

COVERAGE EXAMPLES FOR SUBLUE AND SUORANGE

Details on Deductibles and Copays:

These examples show how SUBBlue and SUOrange may cover **in-network** medical care. Use these examples to see, in general, how the deductible and copay are applied to certain services **when the deductible is satisfied on the first visit.**

How does the deductible affect what I pay at my provider's office?

A deductible is a dollar amount members pay toward covered medical care each year, before the health plan begins to pay. After the annual deductible is satisfied, you will pay the copay or coinsurance that apply to those services.

An annual in-network deductible of \$100 per person with a maximum of \$250 for a family is applied to the SUBBlue and SUOrange health plans. Each family member is only subject to the annual individual deductible. Any combination of family members can satisfy the annual family deductible.

How does the out-of-pocket maximum protect me and my family?

The out-of-pocket maximum caps the amount of out-of-pocket expenses that you would pay in a calendar year.

Expenses that count toward the out-of-pocket maximum include the deductible, coinsurance, and copayment amounts. A separate out-of-pocket maximum applies to prescription drugs.

Once you reach the out-of-pocket maximum, the health plan pays 100% of eligible charges for the remainder of the year. The difference between

Visit #1: Primary Care Physician (Non-routine visit)

- Amount owed to providers: \$250
- Plan pays \$115
- Patient pays \$135

Sample care costs:

Office visit charges	\$250
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Patient pays:

Deductible	\$100
Copay	\$35
Total	\$135

Amount Applied to Out-of-Pocket Maximum:

Single Annual Maximum Amount	\$2,000
Amount Applied	\$135
Amount Remaining	\$1,865

submitted charges and the allowable amounts for out-of-network services do not count toward the out-of-pocket maximum.

Note: Out-of-network services have a separate deductible and out-of-pocket maximum. The deductible, copay, and coinsurance amounts paid for both in and out-of-network services are applied to both out-of-pocket maximum limits. However, should you seek services from an out-of-network provider, you must meet the out-of-network deductible before the health plan pays for services, even if you have already satisfied the in-network deductible.

Visit #2: Urgent Care (Same patient)

- Amount owed to providers: \$500
- Plan pays \$450
- Patient pays \$50

Sample care costs:

Urgent Care Visit and Procedures	\$500
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Patient pays:

Deductible	\$0
Copay	\$50
Total	\$50

Amount Applied to Out-of-Pocket Maximum:

Single Annual Maximum Amount	\$1,865
Amount Applied	\$50
Amount Remaining	\$1,815



This is not a cost estimator.

Don't use these examples to estimate your actual costs under these plans. The actual care you receive may be different from these examples, and the cost of that care may also be different.

COVERAGE EXAMPLES FOR SUBLUE AND SUORANGE

Details on Deductibles and Copays:

These examples show how SUBBlue and SUOrange may cover **in-network** medical care. Use these examples to see, in general, how the deductible and copay are applied to certain services **when the deductible is not satisfied on the first visit.**

Visit #1: Primary Care Physician

(Non-routine visit)

- Amount owed to providers: \$75
- Plan pays \$0
- Patient pays \$75

Sample care costs:

Office visit charges	\$75
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Patient pays:

Deductible	\$75
Copay	\$0
Total	\$75

Amount Applied to Out-of-Pocket Maximum:

Single Annual Maximum Amount	\$2,000
Amount Applied	\$75
Amount Remaining	\$1,925

Visit #2: Urgent Care

(Same patient)

- Amount owed to providers: \$500
- Plan pays \$425
- Patient pays \$75

Sample care costs:

Urgent Care Visit and Procedures	\$500
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Patient pays:

Deductible	\$25
Copay	\$50
Total	\$75

Amount Applied to Out-of-Pocket Maximum:

Single Annual Maximum Amount	\$1,925
Amount Applied	\$75
Amount Remaining	\$1,850



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COVERAGE EXAMPLES FOR SUPRO

Details on Deductibles and Coinsurance:

These examples show how SUPro may cover **in-network** medical care. Use these examples to see, in general, how the deductible and coinsurance are applied to certain services **when the deductible is satisfied on the first visit.**

How does the deductible affect what I pay at my provider's office? A deductible is a dollar amount members pay toward covered medical care each year, before the health plan begins to pay. After the annual deductible is satisfied, you will pay the coinsurance that applies to those services.

An annual in-network deductible of \$200 per person with a maximum of \$400 for a family is applied to the SUPro health plan. Each family member is only subject to the annual individual deductible. Any combination of family members can satisfy the annual family deductible.

How does the out-of-pocket maximum protect me and my family? The out-of-pocket maximum caps the amount of out-of-pocket expenses that you would pay in a calendar year.

Expenses that count toward the out-of-pocket maximum include the deductible and coinsurance amounts. A separate out-of-pocket maximum applies to prescription drugs.

Once you reach the out-of-pocket maximum, the health plan pays 100% of eligible charges for the remainder of the year. The difference between

Visit #1: Primary Care Physician (Non-routine visit)

- Amount owed to providers: \$250
- Plan pays \$40
- Patient pays \$210

Sample care costs:

Office visit charges	\$250
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Patient pays:

Deductible	\$200
Coinsurance (20% x \$50)	\$10
Total	\$210

Amount Applied to Out-of-Pocket Maximum:

Single Annual Maximum Amount	\$1,500
Amount Applied	\$210
Amount Remaining	\$1,290

submitted charges and the allowable amounts for out-of-network services do not count toward the out-of-pocket maximum.

Note: Out-of-network services have a separate deductible and out-of-pocket maximum. The deductible and coinsurance amounts paid for both in and out-of-network services are applied to both out-of-pocket maximum limits. However, should you seek services from an out-of-network provider, you must meet the out-of-network deductible before the health plan pays for services, even if you have already satisfied the in-network deductible.

Visit #2: Urgent Care (Same patient)

- Amount owed to providers: \$500
- Plan pays \$400
- Patient pays \$100

Sample care costs:

Urgent Care Visit and Procedures	\$500
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Patient pays:

Deductible	\$0
Coinsurance (20% x \$500)	\$100
Total	\$100

Amount Applied to Out-of-Pocket Maximum:

Single Annual Maximum Amount	\$1,290
Amount Applied	\$100
Amount Remaining	\$1,190



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COVERAGE EXAMPLES FOR SUPRO

Details on Deductibles and Coinsurance:

These examples show how SUPro may cover **in-network** medical care. Use these examples to see, in general, how the deductible and coinsurance are applied to certain services **when the deductible is not satisfied on the first visit.**

Visit #1: Primary Care Physician (Non-routine visit)

- Amount owed to providers: \$75
- Plan pays \$0
- Patient pays \$75

Sample care costs:

Office visit charges	\$75
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Patient pays:

Deductible	\$75
Coinsurance	\$0
Total	\$75

Amount Applied to Out-of-Pocket Maximum:

Single Annual Maximum Amount	\$1,500
Amount Applied	\$75
Amount Remaining	\$1,425

Visit #2: Urgent Care (Same patient)

- Amount owed to providers: \$500
- Plan pays \$300
- Patient pays \$200

Sample care costs:

Urgent Care Visit and Procedures	\$500
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Patient pays:

Deductible	\$125
Coinsurance (20% x \$375)	\$75
Total	\$200

Amount Applied to Out-of-Pocket Maximum:

Single Annual Maximum Amount	\$1,425
Amount Applied	\$200
Amount Remaining	\$1,225



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