100
1926-2026
GRAHAM

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-1 (Free)	HDHP-2	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	$10,000 / $20,000	$4,000 / $8,000	$1,500 / $3,000
EMPLOYEE ONLY				
Copay	—	—	—	$300
Deductible	$1,500	$4,000	$2,000	$250
Coinsurance	$3,500	$6,000	$2,000	$950
Total employee cost	**$5,000**	**$10,000**	**$4,000**	**$1,500**
Plan pays	$40,000	$35,000	$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-1 (Free)	HDHP-2	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	$10,000 / $20,000	$4,000 / $8,000	$1,500 / $3,000
EMPLOYEE ONLY				
Copay	–	–	–	$300
Deductible	$1,500	$4,000	$2,000	$250
Coinsurance	$3,500	$4,200	$2,000	$950
Total employee cost	**$5,000**	**$8,200**	**$4,000**	**$1,500**
Plan pays	$20,000	$16,800	$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-1 (Free)	HDHP-2	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	$10,000 / $20,000	$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-1 (Free)	HDHP-2	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	$10,000 / $20,000	$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-1 (Free)	HDHP-2	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	$10,000 / $20,000	$4,000 / $8,000	$1,500 / $3,000
EMPLOYEE ONLY				
Copay	–	–	–	$300
Deductible	$1,500	$4,000	$2,000	$250
Coinsurance	$3,500	$6,000	$2,000	$950
Total employee cost	**$5,000**	**$10,000**	**$4,000**	**$1,500**
Plan pays	$115,000	$110,000	$116,000	$118,500
FAMILY				
Copay	–	–	–	–
Deductible	–	$8,000	$4,000	–
Coinsurance	–	$12,000	$4,000	–
Total employee cost	**N/A – embedded**	**$20,000**	**$8,000**	**N/A – embedded**
Plan pays	–	$100,000	$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.*