

## HSA and PPO Plan Design Comparison - 2021 and 2022

This example shows a claim comparison for an individual in each plan and how the claims would pay in each year so you can see the impact of the coinsurance and lower deductibles.

|              |                   |                            |                   | HSA 2021          | HSA 2022          |                         | PPO 2021          | PPO 2022          |                            |
|--------------|-------------------|----------------------------|-------------------|-------------------|-------------------|-------------------------|-------------------|-------------------|----------------------------|
|              |                   |                            |                   | Amount Due after  | Amount Due after  |                         | Amount Due after  | Amount Due after  |                            |
| Service Date | Claim Type        | Billed                     |                   | Network Discounts | Network Discounts |                         | Network Discounts | Network Discounts |                            |
| 2/7/2021     | Office Visit      | \$235.00                   |                   | \$200.00          | \$200.00          |                         | \$35.00           | \$35.00           |                            |
| 2/26/2021    | Office Visit      | \$13.00                    |                   | \$12.00           | \$12.00           |                         | \$12.00           | \$12.00           |                            |
| 3/5/2021     | Office Visit      | \$26.00                    |                   | \$22.00           | \$22.00           |                         | \$22.00           | \$22.00           |                            |
| 3/11/2021    | Specialist Visit  | \$212.00                   |                   | \$125.27          | \$125.27          |                         | \$70.00           | \$70.00           |                            |
| 3/11/2021    | RX Non-preferred  | \$272.01                   |                   | \$272.01          | \$272.01          |                         | \$100.00          | \$100.00          |                            |
| 3/11/2021    | RX Generic        | \$43.07                    |                   | \$43.07           | \$43.07           |                         | \$10.00           | \$10.00           |                            |
| 3/14/2021    | Office Visit      | \$67.50                    |                   | \$63.50           | \$63.50           |                         | \$35.00           | \$35.00           |                            |
| 4/22/2021    | Office Visit      | \$26.00                    |                   | \$22.00           | \$22.00           |                         | \$22.00           | \$22.00           |                            |
| 5/26/2021    | Ultrasound        | \$604.80                   |                   | \$484.40          | \$484.40          |                         | \$484.40          | \$484.40          |                            |
| 5/26/2021    | Diagnostic X-ray  | \$1,130.12                 |                   | \$727.08          | \$727.08          |                         | \$727.08          | \$727.08          |                            |
| 5/29/2021    | RX Generic        | \$39.00                    |                   | \$39.00           | \$39.00           |                         | \$10.00           | \$10.00           |                            |
| 6/18/2021    | RX Generic        | \$26.00                    |                   | \$26.00           | \$26.00           |                         | \$10.00           | \$10.00           |                            |
|              |                   |                            |                   |                   |                   | \$2800 deductible met   |                   |                   | \$2500 deductible met as   |
| 6/30/2021    | CT Scan           | \$2,740.00                 |                   | \$1,807.50        | \$763.67          | as part of claim        | \$1,807.50        | \$1,288.52        | part of the claim          |
|              |                   |                            |                   |                   |                   | 20% Coinsurance applied |                   |                   | 20% Coinsurance applied to |
|              | CT Scan           | \$0.00                     |                   | \$0.00            | \$208.77          | to remaining balance    | \$0.00            |                   | remaining balance          |
|              |                   |                            | \$4000 deductible |                   |                   |                         |                   |                   |                            |
| 6/30/2021    | Radiologist       | \$278.10                   | met               | \$156.17          | \$31.23           |                         | \$156.17          | \$31.23           |                            |
| 6/30/2021    | Pathology         | \$156.55                   |                   | \$0.00            | \$21.31           |                         | \$106.55          | \$21.31           |                            |
| 7/14/2021    | RX Non-preferred  | \$113.00                   |                   | \$0.00            | \$22.60           |                         | \$100.00          | \$56.50           |                            |
| 9/1/2021     | Well Office Visit | \$126.00                   |                   | \$0.00            | \$0.00            |                         | \$0.00            | \$0.00            |                            |
| 10/14/2021   | Office Visit      | \$26.00                    |                   | \$0.00            | \$4.40            |                         | \$26.00           | \$26.00           |                            |
|              |                   |                            | TOTAL PAID        | \$4,000.00        | \$3,088.31        |                         | \$3,733.70        | \$3,064.84        |                            |
|              |                   | How much di                | d the Employee    | \$4,000.00        | \$2,800.00        | Deductible              | \$3,281.70        | \$2,500.00        |                            |
|              |                   | pay in each pla            | n type for 2021   | \$0.00            | \$288.31          | Coinsurance             | \$0.00            | \$156.34          |                            |
|              |                   |                            | vs 2022?          | \$0.00            | \$0.00            | Copay                   | \$452.00          | \$408.50          |                            |
| Both plan    | s saved the empl  | <mark>oyee more m</mark> o | oney in 2022.     | SAVED             | \$911.69          |                         | SAVED             | \$668.86          |                            |

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've paid your plan's deductible. Your plan pays a certain percentage of the total bill and you pay the remaining percentage.

COPAY: A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays cannot be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

DEDUCTIBLE: The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible expenses until the bill totals \$1,000 for the year. After that, you share the cost with your plan by paying coinsurance.