

2024 MEDICAL PLAN COMPARISON AND COST SUMMARY

KSCASA, KSCSA & KSCDSA Staff Retirees and LTD Employees

The chart below provides an overview of the medical plans available to KSCASA, KSCSA & KSCDSA retirees and LTD employees. Medical plan options will remain the same for 2024 with applicable rate changes. If you have questions, contact Joye Cushing at 603-862-0930 or joye.cushing@usnh.edu.

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

KSCASA, KSCSA & KSCDSA Staff Retirees and LTD Employees

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

* The Health Savings Account employer contribution for this plan does not apply to retirees or LTD recipients.


** 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 Retiree/LTD 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 Monthly Payroll Deductions***

	Open Access Plus Health Savings Account	Open Access Plus 1000/2000	Open Access Plus 300/600
Employee Only	\$43.57	\$99.15	\$134.43
Employee + Spouse	\$169.32	\$300.68	\$385.89
Employee + Child/Children	\$131.69	\$233.86	\$300.13
Family	\$297.75	\$441.64	\$573.62

*** Assumes the monthly rate is calculated using active employee rates for 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.