

Lester is 50 years old and single, he has employee only coverage.

Lester requires an outpatient arthroscopic knee surgery. Lester will need pre-surgery visits, physical therapy, surgery and check-up visits. Lester will also visit his PCP for Preventive services (colonoscopy, prostate exam, wellness exam).

Type of Service	EPO \$800 calendar year deductible then 100%	PPO \$1000 calendar year deductible then 20%	Consumer Choice \$750 calendar year deductible then 20%	High Deductible with HSA <u>\$1,750</u> calendar year deductible then 10%	Plan Comparison comments
Preventive/ Wellness visits	Paid 100%	Paid 100%	Paid 100%	Paid 100%	All plans pay 100% for preventive services.
2- Specialist Office visits (cost \$250/ visit)	\$65 copay x 2 = \$130	\$60 copay x 2 = \$120	\$250 x 2= \$500 towards deductible	\$250 x 2= \$500 towards deductible	Full cost until deductible is met on Consumer & HDHP
Outpatient Knee Surgery (cost \$8,468)	\$800 copay \$800 deductible	\$8,468- \$1000 ded = \$7,468 x 20%= \$1,493.60	\$8,468 - \$250 ded = \$8218 x 20%= \$1,643.60	\$8,468- \$1,250 ded= \$7,218 x 10%= \$721.80	
Physical Therapy- 20 visits (cost \$75/ visit)	\$15 x 15= \$225 \$35 x 5= \$175	\$15 x 15= \$225 \$30 x 5= \$150	\$75 x 20= \$1,500 x 20%= \$300	\$75 x 20= \$1,500 x 10%= \$150.00	\$15 copay for first 15 visits, then regular office visit copays apply.
EKG, Lab or X-ray Knee MRI (cost \$643)	\$0.00	\$643 x 20% = \$128.60	\$643 x 20% = \$128.60	\$643 x 10% = \$64.30	
Medical subtotal	\$2130.00	\$3,117.20	\$2,822.20	\$2,686.10	
Annual employee premiums	\$173 x 12= \$2,076	\$42 x 12= \$504	\$0	\$0	
Total annual employee cost	\$4,206	\$3,621.20	\$2,822.20	\$2,686.10 - \$500= \$2,186.10	If County's \$500 HSA contribution was used towards out of pocket costs.

Annie is 50 years old, has heart disease and has employee only coverage.

Annie uses a generic statin and generic anti-hypertensive mail order RX to manage her heart disease. Annie also visits a Specialist twice during the year for her Heart disease and has an EKG. She also sees a doctor for a wellness visit, colonoscopy, and other preventive services.

Type of Service	EPO \$800 calendar year deductible then 0%	PPO \$1,000 calendar year deductible then 20%	Consumer Choice \$750 calendar year deductible then 20%	High Deductible with HSA \$1,750 calendar year deductible then 10%	Plan Comparison comments
Preventive/ Wellness visits	Paid 100%	Paid 100%	Paid 100%	Paid 100%	All plans pay 100% for preventive
2- Specialist Office visits Tier 1 (cost \$250/ visit)	\$35 copay x 2 = \$70	\$30 copay x 2 = \$60	\$250 x 2= \$500 towards deductible	\$250 x 2= \$500 towards deductible	Full cost until deductible is met on Consumer & HDHP
EKG (cost \$100)	\$100 towards deductible	\$100 towards deductible	\$100 towards deductible	\$100 towards deductible	
Pharmacy- 12 prescriptions, Tier 1 Generic Mail Order (cost \$50 each) 1- Tier 2 Rx (cost \$75)	Tier 1 90 day supply copay- \$20 x 4 = \$80 Rx Deductible \$50 Tier 2 Copay= \$45	Tier 1 90 day supply copay- \$20 x 4 = \$80 Rx Deductible \$50 Tier 2 Copay= \$45	\$50 x 20%=\$10 each \$10 x 12= \$120 \$75 x 20%= \$15 (which is less than Tier 2 \$20 minimum) you pay \$20	\$50 x 12 = \$600 \$75 x 1= \$75	HDHP must meet the annual deductible prior to the plan paying. If deductible not met, you pay full cost of Rx.
Medical/Rx subtotal	\$345.00	\$335.00	\$740.00	\$1,275.00	
Annual employee payroll contribution Emp only coverage	\$173 x 12= \$2,076	\$42 x 12= \$504	\$0.00	\$0.00	
Total annual employee cost	\$2,421.00	\$839.00	\$740.00	\$1,275 - \$500= \$775.00 	If County's \$500 HSA contribution was used towards out of pocket costs.

Stacey is 29 years old, in good health and has employee only coverage.

Stacey goes to her doctor for her recommended preventive visits. She has a virtual visit and fills one generic RX for a sinus infection and also has a generic mail order drug which is filled quarterly.

