

HEALTH PLAN WORKSHEET

Please have your "Plan Design" sheet and EOB's available

SERVICE	PREMIUM PLAN	STANDARD PLAN	DEDUCTIBLE PLAN
<u>Office Visits</u> 1	% copay = 25% 25% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost 	% copay = 35% 35% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost 	% copay = 35% 35% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost
<u>Mental Health - Outpatient Visits</u> 2	% copay = 25% 25% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost 	% copay = 35% 35% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost 	% copay = 35% 35% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost
<u>Physical Therapy Visits</u> 3	% copay = 25% 25% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost 	% copay = 35% 35% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost 	% copay = 35% 35% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost
<u>Chiropractic Visits</u> 4	% copay = 25% 25% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost 	% copay = 35% 35% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost 	% copay = 35% 35% x \$ _____ = \$ _____ x \$ _____ = # of visits x's cost

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<p><u>Massage Therapy</u></p> <p>5</p>	<p>% copay = 25%</p> <p>25% x \$ _____ = \$</p> <p>_____ x \$ _____ =</p> <p># of visits x's cost <input data-bbox="760 293 884 415" type="text"/></p>	<p>% copay = 35%</p> <p>35% x \$ _____ = \$</p> <p>_____ x \$ _____ =</p> <p># of visits x's cost <input data-bbox="1285 293 1409 415" type="text"/></p>	<p>% copay = 35%</p> <p>35% x \$ _____ = \$</p> <p>_____ x \$ _____ =</p> <p># of visits x's cost <input data-bbox="1810 293 1955 415" type="text"/></p>
<p><u>Durable Medical Equipment</u></p> <p>6</p>	<p>% copay = 25%</p> <p>25% x \$ _____ = \$</p> <p>_____ x \$ _____ =</p> <p># of visits x's cost <input data-bbox="760 639 884 761" type="text"/></p>	<p>% copay = 35%</p> <p>35% x \$ _____ = \$</p> <p>_____ x \$ _____ =</p> <p># of visits x's cost <input data-bbox="1285 639 1409 761" type="text"/></p>	<p>% copay = 35%</p> <p>35% x \$ _____ = \$</p> <p>_____ x \$ _____ =</p> <p># of visits x's cost <input data-bbox="1810 639 1955 761" type="text"/></p>
<p><u>Acupuncture</u></p> <p>7</p>	<p>% copay = 25%</p> <p>25% x \$ _____ = \$</p> <p>_____ x \$ _____ =</p> <p># of visits x's cost <input data-bbox="760 977 884 1099" type="text"/></p>	<p>% copay = 35%</p> <p>35% x \$ _____ = \$</p> <p>_____ x \$ _____ =</p> <p># of visits x's cost <input data-bbox="1285 977 1409 1099" type="text"/></p>	<p>% copay = 35%</p> <p>35% x \$ _____ = \$</p> <p>_____ x \$ _____ =</p> <p># of visits x's cost <input data-bbox="1810 977 1955 1099" type="text"/></p>
<p><u>Co payments Total</u> (add box 1 through box 7)</p> <p>8</p>	<input data-bbox="617 1187 810 1382" type="text"/>	<input data-bbox="1098 1187 1291 1382" type="text"/>	<input data-bbox="1604 1187 1797 1382" type="text"/>

