

# Bryn Mawr College Medical Plan Comparison November 1, 2024

## Personal Choice PPO

Preferred Provider Organization (PPO). Coverage is 100% after a \$15 copay for primary doctors (and telehealth) and \$25 for specialists in the Personal Choice network. Copay prescription plan (\$20 generic, \$50 Preferred Brand, \$100 Non-Preferred Brand) includes a mail-order option with copay savings. Emergencies are covered at 100% after a \$200 copay that is waived if admitted. Urgent care centers are covered after a \$50 copay and there is a \$20 imaging copay. Approved in-network hospitalization is covered at 100% after a flat \$250 copay and outpatient surgery is covered at 100% after a \$100 copay. Out-of-network benefits are covered at 70% of allowed charges after a \$500 deductible. Routine vision exam and glasses/contact lens reimbursement every two years.

### **Advantages**

- f* Option of staying within or leaving the network
- f* No assignment to a primary care physician
- f* No need to obtain specialist referrals
- f* Lower office visit, imaging and outpatient surgery copays than the Keystone plans
- f* Hospital copay is lower than the Keystone plans for any hospitalization exceeding one day
- f* Out-of-network benefits are better than the HDHP, with a lower deductible and higher coinsurance
- f* Unlike Keystone plans, coverage is available when the employee is residing outside of the Philadelphia area
- f* Access to national network through Blue Cross PPO program
- f* Provides in-network benefits outside of the U.S. through the Blue Cross Blue Shield Global Core program, although the network is limited

### **Disadvantages**

- f* Most expensive premium cost
- f* Higher deductible and lower coinsurance than Keystone POS for out-of-network care
- f* Higher hospital copay than Keystone plans for single day admissions
- f* Durable medical equipment is subject to a \$25 copay per rental period, versus none on the Keystone plans

## Personal Choice PPO High Deductible Health Plan

The HDHP plan uses the Personal Choice network. However, unlike the Personal Choice PPO plan, the HDHP provides no coverage for in-network services until a plan year (November 1 – October 31) deductible has been met. The plan year deductibles are \$1,650 for single coverage and \$3,300 for family coverage. Routine vision exam and glasses/contact lens reimbursement (every two years) and preventive services (as defined by health care reform) are not subject to the plan year deductible.

Once the \$1,650 or \$3,300 deductible is met, in-network expenses are covered at 90% of allowed charges, until an annual out-of-pocket limit of \$6,350 is met. The exception is for prescriptions, which are subject to a \$5 generic, \$20 Preferred Brand and \$45 Non-Preferred Brand copay once the applicable deductible has been met. The telehealth copay before the deductible is met is \$60. Unlike the Personal Choice PPO plan, the individual deductible does not apply to family enrollment. The \$3,300 must be met in its entirety under a family contract before 90% in-network coverage goes into effect.

HDHP enrollees who use in-network providers should not pay for services on the date of the visit. An explanation of benefits will be made available by Independence Blue Cross after the visit has occurred, which will specify the exact amount that is to be paid to the in-network provider. It is recommended to wait to be billed by your provider before making payment on a claim. Out-of-network benefits are covered at 50% of allowed charges after a \$5,000 single and \$10,000 family plan year deductible are met.

The HSA is an optional feature of the HDHP and can be used to pay for medical expenses with pretax dollars. Annual contributions to the HSA are determined by the IRS. The maximum annual contribution that an individual, with individual coverage, can make to an HSA is \$4,150 for 2024 and \$4,300 for 2025. In the case of a family, with family coverage, the maximum annual contribution is \$8,300 in 2024 and \$8,550 in 2025. HSA holders age 55 and older may make an additional annual contribution of \$1,000.

HSA enrollment is limited to HDHP enrollees who have no other health coverage. This includes participation in an FSA health care savings account. HDHP enrollees should also not participate in the HSA if enrolled in Medicare (Parts A or B) or Medicaid.

HSA contributions will be deposited at an FDIC-insured account that each participant establishes at HealthEquity, with contributions made through payroll deduction, or at another institution without payroll deduction. HealthEquity HSA enrollees will receive a debit card for which distributions from the account can be made.

## **Advantages**

- f* Least expensive premium cost. Money is added back to pay on every coverage level except family, which can be used to fund the HSA, resulting in pre-tax claim payment
- f* Participants with HSA contributions in excess of claims will see an increase in the HSA balance over time
- f* Unlike an FSA account, the HSA has no “use it or lose it” feature and HSA investments can earn a return
- f* Unlike an FSA, no one other than the account holder will monitor the distribution process
- f* The HSA is portable if employment ends and can be funded through another HDHP
- f* Barring a life event, FSA contributions must be set and remain unchanged at the start of the plan year. By contrast, HSA contributions may be changed at any time
- f* HSA annual contribution limits are much higher than the 2024 FSA limit of \$

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