

Guilford County Group Health Plan Plan Change Options for January 1, 2020

Benefit Outline	Current	Option 1 Plan	Option 1 Estimated Savings	Option 2	Option 2 Estimated Savings	Option 3	Option 3 Estimated Savings
Deductible (Individual / Family)	\$200 / \$600	\$500 / \$1,500	\$602,736	\$400 / \$1,000	\$452,052	\$500 / \$1200	\$361,642
Non-Network Deductible (Individual / Family)	\$600 / \$1,200	\$1,500 /4,500		\$800 / \$2,000		\$800 / \$2,000	
Out-of-Pocket Maximum (Individual / Family)	\$2,500 / \$4,750	\$5,000 / \$15,000	\$813,693	\$2,900 / \$5,800	\$150,684	\$2,900 / \$5,800	\$150,684
Non-Network OOP Max (Individual / Family)	\$3,500 / \$7,000	\$10,000 / \$20,000		\$5,000 / \$10,000		\$5,000 / \$10,000	
Coinsurance (In / Out)	90% / 60%	80% / 60%	\$753,420	90% / 50%	\$6,811	80% / 50%	\$820,504
Wellness / Preventive Care	100%	100%		100%		100%	
Primary Care Office Visit	\$20 copay	\$25 copay	\$90,410	\$25 copay	\$90,410	\$25 copay	\$90,410
Virtual Visits (telemedicine)	100%	100%		100%		100%	
Specialist Office Visit	\$40 copay	\$50 copay	\$120,547	\$45 copay	\$97,942	\$45 copay	\$97,942
Walk-In / Urgent Care Visit	\$35 copay	\$45 copay	\$18,415	\$45 copay	\$18,415	\$45 copay	\$18,415
Emergency Room	\$150 copay	\$200 copay	\$88,993	\$175 copay	\$44,464	\$175 copay	\$44,464
Outpatient Surgical Facility	90% after deductible	Deductible; 80% Coinsurance then \$150 copay for non-freestanding facility; SURGERY ONLY	\$390,882	Deductible; 90% Coinsurance then \$150 copay for non-freestanding facility; SURGERY ONLY	\$391,778	Deductible; 80% Coinsurance then \$150 copay for non-freestanding facility; SURGERY ONLY	\$421,915
MRIs & Complex Diagnostics	95% after deductible	80% after deductible	\$90,410	90% after deductible		80% after deductible	\$90,410
Inpatient Hospital Facility	90% after deductible	80% after deductible	\$241,094	90% after deductible		80% after deductible	included above in 80/50
Retail Prescription Drug Copays	\$7 copay / \$45 after \$25 deductible / \$60 after \$25 deductible	\$10 copay / \$45 after \$25 deductible / \$60 after \$25 deductible	\$237,034	\$10 copay / \$45 after \$25 deductible / \$60 after \$25 deductible	\$237,034	\$10 copay / \$45 after \$25 deductible / \$60 after \$25 deductible	\$237,034
Mail Order Prescription Drug Copays	\$14 copay / \$90 after \$25 deductible / \$120 after \$25 deductible	\$20 copay / \$90 after \$25 deductible / \$120 after \$25 deductible		\$20 copay / \$90 after \$25 deductible / \$120 after \$25 deductible		\$20 copay / \$90 after \$25 deductible / \$120 after \$25 deductible	
Specialty Prescription Drugs	\$75 after \$25 deductible	\$75 after \$25 deductible		\$75 after \$25 deductible		\$75 after \$25 deductible	
Medical Plan Design Savings:			\$3,210,600		\$1,252,556		\$2,096,386
Rx Plan Design Savings:			\$237,034		\$237,034		\$237,034
Rx Savings from better term in discounts and rebates:	\$1,026,119		\$1,026,119		\$1,026,119		\$1,026,119
TOTAL Savings per Option:	\$1,026,119		\$4,473,753		\$2,515,709		\$3,359,539
*USI negotiated better discounts and rebates for Rx Savigns valued at \$1,026,119							