

<u>AUHSD PPO PLAN</u>

In-Network Deductible		Out-of-Network Deductible	
Individual	\$350	Individual	\$500
Family	\$1,400	Family	\$2,000
In-Network Out-of-Pocket Max (OOPM)		Out-of-Network Out-of-	Pocket Max (OOPM)
Individual	\$1,600	Individual	\$5,600
Family	\$6,400	Family	\$22,400

Any expenses incurred apply to both the in-network and out-of-network deductible and OOPM.

Example of how a PPO DEDUCTIBLE works

John falls off his roof and is taken to the hospital by ambulance. The ambulance service is subject to his annual deductible. John has not paid anything toward his deductible, so he is responsible for the first \$350 of the \$600 bill. He also is responsible for paying 10% coinsurance of the remaining bill. The AUHSD PPO plan has a 10% coinsurance for any **innetwork** service.

Ambulance Services:	\$600
John's deductible	\$350
Remaining bill	\$250
John pays 10% of remaining bill *	\$25
Health plan pays 90% of remaining bill	\$225
John's total cost	\$375

^{*}John's remaining bill is the adjusted balance. John's insurance company has applied the contracted PPO rate adjustments and sent John an Explanation of Benefits (EOB) showing the contractual breakdown. After receiving and reviewing the EOB, John now knows the remaining bill from the ambulance service is the correct amount and he can pay his bill.

Because John has met his \$350 in-network deductible, he will only pay copayments and the 10% coinsurance (in-network services) or he will pay any remaining out-of-network deductible (\$500) and 40% coinsurance (out-of-network services) for the rest of the year until he reaches his out-of-pocket maximum.

Example of how COINSURANCE works

Sally is hospitalized for an injury. The hospital stay costs \$1,000. The hospital stay is subject to her annual deductible. Sally has already paid her annual deductible of \$350, so she pays 10% coinsurance for the hospital stay and her health plan pays the remaining 90%. Her services are based on **in-network** benefits.

Hospital Stay:	\$1,000
Sally pays 10%	\$100
Health plan pays 90%	\$900

Example of how an individual OUT-OF-POCKET MAXIMUM (OOPM) works

The plan places a cap on the member's cost for each calendar year including the annual deductible, this is called your 'Out-of-Pocket Maximum'. Below is an illustration of how your Out-of-Pocket Maximum works both In-network and Out-of-Network.

INDIVIDUAL In-Network OOPM	
OOPM – claims threshold	\$12,850
Deductible	\$350
Coinsurance Eligible Balance	\$12,500
Employee pays 10% Coinsurance	\$1,250
Total Paid by Employee	\$1,600

INDIVIDUAL Out-of-Network OOPM	
OOPM – claims threshold	\$13,250
Deductible	\$500
Coinsurance Eligible Balance	\$12,750
Employee pays 40% Coinsurance	\$5,100
Total Paid by Employee	\$5,600

When John fell off the roof, he seriously damaged his knee. He will need three surgeries to repair the damage. Each surgery will cost \$5,000 and his coinsurance is 10% <u>because he is using all **in-network** providers</u>. The surgeries are subject to his annual deductible, which he has already met with the ambulance service.

Ambulance Claim:	\$600
John Pays Deductible	\$350
John Pays 10% Coinsurance	\$25
Total YTD Paid by John	\$375

1 st Surgery Claim:	\$5,000
Deductible (satisfied)	\$0
John Pays 10% Coinsurance	\$500
Health Plan Pays 90%	\$4,500
Total YTD Paid by John	\$875

2nd Surgery Claim:	\$5,000
Deductible (satisfied)	\$0
John Pays 10% Coinsurance	\$500
Health Plan Pays 90%	\$4,500
Total YTD Paid by John	\$1,375

3rd Surgery Claim:	\$5,000
Deductible (satisfied)	\$0
John Pays (the remainder of his \$1,250 coinsurance maximum)	
Health Plan Pays 90%	\$4,775
Total YTD Paid by John	\$1,600

John will not have any further out-of-pocket costs <u>as long as he continues to see in-network providers</u>. John will still be responsible for paying for any prescription drugs, out-of-network bills, and non-covered services.

The same methodology applies for out-of-network services; however, the individual out-of-pocket maximum could be up to \$5,600.

- For a list of PPO **in-network** providers go to: www.anthem.com/ca/find-care/
- In the section titled USE MEMBER ID FOR BASIC SEARCH enter the prefix KZU



PPO Medical Plan - Out-of-Pocket Maximum

In-network provider = \$1,600.00 Per Individual / \$6,400.00 Per Family Out-of-network provider = \$5,600.00 Per Individual / \$22,400.00 Per Family

The following example directly correlates the member's choice of utilizing in-network or out-of-network providers and how the maximum out-of-pocket costs are calculated.

Example: At the start of the calendar year, John falls off his roof and needs shoulder surgery in the amount of \$10,000. He elects to have his surgery at an *in-network hospital*. He is responsible to pay the current annual deductible of \$350.00, and he is also responsible for 10% coinsurance (\$965.00) of the remaining bill.

In Network Claim:	\$10,000.00	
John pays 10% + deductible	AUSHD Pays 90%	
\$1,315.00	\$8,685.00	

Later in the year, John needs an additional procedure in the amount of \$15,000.00. He elects to have his treatment at an *out-of-network* hospital. He will be responsible for any remaining deductible and the 40% coinsurance (\$6,000) up to his *out-of-network* out-of-pocket maximum of \$5,600.00: *

Out-of-Network Claim: \$15,000.00

John		John owes the	
previously	Out-of-Network	difference	AUHSD plan pays
paid	Maximum	(deductible + 40%)	balance
\$1,315.00	\$5,600.00	\$4,285.00	\$10,715.00

ALTERNATIVE: If John elects to have his treatment at an *in-network* hospital, he will be responsible for 10% coinsurance (\$1,500.00) up to his in-network out-of-pocket maximum of \$1,600.00:

In-Network Claim: \$15,000.00

John previously paid	In-Network Maximum	John owes the difference	AUHSD plan pays balance
\$1,315.00	\$1,600.00	\$285.00	\$14,715.00

John's maximum out-of-pocket expenses depend on whether he elects an in-network or an out-of-network hospital. Any expenses he pays apply to both the in-network and out-of-network maximum.

^{*}When using out-of-network providers, you may end up paying more than the plan's stated out-of-pocket maximum if your providers charge more that what the plan has determined to be allowable charges. In this illustration, the out-of-network charges assume providers do not charge more than what the plan allows.