

# Choosing the right medical plan

**Total cost and adequate benefits** are the determining factors when selecting your medical plan — not just the monthly rate or the annual deductible. The right plan will have the proper balance of cost and coverage for your family’s needs.

Choosing the right medical plan can seem like a challenge. But by reviewing last year’s medical expenses and rate costs, you can choose a plan that works for your situation, balancing both cost and coverage. Below you will find a worksheet to guide you through the process.

## Definitions

### Deductible

The up-front, out-of-pocket expense. You must meet your deductible each year before claims will be paid. Office visit copays do not apply toward your deductible. Expenses that apply toward your deductible include hospitalizations, out-patient procedures, screenings, chiropractic and mental health.

**To determine a plan’s deductible**, look on the Compare Your Medical Plan Options chart under “Annual deductibles: individual/family.” The individual deductible must be paid before coinsurance benefits begin. If everyone in the family is covered by the plan and two or more family members meet the deductible, the plan will consider that all family members have met their individual deductible, and each family member will receive coinsurance benefits for the remainder of the year.

### Coinsurance

The percentage of claims your insurance plan covers after you meet your deductible. For example, if your plan’s coinsurance is 80%, your plan will pay 80% of the claim and you will pay the remaining 20%. Remember, your coinsurance amount is based on the *discounted* provider fee that Blue Cross Blue Shield negotiates with the provider. If you use in-network providers, you will always have the benefit of the Blue Cross Blue Shield reduced charge.

**To determine your portion of the coinsurance**, look on the Compare Your Medical Plan Options chart under “Plan pays [after deductible].”

DETERMINING YOUR PORTION OF COINSURANCE	
Plan pays	You pay
70%	30%
80%	20%
90%	10%
Coinsurance	

(Definitions continued on page 4)



*Do well. Do right.™*

# Compare Your Medical Plan Options

Effective January 1, 2009

## MEDICAL BENEFITS

	Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today	Health Legacy 200
Annual deductibles: individual/family	\$5,000 / \$10,000	\$3,000 / \$5,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$500 / \$1,000	\$0 / \$0	\$200 / \$400
Plan pays [after deductible]	70%	70%	80%	80%	80%	80%	90%
Annual out-of-pocket maximums: individual/family [after deductible]	\$7,000 / \$7,000	\$5,000 / \$5,000	\$5,000 / \$5,000	\$4,000 / \$4,000	\$3,000 / \$3,000	\$4,000 / \$4,000	\$2,000 / \$4,000
Primary care / specialist visit	\$25 / \$45	\$25 / \$45	\$25 / \$45	\$25 / \$35	\$25 / \$35	\$20 / \$30	\$20 / \$30
Wellness benefit copay [per preventive care schedule]	\$25 / \$45	\$25 / \$45	\$25 / \$45	\$25 / \$35	\$25 / \$35	\$20 / \$30	\$20 / \$30
Hospital inpatient [including maternity] & outpatient surgery facility [after deductible]	70%	70%	80%	80%	80%	80% after \$100 copay	90%
Emergency room services [deductible does not apply]	70% after \$100 copay	70% after \$100 copay	80% after \$100 copay	80% after \$100 copay	80% after \$100 copay	80% after \$100 copay	90% after \$100 copay
Outpatient services [CT scan; MRI; diagnostic] [after deductible]	70%	70%	80%	80%	80%	80%	90%
Chiropractic services [20 visits annually]	\$45	\$45	\$45	\$35	\$35	\$30	\$30
Mental health / substance abuse	70%	70%	80%	80%	80%	80% after \$100 copay	90%
• Inpatient [30 days per year/80 days lifetime] [after deductible]							
• Outpatient [50 visits per year/150 visits lifetime] [after deductible]	Visits 1-10 70% Visits 11-50 50%	Visits 1-10 70% Visits 11-50 50%	Visits 1-10 80% Visits 11-50 50%	Visits 1-10 80% Visits 11-50 50%	Visits 1-10 80% Visits 11-50 50%	Visits 1-10 80% Visits 11-50 50%	Visits 1-10 90% Visits 11-50 50%
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