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<p align="center"><u>OUT OF POCKET MAX</u></p> <p>If your expenses are less than the out of pocket maximum – bring the amount from box 8 to box 10.</p> <p align="center">-otherwise-</p> <p>If your expenses are more in box 8 than the out-of-pocket max, enter the out-of-pocket maximum in box 10.</p> <p align="center">9</p>	<p>\$500 per person, no more than \$1000.00 per family.</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div> <p>Remember to include only up to the individual maximum for each member, not to exceed the family maximum for each policy.</p>	<p>\$750 per person, no more than \$1500 per family.</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>	<p>\$1000 per person, no more than \$2000 per family.</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>
<p align="center"><u>MEDICAL TOTAL</u></p> <p align="center">10</p>	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 10px auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 10px auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 10px auto;"></div>
<p><u>Emergency Room Visits</u></p> <p>Co payment waived if accidental injury or admitted to the hospital.</p> <p align="center">11</p>	<p>\$50 per visit</p> <p>_____ x \$50 =\$</p> <p># of visits x's cost</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>	<p>\$50 per visit</p> <p>_____ x \$50 =\$</p> <p># of visits x's cost</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>	<p>\$50 per visit</p> <p>_____ x \$50 =\$</p> <p># of visits x's cost</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>
<p><u>Contribution</u> (Premium Plan Only)</p> <p align="center">12</p>	<p>Single \$30/month (\$360) 2-person \$50/month (\$600) 3-person \$70/month (\$840) Family 4-6 \$80/month (\$960) Family 7+ \$90/month (\$1080)</p> <p align="center">Enter annual amount</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>	<p align="center">None – enter \$ 0.00</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>	<p align="center">None – enter \$0.00</p> <div style="border: 1px solid black; width: 50px; height: 50px; margin: 10px auto;"></div>

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<p><u>Family Riders</u> (College Students Age 19-25)</p> <p>13</p>	<p>#_____ x \$65 x 12=</p> <div data-bbox="617 175 812 298" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>#_____ x \$65 x 12=</p> <div data-bbox="1117 175 1289 298" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>All family riders are free. (Enter \$0.00)</p> <div data-bbox="1640 175 1797 298" style="border: 1px solid black; width: 100%; height: 100%;"></div>
<p><u>TOTAL</u> (add box 10 through box 13)</p> <p>14</p>	<div data-bbox="602 383 869 482" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div data-bbox="1079 376 1346 475" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div data-bbox="1602 376 1869 475" style="border: 1px solid black; width: 100%; height: 100%;"></div>
<p><u>Retail Pharmacy</u> 34 day supply or 100 tablets whichever is greater</p> <p>15</p>	<p>Generic 15% copay \$5/\$15</p> <p>Brand 20% copay \$10/\$30</p> <div data-bbox="665 716 858 886" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>Generic 25% copay \$10/\$30</p> <p>Brand 30% copay \$20/\$60</p> <div data-bbox="1165 716 1358 886" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>Generic 25% copay \$10/\$30</p> <p>Brand 30% copay \$20/\$60</p> <div data-bbox="1688 716 1881 886" style="border: 1px solid black; width: 100%; height: 100%;"></div>
<p><u>Mail Order Pharmacy</u> 3 month supply on most maintenance drugs</p> <p>16</p>	<p>Generic 15% copay \$15/\$45</p> <p>Brand 20% copay \$30/\$90</p> <div data-bbox="665 1081 858 1252" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>Generic 25% copay \$20/\$60</p> <p>Brand 30% copay \$40/\$120</p> <div data-bbox="1165 1081 1358 1252" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>Generic 25% copay \$20/\$60</p> <p>Brand 30% copay \$40/\$120</p> <div data-bbox="1688 1081 1881 1252" style="border: 1px solid black; width: 100%; height: 100%;"></div>
<p><u>PRESCRIPTIONS TOTALS</u> (add boxes 15 & 16)</p> <p>17</p>	<div data-bbox="665 1338 835 1484" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div data-bbox="1188 1328 1358 1474" style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div data-bbox="1711 1328 1881 1474" style="border: 1px solid black; width: 100%; height: 100%;"></div>

