

Kenyon College

2023-24 Medical/Rx Plan Design Illustration

	Current July 1, 2022 Plans		Premium Plan 7/1/23
	Premium Plan	Basic Plan	
Medical and Rx Benefits			
Network Benefits			
Deductible	\$250 / \$500	\$500 / \$1,000	\$200 / \$400
Coinsurance After Deductible	20 / 80%	30 / 70%	10 / 90%
Out-of-Pocket Maximum	\$1,250 / \$2,500	\$3,500 / \$7,000	\$500 / \$1,000
Office Visit Copay	\$15	\$20	\$10
Teladoc Visit Copay	\$10	\$10	\$0
Urgent Care Center Visits	ded. + coins.	ded. + coins.	\$10 copay
Emergency Room Visits	ded. + coins.	ded. + coins.	\$20 copay
Non-Network Benefits			
Deductible	\$250 / \$500	\$750 / \$1,000	\$250 / \$500
Coinsurance	40%	50%	30%
Out-of-Pocket Maximum	\$2,250 / \$4,500	\$5,500 / \$11,000	\$1,000 / \$2,000
Prescription Drugs			
Retail Copays			
Tier 1	10% (\$10 min.)	10% (\$10 min.)	\$5
Tier 2	20% (\$25 min.)	20% (\$25 min.)	\$15
Tier 3	30% (\$50 min.)	30% (\$50 min.)	\$15
Mail Order Copays	\$20 / \$50/ \$100	\$20 / \$50/ \$100	\$10 / \$30