

Beginning on June 1, 2021, Curry will offer a choice between an HMO Deductible and a PPO Deductible Health Plan. Below is an overview describing some of the differences between these two types of plans. Please review the information below carefully to determine the most appropriate plan for you and your family.

**2021 Cost Difference:**

- Individuals will pay \$1,950.72 more annually from 6/1/2021 – 5/31/2022 for the PPO Deductible vs. the HMO Deductible
- Families will pay \$5,117.04 more annually from 6/1/2021 – 5/31/2022 for the PPO vs. the standard HMO

**HMO Deductible - Health Maintenance Organization Deductible Plan**

When you are enrolled in the HMO Deductible plan, you are required to select a Primary Care Physician (also known as a PCP). If you want to see *any* doctor other than your PCP, then: a) The doctor must be in the HMO network, and b) You must obtain a referral from your PCP. If either condition is not met, your plan pays nothing.

**Advantages of HMO Plans:**

- The cost of care is spread out among the members, so the annual premiums are slightly lower.
- There is little to no paperwork for the patients to complete, and no dealing with insurance forms.

**Disadvantages of HMO Plans:**

- Referrals to specialists are limited to Physicians within the HMO network.
- The requirement to pick a primary care physician at the HMO may seem inflexible to some.

**PPO Deductible – Preferred Provider Organization Deductible Plan**

- When you are enrolled in the PPO plan, you have the freedom to see any doctor that you choose. Receive covered health care services from most licensed providers in or out of the Health Plan network.
- In-network, routine care, like annual physicals, preventive testing, and immunizations, is covered 100%. Your plan is designed to encourage routine care that helps keeps you healthy.
- Your plan has a deductible—an amount of money that you pay before your health plan will begin paying for most of your health care services. You will have to pay for any health services you receive—including office visits for in-network non-routine care and hospital charges within or outside of the Health Plan network—out of your own pocket until you have met your yearly deductible. Once you meet your plan’s deductible, the health plan starts paying for all covered services.

- Your plan also has coinsurance for out-of-network services (and may also have a separate deductible). If you seek care outside the Health Plan network, you will pay your deductible first, then a percentage of the charges, up to your out-of-pocket maximum.

The main difference between the PPO and the HMO is that the PPO does allow you the option to go outside the network. If you are only seeing in-network providers, you may want to consider the HMO program.

### **Advantages of PPO plans:**

- PPO coverage allows you to maximize your freedom of choice. This freedom of choice encourages you to use network providers but does not require it, as with HMO coverage.
- No "gatekeeper" for out-of-network care - If you choose to go outside the PPO network for treatment, you are free to see any doctor or specialist you choose without first consulting your primary care physician (PCP). Of course, you will pay substantially more out-of-pocket charges for out-of-network care

### **Disadvantages of PPO plans:**

- There is generally a strong financial incentive to use PPO network physicians. For example, your co-payment would be only \$20 for care obtained from network physicians, but you could be responsible for up to 20% of the cost of treatment provided by non-network doctors (after a deductible).
- Deductible for non-network care - You must reach a specified deductible before coverage begins on out-of-network care. The current PPO requires that an individual satisfy a \$2,000 deductible and a family must satisfy \$4,000 before services are covered. After the deductible, you are also responsible for 20% coinsurance for most services.

### **What is a Deductible Plan?**

- The deductible is the amount you must pay before your insurance kicks in. We are speaking here only of the services that are subject to a deductible. Not everything you go to the doctor for is subject to the deductible. In other words, there are some things you can go to the doctor for that are covered right away, without your having to meet your deductible. These are generally preventive services such as Routine Physical Exams, Outpatient Maternity Care, Preventative Screenings, and Preventative Immunizations to name a few.
- Curry's Deductible plans will have a \$2,000 Deductible per Individual Plan, and a \$4,000 Limit per Family Plan. Curry will assist with the cost of these deductibles through the implementation of a Health Reimbursement Account (HRA). The HRA is packaged with the Curry health plans to help you pay for deductible expenses. Think of an HRA as a medical bank account funded by Curry— money that you can use to pay for eligible health care expenses.
- For the plan year that will run from 6/1/2021 – 5/31/2022, employees must pay the first 50% of the deductible (\$1,000 Per Individual Plan / \$2,000 Per Family Plan). Once you have met 50% of your Deductible, Curry will pay the remaining 50% of the deductible through the HRA.

- You'll also be glad to know there's a limit on what you may possibly pay during a plan year. It's called an Out-of-Pocket maximum. The Out-of-Pocket maximum is the most you can pay during your coverage period (typically one year) for your share of the cost of covered services. Curry's Out of Pocket Maximum is \$4,000.00 Per Individual Plan, and \$8,000.00 Per Family Plan.

Please see the chart below for some examples of how each plan will work effective June 1, 2021:

<b>Feature</b>	<b>HMO</b>	<b>PPO</b>
<b>Do members choose a primary care provider (PCP)?</b>	Yes. Each member chooses a PCP.	No. You have the freedom to see any doctor that you choose.
<b>Do members use a provider network?</b>	Yes	Yes
<b>Can members go to out-of-network health care providers?</b>	No	Yes
<b>Do members have to meet deductibles before coverage begins?</b>	Yes Yes 2,000 Per Individual Plan / 4,000 Per Family Plan – See above regarding HRA	In-Network – Yes 2,000 Per Individual Plan 4,000 Per Family Plan See above regarding HRA  Out-of-Network - Yes 2,000 Per Individual Plan 4,000 Per Family Plan
<b>Do members pay coinsurance?</b>	No	In-Network - No Out-of-Network -Yes (20% coinsurance)
<b>Do members pay co-pays?</b>	Yes	Yes
<b>Are prescription drugs covered?</b>	Yes	Yes
<b>Are maternity benefits included?</b>	Yes	Yes