

## **Medical Plan Comparison Examples**

The examples below are from the Summary of Benefits and Coverages (SBCs). Please note that there are some inferences made regarding medical care on the below examples. For more details on each plan, including deductibles, out of pocket max, co-insurance and others, please review the SBCs on the Employee Benefits Website (<a href="https://www.columbuslibrary.org/employee-benefits/">https://www.columbuslibrary.org/employee-benefits/</a>).

### About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this <u>plan</u> might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your <u>providers</u> charge, and many other factors. Focus on the <u>cost sharing</u> amounts (<u>deductibles</u>, <u>copayments</u> and <u>coinsurance</u>) and <u>excluded services</u> under the <u>plan</u>. Use this information to compare the portion of costs you might pay under different health <u>plans</u>. Please note these coverage examples are based on self-only coverage.

## Example 1:

PPO		HDHP/HSA		MEC/HSA	
Peg is Having a Baby (9 months of in- <u>network</u> pre-natal care and a hospital delivery)		Peg is Having a Baby (9 months of in- <u>network</u> pre-natal ca hospital delivery)	re and a	Peg is Having a Baby (9 months of in- <u>network</u> pre-natal care and a hospital delivery)	
The plan's overall deductible Specialist copay Hospital (facility) coinsurance Other coinsurance This EXAMPLE event includes services Specialist office visits (pre-natal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood w Specialist visit (anesthesia)		Specialist office visits (pre-natal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work)		■ The plan's overall deductible ■ Specialist coinsurance 25% ■ Hospital (facility) coinsurance 25% ■ Other coinsurance 25%  This EXAMPLE event includes services like: Specialist office visits (pre-natal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)	
Total Example Cost	\$12,700	Total Example Cost	\$12,700	Total Example Cost	\$12,700
n this example, Peg would pay:  Cost Sharing  In this example, Peg would pay:  Cost Sharing			In this example, Peg would pay:  Cost Sharing		
Deductibles	\$750	Deductibles	\$1,750	Deductibles	\$5,000
Copayments	\$0	Copayments	\$0	Copayments	\$0
Coinsurance	\$1,750	Coinsurance	\$2,178	Coinsurance	\$1,000
What isn't covered		What isn't covered	What isn't covered What isn't covered		
Limits or exclusions	\$60	Limits or exclusions	\$60	Limits or exclusions	\$60
The total Peg would pay is	\$2,560	The total Peg would pay is	\$3,988	The total Peg would pay is	\$6,060



# Example 2:

PPO		HDHP/HSA		MEC/HSA	
Mia's Simple Fracture (in- <u>network</u> emergency room visit and follow up care)		Mia's Simple Fracture (in- <u>network</u> emergency room visit and follow up care)		Mia's Simple Fracture (in- <u>network</u> emergency room visit and follow up care)	
■ The <u>plan's</u> overall <u>deductible</u> ■ <u>Specialist</u> <u>copay</u> ■ Hospital (facility) <u>coinsurance</u> ■ Other <u>coinsurance</u>	\$750 \$25 20% 20%	■ The <u>plan's</u> overall <u>deductible</u> ■ <u>Specialist copay</u> ■ Hospital (facility) <u>coinsurance</u> ■ Other <u>coinsurance</u>	\$1,750 \$15 20% 20%	■ The <u>plan's</u> overall <u>deductible</u> ■ <u>Specialist coinsurance</u> ■ Hospital (facility) <u>coinsurance</u> ■ Other <u>coinsurance</u>	\$5.000 25% 25% 25%
This EXAMPLE event includes services like: Emergency room care (including medical supplies) Diagnostic test (x-ray) Durable medical equipment (crutches) Rehabilitation services (physical therapy)		This EXAMPLE event includes services like:  Emergency room care (including medical supplies)  Diagnostic test (x-ray)  Durable medical equipment (crutches)  Rehabilitation services (physical therapy)		This EXAMPLE event includes services like:  Emergency room care (including medical supplies)  Diagnostic test (x-ray)  Durable medical equipment (crutches)  Rehabilitation services (physical therapy)	
Total Example Cost	\$2,800	Total Example Cost	\$2,800	Total Example Cost	\$2,800
In this example, Mia would pay:		In this example, Mia would pay:		In this example, Mia would pay:	
Cost Sharing Deductibles	\$750	Cost Sharing Deductibles	\$1,000	Cost Sharing Deductibles	\$2,800
Copayments	\$300	Copayments	\$200	Copayments	\$2,000
Coinsurance	\$100	Coinsurance	\$0	Coinsurance	\$0
What isn't covered		What isn't covered What isn't covered		Ψ	
Limits or exclusions	\$0	Limits or exclusions	\$0	Limits or exclusions	\$0
The total Mia would pay is	\$1,150	The total Mia would pay is	\$1,200	The total Mia would pay is	\$2,800

