

Butte Schools Self-Funded Programs

**Claims Payment Comparison
Effective July 1, 2017**

This document is intended to illustrate how a sample set of medical claims would be paid under each plan. Please refer to the complete Summary Plan Description (www.bsspja.org) for a full disclosure of plan benefits.

Total Claim @	Member Out of Pocket (OOP)				Total Member Payment
	Network Rate	Co-Payment	Deductible	Co-Insurance	
90% G \$20					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness*	100	20	n/a	n/a	80
Lab work - illness*	300	n/a	300	-	-
Office visit - illness*	100	20	n/a	n/a	80
ER visit - no admission	3,000	100	200	270	2,430
In-patient hospitalization	30,000	n/a	met above	90	29,910
Office visit - illness*	100	n/a	met above	met above	100
Total	33,750	140	500	360	32,750
80% G \$30					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness*	100	30	n/a	n/a	70
Lab work - illness*	300	n/a	300	-	-
Office visit - illness*	100	30	n/a	n/a	70
ER visit - no admission	3,000	100	200	540	2,160
In-patient hospitalization	30,000	n/a	met above	800	29,200
Office visit - illness*	100	n/a	met above	met above	100
Total	33,750	160	500	1,340	31,750
80% J \$30					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness*	100	30	n/a	n/a	70
Lab work - illness*	300	n/a	300	-	-
Office visit - illness*	100	30	n/a	n/a	70
ER visit - no admission	3,000	100	450	490	1,960
In-patient hospitalization	30,000	n/a	met above	1,600	28,400
Office visit - illness*	100	n/a	met above	met above	100
Total	33,750	160	750	2,090	30,750
HSA A					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness^	100	n/a	100	-	-
Lab work - illness^	300	n/a	300	-	-
Office visit - illness^	100	n/a	100	-	-
ER visit - no admission	3,000	100	1,000	190	1,710
In-patient hospitalization	30,000	n/a	met above	1,635	28,365
Office visit - illness^	100	n/a	met above	met above	100
Total	33,750	100	1,500	1,825	30,325
80% L \$30					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness*	100	30	n/a	n/a	70
Lab work - illness*	300	n/a	300	-	-
Office visit - illness*	100	30	n/a	n/a	70
ER visit - no admission	3,000	100	1,700	240	960
In-patient hospitalization	30,000	n/a	met above	1,600	28,400
Office visit - illness*	100	n/a	met above	met above	100
Total	33,750	160	2,000	1,840	29,750
80% M \$40					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness*	100	40	n/a	n/a	60
Lab work - illness*	300	n/a	300	-	-
Office visit - illness*	100	40	n/a	n/a	60
ER visit - no admission	3,000	100	2,700	40	160
In-patient hospitalization	30,000	n/a	met above	780	29,220
Office visit - illness*	100	n/a	met above	met above	100
Total	33,750	180	3,000	820	29,750
HSA B					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness^	100	n/a	100	-	-
Lab work - illness^	300	n/a	300	-	-
Office visit - illness^	100	n/a	100	-	-
ER visit - no admission	3,000	100	2,500	40	360
In-patient hospitalization	30,000	n/a	met above	1,860	28,140
Office visit - illness^	100	n/a	met above	met above	100
Total	33,750	100	3,000	1,900	28,750
MEC HSA					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness^	100	n/a	100	-	-
Lab work - illness^	300	n/a	300	-	-
Office visit - illness^	100	n/a	100	-	-
ER visit - no admission	3,000	100	2,900	-	-
In-patient hospitalization	30,000	n/a	1,600	1,250	27,150
Office visit - illness^	100	n/a	met above	met above	100
Total	33,750	100	5,000	1,250	27,400

*Service available at the Butte Schools Health and Wellness Center for \$0 copayment, deductible or coinsurance.

^Service available at the Butte Schools Health and Wellness Center for \$25 copayment, \$0 deductible, \$0 coinsurance.