

WHICH PLAN WORKS FOR ME?

When choosing a medical plan that fits both your healthcare and financial needs, it's always best to look at your total annual expenses, such as your total potential cost for deductible, coinsurance or copays, and the amount of premium you pay. Here is a breakdown of each plan option and their total costs for IN-NETWORK services:

	Plan 2 PPO	Plan 3 PPO	Plan 4 HSA	Plan 5 HSA
What is my deductible?	\$500 Single/\$1,000 Family	\$1,500 Single/\$3,000 Family	\$3,000 Single/\$6,000 Family	\$5,000 Single/\$10,000 Family
What does the plan pay once I reach my deductible?	Plan pays 80% You pay 20% until your maximum out-of-pocket is met.	Plan pays 80% You pay 20% until your maximum out-of-pocket is met.	Plan pays 100%	Plan pays 100%
What is the maximum out-of-pocket for medical services?	\$2,500 Single/\$5,000 Family	\$3,500 Single/\$7,000 Family	Your deductible is also your annual maximum out-of-pocket.	Your deductible is also your annual maximum out-of-pocket.
How much are office visits?	\$20 copay per office visit. Other services apply towards your deductible, then pay at 80% once met.	\$20 copay per office visit. Other services apply towards your deductible, then pay at 80% once deductible is met.	You pay the plan allowed amount per office visit and the cost is applied to your deductible.	You pay the plan allowed amount per office visit and the cost is applied to your deductible.
How much is routine care?	Plan pays 100% for routine care and the deductible is waived.	Plan pays 100% for routine care and the deductible is waived.	Plan pays 100% for routine care and the deductible is waived.	Plan pays 100% for routine care and the deductible is waived.
How much are prescriptions?				
Retail (30 day supply)				
Tier 1	\$100 deductible then... You pay the greater of \$10 or 20%	\$100 deductible then... You pay the greater of \$10 or 20%	Prescriptions are subject to the deductible. Once you reach your deductible (which is your maximum out-of-pocket) the plan pays at 100% for all eligible expenses.	Prescriptions are subject to the deductible. Once you reach your deductible (which is your maximum out-of-pocket) the plan pays at 100% for all eligible expenses.
Tier 2	You pay the greater of \$20 or 40%	You pay the greater of \$20 or 40%		
Tier 3	You pay the greater of \$40 or 60%	You pay the greater of \$40 or 60%		
Tier 4	\$100	\$100		
Mail Order (90 day supply)				
Tier 1	\$20	\$20		
Tier 2	\$40	\$40		
Tier 3	\$60	\$60		
Tier 4	Not available through mail order	Not available through mail order		

	Plan 2 PPO	Plan 3 PPO	Plan 4 HSA	Plan 5 HSA
What is the maximum out-of-pocket for prescriptions? (separate from medical)	\$4,100 Single/\$8,200 Family	\$3,100 Single/\$6,200 Family	Prescriptions covered at 100% once deductible/out-of-pocket is met for eligible expenses.	Prescriptions covered at 100% once deductible/out-of-pocket is met for eligible expenses.
Total estimated costs per year				
Medical maximum	\$2,500 Single/\$5,000 Family	\$3,500 Single/\$7,000 Family	\$3,000 Single/\$6,000 Family	\$5,000 Single/\$10,000 Family
+				
Prescription maximum	\$4,100 Single/\$8,200 Family	\$3,100 Single/\$6,200 Family	Max is same as deductible/OOP	Max is same as deductible/OOP
=				
Total paid for medical and prescriptions per year	\$6,600 Single/\$13,200 Family	\$6,600 Single/\$13,200 Family	\$3,000 Single/\$6,000 Family	\$5,000 Single/\$10,000 Family
What are my annual premiums?	\$10,164 Single/\$25,464 Family	\$7,236 Single/\$18,240 Family	\$6,876 Single/\$17,316 Family	\$5,712 Single/\$14,364 Family
Total paid for premiums, services, & prescriptions	\$16,764 Single/\$38,664 Family	\$13,836 Single/\$31,440 Family	\$9,876 Single/\$23,316 Family	\$10,712 Single/\$24,364 Family
Savings compared to Plan 2		\$2,928 Single/\$7,224 Family	\$6,888 Single/\$15,348 Family	\$6,052 Single/\$14,300 Family
Savings compared to Plan 3			\$3,960 Single/\$8,124 Family	\$3,124 Single/\$7,076 Family
Additional Benefits				
Labs¹	Labs are covered at 100% if using an in-network independent lab (not a hospital lab).	Labs are covered at 100% if using an in-network independent lab (not a hospital lab).	Labs are covered at 100% if using an in-network independent lab (not a hospital lab).	Labs are covered at 100% if using an in-network independent lab (not a hospital lab).
Clinics²	Eligible for Trust-sponsored clinic	Eligible for Trust-sponsored clinic	Eligible for Trust-sponsored clinic	Eligible for Trust-sponsored clinic
Critical Care Coverage³	Not offered	Not offered	\$3,000 per employee and spouse	\$5,000 per employee and spouse
HSA Contributions⁴	Not eligible	Not eligible	Eligible for tax-free HSA	Eligible for tax-free HSA

¹ Plan pays 100% of the Anthem allowed amount for labs that are deemed routine or preventative. Please see flyer on Lab Services for more details.

² All Trust members are eligible to use a Trust-sponsored clinic at no cost. Please refer to your clinic documents for more information on locations and services.

³ Critical Care pays a lump sum benefit upon diagnosis of certain illnesses. Please see the Critical Care flyer for more details.

⁴ There are many advantages to using a Health Savings Account (HSA). Please see the "Understanding Your HSA" flyer for more details.