

## Davidson College Plan Comparison

	PPO Plan Single	Family	HSA Plan Single	Family
Deductible	In - \$1,000 Out - \$3,000	In - \$3,000 Out - \$9,000	In - \$2,700 Out - \$8,100	In - \$6,500 Out - \$19,500
Out of Pocket Maximum	In - \$3,000 Out – Unlimited *Includes Deductibles and copays	In - \$9,000 Out – Unlimited *Includes Deductibles and copays	In - \$6,000 Out – Unlimited *Includes Deductibles and copays	In - \$12,000 Out – Unlimited *Includes Deductibles and copays
Copays In-Network Only	PCP - \$30 Specialist - \$50	PCP - \$30 Specialist - \$50	Not Applicable	Not Applicable
Coinsurance	In – 80% Out – 60%	In – 80% Out – 60%	In – 80% Out – 60%	In – 80% Out – 60%
HSA Contribution	Not Applicable	Not Applicable	Employee - \$750	EE+SP \$1,500 EE + Child(ren) \$1,500 Family \$1,500

## Davidson College Pharmacy Plan Comparison – In-Network Only

	<b>PPO Plan Retail (30 day)</b>	<b>Mail Order (90 day)</b>	<b>HSA Plan Retail (30 day)</b>	<b>Mail Order (90 day)</b>
Deductible	\$100 per individual	Does not apply	Combined Medical/RX ded	Combined Medical/RX ded
Out of Pocket Maximum	Included in Medical OOP Maximum	Included in Medical OOP Maximum	Combined Medical/RX OOP	Combined Medical/RX OOP
Prevent. Generic Generic	\$15 after Rx Ded \$20 after Rx Ded	\$38 \$50	20% -no Ded. 20%- after combined Ded	20% after combined Ded
Preferred Brand	\$35 after Rx Ded	\$87.50	30% after combined Ded	30% after combined Ded
Non-Preferred Brand	\$60 after Rx Ded	\$150	30% after combined Ded	30% after Combined Ded
Specialty	\$150 after Rx Ded	\$150 after Rx Ded (30 day supply)	30% after combined Ded	30% after combined Ded (30 day supply)

## Davidson College Premiums

	PPO Plan Bi-Weekly		HSA Plan Bi-Weekly
Employee Only	\$101.90		\$27.92
Employee & Spouse/Domestic Partner	\$403.53		\$156.02
Employee & Child(ren)	\$320.99		\$124.11
Family	\$586.95		\$223.06

## Davidson College Premium Differences

Coverage Tier	PPO Plan	HSA Plan	Difference
Employee Only	\$2,650	\$726	\$1,924
Employee & Spouse/Domestic Partner	\$10,492	\$4,057	\$6,435
Employee & Child(ren)	\$8,346	\$3,227	\$5,119
Family	\$15,261	\$5,800	\$9,461

# Assumptions

Employee Only- 1 person with expenses

Employee & Children- 2 people with expenses

Employee & Spouse – 2 people with expenses

Employee & Family- 3 people with expenses

## Employee Only – Normal Utilization

Coverage Tier	Total Annual Charge	PPO (Member Pays)	HSA (Member Pays)
RX – 1 Generic X 12 1 Pref Brand X 12	\$1920	\$760	\$1,920
PCP – 2 Visits	\$200	\$60	\$200
Specialist – 1 Visit	\$250	\$50	\$250
Outpatient Service - 1	\$1,500	\$1,100	\$809
Annual Premiums		\$2,650	\$725
HSA Contribution			<b>\$750</b>
Total Expense		\$4,620	\$2,909 (\$1,711 Est. Savings)

## Employee & Spouse/Domestic Partner – Normal Utilization

Coverage Tier	Total Annual Charge	PPO (Member Pays)	HSA (Member Pays)
RX – 1 Generic X 12 1 Pref Brand X 12 1 Non-Pref Brand X 12	\$4,320	\$1,520	\$4,320
PCP – 4 Visits	\$400	\$120	\$400
Specialist – 2 Visit	\$500	\$100	\$500
Outpatient Services - 2	\$3,000	\$2,200	\$2,693
Annual Premiums		\$10,492	\$4,057
HSA Contribution		Not Applicable	\$1,500
Total Expense		\$14,432	\$8,521 (\$5,911 Est. Savings)

