

Employee Cost Sharing in Eastern Virginia

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

Product Type	Office Co-pay (In-Network/Non-Network) ¹	Rx Co-pay ²	Deductible per person (unless noted)		Coinsurance (after deductible is met)		Out-of-Pocket Maximum ⁴ (In-Network/Non-Network)
			In-Network	Non-Network	In-Network	Non-Network	
Aetna PPO Plan 1	\$10/30% after deductible	\$10/\$20/\$35 (+20% non-network)	\$250 inpatient	\$300 per member	\$20 co-pay for some services	30%	\$500/\$1,000 per member
Anthem KeyCare 1000 PPO	20%/40% after deductible	\$10/\$20/\$35	\$1,000 individual \$2,000 family	\$1,500 individual \$3,000 family	20%	40%	\$3,500/\$5,250 individual \$7,000/\$10,500 family
UniCare Premier Flex Saver 1000	\$35/50% 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
Anthem KeyCare HSA Compatible 3000/100	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
UniCare HSA Compatible Plan A	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
Anthem HealthKeepers 10 HMO	\$10/NA	\$10/\$20/\$35	\$250 inpatient	NA ³	\$20 co-pay for some services	NA ³	\$1,500 individual \$3,000 family
MAMSI Optimum Choice HMO	\$20/NA	\$10/\$30/\$50	None	NA ³	20% for hospital \$20-\$40 co-pay for some services	NA ³	\$2,200 individual \$7,200 family
Anthem Healthkeepers 10 POS	\$10/30% after deductible	\$10/\$20/\$35	\$250 inpatient	\$300 per member	\$20 co-pay for some services	30%	\$2,000 individual \$4,000 family
MAMSI Optimum Choice POS	\$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, allquotesinsurance.com, or chealthinsurance.com. In addition, association-sponsored plans, discussed in the accompanying *Guide*, may provide other options as well.

- ¹ 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.
- ² 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.
- ³ Traditionally, HMOs do not cover non-network services.
- ⁴ 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.