

### Understand the key terms

Key Terms	
<b>Copay</b>	Set amount the patient pays for a service, regardless of the total cost of the service. <i>Example: you pay a \$40 copay for an office visit, whether you see the doctor for 5 minutes or 30 minutes.</i>
<b>Deductible</b>	Annual amount the patient must pay before the plan begins to pay. <i>Example: you pay the first \$250 for a service before the plan will pay anything.</i>
<b>Coinsurance</b>	Percentage of eligible expenses the patient pays. <i>Example: you pay 10% of the cost for a covered service and the plan pays 90% of the cost for a covered service.</i>
<b>Out of Pocket Maximum (OOP)</b>	Maximum amount the patient will pay in the calendar year for covered services. If the OOP maximum is reached, the plan will pay 100% for covered services for the remainder of the calendar year. <i>Example: if the medical OOP maximum is \$5,050, once you have paid \$5,050 for medical services, the plan will pay 100% of covered medical services for the remainder of the calendar year.</i>

**Consider your total costs** → your payroll contribution plus your estimated out of pocket costs

- It should not be just about the cost you pay out of your paycheck → you need to consider your estimated out of pocket costs too.
- Generally, the higher the premium contribution, the lower the out of pocket cost (will not apply for all services).
- The plan with the *highest premium contribution* may not be the best plan for you → if you rarely go to the doctor and you do not take any medications or take only an inexpensive generic medication, you might not need to pay for the plan with the richest benefits; you might be over-insured.
- The plan with the *lowest premium contribution* may not be the least expensive plan for you overall → you will likely have higher out of pocket costs.
- Use the [Medical Needs and Medical Choices Worksheets](#) to help estimate your total costs.

### Understand the POS plans similarities and the differences

POS Plans Similarities	POS Plans Differences
<ul style="list-style-type: none"> <li>Same doctors and hospitals participate</li> <li>Same services are covered</li> <li>Routine care is covered in full (e.g., annual physical)</li> <li>Copay for telemedicine with MDLIVE is the same</li> <li>Copay at Rochester Regional Health on-campus practice is the same</li> <li>Prescription drug formulary (i.e., tiers and excluded drugs) is the same for POS A, POS B, and POS D</li> <li>POS A and POS B have the same prescription drug coverage</li> <li>POS B, POS B No Drug, and POS D have a deductible and coinsurance for Inpatient Hospitalization, Outpatient Services, and Advanced Imaging</li> </ul>	<ul style="list-style-type: none"> <li>Your payroll contribution amount is different for each plan               <ul style="list-style-type: none"> <li>POS A has the highest contribution and POS D has the lowest (<i>excluding POS B No Drug since it has no Rx coverage</i>)</li> </ul> </li> <li>Generally, the higher your payroll contribution, the less you will pay for services</li> <li>POS A has copays for Inpatient Hospitalization, Outpatient Services, and Advanced Imaging</li> <li>POS D has higher out of pocket prescription drug costs than POS A and POS B</li> <li>POS B No Drug does not cover prescription drugs</li> </ul>