

# Concordia College

## Estimate your health care expenses worksheet

Use the worksheet below to assist you in estimating you and/or your family's health care expenses for the coming year and which health plan will suit your needs better.

| <b>Annual health care expenses</b>  | <b>\$250/\$500 Ded.</b> | <b>\$750/\$1500 Ded.</b> |
|---|-------------------------|--------------------------|
| <b><i>You can't predict everything that will happen next year but you may have an idea based on current expenses. These questions can help you estimate your costs:</i></b>   |                         |                          |
| Preventive care: What preventive care do you expect in the coming year? (E.g. annual physical, well child care, immunizations, etc.) – if covered at 100%, enter 0  | \$0                     | \$0                      |
| Other medical expenses: Do you know of any other services you'll need for the coming year? (e.g. Routine office visits for illness/injury, maternity care or planned surgery?) Office visits are \$25 per visit under both plans.   | \$                      | \$                       |
| Prescription Drugs: What prescription drugs do you know you or your family will need in the coming year? Keep in mind the difference in cost between retail and 90day Rx. Retail copays are \$10 generic/\$25 formulary brand/\$40 non-formulary brand; Mail order is 2x retail | \$                      | \$                       |
| Annual deductible – see the benefit summary comparison. You are responsible for this amount for certain services. After you reach it, you may pay a share of expenses (coinsurance) up to your out-of-pocket maximum.   | \$250S/\$500F           | \$750S/\$1,500F          |
|   | \$                      | \$                       |
| Out-of-Pocket Maximum – see the benefit summary comparison. This is the most you would be responsible for in one year, even if the total amount of expenses you estimated above is higher.  | \$2,500S/\$5,000F       | \$3,000/\$6,000          |
|   | \$                      | \$                       |
| Annual Premium Contributions (monthly x 12)   |                         |                          |
| \$250/\$500 – Single - \$140/Family - \$460   |                         |                          |
| \$750/\$1,500 – Single - \$80/Family - \$350  |                         |                          |
| Single  | \$1,680.00              | \$960.00                 |
| Family  | \$5,520.00              | \$4,200.00               |
| <b>Total Annual Health Care Expenses</b>  | <b>\$</b>               | <b>\$</b>                |