

# How the proposed change in rider coverage might work

Insurers are asking the Health Ministry to regulate some form of payment by patients with riders. Now, those with full riders and as-charged plans do not pay a cent no matter how big their bills are. They have suggested patients with riders pay a small percentage of their bill, subject to an annual maximum.

## EXAMPLE OF A PATIENT WITH A PRIVATE HOSPITAL INTEGRATED PLAN (IP) WARDED TWICE IN A YEAR, EACH TIME WITH A \$10,000 BILL

1st time	Current		Proposed
	With IP*	With IP* + Rider	With IP* + Rider
Total bill	\$10,000	\$10,000	<b>\$10,000</b>
Insurance pays	\$5,850	\$10,000	<b>\$9,200 to \$9,500</b>
Patient pays	\$4,150	\$0	<b>\$500 to \$800***</b>
<b>2nd time</b>			
Total bill	\$10,000	\$10,000	<b>\$10,000</b>
Insurance pays	\$9,000	\$10,000	<b>\$9,200 to \$9,500</b>
Patient pays	\$1,000**	\$0	<b>\$500 to \$800***</b>
<b>Total patient pays in a year</b>	<b>\$5,150</b>	<b>\$0</b>	<b>\$1,000 to \$1,600***</b>

### NOTES:

\* Patients have to pay the first \$3,500 (deductible) before insurance kicks in, as well as 10% of rest of the bill (co-insurance)

\*\* Deductible of \$3,500 is cumulative and paid only once in a year

\*\*\* Assuming patient has to pay 5-8% of the bill and total is below the annual maximum (safety net)