



GRAHAM BENEFITS PLAN
Medical Persona
Scenarios

SCENARIO: BIRTH OF A CHILD

Estimated cost of care (assumed billed amounts):

- \$45k | In-network hospital delivery & prenatal care
- Excludes cost of care for newborn

How employee cost is calculated

- All care assumed in-network. Copay plans apply fixed copays; HDHP / HSA plans apply the deductible, then coinsurance.
- Emergency room copays apply with deductible waived; inpatient HMO care reflects the \$300 facility copay.
- Employee responsibility is capped at each plan's out-of-pocket maximum.

Coverage tiers shown

- Each scenario shows two figures: Employee-Only (individual deductible / OOP) and Family (family deductible / OOP).
- Figures are illustrative estimates for education only and exclude premiums, HSA employer contributions, and balance billing.

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Plan deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE ONLY				
Copay	—	—	—	\$300
Deductible	\$1,500	\$4,000	\$2,000	\$250
Coinsurance	\$3,500	\$4,000	\$2,000	\$950
Total employee cost	\$5,000	\$8,000	\$4,000	\$1,500
Plan pays	\$40,000	\$37,000	\$41,000	\$43,500
FAMILY				
Copay	—	—	—	—
Deductible	—	\$8,000	\$4,000	—
Coinsurance	—	\$7,400	\$4,000	—
Total employee cost	N/A — embedded	\$15,400	\$8,000	N/A — embedded
Plan pays	—	\$29,600	\$37,000	—

- Note: The HMO \$300 copay is the inpatient hospital facility copay, which applies in addition to the deductible and coinsurance (up to the out-of-pocket maximum).
- These are illustrative costs. Actual costs will be based on the provider contracted rates.

SCENARIO: BROKEN LEG – EMERGENCY SURGERY

Estimated cost of care (assumed billed amounts):

- \$25k | ER visit, emergency orthopedic surgery & facility

How employee cost is calculated

- All care assumed in-network. Copay plans apply fixed copays; HDHP / HSA plans apply the deductible, then coinsurance.
- Emergency room copays apply with deductible waived; inpatient HMO care reflects the \$300 facility copay.
- Employee responsibility is capped at each plan's out-of-pocket maximum.

Coverage tiers shown

- Each scenario shows two figures: Employee-Only (individual deductible / OOP) and Family (family deductible / OOP).
- Figures are illustrative estimates for education only and exclude premiums, HSA employer contributions, and balance billing.

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Plan deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE ONLY				
Copay	—	—	—	\$300
Deductible	\$1,500	\$4,000	\$2,000	\$250
Coinsurance	\$3,500	\$4,000	\$2,000	\$950
Total employee cost	\$5,000	\$8,000	\$4,000	\$1,500
Plan pays	\$20,000	\$17,000	\$21,000	\$23,500
FAMILY				
Copay	—	—	—	—
Deductible	—	\$8,000	\$4,000	—
Coinsurance	—	\$3,400	\$4,000	—
Total employee cost	N/A – embedded	\$11,400	\$8,000	N/A – embedded
Plan pays	—	\$13,600	\$17,000	—

- Note: The HMO \$300 copay is the inpatient hospital facility copay, which applies in addition to the deductible and coinsurance (up to the out-of-pocket maximum).
- These are illustrative costs. Actual costs will be based on the provider contracted rates.

SCENARIO: EMERGENCY ROOM VISIT

Estimated cost of care (assumed billed amounts):

- \$3k | Single ER visit

How employee cost is calculated

- All care assumed in-network. Copay plans apply fixed copays; HDHP / HSA plans apply the deductible, then coinsurance.
- Emergency room copays apply with deductible waived; inpatient HMO care reflects the \$300 facility copay.
- Employee responsibility is capped at each plan's out-of-pocket maximum.

Coverage tiers shown

- Each scenario shows two figures: Employee-Only (individual deductible / OOP) and Family (family deductible / OOP).
- Figures are illustrative estimates for education only and exclude premiums, HSA employer contributions, and balance billing.

