

MEDICAL PLAN COST COMPARISON

Still wondering how each plan will pay?

This is a cost comparison between the 3 different plans and what your total out-of-pocket costs might be for the entire year based on example services outlined. This is only an example to help you understand the progression of cost based on the services you may receive throughout the year. There are positive things about each of these plans. The Choice plan allows nationwide coverage with all United Healthcare participating providers and flat copays so you know what to expect as far as cost for each visit. The SAVE plan has the same nationwide coverage option with the lowest premiums. In this plan, your maximum exposure to cost is the lowest and you receive money from Cone Health (“seed money”) and are able to participate in a Health Savings Account. The FOCUS plan is a narrow network plan and you must receive care through Cone Health/THN providers with limited exceptions. This plan has the lowest cost per visit and requires coordination of care through your Primary Care Physician.

Assumptions for the example:

1. Full-time employee with employee only coverage.
2. Employee’s hourly rate of pay is \$25 (this determines the amount of seed money).
3. Employee uses only Cone Health / THN providers.
4. A PCP visit costs \$100 (for this example).
5. A Specialist visit costs \$150 (for this example).
6. The employee’s deductible has already been met when we start the cost accumulator below.

Plan Specifics	Choice Plan	SAVE Plan	Focus Plan	Focus Plan
			Coordinated Care	Uncoordinated Care
Deductible	\$300.00	\$1,500.00	-	\$500.00
HSA Seed Money	-	(\$500.00)	-	-
Annual Wellness Checkup	-	-	-	-
2 Primary Care Visits with THN Providers	\$30.00	\$10.00	-	\$80.00
2 Specialist Visits with THN Providers	\$100.00	\$60.00	\$80.00	\$120.00
Subtotal of cost	\$430.00	\$1,070.00	\$80.00	\$700.00
MRI (\$1,500.00 bill)	\$500.00	\$300.00	\$150.00	\$600.00
Outpatient Surgery (\$8,000 bill)	\$1,800.00	\$1,600.00	\$500.00	\$3,200.00
Subtotal Including Outpatient Hospital Cost	\$2,730.00	\$2,970.00	\$730.00	\$4,500.00
Hospital Admission (\$10,000 bill)	\$2,400.00	\$1,030.00 *Maximum Cost Per Plan Year \$4,000.00	\$750.00	\$3,400.00 *Maximum Cost Per Plan Year \$7,900.00
Physician Charges Inpatient Surgery (\$5,000 bill)	\$1,000.00	-	-	-
Follow-up MRI (\$1,500 bill)	\$500.00	-	\$150.00	-
Cost Including Hospital Admission	\$6,630.00	\$4,000.00	\$1,630.00	\$7,900.00
Annual Coverage Cost of Premiums	\$2,236.00	\$1,378.00	\$1,638.00	\$1,638.00
TOTAL COST INCLUDING PREMIUMS	\$8,866.00	\$5,378.00	\$3,268.00	\$9,538.00

IMPORTANT THINGS TO REMEMBER

Premium Cost (per pay period)	Full-time Rates			Part-time Rates		
	CHOICE	SAVE	FOCUS	CHOICE	SAVE	FOCUS
Employee Only	\$86	\$53	\$63	\$146	\$116	\$126
Employee + Child(ren)	\$150	\$87	\$97	\$210	\$150	\$160
Employee + Spouse	\$187	\$97	\$107	\$246	\$160	\$170
Employee + Family	\$243	\$137	\$147	\$301	\$201	\$211
Employee + Spouse w/Surcharge	\$262	\$172	\$182	\$321	\$235	\$245
Employee + Family w/Surcharge	\$318	\$212	\$222	\$376	\$276	\$286

*Full time is 0.75 to 1.0 FTE – Part time is 0.30 to 0.74 FTE

*Physicians in a profit and loss business model will pay total cost of medical plan.

*New hires and status change will pay additional \$15 per pay period if Health Risk Assessment not completed within 30 days of enrollment.

*Surcharge of \$75 per pay period is required if your covered spouse has access to coverage with another employer and you opt to cover them on Cone Health's medical plan. You do not have to pay the surcharge if your spouse is unemployed, self-employed, retired, on Medicare, or is also a benefit eligible Cone Health employee.

Plan Specifics	Choice Plan	SAVE Plan	Focus Plan **
Deductible	\$300.00 Individual \$600.00 Family	\$1,500.00 Individual \$3,000.00 Family	\$0.00 Coordinated Care \$500.00 Individual Uncoordinated Care \$1,000.00 Family Uncoordinated Care
HSA Seed Money	NO	Based on Hourly Rate of Pay: \$12.00-\$17.50 = \$750.00 \$17.51-\$31.00 = \$500.00 \$31.01 - \$62.50 = \$250.00 <i>Highly compensated employees do not receive seed money</i>	NO
Maximum Out of Pocket	\$7,900.00 Individual \$15,800.00 Family	\$4,000.00 Individual \$8,000.00 Family	Coordinated Care: \$2,500.00 Individual \$5,000.00 Family Uncoordinated Care and Pharmacy: \$7,900.00 Individual \$15,800.00 Family
Network	United Healthcare National Coverage with UHC Participating Providers	United Healthcare National Coverage with UHC Participating Providers	Cone Health CHMG/THN Providers
Referrals Required	NO	NO	YES

FOCUS PLAN

By enrolling in this plan you are agreeing that you understand that this is a Narrow Network health plan and benefits are considered coordinated if the following plan rules are followed:

1. Member selects a CHMG/THN in-network Primary Care Physician (PCP)
2. Member activates coverage
3. Member receives proper referrals from their designated PCP for all services that occur outside of the PCP's office and those services are rendered by CHMG/THN in-network specialists as required.
4. Referrals to CHMG/THN in-network Specialists or other in-network facilities are communicated to Centivo by the PLAN MEMBER prior to those appointments.
5. Member assures providers obtain all preauthorization requirements prior to care being given.
6. If all steps are not followed, the care will be considered uncoordinated.