## IN-NETWORK

## PRESCRIPTION DRUG BENEFITS

	Health Choice 5000	Health Choice 3000	Health Choice 2000	Health Choice 1000	Health Choice 500	Health Today	Health Legacy 200
30-DAY SUPPLY	Individual deductible / family deductible <sup>1</sup>	\$100 / \$200	\$100 / \$200	\$50 / \$100	\$50 / \$100	NA / NA	NA / NA
	Generic copay	\$15	\$15	\$15	\$15	\$15	\$15
	Preferred drug copay <sup>2</sup>	\$35	\$35	\$35	\$35	\$35	\$35
	Non-preferred drug copay <sup>2</sup>	\$50	\$50	\$50	\$50	\$50	\$50
90-DAY SUPPLY	Individual deductible / family deductible <sup>1</sup>	\$100 / \$200	\$100 / \$200	\$50 / \$100	\$50 / \$100	NA / NA	NA / NA
	Generic copay	\$35	\$35	\$35	\$35	\$35	\$35
	Preferred drug copay <sup>2</sup>	\$90	\$90	\$90	\$90	\$90	\$90
	Non-preferred drug copay <sup>2</sup>	\$125	\$125	\$125	\$125	\$125	\$125

## RETAIL

## HOME DELIVERY\*

<sup>1</sup> The individual and family prescription drug deductible is combined for Retail and Home Delivery.

<sup>2</sup> If a preferred or non-preferred drug is purchased when a generic is available, you must pay the generic copayment and the difference between the drug cost of the preferred/non-preferred drug and the drug cost of its generic equivalent.

\*Specialty drug — Eligible through specialty drug mail order program. \$50 copay for up to a 30-day supply.

## Determining the Total Cost of a Medical Plan

The plan being analyzed:	
Monthly rate: \$ _____	Out-of-pocket maximum: \$ _____
Deductible: \$ _____	Your portion of coinsurance: _____ %
Copay: \$ _____	Out-of-pocket maximum plus deductible: \$ _____

**First, estimate your health care costs for next year:** If you are currently in one of GuideStone's PPO plans, visit [www.highmarkbcbs.com](http://www.highmarkbcbs.com) for a summary of your current health care spending.

Estimated number of office visits \_\_\_\_\_

Multiply by the plan's copay \$ \_\_\_\_\_

**Total cost** for office visits \$ \_\_\_\_\_ (A)

**Next, calculate any coinsurance costs:**

Estimated health care costs (hospitalization, outpatient services, chiropractic, mental health) \$ \_\_\_\_\_ (1)

Deductible of the plan you're considering \$ \_\_\_\_\_ (2)

- If estimated costs are smaller than the deductible, skip (3) and (4). Enter estimated costs from (1) into (B), then move to (C).
- If estimated costs are larger than the deductible, subtract the deductible from your costs (1 minus 2)

\$ \_\_\_\_\_ (3)

Write in your portion of the plan's coinsurance \_\_\_\_\_ % (4)

Multiply the difference by your portion of the plan's coinsurance, then add the deductible (3 x 4 + 2).

Do not enter more than the out-of-pocket maximum plus deductible. \$ \_\_\_\_\_ (B)

**Now enter your estimated cost of prescriptions:**

(Multiply your number of prescriptions by the applicable prescription drug copay amount) \$ \_\_\_\_\_ (C)

**Your Total Cost** to use this plan (A+B+C) \$ \_\_\_\_\_ (D)

**Annual Cost Of Plan**

(Multiply your monthly rate x 12) \$ \_\_\_\_\_ (E)

**Total Estimated Out-Of-Pocket Cost For This Health Plan** (D + E) \$ \_\_\_\_\_

## Definitions (continued)

### Copay

The fixed, up-front dollar amount you pay for certain covered expenses. Office visit copay amounts do not apply toward your deductible or coinsurance, and they do not accumulate toward the out-of-pocket maximum.

**To determine your copay**, look on the Compare Your Medical Plan Options chart under “Primary care / specialist visit.” Your primary care office visit copay will be the first amount, and your specialist office visit copay will be the second amount.

### Out-of-pocket maximum

You pay your portion on the coinsurance to a defined out-of-pocket maximum. Once you have paid claims totaling the plan out-of-pocket maximum, the plan pays 100% for all additional claims for the remainder of the calendar year. Your out-of-pocket maximum does not include office visit or prescription drug copays or your deductible.