

Medical and Prescription Drug

When choosing a medical plan, it is important to understand how each option works, your healthcare utilization, and how it will impact your budget. Take the time to review the plans and determine which plan best meets your needs and provides you the best financial protection in the long run.

We partner with Meritain to administer our self-insured medical plans. You can choose between three medical plans options:

- **Enhanced Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)**
- **ACA Plan with HSA**
- **Point of Service (POS) Plan (formerly referred to as the PPO plan)**

The plans use the same Aetna network and cover in-network preventive care at 100%. **The plans cover the same services and procedures, but vary in the premiums, deductibles, and out-of-pocket maximums.**

Go to [Kelly.Quantum-Health.com](https://www.kelly.quantum-health.com) to find a provider in the Aetna network.

Prescription Drug Coverage

No matter what health plan you enroll in, prescription drug coverage is included. Through the CVS Caremark network, you have access to thousands of independent pharmacies and large retail chains.



If you are enrolled in the **CDHP or ACA plan**, you must **first meet your deductible** before your plan will cover your prescription cost. You pay the full cost of any prescriptions out of pocket until you meet your deductible, and after that you pay just the coinsurance amount. The only exception is if your prescription is on the 100% covered preventive list, in which case you will not have to first meet your deductible.



Those enrolled in the **POS plan** automatically pay the copay associated with the prescription tier when filling prescriptions. You do not have to meet the deductible first.

You can fill a 30-day or less prescription at a retail location or a 90-day supply of maintenance medications either through the mail order program or pick up at a retail location. It's easy to set up mail order:

ONLINE

- Visit [Caremark.com](https://www.caremark.com).
- Register and log in to your Caremark Dashboard.
- Under *Prescriptions*, click *Start Rx Delivery by Mail*.

BY PHONE

- Call Quantum at **1-866-920-1929**.

Enhanced CDHP and ACA Plan Comparison

	ENHANCED CDHP		ACA PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$2,000 Individual/ \$4,000 Family	\$5,000 Individual/ \$10,000 Family	\$8,300 Individual/ \$16,600 Family	\$16,600 Individual/ \$33,200 Family
Out-of-Pocket Maximum (includes deductible, coinsurance, and copays)	\$4,000 Individual/ \$8,000 Family	Not applicable	\$9,200 Individual/ \$18,400 Family	Not applicable
Coinsurance (after deductible is met)	20%	40%	30%	50%
THE AMOUNTS SHOWN BELOW ARE WHAT YOU PAY FOR SERVICES				
Preventive Care	100% covered, no deductible	Not covered	100% covered, no deductible	Not covered
Primary Care Office Visits	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Specialist Office Visits	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Urgent Care	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency Room	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Lab and X-ray	20% after deductible	40% after deductible	30% after deductible	50% after deductible
MRI and Complex Imaging	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Inpatient Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Prescription Drugs—30-day retail supply <ul style="list-style-type: none"> • Generic • Preferred • Non-preferred 	20% after deductible	20% after deductible plus an additional 25% of approved amount for the drug	30% after deductible	30% after deductible plus an additional 25% of approved amount for the drug
Prescription Drugs—Mail order—90-day supply <ul style="list-style-type: none"> • Generic • Preferred • Non-preferred 	20% after deductible	20% after deductible plus an additional 25% of approved amount for the drug	30% after deductible	30% after deductible plus an additional 25% of approved amount for the drug

Health Savings Account (HSA)

If Enrolled in the Enhanced CDHP or ACA Plan

You can set aside pre-tax dollars from your paycheck into an HSA to help pay for your deductible and out-of-pocket medical expenses. The HSA provides you with more control over how you spend your healthcare dollars.

With this savings tool, you can take the money you would have paid for a higher health insurance premium and put it in the HSA to use now or in the future.

Some common eligible expenses may include:

- Deductibles, copays, and coinsurance
- Eligible prescriptions
- Vision care, including LASIK laser eye surgery
- Dental care, including orthodontia

Visit Publication 969 for more details on eligible expenses:

<https://www.irs.gov/publications/p969>.

