

# Insurance Facts

## Preferred Provider Benefit Plan\*

**Monthly Premium** **\$385.95**

**Percent of Expense Paid by Plan In-Network** **80%**

**Percent of Expense Paid by Plan Out-of-Network** **60%**

**Annual Out-of-Pocket Expense (est.)** **\$2,750**

**Your Total Annual Cost (est.)** **\$5,500**

**Justified Complaints** **-**

**Premium to Direct Patient Care Ratio** **80%**

**Expected Profit** **-**

### Benefit Levels

Annual Deductible **\$750**

Annual Family Deductible **\$2,250**

Annual In-Network Deductible **\$750**

Annual Out-of-Network Deductible **\$250 per admission**

Out-of-Pocket Maximum **\$5,500**

Office Visit Copayment (Primary/Specialist) **\$25/\$25**

Rx Copayment **\$20/\$40/\$60**

Lifetime Maximum Benefit **\$2 million**

Emergency Room Visit Copayment **\$50 + 20%**

Mental Health **\$**

Outpatient Surgery Copayment **20% after deductible**

Inpatient Cost Sharing **20%**

\*Based on an health plan from an Austin-based employer