2024 MEDICAL PLAN COMPARISON AND COST SUMMARY KSCASA, KSCSA & KSCDSA Staff



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 at MyBenefits.USNH.edu under the Library link. 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 1000/2000		Open Access Plus 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 N	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 Sub	stance 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

	Open Access Plus Health Savings Account		Open Access Plus 1000/2000		Open Access Plus 300/600			
Prescription Drug Benefit	s							
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			

^{*} The annual out-of-pocket maximum for an individual within a family is \$8,550.

2024 Biweekly Payroll Deductions*

	Open Access Plus Health Savings Account	Open Access Plus 1000/2000	Open Access Plus 300/600	
Employee Only	\$20.11	\$45.76	\$62.04	
Employee + Spouse	\$78.15	\$138.78	\$178.10	
Employee + Child/Children	\$60.78	\$107.94	\$138.52	
Family	\$137.42	\$203.83	\$264.75	

^{*} Assumes 100% time and 26 pay periods.



- 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.

^{**} 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.