

# Having a Baby Next Year?



If you are planning to have a baby next year, which plan will cost the least? The illustration below shows example delivery costs in three different plan options. Remember- your actual costs will vary depending on your care. Your ultimate plan choice should consider your total health and family needs.

Note: All charts taken from SHBP "Summary of Benefits and Coverage: What the Plan Covers & What it Costs" for each plan.

BCBS HMO – Normal Delivery		BCBS Bronze HRA – Normal Delivery		Kaiser HMO*** – Normal Delivery	
<ul style="list-style-type: none"> <li>Amount owed to providers: \$7,540</li> <li>Plan pays: \$5,565</li> <li>Patient pays: \$1,975</li> </ul>		<ul style="list-style-type: none"> <li>Amount owed to providers: \$7,540</li> <li>Plan pays: \$3,810</li> <li>Patient pays: \$3,730</li> </ul>		<ul style="list-style-type: none"> <li>Amount owed to providers: \$7,540</li> <li>Plan pays: \$7,050</li> <li>Patient pays: \$490</li> </ul>	
<b>Sample Care Cost:</b>		<b>Sample Care Cost:</b>		<b>Sample Care Cost:</b>	
Hospital charges (mother)	\$2,700	Hospital charges (mother)	\$2,700	Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100	Routine obstetric care	\$2,100	Routine obstetric care	\$2,100
Hospital charges (baby)	\$900	Hospital charges (baby)	\$900	Hospital charges (baby)	\$900
Anesthesia	\$900	Anesthesia	\$900	Anesthesia	\$900
Laboratory Tests*	\$500	Laboratory Tests*	\$500	Laboratory Tests*	\$500
Prescriptions**	\$200	Prescriptions**	\$200	Prescriptions**	\$200
Radiology	\$200	Radiology	\$200	Radiology	\$200
Vaccines/preventive	\$40	Vaccines/preventive	\$40	Vaccines/preventive	\$40
<b>TOTAL</b>	<b>\$7,540</b>	<b>TOTAL</b>	<b>\$7,540</b>	<b>TOTAL</b>	<b>\$7,540</b>
<b>Patient Pays:</b>		<b>Patient Pays:</b>		<b>Patient Pays:</b>	
Deductibles	\$1,300	Deductibles	\$2,500	Deductibles	\$0
Copays	\$75	Copays	\$0	Copays	\$290
Coinsurance	\$600	Coinsurance	\$1,230	Coinsurance	\$0
Limits or exclusions	\$0	Limits or exclusions	\$0	Limits or exclusions	\$200
<b>TOTAL</b>	<b>\$1,975</b>	<b>TOTAL</b>	<b>\$3,730</b>	<b>TOTAL</b>	<b>\$490</b>

\*Outpatient laboratory

\*\*Prescriptions are paid under pharmacy benefit through Express Scripts, however, your member share is included in this calculation

\*\*\*You must live or work in the 27 metro county service area to enroll in Kaiser. You must use Kaiser facilities in this plan.

