



UNDERSTANDING YOUR HEALTH INSURANCE

BASIC DEFINITIONS

COINSURANCE:

The percentage of costs of a covered health care service you pay after you have paid your deductible.

COPAYMENT:

A fixed amount you pay for each covered healthcare service, in addition to your deductible, as applicable.

DEDUCTIBLE:

A fixed amount you pay for certain services before the insurer begins to pay for those services. Members pay in full for certain services until reaching the annual maximum deductible amount.

ADVANCED IMAGING:

CT/PET scans, and MRIs

INPATIENT HOSPITAL:

Care that you receive when admitted (acute, medical rehabilitation, and skilled nursing care).

OUTPATIENT HOSPITAL:

Care that you receive without being admitted or for a stay of less than 24 hours.

PRIMARY CARE PHYSICIAN (PCP):

A physician who directly provides or coordinates a range of health care services for a patient.

BREAKDOWN OF SERVICES

Deductible and copay application effective July 1, 2021:

Deductible* Only:

- Ambulance transport
- Diagnostic x-rays and lab tests
- Durable medical equipment and prosthetic devices
- Home health and hospice services

Deductible* and Copay:

- Advanced imaging such as MRI, CT scan, & PET scan**
- Hospital outpatient services and day surgery (except mental health)**
- Inpatient hospital services (except mental health)**
- Emergency room services
- Skilled nursing care

Copay Only:

- Office visits - illness or injury
- Outpatient mental health and substance abuse services
- Outpatient pharmacy
- Specialist visits
- Therapeutic visits such as occupational, speech, & physical therapy
- Telehealth
- Urgent care

*Deductible only needs to be satisfied once per member per year up to the family max of two times.

**Advanced Imaging, Outpatient Hospital, and Inpatient Hospital - maximum of one copayment per category per member per year.



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MEMBER SCENARIO EXAMPLE: SUSAN



Background:

Susan is a married employee who covers a family of four. She elects family coverage.

Scenario:

In 2022, Susan is on a 90-day mail-order maintenance prescription for her migraines. Her family gets preventive care checkups and also sees the doctor four times for sick visits. In addition, they have an MRI, tests, two trips to the ER, and two brand 30-day retail prescriptions to fill during 2022. Here's a comparison of Susan's costs by plan.

SUSAN'S COSTS	ALLWAYS VALUE HMO	BCBS STANDARD HMO	BCBS PPO
Annual Premium (paycheck contributions)	\$4,917	\$5,923	\$11,016
In-Network Benefits	-	-	-
Preventive Care Annual Checkup	\$0	\$0	\$0
One Tier-1 Mail-Order Prescription (4 refills)	\$20 copay * 4 = \$80	\$20 copay * 4 = \$80	\$20 copay * 4 = \$80
One MRI for Susan	\$50 copay	\$100 deductible + \$100 copay = \$200	\$250 deductible + \$100 copay = \$350
Four Regular Office Sick Visits	\$20 copay * 4 = \$80	\$20 copay * 4 = \$80	\$20 copay * 4 = \$80
Three Diagnostic Tests (x-ray; blood work) for Spouse	\$0	\$100 deductible	\$250 deductible
Two ER Visits for Child	\$100 copay * 2 = \$200	\$100 copay * 2 = \$200 (family deductible already met)	\$100 copay * 2 = \$200 (family deductible already met)
Two Tier-2 Retail Prescriptions	\$30 copay * 2 = \$60	\$30 copay * 2 = \$60	\$30 copay * 2 = \$60
Susan's Net Annual Cost	\$5,387	\$6,643	\$12,036

Susan and her spouse have satisfied their individual deductibles (meeting the family deductible) under the BCBS Standard HMO and PPO plans, as a result, all other services for her or any family member are only subject to copays (where applicable) up to the out-of-pocket maximum.

BOTTOM LINE:

Susan saves the most with the AllWays Value HMO.