## 2025 MEDICAL PLAN COMPARISON AND COST SUMMARY

	Open Access Plus Health Savings Account*		Open Access Plus 1000/2000		Open Access Plus 300/600	
ture/Service	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Networ
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	_	_		_	_	
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## 2025 MEDICAL PLAN COMPARISON AND COST SUMMARY (CONT'D)

## **UNH AAUP Tenure Track Retirees and LTD Employees**

	Open Access Plus He	ealth Savings Account	Open Access l	Plus 1000/2000	Open Access I	Plus 300/600			
Prescription Drug Benefits									
Annual Prescription Drug Out-of-Pocket Maximum									
	C mbi ed Medical a	dPecii Dg	g Pecii DgOI		Pecii DgOl				
Retiree/LTD Employee Only	\$4,500	\$9,000	\$2,000	\$2,000	\$2,000	\$2,000			
All Other Coverage Levels	\$9,000*	\$18,000	\$4,000	\$4,000	\$4,000	\$4,000			
Re ail (30-da / ) Tier 1 / Tier 2 / Tier 3	***		\$10 / \$40 / \$60,		\$10 / \$40 / \$60, , , , .				
Mail-O de (90-da l ) Tier 1 / Tier 2 / Tier 3	··-/, ***		\$20 / \$80 / \$120,		\$20 / \$80 / \$120,				

<sup>\*</sup> The annual out-of-pocket maximum for an individual within a family is \$2,550.

## **2025 Monthly Contributions\*\*\***

	Open Access Plus Health Savings Account	Open Access Plus 1000/2000	Open Access Plus 300/600
Retiree/LTD Employee Only	\$62.94	\$117.44	\$157.85
Retiree/LTD Employee + Spouse	\$222.54	\$352.31	\$449.86
Retiree/LTD Employee +Child/Children	\$173.09	\$274.02	\$349.89
Family	\$375.53	\$541.95	\$651.11

<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.



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.

<sup>\*\*</sup> In the Open Access Plus HSA, prescription drugs are subject to the in-network deductible. That means you pay the first \$2,250 of expenses (if you have Retiree/LTD Employee Only coverage) or the first \$4,500 of expenses (for all other coverage levels) before you begin to pay copays for prescription drugs.