

Employee Expense Comparison - Example 1

	<u>Service</u>	<u>Estimated Allowable Amt</u>	<u>SU Blue Copays</u>	<u>SU PRO Deductible</u>	<u>SU PRO Coinsurance</u>
Employee	Mammogram	\$161.00	\$0	\$0	\$0
	Annual GYN	\$235.00	\$20.00	\$0	\$0
	Sick Visit	\$53.00	\$20.00	\$53.00	Haven't Met Deductible
	Retail Generic RX	\$13.00	\$2.60	N/A	\$1.95
	Sick Visit	\$53.00	\$20.00	\$53.00	Haven't Met Deductible
	Specialist	\$90.00	\$25.00	\$90.00	Haven't Met Deductible
Child	Well Child Age 12	\$250.00	\$20.00	\$0	\$0
	Sick Visit	\$53.00	\$20.00	\$53.00	Haven't Met Deductible
	Sick Visit	\$53.00	\$20.00	\$53.00	Haven't Met Deductible
	Retail Generic RX	\$14.50	\$2.90	N/A	\$2.18
Spouse	Physical Therapy 8 Visits	\$400.00	\$160.00	\$98.00	\$60.40
	Spouse Knee Surgery (Includes OP Hospital, Surgeon, Anesthesia)	\$2,850.00	\$100.00	Deductible Met	\$570.00
	TOTAL OUT OF POCKET		<u>\$410.50</u>	<u>\$400.00</u>	<u>\$634.53</u>
	Yearly Premium		<u>\$2,547.24</u>		<u>\$2,323.32</u>
	Total Annual Expense		\$2,957.74		\$3,357.85

- All Services are assumed to be Level One or In-Network
- Estimated allowable amounts are for illustrative purposes only
- SUPRO Coverage requires the employee to pay an annual deductible before applying coinsurance. The annual in-network deductible is \$200 per individual with a maximum of \$400 for a family.

Employee Expense Comparison - Example 2

	<u>Service</u>	<u>Estimated Allowable Amt</u>	<u>SU Blue Copays</u>	<u>SU PRO Deductible</u>	<u>SU PRO Coinsurance</u>
Employee	Mammogram	\$161.00	\$0	\$0	\$0
	Annual GYN	\$235.00	\$20.00	\$0	\$0
	Generic Contraceptive	\$300.00	\$150.00	N/A	\$45.00
	Sick Visit	\$53.00	\$20.00	\$53.00	Haven't Met Deductible
	Retail Generic RX	\$13.00	\$2.60	N/A	\$1.95
	Sick Visit	\$53.00	\$20.00	\$53.00	Haven't Met Deductible
	Specialist	\$90.00	\$25.00	\$90.00	Haven't Met Deductible
Child	Well Child Age 12	\$250.00	\$20.00	\$0	\$0
	Sick Visit	\$53.00	\$20.00	\$53.00	Haven't Met Deductible
	Sick Visit	\$53.00	\$20.00	\$53.00	Haven't Met Deductible
	Retail Generic RX	\$14.50	\$2.90	N/A	\$2.18
Spouse	Sick Visit	\$60.00	\$20.00	\$60.00	Haven't Met Deductible
	Specialist	\$90.00	\$25.00	\$38.00	\$10.40
	Physical Therapy 8 Visits	\$400.00	\$160.00	Deductible Met	\$80.00
	Specialist	\$90.00	\$25.00	Deductible Met	\$18.00
TOTAL OUT OF POCKET			\$530.50	\$400.00	\$157.53
Yearly Premium			<u>\$2,547.24</u>	<u>\$2,323.32</u>	
Total Annual Expense			\$3,077.74	\$2,880.85	

- All Services are assumed to be Level One or In-Network
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