

# Understand How You Pay for Healthcare in Each Plan

There are two types of costs to consider when choosing a health plan.

## 1) Employee contributions taken out of your paycheck

Your contributions differ depending on several things:

- Plan and carrier you choose
- Your salary
- Who you cover

## 2) Out-of-pocket costs when you receive care

One of the ways that the medical plans differ the most is how you pay for healthcare when you need it. The chart below helps you understand what you would pay for services under each plan.

**The charts below provide examples of how both types of costs play out in the different health plans.**

*Remember:* These examples are for illustrative purposes only. Employees are responsible for choosing the health plan that provides the necessary coverage for themselves and any dependents. These suggestions are based on factors that others use to determine which health plan to choose. However, please review the information provided in the 2021 Benefit Choice Guide and the additional plan comparisons before choosing the best plan for you.

*The specific health plans and carriers vary depending on where you live. For purposes of these scenarios, we've compared the Aetna HMO, Aetna OAP, Aetna QCHP, and Aetna CDHP.*

# Andrea

42, married with 2 children, annual salary of \$80,000

	HMO	OAP*	QCHP	CDHP
<b>Andrea's contributions from her paycheck</b>				
<b>ANNUAL</b>				
Employee	\$2,184	\$2,112	\$2,340	\$1,920
2+ Dependents	\$2,664	\$2,556	\$3,720	\$2,364
<b>TOTAL</b>	<b>\$4,848</b>	<b>\$4,668</b>	<b>\$6,060</b>	<b>\$4,284</b>
<b>MONTHLY</b>				
Employee	\$182	\$176	\$195	\$160
2+ Dependents	\$222	\$213	\$310	\$197
<b>TOTAL</b>	<b>\$404</b>	<b>\$389</b>	<b>\$505</b>	<b>\$357</b>
<b>Andrea's out-of-pocket costs when she and her family receive healthcare</b>				
<b>Preventive care</b> Andrea pays nothing for her family's preventive care. All plans cover preventive care at 100% in-network.	\$0	\$0	\$0	\$0
<b>Doctor visits</b> Doctor visits are covered differently in each plan.	She pays a \$30 copay	She pays a \$30 copay	She pays the full cost of the visit (~\$120) until she reaches her individual deductible of \$575 or the family deductible of \$1,375. If she's reached the deductible, she pays 15% of the cost.	She pays the full cost of the visit (~ \$120) until she reaches the family deductible of \$3,000. If she's reached the deductible, she pays 10% of the cost.
<b>ER visits</b> Andrea's son kicks the soccer ball a little too hard; she takes him to the ER for a broken toe.	She pays a \$275 copay.	She pays a \$275 copay.	She pays a \$450 copay.	She pays the full cost of the visit (~\$1,500) until she reaches the family deductible of \$3,000. If she's reached the deductible, she pays 10% of the cost.
<b>Inpatient Hospitalization</b> Andrea's husband needs to have his appendix removed.	She pays a \$400 copay.	She pays a \$400 copay.	She pays a \$200 copay and then the full cost of the hospitalization (~\$20,000) until he reaches his individual deductible of \$575 or the family deductible of \$1,375. If she's reached the deductible, she pays 15% of the cost.	She pays the full cost of the hospitalization (~\$20,000) until she reaches the family deductible of \$3,000. If she's reached the deductible, she pays 10% of the cost.
<b>Health Savings Account contributions from the State of Illinois</b>				
Andrea can use these contributions to help pay her out-of-pocket costs now or in the future.	N/A	N/A	N/A	\$1,000

\*OAP assumes that Andrea uses Tier 1 managed care network providers. Currently 92% of State of Illinois employees enrolled in the OAP use Tier 1 providers. Tier II offers an expanded network of providers and members are subject to an annual plan deductible before the plan pays 90% of network charges. Tier III offers services from providers not in the network and are subject to an annual plan deductible before the plan pays 60% of allowable charges.

# David

28, single with no children, and annual salary of \$45,000

	HMO	OAP*	QCHP	CDHP
<b>David's contributions from his paycheck</b>				
Annual	\$1,512	\$1,440	\$1,668	\$1,248
Monthly	\$126	\$120	\$139	\$104
<b>David's out-of-pocket costs when he receives healthcare</b>				
<b>Preventive care</b> David pays nothing for his preventive care. All plans cover preventive care at 100% in-network.	\$0	\$0	\$0	\$0
<b>Specialist visits</b> David trips while running and hurts his wrist. He visits an orthopedist to have it examined.	He pays a \$35 copay.	He pays a \$35 copay.	He pays the full cost of the visit (~\$200) until he reaches the deductible of \$425. If he's reached the deductible, he pays 15% of the cost.	He pays the full cost of the visit (~ \$200) until he reaches the deductible of \$1,500. If he's reached the deductible, he pays 10% of the cost.
<b>Diagnostic Lab and X-ray</b> While at the orthopedist, he has an X-ray of his wrist. He's relieved to learn it is not broken.	He pays nothing.	He pays nothing.	He pays the full cost of the X-ray (~\$400) until he reaches the deductible of \$425. If he's reached the deductible, he pays 15% of the cost.	He pays the full cost of the X-ray (~ \$400) until he reaches the deductible of \$1,500. If he's reached the deductible, he pays 10% of the cost.
<b>Outpatient surgery</b> David needs outpatient surgery to have his tonsils removed.	He pays a \$300 copay.	He pays a \$300 copay.	He pays the full cost of the visit (~\$10,000) until he reaches his deductible of \$425. If he's reached the deductible, he pays 15% of the cost.	He pays the full cost of the visit (~\$10,000) until he reaches his deductible of \$1,500. If he's reached the deductible, he pays 10% of the cost.
<b>Health Savings Account contributions from the State of Illinois</b>				
David can use these contributions to help pay his out-of-pocket costs now or in the future.	N/A	N/A	N/A	\$500

\*OAP assumes that David uses Tier 1 managed care network providers. Currently 92% of State of Illinois employees enrolled in the OAP use Tier 1 providers. Tier II offers an expanded network of providers and members are subject to an annual plan deductible before the plan pays 90% of network charges. Tier III offers services from providers not in the network and are subject to an annual plan deductible before the plan pays 60% of allowable charges.