

## AFSCME Collective Bargaining Reporter, 2001 Number 2

**Table 2: Deductibles, Co-Payments and Out-of-Pocket Maximums in State Health Plans**

State	Plan Type	Deductibles In-network	Deductibles Out-of-network	Co-payments In-network	Co-payments Out-of-network	Maximum OOPM In-network	Maximum OOPM Out-of-network
Alaska	Indemnity	single=\$250; family=\$500	N/A	20%	N/A	\$1,000 per person	N/A
Connecticut	POS	None	\$300/\$900	None	20%	None	\$2,000/ \$4,000 plus deductibles
Florida	PPO	single=\$150	single=\$300	10%	20-30%, depending on benefit; office visit=\$10 plus 30% of balance of allowance	\$2,500/ \$5,000	none specific
Illinois	PPO	single=\$200; dependent= \$200; family maximum= \$300	single=\$200; dependent= \$200; family maximum= \$300	hospital=10%; physician care=20%	hospital=35%; physician care=80%	\$800/ \$2,000 (includes deductible)	\$3,000/ \$7,000 (includes deductible)
Indiana	Indemnity	salary equal to or less than \$35,000 =\$125/\$400; salary greater than \$35,000= \$250/\$600	salary equal to or less than \$35,000 =\$125/\$400; salary greater than \$35,000= \$250/\$600	20%	40%	\$1,000/ \$2,400; All cost sharing applies, including 20% penalty for out-of- network	\$1,000/ \$2,400; All cost sharing applies, including 20% penalty for out-of- network
Iowa	PPO	none	\$250/\$500	10%	20%	\$600/\$800	\$600/\$800
Maryland	PPO	None	\$250/\$500	physician=\$15; specialist=\$20.	80% after deductible	None	\$3,000/ \$6,000
Massachusetts	PPO	None	\$150/\$300	physician=\$5	80% after deductible	None	\$3,000

Table 2: Deductibles, Co-Payments and Out-of-Pocket Maximums in State Health Plans

Michigan	Indemnity BC/BS network providers	\$300/\$600	\$300/\$600	10%	10% co-payment plus amounts above UCR	\$1,000 per individual not including deductible	\$1,000 per individual not including deductible
Minnesota	HMO	None	None	None	20% for urgent care \$2,	800/\$4,600	\$2,000 for out-of-network urgent care
Nebraska	PPO	\$200/\$300	\$300/\$900	15%	30%	\$1,000/\$2,000, including deductible	\$3,000/\$5,000 including deductible
New Jersey	POS	\$100 per person; \$250 family max.	\$100 per person; \$250 family max.	\$5	70%	\$2,000/\$5,000 plus deductible	\$2,000/\$5,000 plus deductible
New York	PPO	\$161 per person; \$161 for spouse and \$161 for all dependent children combined	same	office visit, office surgery, lab and radiology =\$5 co-payment	25%	\$776 per employee and covered dependents combined	\$776 per employee and covered dependents combined
Ohio	PPO	\$125 per member; \$250 family max.	same	\$10	\$25	\$750/\$1,500	\$1,500/\$2,500
Oregon	PPO	no deductible	no deductible	30% of 1st \$1,000; then 20%	30% of 1st \$1,000; then 20%		
Pennsylvania	Indemnity	\$100/\$300 (major medical only)	N/A	20% (major medical only)	N/A	\$480/\$680 including deductibles	N/A
West Virginia <sup>1</sup>	PPO	\$100/\$250 single; \$200/\$500 family depending on salary	\$200/\$500 single; \$400/\$1,000 family depending on salary	\$10 for office visit; 20% for most other services	40% for most services; some services also subject to additional \$500 co-payment	\$750 to \$1,750 based on salary. Appears to be only an individual maximum	\$1,500 to \$3,500 based on salary. Appears to be only an individual maximum
Wisconsin	HMO (standard benefit package)	\$25 per person; \$50 per family	N/A	No co-pays for most services	N/A	N/A	N/A

<sup>1</sup>Single coverage -- salary \$0-\$18,000, deductible \$100, OOPM (out-of-pocket maximum) \$750; salary \$18,001-\$30,000, deductible \$150, OOPM \$1,000; salary \$30,001-\$40,000, deductible \$200, OOPM \$1,250; salary \$40,001-\$90,001+, deductible \$250, OOPM \$1,750. Employee and children -- salary \$0-\$18,000, deductible \$200, OOPM \$750; salary \$18,001-\$30,000, deductible \$300, OOPM \$1,000; salary \$30,001-\$40,000, deductible \$400, OOPM \$1,250; salary \$40,001-\$90,001+ deductible \$500, OOPM \$1,750.

Family -- annual salary \$0-\$18,000, \$200 deductible, \$750 OOPM; salary \$18,001-\$30,000, \$300 deductible, \$1,000 OOPM; salary \$30,001-\$40,000, \$400 deductible, \$1,250 OOPM; salary \$40,001-\$90,001+, \$500 deductible, \$1,750 OOPM.

Note: all amounts double for out-of-network services.