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Plan deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE ONLY				
Copay	\$250	—	—	\$100
Deductible	\$1,500	\$3,000	\$2,000	\$250
Coinsurance	\$250	—	\$200	\$265
Total employee cost	\$2,000	\$3,000	\$2,200	\$615
Plan pays	\$1,000	\$0	\$800	\$2,385
FAMILY				
Copay	—	—	—	—
Deductible	—	\$3,000	\$3,000	—
Coinsurance	—	—	—	—
Total employee cost	N/A — embedded	\$3,000	\$3,000	N/A — embedded
Plan pays	—	\$0	\$0	—

- Note: The HMO \$300 copay is the inpatient hospital facility copay, which applies in addition to the deductible and coinsurance (up to the out-of-pocket maximum).
- These are illustrative costs. Actual costs will be based on the provider contracted rates.

SCENARIO: ONGOING DIABETES MANAGEMENT

Estimated cost of care (assumed billed amounts):

- \$6k/year | Visits, labs & prescriptions

How employee cost is calculated

- All care assumed in-network. Copay plans apply fixed copays; HDHP / HSA plans apply the deductible, then coinsurance.
- Emergency room copays apply with deductible waived; inpatient HMO care reflects the \$300 facility copay.
- Employee responsibility is capped at each plan's out-of-pocket maximum.

Coverage tiers shown

- Each scenario shows two figures: Employee-Only (individual deductible / OOP) and Family (family deductible / OOP).
- Figures are illustrative estimates for education only and exclude premiums, HSA employer contributions, and balance billing.

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Plan deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE ONLY				
Copay (visits + Rx)	\$480	—	—	\$240
Deductible	—	\$4,000	\$2,000	—
Coinsurance	\$120	\$400	\$800	\$60
Total employee cost	\$600	\$4,400	\$2,800	\$300
Plan pays	\$5,400	\$1,600	\$3,200	\$5,700
FAMILY				
Copay (visits + Rx)	—	—	—	—
Deductible	—	\$6,000	\$4,000	—
Coinsurance	—	—	\$400	—
Total employee cost	N/A — embedded	\$6,000	\$4,400	N/A — embedded
Plan pays	—	\$0	\$1,600	—

- Note: The HMO \$300 copay is the inpatient hospital facility copay, which applies in addition to the deductible and coinsurance (up to the out-of-pocket maximum).
- These are illustrative costs. Actual costs will be based on the provider contracted rates.

SCENARIO: LONG-TERM ILLNESS – EXTENDED CARE

Estimated cost of care (assumed billed amounts):

- \$120k/year | Major chronic illness requiring extended care

How employee cost is calculated

- All care assumed in-network. Copay plans apply fixed copays; HDHP / HSA plans apply the deductible, then coinsurance.
- Emergency room copays apply with deductible waived; inpatient HMO care reflects the \$300 facility copay.
- Employee responsibility is capped at each plan's out-of-pocket maximum.

Coverage tiers shown

- Each scenario shows two figures: Employee-Only (individual deductible / OOP) and Family (family deductible / OOP).
- Figures are illustrative estimates for education only and exclude premiums, HSA employer contributions, and balance billing.

	PPO	HDHP 4K	HDHP 2K	HMO (CA)
Plan deductible (EE / Family)	\$1,500 / \$3,000	\$4,000 / \$8,000	\$2,000 / \$4,000	\$250 / \$500
Out-of-pocket max (EE / Family)	\$5,000 / \$10,000	\$8,000 / \$16,000	\$4,000 / \$8,000	\$1,500 / \$3,000
EMPLOYEE ONLY				
Copay	—	—	—	\$300
Deductible	\$1,500	\$4,000	\$2,000	\$250
Coinsurance	\$3,500	\$4,000	\$2,000	\$950
Total employee cost	\$5,000	\$8,000	\$4,000	\$1,500
Plan pays	\$115,000	\$112,000	\$116,000	\$118,500
FAMILY				
Copay	—	—	—	—
Deductible	—	\$8,000	\$4,000	—
Coinsurance	—	\$8,000	\$4,000	—
Total employee cost	N/A – embedded	\$16,000	\$8,000	N/A – embedded
Plan pays	—	\$104,000	\$112,000	—

- Note: The HMO \$300 copay is the inpatient hospital facility copay, which applies in addition to the deductible and coinsurance (up to the out-of-pocket maximum).
- These are illustrative costs. Actual costs will be based on the provider contracted rates.