

Health Insurance Plan Comparison Tool

For a plan comparison summary sheet, please select this link:

<http://www.sbcountyhr.org/pdf/benefits/2004sumchart.pdf>

For a summary of the rates, please see page 6 & 7 after selecting this link:

<http://www.sbcountyhr.org/pdf/benefits/2004announce.pdf>

This workbook has a number of tabs below. Each tab will compare the premiums of two plans and provide a co-pay analysis tool to help you determine which plan is most cost effective for you and your personal medical needs. This workbook will not compare all plans all ways, but will compare a majority of the possible combinations.

At the request of Employee Benefits, this workbook was created by the Auditor's office, and is based on a review of the plan documentation provided by the Human Resources 2004 open enrollment process. Every attempt has been made to ensure the accuracy of information and calculations contained within; however, no guarantee is expressed or implied.

Please review the source plan documentation before finalizing your decision. If you discover any information or calculation errors in this workbook, please report them to Donald Kendig at your earliest convenience, so they can be corrected.

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Tab 1

Dental Plans Rate Summary - and - Cost Comparison (no co-pay analysis tool)

Tab 2

Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg. - to - Blue Cross HMO w \$10 Co-Pay \$250 Hosp. Charg.

Tab 3

Blue Shield HMO w \$10 Co-Pay - to - Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg.

Tab 4

Blue Shield HMO w \$0 Co-Pay - to - Blue Shield HMO w \$10 Co-Pay

Tab 5

Blue Shield PPO - to - Blue Shield Point of Service (POS)

Tab 1

DENTAL PLANS:

No change in plans, just rates.

Golden West Prepaid Dental Plan

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ -	\$ 7.12	\$ 16.52
Old Rates	\$ -	\$ 6.78	\$ 15.75
Increase/(Decrease)	\$ -	\$ 0.34	\$ 0.77

Self Funded Dental Plan

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ 5.85	\$ 22.32	\$ 40.84
Old Rates	\$ 5.97	\$ 22.55	\$ 41.20
Increase/(Decrease)	\$ (0.12)	\$ (0.23)	\$ (0.36)

Cost Comparison of Dental Options *

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
Self Funded Dental Plan	\$ 5.85	\$ 22.32	\$ 40.84
Golden West Prepaid Dental Plan	\$ -	\$ 7.12	\$ 16.52
PPD Premium Dif.	\$ 5.85	\$ 15.20	\$ 24.32
Annual Premium Dif.	\$ 152.10	\$ 395.20	\$ 632.32

* - In order of highest to lowest premium amounts.

Notes:

Plan costs for domestic partner arrangements are essentially the same, except for Pre-Tax After-Tax considerations.

No co-pay analysis tool has been provided due to the unique costs of the Self Funded Plan. In essence, the additional costs of the self funded plan depends on the dentist and procedures chosen. Individuals wanting to compare the costs would need to perform a detailed analysis of their specific situation.

Tab 2

Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg. - to - Blue Cross HMO w \$10 Co-Pay \$250 Hosp. Charg.

Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg.

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ -	\$ 73.93	\$ 163.30
Old Rates **	N/A	N/A	N/A
Increase/(Decrease)	\$ -	\$ 73.93	\$ 163.30

Blue Cross HMO w \$10 Co-Pay \$250 Hosp. Charg.

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ -	\$ 99.59	\$ 165.31
Old Rates	\$ -	\$ 103.74	\$ 172.20
Increase/(Decrease)	\$ -	\$ (4.15)	\$ (6.89)

Cost Comparison of the two health plan options *

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
Blue Cross HMO w \$10 Co-Pay \$250 Hosp. Charg.	\$ -	\$ 99.59	\$ 165.31
Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg.	\$ -	\$ 73.93	\$ 163.30
PPD Premium Dif.	\$ -	\$ 25.66	\$ 2.01
Annual Premium Dif.	\$ -	\$ 667.16	\$ 52.26

Notes:

* In order of highest to lowest premium amounts.

