational, Speech and Cardiac Rehabilitation</b>			
60 visits combined per calendar year	No Copayment	No Copayment	Deductible, then 20% Coinsurance
<b>Chiropractic Care</b>			
20 visits per calendar year	\$10 Copayment	\$10 Copayment	Deductible, then 20% Coinsurance
<b>Durable Medical Equipment, including hearing aids up to age 19</b>	\$3500 per calendar year No Copayment	\$5000 per calendar year No Copayment	Deductible, then 20% Coinsurance
<b>Inpatient Mental Health</b>	\$200 Copayment Per Admission	\$200 Copayment Per Admission	20%
<b>Outpatient Mental Health</b>			
30 visits per calendar year (2 group visits equal to one individual visit)	\$10 Copayment	\$10 Copayment	20%
<b>Inpatient Substance Abuse</b>			
30 days per calendar year	\$200 Copayment Per Admission	\$200 Copayment Per Admission	20%
<b>Outpatient Substance Abuse</b>			
30 visits per calendar year (2 group visits equal to one individual visit)	\$10 Copayment	\$10 Copayment	20%
<b>PRESCRIPTION DRUGS (Retail) Tier 1/ Tier 2/ Tier 3</b>	30 days supply \$7 / \$18 / \$35	30 days supply \$7 / \$18 / \$35	
<b>PRESCRIPTION DRUGS (Mail) Tier 1/ Tier 2/ Tier 3</b>	90 days supply \$14 / \$36 / \$70	90 days supply \$7 / \$18 / \$35	

Refer to the Summary/Schedule of Benefits for details and a complete list of benefits.