The chart below provides an overview of the medical plans available to KSCEA 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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$2,250</td>
<td>$4,500</td>
<td>$1,000</td>
</tr>
<tr>
<td>All Other Coverage Levels</td>
<td>$4,500</td>
<td>$9,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$4,500</td>
<td>$9,000</td>
<td>$3,500</td>
</tr>
<tr>
<td>All Other Coverage Levels</td>
<td>$9,000**</td>
<td>$18,000</td>
<td>$7,000</td>
</tr>
</tbody>
</table>

**Medical Benefits**

<table>
<thead>
<tr>
<th>Feature/Service</th>
<th>Combined Medical and Prescription Drugs</th>
<th>Medical Only</th>
<th>Medical Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No charge</td>
<td>Deductible, then 30%</td>
<td>No charge</td>
</tr>
<tr>
<td>Doctor’s Office Visit</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 30%</td>
<td>PCP: $20 copay</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 10%</td>
</tr>
<tr>
<td>Hospital Outpatient</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 10%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Deductible, then 10%</td>
<td>$150 copay, waived if admitted</td>
<td>$125 copay, waived if admitted</td>
</tr>
<tr>
<td>High Tech Radiology</td>
<td>Deductible, then 10%</td>
<td>Deductible, then 30%</td>
<td>Deductible, then 10%</td>
</tr>
</tbody>
</table>

**Mental Health and Substance Use Treatments**

| Feature/Service                  | In-Network | Out-of-Network | Deductible, then 10% | Deductible, then 30% | You pay 30% | $300 copay, then deductible | You pay 20% |
| Inpatient                        | Deductible, then 10% | Deductible, then 30% | Deductible, then 10% | Deductible, then 30% | 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 Health Savings Account employer contribution for this plan does not apply to retirees or LTD recipients.

** 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 – Retiree & Enhanced Separation Groups

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Prescription Drug Out-of-Pocket Maximum</strong></td>
<td><strong>Combined Medical and Prescription Drugs</strong></td>
<td><strong>Prescription Drugs Only</strong></td>
<td><strong>Prescription Drugs Only</strong></td>
</tr>
<tr>
<td><strong>Employee Only</strong></td>
<td>$4,500</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>All Other Coverage Levels</strong></td>
<td>$9,000*</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td><strong>Retail (30-day supply)</strong></td>
<td>Deductible, then $10 / $40 / $60 copay**</td>
<td>$10 / $40 / $60 copay</td>
<td>$10 / $40 / $60 copay</td>
</tr>
<tr>
<td><strong>Mail-Order (90-day supply)</strong></td>
<td>Deductible, then $20 / $80 / $120 copay**</td>
<td>$20 / $80 / $120 copay</td>
<td>$20 / $80 / $120 copay</td>
</tr>
</tbody>
</table>

* 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 Monthly Contributions***

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$55.45</td>
<td>$103.46</td>
<td>$139.06</td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$196.05</td>
<td>$310.38</td>
<td>$396.32</td>
</tr>
<tr>
<td><strong>Employee + Child/Children</strong></td>
<td>$152.49</td>
<td>$241.41</td>
<td>$308.25</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$330.83</td>
<td>$477.45</td>
<td>$573.62</td>
</tr>
</tbody>
</table>

*** 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.

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**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.

Effective January 1, 2024