** New Plan. No premium history.

*** Plan costs for domestic partner arrangements are essentially the same, except for Pre-Tax After-Tax considerations.

Co-Pay Analysis Tool

Step 1: Start with savings of Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg. (Blue Shield)

Step 2: Next, consider projections of health services that decrease Blue Shield savings.

Immunizations (\$10 vs \$0)	No.	-	= Immunization (costs) under Blue Shield
Durable Medical Equip. (up to 2,000 vs 20% up to \$2000)			
Estimated costs:			= Durables savings (costs) under Blue Shield
Chiropractic (\$10 up to 60 visits with Blue Cross list vs n/a)			
Estimated costs:	\$ -	Visits: -	= Chiropractic care savings (costs) under Blue Shield
Acupuncture (\$10 visits with Blue Cross list vs n/a)			
Estimated costs:	\$ -	Visits: -	= Chiropractic care savings (costs) under Blue Shield

Step 3: Next, consider whether you still save money with Blue shield (Is it still positive?)

If still positive, you may stop your analysis. You will save with Blue Shield. If negative, please go to Step 4 and consider projections that would save under Blue Shield.

ANNUAL SAVINGS:		
Emp Only	Emp +1	Family
\$ -	\$ 667	\$ 52
-	-	-
-	-	-
-	-	-
-	-	-
\$ -	\$ 667	\$ 52

Tab 2

Co-Pay Analysis Tool (continued)

Blue Shield savings/(costs) carried forward.

Step 4: Next, consider projections of health services that increase the savings of Blue Shield.

		ANNUAL SAVINGS:		
		Emp Only	Emp +1	Family
		\$ -	\$ 667	\$ 52
Blue Cross extra 20% on Hospital stays				
Estimated hospital stay costs	\$ - = 20% of Hospital stays (add to Blue Shield savings)	-	-	-
Nursing care while in hospital (20% vs \$50 day)				
Estimate costs:	\$ - Days: - = Nursing care savings (costs) under Blue Shield	-	-	-
Estimated number of prescriptions (Rx) filled (only where benefits different)				
Generic by mail	- = Blue Shield savings for mail order	-	-	-
Brand Name by mail	- = Blue Shield savings for mail order	-	-	-
Nonformulary - by mail	-	-	-	-
Nonf cost: \$ - by mail	\$ - = Non List savings (costs) under Blue Shield	-	-	-
Urgent Care Out of State (n/a vs \$50 visit)				
Estimated costs:	\$ - Visits: - = Urgent care savings (costs) under Blue Shield	-	-	-
Specialist Self Referrals (n/a vs \$30 referral)				
Estimated costs:	\$ - Refs: - = Specialist care savings (costs) under Blue Shield	-	-	-
Maternity office visits (\$0 vs \$10): No. -		-	-	-
MH Severe Disorders Inpatient (extra 20% by Blue Cross)				
Estimated inpatient costs	\$ - = Blue Shield savings for MH Severe inpatient	-	-	-
MH Severe Disorders Outpatient (\$35 with 20 max vs \$10)				
Cost of visits >20:	\$ - Visits: - = Blue Shield savings for MH Severe outpatient	-	-	-
MH Non Severe Disorders inpatient (n/a vs \$250 per admit)				
Estimated costs:	\$ - Admits: - = Blue Shield savings for MH non severe inpatient	-	-	-
MH Non Severe Disorders Outpatient (\$35 per visit vs \$25 per visit, both 20 max)				
Visits:	- = Blue Shield savings for MH non severe outpatient	-	-	-
Chemical Dependency Rehab. (n/a vs \$25 with 20 visit max)				
Costs up to 20 v	\$ - Visits: - = Blue Shield Chemical dependency care savings	-	-	-
Detoxification. (\$100 day +20% vs \$250 per admit)				
Estimated costs:	\$ - Days: -	-	-	-
Admits:	- = Detox savings (costs) under Blue Shield	-	-	-
Total Raw Blue Shield savings/(costs)		-	667	52
Total co-pay savings/(costs) (A)		-	-	-
Co-Pay Cap for additional savings or costs (B)		1,500	3,000	4,500
Additional Costs (savings) are the lesser of the absolute of (A) or of (B)		-	-	-
Step 5: Last, consider whether you still save money with Blue Shield (Is it positive?)		\$ -	\$ 667	\$ 52

If positive, you will save with Blue Shield based on your above projected medical needs.

