Items to Consider When Choosing a Medical Plan

The Diocese of Kansas is offering three plans for 2012, all using the BlueCross / Blue Shield network: the EPO 90 plan (same plan as that offered in 2011), the PPO 80/60 plan, and the High Deductible Health Plan. The plans are similar in many ways, and are different in subtle and more apparent ways.

The Medical Trust maintains online resources to help understand and use our benefits. You will receive a packet of information from the Medical Trust prior to open enrollment, with details on the three plans offered. The Schedules of Benefits (key highlights of the plans) are also available online at www.cpg.org. These documents are downloadable and provide the opportunity to compare different plans.

The following suggests some questions to consider when reviewing different plans.

1. **Is my doctor/hospital/medical provider in the network?**

   The three plans offered for 2012 all use the BlueCross / BlueShield network, just as the plan offered for 2011 does. Therefore, you need not fear that your providers will accept whichever plan you choose.

2. **Must I see a network provider, or do I have the choice to seek care outside of the network?**

   The EPO 90 plan offers in-network benefits only, meaning that you must see a network provider, except in case of emergency.

   The other two plans, the PPO 80/60 and the HDHP, offer both in network and out of network benefits, but you pay less when you use a network provider.

3. **What are the major items to consider when looking at the individual plans?**

   A spreadsheet comparing the major components of the Medical Trust’s plans is attached. The following are some points of comparison that will help differentiate the many plans.

   Services that are subject to and apply to the deductible and the maximum out-of-pocket amount. Two important items to consider are whether you must meet the deductible amount before the plan begins to pay benefits, and whether the amounts you pay for services will accumulate toward the deductible and the maximum-out-of-pocket amount. The Schedules of Benefits for each plan has columns that indicate whether a particular
service is subject to the deductible and whether it applies to the deductible and the maximum out-of-pocket amount.

All of the Medical Trust plans offer services that do not require the deductible to be met, and in many cases do not require any co-pay or coinsurance:

- **Annual preventive care examinations.** In 2010, we eliminated the co-pay for in-network preventive care benefits and the deductible requirement to encourage our members and their families to have annual check-ups with age-appropriate screenings.
- **Vision.** Our plans have no co-pay for an annual in-network eye exam. In addition, the vision benefit, provided through EyeMed, has a small co-pay for lenses and a generous allowance for frames, neither of which is subject to the medical deductible.
- **Employee Assistance Program.** Medical Trust’s Employee Assistance Program (EAP), managed through CIGNA Behavioral Health, is part of all of our plans. Licensed clinicians can help with almost any issue, including stress, elder care, legal/financial issues, substance abuse, and emotion and physical health. Services are free, confidential, and available to all members of your household, even non-covered family members. The plans cover unlimited telephone consultations and up to 10 in-person visits per issue with no co-pay and no deductible.
- **Health Advocate.** This service is available with all of our plans and provides free hands-on assistance for all types of medical and administrative issues. Health Advocate can help members, their spouses, dependents, parents, and in-laws resolve claims issues, find doctors or hospitals, handle elder care issues, understand treatment options, find community resources, and schedule appointments with hard-to-reach specialists.

**Deductibles.** The deductible is the amount that you must pay out of pocket before benefits become available. The three plans for 2012 have different deductible amounts. The Schedules of Benefits for Medical Trust plans show which services are subject to and apply toward the deductible.

The Medical Trust’s plans have single and family deductibles, and deductibles that apply separately to network benefits and to non-network benefits. You should be sure to identify the deductible amounts that would apply to the members’ situations.

**Out-of-pocket maximums.** Another important item for consideration is the maximum out-of-pocket expense you can expect during a plan year. Again, the Medical Trust’s plans have out-of-pocket amounts for single and family plans, and for network and non-network benefits.

An important point to remember when comparing out-of-pocket maximums is that only coinsurance payments apply toward the maximum. Coinsurance is the percentage you pay for medical services, for example 10% of hospitalization costs. Once you have
made coinsurance payments that equal the deductible and the out-of-pocket maximum, further covered medical service does not require additional coinsurance payments.

On the other hand, co-pays do not apply toward those maximums. Co-pays are those fixed amounts that you pay, for example $25 for an office visit or $30 for a prescription medication. Even if you have reached the out-of-pocket maximum for coinsurance, co-pays will continue. Thus, if you have a lot of office visits or prescription medications with a co-pay, you will continue to make those payments throughout the plan year.

The Schedules of Benefits for each Medical Trust plan show which services apply toward the out-of-pocket maximum.

The Medical Trust’s high deductible plans do not have co-pays. After reaching the deductible amount, you pay a coinsurance amount for services. All coinsurance payments count toward the maximum out-of-pocket amount, after which all covered medical services are provided without charge for the remainder of the plan year.

Office visits. The most common use of medical benefits is through visiting a doctor’s office. Many of the Medical Trust’s plans have a co-pay for office visits, and some have different co-pay amounts for primary physicians, specialists, and urgent care centers. Some of the plans have a coinsurance payment, rather than a co-pay for office visits. Remember that coinsurance payments do count toward the maximum out-of-pocket amount, while co-pays do not.

Hospitalization. Hospitalization, including out-patient surgery, is an important medical expense and concern for many. Most of the Medical Trust’s plans have both a co-pay and a coinsurance amount, and some have only a coinsurance payment. These payments are treated differently toward the out-of-pocket maximum.

Prescription medication. Another consideration for many people is the need for prescription medications. Please see the spreadsheet explaining the Medical Trust’s pharmacy benefits and the applicable co-pay and coinsurance amounts.

The prescription benefit for the Medical Trust’s high deductible plans is different, due to federal regulations. While still offered through Medco, under the high deductible plans, prescriptions are included in the medical deductible. You pay 100% of the price the Medical Trust has negotiated with Medco until you have reached the deductible (by a combination of medical and pharmacy costs), after which you pay a coinsurance until you reach the maximum out-of-pocket amount (again by a combination of medical and pharmacy costs). At that point, all covered services, whether medical or pharmacy, are provided at no cost to you.

Mental Health / Substance Abuse Benefits. The Medical Trust’s mental health and substance abuse benefits, offered through CIGNA Behavioral Health, are totally compliant with federal regulations requiring parity with physical health benefits. You
should review the co-pays and/or coinsurance amounts applicable to office visits and in-patient care for each plan under consideration.

The mental health / substance abuse benefits under the High Deductible Health Plan are not offered through CIGNA, but through BlueCross / BlueShield. The Schedule of Benefits for the plan provides details.

Other personal factors. The Medical Trust’s plans offer many benefits when medically necessary: acupuncture, chiropractic care, bariatric surgery, allergy testing, maternity services, smoking cessation, etc. You should review the costs of the particular services that are important in their situations when comparing the Medical Trust’s plans.

5. What if I need more help?

As always, the Medical Trust’s Client Engagement team is available to assist in understanding the plans and the benefits they offer. Our representatives are available 8:30 am to 8:00 pm Eastern time at 800-480-9967 or by email at mtcustserv@cpg.org.