Medical Plan Scenario #1 Surgery at a Hospital



Employee must have knee surgery to repair torn ligament.

Surgery is performed at a Tier 1 hospital and employee must stay overnight at least one night.

Total cost of the surgery including hospital stay, physician fees, prescription costs, etc. = \$30,000

Amount you will pay out of your paycheck annually	SimplePay		UHC Choice Plus		UHC HDHP		UHC MEC	
	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Annual Premium	\$2,064	\$7,793	\$2,714	\$10,245	\$1,142	\$6,623	\$754	\$1,354
Annual Out-of-Pocket Costs								
Claimant 1 - Employee								
Deductible	N/A	N/A	\$2,500	\$2,500	\$4,000	\$4,000		
Copay Towards Out-of-Pocket Max	\$3,130	\$3,130	\$5,400	\$5,400	\$4,000	\$4,000		
Total /	<u>\$3,130</u>	<u>\$3,130</u>	\$7,900	<u>\$7,900</u>	<u>\$8,000</u>	\$8,000	Not Covered	Not Covered
TOTAL ANNUAL COST	\$5,194	\$10,923	\$10,614	\$18,145	\$9,142	\$14,623	\$754	\$1,354
Do NOT pay when you go to doctor. You will be billed and pay over 12 months with 0 interest	d can	What you will be required to before services can be perf			Total Amount you will pay by plan annually for services		MEC Plan does not cover hospital stays or prescriptions	

Medical Plan Scenario #2 Outpatient Services



- Employee discovers a dark mole on their shoulder needs a biopsy to determine if cancerous.
 Biopsy is performed in the doctor's office.
 Total cost of the biopsy = \$3,200
- In addition, their spouse twisted their ankle playing soccer and needs an MRI to determine if broken. MRI is performed at an imaging center.

 Total cost of the MRI = \$800

Amount you will pay out of	Siı	SimplePay		UHC Choice Plus		UHC HDHP		UHC HDHP	
your paycheck annually	Individua Coverage		Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	
Annual Premium	\$2,064	\$7,793	\$2,714	\$10,245	\$1,142	\$6,623	\$754	\$1,354	
Annual Out-of-Pocket Costs Claimant 1 - Employee									
Deductible	N/A	N/A	\$2,500	\$2,500	\$3,200	\$3,200			
Copay Towards Out-of-Pocket Max	\$1,020	\$1,020	\$700	\$700	N/A	N/A			
Total	\$1,020	\$1,020	\$3,200	\$3,200	\$3,200	\$3,200	Not Covered	Not Covered	
Claimant 2 - Spouse									
Deductible	N/A	\$0	N/A	\$800	N/A	\$800			
Copay Towards Out-of-Pocket Max	N/A	\$315	N/A	\$0	N/A	\$0			
Total	N/A	<u>\$315</u>	N/A	<u>\$800</u>	N/A	<u>\$800</u>	Not Covered	Not Covered	
TOTAL ANNUAL COST	\$3,084	\$9,128	\$5,914	\$14,245	\$4,342	\$10,623	\$754	\$1,354	
Do NOT pay when you go to the doctor. You will be billed and can pay over 12 months with 0% interest		What you will be required to pay before services can be performed		Total Amount you will pay by plan annually for services		ay	MEC Plan does not cover hospital stays or prescriptions		

Medical Plan Scenario #3 Primary Care & Specialist Visits



- Employee visits their Primary Care Physician five (5) times for different reasons including sore throat, upset stomach, diabetes management, etc. The doctor prescribed two (2) non-preferred generic prescriptions to treat the symptoms.
 Total cost of all treatments = \$3,200
- In addition, their child had issues with their ears and need to see an Ear, Nose and Throat (ENT) doctor five (5) times and had one (1) non-preferred generic prescription prescribed to treat the symptoms.

 Total cost of all treatments = \$2,650

Amount you will pay out of your paycheck annually	Sin	SimplePay		UHC Choice Plus		UHC HDHP		UHC HDHP	
	Individual Coverage		Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	
Annual Premium	\$2,064	\$7,793	\$2,714	\$10,245	\$1,142	\$6,623	\$754	\$1,354	
Annual Out-of-Pocket Costs									
Claimant 1 - Employee									
Deductible	N/A	N/A	\$0	\$0	\$3,200	\$3,200	N/A	N/A	
Copay Towards Out-of-Pocket Max	\$190	\$190	\$80	\$80	\$0	\$0	\$100	\$100	
Total	\$190	\$190	\$80	\$80	\$3.200	\$3.200	\$100	\$100	
Claimant 2 - Spouse									
Deductible	N/A	N/A	N/A	\$0	N/A	\$2,650	N/A	N/A	
Copay Towards Out-of-Pocket Max	N/A	\$325	N/A	\$150	N/A	\$0	N/A	N/A	
Total	N/A	<u>\$325</u>	N/A	\$150	N/A	\$2.650	Not Covered	Not Covered	
TOTAL ANNUAL COST	\$2,254	\$8,308	\$2,794	\$10,475	\$4,342	\$12,473	\$854	\$1,454	
Do NOT pay when you go to a doctor. You will be billed and pay over 12 months with 0° interest	d and can What you will be			Total Amount you will pa by plan annually for services		у	MEC Plan does hospital st prescript	tays or	