

# This is how the proposed change in rider coverage might work

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

1st time	Current		Proposed
	With IP*	With IP* + full rider	With IP* + new rider
Total bill	\$10,000	\$10,000	<b>\$10,000</b>
Insurance pays	\$5,850	\$10,000	<b>\$9,500</b>
Patient pays	\$4,150	\$0	<b>\$500***</b>
<b>2nd time</b>			
Total bill	\$10,000	\$10,000	<b>\$10,000</b>
Insurance pays	\$9,000	\$10,000	<b>\$9,500</b>
Patient pays	\$1,000**	\$0	<b>\$500***</b>
<b>Total patient pays in a year</b>	<b>\$5,150</b>	<b>\$0</b>	<b>\$1,000***</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% of the bill and total is below the annual policy limit.