

KSC Safety Officers Retirees and LTD Employees

Health Savings Account Employer Contribution	Employee only: \$750 All other coverage levels: \$1,500		N/A	N/A	N/A	N/A
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
	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
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%
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

	Open Access Plus Health Savings Account*		Open Access Plus 1000/2000		Open Access Plus 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	

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

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