2025 Kelly HSA Contribution and Limits

If you enroll in the Enhanced CDHP plan, Kelly automatically contributes funds to your HSA on your behalf. The contribution is made on a per pay period basis throughout the year. The IRS updates annual maximum contributions each year.

Coverage Tier	Kelly Contribution	Employee Maximum Contribution	Total IRS Limit
Employee	\$750	\$3,550	\$4,300
Employee + Spouse, Employee + Children, and Family	\$1,500	\$7,050	\$8,550

Age 55 and older, an additional \$1,000 per year for catch-up contributions.



WATCH HOW THE HSA WORKS!

<https://healthequity.com/learn/webinars/harness-hsa>



Point of Service (POS) Plan

POS Plan		
	In-Network	Out-of-Network
Annual Deductible	\$2,000 Individual/\$4,000 Family	\$2,000 Individual/\$4,000 Family
Out-of-Pocket Maximum (includes deductible, coinsurance, and copays)	\$5,000 Individual/\$10,000 Family	No maximum
Coinsurance (after deductible is met)	20%	50%
THE AMOUNTS SHOWN BELOW ARE WHAT YOU PAY FOR SERVICES		
Preventive Care	100% covered, no deductible	50% after deductible
Primary Care Office Visits	\$25 copay	50% after deductible
Specialist Office Visits	\$40 copay	50% after deductible
Urgent Care	\$25 copay	50% after deductible
Emergency Room	Emergency: \$150 copay Non-emergency: \$500 copay	Emergency: \$150 copay Non-emergency: \$500 copay
Lab and X-ray	20% after deductible	50% after deductible
MRI and Complex Imaging	20% after deductible	50% after deductible
Inpatient Services	20% after deductible	50% after deductible
Outpatient Services	20% after deductible	50% after deductible
Generic		\$10 copay / \$20 copay
Preferred		\$50 copay / \$100 copay
Non-preferred		\$100 copay / \$200 copay
Specialty		20% up to \$500 maximum / Not available

Kaiser Medical Plans—CALIFORNIA EMPLOYEES ONLY

The Kaiser HMO Plans are only available to eligible employees who live in California. With an HMO, you need to obtain referrals from your primary care physician for specialist care. There is no out-of-network coverage.

These plans also provide prescription coverage that allows you to have prescriptions filled at discounted rates through retail or mail order pharmacies. Under the retail program, you can get up to a 30-day supply. With the mail order program, you can receive up to a 90-day supply of medication delivered right to your door.

HMO		
	Kaiser Northern CA	Kaiser Southern CA
Annual Deductible	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family
Out-of-Pocket Maximum (includes deductible, coinsurance, and copays)	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family
THE AMOUNTS SHOWN BELOW ARE WHAT YOU PAY FOR SERVICES		
Preventive Care Services	No charge	No charge
Primary Care Office Visits	\$30 per visit	\$30 per visit
Specialist Office Visits	\$40 per visit	\$40 per visit
Telemedicine	No charge	No charge
Urgent Care	\$20 per visit	\$20 per visit
Emergency Room	20% coinsurance after deductible	20% coinsurance after deductible
Diagnostic Test (X-ray and bloodwork)	\$10 per encounter	\$10 per encounter
Imaging (CT/PET scans, MRIs)	20% coinsurance after deductible	20% coinsurance after deductible
Inpatient Hospital Facility Fee	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Surgery Facility Fee	20% coinsurance after deductible	20% coinsurance after deductible
Prescription Drugs: 30-day supply/Mail Order 90-day supply		
Generic	\$10 / \$20	\$10 / \$20
Preferred	\$30 / \$60	\$30 / \$60
Non-preferred	\$30 / \$60	\$30 / \$60
Specialty	20% coinsurance after deductible up to \$250 / Not available	20% coinsurance after deductible up to \$250 / Not available

*Quantum Health is not available for Kaiser participants.