

2025 MEDICAL PLAN COMPARISON AND COST SUMMARY

USNH Faculty and Staff Retirees and LTD Employees

The chart below provides an overview of the medical plans available to USNH Faculty and Staff retirees and LTD employees. There will continue to be three medical plan options with changes to the plans' deductibles, co-insurance, and copays for 2025. You will be mapped to the new medical plan that is most similar to the coverage you had in 2024. Refer to the medical plan comparison and cost summary below for details on your 2025 coverage. If you have questions, contact Joye Cushing at 603-862-0930 or joye.cushing@usnh.edu.

	Open Access Plus Health Savings Account*		Open Access Plus 1500/3000		Open Access Plus 500/1000	
Feature/Service	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Retiree/LTD Employee Only	\$2,500	\$5,000	\$1,500	\$3,000	\$500	\$1,000
All Other Coverage Levels	\$5,000	\$10,000	\$3,000	\$6,000	\$1,000	\$2,000
Annual Out-of-Pocket Maximum						
	<i>Combined Medical and Prescription Drugs</i>		<i>Medical Only</i>		<i>Medical Only</i>	
Retiree/LTD Employee Only	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$5,000
All Other Coverage Levels	\$10,000**	\$20,000	\$10,000	\$20,000	\$10,000	\$10,000
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: \$50 copay	Deductible, then 40%	PCP: \$30 copay Specialist: \$50 copay	Deductible, then 20%
Hospital Inpatient	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%	\$400 copay, then deductible	Deductible, then 20%
Hospital Outpatient	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%	\$250 copay, then deductible	Deductible, then 20%
Emergency Room	Deductible, then 20%		\$200 copay, waived if admitted		\$200 copay, waived if admitted	
High Tech Radiology	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	Deductible, then 40%	\$150 copay, then deductible	Deductible, then 20%
Mental Health and Substance Use Treatments						
Inpatient	Deductible, then 20%	Deductible, then 40%	Deductible, then 20%	You pay 40%	\$400 copay, then deductible	You pay 20%
Outpatient	Deductible, then 20%	Deductible, then 40%	\$30 copay	You pay 40%	\$30 copay	You pay 20%

* The Health Savings Account employer contribution for this plan does not apply to retirees or LTD recipients.

** The annual out-of-pocket maximum for an individual within a family is \$9,200.

2025 MEDICAL PLAN COMPARISON AND COST SUMMARY (CONT'D)

USNH Faculty and Staff Retirees and LTD Employees

	Open Access Plus Health Savings Account	Open Access Plus 1500/3000	Open Access Plus 500/1000
Prescription Drug Benefits			
Annual Prescription Drug Out-of-Pocket Maximum			
	<i>Combined Medical and Prescription Drugs</i>	<i>Prescription Drugs Only</i>	<i>Prescription Drugs Only</i>
Retiree/LTD Employee Only	\$5,000 \$10,000	\$2,000 \$2,000	\$2,000 \$2,000
All Other Coverage Levels	\$10,000* \$20,000	\$4,000 \$4,000	\$4,000 \$4,000
Retail (30-day supply) Tier 1 / Tier 2 / Tier 3	Deductible, then \$10 / \$40 / \$60 copay**	\$10 / \$40 / \$60 copay	\$10 / \$40 / \$60 copay
Mail-Order (90-day supply) Tier 1 / Tier 2 / Tier 3	Deductible, then \$20 / \$80 / \$120 copay**	\$20 / \$80 / \$120 copay	\$20 / \$80 / \$120 copay

* The annual out-of-pocket maximum for an individual within a family is \$9,200.


** 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.

2025 Monthly Contributions***

	Open Access Plus Health Savings Account	Open Access Plus 1500/3000	Open Access Plus 500/1000
Retiree/LTD Employee Only	\$47.18	\$94.12	\$142.61
Retiree/LTD Employee + Spouse	\$176.88	\$288.78	\$403.67
Retiree/LTD Employee + Child/Children	\$137.58	\$224.61	\$313.97
Family	\$306.44	\$450.16	\$594.59

*** 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.



NOTICE THE PLAN DIFFERENCES!

- ✓ Premiums and deductible amounts
- ✓ Open Access Plus 1500/3000 and Open Access Plus 500/1000 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

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.