If negative, you will save with Blue Cross based on your above projected medical needs.

Tab 3

Blue Shield HMO w \$10 Co-Pay - to - Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg.

Blue Shield HMO w \$10 Co-Pay

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ 31.03	\$ 146.42	\$ 286.09
Old Rates **	N/A	N/A	N/A
Increase/(Decrease)	\$ 31.03	\$ 146.42	\$ 286.09

Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg.

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ -	\$ 73.93	\$ 163.30
Old Rates	\$ -	\$ 103.74	\$ 172.20
Increase/(Decrease)	\$ -	\$ (29.81)	\$ (8.90)

Cost Comparison of the two health plan options *

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
Blue Shield HMO w \$10 Co-Pay	\$ 31.03	\$ 146.42	\$ 286.09
Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg.	\$ -	\$ 73.93	\$ 163.30
PPD Premium Dif.	\$ 31.03	\$ 72.49	\$ 122.79
Annual Premium Dif.	\$ 807	\$ 1,885	\$ 3,193

Notes:

* In order of highest to lowest premium amounts.

** New Plan. No premium history.

*** Plan costs for domestic partner arrangements are essentially the same, except for Pre-Tax After-Tax considerations.

Co-Pay Analysis Tool

Step 1: Start with savings of Blue Shield HMO w \$10 Co-Pay \$250 Hosp. Charg. (Blue Shield Hosp.)

Step 2: Next, consider projections of health services that increase Blue Shield Hosp. savings.

Maternity office visits (\$0 vs \$10): No. - = Maternity office savings under Blue Shield Hosp.

Sub total of Blue Shield Hosp Savings. Now go to step 3 to see if it is the best value.

ANNUAL SAVINGS:		
Emp Only	Emp +1	Family
\$ 807	\$ 1,885	\$ 3,193
-	-	-
\$ 807	\$ 1,885	\$ 3,193

Tab 3

Co-Pay Analysis Tool (continued)

Blue Shield Hosp. savings carried forward.

Step 3: Next, consider whether you still save money with Blue Shield Hosp. by estimating services.

