



# Guide to **Selecting** a **Medical Plan**

## A Guide to Making the Best Medical Plan Choice for You

At Smith College, we're committed to providing a suite of benefit programs that meet the many needs and budgets of our employees.

One of the most important benefits to consider is medical coverage, and we continue to offer **five (5) different medical plan options** from which you can choose:

1. **High Deductible Health Plan with Health Savings Account (HDHP w/ HSA)**
2. **Value Health Maintenance Organization (Value HMO) Plan**
3. **Health Maintenance Organization (HMO) Plan**

### 4. **Point of Service (POS) Plan**

### 5. **Preferred Provider Organization (PPO) Plan**

It's important to understand there is no single "best" plan for everyone. Each plan includes features that make it the "best" for different personal situations. However, we also know understanding the differences among the plans can be confusing! While it may feel easy to simply roll over the same coverage year after year, that may not be what's best for you and your family.

Use this guide to learn more about the different medical plans available to you as a Smith College employee so you can choose the one that best fits your needs!

## Comparing Our Medical Plan Options

Here's an overview of how our medical plan options work. For complete details, including a *Summary of Benefits and Coverage* for each plan, visit the [Smith College Benefits website](#).

|  | HDHP W/ HSA                             | VALUE HMO                                     | HMO   | POS                                   | PPO                                   |
|--|---|---|---|---------------------------------------|---------------------------------------|
| Does this plan have out-of-network coverage?                         | Yes                                     | No (except for emergencies)                   | No (except for emergencies)                   | Yes                                   | Yes                                   |
| Do I need a referral to visit a specialist?                          | No                                      | Yes   | Yes   | Yes                                   | No                                    |
| What is the annual deductible when I visit in-network providers?     | \$1,500 per person / \$3,000 per family | \$500 per person / \$1,000 per family         | \$0   | \$0                                   | \$0                                   |
| What is the annual deductible when I visit out-of-network providers? | \$3,000 per person / \$6,000 per family | N/A   | N/A   | \$400 per person / \$800 per family   | \$400 per person / \$800 per family   |
| After I meet the deductible, how much do I pay for care?             | 10% in-network / 30% out-of-network     | Copay in-network / no coverage out-of-network | Copay in-network / no coverage out-of-network | Copay in-network / 20% out-of-network | Copay in-network / 20% out-of-network |

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## Comparing Our Medical Plan Options *continued*

|  | HDHP W/ HSA                              | VALUE HMO                               | HMO                                     | POS                                     | PPO                                     |
|--|--|---|---|---|---|
| What is the in-network out-of-pocket maximum for the plan?     | \$3,000 per person / \$6,000 per family  | \$2,500 per person / \$5,000 per family | \$2,500 per person / \$5,000 per family | \$2,500 per person / \$5,000 per family | \$2,500 per person / \$5,000 per family |
| What is the out-of-network out-of-pocket maximum for the plan? | \$6,000 per person / \$12,000 per family | N/A                                     | N/A                                     | \$2,000 per person / \$4,000 per family | \$2,000 per person / \$4,000 per family |
| Generally speaking, how much are my bi-weekly premiums?        | \$                                       | \$\$                                    | \$\$\$                                  | \$\$\$\$                                | \$\$\$\$                                |
| Generally speaking, how much are my costs when I receive care? | \$\$\$                                   | \$                                      | \$                                      | \$\$                                    | \$\$                                    |

## Which Plan Is Best for Me?

Don't simply pick a plan based on which one has the lowest premiums or deductibles. Rather, think about what each plan offers—and doesn't offer—for your specific situation. For example:

### 1. Do you need out-of-network or out-of-area coverage?

If you've moved to another state or have a child living or attending school outside of New England, you'll want to make sure you all have coverage. The POS, HDHP w/ HSA, or PPO Plans may be best because they allow out-of-network benefits, while the HMO and Value HMO do not.

### 2. Do you want to see a specialist who is out-of-network or doesn't take insurance?

For example, you may want to see a speech therapist or chiropractor. While you'd pay out-of-pocket for these services, they'd count toward your deductible if you chose the HDHP w/ HSA Plan.

