Insurance Cost Worksheet

Use this worksheet to compare your potential costs under SHIP with your current coverage.

		SHIP Basic Coverage (assumes all care is provided innetwork)		Your Other Coverage (Be sure to take into consideration your provider network)		
2020 - 21 Premium (annual)			\$2,789			·
Deductible			\$150* (\$500 out of network)			
Out-of-pocket maximum			\$5,500			
Sample Services	Potential Cost of Service in Boston	Potential In- Network Rate	Copay (for Preferred Providers)	Potential Coinsurance (for Preferred Providers)	Copay	Coinsurance
Behavioral health visit: Psychotherapy, 45 minutes	\$175	\$100	\$10	\$0		
Office visit: New patient - moderate complexity	\$218	\$143	\$40	\$0		
Lab test: Blood work (Cholesterol profile)**	\$93	\$38	\$0	20% (after deductible) = \$7.60		
X-ray, two views (Chest)**	\$210	\$135	\$0	20% (after deductible) = \$27.00		
Imaging test: MRI without contrast (Neck)**	\$2,249	\$902	\$0	20% (after deductible) = \$180.40		
ER visit	\$2,217	\$1,219	\$150	\$0 (after deductible)		
Physical therapy evaluation	\$191	\$105	\$40	\$0 (after deductible)		
Two-day hospital stay**	\$6,872	\$4,810	N/A	20% (after deductible) = \$962.00		
	Frequ	ently-Prescri	bed Drugs (Retai	l Costs) per 30-day sup	pply***	
Behavioral health: Amphetamine / dextroamphetamine	n/a	n/a	\$10	\$0		
Behavioral health: Fluoxetine	n/a	n/a	\$10	\$0		
Acute care: Amoxicillin / penicillin	n/a	n/a	\$10	\$0		
Acute care: Diclofenac	n/a	n/a	\$10	\$0		

This worksheet is intended for illustration purposes only. The values shown may be different from the actual costs when you receive health care services. Values in the "Average Cost of Service in Boston" and "Potential In-Network Rate" columns may not reflect the specific costs of services obtained in Boston or the actual in-network rates, respectively.



^{*}The deductible only applies for certain expenses. Visit the <u>Aetna website</u> to learn more.

^{**}Coinsurance is calculated using the "Potential In-Network Rate" shown in the chart and assumes deductible has been met.

^{***}Brand name drugs cost you more. Visit the Aetna website to learn more.