

# Things to Consider When Choosing a Medical Plan



- Coverage under the plans is similar.** The difference is how you prefer to pay – less up front and more when you get care, or more up front and less when you get care.
- The HSA Plan is a PPO Plan.** The HSA Plan uses the same provider network through Blue Cross of Idaho as the PPO Plan. The HSA Plan also includes a health savings account which allows you to save for healthcare expenses tax-free. State income tax applies in CA and NJ.
- The HSA Plan and PPO Plan allow you to see out-of-network providers.** With these plans you can see any provider but will save the most when you a BCI network provider.
- The EPO Plan does not cover out-of-network services.** Out-of-network services are not covered except in the case of an emergency.

|                                                                     | EPO Network Plan/<br>EPO HP-Network Plan                                                                                                    | HSA Plan (PPO)                                                                                                                 | PPO Plan                                                                                                                                  |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PPO Network</b>                                                  | ---                                                                                                                                         | ✓<br>(same network as PPO Plan)                                                                                                | ✓                                                                                                                                         |
| <b>Providers Covered In-Network and Out-of-Network</b>              | ---<br>(Emergency only out-of-network)                                                                                                      | ✓                                                                                                                              | ✓                                                                                                                                         |
| <b>Works with a tax-advantaged Health Savings Account</b>           | ---                                                                                                                                         | ✓                                                                                                                              | ---                                                                                                                                       |
| <b>Annual Deductible Individual/Family</b>                          | \$1,500/\$4,500<br><b>(Embedded)</b><br><br>Plan shares costs with a family member when that family member meets the individual deductible. | \$2,000/\$4,000<br><b>(Aggregate)</b><br><br>Family deductible must be met before the plan shares costs for any family member. | \$750/\$1,500<br><b>(Embedded)</b><br><br>Plan shares costs with a family member when that family member meets the individual deductible. |
|                                                                     | <b>You Pay In-network</b>                                                                                                                   | <b>You Pay In-network</b>                                                                                                      | <b>You Pay In-network</b>                                                                                                                 |
| <b>Office Visit Copay</b>                                           | PCP: \$20/Specialist: \$40                                                                                                                  | 20%*                                                                                                                           | 20%*                                                                                                                                      |
| <b>Other Services (Coinsurance)</b>                                 | 30%*                                                                                                                                        | 20%*                                                                                                                           | 20%*                                                                                                                                      |
| <b>Additional Preventive Drugs Paid at 100%**</b>                   | ---                                                                                                                                         | ✓                                                                                                                              | ---                                                                                                                                       |
| <b>Paycheck Contributions Associate Only Associate + Dependents</b> | ✓ <b>Lowest</b><br>Higher than HSA Plan                                                                                                     | Higher than EPO Network Plan<br>✓ <b>Lowest</b>                                                                                | <b>Highest Highest</b>                                                                                                                    |

\* After deductible

\*\* Based on a formulary in addition to preventive drugs on essential health drug list