

## Butte Schools Self-Funded Programs

### Claims Payment Comparison Effective October 1, 2020

This document is intended to illustrate how a sample set of medical claims would be paid under each plan.  
Please refer to the complete Summary Plan Description ([www.bsspjpa.org](http://www.bsspjpa.org)) for a full disclosure of plan benefits.

Total Claim @ Network	Member Out of Pocket (OOP)				Total Member Payment
	Rate	Co-Payment	Deductible	Insurance Co- Plan Pays	

<b>80% J \$30</b>					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness~	100	n/a	n/a	n/a	100
Lab work - illness*	300	n/a	300	-	-
Office visit - illness~	100	n/a	n/a	n/a	100
ER visit - no admission	3,000	100	450	490	1,960
In-patient hospitalization	30,000	n/a	met above	1,660	28,340
Office visit - illness~	100	n/a	met above	met above	100
<b>Total</b>	<b>33,750</b>	<b>100</b>	<b>750</b>	<b>2,150</b>	<b>30,750</b>

<b>80% K \$30</b>					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness~	100	n/a	n/a	n/a	100
Lab work - illness*	300	n/a	300	-	-
Office visit - illness~	100	n/a	n/a	n/a	100
ER visit - no admission	3,000	100	700	440	1,760
In-patient hospitalization	30,000	n/a	met above	1,460	28,540
Office visit - illness~	100	n/a	met above	met above	100
<b>Total</b>	<b>33,750</b>	<b>100</b>	<b>1,000</b>	<b>1,900</b>	<b>30,750</b>

<b>HSA A (one member of a family)</b>					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness^	100	n/a	100	-	-
Lab work - illness^	300	n/a	300	-	-
Office visit - illness^	100	n/a	100	-	-
ER visit - no admission	3,000	100	2,300	60	540
In-patient hospitalization	30,000	n/a	met above	40	29,960
Office visit - illness^	100	n/a	met above	met above	100
<b>Total</b>	<b>33,750</b>	<b>100</b>	<b>2,800</b>	<b>100</b>	<b>30,750</b>

Total Claim @ Network	Member Out of Pocket (OOP)				Total Member Payment
	Rate	Co-Payment	Deductible	Insurance Co- Plan Pays	

<b>80% L \$30</b>					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness~	100	n/a	n/a	n/a	100
Lab work - illness*	300	n/a	300	-	-
Office visit - illness~	100	n/a	n/a	n/a	100
ER visit - no admission	3,000	100	1,700	240	960
In-patient hospitalization	30,000	n/a	met above	1,660	28,340
Office visit - illness~	100	n/a	met above	met above	100
<b>Total</b>	<b>33,750</b>	<b>100</b>	<b>2,000</b>	<b>1,900</b>	<b>29,750</b>

<b>80% M \$40</b>					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness~	100	n/a	n/a	n/a	100
Lab work - illness*	300	n/a	300	-	-
Office visit - illness~	100	n/a	n/a	n/a	100
ER visit - no admission	3,000	100	2,700	40	160
In-patient hospitalization	30,000	n/a	met above	860	29,140
Office visit - illness~	100	n/a	met above	met above	100
<b>Total</b>	<b>33,750</b>	<b>100</b>	<b>3,000</b>	<b>900</b>	<b>29,750</b>

<b>MEC HSA</b>					
Office visit - prevention*	150	n/a	n/a	n/a	150
Office visit - illness^	100	n/a	100	-	-
Lab work - illness^	300	n/a	300	-	-
Office visit - illness^	100	n/a	100	-	-
ER visit - no admission	3,000	100	2,900	-	-
In-patient hospitalization	30,000	n/a	1,600	1,250	27,150
Office visit - illness^	100	n/a	met above	met above	100
<b>Total</b>	<b>33,750</b>	<b>100</b>	<b>5,000</b>	<b>1,250</b>	<b>27,400</b>

~First three primary care office visits are at \$0 copayment.

\*Service available at the Butte Schools Health and Wellness Center for \$0 copayment, deductible or coinsurance.

^Service available at the Butte Schools Health and Wellness Center for \$0 (telemed) or \$25 copayment, \$0 deductible, \$0 coinsurance.