

# Understanding Plan Design

**Copays** – services with a copay listed DO NOT engage the deductible or coinsurance under the SuperMed Plus plan. If you are sick and go to the doctor, he examines you and provides you with a prescription – you solely pay copays for these services.

	<b>Medflex</b>	<b>SuperMedPlus</b>
Deductible	Single \$0 Family \$0	Single \$250 Family \$500
Coinsurance	0%	10%
Coinsurance Maximum	NA	Single \$750 Family \$1,500
Maximum Out of Pocket	Single \$500 Family \$1,000	Single \$1,500 Family \$3,000
Primary Care Visit	\$10	\$10
Specialist Visit	\$20	\$20
Urgent Care Visit	\$30	\$30
Emergency Room Visit	\$150	\$150
Prescription Drugs		
Generic	\$10	\$10
Formulary Brand	\$30	\$30
Non-Formulary Brand	\$50	\$50
Specialty	\$100	\$100
Out of Network	Emergencies Only	All services covered with higher financial responsibility and balance billing

The only time you would pay more than the copay is IF the provider orders something like a test, blood work, an x-ray...these services DO engage the deductible and coinsurance.

Under the MedFlex plan design, an individual would solely pay copays until they met the \$500 out of pocket maximum.

Under the SuperMed Plus plan, the deductible and coinsurance would engage IF you were to use a service that did not have a copay, such as inpatient, outpatient, lab work and imaging.

copays

**REMINDER, Non-Emergency Use of ER is NOT Covered under any medical plans**

**Reminder: The ACA's required preventive care list must be covered at 100% within the network**

## Claim Examples

Service and Allowed Charges	MedFlex	SuperMed Plus PPO
Primary Care Office Visit (\$180)	\$10	\$10
Generic Drug (\$25)	\$10	\$10
Routine Physical (\$350)	\$0	\$0
Mammogram (\$450)	\$0	\$0
4 - Diabetic Endocrinologist Visit (\$225 each)	\$80	\$80
4 - A1C Test (\$80 each)	\$0	*\$257
12 - Brand Name Drug (\$250 each)	\$360	\$360
In-Patient Hospitalization – Normal Maternity (\$12,000)	\$0	**\$743
Extensive Lab Work (\$800)	\$0	+\$0
Specialty Drug	++\$40	++\$40
Any other service for the rest of the year	\$0	\$0
<b>Financial Responsibility</b>	<b>\$500</b>	<b>\$1,500</b>

\*This service applies to the deductible of \$250 then 10% coinsurance for a total of \$257

\*\*This service applies to the coinsurance (the deductible was met paying for the A1C) 10% of the charge is higher than the coinsurance maximum so the amount owed is \$743. The member has now met their deductible and coinsurance maximum.

+The \$250 deductible and \$750 coinsurance maximum has been met.

++The maximum out of pocket for both plans has been met.