Example Prospective Plan for Public Consultation

AS AN INDIVIDUAL, HOW MUCH WILL I SAVE ON HEALTH CARE?

For 1 Adult

1 ADULT - PROJECTED HEALTH COSTS FOR THE YEAR	
$7,058	$6,308 (Savings = $750)
2 Visits to a General Practitioner	
$160 in copay ($80 copay per visit)	$50 in copay ($25 copay per visit)
1 Visit to a Specialist	
$200 in copay ($200 copay per visit)	$50 in copay ($50 copay per vsiit)
2 Visits to a Dentist	
$150 in copay ($75 copay per visit)	$40 in copay ($20 copay per visit)
$400 Spending on Prescription Medications	
$400 out of pocket ($0 coverage)	$0 out of pocket ($400 coverage per person)
$2,500 Medically Necessary Treatment Overseas	
$1,000 out of pocket (60% coverage)	$0 out of pocket (100% coverage)
CURRENT PLAN	**PROSPECTIVE PLAN**
Health Insurance Plan (HIP) $429 per month *Plan Premium: $429/mo for an Adult; $190/mo for a child*	Bermuda Health Plan (BHP) 2020 $514 per month *Plan Premium: $514/mo for an Adult; $178/mo for a child*

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Example Prospective Plan for Public Consultation

For 2 Adults and 2 Children

WHAT CAN THE FUTURE LOOK LIKE FOR MY FAMILY OF 4?

FAMILY OF FOUR - PROJECTED HEALTH COSTS FOR THE YEAR	
$25,536	$17,068 (Savings = $8,468)
6 Visits to a General Practitioner	
$480 in copay *($80 copay per visit)*	$150 in copay ($25 copay per visit)
3 Visits to a Specialist	
$600 in copay ($200 copay per visit)	$150 in copay ($50 copay per visit)
8 Visits to a Dentist	
$600 in copay ($75 copay per visit)	$160 in copay ($20 copay per visit)
$1,000 Spending on Prescription Medications	
$1000 out of pocket ($0 coverage)	$0 out of pocket ($400 covered per person)
$20,000 Medically Necessary Treatment Overseas	
$8000 out of pocket (60% coverage)	$0 out of pocket (100% coverage)
CURRENT PLAN	**PROSPECTIVE PLAN**
Health Insurance Plan (HIP) $1,238 per month *Plan Premium: $429/mo for an Adult; $190/mo for a child*	Bermuda Health Plan (BHP) 2020 $1,384 per month *Plan Premium: $514/mo for an Adult; $178 mo for a child*

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Example Prospective Plan for Public Consultation

For 1 Adult and 1 Child

AS A SINGLE MOTHER, HOW WILL THIS PLAN GIVE ME THE HELP I NEED?

1 ADULT, 1 CHILD - PROJECTED HEALTH COSTS FOR THE YEAR	
$34,058 ($9,658 without maternity)	$8,694 (Savings = $25,094)
6 Visits to a General Practitioner	
$480 in copay ($80 copay per visit)	$150 in copay ($25 copay per visit)
4 Visits to a Specialist	
$800 in copay ($200 copay per visit)	$200 in copay ($50 copay per visit)
2 Visits to a Dentist	
$150 in copay ($75 copay per visit)	$40 in copay ($20 copay per visit)
$800 Spending on Prescription Medications	
$800 out of pocket ($0 coverage)	$0 out of pocket ($400 coverage per person)
Maternity and Well Baby Care	
$4,400 for Pre and Post Pregnancy Care (Delivery 100% coverage)	$0 out of pocket (All Care 100% Covered)
$50,000 Medically Necessary Treatment Overseas	
$20,000 out of pocket (60% Coverage)	$0 out of pocket (All Care 100% Covered)
CURRENT PLAN	**PROSPECTIVE PLAN**
Health Insurance Plan (HIP) $619 per month *Plan Premium: $429/mo for an Adult; $190/mo for a child*	Bermuda Health Plan (BHP) 2020 $692 per month *Plan Premium: $514/mo for an Adult; $178/mo for a child*

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Example Prospective Plan for Public Consultation

AS A SINGLE FATHER, HOW WILL THIS PLAN GIVE ME THE HELP THAT WE NEED?

For 1 Adult and 1 Child

1 ADULT, 1 CHILD - PROJECTED HEALTH COSTS FOR THE YEAR

$9,808	$8,743 (Savings = $1,065)
6 Visits to a General Practitioner	
$480 in copay ($80 copay per visit)	$150 in copay ($25 copay per visit)
4 Visits to a Specialist	
$800 in copay ($200 copay per visit)	$200 in copay ($50 copay per visit)
4 Visits to a Dentist	
$300 in copay ($75 copay per visit)	$80 in copay ($20 copay per visit)
$800 Spending on Prescription Medications	
$800 out of pocket ($0 coverage)	$0 out of pocket ($400 coverage per person)
Care at Local Hospital	
100% Covered	100% Covered
CURRENT PLAN	**PROSPECTIVE PLAN**
Health Insurance Plan (HIP) $619 per month *Plan Premium: $429/mo for an Adult; $190/mo for a child*	Bermuda Health Plan (BHP) 2020 $692 per month *Plan Premium: $514/mo for an Adult; $178/mo for a child*

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Example Prospective Plan for Public Consultation

For 1 Child

AS A KID, WILL THERE BE SOMETHING TO MAKE SURE I AM HEALTHY?

1 CHILD - PROJECTED HEALTH COSTS FOR THE YEAR	
$3,350	$2,376 (Savings = $974)
4 Visits to a General Practitioner	
$320 in copay ($80 copay per visit)	$100 in copay ($25 copay per visit)
2 Visits to a Specialist	
$400 in copay ($200 copay per visit)	$100 in copay ($50 copay per visit)
2 Visits to a Dentist	
$150 in copay ($75 copay per visit)	$40 in copay ($20 copay per visit)
$200 Spending on Prescription Medications	
$200 out of pocket ($0 coverage)	$0 out of pocket ($400 coverage per person)
Care at Local Hospital	
100% Covered	100% Covered
CURRENT PLAN	**PROSPECTIVE PLAN**
Health Insurance Plan (HIP) $190 per month *Plan Premium: $429/mo for an Adult; $190/mo for a child*	Bermuda Health Plan (BHP) 2020 $178 per month *Plan Premium: $514/mo for an Adult; $178/mo for a child*

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