



Open Enrollment is June 1st

Plan Options:

In-Network	Core	Buy-Up	HSA
Deductible:	\$1,500 Individual \$3,000 Family	\$750 Individual \$1,500 Family	\$1,750 Individual \$3,500 Family
Out of Pocket Max:	\$4,500 Individual \$9,000 Family	\$3,000 Individual \$6,000 Family	\$5,500 Individual \$6,850 Family
Preventive Services:	\$0	\$0	\$0
Office Visit Copay:	\$30	\$30	20%*
Lab & X-Ray:	\$0 Basic 20% Major*	\$0 Basic 20% Major*	20%*
Hospital Inpatient:	20%*	20%*	20%*
Urgent Care:	\$30	\$30	20%*
Alternative Care:	\$30	\$30	20%*
RX:	\$20/\$40/\$60	\$20/\$40/\$60	\$15/\$35/\$60*

*After deductible is met

Employee Weekly Benefit Package Costs (medical, vision and dental)

	Core	Buy-Up	HSA
Employee Only	\$19.43	\$28.91	\$17.62
Employee + Spouse	\$83.09	\$104.24	\$74.10
Employee + Child(ren)	\$65.68	\$83.32	\$56.67
Employee + Family	\$129.17	\$158.56	\$113.12

Which Plan is Right For Me?



With so many options, how do you know what choice is right for you? What will the actual costs of health care be for your family?

Take a look at the examples on the following page for real-life cost comparisons for each plan.

Claim Example - Office Visit

Core	
Deductible/person	\$1,500
Co-insurance	20%
Out-of-Pocket Limit	\$4,500

Incurred Medical Expenses/Year	
Office Visit	\$125
Office Visit + Lab	\$310
Office Visit + X-ray	\$475
Tier 1 RX @ \$20/mo.	\$240
Total Incurred Expenses	\$1,150
Total Amount Applied to Copay	\$330
Total Amount Member Paid	\$330

Buy-Up	
Deductible/person	\$750
Co-insurance	20%
Out-of-Pocket Limit	\$3,000

Incurred Medical Expenses/Year	
Office Visit	\$125
Office Visit + Lab	\$310
Office Visit + X-ray	\$475
Tier 1 RX @ \$20/mo.	\$240
Total Incurred Expenses	\$1,150
Total Amount Applied to Copay	\$330
Total Amount Member Paid	\$330

HSA	
Deductible/person	\$1,750
Co-insurance	20%
Out-of-Pocket Limit	\$5,500
Annual HSA Employer Funds	\$500
Annual Motion HSA Funds*	\$1,095

*Requires Participation in Motion Program

Incurred Medical Expenses/Year	
Office Visit	\$125
Office Visit + Lab	\$310
Office Visit + X-ray	\$475
Tier 1 RX @ \$20/mo.	\$240
Total Incurred Expenses	\$1,150
Total Amount Applied to Deductible	\$1,150
Total Subject to Co-insurance	\$0
HSA Contributions	\$1,595
Total Amount Member Paid	\$0

Claim Example - ER Visit

Core	
Deductible/person	\$1,500
Co-insurance	20%
Out-of-Pocket Limit	\$4,500

Incurred Medical Expenses/Year	
ER Visit	\$1,550
Total Incurred Expenses	\$1,550
Total Amount Applied to Copay	\$0
Total Amount Applied to Deductible	\$1,500
Total Subject to Co-insurance	\$50 x 20%=\$10
Total Amount Member Paid	\$1,510

Buy-Up	
Deductible/person	\$750
Co-insurance	20%
Out-of-Pocket Limit	\$3,000

Incurred Medical Expenses/Year	
ER Visit	\$1,550
Total Incurred Expenses	\$1,550
Total Amount Applied to Copay	\$0
Total Amount Applied to Deductible	\$750
Total Subject to Co-insurance	\$800 x 20%=\$160
Total Amount Member Paid	\$910

HSA	
Deductible/person	\$1,750
Co-insurance	20%
Out-of-Pocket Limit	\$5,500
Annual HSA Employer Funds	\$500
Annual Motion HSA Funds*	\$1,095

*Requires Participation in Motion Program

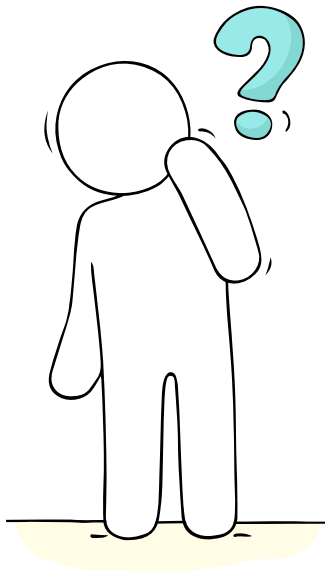
Incurred Medical Expenses/Year	
ER Visit	\$1,550
Total Incurred Expenses	\$1,550
Total Amount Applied to Deductible	\$1,550
Total Subject to Co-insurance	\$0
HSA Contributions	\$1,595
Total Amount Member Paid	\$0

Questions? We're here to help!

Contact Monica in Human Resources for more information.

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