

# Employee Cost Sharing in Northern 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>CareFirst Blue Preferred PPO (Option 9)</b>	\$10/deductible, then 20%	\$10/\$20/\$35	\$250 inpatient	\$1,000 individual \$2,000 family	None	20%	\$1,500/\$3,000 individual \$3,000/\$6,000 family
<b>UniCare Premier Flex 500</b>	\$35/40%	\$10/\$25/\$50 + \$100 deductible (brand only)	\$500 individual \$1,000 family (+ \$1,000 member non-network)		20%	40%	\$2,000/\$10,000 individual \$4,000/\$20,000 family
<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 some services	40%	\$4,300 individual \$8,600 family
<b>Aetna PPO HSA Compatible Plan</b>	20%/40% after deductible	\$10/\$30/\$50 + deductible (+ 20% non-network)	\$2,250 individual \$4,500 family		20%	40%	\$3,000 individual \$5,500 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>Aetna HMO (Plan 1)</b>	\$10	\$10/\$20/\$35	\$250 inpatient	NA <sup>3</sup>	\$20 co-pay	NA <sup>3</sup>	\$2,000 individual \$4,000 family
<b>CareFirst Blue Choice HMO (Option 14)</b>	\$20/\$30	\$10/\$20/\$35	\$300 inpatient	NA <sup>3</sup>	None	NA <sup>3</sup>	\$1,900 individual \$5,500 family
<b>Kaiser Plan W Select HMO</b>	\$10	\$5/\$15 Kaiser \$15/\$25 non-Kaiser	None	NA <sup>3</sup>	None	NA <sup>3</sup>	NA <sup>5</sup>
<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>Aetna POS No Referral (Plan 1)</b>	\$10/30%	\$10/\$20/\$35 (covered in-network only)	\$250 inpatient	\$300 per member	20%	30%	\$1,000/\$2,000 per member
<b>Care First BlueChoice Opt-out Open Access POS(2)</b>	\$10/20%	None	None	None	None	20%	\$2,000 individual \$6,000 family
<b>Kaiser Flex Choice POS (Plan 2)</b>	\$15 - Kaiser \$25 - preferred 30% non-preferred	\$10/\$20/\$35 Kaiser \$20/\$35/\$50 non-Kaiser	None	\$400/\$800 individual \$800/\$1,600 family	None	10% preferred 30% non-preferred	\$2k/\$4k/\$8k individual \$4k/\$8k/\$16k 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 [ehealthinsurance.com](http://ehealthinsurance.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.
- <sup>5</sup> Because this plan has very low in-network cost-sharing, an in-network maximum out-of-pocket is listed as "not applicable."