			ANNUAL SAVINGS:		
			Emp Only	Emp +1	Family
			\$ 807	\$ 1,885	\$ 3,193
Hospital Stays (\$250 vs \$0)	-	= Additional co-payments for hospital stays	-	-	-
Skilled Nursing (\$50 day vs \$0 day, both up to 100 days)					
Number of days:	-	= Additional co-payments for skilled nursing days	-	-	-
Emergency room, no admit (\$50 vs \$35)	-	= Additional co-payments for ER no admit visits	-	-	-
Out of area urgent care	-	= Additional co-payments for Out of area urgent care	-	-	-
Estimated number of prescriptions (Rx) filled (only where benefits different)					
Brand Name	-	by mail - = Blue Shield savings for Brand Name	-	-	-
Nonformulary	-	by mail - = Blue Shield savings for Nonformulary	-	-	-
Vision (Eyewear: n/a vs \$100 for contacts, \$75 frames, & lenses) Note: exam by PCP under Hosp. Plan					
Enter annual contacts expense here:	\$ -	= Blue Shield savings for contacts	-	-	-
Enter Annual glasses expense here:	\$ -	= Blue Shield savings for frames (lenses not calc'd)	-	-	-
Periodic Health evaluation (\$10 vs \$0) No.	-	= Additional co-payments for periodic health evals	-	-	-
Rehabilitation therapy (\$10 vs \$0) No.	-	= Additional co-payments for rehabilitation appts.	-	-	-
Immunizations (\$10 vs \$0) No.	-	= Additional co-payments for immunizations	-	-	-
Chiropractic (\$10 up to 30 visits per year and \$50/yr appliance benefit vs n/a)					
Estimated costs: \$ -	Visits: -	= Chiropractic care costs under Blue Shield Hosp.	-	-	-
Durable Medical Equip. (20% up to \$2000 vs no charge)					
Estimated costs: \$ -		= Durables additional costs under Blue Shield Hosp.	-	-	-
MH Severe Disorders Inpatient (\$250 admit vs no charge)					
Admits: -		= Additional co-payments for MH Severe Inpatient	-	-	-
MH Non Severe Disorders Inpatient (\$250 admit vs no charge)					
Admits: -		= Additional co-payments for MH Non Severe Inpatient	-	-	-
MH Non Severe Disorders Outpatient (\$25 per visit with 20 max vs. \$10 per visit)					
Costs for v > 20 \$ -	Visits: -	= Blue Shield Hosp. costs for MH Non Severe OP	-	-	-
Chemical Dependency Rehab. (\$25 vs \$20 both with 20 visit max)					
Visits: -		= Blue Shield Hosp. Chemical Dependency costs	-	-	-
Detoxification. (\$250 admit vs no charge)					
Admits: -		= Blue Shield Hosp. costs for Detoxification admits	-	-	-
Total Raw Blue Shield Hosp. Savings/(costs)			807	1,885	3,193
Total co-pay savings/(costs) (A)			-	-	-
Co-Pay Cap for additional savings or costs (B)			1,500	3,000	4,500
Additional Costs (savings) are the lesser of the absolute of (A) or of (B)			-	-	-
Step 4: Last, consider whether you still save money with Blue Shield Hosp. (Is it positive?)			\$ 807	\$ 1,885	\$ 3,193

If positive, you will save with Blue Shield Hosp. based on your above projected medical needs.

If negative, you will save with Blue Shield \$10 Co-Pay based on your above projected medical needs.

Tab 4

Blue Shield HMO w \$0 Co-Pay - to - Blue Shield HMO w \$10 Co-Pay

Blue Shield HMO w \$0 Co-Pay

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ 35.54	\$ 154.79	\$ 299.15
Old Rates **	N/A	N/A	N/A
Increase/(Decrease)	\$ 35.54	\$ 154.79	\$ 299.15

Blue Shield HMO w \$10 Co-Pay

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ 31.03	\$ 146.42	\$ 286.09
Old Rates	N/A	N/A	N/A
Increase/(Decrease)	\$ 31.03	\$ 146.42	\$ 286.09

Cost Comparison of the two health plan options *

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
Blue Shield HMO w \$0 Co-Pay	\$ 35.54	\$ 154.79	\$ 299.15
Blue Shield HMO w \$10 Co-Pay	\$ 31.03	\$ 146.42	\$ 286.09
PPD Premium Dif.	\$ 4.51	\$ 8.37	\$ 13.06
Annual Premium Dif.	\$ 117	\$ 218	\$ 340

Notes:

* In order of highest to lowest premium amounts.

** New Plan. No premium history.

*** Plan costs for domestic partner arrangements are essentially the same, except for Pre-Tax After-Tax considerations.

Co-Pay Analysis Tool

Step 1: Start with savings of Blue Shield HMO w \$10 Co-Pay (Blue Shield \$10)

Step 2: Next, consider projections of health services that increase Blue Shield \$10 savings.

MH Non Severe Disorders Outpatient (\$20 per visit with 20 max vs. \$10 per visit)

Costs for v > 20 \$ - Visits: - = Blue Shield \$0 costs for MH Non Severe OP

Sub total of Blue Shield \$10 Savings. Now go to step 3 to see if it is the best value.

