

Boone County Health Plan Cost Estimation Worksheet

Use this worksheet to help you determine which plan might work best for you.

To help estimate costs, it's recommended that you view past Explanation of Benefits sent to you by Anthem or pull a summary of your past years claims from your account at www.Anthem.com.

	Traditional PPO Plan	High Deductible Health Plan with H S A
STEP 1 ADD Insurance Premiums (annual):	+ _____	+ _____
<i>See premium rate sheet.</i>		
STEP 2 ADD Estimated Medical Expenses (annual):		
<i>Expenses below are subject to deductibles before co-insurance kicks in. Co-insurance is applied until the max out-of-pocket is reached. Prescriptions expenses do not count towards deductible on the PPO plan, but do count towards the deductible on the High Deductible Health Plan.</i>		
Deductible (Single / Family)	\$1,000 / \$2,000	\$2,800 / \$5,400
Co-insurance (After Deductible)	20%	20%
Max Out-of-pocket (Single / Family)	\$3,500 / \$7,000	\$3,500 / \$7,000
*Preventive Care (Checkups and Screenings)	+ \$0.00	+ \$0.00
Office Visits	+ _____	+ _____
Urgent Care Visits	+ _____	+ _____
Emergency Room Visits	+ _____	+ _____
Tests/Lab Work	+ _____	+ _____
Procedures/Surgeries	+ _____	+ _____
Therapy (Physical, Mental Health, etc.)	+ _____	+ _____
Prescription _____	+ _____	+ _____
Prescription _____	+ _____	+ _____
Prescription _____	+ _____	+ _____
Prescription _____	+ _____	+ _____
Prescription _____	+ _____	+ _____
Other _____	+ _____	+ _____
Other _____	+ _____	+ _____
TOTAL Annual Cost	_____	_____
<i>(Remember to factor in 20% coinsurance for spending that exceeds your deductible. If your spending exceeds the max out-of-pocket amounts, your total annual cost for medical expenses will only be that amount.)</i>		
STEP 3 DEDUCT H S A Contributions		
Annual County H S A Contributions	N/A	- -\$1,200.00
Annual Employee H S A Contributions	N/A	-
<i>(For employees enrolling in an H S A: Employees are urged to contribute to their H S A in addition to receiving employer contributions.)</i>		
STEP 4 TOTAL - Net Annual Cost	= \$0.00	= -\$1,200.00

* For a complete list of covered services please see Anthem's Preventive Care flyer.