

MEDICAL BENEFITS: ARTICLE 17

1. The detailed language of relevant sections of Article 17 will be revised by mutual agreement following agreement on the concepts/strategies/numbers below and attached.
2. There will be no change in medical benefits offerings, plan design or the basis for employee/employer cost sharing for the plan year 2016.
3. Effective for plan year 2017 (as of 1/1/17), the following changes will occur:
 - Plan options and design for the HMO and POS will be replaced by the High Option PPO, Mid-Option PPO, and Choice Plan PPO (*Attachment I*).
 - The guiding principal for the design of the High Option Plan is equivalence with the existing HMO and POS. Namely, plan design, coverage, and related items such as reimbursement for athletic club fees of the High Option In-Network Plan will be identical to that of the existing HMO. The plan design and coverage of the High Option Out-of-Network will be identical to that of the existing POS. The network will be the same as for the Mid-Option and Choice Plans, namely a robust combination of regional and national networks (*Attachment II* describes the current HCHP networks. It is understood that USNH may from time to time issue an RFP for health administration and network services. USNH will inform AAUP when it intends to put the services out to bid, and will make preservation of the same or substantially similar network a primary criterion in its decision-making process.)
 - Option A will be closed and all enrollees will shift to one of the above new plans.
4. Effective for plan year 2017, the three tiers (employee-only, employee + 1, and employee + family) will be expanded to four tiers (employee only, employee + spouse, employee + child/ren, and employee + family). The respective premiums for each category will reflect true cost relativity; namely, the employee + spouse premium will be ~2.25 times the individual premium. Employee + child/ren premium will be ~1.75 times the individual premium, and the employee + family premium will be ~2.75 times the individual premium.
5. Effective for plan year 2017, the employee share of the premiums will be as follows:

	EE	EE + S	EE + C	EE + F
High Option	11%	15%	15%	19%
Mid Option	8%	12%	12%	16%
Choice	5%	9%	9%	13%

6. Effective for plan year 2018, the employee share of the premiums will be as follows:

	EE	EE + S	EE + C	EE + F
High Option	11%	15%	15%	19%
Mid Option	10%	14%	14%	18%
Choice	5%	9%	9%	13%

7. Effective for plan year 2019, the employee share of the premiums will be as follows:

	EE	EE + S	EE + C	EE + F
High Option	11%	15%	15%	19%
Mid Option	10%	14%	14%	18%
Choice	5%	9%	9%	13%

8. Effective for plan year 2020, the employee share of the premiums will be as follows:

	EE	EE + S	EE + C	EE + F
High Option	12%	16%	16%	19%
Mid Option	10%	14%	14%	18%
Choice	5%	9%	9%	13%

9. If the federal government levies a "Cadillac Tax" on employers for plans that are considered too rich, that tax will be shared by the employee and employer at the same percentages as the premium is shared.

Attachment I: AAUP Medical Plan Designs

(as of plan year 2017)