## Example 3:

PPO		HDHP/HSA		MEC/HSA	
Managing Joe's type 2 Diabetes (a year of routine in- <u>network</u> care of a well- controlled condition)		Managing Joe's type 2 Dia (a year of routine in- <u>network</u> care of controlled condition)		Managing Joe's type 2 Diabetes (a year of routine in- <u>network</u> care of a well- controlled condition)	
■ The plan's overall deductible ■ Specialist copay ■ Hospital (facility) coinsurance ■ Other coinsurance	\$750 \$25 20% 20%	The plan's overall deductible Specialist copay Hospital (facility) coinsurance Other coinsurance	\$1,750 \$15 20% 20%	The <u>plan's</u> overall <u>deductible</u> <u>Specialist coinsurance</u> Hospital (facility) <u>coinsurance</u> <u>Other coinsurance</u>	
This EXAMPLE event includes services like:  Primary care physician office visits (including disease education)  Diagnostic tests (blood work)  Prescription drugs  Durable medical equipment (glucose meter)		This EXAMPLE event includes services like:  Primary care physician office visits (including disease education)  Diagnostic tests (blood work)  Prescription drugs  Durable medical equipment (glucose meter)		This EXAMPLE event includes services like:  Primary care physician office visits (including disease education)  Diagnostic tests (blood work)  Prescription drugs  Durable medical equipment (glucose meter)	
Total Example Cost	\$5,600	Total Example Cost	\$5,600	Total Example Cost	\$5,600
In this example, Joe would pay:  In this example, Joe would pay:  In this example, Joe would pay:		In this example, Joe would pay:			
Cost Sharing		Cost Sharing		Cost Sharing	
<u>Deductibles</u>	\$150	<u>Deductibles</u>	\$300	Deductibles	\$5,000
<u>Copayments</u>	\$1,000	Copayments	\$70	Copayments	\$0
Coinsurance	\$20	Coinsurance	\$1,100	Coinsurance	\$60
What isn't covered		What isn't covered			
Limits or exclusions	\$0	Limits or exclusions	\$30	Limits or exclusions	\$0
The total Joe would pay is	\$1,170	The total Joe would pay is	\$1,500	The total Joe would pay is	\$5,060



## How does the MEC medical plan works:

## Peg has her Age/Gender Preventive Screenings

(in-network primary care visit)

## Joe has Strep Throat

(in-network convenience care visit)

## Mia has a Leg Fracture

(in-network emergency room visit and follow up care)

#### This EXAMPLE event includes services like:

Primary Care office visits (preventive care) Diagnostic tests (mammogram, lab and blood work) Prescription drugs

#### This EXAMPLE event includes services like:

Convenience Care Clinic (nurse evaluation) Diagnostic tests (strep test)

Prescription drugs

\$0

#### This EXAMPLE event includes services like:

Emergency room care (including medical supplies,

Diagnostic test (x-ray)

Durable medical equipment (crutches)

**Outpatient Surgery** 

Rehabilitation services (physical therapy)

#### In this example. Peg would pay?

The total Peg would pay is

Cost Sharing	
<u>Deductibles</u>	\$0
Copayments	\$0
Coinsurance	\$0

#### In this example, Joe would pay?

Cost Sharing	
<u>Deductibles</u>	\$109
Copayments	\$0
Coinsurance	\$0

The total Joe would pay is	\$109

### In this example, Mia would pay?

Cost Sharing			
<u>Deductibles</u>	\$5,000		
Copayments	\$0		
Coinsurance	\$675		

The total Mia would	pav is	\$5,675
	P J	70,0.0