

PLAN COMPARISON

2017 BENEFIT PLAN OPTIONS

HRNAVIGATOR

WITHIN NEW ENGLAND

OUTSIDE NEW ENGLAND

MEDICAL

MEDICAL	Core		Enhanced		High Deductible PPO with HSA		PPO	
	PCP / Plan Approved	Self-referred	PCP / Plan Approved	Self-referred	In-Network	Out-of-Network	In-Network	Out-of-Network
Monthly Premiums	\$206.58 Individual / \$545.62 Family		\$244.35 Individual / \$650.04 Family		\$146.47 Individual / \$390.42 Family		\$247.02 Individual / \$657.11 Family	
HSA University Funding	N/A		N/A		\$500 Individual / \$1,000 Family		N/A	
Annual Deductible	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	None	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	None	\$500 Individual \$1,000 Family
Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family
Hospital Inpatient	90% after deductible	70% after deductible	Covered in full	80% after deductible	90% after deductible	70% after deductible	Covered in full	80% after deductible
Outpatient Day Surgery	90% after deductible	70% after deductible	Covered in full	80% after deductible	90% after deductible	70% after deductible	Covered in full	80% after deductible
High-Tech Imaging	90% after deductible	70% after deductible	Free standing: covered in full / Hospital: \$100 copay	80% after deductible	90% after deductible	70% after deductible	Free standing: covered in full Hospital: \$100 copay	80% after deductible
Emergency Room	\$100 copay		\$100 copay		90% after deductible		\$100 copay	
OFFICE VISITS								
Preventive Care	Covered in full	70% after deductible	Covered in full	80% after deductible	Covered in full	70% after deductible	Covered in full	80% after deductible
PCP Visit (non-preventive)	\$25 copay	70% after deductible	\$20 copay	80% after deductible	90% after deductible	70% after deductible	\$25 copay	80% after deductible
Specialist	\$35 copay	70% after deductible	\$30 copay	80% after deductible	90% after deductible	70% after deductible	\$25 copay	80% after deductible
PRESCRIPTION DRUGS								
Retail (up to 30-day supply)	\$5 / \$30 / \$50	Not covered	\$5 / \$30 / \$50	Not covered	\$5 / \$30 / \$50 after deductible	Not covered	\$5 / \$30 / \$50	Not covered
Mail (up to 90-day supply)	\$10 / \$60 / \$100	Not covered	\$10 / \$60 / \$100	Not covered	\$10 / \$60 / \$100 after deductible	Not covered	\$10 / \$60 / \$100	Not covered

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DENTAL	Value Plus	Value*
Monthly Premiums	\$11.93 Individual / \$37.10 Family	\$8.32 Individual / \$25.85 Family
Annual Deductible	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family
Coinsurance for Type I Services: Preventive and diagnostic services	100% — no deductible	100% — no deductible
Coinsurance for Type II Services: Basic restorative services (e.g. fillings)	80% after deductible	50% after deductible
Coinsurance for Type III Services : Major restorative services (e.g. crowns an bridges)	50% after deductible	Not covered
Annual Plan Maximum	\$1,500	\$750
Orthodontia Coinsurance/Copay	50%	N/A
Orthodontia Lifetime Maximum	\$1,000	N/A
Adult Orthodontia	No	N/A

VISION	Individual	Family
Monthly Premiums	\$5.98/month	\$15.26/month

LIFE INSURANCE	Basic	Supplemental
Coverage	2x annual base salary, up to \$500,000 at no cost to you (age-reduction schedule applies after age 65 and 70). Please verify that your beneficiary information is correct.	You can purchase 1x, 2x, 3x or 4x base salary to a maximum of \$500,000 (age-reduction schedule applies at age 65 and 70). A Statement of Health is required.

————— Total life insurance coverage up to \$1 million —————

LEGAL PLAN

Monthly Premiums	\$18/month for individual and family.
Coverage	The MetLaw Legal plan provides fully covered services for many personal legal matters including real estate, estate planning, civil lawsuits, elder-care issues and more.

* The Value plan does not allow for a roll over of the unused portion of the annual maximum benefit.

Northeastern University
Human Resources Management