

2022 MEDICAL PLAN COMPARISON AND COST SUMMARY

KSCEA Retirees/LTD Employees

Medical plan options will remain the same for 2022. If you do not make a change to your coverage for 2022, you will be automatically enrolled at the same coverage level you have now (i.e., Retiree/LTD Employee Only, Retiree/LTD Employee + Spouse, etc.). If you want to make a change to your coverage for 2022, contact Joye Cushing at 603-862-0930 or joye.cushing@usnh.edu. **If you do not want to make a change to your coverage for 2021, no action is required.** The chart below provides an overview of the medical plans available to KSCEA retirees and LTD employees. Costs shown in the chart are the amounts **you** pay for health care coverage and services, unless otherwise noted.

	Open Access Plus Health Savings Account*		Open Access Plus 500/1000		Open Access Plus 200/400	
Feature/Service	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Retiree/LTD Employee Only	\$1,500	\$3,000	\$500	\$1,000	\$200	\$400
All Other Coverage Levels	\$3,000	\$6,000	\$1,000	\$2,000	\$400	\$800
Annual Out-of-Pocket Maximum						
	<i>Combined Medical and Prescription Drugs</i>		<i>Medical Only</i>		<i>Medical Only</i>	
Retiree/LTD Employee Only	\$3,000	\$6,000	\$3,000	\$6,000	\$1,500	\$1,500
All Other Coverage Levels	\$6,000	\$12,000	\$6,000	\$12,000	\$3,000	\$3,000
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: \$15 copay Specialist: \$30 copay	Deductible, then 30%	PCP: \$10 copay Specialist: \$25 copay	Deductible, then 20%
Hospital Inpatient	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$200 copay, then deductible	Deductible, then 20%
Hospital Outpatient	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$50 copay, then deductible	Deductible, then 20%
Emergency Room	Deductible, then 10%		\$100 copay, waived if admitted		\$75 copay, waived if admitted	
High Tech Radiology	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$50 copay, then deductible	Deductible, then 20%
Mental Health and Substance Abuse Treatments						
Inpatient	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$200 copay, then deductible	Deductible, then 20%
Outpatient	Deductible, then 10%	Deductible, then 30%	\$15 copay	Deductible, then 30%	\$10 copay	Deductible, then 20%

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

2022 MEDICAL PLAN COMPARISON AND COST SUMMARY (CONT'D)

KSCEA Retirees/LTD Employees

	Open Access Plus Health Savings Account*	Open Access Plus 500/1000	Open Access Plus 200/400
Prescription Drug Benefits			
Annual Prescription Drug Out-of-Pocket Maximum			
	Combined Medical and Prescription Drugs	Prescription Drugs Only	
Retiree/LTD Employee Only	\$3,000 \$6,000	\$1,500 \$1,500	\$1,500 \$1,500
All Other Coverage Levels	\$6,000 \$12,000	\$3,000 \$3,000	\$3,000 \$3,000
Retail (30-day supply)			
Tier 1 / Tier 2 / Tier 3	Deductible, then \$5 / \$25 / \$50 copay**	\$5 / \$25 / \$50 copay	\$5 / \$25 / \$40 copay
Mail-Order (90-day supply)			
Tier 1 / Tier 2 / Tier 3	Deductible, then \$10 / \$50 / \$100 copay**	\$10 / \$50 / \$100 copay	\$10 / \$50 / \$80 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 \$1,500 of expenses (if you have Retiree/LTD Employee Only coverage) or the first \$3,000 of expenses (for all other coverage levels) before you begin to pay copays for prescription drugs.

2022 Monthly Contributions***

	Open Access Plus Health Savings Account	Open Access Plus 500/1000	Open Access Plus 200/400
Retiree/LTD Employee Only	\$44.86	\$97.65	\$131.25
Retiree/LTD Employee + Spouse	\$181.68	\$307.60	\$389.82
Retiree/LTD Employee + Child/Children	\$141.31	\$239.25	\$303.19
Family	\$320.75	\$483.38	\$577.51

***Assumes the monthly rate is calculated using active employee rates for 100% time and 26 pay periods.



NOTICE THE PLAN DIFFERENCES!

- ✓ Premiums and deductible amounts
- ✓ Open Access Plus 500/1000 and Open Access Plus 200/400 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.