

# 2024 MEDICAL PLAN COMPARISON AND COST SUMMARY

## PSU Faculty – AAUP

The chart below provides an overview of the medical plans available to PSU Faculty – AAUP. See the next page for biweekly payroll deductions for each plan. Detailed summaries for all plans are available at [MyBenefits.USNH.edu](https://MyBenefits.USNH.edu) under the [Link](#) link. Costs shown in the chart are the amounts **you** pay for health care coverage and services, unless otherwise noted.

Feature/Service	Open Access Plus Health Savings Account		Open Access Plus 1000/2000		Open Access Plus 300/600	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Health Savings Account Employer Contribution</b>	Employee only: \$750 All other coverage levels: \$1,500		N/A	N/A	N/A	N/A
<b>Annual Deductible</b>						
<b>Employee Only</b>	\$2,250	\$4,500	\$1,000	\$2,000	\$300	\$600
<b>All Other Coverage Levels</b>	\$4,500	\$9,000	\$2,000	\$4,000	\$600	\$1,200
<b>Annual Out-of-Pocket Maximum</b>						
	<i>Combined Medical and Prescription Drug</i>		<i>Medical Only</i>		<i>Medical Only</i>	
<b>Employee Only</b>	\$4,500	\$9,000	\$3,500	\$7,000	\$2,500	\$2,500
<b>All Other Coverage Levels</b>	\$9,000*	\$18,000	\$7,000	\$14,000	\$5,000	\$5,000
<b>Medical Benefits</b>						
<b>Preventive Care</b>	No charge	Deductible, then 30%	No charge	Deductible, then 20%	No charge	Deductible, then 20%
<b>Doctor's Office Visit</b>	Deductible, then 10%	Deductible, then 30%	PCP: \$20 copay Specialist: \$40 copay	Deductible, then 30%	PCP: \$20 copay Specialist: \$35 copay	Deductible, then 20%
<b>Hospital Inpatient</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$300 copay, then deductible	Deductible, then 20%
<b>Hospital Outpatient</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$150 copay, then deductible	Deductible, then 20%
<b>Emergency Room</b>	Deductible, then 10%		\$150 copay, waived if admitted		\$125 copay, waived if admitted	
<b>High Tech Radiology</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$100 copay, then deductible	Deductible, then 20%
<b>Mental Health and Substance Abuse Treatments</b>						
<b>Inpatient</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	You pay 30%	\$300 copay, then deductible	You pay 20%
<b>Outpatient</b>	Deductible, then 10%	Deductible, then 30%	\$20 copay	You pay 30%	\$20 copay	You pay 20%

\*All other coverage levels are subject to a 30% coinsurance rate for out-of-network services.