## Employee & Child(ren) – Normal Utilization

Coverage Tier	Total Annual Charge	PPO (Member Pays)	HSA (Member Pays)
RX – 1 Generic	\$360	\$300	\$360
PCP – 6 Visits	\$600	\$180	\$600
Specialist – 1 Visit	\$250	\$50	\$250
Outpatient Services - 2	\$3,000	\$2,200	\$3,000
Annual Premiums		\$8,346	\$3,227
HSA Contribution		Not Applicable	\$1,500
Total Expense		\$11,076	\$5,937 (\$5,139 Est. Savings)



## Family – Normal Utilization

Coverage Tier	Total Annual Charge	PPO (Member Pays)	HSA (Member Pays)
RX – 1 Generic X 12 1 Pref Brand X 12 1 Non-Pref Brand X 12	\$4,320	\$1,620	\$4,320
PCP – 6 Visits	\$600	\$180	\$600
Specialist – 2 Visit	\$500	\$100	\$500
Outpatient Services - 3	\$4,500	\$2,140	\$3,044
Annual Premiums		\$15,261	\$5,800
HSA Contribution		Not Applicable	\$1,500
Total Expense		\$19,301	\$12,764

## Employee Only – High Utilization

Coverage Tier	Total Annual Charge	PPO (Member Pays)	HSA (Member Pays)
In-Patient Hospital - 1	\$60,000	\$3,000	\$6,000
PCP – 10 Visits	\$1,000	\$0	\$0
Specialist – 8 Visit	\$2,000	\$0	\$0
RX – 2 Generic 2 Pref Brand 2 Non-Pref Brand	\$3,768	\$0	\$0
Annual Premiums		\$2,650	\$726
HSA Contribution			\$750
Total Expense		\$5,650	\$5,976 (\$ 326 additional)

## Employee & Spouse/Domestic Partner – High Utilization

Coverage Tier	Total Annual Charge	PPO (Member Pays)	HSA (Member Pays)
In-Patient Hospital - 2	\$120,000	\$6,000	\$12,000
PCP – 15 Visits	\$1,500	\$0	\$0
Specialist – 12 Visit	\$3,000	\$0	\$0
RX – 2 Generic 4 Pref Brand 2 Non-Pref Brand	\$5,328	\$0	\$0
Annual Premiums		\$10,492	\$4,057
HSA Contribution			\$1,500
Total Expense		\$16,492	\$14,557 (\$1,935 Est. Savings)

## Employee & Child(ren) – High Utilization

Coverage Tier	Total Annual Charge	PPO (Member Pays)	HSA (Member Pays)
In-Patient Hospital - 2	\$120,000	\$6,000	\$12,000
PCP – 10 Visits	\$1,000	\$0	\$0
Specialist – 10 Visit	\$2,500	\$0	\$0
RX – 2 Generic 2 Pref Brand 2 Non-Pref Brand	\$3,768	\$0	\$0
Annual Premiums		\$8,346	\$3,227
HSA Contribution			\$1,500
Total Expense		\$14,346	\$13,727 (\$619 Est. Savings)

## Employee & Family – High Utilization

Coverage Tier	Total Annual Charge	PPO (Member Pays)	HSA (Member Pays)
In-Patient Hospital - 2	\$120,000	\$9,000	\$12,000
PCP – 20 Visits	\$2,000	\$0	\$0
Specialist – 15 Visit	\$3,750	\$0	\$0
RX – 3 Generic 2 Pref Brand 3 Non-Pref Brand	\$4,872	\$0	\$0
Annual Premiums		\$15,261	\$5,800
HSA Contribution			\$1,500
Total Expense		\$24,261	\$16,300 (\$7961 Est. Savings)