

PLAN OPTION COMPARISON

ABC Company offers you three different medical plans to choose from. What should you consider when selecting a medical plan?

- **You and your family's current and anticipated medical usage**
 - Types of services you typically use or will use
 - Frequency of the services you will use
- **Financial considerations – your share of the cost**
 - Your annual employee premium plus;
 - Your out-of-pockets costs—deductibles, copayments and co-insurance both in and out-of-network

*Use the following three scenarios as a guide to help you evaluate your out-of-pocket costs when making this important decision. **

EMPLOYEE (SINGLE) PLAN

Mary is single and relatively healthy. Next year, Mary will:

- Have an annual salary of \$75,000 (\$6,250 per month)
- Use only network providers
- Visit her primary care doctor for a routine gynecological exam
- Visit her primary care doctor twice for illnesses
- Visit a specialist twice
- Fill a generic, non-preventive prescription three times at a pharmacy
- Fill a brand (formulary), non-preventive prescription three times at a pharmacy



Service/Cost	Plan A HDHP w/ HSA	Plan B	Plan C
Annual Emp. Premium Contribution	\$96	\$576	\$1,260
Deductible	\$2,500	\$1,000	\$300
Prescription Drug Deductible	N/A	\$50	\$50
Coinsurance (plan pays after deductible)	80%	80%	80%
Out-of-Pocket Maximum	\$3,000	\$2,000	\$900
1-Routine Gynecological Exam (\$500 per exam)	Mary: \$0 Plan: \$500	Mary: \$0 Plan: \$500	Mary: \$0 Plan: \$500
2-Primary Care Office Visits (\$100 each visit)	Mary: \$200 Plan: \$0	Mary: \$200 Plan: \$0	Mary: \$70 Plan: \$130
2-Specialist Office Visits (\$150 each visit)	Mary: \$300 Plan: \$0	Mary: \$300 Plan: \$0	Mary: \$100 Plan: \$200
3-Generic Prescriptions (\$40 each fill)	Mary: \$120 Plan: \$0	Mary: \$60 Plan: \$60	Mary: \$60 Plan: \$60
3-Brand Prescriptions (\$150 each fill)	Mary: \$450 Plan: \$0	Mary: \$75 Plan: \$375	Mary: \$75 Plan: \$375
Mary's Out-Of-Pocket Costs +Ann. Emp. Premium Contribution	\$1,166	\$1,211	\$1,565

* The scenarios in this document are meant to help you determine which plan may be best for you and are merely illustrative in nature.

Please refer to your Summary Plan Description for the details of how benefits are paid under each plan.

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FAMILY PLAN

The Millers

have an infant and are planning for a second child. Next year:

- Mr. Miller will have an annual salary of \$60,000 (\$5,000 per month)
- The Millers will use only network providers
- All three Millers will visit their primary care doctors for one routine physical exam each
- Baby Miller will visit his primary care doctor twice for illness
- Mr. & Mrs. Miller will visit their primary care doctors once each for illness
- Mrs. Miller will visit a specialist four times
- Baby Miller will visit a specialist four times
- Mrs. Miller will visit her ob-gyn for her initial maternity visit
- Baby Miller requires surgery with an inpatient stay of one night and seven generic, non-preventive prescriptions at a pharmacy



