

2023 PLAN COMPARISON SCENARIOS



SCENARIOS TO HELP YOU COMPARE COSTS
BETWEEN THE THREE MEDICAL PLANS:

POS1000
POS750
HSA1500



HOW TO CHOOSE A PLAN

When choosing a plan, you'll want to look for benefits that fit your specific needs:

- Think about your personal situation. Have your health care needs changed? Do you go to the doctor more often now? Are you taking a special prescription drug?
- Compare all the costs, including your monthly payment, deductible, coinsurance, copay, and out-of-pocket limit.
- Find out if your doctors, hospitals, and health care professionals are covered by the plan.

The following scenarios will help you to see how you can compare costs and choose the right plan for your needs.



HEALTH CARE TERMS

DEDUCTIBLE: A set amount you pay each year for covered services before your plan starts to pay for covered health care costs.

COPAY: A flat fee you pay for covered service, such as doctor visits.

COINSURANCE: Once you've met your deductible, you and your health plan share the cost of covered health care services. The coinsurance is your share of the costs, usually a percent of the cost of care.

OUT-OF-POCKET LIMIT: This is the most you have to pay out of your own pocket each year for covered services. This amount may include your deductible and your percentage of the costs, depending on your plan.

PREMIUM: The monthly payment that you pay for the plan that is deducted from your paycheck.

2023 PLAN COMPARISON SCENARIO #1

Meet Tyrell

- Age 26
- Employee Only Coverage

In 2022, Tyrell had the following medical and pharmacy claims:

- 1 Trip to the Urgent Care
- 2 Trips to the Primary Care Physician
- Takes 1 Affordable Care Act (ACA) Preventive Generic Medication



TYRELL – PLAN COMPARISON RESULTS

City of Norfolk	HSA 1500	POS 1000	POS 750
Annual Employee Premium (w/o Rewards Credit)	\$370 (\$31 x 12 months)	\$815 (\$68 x 12 months)	\$1,778 (\$148 x 12 months)
Employer Contribution towards HSA deductible	-\$500	\$0	\$0
1 – Urgent Care Visit (not at an ER)	\$130	\$50	\$50
2 – Primary Care Office Visits	\$190 (2 @ \$95 cost)	\$60 (2 @ \$30 copay)	\$50 (2 @\$25 copay)
1 – ACA Preventive Generic Medication	\$0	\$0	\$0
Total Annual Cost	\$190	\$925	\$1,878

2023 PLAN COMPARISON SCENARIO #2



Meet Debra

- Age 42
- Employee Only Coverage

In 2022, Debra had the following medical and pharmacy claims:

- 2 Trips to Urgent Care
- 6 Trips to the Primary Care Physician
- 4 Trips to the Specialist Physician
- Takes 6 Brand Name (Tier 2) Medications

DEBRA – PLAN COMPARISON RESULTS

City of Norfolk	HSA 1500	POS 1000	POS 750
Annual Employee Premium (w/o Rewards Credit)	\$370 (\$31 x 12 months)	\$815 (\$68 x 12 months)	\$1,778 (\$148 x 12 months)
Employer Contribution towards HSA deductible	-\$500	\$0	\$0
2 – Urgent Care Visits	\$260 (2 @ \$130 cost)	\$100 (2 @ \$50 copay)	\$100 (2 @ \$50 copay)
6 – Primary Care Office Visits	\$570 (6 @ \$95 cost)	\$180 (6 @ \$30 copay)	\$150 (6 @ \$25 copay)
4 – Specialist Office Visits	\$580 (4 @ \$145 cost)	\$240 (4 @ \$60 copay)	\$200 (4 @ \$50 copay)
6 – Brand Name Medications (tier 2)	\$240 (1 @ \$90 cost to meet \$1,500 deductible) (5 @ \$30 copay)	\$180 (6 @ \$30 copay)	\$180 (6 @ \$30 copay)
Total Annual Cost	\$1,521	\$1,515	\$2,408

2023 PLAN COMPARISON SCENARIO #3

Meet the Lee Family - Family Coverage

In 2022, the family had the following medical and pharmacy claims:

- 1 Trip to the Emergency Room
- 1 Outpatient Knee Surgery
- 10 Trips to the Primary Care Physician
- Takes 3 Brand Name Medications



LEE FAMILY – PLAN COMPARISON RESULTS

City of Norfolk	HSA 1500	POS 1000	POS 750
Annual Employee Premium (w/o Rewards Credit)	\$4,981 (\$415 x 12 months)	\$6,759 (\$563 x 12 months)	\$10,324 (\$860 x 12 months)
Employer Contribution towards HSA deductible	-\$1,000	\$0	\$0
1 – Emergency Room Visit (for dad) (\$3,000 visit)	\$3,000 (\$3,000 family deductible met)	\$1,400 (\$1,000 individual deductible met + 20% coinsurance * \$2,000 remaining)	\$1,088 (\$750 individual deductible met + 15% coinsurance * \$2,250 remaining)
1 – Outpatient Knee Surgery (for mom) (\$10,000 surgery)	\$2,000 (\$10,000 * 20% coinsurance)	\$2,800 (\$1,000 individual deductible met & family deductible met + 20% coinsurance * \$9,000 remaining)	\$2,137 (\$750 individual deductible met & family deductible met + 15% coinsurance * \$9,250 remaining)
10 – Primary Care Office Visits (for mom and kids)	\$190 (10 @ \$95 cost * 20% coinsurance)	\$300 (10 @ 305 copay)	\$250 (10 @ \$25 copay)
3 – Brand Name Medications (tier 3)(for mom)	\$180 (3 @ \$60 copay)	\$180 (3 @ \$60 copay)	\$180 (3 @ \$60 copay)
Total Annual Cost	\$9,351	\$11,439	\$13,979