

"ESTIMATE YOUR COST "

PLAN MODELING TOOL - 2022

This tool may be used during Open Enrollment or if you are a new employee who has not yet selected a medical plan option. Plan details at www.bhpoptimalhealth.com.

Use form to estimate your medical and prescription costs. Determine which Plan is the best option for you and your family.

Follow the instructions and enter your information in the shaded, gray areas.

COMPARING MEDICAL PLANS	
PPO (Preferred Provider Organization)	With a PPO, you pay more out of your paycheck to "buy" the coverage, and then less out of your pocket because you pay flat copays for routine office visits and prescriptions. The PPO has the lowest deductible and it has a larger network. Office copay is \$30 for Primary Care, \$50 for Specialist. The annual maximum out-of-pocket is \$2,650/person and \$5,300/family.
HDHP (High Deductible Health Plan)	With a HDHP, you pay less out of your paycheck to "buy" the coverage, and then more out of your pocket for services. Once you reach the individual deductible, the Plan pays 80% for in-network medical services and you pay a flat copay for prescriptions. The annual maximum out-of-pocket is \$5,000/person and \$10,000/family.
MVP (Minimum Value Plan)	The MVP has the highest deductible. Once the deductible is met, the Plan pays 100%. There are no copays. The annual maximum out-of-pocket is \$7,000/person and \$14,000/family.

Enter the annual payroll deduction amount for the PPO, HDHP, and MVP premium in Column "A"

PAYROLL DEDUCTION	PPO	HDHP	MVP
Choose Plan (Person or Family)			
Obtain your Annual Premium Cost Share from your Treasurer or Personnel Department			
	A	A	A

Enter your estimated usage in Column "U"

ROUTINE MEDICAL EXPENSES	Estimated Costs			Estimated Usage Per Year	Annual Estimated Costs		
	PPO *	HDHP **	MVP **		PPO	HDHP	MVP
	B	C	D		B x U	C x U	D x U
Routine Physical, Mammogram, PSA	\$0	\$0	\$0	0	0	0	\$0
Office Visit	\$30	\$100	\$100	0	\$0	\$0	\$0
Specialist Office Visit	\$50	\$175	\$175	0	\$0	\$0	\$0
Mental Health Visit	\$30	\$125	\$125	0	\$0	\$0	\$0
Blood Tests (not part of office visit)	\$12	\$80	\$80	0	\$0	\$0	\$0
Urgent Care	\$40	\$300	\$300	0	\$0	\$0	\$0
Emergency Room	\$200	\$1,400	\$1,400	0	\$0	\$0	\$0
	\$0	\$0	\$0		E	E	E

* **PPO Plan** - Routine blood tests and routine X-rays are included as part of the office or specialist visit charge. For routine blood tests done outside the office, the coinsurance is 20% for in-network claims. Estimated costs shown here are either your copays or average cost of an in-network claim.

** **HDHP & MVP Plans** - Estimated costs are the total costs for routine medical services before you reach your deductible.

(Continued on back)

✓Enter the names of your prescription drugs. You may determine if drug is a generic, preferred brand, or speciality by contacting ESI or by going to their website. Non-preferred brand drugs are not covered.

✓The estimated cost of drugs with a PPO plan is your copay, which has been entered for you.

✓To get estimated cost of drugs with a HDHP, you must obtain the drug cost from ESI (see instructions below).
(Note: You pay 100% until reaching your deductible, then you pay flat copays.)

To obtain drug costs, logon to www.bhpoptimalhealth.com. Click on Enrollment & Eligibility. Select the Express Preview site to obtain your drug costs. You may also call ESI at 1-866-275-0044. If you are currently in the BHP Plan, you may view and print your prescription claims at www.express-scripts.com

✓Enter the Estimated # of Fills Per Year (N), then calculate the Annual Estimated Cost in Column I.

NAME OF PRESCRIPTION DRUG	Estimated Cost of Drug			Estimated # of Fills Per Year	Annual Estimated Cost		
	PPO	HDHP	MVP		PPO	HDHP	MVP
	F	G	H	N	F x N	G x N	H x N
Generic: 30-day supply or less	Copay Cost	Copay Cost	Copay Cost				
	\$15			0	\$0	\$0	\$0
	\$15			0	\$0	\$0	\$0
	\$15			0	\$0	\$0	\$0
	\$15			0	\$0	\$0	\$0
	\$15			0	\$0	\$0	\$0
Formulary Brand: 30-day supply or less	Copay Cost	Copay Cost	Copay Cost				
	\$35			0	\$0	\$0	\$0
	\$35			0	\$0	\$0	\$0
	\$35			0	\$0	\$0	\$0
	\$35			0	\$0	\$0	\$0
Generic: 90-day Mail Order	Copay Cost	Copay Cost	Copay Cost				
	\$35			0	\$0	\$0	\$0
	\$35			0	\$0	\$0	\$0
	\$35			0	\$0	\$0	\$0
	\$35			0	\$0	\$0	\$0
	\$35			0	\$0	\$0	\$0
Formulary Brand: 90-day Mail Order	Copay Cost	Copay Cost	Copay Cost				
	\$85			0	\$0	\$0	\$0
	\$85			0	\$0	\$0	\$0
	\$85			0	\$0	\$0	\$0
	\$85			0	\$0	\$0	\$0
Speciality: 30-day Mail Order	Copay Cost	Copay Cost	Copay Cost				
	\$75			0	\$0	\$0	\$0
	\$75			0	\$0	\$0	\$0
	\$75			0	\$0	\$0	\$0
					\$0	\$0	\$0
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TOTAL ESTIMATED COMPARISONS BETWEEN PPO, HDHP, and MVP

	PPO	HDHP	MVP
Annual Payroll Deduction for Medical Premium			
Estimated Medical Expenses	\$0	\$0	\$0
Estimated Prescription Expenses	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0