

The chart below provides an overview of the medical plans available to KSCEA retirees and LTD employees. Medical plan options will remain the same for 2024 with applicable rate changes. If you have questions, contact Joye Cushing at 603-862-0930 or joye.cushing@usnh.edu.

	* Retiree		LTD Employee		LTD Retiree	
Basic	\$2,250	\$4,500	\$1,000	\$2,000	\$300	\$600
Basic Plus	\$4,500	\$9,000	\$2,000	\$4,000	\$600	\$1,200
	Combined Medical and Prescription		Medical Only		Medical Only	
Basic	\$4,500	\$9,000	\$3,500	\$7,000	\$2,500	\$2,500
Basic Plus	\$9,000**	\$18,000	\$7,000	\$14,000	\$5,000	\$5,000
	No charge	Deductible, then 30%	No charge	Deductible, then 20%	No charge	Deductible, then 20%
Basic	Deductible, then 10%	Deductible, then 30%	PCP: \$20 copay Specialist: \$40 copay	Deductible, then 30%	PCP: \$20 copay Specialist: \$35 copay	Deductible, then 20%
Basic Plus	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$300 copay, then deductible	Deductible, then 20%
Basic Plus	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$150 copay, then deductible	Deductible, then 20%
Basic Plus	Deductible, then 10%		\$150 copay, waived if admitted		\$125 copay, waived if admitted	
Basic Plus	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	Deductible, then 30%	\$100 copay, then deductible	Deductible, then 20%
Basic Plus	Deductible, then 10%	Deductible, then 30%	Deductible, then 10%	You pay 30%	\$300 copay, then deductible	You pay 20%
Basic Plus	Deductible, then 10%	Deductible, then 30%	\$20 copay	You pay 30%	\$20 copay	You pay 20%

* Includes dental and vision coverage.
 ** Includes dental and vision coverage, plus a \$500 deductible for out-of-state care.

	Combined Medical and Prescription Drug		Prescription Drug Only		Prescription Drug Only	
	\$4,500	\$9,000	\$2,000	\$2,000	\$2,000	\$2,000
	\$9,000*	\$18,000	\$4,000	\$4,000	\$4,000	\$4,000
Retail (30-day supply)	Deductible, then \$10 / \$40 / \$60 copay**		\$10 / \$40 / \$60 copay		\$10 / \$40 / \$60 copay	
Mail-Order (90-day supply)	Deductible, then \$20 / \$80 / \$120 copay**		\$20 / \$80 / \$120 copay		\$20 / \$80 / \$120 copay	

* If you have a deductible, you must pay it before we start paying for your covered services. If you do not have a deductible, you may have to pay a copayment for some services.
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