Type of Service	EPO \$800 calendar year deductible then 0%	PPO \$1,000 calendar year deductible then 20%	Consumer Choice \$750 calendar year deductible then 20%	High Deductible with HSA <u>\$1,750</u> calendar year deductible then 10%	Plan Comparison comments
Preventive/ Wellness visits	Paid 100%	Paid 100%	Paid 100%	Paid 100%	All plans pay 100% for preventive
Virtual Visit for Sinus Infection (cost \$49)	\$10 copay	\$10 copay	\$49	\$49	Full cost until deductible is met on Consumer & HDHP
Pharmacy- Tier 1 Generic- Antibiotic (cost \$3.26) Tier 1 Generic- Blood Pressure Mail Order (cost \$75 per month)	\$3.26 single Rx Tier 1 90 day supply copay- \$20 x 4 = \$80	\$3.26 single Rx Tier 1 90 day supply copay- \$20 x 4= \$80	\$5.00 single RX (Rx minimum cost) \$75 x 20% = \$15 x 12 = \$180	\$3.26 single Rx \$75 x 12= \$900	HDHP must meet the annual deductible prior to the plan paying. If deductible not met, you pay full cost of RX.
Medical/Rx subtotal	\$93.26	\$93.26	\$234.00	\$952.26	
Annual employee premiums	\$173 x 12= \$2,076	\$42 x 12= \$504	\$0.00	\$0.00	
Total annual employee cost	\$2169.26	\$597.26	\$234.00	\$952.26 - \$500= \$452.26	If County's \$500 HSA contribution was used towards out of pocket costs.

The Golds are a healthy family with children ages 16 and 11 but had 2 unexpected surgeries. Joe has family coverage.

Their annual health care services include 1 annual wellness visit for each family member. Their youngest child gets appendicitis & needs to have appendix removed. Joe visits his cardiologist & subsequent testing indicates three blocked arteries in his heart & needs a heart bypass.

Type of Service	EPO \$800 calendar year deductible then 0%	PPO \$1,000 calendar year deductible then 20%	Consumer Choice \$750 calendar year deductible then 20%	High Deductible with HSA \$1,750 calendar year deductible, \$3,500 family then 10%	Plan Comparison comments
Preventive/ Wellness visits	Paid 100%	Paid 100%	Paid 100%	Paid 100%	All plans pay 100% for preventive
Specialist Office visit Tier 1 (cost \$250)	\$35 copay	\$30 copay	\$250 towards deductible	\$250 towards deductible	Full cost until the deductible is met on Consumer & HDHP
Hospital Costs- Bypass (cost \$100,250)- Joe	\$1,500 copay plus \$800 deductible	\$100,250- \$1,000 ded = \$99,250 x 20% = \$19,850.00, however will only owe \$4,970 due to \$6,000 OOPM	\$100,250- \$500 ded= \$99,750 x 20%= \$19,950, however will only owe \$4,250 due to \$5,000 OOPM	\$100,250- \$3,250 ded= \$97,000 x 10%= \$9,700, however will only owe \$4,500 due to \$8,000 OOPM	After you meet the annual out of pocket maximum, medical costs are paid at 100% for the rest of the calendar year. Deductible & OOPM on HDHP is combined and not individual
Appendicitis- (cost \$8,500)- Child	\$1,500 copay plus \$800 deductible	\$8,500- \$1,000 ded= \$7,500 x 20% = \$1,500	\$8,500- \$750 ded= \$7,750 x 20%= \$1,550	\$0- OOPM family maximum was met	
Medical subtotal	\$4,635.00	\$8,500.00	\$7,300.00	\$8,000.00	
Annual employee premiums	\$1,404 x 12= \$16,848	\$771 x 12= \$9,252	\$566 x 12= \$6,792	\$545 x 12= \$6,540	
Total annual employee cost	\$21,483.00	\$17,752.00	\$14,092.00	\$14,540 - \$1,000= \$13,540.00	If County's \$1,000 HSA contribution was used towards out of pocket costs. 

The Prescott's have a baby on the way. They have employee and spouse coverage.

Each parent will have one wellness visit, and 1 visit to the PCP. For the vaginal birth of their child, the mother has an inpatient stay in the hospital which includes anesthesiology.

Type of Service	EPO \$800 calendar year deductible then 0%	PPO \$1,000 calendar year deductible then 20%	Consumer Choice \$750 calendar year deductible then 20%	High Deductible with HSA <u>\$1,750</u> calendar year deductible, \$3,500 family then 10%	Plan Comparison comments
Preventive/ Wellness visits	Paid 100%	Paid 100%	Paid 100%	Paid 100%	All plans pay 100% for preventive
PCP Office visit x 3 (cost per visit \$100)	\$35 copay x 3 = \$105	\$30 copay x 3 = \$90	\$100 x 3= \$300 towards deductible	\$100 x 3= \$300 towards deductible	Full cost until the deductible is met on Consumer & HDHP
Hospital Costs (cost \$12,500)	\$1,250 copay then \$800 deductible	\$12,500- \$1,000 ded= \$11,500 x 20%= \$2,300	\$12,500- \$450 ded= \$12,050 x 20%= \$2,410	\$12,500- \$3,200 ded= \$9,300 x 10%= \$930	
Medical subtotal	\$2,155	\$3,390	\$3,160	\$4,430	
Annual employee premiums	\$808 x 12= \$9,696	\$401 x 12= \$4,812	\$270 x 12= \$3,240	\$251 x 12= \$3,012	
Total annual employee cost	\$11,851.00	\$8,202.00	\$6,400.00	\$7,442- \$1,000= \$6,442.00 	If County's \$1,000 HSA contribution was used towards out of pocket costs.

