

Comparison of Plans with Sample Medical Services Salary Level 2 Two Person

Month	Service	Coverage Type	POS A	POS B	POS D
January	Hospital Inpatient (\$20,000)	Deductible	N/A	\$250	\$300
		Coinsurance	N/A	\$1,975	\$1,970
		Copay	\$200	N/A	N/A
March	Specialist	Copay	\$50	\$55	\$60
April	PCP	Copay	\$35	\$40	\$45
July	Urgent Care	Copay	\$55	\$60	\$65
September	Outpatient Surgery (\$10,000)	Coinsurance	N/A	\$100	\$100
		Copay	\$140	N/A	N/A
November	Specialist	Copay	\$50	\$55	\$60
December	PCP	Copay	\$35	\$40	\$45
Out of Pocket Costs			\$565	\$2,575	\$2,645
Annual Payroll Contribution			\$6,492	\$5,039	\$1,585
Grand Total			\$7,057	\$7,614	\$4,230

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.