

# 2024 MEDICAL PLAN COMPARISON AND COST SUMMARY

**KSCEA**

The chart below provides an overview of the medical plans available to KSCEA. See the next page for biweekly payroll deductions for each plan. Detailed summaries for all plans are available at [MyBenefits.USNH.edu](https://mybenefits.usnh.edu) under the **Library** link. Costs shown in the chart are the amounts **you** pay for health care coverage and services, unless otherwise noted.

| Feature/Service                                     | Open Access Plus Health Savings Account                    |                      | Open Access Plus 1000/2000                |                      | Open Access Plus 300/600                  |                      |
|---|--|----------------------|---|----------------------|---|----------------------|
|   | In-Network   | Out-of-Network       | In-Network                                | Out-of-Network       | In-Network                                | Out-of-Network       |
| <b>Health Savings Account Employer Contribution</b> | Employee only: \$750<br>All other coverage levels: \$1,500 |                      | N/A                                       | N/A                  | N/A                                       | N/A                  |
| <b>Annual Deductible</b>                            |  |                      |   |                      |   |                      |
| <b>Employee Only</b>                                | \$2,250  | \$4,500              | \$1,000                                   | \$2,000              | \$300                                     | \$600                |
| <b>All Other Coverage Levels</b>                    | \$4,500  | \$9,000              | \$2,000                                   | \$4,000              | \$600                                     | \$1,200              |
| <b>Annual Out-of-Pocket Maximum</b>                 |  |                      |   |                      |   |                      |
|   | <i>Combined Medical and Prescription Drugs</i>             |                      | <i>Medical Only</i>                       |                      | <i>Medical Only</i>                       |                      |
| <b>Employee Only</b>                                | \$4,500  | \$9,000              | \$3,500                                   | \$7,000              | \$2,500                                   | \$2,500              |
| <b>All Other Coverage Levels</b>                    | \$9,000*   | \$18,000             | \$7,000                                   | \$14,000             | \$5,000                                   | \$5,000              |
| <b>Medical Benefits</b>                             |  |                      |   |                      |   |                      |
| <b>Preventive Care</b>                              | No charge  | Deductible, then 30% | No charge                                 | Deductible, then 20% | No charge                                 | Deductible, then 20% |
| <b>Doctor's Office Visit</b>                        | Deductible, then 10%                                       | Deductible, then 30% | PCP: \$20 copay<br>Specialist: \$40 copay | Deductible, then 30% | PCP: \$20 copay<br>Specialist: \$35 copay | Deductible, then 20% |
| <b>Hospital Inpatient</b>                           | Deductible, then 10%                                       | Deductible, then 30% | Deductible, then 10%                      | Deductible, then 30% | \$300 copay, then deductible              | Deductible, then 20% |
| <b>Hospital Outpatient</b>                          | Deductible, then 10%                                       | Deductible, then 30% | Deductible, then 10%                      | Deductible, then 30% | \$150 copay, then deductible              | Deductible, then 20% |
| <b>Emergency Room</b>                               | Deductible, then 10%                                       |                      | \$150 copay, waived if admitted           |                      | \$125 copay, waived if admitted           |                      |
| <b>High Tech Radiology</b>                          | Deductible, then 10%                                       | Deductible, then 30% | Deductible, then 10%                      | Deductible, then 30% | \$100 copay, then deductible              | Deductible, then 20% |
| <b>Mental Health and Substance Use Treatments</b>   |  |                      |   |                      |   |                      |
| <b>Inpatient</b>                                    | Deductible, then 10%                                       | Deductible, then 30% | Deductible, then 10%                      | You pay 30%          | \$300 copay, then deductible              | You pay 20%          |
| <b>Outpatient</b>                                   | Deductible, then 10%                                       | Deductible, then 30% | \$20 copay                                | You pay 30%          | \$20 copay                                | You pay 20%          |

\*The annual out-of-pocket maximum for an individual within a family is \$8,550.

# 2024 MEDICAL PLAN COMPARISON AND COST SUMMARY (CONT'D)

**KSCEA**

|  | Open Access Plus Health Savings Account        | Open Access Plus 1000/2000     | Open Access Plus 300/600  |
|--|--|--------------------------------|---------------------------|
| <b>Prescription Drug Benefits</b>                              |  |                                |                           |
| <b>Annual Prescription Drug Out-of-Pocket Maximum</b>          |  |                                |                           |
|  | <i>Combined Medical and Prescription Drugs</i> | <i>Prescription Drugs Only</i> |                           |
| <b>Employee Only</b>   | \$4,500      \$9,000                           | \$2,000      \$2,000           | \$2,000      \$2,000      |
| <b>All Other Coverage Levels</b>                               | \$9,000*      \$18,000                         | \$4,000      \$4,000           | \$4,000      \$4,000      |
| <b>Retail (30-day supply)<br/>Tier 1 / Tier 2 / Tier 3</b>     | Deductible, then \$10 / \$40 / \$60 copay**    | \$10 / \$40 / \$60 copay       | \$10 / \$40 / \$60 copay  |
| <b>Mail-Order (90-day supply)<br/>Tier 1 / Tier 2 / Tier 3</b> | Deductible, then \$20 / \$80 / \$120 copay**   | \$20 / \$80 / \$120 copay      | \$20 / \$80 / \$120 copay |

\* The annual out-of-pocket maximum for an individual within a family is \$8,550.


\*\* 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 Employee Only coverage) or the first \$4,500 of expenses (for all other coverage levels) before you begin to pay copays for prescription drugs.

## 2024 Biweekly Payroll Deductions\*

|                                  | Open Access Plus Health Savings Account | Open Access Plus 1000/2000 | Open Access Plus 300/600 |
|----------------------------------|---|----------------------------|--------------------------|
| <b>Employee Only</b>             | \$25.59                                 | \$47.75                    | \$64.18                  |
| <b>Employee + Spouse</b>         | \$90.48                                 | \$143.25                   | \$182.92                 |
| <b>Employee + Child/Children</b> | \$70.38                                 | \$111.42                   | \$142.27                 |
| <b>Family</b>                    | \$152.69                                | \$220.36                   | \$264.75                 |

\* Assumes 100% time and 26 pay periods.

**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.



**NOTICE THE PLAN DIFFERENCES!**

- ✓ Premiums and deductible amounts
- ✓ Open Access Plus 1000/2000 and Open Access Plus 300/600 Plan benefits are paid starting when each family member meets his/her individual deductible; for the Open Access Plus Health Savings Account Plan, the full annual deductible or out-of-pocket maximum must be met before the plan starts paying benefits
- ✓ Prescription drug coverage: deductible required under the Open Access Plus Health Savings Account Plan

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.