ANNUAL SAVINGS:		
Emp Only	Emp +1	Family
\$ 117	\$ 218	\$ 340
-	-	-
\$ 117	\$ 218	\$ 340

Tab 4

Co-Pay Analysis Tool (continued)

Blue Shield \$10 savings carried forward.

Step 3: Next, consider whether you still save money with Blue Shield \$10. by estimating services.

Estimated number of prescriptions (Rx) filled (only where benefits different)

Generic	-	by mail	-	= Blue Shield savings for Brand Name
Brand Name	-	by mail	-	= Blue Shield savings for Brand Name
Nonformulary	-	by mail	-	= Blue Shield savings for Nonformulary

Maternity office visits (\$0 vs \$10): No. - = Additional co-payments for maternity visits

Office Visits, incl. Spec. (\$10 vs \$0) No. - = Additional co-payments for office visits

Home Health V (\$10 vs \$0/100 max) No. - = Additional co-payments home health visits

Immunizations (\$10 vs \$0) No. - = Additional co-payments for immunizations

MH Severe Disorders OP (\$10 vs \$0) - = Additional co-payments for immunizations

Total Raw Blue Shield \$10 Savings/(costs)

Total co-pay savings/(costs) (A)

Co-Pay Cap for additional savings or costs (B)

Additional Costs (savings) are the lesser of the absolute of (A) or of (B)

Step 4: Last, consider whether you still save money with Blue Shield \$10 (Is it positive?)

If positive, you will save with Blue Shield \$10 based on your above projected medical needs.

If negative, you will save with Blue Shield \$0 Co-Pay based on your above projected medical needs.

ANNUAL SAVINGS:		
Emp Only	Emp +1	Family
\$ 117	\$ 218	\$ 340
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
117	218	340
-	-	-
1,500	3,000	4,500
-	-	-
\$ 117	\$ 218	\$ 340

Tab 5

Blue Shield PPO - to - Blue Shield Point of Service (POS)

Blue Shield PPO

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ 12.78	\$ 112.49	\$ 232.93
Old Rates **	N/A	N/A	N/A
Increase/(Decrease)	\$ 12.78	\$ 112.49	\$ 232.93

Blue Shield Point of Service (POS)

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
New Rates	\$ 135.81	\$ 341.26	\$ 589.97
Old Rates **	N/A	N/A	N/A
Increase/(Decrease)	\$ 135.81	\$ 341.26	\$ 589.97

Cost Comparison of the two health plan options *

	EMPLOYEE BIWEEKLY COST:		
	Emp Only	Emp +1	Family
Blue Shield Point of Service (POS)	\$ 135.81	\$ 341.26	\$ 589.97
Blue Shield PPO	\$ 12.78	\$ 112.49	\$ 232.93
PPD Premium Dif.	\$ 123.03	\$ 228.77	\$ 357.04
Annual Premium Dif.	\$ 3,199	\$ 5,948	\$ 9,283

Notes:

* In order of highest to lowest premium amounts.

** New Plan. No premium history.

*** Plan costs for domestic partner arrangements are essentially the same, except for Pre-Tax After-Tax considerations.

Important comparisons that cannot be calculated in the co-pay analysis tool, which follows.

- 1 The POS plan is the most expensive plan offered. It has 3 levels of benefits (traditional HMO, In-Network PPO, and Out-of-Network PPO). It can be viewed as buying two health plans under one umbrella premium (the Blue Shield HMO \$10 co-pay and the Blue Shield PPO). For those that want to have freedom of choice of doctors & still have HMO maintenance, paying more may be well worth it; however, many choose the POS plan just to have a choice in doctors. If you fall in this later category, you may benefit from choosing the PPO plan, which is in essence the In-Network and Out-of-Network PPO portion of the POS plan. To that end, the co-pay analysis that follows will just look at the PPO and the POS In and Out-of-Network services that affect the amount of co-pay variances that could result based on medical services received.
- 2 Lifetime maximums vary between the plans. The POS plan tops out at \$2 million and the PPO plan tops out at \$6 million, which could be construed as a better benefit.
- 3 Co-pay maximums are not as clear cut as with the other plan comparisons on the other tabs, so the worst ones will be used in the analysis. Please review the Medical Plan Comparison Chart provided by Employee Benefits for details.
- 4