David and Mary are empty nesters with higher medication usage. David has employee + spouse coverage.

David has a heart condition and high blood pressure/ cholesterol issues that require daily medication, Mary is being treated for Asthma with a brand name drug. They each have wellness and specialist visits.

Type of Service	EPO \$800 calendar year deductible then 0%	PPO \$1,000 calendar year deductible then 20%	Consumer Choice \$750 calendar year deductible then 20%	High Deductible with HSA <u>\$1,750</u> calendar year deductible, \$3,500 family then 10%	Plan Comparison comments
Preventive/ Wellness visits	Paid 100%	Paid 100%	Paid 100%	Paid 100%	All plans pay 100% for preventive
Specialist Office Visits David- 2 visits Mary- 2 visits (cost \$250 each)	\$65 copay x 2= \$130 \$65 copay x 2= \$130	\$60 copay x 2= \$120 \$60 copay x 2= \$120	\$250 x 2= \$500 \$250 x 2= \$500 towards deductible	\$250 x 2= \$500 \$250 x 2= \$500 towards deductible	Full cost until the deductible is met on Consumer and HDHP
Pharmacy- Mail Order Tier 1 Generic- Blood Pressure x12 (cost \$20) Tier 2- Cholesterol x12 (cost \$189) Tier 2- Advair Diskus X12 (cost \$216)	Tier 1 90 day supply copay- \$20 x 4 = \$80 \$50 ded then Tier 2 90 day supply copay- \$90 x 4 = \$360 \$50 ded then Tier 2 90 day supply copay- \$90 x 4= \$360	Tier 1 90 day supply copay- \$20 x 4 = \$80 \$50 ded then Tier 2 90 day supply copay- \$90 x 4 = \$360 \$50 ded then Tier 2 90 day supply copay- \$90 x 4= \$360	\$20 x 20%= \$4 each but minimum is \$5 each x 12= \$60 \$189 x 20% = \$37.80 each x 12= \$453.60 \$216 x 20%= \$43.20 each x 12= \$518.40	\$20 x 12 = \$240 \$189 x 12= \$2,268 (\$2,260 meets \$3,500 ded) \$8 remaining x 10%= \$0.80 \$216 x 12 = \$2,592 x 10%= \$259.20	HDHP must meet the full annual deductible prior to the plan paying. If deductible not met, you pay full cost of RX. \$50 annual deductible applies to Tier 2 & 3 drugs on the EPO and PPO.
Medical/Rx subtotal	\$1,160	\$1,140	\$2,032	\$3,760	
Annual employee premiums	\$808 x 12= \$9,696	\$401 x 12= \$4,812	\$270 x 12= \$3,240	\$251 x 12= \$3,012	
Total annual employee cost	\$10,856.00	\$5,952.00	\$5,272.00	\$6,772 - \$1,000= \$5,772.00	If County's \$1,000 HSA contribution was used towards out of pocket costs. 

Brenda is 34 years old, in good health and has 2 young children. Brenda has employee plus children coverage.

Brenda and her children go to their doctor for preventive visits. She uses virtual visits for pink eye and the flu. She fills two generic RX for antibiotics.

Type of Service	EPO \$800 calendar year deductible then 0%	PPO \$1,000 calendar year deductible then 20%	Consumer Choice \$750 calendar year deductible then 20%	High Deductible with HSA \$1,750 calendar year deductible, \$3,500 family then 10%	Plan Comparison comments
Preventive/ Wellness visits	Paid 100%	Paid 100%	Paid 100%	Paid 100%	All plans pay 100% for preventive
Virtual Visit x2 (cost \$49)	\$10 copay x 2= \$20	\$10 copay x 2= \$20	\$49 x 2= \$98 towards deductible	\$49 x 2= \$98 towards deductible	Full cost until deductible is met on Consumer & HDHP
Pharmacy- Tier 1 Generic- Antibiotic (cost \$3.26)	\$3.26 single Rx	\$3.26 single Rx	\$5 single RX (Rx minimum cost)	\$3.26 single Rx towards deductible	HDHP must meet the full annual deductible prior to the plan paying. If deductible not met, you pay full cost of RX.
Tier 1 Generic- Antibiotic (cost \$43)	Tier 1 copay- \$10.00	Tier 1 copay- \$10.00	\$43 x 20% = \$8.60	\$43.00 towards deductible	
Medical/Rx subtotal	\$33.26	\$33.26	\$111.60	\$144.26	
Annual employee premiums	\$646 x 12= \$7,752	\$278 x 12= \$3,336	\$163 x 12= \$1,956	\$146 x 12= \$1,752	
Total annual employee cost	\$7,785.26	\$3,369.26	\$2,067.60	\$1,896.26 - \$144.26= \$1,752 	If County's HSA contribution was used towards out of pocket costs.