## **Kenyon College**

Effective July 1, 2020 Medical/Rx Plan Design

|                                    | July 1, 2019                                    |   | July 1, 2020                  |                     |  |
|------------------------------------|---|---|-------------------------------|---------------------|--|
|                                    | Premium Plan                                    | Basic Plan  | Premium Plan                  | Basic Plan          | HSA Plan                                       |
| Medical and Rx Benefits            |   |   |                               |                     |  |
| Network Benefits                   |   |   |                               |                     |  |
| Deductible                         | \$250 / \$500                                   | \$500 / \$1,000   | \$500 / \$1,000               | \$1,000 / \$2,000   | \$4,000 / \$8,000                              |
| Coinsurance                        | 20 / 80%  | 30 / 70%  | 20 / 80%                      | 30 / 70%            | 0 / 100%                                       |
| Out-of-Pocket Maximum              | \$1,250 / \$2,500                               | \$3,500 / \$7,000   | \$2,500 / \$5,000             | \$5,000 / \$10,000  | \$5,000 / \$10,000                             |
| Office Visits (PCP/Spec./NP Spec.) | \$15  | \$20  | \$15 / \$40 / \$80            | \$20 / \$50 / \$100 | ded + 0%                                       |
| Teladoc Visits                     |   |   | \$10                          | \$10                | ded + 0%                                       |
| Urgent Care Center Visits          | ded. + coins.                                   | ded. + coins.   | \$50 copay                    | \$75 copay          | ded + 0%                                       |
| Emergency Room Visits              | ded. + coins.                                   | ded. + coins.   | ded. + coins.                 | ded. + coins.       | ded + 0%                                       |
| Non-Network Benefits               |   |   |                               |                     |  |
| Deductible                         | \$250 / \$500                                   | \$500 / \$1,000   | \$1,500 / \$3,000             | \$3,500 / \$7,000   | \$8,000 / \$16,000                             |
| Out-of-Pocket Maximum              | \$2,250 / \$4,500                               | \$5,500 / \$11,000  | \$6,000 / \$12,000            | \$8,000 / \$16,000  | \$8,000 / \$16,000                             |
| Coinsurance                        | ded + 40%                                       | ded + 50%   | ded + 50%                     | ded + 50%           | ded + 50%                                      |
| Prescription Drugs                 |   | 1   | 1                             |                     |  |
| Retail Copays                      |   |   |                               |                     | * Rx copays apply only after deductible is met |
| Tier 1                             | 10% (\$10 min.)                                 | 10% (\$10 min.)   | 10% (\$10 min.)               | 10% (\$10 min.)     | 10% (\$10 min.)                                |
| Tier 2                             | 20% (\$25 min.)                                 | 20% (\$25 min.)   | 20% (\$25 min.)               | 20% (\$25 min.)     | 20% (\$25 min.)                                |
| Tier 3                             | 30% (\$50 min.)                                 | 30% (\$50 min.)   | 30% (\$50 min.)               | 30% (\$50 min.)     | 30% (\$50 min.)                                |
| Mail Order                         | \$20 / \$50/ \$100                              | \$20 / \$50/ \$100  | \$20 / \$50/ \$100            | \$20 / \$50/ \$100  | \$20 / \$50/ \$100                             |
|                                    |   | 1   | 1                             | ·                   | \$1,000-single,                                |
| HSA funding by the College         |   |   |                               |                     | \$1,500-single+1                               |
|                                    |   |   | 1                             |                     | \$2,000-family                                 |
|                                    | - Implement UMR's <i>Plan Advisor</i> -Standard |   |                               |                     |  |
| Other Changes                      |   | - Add <i>Teladoc</i> for physical, dermatology and mental health services |                               |                     |  |
|                                    |   |   | - Add <i>VSP</i> as a new Vis | ion Plan            |  |