# 2027 MEDICAL PLAN COMPARISON AND COST SUMMARY

## KSCASA, KSCSA & KSCDSA Staff

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The chart below provides an overview of the medical plans available to KSCASA, KSCSA and KSCDSA staff. See the next page for biweekly payroll deductions for each plan. Detailed summaries for all plans are available in Workday. Costs shown in the chart are the amounts **you** pay for health care coverage and services, unless otherwise noted.

| | USNH Open Access HSA 2250/4500 | | USNH Open Access 1000/2000 | | USNH Open Access 300/600 | |
|---|---|---|---|---|---|---|
| **Feature/Service** | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** |
| **Health Savings Account Employer Contribution** | Employee only: $750<br>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<br>Specialist: $40 copay | Deductible, then 30% | PCP: $20 copay<br>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% |
| **Urgent Care** | Deductible, then 10% | | $30 copay | | $30 copay | |
| **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% | Deductible, then 30% | $300 copay, then deductible | Deductible, then 20% |
| **Outpatient** | Deductible, then 10% | Deductible, then 30% | Deductible, then 10% | You pay 30% | $20 copay | You pay 20% |

# 2027 MEDICAL PLAN COMPARISON AND COST SUMMARY (CONT'D)

## KSCASA, KSCSA & KSCDSA Staff

| | USNH Open Access HSA 2250/4500 | | USNH Open Access 1000/2000 | | USNH Open Access 300/600 | |
|---|---|---|---|---|---|---|
| **Prescription Drug Benefits** | | | | | | |
| **Annual Prescription Drug Out-of-Pocket Maximum** | | | | | | |
| | ***Combined Medical and Prescription Drugs*** | | ***Prescription Drugs Only*** | | ***Prescription Drugs Only*** | |
| **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 | |

** In the Open Access HSA, prescription drugs are subject to the in-network deductible. That means you pay the first $2,250 of combined medical & pharmacy expenses (if you have Employee Only coverage) or the first $4,500 of combined medical & pharmacy expenses (for all other coverage levels) before you begin to pay copays for prescription drugs.*

## 2027 Biweekly Payroll Deductions*

| | USNH Open Access HSA 2250/4500 | USNH Open Access 1000/2000 | USNH Open Access 300/600 |
|---|---|---|---|
| **Employee Only** | $30.89 | $67.25 | $90.38 |
| **Employee + Spouse** | $115.84 | $201.73 | $257.59 |
| **Employee + Child/Children** | $90.10 | $156.90 | $200.34 |
| **Family** | $200.69 | $310.32 | $381.12 |

** Assumes 100% time and 26 pay periods.*

### NOTICE THE PLAN DIFFERENCES!

- ✔ Premiums and deductible amounts
- ✔ USNH Open Access 1000/2000 and USNH Open Access 300/600 Plan benefits are paid starting when each family member meets his/her individual deductible; for the USNH Open Access HSA 2250/4500 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 USNH Open Access HSA 2250/4500 Plan
- ✔ Note: Coinsurance percentage is calculated using the plan's allowable amount for covered services

*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.*