2022 PLAN COMPARISON AND RATES

Part-time Faculty and Staff (ACA Eligible)

MEDICAL

	High Deductible PPO with HSA		Core PPO		Enhanced PPO	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
HSA University Funding	\$500 Individual / \$1,000 Family		N/A		N/A	
Annual Deductible	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family	None	\$500 Individual \$1,000 Family
Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family	\$2,500 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	90% after deductible	70% after deductible	Covered in full	80% after deductible
Outpatient Day Surgery	90% after deductible	70% after deductible	90% after deductible	70% after deductible	Covered in full	80% after deductible
High-Tech Imaging	90% after deductible	70% after deductible	90% after deductible	70% after deductible	Freestanding: covered in full / Hospital: \$100 copay	80% after deductible
Emergency Room	90% after deductible		\$100 copay		\$100 copay	
Office Visits						
Preventive Care	Covered in full	80% after deductible	Covered in full	70% after deductible	Covered in full	80% after deductible
PCP Visit (non-preventive)	90% after deductible	70% after deductible	\$25 copay	70% after deductible	\$20 copay	80% after deductible

Specialist	deductible	70% after deductible	\$35 copay	70% after deductible	\$30 copay	80% after deductible
Prescription Drugs						
Retail (up to 30-day supply)	\$5 / \$30 / \$50 after deductible	Not covered	\$5 / \$30 / \$50	Not covered	\$5 / \$30 / \$50	Not covered
Mail (up to 90-day supply)	\$10 / \$60 / \$100 after deductible	Not covered	\$10 / \$60 / \$100	Not covered	\$10 / \$60 / \$100	Not covered

	Per Paycheck Contribution				
Coverage Level	High Deductible PPO with HSA	Core PPO	Enhanced PPO		
Employee	\$176.82	\$193.54	\$204.42		
Employee + spouse/domestic partner*	\$442.06	\$483.85	\$511.06		
Employee + child(ren)	\$424.37	\$464.50	\$490.62		
Family (employee, spouse/domestic partner* + child[ren])	\$477.42	\$522.56	\$551.94		

Please note: If you are paid on a bi-weekly basis, flat-rate deductions such as medical premiums will be split evenly between your two paychecks each month. In months with a third pay date, your third paycheck will have no corresponding deductions.

- * A domestic partner is not recognized by the federal government as a qualified dependent. You may provide medical, dental, and vision coverage for domestic partners; however, under federal tax law, the portion of your premiums that is attributable to your domestic partner is not exempt from Social Security, Medicare, and FUTA taxes, or federal income tax. This means that if you cover a domestic partner, the following tax rules apply:
- You will incur state and federal taxes on the portion of the medical, dental, and vision premiums that is paid by Northeastern for your domestic partner's insurance. The value of these premiums is called imputed income.
- The portion of the premium paid by you for your domestic partner's coverage will be deducted from your salary as a post-tax benefit.
- Please contact HR-Benefits@northeastern.edu for more information.