



# 2024 MEDICAL PLAN OVERVIEW

The information below will help you choose the plan that works best for you and your family.

IN-NETWORK BENEFITS	\$1500 PPO OPEN CHOICE NETWORK	\$1500 PPO KC Care Network Plus (Formerly I-35)	\$4000 HDHP OPEN CHOICE NETWORK	\$4000 HDHP KC Care Network Plus (Formerly I-35)
Medical Deductible (Individual / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Coinsurance • Member Pays • Aetna Pays	• 10% • 90%	• 10% • 90%	• 0% • 100%	• 0% • 100%
Out-of-Pocket Maximum <sup>1</sup> (Individual / Family)	\$4,500 / \$9,000	\$4,500 / \$9,000	\$4,000 / \$8,000	\$4,000 / \$8,000
Office Visits	\$40 Copay	\$40 Copay	Deductible, then 100%	Deductible, then 100%
Urgent Care	\$40 Copay	\$40 Copay	Deductible, then 100%	Deductible, then 100%
Preventive Care	No Charge	No Charge	No Charge	No Charge
MRIs, PET, CT, etc.	Deductible, then 10% Coinsurance	Deductible, then 10% Coinsurance	Deductible, then 100%	Deductible, then 100%
Inpatient / Outpatient Hospital Services	Deductible, then 10% Coinsurance	Deductible, then 10% Coinsurance	Deductible, then 100%	Deductible, then 100%
Emergency Room	\$150 Copay, then Deductible, then 10% Coinsurance	\$150 Copay, then Deductible, then 10% Coinsurance	Deductible, then 100%	Deductible, then 100%
Retail Prescription Drugs (Tier 1 / Tier 2 / Tier 3)	\$10 / \$30 / \$50	\$10 / \$30 / \$50	Deductible, then 100%	Deductible, then 100%

<sup>1</sup>Out-of-Pocket Maximum: The amount members pay each year toward covered services before Aetna pays 100% of benefits. This includes the total of deductible, coinsurance, copays, and Rx drugs.

The information listed above is based upon in-network services only. Out-of-network services are paid differently than in-network and vary from plan to plan. The KC Care Network Plus's out-of-network benefits including the deductible and out-of-pocket maximum are much greater than the Open Choice out-of-network benefits.

