

PLAN FINDER

Choose the plan that works best for you.

I **WANT** to be able to visit my doctor regularly, so a plan with **no deductible** and **fixed copayments** for office visits is best for me. I'm willing to pay a **higher** monthly rate for a plan that offers broad coverage and predictable out-of-pocket costs.

DEFINITIONS

Coinsurance

The percentage you pay of the full charges for certain services and supplies

Copayment

The fixed dollar amount you pay for certain services and supplies

Deductible

The amount you pay for certain services and supplies before benefits are covered by your health plan

Out-of-pocket maximum

The maximum you would be required to pay for certain services and supplies per year

Preventive services

Adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care

See "Understanding health plan terms," page 8, for more definitions.

Colorado law requires carriers to make available a Colorado *Health Plan Description Form*, which is intended to facilitate comparison of health plans. The form must be provided automatically within three business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

COPAYMENT PLAN

\$30 COPAYMENT PLAN

- Annual out-of-pocket maximum: \$3,000/individual or \$7,500/family
- No annual deductible
- Preventive services: no charge
- Office visit: \$30 per primary care visit
- Diagnostic labs and X-rays: no charge
Therapeutic X-rays: \$40
- Hospital care: 20% coinsurance per admission
- Emergency services: \$150 per visit
- Prescription drugs: not covered

PLAN FINDER

I WANT the **lowest** monthly rates and a **fixed copayment** for office visits. I'm willing to pay a **deductible** for services that require it.

DEDUCTIBLE PLANS

\$2,000 DEDUCTIBLE PLAN (70%) WITH Rx

- Annual out-of-pocket maximum: \$5,000/individual or \$10,000/family—excludes deductible and copayments
- Annual deductible: \$2,000/individual or \$6,000/family
- Preventive services (not subject to deductible): no charge
- Office visit (not subject to deductible): \$30 per primary care visit
- Diagnostic labs (not subject to deductible): no charge
X-rays, including therapeutic: 30% coinsurance
- Hospital care: 30% coinsurance per admission
- Emergency services: 30% coinsurance per visit
- Prescription drugs: \$200 deductible
\$15 copay—generic
\$30 copay—brand name
50% coinsurance—nonpreferred

\$2,000 DEDUCTIBLE PLAN (70%)

- Annual out-of-pocket maximum: \$5,000/individual or \$10,000/family—excludes deductible and copayments
- Annual deductible: \$2,000/individual or \$6,000/family
- Preventive services (not subject to deductible): no charge
- Office visit (not subject to deductible): \$30 per primary care visit
- Diagnostic labs (not subject to deductible): no charge
X-rays, including therapeutic: 30% coinsurance
- Hospital care: 30% coinsurance per admission
- Emergency services: 30% coinsurance per visit
- Prescription drugs: not covered

\$5,000 DEDUCTIBLE PLAN (70%)

- Annual out-of-pocket maximum: \$5,000/individual or \$10,000/family—excludes deductible and copayments
- Annual deductible: \$5,000/individual or \$15,000/family
- Preventive services (not subject to deductible): no charge
- Office visit (not subject to deductible): \$30 per primary care visit
- Diagnostic labs (not subject to deductible): no charge
X-rays, including therapeutic: 30% coinsurance
- Hospital care: 30% coinsurance per admission
- Emergency services: 30% coinsurance per visit
- Prescription drugs: not covered

PLAN FINDER

I WANT a plan with a **low** monthly rate that lets me control my costs through a **tax-advantaged** health savings account. I'm just looking for routine care from time to time and prefer to pay for services as I need them. I want **free preventive services** to help me stay healthy and identify potential health problems early.

HSA-QUALIFIED PLANS

\$2,000

DEDUCTIBLE PLAN WITH HSA OPTION (80%)

- Annual out-of-pocket maximum: \$5,000/individual or \$10,000/family—includes deductible and coinsurance
- Annual deductible: \$2,000/individual or \$4,000/family
- Preventive services (not subject to deductible): no charge
- Office visit: 20% coinsurance per primary care visit
- Diagnostic labs: 20% coinsurance
X-rays, including therapeutic: 20% coinsurance
- Hospital care: 20% coinsurance per admission
- Emergency services: 20% coinsurance per visit
- Prescription drugs: not covered

\$2,000

DEDUCTIBLE PLAN WITH HSA OPTION (100%)

- Annual out-of-pocket maximum: \$2,000/individual or \$4,000/family—includes deductible
- Annual deductible: \$2,000/individual or \$4,000/family
- Preventive services (not subject to deductible): no charge
- Office visit: no charge
- Diagnostic labs: no charge
X-rays, including therapeutic: no charge
- Hospital care: no charge
- Emergency services: no charge
- Prescription drugs: no charge