

NAME: _____

DATE: _____

Health Plan Overview (1/2)

Directions

Use the Health Plan Comparison Sheet to calculate what each out-of-pocket medical expense will be under each insurance plan, Health Choice or Super Health, and record your answers in the chart below. When you begin, your deductible has not been met. (The fees listed next to each item are what the services cost without any health insurance.)

	SERVICE AND COST	COST WITH HEALTH CHOICE	COST WITH SUPER HEALTH
1.	Doctor's office visit for a sore throat and cough (in network) \$95		
2.	Emergency room for stitches (in network) \$115		
DEDUCTIBLE NOW MET			
3.	Appendectomy (in network)		
	▸ Two-night hospital stay \$2,000		
	▸ Surgery \$14,000		
	▸ Prescription (brand) \$185		
4.	Eye exam (in network) \$45		
5.	Urgent care (out of network) \$85		
6.	Prescription (generic) \$85		
7.	Prescription (brand, out of network) \$225		
8.	Annual physical (in network) \$95		
9.	Emergency room for snow board accident (concussion, broken leg, x-rays, etc.) \$6,500		
10.	Urgent care (in network) \$105		

Health Plan Overview (2/2)

Health Plan Comparison Sheet

SERVICE AND COST	HEALTH CHOICE	SUPER HEALTH
Emergency Room	\$25 co-pay	90% of approved amount after deductible 100% of approved amount for accidental injury
Urgent Care	IN NETWORK: \$10 co-pay; 100% for initial exam for accident/medical emergency OUT OF NETWORK: 80% of approved amount after deductible, 100% of approved amount for initial exam for accident/medical emergency	90% of approved amount after deductible
Surgery	IN NETWORK: 100% of approved amount OUT OF NETWORK: 80% of approved amount after deductible	100% of approved amount
Hospital Care	IN NETWORK: 100% of approved amount OUT OF NETWORK: 80% of approved amount after deductible	100% of approved amount plus \$5 per day for private room
Prescriptions	IN NETWORK: Co-pay \$5 generic/\$10 brand OUT OF NETWORK: 75% of approved amount	Co-pay \$5 generic/brand
Physician Office Visit	IN NETWORK: \$5 co-pay; 100% approved amount for initial exam for injury/medical emergency OUT OF NETWORK: 80% of approved amount after deductible; 100% approved amount for initial exam for injury/medical emergency	90% of approved amount after deductible; 100% for accidental injury
Vision	IN NETWORK: \$10 co-pay for one exam per calendar year OUT OF NETWORK: 80% of approved amount after deductible	90% of approved amount after deductible
Deductible	IN NETWORK: None OUT OF NETWORK: \$250 individual per calendar year	\$250 per calendar year
Maximum Out of Pocket	IN NETWORK: None OUT OF NETWORK: 100% after payments reach \$2,500	100% after payments reach \$1,000