

Which Plan Is Right For Me? Example 1

Single Coverage: Healthy

Preventive Office Visit	\$150
12 Generic Contraceptives (Preventive)	\$360

In-Network	Platinum PPO	Limited Platinum PPO	Gold HDHP	Limited Gold HDHP
Premium ⁽¹⁾	(\$1,080)	(\$935)	(\$821)	(\$710)
Deductible	\$0	\$0	\$0	\$0
Medical Copays	\$0	\$0	\$0	\$0
Medical Coinsurance	\$0	\$0	\$0	\$0
Rx Copays	(\$60)	\$0	\$0	\$0
HSA Contribution	N/A	N/A	\$1,000	\$1,000
TOTAL	(1,140)	(935)	179	290

⁽¹⁾ Assumes Maximum Wellness Credit; Medical/Rx only

Which Plan Is Right For Me? Example 2

Single Coverage: Type II Diabetes

Medical Supplies	\$1,300
2 Office Visits	\$220
2 Generic/2 Brand Name Prescriptions/Month	\$7,944
Preventive Visit	\$150

In-Network	Platinum PPO	Limited Platinum PPO	Gold HDHP	Limited Gold HDHP
Premium ⁽¹⁾	(\$1,080)	(\$935)	(\$821)	(\$710)
Deductible	(\$350)	(\$350)	(\$2,600)	(\$2,600)
Medical Copays	(\$40)	(\$40)	\$0	\$0
Medical Coinsurance	(\$190)	(\$190)	\$0	\$0
Rx Copays	(\$1,320)	(\$1,320)	\$0	\$0
HSA Contribution	N/A	N/A	\$1,000	\$1,000
TOTAL	(\$2,980)	(\$2,835)	(\$2,421)	(\$2,310)

⁽¹⁾ Assumes Maximum Wellness Credit; Medical/Rx only

Which Plan Is Right For Me? Example 3

Family Coverage: Expecting 1st Child

Hospital Charges (Mother)	\$9,000
Routine Obstetric Care (Mother)	\$2,100
ER Visit (Baby)	\$950
1 Generic Prescriptions/Month (Father)	\$360
1 Preventive Visit Each	\$450

In-Network	Platinum PPO	Limited Platinum PPO	Gold HDHP	Limited Gold HDHP
Premium ⁽¹⁾⁽²⁾	(\$3,219)	(\$2,796)	(\$2,456)	(\$2,215)
Deductible	(\$700)	(\$700)	(\$3,910)	(\$3,910)
Medical Copays	(\$20)	(\$20)	\$0	\$0
Medical Coinsurance	(\$1,120)	(\$1,120)	\$0	\$0
Rx Copays	(\$60)	(\$60)	\$0	\$0
HSA Contribution	N/A	N/A	\$2,000	\$2,000
TOTAL	(\$5,119)	(\$4,696)	(\$4,366)	(\$4,125)

⁽¹⁾ Assumes Maximum Wellness Credit; Medical/Rx only

⁽²⁾ Doesn't include Spousal/Civil Union Partner Surcharge

Which Plan Is Right For Me? Example 4

Family Coverage: Accident Prone

12 Office Visits (4 Son, 8 Father)	\$1,440
12 Single Source Prescriptions (Father)	\$3,600
4 Generic Prescriptions (Son)	\$360
MRI (Father)	\$1,500
X-ray (Son)	\$460

In-Network	Platinum PPO	Limited Platinum PPO	Gold HDHP	Limited Gold HDHP
Premium ⁽¹⁾⁽²⁾	(\$3,219)	(\$2,796)	(\$2,456)	(\$2,215)
Deductible	\$0	\$0	(\$3,900)	(\$3,900)
Medical Copays	(\$240)	(\$240)	\$0	\$0
Medical Coinsurance	\$0	\$0	\$0	\$0
Rx Copays	(\$500)	(\$500)	\$0	\$0
HSA Contribution	N/A	N/A	\$2,000	\$2,000
TOTAL	(\$3,959)	(\$3,536)	(\$4,356)	(\$4,115)

⁽¹⁾ Assumes Maximum Wellness Credit; Medical/Rx only

⁽²⁾ Doesn't include Spousal/Civil Union Partner Surcharge