	AAUP High Option PPO		AAUP Mid Option PPO		AAUP Choice Plan – CDHP (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$200 individual \$400 family	\$400 individual \$800 family	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family
Out of Pocket Maximum	Medical: \$1,500 individual \$3,000 family Rx: \$1,500 individual \$3,000 family	Medical: \$1,500 individual \$3,000 family Rx: \$1,500 individual \$3,000 family	Medical: \$3,000 individual \$6,000 family Rx: \$1,500 individual \$3,000 family	Medical: \$6,000 individual \$12,000 family Rx: \$1,500 individual \$3,000 family	Medical and Rx: \$3,000 individual \$6,000 family	Medical and Rx: \$6,000 individual \$12,000 family
Employer HSA Contribution	N/A		N/A		\$500 individual, \$1,000 family	
Preventive Care	Covered in full	80% after deductible	Covered in full	80% after deductible	Covered in full	70% after deductible
Hospital Inpatient	\$100 copay per admission, then 100% after deductible	80% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Hospital Outpatient	\$50 copayment, then 100% after deductible	80% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Emergency Room	100% after \$75 copay		100% after \$100 copay		90% after deductible	
PCP Office Visits	Covered in full after \$10 copay	80% after deductible	\$15 copay	70% after deductible	90% after deductible	70% after deductible
Specialist Office Visits	Covered in full after \$25 copay	80% after deductible	\$30 copay	70% after deductible	90% after deductible	70% after deductible
High Tech Radiology	\$50 copayment, then 100% after deductible	80% after deductible	90% after deductible	70% after deductible	90% after deductible	70% after deductible
Chiropractic	Covered in full	80% after deductible	\$15 copay	70% after deductible	90% after deductible	70% after deductible
Retail Rx Drugs	100% after \$5/\$25/\$40 copay		100% after \$5/\$25/\$50 copay		Deductible then \$5/\$25/\$50 copay	
Mail Order Rx Drugs	100% after \$10/\$50/\$80 copay		100% after \$10/\$50/\$100 copay		Deductible then \$10/\$50/\$100 copay	

Option A plan will close as of 1/1/2017.

The HPHC Insurance Company (HPHC) PPO is one of the most flexible options you can choose for your health care needs.

- You can receive care from almost any doctor or hospital — in New Hampshire or across the nation.
- You are not required to have a primary care provider or get referrals for care.
- You can receive in-network services from participating providers and out-of-network services from non-participating providers.

In-network services

In-network services are covered services you receive from **participating providers**. Most often, receiving in-network services means paying **lower out-of-pocket costs**. Your schedule of benefits will outline cost sharing for in-network services.

Out-of-network services

Out-of-network services are covered services you receive from **non-participating providers**. Receiving out-of-network services usually means paying **higher out-of-pocket costs**. Your schedule of benefits will outline cost sharing for in-network services.

How to find participating providers

With thousands of participating doctors and hospitals across the country, chances are very good that you can find one near your home or work. You can visit participating doctors, hospitals and other providers in New Hampshire, Massachusetts, and Maine, and access UnitedHealthcare’s participating doctors, hospitals and other providers in other states. So no matter where you live or work in the country, chances are very good that the doctors and hospitals you know and trust will accept your PPO plan.

To find participating providers and hospitals, visit www.harvardpilgrim.org/providerdirectory and choose “PPO.” All participating providers for all states are listed. If you don’t have Internet access, call Member Services for a list of providers and hospitals near you. (The call and the list are free.)

The screenshot shows the Harvard Pilgrim HealthCare website's provider directory search results. At the top, there is a navigation bar with links for "Harvard Pilgrim", "Behavioral Health", "Find a Dentist", "Provider Profiles", and "Help". Below this is a search bar with the text "Find a Doctor or Care Provider" and a "Start New Search" link. The search bar contains the text "Search by Name, Facility, or Specialty" and a "SEARCH" button. Below the search bar, it displays "8,095 Results" and "PPO Hospitals". There is a section for "Narrow Your Results" with two filters: "Distance From You" (set to 10 miles) and "State" (set to "Select Multiple"). The "State" dropdown menu is open, showing a list of states with their respective counts: Alabama (97), Alaska (24), Arizona (113), and Arkansas (107). At the bottom of the page, there is a footer with "Print", "Create Directory", "Sort By A-Z", and "1 | 2 | 3 of 50" navigation links. Below the footer, there is a disclaimer: "Results shown are for the first 1,000 providers that meet your selected criteria. Listed dental providers are participating providers for members with limited dental coverage available as part of their medical benefits. There is a separate provider network for Pediatric Dental coverage. Please choose 'Find a Dentist' for more details and check your coverage documents to see what, if any pediatric dental coverage is included in your benefits. While certain complementary and alternative medicine providers may be listed in this directory, it does not mean that their services are covered benefits under your plan. Please check your Schedule of Benefits for details."