



employee benefits

Pacesetter Health's medical plan options

In anticipation of the upcoming benefits open enrollment, we wanted to share with you the differences between Pacesetter Health's POS plan and the HDHP. Below is an outline of the key differences.

	POS	HDHP/HSA
Overview	<ul style="list-style-type: none"> ■ Copays for office visits and prescription drugs. Once the deductible is met, coinsurance applies. ■ Coinsurance, copays and deductible apply toward out-of-pocket maximum. ■ Most expensive plan. 	<ul style="list-style-type: none"> ■ Member pays negotiated provider costs for all medical services and prescription drugs until deductible is met. ■ Once the deductible is met coinsurance applies. ■ Coinsurance and deductible apply toward out-of-pocket maximum. ■ Least expensive plan.
HSA compatible?	■ No	■ Yes
Office visit payment	■ Member pays copay at time of service.	<ul style="list-style-type: none"> ■ Typically there is no upfront cost. ■ Provider sends claim to Aetna. ■ Member receives an explanation of benefits (EOB) in the mail or electronically following the visit. ■ Member pays the provider from HSA funds or post-tax dollars.
Payment for prescription drugs	■ Member pays copay at time of service.	<ul style="list-style-type: none"> ■ Member pays discounted cost of prescription drug at time of service. ■ Once deductible is met, coinsurance applies.
Preventive care	■ Covered at 100% (in-network).	■ Covered at 100% (in-network).

