

In-network vs. Out-of-network

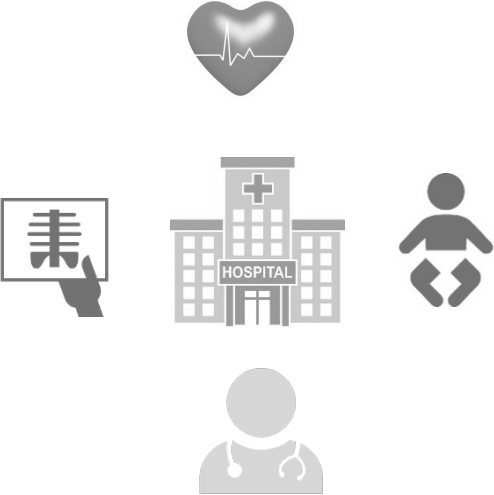
You



In-network



Out-of-network



You can go directly to any medical provider. A referral is not required.

You and WSU pay less for services inside the PPO network.

You and WSU pay more for services outside the PPO network.

What You Pay

Copays

Flat dollar amount paid for services.

- ✓ Primary Care doctor
- ✓ Specialist
- ✓ Urgent Care
- ✓ ER
- ✓ Pharmacy



Deductible

The amount of money you pay before insurance share cost. This applies to services with co-insurance.



Co-insurance

The percentage of cost you pay after you've paid your deductible. This applies to services with co-insurance.



Out-of-pocket Max

The most you have to pay for covered services in a year. After you spend this amount, the plan pay 100% of costs of covered services.

What You Pay: Example

Example: Michelle

PPO Plan 80/20, single coverage

Copays: \$20-\$200

Deductible: \$800

Co-insurance: 20%

Out-of-pocket max: \$4,000



Michelle injured her ankle. She makes an appointment with a specialist. She pays a \$35 copay.



Michelle's doctor recommends surgery. She schedules her out-patient procedure, cost \$10,000. She pays her deductible \$800.



Michelle's out-patient procedure has a 20% co-insurance, after the deductible is met. She pays \$1,440.

Calculation

$\$8,000 - \$800 = \$7,200 * 20\% = \$1,440$



Calculating Michelle's out of pocket costs, she has not met her \$4,000 out-of-pocket max.

Calculation

$\$35 + \$800 + \$1,440 = \$2,275$

A copay is a flat dollar amount paid for certain services.

A deductible is the amount of money you pay before insurance share cost. This applies to certain services

Co-insurance is percentage of cost you pay after you've paid your deductible. This applies to certain services.

The out-of-pocket max is the most you pay for covered services in a year. After you spend this amount, the plan pay 100% of costs of covered services.



Out-of-Pocket Maximum: Examples of reaching the maximums

- For 2019, the Affordable Care Act (ACA) annual **in-network** out-of-pocket maximum for **any individual** on a qualified health plan is \$7,900.
- When more than one individual is covered, cost sharing ends at the \$7,900 individual ACA limit or when the \$8,000 family maximum is obtained, which ever occurs first.
- For illustration purposes, examples of worst case scenarios are demonstrated below.