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<p><u>Your Dental Expenses</u></p> <p>_____ x _____ = number of cleanings x \$</p> <p>_____ x _____ = number of fillings x \$</p> <p>_____ x _____ = number of other x \$</p> <p>_____ x _____ = number of orthodontics x \$</p> <p>Total expenses <input data-bbox="310 613 478 716" type="text"/></p> <p>18</p>	<p>Use this space to calculate your dental expenses.</p> <p>100% Preventative 80% Fillings/extractions/root canals 50% Caps/bridges/dentures</p> <p>Up to \$1500 in a calendar year.</p> <p>50% Orthodontic benefit, up to \$1500 lifetime.</p>	<p>Use this space to calculate your dental expenses.</p> <p>100% Preventative benefit only, twice per calendar year.</p> <p>Maximum \$1000 in a calendar year.</p>	<p>Use this space to calculate your dental expenses.</p> <p>100% Preventative benefit only, twice per calendar year.</p> <p>Maximum \$1000 is a calendar year.</p>
<p><u>Dental</u></p> <p>Subtract your benefit from your total expenses and enter into box 19.</p> <p>19</p>	<input data-bbox="630 813 829 911" type="text"/>	<input data-bbox="1106 813 1306 911" type="text"/>	<input data-bbox="1654 813 1854 911" type="text"/>
<p><u>Your Vision Expenses</u></p> <p>_____ x _____ = eye exams x \$</p> <p>_____ x _____ = lenses x \$</p> <p>_____ x _____ = frames X \$</p> <p>_____ x _____ = contacts x \$</p> <p>Total expenses <input data-bbox="331 1406 478 1523" type="text"/></p> <p>20</p>	<p>Use this space to calculate your vision expenses.</p>	<p>Use this space to calculate your vision expenses.</p>	<p>Use this space to calculate your vision expenses.</p>

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<p style="text-align: center;"><u>Vision Benefit</u></p> <p>Yearly Eye exam \$48/person</p> <p>Every 2 Years Frames \$100/person Lenses \$65/\$100/\$150/person Contacts \$125/person</p> <p style="text-align: center;">21</p>	<p>Subtract your vision benefit from your total vision expenses and enter here.</p> <div style="text-align: center; border: 1px solid black; width: 80px; height: 80px; margin: 20px auto;"></div>	<p>Enter the total amount from box 20 here.</p> <div style="text-align: center; border: 1px solid black; width: 80px; height: 80px; margin: 20px auto;"></div>	<p>Enter the total amount fro box 20 here.</p> <div style="text-align: center; border: 1px solid black; width: 80px; height: 80px; margin: 20px auto;"></div>
<p style="text-align: center;"><u>CREDITS</u></p> <p style="text-align: center;">22</p>	<p style="text-align: center;">Not Applicable</p>	<p style="text-align: center;">Not Applicable</p>	<p>If you have no F-riders, you will receive the following credit:</p> <p style="text-align: right;">Single \$30/month (\$360) 2-person \$50/month (\$600) 3-person \$70/month (\$840) Family 4-6 \$80/month (\$960) Family 7+ \$90/month (\$1080)</p> <p>Enter Annual credit here:</p> <div style="text-align: right; border: 1px solid black; width: 120px; height: 40px; margin-left: auto;"></div>
<p style="text-align: center;"><u>TOTAL AMOUNT OF EXPENSES</u></p> <p style="text-align: center;">(add boxes 14+17+19+21-22)</p> <p style="text-align: center;">23</p>	<p style="text-align: center;">Total out-of-pocket expenses for Premium Plan.</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 60px; margin: 20px auto;"></div>	<p style="text-align: center;">Total out-of-pocket expenses for the Standard Plan.</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 60px; margin: 20px auto;"></div>	<p style="text-align: center;">Total out-of-pocket expenses for the Deductible Plan.</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 60px; margin: 20px auto;"></div>
<p style="text-align: center;"><u>Which plan is better?</u></p> <p style="text-align: center;">24</p>	<p style="text-align: center;">Your total cost for the Premium Plan. Enter amount from Box 23</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 50px; margin: 20px auto;"></div>	<p style="text-align: center;">Your total cost for the Standard Plan. Enter amount from Box 23</p> <div style="text-align: center; border: 1px solid black; width: 100px; height: 50px; margin: 20px auto;"></div>	<p>Your total cost for the Deductible Plan. Enter amount from Box 23 _____, add to this cost any possible deductible and copay for inpatient, outpatient, lab and x-ray. \$300 Ind. /\$500 Family deductible, 10% copay up to out-of pocket maximum \$1000 ind. /\$2000 family.</p> <div style="text-align: right; border: 1px solid black; width: 100px; height: 50px; margin-left: auto;"></div>

