Choose Well. Live Well.

2020 Benefit Plan Options

Northeastern University
Human Resources

WITHIN NEW ENGLAND | OUTSIDE NEW ENGLAND

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	**$224.83 Individual / $593.82 Family**		**$265.94 Individual / $ 707.46 Family**		**$159.41 Individual / $424.91 Family**		**$265.94 Individual / $707.46 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	Freestanding: covered in full / Hospital: $100 copay	80% after deductible	90% after deductible	70% after deductible	Freestanding: 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	80% 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

* If you reside in New England and have a spouse/domestic partner and/or dependent child(ren) who reside outside of New England, you may be eligible to enroll in the PPO. If you reside in New England and want to enroll in the PPO plan, please call the HRM Customer Service Center at 617.373.2230 and ask to speak with a member of the benefits team.

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DENTAL	Value Plus	Value*
Monthly Premiums	$12.94 Individual / $40.25 Family	$9.02 Individual / $28.05 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 and bridges)	50% after deductible	Not covered
Annual Plan Maximum	$2,000	$750
Orthodontia Coinsurance/Copay	50%	N/A
Orthodontia Lifetime Maximum (Adult and Child)	$1,500	N/A

VISION	Individual	Family
Monthly Premiums	$6.56/month	$16.75/month

LIFE INSURANCE	Basic	Supplemental
Coverage	2x annual base salary, up to $500,000, at no cost to you (age-reduction schedule applies at age 65 and 70). Please verify that your beneficiary information is entered and 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 may be required.

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 rollover of the unused portion of the annual maximum benefit.