### 3. Would you prefer to pay higher premiums (per-paycheck costs) each pay period in exchange for more predictable out-of-pocket costs when you receive care?

If so, you might consider the HMO or PPO Plans, which have copays that make it easier to estimate your cost of care.

### 4. How much do you plan to use your medical coverage in 2023?

Consider whether you're anticipating any major life changes next year. For example, you might be expecting a child, planning for a major surgery, or having a child turn 26 and come off your insurance. If you don't expect to use the plan much, you may find the HDHP w/ HSA or Value HMO Plans offer the coverage you need at a lower premium cost than the other options.

### 5. Do you value having an HSA, so you can set aside funds now to pay for medical expenses in the future?

If so, the HDHP w/ HSA is the only plan that allows you to roll funds over year-to-year—and it includes an annual contribution from the College (\$500 for individual coverage or \$1,000 for family coverage; pro-rated 50% for new hires starting on or after July 1). With other medical plans, you can contribute to a Flexible Spending Account (FSA), but you must use all of the money by the end of the year.

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## FINDING WHAT FITS

Below are a few examples of what Smith College faculty and staff may consider when electing a medical plan—think about how they may apply to your specific personal situation!



### MEET OWEN

Owen is 26 years old and single. He's in pretty good health and, aside from routine checkups and preventive care visits, doesn't visit the doctor much. He anticipates a few modest medical expenses over the coming year for minor illnesses, as well as for his maintenance medication to treat anxiety.

Owen reviews the medical plan options and **decides to elect the HDHP w/ HSA**. Because he doesn't expect any major medical expenses, he prefers the lower per-paycheck premiums, which will also allow him to set more money aside for other benefits like the 403(b) Retirement Plan. Additionally, he likes the idea of setting aside and investing funds now to pay for his medical expenses later in life, which the HSA allows him to do. If he ever leaves Smith, he can take his HSA with him, and he can also take advantage of its triple-tax savings.



### MEET SOFIA

Sofia is 47 years old and covers herself, her spouse, and her two children on her medical plan. Both of her kids are athletes, which means injuries are common-place. Additionally, her oldest son has signed a letter of intent to play lacrosse collegiately in California next fall. Finally, Sofia's spouse has type 2 diabetes, so she'd like to take advantage of the OptumRx Diabetes Program to help her spouse manage this condition.

Because Sofia's son attends college out of state, she knows she must elect a plan that has out-of-network benefits. Since her kids are prone to injury and her spouse must manage their diabetes, Sofia expects significant medical expenses in 2023. She'd prefer to pay more up front in exchange for lesser, more predictable expenses at the time of care. Therefore, Sofia selects the **PPO Plan**.

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## MEET ANGEL

Angel is 63 years old and approaching retirement. Until last year, they covered their spouse and daughter on their medical plan. However, Angel's daughter turned 26 last year and is no longer on their plan. Rather than simply electing the same plan this year, Angel reviews their medical options to see if there's a better plan available for their family's situation.

Angel no longer has to worry about whether their daughter will move away, so out-of-network coverage is less important to them. While Angel and their spouse are generally healthy, they know they're getting older and will likely have more surprise medical events that mean specialist visits and trips to the ER. **Therefore, Angel selects the Value HMO Plan** so they can take advantage of many of the benefits of the HMO Plan, while also paying lower premiums.



## NEED HELP DECIDING?

Use our **Health Plan Cost Comparison Tool**, on the [Smith College Benefits website](#), which helps you estimate your costs in the coming year to help you choose which plan is best. Here's how to use the tool:

1. Enter your coverage tier (i.e., employee, employee + spouse, employee + child(ren), or family).
2. Enter how many services you anticipate using in each category (e.g., specialist visits, hospital stays, prescription drugs, etc.). **Include medical expenses only up to the out-of-pocket maximum.**
3. Review your estimated *total costs*—which include your premium plus out-of-pocket costs to estimate what you might pay if you enroll in each plan.

## NEED MORE INFO ABOUT OUR MEDICAL PLANS?



Visit the [Smith College Benefits website](#) for plan design descriptions, comparison tools, summary plan description (SPD), rates, and much more.