

# Which Plan is best for you?



With two plan options available, you will want to determine which plan is best for you. Using the benefit summary below, based on your past medical history and foreseeable medical expenses, you can estimate your true out of pocket costs (combined expenses of the deductible, coinsurance, office visit copays, Rx copays, etc). If you have dependents, their expenses should also be considered when determining which plan is best for you.

	<b>Core Plan</b>	<b>Your estimated expenses</b>	<b>Buy up Plan</b>	<b>Your estimated expenses</b>
<b>Deductible</b>	\$500 per member \$1000 per family per calendar year	\$ _____	\$250 per member \$500 per family per calendar year	\$ _____
<b>Copays</b> • <b>Fixed Dollar Copay</b>	<b>Office visit:</b> <ul style="list-style-type: none"> <li>• PCP/OB: \$20</li> <li>• Specialist: \$35</li> <li>• Urgent Care: \$75</li> <li>• ER and High Tech Radiology: \$150</li> </ul>	<b># of visits X copay</b> ____ X \$20 = \$ _____ ____ X \$35 = \$ _____ ____ X \$75 = \$ _____ ____ X \$150 = \$ _____	<b>Office visit:</b> <ul style="list-style-type: none"> <li>• PCP/OB: \$20</li> <li>• Specialist: \$35</li> <li>• Urgent Care: \$75</li> <li>• ER and High Tech Radiology: \$150</li> </ul>	<b># of visits X copay</b> ____ X \$20 = \$ _____ ____ X \$35 = \$ _____ ____ X \$75 = \$ _____ ____ X \$150 = \$ _____
<b>Prescription Drugs</b>	<b>Copays:</b> <ul style="list-style-type: none"> <li>• \$15 Generic</li> <li>• \$50 Preferred</li> <li>• \$80 Non-Preferred</li> <li>• 20% Specialty</li> <li>• 2 X Mail Order</li> </ul>	<b># of Rx's X copay</b> ____ X \$15 = \$ _____ ____ X \$50 = \$ _____ ____ X \$80 = \$ _____ ____ X 20% = \$ _____	<b>Copays:</b> <ul style="list-style-type: none"> <li>• \$10 Generic</li> <li>• \$40 Preferred</li> <li>• \$40 Non-Preferred</li> <li>• \$40 Specialty</li> <li>• 2 X Mail Order</li> </ul>	<b># of Rx's X copay</b> ____ X \$10 = \$ _____ ____ X \$40 = \$ _____ ____ X \$40 = \$ _____ ____ X \$40 = \$ _____
<b>Coinsurance</b>	80% coverage on most services, after deductible	\$ _____	100% coverage on most services, after deductible	\$ _____
<b>Maximum Deductible and Coinsurance</b>	\$2,000 per member \$4,000 per family	See Above	\$250 per member \$500 per family	See Above
<b>True Annual Out of Pocket Cost (to a Max of \$7,150)</b>	<b>TOTAL:</b>	\$ _____	<b>TOTAL:</b>	\$ _____
<b>Cost Per Student (every 6 months)</b>	<ul style="list-style-type: none"> <li>• Student Only: None</li> <li>• Student plus one dependent: \$1,333.80</li> <li>• Student plus 2 or more dependents: \$1945.02</li> </ul>		<ul style="list-style-type: none"> <li>• Student only: \$159.96</li> <li>• Student plus one dependent: \$1685.58</li> <li>• Student plus 2 or more dependents: \$2384.88</li> </ul>	