

Comparison of Plans with Sample Medical Services Salary Level 1 Two Person

Month	Service	Coverage Type	POS A	POS B	POS D
January	PCP	Copay	\$35	\$40	\$45
March	Specialist	Copay	\$50	\$55	\$60
April	PCP	Copay	\$35	\$40	\$45
May	Specialist	Copay	\$50	\$55	\$60
July	PCP	Copay	\$35	\$40	\$45
July	Urgent Care	Copay	\$55	\$60	\$65
November	Specialist	Copay	\$50	\$55	\$60
December	PCP	Copay	\$35	\$40	\$45
Out of Pocket Costs			\$345	\$385	\$425
Annual Payroll Contribution			\$4,781	\$3,615	\$1,097
Grand Total			\$5,126	\$4,000	\$1,522

IMPORTANT NOTE : this example does not take into account prescription drug costs. The prescriptions drug plan desing is the same for POS A and POS B, but is different for POS D.