

# 2025 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](https://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.

Feature/Service	Open Access Plus Health Savings Account		Open Access Plus 1000/2000		Open Access Plus 300/600	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Health Savings Account Employer Contribution</b>	Employee only: \$750 All other coverage levels: \$1,500		N/A	N/A	N/A	N/A
<b>Annual Deductible</b>						
<b>Employee Only</b>	\$2,250	\$4,500	\$1,000	\$2,000	\$300	\$600
<b>All Other Coverage Levels</b>	\$4,500	\$9,000	\$2,000	\$4,000	\$600	\$1,200
<b>Annual Out-of-Pocket Maximum</b>						
	<b>Combined Medical and Prescription Drugs</b>		<b>Medical Only</b>		<b>Medical Only</b>	
<b>Employee Only</b>	\$4,500	\$9,000	\$3,500	\$7,000	\$2,500	\$2,500
<b>All Other Coverage Levels</b>	\$9,000*	\$18,000	\$7,000	\$14,000	\$5,000	\$5,000
<b>Medical Benefits</b>						
<b>Preventive Care</b>	No charge	Deductible, then 30%	No charge	Deductible, then 20%	No charge	Deductible, then 20%
<b>Doctor's Office Visit</b>	Deductible, then 10%	Deductible, then 30%	PCP: \$20 copay Specialist: \$40 copay	Deductible, then 30%	PCP: \$20 copay Specialist: \$35 copay	Deductible, then 20%
<b>Hospital Inpatient</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$300 copay, then deductible	Deductible, then 20%
<b>Hospital Outpatient</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$150 copay, then deductible	Deductible, then 20%
<b>Emergency Room</b>	Deductible, then 10%		\$150 copay, waived if admitted		\$125 copay, waived if admitted	
<b>High Tech Radiology</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$100 copay, then deductible	Deductible, then 20%
<b>Mental Health and Substance Use Treatments</b>						
<b>Inpatient</b>	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	You pay 30%	\$300 copay, then deductible	You pay 20%
<b>Outpatient</b>	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.

# 2025 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
<b>Prescription Drug Benefits</b>			
<b>Annual Prescription Drug Out-of-Pocket Maximum</b>			
	<i>Combined Medical and Prescription Drugs</i>	<i>Prescription Drugs Only</i>	
<b>Employee Only</b>	\$4,500      \$9,000	\$2,000      \$2,000	\$2,000      \$2,000
<b>All Other Coverage Levels</b>	\$9,000*      \$18,000	\$4,000      \$4,000	\$4,000      \$4,000
<b>Retail (30-day supply) Tier 1 / Tier 2 / Tier 3</b>	Deductible, then \$10 / \$40 / \$60 copay**	\$10 / \$40 / \$60 copay	\$10 / \$40 / \$60 copay
<b>Mail-Order (90-day supply) Tier 1 / Tier 2 / Tier 3</b>	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.

\*\* 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.

## 2025 Biweekly Payroll Deductions\*

	Open Access Plus Health Savings Account	Open Access Plus 1000/2000	Open Access Plus 300/600
<b>Employee Only</b>	\$24.90	\$54.20	\$72.85
<b>Employee + Spouse</b>	\$93.37	\$162.60	\$207.63
<b>Employee + Child/Children</b>	\$72.62	\$126.47	\$161.49
<b>Family</b>	\$161.76	\$250.13	\$307.19

\* Assumes 100% time and 26 pay periods.



**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.