Co-Pay Analysis Tool

Step 1: Start with savings of Blue Shield PPO (PPO)

ANNUAL SAVINGS:		
Emp Only	Emp +1	Family
\$ 3,199	\$ 5,948	\$ 9,283

Tab 5

Co-Pay Analysis Tool (Continued)

Step 2: Next, consider projections of In-Network health services that increase/(decrease) PPO savings.

Inpatient (10% vs \$250 admit + 20%)			
Est. costs: \$ - Admits: - = Savings/(costs) from selecting PPO	-	-	-
Outpatient (surgery) (10% + \$25 visit vs \$250 admit + 20%)			
Est. costs: \$ - Admits: - = Savings/(costs) from selecting PPO	-	-	-
Emergency room, no admit (10% + \$35 vs \$100 +20%)			
Est. costs: \$ - Admits: - = Savings/(costs) from selecting PPO	-	-	-
Urgent Care (10% + \$35 vs Applicable co-pay or % with \$100 +20% assumed)			
Est. costs: \$ - Admits: - = Savings/(costs) from selecting PPO	-	-	-
Hosp. Phys. & Nursing (10% vs 20%) Cost: \$ - = Savings/(costs) from selecting PPO	-	-	-
Office vis. + specialists (\$25 vs \$30) No: - = Savings/(costs) from selecting PPO	-	-	-
Periodic Health Evals (\$25 vs \$30) No: - = Savings/(costs) from selecting PPO	-	-	-
Maternity Care (10% vs 20%) Cost: \$ - = Savings/(costs) from selecting PPO	-	-	-
X-ray and lab (10% vs 20%) Cost: \$ - = Savings/(costs) from selecting PPO	-	-	-
Rehabilitation Therapy (\$25 vs 20%)			
Est. costs: \$ - Admits: - = Savings/(costs) from selecting PPO	-	-	-
Immunizations (\$25 vs \$30) No: - = Savings/(costs) from selecting PPO	-	-	-
Home Health Visits (\$25 vs 20%)			
Est. costs: \$ - Admits: - = Savings/(costs) from selecting PPO	-	-	-
Chiropractic (Forced HMO vs \$25 for 12 visits a year)			
Cost of V <12: \$ - Visits: - = Savings/(costs) from selecting PPO	-	-	-
Durable Medical Equip. (50% up to \$2000 vs 20% up to \$2000)			
Estimated costs: \$ - = Savings/(costs) from selecting PPO	-	-	-
MH Severe Disorders Inpatient (not covered vs \$250 Admit + 20%)			
Estimated costs: \$ - Visits: - = PPO savings/(costs)	-	-	-
MH Severe Disorders Outpatient (nc vs \$30)			
Estimated costs: \$ - Visits: - = PPO savings/(costs)	-	-	-
MH Non Severe Disorders inpatient (nc vs \$250 Admit + 20%)			
Estimated costs: \$ - Admits: - = PPO savings/(costs)	-	-	-
MH Non Severe Disorders Outpatient (nc vs 20% per visit, 20 max)			
Costs up to 20 v \$ - = PPO savings/(costs)	-	-	-
Chemical Dependency Rehab. (nc vs 20% per visit, 20 max)			
Costs up to 20 v \$ - = PPO savings/(costs)	-	-	-
Detoxification. (10% vs \$250 per admit + 20%)			
Estimated costs: \$ - Admits: - = PPO savings/(costs)	-	-	-
Estimated number of prescriptions (Rx) filled (only where benefits different)			
Generic - by mail - = Blue Shield savings for Brand Name	-	-	-
Brand Name - by mail - = Blue Shield savings for Brand Name	-	-	-
Nonformulary - by mail - = Blue Shield savings for Nonformulary	-	-	-
Sub total of In-Network Savings/(Cost)	-	-	-

Tab 5

Co-Pay Analysis Tool (Continued)

Step 3: Next, consider projections of Out-of-Network health services that increase/(decrease) PPO savings.

