2027 MEDICAL PLAN COMPARISON AND COST SUMMARY

KSCEA

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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 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 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%
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)

KSCEA

	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	$38.62	$70.04	$93.40
Employee + Spouse	$133.21	$208.04	$264.37
Employee + Child/Children	$103.61	$161.80	$205.62
Family	$222.19	$318.08	$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.