Learn with Anthem
Understanding Your Out Pocket Expenses
Key terms

**Deductible**
The amount you pay each year before your plan starts to pay

**Copay**
A flat fee you pay for covered services like doctor visits

**Coinsurance**
Your share of health plan costs (a percentage of total cost) after meeting your deductible

**Out-of-pocket maximum**
The most you have to pay out-of-pocket each year for health care services.

- PPO Plans - Prescription drug copayments do not apply to medical deductibles nor out-of-pocket maximums.
- HDHP - Prescription drug copayments do apply to medical deductibles and out-of-pocket maximums.

**Premium**
The amount you pay to belong to a health plan
Getting started with health insurance
Let's start with how health insurance works in general

- **You pay your deductible.** This is a set amount that you pay before your plan starts paying for covered services. If your plan has **copays** (flat fees like $30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits.

- **After you meet your deductible, you and your plan share the cost of covered services.** You pay a copay or coinsurance (a percentage of the cost) each time you get care. Your insurance covers the rest.

- **You’re protected by your plan’s out-of-pocket limit.** That’s the most you pay for covered health services each year. With some plans, you still have copays even after you reach your out-of-pocket limit.
  
  - Remember Pharmacy copays for the PPO plans **do not** count towards out of pocket maximums

- What about the money for health insurance that gets deducted from your paycheck? That’s your premium. Think of it like a membership fee. It’s separate from what you pay when you get care.
<table>
<thead>
<tr>
<th>Benefits</th>
<th>PPO 90/10</th>
<th>PPO 80/20</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>$125/$250</td>
<td>$250/$500</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>90/10 after deductible</td>
<td>80/20 after deductible</td>
<td>100/0 after deductible</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$750/$1,500</td>
<td>$1,500/$3,000</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>Ded. 90/10</td>
<td>Ded. 80/20</td>
<td>Ded. 100/0</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>Ded. 90/10</td>
<td>Ded. 80/20</td>
<td>Ded. 100/0</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Labs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine Lab-Preventive</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
<td>Covered in full</td>
</tr>
<tr>
<td>Diagnostic Lab</td>
<td>Ded. 90/10</td>
<td>Ded. 80/20</td>
<td>Ded. 100/0</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$200 copay</td>
<td>$200 copay</td>
<td>Ded. 100/0</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>$40 copay</td>
<td>$40 copay</td>
<td>Ded. 100/0</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care/Specialist Visit</td>
<td>$15/$25 copay</td>
<td>$20/$30</td>
<td>Ded. 100/0</td>
</tr>
<tr>
<td>Wellness</td>
<td>Covered in Full</td>
<td>Covered in Full</td>
<td>Covered in full</td>
</tr>
</tbody>
</table>
PPO Plan

How it works:
- You pay a copay for in-network office visits and a percentage of the cost for all other care until you reach the annual coinsurance maximum
- You must meet a deductible before the plan pays its share of coinsurance
- All $ Copayments and % Coinsurance amounts contribute to the Out-of-Pocket Limit except for Prescription Drug and Non-Network Human Organ and Tissue Transplant Services. Once the member and/or family out of pocket is satisfied no additional copayment/coinsurance will be required for the member and or family for the remainder of the benefit period except for the services listed above.

PRO
• Freedom to seek care from any doctor, in- or out-of-network
• You don’t need a referral to see a specialist

CON
• If you seek care from an out-of-network doctor, you’ll pay a greater percentage of costs
• Annual premiums are typically the highest of all of your health plan options
- Deductible applies to Out-of-Pocket Limit.

- All medical and Prescription Drug Coinsurance apply to the Out-of-Pocket Limit except for Non-Network Human Organ and Tissue Transplant Services. Once the member out of pocket is satisfied no additional Coinsurance will be required for the member for the remainder of the benefit period except for the services listed above.

**PRO**

- Funds can be used during the current year or saved for future expenses
- Your HSA contribution is not taxed, as long as you spend your funds on covered services
- You get to keep the money you put in your HSA if you change plans or leave the company

**CON**

- If you visit an out-of-network doctor, you may be asked to pay for services at the time of your visit, and you may have to file a claim
How it works:

Health Savings Account (HSA)
- You can put money into your HSA, pre-tax, in addition to WSU’s contributions to help pay for your covered medical expenses, like office visits, lab work and tests.
- HSA funds are accessed via the plan-provided debit card or online bill pay.
- Unused HSA funds roll over from year to year.

Annual Deductible
- You are responsible for paying an annual deductible before the plan begins to pay a percentage of your covered expenses.
- You can use the money in your HSA to help meet your deductible.

Major Medical Coverage
- Once you’ve reached your annual deductible the plan pays 100 percent of any of your remaining in-network covered expenses for the rest of the year.
## Comparing plans

<table>
<thead>
<tr>
<th>MEDICAL PLANS</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network size</strong></td>
<td>Entire network of providers</td>
<td>Entire network of providers</td>
</tr>
<tr>
<td><strong>Out of network coverage</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Primary care provider</strong></td>
<td>Not required</td>
<td>Not required</td>
</tr>
<tr>
<td><strong>Specialist referrals</strong></td>
<td>Not required</td>
<td>Not required</td>
</tr>
<tr>
<td><strong>Health Savings Account</strong></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Health Care Flexible Spending Account</strong></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Go to urgent care centers instead of emergency rooms
Save with a $40.00 Urgent Care copay versus the $200.00 copay at the ER - Utilize WrightCare (Urgent Care) M-F Noon-7pm. You will be charged your normal office visit.

Use in-network doctors
Save with a lower deductible and coinsurance

Use the “Estimate Your Cost” tool
Find cost ranges for services and quality reviews for doctors

Save money with SpecialOffers
Get discounts on health-related products and services
We’re here when you need us

Get answers and information 24/7 online

**Call Member Services**

HDHP: 888-224-4902
80/20 or 90/10 plan: 800-887-6055
Visit anthem.com
Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI"), which underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare"), which underwrites or administers the HMO policies; and Compcare and BCBSWI collectively, which underwrite or administer the POS policies. Anthem Blue Cross is the trade name of Blue Cross of California. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross and Blue Shield of Georgia, Inc., is an independent licensee of the Blue Cross and Blue Shield Association. Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Independent licensees of the Blue Cross and Blue Shield Association.