

# HDHP vs. EPO – What Works for YOU?

## HDHP

The County's High Deductible Health Plan (HDHP) is almost identical to the EPO with one important difference: the **ANNUAL DEDUCTIBLE** (\$1,300 for Employee Only and \$2,600 for Employee + 1 or Family coverage). The good news:

- YOUR monthly premium contributions for the HDHP are MUCH less than the EPO
- The COUNTY contributes 95% of the HDHP premium
- The COUNTY funds MOST of your deductible (\$1,250 for Employee Only and \$2,100 for Employee +1 and Family), deposited into **your** Health Savings Account (HSA) – and if you don't use the money – YOU keep it!
- Preventative care for both EPO and HDHP (as defined by the Centers for Disease Control) is not subject to the deductible and covered at 100%
- Co-pays after the deductible are identical to the EPO

## EPO

The County's Exclusive Provider Organization (EPO) plan is like an HMO:

- First-dollar coverage for most services after modest co-payments
- YOUR monthly premium contributions are MUCH HIGHER than the HDHP
- The COUNTY contributes 80% of the EPO premium
- YOU are not eligible for COUNTY HSA contributions
- Uses the same provider networks as the HDHP

## 2018 MONTHLY PREMIUMS

	EMPLOYEE ONLY			EMPLOYEE + 1			FAMILY		
	EMPLOYEE	COUNTY	TOTAL	EMPLOYEE	COUNTY	TOTAL	EMPLOYEE	COUNTY	TOTAL
<b>HDHP</b>	\$33.74	\$641.10	\$674.84	\$67.48	\$1,282.20	\$1,349.68	\$91.10	\$1,731.00	\$1,822.10
<b>EPO</b>	\$161.38	\$645.54	\$806.92	\$322.76	\$1,291.08	\$1,613.84	\$435.74	\$1,742.96	\$2,178.70

## 2018 ANNUAL COSTS

	EMPLOYEE ONLY		EMPLOYEE +1		FAMILY	
	HDHP	EPO	HDHP	EPO	HDHP	EPO
Employee Paid Premiums	\$405	\$1,937	\$810	\$3,873	\$1,093	\$5,229
Claims Deductible	\$1,300	\$0	\$2,600	\$0	\$2,600	\$0
<b>Sub-Total</b>	\$1,705	\$1,937	\$3,410	\$3,873	\$3,693	\$5,229
County HSA Contribution	<b>-\$1,250</b>	<b>\$0</b>	<b>-\$2,100</b>	<b>\$0</b>	<b>-\$2,100</b>	<b>\$0</b>
<b>Employee Cost Before Claims</b>	\$455	\$1,937	\$1,310	\$3,873	\$1,593	\$5,229
<b>HDHP ANNUAL SAVINGS!!!</b>	<b>\$1,482</b>		<b>\$2,563</b>		<b>\$3,636</b>	

Plan Features	Health Partners of Northern California and UnitedHealthcare In-Network HDHP	HPNC and UHC EPO
Calendar Year Deductible Individual/Family	\$1,300 / \$2,600	N/A
Annual Out-of-Pocket Max. Individual/Family	\$3,000 / \$6,000	\$1,500 / \$3,000
Physician Office Visit	\$20 copay after deductible	\$20 copay
Specialist Office Visit	\$20 copay after deductible	\$20 copay
Lab and X-Ray and Hi-Tech/Advanced Radiology	\$10 copay; \$25 copay for CT, MRI, PET scans after deductible	\$10 copay; \$25 copay for CT, MRI, PET scans
Preventive Services Adult Periodic Exams with Preventive Tests	100% covered	100% covered
Infusion Services/Injections and Non-Routine Immunizations	\$10 copay after deductible	\$10 copay
Skilled Nursing Facility	\$200 copay after deductible	\$200 copay
Hearing Aids	\$0 copay after deductible Max \$5,000 per year	\$0 copay Max \$5,000
Hospitalization Inpatient Outpatient	\$150 copay per admit after deductible \$100 copay per procedure after deductible	\$150 copay per admit \$100 copay per procedure
Emergency Room Services	\$75 copay after deductible (waived if admitted)	\$75 copay (waived if admitted)
Emergency Medical Transportation	\$50 copay after deductible	\$50 copay
Urgent Care	\$20 copay after deductible	\$20 copay
Chiropractic	\$15 copay after deductible up to 20 visits per year	\$15 copay up to 20 visits per year
Mental/Behavioral Health Outpatient Services	Individual Therapy: \$20 copay after deductible Group Therapy: \$10 copay after deductible	Individual Therapy: \$20 copay Group Therapy: \$10 copay
Mental/Behavioral Health Inpatient Services	General Hospital or Private Proprietary Psychiatric Facility: \$150 copay after deductible	General Hospital or Private Proprietary Psychiatric Facility: \$150 copay
Durable Medical Equipment	\$20 copay after deductible	\$20 copay
<b>Prescription Drugs</b>	<b>Retail (30 days) / Mail-order (31 - 100 days)</b>	
Generic	\$10 / \$20 copay (after deductible for HDHP)	
Brand Formulary	\$25 / \$50 copay (after deductible for HDHP)	
Brand Non-Formulary*	\$25 / \$50 copay (after deductible for HDHP)	
*Brand Non-Formulary drugs are covered at the "Brand Formulary" co-payment, only if determined to be medically necessary through clinical review. Otherwise, Brand Non-Formulary drugs are not covered.		