

# Understanding Deductibles and Maximum “Out-of-Pocket”

## Plan A: Base Plan

**Employee Only:** In-network \$3,000 deductible and 30% co-insurance with \$4,500 maximum out of pocket

**Family:** In-network \$6,000 deductible and 30% co-insurance with \$9,000 maximum out of pocket \*

*Out of network deductibles and co-insurance are separate from In-network deductibles and co-insurance.*

My coverage is employee only and I go to the doctor for the flu.  
I use my insurance card and am billed for the full amount of \$125.00.

My deductible balance is now \$2875.

I have additional medical expenses and eventually reach my deductible of \$3,000.

My first visit to the doctor after meeting my deductible...& I have a bill of \$200.  
I now pay 30%, since I've met my deductible. So I pay \$60 and the company pays the other \$140.

Until I reach my Out-of-Pocket max of \$4,500,  
I pay 30% and the company pays the other 70% of any medical costs I incur.

Once I reach my Out-of-Pocket Max of \$4,500, the company pays for 100% of my medical costs incurred.



*\*The deductible and out of pocket are embedded.... No one member of the family has to meet more than the individual amount.*

*Outstanding people are key to our success!*