

# Employee Cost Sharing in Northwestern Virginia

(in addition to the employee's share of the insurance premium)

Product Type	Office Co-pay (In-Network/Non-Network) <sup>1</sup>	Rx Co-pay <sup>2</sup>	Deductible per person (unless noted)		Coinsurance (after deductible is met)		Out-of-Pocket Maximum <sup>4</sup> (In-Network/Non-Network)
			In-Network	Non-Network	In-Network	Non-Network	
<b>MAMSI Optimum Choice PPO</b>	\$20/40%	\$10/\$30/\$50 in-network/ (+20% non-network)	None	\$300 individual \$600 family	20% for hospital \$30 co-pay for most other services	40%	\$4,300 individual \$8,600 family
<b>Anthem KeyCare 10 Plus PPO</b>	\$10/20% after deductible	\$10/\$20/\$35	\$200 inpatient	\$200 individual \$400 family	\$20 for some services	20%	\$1,000/\$2,500 individual \$2,000/\$5,000 family
<b>Anthem KeyCare 25 PPO</b>	\$25/40% after deductible	\$10/\$20/\$35	\$500 individual \$1,000 family	\$750 individual \$1,500 family	20% for hospital \$25 co-pay for some services	40%	\$2,500/\$3,750 individual \$5,000/\$7,500 family
<b>UniCare Premier Flex Saver 1000</b>	\$35/50% for first 4 visits	\$10/\$25/\$50 Maximum \$500 benefit/yr	\$1,000 individual \$2,000 family	\$2,000 per member	30%	50%	\$3,000/\$10,000 individual \$6,000/\$20,000 family
<b>Anthem KeyCare HSA 1200/100</b>	None/30% after deductible	None after in-network deductible	\$1,200 individual \$2,400 family	\$2,000 individual \$4,000 family	None	30%	\$1,200/\$4,000 individual \$2,400/\$8,000 family
<b>UniCare HSA Compatible Plan A</b>	20%/50%	\$10/\$25/\$50 +deductible	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family	20%	50%	\$2,000/\$15,000 individual \$4,000/\$30,000 family
<b>Anthem KeyCare HSA 3000/100</b>	None/30% after deductible	None after in-network deductible	\$3,000 individual \$6,000 family	\$4,000 individual \$8,000 family	None	30%	\$3,000/\$6,000 individual \$6,000/\$12,000 family
<b>MAMSI Optimum Choice HMO</b>	\$20/NA	\$10/\$30/\$50	None	NA <sup>3</sup>	20% for hospital \$20-\$40 co-pay for some services	NA <sup>3</sup>	\$2,200 individual \$7,200 family
<b>MAMSI Optimum Choice POS</b>	\$10/\$25	\$10/\$30/\$50 (+20% non-network)	None	None	\$10-\$25 co-pay for some services	20% for hospital \$25 co-pay for some services	\$1,100/\$5,000 individual \$3,600/\$10,000 family

NOTE: For more details, see *A Guide to Health Insurance Options for Small Businesses*. For definitions of cost-sharing terms used in this chart, please see the glossary in the accompanying *Guide*. The selected plans are not all-inclusive of all available options. For additional options contact a local insurance broker or visit online comparison websites such as [insure.com](http://insure.com), [allquotesinsurance.com](http://allquotesinsurance.com), or [chealthinsurance.com](http://chealthinsurance.com). In addition, association-sponsored plans, discussed in the accompanying *Guide*, may provide other options as well.

<sup>1</sup> Office co-pay amounts are for primary care provided "in" and "out" of network. Traditional HMOs do not cover care received outside their network, thus only one co-pay is listed.

<sup>2</sup> Rx co-pays are listed as generic/brand/off-formulary for in-network pharmacies. In most cases, if a third price is not listed, off-formulary drugs are not covered.

<sup>3</sup> Traditionally, HMOs do not cover non-network services.

<sup>4</sup> Where only one limit is noted, either no non-network services are covered or the limit applies to both in- and out-of-network services.