

## How to understand hospital charges as per the health plan

Here's how hospital charges are covered in our health plan. As you can see, it is much better for our members to use POMCO hospitals. When this is not possible, however, your cost is capped at \$1,650 per year. This example is based on a \$20,000 hospital bill. The \$1,650 amount, however is a fixed amount in our plan known as the "out of pocket maximum". Let's look at the example:

The Hospital (just the hospital, not the doctors) bills POMCO for \$20,000			
Network	POMCO network	"MultiPlan"	Out of Network
"Allowed Charges"	POMCO only "allows" \$18,000 for the services rendered. This is the amount they have established as the Usual and Customary Rate (UCR).		
The rules	POMCO pays 100% of the UCR and the hospital accepts it as payment in full. You're done!	POMCO pays 80% of the UCR, and you pay <i>up to \$1,650</i> . If there is any remaining balance <i>of the UCR</i> , POMCO pays 100% of it. The hospital accepts this as payment in full, and does not "balance bill" you for the rest.	POMCO pays 80% of the UCR, and you pay the entire remaining balance of the original amount.
The money	POMCO pays \$18,000 and you pay nothing.	POMCO pays \$16,350 and you pay \$1,650	POMCO pays \$14,400 and you pay \$5,600
The details	Did you see the above?	The "out of pocket maximum" (the \$1,650) is for a calendar year. Once you pay this amount in a given year, POMCO pays 100% for "MultiPlan" hospitals.	POMCO has no relationship with out of network hospitals. POMCO stops paying at 80% of UCR. When it comes to <i>your cost</i> , the sky's the limit!