Inpatient (20% vs 40%, with 600 max paid by insurance)			
Est. costs: \$ - Days: - = Cost from selecting PPO	-	-	-
Outpatient (20% vs 40%)			
Est. costs: \$ - = Cost from selecting PPO	-	-	-
Emergency room, no admit (20% vs \$100 +20%)			
Admits: - = Cost from selecting PPO	-	-	-
Urgent Care (20% vs 40%)			
Est. costs: \$ - = Cost from selecting PPO	-	-	-
Skilled Nursing (20% vs 40%, with 250 max paid by insurance)			
Est. costs: \$ - Days: - = Cost from selecting PPO	-	-	-
Hosp. Phys. (20% vs 40%) Cost: \$ - = Cost from selecting PPO	-	-	-
Office + spec (20% vs 40%) Cost: \$ - = Savings/(costs) from selecting PPO	-	-	-
Maternity (20% vs 40%, with 600 max paid by insurance)			
Est. costs: \$ - Days: - = Cost from selecting PPO	-	-	-
X-ray and lab (20% vs 40%) Cost: \$ - = Cost from selecting PPO	-	-	-
Rehabilitation Therapy (20% vs 40%) \$ - = Cost from selecting PPO	-	-	-
Home Health Visits (20% vs 40%) \$ - = Cost from selecting PPO	-	-	-
Durable Medical Equip. (50% up to \$2000 vs 40% up to \$2000)			
Cost: \$ - = Savings from selecting PPO	-	-	-
MH SD Inpatient (nc vs 40%) Cost: \$ - = Savings from selecting PPO	-	-	-
MH SD Outpatient (nc vs 40%) Cost: \$ - = Savings from selecting PPO	-	-	-
MH NSD Inpatient (nc vs 40%) Cost: \$ - = Savings from selecting PPO	-	-	-
MH NSD Outpatient (nc vs 40% per visit, 20 max)			
Costs up to 20 v \$ - = Savings from selecting PPO	-	-	-
Detoxification. (nc vs 40% with \$600 max/day)			
Estimated costs: \$ - Days: - = Savings from selecting PPO	-	-	-
Sub total of Out-of-Network Savings/(Cost)	-	-	-

Tab 5

Co-Pay Analysis Tool (continued)

Step 4: Add everything together

PPO initial saving savings carried forward.

Sub total of In-Network Savings/(Cost)

Sub total of Out-of-Network Savings/(Cost)

Total Raw Blue Shield savings/(costs)

Total co-pay savings/(costs) from In and Out-of-Network subtotals (A)

Co-Pay Cap for additional savings or costs (highest cap from PPO used) (B)

Additional Costs (savings) are the lesser of the absolute of (A) or of (B)

Deductible difference (largest variance considered) = (\$500/1500 vs none & \$250/\$750)

Step 5: Last, consider whether you still save money with the PPO plan (Is it positive?)

If positive, you will save with the PPO plan based on your above projected medical needs.

If negative, you will save with POS plan based on your above projected medical needs.

ANNUAL SAVINGS:		
Emp Only	Emp +1	Family
\$ 3,199	\$ 5,948	\$ 9,283
-	-	-
-	-	-
\$ 3,199	\$ 5,948	\$ 9,283
-	-	-
6,000	18,000	18,000
-	-	-
(250)	(750)	(750)
\$ 2,949	\$ 5,198	\$ 8,533