

# **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**

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

## **Disadvantages**

- Most expensive premium cost
- Higher deductible and lower coinsurance than Keystone POS for out-of-network care
- Higher hospital copay than Keystone plans for single day admissions
- 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**

- 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
- Participants with HSA contributions in excess of claims will see an increase in the HSA balance over time
- Unlike an FSA account, the HSA has no “use it or lose it” feature and HSA investments can earn a return
- Unlike an FSA, no one other than the account holder will monitor the distribution process
- The HSA is portable if employment ends and can be funded through another HDHP
- 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
- HSA annual contribution limits are much higher than the 2024 FSA limit of \$3,200
- Option of staying within or leaving the network, although out-of-network benefits are very limited
- No assignment to a primary care physician
- No need to obtain specialist referrals

- Unlike Keystone plans, coverage is available when the employee is residing outside of the Philadelphia area
- Access to national network through Blue Cross PPO program
- HDHP family deductible can be cost effective for larger families
- Certain preventive medications for chronic conditions are not subject to the deductible
- Lower prescription copays than any other plan, although non-preventive medications are subject to the deductible
- Most HDHP participants have the option of using the FSA for pre-tax claim reimbursement if the HSA is not available or if the HDHP participant opts not to enroll in the HSA

## **Disadvantages**

- The HDHP has a large upfront deductible that must be met before most services are covered
- Even after the in-network deductible is met, the participant is responsible for 10% of in-network charges until an annual out-of-pocket limit of \$6,350 per individual is met
- If the participant intends to use the HSA, money must be available in the account or the participant will have to pay the claim from other means
- While money is added back at all coverage levels except family, the employee still must make an active election to fund the HSA. If this does not occur, the subsidy will be treated as taxable income and will not be deposited into the HSA. The subsidy will not be an available source for claim payments if it has been used for other purposes
- The HDHP has extremely limited out-of-network benefits including a very high deductible and low coinsurance
- Blue Cross Blue Shield Global Core coverage may not be readily available. This can create coverage gaps for faculty on sabbatical who must rely on extremely limited out-of-network benefits when seeking non-emergency treatment. Supplemental travel accident insurance should be considered
- \$1,650 HDHP deductible only applies to single coverage. Participants with coverage greater than single must meet a \$3,300 deductible, even if all the expense is incurred by one person
- If using the HSA, there is a required filing of Form 8889 when submitting the annual Form 1040 federal tax return
- If using the HSA, record keeping is required to document that expenses were eligible for pre-tax payment
- If using the HSA, the participant must be familiar with what constitutes a qualified medical expense at the time of payment. Non-qualified expenses are subject to income taxes and possibly excise taxes, if the participant is under age 65
- The HSA is not available to all employees, including anyone enrolled in any other form of group medical coverage, including an FSA, Medicare, or Medicaid. This excludes any employee who is over the age of 69 ½, due to mandatory enrollment in Medicare Part A related to receiving Social Security no later than age 70.
- The HSA has banking fees like a saving and checking account that are not waived unless certain conditions are met.

## **Keystone POS**

Point-of-Service plan (POS) is positioned between an HMO and a PPO. Like an HMO, participants must choose a primary care physician (PCP). When care is required, the “point-of-service,” the choice is made to seek that care through the PCP (referred care) or from any other provider (self-referred care).

Coverage is 100% after a \$25 copay for visits to the PCP (and telehealth) and \$50 to referred specialists. 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 \$50 imaging copay. Approved In-network hospitalization is covered at 100% after a \$150 per day copay (capped at 5 days per admission) and outpatient surgery is covered at 100% after a \$250 copay. Routine vision exam and glasses/contact lens reimbursement every two years. Self-referred care is paid at 80% of allowed charges after a \$200 deductible.

### **Advantages**

- Referred benefits are identical to Keystone HMO. The premium difference between the POS and the HMO pays for the option of self-referral
- If rules are followed, comprehensive coverage is provided that is less expensive than Personal Choice, does not have the high out-of-pocket costs of the HDHP and has the option of self-referred coverage that is not available with the HMO
- Lower deductible and higher coinsurance than Personal Choice for self-referred care
- Unlike Personal Choice, no copay for approved durable medical equipment rentals
- Unlike Personal Choice, Keystone provides coverage for artificial insemination

### **Disadvantages**

- The PCP must refer in-network care or payment reverts to self-referred level
- With the exception of the Telehealth services and dependent guest HMO enrollment (where available), non-emergent/urgent in-network coverage is limited to the Philadelphia area, and members cannot be enrolled with an out-of-area address.
- Limited referred rehabilitative benefits (physical therapy/occupational therapy/chiropractic care) although better than Keystone HMO since self-referred benefits are available
- Referred radiology, laboratory, podiatry, and physical/occupational therapy services must be received at a designated site
- Participating doctors do sometimes stop accepting new Keystone patients
- Higher office visit, imaging and outpatient surgery copays than Personal Choice
- Higher hospital visit copay than Personal Choice if admission exceeds one day

## **Keystone HMO**

Health Maintenance Organization (HMO). Coverage is 100% after a \$25 copay for visits to the PCP (and telehealth) and \$50 to referred specialists. Copay prescription plan (\$20 generic, \$50 Preferred Brand and \$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 \$50 imaging copay. Approved In-network hospitalization is covered at 100% after a \$150 per day copay (capped at 5 days per admission) and outpatient surgery is covered at 100% after a \$250 copay. Routine vision exam and glasses/contact lens reimbursement every two years.

### **Advantages**

- Other than the HDHP, least expensive premium cost
- If rules are followed, comprehensive coverage is provided that is less expensive than Personal Choice and Keystone POS, and does not have the high out-of-pocket costs of the HDHP
- If there is no intent of using self-referred benefits, the HMO provides the same benefits of the POS at a lower premium
- Unlike Personal Choice, no copay for approved durable medical equipment rentals
- Unlike Personal Choice, Keystone provides coverage for artificial insemination

### **Disadvantages**

- All primary care must be obtained through the PCP or it will not be covered
- The PCP must refer all specialist care or it will not be covered
- With the exception of the Telehealth services and dependent guest HMO enrollment (where available), non-emergent/urgent in-network coverage is limited to the Philadelphia area, and members cannot be enrolled with an out-of-area address.
- Limited rehabilitative benefits (physical therapy/occupational therapy/chiropractic care)
- Radiology, laboratory, podiatry and physical/occupational therapy services must be received at a contracted site
- Participating doctors do sometimes stop accepting new Keystone patients
- Higher office visit, imaging and outpatient surgery copays than Personal Choice
- Higher hospital visit copay than Personal Choice if admission exceeds one day