

The examples show how to figure the cost difference between different plans. The cost of services depends on the provider/facility you use. "Contracted" or "allowed" amounts are determined and agreed upon between the provider/facility and the insurance carrier. The amount contracted or allowed to be charged for a particular service is often less than the actual charge. If you are seeing a network or HMO provider, the contracted or allowed amount will become the new charge, so that you would pay your coinsurance amount based on the lower contracted or allowed fee.

	Scott & White Health Plan In-Network	Member Pays	FirstCare Health Plan In-Network	Member Pays	A&M Care 350 In-Network	Member Pays	A&M Care 1250 In-Network	Member Pays
Ex. 1	A&M System employee, Mary, goes to visit her PCP for an ankle problem. Her PCP orders an Xray and suggests that she see an Orthopedic doctor.							
	\$25 copay for the PCP visit and the X-ray and Mary will need to get a referral to a SWHP Orthopedic Dr.	\$25.00	\$25 copay for the PCP visit and the X-ray and Mary will need to get a referral to a FC Orthopedic Dr.	\$25.00	\$25 copay for the PCP visit and the X-ray and Mary can choose any in-network Orthopedic Dr.	\$25.00	\$25 copay for the PCP visit and the X-ray and Mary can choose any in-network Orthopedic Dr.	\$25.00
Ex. 2	Mary goes to the Orthopedic Dr. and he recommends an MRI of the foot and ankle to determine the problem.							
	Copay for the office visit	\$25.00	Copay for the office visit	\$50.00	Copay for the office visit	\$45.00	Copay for the office visit	\$45.00
	MRI billed amount	\$989.00	MRI billed amount	\$989.00	MRI billed amount	\$989.00	MRI billed amount	\$989.00
	20% of amount billed	\$197.80	Applied to \$250 deductible	\$250.00	Applied to \$350 deductible	\$350.00	Applied to \$1,250 deductible	\$989.00
	Mary pays	\$222.80	Co-payment for MRI	\$100.00	20% of remaining charge (\$639)	\$127.80	Mary pays	\$1,034.00
Ex. 3	Mary needs to have outpatient surgery on her foot and ankle to repair an injury.							
	Surgery billed amount	\$4,700.00	Surgery billed amount	\$4,700.00	Surgery billed amount	\$4,700.00	Surgery billed amount	\$4,700.00
	20% of charge	\$940.00	<u>Mary has now met the deductible:</u>		<u>Mary has now met the deductible:</u>		<u>Mary has met \$989.00 of the deductible:</u>	
	Mary pays	\$940.00	Copay for out patient surgery	\$250.00	20% of charge	\$940.00	Applied to deductible	\$261.00
			Mary pays	\$250.00	Mary pays	\$940.00	30% of remaining charge (\$4,439)	\$1,331.70
							Mary pays	\$1,592.70
Total Cost - Medical Claims	Mary's total out-of-pocket costs associated with medical claims.							
	Mary pays	\$1,187.80	Mary pays	\$675.00	Mary pays	\$1,487.80	Mary pays	\$2,651.70
Total Cost - Premium	When figuring expenses, it is also important to consider your premium (amount you pay for coverage) cost.							
Full Time Employee	Employee Only Coverage - Annual	\$623.04	Employee Only Coverage - Annual	\$110.88	Employee Only Coverage - Annual	\$694.44	Employee Only Coverage - Annual	\$0.00
Full Time Employee	Employee & Spouse Coverage- Annual	\$3,040.80	Employee & Spouse Coverage- Annual	\$5,241.60	Employee & Spouse Coverage- Annual	\$2,878.32	Employee & Spouse Coverage- Annual	\$1,344.48
Full Time Employee	Employee & Child(ren) Coverage - Annual	\$1,801.68	Employee & Child(ren) Coverage - Annual	\$1,184.16	Employee & Child(ren) Coverage - Annual	\$2,059.32	Employee & Child(ren) Coverage - Annual	\$803.88
Full Time Employee	Employee & Family Coverage - Annual	\$3,720.60	Employee & Family Coverage - Annual	\$1,711.32	Employee & Family Coverage - Annual	\$3,970.32	Employee & Family Coverage - Annual	\$2,065.08
Total Annual Cost Claims & Premium	Mary's total expenses, including premium and medical claims for her ankle.							
	Employee Only Coverage	\$1,810.84	Employee Only Coverage	\$785.88	Employee Only Coverage	\$2,182.24	Employee Only Coverage	\$2,651.70
	Employee & Spouse Coverage	\$4,228.60	Employee & Spouse Coverage	\$5,916.60	Employee & Spouse Coverage	\$4,366.12	Employee & Spouse Coverage	\$3,996.18
	Employee & Child(ren) Coverage	\$2,989.48	Employee & Child(ren) Coverage	\$1,859.16	Employee & Child(ren) Coverage	\$3,547.12	Employee & Child(ren) Coverage	\$3,455.58
	Employee & Family Coverage	\$4,908.40	Employee & Family Coverage	\$2,386.32	Employee & Family Coverage	\$5,458.12	Employee & Family Coverage	\$4,716.78

A deductible is the amount of money you must pay toward your health expenses for each family member* each plan year before certain benefits are payable. After you have paid your deductible, future expenses are covered at the coinsurance amount, 80% for the 350 plan and 70% for the 1250 plan (In-network benefit). The plan year runs from September 1 through August 31st.

Your health plan deductible is separate from your deductible for prescription drugs.

*Your maximum annual deductible for all family members is three times the individual deductible.