Service/Cost	Plan A HDHP w/ HSA	Plan B	Plan C
Annual Emp. Premium Contribution	\$384	\$1,644	\$3,660
Deductible	\$5,000 per family/ \$2,500 per member	\$2,000 per family/ \$1,000 per member	\$600 per family/ \$300 per member
Prescription Drug Deductible	N/A	\$50 per member	\$50 per member
Coinsurance (plan pays after deductible)	80%	80%	80%
Out-of-Pocket Maximum	\$5,000 per family/ \$3,000 per member	\$4,000 per family/ \$2,000 per member	\$1,800 per family/ \$900 per member
3-Routine Physical Exams (\$500 per exam)	Millers: \$0 Plan: \$1,500	Millers: \$0 Plan: \$1,500	Millers: \$0 Plan: \$1,500
4-Primary Care Office Visits (\$100 each visit)	Millers: \$400 Plan: \$0	Millers: \$400 Plan: \$0	Millers: \$140 Plan: \$260
8-Specialist Office Visits (\$150 each visit)	Millers: \$1,200 Plan: \$0	Millers: \$1,200 Plan: \$0	Millers: \$400 Plan: \$800
1-Ob/Gyn Office Visit (\$150)	Millers: \$150 Plan: \$0	Millers: \$150 Plan: \$0	Millers: \$50 Plan: \$100
1 Day-Inpatient Services: Surgical, Hospital Rm, Anesthesia, etc. (\$18,000)	Millers: \$2,200 Plan: \$15,800	Millers: \$1,200 Plan: \$16,800	Millers: \$900 Plan: \$17,100
7-Generic Prescriptions (\$40 each fill)	Millers: \$0 Plan: \$280	Millers: \$110 Plan: \$170	Millers: \$110 Plan: \$170
The Millers' Out-Of-Pocket Costs +Ann. Emp. Premium Contribution	\$4,334	\$4,704	\$5,260

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EMPLOYEE +1 PLAN

Tom & Jean

do not have children. Both Tom and Jean visit their doctors on a regular basis. Next year:

- Tom will have an annual salary of \$85,000 (\$7,083 per month)
- Tom and Jean will use only network providers
- Jean will visit her primary care doctor for a routine gynecological exam
- Tom will visit his primary doctor for a routine physical
- Jean will visit her primary care doctor three more times for illness
- Tom will visit a specialist five times; have outpatient surgery and five physical therapy visits for an injury
- Tom will fill a generic non-preventive prescription one time at a pharmacy



Service/Cost	Plan A HDHP w/ HSA	Plan B	Plan C
Annual Emp. Premium Contribution	\$192	\$1,260	\$2,772
Deductible	\$5,000 per family/ \$2,500 per member	\$2,000 per family/ \$1,000 per member	\$600 per family/ \$300 per member
Prescription Drug Deductible	N/A	\$50 per member	\$50 per member
Coinsurance (plan pays after deductible)	80%	80%	80%
Out-of-Pocket Maximum	\$5,000 per family/ \$3,000 per member	\$4,000 per family/ \$2,000 per member	\$1,800 per family/ \$900 per member
1-Routine Gynecological Exam (\$500 per exam)	Tom & Jean: \$0 Plan: \$500	Tom & Jean: \$0 Plan: \$500	Tom & Jean: \$0 Plan: \$500
1- Routine Physical Exam (\$500 per exam)	Tom & Jean: \$0 Plan: \$500	Tom & Jean: \$0 Plan: \$500	Tom & Jean: \$0 Plan: \$500
3-Primary Care Office Visits (\$100 each visit)	Tom & Jean: \$300 Plan: \$0	Tom & Jean: \$300 Plan: \$0	Tom & Jean: \$105 Plan: \$195
5-Specialist Office Visits (\$150 each visit)	Tom & Jean: \$750 Plan: \$0	Tom & Jean: \$750 Plan: \$0	Tom & Jean: \$250 Plan: \$500
Outpatient Surgery (\$2,000)	Tom & Jean: \$1,800 Plan: \$200	Tom & Jean: \$600 Plan: \$1,400	Tom & Jean: \$640 Plan: \$1,360
5-Physical Therapy Visits (\$80 each visit)	Tom & Jean: \$80 Plan: \$320	Tom & Jean: \$80 Plan: \$320	Tom & Jean: \$80 Plan: \$320
1-Generic Prescription (\$40 each fill)	Tom & Jean: \$8 Plan: \$32	Tom & Jean: \$40 Plan: \$0	Tom & Jean: \$40 Plan: \$0
Tom & Jean's Out-Of-Pocket Costs +Ann. Emp. Premium Contribution	\$3,130	\$3,030	\$3,887

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