

2024 MEDICAL PLAN COMPARISON AND COST SUMMARY

\$4,500
\$9,000*

The chart below provides a brief overview of the medical plan available through KSCEA. See the webpage for a full description of each plan. Deductible, co-insurance, and out-of-pocket maximums are available at [kscea.com](#).

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kscea.com

2024 MEDICAL PLAN COMPARISON AND COST SUMMARY (CONT'D)

		1000/2000	300/ 00
	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

* Total annual premium: \$8,550.
 ** For OAP, HSA, and other plans, the deductible is \$2,250. For EOP, the deductible is \$4,500.

		1000/2000	300/ 00
	\$25.59	\$47.75	\$64.18
+	\$90.48	\$143.25	\$182.92
+	\$70.38	\$111.42	\$142.27
Total	\$152.69	\$220.36	\$264.75

* Annual premium 100% employee contribution.
 Note: * 216